

New Mexico Medical Board

FY14

(July 1, 2013 – June 30, 2014)

Annual Report



New Mexico Medical Board
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Table of Contents

Forward	Page 3
Purpose of the New Mexico Medical Board	Page 3
Mission	Page 3
Vision	Page 3
Stakeholders	Page 4
Strategic Goals	Page 4
Agency Values	Page 4
Executive Summary	Page 5
Members of the Board	Page 6
Board Meetings	Page 8
Board Staff	Page 9
FY13 – FY14 Statistics	Page 10
Licensing	Page 11
Medical Doctor Roster by County	Page 16
Physician Assistant Roster by County	Page 17
Investigations	Page 18
Compliance	Page 19
Impaired Healthcare Provider Act.....	Page 20
Public Information	Page 20
Financials.....	Page 22
Accomplishments	Page 23
A Look Ahead	Page 27
The Future	Page 29

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) 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 2014 (July 1, 2013 – June 30, 2014).

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 naprapaths.

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 31, HB 107) 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 fifteen (15) 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, in January, March, June, and September.

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 FY14, the Board issued the following licenses: 703 Physician, 98 Physician Assistant, 207 Physician-in-Training, 98 Telemedicine, 33 Temporary Camp, 3 Anesthesiologist Assistant, 8 Genetic Counselor, 5 Naprapathy and 11 Polysomnographic Technologists. No Temporary Teaching or Public Service licenses were issued. In addition, the Board issued the following license renewals: 2,396 Physician, 365 Physician Assistant, 348 Resident, 160 Telemedicine, 5 Genetic Counselor, 11 Naprapathy and 60 Polysomnographic Technologists. No Public Service or Anesthesiologist Assistant renewal licenses were issued.

During FY14, the Board maintained the following active licenses: 8,302 Physician (with 4,887, or 59%, maintaining a primary New Mexico address), 777 Physician Assistant (with 686, or 88%, maintaining a New Mexico address), 661 Physician-in-Training, 565 Telemedicine, 12 Temporary Camp, 28 Anesthesiologist Assistant, 59 Pharmacist Clinician Supervisor, 33 Genetic Counselor, 109 Polysomnographic Technologist and 18 Naprapathy. During FY14, no Public Service or Temporary Teaching licenses were issued or maintained.

In FY14, the Board received 209 complaints from various sources: 137 complaints were resolved within 12 months, a number that also includes complaints from previous fiscal years.

In FY14, 84 physicians entered into the Monitored Treatment Program voluntarily, and 174 physicians, 18 physician assistants and 2 polysomnographic technologists were referred to the monitored treatment program under mandate from the Board.

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. In FY14 the following changes took place:

- Governor Susana Martinez appointed Peter Beaudette, MD in October, 2013 and James Spence, MD in January, 2014.

Board Leadership:

Steve Weiner, M.D. (Santa Fe). Dr. Weiner was elected Board **Chair** in February 2010 and re-elected Chair in May 2011, 2012, 2013 and 2014. He has been a member of the Board since 2003. Dr. Weiner served as Vice Chair for three years and Secretary/Treasurer for two years. He is a board certified orthopedic surgeon who has been in private practice in Santa Fe since 1978. A graduate of Harvard University and Northwestern University Medical School, Dr. Weiner is an orthopedist at Christus St. Vincent Orthopedics of New Mexico. He is a fellow of the American Academy of Orthopaedic Surgeons and the American College of Surgeons, among other organizations.

Steven Jenkusky, M.D. (Albuquerque). Dr. Jenkusky was elected **Vice Chair** in May 2013 and re-elected Vice Chair in May 2014. 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 Medical Director for Behavioral Health Services of Presbyterian Healthcare. He previously served as Medical Director of Outpatient Services at the University of New Mexico Psychiatric Center with an associate professorship with the UNM School of Medicine.

Albert Bourbon, MPAS, PA-C (Albuquerque). Mr. Bourbon was elected **Secretary-Treasurer** in May 2014. 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.

Board Members:

Sambaiah Kankanala, M.D. (Hobbs). Dr. Kankanala was appointed to the Board in June 2011. He previously served on the Board from March 1998 until March 2003. Dr. Kankanala is a graduate of Osmania Medical College, completed his Residency and Fellowship at Downstate Medical Center in New York and is Board Certified in Internal Medicine, Pulmonary Medicine, Critical Care Medicine, Geriatrics, and Hospice Care. He also completed an MBA in Health Care Administration. In September 1981, Dr. Kankanala started his Medical Practice in Hobbs, New Mexico. He served in leadership roles in the capacity of Chief of Staff, Chief of Medicine and the Board of Trustees at Lea Regional Medical Center. At the State level, he served on the Board of A.P. Capital and serves on the Board of the New Mexico Medical Review Commission. Dr. Kankanala is President of the New Mexico Medical Society. He is on the teaching faculty at the University of New Mexico and also serves on the Board of the Lea County State Bank.

Steven A. Komadina, M.D. (Corrales). 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.

Jennifer Anderson, Esq. (Albuquerque). 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 School of Law. Ms. Anderson has worked at the Modrall, Sperling, Roehl, Harris & Sisk law firm since 2004, and served as Chair of the 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. In 2012 Benchmark Litigation named Ms. Anderson one of the Top 250 Women in Litigation in the US, and a Future Litigation Star in New Mexico in 2012 and 2013. 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.

Rick Wallace, FACHE (Farmington). Mr. Wallace was appointed to the Board in April 2013, filling a vacant position. He earned a B.S. in Psychology from Middle Tennessee State University, an M.A. in Counseling from Ball State University and an M.B.A in Business from Webster University. Since 2010 Mr. Wallace has been President and CEO of the San Juan Regional Medical Center in Farmington. Mr. Wallace has over thirty years of leadership experience in hospital operations and has been CEO of four other hospitals. Mr. Wallace is retired from the US Army Reserves Medical Services Corps. He also served as a faculty member at Oakland City University and at the University of Alabama at Birmingham. Mr. Wallace is a Fellow of the American College of Healthcare Executives, and in March 2013 was elected to serve a three year term as Regent for the New Mexico/Southwest Texas region. Mr. Wallace is also on the Board of Directors of the New Mexico Hospital Association and Quality New Mexico, among other organizations.

Peter Beaudette, M.D. (Albuquerque). 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 continues in private practice and he and his wife Peggy have three grown children.

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 IM 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. He also founded the San Juan

Independent Practice Association (IPA). He is the current Chair of New Mexico Medical PAC, serves on the advisory board of The Doctors Company, and currently serves as Vice Chair of Farmington Public Utility Commission.

Board Member	First Appointed	Re-appointed	Term Expires
Steven Weiner, M.D., Chairman Professional Member, Santa Fe	04/03	01/05 & 12/09	12/13
Steven Jenkusky, M.D., Vice Chair Professional Member, Albuquerque	06/09	12/09	12/13
Albert Bourbon, MPAS, PA-C, Secretary/Treasurer P.A. Member, Albuquerque	01/10		12/14
Sambaiah Kankanala, M.D. Professional Member, Hobbs	06/11		12/14
Steven Komadina, M.D. Professional Member, Corrales	08/11		12/14
Jennifer Anderson, Esq. Public Member, Albuquerque	04/13		12/16
Ricky Wallace, FACHE Public Member, Farmington	04/13		12/16
Peter Beaudette, M.D. Professional Member, Albuquerque	10/13		12/16
James Spence, M.D. Professional Member, Farmington	01/14		12/16

Board Meetings:

In FY14 the Board held regular quarterly meetings in August and November of 2013 and February and May of 2014.

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 FY14, three (3) Interim Board meetings were held in October 2013, January 2014, and June 2014.

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 FY14.

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
Executive Director's Office		
Lynn Hart Executive Director	476-7221	LynnS.Hart@state.nm.us
C. Grant La Farge, M.D. Medical Director	476-7231	Grant.LaFarge@state.nm.us
Sondra Frank Lawyer (.50 FTE)	476-7238	Sondra.Frank@state.nm.us
Daniel Rubin, Esq. Prosecuting Attorney	476-7223	Dan.Rubin@state.nm.us
Gayle Mascarenas Financial/Human Resource Manager	476-7244	Gayle.Mascarenas1@state.nm.us
Vacant Financial Administrator (.50 FTE)		
Samantha Breen Administrative Assistant	476-7222	Samantha.Breen@state.nm.us
Licensing		
Amanda Quintana Licensing Manager	476-7232	AmandaL.Quintana@state.nm.us
Barbara Mohler Quality Assurance Manager	476-7226	Barbara.Mohler@state.nm.us
Jolene Casados Licensing Coordinator	476-7227	Jolene.Casados@state.nm.us
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Jutka Szabo Licensing Assistant (Shared 50%)	476-7229	Jutka.Szabo@state.nm.us
Vacant Licensing Assistant (Shared 50%)		
Investigations/Compliance		
Debbie Dieterich Investigations/Compliance Manager	476-7240	Debbie.Dieterich@state.nm.us
Amanda Chavez Investigator	476-7228	Amanda.Chavez@state.nm.us
Kate Compton Investigator	476-7219	Kate.Compton@state.nm.us
Public Information		
Vacant Public Information Officer	476-7230	

FY13 – FY14 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 FY13 with that in FY14:

Category	FY13 (7/1/12 – 6/30/13)	FY14 (7/1/13 – 6/30/14)
Number of consumers provided with public information (via written, VeriDoc, website, and DocBoard)	1,214,724	1,063,915
Total number of Medical Doctor licenses maintained	7,913	8,302
Number of Medical Doctor licensees with a NM address	4,786 or 60%	4,887 or 59%
Number of new Medical Doctor licenses issued (includes Public Service, Resident, Telemedicine, Temp Camp, and Temp Teaching)	887	1,041
Number of Medical Doctor renewal (re-licensure) licenses issued (includes Public Service, Resident, Telemedicine, Temp Camp, and Temp Teaching) – Triennial Renewal	2,774	2,904
Number of Medical Doctors who did not renew	439	542
Number of Medical Doctors who did not renew with a NM address	144 or 33%	102 or 19%
Number of Residents who completed their residency in NM and remained in NM	46	62
Number of Medical Doctors who chose NM as their first state of licensure	101	154
Number of new Physician Assistant licenses issued	86	98
Number of Physician Assistant renewal (re-licensure) licenses issued	312	365
Number of new Anesthesiologist Assistant licenses issued	7	3
Number of Anesthesiologist Assistant renewal (re-licensure) licenses issued – Biennial Renewal	17	0
Number of new Genetic Counselor licenses issued	6	8
Number of Genetic Counselor renewal (re-licensure) licenses issued – Biennial Renewal	16	5
Number of new Polysomnographic Technologist licenses issued – licensure required as of 2010	18	11
Number of Polysomnographic Technologist renewal (re-licensure) licenses issued – Biennial Renewal	68	60
Number of Naprapath licenses issued (naprapaths assigned to NMMB at the end of FY12)	2	5

Category	FY13 (7/1/12 – 6/30/13)	FY14 (7/1/13 – 6/30/14)
Number of Naprapath renewal (re-licensure) licenses issued – annual renewal	11	11
Number of complaints received	205	209
Number of complaints resolved within 12 months (including carryover from the previous FY)	243	137
Total number of licensing actions (not including cases closed without action – includes NCAs)	71	78
Voluntary – Number of participants in a Monitored Treatment Program (MDs and PAs)	79	84
Mandatory – Number of participants in a Monitored Treatment Program (MDs and PAs)	176	194
Percentage of participants who relapsed (MDs and PAs)	1.00%	.28%
Number of participants who successfully completed the Monitored Treatment Program	12 or 5.5%	5 or 2%
Number of background checks conducted	963	1,133
Number of background checks investigated resulting in no action	38	49
Number of background checks investigated resulting in further investigation	5	2

In FY14, 956 background checks were conducted for new applicants, none for renewals [a three-year cycle for checking all renewals had already been completed] and 177 for new Physicians-in-Training.

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:

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 four options. 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.

Considerable effort has been expended in developing improved processes for obtaining and processing the required information for licensure, with the result that the staff has been able to reduce the processing time, and thus expedite the issuance of a license or a license renewal, as manifest in the Table on the next page. The extent of expediting is dependent on the source of the information, and the result of improved communication with the Board staff. Between FY13 and FY14, a new process was instituted for expediting the licensing process. The amount of shortening in the application processing times ranged between 11% and 58%, and averaged 33% reduction in time to licensure in FY14 than in FY13. The shortest processing times resulted from directly using the NM Medical Board, while the longest times were when applying through HSC (Hospital Services Corporation). When applicants used the FCVS (Federation Credentials Verification Service) the time to licensure was the same as the average: 33 Days.

Measure	FY13 (7/1/12 – 6/30/13)	FY14 (7/1/13 – 6/30/14)
Number of applicants choosing to apply directly with the Board	440	569
Average number of days taken to issue a license for applicants who applied directly with the Board	64	27
Number of applicants using the FCVS	118	118
Average number of days taken to issue a license for applicants using FCVS	71	48
Number of applicants using the HSC	47	16
Average number of days taken to issue a license for applicants using HSC	81	72
Number of applicants using the Uniform Application	199	185
The overall average number of days to issue a license	72	49

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 FY14 the Board averaged 27 days from receipt of application to issuance of license when the applicant applies directly to the Board.

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. DocBoard received an average of 2,709 inquiries per day during FY14. In addition, the Board provided approximately 2,045 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 FY14 the Board issued 154 physician and 28 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 FY14 the Board maintained 8,302 active Medical Doctors, with 4,887 (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	2,730
Catron	4
Chavez	119
Cibola	20
Colfax	13
Curry	57
De Baca	1
Dona Ana	356
Eddy	65
Grant	62
Guadalupe	4
Harding	0
Hidalgo	1
Lea	48
Lincoln	24
Los Alamos	63
Luna	21
McKinley	92
Mora	1
Otero	78
Quay	7
Rio Arriba	37
Roosevelt	15
San Juan	191
San Miguel	48
Sandoval	168
Santa Fe	523
Sierra	10
Socorro	15
Taos	85
Torrance	3
Union	3
Valencia	23

Physician Assistant Roster by County:

In FY14 the Board maintained 777 active Physician Assistants with 686 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	368
Catron	0
Chavez	9
Cibola	5
Colfax	2
Curry	7
De Baca	0
Dona Ana	42
Eddy	6
Grant	14
Guadalupe	1
Harding	0
Hidalgo	3
Lea	6
Lincoln	3
Los Alamos	10
Luna	4
McKinley	10
Mora	0
Otero	11
Quay	0
Rio Arriba	11
Roosevelt	2
San Juan	41
San Miguel	10
Sandoval	35
Santa Fe	55
Sierra	4
Socorro	1
Taos	18
Torrance	2
Union	1
Valencia	5

Investigations

Assurance of quality in medical practice is a critical responsibility of every state medical board. Through its investigative program, the Board responds to consumers, and others, who initiate complaints against licensed health care practitioners. In addition to complaints from consumers, the Board itself can initiate complaints for allegations of misrepresentation on license and renewal applications, actions taken against licensees by other state licensing boards, and reports of adverse actions taken by hospitals, other health care facilities, law enforcement agencies, and by any court for acts or conduct that would constitute grounds for action under the Medical Practice Act or Rules.

Standard Investigations Process:

A preliminary review of complaints received by the Board is conducted by the Investigation Staff, and those complaints that may be outside of the Board's jurisdiction are referred to the Executive Committee of the Board. The Executive Committee consists of the Board Chair, the Board Vice-Chair, and the Executive Director. If the Executive Committee determines that the complaint does fall outside of the Board's jurisdiction, the complainant will be advised in writing that an investigation will not be initiated or may be initiated by another agency. The complaint, however, is maintained in the Board's licensing database.

Complaints that fall within the Board's jurisdiction are logged into the licensing database. The complaint is then assigned to one of five 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 investigators will then determine the course of the investigation, which will include: obtaining a response from the healthcare practitioner; obtaining medical records, if applicable; obtaining witness statements; and obtaining any other evidence pertinent to the specific case. In addition, the investigators may also contract with a recognized 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.

The investigators will determine when a complaint case is ready to be presented to the assigned Complaint Committee for review, and disposition by the full Board. The investigative process may take from 6 months to a year to complete, depending on the complexity of the issues involved.

Complaint Committees:

The Board uses five (5) Complaint Committees, each of which are made up of one (1) or 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 decides, 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.* 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 FY14, 209 complaints were received between July 1, 2013 and June 30, 2014. Of those 209 complaints received in FY14, 81 were closed with no violation of the Board's Statute and/or Rules; in 28 of the cases, advisory letters were issued; in 67 cases, licensure action was initiated by the Board, and, 33 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 placed by the Board, and agreed to by the licensee, to ensure that the licensee is safe to practice. Frequently stipulations include monitoring and treatment for substance use disorders, or special limitations within the practitioner's practice environment.

All written Board disciplinary actions, since they are public information, are scanned and posted on the Board's website, where they may be reviewed by concerned individuals. 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 FY14:

Description	FY14
Notices of Contemplated Action Issued	24
Hearings	7
Orders Dismissing Charges in the Notice of Contemplated Action	0
Summary Suspensions	5
Licenses Revoked	1
Licenses Stipulated	22
Consent Agreements to Voluntarily Surrender a License	11
Agreed Order to Voluntarily Surrender a Lapsed License	0
Consent Agreement to Withdraw an Application While Under Investigation	1
Orders Denying an Application for Licensure	2
Agreed Orders	34
Public Letter of Reprimand	13
Referrals to Examining Committees under the Impaired Health Care Provider Act	7
Voluntary Surrender of License under the Impaired Health Care Provider Act	0
Total Disciplinary Actions Taken	55
Completed terms of probation and unrestricted license restored	13
Licenses stipulated to the Monitored Treatment Program	10

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.

In FY14, the Board referred 7 health care practitioners for evaluation by an IPC. Other licensees were referred directly to the Monitored Treatment Program or to other health care practitioner evaluation services.

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 Monitored Treatment Program (MTP) to provide these services. In FY14, a total of 278 physicians, physician assistants and polysomnographic technologists participated in MTP; 194 of these practitioners were mandated by the Board and 84 were voluntary participants. There was one (1) relapse. Five (5) 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 on 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:

Since April 2001 the Board's website (www.nmmb.state.nm.us) has contained basic demographic and license information as part of its 'Physician Locator.' 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 to download complaint forms and instructions on filing a complaint against a licensee to speed up the initial filing of complaints.

Additional information on the website of interest to consumers includes a copy of the most recent roster of licensees, links to other agencies, meeting minutes, quarterly list of actions taken by the Board 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. Frequently Asked Questions (FAQ) have also been added to the website for both practitioners and consumers.

Financials

Operating Budget:

The Operating Budget for FY14 was \$1,734,800.

Account	Description	Approved Budget
200	Personal Services and Benefits	\$1,139,900
300	Contractual Services	\$ 293,900
400	Other	\$ 301,000
500	Other Financing Uses	\$ 0
Total Budget:		\$1,734,800

Revenues:

The operation of the Board is funded entirely through self-generated fees, primarily through initial licensing and license renewal. At the end of FY14 the Board maintained a fund balance that totaled \$2,619,098. 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 FY14:

Account	Description	Received
4164	Trade & Professions Licenses	\$ 271,885
4174	Registration for Trades & Professions	\$1,267,030
4179	Other Registration Fees	\$ 375,000
4339	Other (Misc. – Roster, Verifications, etc)	\$ 57,983
4614	Other Penalties	\$ 44,500
4969	Miscellaneous	\$ 0
Total Revenues:		\$2,016,398

Expenditures:

The following expenses were incurred in FY14:

Account	Description	Expended
200	Personal Services and Benefits	\$1,015,112
300	Contractual Services	\$ 235,449
400	Other	\$ 358,601
500	Other Financing Uses	\$ 0
Total Expenditures:		\$1,609,162

Audit:

The annual audit of the agency has been completed for June 30, 2013 (FY13), 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, and others of our licensees. 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 2014, 829 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 137 physician assistants have been licensed under this waiver as of June 2014.
- During the 2014 Regular Legislative Session, the following bill was passed that affected the New Mexico Medical Board: HB152 – repealed the Sunset Section of the Medical Practice Act.
- In FY14, the Board held two Rule Hearings; on August 16, 2013 and November 22, 2013 and adopted the following rule revisions:
- The Board adopted rule amendment revisions promulgated to address House Bill 180, which created expedited licensure of military veterans and their spouses. Each license type has been amended to allow for expedited licensing.
- **16.10.2 NMAC**, Physicians Licensure Requirements
- **16.10.15 NMAC**, Physician Assistants Licensure and Practice Requirements
- **16.10.19 NMAC**, Anesthesiologist Assistants Qualifications and Licensure
- **16.10.20 NMAC**, Polysomnographic Technologist Licensure
- **16.10.21 NMAC**, Genetic Counselors
- **16.6.1 NMAC**, Naprapathic Practitioners General Provision
- **16.6.7 NMAC**, Naprapathic Practitioners Licensure
- The Board adopted revisions to **16.10.2.9 NMAC**, Physician Education Requirements - Changed the language to allow the Board to use its discretion in determining if an applicant's total educational and professional clinical experience is substantially equivalent to that which is required for licensure in New Mexico.

The Board adopted revisions to the following rules:
- **16.10.2.9 (B)(4) NMAC**, Physicians: Licensure Requirements by Examination – Change required work experience verification for Physicians from 5 years to 2 years for licensure by Examination.
- **16.10.2.10 (B)(4) NMAC**, Physicians: Licensure by Endorsement – Change required work experience verification for Physicians from 5 years to 3 years for licensure Endorsement.
- **16.10.15.9 (D) NMAC**, Physician Assistants: Licensure Requirements for PA's – Change required work experience verification from 5 years to 2 years for Physician Assistants.

- **16.10.15.7 (M) NMAC, Physician Assistants:** Amend Definition of Supervising Physician to add that a physician under an active monitoring contract with MTP be allowed to act as a supervising physician to physician assistants, except in the case where a physician has a restriction in addition to being monitored.
- **Expedited Licensure:** The New Mexico Medical Board has taken steps toward expediting the entire licensing process by eliminating redundancy, and passing rule changes to reduce the number of years of work experience verifications required from five years to two years. These efforts were implemented at the end of FY13. The average number of application processing days for physicians has gone down approximately 37 days since implementation of the new process (see table on page 14). For applicants applying directly to the New Mexico Medical Board the average application processing time is 27 days, down 37 days from last FY. The number of new physician licenses issued in FY14 increased an average of 16% (or approximately 163; 1,041 in FY14) when compared to FY11-863, FY12-884 and FY13-887. This may be due in part to the Board's expedited licensing process implemented at the end of FY13.
- The Board has been able to meet the requirements of the New Mexico State Strategic 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.
- In FY14, the Board continued the contract for the 'L2000' database, which was upgraded to become 'MyLicense Office' in May 2012, a service that maintains the active files and archives on all licensed Physicians, Physician Assistants, Anesthesiologist Assistants, Polysomnographers, Genetic Counselors and Naprapaths in conjunction with the activities of the Regulation and Licensing Department. The contract includes a meaningful scope of work targets that also provides for needed accountability.
- The Board continues to survey new licensees with respect to the service they are provided during the process of application and licensing. In FY14, 95% of the surveys that were returned reflected new licensees' overall satisfaction with the service they received by the Board as "excellent" or "very good".
- Beginning in 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.
- In FY14, the Board, as stipulated in The Health Care Work Force Data Collection, Analysis and Policy Act, NMSA 1978, Chapter 24, Article 14C, 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 from approximately five days to 24 hours.
- 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 and Ms. Lynn Hart were appointed to represent the Board on the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council. The Board's Executive Director also participates in the Governor's Council on Prescription Drug Abuse and collaborates with many different state agencies on this issue.

- Management of Controlled substance prescriptions: At the same time as continuing to require five hours of Pain Management Continuing Medical Education hours, there has been an on-going, close cooperation with the Board of Pharmacy to increase the timely use by our licensees 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 reduction in death and disability from improper and illegal consumption of prescription drugs.
- In FY14, the Board disciplined 14 licensees in relation to their injudicious prescribing, including 2 license suspensions but no license revocations. The Board continues to prioritize investigations that pertain to allegations of inappropriate and unnecessary controlled substance prescribing in an ongoing effort to curb the prescription drug overdose problem in New Mexico.
- 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 have focused this year, and will continue to develop more approaches to the ethical practice of telemedicine, especially for its use on the Internet. This effort has also been involved in the development of Expedited Licensure for all of our categories of licensees.
- Continued Competence and Maintenance of Licensure: Considerable emphasis has always been placed on the concept of Continued Competence in the practice of medicine by all practitioners. With increasing numbers of physicians and other practitioners reentering medical practice after a practice hiatus, the Board has emphasized that such reentering practitioners must be competent not only in knowledge but also in its application to practice. The Board has continued to work closely with the Mini-Sabbatical Program of the University of New Mexico, and this has been a very productive and successful program for assuring that practitioners reentering active practice are competent and safe to practice medicine.
- The Board has been collaborating with the New Mexico Board of Nursing Task Force project to amend the Nursing Practice Act so as to increase patient access to nursing care in several important clinical situations. This cooperative project will continue until the 2015 Legislative session.
- Prosecutions: The Medical Board's disciplinary actions have successfully balanced its punitive 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.
- Regulation Review: The staff and Lynn Hart, Executive Director, have worked weekly during much of FY14 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 completed an initial review of all parts of the regulations, with solicited input from other New Mexico Board-regulated entities (Genetic Counselors, Naprapaths, Polysomnographers, and Anesthesiology Assistants). After a second review of the changes, the staff will present its changes to a subcommittee of the Board for its input. Following this, a formal rule-change hearing will occur.
- Utilization of In-House Hearing Officers: For a majority of the disciplinary adjudications, the Board has begun utilizing its former board members to serve as hearing officers, with the legal assistance of its Board attorney. This has ensured that the hearing officer fact finder is well versed in the Medical Practice Act as a former board member, and saves the added expense of hiring outside hearing officers.
- At the start of FY14, the Investigations Department had a backlog of investigation cases of 8 months to 1 year due to the volume of cases that had to be prioritized, investigated and forwarded to the Board for immediate decision based on the harm-to-the-public factor. By end of FY14, the Investigations Department had completely eliminated the backlog and now, at the start of FY15, all complaints received are immediately investigated and are being forwarded to the Board in a timely fashion for review and decision, usually within 3 months.

- In FY14, the Investigations Department started to contract with recognized experts more frequently for the independent review and monitoring of a licensee's specialized field of practice to bring the licensee into 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 by assuring licensee compliance.
- The Investigations Department is increasingly developing relationships with other investigatory entities in looking at licensees who have violated federal and state drug laws, and billing fraud laws in its mission to protect the public. This has increased the volume of cases in the agency's investigations department and has more than supported the need for three full time investigators in this state.
- In FY14, the Compliance Department reviewed the issue of creating a diversion program for its licensees who are under a monitoring order for substance abuse and/or mental health disorders. More and more third party payers and credentialing bodies are viewing the Board's monitoring orders as restrictions on a licensee's practice and thus dropping the licensee from their membership, and even from Board Certification. This, effectively, removes a remediating practitioner from medical practice in New Mexico. A diversion program could achieve a functional balance between monitoring and treatment, on one hand, and preservation of contracts with third party payers and specialty board membership on the other hand.
- Renegotiation of Building Lease: In FY14 the agency Attorney and CFO held several meetings with the General Services Department, Facilities Management Division and Beta Development, LLC to renegotiate our building lease which expires in 2014. This resulted in acquiring the space previously vacated by the NM Commission for the Deaf & Hard of Hearing in 2009 (an increase of 1,523 leasable square feet). In addition the agency exercised two options to renew our lease (each option is a 5-year term) and a reduction in the leasable square footage rate was agreed. The negotiation also included several improvements/renovations to the building primarily paid for by Beta Development, LLC.
- In FY14, the Licensing Department moved to the new suite and the Investigations Department moved into the space previously occupied by the Licensing Department. This has resulted in additional space for both Departments and addressed the needed space for secured storage space of Licensing and secured storage space of Investigation files in secure rooms. One of the Investigations offices was converted into a small conference room to conduct Board business including committee meetings and other private meetings.
- The Board has been successful in hiring its own part-time Board Attorney. Ms. Sondra Frank began representing the New Mexico Medical Board in September, 2013. Ms. Frank is responsible for providing professionally competent legal representation and advise to the agency and the Board, by applying detailed knowledge of the law at the state and federal levels, as well as the Board's programs and the overall legal environment in which the Board operates. In appearing before the board on the administrative processes of disciplinary action, Ms. Frank has made impressive, clear, well-organized, cogent presentations clarifying and emphasizing the responsibilities of each member of the board.
- For the past five (5) years (from 2009 through 2013) 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's new criminal background check rule allows for the overall licensing process to proceed while the background check is conducted, and this avoids a delay in licensing related to a delay in processing of the background check.
- The Board will continue to take major steps toward expediting the licensing process by eliminating redundancy and also proposing rule changes that are now in place to reduce the number of years of work experience verifications required for licensure from five years to two years. Although these efforts were implemented at the end of FY13, in FY14 the average number of NM Medical Board application processing days for physicians has gone down approximately 37 days compared to FY13.
- The Board will continue to work at implementing incentives for Residents and Fellows who graduate from UNM to remain and practice medicine in New Mexico.
- The Resident and Graduate Assisted Placement Services ('RAPS & GAPS') programs of the University of New Mexico Health Sciences Center strive to increase the number of UNM health profession graduates choosing to practice in underserved areas in New Mexico. Job Fairs designed to introduce practice opportunities in New Mexico for graduates of UNM Residencies and Fellowships were held annually from 2000 through 2003. The Job Fair program was reintroduced in 2007 and sponsored, in part, by the NM Medical Society. The Job Fair has the commitment of many health care organizations, offering attendees information on job opportunities in New Mexico. The Board participates in the job fairs, and presents the licensing requirements, including the 'Do's and Don'ts' in applying for licensure, in order to inform potential applicants about the application and licensure process.
- The Board will continue to collaborate with and support the Pharmacy Board in combating New Mexico's overdose and death rate by enforcing the regulations in the prescription drug programs. The Pharmacy Board is now providing the Board with quarterly "physician report cards", a report that identifies practitioners licensed under the Medical Board whose prescribing behavior matches indices that research has shown has an increased relative risk of prescription medication overdose death.
- The Board and the University of New Mexico continue to work on programs and processes that benefit Residents and Fellows, in addition to strengthening our synergistic relationship with the University. Using a variety of approaches, experts, and investigators, the Board supports the University's efforts to provide training to Residents and Fellows in such areas as ethics, prescription-writing, record-keeping, and health care practitioner substance use disorders.
- The Board will continue to work with the University of New Mexico, School of Medicine 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's Executive Director has begun to work with the New Mexico Medical Society in collaborating with participating neighboring states to establish guidelines and qualifications to create a 'Deemed Status' or a reciprocal license that would allow a qualified licensee to register their active out-of-state license with the New Mexico Medical Board and begin practicing medicine without extensive delay. This would also allow a New Mexico Licensed Physician to practice in participating states without the need for a separate license or an expedited process to obtain a separate license; for example 2 years of work verification may be the only additional information required.
- The Board is continuing to work on methodologies for achieving expedited licensure, credentialing, and privileging of practitioners seeking to expand their practices to include telemedicine and the delivery of care to remote inter-State and intra-State sites. As the first State to issue telemedicine license, New Mexico continues to promulgate better ways in which to expedite both licensure and credentialing. The Board is currently analyzing an initiative that would allow licensing based upon reciprocity with other states.
- The Board is continuing to review the nature of the practice of Physician Assistants (PAs) as the looming crisis in the shortage of practitioners becomes more of a reality. The New Mexico and National Associations recognize the need for more primary practitioners, and the role of the PA is currently being re-examined for possible changes to Medical Practice Acts and the Rules under which the PAs practice.
- The Board will be looking at the possible creation of a diversion program for its licensees who are currently under a stipulation based on substance abuse issues only in order to keep them in practice without adverse action being taken against their credentialing privileges. This has become an issue with licensees who have been stipulated for a disease and who are working hard at becoming rehabilitated, but their disease is having an adverse effect on their credentialing privileges.
- The Board will be working with public citizen groups and lawmakers in order to obtain data, entered into a patient safety event system, from groups that are currently listed as a Patient Safety Organizations. The data are currently protected from the public and the Board. This data are pertinent to the Board's investigation staff when investigating a licensee's competency to practice.
- The Board will be updating its website to make it more user friendly and to provide more information and guidance to the public and its licensees.
- The Board will continue to develop a more effective management of situations in which patients are experiencing difficulty in obtaining their medical records from practitioners following the death or retirement of that practitioner.
- The Board is continuing to review and edit its Regulations in order to update and clarify its processes consistent with the Medical Practice Act, the overall governing statute for its licensees.
- The Board continues to work collaboratively with other investigatory bodies to curb unprofessional conduct in its licensees and to protect patient safety. The Board has been increasingly working with the Federal Drug Administration (FDA) on tackling the purchasing of non-FDA approved drugs and devices for use on a patient in a practitioner's practice. The Board also will be continuing to work closely with law enforcement entities in curbing the drug overdose epidemic in New Mexico.

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.

Lynn Hart, Executive Director
New Mexico Medical Board