

SENATE JUDICIARY COMMITTEE SUBSTITUTE FOR  
SENATE BILL 279

**55TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2021**

AN ACT

RELATING TO LICENSING; REPEALING THE OSTEOPATHIC MEDICINE ACT;  
AMENDING THE MEDICAL PRACTICE ACT TO INCLUDE PROVISIONS  
PERTAINING TO OSTEOPATHIC AND MEDICAL PHYSICIANS AND  
OSTEOPATHIC PHYSICIAN ASSISTANTS; INCREASING CERTAIN FEES;  
TRANSFERRING FUNCTIONS, PERSONNEL, MONEY, APPROPRIATIONS,  
RECORDS, FURNITURE, EQUIPMENT, SUPPLIES AND OTHER PROPERTY FROM  
THE BOARD OF OSTEOPATHIC MEDICINE TO THE NEW MEXICO MEDICAL  
BOARD.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 7-9-77.1 NMSA 1978 (being Laws 1998,  
Chapter 96, Section 1, as amended) is amended to read:

"7-9-77.1. DEDUCTION--GROSS RECEIPTS TAX--CERTAIN MEDICAL  
AND HEALTH CARE SERVICES.--

A. Receipts of a health care practitioner from

.220401.3

underscoring material = new  
[bracketed material] = delete

1 payments by the United States government or any agency thereof  
2 for provision of medical and other health services by a health  
3 care practitioner or of medical or other health and palliative  
4 services by hospices or nursing homes to medicare beneficiaries  
5 pursuant to the provisions of Title 18 of the federal Social  
6 Security Act may be deducted from gross receipts.

7 B. Receipts of a health care practitioner from  
8 payments by a third-party administrator of the federal TRICARE  
9 program for provision of medical and other health services by  
10 medical doctors and osteopathic physicians to covered  
11 beneficiaries may be deducted from gross receipts.

12 C. Receipts of a health care practitioner from  
13 payments by or on behalf of the Indian health service of the  
14 United States department of health and human services for  
15 provision of medical and other health services by medical  
16 doctors and osteopathic physicians to covered beneficiaries may  
17 be deducted from gross receipts.

18 D. Receipts of a clinical laboratory from payments  
19 by the United States government or any agency thereof for  
20 medical services provided by the clinical laboratory to  
21 medicare beneficiaries pursuant to the provisions of Title 18  
22 of the federal Social Security Act may be deducted from gross  
23 receipts.

24 E. Receipts of a home health agency from payments  
25 by the United States government or any agency thereof for

.220401.3

1 medical, other health and palliative services provided by the  
2 home health agency to medicare beneficiaries pursuant to the  
3 provisions of Title 18 of the federal Social Security Act may  
4 be deducted from gross receipts.

5 F. Prior to July 1, 2024, receipts of a dialysis  
6 facility from payments by the United States government or any  
7 agency thereof for medical and other health services provided  
8 by the dialysis facility to medicare beneficiaries pursuant to  
9 the provisions of Title 18 of the federal Social Security Act  
10 may be deducted from gross receipts.

11 G. A taxpayer allowed a deduction pursuant to this  
12 section shall report the amount of the deduction separately in  
13 a manner required by the department. A taxpayer who has  
14 receipts that are deductible pursuant to this section and  
15 Section 7-9-93 NMSA 1978 shall deduct the receipts under this  
16 section prior to calculating the receipts that may be deducted  
17 pursuant to Section 7-9-93 NMSA 1978.

18 H. The department shall compile an annual report on  
19 the deductions created pursuant to this section that shall  
20 include the number of taxpayers approved by the department to  
21 receive each deduction, the aggregate amount of deductions  
22 approved and any other information necessary to evaluate the  
23 effectiveness of the deductions. The department shall compile  
24 and present the annual reports to the revenue stabilization and  
25 tax policy committee and the legislative finance committee with

.220401.3

1 an analysis of the effectiveness and cost of the deductions and  
2 whether the deductions are providing a benefit to the state.

3 I. For the purposes of this section:

4 (1) "clinical laboratory" means a laboratory  
5 accredited pursuant to 42 USCA 263a;

6 (2) "dialysis facility" means an end-stage  
7 renal disease facility as defined pursuant to 42 C.F.R.  
8 405.2102;

9 (3) "health care practitioner" means:

10 (a) an athletic trainer licensed  
11 pursuant to the Athletic Trainer Practice Act;

12 (b) an audiologist licensed pursuant to  
13 the Speech-Language Pathology, Audiology and Hearing Aid  
14 Dispensing Practices Act;

15 (c) a chiropractic physician licensed  
16 pursuant to the Chiropractic Physician Practice Act;

17 (d) a counselor or therapist  
18 practitioner licensed pursuant to the Counseling and Therapy  
19 Practice Act;

20 (e) a dentist licensed pursuant to the  
21 Dental Health Care Act;

22 (f) a doctor of oriental medicine  
23 licensed pursuant to the Acupuncture and Oriental Medicine  
24 Practice Act;

25 (g) an independent social worker

.220401.3

1 licensed pursuant to the Social Work Practice Act;

2 (h) a massage therapist licensed  
3 pursuant to the Massage Therapy Practice Act;

4 (i) a naprapath licensed pursuant to the  
5 Naprapathic Practice Act;

6 (j) a nutritionist or dietitian licensed  
7 pursuant to the Nutrition and Dietetics Practice Act;

8 (k) an occupational therapist licensed  
9 pursuant to the Occupational Therapy Act;

10 (l) an optometrist licensed pursuant to  
11 the Optometry Act;

12 (m) an osteopathic physician licensed  
13 pursuant to the [~~Osteopathic Medicine~~] Medical Practice Act;

14 (n) a pharmacist licensed pursuant to  
15 the Pharmacy Act;

16 (o) a physical therapist licensed  
17 pursuant to the Physical Therapy Act;

18 (p) a physician licensed pursuant to the  
19 Medical Practice Act;

20 (q) a podiatrist licensed pursuant to  
21 the Podiatry Act;

22 (r) a psychologist licensed pursuant to  
23 the Professional Psychologist Act;

24 (s) a radiologic technologist licensed  
25 pursuant to the Medical Imaging and Radiation Therapy Health

.220401.3

1 and Safety Act;

2 (t) a registered nurse licensed pursuant  
3 to the Nursing Practice Act;

4 (u) a respiratory care practitioner  
5 licensed pursuant to the Respiratory Care Act; and

6 (v) a speech-language pathologist  
7 licensed pursuant to the Speech-Language Pathology, Audiology  
8 and Hearing Aid Dispensing Practices Act;

9 (4) "home health agency" means a for-profit  
10 entity that is licensed by the department of health and  
11 certified by the federal centers for medicare and medicaid  
12 services as a home health agency and certified to provide  
13 medicare services;

14 (5) "hospice" means a for-profit entity  
15 licensed by the department of health as a hospice and certified  
16 to provide medicare services;

17 (6) "nursing home" means a for-profit entity  
18 licensed by the department of health as a nursing home and  
19 certified to provide medicare services; and

20 (7) "TRICARE program" means the program  
21 defined in 10 U.S.C. 1072(7)."

22 SECTION 2. Section 13-7-23 NMSA 1978 (being Laws 2020,  
23 Chapter 58, Section 1) is amended to read:

24 "13-7-23. PHARMACIST PRESCRIPTIVE AUTHORITY SERVICES--  
25 REIMBURSEMENT PARITY.--A group health plan shall reimburse a

.220401.3

1 participating provider that is a certified pharmacist clinician  
 2 or pharmacist certified to provide a prescriptive authority  
 3 service who provides a service at the standard contracted rate  
 4 that the group health plan reimburses, for the same service  
 5 under that group health plan, any licensed physician or  
 6 physician assistant licensed pursuant to the Medical Practice  
 7 Act [~~or the Osteopathic Medicine Act~~] or any advanced practice  
 8 certified nurse practitioner licensed pursuant to the Nursing  
 9 Practice Act."

10 SECTION 3. Section 21-22D-3 NMSA 1978 (being Laws 1995,  
 11 Chapter 144, Section 18, as amended) is amended to read:

12 "21-22D-3. DEFINITIONS.--As used in the Health  
 13 Professional Loan Repayment Act:

14 A. "department" means the higher education  
 15 department;

16 B. "health professional" means a primary care  
 17 physician, optometrist, podiatrist, physician's assistant,  
 18 dentist, nurse, member of an allied health profession as  
 19 defined in the Allied Health Student Loan for Service Act or a  
 20 licensed or certified health professional as determined by the  
 21 department;

22 C. "loan" means a grant of money to defray the  
 23 costs incidental to a health education, under a contract  
 24 between the federal government or a commercial lender and a  
 25 health professional, requiring either repayment of principal

.220401.3

1 and interest or repayment in services;

2 D. "nurse in advanced practice" means a registered  
3 nurse, including a:

4 (1) certified nurse practitioner, certified  
5 registered nurse anesthetist or clinical nurse specialist,  
6 authorized pursuant to the Nursing Practice Act to function  
7 beyond the scope of practice of professional registered  
8 nursing; or

9 (2) certified nurse-midwife licensed by the  
10 department of health; and

11 E. "osteopathic primary care physician" means an  
12 osteopathic physician licensed pursuant to the [~~Osteopathic~~  
13 ~~Medicine~~] Medical Practice Act with specialty training in  
14 family medicine, general internal medicine, obstetrics,  
15 gynecology or general pediatrics."

16 SECTION 4. Section 21-22D-12 NMSA 1978 (being Laws 2019,  
17 Chapter 68, Section 2) is amended to read:

18 "21-22D-12. OSTEOPATHIC PHYSICIAN EXCELLENCE FUND.--The  
19 department shall apply funds appropriated to the department  
20 from the osteopathic physician excellence fund established  
21 pursuant to Section [~~3 of this 2019 act~~] 21-22D-13 NMSA 1978  
22 exclusively for health professional loan repayment assistance  
23 for osteopathic primary care physicians who are licensed  
24 pursuant to the [~~Osteopathic Medicine~~] Medical Practice Act and  
25 who practice in areas of New Mexico that the department has

.220401.3



1 designated as underserved."

2 SECTION 5. Section 21-26-4 NMSA 1978 (being Laws 1983,  
3 Chapter 195, Section 4) is amended to read:

4 "21-26-4. INTERN PROGRAM--~~[BOARD]~~ HIGHER EDUCATION  
5 DEPARTMENT CONTRACT--REGULATIONS.--The ~~[board]~~ higher education  
6 department shall:

7 A. in cooperation with the hospitals and the New  
8 Mexico medical board ~~[of osteopathic medical examiners]~~,  
9 develop an intern training program to provide postdoctoral  
10 training for osteopathic interns;

11 B. contract with hospitals to provide intern  
12 training programs; and

13 C. promulgate regulations to carry out the  
14 provisions of the Osteopathic Intern Act, including program  
15 requirements, distribution of training funds and matching fund  
16 and financial accountability requirements of hospitals  
17 receiving intern training funds; provided, however, for the  
18 purposes of this subsection, "matching funds" may include the  
19 provision of in-kind services. Regulations of the ~~[board]~~  
20 department shall be filed in accordance with the State Rules  
21 Act."

22 SECTION 6. Section 22-13-31 NMSA 1978 (being Laws 2010,  
23 Chapter 96, Section 1, as amended) is amended to read:

24 "22-13-31. BRAIN INJURY--PROTOCOLS TO BE USED BY COACHES  
25 FOR BRAIN INJURIES RECEIVED BY STUDENTS IN SCHOOL ATHLETIC

.220401.3

1 ACTIVITIES--TRAINING OF COACHES AND STUDENT ATHLETES--  
2 INFORMATION TO BE PROVIDED TO COACHES, STUDENT ATHLETES AND  
3 STUDENT ATHLETES' PARENTS OR GUARDIANS--REQUIRING  
4 ACKNOWLEDGMENT OF TRAINING AND INFORMATION--NONSCHOLASTIC YOUTH  
5 ATHLETIC ACTIVITY ON SCHOOL DISTRICT PROPERTY--BRAIN INJURY  
6 PROTOCOL COMPLIANCE--CERTIFICATION.--

7 A. A coach shall not allow a student athlete to  
8 participate in a school athletic activity on the same day that  
9 the student athlete:

10 (1) exhibits signs, symptoms or behaviors  
11 consistent with a brain injury after a coach, a school official  
12 or a student athlete reports, observes or suspects that a  
13 student athlete exhibiting these signs, symptoms or behaviors  
14 has sustained a brain injury; or

15 (2) has been diagnosed with a brain injury.

16 B. A coach may allow a student athlete who has been  
17 prohibited from participating in a school athletic activity  
18 pursuant to Subsection A of this section to participate in a  
19 school athletic activity no sooner than two hundred forty hours  
20 from the hour in which the student athlete received a brain  
21 injury and only after the student athlete:

22 (1) no longer exhibits any sign, symptom or  
23 behavior consistent with a brain injury; and

24 (2) receives a written medical release from a  
25 licensed health care professional.

.220401.3

1           C. Each school district shall ensure that each  
2 coach participating in school athletic activities and each  
3 student athlete in the school district receives training  
4 provided pursuant to Paragraph (1) of Subsection D of this  
5 section.

6           D. The New Mexico activities association shall  
7 consult with the brain injury advisory council and school  
8 districts to promulgate rules to establish:

9                   (1) protocols and content consistent with  
10 current medical knowledge for training each coach participating  
11 in school athletic activities and each student athlete to:

12                           (a) understand the nature and risk of  
13 brain injury associated with athletic activity;

14                           (b) recognize signs, symptoms or  
15 behaviors consistent with a brain injury when a coach or  
16 student athlete suspects or observes that a student athlete has  
17 received a brain injury;

18                           (c) understand the need to alert  
19 appropriate medical professionals for urgent diagnosis or  
20 treatment; and

21                           (d) understand the need to follow  
22 medical direction for proper medical protocols; and

23                   (2) the nature and content of brain injury  
24 training and information forms and educational materials for,  
25 and the means of providing these forms and materials to,

.220401.3

1 coaches, student athletes and student athletes' parents or  
2 guardians regarding the nature and risk of brain injury  
3 resulting from athletic activity, including the risk of  
4 continuing or returning to athletic activity after a brain  
5 injury.

6 E. At the beginning of each academic year or the  
7 first participation in school athletic activities by a student  
8 athlete during an academic year, a school district shall  
9 provide a brain injury training and information form created  
10 pursuant to Subsection D of this section to a student athlete  
11 and the student athlete's parent or guardian. The school  
12 district shall receive signatures on the brain injury training  
13 and information form from the student athlete and the student  
14 athlete's parent or guardian confirming that the student  
15 athlete has received the brain injury training required by this  
16 section and that the student athlete and parent or guardian  
17 understand the brain injury information before permitting the  
18 student athlete to begin or continue participating in school  
19 athletic activities for that academic year. The form required  
20 by this subsection may be contained on the student athlete  
21 sport physical form.

22 F. As a condition of permitting nonscholastic youth  
23 athletic activity to take place on school district property,  
24 the superintendent of a school district shall require the  
25 person offering the nonscholastic youth athletic activity to

.220401.3

1 sign a certification that the nonscholastic youth athletic  
2 activity will follow the brain injury protocols established  
3 pursuant to Section 22-13-31.1 NMSA 1978.

4 G. As used in this section:

5 (1) "academic year" means any consecutive  
6 period of two semesters, three quarters or other comparable  
7 units commencing with the fall term each year;

8 (2) "brain injury" means a body-altering  
9 physical trauma to the brain, skull or neck caused by, but not  
10 limited to, blunt or penetrating force, concussion, diffuse  
11 axonal injury, hypoxia-anoxia or electrical charge;

12 (3) "licensed health care professional" means:

13 (a) a practicing physician or physician  
14 assistant licensed pursuant to the Medical Practice Act;

15 (b) a practicing osteopathic physician  
16 licensed pursuant to the [~~Osteopathic Medicine~~] Medical  
17 Practice Act;

18 (c) a practicing certified nurse  
19 practitioner licensed pursuant to the Nursing Practice Act;

20 (d) a practicing osteopathic  
21 [~~physician's~~] physician assistant licensed pursuant to the  
22 [~~Osteopathic Medicine~~] Medical Practice Act;

23 (e) a practicing psychologist licensed  
24 pursuant to the provisions of the Professional Psychologist  
25 Act;

.220401.3

1 (f) a practicing athletic trainer  
2 licensed pursuant to the provisions of the Athletic Trainer  
3 Practice Act; or

4 (g) a practicing physical therapist  
5 licensed pursuant to the Physical Therapy Act;

6 (4) "nonscholastic youth athletic activity"  
7 means an organized athletic activity in which the participants,  
8 a majority of whom are under nineteen years of age, are engaged  
9 in an athletic game or competition against another team, club  
10 or entity, or in practice or preparation for an organized  
11 athletic game or competition against another team, club or  
12 entity. "Nonscholastic youth athletic activity" does not  
13 include an elementary school, middle school, high school,  
14 college or university activity or an activity that is  
15 incidental to a nonathletic program;

16 (5) "school athletic activity" means a  
17 sanctioned middle school, junior high school or senior high  
18 school function that the New Mexico activities association  
19 regulates; and

20 (6) "student athlete" means a middle school,  
21 junior high school or senior high school student who engages  
22 in, is eligible to engage in or seeks to engage in a school  
23 athletic activity."

24 SECTION 7. Section 22-13-31.1 NMSA 1978 (being Laws 2016,  
25 Chapter 53, Section 2, as amended) is amended to read:

.220401.3

1 "22-13-31.1. BRAIN INJURY--PROTOCOLS--TRAINING OF  
2 COACHES--BRAIN INJURY EDUCATION.--

3 A. A coach shall not allow a youth athlete to  
4 participate in a youth athletic activity on the same day that  
5 the youth athlete:

6 (1) exhibits signs, symptoms or behaviors  
7 consistent with a brain injury after a coach, a league official  
8 or a youth athlete reports, observes or suspects that a youth  
9 athlete exhibiting these signs, symptoms or behaviors has  
10 sustained a brain injury; or

11 (2) has been diagnosed with a brain injury.

12 B. A coach may allow a youth athlete who has been  
13 prohibited from participating in a youth athletic activity  
14 pursuant to Subsection A of this section to participate in a  
15 youth athletic activity no sooner than two hundred forty hours  
16 from the hour in which the youth athlete received a brain  
17 injury and only after the youth athlete:

18 (1) no longer exhibits any sign, symptom or  
19 behavior consistent with a brain injury; and

20 (2) receives a written medical release from a  
21 licensed health care professional.

22 C. Each youth athletic league shall ensure that  
23 each coach participating in youth athletic activities and each  
24 youth athlete in the league receives training provided pursuant  
25 to Paragraph (1) of Subsection D of this section.

.220401.3

1           D. The department of health shall consult with the  
2 brain injury advisory council to promulgate rules to establish:

3                   (1) protocols and content consistent with  
4 current medical knowledge for training each coach participating  
5 in youth athletic activities and each youth athlete to:

6                           (a) understand the nature and risk of  
7 brain injury associated with youth athletic activity;

8                           (b) recognize signs, symptoms or  
9 behaviors consistent with a brain injury when a coach or youth  
10 athlete suspects or observes that a youth athlete has received  
11 a brain injury;

12                           (c) understand the need to alert  
13 appropriate medical professionals for urgent diagnosis or  
14 treatment; and

15                           (d) understand the need to follow  
16 medical direction for proper medical protocols; and

17                   (2) the nature and content of brain injury  
18 training and information forms and educational materials for,  
19 and the means of providing these forms and materials to,  
20 coaches, youth athletes and youth athletes' parents or  
21 guardians regarding the nature and risk of brain injury  
22 resulting from youth athletic activity, including the risk of  
23 continuing or returning to youth athletic activity after a  
24 brain injury.

25           E. At the beginning of each youth athletic activity



1 season or the first participation in youth athletic activities  
2 by a youth athlete during a youth athletic activity season, a  
3 youth athletic league shall provide a brain injury training and  
4 information form created pursuant to Subsection D of this  
5 section to a youth athlete and the youth athlete's parent or  
6 guardian. The youth athletic league shall receive signatures  
7 on the brain injury training and information form from the  
8 youth athlete and the youth athlete's parent or guardian  
9 confirming that the youth athlete has received the brain injury  
10 training required by this section and that the youth athlete  
11 and parent or guardian understand the brain injury information  
12 before permitting the youth athlete to begin or continue  
13 participating in youth athletic activities for the athletic  
14 season or term of participation.

15 F. As used in this section:

16 (1) "brain injury" means a body-altering  
17 physical trauma to the brain, skull or neck caused by blunt or  
18 penetrating force, concussion, diffuse axonal injury,  
19 hypoxia-anoxia or electrical charge;

20 (2) "licensed health care professional" means:

21 (a) a practicing physician or physician  
22 assistant licensed pursuant to the Medical Practice Act;

23 (b) a practicing osteopathic physician  
24 licensed pursuant to the ~~[Osteopathic Medicine]~~ Medical  
25 Practice Act;

.220401.3

1 (c) a practicing certified nurse  
2 practitioner licensed pursuant to the Nursing Practice Act;

3 (d) a practicing osteopathic  
4 ~~[physician's]~~ physician assistant licensed pursuant to the  
5 ~~[Osteopathic Medicine]~~ Medical Practice Act;

6 (e) a practicing psychologist licensed  
7 pursuant to the provisions of the Professional Psychologist  
8 Act;

9 (f) a practicing athletic trainer  
10 licensed pursuant to the provisions of the Athletic Trainer  
11 Practice Act; or

12 (g) a practicing physical therapist  
13 licensed pursuant to the provisions of the Physical Therapy  
14 Act;

15 (3) "youth athlete" means an individual under  
16 nineteen years of age who engages in, is eligible to engage in  
17 or seeks to engage in a youth athletic activity; and

18 (4) "youth athletic activity" means an  
19 organized athletic activity in which the participants, a  
20 majority of whom are under nineteen years of age, are engaged  
21 in an athletic game or competition against another team, club  
22 or entity, or in practice or preparation for an organized  
23 athletic game or competition against another team, club or  
24 entity. "Youth athletic activity" does not include an  
25 elementary school, middle school, high school, college or

.220401.3

1 university activity or an activity that is incidental to a  
2 nonathletic program."

3 SECTION 8. Section 24-2D-5.2 NMSA 1978 (being Laws 2005,  
4 Chapter 140, Section 3, as amended) is amended to read:

5 "24-2D-5.2. OVERDOSE PREVENTION AND PAIN MANAGEMENT  
6 ADVISORY COUNCIL CREATED--DUTIES.--

7 A. The "overdose prevention and pain management  
8 advisory council" is created and shall be administratively  
9 attached to the department of health. Members of the council  
10 shall be appointed by the governor to consist of one  
11 representative each from the department of health, the human  
12 services department, the department of public safety, the  
13 New Mexico medical board, the board of nursing, the board of  
14 pharmacy, [~~the board of osteopathic medicine~~] the board of  
15 acupuncture and oriental medicine, the New Mexico board of  
16 dental health care, the chiropractic board, the university of  
17 New Mexico health sciences center, a harm reduction  
18 organization, a third-party payer, a statewide medical  
19 association, a statewide association of pharmacists, a  
20 statewide association of nurse practitioners, a statewide  
21 association of certified registered nurse anesthetists and a  
22 statewide association of osteopathic physicians; one person who  
23 is a pain management specialist; one person who is an addiction  
24 specialist; one person who is a consumer health care advocate;  
25 and one person who has no direct ties or pecuniary interest in

.220401.3

1 the health care field.

2 B. The council shall meet at least quarterly to  
3 review the current status of overdose prevention and current  
4 pain management practices in New Mexico and national overdose  
5 prevention and pain management standards and educational  
6 efforts for both consumers and professionals. The council  
7 shall also make recommendations regarding overdose prevention  
8 and pain management practices. The council may create  
9 subcommittees as needed. Members who are not public employees  
10 shall receive per diem and mileage as provided in the Per Diem  
11 and Mileage Act. Public employee members shall receive mileage  
12 from their respective employers for attendance at council  
13 meetings."

14 SECTION 9. Section 24-14C-2 NMSA 1978 (being Laws 2011,  
15 Chapter 152, Section 2, as amended) is amended to read:

16 "24-14C-2. DEFINITIONS.--As used in the Health Care Work  
17 Force Data Collection, Analysis and Policy Act:

18 A. "board" means any state health care work force  
19 licensing or regulatory board, including the New Mexico medical  
20 board; [~~the board of osteopathic medical examiners;~~] the New  
21 Mexico board of dental health care; the board of nursing; the  
22 board of pharmacy; any other licensing or regulatory board that  
23 the chancellor designates; any other health professional  
24 licensing board listed in Chapter 61 NMSA 1978; and the  
25 university;

.220401.3

1           B. "chancellor" means the chancellor for health  
2 sciences of the university of New Mexico;

3           C. "database" means the health care work force  
4 database created pursuant to the Health Care Work Force Data  
5 Collection, Analysis and Policy Act;

6           D. "ethnicity" means an individual's self-  
7 identification or affiliation as either "Hispanic or Latino" or  
8 "not Hispanic or Latino" according to cultural, historical,  
9 linguistic or religious ties;

10          E. "New Mexico center for health care workforce  
11 analysis" means a state entity that collects, analyzes and  
12 reports data regarding the state's health care work force and  
13 collaborates with the federal national center for health care  
14 workforce analysis pursuant to Section 5103 of the federal  
15 Patient Protection and Affordable Care Act;

16          F. "race" means an individual's self-identification  
17 or affiliation with one of the following categories used to  
18 identify individuals according to historical or phenotypical  
19 characteristics:

- 20                   (1) American Indian or Alaska Native;  
21                   (2) Asian;  
22                   (3) Black or African American;  
23                   (4) Native Hawaiian or other Pacific Islander;  
24                   (5) White; or  
25                   (6) a mixture of any of the categories listed

1 in Paragraphs (1) through (5) of this subsection; and

2 G. "university" means the university of New  
3 Mexico."

4 SECTION 10. Section 27-2-12.30 NMSA 1978 (being Laws  
5 2020, Chapter 58, Section 2) is amended to read:

6 "27-2-12.30. PHARMACIST PRESCRIPTIVE AUTHORITY SERVICES--  
7 REIMBURSEMENT PARITY.--A medical assistance program or its  
8 contractor shall reimburse a participating provider that is a  
9 certified pharmacist clinician or pharmacist certified to  
10 provide a prescriptive authority service who provides a service  
11 at the standard contracted rate that the medical assistance  
12 program reimburses, for the same service under that program,  
13 any licensed physician or physician assistant licensed pursuant  
14 to the Medical Practice Act [~~or the Osteopathic Medicine Act~~]  
15 or any advanced practice certified nurse practitioner licensed  
16 pursuant to the Nursing Practice Act."

17 SECTION 11. Section 59A-22-53.2 NMSA 1978 (being Laws  
18 2020, Chapter 58, Section 3) is amended to read:

19 "59A-22-53.2. PHARMACIST PRESCRIPTIVE AUTHORITY  
20 SERVICES--REIMBURSEMENT PARITY.--An insurer shall reimburse a  
21 participating provider that is a certified pharmacist clinician  
22 or pharmacist certified to provide a prescriptive authority  
23 service who provides a service pursuant to a health insurance  
24 plan, policy or certificate of health insurance at the standard  
25 contracted rate that the health insurance policy, health care

.220401.3

1 plan or certificate of health insurance reimburses, for the  
 2 same service pursuant to that policy, plan or certificate, any  
 3 licensed physician or physician assistant licensed pursuant to  
 4 the Medical Practice Act [~~or the Osteopathic Medicine Act~~] or  
 5 any advanced practice certified nurse practitioner licensed  
 6 pursuant to the Nursing Practice Act."

7           **SECTION 12.** Section 59A-23-12.2 NMSA 1978 (being Laws  
 8 2020, Chapter 58, Section 4) is amended to read:

9           "59A-23-12.2. PHARMACIST PRESCRIPTIVE AUTHORITY  
 10 SERVICES--REIMBURSEMENT PARITY.--An insurer shall reimburse a  
 11 participating provider that is a certified pharmacist clinician  
 12 or pharmacist certified to provide a prescriptive authority  
 13 service who provides a service pursuant to a health insurance  
 14 plan, policy or certificate of health insurance at the standard  
 15 contracted rate that the health insurance policy, health care  
 16 plan or certificate of health insurance reimburses, for the  
 17 same service pursuant to that policy, plan or certificate, any  
 18 licensed physician or physician assistant licensed pursuant to  
 19 the Medical Practice Act [~~or the Osteopathic Medicine Act~~] or  
 20 any advanced practice certified nurse practitioner licensed  
 21 pursuant to the Nursing Practice Act."

22           **SECTION 13.** Section 59A-46-52.2 NMSA 1978 (being Laws  
 23 2020, Chapter 58, Section 5) is amended to read:

24           "59A-46-52.2. PHARMACIST PRESCRIPTIVE AUTHORITY  
 25 SERVICES--REIMBURSEMENT PARITY.--A carrier shall reimburse a

.220401.3

1 participating provider that is a certified pharmacist clinician  
2 or pharmacist certified to provide a prescriptive authority  
3 service who provides a service pursuant to an individual or  
4 group contract at the standard contracted rate that the carrier  
5 reimburses, for the same service under that individual or group  
6 contract, any licensed physician or physician assistant  
7 licensed pursuant to the Medical Practice Act [~~or the~~  
8 ~~Osteopathic Medicine Act~~] or any advanced practice certified  
9 nurse practitioner licensed pursuant to the Nursing Practice  
10 Act."

11 SECTION 14. Section 59A-47-47.2 NMSA 1978 (being Laws  
12 2020, Chapter 58, Section 6) is amended to read:

13 "59A-47-47.2. PHARMACIST PRESCRIPTIVE AUTHORITY  
14 SERVICES--REIMBURSEMENT PARITY.--A health care plan shall  
15 reimburse a participating provider that is a certified  
16 pharmacist clinician or pharmacist certified to provide a  
17 prescriptive authority service who provides a service pursuant  
18 to a subscriber at the same rate that the carrier reimburses,  
19 for the standard contracted service under that subscriber  
20 contract, any licensed physician or physician assistant  
21 licensed pursuant to the Medical Practice Act [~~or the~~  
22 ~~Osteopathic Medicine Act~~] or any advanced practice certified  
23 nurse practitioner licensed pursuant to the Nursing Practice  
24 Act."

25 SECTION 15. Section 61-2-14.1 NMSA 1978 (being Laws 2019,

.220401.3



1 Chapter 15, Section 1) is amended to read:

2 "61-2-14.1. CONTACT LENSES--SPECTACLES--LIMITATIONS ON  
3 PRESCRIPTIONS--CRIMINAL PENALTY--CIVIL REMEDY--EXCEPTIONS.--

4 A. Unless the person is licensed pursuant to the  
5 Optometry Act or the Medical Practice Act [~~or the Osteopathic~~  
6 ~~Medicine Act~~], a person shall not:

7 (1) perform an eye examination on an  
8 individual physically located in the state at the time of the  
9 eye examination; or

10 (2) write a prescription for contact lenses or  
11 spectacles.

12 B. A person shall not write a prescription for  
13 contact lenses or spectacles unless an eye examination is  
14 performed before writing the prescription. The prescription  
15 shall take into consideration any medical findings and any  
16 refractive error determined during the eye examination.

17 C. A person who violates a provision of this  
18 section is guilty of a misdemeanor and shall be sentenced  
19 pursuant to Section 31-19-1 NMSA 1978.

20 D. The board of optometry, the New Mexico medical  
21 board [~~the board of osteopathic medicine~~] or any other person  
22 potentially aggrieved by a violation of this section may bring  
23 a suit in a court of competent jurisdiction to enjoin a  
24 violation of a provision of this section.

25 E. Nothing in this section shall be construed to

.220401.3

1 prohibit:

2 (1) a health care provider from using  
3 telehealth in accordance with the provisions of the New Mexico  
4 Telehealth Act for ocular diseases;

5 (2) a vision screening performed in a school  
6 by a nurse, physician assistant, osteopathic physician  
7 assistant or another provider otherwise authorized pursuant to  
8 state law;

9 (3) an optician from completing a prescription  
10 for spectacles or contact lenses in accordance with the  
11 provisions of the Optometry Act;

12 (4) a technician from providing an eye care  
13 screening program at a health fair, not-for-profit event, not-  
14 for-profit public vision van service, public health event or  
15 other similar event;

16 (5) a physician assistant licensed pursuant to  
17 the Medical Practice Act, or an osteopathic physician assistant  
18 licensed pursuant to the [~~Osteopathic Medicine~~] Medical  
19 Practice Act, working under the supervision of an  
20 ophthalmologist licensed pursuant to the Medical Practice Act  
21 [~~or the Osteopathic Medicine Act~~], from performing an eye  
22 examination on an individual physically located in the state at  
23 the time of the eye examination; or

24 (6) a vision screening performed by another  
25 provider otherwise authorized pursuant to state law.

.220401.3

1 F. As used in this section:

2 (1) "autorefractor" means any electronic  
3 computer or automated testing device used remotely, in person  
4 or through any other communication interface to provide an  
5 objective or subjective measurement of an individual's  
6 refractive error;

7 (2) "contact lens" means any lens placed  
8 directly on the surface of the eye, regardless of whether or  
9 not it is intended to correct a visual defect, including any  
10 cosmetic, therapeutic or corrective lens;

11 (3) "eye examination" means an in-person  
12 assessment at a physician's office or an optometrist's office,  
13 in a hospital setting or in a hospital health system setting  
14 that:

15 (a) is performed in accordance with the  
16 applicable standard of care;

17 (b) consists of an assessment of the  
18 ocular health and visual status of an individual;

19 (c) does not consist of solely objective  
20 or subjective refractive data or information generated by an  
21 automated testing device, including an autorefractor or kiosk,  
22 in order to establish a medical diagnosis or for the  
23 determination of refractive error; and

24 (d) is performed on an individual who is  
25 physically located in this state at the time of the assessment;

.220401.3

1                   (4) "kiosk" means any automatic or electronic  
2 equipment, application or computer software designed to be used  
3 on a telephone, teleconference device, computer, virtual  
4 reality device or internet-based device that can be used  
5 remotely, in person or through any other communication  
6 interface to conduct an eye examination or determine refractive  
7 error;

8                   (5) "prescription" means an optometrist's or  
9 ophthalmologist's handwritten or electronic order for spectacle  
10 lenses or contact lenses based on an eye examination that  
11 corrects refractive error; and

12                   (6) "spectacles" means an optical instrument  
13 or device worn or used by an individual that has one or more  
14 lenses designed to correct or enhance vision addressing the  
15 visual needs of the individual wearer, commonly known as  
16 "glasses" or "eyeglasses", including spectacles that may be  
17 adjusted by the wearer to achieve different types of visual  
18 correction or enhancement. "Spectacles" does not mean:

19                   (a) an optical instrument or device that  
20 is not intended to correct or enhance vision or that does not  
21 require consideration of the visual status of the individual  
22 who will use the optical instrument or device; or

23                   (b) eyewear that is sold without a  
24 prescription."

25                   SECTION 16. Section 61-6-1 NMSA 1978 (being Laws 1989,

.220401.3

1 Chapter 269, Section 1, as amended) is amended to read:

2 "61-6-1. SHORT TITLE--PURPOSE.--

3 A. Chapter 61, Article 6 NMSA 1978 may be cited as  
4 the "Medical Practice Act".

5 B. In the interest of the public health, safety and  
6 welfare and to protect the public from the improper,  
7 unprofessional, incompetent and unlawful practice of medicine,  
8 it is necessary to provide laws and rules controlling the  
9 granting and use of the privilege to practice medicine and to  
10 establish a medical board to implement and enforce the laws and  
11 rules.

12 C. The primary duties and obligations of the  
13 medical board are to issue licenses to qualified health care  
14 practitioners, including physicians, physician assistants and  
15 anesthesiologist assistants, to discipline incompetent or  
16 unprofessional physicians, physician assistants or  
17 anesthesiologist assistants and to aid in the rehabilitation of  
18 impaired physicians, physician assistants and anesthesiologist  
19 assistants for the purpose of protecting the public."

20 SECTION 17. Section 61-6-2 NMSA 1978 (being Laws 1923,  
21 Chapter 44, Section 1, as amended) is amended to read:

22 "61-6-2. NEW MEXICO MEDICAL BOARD--APPOINTMENT--TERMS--  
23 QUALIFICATIONS.--

24 A. There is created the "New Mexico medical board",  
25 consisting of [~~nine~~] eleven members. The board shall be

.220401.3

1 composed of two public members, one physician assistant and  
2 [~~six~~] eight reputable physicians, at least two of whom shall be  
3 osteopathic physicians and at least two of whom shall be  
4 medical physicians. The osteopathic physicians and the medical  
5 physicians shall be of known ability, [~~who are~~] shall be  
6 graduates of medical colleges or schools in good standing and  
7 [~~who~~] shall have been licensed physicians in and bona fide  
8 residents of New Mexico for a period of five years immediately  
9 preceding the date of their appointment. The physician  
10 assistant shall have been a licensed physician assistant and a  
11 resident of New Mexico for at least five years immediately  
12 preceding the date of appointment. Public members of the board  
13 shall be residents of New Mexico, shall not have been licensed  
14 by the board [~~or have practiced as physicians~~] as a health care  
15 practitioner over which the board has licensure authority and  
16 shall have no significant financial interest, direct or  
17 indirect, in the occupation regulated.

18 B. The governor shall appoint the medical physician  
19 members from a list of names submitted to the governor by the  
20 New Mexico medical society or its authorized governing body or  
21 council. The list shall contain five names of qualified  
22 medical physicians for each medical physician member to be  
23 appointed. Medical physician member vacancies shall be filled  
24 in the same manner.

25 C. The governor shall appoint osteopathic physician

1 members from a list of names submitted to the governor by the  
 2 New Mexico osteopathic medical association or its authorized  
 3 governing body or council. The list shall contain five names  
 4 of qualified osteopathic physicians for each osteopathic  
 5 physician member to be appointed. Osteopathic physician member  
 6 vacancies shall be filled in the same manner.

7 ~~[G.]~~ D. The governor shall appoint the physician  
 8 assistant member from a list of names submitted to the governor  
 9 by the New Mexico academy of physician assistants or its  
 10 authorized governing body or council. The list shall contain  
 11 five names of qualified physician assistants.

12 ~~[D.]~~ E. Members shall be appointed to four-year  
 13 terms, staggered so that not more than three terms expire in a  
 14 year. All board members shall hold office until their  
 15 successors are appointed ~~[and qualified]~~.

16 ~~[E.]~~ F. A board member failing to attend three  
 17 consecutive meetings, either regular or special, shall  
 18 automatically be removed as a member of the board unless  
 19 excused from attendance by the board for good cause shown."

20 **SECTION 18.** Section 61-6-3 NMSA 1978 (being Laws 1989,  
 21 Chapter 269, Section 3, as amended) is amended to read:

22 "61-6-3. MEETINGS OF THE BOARD--QUORUM.--

23 A. The board shall hold four regular meetings every  
 24 fiscal year.

25 B. During the second quarter of each year, the

.220401.3

1 board shall hold its annual meeting [~~during which it~~] and shall  
2 elect officers.

3 C. In addition to the regular meetings, the board  
4 may hold special meetings at the call of the president after  
5 written notice to all members of the board or at the written or  
6 electronic request of any two members.

7 D. A majority of the members of the board shall  
8 constitute a quorum and shall be capable of conducting any  
9 board business. The vote of a majority of a quorum shall  
10 prevail, even though the vote may not represent an actual  
11 majority of all the board members."

12 SECTION 19. Section 61-6-4 NMSA 1978 (being Laws 1989,  
13 Chapter 269, Section 4, as amended) is amended to read:

14 "61-6-4. ELECTION--DUTIES OF OFFICERS--REIMBURSEMENT OF  
15 BOARD MEMBERS.--

16 A. At its annual meeting, the board shall elect a  
17 chair, a vice chair and a secretary-treasurer.

18 B. The chair shall preside over the meetings and  
19 affairs of the board.

20 C. The vice chair shall perform such duties as may  
21 be assigned by the chair and shall serve as chair due to the  
22 absence or incompetence of the chair.

23 D. The secretary-treasurer shall be a physician  
24 member of the board and shall:

- 25 (1) review applications for licensure and



1 interview applicants to determine eligibility for licensure;

2 (2) issue temporary licenses pursuant to  
3 Section 61-6-14 NMSA 1978;

4 (3) serve on committees related to board  
5 activities that require physician participation;

6 (4) serve as a consultant on medical practice  
7 issues when a board action is not required; and

8 (5) perform any other functions assigned by  
9 the board or by the chair.

10 E. The secretary-treasurer may be compensated at  
11 the discretion of the board.

12 F. Board members shall receive per diem and mileage  
13 as provided in the Per Diem and Mileage Act and shall receive  
14 no other compensation, perquisite or allowance, except that the  
15 secretary-treasurer may be additionally compensated as provided  
16 in Subsection E of this section and board members may be  
17 additionally compensated in accordance with Subsection G of  
18 this section.

19 G. Board members or agents performing interviews of  
20 applicants may be compensated at the board's discretion."

21 **SECTION 20.** Section 61-6-5 NMSA 1978 (being Laws 1973,  
22 Chapter 361, Section 2, as amended) is amended to read:

23 "61-6-5. DUTIES AND POWERS.--The board shall:

24 A. enforce and administer the provisions of the  
25 Medical Practice Act, the Physician Assistant Act, the

.220401.3

1 Anesthesiologist Assistants Act, the Genetic Counseling Act,  
2 the Impaired Health Care Provider Act, the Polysomnography  
3 Practice Act, the Naturopathic Doctors' Practice Act and the  
4 Naprapathic Practice Act;

5 B. adopt, publish and file, in accordance with the  
6 Uniform Licensing Act and the State Rules Act, all rules for  
7 the implementation and enforcement of the provisions of the  
8 Medical Practice Act, the Physician Assistant Act, the  
9 Anesthesiologist Assistants Act, the Genetic Counseling Act,  
10 the Impaired Health Care Provider Act, the Polysomnography  
11 Practice Act, the Naturopathic Doctors' Practice Act and the  
12 Naprapathic Practice Act;

13 C. adopt and use a seal;

14 D. administer oaths to all applicants, witnesses  
15 and others appearing before the board, as appropriate;

16 E. take testimony on matters within the board's  
17 jurisdiction;

18 F. keep an accurate record of all its meetings,  
19 receipts and disbursements;

20 G. maintain records in which the name, address and  
21 license number of all licensees shall be recorded, together  
22 with a record of all license renewals, suspensions,  
23 revocations, probations, stipulations, censures, reprimands and  
24 fines;

25 H. grant, deny, review, suspend and revoke licenses

1 to practice medicine and censure, reprimand, fine and place on  
2 probation and stipulation licensees and applicants in  
3 accordance with the Uniform Licensing Act for any cause stated  
4 in the Medical Practice Act, the Impaired Health Care Provider  
5 Act, the Naturopathic Doctors' Practice Act and the Naprapathic  
6 Practice Act;

7 I. hire staff and administrators as necessary to  
8 carry out the provisions of the Medical Practice Act;

9 J. have the authority to hire or contract with  
10 investigators to investigate possible violations of the Medical  
11 Practice Act;

12 K. have the authority to hire a competent attorney  
13 to give advice and counsel in regard to any matter connected  
14 with the duties of the board, to represent the board in any  
15 legal proceedings and to aid in the enforcement of the laws in  
16 relation to the medical profession and to fix the compensation  
17 to be paid to such attorney; provided, however, that such  
18 attorney shall be compensated from the funds of the board;

19 L. establish continuing ~~[medical]~~ education  
20 requirements for licensed ~~[physicians and continuing education~~  
21 ~~requirements for physician assistants]~~ practitioners over which  
22 the board has authority;

23 M. establish committees as it deems necessary for  
24 carrying on its business;

25 N. hire or contract with a licensed physician to

.220401.3

1 serve as medical director and fulfill specified duties of the  
2 secretary-treasurer;

3 O. establish and maintain rules related to the  
4 management of pain based on review of national standards for  
5 pain management; and

6 P. have the authority to waive licensure fees for  
7 the purpose of ~~[medical doctor]~~ the recruitment and retention  
8 of health care practitioners over which the board has  
9 authority."

10 SECTION 21. Section 61-6-6 NMSA 1978 (being Laws 1973,  
11 Chapter 361, Section 1, as amended) is amended to read:

12 "61-6-6. DEFINITIONS.--As used in the Medical Practice  
13 Act:

14 A. "approved postgraduate training program for  
15 physicians" means a program approved by the accreditation  
16 council for graduate medical education, the American  
17 osteopathic association or other board-approved program;

18 B. "board" means the New Mexico medical board;

19 C. "collaboration" means the process by which a  
20 licensed physician and a physician assistant jointly contribute  
21 to the health care and medical treatment of patients; provided  
22 that:

23 (1) each collaborator performs actions that  
24 the collaborator is licensed or otherwise authorized to  
25 perform; and

1 (2) collaboration shall not be construed to  
2 require the physical presence of the licensed physician at the  
3 time and place services are rendered;

4 D. "licensed physician" means a medical [~~doctor~~] or  
5 osteopathic physician licensed under the Medical Practice Act  
6 to practice medicine in New Mexico;

7 E. "licensee" or "health care practitioner" means a  
8 medical [~~doctor~~] physician, osteopathic physician, physician  
9 assistant, polysomnographic technologist, anesthesiologist  
10 assistant, naturopathic doctor or naprapath licensed by the  
11 board to practice in New Mexico;

12 F. "medical college or school in good standing" for  
13 medical physicians means a board-approved medical college or  
14 school that has as high a standard as that required by the  
15 association of American medical colleges and the council on  
16 medical education of the American medical association; and for  
17 osteopathic physicians means a college of osteopathic medicine  
18 accredited by the commission of osteopathic college  
19 accreditation;

20 G. "medical student" means a student enrolled in a  
21 board-approved medical college or school in good standing;

22 H. "physician assistant" means a health  
23 [~~professional~~] care practitioner who is licensed by the board  
24 to practice as a physician assistant and who provides services  
25 to patients with the supervision of or in collaboration with a

.220401.3

1 licensed physician as set forth in rules promulgated by the  
2 board;

3 ~~[I. "intern" means a first-year postgraduate~~  
4 ~~student upon whom a degree of doctor of medicine and surgery or~~  
5 ~~equivalent degree has been conferred by a medical college or~~  
6 ~~school in good standing;~~

7 ~~J.]~~ I. "resident" means a graduate of a medical  
8 college or school in good standing who is in training in a  
9 board-approved and accredited residency training program in a  
10 hospital or facility affiliated with an approved hospital and  
11 who has been appointed to the position of "resident" or  
12 "fellow" for the purpose of postgraduate medical training;

13 ~~[K.]~~ J. "the practice of medicine" consists of:

14 (1) advertising, holding out to the public or  
15 representing in any manner that one is authorized to practice  
16 medicine or to practice health care that is under the authority  
17 of the board in this state;

18 (2) offering or undertaking to administer,  
19 dispense or prescribe a drug or medicine for the use of another  
20 person, except as authorized pursuant to a professional or  
21 occupational licensing statute set forth in Chapter 61 NMSA  
22 1978;

23 (3) offering or undertaking to give or  
24 administer, dispense or prescribe a drug or medicine for the  
25 use of another person, except as directed by a licensed

1 physician;

2 (4) offering or undertaking to perform an  
3 operation or procedure upon a person;

4 (5) offering or undertaking to diagnose,  
5 correct or treat in any manner or by any means, methods,  
6 devices or instrumentalities any disease, illness, pain, wound,  
7 fracture, infirmity, deformity, defect or abnormal physical or  
8 mental condition of a person;

9 (6) offering medical peer review, utilization  
10 review or diagnostic service of any kind that directly  
11 influences patient care, except as authorized pursuant to a  
12 professional or occupational licensing statute set forth in  
13 Chapter 61 NMSA 1978; or

14 (7) acting as the representative or agent of a  
15 person in doing any of the things listed in this subsection;

16 [~~E.~~] K. "the practice of medicine across state  
17 lines" means:

18 (1) the rendering of a written or otherwise  
19 documented medical opinion concerning diagnosis or treatment of  
20 a patient within this state by a physician located outside this  
21 state as a result of transmission of individual patient data by  
22 electronic, telephonic or other means from within this state to  
23 the physician or the physician's agent; or

24 (2) the rendering of treatment to a patient  
25 within this state by a physician located outside this state as

.220401.3

underscored material = new  
[bracketed material] = delete

1 a result of transmission of individual patient data by  
2 electronic, telephonic or other means from within this state to  
3 the physician or the physician's agent;

4 [M-] L. "sexual contact" means touching the primary  
5 genital area, groin, anus, buttocks or breast of a patient or  
6 allowing a patient to touch another's primary genital area,  
7 groin, anus, buttocks or breast in a manner that is commonly  
8 recognized as outside the scope of acceptable medical or health  
9 care practice;

10 [N-] M. "sexual penetration" means sexual  
11 intercourse, cunnilingus, fellatio or anal intercourse, whether  
12 or not there is any emission, or introducing any object into  
13 the genital or anal openings of another in a manner that is  
14 commonly recognized as outside the scope of acceptable medical  
15 or health care practice; and

16 [O-] N. "United States" means the fifty states, its  
17 territories and possessions and the District of Columbia."

18 SECTION 22. Section 61-6-7.2 NMSA 1978 (being Laws 1997,  
19 Chapter 187, Section 3, as amended) is amended to read:

20 "61-6-7.2. INACTIVE LICENSE.--

21 A. A physician assistant license shall expire every  
22 two years on a date established by the board.

23 B. A physician assistant who notifies the board in  
24 writing on forms prescribed by the board may elect to place  
25 [~~his~~] the physician assistant's license on an inactive status.

.220401.3



1 A physician assistant with an inactive license shall be excused  
2 from payment of renewal fees and shall not practice as a  
3 physician assistant.

4 C. A physician assistant who engages in practice  
5 while ~~[his]~~ the physician assistant's license is lapsed or on  
6 inactive status is practicing without a license, and this is  
7 grounds for discipline pursuant to the Physician Assistant Act  
8 and Medical Practice Act.

9 D. A physician assistant requesting restoration  
10 from inactive status shall pay the current renewal fee and  
11 fulfill the requirement for renewal pursuant to the Physician  
12 Assistant Act and Medical Practice Act.

13 E. The board may, in its discretion, summarily  
14 suspend for nonpayment of fees the license of a physician  
15 assistant who has not renewed ~~[his]~~ the physician assistant's  
16 license within ninety days of expiration.

17 F. A physician assistant who has not submitted an  
18 application for renewal on or before the license expiration  
19 date, but who has submitted an application for renewal within  
20 forty-five days after the license expiration date, shall be  
21 assessed a late fee.

22 G. A physician assistant who has not submitted an  
23 application for renewal between forty-six and ninety days after  
24 the expiration date shall be assessed a late fee."

25 SECTION 23. Section 61-6-10.2 NMSA 1978 (being Laws 2001,  
.220401.3

1 Chapter 311, Section 2, as amended) is amended to read:

2 "61-6-10.2. DEFINITIONS.--As used in the Anesthesiologist  
3 Assistants Act:

4 A. "anesthesiologist" means a physician licensed to  
5 practice medicine in New Mexico who has successfully completed  
6 an accredited anesthesiology graduate medical education  
7 program, who is board certified by the American board of  
8 anesthesiology or the American osteopathic board of  
9 anesthesiology or is board eligible and who has completed a  
10 residency in anesthesiology within the last three years or who  
11 has foreign certification determined by the board to be the  
12 substantial equivalent;

13 B. "anesthesiologist assistant" means a skilled  
14 person licensed by the board as being qualified by academic and  
15 practical training to assist an anesthesiologist in developing  
16 and implementing anesthesia care plans for patients under the  
17 supervision and direction of the anesthesiologist who is  
18 responsible for the performance of that anesthesiologist  
19 assistant;

20 C. "applicant" means a person who is applying to  
21 the board for a license as an anesthesiologist assistant;

22 D. "board" means the New Mexico medical board; and

23 E. "license" means an authorization to practice as  
24 an anesthesiologist assistant."

25 SECTION 24. That version of Section 61-6-10.2 NMSA 1978

.220401.3

1 (being Laws 2015, Chapter 52, Section 4) that is to become  
2 effective July 1, 2025 is amended to read:

3 "61-6-10.2. DEFINITIONS.--As used in the Anesthesiologist  
4 Assistants Act:

5 A. "anesthesiologist" means a physician licensed to  
6 practice medicine in New Mexico who has successfully completed  
7 an accredited anesthesiology graduate medical education  
8 program, who is board certified by the American board of  
9 anesthesiology, the American osteopathic board of  
10 anesthesiology or is board eligible, who has completed a  
11 residency in anesthesiology within the last three years or who  
12 has foreign certification determined by the board to be the  
13 substantial equivalent and who is an employee of the department  
14 of anesthesiology of a medical school in New Mexico;

15 B. "anesthesiologist assistant" means a skilled  
16 person employed or to be employed by a university in New Mexico  
17 with a medical school licensed by the board as being qualified  
18 by academic and practical training to assist an  
19 anesthesiologist in developing and implementing anesthesia care  
20 plans for patients under the supervision and direction of the  
21 anesthesiologist who is responsible for the performance of that  
22 anesthesiologist assistant;

23 C. "applicant" means a person who is applying to  
24 the board for a license as an anesthesiologist assistant;

25 D. "board" means the New Mexico medical board; and

.220401.3

1           E. "license" means an authorization to practice as  
2 an anesthesiologist assistant."

3           SECTION 25. Section 61-6-10.6 NMSA 1978 (being Laws 2001,  
4 Chapter 311, Section 6) is amended to read:

5           "61-6-10.6. INACTIVE LICENSE.--

6           A. An anesthesiologist assistant who notifies the  
7 board in writing on forms prescribed by the board may elect to  
8 place [~~his~~] the anesthesiologist assistant's license on  
9 inactive status. An anesthesiologist assistant with an  
10 inactive license shall be excused from payment of renewal fees  
11 and shall not practice as an anesthesiologist assistant.

12           B. An anesthesiologist assistant who engages in  
13 practice while [~~his~~] the anesthesiologist assistant's license  
14 is lapsed or on inactive status is practicing without a license  
15 and is subject to disciplinary action pursuant to the  
16 Anesthesiologist Assistants Act and Medical Practice Act.

17           C. An anesthesiologist assistant requesting  
18 restoration from inactive status shall pay the current renewal  
19 fee and fulfill the requirement for renewal pursuant to the  
20 Anesthesiologist Assistants Act."

21           SECTION 26. Section 61-6-10.11 NMSA 1978 (being Laws  
22 2015, Chapter 52, Section 3) is amended to read:

23           "61-6-10.11. ANESTHESIOLOGIST ASSISTANTS--EMPLOYMENT  
24 CONDITIONS.--An anesthesiologist assistant shall:

25           A. be a current or future employee of a university

1 in New Mexico with a medical school; or

2 B. in a practice other than one at a university in  
3 New Mexico with a medical school:

4 (1) be certified as an anesthesiologist  
5 assistant by the national commission for certification of  
6 anesthesiologist assistants;

7 (2) practice only in a health facility  
8 licensed by the department of health where, at the time the  
9 anesthesiologist assistant begins practicing there, at least  
10 three anesthesiologists who are [~~medical doctors~~] licensed  
11 physicians and who are board-certified as anesthesiologists by  
12 the American board of anesthesiology are on staff as employees  
13 or contractors;

14 (3) practice only in a class A county; and

15 (4) be supervised only by an anesthesiologist  
16 who is a [~~medical doctor~~] licensed physician and who is board-  
17 certified as an anesthesiologist by the American board of  
18 anesthesiology."

19 SECTION 27. Section 61-6-11 NMSA 1978 (being Laws 1923,  
20 Chapter 44, Section 3, as amended) is amended to read:

21 "61-6-11. PHYSICIAN LICENSURE.--

22 A. The board may consider for licensure a person  
23 who is of good moral character, is a graduate of an accredited  
24 United States or Canadian medical or osteopathic medical  
25 school, has passed an examination approved by the board and has

.220401.3

1 completed two years of an approved postgraduate training  
2 program for physicians.

3 B. An applicant who has not completed two years of  
4 an approved postgraduate training program for physicians, but  
5 who otherwise meets all other licensing requirements, may  
6 present evidence to the board of the applicant's other  
7 professional experience for consideration by the board in lieu  
8 of the approved postgraduate training program. The board  
9 shall, in its sole discretion, determine if the professional  
10 experience is substantially equivalent to the required approved  
11 postgraduate training program for physicians.

12 C. A graduate of a board-approved medical or  
13 osteopathic medical school located outside the United States or  
14 Canada may be granted a license to practice medicine in New  
15 Mexico, provided the applicant presents evidence to the board  
16 that the applicant is a person of good moral character [~~and is~~  
17 ~~in compliance with the United States immigration laws~~] and  
18 provided that the applicant presents satisfactory evidence to  
19 the board that the applicant has successfully passed an  
20 examination as required by the board and has successfully  
21 completed two years of postgraduate medical training in an  
22 approved postgraduate training program for physicians. A  
23 graduate of a medical school located outside the United States  
24 who successfully completes at least two years of an approved  
25 postgraduate training program for physicians at or affiliated

.220401.3

1 with an institution located in New Mexico prior to December 30,  
2 2007 and who meets the other requirements of this section may  
3 also be granted a license to practice medicine.

4 D. All applicants for licensure may be required to  
5 appear personally before the board or a designated agent for an  
6 interview.

7 E. An applicant for licensure by examination shall  
8 not be granted a license if the applicant has taken the  
9 examination in two or more steps and has failed to successfully  
10 pass the final step within seven years of the date that the  
11 first step was passed. An applicant for licensure who holds a  
12 medical or osteopathic doctor degree and a doctoral degree in a  
13 medically related field must successfully complete the entire  
14 examination series within ten years from the date the first  
15 step of the examination is passed. [~~Provided, that~~] The board  
16 may, by rule, establish exceptions to the time requirements of  
17 this subsection.

18 F. Every applicant for licensure under this section  
19 shall pay the fees required by Section 61-6-19 NMSA 1978.

20 G. The board may require fingerprints and other  
21 information necessary for a state and national criminal  
22 background check."

23 **SECTION 28.** Section 61-6-11.1 NMSA 1978 (being Laws 2001,  
24 Chapter 96, Section 10) is amended to read:

25 "61-6-11.1. **TELEMEDICINE LICENSE.--**

.220401.3

1           A. The board shall issue a licensed physician a  
2 telemedicine license to allow the practice of medicine across  
3 state lines to an applicant who holds a full and unrestricted  
4 license to practice medicine in another state or territory of  
5 the United States. The board shall establish by rule the  
6 requirements for licensure; provided the requirements shall not  
7 be more restrictive than those required for licensure by  
8 endorsement.

9           B. A telemedicine license shall be issued for a  
10 period not to exceed three years and may be renewed upon  
11 application, payment of fees as provided in Section 61-6-19  
12 NMSA 1978 and compliance with other requirements established by  
13 rule of the board."

14           **SECTION 29.** Section 61-6-12 NMSA 1978 (being Laws 1974,  
15 Chapter 78, Section 15, as amended) is amended to read:

16           "61-6-12. CRIMINAL OFFENDER'S CHARACTER EVALUATION.--The  
17 provisions of the Criminal Offender Employment Act shall govern  
18 any consideration of criminal records required or permitted by  
19 the Medical Practice Act and to all health care practitioners  
20 over which the board has licensure authority."

21           **SECTION 30.** Section 61-12G-6 NMSA 1978 (being Laws 2019,  
22 Chapter 244, Section 6) is amended to read:

23           "61-12G-6. SCOPE OF PRACTICE.--

24           A. A licensee may practice naturopathic medicine  
25 only to provide primary care, as "primary care" is defined in

.220401.3



1 rules of the board, as follows:

2 (1) in collaboration with a physician licensed  
3 pursuant to the Medical Practice Act [~~or the Osteopathic~~  
4 ~~Medicine Act~~]; and

5 (2) in alignment with naturopathic medical  
6 education to:

7 (a) perform physical examinations;

8 (b) order laboratory examinations;

9 (c) order diagnostic imaging studies;

10 (d) interpret the results of laboratory  
11 examinations for diagnostic purposes;

12 (e) order and, based on a radiologist's  
13 report, take action on diagnostic imaging studies in a manner  
14 consistent with naturopathic training;

15 (f) prescribe, administer, dispense and  
16 order the class of drugs that excludes the natural derivatives  
17 of opium, which are morphine and codeine, and related synthetic  
18 and semi-synthetic compounds that act upon opioid receptors;

19 (g) after passing a pharmacy examination  
20 authorized by rules of the board, prescribe, administer,  
21 dispense and order: 1) all legend drugs; and 2) testosterone  
22 products and all drugs within Schedules III, IV and V of the  
23 Controlled Substances Act, excluding all benzodiazapines,  
24 opioids and opioid derivatives;

25 (h) administer intramuscular,

.220401.3

1 intravenous, subcutaneous, intra-articular and intradermal  
2 injections of substances appropriate to naturopathic medicine;

3 (i) use routes of administration that  
4 include oral, nasal, auricular, ocular, rectal, vaginal,  
5 transdermal, intradermal, subcutaneous, intravenous, intra-  
6 articular and intramuscular consistent with the education and  
7 training of a naturopathic doctor;

8 (j) perform naturopathic physical  
9 medicine;

10 (k) employ the use of naturopathic  
11 therapy; and

12 (l) use therapeutic devices, barrier  
13 contraception, intrauterine devices, hormonal and  
14 pharmaceutical contraception and durable medical equipment.

15 B. As used in this section, "collaboration" means  
16 the process by which a licensed physician and a naturopathic  
17 doctor jointly contribute to the health care and medical  
18 treatment of patients; provided that:

19 (1) each collaborator performs actions that  
20 the collaborator is licensed or otherwise authorized to  
21 perform; and

22 (2) collaboration shall not be construed to  
23 require the physical presence of the licensed physician at the  
24 time and place services are rendered."

25 SECTION 31. Section 61-12G-7 NMSA 1978 (being Laws 2019,

.220401.3

1 Chapter 244, Section 7) is amended to read:

2 "61-12G-7. REFERRAL REQUIREMENT.--A licensee shall refer  
3 to a physician authorized to practice in the state under the  
4 Medical Practice Act [~~or the Osteopathic Medicine Act~~] any  
5 patient whose medical condition should, at the time of  
6 evaluation or treatment, be determined to be beyond the scope  
7 of practice of the licensee."

8 SECTION 32. Section 61-6-13 NMSA 1978 (being Laws 1989,  
9 Chapter 269, Section 9, as amended) is amended to read:

10 "61-6-13. PHYSICIAN LICENSURE BY ENDORSEMENT.--

11 A. The board may grant a license by endorsement to  
12 [~~an~~] a physician applicant who:

13 (1) has graduated from an accredited United  
14 States or Canadian medical or osteopathic medical school;

15 (2) is board certified in a specialty  
16 recognized by the American board of medical specialties, the  
17 American osteopathic association or other specialty boards as  
18 approved by the board;

19 (3) has been a licensed physician in the  
20 United States or Canada and has practiced medicine in the  
21 United States or Canada immediately preceding the application  
22 for at least three years;

23 (4) holds an unrestricted license in another  
24 state or Canada; and

25 (5) was not the subject of a disciplinary

.220401.3

1 action in a state or province.

2 B. The board may grant a physician license by  
3 endorsement to an applicant who:

4 (1) has graduated from a medical or  
5 osteopathic medical school located outside the United States or  
6 Canada;

7 (2) is of good moral character;

8 ~~[(3) is in compliance with the United States~~  
9 ~~immigration laws;~~

10 ~~[(4)]~~ (3) is board certified in a specialty  
11 recognized by the American board of medical specialties, the  
12 American osteopathic association or other boards as approved by  
13 the board;

14 ~~[(5)]~~ (4) has been a licensed physician in the  
15 United States or Canada and has practiced medicine in the  
16 United States or Canada immediately preceding the application  
17 for at least three years;

18 ~~[(6)]~~ (5) holds an unrestricted license in  
19 another state or Canada; and

20 ~~[(7)]~~ (6) was not the subject of disciplinary  
21 action in a state or province.

22 C. An endorsement provided pursuant to this section  
23 shall certify that the applicant has passed an examination that  
24 meets with board approval and that the applicant is in good  
25 standing in that jurisdiction. In cases when the applicant is

1 board certified, has not been the subject of disciplinary  
 2 action that would be reportable to the national practitioner  
 3 data bank or the healthcare integrity and protection data bank  
 4 and has unusual skills and experience not generally available  
 5 in this state, and patients residing in this state have a  
 6 significant need for such skills and experience, the board may  
 7 waive a requirement imposing time limits for examination  
 8 completion that are different from requirements of the state  
 9 where the applicant is licensed.

10 D. An applicant for licensure under this section  
 11 may be required to personally appear before the board or a  
 12 designated agent for an interview.

13 E. An applicant for licensure under this section  
 14 shall pay an application fee as provided in Section 61-6-19  
 15 NMSA 1978.

16 F. The board may require fingerprints and other  
 17 information necessary for a state and national criminal  
 18 background check."

19 **SECTION 33.** Section 61-6-14 NMSA 1978 (being Laws 1953,  
 20 Chapter 48, Section 2, as amended) is amended to read:

21 "61-6-14. ORGANIZED YOUTH CAMP OR SCHOOL TEMPORARY  
 22 LICENSES AND TEMPORARY LICENSES FOR OUT-OF-STATE PHYSICIANS.--

23 A. The secretary-treasurer of the board or the  
 24 board's designee may, either by examination or endorsement,  
 25 approve a temporary license to practice medicine [~~and surgery~~]

.220401.3

1 to an applicant qualified to practice medicine [~~and surgery~~] in  
2 this state who will be temporarily in attendance at an  
3 organized youth camp or school, provided that:

4 (1) the practice shall be confined to  
5 enrollees, leaders and employees of the camp or school;

6 (2) the temporary license shall be issued for  
7 a period not to exceed three months from date of issuance; and

8 (3) the temporary license may be issued upon  
9 written application of the applicant, accompanied by such proof  
10 of the qualifications of the applicant as specified by board  
11 rule.

12 B. The secretary-treasurer of the board or the  
13 board's designee may approve a temporary license to practice  
14 medicine [~~and surgery~~] under the supervision of a licensed  
15 physician to an applicant who is licensed to practice medicine  
16 in another state, territory of the United States or another  
17 country and who is qualified to practice medicine [~~and surgery~~]  
18 in this state. The following provisions shall apply:

19 (1) the temporary license may be issued upon  
20 written application of the applicant, accompanied by proof of  
21 qualifications as specified by rule of the board. A temporary  
22 license may be granted to allow the applicant to assist in  
23 teaching, conducting research, performing specialized  
24 diagnostic and treatment procedures, implementing new  
25 technology and for physician educational purposes. A licensee

.220401.3

1 may engage in only the activities specified on the temporary  
 2 license, and the temporary license shall identify the licensed  
 3 physician who will supervise the applicant during the time the  
 4 applicant practices medicine in New Mexico. The supervising  
 5 licensed physician shall submit an affidavit attesting to the  
 6 qualifications of the applicant and activities the applicant  
 7 will perform; and

8 (2) the temporary license shall be issued for  
 9 a period not to exceed three months from date of issuance and  
 10 may be renewed upon application and payment of fees as provided  
 11 in Section 61-6-19 NMSA 1978.

12 C. The application for a temporary license under  
 13 this section shall be accompanied by a license fee as provided  
 14 in Section 61-6-19 NMSA 1978."

15 **SECTION 34.** Section 61-6-15 NMSA 1978 (being Laws 1969,  
 16 Chapter 46, Section 6, as amended) is amended to read:

17 "61-6-15. LICENSE MAY BE REFUSED, REVOKED OR  
 18 SUSPENDED--LICENSEE MAY BE FINED, CENSURED OR REPRIMANDED--  
 19 PROCEDURE--PRACTICE AFTER SUSPENSION OR REVOCATION--PENALTY--  
 20 UNPROFESSIONAL AND DISHONORABLE CONDUCT DEFINED--FEES AND  
 21 EXPENSES.--

22 A. The board may refuse to license and may revoke  
 23 or suspend a license that has been issued by the board or a  
 24 previous board and may fine, censure or reprimand a licensee  
 25 upon satisfactory proof being made to the board that the

.220401.3

1 applicant for or holder of the license has been guilty of  
2 unprofessional or dishonorable conduct. The board may also  
3 refuse to license an applicant who is unable to practice  
4 ~~[medicine]~~ as a physician, practice as a physician assistant  
5 ~~[or]~~, an anesthesiologist assistant, ~~[practice]~~ a genetic  
6 ~~[counseling]~~ counselor, a naturopathic practitioner or  
7 naprapathic practitioner or ~~[engage in the]~~ practice ~~[of]~~  
8 polysomnography, pursuant to Section 61-7-3 NMSA 1978. All  
9 proceedings shall be as required by the Uniform Licensing Act  
10 or the Impaired Health Care Provider Act.

11 B. The board may, in its discretion and for good  
12 cause shown, place the licensee on probation on the terms and  
13 conditions it deems proper for protection of the public, for  
14 the purpose of rehabilitation of the probationer or both. Upon  
15 expiration of the term of probation, if a term is set, further  
16 proceedings may be abated by the board if the holder of the  
17 license furnishes the board with evidence that the licensee is  
18 competent to practice, is of good moral character and has  
19 complied with the terms of probation.

20 C. If evidence fails to establish to the  
21 satisfaction of the board that the licensee is competent and is  
22 of good moral character or if evidence shows that the licensee  
23 has not complied with the terms of probation, the board may  
24 revoke or suspend the license. If a license to practice in  
25 this state is suspended, the holder of the license may not

.220401.3



1 practice during the term of suspension. A person whose license  
2 has been revoked or suspended by the board and who thereafter  
3 practices or attempts or offers to practice in New Mexico,  
4 unless the period of suspension has expired or been modified by  
5 the board or the license reinstated, is guilty of a felony and  
6 shall be punished as provided in Section 61-6-20 NMSA 1978.

7 D. "Unprofessional or dishonorable conduct", as  
8 used in this section, means, but is not limited to because of  
9 enumeration, conduct of a licensee that includes the following:

10 (1) procuring, aiding or abetting [~~a criminal~~  
11 ~~abortion~~] an illegal procedure;

12 (2) employing a person to solicit patients for  
13 the licensee;

14 (3) representing to a patient that a  
15 manifestly incurable condition of sickness, disease or injury  
16 can be cured;

17 (4) obtaining a fee by fraud or  
18 misrepresentation;

19 (5) willfully or negligently divulging a  
20 professional confidence;

21 (6) conviction of an offense punishable by  
22 incarceration in a state penitentiary or federal prison or  
23 conviction of a misdemeanor associated with the practice of the  
24 licensee. A copy of the record of conviction, certified by the  
25 clerk of the court entering the conviction, is conclusive

.220401.3

1 evidence;

2 (7) habitual or excessive use of intoxicants  
3 or drugs;

4 (8) fraud or misrepresentation in applying for  
5 or procuring a license to practice in this state or in  
6 connection with applying for or procuring renewal, including  
7 cheating on or attempting to subvert the licensing  
8 examinations;

9 (9) making false or misleading statements  
10 regarding the skill of the licensee or the efficacy or value of  
11 the medicine, treatment or remedy prescribed or administered by  
12 the licensee or at the direction of the licensee in the  
13 treatment of a disease or other condition of the human body or  
14 mind;

15 (10) impersonating another licensee,  
16 permitting or allowing a person to use the license of the  
17 licensee or practicing as a licensee under a false or assumed  
18 name;

19 (11) aiding or abetting the practice of a  
20 person not licensed by the board;

21 (12) gross negligence in the practice of a  
22 licensee;

23 (13) manifest incapacity or incompetence to  
24 practice as a licensee;

25 (14) discipline imposed on a licensee by

.220401.3

1 another ~~[state]~~ licensing jurisdiction, including denial,  
 2 probation, suspension or revocation, based upon acts by the  
 3 licensee similar to acts described in this section. A  
 4 certified copy of the record of ~~[suspension or revocation of~~  
 5 ~~the state making the suspension or revocation]~~ disciplinary  
 6 action or sanction taken by another jurisdiction is conclusive  
 7 evidence of the action;

8 (15) the use of a false, fraudulent or  
 9 deceptive statement in a document connected with the practice  
 10 of a licensee;

11 (16) fee splitting;

12 (17) the prescribing, administering or  
 13 dispensing of narcotic, stimulant or hypnotic drugs for other  
 14 than accepted therapeutic purposes;

15 (18) conduct likely to deceive, defraud or  
 16 harm the public;

17 (19) repeated similar negligent acts or a  
 18 pattern of conduct otherwise described in this section or in  
 19 violation of a board rule;

20 (20) employing abusive billing practices;

21 (21) failure to report to the board any  
 22 adverse action taken against the licensee by:

23 (a) another licensing jurisdiction;

24 (b) a peer review body;

25 (c) a health care entity;

.220401.3

1 (d) a professional or medical society or  
2 association;

3 (e) a governmental agency;

4 (f) a law enforcement agency; or

5 (g) a court for acts or conduct similar  
6 to acts or conduct that would constitute grounds for action as  
7 defined in this section;

8 (22) failure to report to the board the denial  
9 of licensure, surrender of a license or other authorization to  
10 practice in another state or jurisdiction or surrender of  
11 membership on any medical staff or in any medical or  
12 professional association or society following, in lieu of and  
13 while under disciplinary investigation by any of those  
14 authorities or bodies for acts or conduct similar to acts or  
15 conduct that would constitute grounds for action as defined in  
16 this section;

17 (23) failure to furnish the board, its  
18 investigators or representatives with information requested by  
19 the board;

20 (24) abandonment of patients;

21 (25) being found mentally incompetent or  
22 insane by a court of competent jurisdiction;

23 (26) injudicious prescribing, administering or  
24 dispensing of a drug or medicine;

25 (27) failure to adequately supervise, as

1 provided by board rule, a medical or surgical assistant or  
2 technician or professional licensee who renders health care;

3 (28) sexual contact with a patient or person  
4 who has authority to make medical decisions for a patient,  
5 other than the spouse of the licensee;

6 (29) conduct unbecoming in a person licensed  
7 to practice or detrimental to the best interests of the public;

8 (30) the surrender of a license or withdrawal  
9 of an application for a license before another state licensing  
10 board while an investigation or disciplinary action is pending  
11 before that board for acts or conduct similar to acts or  
12 conduct that would constitute grounds for action pursuant to  
13 this section;

14 (31) sexual contact with a former mental  
15 health patient of the licensee, other than the spouse of the  
16 licensee, within one year from the end of treatment;

17 (32) sexual contact with a patient when the  
18 licensee uses or exploits treatment, knowledge, emotions or  
19 influence derived from the current or previous professional  
20 relationship;

21 (33) improper management of medical records,  
22 including failure to maintain timely, accurate, legible and  
23 complete medical records;

24 (34) failure to provide pertinent and  
25 necessary medical records to a physician or patient of the

.220401.3

underscoring material = new  
~~[bracketed material] = delete~~

1 physician in a timely manner when legally requested to do so by  
2 the patient or by a legally designated representative of the  
3 patient;

4 (35) undertreatment of pain as provided by  
5 board rule;

6 (36) interaction with physicians, hospital  
7 personnel, patients, family members or others that interferes  
8 with patient care or could reasonably be expected to adversely  
9 impact the quality of care rendered to a patient;

10 (37) soliciting or receiving compensation by a  
11 physician assistant or anesthesiologist assistant from a person  
12 who is not an employer of the assistant;

13 (38) willfully or negligently divulging  
14 privileged information or a professional secret; or

15 (39) the use of conversion therapy on a minor.

16 E. As used in this section:

17 (1) "conversion therapy" means any practice or  
18 treatment that seeks to change a person's sexual orientation or  
19 gender identity, including any effort to change behaviors or  
20 gender expressions or to eliminate or reduce sexual or romantic  
21 attractions or feelings toward persons of the same sex.

22 "Conversion therapy" does not mean:

23 (a) counseling or mental health services  
24 that provide acceptance, support and understanding of a person  
25 without seeking to change gender identity or sexual

1 orientation; or

2 (b) mental health services that  
3 facilitate a person's coping, social support, sexual  
4 orientation or gender identity exploration and development,  
5 including an intervention to prevent or address unlawful  
6 conduct or unsafe sexual practices, without seeking to change  
7 gender identity or sexual orientation;

8 (2) "fee splitting" includes offering,  
9 delivering, receiving or accepting any unearned rebate,  
10 refunds, commission preference, patronage dividend, discount or  
11 other unearned consideration, whether in the form of money or  
12 otherwise, as compensation or inducement for referring  
13 patients, clients or customers to a person, irrespective of any  
14 membership, proprietary interest or co-ownership in or with a  
15 person to whom the patients, clients or customers are referred;

16 (3) "gender identity" means a person's self-  
17 perception, or perception of that person by another, of the  
18 person's identity as a male or female based upon the person's  
19 appearance, behavior or physical characteristics that are in  
20 accord with or opposed to the person's physical anatomy,  
21 chromosomal sex or sex at birth;

22 (4) "minor" means a person under eighteen  
23 years of age; and

24 (5) "sexual orientation" means  
25 heterosexuality, homosexuality or bisexuality, whether actual

.220401.3

1 or perceived.

2 F. Licensees whose licenses are in a probationary  
3 status shall pay reasonable expenses for maintaining  
4 probationary status, including laboratory costs when laboratory  
5 testing of biological fluids are included as a condition of  
6 probation."

7 SECTION 35. Section 61-6-17 NMSA 1978 (being Laws 1973,  
8 Chapter 361, Section 8, as amended) is amended to read:

9 "61-6-17. EXCEPTIONS TO ACT.--The Medical Practice Act  
10 shall not apply to or affect:

11 A. gratuitous services rendered in cases of  
12 emergency;

13 B. the domestic administration of family remedies;

14 C. the practice of midwifery as regulated in this  
15 state;

16 D. commissioned medical officers of the armed  
17 forces of the United States and medical officers of the  
18 commissioned corps of the United States public health service  
19 or the United States department of veterans affairs in the  
20 discharge of their official duties or within federally  
21 controlled facilities; provided that such persons who hold  
22 medical licenses in New Mexico shall be subject to the  
23 provisions of the Medical Practice Act; and provided further  
24 that all such persons shall be fully licensed to practice  
25 medicine in one or more jurisdictions of the United States;

.220401.3



1           E. the practice of medicine by a physician,  
 2           unlicensed in New Mexico, who performs emergency medical  
 3           procedures in air or ground transportation on a patient from  
 4           inside of New Mexico to another state or back; provided that  
 5           the physician is duly licensed in that state;

6           F. the practice, as defined and limited under their  
 7           respective licensing laws, of:

8                   ~~[(1)]~~ osteopathy;

9                   ~~(2)]~~ (1) dentistry;

10                  ~~[(3)]~~ (2) podiatry;

11                  ~~[(4)]~~ (3) nursing;

12                  ~~[(5)]~~ (4) optometry;

13                  ~~[(6)]~~ (5) psychology;

14                  ~~[(7)]~~ (6) chiropractic;

15                  ~~[(8)]~~ (7) pharmacy;

16                  ~~[(9)]~~ (8) acupuncture and oriental medicine;

17           or

18                   ~~[(10)]~~ (9) physical therapy;

19                   ~~[G. An act, task or function performed by a~~  
 20                   ~~physician assistant, at the direction of and with the~~  
 21                   ~~supervision of or in collaboration with, a licensed physician,~~  
 22                   ~~when:~~

23                           ~~(1) the physician assistant is currently~~  
 24                           ~~licensed by the board;~~

25                           ~~(2) the act, task or function is performed~~

.220401.3

1 ~~with the supervision of a licensed physician or in~~  
2 ~~collaboration with a licensed physician in accordance with~~  
3 ~~rules promulgated by the board; and~~

4 ~~(3) the acts of the physician assistant are~~  
5 ~~within the scope of duties assigned or delegated by the~~  
6 ~~supervising or collaborating licensed physician and the acts~~  
7 ~~are within the scope of the physician assistant's training;~~

8 ~~H.]~~ G. an act, task or function of laboratory  
9 technicians or technologists, x-ray technicians, nurse  
10 practitioners, medical or surgical assistants or other  
11 technicians or qualified persons permitted by law or  
12 established by custom as part of the duties delegated to them  
13 by:

14 (1) a licensed physician or a hospital, clinic  
15 or institution licensed or approved by the public health  
16 division of the department of health or an agency of the  
17 federal government; or

18 (2) a health care program operated or financed  
19 by an agency of the state or federal government;

20 ~~[F.]~~ H. a properly trained medical or surgical  
21 assistant or technician or professional licensee performing  
22 under the physician's employment and direct supervision or a  
23 visiting physician or surgeon operating under the physician's  
24 direct supervision a medical act that a reasonable and prudent  
25 physician would find within the scope of sound medical judgment

1 to delegate if, in the opinion of the delegating physician, the  
2 act can be properly and safely performed in its customary  
3 manner and if the person does not hold the person's own self  
4 out to the public as being authorized to practice medicine in  
5 New Mexico. The delegating physician shall remain responsible  
6 for the medical acts of the person performing the delegated  
7 medical acts;

8 [~~J.~~] I. the practice of the religious tenets of a  
9 church in the ministration to the sick or suffering by mental  
10 or spiritual means as provided by law; provided that the  
11 Medical Practice Act shall not be construed to exempt a person  
12 from the operation or enforcement of the sanitary and  
13 quarantine laws of the state;

14 [~~K.~~] J. the acts of a physician licensed under the  
15 laws of another state of the United States who is the treating  
16 physician of a patient and orders home health or hospice  
17 services for a resident of New Mexico to be delivered by a home  
18 and community support services agency licensed in this state;  
19 provided that a change in the condition of the patient shall be  
20 physically reevaluated by the treating physician in the  
21 treating physician's jurisdiction or by a licensed New Mexico  
22 physician;

23 [~~L.~~] K. a physician licensed to practice under the  
24 laws of another state who acts as a consultant to a New Mexico-  
25 licensed physician on an irregular or infrequent basis, as

.220401.3

1 defined by rule of the board; and

2 [M.] L. a physician who engages in the informal  
3 practice of medicine across state lines without compensation or  
4 expectation of compensation; provided that the practice of  
5 medicine across state lines conducted within the parameters of  
6 a contractual relationship shall not be considered informal and  
7 is subject to licensure and rule by the board."

8 SECTION 36. Section 61-6-17.1 NMSA 1978 (being Laws 2019,  
9 Chapter 184, Section 1) is amended to read:

10 "61-6-17.1. TEMPORARY LICENSURE EXEMPTION--OUT-OF-STATE  
11 PHYSICIANS--OUT-OF-STATE SPORTS TEAMS.--

12 A. An individual who is licensed in good standing  
13 to practice medicine [~~and surgery~~] in another state, and whom  
14 the board has not previously found to have violated a provision  
15 of the Medical Practice Act, may practice medicine without a  
16 license granted by the board if the individual has a written  
17 agreement with an out-of-state sports team to provide care to  
18 team members and staff traveling with the team for a specific  
19 sporting event to take place in this state; provided that:

20 (1) the individual has a written agreement  
21 with the out-of-state sports team governing body to provide  
22 health care services to an out-of-state sports team athlete or  
23 staff member at a scheduled sporting event;

24 (2) the individual's practice is limited to  
25 medical care to assist injured and ill players and coordinate

.220401.3

1 appropriate referral to in-state health care providers as  
2 needed;

3 (3) the services to be provided by the  
4 individual are within the scope of practice authorized pursuant  
5 to the Medical Practice Act and rules of the board;

6 (4) the individual has professional liability  
7 coverage for the duration of the sporting event;

8 (5) the individual shall not:

9 (a) provide care or consultation to a  
10 resident of this state, other than a member of the out-of-state  
11 sports team during a sporting event; or

12 (b) practice medicine in the state,  
13 outside of the sporting event;

14 (6) the authorization to practice without a  
15 board-issued license pursuant to this section shall be valid  
16 only during the time of the sporting event, while the  
17 individual granted the authorization is providing care to the  
18 out-of-state sports team, and is limited to the duration of the  
19 sporting event;

20 (7) the individual or out-of-state sports team  
21 shall report to the board any potential:

22 (a) medical license violation;

23 (b) practice negligence; or

24 (c) unprofessional or dishonorable  
25 conduct, as those terms are defined in board rules;

.220401.3

1 (8) the individual's practice of medicine [~~and~~  
2 ~~surgery~~] pursuant to this section shall be subject to board  
3 oversight, investigation and discipline in accordance with the  
4 provisions of the Medical Practice Act; and

5 (9) the board may report to a licensing board  
6 in a state in which an individual practicing medicine [~~or~~  
7 ~~surgery~~] pursuant to this section is licensed to practice  
8 medicine [~~and surgery~~] any findings it makes pursuant to an  
9 investigation or disciplinary action that the board undertakes.

10 B. The board shall adopt and promulgate rules to  
11 implement the provisions of this section.

12 C. As used in this section:

13 (1) "out-of-state sports team" means an entity  
14 or organization:

15 (a) for which athletes engage in a  
16 sporting event;

17 (b) headquartered or organized under  
18 laws other than the laws of New Mexico; and

19 (c) a majority of whose staff and  
20 athletes are residents of another state; and

21 (2) "sporting event" means a scheduled  
22 sporting event involving an out-of-state sports team for which  
23 an admission fee is charged to the public, including any  
24 preparation or practice related to the activity."

25 SECTION 37. Section 61-6-18 NMSA 1978 (being Laws 1989,

.220401.3

1 Chapter 269, Section 14, as amended) is amended to read:

2 "61-6-18. MEDICAL STUDENTS--INTERNS--RESIDENTS--FELLOWS.-

3 A. Nothing in the Medical Practice Act shall  
4 prevent a medical student properly registered or enrolled in a  
5 medical college or school in good standing from diagnosing or  
6 treating the sick or afflicted, provided that the medical  
7 student does not receive compensation for services and such  
8 services are rendered under the supervision of the school  
9 faculty as part of the student's course of study.

10 B. Any intern [~~or~~], resident or fellow who is  
11 appointed in a board-approved residency or fellowship training  
12 program may pursue such training after obtaining a postgraduate  
13 training license from the board. The board may adopt by rule  
14 specific education or examination requirements for a  
15 postgraduate training license.

16 C. Any person serving in the assigned rotations and  
17 performing the assigned duties in a board-approved residency or  
18 fellowship training program accredited in New Mexico may do so  
19 for an aggregate period not to exceed eight years or completion  
20 of the residency, whichever is shorter.

21 D. The board may require any applicant for a  
22 postgraduate training license required in Subsections B and C  
23 of this section to personally appear before the board or a  
24 designated member of the board for an interview.

25 E. Every applicant for a postgraduate training

.220401.3

1 license under this section shall pay the fees required by  
2 Section 61-6-19 NMSA 1978.

3 F. Postgraduate training licenses shall be renewed  
4 annually and shall be effective during each year or part of a  
5 year of postgraduate training."

6 SECTION 38. Section 61-6-18.1 NMSA 1978 (being Laws 1994,  
7 Chapter 80, Section 10, as amended) is amended to read:

8 "61-6-18.1. PUBLIC SERVICE LICENSE.--

9 A. Applicants for a public service license shall  
10 meet all requirements for licensure and shall:

11 (1) be enrolled in a board-approved residency  
12 or fellowship training program either in New Mexico or in  
13 another jurisdiction;

14 (2) obtain written approval from the training  
15 program director of the applicant to pursue a public service  
16 practice opportunity outside the residency training program;  
17 and

18 (3) satisfy other reasonable requirements  
19 imposed by the board.

20 B. A physician with one year of postdoctoral  
21 training may apply for a public service license to practice  
22 under the direct supervision of a licensed physician or with  
23 immediate access to a licensed physician by electronic means  
24 when the public service physician is employed in a medically  
25 underserved area.

.220401.3



1 C. A public service license shall expire on  
2 September 1 of each year and may be renewed by the board.

3 D. An applicant for a public service license shall  
4 pay the required fees set forth in Section 61-6-19 NMSA 1978."

5 SECTION 39. Section 61-6-19 NMSA 1978 (being Laws 1989,  
6 Chapter 269, Section 15, as amended) is amended to read:

7 "61-6-19. FEES.--

8 A. Except as provided in Section 61-1-34 NMSA 1978,  
9 the board shall impose the following fees:

10 (1) an application fee not to exceed [~~four~~  
11 ~~hundred dollars (\$400)] five hundred dollars (\$500) for  
12 licensure by endorsement as provided in Section 61-6-13 NMSA  
13 1978;~~

14 (2) an application fee not to exceed [~~four~~  
15 ~~hundred dollars (\$400)] five hundred dollars (\$500) for  
16 licensure by examination as provided in Section 61-6-11 NMSA  
17 1978;~~

18 (3) a triennial renewal fee not to exceed  
19 [~~four hundred fifty dollars (\$450)] five hundred dollars  
20 (\$500);~~

21 (4) a fee of twenty-five dollars (\$25.00) for  
22 placing a physician's license or a physician assistant's  
23 license on inactive status;

24 (5) a late fee not to exceed one hundred  
25 dollars (\$100) for physicians who renew their license within

.220401.3

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1 forty-five days after the required renewal date;

2 (6) a late fee not to exceed two hundred  
3 dollars (\$200) for physicians who renew their licenses between  
4 forty-six and ninety days after the required renewal date;

5 (7) a reinstatement fee not to exceed [~~six~~  
6 ~~hundred dollars (\$600)~~] seven hundred dollars (\$700) for  
7 reinstatement of a revoked, suspended or inactive license;

8 (8) a reasonable administrative fee for  
9 verification and duplication of license or registration and  
10 copying of records;

11 (9) a reasonable publication fee for the  
12 purchase of a publication containing the names of all  
13 practitioners licensed under the Medical Practice Act;

14 (10) an impaired physician fee not to exceed  
15 one hundred fifty dollars (\$150) for a three-year period;

16 (11) an interim license fee not to exceed one  
17 hundred dollars (\$100);

18 (12) a temporary license fee not to exceed one  
19 hundred dollars (\$100);

20 (13) a postgraduate training license fee not  
21 to exceed fifty dollars (\$50.00) annually;

22 (14) an application fee not to exceed one  
23 hundred fifty dollars (\$150) for physician assistants applying  
24 for initial licensure;

25 (15) a licensure fee not to exceed one hundred

1 fifty dollars (\$150) for physician assistants biennial license  
2 renewal and registration of supervising or collaborating  
3 licensed physician;

4 (16) a late fee not to exceed fifty dollars  
5 (\$50.00) for physician assistants who renew their licensure  
6 within forty-five days after the required renewal date;

7 (17) a late fee not to exceed seventy-five  
8 dollars (\$75.00) for physician assistants who renew their  
9 licensure between forty-six and ninety days after the required  
10 renewal date;

11 (18) a reinstatement fee not to exceed one  
12 hundred dollars (\$100) for physician assistants who reinstate  
13 an expired license;

14 (19) a fee not to exceed three hundred dollars  
15 (\$300) annually for a physician supervising a clinical  
16 pharmacist;

17 (20) an application and renewal fee for a  
18 telemedicine license not to exceed [~~four hundred dollars~~  
19 ~~(\$400)~~] nine hundred dollars (\$900);

20 (21) a reasonable administrative fee, not to  
21 exceed the current cost of application and license or renewal  
22 for a license, that may be charged for reprocessing  
23 applications and renewals that include minor but significant  
24 errors and that would otherwise be subject to investigation and  
25 possible disciplinary action; and

.220401.3

1 (22) a reasonable fee as established by the  
2 department of public safety for nationwide and statewide  
3 criminal history screening of applicants and licensees.

4 B. All fees are nonrefundable and shall be used by  
5 the board to carry out its duties efficiently."

6 SECTION 40. Section 61-6-21 NMSA 1978 (being Laws 1989,  
7 Chapter 269, Section 17, as amended) is amended to read:

8 "61-6-21. CONTINUING MEDICAL EDUCATION--PENALTY.--

9 A. ~~[The board may establish rules pertaining to~~  
10 ~~continuing medical education for licensees.]~~ For the purpose of  
11 protecting the health and well-being of the residents of this  
12 state and for maintaining and continuing informed professional  
13 knowledge and awareness, the board shall establish mandatory  
14 continuing educational requirements for licensees under its  
15 authority.

16 B. The board may suspend the license of a licensee  
17 who fails to comply with continuing medical education or  
18 continuing education requirements until the requirements are  
19 fulfilled and may take any further disciplinary action if the  
20 licensee fails to remediate the deficiencies, including  
21 revocation of license."

22 SECTION 41. Section 61-6-23 NMSA 1978 (being Laws 1989,  
23 Chapter 269, Section 19, as amended) is amended to read:

24 "61-6-23. INVESTIGATION--SUBPOENA.--To investigate a  
25 complaint against an applicant or a licensee, the board may

1 issue investigative subpoenas prior to the issuance of a notice  
2 of contemplated action."

3 SECTION 42. Section 61-6-28 NMSA 1978 (being Laws 1945,  
4 Chapter 74, Section 3, as amended) is amended to read:

5 "61-6-28. LICENSED PHYSICIANS--CHANGING LOCATION.--A  
6 licensed physician or practitioner under licensure authority of  
7 the board or who applies for a license issued by the board who  
8 changes the location of [~~his~~] the physician's or practitioner's  
9 office or residence shall promptly notify the board of the  
10 change. Applicants and licensees shall maintain a current  
11 address, phone number and email address with the board."

12 SECTION 43. Section 61-6-30 NMSA 1978 (being Laws 1969,  
13 Chapter 46, Section 15, as amended) is amended to read:

14 "61-6-30. RESTORATION OF GOOD STANDING--FEES AND OTHER  
15 REQUIREMENTS.--

16 A. Before restoring to good standing a license that  
17 has been in a revoked, suspended or inactive status for any  
18 cause for more than two years, the board may require the  
19 applicant to pass an oral or written examination, or both, to  
20 determine the current fitness and competence of the applicant  
21 to resume practice and may impose terms, conditions or  
22 restrictions in its discretion.

23 B. The authority of the board to impose terms,  
24 [~~and~~] conditions or restrictions includes, but is not limited  
25 to, the following:

.220401.3

1 (1) requiring the applicant to obtain  
2 additional training and to pass an examination upon completion  
3 of such training; or

4 (2) restricting or limiting the extent, scope  
5 or type of practice of the applicant.

6 C. The board shall also consider the moral  
7 background and the activities of the applicant during the  
8 period of suspension or inactivity.

9 D. If the board in its discretion determines that  
10 the applicant is qualified to be reissued a license in good  
11 standing, the applicant shall pay to the board a reinstatement  
12 fee."

13 SECTION 44. Section 61-6-31 NMSA 1978 (being Laws 1989,  
14 Chapter 269, Section 27, as amended) is amended to read:

15 "61-6-31. DISPOSITION OF FUNDS--NEW MEXICO MEDICAL BOARD  
16 FUND CREATED--METHOD OF PAYMENTS.--

17 A. There is created the "New Mexico medical board  
18 fund".

19 B. All funds received by the board and money  
20 collected under the Medical Practice Act, the Physician  
21 Assistant Act, the Anesthesiologist Assistants Act, the Genetic  
22 Counseling Act, the Polysomnography Practice Act, the Impaired  
23 Health Care Provider Act, the Naturopathic Doctors' Practice  
24 Act and the Naprapathic Practice Act shall be deposited with  
25 the state treasurer, who shall place the same to the credit of

.220401.3

1 the New Mexico medical board fund.

2 C. All payments out of the fund shall be made on  
3 vouchers issued and signed by the secretary-treasurer of the  
4 board or the designee of the secretary-treasurer upon warrants  
5 drawn by the department of finance and administration in  
6 accordance with the budget approved by that department.

7 D. All amounts in the New Mexico medical board fund  
8 shall be subject to the order of the board and shall be used  
9 only for the purpose of meeting necessary expenses incurred in:

10 (1) the performance of the provisions of the  
11 Medical Practice Act, the Physician Assistant Act, the  
12 Anesthesiologist Assistants Act, the Genetic Counseling Act,  
13 the Polysomnography Practice Act, the Impaired Health Care  
14 Provider Act, the Naturopathic Doctors' Practice Act and the  
15 Naprapathic Practice Act and the duties and powers imposed by  
16 those acts;

17 (2) the promotion of medical education and  
18 standards in this state within the budgetary limits; and

19 (3) efforts to recruit and retain medical  
20 [~~doctors~~] and osteopathic physicians for practice in New  
21 Mexico.

22 E. All funds that may have accumulated to the  
23 credit of the board under any previous law shall be transferred  
24 to the New Mexico medical board fund and shall continue to be  
25 available for use by the board in accordance with the

.220401.3

1 provisions of the Medical Practice Act, the Physician Assistant  
2 Act, the Anesthesiologist Assistants Act, the Genetic  
3 Counseling Act, the Polysomnography Practice Act, the Impaired  
4 Health Care Provider Act, the Naturopathic Doctors' Practice  
5 Act and the Naprapathic Practice Act. All money unused at the  
6 end of the fiscal year shall not revert, but shall remain in  
7 the fund for use in accordance with the provisions of the  
8 Medical Practice Act, the Physician Assistant Act, the  
9 Anesthesiologist Assistants Act, the Genetic Counseling Act,  
10 the Polysomnography Practice Act, the Impaired Health Care  
11 Provider Act, the Naturopathic Doctors' Practice Act and the  
12 Naprapathic Practice Act."

13 SECTION 45. Section 61-6-32 NMSA 1978 (being Laws 1961,  
14 Chapter 130, Section 3, as amended) is amended to read:

15 "61-6-32. TERMINATION OF SUSPENSION OF LICENSE FOR MENTAL  
16 ILLNESS--RESTORATION--TERMS AND CONDITIONS.--

17 A. A suspension under Paragraph (25) of Subsection  
18 D of Section 61-6-15 NMSA 1978 may, in the discretion of the  
19 board, be terminated, but the suspension shall continue and the  
20 board shall not restore to the former practitioner the  
21 privilege to practice medicine [~~and surgery~~] in this state  
22 until:

23 (1) the board receives competent evidence that  
24 the former practitioner is not mentally ill; and

25 (2) the board is satisfied, in the exercise of



1 its discretion and with due regard for the public interest,  
 2 that the practitioner's former privilege to practice medicine  
 3 [~~and surgery~~] may be safely restored.

4 B. If the board, in the exercise of its discretion,  
 5 determines that the practitioner's former privilege to practice  
 6 medicine may be safely restored, it may restore [~~such~~] the  
 7 privilege upon whatever terms and conditions it deems  
 8 advisable. If the practitioner fails, refuses or neglects to  
 9 abide by the terms and conditions, [~~his~~] the practitioner's  
 10 license to practice medicine may, in the discretion of the  
 11 board, be again suspended indefinitely."

12 SECTION 46. Section 61-6A-5 NMSA 1978 (being Laws 2008,  
 13 Chapter 53, Section 5) is amended to read:

14 "61-6A-5. EXEMPTIONS.--

15 A. Nothing in the Genetic Counseling Act is  
 16 intended to limit, interfere with or prevent a licensed health  
 17 care professional from practicing within the scope of the  
 18 professional license of that health care professional; however,  
 19 a licensed health care professional shall not advertise to the  
 20 public or any private group or business by using any title or  
 21 description of services that includes the term "genetic  
 22 counseling" unless the health care professional is licensed  
 23 under the Genetic Counseling Act.

24 B. The Genetic Counseling Act shall not apply to or  
 25 affect:

.220401.3

1 (1) a medical physician or an osteopathic  
2 physician licensed under the Medical Practice Act; or

3 (2) a commissioned physician or surgeon  
4 serving in the armed forces of the United States or a federal  
5 agency [~~or~~

6 ~~(3) an osteopathic physician licensed by the~~  
7 ~~board of osteopathic medical examiners]."~~

8 SECTION 47. Section 61-11B-3 NMSA 1978 (being Laws 1993,  
9 Chapter 191, Section 3, as amended) is amended to read:

10 "61-11B-3. PHARMACIST CLINICIAN PRESCRIPTIVE AUTHORITY.--

11 A. A pharmacist clinician planning to exercise  
12 prescriptive authority in practice shall have on file at the  
13 place of practice written guidelines or protocol. The  
14 guidelines or protocol shall authorize a pharmacist clinician  
15 to exercise prescriptive authority and shall be established and  
16 approved by a practitioner in accordance with regulations  
17 adopted by the board. A copy of the written guidelines or  
18 protocol shall be on file with the board. The practitioner who  
19 is a party to the guidelines or protocol shall be in active  
20 practice and the prescriptive authority that the practitioner  
21 grants to a pharmacist clinician shall be within the scope of  
22 the practitioner's current practice.

23 B. The guidelines or protocol required by  
24 Subsection A of this section shall include:

25 (1) a statement identifying the practitioner

1 authorized to prescribe dangerous drugs and the pharmacist  
2 clinician who is a party to the guidelines or protocol;

3 (2) a statement of the types of prescriptive  
4 authority decisions that the pharmacist clinician is authorized  
5 to make, which may include:

6 (a) a statement of the types of  
7 diseases, dangerous drugs or dangerous drug categories involved  
8 and the type of prescriptive authority authorized in each case;  
9 and

10 (b) a general statement of the  
11 procedures, decision criteria or plan the pharmacist clinician  
12 is to follow when exercising prescriptive authority;

13 (3) a statement of the activities the  
14 pharmacist clinician is to follow in the course of exercising  
15 prescriptive authority, including documentation of decisions  
16 made and a plan for communication or feedback to the  
17 authorizing practitioner concerning specific decisions made.  
18 Documentation may occur on the prescriptive record, patient  
19 profile, patient medical chart or in a separate log book; and

20 (4) a statement that describes appropriate  
21 mechanisms for reporting to the practitioner monitoring  
22 activities and results.

23 C. The written guidelines or protocol shall be  
24 reviewed and shall be revised every two years if necessary.

25 D. A pharmacist clinician planning to exercise

.220401.3

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1 prescriptive authority in practice shall be authorized to  
2 monitor dangerous drug therapy.

3 E. The board shall adopt regulations to carry out  
4 the provisions of the Pharmacist Prescriptive Authority Act.

5 F. For the purpose of the Pharmacist Prescriptive  
6 Authority Act, the New Mexico medical board [~~and the board of~~  
7 ~~osteopathic medicine~~] shall adopt rules concerning the  
8 guidelines and protocol for their respective practitioners  
9 defined in Subsection D of Section 61-11B-2 NMSA 1978."

10 SECTION 48. TEMPORARY PROVISION--TRANSFER OF FUNCTIONS,  
11 PERSONNEL, MONEY, APPROPRIATIONS, PROPERTY, CONTRACTUAL  
12 OBLIGATIONS AND STATUTORY REFERENCES.--

13 A. On the effective date of this act, all  
14 functions, personnel, money, appropriations, records,  
15 furniture, equipment, supplies and other property of the board  
16 of osteopathic medicine are transferred to the New Mexico  
17 medical board.

18 B. On the effective date of this act, all  
19 contractual obligations of the board of osteopathic medicine  
20 are binding on the New Mexico medical board.

21 C. On the effective date of this act, all  
22 references in law to the board of osteopathic medicine shall be  
23 deemed to be references to the New Mexico medical board.

24 SECTION 49. REPEAL.--Sections 61-10-1.1 through 61-10-22  
25 NMSA 1978 (being Laws 2016, Chapter 90, Sections 1 and 2, Laws  
.220401.3

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1 1974, Chapter 78, Section 16, Laws 1933, Chapter 117, Sections  
2 2 and 3, Laws 2016, Chapter 90, Sections 5, 21 and 6 through 8,  
3 Laws 2019, Chapter 184, Section 2, Laws 1933, Chapter 117,  
4 Sections 6, 8 and 9, Laws 2016, Chapter 90, Sections 19 and 22  
5 through 25, Laws 2019, Chapter 19, Section 9, Laws 1933,  
6 Chapter 117, Sections 10 and 12, Laws 2016, Chapter 90,  
7 Sections 12 and 20, Laws 1933, Chapter 117, Section 14, Laws  
8 2016, Chapter 90, Section 18, Laws 1933, Chapter 117, Sections  
9 15 and 16, Laws 1971, Chapter 140, Sections 1 and 2, Laws 1945,  
10 Chapter 79, Section 7 and Laws 1979, Chapter 36, Section 2, as  
11 amended) are repealed effective July 1, 2022.

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