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FISCAL IMPACT REPORT

ORIGINAL DATE 02/23/17

SPONSOR SPAC LAST UPDATED 03/09/17 HB _____

SHORT TITLE Substance Abuse Associate Scope of Practice SB 407/SPACS

ANALYST Amacher

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
 Medical Board (MB)
 Regulation & Licensing Department (RLD)

SUMMARY

Synopsis of the SPAC Substitute

The Senate Public Affairs Committee Substitute for Senate Bill 407 amends the provisions relating to substance abuse associate scope of practice by including a few clarifying amendments regarding the supervision of a licensed substance abuse associate. If enacted, this act would have an effective date of June 16, 2017.

FISCAL IMPLICATIONS

There are no known fiscal impacts.

SIGNIFICANT ISSUES

The Senate Public Affairs Committee Substitute for Senate Bill 407 amends the provisions relating to substance abuse associate scope of practice by including a few clarifying amendments regarding the supervision of a licensed substance abuse associate. As proposed, this bill clarifies the scope of practice of a licensed substance abuse associate and the requirements for proper supervision of these non-independent counseling licenses. This act deletes the phrases “direct oversight of clinical work” from the definition of an “appropriate clinical supervisor for substance abuse associate.” Clarification regarding the supervision is more appropriately added to the scope of practice, rather than a definition, by including “a combination of administrative, clinical and supportive supervision”.

OTHER SUBSTANTIVE ISSUES

The Regulation and Licensing Department (RLD) states the proposed legislation represents a technical correction to clarify Legislative intent with respect to proper supervision of certain drug and alcohol counselors. The scope of work for licensed substance abuse associates (LSAA) received a significant amount of scrutiny in the last year as the phrase "direct supervision" was interpreted to mean that the supervisor had to be in the room at all times when the LSAA provides counseling services. This bill clarifies that supervision for LSAA's "shall include a combination of administrative, clinical and supportive supervision."

The RLD points to the federal Medicaid rules regarding supervision for therapeutic services as a point of reference. The Medicaid rules (42 CFR 413.65) outline the definition of direct supervision to mean "that the physician or non-physician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure... the physician is not required to be present in the room where the procedure is performed or within any other physical boundary as long as he or she is immediately available."

In October 2017, the Counseling and Therapy Practices Board issued a memorandum essentially applying the federal standard to the Board's interpretation of New Mexico state statute. The Board unanimously agreed that an LSAA's supervisor did not need to be in the room with them at all times in order to properly supervise that counselor's work. In their October 2017 policy memorandum, the Board states that there "are several ways to provide clinical supervision within the counseling and behavioral health industry. These methods include regular case reviews, audiotape reviews, videotape reviews, and direct observation.... direct observation is not the sole method of clinical supervision and direct observation is NOT a limitation of the LSAA scope of practice."

JMA/sb/al