F I S C A L I M P A C T R E P O R T

SPONSOR Harper/Armstrong,D/Lente/Herrell **ORIGINAL DATE** 2/6/17 **LAST UPDATED** 3/7/17 **HB** 299/aHJC

SHORT TITLE Registered Lay Midwives as Practitioners **SB**

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY17	FY18	FY19	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	Minimal	Minimal	Minimal	Minimal	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

SOURCES OF INFORMATION
LFC Files

Responses Received From
New Mexico Medical Board (MB)
Public Regulation Commission (PRC)
Board of Nursing (BN)
Human Services Department (HSD)
Department of Health (DOH)

SUMMARY

Synopsis of Amendment

The House Judiciary Committee amendment makes it clear that nurse midwives would be procuring, possessing, and administering drugs to their patients, not prescribing them. The list of drugs to be procured, possessed and administered is already regulated by the Department of Health, so it is not necessary to add a new DOH requirement for a list to be adopted and promulgated, as the now-eliminated Section 1 of the bill would have required.

On page 7 of the bill, the definition of "practitioner" was changed and "registered lay midwife" was added at the end of the subsection instead of in the middle to make it clear that lay midwives would be permitted to "procure, carry and administer" these drugs rather than to prescribe them.

The changes appear to make clear the ability for lay nurse midwives to procure the drugs they now must carry and administer, without having to involve another person to prescribe those drugs for them.

Synopsis of Original Bill

House Bill 299 requires the Secretary of Health to establish a limited list of drugs (including "dangerous drugs") and devices that could be procured, possessed and administered by registered lay midwives. It amends Section 26-1-2(J) NMSA 1978 to add "registered lay midwife registered by the department of health" to the list of types of practitioners who can prescribe drugs and devices.

FISCAL ISSUES

With respect to the original bill, DOH estimated the cost of repeal and replacement of regulations for licensed midwives at $7000, with the possible additional need for program manager time in "reviewing, approving and documenting the continuing education hours needed by licensed midwives for license renewal requirements." However, now that the bill has been amended to make it clear that DOH regulations would not need to be changed, it is unlikely that there will be any fiscal impact to DOH.

SIGNIFICANT ISSUES

NMAC 16.11.3.10(A) specifies the education required to qualify for licensure as a lay midwife, and includes requirements for theoretical instruction in pharmacology in antepartum, intrapartum, and postpartum management. It does not specify the amount of time discussion of pharmacology should require. NMAC 16-11.3.10(B), regarding required clinical experience, the only mention of medications is the "use of prophylactic eye medications [for the newborn]."

The Medical Board indicates that

> This would be a big leap in scope of practice for lay midwives. In general, lay midwives have no formal medical or nursing training, unlike certified nurse midwives. A lay midwife learns how to be a midwife from attending births with another midwife. Lay midwives often practice a holistic type of childbirth, with more emphasis on the natural process of normal childbirth than on medical interventions. Lay midwives are registered with the NMDOH. Adding prescriptive authority to these lay practitioners has the substantial potential for safety issues because of the tremendous variation in the training of lay midwives. Unless there has been a change, there was no pharmacologic training for lay midwives other than the use of nutraceuticals and herbs. Lay midwives do not have the necessary training and experience to administer pharmaceuticals even on a limited base, without ample training and education to bring them up to par with other prescribing practitioners.

The Board of Nursing stated that

> Nurse Midwives, as well as Registered Lay Midwives, are increasingly being called upon to bridge the gap in a shortage of care providers in New Mexico to meet the increasing demand for care to those patients who sign up under the Affordable Care Act (ACA). Many of these patients are already in strained underserved urban and rural settings.
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> Legal provisions of a limited formulary to be used by Registered Lay Midwives as described in HB-299, and through Department of Health oversight, would enhance the ability of the Registered Lay Midwives to provide care in underserved areas to New Mexico citizens who might otherwise have no care available.

TECHNICAL ISSUES

The Board of Nursing notes that the bill would allow lay midwives to procure, possess, and administer but not to prescribe medications.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Nurse midwives would not be able to provide their patients, estimated to be approximately 520 per year, medications without the intervention of a licensed provider now listed in Section 26-1-2(J) NMSA 1978at present.

LAC/jle/al/sb