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FISCAL IMPACT REPORT

SPONSOR Papen ORIGINAL DATE 1/31/17
 LAST UPDATED 2/16/17 HB _____

SHORT TITLE Conditional Prescription Requirements SB 90/SJCs/ec

ANALYST Chenier

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

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

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

- Medical Board (MB)
- Department of Health (DOH)
- Human Services Department (HSD)
- Board of Nursing (BON)
- Regulation and Licensing Department (RLD)

SUMMARY

Synopsis of SJC Substitute

Senate Bill 90 would amend portions of the Professional Psychologist Act by “defining independently licensed prescribing clinician” and “supervising clinician”. New sections of the Nursing Practice Act and the Osteopathic Medicine Act would allow nurse practitioners, clinical nurse specialists, and osteopathic physicians to supervise prescribing psychologists. The bill allows for denial, revocation, or suspension of licenses if a licensed psychologist fails to adequately supervise a psychologist holding a conditional prescription certificate.

The bill would require prescribing psychologists to provide written notice to health care practitioners within 24 hours of a prescription to a practitioner’s patient. The substitute would also require the board to promulgate rules to carry out the provisions of the prescription monitoring program. The substitute would also repeal Section 61-9-2 NMSA 1978, Legislative findings and purpose and would add an emergency clause.

SIGNIFICANT ISSUES

HSD provided the following:

SB 90 proposes revisions to the current training requirements that qualify psychologists to prescribe psychotropic medications, expanding the conditions of obtaining a conditional prescription certification, and expanding the types of supervising clinicians.

In 2015 there were 289 prescribing psychiatrists in New Mexico. Of these, 69 (21.5 percent) specialize in child and adolescent psychiatry. Additional prescribing professionals in New Mexico include 114 psychiatric advanced practice nurses (nurse practitioners and clinical nurse specialists) and approximately 25 prescribing psychologists. According to 2015 licensure survey data, eight New Mexican counties lack access to prescribers who specialize in behavioral health (Catron, De Baca, Guadalupe, Harding, Hidalgo, Mora, Sierra and Union).

The behavioral health workforce, nationally and in New Mexico, is challenged by the limited number of clinical professionals, particularly in the behavioral health community. While expanding opportunities for prescribing authority in the behavioral health workforce is needed, other prescribing clinicians (e.g., advanced practice nurses) may come to the field with a stronger background in medical and behavioral health than a psychologist. For example, the overall requirement for educational hours in pharmacology and pathophysiology is much lower for prescribing psychologists than for their counterparts from medicine and nursing.

DOH Stated that:

Mental health is an integral aspect of well-being and is essential for maintaining healthy family and interpersonal relationships. Globally and in the U.S., mental health has the highest burden of all diseases (<https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health>). Mental health disorders have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today's most pressing chronic diseases, including diabetes, heart disease, and cancer.

Currently there is a Mental Health Care Health Professional Shortage in the U.S., with only 47.7 percent of need met, which would require 2,772 mental healthcare practitioners to address this need. The percent of need met in New Mexico is 23 percent, with an additional 45 mental healthcare practitioners needed to remove the health care professional shortage designation (<http://kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas>).

The bill would allow prescribing psychologists to meet their supervised practicum hours in a timely manner by allowing several types of trained and qualified clinical staff to serve as supervising clinician instead of limiting supervision to a licensed physician. This could benefit DOH facilities in the recruitment and retention of needed prescribing psychologists.

The medical board provided the following:

There is some concern that other licensing boards do not have the structures in place to regulate inappropriate psychotropic medication administration. Inappropriate or injudicious prescribing of medication cases are, by their nature, complex litigations often needing expert review.

RLD suggests the following be added to Section B.

“Nothing in this subsection shall require a prescribing psychologist or psychologist with a conditional prescription certificate to give prior notice to or obtain prior approval from a healthcare practitioner to prescribe psychotropic medication to an established patient of the psychologist; provided that the psychologist provides written notice of the prescription to the health care practitioner within twenty-four hours of its issuance to such patient.”

These individuals who supervise will have a decreased liability. The liability is decreased because the supervising practitioner does not need notification of the therapy prescribed until 24 hours later. There is no indication as to why this wording is added.

EC/jle/al/jle