

## Chiropractors (2014 Regular)

The 2014 Legislative Session ended at noon on Thursday February 20<sup>th</sup>. 1085 bills, memorials and constitutional amendments were introduced in the 30-day session. 126 of those bills and memorials have passed both chambers with 93 substantive bills going to the governor. The governor has until March 12<sup>th</sup> to sign, veto or pocket veto bills.

The primary purpose of a 30-day session is a state budget which was finally negotiated successfully on the 16<sup>th</sup> of February. The total budget for the state is \$6.19 billion almost back to pre-recession levels of 2009. The Legislature increased the recurring appropriations by \$293 million.

Public schools received the largest increase up \$171 million. Higher was allocated a \$46 million increase. Health care provider education and loan repayment programs were increased by \$5.9 million. State, public school and higher education employees will see a 3% salary increase. The DD Medicaid waiver program received \$3.3 million to open up 175 more slots for the home and community based program. DD providers will see a modest rate increase of \$500,000. Over \$250 million in capital outlay funds were passed through both chambers and sent to the governor.

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**Bill:** HB41  
**Sponsors:** Taylor, T. (R1)  
**Title:** GRT DEDUCTION: MEDICAL SERVICES INCOME FROM FEDERAL ENERGY EMPLOYEES PROGRAM  
**Analysis:** Introduced 01/23/2014 — Expands the GRT deduction at Sec. 7-9-77.1 to include receipts from the Federal Energy Employees Occupational Illness Compensation Program for provision of medical and other health services by medical doctors and osteopathic physicians. Also specifies reporting requirements for taxpayers claiming the deduction as well as for the Taxation and Revenue Department.  
**Subjects:** Taxation and Fees; Health and Medical Practice; Energy Resources and Chemicals  
**Progress:** Introduced  
**Status:** 01/23/2014 – House Taxation and Revenue Committee  
**History:** 01/23/2014—H Introduced and referred to House Taxation & Revenue.  
 01/23/2014—H Also referred to House Appropriations & Finance.  
**Dead include chiropractors**

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**Bill:** HB118  
**Sponsors:** Gonzales (D42); Cisneros (D6)  
**Title:** GRT DEDUCTION: HEALTH CARE RECEIPTS  
**Analysis:** Introduced 01/28/2014 — Provides a deduction from gross receipts for payments to a health care practitioner by an individual enrolled in a plan with a managed care provider or health care insurer, provided that the services rendered are within the practitioner's scope of practice.  
**Subjects:** Health and Medical Practice; Taxation and Fees; Business, Manufacturing and Economic Development  
**Progress:** Introduced  
**Status:** 01/28/2014 – House Taxation and Revenue Committee  
**History:** 01/28/2014—H Introduced and referred to House Taxation & Revenue.  
 01/28/2014—H Also referred to House Appropriations & Finance.  
**Dead included chiropractors**

**Bill:** HB284  
**Sponsors:** McMillan (R37)  
**Title:** EQUALIZES COST-SHARING FOR HEALTHCARE PROVIDERS  
**Analysis:** Introduced 01/30/2014 — Establishes that cost-sharing rates paid for physical or occupational therapy, speech-language pathology, or chiropractic services will not exceed the cost-sharing rates paid for primary care.  
Adds new sections to the Health Care Purchasing Act, the NM Insurance Code, the Health Maintenance Organization Law, and the Nonprofit Healthcare Law. New sections mandate that health insurance policies and health maintenance organizations, whether for individuals or groups, cannot charge a copayment, coinsurance or deductible for physical therapy, occupational therapy, speech-language pathology, or chiropractic services that is higher than that charged for primary care provider services. Defines “primary care provider” as a health care provider who provides the first level of general health care, including referrals, continuity of care maintenance, and diagnostic and treatment services.  
**Subjects:** Health and Medical Practice; Business, Manufacturing and Economic Development; Insurance  
**Progress:** Introduced  
**Status:** 01/30/2014 – House Rules Committee  
**History:** 01/30/2014—H Introduced and referred to House Rules.

### Co-PAY – never got a message from governor

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**Bill:** SB329  
**Sponsors:** McSorley (D16)  
**Title:** PROVIDES FOR CERTIFICATION OF ADVANCED PRACTICE CHIROPRACTIC PHYSICIANS  
**Analysis:** Introduced 02/05/2014 — Refines definitions and requirements related to chiropractic practice and adds a requirement that at least one member of the chiropractic board be a Level One or Level Two Certified Advanced Practice Chiropractic Physician.  
Specifies Chiropractic Physician Practice Act definitions and changes:  

- “Board” means the Chiropractic Board;
- “Chiropractic Assistant” means a person who practices under the on-premises supervision of a licensed chiropractic physician;
- “Chiropractic Medicine” is defined to include the sale of herbal, nutritional and homeopathic medicines. It excludes the practice of operative surgery, the practice of acupuncture, and the prescription or administration of prescription drugs, except by a Level One or Level Two Certified Advanced Practice Chiropractic Physician.

Level One Certified Advanced Practice Chiropractic Physician requirements include:  

- Successful completion of a program in a clinical specialty from an accredited institution, to include at least 90 hours in pharmacology, pharmacognosy, medication administration and toxicology;
- A current license to practice chiropractic medicine;
- Certification in advanced clinical chiropractic medicine practice or its equivalent; and
- Three years of postgraduate chiropractic medicine practice or equivalent clinical experience.

Requires a Level One Certified Advanced Practice Chiropractic Physician to complete annual continuing education as established by the Chiropractic Board.  
Provides that a Level One Certified Advanced Practice Chiropractic Physician may prescribe or administer a prescription drug if the board has approved it by rule. Directs the board, in collaboration with the Board of Pharmacy, to promulgate rules relating to drug prescription and administration.  
Level Two Certified Advanced Practice Chiropractic Physician requirements include:  

- Successful completion of the Level One Certified Advanced Practice Chiropractic Physician certification program;
- A current license to practice chiropractic medicine;
- Successful completion of a program in primary care clinical rotation from an accredited institution, under appropriate supervision, to include at least 650 hours in clinical pharmacology, evidence based clinical assessment, clinical pharmacotherapeutics; primary care case management, or patient safety and standards of primary care;
- Liability insurance in place that is sufficient to satisfy board requirements; and
- 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 required clinical experience.

Specifies that a Level Two Certified Advanced Practice Chiropractic Physician may prescribe or dispense prescription drugs as used in a standard primary care practice, with the exception of drugs listed under Schedule I and Schedule II of the Controlled Substances Act.  
Directs the Chiropractic Board to promulgate rules for continuing education (at least 20 hours per year); the issuance and renewal of Level Two Certified Advanced Practice Chiropractic Physician certificates;

the denial, suspension and revocation of certificates; and the suspension and revocation of licenses to practice chiropractic medicine.

**Subjects:** Health and Medical Practice; Insurance; Labor  
**Progress:** 1st House: Referred to Committee  
**Status:** 02/05/2014 – Senate Committee on Committees  
**History:** 02/05/2014—S Introduced and referred to Senate Committee on Committees.  
02/05/2014—S Also referred to Senate Public Affairs.  
02/05/2014—S Also referred to Senate Judiciary.

**Never got a message from the governor**

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**Bill:** **SJM6**  
**Sponsors:** Candelaria (D26)  
**Title:** HEALTH CARE WORK FORCE WORKING GROUP  
**Analysis:** Introduced 01/22/2014 — (For the Legislative Health and Human Services Committee) Asks the Secretary of Health to convene a working group to receive input to review the effectiveness of existing health care tax incentives for maintaining and expanding the state's health care work force. Requests the Secretary to name working group members from the Health Department, Human Services Department, Economic Development Department, the Health Policy Commission, the LFC, Legislative Health and Human Services Committee, and requests that legislative leaders appoint other members to the group.  
Asks that the working group create advisory groups of representatives of consumer advocacy organizations, Native American groups and health care provider organizations, including hospitals, health profession recruiters, health care trainers and representatives from underserved populations. Requests the working group to meet monthly from April through September 2014 to receive input and recommendations from the public and from advisory groups and present its proposed action for administrative, legislative, regulatory operational and financial incentives necessary to develop the health care work force.  
Asks the Health Care Work Force Working Group to make recommendations on capturing revenue generated from federal funds from the expansion of the state's Medicaid program and subsidies for the purchase of health insurance through the state Health Insurance Exchange; and on how available revenue can be used to expand the health care work force.  
Also asks the working group to review existing tax incentives aimed at developing and maintaining the health care work force and make recommendations on how these incentives may be modified. Recommendations of the working group are to be presented to the Governor, the Legislative Finance Committee and the Legislative Health and Human Services Committee by October 1, 2014. Copies of the memorial shall be transmitted to the Governor, the Speaker of the House of Representatives, the President pro Tempore of the Senate, the Executive Director of the New Mexico Health Policy Commission, the Chair and Vice Chair of the Legislative Finance Committee, the Chair and Vice Chair of the Legislative Health and Human Services Committee, the Secretary of Health, the Secretary of Human Services and the Secretary of Economic Development.

SPAC Committee Report 02/07/2014 — SPAC amendment to SJM6 changes the memorial by asking the Chancellor for Health Sciences at UNM, rather than the Secretary of Health, to convene a health care work force working group. The amendment also adds to the proposed working group a representative of an institution of higher learning--other than UNM—engaged in health care work force training. Goes to Senate Calendar.

**Subjects:** Health and Medical Practice; Taxation and Fees; State Affairs and State Agencies; Human Services; Business, Manufacturing and Economic Development; Interim Studies and Interim Committees  
**Progress:** 2nd House: Passed  
**Status:** 02/19/2014 – Signed by Officers of House  
**History:** 02/10/2014—S Passed 39-0.  
02/17/2014—H Passed 70-0.  
02/19/2014—S Enrolled and engrossed.  
02/19/2014—S Signed by Officers of Senate.  
02/19/2014—H Signed by Officers of House.