

New Mexico Medical Board

FY18

(July 1, 2017 – June 30, 2018)

Annual Report



**New Mexico Medical Board
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Forward

The New Mexico Medical Board (Board) was created under Laws of 1923, Chapter 44, NMSA. The Board is responsible for enforcing and administering the provisions of the Medical Practice Act (Chapter 61, Article 6) NMSA 1978, the Physician Assistant Act (Section 61-6-7 through 61-6-10), the Genetic Counseling Act (Article 6A, Sections 61-6A-1 through 61-6A-10), the Polysomnography Practice Act (Article 6B, Sections 61-6B-1 through 61-6B-10), the Naprapathic Practice Act (Article 12F, Sections 61-12F-1 through 61-12F-11) and the Impaired Physicians Act (Sections 61-7-1 through 61-7-12).

The Board is pleased to present its Annual Report for fiscal year 2018 (July 1, 2017 – June 30, 2018).

Purpose of the New Mexico Medical Board

The New Mexico Medical Board (Board) is the state agency responsible for the regulation and licensing of medical doctors (physicians), physician assistants, anesthesiologist assistants, genetic counselors, polysomnographic technologists and doctors of naprapathy.

The Medical Practice Act (Chapter 61, Article 6 NMSA 1978) defines the primary duties and obligations of the Board as follows: “issue licenses to qualified physicians, physician assistants and anesthesiologist assistants, to discipline incompetent or unprofessional physicians, physician assistants or anesthesiologist assistants and to aid in the rehabilitation of impaired physicians, physician assistants and anesthesiologist assistants for the purpose of protecting the public.”

The Genetic Counseling Act (Chapter 61, Article 6A NMSA 1978) defines the primary duties and obligations of the Board to license qualified professional genetic counselors and to protect the public from the unprofessional, improper, incompetent and unlawful practice of genetic counseling.

The Polysomnography Practice Act (Chapter 61, Article 6B NMSA 1978) defines the primary duties and obligations of the Board to license polysomnographic technologists, issue temporary permits to polysomnographic technicians, approve polysomnography curricula, approve degree programs in polysomnography and any other matters that are necessary to ensure the training and licensing of competent polysomnographic technologists.

The Naprapathic Practice Act (Chapter 61, Article 12F NMSA 1978) defines the primary duties and obligations of the Board to regulate the licensure of naprapaths and to appoint a Naprapathic Task Force.

Under Section 3 of the Impaired Health Care Provider Act (Chapter 61, Article 7 NMSA 1978) the Board is given the authority to restrict, suspend or revoke the license, registration or certificate of any health care practitioner to practice in this state in the case of inability of the health care practitioner to practice with reasonable skill or safety to patients by reason of mental illness, physical illness, including but not limited to deterioration through the aging process or loss of motor skill, or habitual or excessive use or abuse of drugs, as defined in the Controlled Substances Act (30-31-1 NMSA 1978), or alcohol.

Mission

“Promote excellence in the practice of medicine through licensing, discipline, and rehabilitation.”

Vision

“Improve information portability; efficient licensing, investigation, and discipline; provide helpful, knowledgeable and responsive staff; an agency that is accessible and visible; and to provide increased public awareness of services provided by the Board.”

Stakeholders

Our key stakeholders are applicants for licenses, current license holders, individuals requesting license reinstatement, patients, insurance companies, hospitals, clinics, attorneys, and other boards and agencies.

Strategic Goals

Licensing and re-licensing of qualified applicants and licensees:

The New Mexico Medical Board strives to continuously make improvements to the licensing processes to assure that applicants for licensure and re-licensure are qualified and that licenses are issued in an expedited manner.

Timely and appropriate investigation of complaints against applicants/licensees:

Continuously improve the complaint processes for timely investigation of, health care practitioners who are alleged to be incompetent, unprofessional, unethical, or are in violation of statutory or regulatory requirements, in order to protect public safety.

Consistent discipline of individuals in violation of law and rules:

Continuously improve the disciplinary process to sanction, in a timely manner, and monitor health care practitioners who are found to be incompetent, unprofessional, unethical, or are in violation of statutory or regulatory requirements, in order to protect public safety.

Aid in the rehabilitation of impaired practitioners:

Continuously improve the processes for identification and monitoring of licensees who may be impaired by reason of mental illness, physical illness, the habitual or excessive use or abuse of drugs or alcohol, or other potentially remediable infirmities.

Public information and education:

Fulfill the Board’s primary purpose to protect the public through efforts to improve the quality, quantity, and distribution of available information.

Agency Values

Customers:

We value our wide variety of customers: from patients to practitioners to hospitals and clinics, and to other state, national, and federal agencies. It is the job of each employee to serve our customers with integrity and respect. We do everything we can to serve our customers and to make the licensing and complaint processes as efficient and effective as possible.

Employees:

We value our employees, supporting and respecting them, and expect them to support and respect each other. We trust employees to do their jobs to the best of their ability, to give high quality service to our customers, to strive for excellence (thinking and working ‘outside of the box’), to streamline processes, and to work as teams, when appropriate.

Honesty:

We are honest in our dealings with each other and with our customers. We will foster an environment where accurate information is shared willingly and openly. Our interactions with customers are always based on the statutes, rules, and policies that govern the professions regulated by the Board and policies adopted by the Board.

Executive Summary

Program Description:

The New Mexico Medical Board (Board) is an Executive Branch agency responsible for the regulation and licensing of physicians (MDs), physician assistants (PAs), anesthesiologist assistants (AAs), genetic counselors (GCs), polysomnographic technologists (PSGTs) and naprapaths (NDs). The Board is supported solely by self-generated fees (other state funds), and consists of sixteen (16.0) FTE's.

Due to the nature of the immediate and critical services provided to the citizens of the State of New Mexico by these regulated professions, the Board is autonomous and exists outside the Regulation and Licensing Department, reporting directly to the Executive and Legislative branches of the State.

The Board consists of a total of nine (9) governor-appointed members – six (6) physicians, two (2) public members, and one (1) physician assistant. In addition, the Polysomnography Practice Advisory Committee consists of five (5) board-appointed members, and the Naprapathic Task Force consists of four (4) board-appointed members. The Board is responsible for making policy decisions about licensing, discipline, and practice-related issues. Staff members use established policies, guidelines, and guidance from the Board to perform their tasks. Board members dedicate many hours each year to reviewing licensing issues and complaints, hearing cases, and developing rules and policies for licensing and regulating the involved professions.

Section 61-6-3, NMSA 1978 requires the Board to hold four (4) regular meetings every fiscal year, with an annual meeting held during the second quarter of each year, for the purpose of electing a Chair, a Vice-Chair and a Secretary-Treasurer. The Board holds quarterly meetings in February, May, August and November, with Interim meetings, as needed.

Primary Services:

The primary services provided by the Board include the licensing of qualified applicants, the enforcement of the Medical Practice Act or Practice Acts of the professions under the jurisdiction of the New Mexico Medical Board through the investigation of complaints against license holders, and discipline of those found to be in violation of the Medical Practice Act or Rules or in violation of the respective Practice Act of the professions licensed by the New Mexico Medical Board. The Board strongly supports the rehabilitation of impaired health care practitioners.

In FY18, the Board issued the following licenses: 649 Physician, 96 Physician Assistant, 198 Physician-in-Training, 127 Telemedicine, 37 Temporary Camp, 8 Anesthesiologist Assistant, 49 Genetic Counselor, 7 Naprapathy, 18 Polysomnographic Technologists, 7 Temporary Teaching, and 0 Public Service. In addition, the Board issued the following license renewals: 2,457 Physician, 391 Physician Assistant, 357 Resident, 227 Telemedicine, 33 Genetic Counselor, 20 Naprapathy and 57 Polysomnographic Technologists.

During FY18, the Board maintained the following active licenses: 8,439 Physician (with 4,950, or 59%, maintaining a primary New Mexico address), 945 Physician Assistant (with 739, or 78%, maintaining a New Mexico address), 555 Physician-in-Training, 739 Telemedicine, 37 Temporary Camp, 41 Anesthesiologist Assistant, 75 Pharmacist Clinician Supervisor, 82 Genetic Counselor, 75

Polysomnographic Technologist and 27 Naprapathy. During FY18, no Public Service license was maintained and 7 Temporary Teaching licenses were maintained.

In FY18, the Board received a total of 319 complaints: 254 complaints were resolved within 12 months, a number that also includes complaints from previous fiscal years.

In FY18, 13 physicians were voluntarily monitored by the New Mexico Health Professional and Wellness Program (HPWP), and 28 physicians and 5 physician assistants were mandated by the Board to be monitored by HPWP.

Members of the Board

The New Mexico Medical Board (Board) consists of a total of nine (9) governor-appointed members; six (6) physicians, two (2) public members, and one (1) physician assistant.

Board Leadership:

Steven Jenkusky, M.D. (Albuquerque). Dr. Jenkusky was elected **Chair** in May 2015, May 2016, May 2017, and May 2018. He served as Vice Chair from May 2013 to May 2015. Dr. Jenkusky was appointed to the Board in June 2009, replacing Dr. John Lauriello. Dr. Jenkusky received his medical degree from Southern Illinois University School of Medicine. He completed his Residency in Psychiatry at the University of New Mexico. Dr. Jenkusky also holds a M.A. in Zoology from Southern Illinois University and a B.S. in Biology from St. Francis College in Brooklyn, NY. Dr. Jenkusky currently serves as Vice President Medical Director for Magellan Healthcare. He previously served as Behavioral Health Service Line Medical Director for Presbyterian Healthcare Services as well as medical director of Outpatient Services at the University of New Mexico Psychiatric Center. He holds a clinical associate professorship with the UNM School of Medicine.

Albert Bourbon, MPAS, PA-C (Albuquerque). Mr. Bourbon was elected **Vice Chair** in May 2015 and was re-elected May 2016 and May 2017. He served as Vice Chair through May 2018 when he resigned from the Board. He also served as Secretary-Treasurer from May 2014 to May 2015. Mr. Bourbon was appointed a member of the Board in January 2010. He received his Physician Assistant (PA) training at the University of Southern California. Mr. Bourbon completed his post-graduate training in Pediatrics and Neonatology at Norwalk Hospital in Connecticut. He finished his Master's degree through the University of Nebraska. Mr. Bourbon has practiced in Pediatrics in Las Vegas, New Mexico for the past 18 years. He recently relocated to Albuquerque and now works with UNMH in Pediatrics. Mr. Bourbon has remained active in state and national PA organizations. In New Mexico, he has advocated for children's issues for many years and belongs to the NM Pediatric Society. Mr. Bourbon has also participated on many practitioner credentialing committees.

Peter Beaudette, M.D. (Albuquerque). Dr. Beaudette was elected **Vice Chair** of the Board in May 2018. Dr. Beaudette was appointed to the Board in October, 2013, replacing Dr. Paul Kovnat. He is a native of Raton, New Mexico. He graduated from Holy Cross College, with a BA Degree in 1965. He spent one year in Economics at the University of Denver. He then entered into Medical School at the University of Tennessee and graduated in 1971. His internship in surgery was at the University of California in San Francisco. He entered the Air Force and spent two years as a flight surgeon in the Strategic Air Command during the Vietnam War. Following this tour, he entered the Mayo Clinic where he did his residency in ophthalmology. During his training, he was a fellow at VA Hospital in Phoenix, Arizona and Ahmadu Bellow Hospital in Nigeria. He began private practice in Albuquerque in 1977, and during his career has been Chief of Ophthalmology in both Presbyterian and St. Joseph's Hospitals. In addition, he has served counselor to the Academy of Ophthalmology, and recently received lifetime achievement award from the Academy. He has served as the President of the State Ophthalmology Society, and President and Treasurer of the State Medical Society. Dr. Beaudette has been active in community affairs and has served on the board of Presbyterian Health, the Catholic Foundation, and the St. Vincent de Paul

Society. Dr. Beaudette continued his service in the Air Force as commander of the local Medical Reserve Unit, and was mobilized during Desert Storm. He is currently a retired Colonel from the Air Force. He has retired from private practice and he and his wife Peggy have three grown children.

Jennifer G. Anderson, Esq. (Albuquerque). Ms. Anderson was elected **Secretary-Treasurer** in May 2015, May 2016, and May 2017. Ms. Anderson was appointed to the Board in April 2013, replacing Rebecca Cochran. She is a graduate of Santa Clara University and received her J.D. from the University of Michigan Law School. She is also a Certified Mediator through University of New Mexico School of Law. Ms. Anderson has worked at Modrall, Sperling, Roehl, Harris & Sisk since 2004, and served as Head of the firm's Litigation Department from January 2011 to January 2013. Ms. Anderson works with large corporate clients on commercial litigation, product liability, mass tort, employment and insurance coverage matters. She has an AV@Preeminent Peer Review rating from Martindale Hubbell, and beginning in 2013, has been recognized by *Chambers USA* in the areas of Labor & Employment law and Litigation. Every year since 2012, *Benchmark Litigation* has named Ms. Anderson one of the Top 250 Women in Litigation in the U. S. In 2012 through 2014, she was named a Future Litigation Star in New Mexico, and since 2015, she has been named one of the organization's Litigation Stars. Ms. Anderson was also named Best of the Bar in Litigation in 2011 by the New Mexico Business Weekly. Ms. Anderson is a member of the New Mexico State Bar, the Michigan State Bar, The Federal Bar Association, and the American Bar Association, among other organizations.

Steven A. Komadina, M.D. (Corrales). Dr. Komadina was elected **Secretary Treasurer** of the Board in May 2018. Dr. Komadina was appointed to the Board in August 2011, replacing Dr. Ann Wehr. He is a graduate of the University of New Mexico School of Medicine and completed his OB/GYN Residency at the Naval Regional Medical Center in San Diego, California. Dr. Komadina is in solo practice in Albuquerque, New Mexico and is Board Certified in Obstetrics and Gynecology. He served 9 years on active duty in the Naval Medical Corp. In the past, he has served as CEO of New Mexico Foundation Health Plan, VP Staff Affairs, St. Joseph Hospitals, Clinical Faculty at UNM School of Medicine, President of the Greater Albuquerque Medical Association and President of the New Mexico Medical Society. Additionally, Dr. Komadina served New Mexico as a State Senator from 2001 – 2009, and was chosen National Outstanding State Legislator for 2008. He teaches at medical schools and hospitals around the world working with humanitarian groups attempting to improve neonatal outcomes and provide for street children living in the shadows of countries.

Board Members:

James Spence, M.D. (Farmington). Dr. Spence was appointed to the Board in January, 2014, replacing Dr. Roger Miller. He graduated from the University of Missouri, Rolla, receiving a BS and MS in Electrical Engineering. He subsequently graduated from the University of New Mexico School of Medicine and completed his residency in Internal Medicine from the University of Oklahoma, Tulsa. Dr. Spence is Board Certified in Internal Medicine and Critical Care Medicine and is a Fellow in the American College of Physicians and the American College of Chest Physicians. He is currently in solo practice in Farmington. Dr. Spence has served as President of the New Mexico Society, President of the New Mexico Medical Foundation, Chair of New Mexico Medical Review Association, Governor of the American College of Chest Physicians for New Mexico. He is also a founder San Juan Independent Practice Association (IPA). Dr. Spence is the current Chair of New Mexico Medical PAC, serves on the advisory board of The Doctors Company, and currently serves as Chair of Farmington Public Utility Commission. He is currently serving on the Board of Directors of San Juan Regional Medical Center and is also the Medical Director for the Respiratory Therapy Department at San Juan College.

Karen Carson, M.D. (Roswell). Dr. Carson was appointed to the Board in April, 2015. She graduated from New Mexico State University, receiving a BS in Biology. She went on to graduate from the University of New Mexico School of Medicine and completed her residency in Pediatrics also at the University of New Mexico Health Sciences Center. Dr. Carson is a Fellow in the American Academy of

Pediatrics. She is a partner at BCA Medical Associates, a group pediatric practice in Roswell. She is a member of the New Mexico Medical Society (NMMS) and serves on the Liaison to HSD Committee and the Liaison to Managed Care Committee of the NMMS. Dr. Carson is also a member of the Chaves County Medical Society and the New Mexico Pediatric Society.

Phillip Styka, M.D. (Albuquerque). Dr. Styka was appointed to the Board in June, 2015. He graduated from the University of Illinois, receiving his B.S. and M.S. He went on to graduate from Rush Medical College and completed his Internship at Rush Presbyterian St. Luke's Medical Center. Dr. Styka completed his Residency in Anesthesiology at Rush Presbyterian St. Luke's Medical Center. In addition Dr. Styka attended the Air War College, Maxwell Air Force Base in 2005. He served in the U.S. Air Force Reserve from 1983 to 1985 and the New Mexico Air National Guard from 1985 to 2014 where he served as a flight surgeon. He was the Commander of the 150th Medical Group at Kirtland Air Force Base from 2006-2009 and 2012-2014. Dr. Styka was the New Mexico State Air Surgeon from 2002-2006 and New Mexico Joint Surgeon from 2009-2014. He is American Board of Anesthesiology Certified since 1989 and is a member of the American Society of Anesthesiologists, New Mexico Society of Anesthesiologist, Alliance of the Air National Guard Flight Surgeons and the New Mexico Medical Society. Dr. Styka is currently a partner in Ophthalmic Anesthesia Services and provides care as an anesthesiologist at Lovelace Healthcare Facilities, NM Heart Hospital and other various outpatient settings.

Sebastian Dunlap, Esq. (Albuquerque). Mr. Dunlap graduated with his Juris Doctorate from the University Of New Mexico School Of Law in 2011. During law school, Mr. Dunlap was a member of the Jessup International Moot Court team, DRI, and a founding member of the J. Reuben Clark Law Society's student chapter at UNM.

Mr. Dunlap served as a judicial clerk extern to the Honorable James O. Browning in 2009-2010. Mr. Dunlap has worked for the New Mexico Legislature on the staff of the Legislative Council Service and in private practice at the Albuquerque, New Mexico firm of Allen, Shepherd, Lewis & Syra, P.A. Mr. Dunlap's current practice as a staff attorney with a major insurance company is concentrated primarily in the areas of workers compensation defense, premises liability, and personal injury. Mr. Dunlap has experience, however, in the areas of medical malpractice, insurance coverage, construction defects, civil rights defense, and professional negligence (non-medical).

C. Daniel Otero, M.S., PA-C. (Clovis). PA Otero was appointed to the Board in June, 2018, replacing PA Albert Bourbon. He is a native of Albuquerque, New Mexico. He graduated from the University of New Mexico, with a BS Degree in physical education with an emphasis on athletic training in 1985 and a MS in Education with emphasis of sports administration in 1986. He attended Wake Forest University School of Medicine graduating as a Physician Assistant in 1992. He has worked in New Mexico in Family Practice in a Federally Qualified Health Care (FQHC) facility at one time acting as the Interim Medical Director for its 3 locations. As a PA in North Carolina at a rural family practice with hospital privileges, then for a large hospital system in a rural trailer office as the sole provider on site. He then spent time working for a large Christian Family Practice in Washington State serving on the practice management team. He then returned to New Mexico to support his parents and work as a PA in various Family Practice settings. He has also spent two years in Rural Texas where he developed a startup location to attain the status as a State Qualified Health Care Clinic. He was one of the incorporator's of the North Carolina Coalition of Rural Health Practitioners, Inc. He has served in many organizations and in various offices for those organizations. This has included The New Mexico Academy of Physician Assistants who has awarded him Honors such as "PA of the year 2003", "Distinguished Fellow" status, the "Gerald H. Ross PA-C life Time Achievement Award 2016", and most recently recognition for "Outstanding Legislative effort in 2017". He has received various awards including the Freedom News Journal "Best of Clovis – Physician assistant" seven times most recently in 2016. He is very active in serving his community through his Church. He is currently at a small Family Practice where he serves as CEO and only full time medical provider. He feels blessed to be married to his wife Sonia and for having the opportunity to raise his 3 adult children in New Mexico.

Board Member	Appointed	Re-Appointed	Term Expiration
Steven Jenkusky, MD , Chair, Professional Member, Albuquerque	6/2009	2009, 2014, 2018	12/2022
Albert Bourbon, MPAS, PA-C , Vice Chair (Through 5/2018), PA Member, Albuquerque	1/2010		12/2014 (Resigned 5/2018)
Peter Beaudette, MD , Vice Chair (Elected 5/2018), Professional Member, Albuquerque	10/2013	2017	12/2020
Jennifer Anderson, Esq. , Secretary/Treasurer (Through 5/2018), Public Member, Albuquerque	4/2013	2017	12/2020
Steven Komadina, MD , Secretary/Treasurer (Elected 5/2018), Professional Member, Corrales	8/2011	2017	12/2018
James Spence, MD , Professional Member, Farmington	1/2014	2017	12/2020
Karen Carson, MD , Professional Member, Roswell	4/2015	2018	12/2021
Phillip Styka, MD , Professional Member, Albuquerque	6/2015		12/2018
Sebastian Dunlap, Esq. , Public Member, Albuquerque	12/2017		12/2018
Charles Daniel Otero, MS, PA-C , PA Member, Clovis	6/2018		12/2021

Board Meetings:

In FY18 the Board held regular quarterly meetings in August and November of 2017 and February and May of 2018.

To meet the licensing and disciplinary deadlines established in the Medical Practice Act and the Uniform Licensing Act, the Medical Board occasionally needs to hold Special and Interim meetings. In FY18, one (1) Special meeting was held on September 21, 2017 and five (5) Interim Board meetings were held on September 28, 2017, December 14, 2017, January 11, 2018, March 29, 2018, and June 28, 2018.

To meet the Board's mission to protect the public, the Medical Board occasionally needs to hold Emergency meetings. There were no Emergency meetings held in FY18.

Meeting minutes are available on the Board's website (www.nmmb.state.nm.us) where they may be viewed or printed.

Board Staff

Name	Phone Number	E-Mail
Administration		
Sondra Frank, Esq. Executive Director	476-7221	Sondra.Frank@state.nm.us
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Compliance/Public Information		
Amanda Quintana Compliance Manager/PIO	476-7230	AmandaL.Quintana@state.nm.us

FY17 – FY18 Statistics

A majority of the Board's resources are expended on the initial licensing and license renewal (re-licensure) of health care practitioners, on investigating complaints, and on sanctioning and monitoring health care practitioners who are incompetent, unprofessional, unethical, or are in violation of statutory or regulatory requirements. The following statistics compare the Board's activity in FY17 with that in FY18:

Category	FY17 (7/1/16 – 6/30/17)	FY18 (7/1/17 – 6/30/18)
Number of consumers provided with public information (via written, VeriDoc, website, and DocBoard)	1,715,975	2,167,850
Total number of Medical Doctor licenses maintained	8,504	8,439
Number of Medical Doctor licensees with a NM address	4,898 or 58%	4,950 or 59%
Number of new Medical Doctor licenses issued (includes Public Service, Resident, Telemedicine, Temp Camp, and Temp Teaching)	1,031	1,018
Number of Medical Doctor renewal (re-licensure) licenses issued (includes Public Service, Resident, Telemedicine, Temp Camp, and Temp Teaching) – Triennial Renewal	3,085	3,041
Number of Medical Doctors who did not renew	644	722
Number of Medical Doctors who did not renew with a NM address	233 or 36%	252 or 35%
Number of Residents who completed their residency in NM and remained in NM	36	68
Number of Medical Doctors who chose NM as their first state of licensure	67	106
Number of new Physician Assistant licenses issued	105	96
Number of Physician Assistant renewal (re-licensure) licenses issued	350	391
Number of new Anesthesiologist Assistant licenses issued	6	8
Number of Anesthesiologist Assistant renewal (re-licensure) licenses issued – Biennial Renewal	27	0 (renew every odd # year)
Number of new Genetic Counselor licenses issued	36	49
Number of Genetic Counselor renewal (re-licensure) licenses issued – Biennial Renewal	33	33
Number of new Polysomnographic Technologist licenses issued – licensure required as of 2010	15	18
Number of Polysomnographic Technologist renewal (re-licensure) licenses issued – Biennial Renewal	24	57
Number of Naprapath licenses issued (naprapaths assigned to NMMB at the end of FY12)	4	7

Category	FY17 (7/1/16 – 6/30/17)	FY18 (7/1/17 – 6/30/18)
Number of Naprapath renewal (re-licensure) licenses issued – annual renewal	17	20
Number of complaints received	328	319
Number of complaints resolved within 12 months (including carryover from the previous FY)	266	254
Total number of licensing actions (not including cases closed without action – includes NCAs)	75	95
Voluntary – Number of participants in a Monitored Treatment Program (MDs and PAs)	8	13
Mandatory – Number of participants in a Monitored Treatment Program (MDs and PAs)	36	33
Percentage of participants who relapsed (MDs and PAs)	.08%	.06%
Number of participants who successfully completed the Monitored Treatment Program	4 or 11%	10 or 30%
Number of background checks conducted	1,363	1,289

In FY18, 1,091 background checks were conducted for new applicants, none for renewals [a three-year cycle for checking all renewals had already been completed] and 198 for new Resident Physicians.

From FY11 forward, only new licensees are required to submit fingerprints for background checks. The Board does not track the number of licensees disciplined as a result of the background check, although positive background checks are reviewed by the Executive Committee of the Board, and by the Board as a whole.

Licensing

The fundamental responsibility of a state medical board is to assure that applicants for licensure meet all the requirements established by statutes and rules. Through its licensing program, the Board ensures that all applicants provide the necessary documentation and verifications required for licensure, that the documentation is verified by the licensing staff, and that the license is issued as soon as the application is complete and all requirements have been met.

License Categories:

The Board licenses and regulates the following categories of health care practitioners:

Allopathic Physicians:

by providing an unrestricted license to practice medicine and surgery in New Mexico;

Telemedicine:

by providing a limited license to physicians who are licensed outside of New Mexico to practice telemedicine on patients located in New Mexico;

Public Service – Physician-in-training:

by providing a limited license to physicians in training who have successfully completed one year of post-graduate training and are in a New Mexico training program that allows practice as a supervised locum tenens;

Physician-in-training (Intern, Resident, Fellow):

by providing a limited training license to physicians who are enrolled in a board-approved training program;

Physician Assistant:

by providing a license to perform only the acts and duties assigned to the physician assistant by a supervising licensed physician that are within the scope of practice of the supervising licensed physician;

Anesthesiologist Assistant:

by providing a license to practice under the supervision (except in cases of emergency) of the supervising Anesthesiologist in the operating room during induction of a general or regional anesthetic and during emergence from a general anesthetic;

Pharmacist Clinician Supervisor:

by providing a license to a physician that permits the physician to serve as the medical supervisor of a pharmacist clinician who is certified by the Board of Pharmacy. The supervised pharmacist clinician performs only those services that are set forth in an approved protocol which includes monitoring dangerous drug therapy by: (1) collecting and reviewing patient dangerous drug histories; (2) measuring and reviewing routine patient vital signs including pulse, temperature, blood pressure and respiration; and (3) ordering and evaluating the results of laboratory tests relating to dangerous drug therapy, including blood chemistries and cell counts, controlled substance therapy levels, blood, urine, tissue or other body fluids, culture and sensitivity tests when performed in accordance with guidelines or protocols applicable to the practice setting;

Temporary Camp and School:

by providing a limited license, for a period not to exceed three (3) months, to physicians who provide temporary medical services to organized youth camps or schools;

Temporary Teaching:

by providing a limited license for physicians who are licensed in another state or country to provide the following in New Mexico: (1) teaching or other educational programs; (2) conducting clinical research; (3) performing specialized diagnostic and treatment procedures; and, (4) implementing new technology;

Rule 12 Provision (16.10.12 NMAC):

Although not a license, per se, Part 12 of the Board Rules permits a New Mexico licensed physician temporarily to delegate and supervise medical responsibilities to physicians not licensed in New Mexico. The supervising physician must first report to the Board the name and address of the physician to be supervised, the jurisdiction in which the supervised physician is licensed, the relevant scope of practice, the process by which the non-licensed physician will be directly supervised, and the name and address of the hospital, if any, which will be the site of the activity;

Delegated use of devices and performance of procedures by medical assistants (16.10.13 NMAC):

by providing procedures whereby physicians licensed in New Mexico can delegate responsibility for certain medical procedures generally considered to be the practice of medicine to directly supervise medical assistants with appropriate, documented training. The medical assistant is limited to using medical therapeutic and cosmetic devices that are non-invasive and non-ablative. The medical assistant must be certified in the use of the specific devices, and the supervising physician must be immediately available on the premises;

Genetic Counselor, (16.10.21 NMAC):

by providing a license to engage in the practice of genetic counseling. Genetic counseling means a communication between counselor and patient that may include:

- (1) estimating the likelihood of occurrence or recurrence of any potentially inherited or genetically influenced condition or congenital abnormality. Genetic counseling may involve:
 - (a) obtaining and analyzing the complete health history of an individual and family members;
 - (b) reviewing pertinent medical records;
 - (c) evaluating the risks from exposure to possible mutagens or teratogens; and
 - (d) determining appropriate genetic testing or other evaluations to diagnose a condition or determine the carrier status of one or more family members;
- (2) helping an individual, family or health care practitioner to:
 - (a) appreciate the medical, psychological and social implications of a disorder, including its features, variability, usual course and management options;
 - (b) learn how genetic factors contribute to a disorder and affect the chance for occurrence of the disorder in other family members;
 - (c) understand available options for coping with, preventing or reducing the chance of occurrence or recurrence of a disorder;
 - (d) select the most appropriate, accurate and cost-effective methods of diagnosis; and
 - (e) understand genetic or prenatal tests, coordinate testing for inherited disorders and interpret complex genetic test results; and
- (3) facilitating an individual's or a family's:
 - (a) exploration of the perception of risk and burden associated with a genetic disorder; and
 - (b) adjustment and adaptation to a disorder or the individual's or family's genetic risk by addressing needs for psychological, social and medical support;

Polysomnographic Technologist, (16.10.20 NMAC):

by providing a license for sleep-related services under the general supervision of a licensed physician; and,

Naprapath (16.6.1 – 16.6.11 NMAC):

by providing a license for naprapathic diagnosis, examination, and treatment.

Methods of Applying for Licensure:

Physician applicants for licensure in New Mexico may select from three methods for applying from licensure. They may have one of two credentials verification organizations gather the necessary documentation for their license application: the Federation Credentials Verification Service (FCVS) or the Hospital Services Corporation (HSC). They may also work directly with Board staff to compile their application. Three options are available for completion

and submission of a license application: directly online to the NMMB; a paper application form; and, the Uniform Application (UA) a web-based application that is valid for many States including NM.

Beginning in November of 2012, the New Mexico Medical Board has offered the Federation of State Medical Boards' Uniform Application (UA) for licensure as an option for applicants. This online application allows a physician applicant to apply to many different states using a single application. The UA is also easily adapted to add-on individual, special State requirements.

Applicants who know they will be practicing in New Mexico and will be applying for credentials at a facility that uses the NM Hospital Services Corporation (HSC) for credentialing purposes, it is suggested to them to apply using HSC for licensing purposes. HSC will not only obtain almost all of the required supporting documents for the licensing, but will also have the information available to process applications for privileges at most New Mexico hospitals and credentialing for health plans in the state. HSC is also endorsed by the New Mexico Medical Society. This method of applying for licensure also offers the convenience of the applicant not having to obtain supporting documentation themselves.

In FY16 considerable effort has been expended in developing improved processes for obtaining and processing the required information in conformance to the mandates of the NM Medical Board's regulations. Therefore, licensing staff began complying with our rules for licensing by requiring 2 completed Professional Recommendation forms, verification of all work experience and hospital and healthcare affiliations for the past 2 year if by exam and past 3 years if by endorsement, and all license verifications (which are verified online, a process we continue to do today).

In addition, in order to meet the mandates of regulations, the staff began requiring primary source original verification of medical education, transcripts, all postgraduate training, exam history and ECFMG Certification for applicant's that qualify by exam. If an applicant qualifies by endorsement, these verifications are not required. These changes were instituted to bring application processing back into compliance with the requirements under regulations and thereby assuring accuracy in all application processing. Not surprisingly, these changes also impacted the time it takes to issue a licensing application when the applicant applied directly through the NM Medical Board. During FY 17, it took 47 days to issue a license. In FY18 the average number of days to issue a license increased to 53.

Measure	FY17 (7/1/16 – 6/30/17)	FY18 (7/1/17 – 6/30/18)
Number of applicants choosing to apply directly with the Board	402	449
Average number of days taken to issue a license for applicants who applied directly with the Board	53	49
Number of applicants using the FCVS	139	144
Average number of days taken to issue a license for applicants using FCVS	42	52
Number of applicants using the HSC	56	56
Average number of days taken to issue a license for applicants using HSC	45	62
Number of applicants using the Uniform Application	242	
The overall average number of days to issue a license	47	53

Standard License Application Review Process:

The following is the process by which a standard license application is reviewed prior to the issuance of a license. As stated under "Methods of Applying for Licensure" above, in FY18 the Board averaged 49 days from receipt of application to issuance of license when the applicant applies directly to the Board, an improvement from FY17.

Initial Review – When the application is first received an "initial" review is done to assure that: (1) the applicant qualifies for licensure, (2) the correct fees are submitted, and (3) the application is complete.

Quality Assurance – After receipt of all supporting verifications, the application is then reviewed for Quality Assurance, which includes: (1) re-reviewing the application for completeness, (2) assuring there are explanations for all gaps in work history, (3) assuring there are sufficient explanations for all "Yes" answers to the Professional Practice Questions, (4) assuring that the Board received all required verifications, (5) assuring that the verifications are complete and are from the "Primary Source", and (6) identifying (red-flagging) potentially significant problems for further special review by the Medical and Executive Directors.

Medical Director – The completed application is then reviewed by the Medical Director for final disposition, including approval, if everything is correct, and there are no significant problems requiring further review or investigation.

Executive Director – The application is reviewed by the Executive Director (and the Executive Committee, when indicated) whenever there is a determination that a significant problem has been identified by the Licensing Department or by the Medical Director.

After final review by the Medical Director and the Executive Director, the application is returned to the Licensing Department for the issuance of a license or, when necessary, for further processing by the Investigations Department.

Verification of Licensure:

An important service that all medical boards provide to various practice entities is the verification of license status. Such verifications are requested by other state boards, hospitals and health plans, consumers, and other interested parties, and are the primary method for ensuring that a health care practitioner's license is in good standing. Some sources accept the license status on the Board website as verification; others will require that the Board provide written and notarized verification.

The majority of all license verifications are currently provided through the Board's website and "DocBoard" [obtained through <http://www.docboard.org/docfinder.html>], which is sponsored by "Administrators in Medicine", an organization which maintains the DocBoard website. In FY18, the Board provided approximately 2,770 verifications either through written or VeriDoc requests.

There is a fee for processing and mailing written verifications, although the Board continues to provide phone verifications as a courtesy to other state agencies, other state medical boards, and concerned citizens at no charge.

Recruitment and Retention:

In FY09 the Board began waiving the licensure application fee for applicants who choose New Mexico as their first state of licensure. In collaboration with the Governor's Health Solutions, NM Legislature, the NM Medical Society, and the University of New Mexico, the Board voted to waive the application fee on a trial basis in an effort to recruit and retain physicians in New Mexico. The authority to waive the fee was passed by the 2008 Legislature as Senate Bill 127, and signed by Governor Richardson. In FY18 the Board issued 106 physician and 24 physician assistant licenses under this provision.

Database:

The Board used the "License2000" database until May of 2012 when it was upgraded to "MyLicense Office". The database is managed by the Regulation and Licensing Department (RLD), in order to maintain the active files and archives on all licensed health care practitioners—past and present—regulated by the Board. The Board has an ongoing contract with RLD that ensures continuity of service with specific targets and accountabilities. The Board pays RLD approximately \$15,000/year for their services. The Board has been using the "License2000" database since December 2003 and "MyLicense Office" since May 2012.

Medical Doctor Roster by County:

In FY18 the Board maintained 8,439 active Medical Doctors, with 4,950 (or 59%) maintaining a New Mexico address. The following is a breakdown by county of the current Medical Doctors who maintain a New Mexico address:

County	# of Licensees
Bernalillo	2,783
Catron	4
Chavez	96
Cibola	18
Colfax	12
Curry	51
De Baca	1
Dona Ana	378
Eddy	39
Grant	61
Guadalupe	2
Harding	0
Hidalgo	1
Lea	47
Lincoln	27
Los Alamos	62
Luna	20
McKinley	81
Mora	1
Otero	66
Quay	4
Rio Arriba	17
Roosevelt	9
San Juan	156
San Miguel	20
Sandoval	282
Santa Fe	575
Sierra	8
Socorro	15
Taos	75
Torrance	3
Union	1
Valencia	35

Physician Assistant Roster by County:

In FY18 the Board maintained 945 active Physician Assistants with 739 maintaining a New Mexico address. The following is a breakdown by county of the current Physician Assistants who maintain a New Mexico address:

County	# of Licensees
Bernalillo	395
Catron	0
Chavez	11
Cibola	2
Colfax	2
Curry	8
De Baca	0
Dona Ana	40
Eddy	4
Grant	15
Guadalupe	3
Harding	0
Hidalgo	1
Lea	9
Lincoln	5
Los Alamos	12
Luna	4
McKinley	7
Mora	1
Otero	14
Quay	0
Rio Arriba	9
Roosevelt	2
San Juan	40
San Miguel	8
Sandoval	51
Santa Fe	65
Sierra	2
Socorro	0
Taos	17
Torrance	0
Union	0
Valencia	12

Investigations

Protection of the public from the unsafe practice of its licensees is a critical responsibility of the New Mexico Medical Board. Through its investigations process, the Board responds to members of the public and the professional medical community, who initiate complaints against licensed health care practitioners. In addition, the Board itself can also initiate complaints against its licensees in order to investigate allegations of unprofessional or dishonorable conduct. Examples of this would include injudicious prescribing; failure to follow Board Regulations on PMP Use; misrepresentation on initial and renewal license applications; actions taken against licensees by other state licensing boards; reports of adverse actions taken by hospitals or other healthcare facilities, government agencies, and by any court for acts that would constitute grounds for action under the Medical Practice Act or Rules; sexual misconduct; and impairment.

Standard Investigations Process:

A preliminary review of complaints received by the Board is conducted by the Investigations Staff to determine if the allegations fall within the Board's jurisdiction. If the allegations in the complaint fall outside of the Board's jurisdiction, the complaint is forwarded to the appropriate agency for handling. A complaint can also be referred to the Executive Committee of the Board to determine if the allegations fall under the Board's jurisdiction. The complainant will then be advised in writing whether or not an investigation will be initiated. All complaints, however, are maintained in the Board's investigations database. Cases presented to the Executive Committee are generally anonymous complaints, complaints regarding unlicensed practice, complaints against a licensee's nonclinical conduct, or excessive malpractice history in an application. The Executive Committee consists of the Board Chair, the Board Vice-Chair, and the Executive Director.

Complaints that fall within the Board's jurisdiction are reviewed by investigators, who will then determine the course of the investigation, which may include any of the following: obtaining a response regarding the allegations from the licensee; obtaining medical records, if applicable; obtaining pharmacy records, if applicable; obtaining witness statements; and obtaining any other evidence pertinent to the specific case. In addition, the Board may also contract with a recognized medical expert for independent review of a case which pertains to a specialized field of practice. The investigators also work closely with other state and federal government agencies in specific investigations, particularly in injudicious prescribing of controlled substances cases. In cases where the investigators have questions on the next step of an investigative case, the complaint committee of the Board who is assigned to the case will be consulted.

The investigators, along with the Board's Prosecutor, will determine when a complaint case is ready to be presented to the assigned Complaint Committee for review. The complaint is then assigned to one of four Complaint Committees, an assignment that may be determined by the professional field into which the complaint may fall and a specialized area of practice or expertise of a particular complaint committee member. The investigative process may take from 6 months to a year or more to complete, depending on the complexity of the issues involved and backlog of complaints received.

Complaint Committees:

The Board generally uses four (4) Complaint Committees, each of which are made up of two (2) Board members, at least one (1) of whom is a medical doctor, to review the complaint cases. The Complaint Committees meet prior to quarterly Board meetings, after they have carefully reviewed the evidence obtained in the investigation, to determine whether or not there has been a violation of the Medical Practice Act.

At each quarterly Board meeting the Board reviews, on the recommendation of the complaint committee, whether to close the complaint case, finding no breach of the Medical Practice Act or Rules, or whether to initiate proceedings for licensure action against the licensee. Complaint Committees may also recommend that the case be returned for

more investigation or other case development. The Complaint Committee will present the complaint case to the Board members in executive session, without identifying the healthcare practitioner, the geographic location of the practice, the complainant, or any other information that might disclose the identity of the healthcare practitioner. The complaint cases are referred to only by case number. When the Board votes in open session on the final action to be taken regarding the complaint case, the members of the recommending complaint committee abstain and do not vote.

Investigative Results:

In FY18, 319 complaints were received between July 1, 2017 and June 30, 2018. In FY18, 254 complaints were closed within 12 months (including cases carried over from prior years); 120 cases were closed with no violation of the Board's Statute and/or Rules (this includes carryover from prior fiscal years); 78 complaints were closed with an advisory letter issued by the Board; in 56 cases, licensure action was initiated by the Board, and 81 cases still remain under investigation.

Compliance

One of the most frequent formal actions that the Board takes against a licensee is to issue a "stipulated" license. This is an agreement between the Board and the licensee that places certain stipulations or limitations on the continued practice of the licensee. The stipulated license allows the licensee to continue providing health care to New Mexicans while under limitations imposed by the Board, and agreed to by the licensee, to ensure that the licensee does not pose a risk to the public health or welfare. Frequently stipulations include monitoring and treatment for substance use disorders, or special limitations within the practitioner's practice environment or scope of practice.

All Board disciplinary actions, since they are public information, are scanned and posted on the Board's website, where they may be reviewed by the public. Actions taken against a licensee are also reported to the National Practitioner Data Bank (NPDB), the Health Integrity Protection Data Bank (HIPDB), the Federation of State Medical Boards (FSMB), and the American Medical Association (AMA). The Board maintains a distribution list of in-state hospitals and other interested parties that receive a quarterly list of disciplinary actions taken, as well as immediate notification of any summary suspension orders. The following is a breakdown of the actions taken against health care practitioners in FY18:

Description	FY18
Notices of Contemplated Action Issued	17
Hearings	7
Orders Dismissing Charges in the Notice of Contemplated Action	0
Summary Suspensions	7
Licenses Revoked	3
Licenses Stipulated	11
Consent Agreements to Voluntarily Surrender a License	15
Agreed Order to Voluntarily Surrender a Lapsed License	0
Consent Agreement to Withdraw an Application While Under Investigation	12
Orders Denying an Application for Licensure	1

Public Letter of Reprimand	15
Referrals to Examining Committees under the Impaired Health Care Provider Act	0
Voluntary Surrender of License under the Impaired Health Care Provider Act	0
Completed terms of probation and unrestricted license restored	22
Licenses stipulated to the Monitored Treatment Program	16

Impaired Health Care Provider Act:

The Impaired Health Care Provider Act, §61-7-1 to 61-7-5, NMSA 1978, gives the Board authority to restrict, suspend or revoke a license if the health care practitioner is unable to practice with reasonable skill or safety because of mental illness, physical illness, or habitual or excessive use or abuse of drugs or alcohol. Health care practitioners can request a voluntary restriction of their license or the Board may, through the use of a special examining committee (Impaired Physician Committee; IPC), make the determination that the health care practitioner is impaired.

The Impaired Health Care Provider Act also gives the Board authority to contract with a program of care and rehabilitation services to provide for the detection, intervention and monitoring of impaired practitioners. The Board has a current and ongoing contractual agreement with the New Mexico Health Professional Wellness Program (HPWP) to provide these services. In FY18, a total of 46 physicians, physician assistants and polysomnographic technologists participated in MTP; 33 of these practitioners were mandated by the Board and 13 were voluntary participants. There was two (2) relapses. Ten (10) physicians successfully completed the required program, which is usually five years of duration.

Public Information

Consumer Information:

The Board provides interested consumers with a brochure, either in Spanish or English, containing information on how to submit a complaint against a physician, physician assistant, anesthesiologist assistant, genetic counselor, polysomnographer or naprapath. This brochure is sent upon request to individuals who have called the Board office with questions about filing a complaint against a licensed health care practitioner. It is also available on the Board website, and through the New Mexico Medical Society and has been sent to hospitals statewide to be available to clients on request. This brochure contains information on how to file a complaint, the Board's statutory jurisdiction, and information on other avenues that a client may pursue if the complaint falls outside of the Board's jurisdiction.

A second brochure is provided to physicians, physician assistants, anesthesiologist assistants, genetic counselors, polysomnographers or naprapaths who are named in a complaint. This brochure provides information about the complaint process, the respondent's responsibilities, and possible outcomes of an investigation.

Medical Board Website:

In July 2015 the Board's website was redesigned and updated to assure easy accessibility and transparency to the public and licensees.

Since April 2001 the Board's website (www.nmmb.state.nm.us) has contained basic demographic and license information as part of its 'MD and PA Lookup.' Hosted by Administrators in Medicine (AIM), an organization of Medical Board Executive Directors, information about licensing and licensees in nineteen states is available at one site: www.docBoard.org. Information on physicians, physician assistants, anesthesiologist assistants, genetic

counselors, polysomnographers and naprapaths is updated at least two times per week to reflect current, accurate information.

The Board's website provides quick and easy access to information for consumers about license status and any disciplinary actions taken against physicians or other licensees. The website allows consumers file complaints online and to download complaint forms and instructions on filing a complaint against a licensee.

Additional information on the website of interest to consumers includes links to other agencies, meeting minutes, quarterly list of actions taken by the Board, Hearing Notices, Cease and Desist letters, and a Board meeting schedule.

Other information, including license applications, fee information, policy statements and a copy of the current rules and statutes are generally of more interest to applicants and licensees.

Financials

Operating Budget:

The Operating Budget for FY18 was \$1,900,000.

Account	Description	Approved Budget
200	Personal Services and Benefits	\$1,195,000
300	Contractual Services	\$ 338,000
400	Other	\$ 367,000
500	Other Financing Uses	\$ 0
Total Budget:		\$1,900,000

Revenues:

The operation of the Board is funded entirely through self-generated fees, primarily through initial licensing and license renewal. At the end of FY18 the Board maintained a fund balance that totaled \$1,151,939. The Fund Balance is used to fund the upcoming fiscal year, for capital investments and for unanticipated expenses that result from legal actions. The following revenues were collected in FY18:

Account	Description	Received
4164	Trade & Professions Licenses	\$ 342,415
4174	Registration for Trades & Professions	\$1,394,575
4179	Other Registration Fees	\$ 400,500
4339	Other (Misc. – Roster, Verifications, etc)	\$ 67,241
4614	Other Penalties	\$ 66,850
Total Revenues:		\$2,271,581

Expenditures:

The following expenses were incurred in FY18:

Account	Description	Expended
200	Personal Services and Benefits	\$1,079,525
300	Contractual Services	\$ 356,689
400	Other	\$ 404,844
500	Other Financing Uses	
Total Expenditures:		\$1,841,058

Audit:

The annual audit of the agency has been completed for June 30, 2018 (FY18), submitted, and approved by the State Auditor with no adverse findings.

Accomplishments

- Recruitment and Retention of Physicians: The program of reduced licensing fees for first-time licensees who obtain their first license in New Mexico, has been quite successful, and has been extended to include Physician Assistants. During the 2008 Legislative Session SB127 was passed which authorizes the Board to waive the licensure fee for applicants who choose New Mexico as their first state of licensure in order to promote medical doctor recruitment and retention.
 - From July 1, 2008 through June 2018- 1,212 physicians have taken advantage of the waived fees.
 - In August 2009, the Board approved a request to waive the licensure application fee for physician assistants who choose New Mexico as their first state of licensure and 263 physician assistants have been licensed under this waiver as of June 2018.
- Effective January 1, 2017 the New Mexico Medical Board made changes to 16.10.14 NMAC, the "Management of Pain with Controlled Substances" rule. This change was made pursuant to the passage of Senate Bill 263 during the 2016 New Mexico Legislative Session.
Significant changes to the rule were as follows:
 1. The PMP must be consulted before prescribing more than a 4 day supply of any controlled substance Schedule II through V.
 2. The PMP must be consulted every three months thereafter when continuously prescribing controlled substances.
 3. However, the following are exceptions to the above:
 - A. patients in a nursing facility or hospice care;
 - B. when prescribing testosterone, pregabalin, lacosamide, or ezogabine; and
 - C. when prescribing stimulants to pediatric patients under the age of 14.
 4. Urine tox screens must be obtained before prescribing opiates for chronic pain, and then obtained every six months thereafter.
 5. The PMP must be consulted before prescribing methadone for patients as part of a substance abuse treatment program
(for methadone maintenance).
- Pain Management Continuing Medical Education: Licensees are continuing to submit the required five hours of Pain Management CME per Title 16, Chapter 10, Part 14.11. In the Board's ongoing effort to ensure that all health care practitioners' prescriptive practices are consistent with the appropriate treatment for pain, the adoption of the requirement for pain management CME has obligated the Board to maintain a list of approved pain management CME courses. The list of courses is continuously updated and is maintained on the Board's website.
- Dr. Steve Jenkusky represents the Board on the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council, now called the Overdose Prevention and Pain Management Council. The Board's Executive Director also participates in the Council and collaborates with many different state agencies on this issue with the goal of lowering overdose death rates by reducing over prescribing of medications and encouraging safer prescribing of medications.
- Management of Controlled Substance Prescriptions: At the same time as continuing to require five hours of Pain Management Continuing Medical Education, there has been an on-going, close cooperation with the Board of Pharmacy and Department of Health to increase compliance by our licensees use of the Prescription Monitoring Program (PMP) to track the use of controlled substances, especially the Opioids, by patients in New Mexico. This has been an increasingly successful effort toward increased compliance with state law and lower rates of prescribing the most problematic substances including benzodiazepines and opiates/opioids.
- In FY18, the Board began again receiving data from both the Board of Pharmacy and OMI, through Department of Health, for the purpose of identifying licensees whose prescribing practices may need to be reviewed based on the controlled substance prescribing data. With the assistance from Department of Health, the Board is able to obtain vital information on the prescribing practices of its licensees and determine through investigation whether the prescribing of its licensees fell below

the standard of care. The Board staff also collaborated with the other licensing boards who oversee the other six prescribing practitioners in the state in an attempt to share our knowledge base with other licensing boards on regulating prescribers.

- **Telemedicine and the practice of Medicine:** With the pressure on the medical system of the increasing numbers of insured patients, the practice of Telemedicine by physicians and other practitioners is also increasing. We continue to develop more approaches to the ethical practice of telemedicine, especially for its use on the Internet.
- **Prosecutions:** The Medical Board's disciplinary actions have successfully balanced its disciplinary element with its rehabilitative element. While the Board will restrict or revoke licenses whenever necessary to protect the public health, safety and welfare, the Board has heightened its efforts to rehabilitate licensees where possible, through additional education, third-party monitoring, or additional postgraduate training.
- During the 2018 Legislative Session (30 day session), the following bills were introduced that could affect the New Mexico Medical Board:

SB10 – Health Professional Loan Repayment – Proposed to amend the Professional Loan Repayment Act, Medical Practice Act and Osteopathic Medicine Act to establish designated health professional loan repayment funding to primary care physicians working in designated health professional shortage areas. The proposal establishes physician licensing fees for the Health Professional Loan Repayment Program. This proposal would increase initial licensing and license renewal fees by \$100.00 each. SB10 was pocket vetoed.

HM67 and SM55– Medical Marijuana and Opioid Use Disorder - Proposed to add Opioid Use Disorder as a “qualifying condition” in Department of Health rules so that individuals living with opioid use disorders may be eligible to participate in the Lynn and Erin Compassionate Use Act Medical Cannabis Program. The bills summarized the positive value in reduction of the consequences of opioids and opioid use disorders when cannabis is either supplementing or replacing opioids in the treatment of pain, and note reduction of deaths from the use of opioids alone. Further, the bills requested that the Legislative Health and Human Services Committee hear expert testimony on using medical cannabis to provide an alternative to opioids in acute and chronic pain management and in preventing and treating opioid use disorders. HM67 and SM55 passed.

HB293 – Fingerprints Not Required for License Renewal - Proposed to add a new section to the Uniform Licensing Act prohibiting the requirement of resubmission of fingerprints to renew a license. HB293 did not pass.

SB29 – Overdose Prevention and Pain Management Council - Proposed to revise the name of the Advisory Council from “Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council” to “Overdose Prevention and Pain Management Advisory Council”. The Bill also proposed to add the requirement of a representative from Human Services Department, the Department of Public Safety, a harm reduction organization, a third party payer and an addiction specialist. Additionally the Bill proposed to allow the Council to create sub-committees as needed. [The New Mexico Medical Board is required to have a voting representative on the Council.] SB29 passed.

The Legislative Finance Committee also requested that the New Mexico Medical Board submit Fiscal Impact Reports for the following bills, although they did not affect the agency directly:

- HB56 – Parental Notification of Abortion Act** – HB56 did not pass.
- HB76 – Partial Birth and Late Term Abortions** – HB76 did not pass.
- HM5 – Federal Law to Protect Medical Cannabis** – HM5 did not pass.
- SB35 – Overdose and Medication Counseling** – SB35 did not pass.
- SB127 – Chronic Pain Management Training** – SB127 did not pass.
- SJM15 – Study Efficacy of Naprapathic Medicine** - SJM15 passed.

- Based on the passage of HB215, the Physician and Physician Assistant Collaboration Bill, the Board promulgated amendments to Title 16, Chapter 10, Part 15 "Physician Assistants: Licensure and Practice Requirements" as follows:

Expanded licensure status may be requested for primary care PAs who have more than three years of PA licensed practice which will allow the PA's to work in "collaboration" with another physician.

PAs with less than three years of experience or those working in specialties other than primary care must still work under a "supervising" physician.

"Primary Care" will be defined as health care provided by a healthcare provider who typically acts as the first contact and principal point of continuing care for patients and coordinates other specialist care or services that the patient may require. Primary care specialties are combined internal medicine and pediatrics, family medicine, general internal medicine, geriatrics (gerontology), general obstetrics and gynecology and general pediatrics.

"Collaboration" will be defined in the new rule as the process by which a licensed physician and physician assistant jointly contribute to the health care and medical treatment of patients, provided that each collaborator performs actions that the collaborator is licensed or otherwise authorized to perform.

Section 12 of the new rule will spell out the qualifications for collaborative physician assistant licensure and the licensure process for a collaborative physician assistant.
- The Board has been able to meet the requirements of the Performance Based Budgeting, Performance Monitoring Plan, and has been measuring the licensing operations more efficiently. The plan has also included monitoring all revenues by type of licensing fee received, which enables the Board to account for the number of licenses issued. This tool also allows the Board to determine the ratio of number of applications received to the number of licenses issued.
- The Board continues to survey new licensees with respect to the service they are provided during the process of application and licensing. In FY18, 96% of the surveys that were returned reflected new licensees' overall satisfaction with the service they received by the Board as "excellent" or "very good".
- Since November of 2012, the New Mexico Medical Board has offered the Federation of State Medical Boards' Uniform Application as an option for applicants. This is an online application that allows for a physician applicant to apply to many different states using a single application. This option is in addition to our original online New Mexico Board-based application, hosted by Hospital Services Corporation, and its paper version.
- Pursuant to the Health Care Work Force Data Collection, Analysis and Policy Act, NMSA 1978, Chapter 24, Article 14C, the Board has continued to require all renewing physicians and physician assistants to complete an online survey in conjunction with license renewal for the purpose of developing and maintaining meaningful demographic and longitudinal practice data.
- The Board provides for online license renewal, which saves the agency countless hours of data entry, mail handling, and copying, as well as decreasing the processing times.
- Regulation Review: The staff and Executive Director, continue to work on reviewing and amending all the Board's regulations in order to ensure that they are up to date and internally consistent. The Board has worked diligently to amend the PA prescribing rules and expects adoption of such rules in 2019.

- Utilization of Professional Hearing Officers: For a majority of the disciplinary adjudications, and as the Board's cases become more complex, the Board has chosen to enter into contracts with professional adjudicators to serve as hearing officers.
- The Investigations Department continues to have a backlog of investigation cases around 8 months, a backlog which has decreased significantly from prior fiscal years. In late FY18, the Investigations Department turned the half time additional investigator position into a three quarter time position, which assisted in catching up the backlog of cases. The Investigations Department continues to prioritize its cases based on the harm-to-the-public factor.
- In FY18, the Investigations Department continued to contract with recognized experts, including board certified experts in a specialty areas to review breaches in a licensee's standard of care. The Board continues to use Center for Personalized Education for Physicians ("CPEP") for determining a licensee's clinical competency, and which can include independent review and monitoring of a licensee's specialized field of practice. This assures that licensees maintain competency compliance with their specialized practice. This expert review and monitoring performance has been instrumental for the Board in keeping a licensee in practice in an underserved state, while at the same time, protecting patient safety.
- The Investigations Department continues to collaborate with other state and federal investigatory entities in looking at licensees who may have violated the Medical Practice Act and/or Ethics Regulations. This continues to increase the volume of cases in the agency's investigations department and has more than supported the need for three full time and one three quarter time investigators in this state.
- In FY18, the Board's Executive Director, Prosecuting Attorney, Compliance Manager, Investigations Manager and Administrative Assistant continue to hold weekly meetings to discuss status of prosecution cases, status of monitored licensees, status of investigative cases and scheduling of hearings. This weekly meeting has proven to be very productive and a great tool for managers to remain consistent and on track.
- For the past nine (9) years (from 2009 through 2018) the New Mexico Medical Board Audit has been approved by the State Auditor with no adverse findings.

A Look Ahead

- Access to medical care for patients continues to be an issue in New Mexico, as elsewhere. The Board is continually assessing the existing processes and identifying and pursuing any changes required in the regulatory system to facilitate the entry of qualified physicians and physician assistants into the state. For example, physicians who applied for licensure by endorsement generally benefited from a shorter application processing time since a more streamlined licensing process is available to 'board-certified' physicians with a current, undisciplined license in another state. The Board continues to develop strategies for improving the processing time for initial licensure and license renewal through increased accessibility to sharing of source documents. The Board will continue to improve standard processes for handling applications that are identified by staff as being from applicants who have had problems related to education or licensing. Such problems may include discipline of another state license, problems during medical school or postgraduate training, or arrests with or without convictions.
- The Board is proposing legislation during the 2019 Legislative Session to enact the Federation of State Medical Board's Interstate Medical Licensure Compact. The purpose of the Compact is to expedite and simplify the process for physicians when applying for and obtaining medical licenses in multiple states. The Compact would be a new, alternative pathway for expedited medical licensure that will expand access to care, streamline the licensing process and facilitate multi-state practice, benefiting both physicians and patients in New Mexico.
- The Board's Licensing Department will work the Federation of State Medical Boards to "go live" with the Physician Assistant Uniform Application in 2019.
- The Board will continue to collaborate with and support the Pharmacy Board and Department of Health in combating New Mexico's overdose and death rate by enforcing the regulations in the prescription drug programs. The Pharmacy Board continues to provide the Board with quarterly report that identifies licensees whose prescribing behavior might indicate poses an increased relative risk of prescription medication overdose death.
- Based on the quarterly reports received from the NM Board of Pharmacy, the NMMB will continue to reach out to, and when necessary investigate the licensees who are identified as "High Risk Prescribers".
- The Board will continue to develop methodology to share source licensing and credentialing documents online, to reduce the amount of duplicate information that is requested from medical schools and post-graduate training programs, and to facilitate the timely issuance of post-graduate medical training licenses.
- The Board continues to review the best way to manage licensees who have a physical, mental and/or substance abuse impairment that requires formal monitoring in order to keep these licensees in practice, but at the same time ensure the public is protected. The Board wants to prevent these licensees from having adverse action taken against their credentialing privileges and/or specialty board certifications based on their stipulations and may explore "safe harbor" options. This continues to be an issue for licensees who have been stipulated for a disease and who are working hard at becoming rehabilitated.
- The Board continued an educational element to the online and paper renewal application as a "training module" used to increase awareness of the Board's rules and statutes.
- Board staff is working on a new process to streamline the CME Audit both internally and for licensees.

The Future:

The Board has seen, and continues to anticipate continued vigorous growth in licensure, rehabilitation and disciplinary activities. Throughout this growth, Board members and staff remain committed to their statutory mandate of protecting the health and well-being of the New Mexican public, and our agency goal of increasing access to quality health care by careful and efficient licensing and proactive, constructive oversight.

A handwritten signature in dark ink, appearing to read 'Sondra Frank', written over a horizontal line.

Sondra Frank, Executive Director
New Mexico Medical Board