STATE OF NEW MEXICO

MEDICAL BOARD

STRATEGIC PLAN

FY2028 TO FY2032

August 2026

EXECUTIVE SUMMARY

The Board consists of eleven (11) governor-appointed members, eight (8) MD/DO physicians, two (2) public members and one (1) physician assistant. In addition, the Polysomnography Practice Advisory Committee consists of five (5) board-appointed members, the Naturopathic Doctor Advisory Council consists of three (3) board-appointed members, and the Podiatric Physician Advisory Committee consists of three (3) board-appointed members.

The Board is responsible for making policy decisions about licensing, discipline, and practice-related issues. The New Mexico Medical Board was established by the State Legislature "in the interest of the public health, safety and welfare and to protect the public from the improper, unprofessional, incompetent and unlawful practice of medicine."

The Board holds four (4) regular meetings per year. The Board also holds interim and special meetings during the year as determined by the board, in addition to dedicating many hours reviewing licensing issues and complaints, participating as hearing officers in administrative hearings, and developing rules and policies.

The Medical Board is a relatively small agency, with an authorized staff of twenty-two (22.0) in FY26.

AGENCY PURPOSE STATEMENT, USERS, AUTHORITY

The NMMB is the state agency responsible for the regulation and licensing of physicians (MD's and DO's), physician assistants, anesthesiologist assistants, genetic counselors, polysomnographic technologists, naprapaths, naturopathic doctors and podiatric physicians. It is an executive agency supported solely by self-generated fees. It is one of five (5) independent licensing agencies that exist outside the Regulation and Licensing Department (RLD).

The main services provided by the agency include:

- the licensing of qualified applicants;
- enforcement of the Medical Practice Act through the investigation of complaints against license holders, with the subsequent discipline of those found to be in violation of the Medical Practice Act or rules;
- promoting the rehabilitation of impaired health care providers regulated by the Board;
- providing information to interested consumers.

These services are delivered most frequently in writing, but also by telephone, in person, and through electronic means, including the agency website.

The Board holds quarterly meetings in February, May, August, and November, with interim and special meetings held during the year as determined by the board. The Board is responsible for making policy decisions about licensing, discipline, and practice related issues. Staff members use established statutes, regulations, policies, guidelines, and guidance from the Board to perform required tasks.

The Medical Practice Act (Section 61-6-1 NMSA 1978) specifically defines the purpose of the Board:

B. In the interest of the public health, safety and welfare and to protect the public from the improper, unprofessional, incompetent and unlawful practice of medicine, it is necessary to provide laws and rules controlling the granting and use of the privilege to practice medicine and to establish a Medical Board to implement and enforce those laws and rules.

C. The primary duties and obligations of the Medical Board are to issue licenses to qualified health care practitioners, including 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.

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

AGENCY VISION/MISSION/GOALS

The "mission" of the Board is to promote excellence in the practice of medicine through licensing, discipline, and rehabilitation.

The "vision" of the Board is:

- to improve information portability;
- to achieve efficient licensing, investigation, and discipline;
- to provide helpful, knowledgeable, and responsive staff;
- to maintain an agency that is accessible and visible; and
- to promote increased public awareness of services provided by the Board.

ACTIVITY: *Licensing/re-licensing of qualified applicants/licensees*

Goal: 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.

Objectives:

- Maximize the use of new licensing software.
    - On April 18, 2023 the NMMB went live with its new Salesforce licensing system. This system has already proven to be more efficient for licensing, speeding up processing times and allowing applicants and current licensees to have real time application and license statuses at their fingertips.
- Partnering with other credentialing verification organizations (CVOs) to provide primary source verification services for all New Mexico Medical Board applicants.
- The New Mexico Medical Board partners with Hospital Services Corporation (HSC) to help streamline the physician application process. They obtain most of the required documentation on behalf of the physician. This has helped with licensing time frames and has taken the burden off the physicians.

- Continue developing strategies for improving the processing time for initial licensure and re-licensure through increased accessibility or sharing of source documents.

*Performance Measures: (** indicates DFA Performance Based Budget Measure)*

- Number of tri-annual physician licenses and renewals.**
- Number of physicians who requested Inactive, Retired or Voluntarily Lapsed status.
- Number of days to issue a physician license,** from the receipt of a complete application (form and fee only, not required documentation) until a license is issued.
- Number of days from complete application, including documentation, until a license is issued.
- Number of biennial anesthesiologist assistant licenses issued and renewals.
- Number of biennial physician assistant licenses and renewals. **
- Number of applications received by type.
- Customer satisfaction survey of licensing process.
- Number of first permanent physician licenses issued in New Mexico.
- Number of biennial genetic counselor, polysomnographic, naprapathic, naturopath and podiatric physician licenses and renewals.

Achievements:

- Since 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 a physician applicant to apply to many different states using one application. This option is in addition to our original online application hosted by Hospital Services Corporation and our Salesforce online application
- Since 2022 the New Mexico Medical Board has used Hospital Services Corporation (HSC) to process and solicit all required verifications for all physician applications
- On April 18, 2023 the NMMB went live with its new Salesforce licensing system. This system has already proven to be more efficient for licensing, speeding up processing times and allowing applicants and current licensees to have real time application and license statuses at their fingertips.
- As of May 2023, the Board no longer accepts paper applications, as we are now fully accessible online for all services.
- In July of 2023 the NMMB promulgated emergency rules to implement expedited licensure pursuant to HB384 (2023 Regular Session of the New Mexico Legislature), these rules will be made permanent in November 2023.
- As of June 25, 2025, the New Mexico Medical Board has integrated Tableau with Salesforce to enhance its data analytics capabilities. This initiative is supported by a $50,000 grant from the Federation of State Medical Boards (FSMB) to advance a data-driven project focused on the Board's investigative processes. The project aims to analyze key factors such as decision-making practices, case durations, obstacles contributing to delays, and the time required to complete and close various types of cases. The resulting insights are intended to improve operational efficiency, increase public transparency, and foster greater consistency in the Board's decision-making.

- The New Mexico Medical Board has taken steps toward expediting the licensing process by eliminating redundancy and passing rule changes to reduce the amount of years of work experience verifications required from five years to two years.
- The average number of application processing days for physicians has gone down approximately 31 days since the new rules were put in place.
- In January 2026, Senate Bill 1, the Interstate Medical Licensure Compact, was officially signed into law. Rules are currently being promulgated to implement the Compact, with a rule hearing scheduled for November 2026.
- In FY26, 4,741 physician licenses were renewed, and 2,080 new physician licenses were issued. The number of new physician licenses issued in FY26 reflects an increase when compared to FY18-1,018, FY19-1,015, FY20-1,166, FY21-1,232, FY22-1,563, FY23-1,819, FY24-2,002 and a slight decrease in FY25-2,116. The increase in FY18 – FY26 may be due in part to the Board's expedited licensing process.
- In FY26, 600 physician assistant licenses were renewed, and 187 new physician assistant licenses were issued.
- In FY26, 3 anesthesiologist assistant licenses were renewed (renewed every odd # year) and 8 new anesthesiologist assistant licenses were issued.
- In FY26, 60 polysomnographic technologist licenses were renewed, and 38 new polysomnographic licenses were issued.
- In FY26, 130 genetic counselor licenses were renewed, and 30 new genetic counselor licenses were issued.
- In FY26, 32 doctor of naprapathy licenses were renewed and 7 new doctor of naprapathy licenses were issued.
- In FY26, 20 naturopathic doctor licenses were renewed and 1 was issued. The Board began licensing this profession as of April 2020.
- In FY26, 116 podiatric doctor licenses were renewed and 19 were issued. The Board began licensing this profession as of July 2023.
- In FY26, the average number of days from Board receipt of a physician application to licensure was 33 days.
    - An important aspect of the licensing process that often affects the time of licensure is the amount of time it takes to gather all the necessary documentation. For example, during FY26 the average time from application to licensure was, as noted, 33 days, however, the average time from receipt of all necessary documentation to issuance of the license was 5 days.
- Responses to the Board's customer satisfaction survey continue to be very high with 99% rating their experience as either "good" or "excellent."
- In FY26, 2,757 criminal background checks were successfully processed.

ACTIVITY: ***Performance of timely and thorough investigations of complaints against applicants/licensees***

Goal: Continue to improve the complaint processes to identify licensees who are found to be incompetent, unprofessional, unethical, and/or are in violation of statutory or regulatory requirements.

Objectives:

- Set case load measures for investigators of the Medical Board to ensure that cases are processed and submitted to the Board for timely decision making.
- Prioritize complaints received by identifying allegations that may result in immediate harm to the public and thoroughly investigate in a timely manner to submit to the Board for timely resolution.
- Continue to work collaboratively with other state and federal agencies, healthcare entities, and other licensing boards, etc., in identifying licensees who may be in violation of the Medical Practice Act and ensure an open flow of information to ensure public safety.
- Continue to improve communication with the public to increase awareness regarding the Board's jurisdiction over complaints against licensees and the process for same.
- Continue to work collaboratively with Department of Health, Board of Pharmacy, law enforcement and other licensing boards and healthcare entities in identifying and investigating licensees who may be inappropriately prescribing controlled substances, placing patients at risk for harm, and monitor compliance with PMP use.
- New Mexico Medical Board is in the process of implementing an application programming interface between the NMMB licensing system and the Interstate Medical Licensure Compact to streamline the licensure compact process.

Measures and Achievement: Refer to next activity "Discipline incompetent or unprofessional licensees, and to aid in the rehabilitation of impaired licensees for the purpose of protecting the public"

ACTIVITY: Discipline *incompetent or unprofessional licensees/rehabilitate impaired licensees*

Goal: Ensure that the disciplinary process that sanctions a licensee is fair, consistent and addresses the specific violation(s) committed by that licensee. For licensees who are impaired by substance abuse, physical disability, or mental health disability, refer those practitioners to the appropriate entities for care and rehabilitation. Both processes are prioritized to ensure protection of the public.

Objectives:

- Ensure that complaints that have been prioritized and categorized as "immediate harm to the public" are thoroughly investigated in a timely manner and submitted to the Board for timely resolution.
- Ensure complaint committees are making fair and consistent recommendations on investigation cases they are reviewing.
- Refer any licensee for the appropriate evaluation for any physical, mental or substance abuse impairment and make appropriate recommendations from the results of same to ensure safety to the public and rehabilitation of licensee.

- Refer licensees who have substance abuse/dependency issues to NMHPWP for an evaluation, the Board's experts in this specialty field. NMHPWP determines necessity of treatment monitoring for these individuals.
- Refer licensees who have been diagnosed or are suspected as being "impaired" by substance use, physical or mental health impairment, to an Impaired Physician Committee for an evaluation and determination on safety to practice.
- Track, through data analysis, all decisions made by the Board relating to sanctions against licensees to maintain consistent decision-making.
- Continue to develop processes to assure fair and consistent actions that protect the public while not unduly restricting licensee practices.
- Timely report licensure actions to the national databanks to ensure public safety and open communication with other healthcare entities and other state boards.

*Measures: (** indicates DFA Performance Based Budget Measure)*

- Average length of time for complaint resolution, from date of receipt to date of closure or formal action.
- Percent of complaints received within 12 months.
- Percent of board complaints resulting from alcohol/substance-related allegations.
- Percent of formal actions taken within 12 months.
- Percent of complaints closed within the fiscal year.**

Achievements:

- In FY25, the Board eliminated mental and physical health questions on all licensing applications as the presence of illnesses and conditions does not predict clinical competency. Additionally, the answers to these questions would likely result in unwarranted disciplinary scrutiny and exclusion. These questions will not improve patient safety or protect future patients because of the presence of a physical or mental illness, condition or disability is not a predictor of incompetence or unethical behavior.
- In FY26, the Board resolved 285 complaint cases within the fiscal year (which includes carryovers from the previous fiscal year).
- In FY26, the Board received 796 complaints for investigation.
- In FY26, 35.8% of complaints were resolved in less than six (6) months.
- In FY26, 15 investigations of complaints led to the Board initiating licensure actions against licensees who were found to have violated the Medical Practice Act.
- In FY26, investigations of complaints led to the Board immediately or summarily suspending the licenses of 6 licensees based on them being an imminent danger to the public or violating a Board Order.
- In FY26, the investigations into licensees who had substance abuse issues led to 7 stipulations of licensure requiring mandatory participation in the state's physician health program.

ACTIVITY: ***Aid in the rehabilitation of impaired practitioners***

Goal: Continuously improve the process for identification and monitoring of licensees who may be impaired by reason of habitual or excessive use or abuse of drugs or alcohol.

Objectives:

- Work with the New Mexico Health Professionals and Wellness Program ("NMHPWP") to provide additional outreach to physicians through hospitals and other organizations located through-out the state.
- Continue to develop strategies to improve the process of identifying practitioners who have been diagnosed with an impairment making them unfit for practice.
- Develop strategies to identify and treat disruptive practitioners or those exhibiting behaviors that may impact the health care provider's effectiveness as part of a health care team.
- Continue to develop ways the Board can assist and support the recovery of impaired practitioners.

*Measures: (** indicates DFA Performance Based Budget Measure)*

- Number of participants in Monitored Treatment Program. ** (note, agency has no control over this measure)
- Percent of participants who relapse.

Achievements:

- In FY26, 36 physicians, physician assistants, genetic counselors and polysomnographic technologists participated in the Health Professional Wellness Program. Eighteen (18) were mandated by the Board, 11 physician's, 4 PA's, 2 DO, and 1 GC and 0 polysomnographic technologist); (18) were voluntary (14 physician's, 1 PA, and 3 DO's). This was an decrease from FY25 (49 in FY25); twenty-four (24) were mandatory participants and twenty-five (25) were voluntary participants.
- In FY26, there were 0 participants that relapsed.
- The contract with HPWP requires statewide outreach. HPWP has also worked cooperatively with other state monitoring programs to monitor practitioners licensed by the NM Medical Board but residing in other states, whom the Board requires to be monitored. HPWP networks throughout the state via newsletters, onsite visits, telephone consultations, and presentations when requested.

ACTIVITY: ***Public information and education***

Goal: Fulfill the Board's primary purpose to protect the public by continuing to improve the quality, quantity, and appropriate distribution of available information to the public, including the NM legislature.

Objectives:

- In FY27/FY28, to recruit and hire part-time PIO, to alleviate public media requests.
- Continue to have the Public Information Officer communicate effectively with consumers, licensees, and the media. This position is currently being fulfilled by the Interim Executive Director and volunteer Board Chair.

- Provide accurate and timely information on the Board's website.
- Continue to update our website for more user-friendly website as needed.
- Provide the most frequently requested information in Spanish as well as English
- Promptly respond to requests for information, including verbal and electronic license verification.
- Use paperless technology more efficiently to provide requested information.
- Assure all actions are promptly and appropriately reported to the American Medical Association (AMA), National Practitioner Data Bank (NPDB), Healthcare Integrity & Protection Data Bank (HIPDB), and Federation of State Medical Boards (FSMB).
- Continue to deliver electronic Newsletters to all licensees to notify them of statutory requirements, regulation changes, and other noteworthy issues.
- In FY27/FY28, Implement CivicPlus to streamline the inspection of public records request as well as assist in the ADA accommodations of the agency to include documents posted to the NMMB website.

*Measures: (** indicates DFA Performance Based Budget Measure)*

- Number of entities provided with information through written license verification and website access.**
- Number of licensees contacted regarding high risk prescribing and PMP compliance, based on the board of pharmacy prescription monitoring program reports. **(Explanatory measure has been approved for deletion in FY27 as this is no longer an issue).

Achievements:

- On April 18, 2023 the NMMB went live with its new Salesforce licensing system. Not only has this allowed our agency to become paperless, and license healthcare providers more efficiently, it gives the public real-time updates on all the NMMB's license statuses, allowing for quicker and more effective public information.
- In FY26 there were approximately 100,000 visits to our website, hosted by Xynergy, Inc.
- License verifications continued to be provided in written format as well. In FY26, 2,633 written verifications (from the Board and from VeriDoc) were provided to consumers and others.
- In FY26 the agency sent 0 letters to licensees regarding the use of the Prescription Monitoring Program (PMP) through the NM Pharmacy Board and compliance with the requirement to use the PMP when prescribing. In FY25 this explanatory measure was no longer an issue and in FY26 the agency requested the deletion of this explanatory measure.
- The Board's Public Information Officer continued to work with the media and consumers, primarily regarding requests for information about Board actions and public licensing information.
- Information concerning complaints against physicians, including the complaint form, is now available in Spanish, as well as English.
- Statewide newspapers and television news programs routinely cover actions taken by the Board.

- The website and our new Salesforce system also allows consumers to file complaints online which are automatically uploaded into our system.
- Quarterly Board Actions, containing information on all board actions, are now published exclusively on the Board website (www.nmmb.state.nm.us/).
- All formal actions against licensees continue to be available on the website linked directly to the individual practitioner's name.
- All formal Board actions are reported to the National Practitioner Data Bank (NPDB), Federation of State Medical Boards (FSMB), and American Medical Association (AMA) as appropriate. Procedures are in place to ensure that reporting is consistent within the official guidelines.
- All [in-state] hospitals on our distribution list receive notification quarterly when the Board takes formal, reportable action against a licensee.
- The Board's Compliance department continues to work with the media and consumers, primarily regarding requests for information about Board actions and public licensing information.

ACTIVITY: ***Licensing Software Modernization***

Goal: Replace the current Licensing Software named "My License Office" (MLO) with new Software named "Salesforce".

Objectives:

- Improve information portability and data accessibility.
- Achieve efficient licensing, investigation, and discipline information transference.
- Maximize the use of new licensing software in order to allow applicant online access to check the status of the application, significantly reducing the NMMB staff's time in responding to inquiries, and the time it takes for the applicant who has to wait for staff to provide a status, by obtaining real-time application status.
- Reduce and/or eliminate paper documentation submittal by applicants and maintenance by the NMMB.
- Meet Payment Card Industry (PCI) requirements.
- Ability to add new license categories without substantial cost to the agency.
- Improve response times, system reliability and functionality.
- Ability to modify code in-house to meet legislative requirements.
- Have a licensing platform that extends to other State Agencies.
- Have analytics that can be accessed through any device.

Measures: (NMMB does not expect this project to require a phased approach, however the measures below are the State's suggested project management phases of IT project development.)

- Initiate planning (including identifying requirements) in FY21-FY23.
- System development and testing was completed in FY23.
- Implementation was completed in FY23/FY24. Closeout was completed in FY25.

Achievements:

- In April 2023 using the FY22-24 C2 Funding granted to the Board ($1,811.2) by Department of Finance & Administration (DFA), Legislative Finance Committee (LFC), and the Department of Information Technology (DoIT), the Salesforce Licensing System went live.
- The NMMB transitioned from MyLicenseOffice (MLO) licensing database to the Salesforce platform utilizing the Salesforce Licensing Permitting and Inspection (LPI) software as a service (Saas) and no longer share systems with the Regulation and Licensing Department (RLD). The Salesforce platform allows a much greater bi-directional user interface to allow the agency to communicate and document communication directly with applicants regarding deficiencies in the application documents. Applicants can check application status online and allows the applicant to provide deficient documents without having staff contact them individually. The result of this upgrade has reduced burden on staff and allows healthcare providers to be licensed quicker in New Mexico.

- In May of 2024 the Board was awarded a $50,000 grant from the Federation of State Medical Boards for IT modernization projects. The Board has purchased a "Data Analytics" package to add to our new Salesforce system in order to augment and inform the Board's current disciplinary decision making processes by using data. A contract was initiated in FY25 for this project. The addition of the analytical package to Salesforce has resulted insights intended to improve operational efficiency, increase public transparency, and foster greater consistency in the Board's decision-making. Thus far, cases closed from 2023-onward have been integrated into Tableau to look at such statistics.

- In addition, the data has provided a more comprehensive understanding of caseload distribution across the agency. This enhanced visibility allows the Investigations Division to better concentrate its efforts on matters presenting greater severity and urgency. As a result, investigative resources are being aligned more effectively with cases that warrant heightened attention, further strengthening the Board's overall disciplinary processes. Looking ahead, the Board intends to use these data tools to establish formal benchmarking across case categories and investigative timelines. These benchmarks will support the identification of trends and areas where performance can be optimized, guiding continuous quality improvement efforts. Over time, this work is expected to enhance overall accountability and further refine the Board's ability to make informed, data-driven decisions."