

New Mexico Nursing Practice Act Opened for Updates During the 2025 Legislative Session

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The New Mexico legislature started the new year of 2025 with a 60-day session for New Mexico. Each year, the New Mexico Nurses Association (NMNA) Government Relations Committee and the NMNA Executive Board work to ensure the continued success and prosperity of the nursing profession in New Mexico. This is done through dedicated monitoring of bills filed for consideration, is supported by a focused, deliberate, and strategic advocacy plan, and is enhanced further through meaningful partnerships with our affiliate professional nursing organizations. One of the many bills addressing facets of the New Mexico healthcare arena was introduced to update the New Mexico Nursing Practice Act (NPA) so that current practice is reflected.

In addition, NMNA works with sponsors in a bicameral and non-partisan manner to advance legislation that we would like to see passed and signed into law by the Governor. Over the last year, the NMNA Government Relations Committee has collaborated with other nursing associations and the New Mexico Board of Nursing (BON) to develop amendments that bring substantive changes to the Nursing Practice Act on issues affecting your practice.

These amendments were brought forward by membership and through our interprofessional collaboration to help improve many facets of the Nursing Practice Act. With extensive communication and feedback, NMNA came to the table with proposed amendments to the NPA supported by sponsors in the House and the Senate and ready to be pre-filed with the respective clerks on January 2nd, 2025. What follows is a synopsis of each of the proposed changes to the NPA, with an interpretive statement as to how this would affect nursing practice throughout the state.

Proposed amendments:

1. New and updated definitions to align the NPA with current practices within the state:

- a. Includes proposed updated definitions for advanced practice registered nurses, anesthetics, general anesthesia, and the varying levels of sedation: minimum, moderate, deep, and palliative sedation.
- b. Proposed language to ensure the NPA clarifies the role of the certified nurse anesthetist with general anesthesia from the registered nurse who, after training, may provide minimum to moderate (procedural) sedation.
 - i. These proposed definitions and language changes are

being put forward to ensure that nurses in the state who have been educated and trained to perform minimal to moderate (procedural) sedation practice within the scope of the NPA (law). The language between the law and rules that have been promulgated currently creates a new space where the current language of the Law and the rules do not necessarily align. Adjusting this language will better align both to ensure nurses can delineate what is and is not acceptable practice.

2. The creation of new licensure categories to be implemented by the board:

- a. Proposed language to establish the designation of an inactive reserve category and a retired nurse license category.
 - i. Evaluating the nursing responsibilities during the pandemic, it became apparent that there needed to be a mechanism for retired RNs and LPNs to be re-activated during an emergency with limited functions. The proposed additions to the NPA include a provision that the BON may design rules that will maintain an inactive status for those nurses who may want to reactivate their license and serve their communities and state during any designated emergency. Creating the inactive status and a retired registered nurse license category will allow nurses to continue using the protected title while serving their communities and the state with advisory roles on boards and in policymaking.

3. New language to ensure that the board owns the data collected by the board.

- a. This proposed addition to the NPA will allow NM nursing workforce data collected by the board to stay within the board's purview. The NMNA believes that the board should maintain this data and that opportunities for loss or manipulation of data should be limited.

4. Prelicensure changes:

- a. The proposed addition of language will instruct the NM BON to create a system to assist all pre-licensure programs in the state with clinical placements.
- b. Language to allow the board to waive the fee for an initial license for a student who graduated from an NM public school of nursing.
- c. Initial licensure is a single-state license, and upon renewal, you can request a multistate license.

- i. Limited opportunities for clinical placement are a known issue in certain parts of the state, so this language would help ensure that each program has equitable access to the clinical placement sites needed to train students.
- ii. B & C's proposed language is designed to encourage new nurses to practice in NM rather than leave the state. The fee waiver would be at the board's discretion based on their financial flexibility and clarifies when a compact license can be issued in NM.

5. Increases the licensing fee maximum from \$150 to \$200 for new applicants and the renewal fee maximum from \$110 to \$150.

- a. New applicants: \$150 increased to \$200
- b. Renewal Fees: \$110 increased to \$150
- c. Compact license: after initial licensure and upon renewal: \$50
 - i. The NM BON is a stand-alone entity removed from the Licensing and Regulation Department via an executive order. The majority of the board's funding is attained through licensing fees. These increases are being recommended to allow the board the flexibility needed to increase fees so it can maintain its independence. No cost increase is anticipated as necessary; instead, it will enable the board to move forward in the future vs. having to open the NPA for this item alone

6. Changes to the Certified Nurse Practitioner Language:

- a. Proposed language will no longer specify that a formulary be included in the law.
 - i. Those licensed and certified as APRNs and CNSs will have full prescriptive authority in their specialty practice area without creating an individual formulary that needs to be filed with the BON.

7. Changes in the disciplinary and alternative to discipline, formerly diversion program.

- a. Removal of "intemperate" has been recommended.
- b. Additional language proposed to protect communications and information acquired during the disciplinary process from being subject to the Public Records Act unless necessary for board purposes, appeals to the courts, mandatory reporting to law enforcement agencies, national database clearinghouse reporting, or reporting to

other licensing boards.

- c. Changes the Diversion Program to "Alternative to Discipline" and aligns the language within the section to address the addiction and mental health aspects of this program.
 - i. The removal of "intemperate" from the statute removes an outdated term that means "having or showing a lack of self-control." This language is adjusted with focused language for substance abuse.
 - ii. The proposed changes to the disciplinary section regarding the Public Records Act will limit where disciplinary information is available to the public. NMNA believes that disciplinary actions should have an end date where the infraction "falls off." While that language is not currently being proposed during this session, the limitation on public records requests is a step towards protecting nurses who may have made a single mistake and successfully remediated their practice from permanently having a "Scarlet D" or a stain on their record.
 - iii. Language with regards to the Diversion program recommends changes to align the law with the purpose of the program, which is to rehabilitate and retain nurses who may have substance abuse or mental health issues—softening the language to address better the deeply personal nature of having a medical condition and diagnosis. ■



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