

LFC Requester:

Noah Montano

**AGENCY BILL ANALYSIS
2025 REGULAR SESSION**

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SECTION I: GENERAL INFORMATION

{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}

Check all that apply:

Original **Amendment**
Correction **Substitute**

Date 1/31/2025

Bill No: HB 189

Sponsor: Rep. Dayan Hochman-Vigil
Short Title: CHIROPRACTIC PHYSICIAN
PRACTICE AND CERTIFICATION
CHANGES

Agency Name and Code Regulation and Licensing 420
Number: _____

Person Writing Jen Rodriguez

Phone: (505) 795-3250 **Email** Jen.rodriguez@rld.nm.gov

SECTION II: FISCAL IMPACT

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Nonrecurring	Fund Affected
FY25	FY26		
N/A	N/A	N/A	N/A

(Parenthesis () Indicate Expenditure Decreases)

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY25	FY26	FY27		
N/A	Unknown*	Unknown*	Recurring	Chiropractic Board Fund

(Parenthesis () Indicate Expenditure Decreases)

*The Regulation and Licensing Department anticipates that HB189 will increase revenue by providing for two new license types, however, it is not clear how much demand for these license types exists in New Mexico.

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY25	FY26	FY27	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	N/A	600.0	0.0	600.0	Nonrecurring	Chiropractic Board Fund

(Parenthesis () Indicate Expenditure Decreases)

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis: House Bill 189 (HB189)

HB189 amends the Chiropractic Physician Practice Act (Act), NMSA 1978, §§61-4-1 to 17, to more specifically delineate the scope of practice of chiropractic physicians, clarify the membership of the Chiropractic Board (Board) and requirements for licensure; delineate privileges and obligations of licensed chiropractic physicians; and create two levels for certified advanced practice chiropractic physicians: level one and level two certified advanced practice chiropractic physicians (CAPCP) in the registry. These advanced practice chiropractic physicians may prescribe, administer, inject or dispense dangerous drugs. A level two advanced practice chiropractic physician can conduct operative surgeries and clinical procedures as taught for primary care commensurate with the physician level whole person primary care practice.

Summaries by Section:

Section 1 amends NMSA 1978, §61-4-2 “Definitions” of the Act. The definition of “chiropractic medicine” is amended to exclude the practice of operative surgery and the prescription or administration of dangerous drugs, except for those practices that may be performed by a level one or level two certified advanced practice chiropractic physician (addressed more fully in the sections below).

Section 2 amends NMSA 1978, §61-4-3 “Board Created; Appointment; Officers; Duties; Compensation” of the Act. The section adds the word “medicine” to the qualifications of four of the board members, specifically, four of the board members who has been continuously engaged in the practice of chiropractic medicine in this state and requires that at least one member is to be a certified advanced practice chiropractic physician. The section also amended the definition of a public member of the board in that a public member may not have any significant financial interest in chiropractic medicine or be active in another health care profession.

Section 3 creates a new section in addition to the requirements listed in Section 61-4-4, NMSA 1978, “Application Requirements; Evaluation” of the Act. The new section will require all applicants who have matriculated at a chiropractic college after October 1, 1975, to present evidence of having graduated from a chiropractic college having status with the leading chiropractic education accreditation organization or the equivalent criterion.

Section 4 amends Section 61-4-6, NMSA 1978 “Examination; Subjects; Method of Treatment; Recording License” of the Act. It will also require graduation from an accredited institution, allow

for light and oxygen therapies, and allow level two certified advanced practice chiropractic physician to perform clinical procedures as taught for primary care commensurate with the physician level of primary care and allow both level one or level two certified advanced practice chiropractic physicians to prescribe and administer dangerous drugs.

Section 5 amends § 61-4-8 “License without Examination” of the Act, requiring that out of state practitioners be graduates of accreditation, see Section 3 above.

Section 6 creates a new section of the Act, titled “Advanced Practice Chiropractic.” It would require that licensed chiropractic physicians observe all health and hygiene laws and regulations of the state. Licensure as a chiropractic physician grants the right to practice chiropractic medicine but excludes: (1) operative surgery, except that a level two certified advanced practice chiropractic physician may perform clinical procedures as taught for primary care commensurate with the physician level of whole person primary care; (2) the prescription or administration of dangerous drugs, except that a level one or level two certified advanced practice chiropractic physician may prescribe and administer dangerous drugs.

Section 7 amends Section 61-4-9.1, NMSA 1978 “Advanced Practice Chiropractic Certification Registry Established” of the Act. It includes the registration of the new advanced license types: level one CAPCP and level two CAPCP.

Section 8 creates a new section of the Act, titled “Advanced Practice Chiropractic Certification Level One.” This section identifies the requirements for licensing as a level one CAPCP as: (1) a minimum of ninety (90) clinical and didactic contact hours or competency equivalent in pharmacology, pharmacognosy, medication administration and management and toxicology; (2) a license to practice chiropractic medicine; and (3) ten (10) hours of continuing education per year.

Section 9 creates a new section of the Act, titled “Advanced Practice Chiropractic Certification Level Two.” The requirements for licensing as a level two CAPCP include: (1) completion of a program of supervised clinical rotation sponsored by an accredited institution of higher education that consists of clinical and hands-on instruction of no fewer than five hundred (500) hours; (2) a license to practice chiropractic medicine; and (3) twenty (20) hours of continuing education per year.

Section 10 amends Section 61-4-9.2, NMSA 1978 “Certified Advanced Practice Chiropractic Physician Authority” adding “Clinical Procedures and Dangerous Drugs” to the title, which allows for a level one CAPCP to prescribe, inject and dispense all dangerous drugs under the drug classes of antispastics and antispasmodics, steroids, prescription-strength nonsteroidal anti-inflammatory drugs, desiccated thyroid extract and local anesthetics, including procaine, lidocaine, carbocaine and bupivacaine. It further allows a level two CAPCP’s to prescribe, administer, inject, and dispense dangerous drugs commensurate with the physician level of whole person primary care.

Section 11 amends Section 61-4-15, NMSA 1978, “Exemptions” to remove “chiropractor” language and replace it with “chiropractic physician” and changes the student exemption to only allow students of an accredited chiropractic program to be exempt from licensure.

The effective date of the legislation is June 20, 2025.

FISCAL IMPLICATIONS

A direct fiscal impact anticipated for the Regulation and Licensing Department (RLD) if HB189 is enacted would be for the necessary additions and updates that would have to be made to the NM Plus online licensing system that is utilized by the RLD for all licensing under the Act. Contracting fees for information technology development and implementation of the necessary changes to the NM Plus licensing system to implement the new license applications and certification requirements are estimated to be six hundred thousand (\$600,000) in FY26.

An administrative rulemaking process, including a public hearing and all required publication of notices and proposed rules, would be required to update and amend current administrative rules issued pursuant to the Act if HB189 is enacted. The RLD believes it can absorb the costs associated with the rulemaking processes for this bill within existing resources.

SIGNIFICANT ISSUES

The Chiropractic Board is in favor of HB189, providing the following:

The Board already has chiropractors that are advanced chiropractors. They have completed a great deal of education on pharmacology and toxicology. Level two would require five hundred (500) hours to include hands-on clinical training. We have a shortage of healthcare providers in our state. This bill would allow more patients to receive care.

The Board of Pharmacy has significant concerns with HB189 as proposed.

- There is no specified minimum training standard or requirement for level one CAPCP, who may prescribe, administer, inject or dispense dangerous drugs.
- Level two CAPCP may prescribe, administer, inject and dispense dangerous drugs that are used in primary care practice commensurate with physician level whole person primary care.
- An additional five hundred (500) hours of training in core areas does not qualify a chiropractic physician to act as a primary care practitioner.
- A level two CAPCP could prescribe, administer and dispense any dangerous drug, including Schedule II through V controlled substances. An unintended consequence of enacting this legislation could be an increase in controlled substance prescribing, particularly for pain, as chiropractic physicians have a significant focus in this area.
- Currently, no other state in the country allows chiropractic physicians to prescribe.
- Lastly, nurse practitioners may not dispense. Level two CAPCP would be less restricted in their scope of practice than advanced practice nurses and may act as primary care physicians.

The Medical Board will need to be consulted on the expanded scope of practice for chiropractic physicians that HB189 would create.

New license types require significant software and database upgrades as well as testing. The level one CAPCP and Level two CAPCP license applications would need to be built as these applications currently do not exist in RLD's online licensing system, NM Plus. RLD is requesting an extension of the effective date until January 1, 2026, to ensure that this application is available online in the NM Plus system as of the effective date. [This need for an amendment to the current effective date is reiterated in the "Amendments" section (below).]

PERFORMANCE IMPLICATIONS

ADMINISTRATIVE IMPLICATIONS

As noted in the "Fiscal Implications" section (above) enactment of HB189 would necessitate and administrative rulemaking process to be conducted by the Board to adopt rules in accordance with the requirements. A new license type requires an enhancement to the current NM Plus online licensing system that is expected to involve contracting expenses of six hundred thousand dollars (\$600,000) in FY26.

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

TECHNICAL ISSUES

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

Chiropractic care would continue to operate under the current scope of practice and licensing requirements under the Act.

AMENDMENTS

New license types require significant software and database upgrades as well as testing. The level one CAPCP and Level two CAPCP license applications would need to be built and tested as these applications currently do not exist in RLD's licensing system, NM Plus. The RLD is requesting an extension of the effective date until January 1, 2026, to ensure that this application is available online in the NM Plus system as of the effective date.