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FISCAL IMPACT REPORT

SPONSOR Hickey/Dixon ORIGINAL DATE 03/05/21
 LAST UPDATED 03/09/21 HB _____

SHORT TITLE Anesthesiologist Assistants Supervision SB 383

ANALYST Chilton

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY21	FY22	FY23	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	NFI	NFI	NFI			

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

LFC Files

Responses Received From

Medical Board (MB)

University of New Mexico Health Sciences Center (UNM HSC)

SUMMARY

Synopsis of Bill

Senate Bill 383 would update previously repealed Section 62-6-10.9 NMSA 1978 and return it to law, while repealing Chapter 52, Section 3, Laws 2015. Both sections deal with anesthesiology assistants. The main effect of the bill would be to increase the number of anesthesiology assistants that an anesthesiologist could supervise at a time (barring emergencies) from three to four, which had been permitted only at a university medical school's hospital (i.e., the University of New Mexico Hospital). With respect to the UNM Hospital, an anesthesiologist could supervise four anesthesia providers (typically to include also certified registered nurse anesthetists, CRNAs, or anesthesiology residents) as long as one of them was an anesthesiology assistant. Requirements for educational background of anesthesiology assistants would remain as in the previously valid law. The bill would continue the Medical Board's role in assuring anesthesiology assistants complied with the established scope of practice, maintained their continuing education requirements, and maintained American Heart Association certification in advanced cardiac life support. The bill also adds the requirement there be enhanced supervision when a new anesthesiology assistant starts practice.

The section of law to be repealed is below:

Chapter 52 Section 3 Laws 2015

SECTION 3. A new section of the Anesthesiologist Assistants Act is enacted to read:
"ANESTHESIOLOGIST ASSISTANTS--EMPLOYMENT CONDITIONS.--An anesthesiologist assistant shall:

- A. be a current or future employee of a university in New Mexico with a medical school; or
- B. in a practice other than one at a university in New Mexico with a medical school:
 - (1) be certified as an anesthesiologist assistant by the national commission for certification of anesthesiologist assistants;
 - (2) practice only in a health facility licensed by the department of health where, at the time the anesthesiologist assistant begins practicing there, at least three anesthesiologists who are medical doctors and who are board-certified as anesthesiologists by the American board of anesthesiology are on staff as employees or contractors;
 - (3) practice only in a class A county; and
 - (4) be supervised only by an anesthesiologist who is a medical doctor and who is board-certified as an anesthesiologist by the American board of anesthesiology."

As noted by UNM HSC, repeal of this section would allow anesthesiologists who are doctors of osteopathy to supervise anesthesiology assistants and would remove the requirement that anesthesiology assistants could only practice in class A counties.

There is no effective date of this bill. It is assumed the effective date is 90 days following adjournment of the Legislature.

FISCAL IMPLICATIONS

There is no appropriation in Senate Bill 383. The Medical Board does not anticipate an increased cost arising from the changed regulations.

SIGNIFICANT ISSUES

The Medical Board, which supports this legislation, does not see additional risk from adopting the change in number of anesthesiology assistants under the supervision of one anesthesiologist from three to four, believing it will be especially beneficial in increasing the capacity of small and rural hospitals to perform more surgery.

The American Academy of Anesthesiologist Assistants states the federal Centers for Medicaid and Medicare Services requires no more than four anesthetists (anesthesiology assistants or CRNAs) may be supervised by one anesthesiologist and notes "the supervision ratio may also be defined in state law or Board of Medicine guidelines and is usually between 2:1 and 4:1."

UNM HSC states that the cost of hiring CRNAs is high because there is great competition around the state for their services, which might be reduced if anesthesiology assistants could be more widely employed.

ADMINISTRATIVE IMPLICATIONS

The Medical Board states it "would need to make rule changes to 16.10.19 NMAC to allow Anesthesiologists to supervise four anesthesiologist assistants rather than three."

TECHNICAL ISSUES

Section 1 (9) of the bill does not define the term “enhanced supervision” to be required at the beginning of an anesthesiologist assistant’s practice or indicate how long that enhanced supervision should last.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

As noted by UNM HSC, “If SB383 is not enacted, the allowable direction ration for anesthesiologist assistants (AA) would remain 1:3, the practice of AAs would remain restricted to class A counties, and AAs would continue to be required to be directed by only board-certified MDs [allopathic medical doctors].”

LAC/sb/al