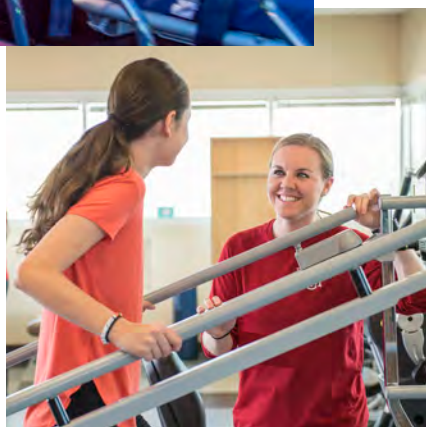

New Mexico Health Care Workforce Committee

2020 ANNUAL REPORT

OCTOBER 1, 2020

New Mexico Health Care Workforce Committee 2020 Annual Report

October 1, 2020

This document is respectfully transmitted to the New Mexico Legislative Health and Human Services Committee, the New Mexico Legislative Finance Committee, the New Mexico Higher Education Department, and the New Mexico Finance and Administration Department under NM Stat § 24-14C-1.

It reports on the status of the New Mexico health care workforce during the period 1 January 2019 – 31 December 2019. Where appropriate for continuity and clarity, key language has been repeated or excerpted verbatim from prior years' reports.[1–7] For the purposes of attribution, the New Mexico Health Care Workforce Committee suggests the following citation:

New Mexico Health Care Workforce Committee. *2020 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center, 2020.

From the Chair of the New Mexico Health Care Workforce Committee

The New Mexico Health Care Workforce Committee is pleased to submit to the Legislature its annual report of New Mexico's licensed health professionals and where they practice, in accordance with NM Stat § 24-14C-1.

The Legislature's 2011 mandate that health professionals be surveyed at each license renewal established New Mexico as a national leader in its ability to analyze the health care workforce and use this understanding to inform the committee's recommendations for measures to recruit, retain and increase access to providers in the state's rural and underserved areas. These are particularly important as we assess the impact on the health workforce of the COVID-19 pandemic and state public health emergency.

This year, we are pleased to include our analysis of 14 health care professions, including for the first time physical therapists and occupational therapists, as well as the re-inclusion of pharmacists, whose survey data did not allow analysis in our 2019 report. Also included are all 14 professions' demographics and an accounting of changes in each profession's workforce since last year's report.

We acknowledge with gratitude the special focus sections contributed by the New Mexico Department of Workforce Solutions, the New Mexico Human Services Department, and the Behavioral Health Subcommittee of the New Mexico Health Care Workforce Committee. These sections complement the committee's analysis with, respectively, analysis of the wages and current and projected hiring demand for selected health professions, of the full-time equivalents comprising the health care workforce for selected professions, and of the behavioral health workforce.

As in past years, the committee offers recommendations for increasing the health care workforce encompassing both recommendations specifically aimed at retaining workforce affected by COVID-19 and recruitment, retention and access to care more generally. We submit these recommendations respectfully cognizant of New Mexico's budgetary constraints, understanding that they cannot all be fulfilled at this time.

We wish to commend the Legislature and the state for their actions to date on our prior recommendations, and we present this report with our gratitude for your dedicated efforts to meet our state's ongoing challenges in making high-quality health care accessible for all New Mexicans.

Sincerely,

Richard S. Larson, MD, PhD
Chair, New Mexico Health Care Workforce Committee
Executive Vice Chancellor
Vice Chancellor for Research
University of New Mexico Health Sciences

Summary of the 2020 Recommendations of the New Mexico Health Care Workforce Committee

For detailed descriptions of these recommendations, please see Section VII.

Rec. 1 Direct the Office of the Superintendent of Insurance to streamline the credentialing process in New Mexico through (1) adoption of one universal electronic credentialing application, (2) adoption of a uniform transfer of credentialing form, and (3) requiring insurers to comply with the reimbursement requirements set forth in NMSA 1978, Sec. 59A-22-54(G).

Rec. 2 Increase N.M. Medicaid payments to 105% of Medicare plus gross receipts tax.

Rec. 3 Maintain gross receipts tax deduction for Medicare and managed care payments.

Rec. 4 Maintain New Mexico's Rural Health Care Practitioner Tax Credit program.

Rec. 5 Establish a tax credit of $1,000 each for up to 250 rural primary care provider and pharmacist preceptors who provide at least 80 student hours of precepting service for public institutions.

Rec. 6 Increase staffing by an additional 30 FTEs – establishing at least one per county – for public health nurses at a midpoint annual salary of $65,000 each.

Rec. 7 Increase the number of school nurses to ensure at least one school nurse in each school district statewide: there are approximately 15 districts without a school nurse.

Rec. 8 Incentivize community health centers, FQHCs and other established primary health care centers to hire behavioral health providers to maximize interdisciplinary health care delivery, such as by adding collaborative care CPT codes (99492, 99493 and 99494) to Medicaid to expand access to behavioral health in primary care settings.

Rec. 9 Double funding for the state medical, nursing and allied health loan-for-service programs.

Rec. 10 Expand the Rural Health Care Practitioner Tax Credit program to include pharmacists, physical therapists, social workers and counselors.

Rec. 11 Maintain current parity in reimbursement of both telephone and telemedicine with in-person visits.

Rec. 12 Provide a community location in each county to receive telemedicine videoconferencing, such as a private computer-equipped space within a public health office.

Rec. 13 Expand capacity of certified peer support specialists within the state behavioral health workforce using such strategies as (1) recommending that the OSI add peer support services as a covered benefit for behavioral health conditions for all health plans in New Mexico, (2) working with the New Mexico Credentialing Board for Behavioral Health Professionals to include certified behavioral health providers in future workforce reports, including certified peer support specialists and certified family support specialists; (3) expanding the scope of services reimbursed by N.M. Medicaid for certified peer support specialists to allow work in non-specialized behavioral health settings, such as food banks and senior centers, and (4) use the Treat First approach to allow peer support workers to provide reimbursable services in emergency department settings.

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Section I

Introduction

I.A. Background

Since the 2011 passage of the New Mexico Health Care Work Force Data Collection, Analysis and Policy Act ("the Act"), New Mexico has been a national exemplar in its ability to understand the state's health care workforce and apply this knowledge to policy in order to improve access to care for all New Mexicans.[8]

The Act required the state's health professional licensing boards to survey licensees at the time of license issue and/or renewal and provided guidance on the core essential data set that must be collected. At the same time, the Act established the New Mexico Health Care Workforce Committee, a group of stakeholders that includes representatives of state agencies, the New Mexico Legislature, health professional licensing boards, health professional associations, health care workforce training institutions, large health insurers and health systems, and other key organizations. Together, this committee oversees analysis of the license renewal survey data and develops recommendations to the Legislature to improve the training, recruitment and retention of health professionals in the state. In 2012, an amendment to the Act lent the unique resources and strengths of the state's only academic health center to these efforts by assigning data stewardship and committee leadership to the University of New Mexico Health Sciences.

Nationally, there is a broadly acknowledged need for understanding the health care workforce. How many providers are needed to maximize access to care? What professions, and how many professionals, should we be training now to meet the population's health care needs in 10, 20 or 30 years? What will be the impact of the Baby Boomers aging as individuals increase their use of health care services and health care providers retire? Research conducted by national organizations such as the Association of American Medical Colleges and the Association of American Colleges of Nursing indicates that the nation will face dramatic shortages in the health care workforce in coming years. Two estimates forecast a national primary care physician (PCP) shortage of more than 20,000 by 2033 and the need for more than one million new registered nurses in total between 2020 and 2026.[9,10] Planning for future health care workforce needs must be grounded in evidence-based knowledge of today's health care workforce: who they are, and where and how they practice.

In New Mexico, these national concerns are compounded by the unique needs of a large, frontier minority-majority state. The state's median county is 3,758 square miles – one and one-half times the size of Delaware and requiring more than 45 minutes to traverse by car at highway speeds.[11] The median county population density is 6.8, just above the six people per square mile criterion for frontier status.[12,13] One-third of the state's 2.1 million residents resides in rural or frontier counties (Figure 1.1).[12–14]

New Mexico furthermore faces substantial health disparities related to income inequality and other social determinants of health. For example, in 2018 the state was ranked second in the nation for poverty rate (20%) and percent of the non-elderly population insured by Medicaid (37%), fourth for percent of adults without a personal health care provider (31%), eleventh for adults reporting fair or poor health status (22%) and fifteenth for uninsured non-elderly population (11%).[15] This year, the fast-moving COVID-19 pandemic highlighted the need in the state for health care workforce and care settings that can adapt

quickly to changing circumstances. As a result, the need to determine the health care workforce necessary to meet the needs of the state is all the more pressing for our state at this time.

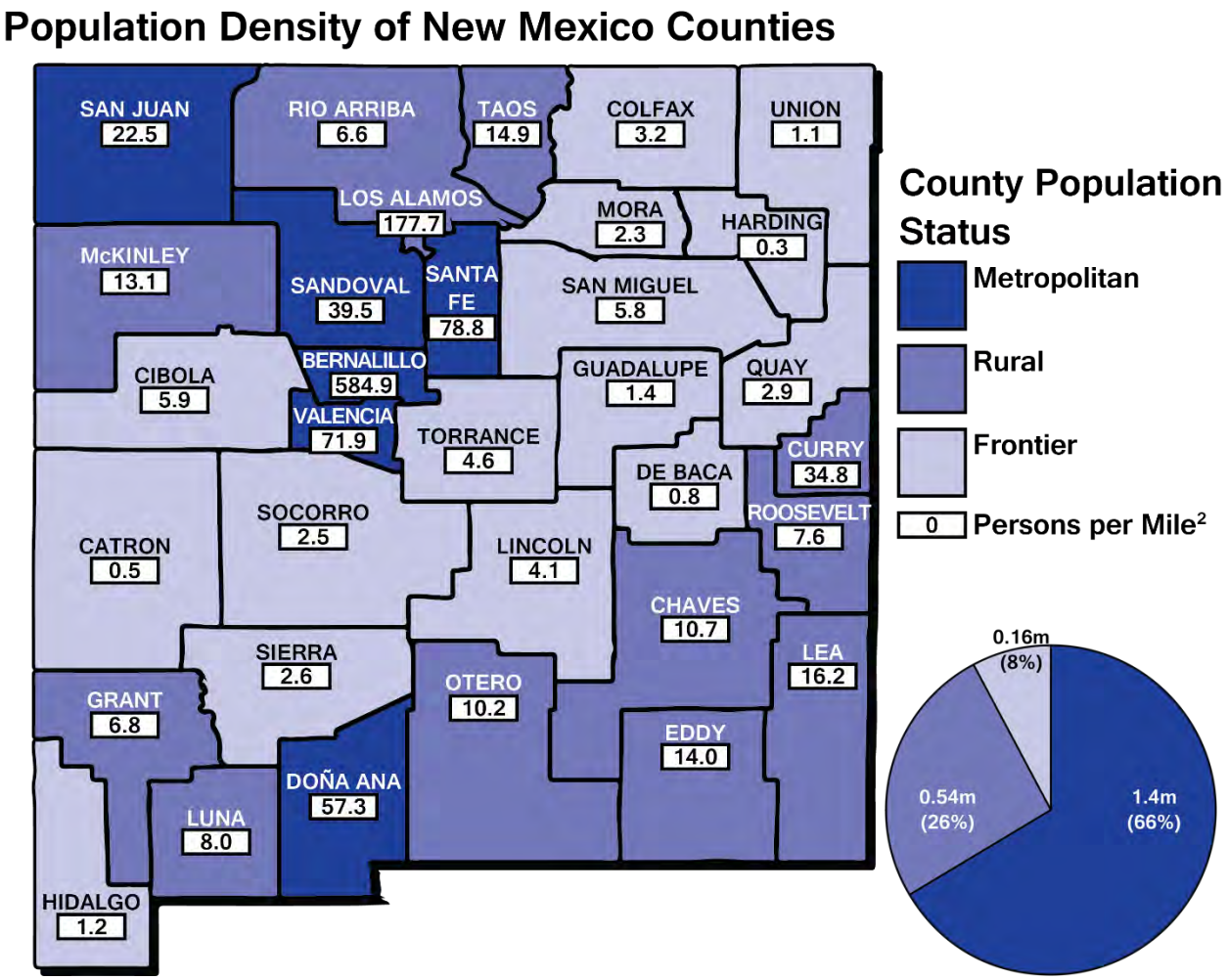

Figure 1.1. Each county's color indicates its classification as frontier (light), rural (medium) or metropolitan (dark); the white boxes show the population density (persons per square mile). The pie chart shows the proportion of the state's population residing in metropolitan, rural or frontier counties.

I.B. Understanding New Mexico's Health Care Workforce

The New Mexico Health Care Workforce Committee's analysis of the state's health care workforce takes advantage of the combined strengths of licensure data and the state's required license renewal surveys. As established under the Act, surveys on practice characteristics and demographics are required of all New Mexico licensed health care professionals at license renewal, including medical, dental, nursing, behavioral and allied health professions. Each licensing board administers the surveys, which must

include a core essential data set comprising questions on demographics, practice status, education and training, practice activities, hours and weeks worked, acceptance of Medicare/Medicaid, near-future practice plans and the effects of changes in professional liability insurance on practice plans. Beyond this, boards may choose to include survey items relevant to their profession.

This annual report is the committee's eighth combining data from these two key sources. Since 2013, analysis has expanded from six to 14 professions, and it now includes focused analyses each year on topics of special interest. Beyond this annual report, the New Mexico Health Care Workforce Committee conducts research on topics of interest, both within the state and nationally, disseminated through research publications and conference presentations (see Appendix A, p. 125 for a full bibliography of the research works produced to date).

I.B.1. Benchmark Analysis

Each year, the cornerstone of this report is the committee's county-level analysis of health care professionals in New Mexico relative to national benchmarks for each profession – either national averages or recommended provider-to-population ratios. This allows both state-level comparisons to the national health care workforce and county-by-county assessments to identify counties or regions most in need of targeted recruitment and retention efforts to improve access to care.

National benchmarks and county-level benchmark maps shown in Section V (p. 35) provide an accurate and readily understood snapshot of the state's health care workforce. However, it is important that care is taken to compare "apples to apples," matching the calculation of New Mexico's workforce to the calculation of the national benchmark as closely as possible with respect to which providers are included or excluded and any adjustments made for care settings or hours worked. However, it is important to remember in reviewing Section V (p. 35) that ***the number of health care professionals above or below benchmark is not a direct measure of the population's access to health care, or the adequacy of the workforce to meet the county's health care needs.***

I.B.2. Alternative Approaches to Health Care Workforce Analysis

As the work of the committee has directed the state's attention to health care workforce issues, other stakeholders have expressed interest in methodological alternatives to the committee's benchmark analysis to better characterize New Mexico's health care workforce needs. For the first time, in addition to the committee's benchmark analysis this year's annual report also includes analysis of the demand for selected health professionals conducted by the New Mexico Department of Workforce Solutions (Section III, p. 17) and an analysis of the full-time equivalents (FTEs) comprising the workforce for selected professions conducted by the New Mexico Human Services Department (Section IV, p. 25). The committee acknowledges with gratitude these important contributions and the depth these analyses add to our understanding of the state's health care workforce.

The analysis of 14 health care professions in Section V (p. 35) measures the workforce practicing in the state relative to county populations and in comparison to national benchmarks, taking care to match as closely as possible the New Mexico providers we include to those included in the benchmark calculation. Doing so ensures the comparison is valid and useful, as it minimizes sources of difference between the values being compared in order to understand how New Mexico's health care workforce measures up to ideal or typical values for the nation. Section III (p. 17) measures current and projected workforce

demand, as measured by employment and job openings. Section IV (p. 25) uses alternate inclusion criteria and practitioners' self-reported practice patterns to calculate the FTEs of selected professions. These varied approaches all make meaningful inferences regarding New Mexico's need for providers, and together provide a nuanced understanding of the health care workforce issues facing the state.

Although the findings from these analyses are consistent with one another, it is important to recognize that these and other workforce analyses are not directly comparable due to the differences in methodology. Table 1.1 highlights important differences among approaches to health care workforce analyses as a framework for understanding why the values presented in different sections of this report and in other reports may differ. This is discussed in additional detail in Sections III (p. 17), IV (p. 25) and V (p. 35), where similarities and differences among the findings from each method are highlighted. Section VI (p. 99) examines the state's behavioral health workforce in depth.

Table1.1. Important Points of Difference among Health Care Workforce Analyses

NM Health Care Workforce Committee Benchmark Analysis	Other Methodological Approaches
Data from state licensure lists and state-mandated re-licensure survey	Data from state licensure lists, national licensure lists, federal Department of Labor surveys, mandatory or non-mandatory surveys, or other sources
Location by practice address	Location methodology varies
Headcounts of individuals in active practice	May be headcount of practicing individuals, headcount of licensed individuals, a calculation of full-time equivalents or other methodology
Practitioners are included or excluded based on methodology used to calculate national benchmarks in order to compare "apples to apples"	Practitioners may be included or excluded based on different standards
Measures actively practicing workforce per capita compared to national benchmarks	May measure workforce *supply* from counts or per capita ratios, *need* from estimated ideal ratios based on population demographics, *demand* from advertised job openings, *projected demand* via simulation or other methodology

Finally, we emphasize that no single analysis included in this report fully captures the state's need for health care workforce. For the majority of professions analyzed, no optimal provider-to-population ratio has been identified. Indeed, the state's variation in population density, health care needs, insurance coverage, demographics and other factors make it unlikely that a single optimal number of health care providers could be identified for any profession. It is possible, however, to approach the question of workforce adequacy from the multiple angles of demand, FTEs and counts with respect to national benchmarks, as in this report, in order to understand more fully where resources are most needed for residents to access health care.

In Sections IV (p. 25) through VI (p. 99) of this report, readers will note that providers per population vary widely among counties. Many counties have provider counts far below benchmarks while others meet or exceed them. Using alternative methods such as the FTE analysis in Section IV (p. 25), the workforce may vary by an order of magnitude between counties. This uneven distribution – or maldistribution – of providers throughout the state highlights the need to evaluate workforce distribution at the county level, not just the state as a whole. Counties with higher provider-per-population ratios or

who meet or exceed benchmarks tend to be those with urban areas or close proximity to training institutions and major health care facilities.

However, neither low demand, high FTEs nor provider counts above benchmarks throughout Sections III (p. 17) through VI (p. 99) should be assumed to represent surplus, or even a sufficient number of health professionals. Patients in these areas are still likely to experience barriers to health care, including long waits for appointments and difficulty finding providers who accept their insurance plan or Medicaid.

Even with these caveats, New Mexico's health care workforce data and analysis remain a significant achievement for the state and offer a powerful tool to understand the statewide distribution of health care providers and inform policy solutions to our state's health care challenges.

I.C. Overview of the 2020 Annual Report

With each annual report, the addition of new surveys, new licensed health professionals and new methodological approaches bring new insights into the makeup and distribution of New Mexico's health care workforce. This year, we are pleased to include a special focus section on the changes to health care and the challenges and opportunities for the state's health care workforce brought about by the COVID-19 public health emergency (Section II, p. 11). As mentioned above, the New Mexico Department of Workforce Solutions has contributed an analysis of the demand for nurses, pharmacists and primary care physicians in the state to complement the committee's benchmark analysis (Section III, p. 17). Similarly, the New Mexico Human Services Department has examined self-reported work hours in order to generate a full-time equivalent count for selected health professionals in the state (Section IV, p. 25).

Section V includes the committee's analysis of health professionals practicing in New Mexico, with updated benchmarks this year reflecting national trends in the health professions analyzed. Physician specialties included in this year's report are primary care physicians (PCPs) (Section V.C.1, p. 41) and specialists in obstetrics and gynecology (Section V.C.2, p. 45), general surgery (Section V.C.3, p. 49) and psychiatry (Section V.C.4, p. 53). Nursing professions include registered nurses and clinical nurse specialists (V.D.1, p. 57), certified nurse practitioners (V.D.2, p. 61) and certified nurse-midwives (V.D.3, p. 65). In addition, analyses are included of physician assistants (V.E.1, p. 69), dentists (V.E.2, p. 73), pharmacists (V.E.3, p. 77), licensed midwives (V.E.4, p. 81), emergency medical technicians (V.E.5, p. 85), and for the first time, physical therapists (V.E.6, p. 89) and occupational therapists (V.E.7, p. 93). While the demographics of physicians and nurses have been included in past years' reports, this year the demographics of all professions are discussed in their respective sections.

The findings of Section V (p. 35) are summarized in Table 1.2, Table 1.3 and Figure 1.2. Table 1.2 shows the proportions of the professions analyzed who were identified as actively providing patient care in the state, ranging from 50.2% (certified nurse practitioners) to 76.8% (occupational therapists). The New Mexico Health Care Workforce Committee estimates that in 2019, there were ***in active practice in the state*** 1,581 primary care physicians, 230 obstetrics and gynecology physicians, 296 psychiatrists, 155 general surgeons, 15,539 registered nurses and clinical nurse specialists, 1,434 certified nurse practitioners, 154 certified nurse-midwives, 851 physician assistants, 1,208 dentists, 1,740 pharmacists, 35 licensed midwives, 4,399 emergency medical technicians, 1,465 physical therapists, and 841 occupational therapists (Table 1.3).

Table 1.2. Number of Health Professionals with New Mexico Licenses Practicing in the State

Profession	Percent Practicing in NM, 2018	Total Licensed in NM	Estimated Total Practicing in NM	Percent Practicing in NM, 2019
All MDs/DOs	57.2%	9,895	5,031	50.8%
Primary Care Physicians	64.2%	3,055	1,581	51.8%
OB-GYN Physicians	69.6%	365	230	63.0%
General Surgeons	62.7%	277	155	56.0%
Psychiatrists	54.8%	555	296	53.3%
RNs/CNSs	60.7%	28,829	15,539	53.9%
CNPs	63.9%	2,856	1,434	50.2%
CNMs	79.3%	218	154	70.6%
Physician Assistants	72.7%	1,129	851	75.4%
Dentists	75.6%	1,601	1,208	75.5%
Pharmacists	62.8%[a]	3,455	1,740	50.4%
Licensed Midwives	51.3%	92	35	38.0%
EMTs	88.4%	8,466	4,399	52.0%
Physical Therapists	NA[b]	2,162	1,465	67.8%
Occupational Therapists	NA[b]	1,095	841	76.8%

[a] This is the percentage of pharmacists practicing in NM in 2017; pharmacists were not analyzed for 2018.[6,7]
[b] These professions were not previously analyzed.

Table 1.3. Summary of Statewide Health Care Professionals Since 2013

A. Physicians

Profession Metric	2013	2014	2015	2016[b]	2017	2018	2019[c]	Net Change Since 2013
PCPs								
# in New Mexico	1,957	1,908	2,073	2,076	2,360	2,162	1,581	-376
Total Below Benchmark[a]	153	145	125	139	126	136	336	183
Counties Below Benchmark	23	22	17	22	16	18	26	3
OB-GYNs								
# in New Mexico	256	236	253	273	282	279	230	-26
Total Below Benchmark[a]	40	43	36	31	30	39	59	19
Counties Below Benchmark	14	14	12	9	11	15	17	3
General Surgeons								
# in New Mexico	179	162	177	188	194	188	155	-24
Total Below Benchmark[a]	21	18	16	14	12	11	11	-10
Counties Below Benchmark	12	8	8	7	7	6	5	-7
Psychiatrists								
# in New Mexico	321	289	302	332	332	317	296	-25
Total Below Benchmark[a]	104	109	111	106	111	108	106	2
Counties Below Benchmark	25	26	26	26	26	26	26	1

[a] Total below benchmark reflects the number of providers needed to bring all counties below benchmarks to national provider-to-population values without reducing workforce in counties above benchmarks.
[b] This is the first year for which DO specialties were analyzed, correcting prior years' overestimation of DOs in primary care and underestimation in OB-GYN, general surgery and psychiatry.
[c] The benchmark for PCPs and OB-GYNs was changed with 2019. Non-practicing providers for all professions were excluded beginning with 2019.

B. Nurses

Profession Metric	2013	2014	2015	2016	2017	2018	2019[c]	Net Change Since 2013[d]
RNs/CNSs[a]								
# in New Mexico	15,713[d]	NA[e]	NA	17,219	18,173	17,526	15,539	-174
Total Below Benchmark[b]	4,269[d]			3,361	3,022	3,689	5,985	1,716
Counties Below Benchmark	30[d]			30	29	31	32	2
CNPs[a]								
# in New Mexico	1,089	1,228	1,293	1,379	1,453	1,542	1,434	345
Total Below Benchmark[b]	271	197	201	142	147	135	282	11
Counties Below Benchmark	25	20	19	18	17	16	25	0
CNMs								
# in New Mexico	ND[f]	ND	ND	156	178	169	154	-2
Total Below Benchmark[b]				12	11	14	13	1
Counties Below Benchmark				9	9	10	10	1

[a] CNSs were grouped with RNs beginning with 2019; prior to this, they were grouped with CNPs.
[b] Total below benchmark reflects the number of providers needed to bring all counties below benchmarks to national provider-to-population values without reducing workforce in counties above benchmarks.
[c] The benchmark for RNs/CNSs and CNPs was changed with 2019. Non-practicing providers for all professions were excluded beginning with 2019.
[d] 2012, not 2013, is the initial analysis year for RNs.
[e] NA indicates this profession was not analyzed for the years indicated.
[f] ND indicates survey data were not yet available.

C. Other Health Professions

Profession Metric	2013	2014	2015	2016	2017	2018	2019[b]	Net Change Since 2013
PAs								
# in New Mexico	ND[c]	694	717	746	792	805	851	157
Total Below Benchmark[a]		136	136	119	113	115	234	98
Counties Below Benchmark		21	22	22	20	22	26	5
Dentists								
# in New Mexico	ND	1,081	1,131	1,171	1,215	1,216	1,208	127
Total Below Benchmark[a]		73	67	55	46	46	40	-33
Counties Below Benchmark		18	20	18	17	15	17	-1
Pharmacists								
# in New Mexico	ND	1,928	1,911	2,013	2,003		1,740	-188
Total Below Benchmark[a]		293	292	257	258		319	26
Counties Below Benchmark		26	28	26	27		26	0
LMs								
# in New Mexico	ND	ND	ND	38[e]	42	40	35	-3
Total Below Benchmark[a]				4	4	4	5	1
Counties Below Benchmark				4	4	4	4	0
EMTs								
# in New Mexico	ND	ND	ND	6,101	6,364	6,501	4,399	-1,702
Total Below Benchmark[a]				475	415	392	2,446	1,971
Counties Below Benchmark				12	11	10	25	13
PTs								
# in New Mexico	NA[d]	NA	NA	NA	NA	NA	1,992	
Total Below Benchmark[a]							559	
Counties Below Benchmark							30	
OTs								
# in New Mexico	NA	NA	NA	NA	NA	NA	841	
Total Below Benchmark[a]							114	
Counties Below Benchmark							25	

[a] Total below benchmark reflects the number of providers needed to bring all counties below benchmarks to national provider-to-population values without reducing workforce in counties above benchmarks.
[b] The benchmark for PAs and EMTs was changed with 2019. Non-practicing providers for all professions were excluded beginning with 2019.
[c] ND indicates survey data were not yet available.
[d] NA indicates this profession was not analyzed for the years indicated.
[e] This value has been modified from that reported in 2017 to remove apprentice midwives.

This year, a change in methodology to exclude providers whose self-reported status, work hours or time spent in direct patient care indicated they did not provide patient care (see Section V, p. 35 for details) contributed to decreases in provider counts across many of these professions. Since 2018, New Mexico has shown ***decreased counts*** in 10 professions: 581 PCPs (-30.5%), 49 OB-GYNs (-17.6%), 33 general surgeons (-17.6%), 21 psychiatrists (-6.6%), 1,987 RNs and CNSs (-11.3%), 108 CNPs (-7.0%), 20 CNMs (-11.8%), eight dentists (-0.7%), five LMs (-12.5%) and 4,399 EMTs (-32.3%). The state is estimated to have 263 fewer pharmacists in 2019 than in 2017, the last year for which this profession was analyzed, an average change of -6.6% per year.

Growth was observed for PAs even after adjusting for non-practicing providers. Since 2018, the state has gained 46 PAs (+5.7%).

Figure 1.2 shows at a glance the benchmark status of each county for each profession analyzed. Note that green does not indicate an excess of providers, but simply a count greater than the benchmark. There are many reasons why residents of a county with providers above the national benchmark may still experience difficulty accessing health care. For example, there is a national shortage of many types of providers, causing the benchmark to be less than an optimal provider-to-population ratio. Particularly for New Mexico's metropolitan counties, patients may travel into the county to seek health care, increasing the effective population size with respect to provider-to-population ratios. In counties with a large Indian Health Service, Veterans Administration or military presence, many providers may treat a limited population of patients while patients outside of these populations have limited access to health care.

As a result of this maldistribution, we consider not just the total number of providers necessary to bring the state as a whole to the benchmark provider-to-population ratio, but also the number to bring each county to benchmark while retaining the current workforce in counties above benchmark. Without redistributing the current workforce, ***to bring all counties to benchmarks would require*** an additional 336 PCPs, 59 OB-GYNs, 11 general surgeons, 106 psychiatrists, 5,985 RNs and CNSs, 282 CNPs, 13 CNMs, 234 PAs, 40 dentists, 319 pharmacists, 4 LMs, 2,446 EMTs, 559 PTs and 114 OTs.

Section VI (p. 99) examines the state's behavioral health workforce across multiple provider types, including both independently licensed and non-independently licensed providers of behavioral health care. Finally, Section VII (p. 113) reviews our 2020 recommendations.

Addressing the health care workforce needs of the state – including responding to the COVID-19 pandemic and future events of its kind – will require a multipronged approach combining regulatory changes, increased workforce training in-state, recruitment and retention of providers, and measures targeting rural and underserved areas for growth of workforce. As a result, our recommendations for 2020, detailed in Section VII (p. 113), are broad-ranging, with an emphasis on addressing the potential loss of health care workforce due to COVID-19. They encompass ways to ease providers' transitions between practices in state to promote retention; increase the state's public health workforce; reduce financial barriers to health professional education; increase the slots available for rural training of primary care providers and pharmacists; incentivize providers in rural and underserved areas; and provide behavioral health care in primary care settings.

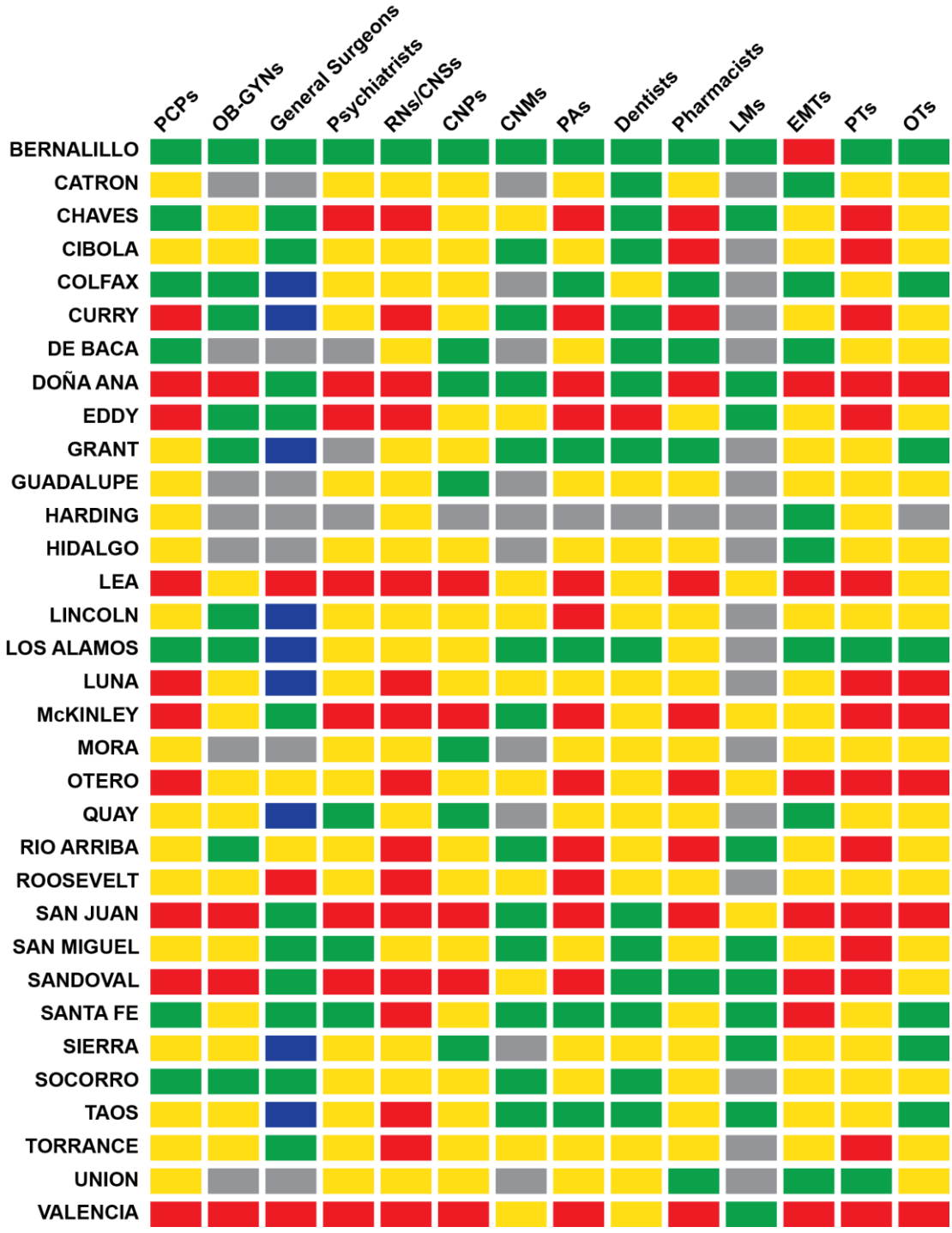

Figure 1.2. This at-a-glance summary shows the benchmark status by county for each profession analyzed in this report. Green indicates counties at or above benchmark; yellow, counties moderately below benchmark; and red, counties severely below benchmark. Those with a benchmark of zero and no providers are gray. Blue for general surgeons indicates counties above the optimal ratio. See the maps for each profession and additional details in Section V (p. 35).

Section II

COVID-19: Adapting and Preparing for Unexpected Health Care Workforce Needs

II.A. Introduction

The first cases of the novel coronavirus SARS-CoV-2, the virus that causes COVID-19, were identified in New Mexico on March 11, 2020. Since that time, the New Mexico Department of Health has reported a total of more than 27,000 cases of the disease, more than 3,000 hospitalizations, and more than 800 deaths.[16] The rapid declaration of a public health emergency following the earliest cases and the subsequent regulations aimed at preventing spread of the disease have earned New Mexico distinction as a national exemplar in response to the pandemic.[17,18]

New Mexico's health care workforce deserve a share in such praise for their efficient realignment of health care services to adjust for both the sharp increase in infectious disease care and critical care needed to treat individuals suffering from COVID-19 and sudden decrease in elective health care services. In this section, we highlight the changes in health care workforce and financial impacts resulting from COVID-19 affecting the state's health care workforce across the spectrum of professions. In addition, we discuss how the long-term impacts of this perturbation can be understood through health care workforce data in future years and what lessons may be learned from the COVID-19 pandemic to assist New Mexico in preparing for future public health emergencies.

II.B. The Impact of COVID-19

II.B.1. Fiscal Impacts

COVID-19 made necessary major realignments of health care activities and workforce as essential care, particularly of those suffering from the virus, took priority together with the near-halting of nonessential health care services. In the months since the onset of the pandemic in New Mexico, organizations representing multiple sectors of the health care workforce have provided the committee with analyses of the significant impacts on this workforce resulting from these changes.

Health care practices saw substantially reduced revenue following the onset of COVID-19 in the state. Among the most impacted have been dental practices. Even once reopening dental practices for routine care was allowed, the financial repercussions for New Mexico dental practices have continued. Operations have been limited at times by a lack of available personal protective equipment (PPE). When PPE has been available, the enhanced PPE required for COVID-safe practices has incurred increased operating costs. Safety protocols – including eliminating waiting rooms, redesigning operatories and enhancing safety equipment – have required financial outlay by practices at the same time they are experiencing reduced patient volume as a result of both patients choosing to delay non-emergent care and the extended treatment times required to accommodate safety measures. The American Dental Association anticipates a slow recovery from these impacts, predicting that the dental economy will not rebound to 80% of pre-COVID-19 levels until at least the second quarter of 2021.

Other professions have also been strongly affected. In a survey of New Mexico Medical Society members, 68% of respondents reported a 41% or greater reduction in charges and 66% reported the same

reduction in revenue. Among respondents to a New Mexico Psychological Association survey, one-fourth reported revenue losses between $20,000 and $50,000 and an additional 20% reported losses from $10,000 to $20,000. Nearly half (49%) of New Mexico physical therapists reported a reduction in income; practice revenue for this profession decreased by more than half for 64% of respondents to a recent American Physical Therapy Association survey, and 95% saw at least some decline in revenue.

Taken together, these reports indicate a need for measures to support health care practices in maintaining operations through this extreme downturn in revenue. In order to offset the reduced revenue accompanying these decreases, many practices have reduced hours or closed. Nearly half of practices (47%) surveyed by the New Mexico Medical Society reported reducing office hours. Substantial proportions of practices furloughed staff (41%) or physicians (18%) or reduced salaries and benefits (38%). More than one in six responding practices (17%) temporarily closed. The New Mexico Primary Care Association similarly reports that some practices have closed, although it is important to note that to our knowledge these have not included any federally qualified health centers, rural health centers or their lookalikes. Others have been able to continue in practice by means of the Coronavirus Aid, Relief, and Economic Security (CARES) Act of March 2020 or small business loans, but have expressed concern that these funds will not sustain them into the autumn. The recent passage of HB 6 during the 2020 special session exempting certain CARES Act payments to health care providers from the New Mexico gross receipts tax is a positive step toward minimizing practice closures in the state in order to maintain access to care.

II.B.2. Workforce Impacts

II.B.2.a. Critical Needs, Furloughs and Closures

Many professions reported sharp declines in practice volumes, affecting their need for health care workforce. The New Mexico Primary Care Association reports that visits to primary care practices dropped to 40 to 60% of their usual volumes following the onset of the pandemic. While the addition of telehealth has allowed a partial rebound, as of May 2020 many practices remained at only 60 to 70% of their pre-COVID-19 volume. Substantially reduced patient care encounters were also reported in a survey of members conducted by the New Mexico Medical Society. Following the public health order issued for New Mexico on March 24, 2020, only 14% of responding practices reported increased business (3%) or no change (11%). The proportion of practices seeing 100 or fewer patients per week grew to 75% compared to 39% prior to COVID-19, and the proportion performing fewer than 10 procedures and surgeries increased from 34% to 82%. In surveys of New Mexico dental practices conducted by the American Dental Association in May 2020, 95% of practices in the state were experiencing less than 10% of their typical patient volume. Similarly, in a survey conducted by the American Physical Therapy Association, more than 55% of New Mexico physical therapists reported a decline in work hours and patient caseload. More than 75% reported a decline in physician-referred patients. This underscores the ripple effect across multiple health professions – and upon patient health – from the reduced provision of health care services deemed nonessential.

With respect to the nursing workforce, furloughs and layoffs have been reported from the large hospital systems of Las Cruces, Albuquerque and Santa Fe, in addition to private practices and clinics. While hospitals have made efforts to retrain and reassign nurses in order to minimize these outcomes, it has not been possible to avoid them entirely. A member survey conducted by the New Mexico Psychological Association found that 34% of psychologists had reduced their office hours since March 2020, 12% temporarily closed their practice, and nearly 4% had made the decision to permanently close their

practice. The American Dental Association found that fewer than 30% of New Mexico dental practices were fully paying staff, and 43% had ceased payments to staff entirely. Similarly, 22% of New Mexico physical therapists reported having been laid off, furloughed or resigning practice as a result of COVID-19.

New Mexico Health Resources reports that health care organizations in New Mexico have significantly curtailed their hiring of health care professionals in recent months. At the same time, health care professionals seeking employment have increased for the period from January through May of 2020, compared to the same period last year. In the case of some professions, including internal medicine physicians, psychiatrists, dentists and pharmacists, the number of inquiries from practitioners seeking professional opportunities has more than doubled.

In contrast, the impacts on some sectors have been relatively minor. New Mexico's independent pharmacies have remained open while ceasing in-store foot traffic and converting to curbside service, although sales of nonmedical items were greatly impacted, with concomitant reductions in revenue. The New Mexico Board of Pharmacy has received no notifications of permanent facility closures since the onset of COVID-19, although pharmacists have been furloughed in non-retail settings such as hospitals due to decreases in routine and elective procedures. Although there have been widely publicized wholesale drug shortages, these have been managed over short time periods.

II.B.2.b. Potential Interruptions to the Training Pipeline

To date, the COVID-19 pandemic has had less impact than feared upon health professional training in the state. The exception was resident training, where notable disruptions occurred as reported by the University of New Mexico Health Sciences. Surgical specialties were affected by reduced case volumes in some specialties due to the months-long hiatus in elective surgeries. On the other extreme, specialties directly related to intensive care and COVID-19 had high case loads, with some residents from specialties with reduced case volume receiving voluntary reassignment to these areas in order to assist in meeting this critical need.

Less affected were undergraduate physician training and nursing education. At the University of New Mexico School of Medicine, Spring 2020 medical student practice immersion experiences undertaken in year two and clerkships in years three and four were delayed. These will instead be completed over the summer or the 2020 – 2021 academic year, with some supplemented by virtual experiences. Faculty with the New Mexico Nursing Education Consortium are confident that the three cohorts of nurses currently in training are likely to still receive a high-quality education and perform successfully on the National Council Licensure Examination in order to achieve licensure. Clinical rotations appear to be sufficient through 2020, although these are likely to be impacted by physical distancing requirements limiting the occupancy of examination rooms and any difficulties that arise in obtaining sufficient PPE for students.

II.B.3. Telehealth Expansion

One of the most notable outcomes of the COVID-19 pandemic has been a rapid and large-scale expansion in the availability of telehealth statewide. In adopting and expanding telehealth capacity, New Mexico's health professionals benefited from the Legislature's foresight. In 2019, New Mexico SB 354 laid important groundwork for the delivery of telehealth services.[19] This Act provided for parity between telehealth and in-person services in coverage, reimbursement, patient responsibility (deductible,

copayment or coinsurance) and annual and lifetime maximums. Geographic limits on location were eliminated, and limitation to in-network providers is disallowed where no in-network provider is available and accessible. Subsequent to COVID-19, relaxation of CMS regulations has allowed both telephone and telehealth encounters, as well as a waiver of the requirement for HIPAA-compliant telehealth platforms; these temporary changes have reduced barriers to telehealth adoption by health care organizations.

With the support of these regulatory changes, New Mexico health care providers were able to quickly introduce telephone and telehealth visits to their patients. Data provided to the committee by the New Mexico Telehealth Alliance show telehealth claims increased from a baseline near zero to more than 25,000 in April 2020. Telehealth encounters at the University of New Mexico Health Sciences more than doubled between the first and second calendar quarters of 2020, an increase of nearly 20,000 encounters. The New Mexico Medicaid program experienced a 302% increase in telehealth claims from 2020 Quarter 1 to 2020 Quarter 2, a total increase of over 60,000 claims statewide. The New Mexico Medical Society reports that after the March 24, 2020 public health order, 92% of survey respondents were using telemedicine. Prior to this, only 13% had used telemedicine in some capacity. Similarly, the New Mexico Psychological Association reported an increase in telehealth use from 21% to 90% over the same time frame. Among physical therapists, only 10% reported using telehealth prior to the pandemic, in contrast to 65% during the pandemic.

The rapid expansion of telehealth in New Mexico has not been without challenges. The New Mexico Telehealth Alliance and other organizations reported barriers to its adoption, including a lack of technology such as cameras and microphones, practices' difficulty in selecting appropriate technology, limitations in the care that can be provided in this way (full physical examinations, for example, may not be possible to conduct remotely), implementation of changes to electronic health records to allow scheduling of remote visits and electronic consent, and the additional clinic staff time necessary to assist patients in learning the telehealth platform and troubleshooting connectivity issues.

Despite these challenges, however, health care providers and patients alike in New Mexico have expressed interest in maintaining telehealth services. The reduced exposure to contagion, decreased need for PPE, fewer missed appointments and cancellations, increased patient satisfaction, and greater insight into patients' living and working conditions – for example, patients sharing the foods on hand in their refrigerators and pantries during consultations related to dietary issues – have all been mentioned as notable benefits to telehealth. However, it is likely that the availability of telehealth will be reduced if incentives for its use are rolled back and the relaxed requirement for HIPAA-compliant platforms is reinstated.

II.B.4. Opportunities for Recruitment and Retention

In addition to the widespread adoption and positive response by both patients and providers to telehealth expansion, there is reason for optimism where it has been necessary to bring new health care professionals to the state. The New Mexico Medical Board reports that their time to process licensure of new providers in the state has not been affected by their transition to remote work. Temporary licensure has been made possible through issuance of Federal Emergency Licenses, which allows for the rapid onboarding of new providers when needed. Inquiries received by New Mexico Health Resources regarding professional opportunities in New Mexico have expressed particular interest in working in small and rural communities, while internal medicine physicians – historically uninterested in outpatient practice – have since the pandemic began expressed a willingness to consider outpatient opportunities. These observations suggest that if strategies can be put into place, the shifts in workforce accompanying

COVID-19 can form an opportunity for the state's health care organizations to recruit or retain those health care professionals impacted by furloughs, layoffs or practice closures both within the state and elsewhere.

II.C. Discussion

It is clear that the COVID-19 pandemic has had, and will continue to have, substantial impacts on the numbers and distribution of health care workforce in New Mexico. While the prospect of practice closures and loss of workforce is daunting, there is also opportunity to recruit workforce to the state and retain furloughed or laid-off providers through implementing favorable practice conditions – including easing the process of credentialing upon entering practice in the state and recredentialing with a new practice organization – and reducing financial burdens, such as gross receipts taxes and low Medicaid reimbursements.

The ongoing public health emergency furthermore underscores the need to reinstate or expand the public health workforce in New Mexico. State public health nurses and school nurses will be critical to the successful implementation of vaccine programs and are key in disease reduction and health promotion efforts. Providing for the re-expansion of this workforce would be a powerful tool against this and future threats to public health. Our recommendations (Section VII, p. 113) include measures related to these aims.

While the long-term effects of COVID-19 on the state's health care workforce are not yet known, future analyses of the state's license renewal survey data will be valuable in understanding the extent of changes that result. It is likely that some health care professionals will choose to delay their intended retirements due to the ease of practice enabled by the availability of telehealth. However, others, such as nurses, may choose early retirement as an alternative to retraining or reassignment. As noted above, early indicators suggest that some physicians are considering transitions to small-town or rural practice, and some that have emphasized hospital practice are now expressing interest in outpatient care. Patterns of change in practice settings in future years will allow the committee to examine the extent to which COVID-19 affected health care providers decisions of where and how to practice. These and other questions can be addressed in future years as health care workers practicing now renew their licenses and complete the license renewal survey.

Section III

Demand Analysis for Selected Health Care Professions

Contributed by the New Mexico Department of Workforce Solutions

III.A. Introduction

The Economic Research and Analysis (ER&A) Bureau in the Department of Workforce Solutions is New Mexico's principal source of labor market data, including employment and wages by occupation, online advertised job postings, and projected job growth, all of which help measure the current and future demand by occupation.

ER&A collects and produces employment, wages, and projected job growth in conjunction with the U.S. Department of Labor's Bureau of Labor Statistics and Employment and Training Administration. Employment and wages presented here are for 2019 and measure the employment conditions of the current labor force.

Employment projections are produced every two years, with the most current being the 2018 – 2028 projection period. Projections measure occupational demand only, not labor supply. Projections, therefore, should serve as a starting point in evaluating occupational surpluses and shortages in the labor market and should be coupled with other data measurements for such purposes.

Online advertised job postings data are extracted from the Workforce Connection Online System (WCOS) and count advertised jobs posted online, either internally or through external sites. It is a real-time measurement of the immediate need for workers. For more information on the sources of this data, please see Section III.F (p. 24).

Employment in the health care practitioners and technical occupational group in New Mexico are projected to add about 5,590 jobs (10.9% increase) from 2018 to 2028, a growth rate faster than the average for all occupations. This projected growth is mainly due to an aging population and an increased emphasis on preventive care, leading to greater demand for health care services.

III.B. Registered Nurses

In 2019 there were 17,350 registered nurses (Standard Occupational Classification (SOC) 29-1141) working in New Mexico, with more than half located in the Albuquerque Metropolitan Statistical Area (MSA) (Table 3.1; see Figure 3.1 for a map of workforce regions). The median wage for registered nurses in 2019 was $73,180 but was slightly higher in the Santa Fe MSA ($75,270).

Of all the occupations in the health care practitioners and technical occupational group, registered nurses are expected to grow the most, increasing by 2,080 jobs, or 11.3%, from 2018 to 2028. Employment of registered nurses in the Santa Fe MSA is expected to have the fastest growth rate among all areas in New Mexico (14.7%), while the Albuquerque MSA will have the largest (1,120 jobs).

About 1,240 total job openings for registered nurses will exist every year. More than four out of five of those job openings will need to replace workers who retired or left the occupation to enter a new one.

Table 3.1. Current and Projected Employment of Registered Nurses

Area Name		2019		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		17,350	$73,180	2,080	11.3	1,240
MSA	Albuquerque	10,160	$74,950	1,120	11.0	690
	Farmington	790	$70,830	100	10.5	60
	Las Cruces	1,270	$69,180	180	12.3	100
	Santa Fe	950	$75,270	160	14.7	80
Workforce Region	Central	10,160	$74,950	1,120	11.0	690
	Eastern	2,130	$68,281	240	11.6	140
	Northern	3,130	$71,915	430	11.4	250
	Southwestern	1,800	$69,716	250	12.9	140

Sources: Occupational Employment Statistics (OES) and Projections Program

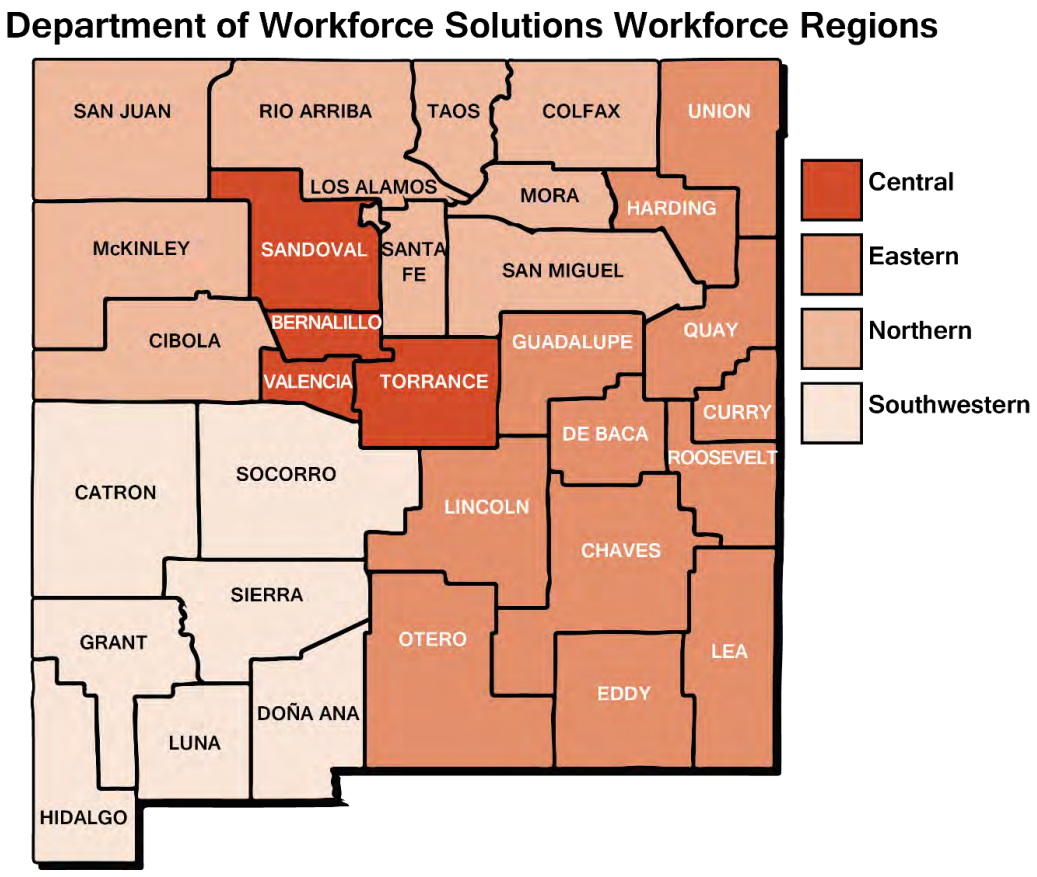

Figure 3.1. Workforce regions defined by the New Mexico Department of Workforce Solutions.

Since 2012 an average of more than 4,000 postings for registered nurses has been advertised each month (Figure 3.2). In state fiscal year (SFY) 2020, the average monthly number was 4,507, with 32% of those online advertised job postings located in Bernalillo County (Table 3.8).

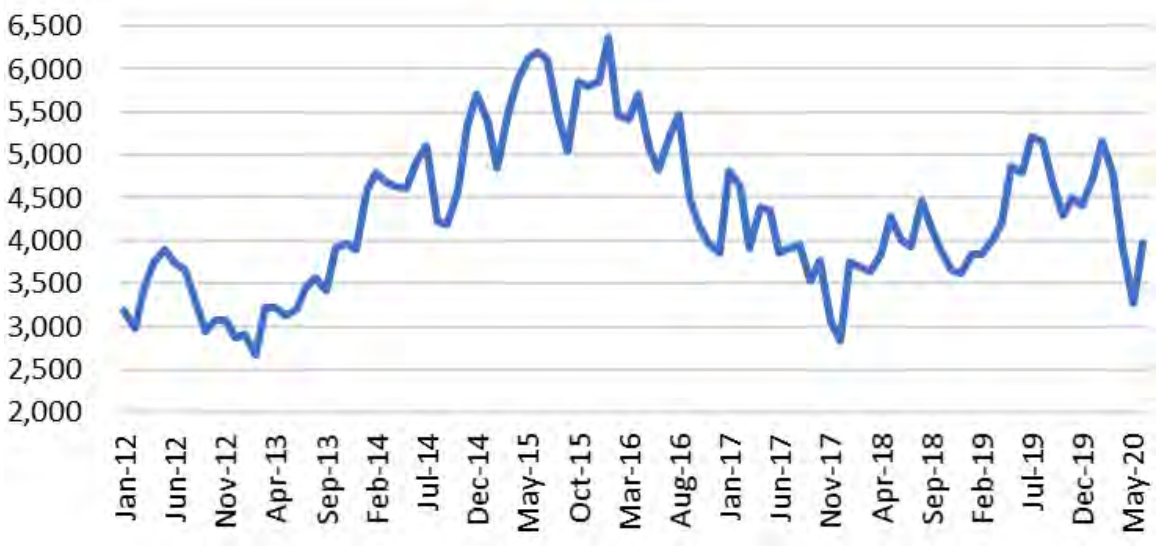

Figure 3.2. Online Advertised Job Postings for Registered Nurses, New Mexico. Source: Online advertised jobs data from WCOS

Table 3.2. Annual Median Wage for Registered Nurses, 2019

Location	Median Wage		Location	Median Wage
United States	$73,300			
New Mexico	$73,180		Colorado	$75,100
Arizona	$76,820		Texas	$73,400

Source: OES

According to 2018 data downloaded from the Integrated Postsecondary Education Data System, 1,342 people completed a registered nursing program (all credential types) in the state. It is unknown how many of these program completers practice in New Mexico, but when facing such a chronic shortage of registered nurses one needs to consider the wages of competing areas. As seen in Table 3.2, New Mexico's median wage was the lowest among surrounding states, and slightly lower than the national average.

III.C. Nurse Practitioners

There were 1,110 nurse practitioners (SOC 29-1171) in New Mexico in 2019, earning a median wage of $111,720 (Table 3.3). Employment of nurse practitioners is expected to grow by 27.5%, more than four times the statewide average of 6.3% for all occupations. It is estimated that there will be 90 annual job openings over the projection period. The average number of online advertised job postings for nurse practitioners per month in SFY 2020 was 268 (Table 3.8).

Table 3.3. Current and Projected Employment of Nurse Practitioners

Area Name		2019		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		1,110	$111,720	290	27.5	90
MSA	Albuquerque	500	$110,120	130	28.1	40
MSA	Farmington	50	$106,680	10	27.5	< 5
MSA	Las Cruces	130	$118,260	30	25.8	10
MSA	Santa Fe	130	$104,520	50	33.6	10
Workforce Region	Central	500	$110,120	130	28.1	40
Workforce Region	Eastern	140	$110,386	30	25.8	10
Workforce Region	Northern	290	$108,257	90	28.7	30
Workforce Region	Southwestern	170	$122,294	40	25.9	10

Sources: OES and Projections Program

III.D. Pharmacists

In 2019 1,500 pharmacists (SOC 29-1051) were working in New Mexico (Table 3.4). Employment of pharmacists is expected to increase to 1,580 by 2028, an increase of 2.6%. Annual job openings due to pharmacists leaving the occupation to retire or work in another job are expected to be 74.

The annual median wage for pharmacists in New Mexico in 2019 was $128,680, over 3.5 times greater than the annual median wage for all occupations in New Mexico ($35,420). The monthly average of online advertised job postings for pharmacists in SFY 2020 was 108 (Table 3.8).

Table 3.4. Current and Projected Employment of Pharmacists

Area Name		2019		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		1,500	$128,680	40	2.6	70
MSA	Albuquerque	820	$127,430	40	4.4	50
MSA	Farmington	90	$117,610	NA[a]	3.1	< 5
MSA	Las Cruces	80	$137,720	0	-1.2	< 5
MSA	Santa Fe	150	$129,040	0	-2.7	10
Workforce Region	Central	820	$127,430	40	4.4	50
Workforce Region	Eastern	170	$140,545	-10	-3.1	10
Workforce Region	Northern	370	$122,060	0	-0.6	20
Workforce Region	Southwestern	130	$136,989	0	-0.8	10

[a] Not available

Sources: OES and Projections Program

III.E. Primary Care Physicians

III.E.1. Family Medicine Physicians

The average number of monthly online advertised job postings for family medicine physicians in SFY 2020 was 166 (Table 3.8). Family medicine physicians (SOC 29-1215) in New Mexico had an annual median wage of $146,320 in 2019 according to data reported by the U.S. Department of Labor's Bureau of Labor Statistics and Employment and Training Administration (BLS), more than four times greater than the annual median wage for all occupations (Table 3.5).

Table 3.5. Current and Projected Employment of Family Medicine Physicians

Area Name		2019		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		710	$146,320	50	6.1	30
MSA	Albuquerque	240	$130,810	20	4.7	10
	Farmington	40	NA[a]	10	9.6	< 5
	Las Cruces	130	$116,500	10	7.0	10
	Santa Fe	100	$175,680	10	10.2	< 5
Workforce Region	Central	240	$130,810	20	4.7	10
	Eastern	90	NA	10	5.8	< 5
	Northern	230	$167,690	20	6.4	10
	Southwestern	150	$120,188	10	7.4	10

[a] Not available
Sources: OES and Projections Program

The number of family medicine physicians needed is expected to increase by 6.1% to 2028. The fastest increase for family medicine physicians will be in the Santa Fe MSA, which is expected to increase by 10.2%.

III.E.2. General Internal Medicine Physicians

Most of the data gathered for general internal medicine physicians (SOC 29-1216) are suppressed and cannot be released. The data that can be released, however, shows that the annual median wage in New Mexico in 2019 was more than $208,000 per BLS reports, with about 130 employed in the state (Table 3.6). Of all New Mexico counties, Bernalillo County had the highest number of online advertised job postings for this occupation in SFY 2020 (Table 3.8).

Table 3.6. Current and Projected Employment of General Internal Medicine Physicians

Area Name		2019		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		130	> $208,000	< 5	1.6	5
MSA	Albuquerque	SPS[b]	SPS	< 5	1.7	< 5
	Farmington	SPS	SPS	SPS	SPS	SPS
	Las Cruces	SPS	SPS	SPS	SPS	SPS
	Santa Fe	SPS	SPS	SPS	SPS	SPS
Workforce Region	Central	SPS	SPS	< 5	1.7	< 5
	Eastern	SPS	SPS	SPS	SPS	SPS
	Northern	SPS	SPS	< 5	1.7	< 5
	Southwestern	SPS	SPS	SPS	SPS	SPS

[a] Not available
[b] Suppressed data
Sources: OES and Projections Program

III.E.3. General Pediatricians

In 2019 there were about 140 general pediatricians (SOC 29-1221) in New Mexico (Table 3.7), with more than half working in the Albuquerque MSA. This occupation had an annual median wage of $190,240 per BLS reports. Employment until 2028 is expected to grow by just 1.0%. The number of online advertised job postings for this occupation averaged 41 a month in SFY 2020 (Table 3.8).

Table 3.7. Current and Projected Employment of General Pediatricians

Area Name		2019		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		140	$190,240	< 5	1.0	5
MSA	Albuquerque	80	$176,540	< 5	0.7	< 5
	Farmington	SPS[b]	SPS	SPS	SPS	SPS
	Las Cruces	SPS	SPS	SPS	SPS	SPS
	Santa Fe	SPS	SPS	SPS	SPS	SPS
Workforce Region	Central	80	$176,540	< 5	0.7	< 5
	Eastern	SPS	SPS	SPS	SPS	SPS
	Northern	30	> $208,000	SPS	SPS	SPS
	Southwestern	SPS	SPS	SPS	SPS	SPS

[a] Not available
[b] Suppressed data
Sources: OES and Projections Program

Table 3.8. Online Advertised Job Postings for Select Occupations, by County: Monthly Average for SFY 2020

County	Registered Nurses	Nurse Practitioners	Pharmacists	Family Medicine Physicians	General Internal Medicine Physicians	General Pediatricians
Bernalillo	1,440	73	49	48	14	5
Catron	< 1	< 1	0	< 1	0	0
Chaves	206	8	3	8	11	3
Cibola	61	6	3	2	0	1
Colfax	58	1	0	1	0	0
Curry	78	4	1	8	1	3
De Baca	0	0	0	1	0	0
Doña Ana	479	29	18	13	1	5
Eddy	127	7	2	18	1	5
Grant	98	8	3	3	0	3
Guadalupe	1	< 1	0	< 1	0	0
Harding	0	0	0	0	0	0
Hidalgo	7	1	0	0	0	0
Lea	51	5	1	7	2	4
Lincoln	39	1	< 1	4	3	0
Los Alamos	77	0	< 1	1	0	0
Luna	66	7	1	6	2	3
McKinley	182	19	3	8	< 1	2
Mora	< 1	1	0	1	0	0
Otero	149	23	2	8	1	< 1
Quay	12	1	0	1	0	0
Rio Arriba	107	3	1	1	1	2
Roosevelt	26	1	< 1	4	1	0
San Juan	168	11	2	9	1	1
San Miguel	77	3	1	2	2	2
Sandoval	119	4	5	7	3	0
Santa Fe	623	45	12	6	1	0
Sierra	23	< 1	< 1	0	1	1
Socorro	80	2	1	< 1	0	0
Taos	119	1	1	1	0	0
Torrance	5	1	0	< 1	0	0
Union	2	2	0	0	0	1
Valencia	27	3	< 1	0	0	0
STATE TOTAL	**4,507**	**268**	**108**	**166**	**46**	**41**

Source: Online advertised jobs data from WCOS

III.F. Sources

2019 Employment and Wages: The source for 2019 employment and wages is the Occupational Employment Statistics program. Operated in conjunction with the U.S. Bureau of Labor Statistics, the program produces employment estimates and wages at the two- and six-digit Standard Occupational Classification system level. Data is gathered via a survey of about 1,500 New Mexico businesses and conducted twice a year. Data are produced annually, and include estimates for workers covered by the unemployment insurance program. Employment figures are rounded.

2018–2028 Employment Projections Program: New Mexico's employment projections are produced in conjunction with the U.S. Department of Labor, with technical assistance from the U.S. Bureau of Labor Statistics. Long-term projections report what is likely to happen if historical and state-level employment patterns continue their historical growth trends. These include trends in population, labor force, productivity and economic growth. These projections do not take into consideration major shocks to the economy and assume that employment will ultimately return to levels that fit long-term growth trends. Annual total job openings are the estimated number of job openings that will need to be filled due to employment growth and workers leaving the occupation to work in another occupation or to retire. Employment change and openings are rounded. For more information please go to: https://www.dws.state.nm.us/Portals/0/DM/LMI/2018-2028_NM_Projections_Method.pdf

Online Advertised Job Postings: Online advertised job postings data are extracted from the Workforce Connection Online System and count jobs posted online either internally or through external sites. Advertised jobs are spidered daily in real-time. Real-time advertised jobs are collected from employer corporate sites, hospitals, non-profits, local and federal government agencies, schools and universities, recruiter sites, newspapers, volunteer sites and other public, private and state job boards. Each site is individually reviewed and evaluated, and each site's data extraction is custom-tailored to that site. Every job listing is spidered every day so that it can be removed from the database when the job is de-posted. Each job is processed for O*NET code assignment, NAICS code assignment, employer name normalization and city/town name standardization.

Section IV

New Mexico Health Care Workforce Analysis of Full-Time Equivalent Primary Care Physicians, Psychiatrists and Core Mental Health Professions by County

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IV.A. Introduction

There is a need for a variety of providers in New Mexico, especially those in primary care and behavioral health. The goal of this analysis is to create a calculation of full-time equivalents (FTE) for primary care and behavioral health providers by county in the state. Previous workforce reports have relied on active licensure count, but determining FTE by county is a more accurate representation in determining the actual number of available providers.

IV.B. Methods

Health care provider data for 2018 was obtained through licensure survey responses collected by the New Mexico Regulation & Licensing Department (RLD). The provider types collected were for physicians, psychiatrists, counselors, social workers, and psychologists. Data for psychiatric mental health nurse practitioners (PMHNP) was also made available. However, PMHNP county-level data was limited, so these data were not included in this analysis. To estimate primary care and behavioral health FTE counts, providers were categorized into three types: primary care physicians (PCP); psychiatrists and core mental health professions, which included psychologists, licensed social workers (LSW) and licensed professional clinical counselors (LPCC).

Using the raw data provided by RLD as a comma-separated values (CSV) file, the data were filtered to get to an initial count of providers by the three categories. All data files were first sorted in Microsoft Excel by county and then filters were applied by provider type for specialty. For the PCP FTE count, obstetrician/gynecologist, pediatric and psychiatry specialties were filtered out, leaving only PCPs. For the psychiatrist FTE count, the same data were used, sorting out all specialties except psychiatry.

Data for counselors, LSWs and psychologists were provided in one CSV and were first sorted by licensing board to work on provider counts before calculating them into core mental health professions. For psychologists, psychologist associates were excluded from the FTE count. For the LSW FTE count, provisional licenses were excluded. Finally, licenses for art therapists, alcohol and drug counselors, substance abuse counselors and provisionally licensed providers were excluded to determine the LPCC FTE count.

Calculating FTE for survey respondents was based on a conversion of hours worked as presented in Indiana's health care workforce methodology (Table 4.1).[20] After calculating the FTE by provider and filtering the data by county, FTE count was estimated by using a methodology created by New Mexico Human Services Department Policy Fellow, Rohini McKee, MD, MPH, FACS, FASCRS. The total provider count was filtered into two categories: those with workforce status data and those without workforce status data. This distinction is a result of many licensure survey questions, including workforce status, being optional for respondents to complete. Changes were made in 2020 to make several licensure survey questions mandatory. For individuals who indicated work status, those listed as retired, in training, inactive or out of state were removed from the FTE calculation. Additionally, providers who stated more than 50% inpatient care or no response were excluded. Individuals working more than 50 hours per week were corrected to 50 hours per week.

Table 4.1. FTE Hour Conversion Formula[20]

Hours per Week	FTE		Hours Per Week	FTE
1 – 4	0.1		21 – 24	0.6
5 – 8	0.2		25 – 28	0.7
9 – 12	0.3		29 – 32	0.8
13 – 16	0.4		33 – 36	0.9
17 – 20	0.5		37 – 40	1.0

Once the FTE count for respondents was calculated, the FTE count was applied to those with no workforce status data to obtain an estimated FTE count. For example, Bernalillo County was calculated to have 229 primary care FTE using the above formula, which represents 32% of respondents who provided workforce status data (n = 717). This percentage was then applied to the total number of those who did not provide workforce status data (n = 407) which equaled an estimated 130 FTEs. Adding this percentage to the overall primary care FTE calculated for respondents provided an estimated count of 359 for Bernalillo County (see Figure 4.1 for formula and example).

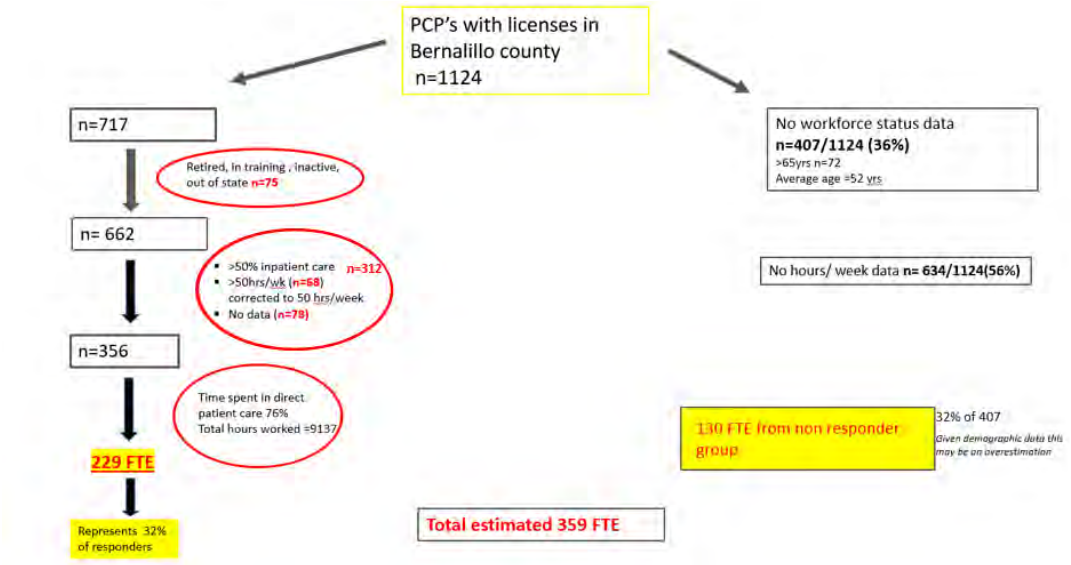
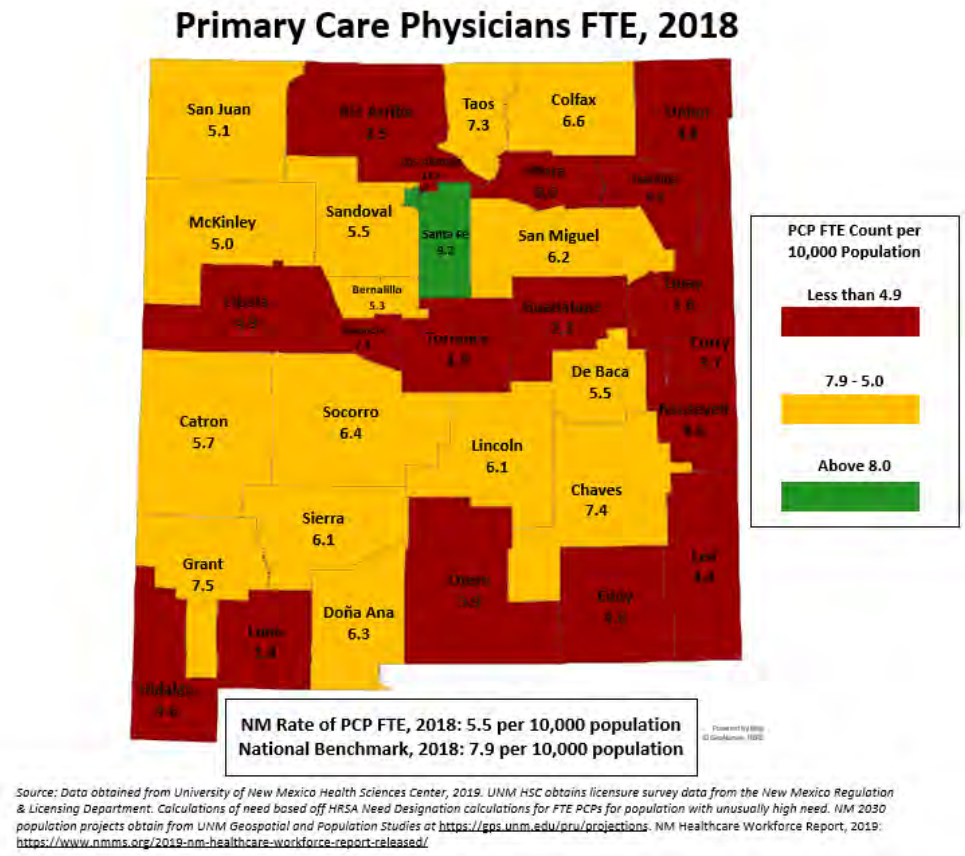


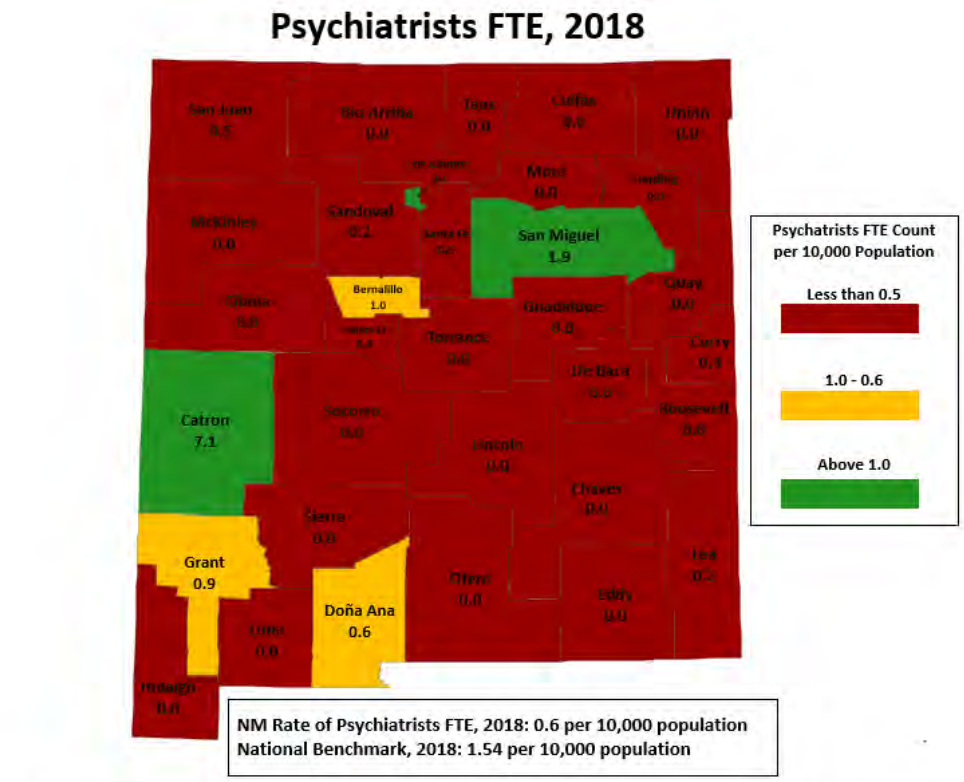
Figure 4.1. Health Care Provider FTE Calculation Methodology for Survey Respondents Developed by Dr. Rohini McKee

Provider FTE counts for PCPs and psychiatrists were converted into county-level heat maps to create a visual representation of FTE count compared to national practitioner benchmarks in 2018 (Figures 4.2 and 4.3). These benchmarks are national averages or recommendations of practitioners per population and obtained through the New Mexico Health Care Workforce Committee Annual Report.[7] Additionally, the ratio of FTE count to licensure count were also calculated and converted into heat maps (Figures 4.4 and 4.5).



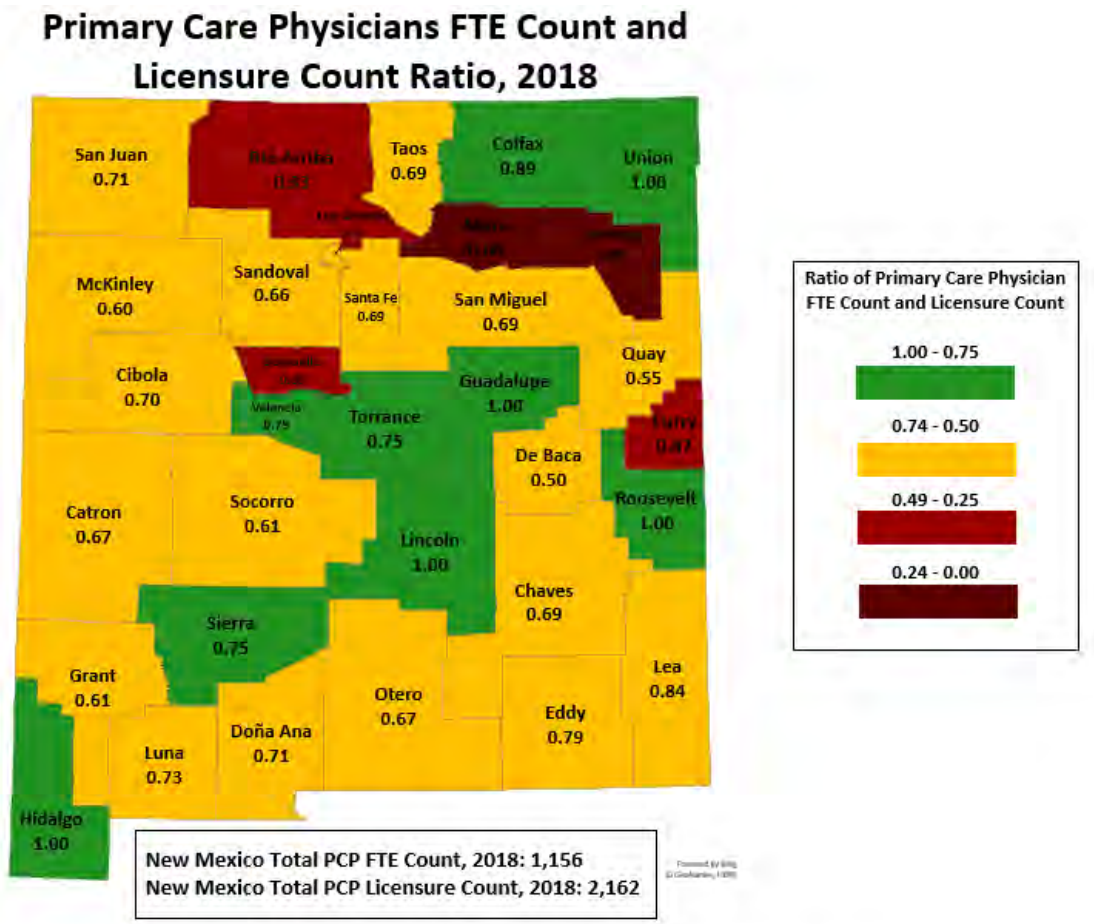
Source: Data obtained from University of New Mexico Health Sciences Center, 2019. UNM HSC obtains licensure survey data from the New Mexico Regulation & Licensing Department. Calculations of need based off HRSA Need Designation calculations for FTE PCPs for population with unusually high need. NM 2030 population projects obtain from UNM Geospatial and Population Studies at https://gps.unm.edu/pru/projections. NM Healthcare Workforce Report, 2019: https://www.nmms.org/2019-nm-healthcare-workforce-report-released/

Figure 4.2. Primary Care Physicians FTE and National Benchmark Comparison, 2018



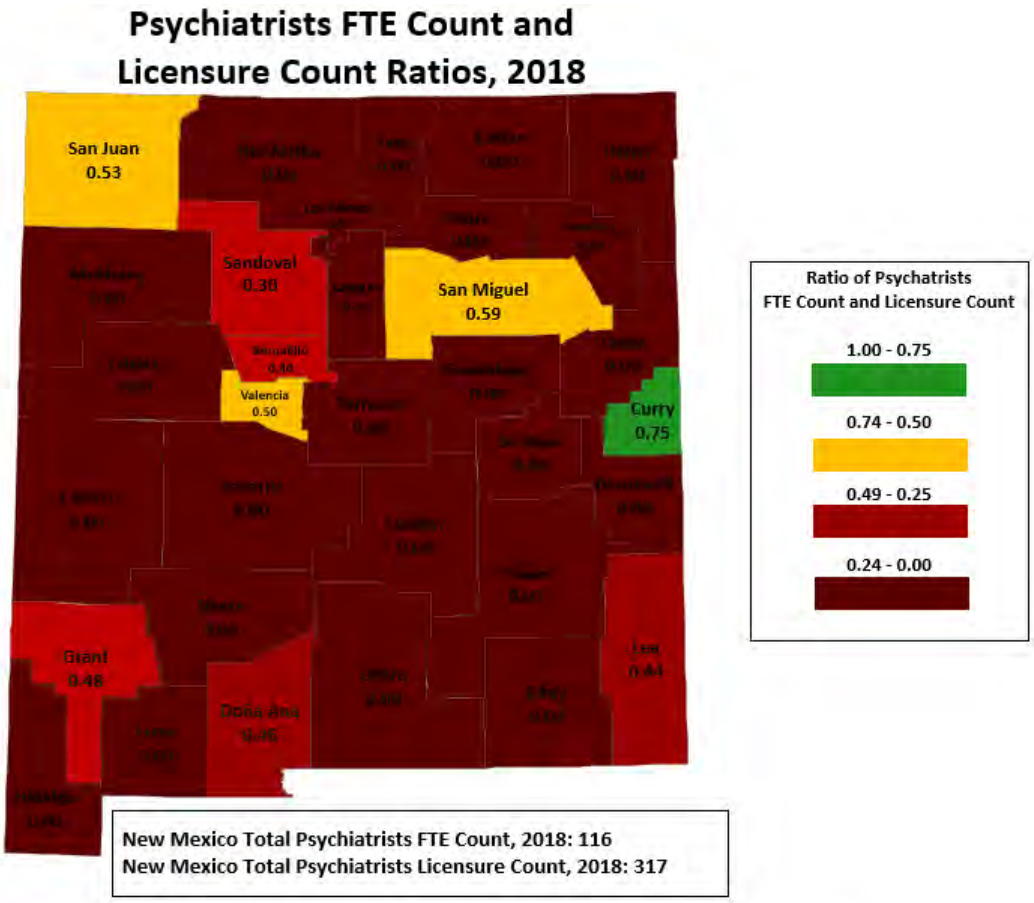
Source: Data obtained from University of New Mexico Health Sciences Center, 2019. UNM HSC obtains licensure survey data from the New Mexico Regulation & Licensing Department. Calculations of need based off HRSA Need Designation calculations for FTE PCPs for population with unusually high need. NM 2030 population projects obtain from UNM Geospatial and Population Studies at https://gps.unm.edu/pru/projections. NM Healthcare Workforce Report, 2019: https://www.nmms.org/2019-nm-healthcare-workforce-report-released/

Figure 4.3. Psychiatrists FTE and National Benchmark Comparison, 2018



Source: Data obtained from University of New Mexico Health Sciences Center, 2019. UNM HSC obtains licensure survey data from the New Mexico Regulation & Licensing Department. Calculations of need based off HRSA Need Designation calculations for FTE PCPs for population with unusually high need. NM 2030 population projects obtain from UNM Geospatial and Population Studies at https://gps.unm.edu/pru/projections. NM Healthcare Workforce Report, 2019: https://www.nmms.org/2019-nm-healthcare-workforce-report-released/

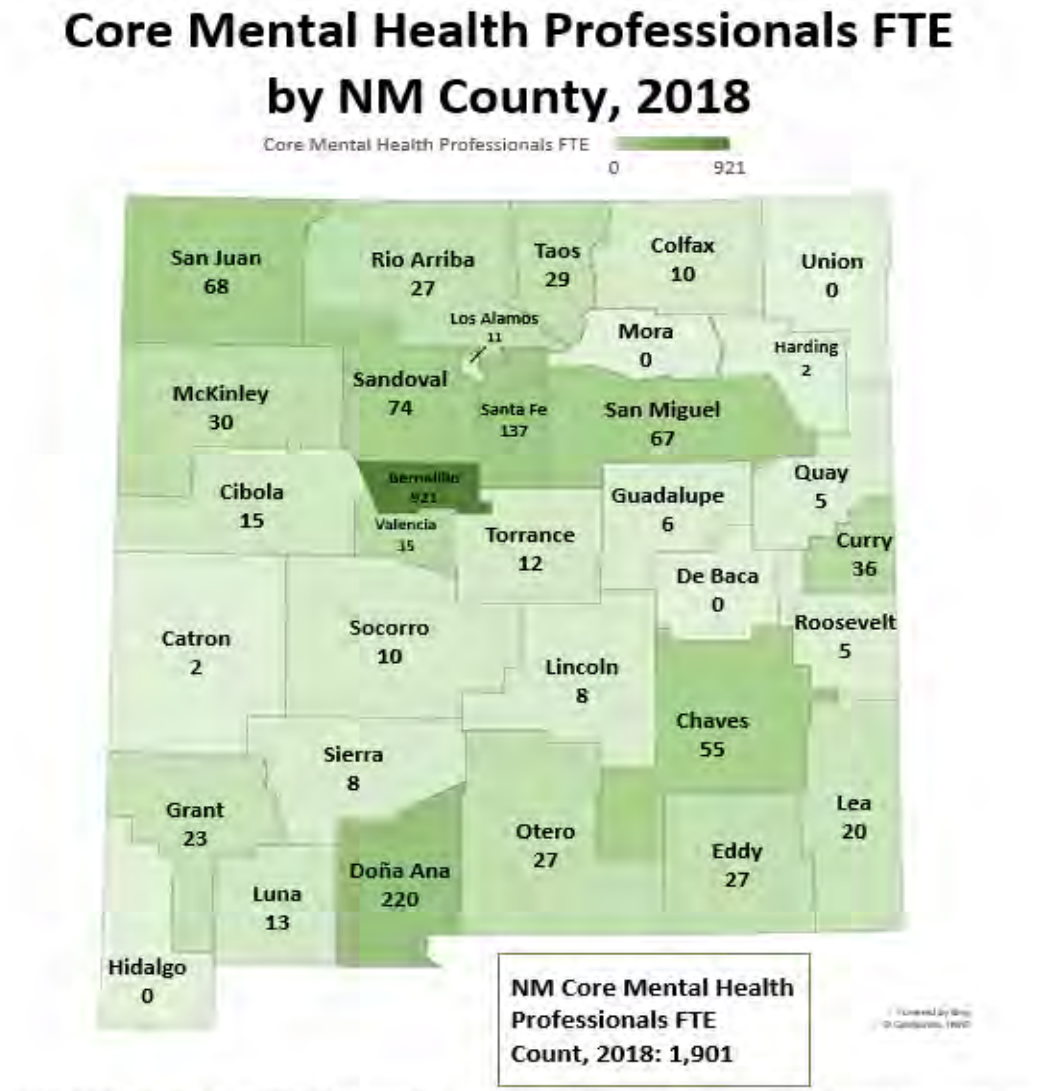
Figure 4.4. Differences Between FTE and Licensure Count, Primary Care Physicians, 2018



Source: Data obtained from University of New Mexico Health Sciences Center, 2019. UNM HSC obtains licensure survey data from the New Mexico Regulation & Licensing Department. Calculations of need based off HRSA Need Designation calculations for FTE PCPs for population with unusually high need. NM 2030 population projects obtain from UNM Geospatial and Population Studies at https://gps.unm.edu/pru/projections. NM Healthcare Workforce Report, 2019: https://www.nmms.org/2019-nm-healthcare-workforce-report-released/

Figure 4.5. Differences Between FTE and Licensure Count, Psychiatrists, 2018

For core mental health professions, no national benchmark is available. Therefore, heat maps were created to show a visual of the state's count of these providers, as well as the total count of FTE prescribing psychologists (Figures 4.6 and 4.7).



Source: Data obtained from University of New Mexico Health Sciences Center, 2019. UNM HSC obtains licnesure survey data from the New Mexico Regulation & Licensing Department. Calculations of need based off HRSA Need Designation calculations for FTE PCPs for population with unusually high need. NM 2030 population projects obtain from UNM Geospatial and Population Studies at https://gps.unm.edu/pru/projections.

Figure 4.6. Core Mental Health Professions FTE Count, 2018

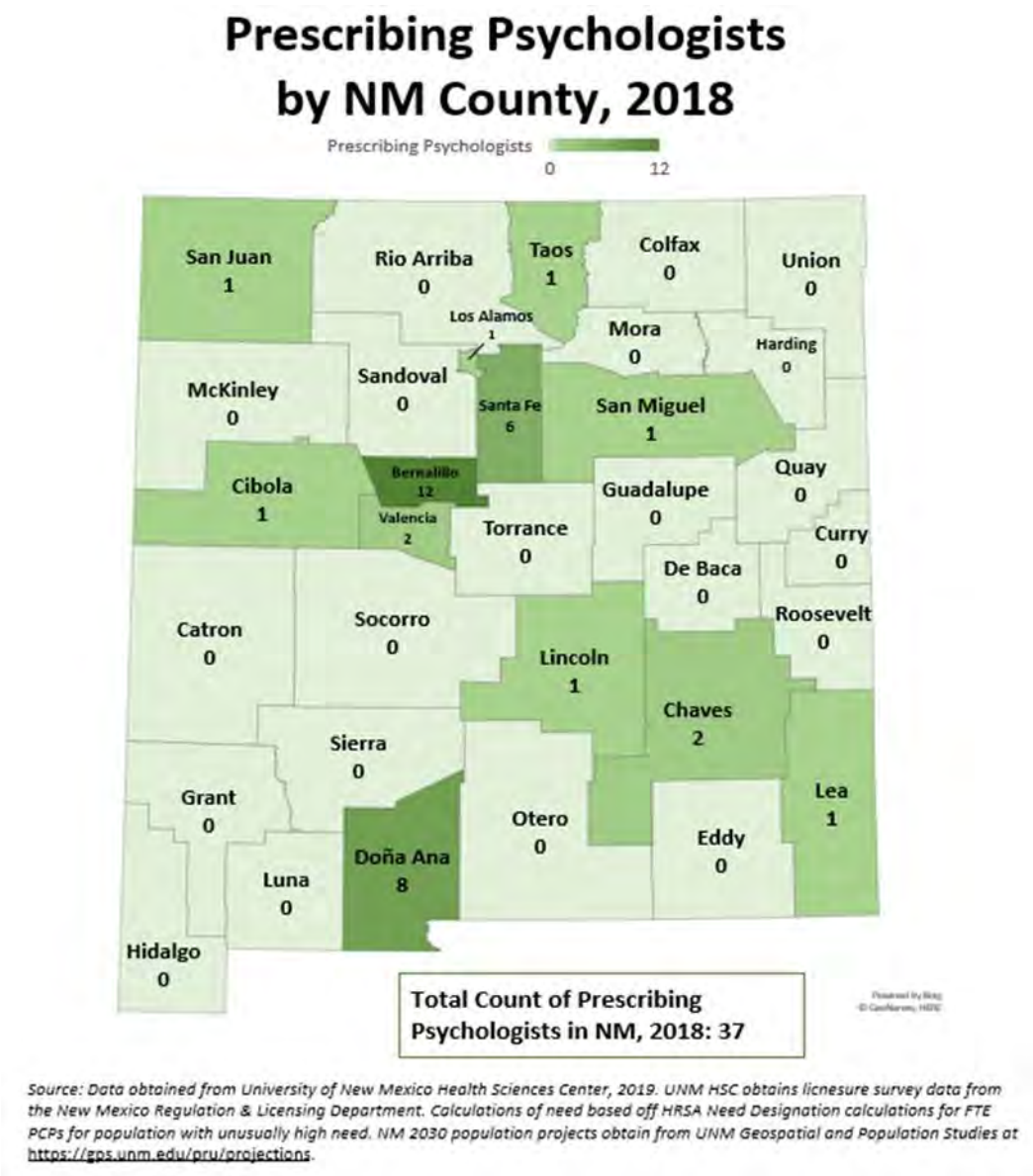


Figure 4.7. Prescribing Psychologists FTE Count, 2018

IV.D. Limitations

This analysis does not consider other FTE primary care providers, such as nurse practitioners and physician assistants, who have full scope practice in New Mexico, due to a lack of available data for these professions at the time of this report. As previously mentioned, PMHNPs were also not included in this analysis due to incomplete county data. Additionally, the New Mexico Behavioral Health Services Division recommends that the Rural Health Tax Credit be used as a better indicator for behavioral health provider data until new licensure survey data is made available.

Another limitation of this analysis is its reliance on incomplete licensure survey data. As previously mentioned, changes were made in 2020 to make several physician licensure survey questions mandatory. Thus, it is recommended to compare and contrast physician findings when more comprehensive data begins to become available in 2021.

IV.E. Conclusions and Considerations

As seen in the differences between FTE and licensure count, this analysis provides a different perspective of available primary care and behavioral health providers by county in New Mexico. In a state that is ethnically diverse and aging, these resources are valuable and should not be overestimated. It is worth considering whether national benchmarks should be reconsidered when considering an accurate representation of New Mexico's health care workforce, given the differences in population demographics and rural localities compared to other states.

For future considerations, telemedicine participation among providers and patients should be reported, given the recent growth in its utilization since the COVID-19 pandemic. Likewise, ZIP code-level data may provide a more accurate picture of potential distances to be traveled for care. Given the rural nature of New Mexico, the provider located in the county may not the most convenient or available to those residing in that county.

This analysis provided a different consideration of the health care workforce in New Mexico and is the first of its kind for the state.

Section V

New Mexico's Health Care Workforce

V.A. Introduction

Many different health care professions are necessary to address the spectrum of health needs among the state's population. In this section, we examine New Mexico's physicians in selected specialties (Section V.C, p. 41), selected nursing professions (Section V.D, p. 57), physician assistants (Section V.E.1, p. 69), dentists (Section V.E.2, p. 73), pharmacists (Section V.E.3, p. 77), licensed midwives (Section V.E.4, p. 81), emergency medical technicians (Section V.E.5, p. 85), physical therapists (Section V.E.6, p. 89) and occupational therapists (Section V.E.7, p. 93). In each of these sections, we discuss the benchmark analysis, counts, changes from last year, and demographic data for each profession.

In contrast to the demand analysis of Section III (p. 17) and the FTE analysis of Section IV (p. 25), the benchmark analysis described here links the number of practicing providers per population to a national comparator value for each profession in order to assess whether New Mexico's counties are well- or poorly supplied with workforce relative to an external standard. In so doing, it is possible to assess the extent of recruitment and retention efforts that may be necessary in order for all counties to meet or exceed the selected standard for comparison.

In prior years, the benchmark has been held stable in order to facilitate year-to-year comparisons of counties' status with respect to each profession. However, many health care professions have undergone national shifts in workforce in the years since these benchmarks were first identified. This year, the committee has identified updated benchmarks for many professions in order to reflect these changing national patterns. The previous and updated benchmarks for each profession are summarized in Table 5.1.

It is important to note that for nearly all of the professions analyzed, an accepted ideal or optimal provider-to-population ratio has not been found. The exceptions are psychiatrists and general surgeons, for whom the benchmarks are the optimal or minimum provider-to-population ratio respectively, as identified from published research. In lieu of this gold standard, the benchmarks for other professions are:

1. The provider-to-population ratio for the U.S. as a whole (RNs, CNPs, PAs, pharmacists, EMTs, PTs, OTs);
2. The provider-to-population ratio for a subset of the U.S. population (OB-GYNs, female population; CNMs and LMs, female population for those states with comparable licensure of these professions);
3. The median provider-to-population ratio for U.S. states (PCPs); or
4. A multiple of the severe shortage represented by the Health Professional Shortage Area threshold (dentists).

As a result, ***meeting or exceeding benchmarks for providers does not indicate that all county residents have adequate access to health care and health professionals.*** For most professions, benchmark status indicates how that county's workforce relative to the population compares with the value typically found nationally. Providers above benchmark in these categories mean only that the county is above the national average or median, ***not*** that it has "too many" providers.

Table 5.1. Practitioner-to-Population Benchmarks Used to Assess the New Mexico Health Care Workforce

Profession	Prior Benchmark	Updated Benchmark
PCPs	7.9 per 10,000 population[21]	8.3 per 10,000 population[22]
OB-GYNs	2.1 per 10,000 female population[23]	2.2 per 10,000 female population[24]
General Surgeons **Critical Need** **Minimum Need** **Optimal Ratio**	 3.0 per 100,000 population[25] 6.0 per 100,000 population 9.2 per 100,000 population	*Unchanged*
Psychiatrists	1.5 per 10,000 population[26]	*Unchanged*
RNs	86.4 per 10,000 population[1]	94.3 per 10,000 population[27]
CNPs	5.9 per 10,000 population[28]	7.2 per 10,000 population[29]
CNMs	0.71 per 10,000 female population[30, a]	*Unchanged*
PAs	3.0 per 10,000 population[31]	4.3 per 10,000 population[32]
Dentists	4.0 per 10,000 population[33, a]	*Unchanged*
Pharmacists	7.8 per 10,000 population[34]	*Unchanged*
LMs	0.17 per 10,000 female population[35, a]	*Unchanged*
EMTs	28.7 per 10,000 population[36, a]	32.1 per 10,000 population[37]
PTs	*Not analyzed*	9.5 per 10,000 population[38]
OTs	*Not analyzed*	3.7 per 10,000 population[39]

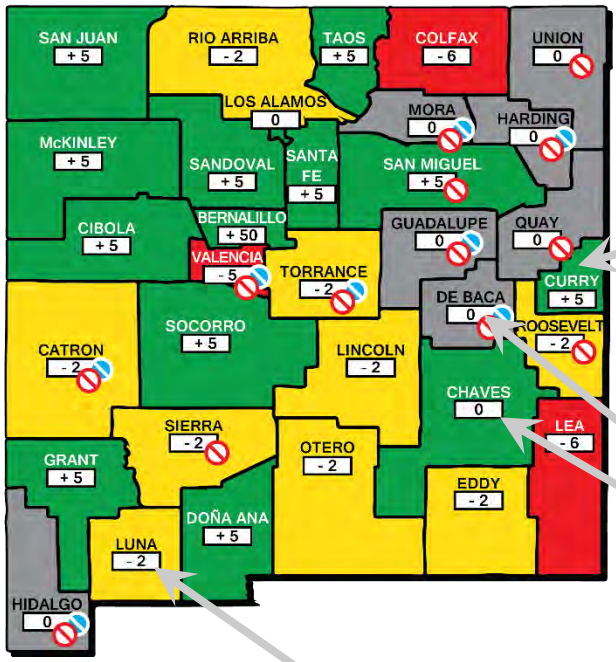
[a] See our 2017 Annual Report for additional detail on the calculation of these benchmarks from the listed source.[5]

As will be shown in this section – and similarly to Sections III (p. 17) and IV (p. 25) – counties vary sharply with respect to health care workforce, ranging from many providers above the benchmark to many below. Maps similar to that shown in Figure 5.1 summarize this information for each of the 14 professions analyzed in this section. Because we do not anticipate substantial relocation of providers from better-served to more poorly served counties – in part because provider counts above benchmarks cannot be taken as an excess or even necessarily adequate number of providers for the population's needs – in this section we state for each profession the number of providers that would allow New Mexico counties to meet national benchmarks ***assuming no redistribution of practitioners from counties with above-benchmark numbers to those with fewer.***

Also included in this section are data and discussion regarding the demographics – gender, race, ethnicity and age – of each profession analyzed.

*The **BENCHMARK VALUE** is provided in the legend of each map for easy reference.*

Interpretation of the Benchmark Maps



Comparison to Benchmark (X per 10,000 Population)

- At or Above Benchmark
- 1 - 5 Providers Below Benchmark
- > 5 Providers Below Benchmark
- At Benchmark With 0 Providers
- No Surgical Facility in County
- No Inpatient Maternity Service in County
- 0 Number Above (+) or Below (-) Benchmark

*The **COLOR** of each county corresponds to its providers above or below the national benchmark. Green counties are at or above benchmark, yellow counties are moderately below benchmark, and red counties are severely below benchmark.*

*Additional **SYMBOLS** like these may be included for additional information pertinent to the profession. Look in the legend for their definitions.*

*The **NUMBER** in each county shows the number of providers above or below benchmark. In this example, Luna County would need to add two providers in order to meet the national benchmark.*

*What's the difference between counties with the number **ZERO** and colored **GREEN** or **GRAY**? In both cases, the number zero indicates that the number of providers is the same as the benchmark value. Those with a benchmark of zero and no providers are GRAY, while those with a benchmark of one or more that is met by the number of providers identified for the county are GREEN.*

Figure 5.1. Maps like this one are included for each profession analyzed. The text boxes here highlight the key points illustrated by these benchmark maps.

V.B. Methods

V.B.1. Key Definitions

In this report, we provide estimates and demographic analysis of the health care workforce practicing in New Mexico during any part of calendar year 2019 in the following professions:

1. **Primary Care Physicians (PCPs)** include all medical doctors (MDs) and doctors of osteopathy (DOs) who specialize in family practice, family medicine, general practice, general pediatrics (not pediatric subspecialties) or general internal medicine (not internal medicine subspecialties), as in past years. This year, physicians specializing in geriatrics or adolescent medicine are also classified as PCPs in accordance with the national benchmark used for comparison.
2. **Obstetrics and Gynecology Physicians (OB-GYNs)** include all MDs and DOs specializing in obstetrics and/or gynecology, including subspecialties.
3. **General Surgeons** include all MDs and DOs specializing in general surgery.
4. **Psychiatrists** include all MDs and DOs specializing in psychiatry, regardless of subspecialty.
5. **Registered Nurses and Clinical Nurse Specialists (RNs and CNSs)** include all individuals licensed as RNs and/or CNSs by the Board of Nursing, excluding those also licensed as certified nurse-midwives, certified nurse practitioners and/or certified registered nurse anesthetists. These individuals are counted only once at their highest level of licensure. ***Due to the updated benchmarks identified for this year's report, CNSs are this year included with RNs rather than CNPs.*** However, these individuals are advanced practice and particularly contribute to New Mexico's behavioral health workforce. Those who do report a practice area of psychiatric or mental health are included in the behavioral health workforce analyzed in Section VI (p. 99).
6. **Certified Nurse Practitioners (CNPs)** include all CNPs; while CNPs practicing in behavioral health were previously excluded from this analysis, they are included this year in accordance with the updated national benchmark for this profession. While nurses are generally counted only once at their highest level of licensure, CNPs who are also licensed as certified nurse-midwives are counted in both categories as these levels are considered equal. As discussed above, CNSs are this year included with RNs rather than CNPs due to their now-inclusion with the updated benchmark identified for RNs and exclusion from the benchmark identified for CNPs. However, due to their important contributions to the behavioral health workforce, CNSs reporting a practice area of psychiatric or mental health are included in Section VI's (p. 99) analysis of the behavioral health workforce.
7. **Certified Nurse-Midwives (CNMs)** include all individuals licensed as CNMs by the Department of Health, whether CNM only or CNM and CNP. While CNMs are surveyed by both the Department of Health and the Board of Nursing, only their Board of Nursing survey data are used in analysis.
8. **Physician Assistants (PAs)** include all providers licensed as physician assistants by the Board of Medicine.
9. **Dentists** include all licensed dentists.
10. **Pharmacists** include all licensed pharmacists.
11. **Licensed Midwives (LMs)** include all individuals licensed as LMs by the Department of Health.
12. **Emergency Medical Technicians (EMTs)** include all individuals licensed as EMTs, First Responders or Dispatchers, counted only once. In past years, this category included only EMTs, but it has been expanded this year in accordance with the updated national benchmark.
13. **Physical Therapists (PTs)**, analyzed for the first time this year, include all licensed PTs.

14. **Occupational Therapists (OTs)**, also analyzed for the first time this year, similarly include all licensed OTs.

Active licenses were defined as all licenses for these professions expiring on or after 1 January 2019 and issued prior to 1 January 2020. For each active license, the most recent corresponding survey was sought in the responses from renewal in 2019, 2018, 2017 or 2016 (the earliest renewal date possible for licenses active in 2019). Surveys are not available for all active licenses. With the exception of nursing and EMTs, for whom survey data are collected at initial licensure, as well as license renewal, newly issued licenses remain unsurveyed prior to license renewal. For some renewed licenses, no current survey can be identified due to errors such as mis-entry of license number that prevent matching of survey to license. In addition, across all professions data may be missing for individual survey items that an individual declined to answer. The proportion of each profession's licenses that were matched to a current survey is listed in Appendix D (p. 171).

Practice locations of providers were identified by ZIP code. For surveyed individuals, practice location was identified by county of the self-reported primary practice address ZIP code. Where this was left blank, the individual was assumed not to practice in New Mexico. For unsurveyed individuals, the mailing address ZIP code was used as a proxy. The exceptions were LMs and EMTs. EMTs are asked their EMS county rather than practice address, and this county was used for practice location. Of LMs responding affirmatively to practicing in New Mexico, fewer than half reported a business address, likely owing to the independent, home-based care delivered by many in this profession. As a result, for LMs business ZIP code was used for practice location when available, but if blank, the mailing ZIP code was used as a proxy.

Active practice criteria were used to exclude individuals not providing health care in New Mexico, regardless of practice address. Licensed health professionals were excluded as non-practicing if any of the following conditions were met:

1. **Practice status** responses indicating inactivity in New Mexico, that is:
    a. **For all professions except those below,** retired individuals, residents in training, individuals permanently or temporarily inactive in New Mexico, and individuals selecting only "practice medicine in another state" for this survey item;
    b. **For nurses,** individuals reporting active employment in a field other than nursing, not employed or unemployed (whether indicating they were seeking work as a nurse or not), or retired;
    c. **For LMs,** individuals responding "have license but not actively practicing," "other state practicing," or "retired but have an active license;"
    d. **For EMTs,** individuals responding "unemployed" for EMS job, "unemployed" for EMS work basis or "no" for employment in EMS.
2. **Weeks worked per year** responses of zero for all professions.
3. **Hours worked per week** responses of zero for all professions.
4. **Percent of time spent in direct patient care** responses of zero for all professions.
5. **For PCPs,** in addition to the above criteria those individuals reporting fewer than 20 hours worked per week and/or less than 50% of their time spent in direct patient care, in accordance with the updated national benchmark.

Throughout this section, what is described as New Mexico's health care workforce comprises *only* those individuals identified as actively practicing in the state as defined above.

County-level 2019 population estimates from the U.S. Census Bureau were used to calculate practitioner-to-population ratios for each county and the number of providers necessary for the county to meet the benchmark.[12]

V.B.2. Status of Survey Transitions

In the 2019 annual report, we discussed the limitations in analysis of pharmacists and primary care CNPs and PAs due to recent updates to these professions' surveys.[7] Pharmacists had transitioned to surveys administered through the Regulation and Licensing Department (RLD) and linkable to individual licenses, with a minority of pharmacists surveyed using the RLD portal through 2018. The Board of Medicine added practice specialty to the PA survey, to allow in the future for direct assessment of primary care PAs, rather than estimation based on the national proportion of PAs in primary care. The practice areas on the Board of Nursing survey had also transitioned to updated options, preventing the straightforward classification of primary care CNPs while current surveys encompassed a combination of old and new practice area classifications.

This year, we are pleased to report that a majority of actively licensed pharmacists (53.7%) were matched to current surveys, thus allowing the re-inclusion of this profession. The specialties and practice areas of PAs and CNPs continue to resolve, and we look forward to reanalyzing the extended primary care workforce – including primary care PAs and CNPs alongside PCPs – in future reports.

V.C. Physicians

V.C.1. Primary Care Physicians

V.C.1.a. Benchmark Analysis

In 2019, an estimated 1,581 PCPs were practicing in New Mexico, with counties varying between 112 above benchmark and 44 below (Figure 5.2). Table 5.2 tracks the PCP workforce since the profession was first analyzed for 2013. Four counties have showed a net gain of PCPs, with seven counties above benchmark for these practitioners. The state as a whole has 157 fewer PCPs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 336 PCPs would be needed for all New Mexico counties to meet the national benchmark (increased this year from 7.9 to 8.3 per 10,000 population).***

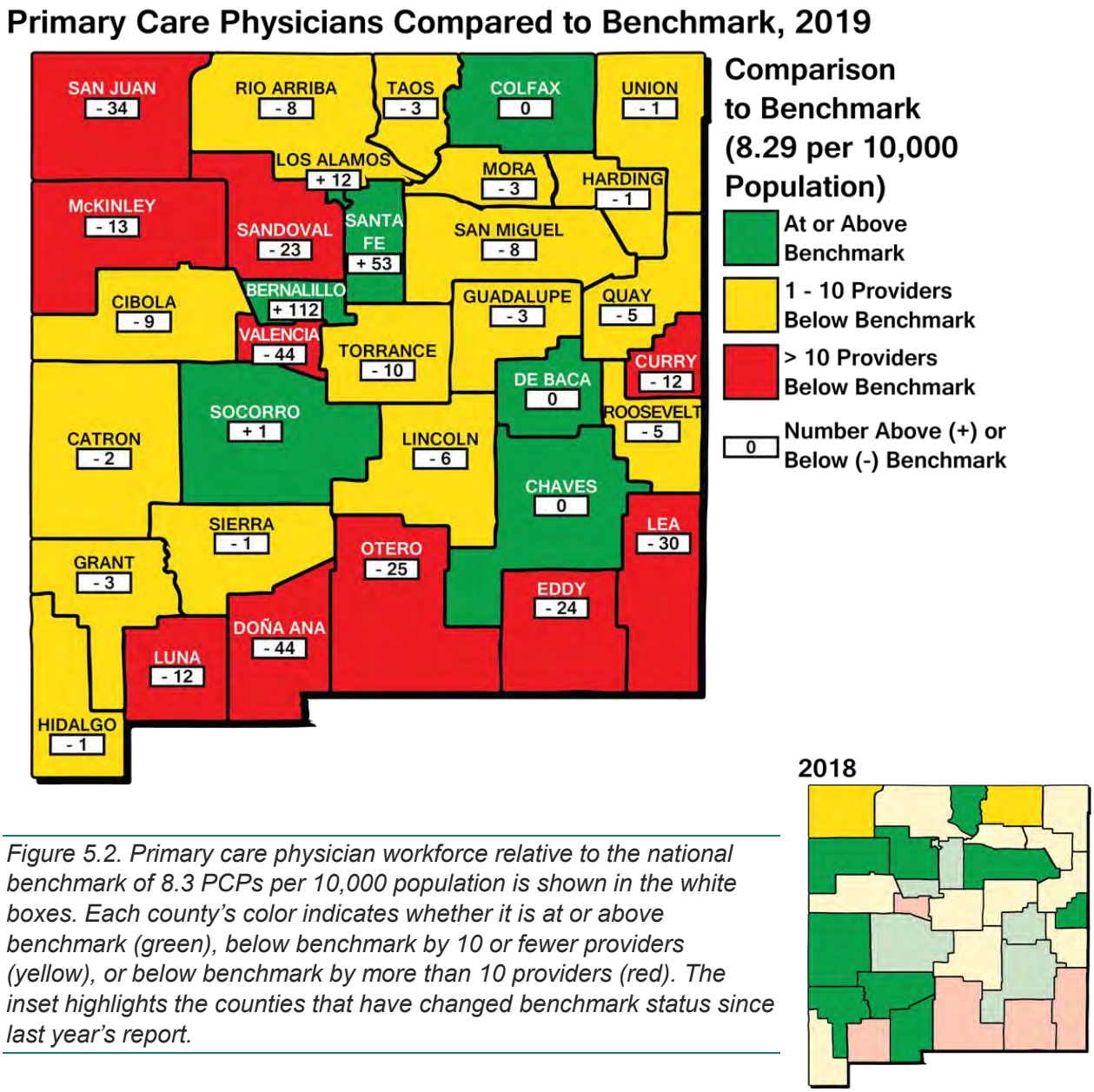


Figure 5.2. Primary care physician workforce relative to the national benchmark of 8.3 PCPs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red). The inset highlights the counties that have changed benchmark status since last year's report.

V.C.1.b. Provider Counts

Table 5.2. Primary Care Physician Distribution by New Mexico County Since 2013

County	2013	2014	2015	2016	2017	2018	2019[a]	Net Change Since 2013
Bernalillo	855	807	936	946	1,123	999	675	-180
Catron	2	3	3	2	3	3	1	-1
Chaves	73	71	75	63	75	70	54	-19
Cibola	20	19	19	21	21	19	13	-7
Colfax	9	9	11	7	10	9	10	1
Curry	36	36	39	36	42	39	22	-14
De Baca	1	2	1	1	2	2	1	0
Doña Ana	168	162	182	185	200	192	137	-31
Eddy	35	37	39	36	33	34	24	-11
Grant	32	34	38	39	40	34	19	-13
Guadalupe	3	3	3	2	2	1	1	-2
Harding	1	0	0	0	0	0	0	-1
Hidalgo	2	2	1	1	2	2	2	0
Lea	30	29	35	36	41	37	29	-1
Lincoln	13	13	14	12	14	12	10	-3
Los Alamos	33	33	32	31	37	35	28	-5
Luna	10	10	9	8	9	6	8	-2
McKinley	50	50	62	59	62	59	46	-4
Mora	1	2	2	1	2	1	1	0
Otero	37	42	37	34	33	39	31	-6
Quay	7	7	5	6	4	4	2	-5
Rio Arriba	27	29	28	26	27	29	24	-3
Roosevelt	14	13	14	13	9	9	10	-4
San Juan	96	93	95	86	95	92	69	-27
San Miguel	26	24	22	19	24	25	15	-11
Sandoval	103	104	101	111	137	122	99	-4
Santa Fe	188	183	185	203	222	199	178	-10
Sierra	11	12	11	11	13	9	8	-3
Socorro	12	13	16	16	15	18	15	3
Taos	37	36	33	34	36	35	24	-13
Torrance	1	2	2	2	3	3	3	2
Union	0	0	1	2	1	2	2	2
Valencia	24	28	24	27	23	22	20	-4
STATE TOTAL	**1,957**	**1,908**	**2,075**	**2,076**	**2,360**	**2,162**	**1,581**	**-376**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 3,055 primary care physicians (PCPs) held New Mexico licenses during 2019. Of these individuals, 1,134 were identified as out of state, 340 were excluded from analysis as nonpracticing and 1,581 were in active practice in New Mexico (Figure 5.3).

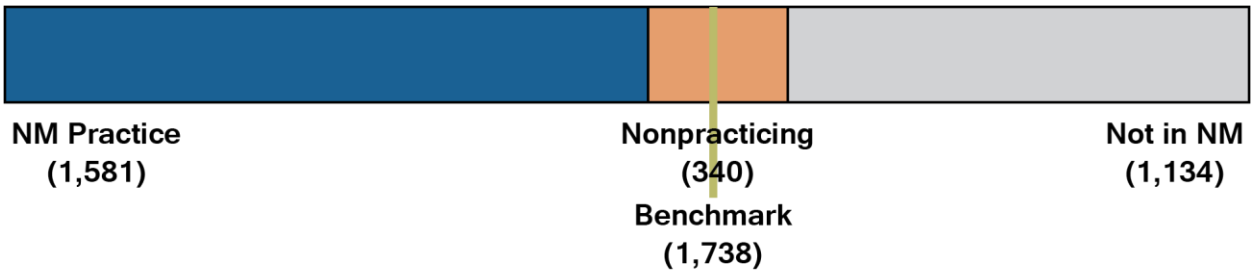
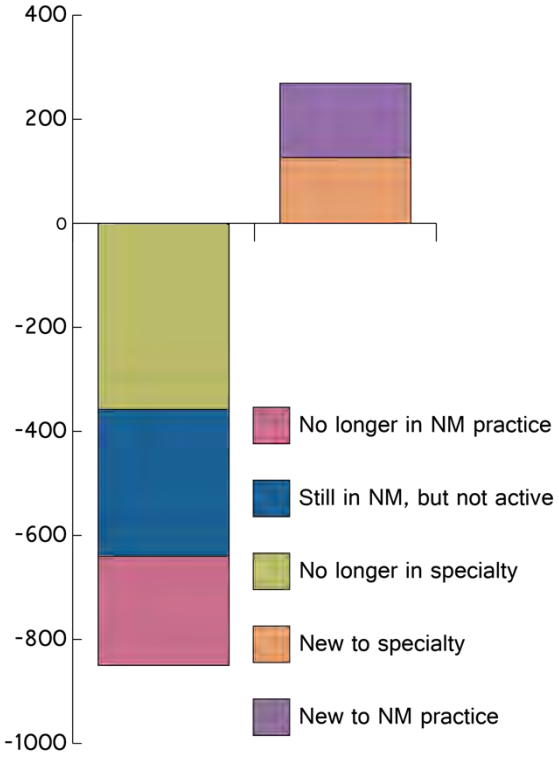


Figure 5.3. New Mexico's primary care physician licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of PCPs practicing in New Mexico has decreased by 581 individuals since 2018, with the losses and gains relative to the 2018 workforce shown in Figure 5.4. The largest contribution to the net loss was PCPs who no longer report a primary care specialty (-358), followed by PCPs estimated as practicing in 2018 but excluded as nonpracticing in 2019 consistent with the criteria of the new benchmark metric.

Figure 5.4. Changes to the PCP workforce practicing in New Mexico since 2018, showing the number that have left the state (pink), are not practicing (blue) or no longer report a PCP specialty (green) in contrast to the number newly reporting a PCP specialty (orange) or new to NM (purple).

V.C.1.c. Demographics

Demographic features of New Mexico PCPs are shown in figure 5.5. Relative to the state's population, PCPs are less likely to identify as Hispanic, White, or Native American and Alaska Native, and more likely to identify as Black or African American or Asian, Native Hawaiian and Other Pacific Islander. The state's PCP workforce is 44.2% female, with a mean age of 53.3 years. Detailed data for these findings may be found in Appendix C (p. 151).

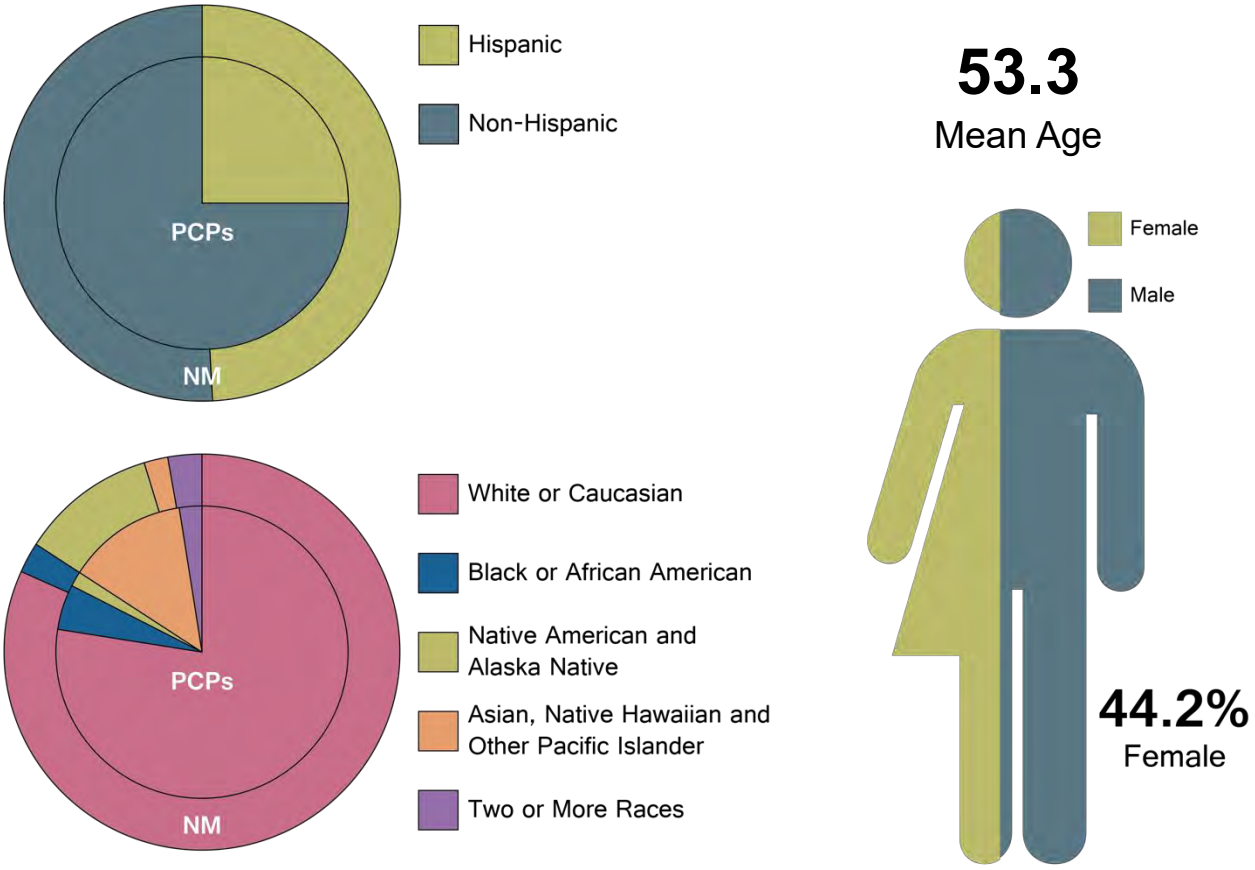


Figure 5.5. Demographic features of the NM PCP workforce. Clockwise from top right: mean age, percent male or female, proportions of NM PCPs (center circle) and the NM population (outer circle) for race and ethnicity.

V.C.2. Obstetrics and Gynecology Physicians

V.C.2.a. Benchmark Analysis

In 2019, an estimated 230 OB-GYNs were practicing in New Mexico, with counties varying between 52 above benchmark and 11 below (Figure 5.6). Table 5.3 tracks the OB-GYN workforce since the profession was first analyzed for 2013. Five counties have showed a net gain of OB-GYNs, with nine counties above benchmark for these practitioners. The state as a whole has three fewer OB-GYNs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 59 OB-GYNs would be needed for all New Mexico counties to meet the national benchmark (increased this year from 2.1 to 2.2 per 10,000 female population).***

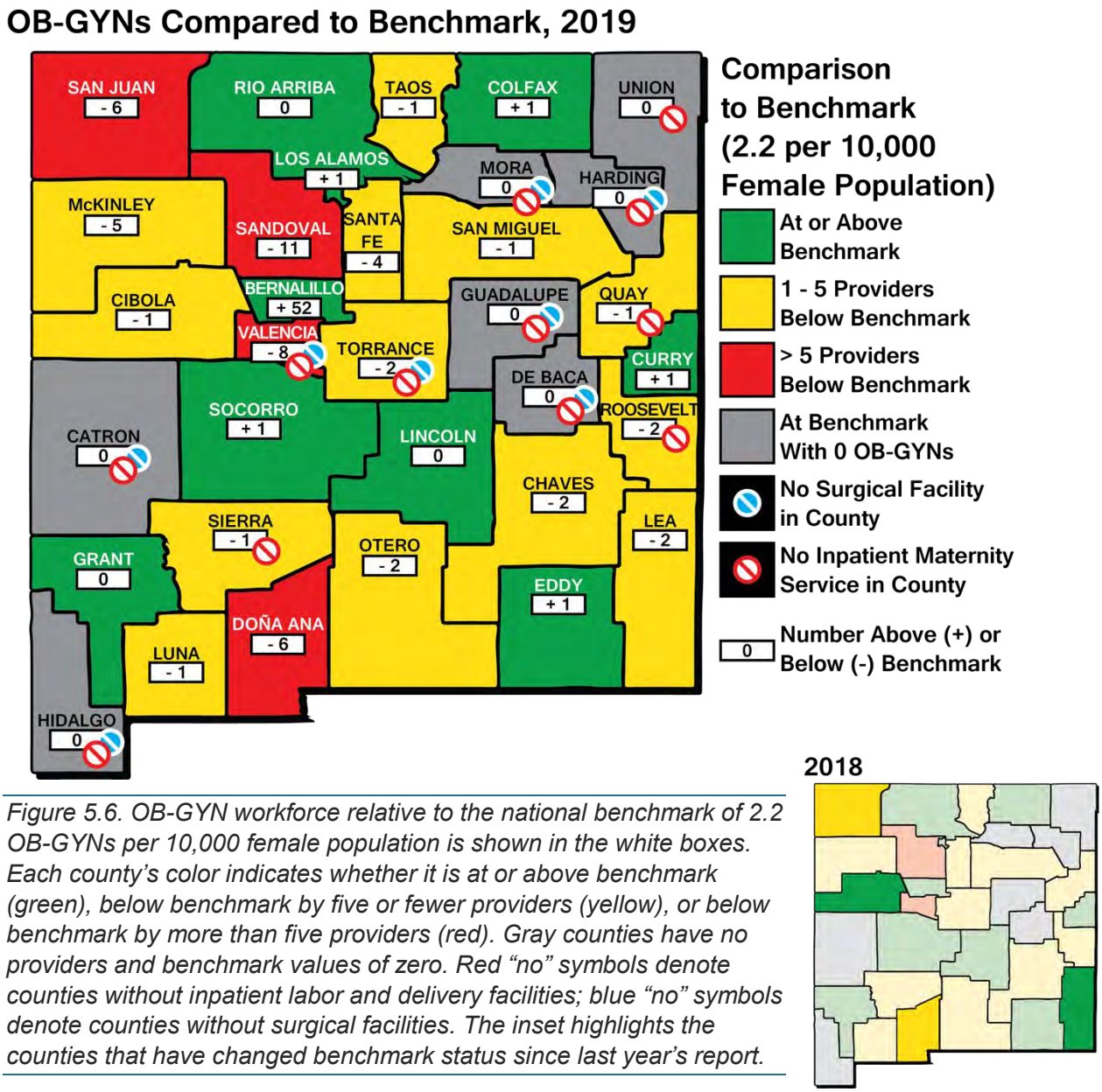


Figure 5.6. OB-GYN workforce relative to the national benchmark of 2.2 OB-GYNs per 10,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. Red "no" symbols denote counties without inpatient labor and delivery facilities; blue "no" symbols denote counties without surgical facilities. The inset highlights the counties that have changed benchmark status since last year's report.

Table 5.3. Obstetrics and Gynecology Physician Distribution by New Mexico County Since 2013

County	2013	2014	2015	2016	2017	2018	2019[a]	Net Change Since 2013
Bernalillo	133	119	133	144	151	154	128	-5
Catron	0	0	0	0	0	0	0	0
Chaves	9	7	7	7	7	6	5	-4
Cibola	2	2	2	3	3	3	2	0
Colfax	2	2	2	4	4	3	2	0
Curry	2	2	3	5	6	8	6	4
De Baca	0	0	0	0	0	0	0	0
Doña Ana	21	20	23	26	23	22	18	-3
Eddy	9	7	9	7	7	6	7	-2
Grant	3	3	3	3	3	3	3	0
Guadalupe	0	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	1	0	0	0
Lea	3	3	6	7	10	10	6	3
Lincoln	3	2	2	2	2	3	2	-1
Los Alamos	2	3	2	3	4	5	3	1
Luna	4	4	3	2	2	2	2	-2
McKinley	8	10	9	9	7	3	3	-5
Mora	0	0	0	0	0	0	0	0
Otero	11	10	8	8	6	6	5	-6
Quay	0	0	0	0	0	0	0	0
Rio Arriba	3	3	3	5	4	5	4	1
Roosevelt	1	1	1	1	0	0	0	-1
San Juan	9	9	7	6	7	8	8	-1
San Miguel	4	4	3	3	2	1	2	-2
Sandoval	7	7	6	7	9	10	5	-2
Santa Fe	12	11	13	13	16	15	13	1
Sierra	0	0	0	0	0	0	0	0
Socorro	4	4	4	3	4	4	3	-1
Taos	3	3	4	5	4	2	3	0
Torrance	0	0	0	0	0	0	0	0
Union	0	0	0	0	0	0	0	0
Valencia	1	0	0	0	0	0	0	-1
STATE TOTAL	**256**	**236**	**253**	**273**	**282**	**279**	**230**	**-26**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 365 OB-GYNs held New Mexico licenses during 2019. Of these individuals, 121 were identified as out of state, 14 were excluded from analysis as nonpracticing and 230 were in active practice in New Mexico (Figure 5.7).

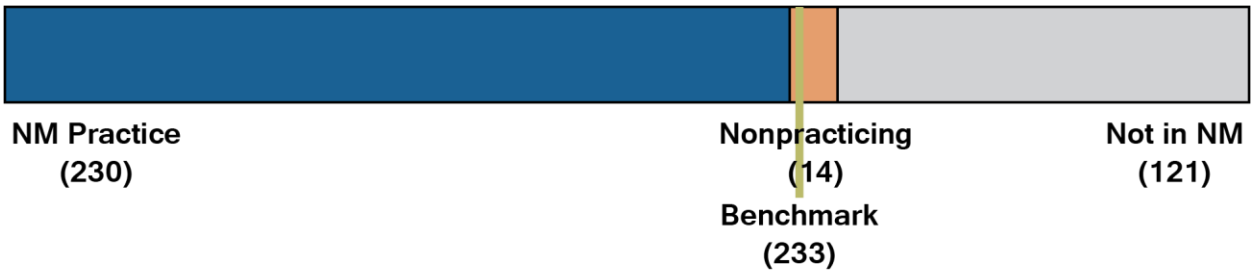
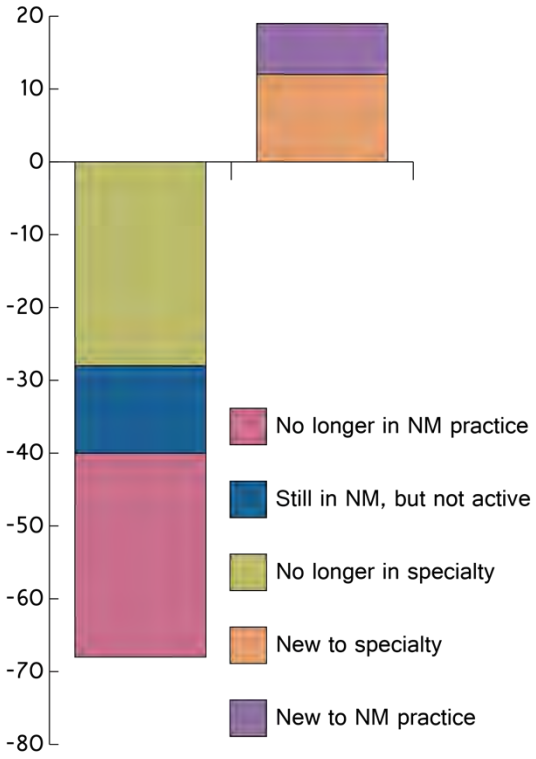


Figure 5.7. New Mexico's OB-GYN licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of OB-GYNs practicing in New Mexico has decreased by 49 individuals since 2018, with the losses and gains relative to the 2018 workforce shown in Figure 5.8. Both OB-GYNs no longer located in state and physicians who no longer report an OB-GYN specialty contributed equally to the net loss (-28 each), followed to a lesser extent by OB-GYNs estimated as practicing in 2018 but excluded as nonpracticing in 2019.

Figure 5.8. Changes to the OB-GYN workforce practicing in New Mexico since 2018, showing the number that have left the state (pink), are not practicing (blue) or no longer report an OB-GYN specialty (green) in contrast to the number newly reporting an OB-GYN specialty (orange) or new to NM (purple).

V.C.2.c. Demographics

Demographic features of New Mexico OB-GYNs are shown in figure 5.9. Relative to the state's population, OB-GYNs are less likely to identify as Hispanic, White, Native American and Alaska Native or two or more races and more likely to identify as Black or African American or Asian, Native Hawaiian and Other Pacific Islander. The state's OB-GYN workforce is 59.7% female, with a mean age of 53.9 years. Detailed data for these findings may be found in Appendix C (p. 151).

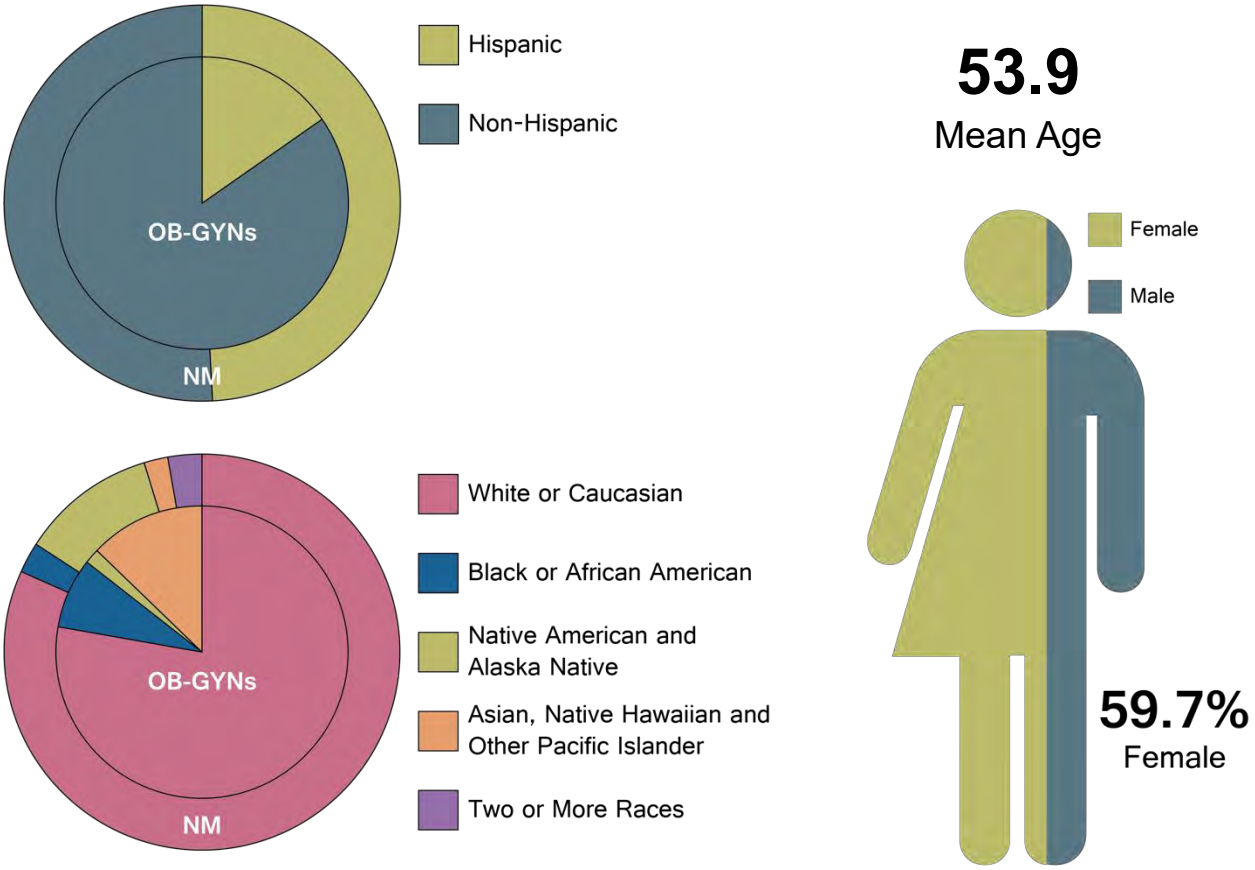


Figure 5.9. Demographic features of the NM OB-GYN workforce. Clockwise from top right: mean age, percent male or female, proportions of NM OB-GYNs (center circle) and the NM population (outer circle) for race and ethnicity.

V.C.3. General Surgeons

V.C.3.a. Benchmark Analysis

In 2019, an estimated 155 general surgeons were practicing in New Mexico, with counties varying between eight above benchmark and five below (Figure 5.10). Table 5.4 tracks the general surgeon workforce since the profession was first analyzed for 2013. Thirteen counties have showed a net gain of general surgeons, with 21 counties above benchmark for these practitioners. The state as a whole has 29 more general surgeons than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 11 general surgeons would be needed for all New Mexico counties to meet the national benchmark (6.0 per 100,000 population).***

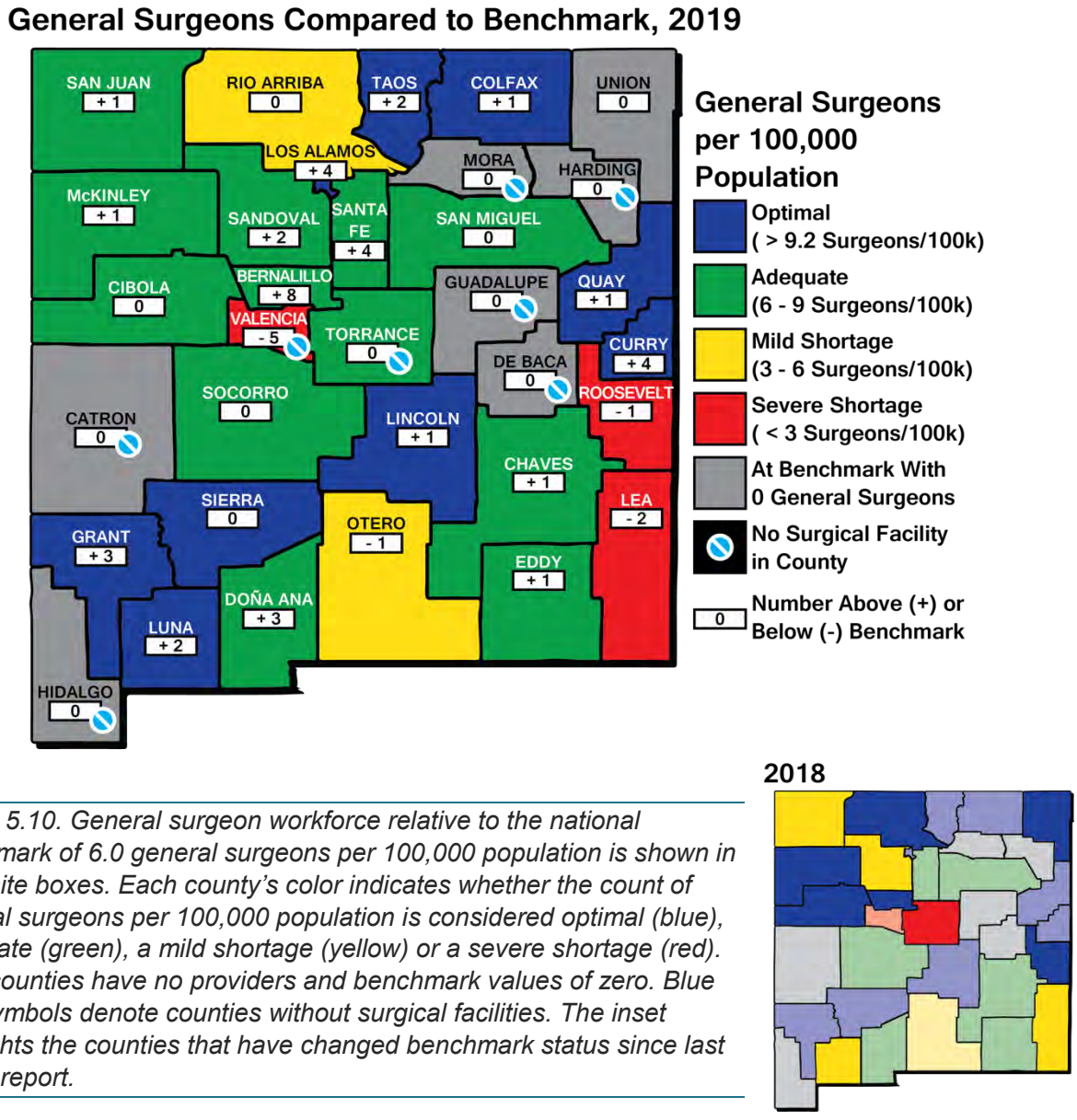


Figure 5.10. General surgeon workforce relative to the national benchmark of 6.0 general surgeons per 100,000 population is shown in the white boxes. Each county's color indicates whether the count of general surgeons per 100,000 population is considered optimal (blue), adequate (green), a mild shortage (yellow) or a severe shortage (red). Gray counties have no providers and benchmark values of zero. Blue "no" symbols denote counties without surgical facilities. The inset highlights the counties that have changed benchmark status since last year's report.

Table 5.4. General Surgeon Distribution by New Mexico County Since 2013

County	2013	2014	2015	2016	2017	2018	2019[a]	Net Change Since 2013
Bernalillo	68	60	74	75	84	78	49	-19
Catron	0	0	0	0	0	0	0	0
Chaves	3	4	4	4	3	4	5	2
Cibola	1	2	2	3	3	3	2	1
Colfax	5	4	4	3	2	3	2	-3
Curry	9	9	9	9	8	8	7	-2
De Baca	0	0	0	0	0	0	0	0
Doña Ana	12	11	13	13	15	14	16	4
Eddy	7	5	8	8	5	5	5	-2
Grant	4	5	3	2	4	3	5	1
Guadalupe	0	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	0	0	0
Lea	2	2	2	2	3	3	2	0
Lincoln	0	0	0	0	1	2	2	2
Los Alamos	6	5	4	5	5	5	5	-1
Luna	1	1	1	1	1	1	3	2
McKinley	7	8	8	9	7	9	5	-2
Mora	0	0	0	0	0	0	0	0
Otero	2	2	2	2	3	2	3	1
Quay	1	1	2	2	1	1	1	0
Rio Arriba	1	2	3	3	3	4	2	1
Roosevelt	1	1	1	2	2	2	0	-1
San Juan	7	7	6	10	9	7	8	1
San Miguel	3	3	2	2	0	2	2	-1
Sandoval	4	4	5	6	8	8	11	7
Santa Fe	12	15	17	17	14	13	13	1
Sierra	0	0	0	1	3	3	1	1
Socorro	2	3	2	4	3	1	1	-1
Taos	7	7	4	5	6	6	4	-3
Torrance	0	0	0	0	0	0	1	1
Union	2	1	1	0	1	1	0	-2
Valencia	0	0	0	0	0	0	0	0
STATE TOTAL	**167**	**162**	**177**	**188**	**194**	**188**	**155**	**-12**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 277 general surgeons held New Mexico licenses during 2019. Of these individuals, 109 were identified as out of state, 13 were excluded from analysis as nonpracticing and 155 were in active practice in New Mexico (Figure 5.11).

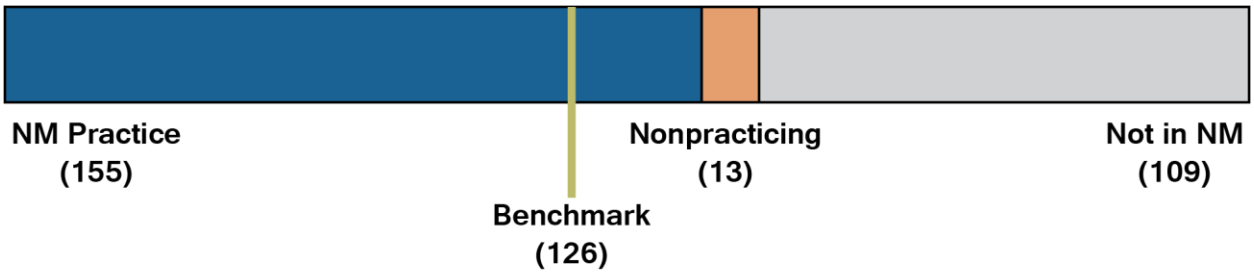
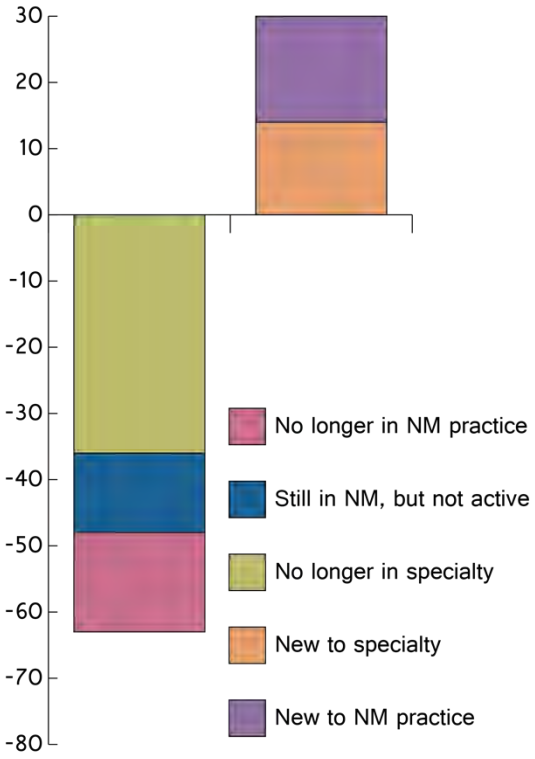


Figure 5.11. New Mexico's general surgeon licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of general surgeons practicing in New Mexico has decreased by 33 individuals since 2018, with the losses and gains relative to the 2018 workforce shown in Figure 5.12. The largest contribution to the net loss was general surgeons who no longer report practicing in this specialty (-36), followed by approximately equal numbers of general surgeons estimated as practicing in 2018 but excluded as nonpracticing in 2019 (-12) and those no longer in NM (-15).

Figure 5.12. Changes to the general surgeon workforce practicing in New Mexico since 2018, showing the number that have left the state (pink), are not practicing (blue) or no longer report a general surgery specialty (green) in contrast to the number newly reporting a general surgery specialty (orange) or new to NM (purple).

V.C.3.c. Demographics

Demographic features of New Mexico general surgeons are shown in figure 5.13. Relative to the state's population, general surgeons are less likely to identify as Hispanic, White, or Native American and Alaska Native and more likely to identify as Asian, Native Hawaiian and Other Pacific Islander. The state's general surgeon workforce is only 23.4% female, with a mean age of 54.6 years. Detailed data for these findings may be found in Appendix C (p. 151).

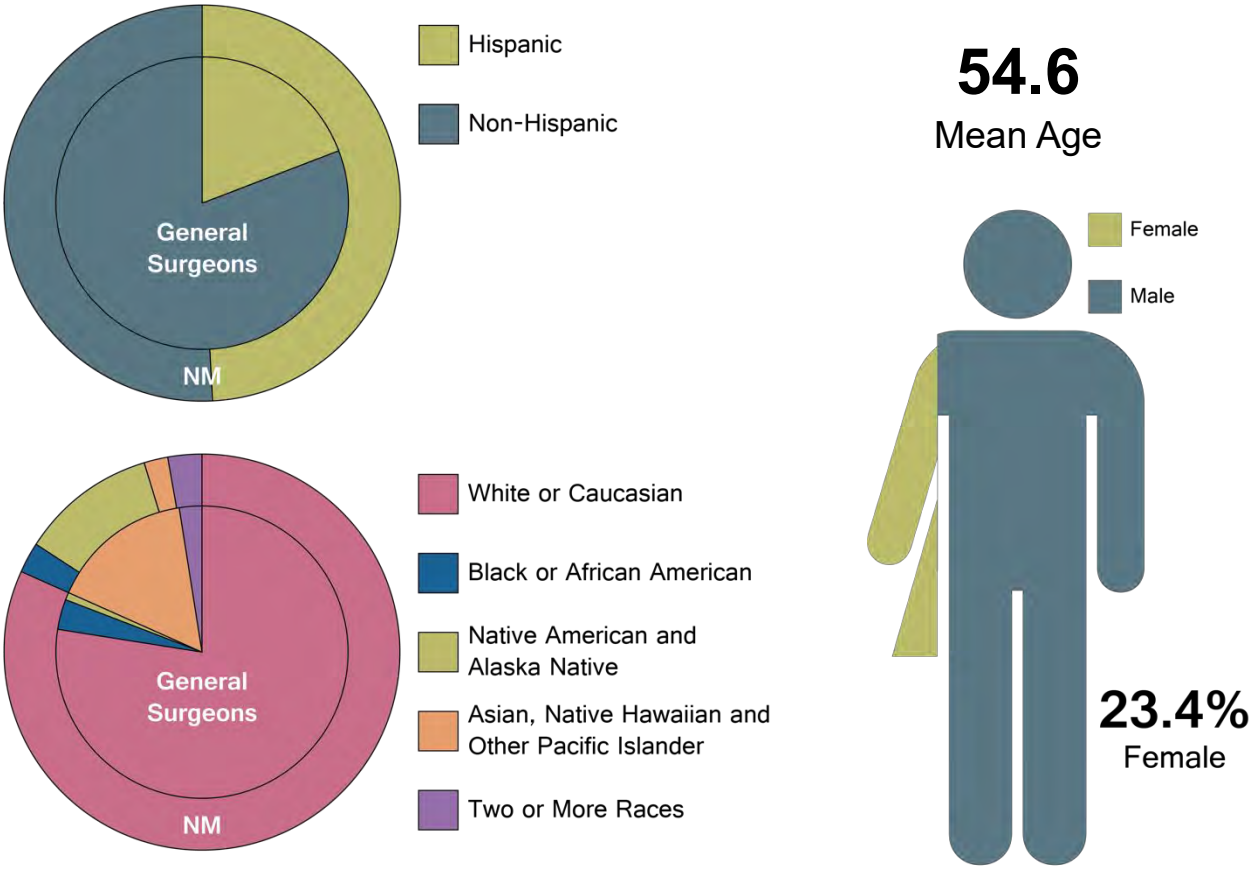


Figure 5.13. Demographic features of the NM general surgeon workforce. Clockwise from top right: mean age, percent male or female, proportions of NM general surgeons (center circle) and the NM population (outer circle) for race and ethnicity.

V.C.4. Psychiatrists

V.C.4.a. Benchmark Analysis

In 2019, an estimated 296 psychiatrists were practicing in New Mexico, with counties varying between 53 above benchmark and 10 below (Figure 5.14). Table 5.5 tracks the psychiatrist workforce since the profession was first analyzed for 2013. Six counties have showed a net gain of psychiatrists, with four counties above benchmark for these practitioners. The state as a whole has 27 fewer psychiatrists than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 106 psychiatrists would be needed for all New Mexico counties to meet the national benchmark (1.54 per 10,000 population).***

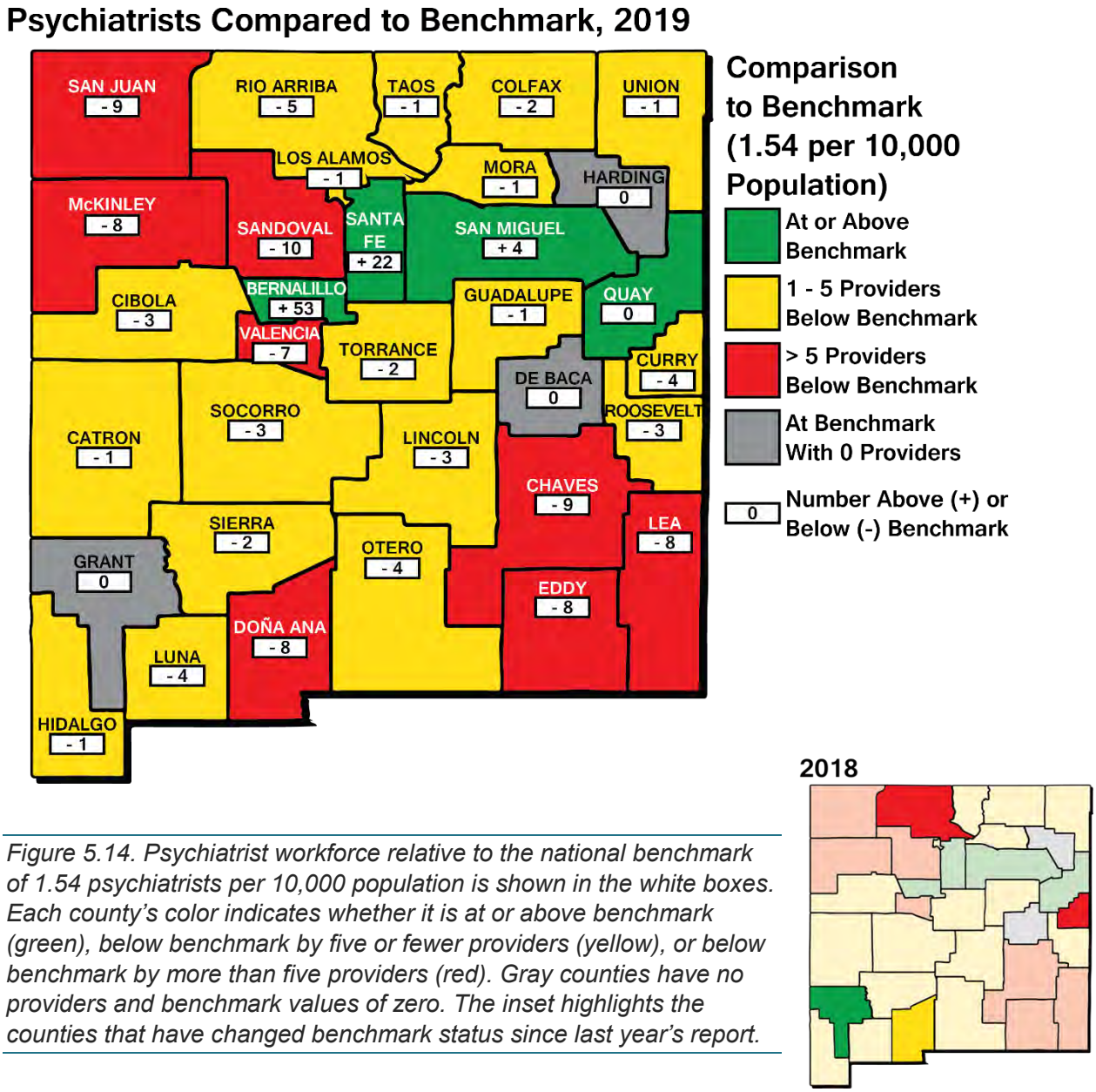


Figure 5.14. Psychiatrist workforce relative to the national benchmark of 1.54 psychiatrists per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. The inset highlights the counties that have changed benchmark status since last year's report.

Table 5.5. Psychiatrist Distribution by New Mexico County Since 2013

County	2013	2014	2015	2016	2017	2018	2019[a]	Net Change Since 2013
Bernalillo	174	150	167	183	188	174	158	-16
Catron	0	0	0	0	0	0	0	0
Chaves	6	6	5	4	5	4	1	-5
Cibola	1	1	1	0	0	0	1	0
Colfax	0	0	0	0	1	0	0	0
Curry	4	4	4	3	2	2	4	0
De Baca	0	0	0	0	0	0	0	0
Doña Ana	23	25	21	22	26	28	26	3
Eddy	2	2	4	3	2	2	1	-1
Grant	5	4	3	3	3	5	4	-1
Guadalupe	0	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	0	0	0
Lea	3	3	4	4	4	3	3	0
Lincoln	0	0	0	0	0	0	0	0
Los Alamos	1	1	3	3	3	2	2	1
Luna	1	1	1	1	0	0	0	-1
McKinley	7	7	5	6	3	3	3	-4
Mora	0	0	0	0	0	0	0	0
Otero	2	2	2	3	4	5	6	4
Quay	1	1	1	1	1	1	1	0
Rio Arriba	0	0	1	1	1	0	1	1
Roosevelt	0	0	0	0	0	0	0	0
San Juan	8	6	8	11	9	11	10	2
San Miguel	9	9	9	10	10	9	8	-1
Sandoval	8	6	8	10	10	11	13	5
Santa Fe	51	48	51	53	52	49	45	-6
Sierra	0	0	0	0	0	0	0	0
Socorro	3	2	1	1	0	0	0	3
Taos	4	4	3	4	3	2	4	0
Torrance	0	0	0	0	0	0	0	0
Union	0	0	0	0	0	0	0	0
Valencia	8	7	7	6	5	6	5	-3
STATE TOTAL	**321**	**289**	**309**	**332**	**332**	**317**	**296**	**-25**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 555 psychiatrists held New Mexico licenses during 2019. Of these individuals, 247 were identified as out of state, 12 were excluded from analysis as nonpracticing and 296 were in active practice in New Mexico (Figure 5.15).

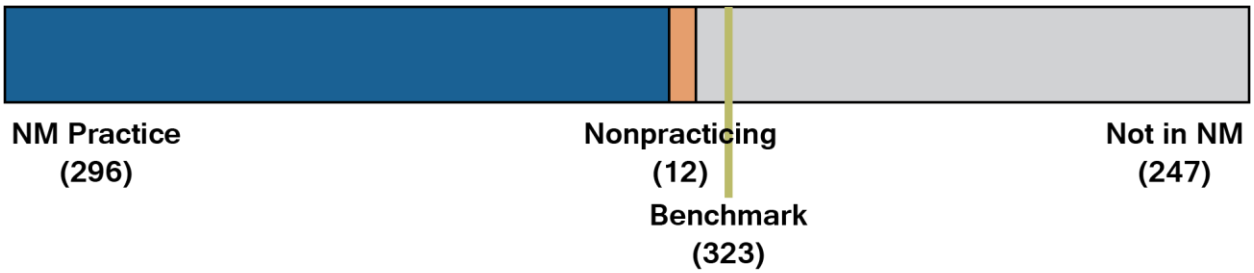
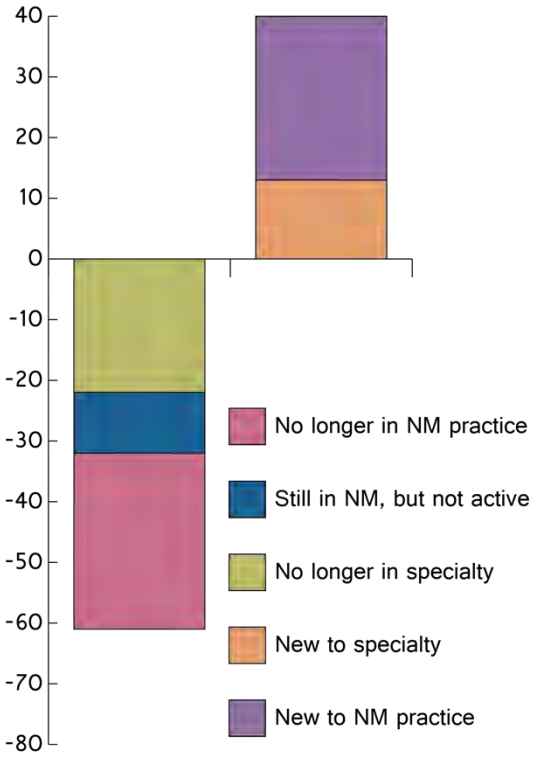


Figure 5.15. New Mexico's psychiatrist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of psychiatrists practicing in New Mexico has decreased by 21 individuals since 2018, with the losses and gains relative to the 2018 workforce shown in Figure 5.16. The largest contribution to the net loss was psychiatrists no longer in New Mexico (-29), followed by those who no longer report a psychiatry specialty (-22). The number of psychiatrists leaving New Mexico (-29) was nearly balanced by those new to practice in the state (+27).

Figure 5.16. Changes to the psychiatrist workforce practicing in New Mexico since 2018, showing the number that have left the state (pink), are not practicing (blue) or no longer report a psychiatry specialty (green) in contrast to the number newly reporting a psychiatry specialty (orange) or new to NM (purple).

V.C.4.c. Demographics

Demographic features of New Mexico psychiatrists are shown in Figure 5.17. Relative to the state's population, psychiatrists are less likely to identify as Hispanic, Black or African American or Native American and Alaska Native and more likely to identify as White or Asian, Native Hawaiian and Other Pacific Islander. The state's psychiatrist workforce is 39.9% female with the oldest mean age of the 14 professions analyzed at 58.7 years, a full five years older than PCPs. Detailed data for these findings may be found in Appendix C (p. 151).

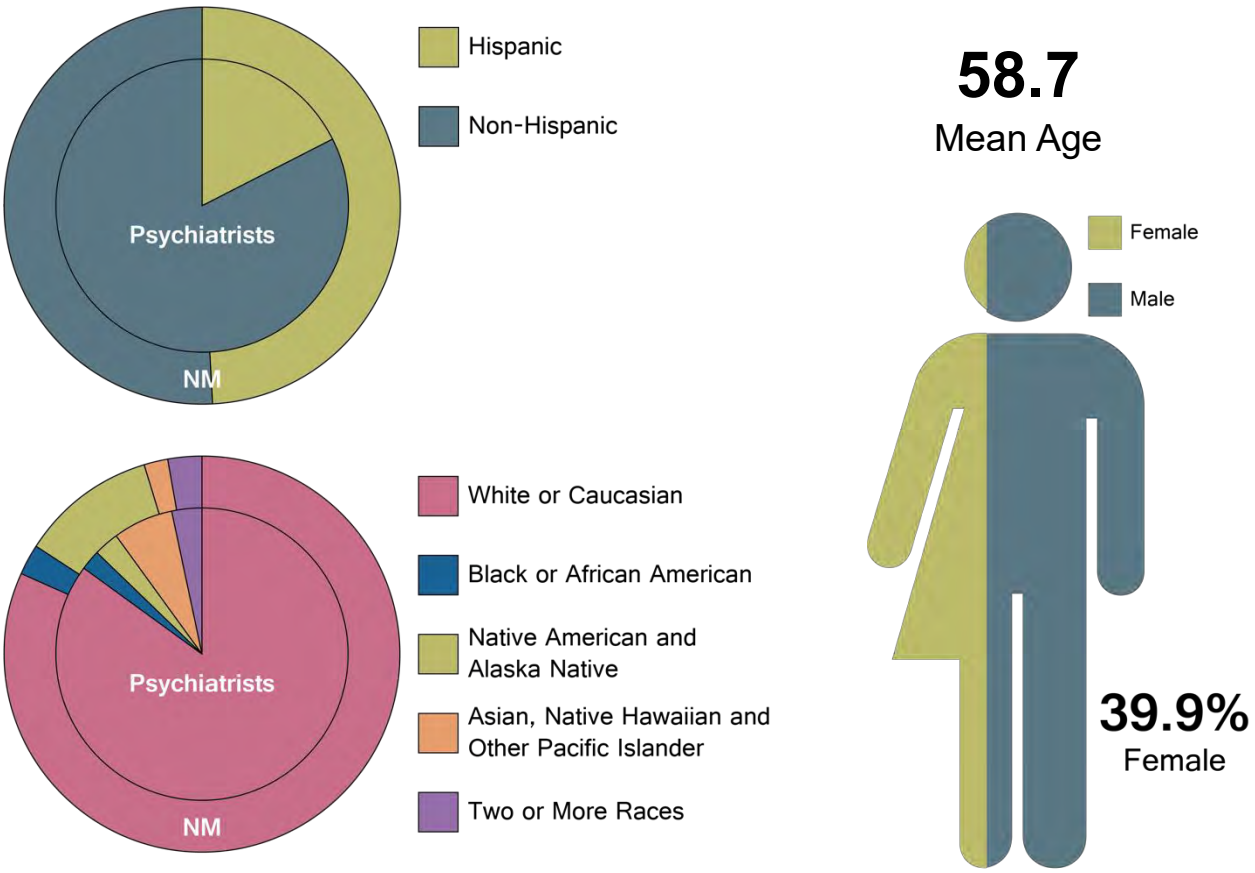


Figure 5.17. Demographic features of the NM psychiatrist workforce. Clockwise from top right: mean age, percent male or female, proportions of NM psychiatrists (center circle) and the NM population (outer circle) for race and ethnicity.

V.D. Nurses

V.D.1. Registered Nurses and Clinical Nurse Specialists

V.D.1.a. Benchmark Analysis

In 2019, an estimated 15,539 RNs and CNSs were practicing in New Mexico, with counties varying between 1,751 above benchmark and 727 below (Figure 5.18). Table 5.6 tracks the RN workforce since the profession was first analyzed for 2012. Five counties have showed a net gain of RNs, with only one county above benchmark for these practitioners. RNs represent the state's greatest shortfall relative to benchmark, with 4,234 fewer than the national benchmark as a whole. However, ***assuming no redistribution of the current workforce, an additional 5,985 RNs would be needed for all New Mexico counties to meet the national benchmark (increased this year from 86.4 to 94.3 per 10,000 population).***

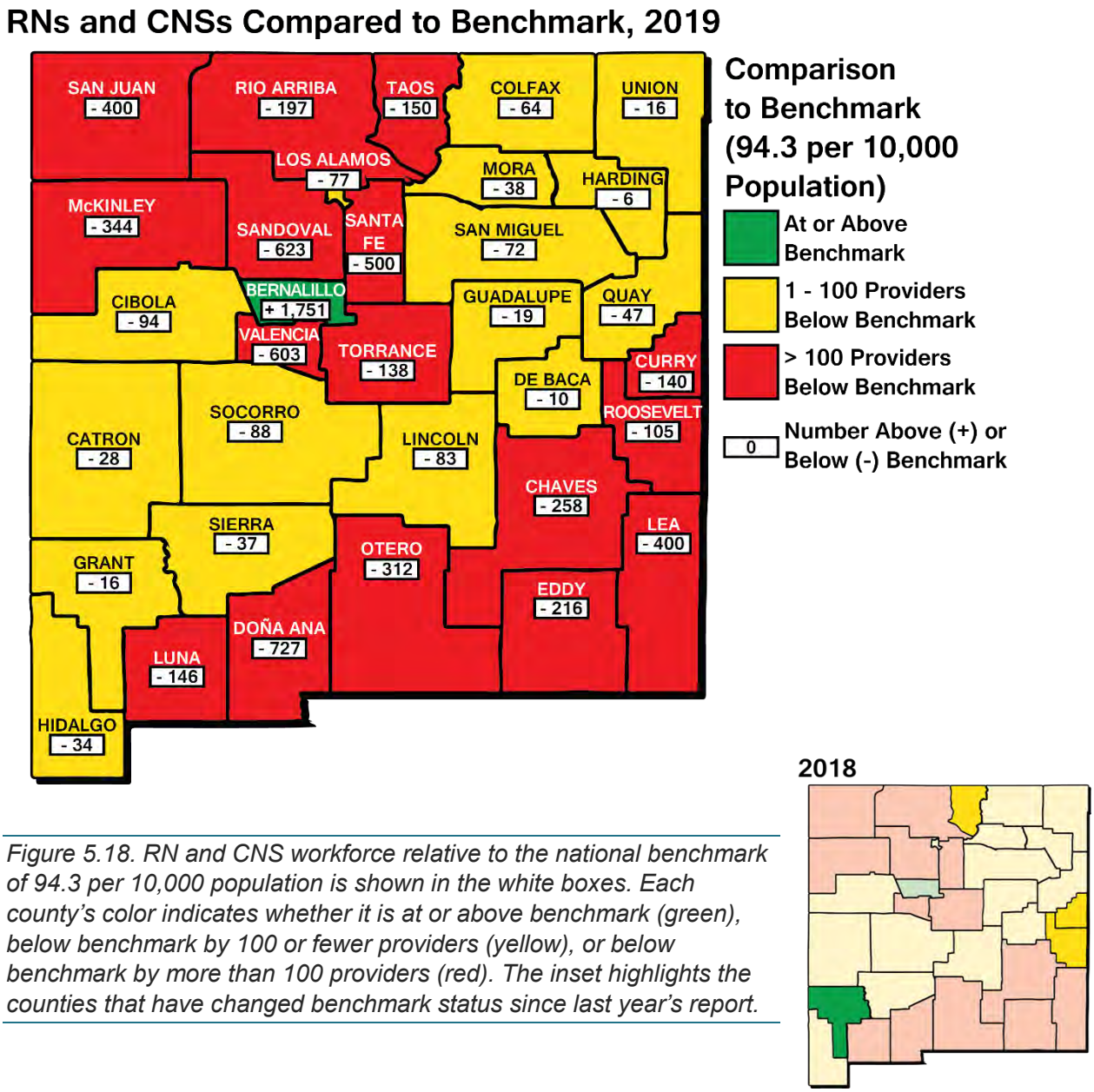


Figure 5.18. RN and CNS workforce relative to the national benchmark of 94.3 per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 100 or fewer providers (yellow), or below benchmark by more than 100 providers (red). The inset highlights the counties that have changed benchmark status since last year's report.

Table 5.6. Registered Nurse Distribution by New Mexico County Since 2012

County	2013 [a]	2016	2017	2018	2019[b]	Net Change Since 2013
Bernalillo	7,725	8,344	8,895	8,924	8,155	430
Catron	9	10	7	7	5	-4
Chaves	422	442	449	415	351	-71
Cibola	125	170	185	172	158	33
Colfax	69	65	73	66	49	-20
Curry	312	345	383	356	322	10
De Baca	6	7	8	7	6	0
Doña Ana	1,403	1,490	1,569	1,516	1,331	-72
Eddy	390	412	437	389	335	-55
Grant	304	325	323	287	239	-65
Guadalupe	17	19	24	26	22	5
Harding	1	0	0	0	0	-1
Hidalgo	7	4	4	6	6	-1
Lea	344	359	368	323	270	-74
Lincoln	120	123	135	120	102	-18
Los Alamos	152	150	166	141	106	-46
Luna	81	104	100	97	78	-3
McKinley	428	457	474	396	329	-99
Mora	8	15	13	10	5	-3
Otero	388	384	394	371	324	-64
Quay	34	35	28	28	31	-3
Rio Arriba	176	182	206	203	170	-6
Roosevelt	70	81	85	87	69	-1
San Juan	845	881	927	884	769	-76
San Miguel	259	266	260	218	185	-74
Sandoval	379	800	884	869	761	382
Santa Fe	1,087	1,129	1,138	1,063	918	-169
Sierra	66	70	79	78	65	-1
Socorro	82	81	91	75	69	-13
Taos	192	215	222	187	159	-33
Torrance	22	35	36	12	8	-14
Union	37	25	29	24	22	-15
Valencia	153	194	181	169	120	-33
STATE TOTAL	**15,713**	**17,219**	**18,173**	**17,526**	**15,539**	**-174**

[a] Registered nurse data were not analyzed for 2013 – 2015.
[b] Inclusion criteria were updated to remove nonpracticing providers.

A total of 28,829 RNs and CNSs held New Mexico licenses during 2019. Of these individuals, 12,160 were identified as out of state, 1,130 were excluded from analysis as nonpracticing and 15,539 were in active practice in New Mexico (Figure 5.19).

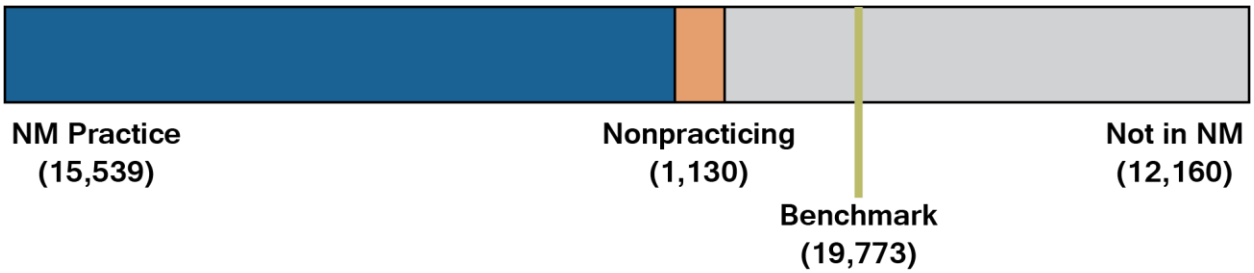
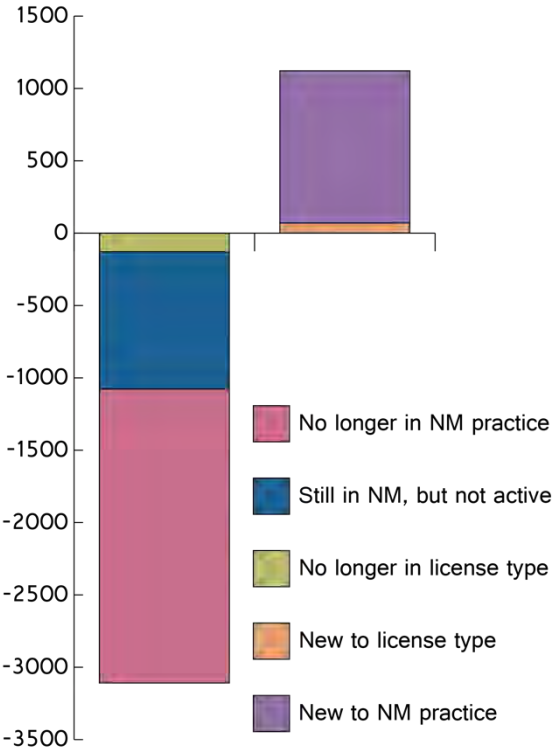


Figure 5.19. New Mexico's RN and CNS licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of RNs practicing in New Mexico has decreased by 1,987 individuals since 2018, with the losses and gains relative to the 2018 workforce shown in Figure 5.20. The largest contribution to the net loss was RNs no longer in New Mexico (-2,032), followed by about half this number of RNs estimated as practicing in 2018 but excluded as nonpracticing in 2019 (-949). It is worth noting that the state gained 1,052 RNs and CNSs newly licensed in the state in 2019, although this was not enough to offset those leaving New Mexico practice.

Figure 5.20. Changes to the RN and CNS workforce practicing in New Mexico since 2018, showing the number that have left the state (pink), are not practicing (blue) or for whom RN or CNS is no longer the highest level license (green) in contrast to the number newly classified in this group as their highest level license (orange) or new to NM (purple).

V.D.1.c. Demographics

Demographic features of New Mexico RNs and CNSs are shown in Figure 5.21. Relative to the state's population, RNs are less likely to identify as Hispanic, or Native American and Alaska Native and more likely to identify as Asian, Native Hawaiian and Other Pacific Islander. The state's RN workforce is 87.7% female, with a mean age of 46.6 years. Although still less likely than the population of the state as a whole to identify as Hispanic, at 33.3% Hispanic RNs – along with pharmacists and EMTs – are one of only three professions with more than 30% of the workforce who do so. Detailed data for these findings may be found in Appendix C (p. 151).

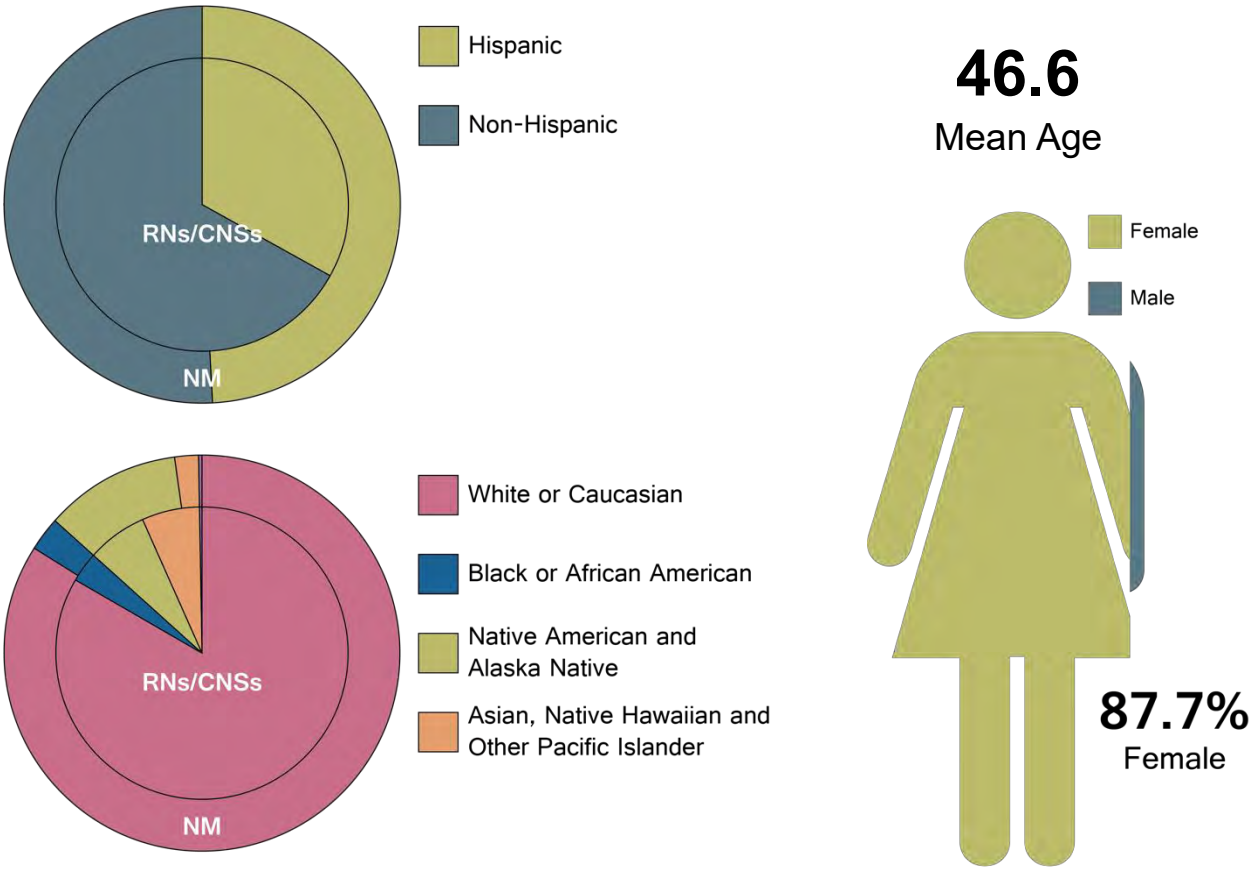


Figure 5.21. Demographic features of the NM RN and CNS workforce. Clockwise from top right: mean age, percent male or female, proportions of NM RNs/CNSs (center circle) and the NM population (outer circle) for race and ethnicity.

V.D.2. Certified Nurse Practitioners

V.D.2.a. Benchmark Analysis

In 2019, an estimated 1,434 CNPs were practicing in New Mexico, with counties varying between 167 above benchmark and 53 below (Figure 5.22). Table 5.7 tracks the CNP workforce since the profession was first analyzed for 2013. Twenty-three counties have showed a net gain of CNPs, with seven counties above benchmark for these practitioners. The state as a whole has 76 fewer CNPs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 282 CNPs would be needed for all New Mexico counties to meet the national benchmark (increased this year from 5.9 to 7.2 per 10,000 population).***

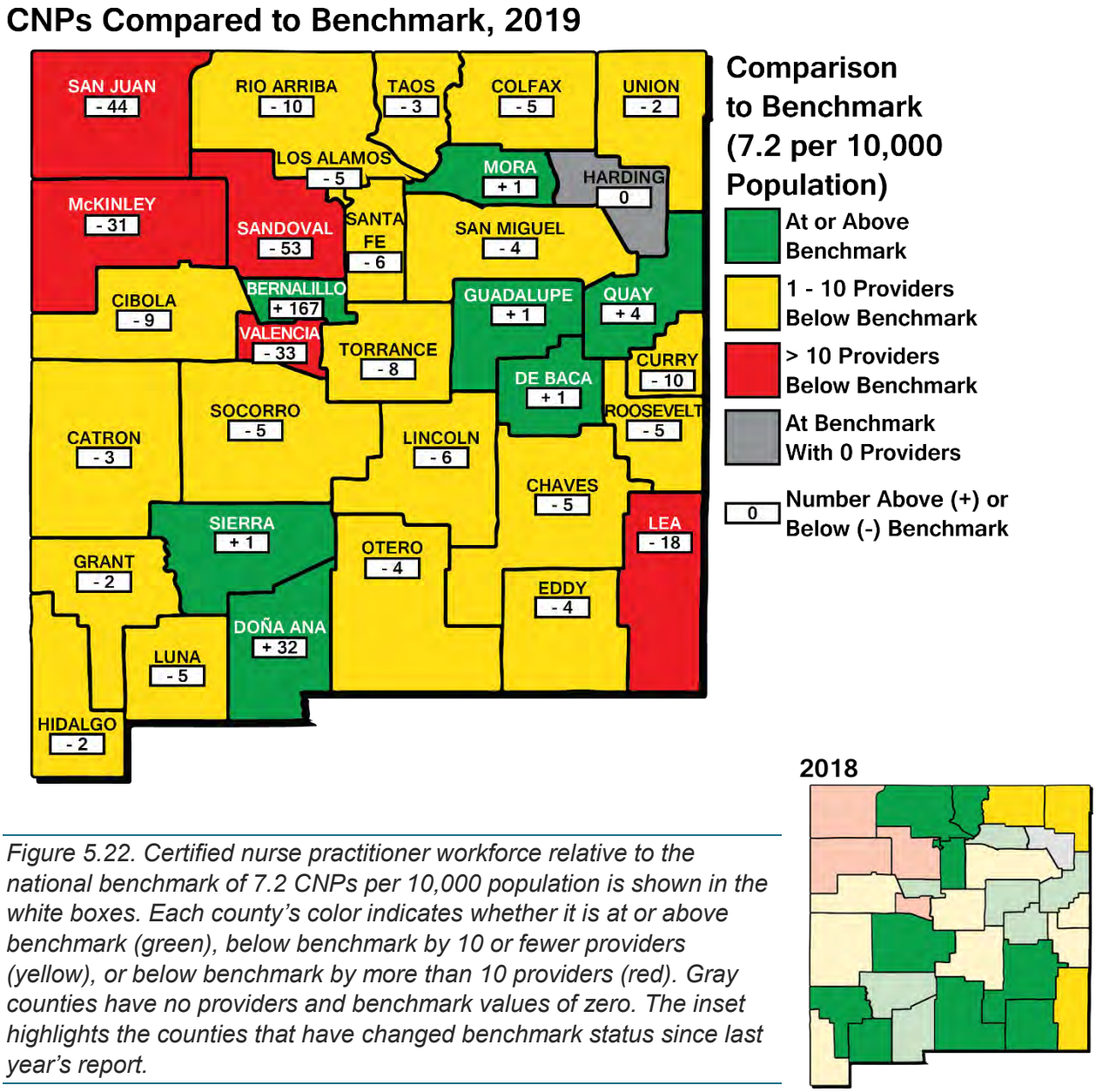


Figure 5.22. Certified nurse practitioner workforce relative to the national benchmark of 7.2 CNPs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red). Gray counties have no providers and benchmark values of zero. The inset highlights the counties that have changed benchmark status since last year's report.

Table 5.7. Certified Nurse Practitioner Distribution by New Mexico County Since 2013

County	2013	2014	2015	2016	2017	2018	2019[a]	Net Change Since 2013
Bernalillo	533	595	636	643	703	717	656	123
Catron	0	0	0	0	0	0	0	0
Chaves	25	31	27	29	31	46	42	17
Cibola	9	9	12	13	16	13	10	1
Colfax	5	7	7	10	5	6	4	-1
Curry	19	23	22	28	28	23	25	6
De Baca	1	2	2	1	1	2	2	1
Doña Ana	112	125	130	131	138	174	189	77
Eddy	36	33	44	45	48	47	38	2
Grant	12	14	14	17	15	20	17	5
Guadalupe	3	3	3	3	4	4	4	1
Harding	0	1	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	0	1	1
Lea	26	24	28	33	36	38	33	7
Lincoln	9	6	7	10	8	7	8	-1
Los Alamos	6	8	9	8	10	12	9	3
Luna	13	14	16	15	17	15	12	-1
McKinley	16	21	25	26	30	26	20	4
Mora	4	3	4	4	4	4	4	0
Otero	12	18	22	28	29	41	45	33
Quay	8	7	11	13	13	11	10	2
Rio Arriba	23	21	24	20	28	30	18	-5
Roosevelt	7	8	10	9	9	8	8	1
San Juan	28	33	28	43	40	37	45	17
San Miguel	13	15	15	14	11	12	16	3
Sandoval	29	54	37	56	52	61	53	24
Santa Fe	85	91	96	112	110	112	102	17
Sierra	2	1	5	6	8	9	9	7
Socorro	7	9	8	9	10	11	7	0
Taos	18	18	23	27	24	26	21	3
Torrance	5	10	5	5	4	3	33	-2
Union	2	3	3	2	3	1	1	-1
Valencia	21	21	20	19	18	26	22	1
STATE TOTAL	**1,089**	**1,228**	**1,293**	**1,379**	**1,453**	**1,542**	**1,434**	**453**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 2,856 CNPs held New Mexico licenses during 2019. Of these individuals, 1,336 were identified as out of state, 86 were excluded from analysis as nonpracticing and 1,434 were in active practice in New Mexico (Figure 5.23).

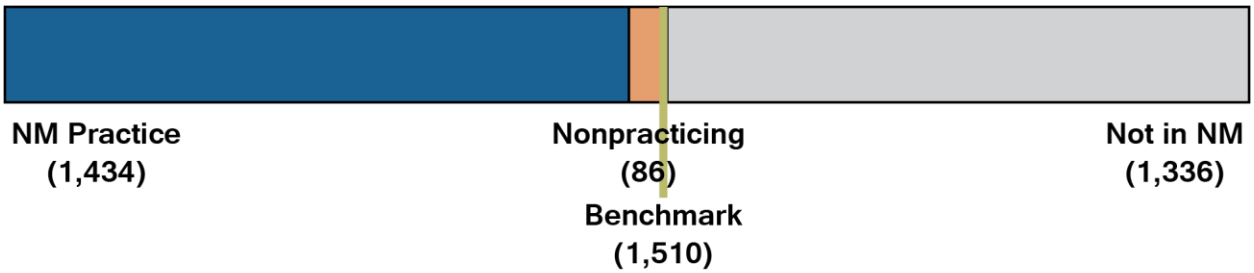
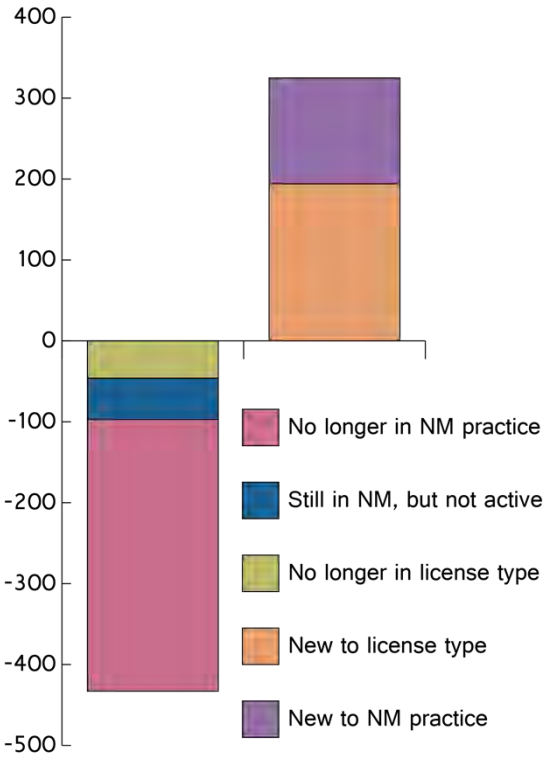


Figure 5.23. New Mexico's certified nurse practitioner licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of CNPs practicing in New Mexico has decreased by 108 individuals since 2018, with the losses and gains relative to the 2018 workforce shown in Figure 5.24. The largest contribution to the net loss was CNPs no longer in New Mexico (-336), followed by nearly equal numbers of CNPs estimated as practicing in 2018 but excluded as nonpracticing in 2019 (-51) and those no longer classified with this license type (-46). This latter category comprises chiefly CNSs, who are now counted with RNs consistent with the criteria of the new benchmark metrics for these professions.

Many of the 194 CNPs shown as new to this license group are psychiatric CNPs, who were excluded under the prior benchmark metric but now counted with this group.

Figure 5.24. Changes to the CNP workforce practicing in New Mexico since 2018, showing the number that have left the state (pink), are not practicing (blue) or no longer grouped with CNPs (green) in contrast to the number newly licensed at this level (orange) or new to NM (purple).

V.D.2.c. Demographics

Demographic features of New Mexico CNPs are shown in Figure 5.25. Relative to the state's population, CNPs are less likely to identify as Hispanic or Native American and Alaska Native and more likely to identify as White or Caucasian, Black or African American or Asian, Native Hawaiian and Other Pacific Islander. The state's CNP workforce is 85.6% female, with a mean age of 49.3 years. Detailed data for these findings may be found in Appendix C (p. 151).

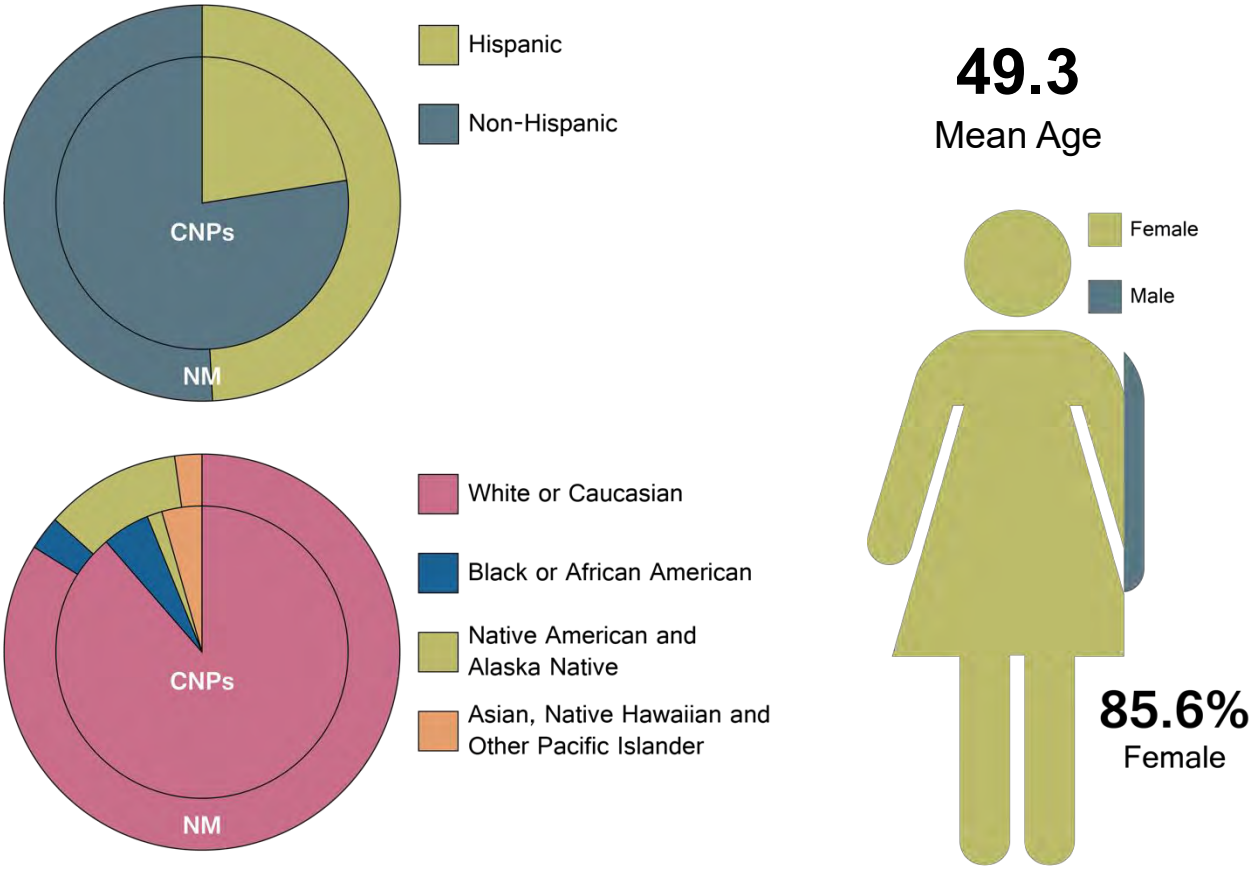


Figure 5.25. Demographic features of the NM CNP workforce. Clockwise from top right: mean age, percent male or female, proportions of NM CNPs (center circle) and the NM population (outer circle) for race and ethnicity.

V.D.3. Certified Nurse-Midwives

V.D.3.a. Benchmark Analysis

In 2019, an estimated 154 CNMs were practicing in New Mexico, with counties varying between 67 above benchmark and 2 below (Figure 5.26). Table 5.8 tracks the CNM workforce since the profession was first analyzed for 2016. Six counties have showed a net gain of CNMs, with nine counties at or above benchmark for these practitioners. The state as a whole has 79 more CNMs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 13 CNMs would be needed for all New Mexico counties to meet the national benchmark (0.71 per 10,000 female population).***

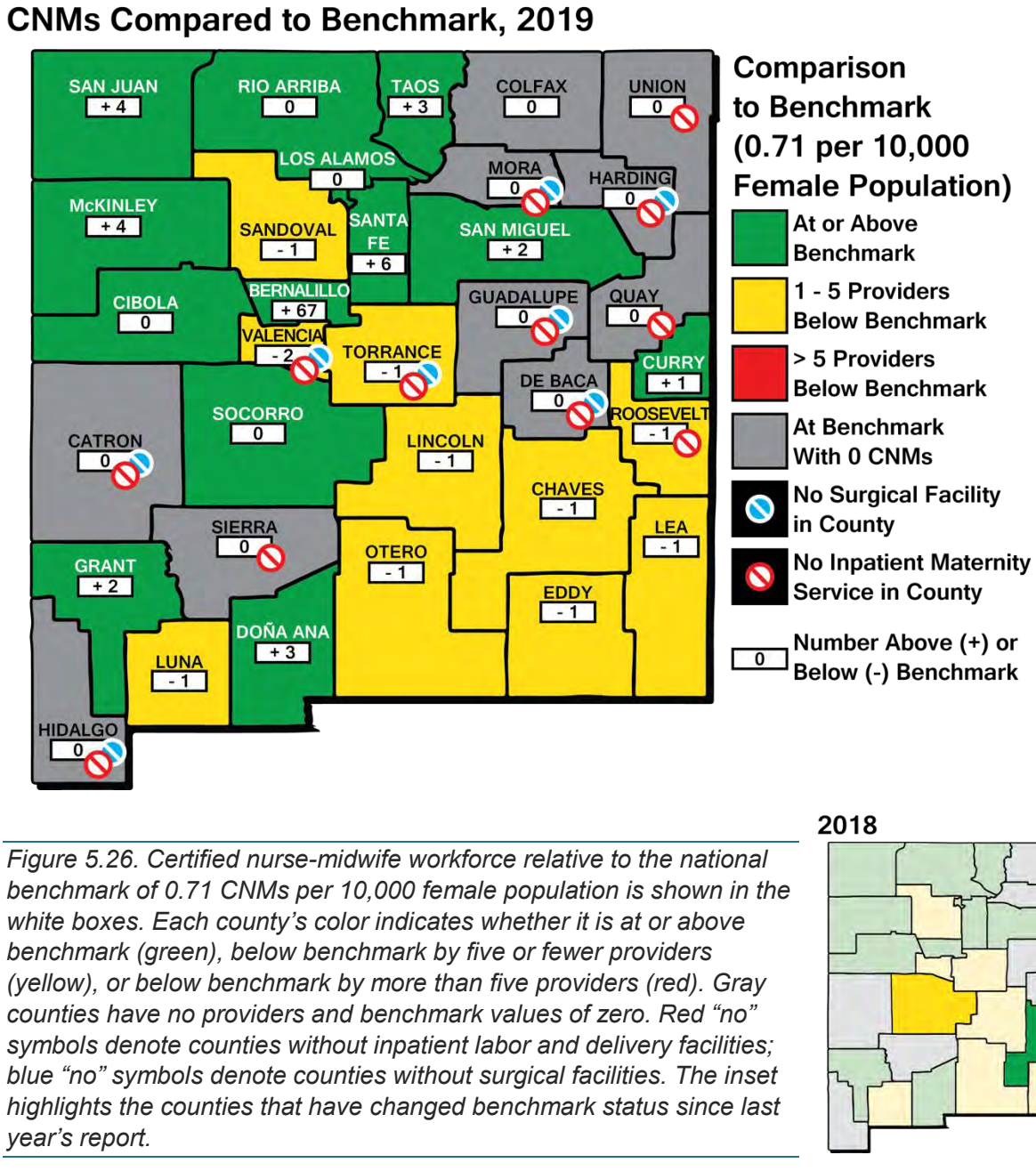


Figure 5.26. Certified nurse-midwife workforce relative to the national benchmark of 0.71 CNMs per 10,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. Red "no" symbols denote counties without inpatient labor and delivery facilities; blue "no" symbols denote counties without surgical facilities. The inset highlights the counties that have changed benchmark status since last year's report.

Table 5.8. Certified Nurse-Midwife Distribution by New Mexico County Since 2016

County	2016	2017	2018	2019[a]	Net Change Since 2013
Bernalillo	89	104	101	91	2
Catron	0	0	0	0	0
Chaves	2	3	3	1	-1
Cibola	1	1	1	1	0
Colfax	0	0	0	0	0
Curry	3	3	3	3	0
De Baca	0	0	0	0	0
Doña Ana	9	14	14	11	2
Eddy	1	1	1	1	0
Grant	4	4	4	3	-1
Guadalupe	0	0	0	0	0
Harding	0	0	0	0	0
Hidalgo	0	0	0	0	0
Lea	0	0	0	1	1
Lincoln	0	0	0	0	0
Los Alamos	1	2	2	1	0
Luna	0	0	0	0	0
McKinley	7	7	7	7	0
Mora	0	0	0	0	0
Otero	1	1	1	1	0
Quay	0	0	0	0	0
Rio Arriba	0	2	3	1	1
Roosevelt	0	0	0	0	0
San Juan	6	9	11	8	2
San Miguel	3	3	1	3	0
Sandoval	8	5	2	4	-4
Santa Fe	16	14	11	11	-5
Sierra	0	0	0	0	0
Socorro	1	0	0	1	0
Taos	4	4	3	4	0
Torrance	0	0	0	0	0
Union	0	0	0	0	0
Valencia	0	1	1	1	1
STATE TOTAL	**156**	**178**	**169**	**154**	**-2**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 218 CNMs held New Mexico licenses during 2019. Of these individuals, 57 were identified as out of state, 7 were excluded from analysis as nonpracticing and 154 were in active practice in New Mexico (Figure 5.27).

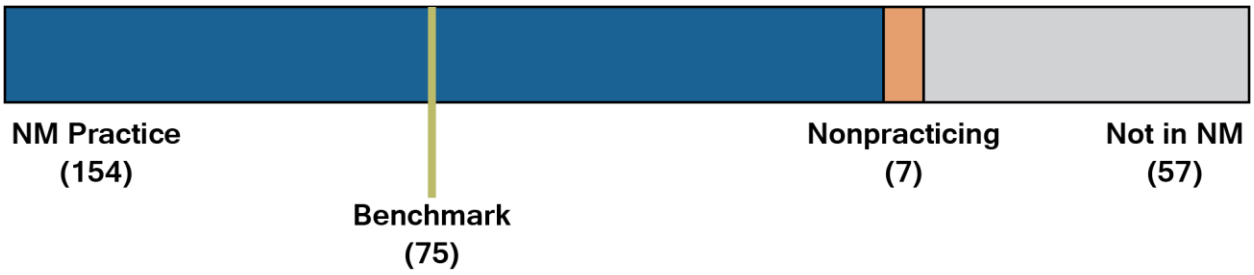
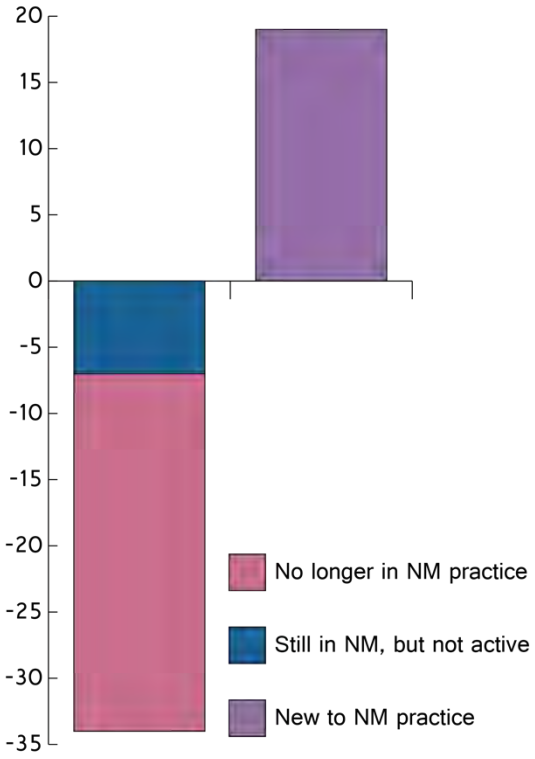


Figure 5.27. New Mexico's certified nurse-midwife licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of CNMs practicing in New Mexico has decreased by 15 individuals since 2018, with the losses and gains relative to the 2018 workforce shown in Figure 5.28. The largest contribution to the net loss was CNMs no longer in the state in 2019 (-27), a number not entirely offset by the newly licensed CNMs practicing in New Mexico (+19).

Figure 5.28. Changes to the CNM workforce practicing in New Mexico since 2018, showing the number that have left the state (pink) or are not practicing (blue) in contrast to the number new to NM (purple).

V.D.3.c. Demographics

Demographic features of New Mexico CNMs are shown in Figure 5.29. Relative to the state's population, CNMs are less likely to identify as Hispanic, Black or African American, or Native American and Alaska Native and more likely to identify as White or Caucasian. The state's CNM workforce is 100% female, with a mean age of 49.2 years, similar to CNPs. Detailed data for these findings may be found in Appendix C (p. 151).

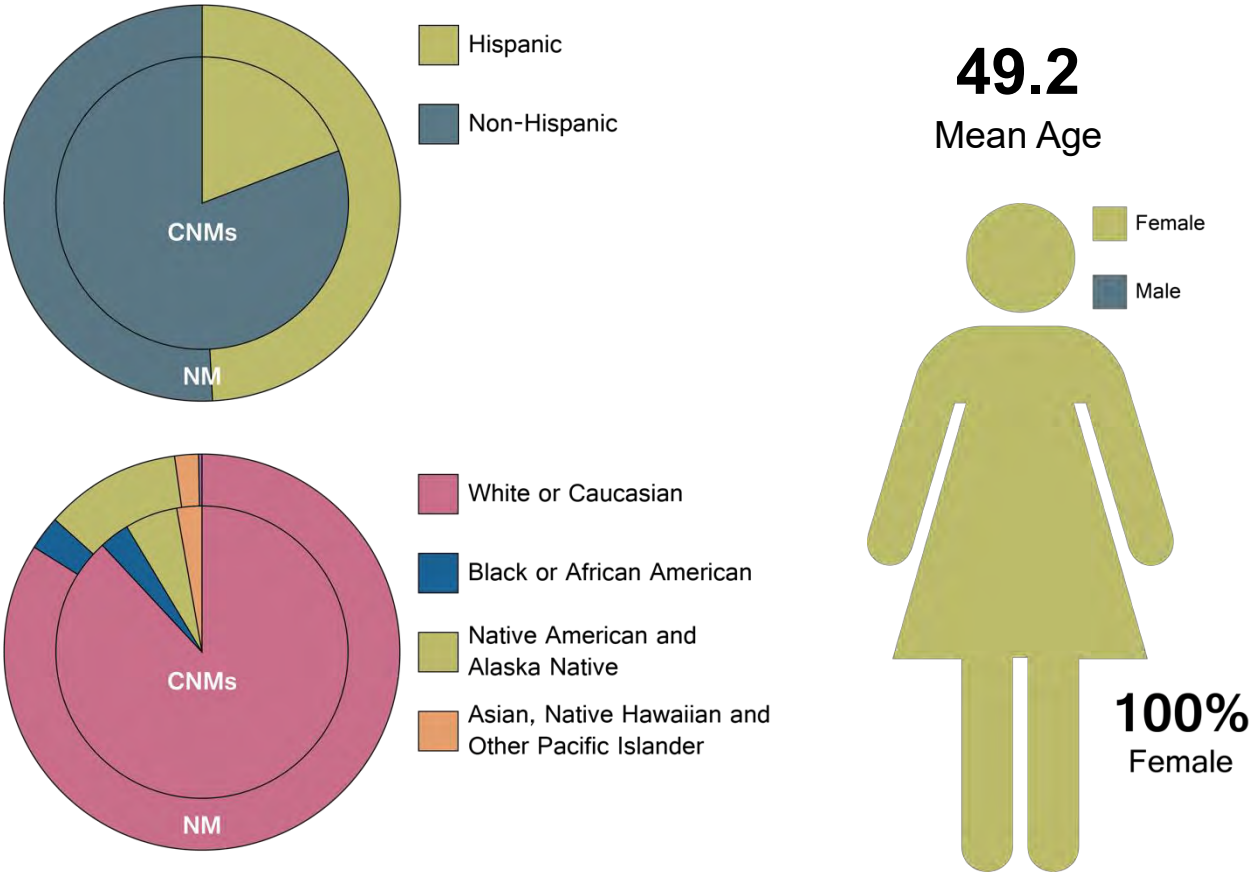


Figure 5.29. Demographic features of the NM CNM workforce. Clockwise from top right: mean age, percent male or female, proportions of NM CNMs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E. Other Health Professions

V.E.1. Physician Assistants

V.E.1.a. Benchmark Analysis

In 2019, an estimated 851 PAs were practicing in New Mexico, with counties varying between 160 above benchmark and 43 below (Figure 5.30). Table 5.9 tracks the PA workforce since the profession was first analyzed for 2014. Fourteen counties have showed a net gain of PAs, with six counties at or above benchmark for these practitioners. The state as a whole has 51 fewer PAs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 234 PAs would be needed for all New Mexico counties to meet the national benchmark (increased this year from 3.0 to 4.3 per 10,000 population).***

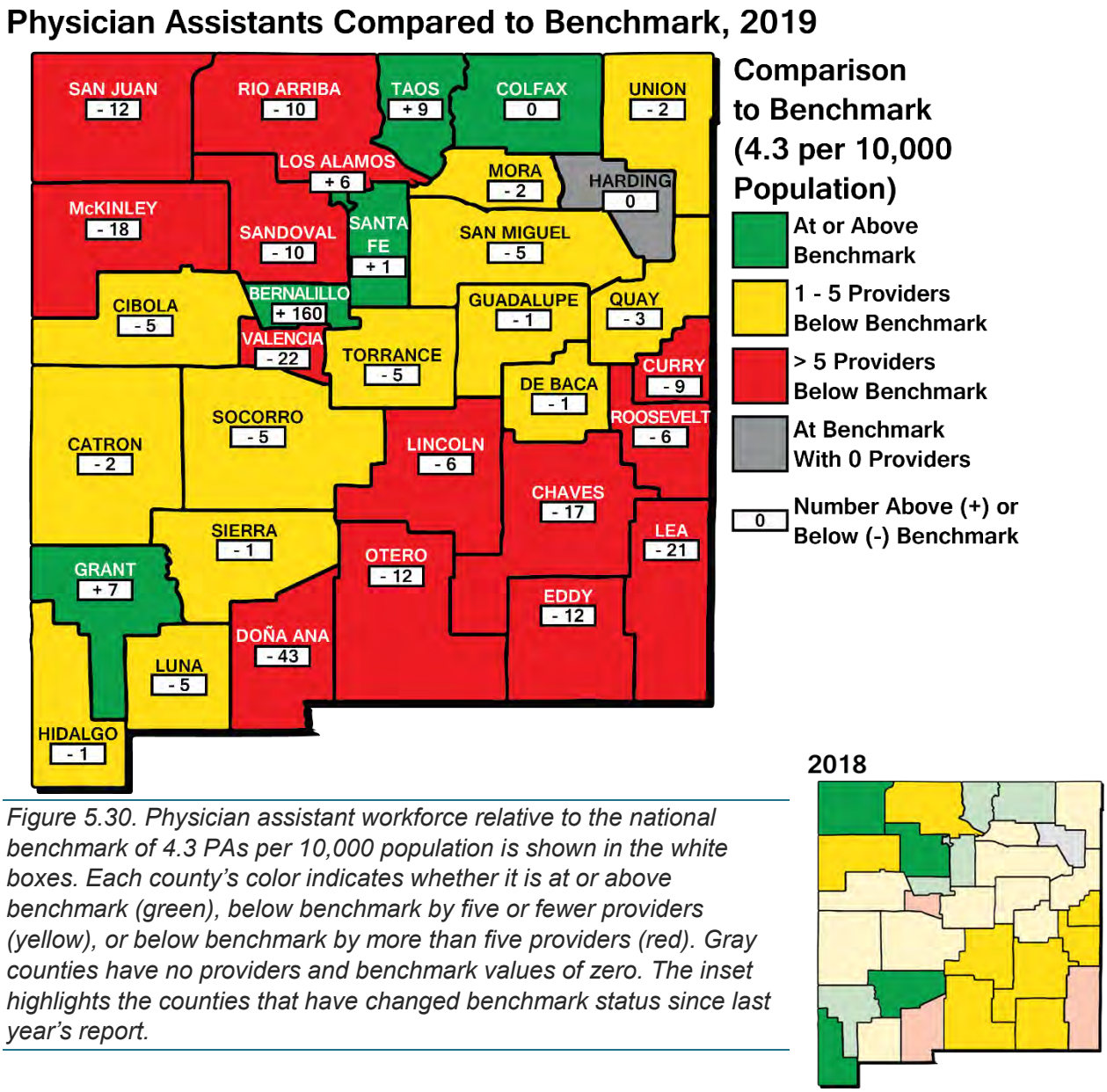


Figure 5.30. Physician assistant workforce relative to the national benchmark of 4.3 PAs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. The inset highlights the counties that have changed benchmark status since last year's report.

Table 5.9. Physician Assistant Distribution by New Mexico County Since 2014

County	2014	2015	2016	2017	2018	2019[a]	Net Change Since 2013
Bernalillo	351	358	391	409	430	452	101
Catron	0	0	0	0	0	0	0
Chaves	14	12	13	15	14	11	-3
Cibola	0	4	5	4	5	6	6
Colfax	4	4	3	4	5	5	1
Curry	6	9	12	11	10	12	6
De Baca	0	0	0	0	0	0	0
Doña Ana	33	35	38	44	41	51	18
Eddy	6	10	10	9	13	13	7
Grant	18	18	15	17	17	19	1
Guadalupe	1	0	0	1	0	1	0
Harding	0	0	0	0	0	0	0
Hidalgo	1	2	2	1	1	1	0
Lea	10	9	9	11	9	10	0
Lincoln	1	1	2	2	2	2	1
Los Alamos	6	11	11	13	14	14	8
Luna	3	3	3	3	4	5	2
McKinley	12	13	12	10	13	13	1
Mora	0	1	1	0	0	0	0
Otero	11	14	14	14	14	17	6
Quay	0	0	0	1	0	1	1
Rio Arriba	8	10	10	7	6	7	-1
Roosevelt	3	3	2	3	3	2	-1
San Juan	38	35	36	42	40	41	3
San Miguel	8	7	7	9	6	7	-1
Sandoval	54	45	53	52	53	53	-1
Santa Fe	66	58	61	75	66	66	0
Sierra	4	5	4	4	4	4	0
Socorro	3	2	2	1	1	2	-1
Taos	19	19	19	19	20	23	4
Torrance	0	2	3	3	4	2	2
Union	0	0	0	0	0	0	0
Valencia	14	8	8	8	10	11	-3
STATE TOTAL	**694**	**698**	**746**	**792**	**805**	**851**	**157**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 1,129 PAs held New Mexico licenses during 2019. Of these individuals, 264 were identified as out of state, 14 were excluded from analysis as nonpracticing and 851 were in active practice in New Mexico (Figure 5.31).

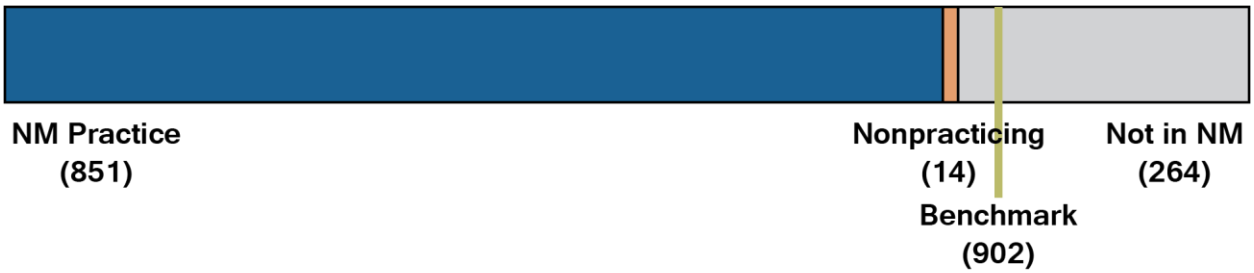
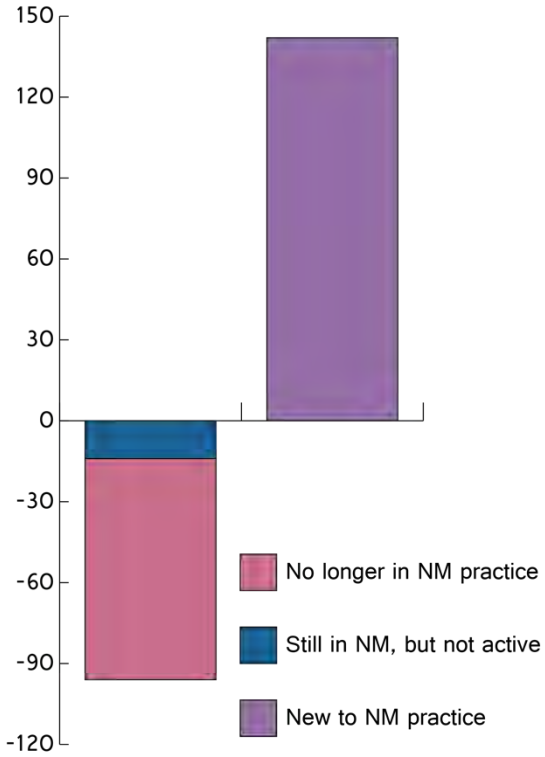


Figure 5.31. New Mexico's physician assistant licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of PAs practicing in New Mexico has increased by 46 individuals since 2018, with the losses and gains relative to the 2018 workforce shown in Figure 5.32. The net loss from PAs leaving New Mexico (-82) or no longer actively practicing (-14) was offset by the gain of 142 PAs new to the state.

Figure 5.32. Changes to the PA workforce practicing in New Mexico since 2018, showing the number that have left the state (pink) or are not practicing (blue) in contrast to the number new to NM (purple).

V.E.1.c. Demographics

Demographic features of New Mexico PAs are shown in Figure 5.33. Relative to the state's population, PAs are less likely to identify as Hispanic, Black or African American, or Native American and Alaska Native and more likely to identify as White or Caucasian or Asian, Native Hawaiian and Other Pacific Islander. The state's PA workforce is 61.7% female, with a mean age of 44.9 years. Detailed data for these findings may be found in Appendix C (p. 151).

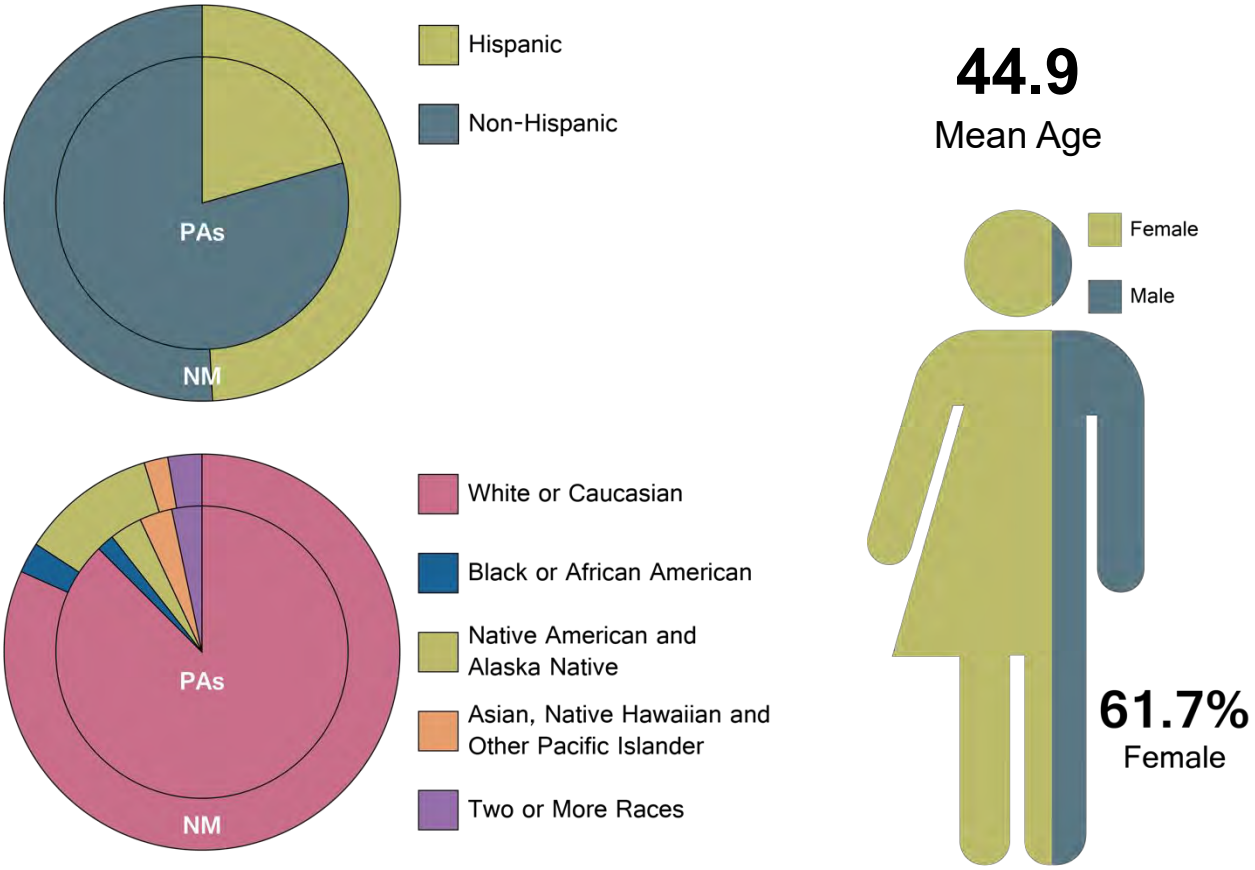


Figure 5.33. Demographic features of the NM PA workforce. Clockwise from top right: mean age, percent male or female, proportions of NM PAs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.2. Dentists

V.E.2.a. Benchmark Analysis

In 2019, an estimated 1,208 dentists were practicing in New Mexico, with counties varying between 249 above benchmark and 11 below (Figure 5.34). Table 5.10 tracks the dentist workforce since the profession was first analyzed for 2014. Sixteen counties have showed a net gain of dentists, with 15 counties at or above benchmark for these practitioners. The state as a whole has 369 more dentists than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 40 dentists would be needed for all New Mexico counties to meet the national benchmark (4.0 per 10,000 population).***

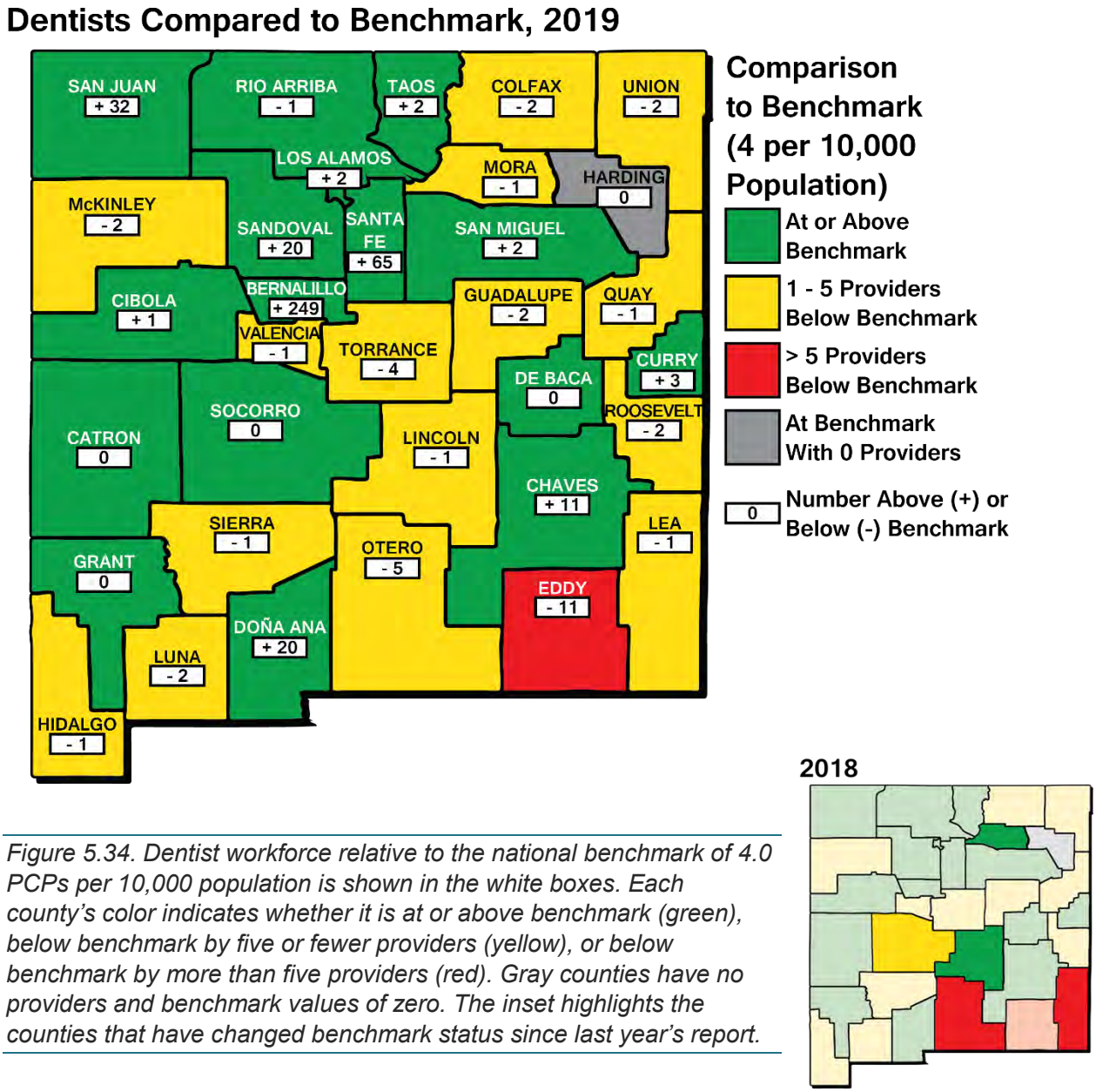


Figure 5.34. Dentist workforce relative to the national benchmark of 4.0 PCPs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. The inset highlights the counties that have changed benchmark status since last year's report.

Table 5.10. Dentist Distribution by New Mexico County Since 2014

County	2014	2015	2016	2017	2018	2019[a]	Net Change Since 2014
Bernalillo	480	504	508	533	530	521	41
Catron	1	1	1	1	1	1	0
Chaves	21	24	28	32	35	37	16
Cibola	8	8	9	11	11	12	4
Colfax	4	4	4	4	3	3	-1
Curry	25	29	27	24	24	23	-2
De Baca	0	0	0	0	1	1	1
Doña Ana	95	104	106	109	114	107	12
Eddy	15	19	19	17	14	12	-3
Grant	13	11	13	12	12	11	-2
Guadalupe	1	1	2	1	0	0	-1
Harding	0	0	0	0	0	0	0
Hidalgo	0	0	0	1	1	1	1
Lea	19	17	23	22	19	27	8
Lincoln	8	10	8	9	8	7	-1
Los Alamos	16	15	14	12	12	10	-6
Luna	7	7	8	7	8	7	0
McKinley	32	31	29	28	28	27	-5
Mora	1	1	2	2	2	1	0
Otero	19	18	17	21	20	22	3
Quay	1	1	1	1	2	2	1
Rio Arriba	10	11	14	16	16	15	5
Roosevelt	3	3	5	4	5	5	2
San Juan	71	78	88	89	87	82	11
San Miguel	12	10	9	10	11	13	1
Sandoval	60	60	69	77	75	79	19
Santa Fe	112	114	121	117	120	125	13
Sierra	6	4	3	2	3	3	-3
Socorro	4	4	4	5	6	7	3
Taos	15	17	16	20	17	15	0
Torrance	2	2	2	2	2	2	0
Union	0	0	0	0	0	0	0
Valencia	20	23	21	26	29	30	10
STATE TOTAL	**1,081**	**1,131**	**1,171**	**1,215**	**1,216**	**1,208**	**127**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 1,601 dentists held New Mexico licenses during 2019. Of these individuals, 369 were identified as out of state, 24 were excluded from analysis as nonpracticing and 1,208 were in active practice in New Mexico (Figure 5.35).

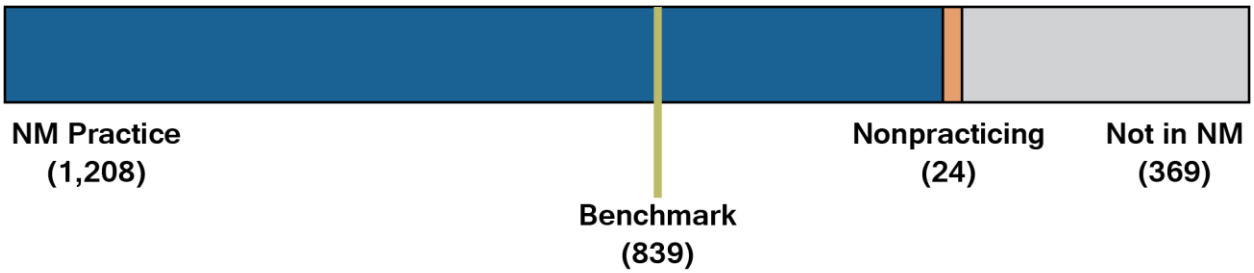
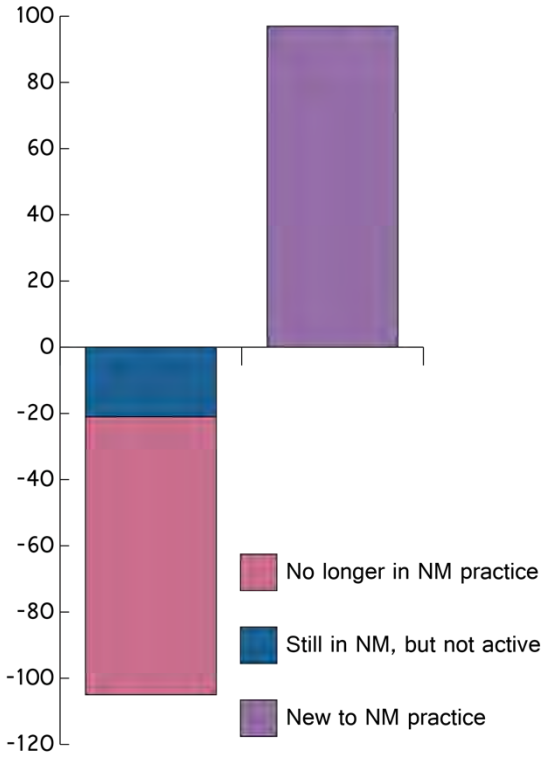


Figure 5.35. New Mexico's dentist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of dentists practicing in New Mexico has decreased by eight individuals since 2018, with the losses and gains relative to the 2018 workforce shown in Figure 5.36. The largest contribution to the net loss was dentists no longer in the state (-84), followed by 21 providers who were excluded as nonpracticing. These losses were not entirely offset by the addition of 97 dentists new to New Mexico.

Figure 5.36. Changes to the dentist workforce practicing in New Mexico since 2018, showing the number that have left the state (pink) or are not practicing (blue) in contrast to the number new to NM (purple).

V.E.2.c. Demographics

Demographic features of New Mexico dentists are shown in Figure 5.37. Relative to the state's population, dentists are less likely to identify as Hispanic or Native American and Alaska Native and more likely to identify as White or Caucasian or Asian, Native Hawaiian and Other Pacific Islander. The state's dentist workforce is 25.4% female, with a mean age of 48.2 years. Detailed data for these findings may be found in Appendix C (p. 151).

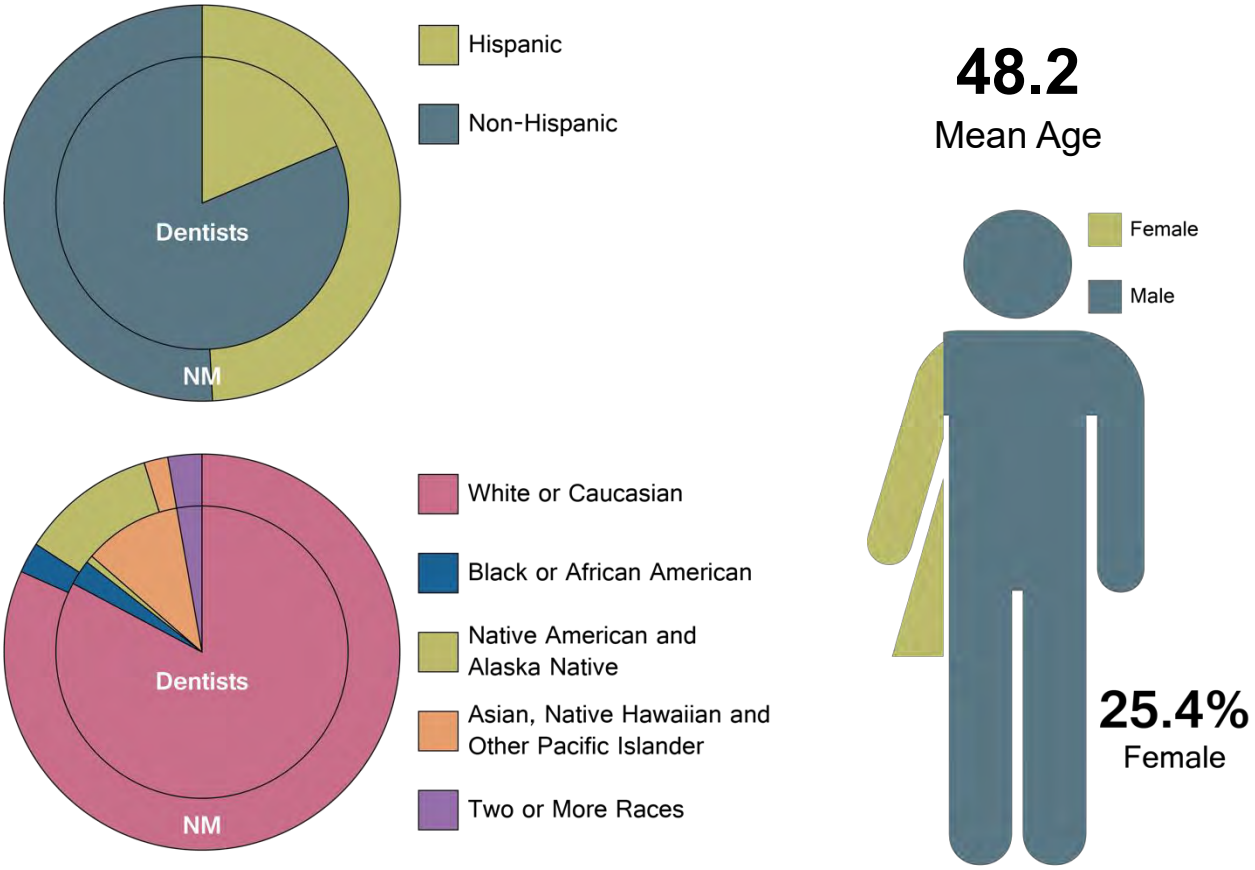


Figure 5.37. Demographic features of the NM dentist workforce. Clockwise from top right: mean age, percent male or female, proportions of NM dentists (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.3. Pharmacists

V.E.3.a. Benchmark Analysis

In 2019, an estimated 1,740 pharmacists were practicing in New Mexico, with counties varying between 418 above benchmark and 52 below (Figure 5.38). Table 5.11 tracks the pharmacist workforce since the profession was first analyzed for 2014. Eleven counties have showed a net gain of pharmacists, with six counties at or above benchmark for these practitioners. The state as a whole has 104 more pharmacists than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 319 pharmacists would be needed for all New Mexico counties to meet the national benchmark (7.8 per 10,000 population).***

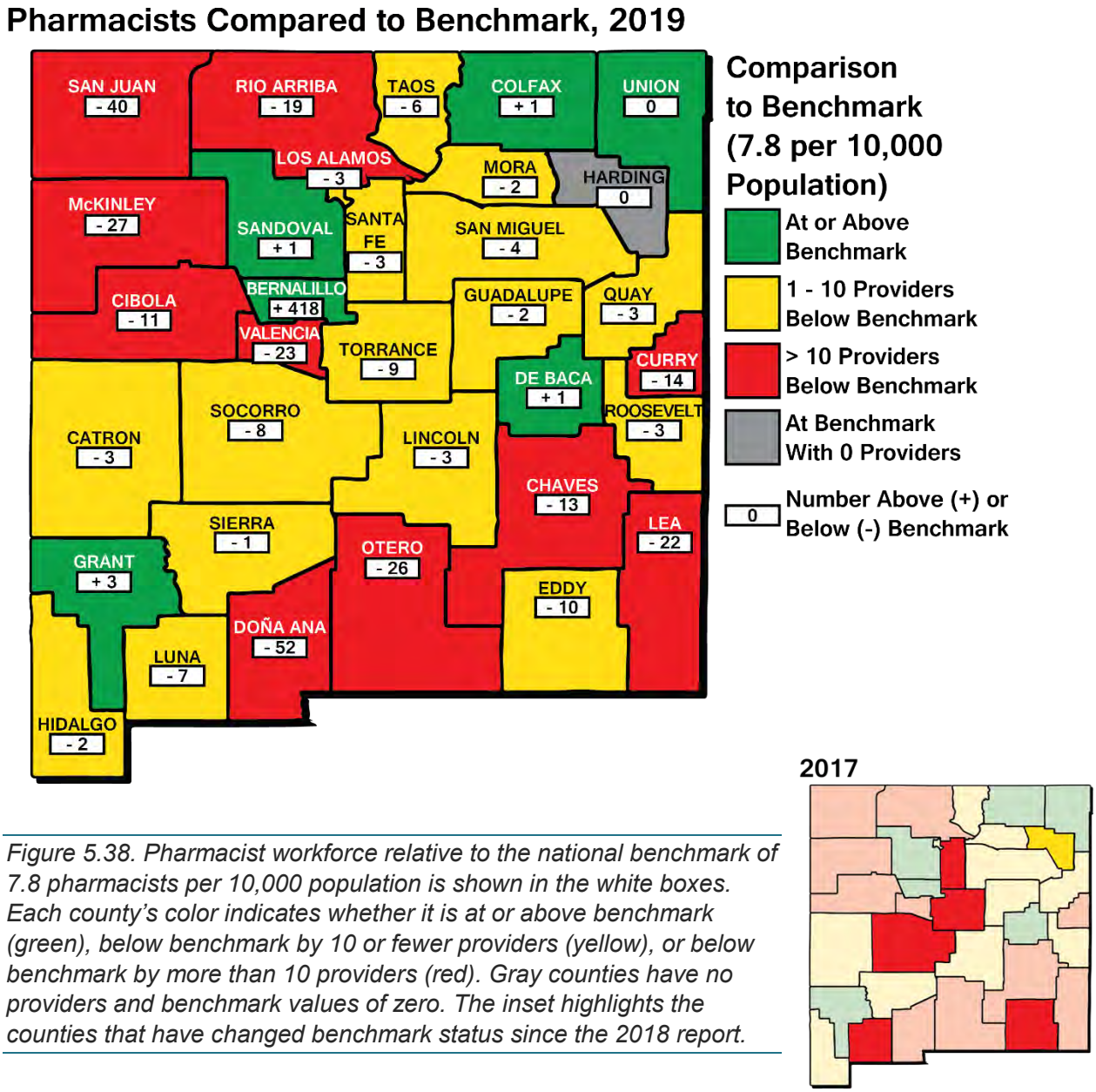


Figure 5.38. Pharmacist workforce relative to the national benchmark of 7.8 pharmacists per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red). Gray counties have no providers and benchmark values of zero. The inset highlights the counties that have changed benchmark status since the 2018 report.

Table 5.11. Pharmacist Distribution by New Mexico County Since 2014

County	2014	2015	2016	2017 [a]	2019[b]	Net Change Since 2014
Bernalillo	1079	1070	1137	1114	948	-131
Catron	0	0	0	0	0	0
Chaves	40	40	40	43	37	-3
Cibola	13	13	11	12	10	-3
Colfax	10	9	8	7	10	0
Curry	25	26	28	25	24	-1
De Baca	2	2	2	2	2	0
Doña Ana	123	121	132	134	118	-5
Eddy	38	40	42	42	36	-2
Grant	20	21	21	23	24	4
Guadalupe	0	0	0	0	1	1
Harding	0	0	0	0	0	0
Hidalgo	1	1	1	1	1	0
Lea	27	26	33	33	33	6
Lincoln	18	15	14	14	12	-6
Los Alamos	12	13	15	12	12	0
Luna	6	6	8	8	11	5
McKinley	25	23	26	28	29	4
Mora	3	3	3	3	2	-1
Otero	22	24	27	28	27	5
Quay	6	6	5	5	3	-3
Rio Arriba	9	9	8	7	11	2
Roosevelt	14	14	13	12	11	-3
San Juan	65	66	65	67	57	-8
San Miguel	19	18	18	19	17	-2
Sandoval	143	142	146	153	115	-28
Santa Fe	112	108	110	112	114	2
Sierra	6	6	6	8	7	1
Socorro	2	2	4	5	5	3
Taos	26	24	27	27	20	-6
Torrance	2	2	1	1	3	1
Union	3	3	3	3	3	0
Valencia	57	58	59	55	37	-20
STATE TOTAL	**1,928**	**1,911**	**2,013**	**2,003**	**1,740**	**-188**

[a] Pharmacists were not analyzed for 2018.
[b] Inclusion criteria were updated to remove nonpracticing providers.

A total of 3,455 pharmacists held New Mexico licenses during 2019. Of these individuals, 1,666 were identified as out of state, 49 were excluded from analysis as nonpracticing and 1,740 were in active practice in New Mexico (Figure 5.39).

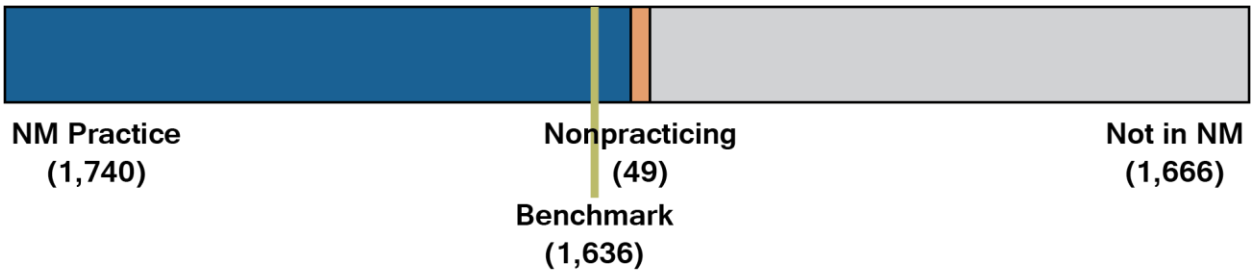
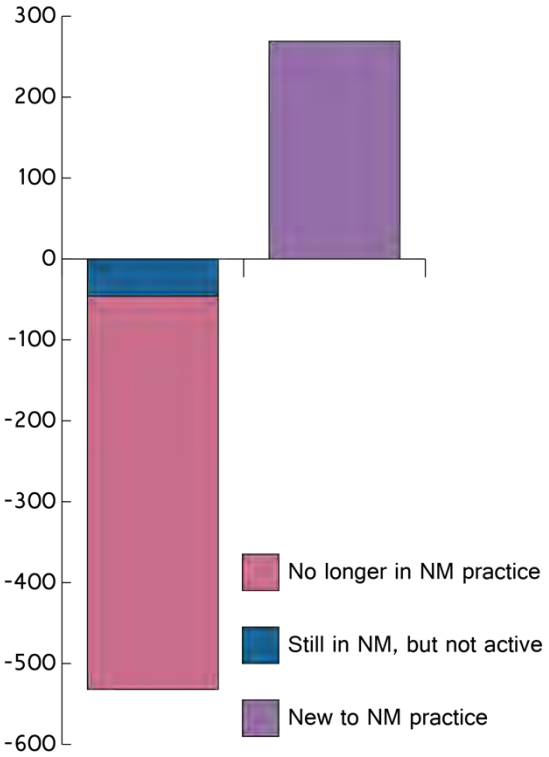


Figure 5.39. New Mexico's pharmacist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of pharmacists practicing in New Mexico has decreased by 263 individuals since 2017, with the losses and gains relative to the 2017 workforce shown in Figure 5.40. The largest contribution to the net loss was pharmacists leaving the state (-486).

Figure 5.40. Changes to the pharmacist workforce practicing in New Mexico since 2017, showing the number that have left the state (pink) or are not practicing (blue) in contrast to the number new to NM (purple).

V.E.3.c. Demographics

Demographic features of New Mexico pharmacists are shown in Figure 5.41. Relative to the state's population, PCPs are less likely to identify as Hispanic, White or Caucasian, or Native American and Alaska Native and more likely to identify as Asian, Native Hawaiian and Other Pacific Islander. The state's pharmacist workforce is 53.6% female, with a mean age of 47.4 years. Together with RNs and EMTs, pharmacists are one of three professions for whom more than 30% identify as Hispanic. Detailed data for these findings may be found in Appendix C (p. 151).

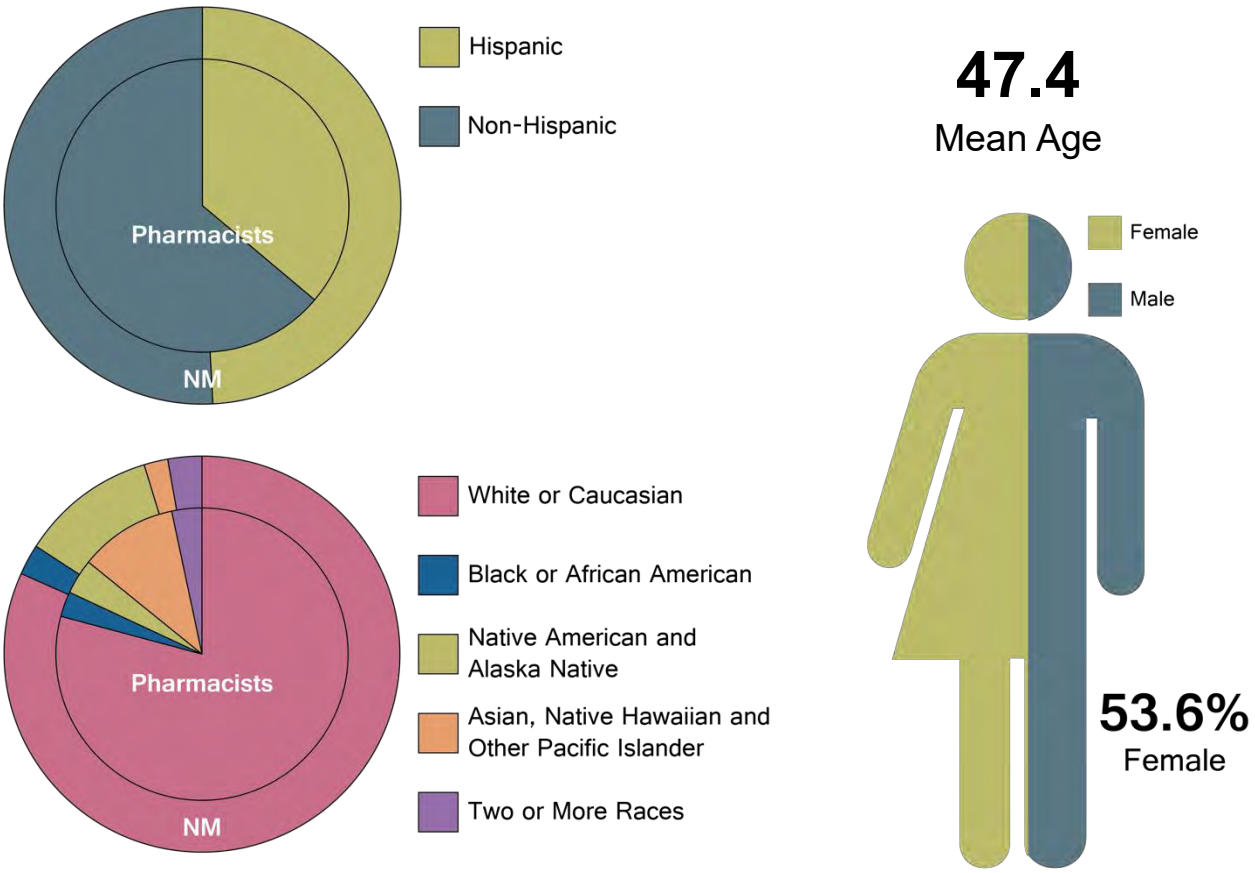


Figure 5.41. Demographic features of the NM pharmacist workforce. Clockwise from top right: mean age, percent male or female, proportions of NM pharmacists (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.4. Licensed Midwives

V.E.4.a. Benchmark Analysis

In 2019, an estimated 35 LMs were practicing in New Mexico, with counties varying between eight above benchmark and one below (Figure 5.42). Table 5.12 tracks the LM workforce since the profession was first analyzed for 2016. Three counties have showed a net gain of LMs, with 11 counties at or above benchmark for these practitioners. The state as a whole has 17 more LMs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional five LMs would be needed for all New Mexico counties to meet the national benchmark (0.17 per 10,000 female population).***

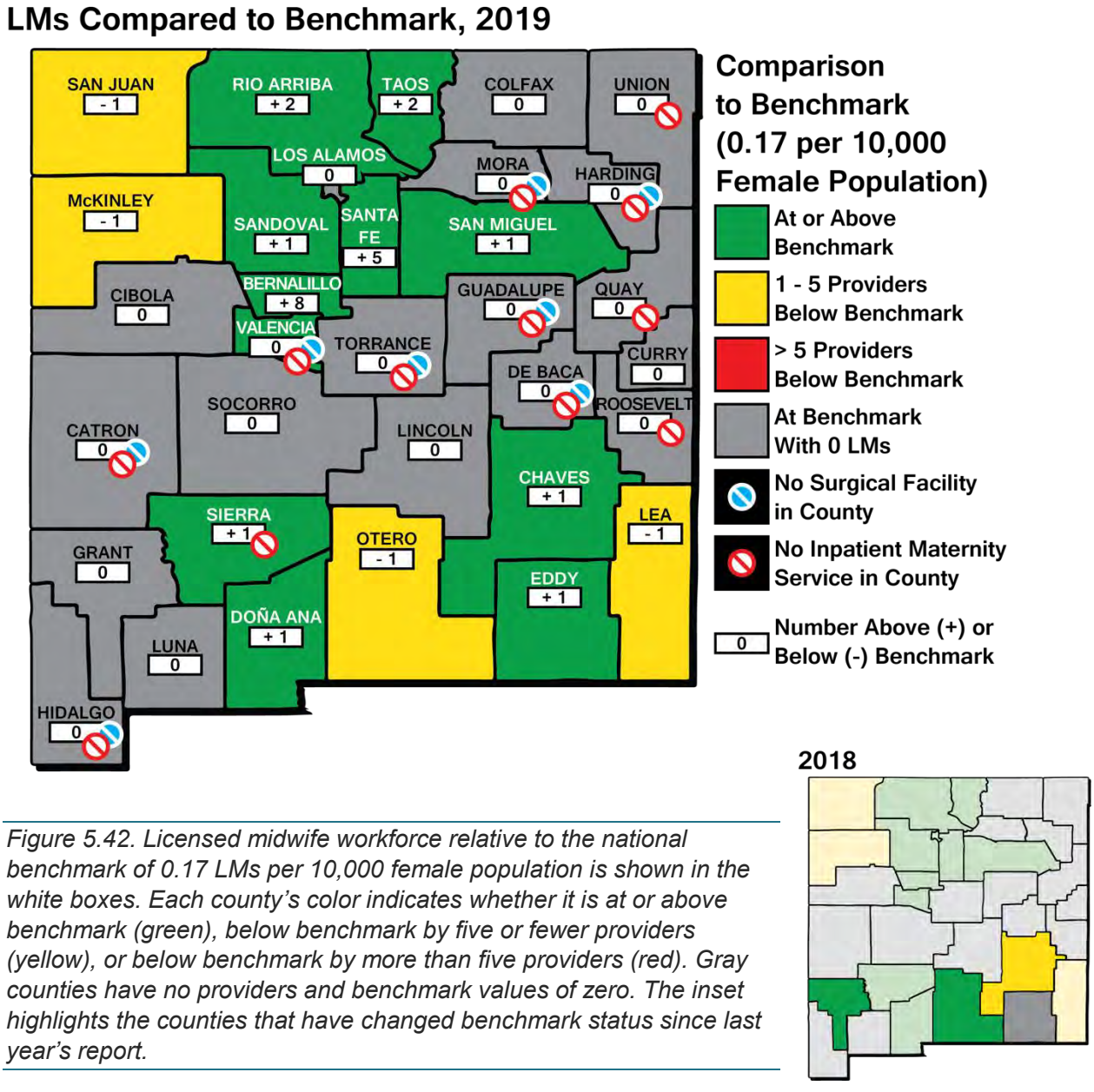


Figure 5.42. Licensed midwife workforce relative to the national benchmark of 0.17 LMs per 10,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. The inset highlights the counties that have changed benchmark status since last year's report.

Table 5.12. Licensed Midwife Distribution by New Mexico County Since 2016

County	2016	2017	2018	2019[a]	Net Change Since 2013
Bernalillo	10	10	10	14	4
Catron	0	0	0	0	0
Chaves	0	0	0	2	2
Cibola	1	1	0	0	-1
Colfax	0	0	0	0	0
Curry	0	0	0	0	0
De Baca	0	0	0	0	0
Doña Ana	4	5	5	3	-1
Eddy	0	0	0	1	1
Grant	1	1	1	0	-1
Guadalupe	0	0	0	0	0
Harding	0	0	0	0	0
Hidalgo	0	0	0	0	0
Lea	0	0	0	0	0
Lincoln	0	0	0	0	0
Los Alamos	0	0	0	0	0
Luna	0	0	0	0	0
McKinley	0	0	0	0	0
Mora	0	0	0	0	0
Otero	1	1	1	0	-1
Quay	0	0	0	0	0
Rio Arriba	2	3	3	2	0
Roosevelt	0	0	0	0	0
San Juan	0	0	0	0	0
San Miguel	1	3	3	1	0
Sandoval	3	3	4	2	-1
Santa Fe	7	7	8	6	-1
Sierra	1	1	1	1	0
Socorro	0	0	0	0	0
Taos	6	6	3	2	-4
Torrance	0	0	0	0	0
Union	0	0	0	0	0
Valencia	1	1	1	1	0
STATE TOTAL	**38**	**42**	**40**	**35**	**-3**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 92 LMs held New Mexico licenses during 2019. Of these individuals, 48 were identified as out of state, nine were excluded from analysis as nonpracticing and 35 were in active practice in New Mexico (Figure 5.43).

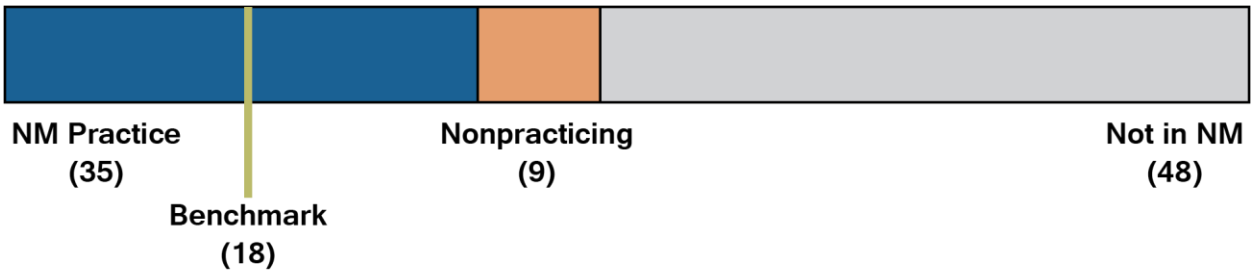
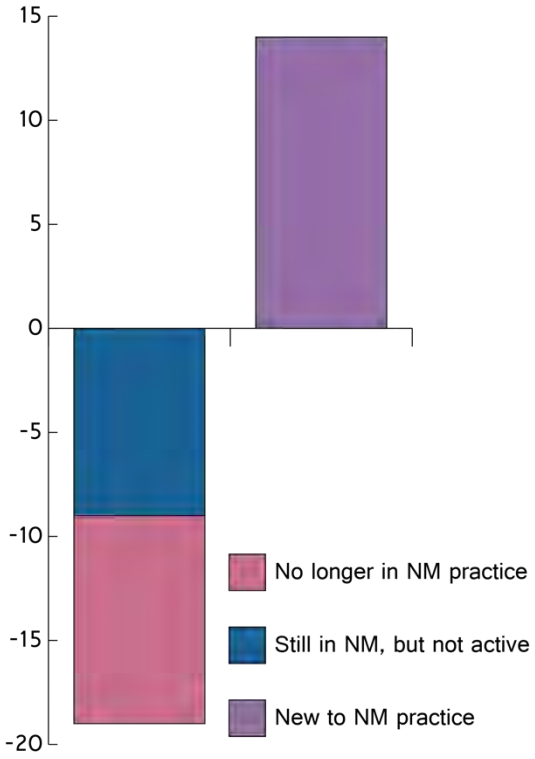


Figure 5.43. New Mexico's licensed midwives by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of LMs practicing in New Mexico has decreased by five individuals since 2018, with the losses and gains relative to the 2018 workforce shown in Figure 5.44. LMs leaving New Mexico (-10) and excluded as nonpracticing (-9) contributed nearly equally to the net loss.

Figure 5.44. Changes to the LM workforce practicing in New Mexico since 2018, showing the number that have left the state (pink) or are not practicing (blue) in contrast to the number new to NM (purple).

V.E.4.c. Demographics

Demographic features of New Mexico LMs are shown in Figure 5.45. Relative to the state's population, LMs are less likely to identify as Hispanic, Native American and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, or two or more races and more likely to identify as White or Caucasian or Black or African American. The state's LM workforce is 100% female; dates of birth were not available to calculate mean age. Detailed data for these findings may be found in Appendix C (p. 151).

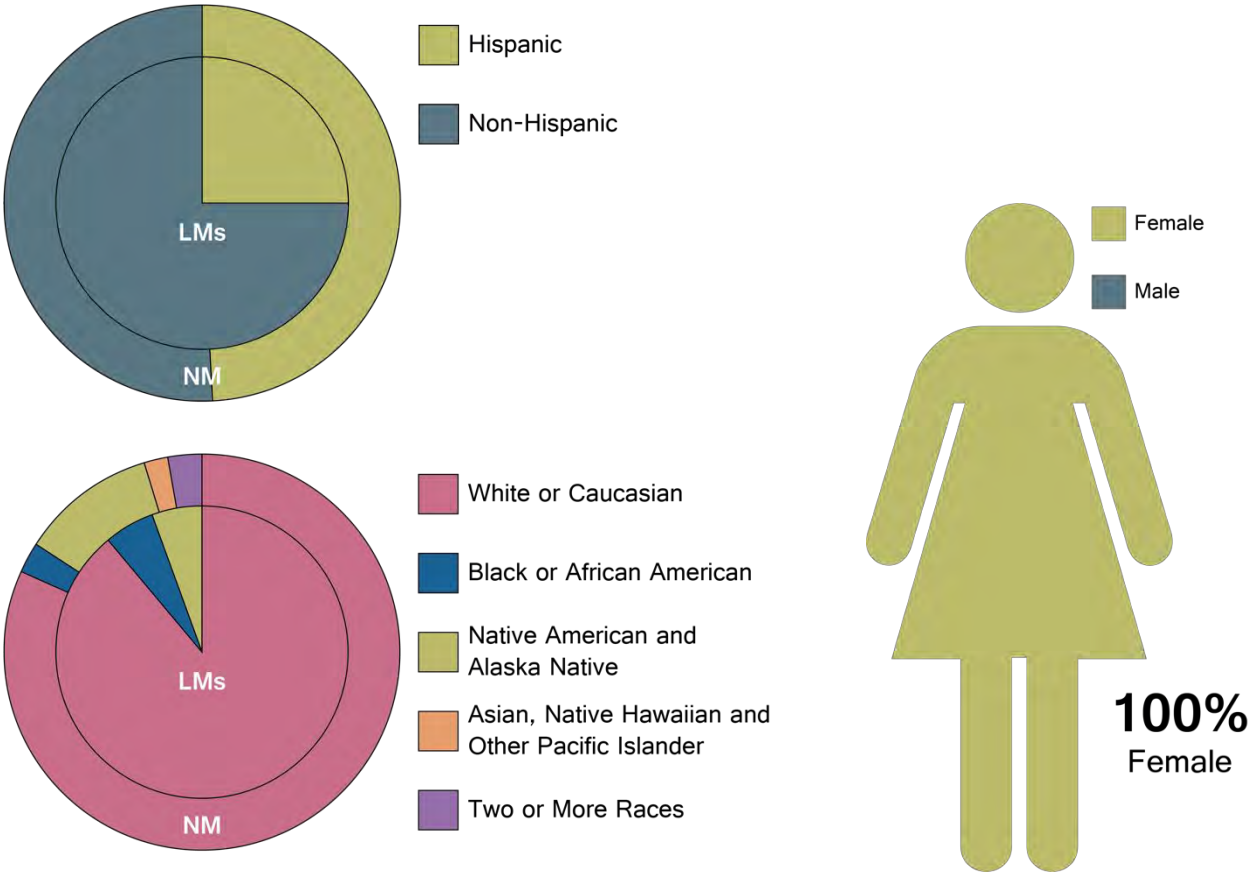


Figure 5.45. Demographic features of the NM LM workforce. Clockwise from top right: mean age, percent male or female, proportions of NM LMs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.5. Emergency Medical Technicians

V.E.5.a. Benchmark Analysis

In 2019, an estimated 8,466 EMTs were practicing in New Mexico, with counties varying between 71 above benchmark and 699 below (Figure 5.46). Table 5.13 tracks the EMT workforce since the profession was first analyzed for 2016. One county has showed a net gain of EMTs, with eight counties above benchmark for these practitioners. The state as a whole has 2,332 fewer EMTs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 2,446 EMTs would be needed for all New Mexico counties to meet the national benchmark (increased this year from 28.7 to 32.1 per 10,000 population).***

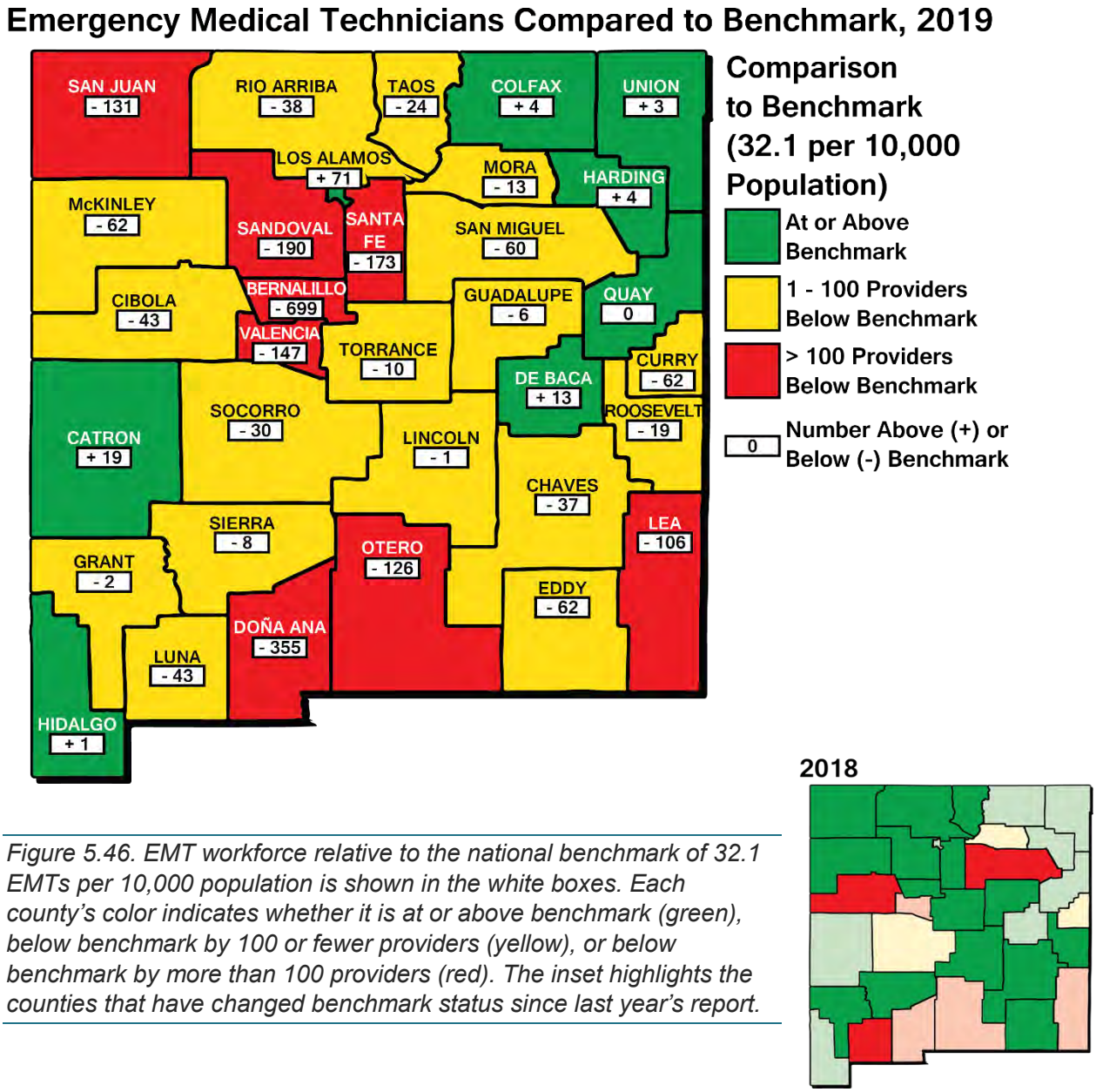


Figure 5.46. EMT workforce relative to the national benchmark of 32.1 EMTs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 100 or fewer providers (yellow), or below benchmark by more than 100 providers (red). The inset highlights the counties that have changed benchmark status since last year's report.

Table 5.13. Emergency Medical Technician Distribution by New Mexico County Since 2016

County	2016	2017	2018	2019[a]	Net Change Since 2016
Bernalillo	2031	2242	2274	1481	-550
Catron	39	42	47	30	-9
Chaves	216	223	224	170	-46
Cibola	45	45	50	43	-2
Colfax	65	66	67	42	-23
Curry	120	137	140	95	-25
De Baca	22	22	23	19	-3
Doña Ana	469	468	471	345	-124
Eddy	166	164	176	126	-40
Grant	94	95	92	85	-9
Guadalupe	20	16	17	8	-12
Harding	6	7	8	6	0
Hidalgo	26	23	22	14	-12
Lea	142	163	177	122	-20
Lincoln	109	101	103	62	-47
Los Alamos	85	122	159	133	48
Luna	45	42	44	33	-12
McKinley	194	207	221	167	-27
Mora	5	5	5	2	-3
Otero	127	132	134	91	-36
Quay	27	35	35	26	-1
Rio Arriba	131	123	116	87	-44
Roosevelt	78	74	77	40	-38
San Juan	364	375	390	267	-97
San Miguel	39	37	42	28	-11
Sandoval	553	480	449	281	-272
Santa Fe	397	464	490	310	-87
Sierra	47	38	38	27	-20
Socorro	32	34	36	23	-9
Taos	126	132	126	81	-45
Torrance	57	51	52	40	-17
Union	17	23	24	16	-1
Valencia	207	176	172	99	-108
STATE TOTAL	**6,101**	**6,364**	**6,501**	**4,399**	**-1,702**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 8,466 EMTs held New Mexico licenses during 2019. Of these individuals, 3,125 were identified as out of state, 942 were excluded from analysis as nonpracticing and 4,399 were in active practice in New Mexico (Figure 5.47).

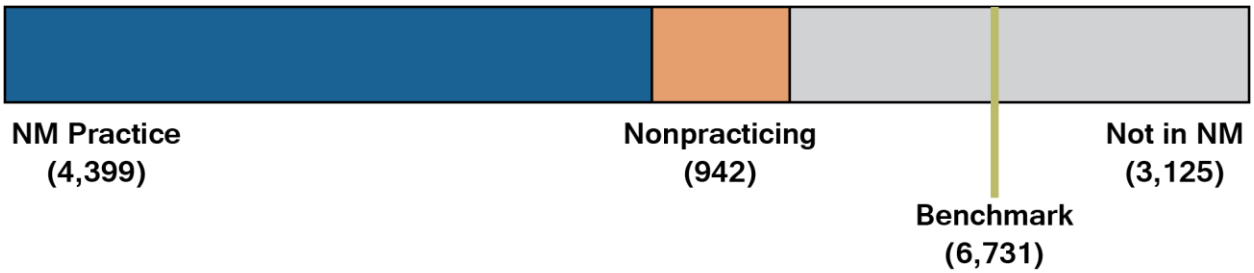
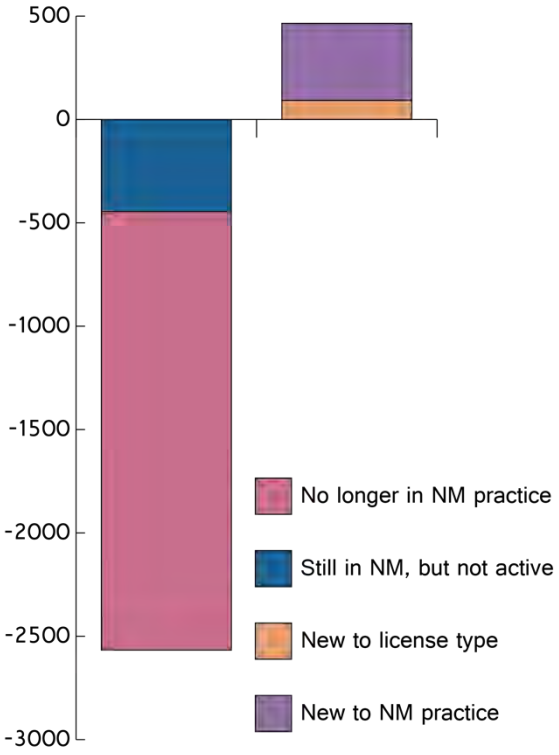


Figure 5.47. New Mexico's EMT licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of EMTs practicing in New Mexico has decreased by 2,102 individuals since 2018, with the losses and gains relative to the 2018 workforce shown in Figure 5.48. The largest contribution to the net loss was EMTs no longer in New Mexico (-2,122). This was only in small part offset by the gain in providers holding the previously excluded first responder and dispatcher licenses (+92) and EMTs new to New Mexico (+373).

Figure 5.48. Changes to the EMT workforce practicing in New Mexico since 2018, showing the number that have left the state (pink) or are not practicing (blue) in contrast to the number of newly included license types (orange) or new to NM (purple).

V.E.5.c. Demographics

Demographic features of New Mexico EMTs are shown in Figure 5.49. Relative to the state's population, EMTs are less likely to identify as Hispanic, Black or African American, Native American and Alaska Native, or Asian, Native Hawaiian and Other Pacific Islander and more likely to identify as White or Caucasian. The state's EMT workforce is 23.0% female, with a mean age of 39.6 years. EMTs, together with RNs and pharmacists, are one of only three professions whose licensees identify as Hispanic in proportions greater than 30%. Detailed data for these findings may be found in Appendix C (p. 151).

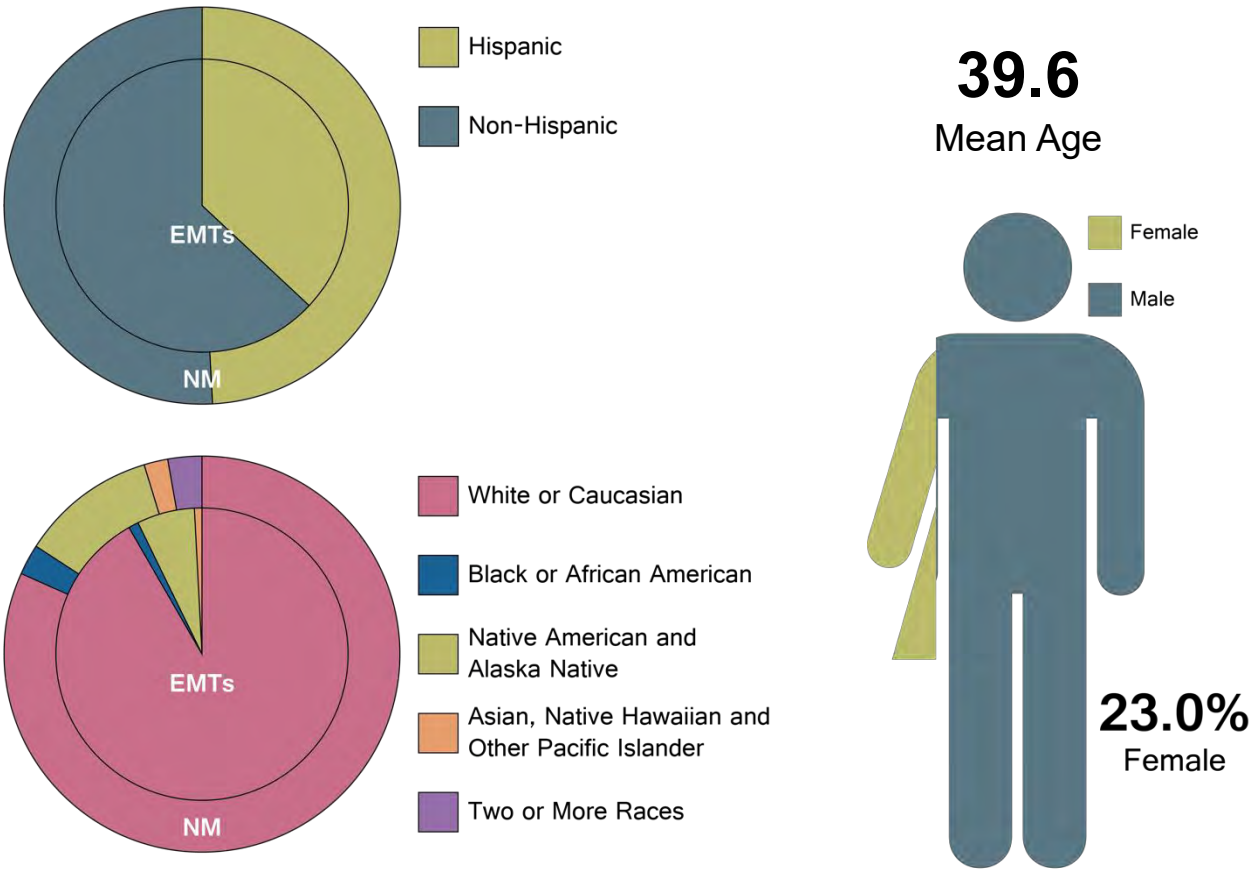


Figure 5.49. Demographic features of the NM EMT workforce. Clockwise from top right: mean age, percent male or female, proportions of NM EMTs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.6. Physical Therapists

V.E.6.a. Benchmark Analysis

In 2019, an estimated 1,465 PTs were practicing in New Mexico, with counties varying between 23 above benchmark and 73 below (Figure 5.50). Three counties were above benchmark for these practitioners. The state as a whole has 527 fewer PTs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 559 PTs would be needed for all New Mexico counties to meet the national benchmark (9.5 per 10,000 population).***

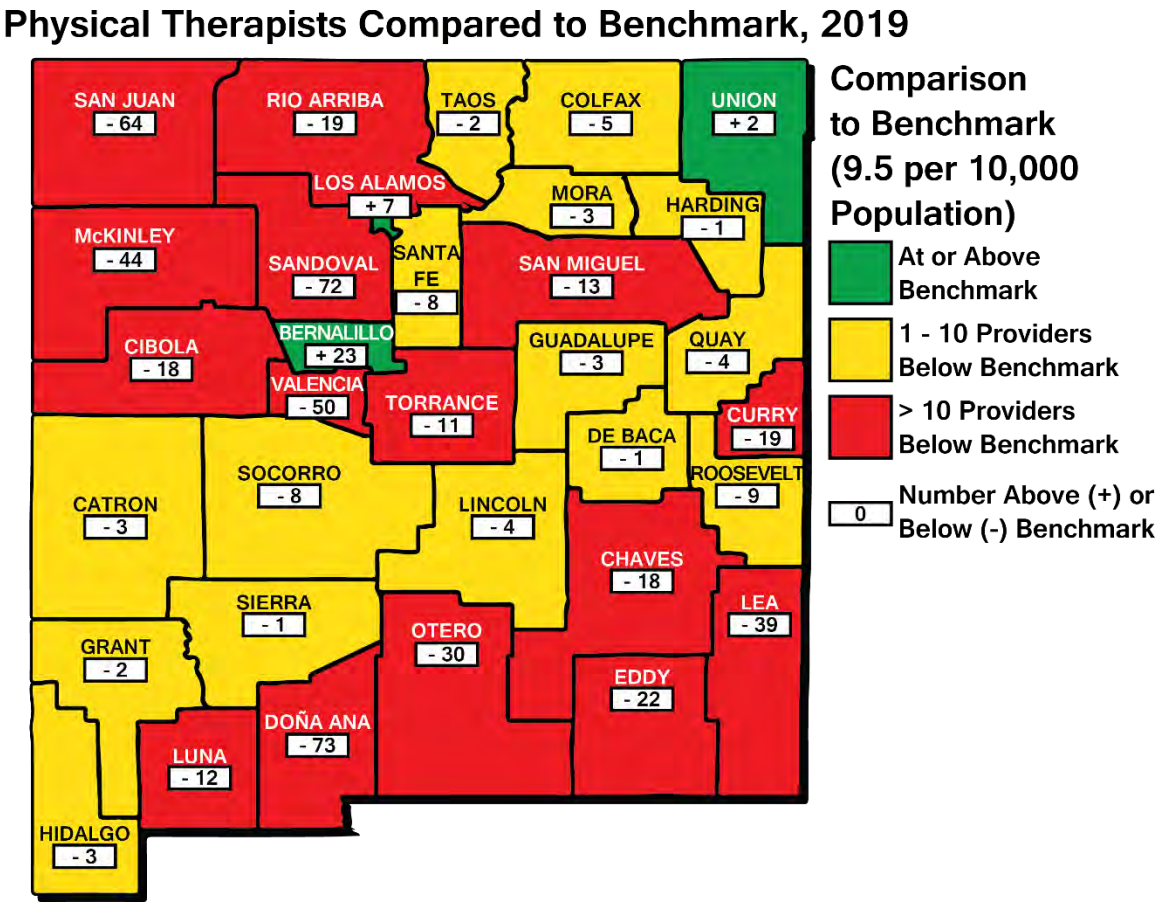


Figure 5.50. Physical therapist workforce relative to the national benchmark of 9.5 PTs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red).

V.E.6.b. Provider Counts

A total of 2,162 PTs held New Mexico licenses during 2019. Of these individuals, 657 were identified as out of state, 40 were excluded from analysis as nonpracticing and 1,465 were in active practice in New Mexico (Figure 5.51).

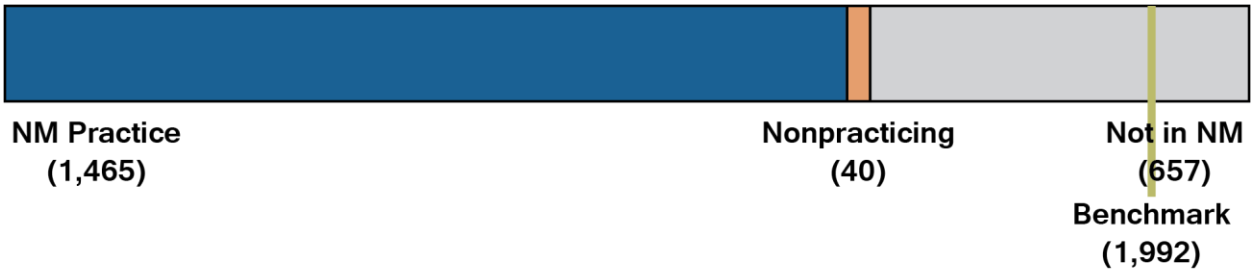


Figure 5.51. New Mexico's physical therapist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.

V.E.6.c. Demographics

Demographic features of New Mexico PTs are shown in Figure 5.52. Relative to the state's population, PTs are less likely to identify as Hispanic, White or Caucasian, Black or African American, or Native American and Alaska Native and more likely to identify as Asian, Native Hawaiian and Other Pacific Islander. The state's PT workforce is 68.1% female, with a mean age of 43.7 years. Detailed data for these findings may be found in Appendix C (p. 151).

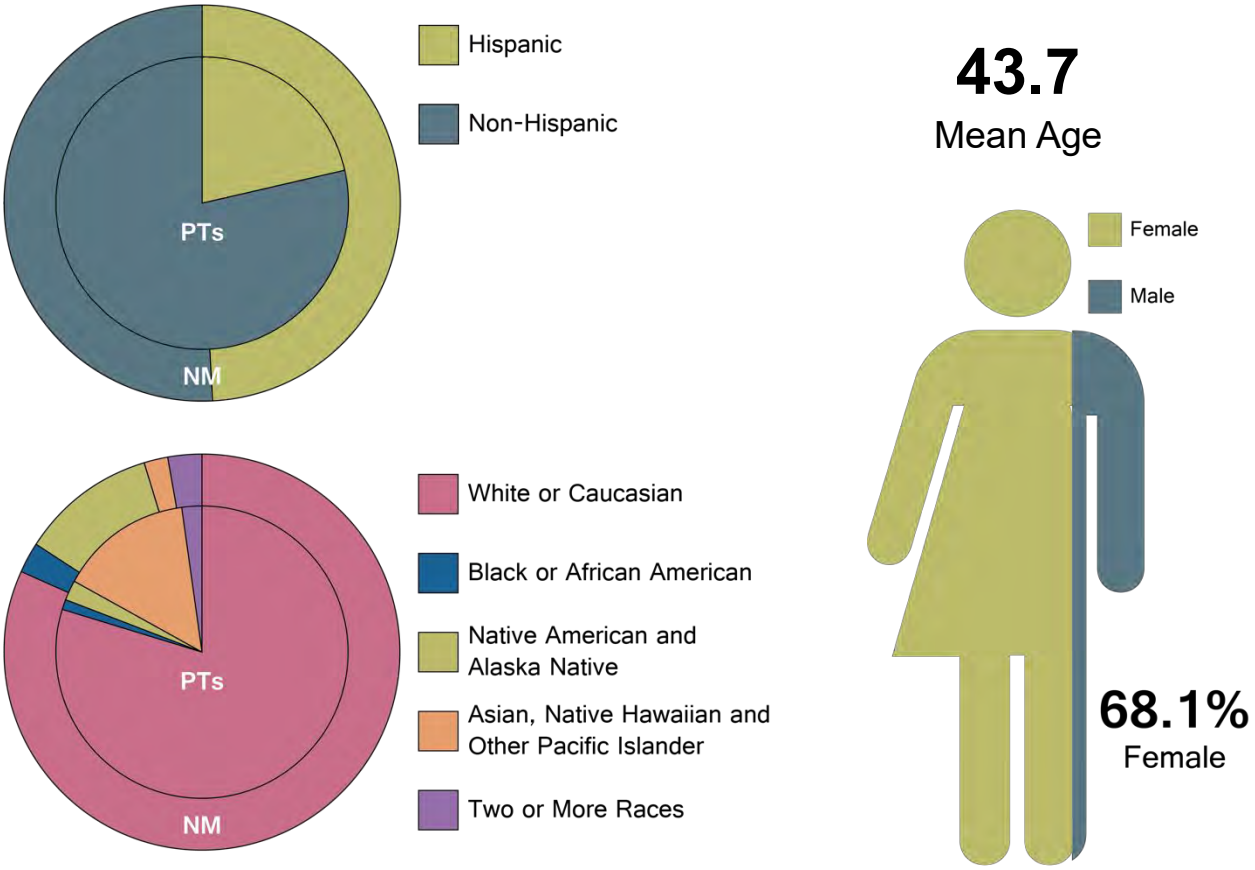


Figure 5.52. Demographic features of the NM PT workforce. Clockwise from top right: mean age, percent male or female, proportions of NM PTs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.7 Occupational Therapists

V.E.7.a. Benchmark Analysis

In 2019, an estimated 841 OTs were practicing in New Mexico, with counties varying between 161 above benchmark and 19 below (Figure 5.53). Seven counties were above benchmark for these practitioners. The state as a whole has 65 more PTs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 114 PTs would be needed for all New Mexico counties to meet the national benchmark (3.7 per 10,000 population).***

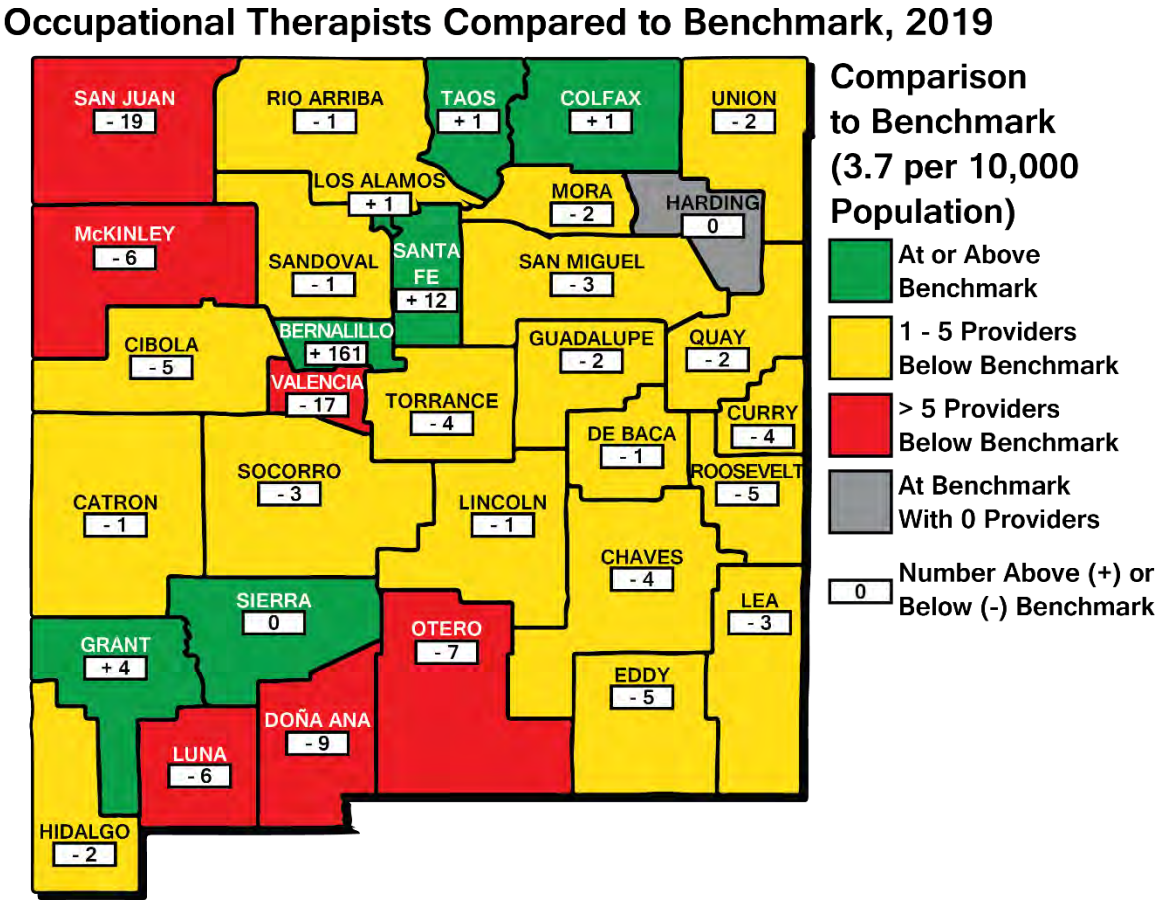


Figure 5.53. Occupational therapist workforce relative to the national benchmark of 3.7 OTs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero.

V.E.7.b. Provider Counts

A total of 1,095 OTs held New Mexico licenses during 2019. Of these individuals, 214 were identified as out of state, 40 were excluded from analysis as nonpracticing and 841 were in active practice in New Mexico (Figure 5.54).

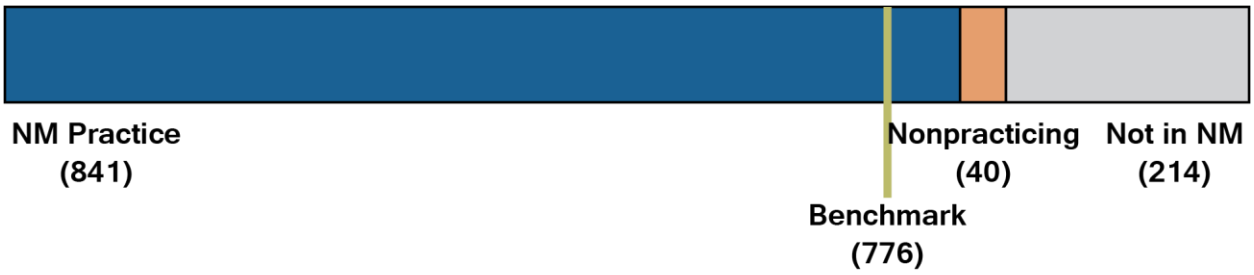


Figure 5.54. New Mexico's occupational therapy licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.

V.E.7.c. Demographics

Demographic features of New Mexico OTs are shown in Figure 5.55. Relative to the state's population, OTs are less likely to identify as Hispanic, Black or African American, or Native American and Alaska Native and more likely to identify as White or Caucasian, Asian, Native Hawaiian and Other Pacific Islander, or two or more races. The state's OT workforce is 86.9% female, with a mean age of 45.4 years. Detailed data for these findings may be found in Appendix C (p. 151).

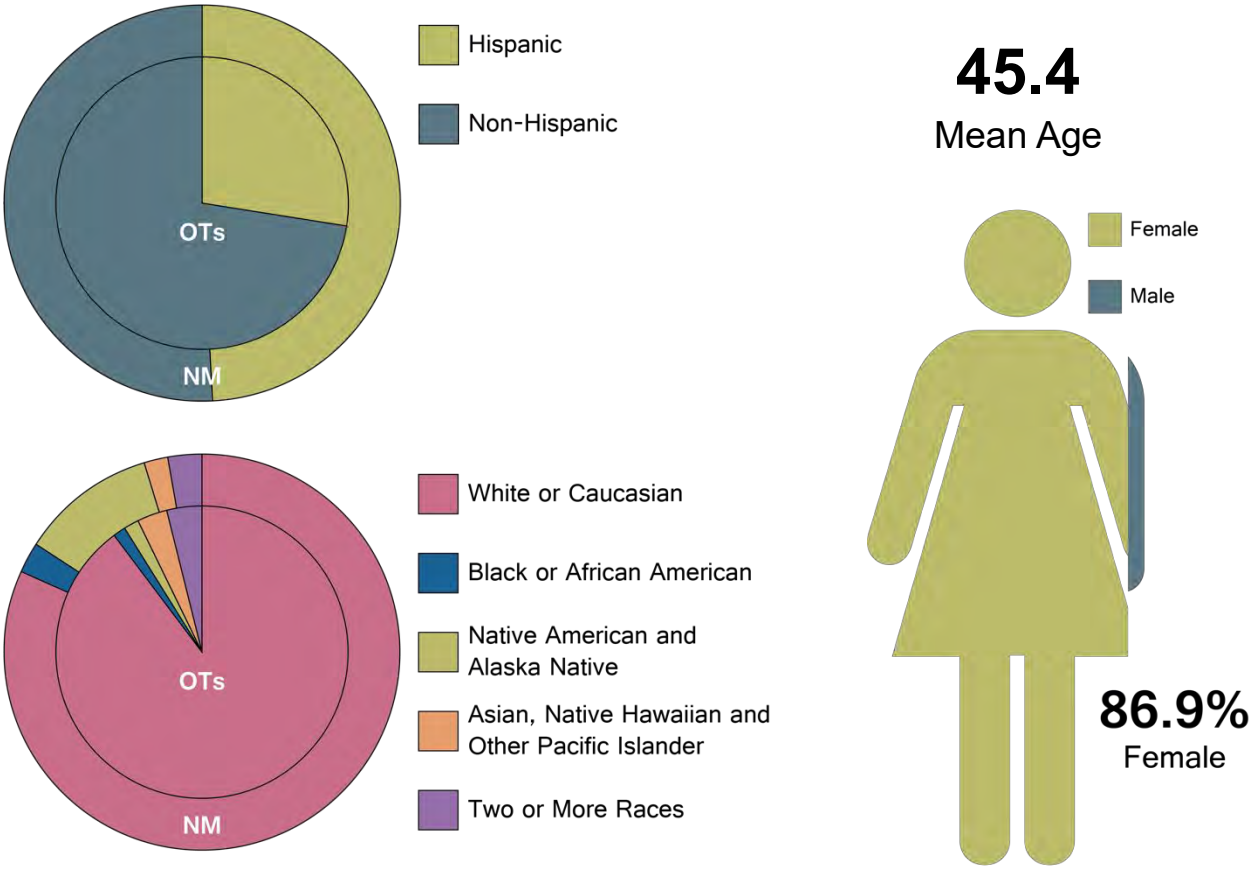


Figure 5.55. Demographic features of the NM OT workforce. Clockwise from top right: mean age, percent male or female, proportions of NM OTs (center circle) and the NM population (outer circle) for race and ethnicity.

V.F. Discussion

V.F.1. Points of Agreement and Disagreement among the Approaches to Health Care Workforce Analysis in Sections III, IV and V

The inclusion in this year's report of Section III (p. 17), the demand analysis contributed by the New Mexico Department of Workforce Solutions, and Section IV (p. 25), the FTE analysis contributed by the New Mexico Human Services Department, represents an important step forward in our depth of understanding of the state's health care workforce. Where these analyses and the committee's benchmark analysis agree with one another, it underscores the findings; the rarer points of disagreement indicate areas where our understanding of the dynamics underlying the distribution of health care workforce may be lacking or our analyses are failing to capture an unknown source of variation in the data. Here, we summarize important points of agreement and disagreement among the analyses in Sections III, IV and V of this report.

V.F.1.a. Demand Analysis for Selected Health Care Professions

In Section III (p. 17), the New Mexico Department of Workforce Solutions presents data and projections related to employment demand for RNs, CNPs, pharmacists and primary care physician specialties. The report finds the greatest projected job growth for CNPs, at 27.5%, followed by registered nurses, at 11.3%. The greatest current employment demand was for registered nurses, with over 4,000 advertised online job openings per month.

There is considerable overlap between the findings of Section III and this section. For example, the more than 4,500 online job postings for RNs each month during state fiscal year 2020 is of similar magnitude to the shortages relative to benchmark of 4,234 for the state as a whole and 5,985 needed to bring all counties up to benchmark. That the total needed to bring all counties up to benchmark is larger than the number of posted job openings may reflect a reluctance on the part of hiring entities to appear undesirable by posting a large number of job openings at once. Alternatively, nurses practicing in New Mexico but not licensed in the state, such as nurses coming into the state under the enhanced nursing licensure compact, are not reflected in the RN counts in this section. It may be that these RNs account for both the difference between posted openings and shortages relative to benchmark and the 10% difference between the nurses estimated to be actively practicing in New Mexico in this section (15,539) and the nurses employed in the state reported in Section III (17,350). Indeed, the difference between the shortage relative to benchmark (5,985) and average job monthly job postings (4,507) is 1,478, comparable to the difference of 1,811 between the count of active practice RNs in this section and of employed RNs in Section III.

There is similar agreement between advertised job openings and the number of CNPs needed to bring all New Mexico counties up to benchmark. Average monthly online job postings for CNPs were 268, a value only 5% less than the total of county shortages relative to benchmark, 282. The large growth projected for CNP employment demand in Section III reflects the large increase in this year's CNP benchmark. Both are reflective of the increasing importance of this profession's contributions to health care.

In contrast, a marked difference was observed between the demand for pharmacists (108 monthly online job postings) and the total count needed in order to bring all counties to benchmark (319), which is the national pharmacist-to-population ratio. This mismatch may indicate that New Mexico's employers of pharmacists staff their organizations with fewer pharmacists than in other areas of the country, or that relatively few such employers are present in the state.

V.F.1.b. New Mexico Health Care Workforce Analysis of Full Time Equivalent Primary Care Physicians, Psychiatrists and Core Mental Health Professions by County

The analysis by the New Mexico Human Services Department of physicians and core mental health professionals by FTE in Section IV (p. 25) provides important context to the benchmark analysis by adjusted license counts in this section. The fine-grained FTE adjustments undertaken by the New Mexico Human Services Department in Section IV are not possible to make in the committee's benchmark analysis, as the national data used to calculate the benchmarks are not detailed enough to allow matching adjustments to the national workforce. Any adjustments to license counts beyond the excluded providers discussed in Section V.B (p. 38) – including the exclusion of PCP hospitalists and calculation of FTE based on practice hours, as in the methodology of Section IV – would create an "apples-to-oranges" mismatch that renders the comparison of county workforce to benchmarks meaningless. However, examining FTE patterning by county and profession separately from the benchmark analysis provides an important and informative layer of detail that seeks to address a limitation of the benchmark analysis.

Of particular interest is the patterning of reduced FTEs, which appears consistently more frequent in Bernalillo County. Previous research, such as that related to the state's OB-GYN workforce, has found that reduced practice hours are largely a phenomenon of urban counties, with rural providers more likely to report working 40 or more hours weekly and spending all of their work hours in direct patient care.[40] It may be that reduced work hours are a luxury mainly available to providers in locations where the counts of health care workforce are high relative to the population.

Also notable is the comparatively lower FTE and licensure count ratio for psychiatrists statewide, compared to PCPs. The mean age of psychiatrists practicing in New Mexico is high – five years older than that of PCPs – and it may be that many of the state's psychiatrists have reduced their work hours as they near retirement. Future work examining the relative contributions of age and other factors to FTE status could clarify this point.

V.F.2. Notable Features of the New Mexico Health Care Workforce

This year, updates were made to the national benchmarks for PCPs, OB-GYNs, RNs, CNPs, PAs and EMTs in order to better reflect national trends in these professions. The change in methodology to exclude non-practicing providers is also reflected in the reduced numbers of workforce across professions. Only minor national increases (less than 10%) were reflected in the updated benchmarks for PCPs, OB-GYNs and RNs. For PCPs, New Mexico has kept pace with the national increase in workforce. In the 2011 American Association of Medical Colleges publication used to identify the prior PCP benchmark, New Mexico ranked 28th in PCPs per capita; by 2019, the state had improved its ranking to 26th.[21,22]

The EMT benchmark increased by 12% – as well as including the first responder and dispatcher licenses previously excluded – and this, together with a notable increase in the proportion of EMTs not reporting a New Mexico practice location, contributes to the substantial increase in the number of EMTs needed to bring all counties to benchmark. With respect to the non-New Mexico locations of many EMTs in 2019, this profession has shown substantial flux, with past years showing county-level changes of up to 44% between years. Thus, large shifts in this workforce are not unexpected.

The benchmarks for CNPs and PAs increased substantially, by 22 and 43 percent respectively, reflecting the increased contributions of these professions to health care nationwide. New Mexico has not kept par with the national increases in its CNP workforce, falling from 29th in CNPs per capita in 2011 to 32nd in 2020.[28,29] Similarly, the state's ranking with respect to PAs per capita fell from 28th in 2012 to 33rd in 2019.[31,32] Nonetheless, PAs were the only profession to show a net increase in New Mexico workforce between 2018 and 2019.

Comparisons to national benchmarks showed similar patterns both to prior years' analyses and across professions for 2019. A substantial concentration of health care workforce was observed for Bernalillo County, while other areas of the state more frequently showed practitioner counts below benchmarks. It must be noted that this does not claim that there are "excess" providers in Bernalillo County. Rather, for many professions it is simply an indicator that this part of the state is above the national average of providers per capita or that Bernalillo County residents may enjoy relatively higher access to care compared to other counties (although access to care may still be significantly lacking).

V.F.3. Limitations of the Data

Provider-to-population ratios have been selected as the primary metric in this report for national and county-level workforce comparisons. However, there are aspects of access to care that these county-level provider-to-population ratios cannot take into account, such as the small-scale geographic distribution of health care providers, distribution of the population or the population's health care needs. Factors in access to care, including practitioner work hours, patient utilization of care, severity of illness, driving distance to the nearest provider and others, are assumed to be homogeneous using this method. As a result, our benchmark analysis does not measure workforce adequacy directly, and should be considered an indicator of areas that may be most in need of additional resources.

While New Mexico's required license renewal surveys provide robust, detailed data regarding the state's health care workforce, some details are not captured. Some providers have not yet had the opportunity to complete a license renewal survey; others' survey responses may be up to three years old. Appendix D (p. 171) shows the survey response rate by profession, counting only current surveys (that is, surveys no older than 2016, the earliest possible renewal year for licenses active during 2019). Even for surveyed providers, data may be incomplete based upon respondents' interpretation of or comfort with individual survey items.

In an effort to reduce these limitations, in 2020 the committee undertook a redesign of the survey administered to physicians. Informed by national best practices, a number of improvements were made, including requiring responses to key items, clarification of survey items, addition of items related to patient populations and other areas of current policy interest, elimination of items no longer pertinent, and the introduction of skip logic that will allow collection of more detailed data where relevant but streamline the survey for providers to whom the detailed items do not apply. The revised survey has been transmitted to the Regulation and Licensing Department, who are working to implement it.

Section VI

New Mexico's Behavioral Health Workforce

Contributed by Tyler Kincaid and the Behavioral Health Subcommittee

VI.A. Methods

The data from the licensure survey allows us to answer the following specific questions for the following categories of behavioral health providers:

1. **Prescribers:** Includes psychiatrists, advanced nurse specialists with psychiatry specialty and prescribing psychologists.
2. **Independently Licensed Psychotherapy Providers:** Includes providers of therapy and psychosocial interventions for mental illness and addictions treatment. They include non-prescribing psychologists, social workers, counselors and marriage and family therapists.
3. **Non-Independently Licensed Psychotherapy Providers:** Includes psychology associates, non-independently licensed social workers and non-independently licensed counselors. These providers have a limited scope of practice to treat mental illness and addictions until they achieve full independent licensure.
4. **Substance Use Clinicians:** Includes providers of psychosocial interventions to treat addictions, and include licensed alcohol and drugs counselors and licensed substance use associates. This category includes dedicated substance use clinicians and does not overlap with the other categories. Unlike other clinicians in the behavioral health workforce, their scope of practice does not include treatment of mental illness.

This section presents all data for behavioral health care providers actively licensed and practicing in New Mexico during the 2019 calendar year. This year, we made efforts to ensure that individual clinicians who held multiple behavioral health licensure types were not counted more than once. If a clinician held more than one category of license, they were placed in the category with the widest scope of practice. The same data sources and methodology were used to identify behavioral health providers as for those providers described in Section V (p. 35). Surveys are administered by the provider's licensing board upon license renewal only. Several of the tables presented below were derived from survey data, including payment type, practice location type, health information technology, race/ethnicity and training location. Therefore, the total providers included in these tables are lower than the total licensed in the state. Additionally, because each licensing board administers a different license renewal survey, the nurse practitioners and nurse specialists are excluded from tables or separated due to differences in survey questions. In each case, only providers who responded to the survey question are included in the tables. Using licensure data alone to determine practice location would result in over-counting providers, because professionals often use a residential address to obtain licensure, rather than a practice address. Counts were determined using the practice address of surveyed providers and the mailing address of non-surveyed providers. Providers with out-of-state and unknown ZIP codes for practice location are excluded from the counts.

In 2019, there were 475 prescribers, 4,823 independently licensed psychotherapy providers, 2,743 non-independently licensed psychotherapy providers and 529 substance abuse treatment providers practicing in New Mexico. Figure 6.1 shows how behavioral health provider-to-population ratios compare among New Mexico's 33 counties and the proportions of these providers made up by the four provider types (see also Table 6.1). Although there is no widely accepted definition of an ideal ratio for providers to population, this figure provides a view of the ranges that are available in each county. Note, as for all the maps included in this report, that a county falling in the top category does not necessarily have adequate numbers of practitioners. In this case, the county has a large per capita behavioral health workforce *relative to other counties in the state.*

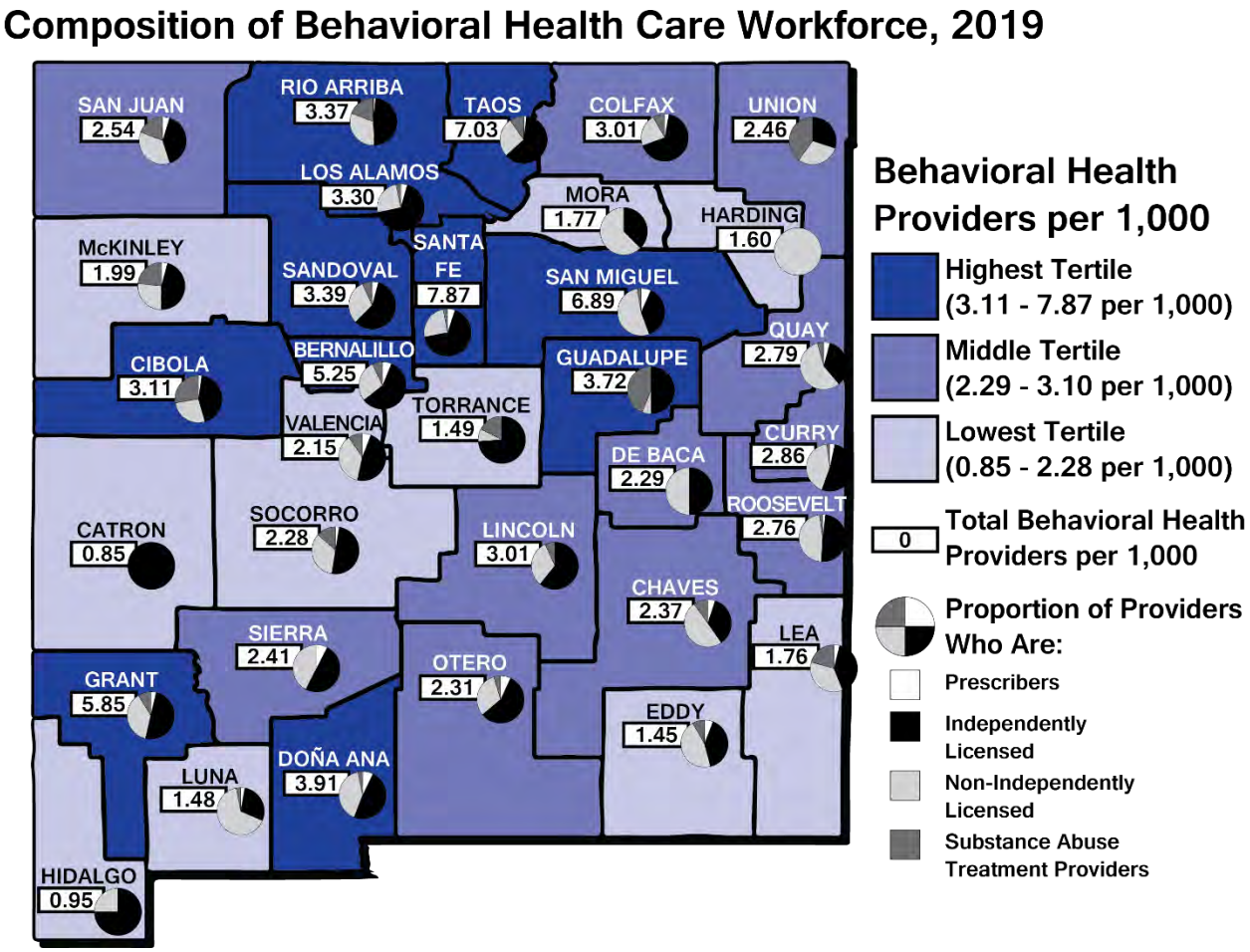


Figure 6.1. White boxes in each county show the total number of behavioral health providers per 1,000 population. County colors indicate whether each county ranks in the top (dark), middle (medium) or bottom (light) third of counties for this measure. Each county's pie chart shows the proportion of prescribers (white), independently-licensed clinicians (black), non-independently licensed clinicians (light gray), or substance use clinicians (dark gray).

Table 6.1 shows the number of behavioral health clinicians in each category in each county in 2019; and Table 6.2 provides additional details on the smaller categories of practitioner comprising each license type. *Of note, nine counties do not have access to any behavioral health prescribers.*

Table 6.1. Behavioral Health Care Providers by License Category, 2019

County	Prescribers[a]	Independently Licensed Psychotherapy Providers	Non-Independently Licensed Psychotherapy Providers	Substance Use Treatment Providers	County Total
Bernalillo	226	2,151	1,044	256	**3,564**
Catron	0	3	0	0	**3**
Chaves	8	54	76	15	**153**
Cibola	2	36	22	23	**83**
Colfax	1	24	8	3	**36**
Curry	5	73	59	3	**140**
De Baca	0	2	2	0	**4**
Doña Ana	63	414	348	28	**853**
Eddy	5	34	39	7	**85**
Grant	6	79	59	14	**158**
Guadalupe	0	8	1	7	**16**
Harding	0	0	1	0	**1**
Hidalgo	0	3	1	0	**4**
Lea	5	50	44	26	**125**
Lincoln	0	36	19	4	**59**
Los Alamos	3	43	16	2	**64**
Luna	1	10	23	1	**35**
McKinley	6	65	38	33	**142**
Mora	0	3	5	0	**8**
Otero	11	89	49	7	**156**
Quay	1	8	13	1	**23**
Rio Arriba	2	63	41	25	**131**
Roosevelt	1	25	24	1	**51**
San Juan	15	127	113	60	**315**
San Miguel	13	71	99	5	**188**
Sandoval	22	289	152	34	**497**
Santa Fe	61	792	295	36	**1,184**
Sierra	2	13	11	0	**26**
Socorro	1	19	13	5	**38**
Taos	5	141	62	22	**230**
Torrance	0	17	2	4	**23**
Union	0	3	3	4	**10**
Valencia	10	78	61	16	**165**
STATE TOTAL	**475**	**4,823**	**2,743**	**529**	**8,570**

Table 6.2. New Mexico Behavioral Health Providers, 2019

County	Prescribers				Independently Licensed Psychotherapy Providers				Non-Independently Licensed Psychotherapy Providers				Substance Use Clinicians			
	Prescribing Psychologist	CNP/CNS	Psychiatrist (Child & Adolescent)	*TOTAL*	Non-Prescribing Psychologist	Counselor	Social Worker	*TOTAL*	Psychologist	Counselor	Social Worker	*TOTAL*	Independent License	Non-Independent License	*TOTAL*	*County Total*
Bernalillo	15	46	141(24)	*226*	327	958	866	*2,151*	2	367	675	*1,044*	75	68	*143*	***3,564***
Catron	0	0	0(0)	*0*	1	2	0	*3*	0	0	0	*0*	0	0	*0*	***3***
Chaves	2	5	1(0)	*8*	4	24	26	*54*	0	9	67	*76*	8	7	*15*	***153***
Cibola	1	0	1(0)	*2*	8	16	12	*36*	1	6	15	*22*	14	9	*23*	***83***
Colfax	0	1	0(0)	*1*	0	11	13	*24*	0	2	6	*8*	2	1	*3*	***36***
Curry	0	1	4(0)	*5*	5	40	28	*73*	0	13	46	*59*	0	3	*3*	***140***
De Baca	0	0	0(0)	*0*	0	1	1	*2*	0	0	2	*2*	0	0	*0*	***4***
Doña Ana	13	23	25(2)	*63*	50	171	193	*414*	1	75	272	*348*	16	12	*28*	***853***
Eddy	0	4	1(0)	*5*	0	14	20	*34*	0	5	34	*39*	4	3	*7*	***85***
Grant	0	1	5(0)	*6*	11	40	28	*79*	1	16	42	*59*	6	8	*14*	***158***
Guadalupe	0	0	0(0)	*0*	1	3	4	*8*	0	0	1	*1*	3	4	*7*	***16***
Harding	0	0	0(0)	*0*	0	0	0	*0*	0	0	1	*1*	0	0	*0*	***1***
Hidalgo	0	0	0(0)	*0*	0	2	1	*3*	0	0	1	*1*	0	0	*0*	***4***
Lea	1	1	3(0)	*5*	2	31	17	*50*	0	12	32	*44*	11	15	*26*	***125***
Lincoln	0	0	0(0)	*0*	3	21	12	*36*	0	8	11	*19*	3	1	*4*	***59***
Los Alamos	1	0	2(0)	*3*	9	21	13	*43*	1	9	6	*16*	2	0	*2*	***64***
Luna	0	1	0(0)	*1*	0	4	6	*10*	0	2	21	*23*	0	1	*1*	***35***
McKinley	2	1	3(0)	*6*	8	33	24	*65*	0	12	26	*38*	24	9	*33*	***142***
Mora	0	0	0(0)	*0*	0	1	2	*3*	0	0	5	*5*	0	0	*0*	***8***
Otero	1	4	6(0)	*11*	7	50	32	*89*	0	13	36	*49*	3	4	*7*	***156***
Quay	0	0	1(0)	*1*	0	4	4	*8*	0	3	10	*13*	0	1	*1*	***23***
Rio Arriba	0	1	1(0)	*2*	3	25	35	*63*	0	12	29	*41*	14	11	*25*	***131***
Roosevelt	0	1	0(0)	*1*	0	16	9	*25*	0	10	14	*24*	1	0	*1*	***51***
San Juan	1	4	8(2)	*15*	4	59	64	*127*	0	17	96	*113*	40	20	*60*	***315***
San Miguel	1	4	8(0)	*13*	11	27	33	*71*	0	21	78	*99*	2	3	*5*	***188***
Sandoval	0	8	12(2)	*22*	33	144	112	*289*	0	52	100	*152*	21	13	*34*	***497***
Santa Fe	7	7	44(3)	*61*	71	463	258	*792*	1	163	131	*295*	22	14	*36*	***1,184***
Sierra	2	0	0(0)	*2*	0	6	7	*13*	0	1	10	*11*	0	0	*0*	***26***
Socorro	1	0	0(0)	*1*	0	12	7	*19*	0	3	10	*13*	3	2	*5*	***38***
Taos	1	0	4(0)	*5*	14	64	63	*141*	0	25	37	*62*	14	8	*22*	***230***
Torrance	0	0	0(0)	*0*	0	10	7	*17*	0	1	1	*2*	2	2	*4*	***23***
Union	0	0	0(0)	*0*	0	2	1	*3*	0	1	2	*3*	3	1	*4*	***10***
Valencia	2	3	5(0)	*10*	3	40	35	*78*	0	19	42	*61*	6	10	*16*	***165***
TOTAL	**51**	**116**	**275(33)**	***475***	**575**	**2,315**	**1,933**	***4,823***	**7**	**877**	**1,859**	***2,743***	**299**	**230**	***529***	***8,570***

Table 6.3 shows the ratio of each category of behavioral health provider per population in each county. Although there are no accepted standards for the ideal number of behavioral health providers per population, these ratios provide information about the availability of providers in each county.

Table 6.3. Ratio of Behavioral Health Care Providers-to-Population by License Category and County

County	Prescribers	Independently Licensed Psychotherapy Providers	Non-Independently Licensed Psychotherapy Providers	Substance Use Treatment Providers	County Total
Bernalillo	0.33	3.37	1.54	0.21	**5.25**
Catron	0.00	0.85	0.00	0.00	**0.85**
Chaves	0.12	0.84	1.18	0.23	**2.37**
Cibola	0.07	1.35	0.82	0.86	**3.11**
Colfax	0.08	2.01	0.67	0.25	**3.01**
Curry	0.10	1.49	0.82	0.06	**2.86**
De Baca	0.00	1.14	1.21	0.06	**2.29**
Doña Ana	0.29	1.90	1.59	0.13	**3.91**
Eddy	0.09	0.58	0.67	0.12	**1.45**
Grant	0.22	2.93	2.19	0.52	**5.85**
Guadalupe	0.00	1.86	0.23	1.63	**3.72**
Harding	0.00	0.00	1.60	0.00	**1.60**
Hidalgo	0.00	0.71	0.24	0.00	**0.95**
Lea	0.07	0.70	0.62	0.37	**1.76**
Lincoln	0.00	1.84	0.97	0.20	**3.01**
Los Alamos	0.15	2.22	0.83	0.10	**3.30**
Luna	0.04	0.42	0.97	0.04	**1.48**
McKinley	0.07	0.93	0.65	0.57	**2.21**
Mora	0.00	0.66	1.11	0.00	**1.77**
Otero	0.16	1.32	0.73	0.10	**2.31**
Quay	0.12	0.97	1.58	0.12	**2.79**
Rio Arriba	0.05	1.62	1.05	0.64	**3.37**
Roosevelt	0.05	1.35	1.30	0.05	**2.76**
San Juan	0.12	1.02	0.91	0.48	**2.54**
San Miguel	0.48	2.60	3.63	0.18	**6.89**
Sandoval	0.15	1.97	1.04	0.23	**3.39**
Santa Fe	0.41	5.27	1.96	0.24	**7.87**
Sierra	0.19	1.20	1.02	0.00	**2.41**
Socorro	0.06	1.14	0.78	0.30	**2.28**
Taos	0.15	4.31	1.89	0.67	**7.03**
Torrance	0.00	1.10	0.13	0.26	**1.49**
Union	0.00	0.74	0.74	0.99	**2.46**
Valencia	0.13	1.02	0.80	0.21	**2.15**
TOTAL	**0.23**	**2.30**	**1.31**	**0.25**	**4.09**

VI.B.1. Independently and Non-Independently Licensed Providers

As non-independently licensed counselors and social workers progress towards full independent licensure, they are supervised by and must meet regularly with an independently licensed clinician. Table 6.4 describes the proportions of independently licensed clinicians in each county. This information is helpful for the development of sustainable pathways to full licensure for all clinicians. In communities with low proportions of independently licensed clinicians, it will be important to create structures for access to clinical supervision with independently licensed clinicians.

Table 6.4. Proportion of Independently Licensed Psychotherapy Providers, 2019

County	Independently Licensed	Non-Independently Licensed	Percent Independently Licensed
Bernalillo	2,151	1,044	67.3%
Catron	3	0	100.0%
Chaves	54	76	41.5%
Cibola	36	22	62.1%
Colfax	24	8	75.0%
Curry	73	59	55.3%
De Baca	2	2	50.0%
Doña Ana	414	348	54.3%
Eddy	34	39	46.6%
Grant	79	59	57.2%
Guadalupe	8	1	88.9%
Harding	0	0	NA
Hidalgo	3	1	75.0%
Lea	50	44	53.2%
Lincoln	36	19	72.9%
Los Alamos	43	16	72.9%
Luna	10	23	30.3%
McKinley	65	38	63.1%
Mora	3	5	37.5%
Otero	89	49	64.7%
Quay	8	13	38.1%
Rio Arriba	63	41	60.6%
Roosevelt	25	24	51.0%
San Juan	71	99	41.8%
San Miguel	289	152	65.5%
Sandoval	127	113	52.9%
Santa Fe	750	365	72.9%
Sierra	13	11	54.2%
Socorro	19	13	59.4%
Taos	141	62	69.5%
Torrance	17	2	89.5%
Union	3	3	50.0%
Valencia	78	61	56.1%
TOTAL	**4,823**	**2,743**	**63.7%**

[a] Prescribers and substance use treatment providers were not included in this analysis.

VI.B.2. Medicaid Acceptance by Behavioral Health Care Providers

Adults with serious mental illness and youth with serious emotional disturbances (the most severe forms of mental illness) are disproportionately more likely to have Medicaid coverage than other forms of insurance.[41] Additionally, Medicaid is often the only insurance that provides coverage for certain specialty behavioral health services, such as Assertive Community Treatment teams. As we characterize New Mexico's behavioral health workforce, it is important to identify how many clinicians accept Medicaid, as this is an important indicator of access for the most severely ill.

Table 6.5 presents the distribution of providers in each category who reported that zero percent, 1 to 29%, 30 to 59%, and 60 to 100% of their patients have Medicaid as their primary payer. *It is of serious concern that more than one-quarter of New Mexico behavioral health providers reported that none of their patients have Medicaid as a primary payer.* This finding is consistent with the results of the federal report from the Office of Inspector General that found that only 2,665 of New Mexico's behavioral health providers had delivered services to individuals with Medicaid coverage in 2017.[42] This table includes the 3,621 behavioral health care providers who were surveyed and answered the question about patients with Medicaid as primary payer. It excludes nurse practitioners and nurse specialists, because this question is not on the nurse license renewal survey.

Table 6.5. Percentage of Behavioral Health Care Providers' Patients Using Medicaid as Primary Payment, 2019

		% Patients with Medicaid as Primary Payment							
		0%		1[a] – 29%		30 – 59%		60 – 100%	
License Category	Total	#	%	#	%	#	%	#	%
Prescribers[b]	218	45	20.6%	34	15.6%	61	28.0%	78	35.8%
Independently Licensed Psychotherapy Providers	2,394	566	23.6%	359	15.0%	528	22.1%	941	39.3%
Non-Independently Licensed Psychotherapy Providers	842	232	27.6%	93	11.0%	109	12.9%	408	48.5%
Substance Use Treatment Providers	167	110	34.7%	7	4.2%	21	12.6%	81	48.5%

[a] It is possible that some clinicians who entered "1" meant "100%."
[b] Excludes nurse practitioners and nurse specialists, who were not asked about payment.

Psychiatrists are less likely to accept insurance than physicians from other specialties, which has been interpreted as an indicator that demand for mental health services exceeds supply.[43] In 2019, 10% of independently licensed psychotherapy providers in New Mexico reported that the majority of their patients were primarily self-pay, which may reflect an ongoing market for mental health treatment outside of insurance networks.

Table 6.6 presents the distribution of providers in each category who reported that zero percent, 1 to 29%, 30 to 59%, and 60 to 100% of their patients have self-pay as their primary payer.

Table 6.6 Percentage of Behavioral Health Care Providers' Patients Using Self-Pay as Primary Payment, 2019

		% Patients with Self-Pay as Primary Payment							
		0%		1[a] – 29%		30 – 59%		60 – 100%	
License Category	Total	#	%	#	%	#	%	#	%
Prescribers[b]	160	55	34.4%	86	53.8%	8	5.0%	11	6.9%
Independently Licensed Psychotherapy Providers	1,978	705	35.6%	990	50.1%	71	3.6%	212	10.7%
Non-Independently Licensed Psychotherapy Providers	608	350	57.6%	196	32.2%	12	2.0%	50	8.2%
Substance Use Treatment Providers	149	73	49.0%	61	40.9%	3	2.0%	12	8.1%

[a] It is possible that some clinicians who entered "1" meant "100%."
[b] Excludes nurse practitioners and nurse specialists, who were not asked about payment.

VI.B.3. Behavioral Health Care Practice Locations

In a robust behavioral health system, the majority of treatment is delivered in community settings that provide early identification and prevention and have the capacity to provide evidence-based psychosocial interventions using a team-based approach. There is emerging evidence that practice location is more predictive of capacity to take new patients than provider specialty and that larger systems or settings have more ability to offer appointments to new patients.[44] Nationally, there is a move toward integrating primary care and behavioral health in order to provide access to physical and mental health care in the same location. In response, many of the Federally Qualified Health Centers in New Mexico have enhanced their behavioral health programs and are an important source of behavioral health care in many rural counties.

Table 6.7. Practice Location for Behavioral Health Care Providers, 2019

	Prescribers[a]		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
Location Type	n	%	n	%	n	%	n	%
Hospitals	44	15.0%	127	3.9%	105	7.6%	8	301%
Hospital Clinics	40	13.7%	182	5.6%	38	2.8%	4	1.5%
Independent Practice	79	27.0%	1,162	36.0%	74	5.4%	18	6.9%
Group Practice	30	10.2%	463	14.4%	277	20.2%	72	27.5%
Nursing Home	2	0.7%	17	0.5%	47	3.4%	0	0.0%
Private Clinic	8	2.7%	123	3.8%	66	4.8%	22	8.4%
Nonprofit Community Health Center	18	6.1%	299	9.3%	179	13.0%	42	16.0%
Military/ VA Clinic	20	6.8%	127	3.9%	3	0.2%	4	1.5%
IHS Clinic	13	4.4%	31	1.0%	18	1.3%	12	4.6%
Federally Qualified Heath Center	7	2.4%	81	2.5%	27	2.0%	4	1.5%
Other	32	10.9%	613	19.0%	540	39.3%	76	29.0%
TOTAL	**293**		**3,225**		**1,374**		**262**	

[a] Excludes nurse practitioners and nurse specialists; see Table 6.8.

Table 6.7 describes the practice location for psychiatrists, psychologists, social workers and counselors. *Private practice continues to be the most common practice setting for prescribers and independently licensed psychotherapy providers.* This pattern is an important consideration as New Mexico continues to focus efforts on expanding the public behavioral health system.

Table 6.8 describes the practice location for psychiatric nurse specialists. Practice patterns for advance practice psychiatric nurses have changed since this question was first analyzed in 2016. Initially, the majority of psychiatric nurse specialists worked in hospital settings. Current data show an increasing proportion working in outpatient clinic settings.

Table 6.8. Practice Location for Psychiatric CNPs/CNSs, 2019

Location Type	n	%
Clinic	25	21.6%
Community/ Public Health	23	19.8%
Hospital	24	20.7%
School of Nursing	8	6.9%
Other	36	31.0%
TOTAL	**116**	

VI.B.4. Age Distribution of Behavioral Health Care Providers

Table 6.9 provides information about the median and average age of the various behavioral health providers and the proportion of providers in each age category. Many of New Mexico's behavioral health clinicians are approaching retirement age; therefore, it will be important to continue efforts in recruitment for new clinicians. *In fact, more than one-third of prescribers and more than one-quarter of the independently licensed psychotherapy providers are at least 65 years of age.* While the presence of experienced behavioral health clinicians is a strength in our system, anticipated retirements are also an important factor to consider when planning future needs.

Table 6.9. Age of Behavioral Health Care Providers, 2019

Age	Prescribers		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	n	%	n	%	n	%	n	%
<25	0	0.0%	3	0.1%	59	2.2%	9	1.7%
25-34	9	2.5%	389	8.3%	714	26.4%	62	11.9%
35-44	48	13.6%	940	19.9%	670	24.8%	96	18.4%
45-54	72	20.4%	897	19.0%	577	21.3%	112	21.4%
55-64	95	26.9%	1,113	23.6%	456	16.9%	161	30.8%
65+	129	36.5%	1,373	29.1%	229	8.5%	83	15.9%
TOTAL	**353**		**4,715**		**2,705**		**523**	
Median Age	**60.3**		**56.4**		**43.5**		**53.6**	
Average Age	**59.1**		**55.1**		**44.9**		**51.8**	

VI.B.5. Health Information Technology and Electronic Health Records

Table 6.10 provides information about the health information technology capacity of behavioral health providers. There continue to be relatively low rates of access to comprehensive health information technology systems. In contrast to physical health care providers, behavioral health providers were not eligible for incentives to expand access to health information technology. As the state further integrates behavioral and physical health and a population health perspective to promote wellness, it will be important to develop information technology infrastructure in the behavioral health system.

Table 6.10 includes the 1,440 behavioral health care providers who were surveyed and answered the question about health information technology capability. It excludes nurse practitioners and nurse specialists, because this question is not on the nurse licensing renewal survey.

Table 6.10. Health Information Technology Capabilities of Behavioral Health Care Providers, 2019

Health Information Technology Capability	Prescribers[a]		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	(n = 237)		(n = 1878)		(n = 738)		(n = 150)	
	#	%	#	%	#	%	#	%
Computerized provider order entry	173	73.00%	639	34.03%	239	32.38%	42	28.00%
Patient access to electronic health records	62	26.16%	498	26.52%	171	23.17%	29	19.33%
E-labs	171	72.15%	441	23.48%	164	22.22%	31	20.67%
E-prescribing	114	48.10%	198	10.54%	81	10.98%	14	9.33%
Create registries	83	35.02%	324	17.25%	120	16.26%	18	12.00%
Patient timely access to labs	43	18.14%	149	7.93%	76	10.30%	15	10.00%
Quality reporting	128	54.01%	764	40.68%	344	46.61%	79	52.67%
Record vital signs	81	34.18%	238	12.67%	150	20.33%	35	23.33%
Record Demographics	186	78.48%	1406	74.87%	529	71.68%	105	70.00%
None of the above	6	2.53%	168	8.95%	55	7.45%	11	7.33%

[a] Excludes nurse practitioners and nurse specialists, who were not asked about health information technology access.

VI.B.6. Race and Ethnicity of Behavioral Health Care Providers

Table 6.11 provides information about the race of New Mexico behavioral health providers, while Table 6.12 provides ethnicity information. This information for psychiatric CNPs/CNSs is shown in Table 6.13. Despite evidence that increased ability to match race and ethnicity of providers to patients increased satisfaction, retention in care and improved outcomes,[45,46] New Mexico's behavioral health workforce continues to be less diverse than the state's population. To address health disparities and to provide culturally and linguistically competent care, it will continue to be important to actively recruit and retain health care professionals from diverse backgrounds. Notably, 51% of non-independently licensed

psychotherapy providers are of Hispanic ethnicity and the proportion of Hispanic independently licensed behavioral health psychotherapy providers has been increasing over the years that this analysis has reported.

Table 6.11. Race of Surveyed New Mexico Behavioral Health Care Providers Compared to New Mexico's Population, 2019

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Other	Two or More
NM Population[12]	**2,102,521**	**231,277 (11%)**	**42,050 (2.0%)**	**54,666 (2.6%)**	**1,721,965 (81.9%)**	**N/A**	**54,665 (2.6%)**
Prescribers[a]	**264**	8 (2.7%)	19 (6.5%)	6 (2.1%)	237 (81.4%)	14 (4.8%)	7 (2.4%)
Ind. License	**2,058**	79 (2.5%)	32 (1.0%)	59 (1.9%)	2,749 (86.5%)	150 (4.7%)	108 (3.4%)
Non-Ind. License	**1,498**	78 (5.8%)	10 (0.7%)	37 (2.8%)	1,059 (79.4%)	104 (7.8%)	46 (3.4%)
Substance Use	**411**	50 (19.9%)	0 (0.0%)	14 (5.6%)	157 (62.5%)	21 (8.4%)	9 (3.6%)

[a] Excludes nurse practitioners and nurse specialists; see table 6.13.

Table 6.12. Ethnicity of Surveyed New Mexico Behavioral Health Care Providers Compared to New Mexico's Population, 2019

	Total Count	Hispanic or Latino
NM Population[24]	**2,102,521**	**1,025,528 (48.8%)**
Prescribers[a]	264	48 (18.2%)
Ind. License	2,846	702 (24.7%)
Non-Ind. License	1,292	658 (50.9%)
Substance Use	239	109 (45.6%)

[a] Excludes nurse practitioners and nurse specialists; see table 6.13.

Table 6.13. Race of Surveyed New Mexico Psychiatric CNPs/CNSs, 2019

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	Hispanic	White, Non-Hispanic	Other
Psychiatric CNPs/CNSs	**116**	1 (0.9%)	3 (2.6%)	2 (1.7%)	21 (18.1%)	87 (75.0%)	2 (1.7%)

VI.B.7. Gender of Behavioral Health Care Providers

Table 6.14 provides the gender demographics of the behavioral health workforce and shows that the majority of clinicians are female, in all license categories. This table includes the 7,786 behavioral health care providers who indicated their gender on their licensing form.

Table 6.14. Gender of New Mexico Behavioral Health Care Providers, 2019

Gender	NM Pop.	Prescribers		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	%	Count	%	Count	%	Count	%	Count	%
Female	50.5%	239	51.5%	3,581	77.4%	1,955	83.9%	313	64.5%
Male	49.5%	225	48.5%	1,043	22.6%	374	16.1%	172	35.5%
TOTAL		**464**		**4,624**		**2,329**		**485**	

VI.B.8. Behavioral Health Care Providers Trained in New Mexico

Table 6.15 describes the percentage of behavioral health providers across categories who trained in New Mexico. This table includes the 5,257 behavioral health care providers who were surveyed and answered the question about training. *The majority of non-independently licensed psychotherapy and substance abuse providers received their training in New Mexico, whereas approximately 35% of independently licensed psychotherapy providers and 23% of prescribers trained in the state*. As we build recruitment efforts, it will be helpful to track these trends across provider categories.

Table 6.15. Behavioral Health Care Providers Practicing in New Mexico who were Trained in the State, 2019

License Category	Total	Trained in New Mexico	
		Count	%
Prescribers	407	95	23.3%
Independently Licensed Psychotherapy Providers	3,211	1,137	35.4%
Non-Independently Licensed Psychotherapy Providers	1,378	868	63.0%
Substance Use Treatment Providers	261	168	64.4%
TOTAL	**5,257**	**2,217**	**42.2%**

VI.C. Discussion

Despite statewide efforts to increase the behavioral health workforce, the total number of behavioral health clinicians in each category has remained remarkably stable since the 2016 report, when the separate behavioral health analysis was first conducted. This year's analysis did show a decrease in the

total number of non-independently licensed clinicians and dedicated substance use clinicians compared to previous years. However, this change is most likely due to efforts to ensure that individual clinicians were not double counted if they held multiple licensure types and were assigned to the category with the widest scope of practice.

Although the overall numbers of individual clinicians have remained the same, there are some important trends to note. Practice location seems to be shifting, as a considerable proportion of psychiatric nurse specialists are now working in clinic settings, whereas the first analysis showed that the majority were practicing in acute care settings. Another key trend to monitor is the age of the behavioral health workforce. In 2016, 26% of the prescribers were over the age of 65. In this year's report, that percentage had increased to 36%. As this section of the workforce approaches retirement, it will be important to ensure that sufficient recruitment strategies are in place to replace these clinicians.

Capacity for health information technology among behavioral health providers is another important metric that has shifted only slightly since 2016. As reimbursement measures start to move towards quality metrics, it is critical that behavioral health providers have access to systems that can track these measures. When this question was first reported in 2016, all behavioral health providers reported relatively low uptake of health information technology. In this year's analysis, more prescribers report that they now have health information technology capacity which include the ability create patient registries or to track quality measures. However, over the past four years, these rates have remained static among psychotherapy providers and the dedicated substance use workforce.

Finally, as we identify strategies to expand behavioral health workforce capacity, it is critical that we continue to ensure diversity within the workforce. It is promising to see that there are increased proportions of psychotherapy providers who identify as Hispanic in this year's results compared to the data from 2016. It will be important to encourage diversity across all races and ethnicities with particular attention to the prescribers who continue to be less racially and ethnically diverse than the broader behavioral health workforce.

Section VII

2020 Recommendations of the New Mexico Health Care Workforce Committee

This year, the recommendations of the New Mexico Health Care Workforce Committee may be broadly grouped into five areas:

- Measures to retain health care workforce in New Mexico during and following the COVID-19 public health emergency through reducing barriers to and improving the sustainability of practice in New Mexico (Recommendations 1 – 3);
- Measures to recruit health care workforce to underserved areas through rural practice incentives and training experiences (Recommendations 4, 5, 9 and 10);
- Measures to strengthen New Mexico's public health workforce (Recommendation 6) and school nurses (Recommendation 7) to bolster New Mexico's current and future capacity to administer vaccines, respond to public health emergencies and promote children's access to health care;
- Measures to increase the behavioral health workforce through financial support for inclusion of behavioral health workforce in primary care, emergency department and community settings (Recommendations 8 and 13); and
- Measures to support delivery of telehealth during the COVID-19 public health emergency and in underserved areas of New Mexico (Recommendations 11 and 12).

Recommendation 1

Direct the Office of the Superintendent of Insurance to streamline the credentialing process in New Mexico through (1) adoption of one universal electronic credentialing application, (2) adoption of a uniform transfer of credentialing form, and (3) requiring insurers to comply with the reimbursement requirements set forth in NMSA 1978, § 59A-22-54(G).

Currently, health care clinicians face significant hurdles and delays in reimbursement when transitioning between employers due to an onerous credentialing process. Particularly in the wake of the furloughs and layoffs necessitated by the COVID-19 pandemic, easing the burden of credentialing and recredentialing can promote the retention of clinicians in New Mexico. Our recommendations to do so are threefold.

The Office of the Superintendent of Insurance (OSI) should adopt one universal electronic credentialing application. Currently, there are two applications used for credentialing in New Mexico. Depending on the credentialing entity, clinicians have to submit one of the two forms by either mail, facsimile or electronic means. In order to streamline the credentialing process, OSI should mandate the use of one credentialing application that can be submitted electronically to the provider's desired insurers, in a process akin to the Common App broadly used in the higher education admissions process.

OSI should adopt a uniform transfer of credentialing form, which would give insurers the option of transferring a provider's credentialing when the provider changes their place of employment. Under NMSA 1978, § 59A-22-54(D), a provider credentialing verification lasts three years. Currently, if a provider leaves one professional organization and gains employment with another during that three-year period, the provider has to submit new credentialing applications. Despite statutory and regulatory requirements to the contrary, it routinely takes insurance carriers months to process credentialing applications. As a result, it is common for providers to go for months without reimbursement for their

services while they await credentialing. The time spent completing the credentialing process and the associated negative financial impact could be avoided if there was a simple uniform transfer of credentialing form. Such a form would allow providers to transfer their credentialing without undergoing the entire credentialing process. In the event that an insurance carrier did not wish to continue their relationship with the provider, the insurance carrier would maintain their discretion to deny the transfer of the provider's credentialing. This proposed solution would help New Mexico retain physicians and would aid in recruitment by providing an added benefit of practicing in New Mexico.

OSI should require insurers to comply with the reimbursement requirements set forth in NMSA 1978, § 59A-22-54(G). Under NMSA 1978, § 59A-22-54(G), "[a]n insurer shall reimburse a provider for covered health care services for any claims from the provider that the insurer receives with a date of service more than forty-five calendar days after the date on which the insurer received a complete credentialing application for that provider."[47] In other words, it is presumed that a provider is credentialed if their completed application is not rejected within forty-five days after it is received. Reimbursement under those circumstances is mandatory as long as the four following criteria have been met (NMSA 1978, § 59A-22-54(G)(l)-(4); *see also* 13.10.28.12(A)(l)-(4) NMAC):

1. The provider has submitted a complete credentialing application and any supporting documentation that the insurer has requested in writing within the [ten day] time frame established in [NMSA 1978, § 59A-22-54(F)(2)];
2. The insurer has approved, or has failed to approve or deny, the applicant's completed credentialing application within the time frame established pursuant to [NMSA 1978, § 59A-22-54(F)(2)];
3. The provider has no past or current license sanction or limitations, as reported by the New Mexico medical board or another pertinent licensing or regulatory agency, or by a similar out-of-state licensing regulatory entity for a provider licensed in another state; and
4. The provider has professional liability insurance or is covered under the Medical Malpractice Act.

In the event that the criteria set forth in § 59A-22-54(G) are satisfied, "[t]he health carrier shall reimburse the eligible provider within 30 days of the date of receipt if the clean claim has been submitted electronically or within 45 days of the date of receipt if the clean claim has been submitted manually." (13 .10.28.9(A)(2) NMAC). If payment is not made in a timely manner, interest at a rate of one and one-half percent for each full or partial month of delay shall be paid by the carrier (see 13 .10.28. 9 (D)(l)(a) NMAC).

Carriers must reimburse providers in the manner described above "until the earlier of the following occurs: (1) the health carrier denies the provider's credentialing application; (2) the health carrier approves the provider's credentialing application and the provider and health carrier enter a contract to replace a previously agreed upon rate; or (3) the passage of three years from the date the insurer received the provider's completed uniform credentialing application." (13.10.28.12(D)(l)-(3) NMAC).

Currently, the vast majority of insurance carriers are not complying with the reimbursement requirements set forth in NMSA 1978, § 59A-22-54(G). OSI should take action to enforce those provisions. If carriers continue to ignore the reimbursement requirements, the penalty for noncompliance should be increased and carriers should be forced to pay providers 100% of their billed charges as long as the charges are reasonable.

Recommendation 2

Increase New Mexico Medicaid payments to 105% of Medicare plus gross receipts tax.

In 2016, physicians' reimbursement rates for Medicaid services were cut by two to 40% based on medical specialty. The financial impact of those cuts has been further exacerbated by increased Medicaid enrollment as a result of COVID-19. In order to retain the physicians currently practicing in New Mexico and to recruit new skilled physicians, Medicaid reimbursements should be increased to 105% of Medicare plus GRT.

Recommendation 3

Maintain gross receipts tax deduction for Medicare and managed care payments.

Currently, "[r]eceipts of a healthcare practitioner for commercial contract services or Medicare part C services paid by a managed health care provider or health care insurer may be deducted from gross receipts if the services are within the scope of practice of the health care practitioner providing the service" (NMSA 1978, § 7-9-93(A)). With significant budget shortfalls, the state will try to identify new sources of tax revenue during the 2021 legislative session. Despite the need for increased tax revenue, the tax deduction provided by § 7-9-93(A) must be maintained to help physicians not only recover from their financial losses during the COVID-19 pandemic, but to adjust for the imposition of a tax on services that cannot be passed on to the consumer of the service. New Mexico is one of two states that impose a gross receipts tax on physician service; if this deduction were to be removed, it would discourage providers from establishing a medical practice in the state. Currently, the deduction helps New Mexico retain physicians in the state.

Recommendation 4

Maintain New Mexico's Rural Health Care Practitioner Tax Credit program.

The Rural Health Care Practitioner Tax Credit allows certain qualified health care providers who provide care in rural, underserved areas to be eligible for an income tax credit of $3,000 to $5,000. For the same reasons cited in Recommendation 3, the rural tax credit should be maintained. More importantly, the rural tax credit should be continued in order to attract providers to rural New Mexico during the COVID-19 pandemic when healthcare services are desperately needed in our rural communities.

Recommendation 5

Establish a tax credit of $1,000 each for up to 250 rural primary care provider and pharmacist preceptors who provide at least 80 student hours of precepting service for public institutions.

Community-based clinical training preceptors play an important role in the clinical education of health professionals, including physicians, advanced practice registered nurses, physician assistants and pharmacists. These practicing health care professionals provide trainees with clinical experience and mentoring. They are located outside of the academic medical sites where the majority of training takes place. For example, UNM School of Medicine preceptors are located in 77 communities and 30 of New Mexico's 33 counties, while the College of Pharmacy has sites in 48 communities and 28 counties. As a result, community preceptors provide a diversity of patients, cases and settings that broaden students' clinical knowledge and can be instrumental in their decision to practice in rural areas.

The clinical experiences provided by community preceptors are critically needed in order to increase the state's health workforce training capacity. Despite the important role they play and time they commit to training, however, preceptors for public institutions are typically unpaid. Public institutions, while able to provide non-monetary compensation to their preceptors such as access to library resources, must compete with private institutions that are able to pay for this valuable service. Providing a $1,000 tax credit to up to 250 primary care provider or pharmacist preceptors who provide at least 80 hours of service for public institutions, defined similarly to the comparable program in Hawaii,[48] would cost the state only $250,000 in tax revenue while increasing the supply of health workforce and recognizing the valuable public service provided by volunteer preceptors in training future workforce.

Recommendation 6

Increase staffing by an additional 30 FTEs – establishing at least one per county – for public health nurses at a midpoint annual salary of $65,000 each.

The COVID-19 pandemic has made clear the necessity of a strong public health infrastructure and workforce in New Mexico. Increasing staffing of public health nurses by 30 FTEs in order to establish at least one per county would ensure workforce for immunization administration and vaccine programs, foster cooperative efforts with school nurses and school-based health centers, and increase the number of providers to address infectious diseases. In particular, staffing for vaccine programs will be critical in protecting the state's population from COVID-19 when a vaccine for the virus becomes available. Because public health nurses are preferred to hold a BSN degree with a minimum of three years of experience, they are considered advanced RNs, and their midpoint salary at the New Mexico Department of Public Health is $31.29 per hour, or $65,089 annually – a rate of pay on the lower end of salaries for experienced BSN nurses. The total cost would thus be approximately $2 million plus benefits.

Recommendation 7

Increase the number of school nurses to ensure at least one school nurse in each school district statewide: there are approximately 15 districts without a school nurse.

In 2019 legislation, HB 476 was introduced to require a school nurse in every school At that time, there were 305 schools in New Mexico without one full-time RN. Full-time school nurses in New Mexico earn an average of approximately $46,400 annually; the fiscal impact report for 2019 HB 476 showed a total cost to fund a full-time RN for every school without one would be $14.1 million plus the cost of benefits. Without state funding, the state's school districts and charter schools would have incurred these costs of implementing 2019 HB 476.

While the total cost would be large to fund a school nurse for every school currently without one, as a starting point we recommend funding for a school nurse in every school district. Currently, there are approximately 15 districts statewide without a school nurse; as a result, the cost of this approach would be $700,000 plus benefits. Beginning to increase this workforce would expand the public health capacity necessary for such activities as vaccine program administration and provide an accessible point of health care for the state's children.

Recommendation 8

Incentivize community health centers, FQHCs and other established primary health care centers with hiring of behavioral health providers to maximize interdisciplinary health care delivery, such as by adding collaborative care CPT codes (99492, 99493 and 99494) to Medicaid to expand access to behavioral health in primary care settings.

The interdisciplinary provision of behavioral health care in primary care settings reduces barriers to behavioral health care through providing patients the convenience of a "one-stop shop" for health care and facilitating primary care referrals to behavioral health providers. Allowing Medicaid reimbursement for behavioral health care provided in primary care settings would provide an incentive for New Mexico's primary health care practices to incorporate behavioral health care providers. One avenue to do so would be adding collaborative care CPT codes 99492, 99493 and 99494 to Medicaid.

Recommendation 9

Double funding for the state medical, nursing and allied health loan-for-service programs.

These programs encourage trainees to commit to working in health professional shortage areas. In state fiscal year 2017, appropriations funded only 55% of eligible applicants for the state's health professional loan-for-service programs, including 15 medical, 33 nursing and five allied health.[49] Doubling the appropriations to accommodate up to 30 medical, 66 nursing and 10 allied health students would cost up to an additional $375,000 for medical ($25,000 x 15 participants), $396,000 for nursing ($12,000 x 33 participants) and $60,000 for allied health ($12,000 x five participants), for a total of up to $831,000 in additional funding. The actual cost might well be less, as in FY 2017 the number of applications to the medical and nursing loan-for-service programs were 22 and 59 respectively, each less than the proposed new maximums of 30 and 66.

Recommendation 10

Expand the Rural Healthcare Practitioner Tax Credit program to include pharmacists, physical therapists, social workers and counselors.

The professions currently eligible include licensed dental hygienists, physician assistants, certified nurse-midwives, certified registered nurse anesthetists, certified nurse practitioners and clinical nurse specialists. Pharmacists and physical therapists are urgently needed in many areas of the state, and counselors and social workers made up half of our state behavioral health workforce in 2019. Excluding these professions from the rural health tax credit removes an incentive that might otherwise act as a recruitment and retention tool to improve access to pharmacy, physical therapy and mental health services outside of urban centers in the state. At the $3,000 credit level, the state would demonstrate its commitment to those members of these professions serving in rural areas and encourage those entering the profession to practice rurally.

Recommendation 11

Maintain current parity in reimbursement of both telephone and telemedicine with in-person visits.

During the COVID-19 pandemic, telephone and telemedicine have proven crucial in maintaining access to health care. In addition, the rapid expansion of availability of these services has highlighted their potential long-term contributions to reducing barriers to health care for New Mexico's population. Providers have reported that their patients find it far easier to attend health care appointments remotely, as they can do so during a work meal break rather than requesting time off from work in order to travel to their health care provider's office. Particularly for remote areas of the state, this is more than a convenience, and it might make it possible to receive health care that the patient would otherwise forego. While telemedicine platforms allowing for video consultation are often preferred over voice-only telephone consultation, the lack of access to broadband internet among lower-income individuals and in remote areas of the state make it necessary to ensure both voice-only and video consultations remain available to the state's population. As a result, we recommend that New Mexico maintain the parity instituted in response to COVID-19 in reimbursement of both telephone and telemedicine with in-person visits.

Recommendation 12

Provide a community location in each county for residents to receive telemedicine videoconferencing, such as a private space within a public health office.

As discussed for recommendation 11 above, the rapid expansion of telemedicine services during the COVID-19 pandemic has proven a boon to health care access for the people of New Mexico. However, access to broadband internet is lacking among the state's lower-income and rural populations. Making available a community location for local residents to access video consultations with their health care providers would enable individuals to receive this preferred mode of remote health care who otherwise would rely on voice-only telephone consultations or undertake burdensome travel to see their health care provider in person. Such a location might be provided in the form of a private space within a public health office furnished with a broadband connected computer and webcam.

Recommendation 13

Expand capacity of certified peer support specialists within the state behavioral health workforce using strategies including (1) Recommend that the Office of State Insurance adds peer support services as a covered benefit for behavioral health conditions for all health plans in New Mexico; (2) Work with the New Mexico Credentialing Board for Behavioral Health Professionals to include certified behavioral health providers in future workforce reports including certified peer support specialists and certified family support specialists; (3) Expand the scope of services reimbursed by New Mexico Medicaid for certified peer support specialists to allow work in non-specialized behavioral health settings such as food banks and senior centers in order to facilitate engagement, coordination and referral to behavioral health care; and (4) Use the Treat First approach to allow peer support workers to provide reimbursable services in emergency department settings so that they can deliver Medicaid services without a treatment plan.

Peer support specialists perform a key role in recovery from substance use disorder. These individuals, themselves successful in the recovery process, assist others through shared understanding and personal engagement of patients in their recovery. They share resources, mentor those newer to the recovery process, assist individuals in recovery to build the skills necessary for success, build community among individuals with shared experiences in substance use disorder and recovery, and lead recovery groups in mutual support during this often difficult process. Through enabling reimbursement for peer support services, increasing understanding of this workforce, and expanding the sites at which peer support is reimbursable, the four aspects of this recommendation included above would expand New Mexicans' access to the valuable behavioral health services provided by peer support specialists.

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Appendix A

Bibliography of Publications and Conference Presentations Resulting from New Mexico's Health Care Workforce Data

A.A. Peer-Reviewed Journal Articles

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A.C. Opinion and Commentary

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A.D. Policy Reports

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Appendix B

Update on Previous Recommendations of the New Mexico Health Care Workforce Committee

B.A. Introduction

Beginning with its 2014 report, the New Mexico Health Care Workforce Committee has proposed solutions to the issues highlighted in its annual analysis of the state's health care providers. These have included both items actionable by the Legislature and more general recommendations for communities and health professional training programs. Here, we review prior years' recommendations and their status.

B.B. Status of 2014 Recommendations

B.B.1. 2014 Education and Training Recommendations

Rec. 2014.1

Health professions training programs should be enhanced, including strong support for the University of New Mexico (UNM) School of Medicine, advanced practice registered nurse programs at UNM and New Mexico State University, New Mexico Nursing Education Consortium programs to increase the BSN-prepared workforce, and development of a BA/DDS program similar to UNM's Combined BA/MD Degree Program. As the state invests in these programs, the New Mexico Health Care Workforce Committee will need expanded tracking to analyze how many graduates practice in New Mexico.

ACTION: Supplemental appropriations to institutions for nursing program expansion increased from $1.81 million in FY 2014 to $8.39 million in FY 2016, with a decrease to $7.70 million in FY 2018. The Legislative Finance Committee reported that the number of nursing degrees awarded has increased from 932 in 2011 to 1,062 in 2014. It notes that "additional evaluation work is needed … to fully assess whether investments in expanding nurse education is working as intended."[50]

The first graduates from UNM HSC's expanded pediatric nurse practitioner, family nurse practitioner and certified nurse-midwife programs joined the workforce in 2017. Their entry into the workforce will provide an opportunity to analyze the impact of training program expansion on the state's need for advanced practice registered nurses.

Rec. 2014.2

The state should fully support Graduate Medical Education (GME) by continuing funding for nine current GME positions and explore options for increasing the number of funded positions, particularly for practice in rural areas and underserved areas. This would entail developing additional primary care training locations throughout New Mexico.

ACTION: The Legislature fully funded nine residency slots each year in FY 2015 and FY 2016, with an emphasis on internal medicine, family medicine, general surgery and psychiatry. For these 18 slots, $1.65 million was appropriated to UNM HSC in FY 2018. Additional slots were not funded in either FY 2017 or FY 2018.

The Legislature also appropriated $399,500 in FY 2015 and FY 2016 to support primary care residencies at Hidalgo Medical Services, a Federally Qualified Health Center in southwestern New Mexico.

The 2014 Legislature also advanced the creation of primary care residency slots by leveraging state Medicaid funds.[51] This program is still in development; if successful, primary care residency development under this program could be supported through the base Medicaid funding budget for residency slots at Federally Qualified Health Centers in New Mexico primary care shortage areas.

Rec. 2014.3

The Community Health Worker certificate should be fully implemented.

ACTION: We have reiterated this recommendation (Rec. 2016.17).

B.B.2. 2014 Financial Incentives for Addressing Shortages

Rec. 2014.4

Financial incentives for recruiting health care professionals should be maintained and expanded on the basis of their demonstrated efficacy. The New Mexico Health Care Workforce committee should be funded in order to collect data, conduct analyses and develop appropriate outcome measures of these programs.

ACTION: In 2015, the LFC reported several state investments in health care workforce financial aid.[50] The Legislature appropriated $3.9 million for loan-for-service or loan repayment programs in FY 2016, an increase over FY 2014 levels. This included $200,000 to compensate for funds previously received from a U.S. Department of Health and Human Services matching grant that was not renewed for FY 2014 – 2015. However, we commend the state for its successful efforts to secure this grant again for FY 2019. The amount allocated to loan-for-service or loan repayment programs in FY 2018 has been reduced to $2.9 million.

In addition, the state expanded funding for Western Interstate Commission for Higher Education positions, which allow students from New Mexico to pay in-state tuition at affiliated dental and veterinary schools in exchange for three years of service in New Mexico. Funding was expanded from $1.15 million in FY 2015 to $2.27 million in FY 2016, but as of FY 2018 stands at $750,000.

Rec. 2014.5

The state tax incentive program should be evaluated for its impact on recruiting and retaining New Mexico's rural health care workforce.

ACTION: We have reiterated this recommendation (Rec. 2015.13).

B.B.3. 2014 Recruitment for Retention in New Mexico Communities

Rec. 2014.6

Recruitment efforts should address social and environmental barriers to successful recruitment.

ACTION: The non-profit New Mexico Health Resources has continued to support recruitment of health professionals to underserved areas. In 2015 – 2016, this organization placed 62 health professionals and 30 physicians with Conrad J-1 Visa Waivers in the state.

Rec. 2014.7

Explore strategies to help manage workloads for health care practitioners and create professional support networks, particularly in health professional shortage areas.

ACTION: Several successful New Mexico programs that foster health professions career development in rural areas – including Hidalgo Medical Services, UNM Locum Tenens, the UNM Physician Access Line and UNM's Health Extension Regional Offices – continue to help manage workloads and create professional support networks, as we reported in 2014 and 2015.

Rec. 2014.8

Enhance linkages between rural practitioners and the UNM Health Sciences Center to improve health care workforce retention.

ACTION: As we reported in 2015, telehealth technologies and virtual clinic platforms such as Project ECHO have continued to enhance primary care practice in rural New Mexico.

B.B.4 2014 New Mexico Health Care Workforce Committee

Rec. 2014.9

The New Mexico Health Care Workforce Committee should be funded in order to conduct its analyses. Funding for this committee will allow it to assess the efficacy of health care workforce programs and study in depth the mental health service environment, as well as expand tracking of health care workforce recruitment and retention.

ACTION: We have reiterated this recommendation (Rec. 2015.14).

B.C. Status of 2015 Recommendations

B.C.1. 2015 Behavioral Health Recommendations

Rec. 2015.1

With additional funding, UNM HSC can expand statewide access to telehealth consultation with behavioral health clinicians.

ACTION: We recognize the ongoing need to expand telehealth access to direct clinical services and real-time consultation. Given the tight fiscal environment, we will defer this recommendation for the future. In 2016, we instead recommended commencing planning for a statewide telehealth infrastructure to expand behavioral health access (Rec. 2016.8).

Rec. 2015.2

Request that the New Mexico Counseling and Therapy Practice Board and the Board of Psychologist Examiners re-examine their requirements for face-to-face mentoring (to be replaced by tele-mentoring) in order to minimize the barriers to rural practice.

ACTION: As of 2015, the New Mexico Counseling and Therapy Practice Board, the Board of Psychologist Examiners and the Board of Social Work Examiners have agreed to expand or examine expanding the definition of supervised practice toward independent licensure to include tele-mentoring.

Rec. 2015.3

Request that the New Mexico Counseling and Therapy Practice Board, the Board of Social Work Examiners and the Board of Psychologist Examiners eliminate barriers in reciprocity (e.g., eliminate requirements for time practiced in a particular state) to make New Mexico more competitive in recruiting new practitioners.

ACTION: As above, these boards have agreed to examine ways to lessen or eliminate reciprocity barriers to improve practitioner recruitment.

Rec. 2015.4

Request that the New Mexico Behavioral Health Collaborative develop reimbursement mechanisms for services delivered by psychology interns, social work interns and counseling interns when participating in electives in the public behavioral health system.

ACTION: We have reiterated this recommendation (Rec. 2016.2).

Rec. 2015.5

Request that all publicly funded higher education institutions release their licensure board pass rates to the New Mexico Behavioral Health Collaborative and the respective professional licensing boards so that the state can identify areas of continuous quality improvement to ensure that graduates are adequately prepared for licensing board examinations.

ACTION: In 2016, the New Mexico Behavioral Health Collaborative commenced discussions with Higher Education Department to facilitate this action.

Rec. 2015.6

The New Mexico Behavioral Health Collaborative should establish financing systems that promote sustainability and employee retention. Request that the Behavioral Health Collaborative disseminate a strategic plan on this topic by the end of FY 2016.

ACTION: The New Mexico Behavioral Health Collaborative developed and disseminated a strategic plan on sustainable financing systems (see http://www.newmexico.networkofcare.org/content/client/1446/4.-Strategic-Plan-Implementation-Updated.pdf).

Rec. 2015.7

Request that the Department of Health add social workers and counselors to the list of health care professions who are eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.

ACTION: See update below at Rec. 2015.15.

Rec. 2015.8

Support recruitment mechanisms by expanding the Rural Primary Health Care Act to include behavioral health and contracting with a non-profit entity for recruitment services.

ACTION: We continue to recognize the ongoing need to support recruitment of behavioral health clinicians. A centralized job board has been created for all New Mexico agencies to recruit for behavioral health clinicians (see http://www.newmexico.networkofcare.org/mh/nocJobBoard/).

The Rural Primary Care Act needs to be expanded to include a specialized behavioral health entity to support recruitment and contracting. Given the tight fiscal environment, we will defer this recommendation for the future.

B.C.2. 2015 Recommendations for Other Health Professions

Rec. 2015.9

We strongly recommend that the Higher Education Department take full advantage of the next opportunity to reinstate the U.S. Department of Health and Human Services matching grant to support New Mexico's loan repayment program.

ACTION: We commend the Higher Education Department for their successful work to reinstate this funding. The funding was secured in 2018.

Rec. 2015.10

We strongly recommend that the Legislative Health and Human Services (LHHS) and Legislative Finance Committees (LFC) support funding for loan-for-service and loan repayment programs and consider increasing funding levels to enhance rural health care practice.

ACTION: LHHS supported this recommendation in 2015. We have reiterated this recommendation (Rec. 2016.12)

Rec. 2015.11

We recommend that loan-for-service and loan repayment programs be structured to target the professions most needed in rural areas, rather than prioritizing practitioners with the highest levels of debt.

ACTION: We have reiterated this recommendation (Rec. 2016.13).

Rec. 2015.12

We recommend that telehealth services be encouraged and funded to assist rural physicians in managing workload and treating complex cases.

ACTION: In 2015, the LHHS endorsed $3 million in appropriations for Project ECHO. However, no additional funding was provided in the 2016 legislative session due to budgetary constraints. An additional $50,000 appropriation was made to Project ECHO in FY 2018; however, due to the across-the-board cuts, Project ECHO's FY 2018 appropriation is less than the FY 2017 appropriation.

Rec. 2015.13

We recommend that the Department of Health cooperate with the Taxation and Revenue Department so that the New Mexico Health Care Workforce Committee can analyze the impact of the Rural Health Care Tax Credit on retention.

ACTION: LHHS requested the LFC update the 2011 study of the tax credit. As of August 2016, the Department of Health and Taxation and Revenue Department have initiated analysis of the retention impact of the Rural Health Care Tax Credit.

Rec. 2015.14

We recommend that the Legislature support funding the New Mexico Health Care Workforce Committee to study whether residents have adequate access to the various types of providers.

ACTION: The LFC has recommended supporting the committee's workforce analysis initiatives. LHHS endorsed the 2016 Senate Bill 150 to provide $300,000 to support the work of the New Mexico Health Care Workforce Committee. However, this bill did not pass. We have reiterated this recommendation (Rec 2016.18).

Rec. 2015.15

We recommend that pharmacists, counselors and social workers be added to the list of health care practitioners eligible for the Rural Health Care Tax Credit.

ACTION: The 2017 House Bill 68 would have equalized the tax credit among all practitioners at the $5,000 level and added licensed counselors, pharmacists and social workers. However, this bill did not pass. We have reiterated this recommendation (Rec. 2016.5).

B.D. Status of 2016 Recommendations

B.D.1. 2016 Behavioral Health Recommendations

Rec. 2016.1

In compliance with Chapter 61 of NMSA 1978, expedite implementation of professional licensure by endorsement for social workers, counselors and therapists.

ACTION: We defer this recommendation to a future year.

Rec. 2016.2

Develop reimbursement mechanisms through Medicaid for services delivered by trainees in community settings.

ACTION: We have reiterated this recommendation (Rec. 2017.10).

Rec. 2016.3

Identify funding for efforts to support and prepare candidates from diverse backgrounds to complete graduate degrees in behavioral health fields.

ACTION: This recommendation is deferred, given current fiscal constraints.

Rec. 2016.4

Support Medicaid funding for community-based psychiatry residency programs in Federally Qualified Health Centers.

ACTION: The 2014 Legislature also advanced the creation of psychiatry residency slots by leveraging state Medicaid funds.[51] Through this program, psychiatry residency development will be supported through the base Medicaid funding budget for residency slots at Federally Qualified Health Centers in New Mexico primary care shortage areas.

Rec. 2016.5

Request that the Department of Health add social workers and counselors to the list of health care professions who are eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.

ACTION: As noted for Rec. 2015.15, 2017 HB 68 would have equalized the tax credit among all practitioners at the $5,000 level and added licensed counselors, pharmacists and social workers. However, this bill did not pass. We have reiterated this recommendation (Rec. 2017.6).

Rec. 2016.6

Explore opportunities to leverage federal funding for the Health Information Exchange and adoption of electronic health records for behavioral health providers.

ACTION: This recommendation is deferred, as the New Mexico Human Services Department focuses on the update of Centennial Care 2.0.

Rec. 2016.7

Bring licensing boards together to create a unified survey and dataset for behavioral health care providers.

ACTION: The Board of Psychologist Examiners is piloting an updated behavioral health survey with expanded fields to better understand the needs of behavioral health providers.

Rec. 2016.8

Convene a planning group to develop statewide telehealth infrastructure to deliver behavioral health services via telehealth to rural communities.

ACTION: The New Mexico Hospital Association has convened a planning group to explore the financing and sustainability of a statewide emergency telepsychiatry network to provide emergency consultations to patients in emergency departments.

Rec. 2016.9

Support the Collaborative Advanced Psychiatric-Education Exchange Program.

ACTION: The UNM College of Nursing was successful in receiving Health Resources and Services Administration funding to develop a post-master's certificate in psychiatric and mental health through the Collaborative Advanced Psychiatric – Education Exchange initiative.

B.D.2. 2016 Recommendations for Other Health Professions

Rec. 2016.10

Correct the recent omission by the Regulation and Licensing Department of the practice specialty item from the physicians' online license renewal survey platform.

ACTION: We commend the New Mexico Regulation and Licensing Department for their prompt and effective response to this recommendation. The omission was resolved in January 2017.

Rec. 2016.11

Enhance the Physician Assistants' survey with an added practice specialty item.

ACTION: The practice specialty item has been incorporated into the Physician Assistants' license renewal survey in 2017.

Rec. 2016.12

Maintain funding for the loan-for-service and loan repayment programs at their current levels.

ACTION: The Higher Education Department's application to reinstate federal funds was approved by the U.S. Department of Health and Human Services in 2018. Nonetheless, we reiterate our recommendation that funding for these programs be maintained or expanded (Rec. 2017.5).

Rec. 2016.13

Restructure loan-for-service and loan repayment programs to target the professions most needed in rural areas, rather than prioritizing practitioners with the highest levels of debt.

ACTION: We have reiterated this recommendation (Rec. 2017.5).

Rec. 2016.14

Position the Higher Education Department to take full advantage of the 2017 opportunity to reinstate the U.S. Department of Health and Human Services matching grant to support New Mexico's loan repayment program.

ACTION: We commend the Higher Education Department for their successful application to reinstate these funds in 2018.

Rec. 2016.15

Continue funding for expanded primary and secondary care residencies in New Mexico.

ACTION: No further action has occurred since that described above for Rec. 2014.2. We have reiterated this recommendation (Rec. 2017.2).

Rec. 2016.16

Support further exploration of Medicaid as an avenue for expanding residencies in New Mexico.

ACTION: See update above at Rec. 2014.2. We have reiterated this recommendation (Rec. 2017.3).

Rec. 2016.17

Continue support for the Community Health Workers certification program to promote consistency among training programs for these health professionals.

ACTION: This support continues to be needed.

Rec. 2016.18

Provide funding for the New Mexico Health Care Workforce Committee.

ACTION: We have reiterated this recommendation (Rec. 2017.8).

B.E. Status of 2017 Recommendations

B.E.1. 2017 Recommendations for All Health Professions

Rec. 2017.1.

Identify funding for efforts to support the New Mexico Nursing Education Consortium (NMNEC).

ACTION: We have reiterated this recommendation (Rec. 2018.1).

Rec. 2017.2.

Continue funding for expanded primary and secondary care residencies in New Mexico.

ACTION: We have reiterated this recommendation (Rec. 2018.3).

Rec. 2017.3.

Support further exploration of Medicaid as an avenue for expanding residencies in New Mexico.

ACTION: This avenue for expanding residencies continues to progress at the state level. We encourage continuation of this discussion.

Rec. 2017.4.

Position the Higher Education Department to take full advantage of the next opportunity to reinstate the U.S. Department of Health and Human Services matching grant to support New Mexico's state loan repayment program.

ACTION: We commend the Higher Education Department for their successful work to reinstate this funding. The funding has been secured in 2018.

Rec. 2017.5.

Increase funding for state loan-for-service and loan repayment programs, and consider restructuring them to target the professions most needed in rural and underserved areas rather than prioritizing those with higher debt.

ACTION: We have reiterated this recommendation (Rec. 2018.4).

Rec. 2017.6.

Request that the Department of Health add pharmacists, social workers and counselors to the health care professions eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.

ACTION: We have reiterated this recommendation (Rec. 2018.5).

Rec. 2017.7.

Remedy the pharmacists' survey.

ACTION: We commend the Board of Pharmacy and the Regulation and Licensing Department for their prompt action in correcting the registered pharmacists' survey.

Rec. 2017.8.

Provide funding for the New Mexico Health Care Workforce Committee.

ACTION: We have reiterated this recommendation (Rec. 2018.7).

B.E.2. 2017 Behavioral Health Recommendations

Rec. 2017.9.

Require that licensed behavioral health professionals receive three hours of continuing education credits each licensure cycle in the treatment of substance use disorders

ACTION: This issue has been discussed with the relevant professional boards, who are in support of this measure. We have reiterated this recommendation (Rec. 2018.9).

Rec. 2017.10.

Develop reimbursement mechanisms through Medicaid for services delivered by behavioral health interns in community settings

ACTION: This recommendation has been included in Medicaid's proposed rule, which is currently being promulgated but is not yet finalized. We have reiterated this recommendation (Rec. 2018.10).

Rec. 2017.11.

Create a state Behavioral Health Workforce Center of Excellence

ACTION: We defer this recommendation.

Rec. 2017.12.

Expedite direct services via telehealth by participating in interstate licensing compacts when available

ACTION: We have modified this recommendation to specifically support enacting PSYPACT (Rec. 2018.12).

B.F. Status of 2018 Recommendations

B.F.1. 2018 Recommendations for All Health Professions

Rec. 2018.1.

Identify funding for efforts to support the New Mexico Nursing Education Consortium (NMNEC).

ACTION: We are grateful to the Legislature for their initial funding of NMNEC in the amounts of $450,000 recurring and $50,000 non-recurring. The continuation of this program with state support will be critical to expanding the state's supply of BSN-prepared registered nurses.

Rec. 2018.2.

Direct RLD to correct its information technology system deficiencies so that all survey responses can be provided to the University of New Mexico Health Sciences Center and the committee.

ACTION: We commend RLD on their prompt restoration of the missing data.

Rec. 2018.3.

Continue funding for expanded primary and secondary care residencies in New Mexico.

ACTION: We have reiterated this recommendation (Rec. 2019.10).

Rec. 2018.4.

Increase funding for state loan-for-service and loan repayment programs, and consider restructuring them to target the professions most needed in rural and underserved areas rather than prioritizing those with higher debt.

ACTION: In 2017, the New Mexico Higher Education Department reported targeting professions for the state's loan repayment program, with advanced practice registered nurses, clinical psychologists and other mental health providers receiving priority.[49] We commend the New Mexico Higher Education Department on their efforts to target the state's loan repayment program to the professions most in need.

Rec. 2018.5.

Request that the Department of Health add pharmacists, social workers and counselors to the health care professions eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.

ACTION: We have reiterated this recommendation (Rec. 2019.12).

Rec. 2018.6.

Create a committee tasked with examining future health care workforce needs related to the state's changing demographics.

ACTION: We have reiterated this recommendation (Rec. 2019.14).

Rec. 2018.7.

Provide funding for the New Mexico Health Care Workforce Committee.

ACTION: We have reiterated this recommendation (Rec. 2019.15).

Rec. 2018.8.

Establish a tax credit for health care professional preceptors who work with public institutions.

ACTION: We have reiterated this recommendation (Rec. 2019.8).

B.F.2. 2018 Recommendations for Behavioral Health Professions

Rec. 2018.9.

Require that licensed behavioral health professionals receive three hours of continuing education credits each licensure cycle in the treatment of substance use disorders.

ACTION: No action was taken; we defer this recommendation.

Rec. 2018.10.

Finalize and promulgate changes to the New Mexico Medicaid Behavioral Health Regulations to reimburse Medicaid services when delivered by behavioral health interns in community settings.

ACTION: The recommended changes were finalized and promulgated in 2019.

Rec. 2018.11.

Finalize and promulgate changes to the New Mexico Medicaid Behavioral Health Regulations to identify physician assistants as a behavioral health provider type which will allow Medicaid reimbursement of services when delivered by physician assistants in behavioral health settings.

ACTION: These recommended changes were also finalized and promulgated in 2019. We look forward to the positive effects the changes described in Recommendations 2018.10 and 2018.11 together will have on the state's behavioral health workforce and access statewide to behavioral health care.

Rec. 2018.12.

Expedite direct services via telehealth by participating in the PSYPACT interstate licensing compact.

ACTION: We have reiterated this recommendation (Rec. 2019.11).

Rec. 2018.13.

Fund an infrastructure through the New Mexico Hospital Association for a centralized Telebehavioral Health Program to provide direct care to rural communities.

ACTION: This initiative has been deferred by the New Mexico Hospital Association.

B.F.3. 2018 Recommendation for Correction and Alignment of New Mexico's Health Professionals Surveys

Rec. 2018.14.

Direct the pertinent professional licensing boards to make the necessary changes to align their surveys with legislative requirements and other boards' surveys.

ACTION: The New Mexico Health Care Workforce Committee is contacting the boards to request the necessary survey amendments.

B.G. Status of 2019 Recommendations

Rec. 2019.1

Provide $6 million in recurring funding for tuition-free training for medical students at public institutions pledging to practice in New Mexico.

ACTION: This initiative was not funded.

Rec. 2019.2

Double funding for the state's medical, nursing and allied health loan-for-service programs.

ACTION: We have reiterated this recommendation (Rec. 2020.9).

Rec. 2019.3

Increase line-item appropriations to New Mexico's community colleges for nursing program enhancement.

ACTION: No action was taken.

Rec. 2019.4

Continue to fund NMNEC by making the current funding of $500,000 entirely recurring.

ACTION: $250,000 was allocated to this program for FY21.

Rec. 2019.5

Fund RPSP for expansion of nursing education and targeted recruitment of Native American and rural students ($199,671).

ACTION: This initiative was not funded.

Rec. 2019.6

Fund RPSP for the freshman direct entry early assurance pre-licensure BSN program ($428,271).

ACTION: This initiative was not funded.

Rec. 2019.7

Fund RPSP for the expansion of physician assistant training ($453,180).

ACTION: This initiative was not funded.

Rec. 2019.8

Establish a tax credit for rural primary care provider and pharmacist preceptors who work with public institutions.

ACTION: We have reiterated this recommendation (Rec. 2020.5).

Rec. 2019.9

Increase Nurse Educator Loan-for-Service Program awards to $12,000 per participant per year.

ACTION: No action was taken.

Rec. 2019.10

Fulfill the state's previous commitment to expansion of a remaining nine primary and secondary care residencies in New Mexico ($1.1 million in recurring funding), and consider further residency expansion through state funding, Medicaid funds or other mechanisms.

ACTION: No action was taken.

Rec. 2019.11

Enact legislation for New Mexico's participation in PSYPACT, with recurring funding of $6,000 for the cost of the compact.

ACTION: The legislation was passed by the Legislature, but not enacted.

Rec. 2019.12

Expand the rural health care tax credit to include pharmacists, social workers and counselors.

ACTION: We have reiterated this recommendation (Rec. 2020.10).

Rec. 2019.13

Direct the New Mexico Taxation and Revenue Department and Department of Health to examine the effectiveness of the rural health tax credit in recruiting and retaining providers in rural areas.

ACTION: No action was taken.

Rec. 2019.14

Enact memorial legislation creating a subcommittee under the New Mexico Health Care Workforce Committee to examine future health care workforce needs related to the state's changing demographics and changing makeup of health care teams.

ACTION: No action was taken.

Rec. 2019.15

Provide $250,000 in recurring funding for the analytical, data management and administrative work undertaken by the New Mexico Health Care Workforce Committee.

ACTION: No action was taken.

Appendix C

Data Tables for New Mexico Health Care Professions

C.A. Benchmark Gap Analyses

Table C.A.1. Benchmark Gap Analysis of New Mexico Primary Care Physicians

County	Population	Estimated Primary Care Physicians	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	679,121	675	563	112
Catron	3,527	1	3	-2
Chaves	64,615	54	54	0
Cibola	26,675	13	22	-9
Colfax	11,941	10	10	0
Curry	48,954	22	41	-19
De Baca	1,748	1	1	0
Doña Ana	218,195	137	181	-44
Eddy	58,460	24	48	-24
Grant	26,998	19	22	-3
Guadalupe	4,300	1	4	-3
Harding	625	0	1	-1
Hidalgo	4,198	2	3	-1
Lea	71,070	29	59	-30
Lincoln	19,572	10	16	-6
Los Alamos	19,369	28	16	12
Luna	23,709	8	20	-12
McKinley	71,367	46	59	-13
Mora	4,521	1	4	-3
Otero	67,490	31	56	-25
Quay	8,253	2	7	-5
Rio Arriba	38,921	24	32	-8
Roosevelt	18,500	10	15	-5
San Juan	123,958	69	103	-34
San Miguel	27,277	15	23	-8
Sandoval	146,748	99	122	-23
Santa Fe	150,358	178	125	53
Sierra	10,791	8	9	-1
Socorro	16,637	15	14	1
Taos	32,723	24	27	-3
Torrance	15,461	3	13	-10
Union	4,059	2	3	-1
Valencia	76,688	20	64	-44
TOTAL	**2,096,829**	**1,581**	**1,738**	**-157**
NONPRACTICING		**340**		
OUT OF STATE		**1,134**		

Table C.A.2. Benchmark Gap Analysis of New Mexico Obstetricians and Gynecologists

County	Female Population	Estimated OB-GYN Physicians	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	346,286	128	76	52
Catron	1,650	0	0	0
Chaves	32,507	5	7	-2
Cibola	13,015	2	3	-1
Colfax	5,871	2	1	1
Curry	23,584	6	5	1
De Baca	881	0	0	0
Doña Ana	111,318	18	24	-6
Eddy	28,890	7	6	1
Grant	13,712	3	3	0
Guadalupe	1,855	0	0	0
Harding	306	0	0	0
Hidalgo	2,112	0	0	0
Lea	34,520	6	8	-2
Lincoln	10,036	2	2	0
Los Alamos	9,468	3	2	1
Luna	11,743	2	3	-1
McKinley	36,975	3	8	-5
Mora	2,205	0	0	0
Otero	32,519	5	7	-2
Quay	4,236	0	1	-1
Rio Arriba	19,872	4	4	0
Roosevelt	9,299	0	2	-2
San Juan	62,657	8	14	-6
San Miguel	13,758	2	3	-1
Sandoval	74,707	5	16	-11
Santa Fe	77,627	13	17	-4
Sierra	5,375	0	1	-1
Socorro	8,327	3	2	1
Taos	16,727	3	4	-1
Torrance	7,329	0	2	-2
Union	1,779	0	0	0
Valencia	38,251	0	8	-8
TOTAL	**1,059,397**	**230**	**233**	**-3**
NONPRACTICING		**14**		
OUT OF STATE		**121**		

Table C.A.3. Benchmark Gap Analysis of New Mexico General Surgeons

County	Population	Estimated General Surgeons	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	679,121	49	41	8
Catron	3,527	0	0	0
Chaves	64,615	5	4	1
Cibola	26,675	2	2	0
Colfax	11,941	2	1	1
Curry	48,954	7	3	4
De Baca	1,748	0	0	0
Doña Ana	218,195	16	13	3
Eddy	58,460	5	4	1
Grant	26,998	5	2	3
Guadalupe	4,300	0	0	0
Harding	625	0	0	0
Hidalgo	4,198	0	0	0
Lea	71,070	2	4	-2
Lincoln	19,572	2	1	1
Los Alamos	19,369	5	1	4
Luna	23,709	3	1	2
McKinley	71,367	5	4	1
Mora	4,521	0	0	0
Otero	67,490	3	4	-1
Quay	8,253	1	0	1
Rio Arriba	38,921	2	2	0
Roosevelt	18,500	0	1	-1
San Juan	123,958	8	7	1
San Miguel	27,277	2	2	0
Sandoval	146,748	11	9	2
Santa Fe	150,358	13	9	4
Sierra	10,791	1	1	0
Socorro	16,637	1	1	0
Taos	32,723	4	2	2
Torrance	15,461	1	1	0
Union	4,059	0	0	0
Valencia	76,688	0	5	-5
TOTAL	**2,096,829**	**155**	**126**	**29**
NONPRACTICING		**13**		
OUT OF STATE		**109**		

Table C.A.4. Benchmark Gap Analysis of New Mexico Psychiatrists

County	Population	Estimated Psychiatrists	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	679,121	158	105	53
Catron	3,527	0	1	-1
Chaves	64,615	1	10	-9
Cibola	26,675	1	4	-3
Colfax	11,941	0	2	-2
Curry	48,954	4	8	-4
De Baca	1,748	0	0	0
Doña Ana	218,195	26	34	-8
Eddy	58,460	1	9	-8
Grant	26,998	4	4	0
Guadalupe	4,300	0	1	-1
Harding	625	0	0	0
Hidalgo	4,198	0	1	-1
Lea	71,070	3	11	-8
Lincoln	19,572	0	3	-3
Los Alamos	19,369	2	3	-1
Luna	23,709	0	4	-4
McKinley	71,367	3	11	-8
Mora	4,521	0	1	-1
Otero	67,490	6	10	-4
Quay	8,253	1	1	0
Rio Arriba	38,921	1	6	-5
Roosevelt	18,500	0	3	-3
San Juan	123,958	10	19	-9
San Miguel	27,277	8	4	4
Sandoval	146,748	13	23	-10
Santa Fe	150,358	45	23	22
Sierra	10,791	0	2	-2
Socorro	16,637	0	3	-3
Taos	32,723	4	5	-1
Torrance	15,461	0	2	-2
Union	4,059	0	1	-1
Valencia	76,688	5	12	-7
TOTAL	**2,096,829**	**296**	**323**	**-27**
NONPRACTICING		**12**		
OUT OF STATE		**247**		

Table C.A.5. Benchmark Gap Analysis of New Mexico Registered Nurses and Clinical Nurse Specialists

County	Population	Estimated RNs/CNSs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	679,121	8,155	6,404	1,751
Catron	3,527	5	33	-28
Chaves	64,615	351	609	-258
Cibola	26,675	158	252	-94
Colfax	11,941	49	113	-64
Curry	48,954	322	462	-140
De Baca	1,748	6	16	-10
Doña Ana	218,195	1,331	2,058	-727
Eddy	58,460	335	551	-216
Grant	26,998	239	255	-16
Guadalupe	4,300	22	41	-19
Harding	625	0	6	-6
Hidalgo	4,198	6	40	-34
Lea	71,070	270	670	-400
Lincoln	19,572	102	185	-83
Los Alamos	19,369	106	183	-77
Luna	23,709	78	224	-146
McKinley	71,367	329	673	-344
Mora	4,521	5	43	-38
Otero	67,490	324	636	-312
Quay	8,253	31	78	-47
Rio Arriba	38,921	170	367	-197
Roosevelt	18,500	69	174	-105
San Juan	123,958	769	1,169	-400
San Miguel	27,277	185	257	-72
Sandoval	146,748	761	1,384	-623
Santa Fe	150,358	918	1,418	-500
Sierra	10,791	65	102	-37
Socorro	16,637	69	157	-88
Taos	32,723	159	309	-150
Torrance	15,461	8	146	-138
Union	4,059	22	38	-16
Valencia	76,688	120	723	-603
TOTAL PRACTICING IN STATE	**2,096,829**	**15,539**	**19,773**	**-4,234**
NONPRACTICING		**1,130**		
OUT OF STATE		**12,160**		

Table C.A.6. Benchmark Gap Analysis of New Mexico Certified Nurse Practitioners

County	Population	Estimated CNPs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	679,121	656	489	167
Catron	3,527	0	3	-3
Chaves	64,615	42	47	-5
Cibola	26,675	10	19	-9
Colfax	11,941	4	9	-5
Curry	48,954	25	35	-10
De Baca	1,748	2	1	1
Doña Ana	218,195	189	157	32
Eddy	58,460	38	42	-4
Grant	26,998	17	19	-2
Guadalupe	4,300	4	3	1
Harding	625	0	0	0
Hidalgo	4,198	1	3	-2
Lea	71,070	33	51	-18
Lincoln	19,572	8	14	-6
Los Alamos	19,369	9	14	-5
Luna	23,709	12	17	-5
McKinley	71,367	20	51	-31
Mora	4,521	4	3	1
Otero	67,490	45	49	-4
Quay	8,253	10	6	4
Rio Arriba	38,921	18	28	-10
Roosevelt	18,500	8	13	-5
San Juan	123,958	45	89	-44
San Miguel	27,277	16	20	-4
Sandoval	146,748	53	106	-53
Santa Fe	150,358	102	108	-6
Sierra	10,791	9	8	1
Socorro	16,637	7	12	-5
Taos	32,723	21	24	-3
Torrance	15,461	3	11	-8
Union	4,059	1	3	-2
Valencia	76,688	22	55	-33
TOTAL PRACTICING IN STATE	**2,096,829**	**1,434**	**1,510**	**-76**
NONPRACTICING		**86**		
OUT OF STATE		**1,336**		

Table C.A.7. Benchmark Gap Analysis of New Mexico Certified Nurse-Midwives

County	Female Population	Estimated CNMs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	346,286	91	24	67
Catron	1,650	0	0	0
Chaves	32,507	1	2	-1
Cibola	13,015	1	1	0
Colfax	5,871	0	0	0
Curry	23,584	3	2	1
De Baca	881	0	0	0
Doña Ana	111,318	11	8	3
Eddy	28,890	1	2	-1
Grant	13,712	3	1	2
Guadalupe	1,855	0	0	0
Harding	306	0	0	0
Hidalgo	2,112	0	0	0
Lea	34,520	1	2	-1
Lincoln	10,036	0	1	-1
Los Alamos	9,468	1	1	0
Luna	11,743	0	1	-1
McKinley	36,975	7	3	4
Mora	2,205	0	0	0
Otero	32,519	1	2	-1
Quay	4,236	0	0	0
Rio Arriba	19,872	1	1	0
Roosevelt	9,299	0	1	-1
San Juan	62,657	8	4	4
San Miguel	13,758	3	1	2
Sandoval	74,707	4	5	-1
Santa Fe	77,627	11	5	6
Sierra	5,375	0	0	0
Socorro	8,327	1	1	0
Taos	16,727	4	1	3
Torrance	7,329	0	1	-1
Union	1,779	0	0	0
Valencia	38,251	1	3	-2
TOTAL PRACTICING IN STATE	**1,059,397**	**154**	**75**	**79**
NONPRACTICING		**7**		
OUT OF STATE		**57**		

Table C.A.8. Benchmark Gap Analysis of New Mexico Physician Assistants

County	Population	Estimated PAs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	679,121	452	292	160
Catron	3,527	0	2	-2
Chaves	64,615	11	28	-17
Cibola	26,675	6	11	-5
Colfax	11,941	5	5	0
Curry	48,954	12	21	-9
De Baca	1,748	0	1	-1
Doña Ana	218,195	51	94	-43
Eddy	58,460	13	25	-12
Grant	26,998	19	12	7
Guadalupe	4,300	1	2	-1
Harding	625	0	0	0
Hidalgo	4,198	1	2	-1
Lea	71,070	10	31	-21
Lincoln	19,572	2	8	-6
Los Alamos	19,369	14	8	6
Luna	23,709	5	10	-5
McKinley	71,367	13	31	-18
Mora	4,521	0	2	-2
Otero	67,490	17	29	-12
Quay	8,253	1	4	-3
Rio Arriba	38,921	7	17	-10
Roosevelt	18,500	2	8	-6
San Juan	123,958	41	53	-12
San Miguel	27,277	7	12	-5
Sandoval	146,748	53	63	-10
Santa Fe	150,358	66	65	1
Sierra	10,791	4	5	-1
Socorro	16,637	2	7	-5
Taos	32,723	23	14	9
Torrance	15,461	2	7	-5
Union	4,059	0	2	-2
Valencia	76,688	11	33	-22
TOTAL PRACTICING IN STATE	**2,096,829**	**851**	**902**	**-51**
NONPRACTICING		**14**		
OUT OF STATE		**264**		

Table C.A.9. Benchmark Gap Analysis of New Mexico Dentists

County	Population	Estimated Dentists	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	679,121	521	272	249
Catron	3,527	1	1	0
Chaves	64,615	37	26	11
Cibola	26,675	12	11	1
Colfax	11,941	3	5	-2
Curry	48,954	23	20	3
De Baca	1,748	1	1	0
Doña Ana	218,195	107	87	20
Eddy	58,460	12	23	-11
Grant	26,998	11	11	0
Guadalupe	4,300	0	2	-2
Harding	625	0	0	0
Hidalgo	4,198	1	2	-1
Lea	71,070	27	28	-1
Lincoln	19,572	7	8	-1
Los Alamos	19,369	10	8	2
Luna	23,709	7	9	-2
McKinley	71,367	27	29	-2
Mora	4,521	1	2	-1
Otero	67,490	22	27	-5
Quay	8,253	2	3	-1
Rio Arriba	38,921	15	16	-1
Roosevelt	18,500	5	7	-2
San Juan	123,958	82	50	32
San Miguel	27,277	13	11	2
Sandoval	146,748	79	59	20
Santa Fe	150,358	125	60	65
Sierra	10,791	3	4	-1
Socorro	16,637	7	7	0
Taos	32,723	15	13	2
Torrance	15,461	2	6	-4
Union	4,059	0	2	-2
Valencia	76,688	30	31	-1
TOTAL PRACTICING IN STATE	**2,096,829**	**1,208**	**839**	**369**
NONPRACTICING		**24**		
OUT OF STATE		**369**		

Table C.A.10. Benchmark Gap Analysis of New Mexico Pharmacists

County	Population	Estimated Pharmacists	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	679,121	948	530	418
Catron	3,527	0	3	-3
Chaves	64,615	37	50	-13
Cibola	26,675	10	21	-11
Colfax	11,941	10	9	1
Curry	48,954	24	38	-14
De Baca	1,748	2	1	1
Doña Ana	218,195	118	170	-52
Eddy	58,460	36	46	-10
Grant	26,998	24	21	3
Guadalupe	4,300	1	3	-2
Harding	625	0	0	**0**
Hidalgo	4,198	1	3	-2
Lea	71,070	33	55	-22
Lincoln	19,572	12	15	-3
Los Alamos	19,369	12	15	-3
Luna	23,709	11	18	-7
McKinley	71,367	29	56	-27
Mora	4,521	2	4	-2
Otero	67,490	27	53	-26
Quay	8,253	3	6	-3
Rio Arriba	38,921	11	30	-19
Roosevelt	18,500	11	14	-3
San Juan	123,958	57	97	-40
San Miguel	27,277	17	21	-4
Sandoval	146,748	115	114	1
Santa Fe	150,358	114	117	-3
Sierra	10,791	7	8	-1
Socorro	16,637	5	13	-8
Taos	32,723	20	26	-6
Torrance	15,461	3	12	-9
Union	4,059	3	3	0
Valencia	76,688	37	60	-23
TOTAL PRACTICING IN STATE	**2,096,829**	**1,740**	**1,636**	**104**
NONPRACTICING		**49**		
OUT OF STATE		**1,666**		

Table C.A.11. Benchmark Gap Analysis of New Mexico Licensed Midwives

County	Female Population	Estimated LMs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	346,286	14	6	8
Catron	1,650	0	0	0
Chaves	32,507	2	1	1
Cibola	13,015	0	0	0
Colfax	5,871	0	0	0
Curry	23,584	0	0	0
De Baca	881	0	0	0
Doña Ana	111,318	3	2	1
Eddy	28,890	1	0	1
Grant	13,712	0	0	0
Guadalupe	1,855	0	0	0
Harding	306	0	0	0
Hidalgo	2,112	0	0	0
Lea	34,520	0	1	-1
Lincoln	10,036	0	0	0
Los Alamos	9,468	0	0	0
Luna	11,743	0	0	0
McKinley	36,975	0	1	-1
Mora	2,205	0	0	0
Otero	32,519	0	1	-1
Quay	4,236	0	0	0
Rio Arriba	19,872	2	0	2
Roosevelt	9,299	0	0	0
San Juan	62,657	0	1	-1
San Miguel	13,758	1	0	1
Sandoval	74,707	2	1	1
Santa Fe	77,627	6	1	5
Sierra	5,375	1	0	1
Socorro	8,327	0	0	0
Taos	16,727	2	0	2
Torrance	7,329	0	0	0
Union	1,779	0	0	0
Valencia	38,251	1	1	0
TOTAL PRACTICING IN STATE	**1,059,397**	**35**	**18**	**17**
NONPRACTICING		**9**		
OUT OF STATE		**48**		

Table C.A.12. Benchmark Gap Analysis of New Mexico Emergency Medical Technicians

County	Population	Estimated EMTs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	679,121	1,481	2,180	-699
Catron	3,527	30	11	19
Chaves	64,615	170	207	-37
Cibola	26,675	43	86	-43
Colfax	11,941	42	38	4
Curry	48,954	95	157	-62
De Baca	1,748	19	6	13
Doña Ana	218,195	345	700	-355
Eddy	58,460	126	188	-62
Grant	26,998	85	87	-2
Guadalupe	4,300	8	14	-6
Harding	625	6	2	4
Hidalgo	4,198	14	13	1
Lea	71,070	122	228	-106
Lincoln	19,572	62	63	-1
Los Alamos	19,369	133	62	71
Luna	23,709	33	76	-43
McKinley	71,367	167	229	-62
Mora	4,521	2	15	-13
Otero	67,490	91	217	-126
Quay	8,253	26	26	0
Rio Arriba	38,921	87	125	-38
Roosevelt	18,500	40	59	-19
San Juan	123,958	267	398	-131
San Miguel	27,277	28	88	-60
Sandoval	146,748	281	471	-190
Santa Fe	150,358	310	483	-173
Sierra	10,791	27	35	-8
Socorro	16,637	23	53	-30
Taos	32,723	81	105	-24
Torrance	15,461	40	50	-10
Union	4,059	16	13	3
Valencia	76,688	99	246	-147
TOTAL PRACTICING IN STATE	**2,096,829**	**4,399**	**6,731**	**-2,332**
NONPRACTICING		**942**		
OUT OF STATE		**3,125**		

Table C.A.13. Benchmark Gap Analysis of New Mexico Physical Therapists

County	Population	Estimated PTs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	679,121	668	645	23
Catron	3,527	0	3	-3
Chaves	64,615	43	61	-18
Cibola	26,675	7	25	-18
Colfax	11,941	6	11	-5
Curry	48,954	28	47	-19
De Baca	1,748	1	2	-1
Doña Ana	218,195	134	207	-73
Eddy	58,460	34	56	-22
Grant	26,998	24	26	-2
Guadalupe	4,300	1	4	-3
Harding	625	0	1	-1
Hidalgo	4,198	1	4	-3
Lea	71,070	29	68	-39
Lincoln	19,572	15	19	-4
Los Alamos	19,369	25	18	7
Luna	23,709	11	23	-12
McKinley	71,367	24	68	-44
Mora	4,521	1	4	-3
Otero	67,490	34	64	-30
Quay	8,253	4	8	-4
Rio Arriba	38,921	18	37	-19
Roosevelt	18,500	9	18	-9
San Juan	123,958	54	118	-64
San Miguel	27,277	13	26	-13
Sandoval	146,748	67	139	-72
Santa Fe	150,358	135	143	-8
Sierra	10,791	9	10	-1
Socorro	16,637	8	16	-8
Taos	32,723	29	31	-2
Torrance	15,461	4	15	-11
Union	4,059	6	4	2
Valencia	76,688	23	73	-50
TOTAL PRACTICING IN STATE	**2,096,829**	**1,465**	**1,992**	**-527**
NONPRACTICING		**40**		
OUT OF STATE		**657**		

Table C.A.14. Benchmark Gap Analysis of New Mexico Occupational Therapists

County	Population	Estimated OTs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	679,121	412	251	161
Catron	3,527	0	1	-1
Chaves	64,615	20	24	-4
Cibola	26,675	5	10	-5
Colfax	11,941	5	4	1
Curry	48,954	14	18	-4
De Baca	1,748	0	1	-1
Doña Ana	218,195	72	81	-9
Eddy	58,460	17	22	-5
Grant	26,998	14	10	4
Guadalupe	4,300	0	2	-2
Harding	625	0	0	0
Hidalgo	4,198	0	2	-2
Lea	71,070	23	26	-3
Lincoln	19,572	6	7	-1
Los Alamos	19,369	8	7	1
Luna	23,709	3	9	-6
McKinley	71,367	20	26	-6
Mora	4,521	0	2	-2
Otero	67,490	18	25	-7
Quay	8,253	1	3	-2
Rio Arriba	38,921	13	14	-1
Roosevelt	18,500	2	7	-5
San Juan	123,958	27	46	-19
San Miguel	27,277	7	10	-3
Sandoval	146,748	53	54	-1
Santa Fe	150,358	68	56	12
Sierra	10,791	4	4	0
Socorro	16,637	3	6	-3
Taos	32,723	13	12	1
Torrance	15,461	2	6	-4
Union	4,059	0	2	-2
Valencia	76,688	11	28	-17
TOTAL PRACTICING IN STATE	**2,096,829**	**841**	**776**	**65**
NONPRACTICING		**40**		
OUT OF STATE		**214**		

C.B. Gender

Table C.B.1. Gender of New Mexico's Health Professionals

Profession	Total Responses	Male	Female	% Male	% Female
PCPs	1,420	793	627	55.8%	44.2%
OB-GYNs	216	87	129	40.3%	59.7%
General Surgeons	137	105	32	76.6%	23.4%
Psychiatrists	271	163	108	60.1%	39.9%
RNs and CNSs	15,539	1,917	13,622	12.3%	87.7%
CNPs	1,398	201	1,197	14.4%	85.6%
CNMs	149	0	149	0.0%	100%
PAs	798	306	492	38.3%	61.7%
Dentists	1,186	885	301	61.7%	38.3%
Pharmacists	1,725	801	924	46.4%	53.6%
LMs	18	0	18	0.0%	100%
EMTs	4,370	3,365	1.005	77.0%	23.0%
PTs	1,416	451	965	31.9%	68.1%
OTs	838	110	728	13.1%	86.9%
NM POPULATION[12]	**2,096,829**	**1,037,432**	**1,059,397**	**49.5%**	**50.5%**

C.C. Race

Table C.C.1. Race of New Mexico's Health Professionals

Profession	Total Responses[a]	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Two or More
PCPs	**1,125**	17 (1.5%)	150 (13.3%)	58 (5.2%)	872 (77.5%)	28 (2.5%)
OB-GYNs	**180**	3 (1.7%)	23 (12.8%)	14 (7.8%)	140 (77.8%)	0 (0.0%)
General Surgeons	**120**	1 (0.8%)	19 (15.8%)	4 (3.3%)	93 (77.5%)	3 (2.5%)
Psychiatrists	**222**	6 (2.7%)	15 (6.8%)	5 (2.3%)	189 (85.1%)	7 (3.2%)
RNs and CNSs	**9,863**	656 (6.7%)	635 (6.4%)	338 (3.4%)	8,234 (83.5%)	[b]
CNPs	**1,060**	16 (1.5%)	46 (4.3%)	56 (5.3%)	942 (88.9%)	[b]
CNMs	**118**	7 (5.9%)	3 (2.5%)	4 (3.4%)	104 (88.1%)	[b]
PAs	**574**	21 (3.7%)	21 (3.7%)	11 (1.9%)	503 (87.6%)	18 (3.1%)
Dentists	**864**	6 (0.7%)	93 (10.8%)	24 (2.8%)	717 (83.0%)	24 (2.8%)
Pharmacists	**680**	26 (3.8%)	73 (10.7%)	20 (2.9%)	539 (79.3%)	22 (3.2%)
LMs	**18**	1 (5.6%)	0 (0.0%)	1 (5.6%)	16 (88.9%)	0 (0.0%)
EMTs	**4,364**	277 (6.3%)	33 (0.8%)	46 (1.1%)	4,008 (91.8%)	[c]
PTs	**972**	20 (2.1%)	144 (14.8%)	11 (1.1%)	777 (79.9%)	20 (2.1%)
OTs	**731**	12 (1.6%)	24 (3.3%)	12 (1.6%)	656 (89.7%)	27 (3.7%)
NM POPULATION[12]	**2,096,829**	**229,794 (11.0%)**	**40,891 (2.0%)**	**54,772 (2.6%)**	**1,716,656 (81.9%)**	**54,716 (2.6%)**

[a] Total responses excludes non-respondents as well as those responding "Other" to the race survey item. The US Census no longer reports "Other" as a category in its annual estimates of the US population.

[b] The nursing survey options for race and ethnicity are as follows: African American/Black, American Indian/Alaska Native, Asian/Pacific Islander, Caucasian/White, Other and Hispanic. There is no "Two or More" option.

[c] The EMT survey options for race and ethnicity are as follows: American/Alaskan Native, Asian, Hawaiian/Pacific Islander, Black Hispanic, Black Non-Hispanic, White Hispanic, White Non-Hispanic, or Other. There is no "Two or More" option.

C.D. Ethnicity

Table C.D.1. Ethnicity of New Mexico's Health Professionals

Profession	Total Respondents	Hispanic	Non-Hispanic	% Hispanic	% Non-Hispanic
PCPs	1109	280	829	25.2%	74.8%
OB-GYNs	182	28	154	15.4%	84.6%
General Surgeons	109	21	88	19.3%	80.7%
Psychiatrists	209	37	172	17.7%	82.3%
RNs and CNSs[a]	14793	4930	9863	33.3%	66.7%
CNPs[a]	1371	311	1060	22.7%	77.3%
CNMs[a]	146	28	118	19.2%	80.8%
PAs	535	110	425	20.6%	79.4%
Dentists	838	156	682	18.6%	81.4%
Pharmacists	657	238	419	36.2%	63.8%
LMs	16	4	12	25.0%	75.0%
EMTs[b]	4399	1631	2768	37.1%	62.9%
PTs	924	200	724	21.6%	78.4%
OTs	716	198	518	27.7%	72.3%
NM POPULATION[12]	**2,096,829**	**1,037,432**	**1,059,397**	**49.5%**	**50.5%**

[a] The nursing survey options for race and ethnicity are as follows: African American/Black, American Indian/Alaska Native, Asian/Pacific Islander, Caucasian/White, Other and Hispanic. Those responding "Hispanic" were counted as Hispanic and all other responses were classified as non-Hispanic.

[b] The EMT survey options for race and ethnicity are as follows: American/Alaskan Native, Asian, Hawaiian/Pacific Islander, Black Hispanic, Black Non-Hispanic, White Hispanic, White Non-Hispanic, or Other. Those responding "Black Hispanic" or "White Hispanic" were counted as Hispanic and all other responses were classified as non-Hispanic.

C.E. Age

Table C.E.1. Age of New Mexico's Health Professionals

Profession	Mean Age	Total Responses	< 25	25 – 34	35 – 44	45 – 54	55 – 64	65+
PCPs	**53.3**	1,577	0 (0.0%)	117 (7.4%)	392 (24.9%)	335 (21.2%)	381 (24.2%)	352 (22.3%)
OB-GYNs	**53.9**	229	0 (0.0%)	13 (5.7%)	61 (26.6%)	51 (22.3%)	46 (20.1%)	58 (25.3%)
General Surgeons	**54.6**	153	0 (0.0%)	5 (3.3%)	37 (4.2%)	35 (22.9%)	38 (24.8%)	38 (24.8%)
Psychiatrists	**58.7**	295	0 (0.0%)	9 (3.1%)	43 (15.6%)	58 (19.7%)	82 (27.8%)	103 (34.9%)
RNs and CNSs	**46.6**	15,539	272 (1.8%)	3298 (21.2%)	4049 (26.1%)	3175 (20.4%)	3334 (21.5%)	1411 (9.1%)
CNPs	**49.3**	1,434	1 (0.1%)	181 (12.6%)	379 (26.4%)	375 (26.2%)	339 (23.6%)	159 (11.1%)
CNMs[a]	**49.2**	149	0 (0.0%)	16 (10.7%)	41 (27.5%)	44 (29.5%)	33 (22.1%)	15 (10.1%)
PAs	**44.9**	838	1 (0.1%)	236 (28.2%)	228 (27.2%)	156 (18.6%)	159 (19.0%)	58 (6.9%)
Dentists	**48.2**	1,177	2 (0.2%)	244 (20.7%)	358 (30.4%)	170 (14.4%)	190 (16.1%)	213 (18.1%)
Pharmacists	**47.4**	1,740	10 (0.6%)	439 (25.2%)	401 (23.0%)	340 (19.5%)	298 (17.1%)	252 (14.5%)
EMTs	**39.6**	4,263	353 (8.3%)	1431 (33.6%)	1361 (31.9%)	702 (16.5%)	295 (6.9%)	121 (2.8%)
PTs	**43.7**	1,250	8 (0.6%)	352 (28.2%)	356 (28.5%)	286 (22.9%)	197 (15.8%)	51 (4.1%)
OTs	**45.5**	750	6 (0.8%)	174 (23.2%)	196 (26.1%)	191 (25.5%)	143 (19.1%)	40 (5.3%)

Appendix D.

Survey Collection Progress

Table D.1 depicts the state's progress in obtaining survey data for licensed health professionals. Survey data for physicians is not collected up to a year after they obtain their license. The New Mexico Medical Board requires physicians to renew their license in the following renewal cycle after a license is issued, at which time they are required to submit a survey. After the initial renewal, they are required to renew every three years. This policy of completing a survey at renewal only, not initial licensure, is similar across most of the licensing boards.

The New Mexico Nursing Board was the first board to implement survey collection upon licensure, and the board requires completion of a survey at the time of initial licensure in order to collect demographic data. Similarly, emergency medical technicians complete a survey at initial licensure and subsequent license renewals. As a result, all licensed nursing professionals and EMTs in the state have completed a licensure survey and are not included in Table D.1.

Table D.1. Health Care Licenses Matched with Current License Renewal Surveys

License Type	License Count	Survey Count	Percent
Alcohol Abuse Counselor	2	0	0.0%
Alcohol and Drug Counselor	556	348	62.6%
Anesthesiologist Assistant	53	0	0.0%
Art Therapist	96	58	60.4%
Associate Marriage & Family Therapist	37	0	0.0%
Audiologist	175	106	60.6%
Clinical Mental Health Counselor (LPCC)	2,306	1,574	68.3%
Dental Assistant	3,024	2,026	67.0%
Dental Hygienist	1,420	1,071	75.4%
Dentist	1,601	1,125	70.3%
Doctor of Chiropractic	567	467	82.4%
Doctor of Chiropractic APC	103	0	0.0%
Doctor of Naprapathy	29	0	0.0%
Doctor of Osteopathy	781	654	83.7%
Genetic Counselor	176	0	0.0%
Licensed Baccalaureate Social Worker	498	347	69.7%
Licensed Clinical Social Worker	2,162	1,456	67.3%
Licensed Dietician	499	281	56.3%
Licensed Independent Social Worker	139	105	75.5%
Licensed Masters Social Worker	1,919	1,280	66.7%
Licensed Mental Health Counselor	1,197	615	51.4%
Licensed Midwife	92	61	66.3%
Licensed Nutritionist	23	9	39.1%
Marriage and Family Therapist	375	252	67.2%
Medical Doctor	9,114	6,887	75.6%
Occupational Therapist	1,095	996	91.0%
Occupational Therapy Assistant	551	488	88.6%
Optometrist	303	260	85.8%
Physical Therapist	2,162	1,337	61.8%
Physical Therapist Assistant	915	589	64.4%
Physical Therapy Instructor	10	0	0.0%
Physician Assistant Medical	1,129	768	68.0%
Physician Assistant Osteopathy	31	0	0.0%
Podiatrist	141	127	90.1%
Polysomnographic Technologist	104	0	0.0%
Professional Mental Health Counselor	176	119	67.6%
Psychologist	832	621	74.6%
Psychologist Associate	7	3	42.9%
Registered Independent Counselor	6	3	50.0%
Registered Pharmacist	3,455	1,855	53.7%
Speech-Language Pathologist	1,801	1,282	71.2%
Substance Abuse Associate	323	149	46.1%
Telemedicine	847	4	0.5%
TOTAL	**40,832**	**27,323**	**66.9%**

Appendix E.

Members of the New Mexico Health Care Workforce Committee, October 1, 2020

Name	Organization
Richard Larson, Chair	University of New Mexico Health Sciences Center
Carol Ash	CNM
Pamela Blackwell	NM Hospital Association
Caroline Bonham	UNM HSC, Representing the Behavioral Health Subcommittee
Alex Castillo Smith	NM Human Services Department
Travis Dulany	NM Legislative Finance Committee
William Duran	NM Board of Nursing
Doris Fields	NM NAACP
Tomas Granados	NM Board of Psychologist Examiners
Jerry Harrison	NM Health Resources
Ellen Interlandi	NM Organization of Nurse Leaders
Michelle Langehennig	NM Regulation and Licensing Department
Timothy Lopez	NM Department of Health
Cheranne McCracken	NM Board of Pharmacy
Michael Moxey	NM Dental Association
Matthew Probst	NM Academy of Physician Assistants
Darren Shafer	Presbyterian Medical Systems
James Spence	NM Medical Board
Leonard Thomas	U.S. Indian Health Service
Dale Tinker	NM Pharmacists Association
Deborah Walker	NM Nurses Association
Barbara Webber	Health Action NM
Sandra Whisler	NM Medical Society

Staff

Deena Duran	UNM Health Sciences Center
Amy Farnbach Pearson	UNM Health Sciences Center
Michael Haederle	UNM Health Sciences Center

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