

Chiropractors by Linda Siegle

2/28/2015

Both SB 359 the co-pay bill and SB376 expanded practice passed Senate Public Affairs this week. CoPay goes to Senate Finance next and SB376 goes to Senate Judiciary.

HB0122 SCOPE OF PRACTICE ACT

Updated

McMillan, Terry H.

Scheduled: 2/27/2015 **in:** HCAL 10:30 AM

House Pre-filed Legislation [3] HHC/House Judiciary Committee-HHC [11] DNP-CS/DP-House Judiciary Committee [16] DP/a [24] PASSED/H (57-0)

Chiropracto New Mexico Chiropractor

Position: Oppose

Priority: High

THis is a differnt twist on the bill from prior years. It requires the licensing board to first review then an interim committee. I hear there is a substitute bill.

Synopsis:

House Bill 122 (HB 122) provides for a process to evaluate proposed changes to the scope of practice act

Analysis:

House Bill 122 (HB 122) creates a new act called the scope of practice act which provides for a process to evaluate proposed changes to the scope of practice of health professions.

Legislative committees or subcommittees will be assigned by the Legislative Council to review and make recommendations regarding proposed changes to the scope of practice.

HB122 allows a member or licensee of a licensing board to make written request to the respective board for a hearing concerning a proposed change. The board upon receipt of the request shall notify the Legislative Council, collect data, including information from the proponent, conduct a technical assessment with the assistance of a technical advisory group established for that purpose, provide its analysis, conclusion and any recommendations to the legislative council.

The Legislative Council shall assign a committee to review the proposed change of scope of practice. The committee shall also consider the analysis, conclusions, and recommendations of the licensing board. HB122 also requires the committee to ensure appropriate public notice of the committee's proceedings, invite testimony of persons with special knowledge of the field.

Assess the proposal using the criteria that includes potential harm or benefit to the health welfare and safety of the consumer, the impact on cost, the impact on access, and quality of health care. Finally, the committee will summarize its assessment, analysis, and recommendations in a final report to the legislature.

HB0384 OSTEOPATHIC PHYSICIAN PRESCRIPTIONS

Armstrong, Deborah

Scheduled: 3/3/2015 **in:** HHC 8:30 AM

[8] HRPAC/HHC/House Judiciary Committee-HRPAC [11] DP/a-HHC

Chiropracto New Mexico Chiropractor

Priority: watch

Synopsis:

House Bill 384 (HB 384) amends sections of the Pharmacist Prescriptive Authority Act to provide for rule making by the Board of Osteopathic Medical Examiners and for oversight by Osteopathic Physicians and to update definitions in the that act.

Analysis:

House Bill 384 (HB 384) amends the Pharmacist Prescriptive Authority Act to expand the definition of 'practitioner' to mean one of the following individuals who is duly authorized by law in New Mexico to prescribe controlled substances:

(1) a physician licensed pursuant to the Medical Practice Act; or

(2) an osteopathic physician licensed pursuant to Chapter 61, Article 10 NMSA 1978

The reference to osteopathic physician above is new language. HB 384 also amends the Pharmacist Prescriptive Authority to read the New Mexico Medical Board and the Board of Osteopathic Medical Examiners shall adopt rules concerning the guidelines and protocol for practitioners defined in Subsection C of Section 6-11B-2 NMSA 1978." The aforementioned Subsection C refers to the prescribing of dangerous drugs that require a prescription or special labeling.

HRPAC amendment to HB 384 House Bill 384a (HB 384a) amends language in reference to existing statute by replacing the reference to 6-11B-2 with 61-11B-2 and further changes the reference to Subsection C to Subsection D of the above newly referenced statutory citation. Also an expanded reference to "practitioner" is expanded to read "practitioner guidelines and protocol" under the newly identified subsection D. These are technical changes, primarily.

The focus of HB 384 is to implement pharmacist clinician prescriptive authority under the supervision of a practitioner which is defined as a physician or osteopathic physician.

HB0388

PHYSICAL REHAB COST SHARING

McMillan, Terry H.

Scheduled: 3/3/2015 **in:** HHC 8:30 AM

[8] HHC/HBEC-HHC

Chiropracto New Mexico Chiropractor

Position: Support

Priority: High

Synopsis:

House Bill 388 (HB 388) enacts sections of the Health Care Purchasing Act, the New Mexico Insurance Code, the Health Maintenance Organization Law and the Nonprofit Health Care Plan Law to establish limits on cost sharing for physical rehabilitation services.

Analysis:

House Bill 388 (HB 388) enacts sections of the Health Care Purchasing Act, the New Mexico Insurance Code, the Health Maintenance Organization Law and the Nonprofit Health Care Plan Law to establish limits on cost sharing for physical rehabilitation services.

Each of these acts or laws stated above are amended in similar fashion and language. So, as not to simply replicate each with the same new language, an example will be used as in the Health Care Purchasing Act.

New language now states that in regard to group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act that offers coverage of physical rehabilitation services shall not impose a copayment or coinsurance on those physical rehabilitation services that exceeds the lesser of: the copayment or coinsurance imposed for specialist services, or, one hundred twenty percent of the copayment or coinsurance amount imposed for primary care services.

Similar language in HB 388 regarding copayments or coinsurance is applied to the New Mexico Insurance Code, the Health Maintenance Organization Law and the Nonprofit Health Care Plan Law.

Definitions are provided for key terms such as: "physical rehabilitation services" which means services aimed at maximizing an individual's level of function or returning to a prior level of function that are provided by a licensed physical therapist, occupational therapist, chiropractic physician, podiatrist or other person licensed to provide the services; and "primary care services" which means the first level of basic or general health

care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate.

SB0021 **COLLECTION & DISPOSAL OF UNUSED DRUGS**

Padilla, Michael

Scheduled: in:

Senate Pre-filed Legislation [1] Senate Public Affairs Committee/Senate Judiciary Committee-Senate Public Affairs Committee

Chiropracto New Mexico Chiropractor

FYI

Synopsis:

Senate Bill 21 (SB 21) creates a Dangerous Drug Take-Back Program, requiring each pharmacy in the state to collect and dispose of dangerous drugs

Analysis:

Senate Bill 21 (SB 21) requires each pharmacy in the state to collect dangerous drugs and provide for their safe disposal. The Board of Pharmacy will establish funding and have authority to impose reasonable fines to cover implementation of this legislation.

SB0022 **DRUG OVERPRESCRIBING HOTLINE**

Padilla, Michael

Scheduled: in:

Senate Pre-filed Legislation [1] Senate Public Affairs Committee/Senate Judiciary Committee/Senate Finance Committee-Senate Public Affairs Committee

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FYI

Synopsis:

Senate Bill 22 (SB 22), proposes the enactment of a new section of the New Mexico Drug, Device and Cosmetics Act to require the Board of Pharmacy to establish and operate a hotline for reports of prescribing practices of controlled substances suspected to be excessive or otherwise in violation of established prescribing standards. SB 22 makes an appropriation to establish and maintain the hotline.

Analysis:

Senate Bill 22 (SB 22), proposes to establish and operate a hotline for reports of prescribing practices of controlled substances suspected to be excessive, or otherwise in violation of, established prescribing standards. A new section of the New Mexico Drug, Device and Cosmetics Act of the seeks to establish a program to address the prescription of controlled substances that is suspected to be excessive or otherwise in violation of established prescribing standards

Section A proposes that prescribed standards be understood to include a twenty-four-hour telephonic hotline and publicly accessible internet web site to provide the public with a venue through which to report controlled substance prescribing practices that are suspected to be in excess of therapeutically indicated prescribing practices; as well as rules and procedures for investigation of such reports, and for working in conjunction with practitioner licensing boards to discipline practitioners for prescribing practices in violation of established standards."

Thus, in Section 2, SB 22 appropriates Two hundred fifty thousand dollars (\$250,000) from the General Fund to the Board of Pharmacy for expenditure in Fiscal Year 2016 to establish and operate an overprescribing hotline pursuant to Section 1 of this act for the recording and investigation of excessive prescribing of pain medication by medical practitioners. Any unexpended or unencumbered balance remaining at the end of Fiscal Year 2016 shall revert to the General Fund.

SB0190 **DISCRIMINATION AGAINST HEALTH PROVIDERS**

Papen, Marv Kav

Scheduled: in:



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This language tracks with the ACA.

Position: Support

Priority: High

Synopsis:

Senate Bill 190 (SB190) enacts sections of the healthcare purchasing act and other statutes and laws of New Mexico. These include the New Mexico insurance code, the nonprofit health care plan law and the health maintenance organization law to provide that carriers may not discriminate against providers who work within their legal scope of practice

Analysis:

Senate Bill 190 (SB 190) modifies multiple statutes to restrict carriers from providing care if the provider is duly licensed or certified. Hospitals may accept insured individuals even if they are not contracted with a carrier and carriers may not restrict hospitals from accepting insured as long as that hospital is licensed by the department of health. This section is referred to as hospital freedom of choice. SB190 does not define convalescent or nursing homes as hospitals.

Of other significance are the sections that modify various laws and statutes (listed above in the summary) that prohibit discrimination by carriers to providers who are acting within their scope of their license, certification or authority under the law. However, this is not a bill that allows any willing provider to contract with a carrier. Carrier may also make distinctions on reimbursement related to quality and performance measures.

SB0220

HMO CREDENTIALING REQUIREMENTS

Pirtle, Cliff R.

Scheduled: 2/27/2015 in: SCal 10:00 AM

[3] Senate Corporations Committee/Senate Judiciary Committee-Senate Corporations Committee [5] DP/a-Senate Judiciary Committee [22] DNP-CS/DP

Chiropracto New Mexico Chiropractor
Could make credentialing easier.

Position: Support

Priority: Medium

Synopsis:

Senate Bill 220 (SB 220) related to managed health care; amending and enacting sections of the health maintenance organization law to establish provider credentialing requirements and define “credentialing”; repealing a section of the New Mexico insurance code

Analysis:

Senate Bill 220 (SB 220) modifies the health maintenance organization law with new definitions for credentialing and the credentialing process affecting carriers and providers. Also, the definitions for pharmacist including a clinical pharmacist are relocated for numbering purposes. The state superintendent of insurance is empowered and directed to develop a standardized credentialing application for medicaid plans in New Mexico.

Credentialing in SB220 means the process of obtaining and verifying information about a provider and evaluation of that provider when that provider seeks to become a participating provider.

The original definitions for pharmacist and pharmacist clinician are stricken for number purposes and reinserted for that same purpose. Pharmacist is a person licensed as a pharmacist pursuant to the Pharmacy Act and a pharmacist clinician means a pharmacist who exercises prescriptive authority pursuant to the Pharmacist Prescriptive Authority Act.

A new section referencing Medicaid credentialing and setting deadlines is provided in SB 220. This new

section requires the superintendent to adopt a uniform credentialing process, the rules of which shall adopt a single credentialing application form for the credentialing of providers. A carrier shall not require a provider to submit information not required in the uniform credentialing application. Recredentialing shall be held to the same standard.

Initial credentialing shall not be required more than every three years. The carrier shall complete its review in forty five days and notify the provider within ten days of receipt of the application if it is incomplete in writing with an identifiable contact person.

A carrier shall reimburse a provider for covered health care services, in accordance with the provider's contracted reimbursement rate, for any claims from the provider that the carrier receives more than forty-five calendar days after the date on which the carrier received a credentialing application for that provider; provided that the provider has submitted a credentialing application and any supporting documentation that the carrier has requested in writing within the time frame established earlier in this section.

Also, if the carrier has failed to approve or deny the applicant's credentialing application within the time frame established in SB220, and the provider has no past or current license sanctions or limitations, as reported by the New Mexico medical board or another pertinent licensing and regulatory agency, or by a similar out-of-state licensing and regulatory entity for a provider licensed in another state.

A dispute regarding credentialing or recredentialing shall be governed by statute (Section 59A-46-11. SB 220 repeals section 59A-2-9.5 NMSA 1978. This repealed section has to do with the superintendent's establishment of licensing and credentialing rules following certain national standards.

SCORC amendment to SB 220 The SCORC amendment to SB 220 states:

1. On page 6, line 20, strike "MEDICAID".,

SB0318 SUNSET DATES FOR CERTAIN AGENCIES

Updated

Cisneros, Carlos R.

Scheduled: 2/27/2015 in: SCal 10:00 AM

[3] Senate Public Affairs Committee/Senate Finance Committee-Senate Public Affairs Committee [6] DP/a-Senate Finance Committee [15] DP [23] PASSED/S (37-2)

Chiropracto New Mexico Chiropractor

Chiropractic included for 2021 new sunset date.

Synopsis:

Senate Bill 318 (SB 318) extends the dates certain state commissions and boards and their authorizing acts will terminate and be repealed pursuant to the Sunset Act.

Analysis:

Senate Bill 318 (SB 318) extends the dates certain state commissions and boards will terminate and the actual dates they will cease to operate pursuant to the Sunset Act. The Bill also states that the Acts which authorized these boards will be repealed on the same day as the boards cease to operate.

Office of Military Base Planning and Support and the Military Base Planning Commission:

Terminate: July 1, 2021; Operate until: July 1, 2022. Also, effective July 1, 2022, Sections 9-15-48 through 9-15-51 NMSA 1978 are repealed.

Board of Optometry: Terminate: July 1, 2023; Operate until: July 1, 2024. Also, effective July 1 2024, the Optometry Act is repealed.

Chiropractic Board: Terminate: July 1, 2021; Operate until: July 1, 2022. Also, effective July 1, 2022, the Chiropractic Physician Practice Act is repealed.

New Mexico Board of Dental Health Care: Terminate: July 1, 2023; Operate until: July 1, 2024. Also, effective July 1, 2024, the Dental Health Care Act and the Impaired Dentists and Dental Hygienists Act are repealed.

Nutrition and Dietetics Practice Board: Terminate: July 1, 2021; Operate until July 1, 2022. Also, effective July 1, 2022, the Nutrition and Dietetics Practice Act is repealed.

Board of Podiatry: Terminate: July 1, 2023; Operate until July 1, 2024; Also, effective July 1, 2024, the Podiatry Act is repealed.

New Mexico State Board of Psychologist Examiners: Terminate: July 1, 2021; Operate until July 1, 2022. Also, effective July 1, 2022, Professional Psychologist Act is repealed.

Board of Pharmacy: Terminate: July 1, 2023; Operate until: July 1, 2024. Also, July 1, 2024, the Pharmacy Act is repealed.

Speech-language Pathology, Audiology and Hearing Aid Dispensing Practices Board : Terminate: July 1, 2021; Operate until: July 1, 2022. Also, effective July 1, 2022, the Speech-Language Pathology, Audiology and Hearing Aid Dispensing Practices Act is repealed.

Board of Social Work Examiners: Terminate: July 1, 2021; Operate until: July 1, 2022. Also, effective July 1, 2022, the Social Work Practice Act is repealed.

SPAC amendment to SB 318 SB 318a adds to the original bill the following boards whose termination is extended to the year 2021:

1. Athletic Trainer Practice Board
2. Physical Therapy Board
3. Advisory Board of Respiratory Care Practitioners
4. Massage Therapy Board
5. Board of Examiners for Occupational Therapy
6. Board of Osteopathic Medical Examiners
7. Counseling and Therapy Practice Board

SB0359 **PHYSICAL REHAB COST SHARING LIMITS**

O'Neill, Bill B.

Scheduled: in:

[3] Senate Public Affairs Committee/Senate Finance Committee-Senate Public Affairs Committee [15] DP-Senate Finance Committee

Chiropracto New Mexico Chiropractor

Position: Support

Priority: High

Hearing should be this week.

Synopsis:

Senate Bill 359 (SB 359) establishes limits cost sharing for physical rehabilitation services by enact new sections in several acts and laws pertaining to healthcare. Those include The Health Care Purchasing Act, The New Mexico Insurance Code, The Health Maintenance Organization Law, and The Non-Profit Health Care Law

Analysis:

Senate Bill 359 (SB 359) enacts new sections of multiple laws and acts listed below for the purpose of placing limits on copayments and coinsurance on the rendering of physical rehabilitation services.

Generally the reference to each new section for the above referenced laws or acts can be found in an example such as the language used in the Health Care Purchasing Act which reads;

Group health coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act that offers coverage of physical rehabilitation services shall not impose a copayment or coinsurance on those physical rehabilitation services that exceeds the lesser of:

- (1) the copayment or coinsurance imposed for specialist services; or
- (2) one hundred twenty percent of the copayment or coinsurance amount imposed for primary care services.

Other laws and acts similarly modified are:

Chapter 59A, Article 22 NMSA 1978 which refers to the insurance code, Chapter 59A, Article 23, NMSA 1978 which also refers to the insurance code, The Health Maintenance Organization Law and, The Nonprofit Health Care Plan Law

A common set of definitions are included in each law or act that is subject to this new standardized section.

"Physical rehabilitation services" means services aimed at maximizing an individual's level of function or returning to a prior level of function that are provided by a licensed physical therapist, occupational therapist or chiropractic physician or other person licensed to provide the services.

A definition for "primary care services" means the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiation of referrals for other health care services and maintenance of the continuity of care when appropriate.

SB0367

OPTOMETRIST PRESCRIBING POWERS

Sanchez, Michael S.

Scheduled: 2/27/2015 in: SCal 10:00 AM

[3] Senate Public Affairs Committee/Senate Judiciary Committee-Senate Public Affairs Committee [6] DP/a-Senate Judiciary Committee [22] DP

Chiropracto New Mexico Chiropractor

Priority: watch

FYI

Synopsis:

Senate Bill 367 (SB 367) provides optometrist with greater prescribing powers, repealing sections of the optometry act and making changes to the powers of the optometry board while amending sections of The New Mexico Drug, Device and Cosmetic Act to include optometrist as prescribing practitioners

Analysis:

Senate Bill 367 (SB 367) among numerous modifications to the Optometry Act and others acts and laws cited in this bill, SB 367 first makes modifications to the definitions section of the Optometry Act. Under definitions the use of prescriptions is listed and expanded to now include "pharmaceutical agent that is regulated pursuant to the New Mexico Drug, Device and Cosmetic Act. Other definitions for prescriptions include contact lenses and ophthalmic lenses.

Under another section of the Optometry Act a considerable expansion of authority for the Optometry Board is provided in which it states that now: the board has the sole authority to determine what constitutes the practice of optometry in accordance with the provisions of the Optometry Act and has sole jurisdiction to exercise any other powers and duties under that act. The board may issue advisory opinions and declaratory rulings pursuant to the Optometry Act and rules promulgated pursuant to that act. Nothing in the Optometry Act shall be construed to allow any agency, board or other entity of the state other than the board to determine what constitutes the practice of optometry.

In another section pertaining to the ability of an optometrist to prescribe or administer, an expansion is inserted, to include: all pharmaceutical agents for the diagnosis and treatment of disease of the eye or adnexa; provided that an optometrist, may prescribe hydrocodone and hydrocodone combination medications, may administer epinephrine auto-injections to counter anaphylaxis; and shall not prescribe any other controlled substance classified in Schedule I or II pursuant to the Controlled Substances Act.

An existing list of oral pharmaceutical agents has been deleted and replaced with the above. Another modification to the Optometry Act involves penalties for lack of certification, using an agent for which the provider is not certified, and permitting an employee to use agents and allowing the use of pharmaceutical agents without the supervision required.

SPAC amendment to SB 367 SPAC gives a do pass to SB 367 Optometry Prescribing, and now referred to the Judiciary Committee with the following amendment

1. On page 4, lines 9 through 18, strike Subsection D in its entirety and insert in lieu thereof the following new subsection:

"D. The board has the authority to determine what constitutes the practice of optometry in accordance with the provisions of the Optometry Act and has jurisdiction to exercise any other powers and duties pursuant to that act. The board may issue advisory opinions and declaratory rulings pursuant to that act and rules promulgated in accordance with that act, but shall not expand the scope of practice of optometry beyond the provisions of that act.".,

SB 367/a serves as clarification of the powers of the Optometry Board under the Optometry Act.

SB0376**CHIROPRACTIC MEDICINE & ADVANCE PRACTICE****Updated**

McSorlev. Cisco

Scheduled: in:

[3] Senate Public Affairs Committee/Senate Judiciary Committee-Senate Public Affairs Committee [23] DP/a-Senate Judiciary Committee

Chiropracto New Mexico Chiropractor**Position:** Support**Priority:** High*Hearing should be this week.***Synopsis:**

Senate Bill 376 (SB 376) amends and enacts sections of the Chiropractic Physician Practice Act that provides for certification of advanced practice chiropractic physicians and to define "chiropractic medicine"

Analysis:

Senate Bill 376 (SB 376) establishes a two tiered chiropractic certification registry that is to be kept by the Chiropractic Board. The two levels are entitled level one and level two certified advanced practice chiropractic physicians.

Under definitions a new definition of "chiropractic assistant" means a person who practices under the on-premises supervision of a licensed chiropractic physician.

Prescribing under which the chiropractic physician has been educated and trained which includes a listing of natural agents to assist in the healing act includes such elements as food, water, heat, cold and many other elements as well as several new items in this bill to include light, oxygen and the selling of herbal medicines, nutritional medicines and homeopathic medicines.

SB 376 excludes the practice of operative surgery, the practice of acupuncture and the prescription, administration, injection or dispensing of dangerous drugs, unless by a level-one certified advanced practice

chiropractic physician or a level-two certified advanced practice chiropractic physician.

The Chiropractic Board shall now be made up of six members of which four shall be continuously engaged in the practice of chiropractic medicine for five years, and at least one of the four will be a level one or level two chiropractic physician. The remaining two members shall be members of the public. Note: the addition of the level one or level two chiropractic physicians is new language related to board membership.

An advanced practice chiropractic registry is established as part of SB 376, instructing the board of chiropractic to establish by rule the advanced practice chiropractic registry which shall include each of the names of those chiropractic physicians who are certified as level-one advanced practice chiropractic physicians and level-two advanced practice chiropractic physicians.

Use of these titles cannot be used unless the chiropractic physician is listed on the registry noted above.

Level one certification by the Chiropractic Board is defined below.

The board shall certify as a level-one certified advanced practice chiropractic physician a chiropractic physician who applies for certification in accordance with board rules and who:

(1) on or after December 31, 2012, has successfully completed a postgraduate degree in a clinical specialty from an institution of higher education that is accredited by an agency accredited by the United States department of education; and

(2) holds a license in good standing to practice chiropractic medicine.

B. The board shall certify as a level-one certified advanced practice chiropractic physician a chiropractic physician who applies for certification in accordance with board rules and who:

(1) prior to December 31, 2012, successfully completed a minimum of ninety clinical and didactic-contact course hours in pharmacology, pharmacognosy, medication administration and toxicology certificated by an examination from an institution of higher education;

(2) holds a license in good standing to practice chiropractic medicine;

(3) has completed three years of postgraduate chiropractic medicine practice or equivalent clinical experience as established by the board; and

(4) has a certification in advanced clinical chiropractic medicine practice or its equivalent by a nationally recognized credentialing agency or institution and has demonstrated competency by examination.

C. A level-one certified advanced practice chiropractic physician shall complete annual continuing education requirements for level-one certified advanced chiropractic physicians as established by the board.

A level one chiropractic physician may not only prescribe or administer a range of substances already listed in the statute but may now inject such substances. New substances are now added to the existing list, in SB376 to include carbohydrates, sugars, alcohols and lidocaine. The Board of Chiropractic may now add new substances to the list noted above.

A level-two certified advanced practice chiropractic physician may prescribe, administer, inject and dispense dangerous drugs that are used in a standard primary care practice, with the exception of controlled substances enumerated under Schedule I and Schedule II of the Controlled Substances Act.

To qualify for level two appointment to the registry, the applicant must prove satisfactorily to the board that the applicant:

(1) holds a current license to practice chiropractic medicine;

(2) has successfully completed the level-one advanced practice chiropractic physician certification program approved by the board and currently holds certification by the board as a level-one certified advanced practice chiropractic physician;

(3) has successfully completed an organized program of medically supervised clinical rotation from an institution of higher education or professional school that is accredited by an agency accredited by the United States Department of Education that consists of clinical and hands-on instruction of no fewer than six

hundred fifty hours in at least the following core areas of instruction:

- (a) clinical pharmacology;
- (b) evidence-based clinical assessment;
- (c) clinical pharmacotherapeutics;
- (d) primary care case management; and
- (e) patient safety and standards of primary care;

(4) has professional liability insurance in place during the clinical education that is sufficient to satisfy board rules; and

(5) has obtained a declaration from a supervising medical doctor, osteopathic physician, certified nurse practitioner or level-two certified advanced practice chiropractic physician that the applicant has successfully completed the prescribed clinical experience.

Other requirements are included in SB 376 but these are the major elements to meet the registry definitions for level one and level two certifications.

SB0615

PHYSICIAN & ASSISTANT COLLABORATION

Sanchez, Michael S.

Scheduled: in:

[10] Senate Public Affairs Committee/Senate Judiciary Committee-Senate Public Affairs Committee

Chiropracto New Mexico Chiropractor

Priority: watch

Synopsis:

Senate Bill 615 (SB 615) provides for collaboration between a physician's assistant and physician

Analysis:

Senate Bill 615 (SB 615) amends Section 61-6-6 which references physician's assistant practice removing the reference to " a physician's assistant working under the supervision and direction of a licensed physician" and replacing with language referring to a collaborative relationship with a licensed physician.

SB 615 states: "collaboration" means the working relationship between a physician who supervises a physician assistant in the delivery of patient care.

Under a related subsection a physician's assistant must be licensed but no longer must register a supervising physician as part of the licensing process, as in the past. Also a prohibition regarding the dispensing of certain drugs has been struck in SB 615.

Historically, physician's assistants could only perform acts and duties assigned by a physician, in SB 615 a physician's assistant may perform medical services in collaboration with a licensed physician.

New language in SB 615 states that a licenses physician's assistant shall only be valid when the physician assistant works in collaboration with a board-registered licensed physician. Such collaboration shall be documented and the documentation kept on file at the practice site and made available to the board on request. Prior language states the documentation must be with the New Mexico Medical Board.

Supervising physicians shall remain liable and responsible for a physician's assistant even though the term "supervising "has been replaced with the term "collaboration with ".

A licensure fee not to exceed one hundred fifty dollars (\$150) for a physician assistant's biennial licensing remains in the statute. However, the registration of a supervising physician originally required has been stricken.

Certain fees (\$50) for each change of a supervising physician in relations to a physician's assistant are stricken within SB 615.

