

New Mexico Medical Board

FY13

(July 1, 2012 – June 30, 2013)

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) and the Impaired Physicians Act (Section 61-7-1 through 61-7-12).

The Board is pleased to present its Annual Report for fiscal year 2013 (July 1, 2012 – June 30, 2013).

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/re-licensing of qualified applicants/licensees:

The New Mexico Medical Board strives to continually make improvements to the licensing processes to assure applicants for licensure/re-licensure are qualified and that licenses are issued in a timely manner.

Timely and appropriate investigation of complaints against applicants/licensees:

Continually improve the complaint processes to investigate, in a timely manner, 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/or rules:

Continually 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, or the habitual or excessive use or abuse of drugs or alcohol.

Public information and education:

Fulfill the Board's primary purpose to protect the public by continuing 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 will do everything we can to serve our customers and to make the licensing and complaint process 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 will be honest in our dealings with each other and our customers. We will foster an environment where accurate information is shared willingly and openly. Our interactions with customers will always be based on the statute and rules that govern the professions regulated 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 polysomnographic technologists and naprapaths. The Board is supported solely by self-generated fees (other state funds), and consists of fourteen (14) FTE's.

Due to the nature of immediate and critical services provided to the citizens of the State of New Mexico by this regulated profession, the Board is autonomous and exists outside the Regulation and Licensing Department.

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 required 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 profession.

Section 61-6-3, NMSA 1978 requires the Board to hold four (4) regular meetings every fiscal year, with an annual meeting held the second quarter of each year, requiring election of a Chair, Vice-Chair and 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 through the investigation of complaints against license holders, and discipline of those found to be in violation of the Medical Practice Act or Rules. The Board strongly supports the rehabilitation of impaired health care practitioners.

In FY13, the Board issued the following licenses: 605 Physician, 86 Physician Assistant, 0 Public Service, 173 Resident Physician, 75 Telemedicine, 34 Temporary Camp, 0 Temporary Teaching, 7 Anesthesiologist Assistant, 6 Genetic Counselor, 2 Naprapathy and 18 Polysomnographic Technologists. In addition, the Board issued the following renewals: 2,237 Physician, 312 Physician Assistant, 0 Public Service, 378 Resident, and 159 Telemedicine.

In FY13, the Board maintained the following active licenses: 7,913 Physician (with 4,786, or 60%, maintaining a New Mexico address), 751 Physician Assistant, 0 Public Service, 509 Resident, 527 Telemedicine, 32 Temporary Camp, 0 Temporary Teaching, 23 Anesthesiologist Assistant, 51 Pharmacist Clinician Supervisor, 33 Genetic Counselors, 99 Polysomnographic Technologists and 16 Naprapaths.

In FY13, the Board received 205 complaints from various sources: 243 complaints were resolved within 12 months, a number that includes complaints from previous fiscal years.

In FY13, 78 physicians and 1 physician assistant entered into the Monitored Treatment Program voluntarily and 158 physicians, 16 physician assistants and 2 polysomnographic technologists were referred to a 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 FY13 the following changes took place:

- Governor Susana Martinez appointed Jennifer Anderson, Esq. and Rick Wallace, FACHE in April, 2013.

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 and 2013. 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 the Northern New Mexico Orthopaedic Center. 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 appointed to the Board in June 2009, replacing Dr. John Lauriello. He was elected **Vice Chair** in May 2013. 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.

Paul J. Kovnat, M.D. (Santa Fe). Dr. Kovnat was elected **Secretary/Treasurer** in February 2010 and re-elected Secretary/Treasurer in May 2011, 2012 and 2013. He previously served as Board Chair from May 2005 to February 2010 and as Vice Chair from May 2003 to May 2005. Dr. Kovnat is board certified in internal medicine and nephrology, and has practiced in Santa Fe since 1975. A graduate of the University of Pennsylvania Medical School, Dr. Kovnat was the 2002 American College of Physicians Laureate, has taught at the Medical College of Pennsylvania and at the University of New Mexico. He was the organizing Medical Director of Centro Campesino de Salud, now called Health Centers of Northern New Mexico.

Board Members:

Roger Miller, M.D. (Santa Fe). Dr. Miller was appointed to the Board in January 2009. He moved to Santa Fe in 1974 from Rochester, New York where he completed his surgical training in Plastic and Reconstructive Surgery at the University of Rochester, and practiced there for seven years. He was certified by the American Board of Plastic Surgery in 1973. Previous education and training include a B.S. and M.D. from Tulane University and a Residency in General Surgery at the Ochsner Medical Center in New Orleans. During that time, he also served in the US Air Force, mostly in Asia. In Santa Fe, Dr. Miller established a private practice in Plastic and Reconstructive Surgery and worked at St. Vincent Hospital until closing his surgical practice. Since then, he has been working at the St. Vincent Regional Medical Center Wound Care Clinic and Hyperbaric Center. He continues to visit Nepal & Cambodia to repair cleft lips and palates, as well as to teach local surgeons.

Albert Bourbon, MPAS, PA-C (Albuquerque). 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 with 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.

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.

Board Member	First Appointed	Re-appointed	Term Expires
Steven Weiner, MD, Chairman Professional Member, Santa Fe	04/03	01/05 & 12/09	12/13
Steven Jenkusky, M.D. Professional Member, Albuquerque	06/09	12/09	12/13
Paul Kovnat, M.D., Sec./Treas. Professional Member, Santa Fe	04/03	02/09	12/12
Roger Miller, M.D. Professional Member, Santa Fe	01/09		12/12
Albert Bourbon, MPAS, PA-C P.A. Member, Albuquerque	01/10		12/14
Sambaiah Kankanala, MD Professional Member, Hobbs	08/11		12/14
Steven Komadina, MD 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

Board Meetings:

In FY13 the Board held regular quarterly meetings in August and November of 2012 and February and May of 2013.

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/Interim meetings. There were Special/Interim meetings held in September and December 2012, as well as January, March and June of 2013.

To meet the Board's mission to protect the public, the Medical Board occasionally needs to hold Emergency meetings. There was one Emergency meeting held in May 2013.

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
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Vacant Licensing Assistant (Shared 50%)		
Investigations		
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Amanda Chavez Investigator	476-7228	Amanda.Chavez@state.nm.us
Compliance		
Jackie Holmes Compliance Manager / Public Information Officer	476-7230	Jackie.Holmes@state.nm.us

FY12 – FY13 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 FY12 with that in FY13:

Category	FY12 (7/1/11 – 6/30/12)	FY13 (7/1/12 – 6/30/13)
Number of consumers provided with public information (via written, VeriDoc, website, and DocBoard)	1,098,402	1,214,724
Total number of Medical Doctor licenses maintained	7,821	7913
Number of Medical Doctor licensees with a NM address	4,770 or 61%	4,786 or 60%
Number of new Medical Doctor licenses issued (includes Public Service, Resident, Telemedicine, Temp Camp, and Temp Teaching)	884	887
Number of Medical Doctor renewal (re-licensure) licenses issued (includes Public Service, Resident, Telemedicine, Temp Camp, and Temp Teaching) – Triennial Renewal	2,936	2,774
Number of Medical Doctors who did not renew	482	439
Number of Medical Doctors who did not renew with a NM address	154 or 40%	144 or 33%
Number of Residents who completed their residency in NM and remained in NM	82	46
Number of Medical Doctors who chose NM as their first state of licensure	135	101
Number of new Physician Assistant licenses issued	63	86
Number of Physician Assistant renewal (re-licensure) licenses issued	279	312
Number of new Anesthesiologist Assistant licenses issued	2	7
Number of Anesthesiologist Assistant renewal (re-licensure) licenses issued – Biennial Renewal	0	17
Number of new Genetic Counselor licenses issued	9	6
Number of Genetic Counselor renewal (re-licensure) licenses issued – Biennial Renewal	1	16
Number of new Polysomnographic Technologist licenses issued – licensure required as of 2010	22	18
Number of Polysomnographic Technologist renewal (re-licensure) licenses issued – Biennial Renewal	61	68
Number of Naprapath licenses issued (naprapaths assigned to NMMB at the end of FY12)	N/A	1

Number of Naprapath renewal (re-licensure) licenses issued – annual renewal	N/A	14
Number of complaints received	225	205
Number of complaints resolved within 12 months (including carryover from the previous FY)	244	243
Total number of licensing actions (not including cases closed without action – includes NCAs)	74	71
Voluntary – Number of participants in a Monitored Treatment Program (MDs and PAs)	50	79
Mandatory – Number of participants in a Monitored Treatment Program (MDs and PAs)	173	176
Percentage of participants who relapsed (MDs and PAs)	1.04%	1.00%
Number of participants who successfully completed the Monitored Treatment Program	5 or 2.59%	12 or 5.5%
Number of background checks conducted	1,144	963
Number of background checks investigated resulting in no action	54	38
Number of background checks investigated resulting in further investigation	7	5

In FY13, 790 background checks were conducted for new applicants, none for renewals [a three-year cycle for checking all renewals had already been completed] and 173 for new Residents.

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.

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 Resident:

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;

Resident/Post-Graduate:

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 the approved protocol, to include 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):

by allowing New Mexico licensed physicians to temporarily delegate medical responsibilities to physicians not licensed in New Mexico. This is accomplished by reporting 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 manner by which the supervising physician will directly supervise the non-licensed physician, 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 supervised 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 may be completed using either an online or a paper application form; the UA is purely a web-based application and is valid for many States.

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

<i>Measure</i>	<i>FY12 (7/1/11 – 6/30/12)</i>	<i>FY13 (7/1/12 – 6/30/13)</i>
Number of applicants choosing to apply directly with the Board	328	440
Average number of days taken to issue a license for applicants who applied directly with the Board	79	64
Number of applicants using the FCVS	126	118
Average number of days taken to issue a license for applicants using FCVS	79	71
Number of applicants using the HSC	138	47
Average number of days taken to issue a license for applicants using HSC	80	81
Number of applicants using the Uniform Application	N/A	199
The overall average number of days to issue a license	79	72

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 FY13 the Board averaged 64 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 entities is the verification of license status. 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 3,184 inquiries per day during FY13. In addition, the Board provided approximately 1,818 verifications either through written or VeriDoc requests.

A fee is charged for processing and mailing written verification requests. 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 FY13 the Board issued 101 physician and 26 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 FY13 the Board maintained 7,913 active Medical Doctors, with 4,786 (or 60%) 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	2,649
Catron	4
Chavez	119
Cibola	16
Colfax	12
Curry	60
De Baca	1
Dona Ana	339
Eddy	62
Grant	63
Guadalupe	2
Harding	0
Hidalgo	1
Lea	51
Lincoln	25
Los Alamos	56
Luna	21
McKinley	94
Mora	0
Otero	72
Quay	6
Rio Arriba	38
Roosevelt	13
San Juan	194
San Miguel	50
Sandoval	162
Santa Fe	530
Sierra	11
Socorro	15
Taos	89
Torrance	2
Union	5
Valencia	24

Physician Assistant Roster by County:

In FY13 the Board maintained 751 active Physician Assistants with 620 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	324
Catron	0
Chavez	8
Cibola	5
Colfax	3
Curry	4
De Baca	0
Dona Ana	35
Eddy	6
Grant	17
Guadalupe	1
Harding	0
Hidalgo	1
Lea	6
Lincoln	1
Los Alamos	11
Luna	4
McKinley	11
Mora	0
Otero	10
Quay	0
Rio Arriba	13
Roosevelt	2
San Juan	37
San Miguel	7
Sandoval	26
Santa Fe	53
Sierra	6
Socorro	1
Taos	21
Torrance	1
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 Investigators, 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.

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 FY13, 205 complaints were received between July 1, 2012 and June 30, 2013. Out of 205 complaints received in FY13, 83 were closed with no violation of the Board's Statute and/or Rule; in 19 of the cases advisory letters were issued; in 35 cases licensure action was initiated by the Board, and 68 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 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 FY13:

Description	FY13
Notice of Contemplated Action Issued	20
Hearings	11
Orders Dismissing Charges in the Notice of Contemplated Action	2
Summary Suspensions	4
Licenses Revoked	3
Licenses Stipulated	18
Consent Agreements to Voluntarily Surrender a License	2
Agreed Order to Voluntarily Surrender a Lapsed License	0
Consent Agreement to Withdraw an Application While Under Investigation	2
Orders Denying an Application for Licensure	1
Agreed Orders	12
Public Letter of Reprimand	9
Referrals to Examining Committees under the Impaired Health Care Provider Act	6
Voluntary Surrender of License under the Impaired Health Care Provider Act	1
Total Disciplinary Actions Taken	91
Completed terms of probation and unrestricted license restored	10
Licenses stipulated to the Monitored Treatment Program	13

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 FY13, the Board referred six 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 FY13, a total of 255 physicians, physician assistants and polysomnographic technologists participated in MTP; 176 of these practitioners were mandated by the Board and 79 were voluntary participants. There were 2 relapses. Twelve (12) physicians successfully completed the required program.

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 web site, 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.

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 accurate, current 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) are also on the website for both practitioners and consumers.

Financials

Operating Budget:

The Operating Budget for FY13 was \$1,620,800.

Account	Description	Approved Budget
200	Personal Services and Benefits	\$1,044,800
300	Contractual Services	\$ 288,300
400	Other	\$ 287,700
500	Other Financing Uses	\$ 0
Total Budget:		\$1,620,800

Revenues:

The operation of the Board is funded entirely through self-generated fees, primarily through initial licensing and license renewal. At the end of FY13 the Board maintained a fund balance that totaled \$2,214,876. 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 FY13:

Account	Description	Received
4164	Trade & Professions Licenses	\$ 240,400
4174	Registration for Trades & Professions	\$1,147,375
4179	Other Registration Fees	\$ 342,150
4339	Other (Misc. – Roster, Verifications, etc)	\$ 53,946
4614	Other Penalties	\$ 37,195
4969	Miscellaneous	\$ 0
Total Revenues:		\$1,821,066

Expenditures:

The following expenses were incurred in FY13:

Account	Description	Expended
200	Personal Services and Benefits	\$ 955,916
300	Contractual Services	\$ 237,592
400	Other	\$ 349,672
500	Other Financing Uses	\$ 0
Total Expenditures:		\$1,543,180

Audit:

The annual audit of the agency has been completed for June 30, 2012 (FY12), submitted, and approved by the State Auditor with no adverse findings.

Accomplishments

- 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.
 - From July 1, 2008 through June 2013, 675 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 109 physician assistants have been licensed under this waiver as of June 2013.
- During the 2013 Regular Legislative Session, the following bills were passed that affect the New Mexico Medical Board.
 - HB180 – Created expedited licensure of military veterans and their spouses
 - HB021 – Amended the amount of time agendas for public meetings must be finalized
- 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.
- In FY13, the Board held two Rule Hearings; on August 10, 2012 and November 9, 2012 and adopted the following rule revisions:

The Board adopted revisions to **16.10.14 NMAC** Management of Pain with Controlled Substances that requires use of the Prescription Monitoring Program (PMP) for health care practitioners who prescribe, order, administer or dispense a controlled substance listed in Schedule II, III or IV to a new patient when prescribing for a period greater than 10 days and during the continuous use of opioids by established patients. 16.10.14 NMAC also requires all physicians, physician assistants and anesthesiologist assistants licensed in New Mexico who have a Federal DEA license to take five (5) hours of continuing medical education (CME) in pain management by June 30, 2014, after which the requirement for physicians includes five (5) hours of CME in pain management for each triennial renewal. For physician assistants and anesthesiologist assistants, the requirement is three (3) hours of CME in pain management for each biennial renewal. These courses are subject to Board approval and shall include:

 - (1) an understanding of the pharmacology and risks of controlled substances,
 - (2) a basic awareness of the problems of abuse, addiction and diversion,
 - (3) an awareness of state and federal regulations for the prescription of controlled substances,
 - (4) management of the treatment of pain, and
 - (5) courses may also include a review of this rule (16.10.14 NMAC).
- **16.10.4 NMAC**, Continuing Medical Education – Five hours of pain management CME was added to the CME requirement.
- **16.10.5 NMAC**, Disciplinary Powers of the Board – This rule revision cleaned up language pertaining to revocation, censure and reprimand of licensees by the Board.
- **16.10.10 NMAC**, Report of Settlements, and Judgments, Adverse Actions and Credentialing Discrepancies – This rule was revised to clarify the reporting of adverse action requirement by licensees and health care entities.
- **16.10.15 NMAC**, Physician Assistants Licensure and Practice Requirements – The pain management CME requirement was added to the physician assistants' rules.

- 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.
- In FY13, the Board disciplined 14 licensees in relation to their injudicious prescribing, including three license suspensions and two license revocations. The Board continues to prioritize investigation cases that pertain to allegations of inappropriate and unnecessary controlled substance prescribing in an ongoing effort to curb the prescription drug problem in New Mexico.
- In FY 13, the Board saw the prescription drug overdose death rate in New Mexico drop for the first time. This is due in large part to the new chronic pain regulations and required pain management CME regulations the Board has promulgated for its licensees who are prescribing controlled substances for chronic pain.
- New Mexico was ranked 5th place, up from the previous 7th place ranking, as one of the top ten 'best states' for taking appropriate disciplinary action against its physicians. This statistic was prepared by the Public Citizens Research Group, which calculates the rate of serious disciplinary actions per 1,000 doctors in each state using data obtained from the Federation of State Medical Boards.
- In FY13, the Board's Executive Director and Prosecuting Attorney took part in an awareness summit presented by the New Mexico Attorney General's Task force to deal with the prescription drug abuse problem in New Mexico.
- 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 FY13, 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 FY13, 93% 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 Board's Uniform Application as an option to 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 FY13, 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 to complete an online physician 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, handling mail, and copying, as well as decreasing the processing times from approximately five days to 24 hours.

- At its June, 2013 interim board meeting, the Board voted to approve rule revisions, amending its rules for Physicians, Physician Assistants, Anesthesiologist Assistants, Polysomnographers, Genetic Counselors and Naprapaths, pursuant to House Bill 180, which passed during the 2013 Legislative session, to allow for expedited licensure for military veterans and their spouses.
- In its continuous effort to streamline the application process and to improve standard processes for handling applications, identified as having problems related to education, the Board also voted at its June 2013 interim board meeting to approve rule revisions, amending its rules for Physicians education requirements. This rule revision gives the Board sole 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 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.
- For the past four (4) years (from 2009 through 2012) the New Mexico Medical Board's audit has been approved by the State Auditor with no adverse findings.
- The Board has been successful in hiring its own part-time Board attorney. Sondra Frank will begin representing the New Mexico Medical Board shortly after the start of the new fiscal year.

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 has taken 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 the fiscal year, the average number of application processing days for physicians has gone down approximately 13 days from the last fiscal year.
- 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 the Board of Psychologist Examiners on all issues that may arise in the on-going licensing and regulation of Psychologists with prescribing authority, and on any proposals to expand or revise existing regulations.
- 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 Board also intends to approve the Pharmacy Board's Naloxone 'rescue protocol' at its August 2013 quarterly board meeting.
- 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 develop a more effective management of situations in which patients need to find a new practitioner following the death or retirement of a their physician or following termination of a physician patient relationship for any other reason. This will produce a template letter describing the process for transfer of care, creating a time-line, and listing a variety of possible healthcare resources for an effective resolution.
- 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 will continue to work with the Federation of State Medical Boards (FSMB) Committee on Expedited Licensure for declared national emergencies and disasters, and for applicants with certain qualifications and no missing or negative information in their application. In addition, the Board will continue to work with the FSMB in its effort to streamline the process and procedures for physicians to register for the final Step of the United States Medical Licensing Examination (USMLE-3).
- 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' 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.
- The Board is also continuing to work with the Federation of State Medical Boards (FSMB) 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. The consensus continues to be that a national license, as a parallel, federally managed form of licensure, would not solve the problems of jurisdiction over practitioners, regional and State differences in need of specialized approaches, and the current extensively burdensome inter-State and intra-State credentialing.
- The Board is continuing to work with the Federation of State Medical Boards clarifying the nature of State licensure for visiting athletic teams, and how the practice of Team Physicians may be managed legally and effectively.

- The Board continues to collaborate with the Department of Health and the New Mexico Medical Cannabis Program in assuring that the relationship between practicing physicians and the Cannabis Program will remain effective and appropriate to the Medical Practice Act and the Rule for the practice of medicine.
- 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 Future:

The Board has seen, and continues to anticipate continued vigorous growth in both licensure 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 blue ink, reading "Lynn Hart", is written over a horizontal line.

Lynn Hart, Executive Director
New Mexico Medical Board