New Mexico Medical Board

Health and Human Services Interim Legislative Committee

November 5, 2025

New Mexico Medical Board

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

The NMMB is the state agency responsible for the regulation and licensing of physicians (MDs and DOs), physician assistants, anesthesiologist assistants, genetic counselors, polysomnographic technologists, naprapaths, naturopaths, prescribing psychologists and podiatrists. It is an executive agency supported solely by self-generated fees and is an independent licensing agency that exists outside the Regulation and Licensing Department (RLD).

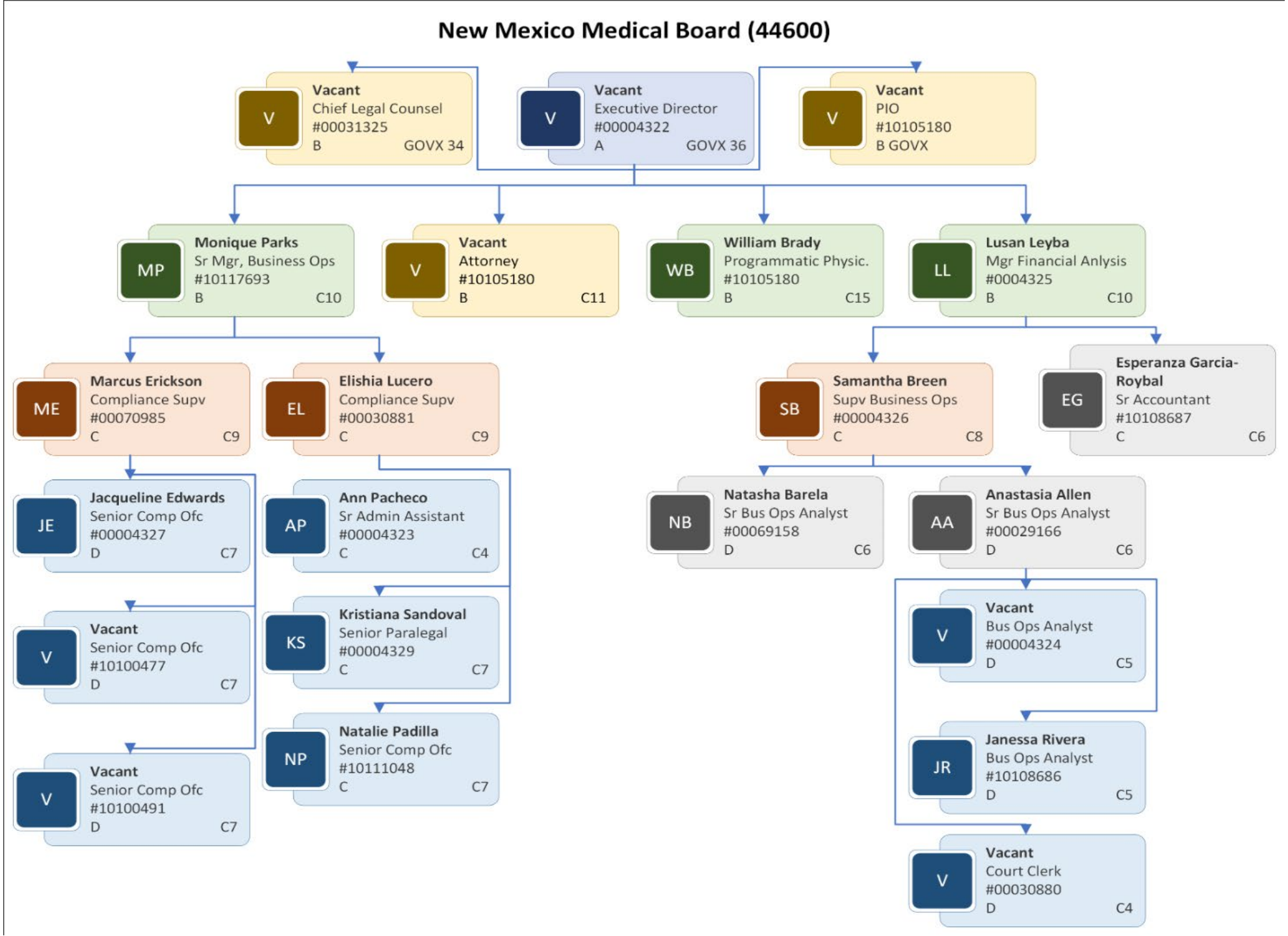
New Mexico Statutes Annotated (NMSA)Governing NMMB

Practitioner	Statute (NMSA 1978)	Purpose/Scope
Physicians (MD & DO)	**Chapter 61, Article 6 — Medical Practice Act** (¶ §61-6-1 → §61-6-35).	Licensure, discipline, scope and enforcement for medical & osteopathic physicians.
Physician Assistants (PAs)	**Chapter 61, Article 6C — Physician Assistant Act** (recompiled from earlier §61-6-7.x → §61-6C).	Licensure, supervision, and practice authority of PAs under the NMMB.
Anesthesiologist Assistants	**Chapter 61, Article 6D — Anesthesiologist Assistants Act** (recompiled from §61-6-10.x → §61-6D).	Licensure and standards for anesthesiologist assistants.
Genetic Counselors	**Chapter 61, Article 6A — Genetic Counseling Act** (§61-6A-1 → §61-6A-10).	Establishes licensure and scope for genetic counselors.
Polysomnographic Technologists (Sleep techs)	**Chapter 61, Article 6B — Polysomnography Practice Act** (§61-6B-1 → §61-6B-10).	Licensure and practice rules for polysomnographic technologists.
Naprapaths (Doctors of Naprapathy)	**Chapter 61, Article 12F — Naprapathic Practice Act** (§61-12F-1 → §61-12F-13).	Licensure and regulation of naprapathic practitioners.
Naturopathic Doctors	**Chapter 61, Article 12G — Naturopathic Doctors' Practice Act** (§61-12G-1 → §61-12G-11/13).	Licensure and scope for naturopathic physicians regulated by the NMMB.
Podiatric Physicians (Podiatrists)	**Chapter 61, Article 8 — Podiatry Act** (§61-8-1 → §61-8-21).	Licensure and regulation of podiatrists under the NMMB.
Physician Supervisors of Pharmacist Clinicians	(Licensed role; supervision recognized by NMMB — see NMMB licensing page) — *supervisory role authority derives from Medical Practice Act & board rules.*	Physicians who supervise pharmacist clinicians in delegated practice arrangements — board oversight/approval required.
Impaired Health Care Provider program (administration)	**Chapter 61, Article 7 — Impaired Health Care Provider Act** (§61-7-1 → §61-7-12).	Board administers programs for identification, treatment & monitoring of impaired providers.
Uniform Licensing Act (administrative framework for discipline & hearings)	**Chapter 61, Article 1 — Uniform Licensing Act** (§61-1-1 → §61-1-34).	Governs licensing processes, hearings, discipline and board authority applied across professions regulated by the NMMB.

Board Members

Karen Carson MD	Roswell	Chair
Kathy Johnson PA	Albuquerque	Vice Chair
Bradley Scoggins DO	Farmington	Secretary/Treasurer
Eileen Barrett MD	Albuquerque	Physician Member
Mark Unverzagt MD	Albuquerque	Physician Member
Kristin Reidy DO	Santa Fe	Physician Member
Jeanine Daniels	Albuquerque	Public Member
Paul Roth MD	Albuquerque	Physician Member
Michael Richards MD	Albuquerque	Physician Member
Angela Medrano	Rio Rancho	Public Member
Vacant		Physician Member

Staffing Tree



NMMB ACCOMPLISHMENTS

2021

Protocol approved for Pharmacists Prescribing dangerous drugs inconjunction with Point-of - Care Testing (POCT) for CLIA-Waived testing

2022

1. Rule Change to incorporate licensing and regulation of Doctors of Osteopathic Medicine (2021 Legislative Session - SB279)
2. New rule allowing licensure for residency training by foreign medical graduates
3. Implemented Expedited Licensure procedure and partnered with HSC
4. Upgraded licensing computer system

2023

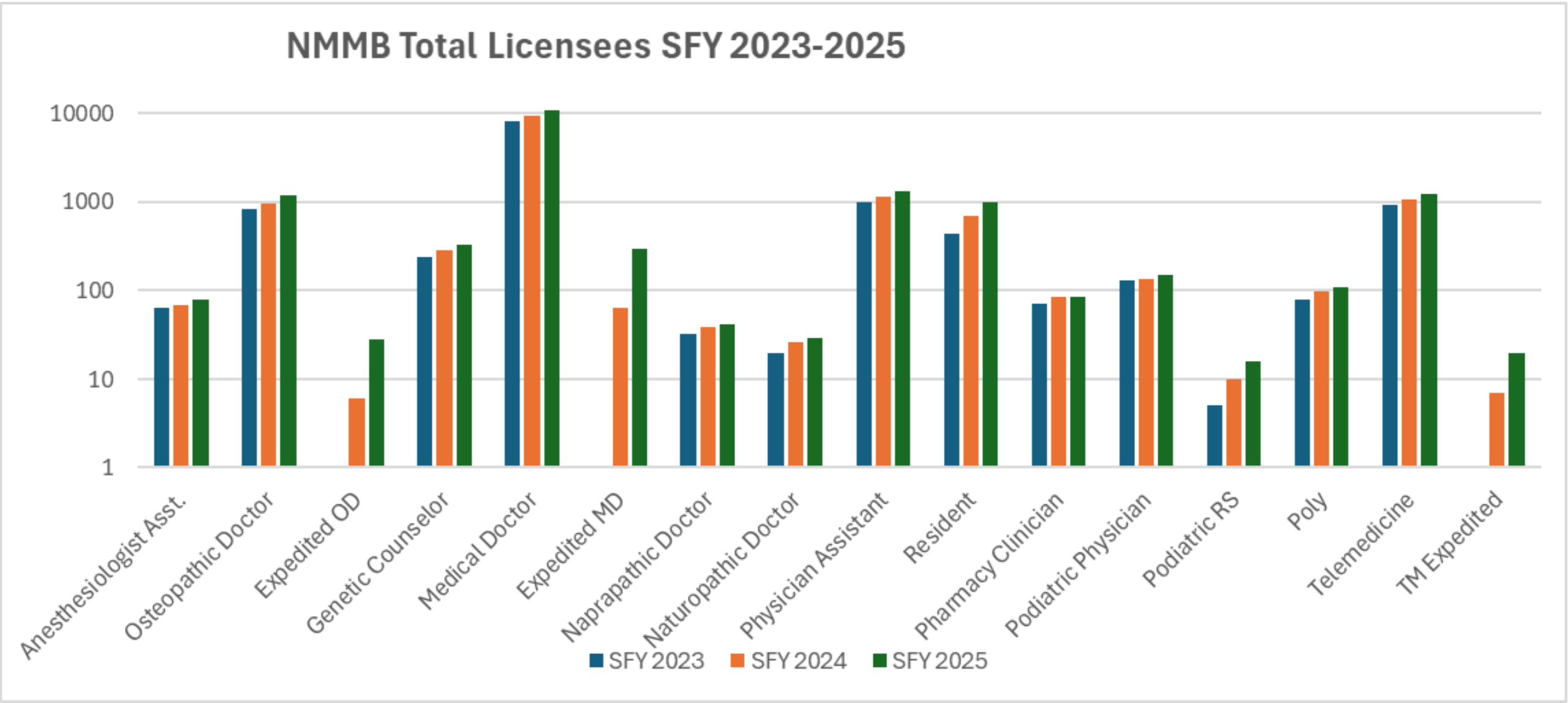
1. HB83 signed into law transferring Podiatry Board from Regulation and Licensing Dept.
2. Promulgated Podiatry rules

2024

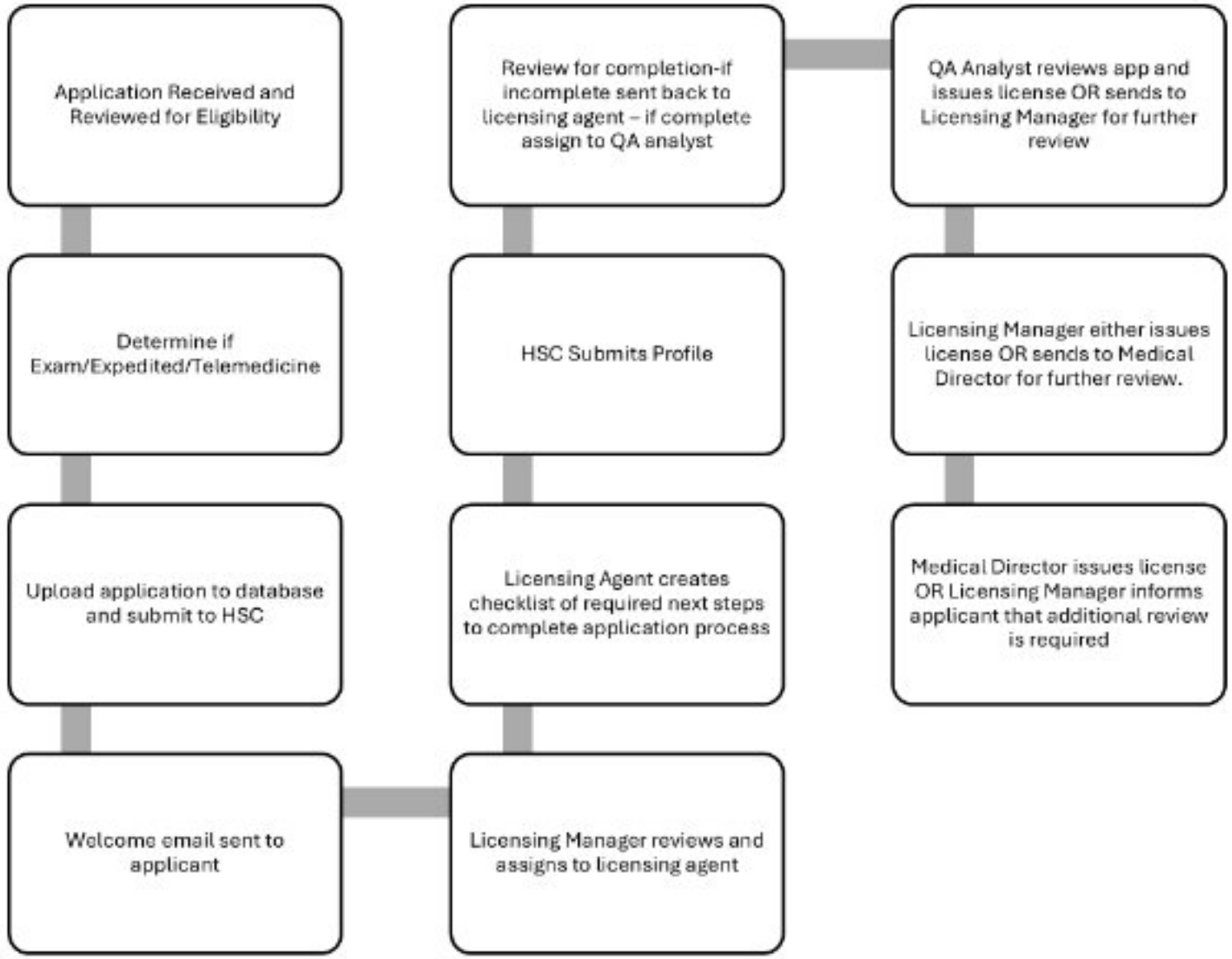
1. Promulgated rule for expedited licensure. HB384 allowed for the provision of an expedited one-year provisional license
2. Protocol approved for pharmacists to prescribe dangerous drugs in conjunction with POCT for uncomplicated UTIs

2025

1. Approved Policies related to:
   - Artificial Intelligence
   - IV Therapy
   - Medical Spa Treatments & Procedure Guidance
   - Ketamine Use by Licensees
   - Cannabis use by Licensees
2. Approved and implemented Disciplinary Guidelines for Board Actions
3. Received Grant to implement a data analytics program –Requires additional funding
4. Endorsed joining the Interstate Medical Licensing Compact


NMMB Total Licensees SFY 2023-2025
10000
1000
100
10
1
Anesthesiologist Asst.
Osteopathic Doctor
Expedited OD
Genetic Counselor
Medical Doctor
Expedited MD
Naprapathic Doctor
Naturopathic Doctor
Physician Assistant
Resident
Pharmacy Clinician
Podiatric Physician
Podiatric RS
Poly
Telemedicine
TM Expedited
SFY 2023
SFY 2024
SFY 2025

NMMB Licensing Process Flow



Licensure Delays & NMMB Solutions

1. Incomplete applications;
2. Incorrectly completed apps by locum tenens companies;
3. Applicants with problematic backgrounds or unusual training or work histories may take longer to sort out or may be referred to investigations.
4. Incomplete criminal background check
5. Applicant not responding to Board staff when requesting more information
6. Obtaining required court documents and explanations

- **HSC- The Board utilizes HSC for all physician applications.**
  - The physician pays HSC $350.00 to facilitate the completion of an application.
  - Provides current and accurate primary source verifications completed quickly and efficiently.
  - Provides professional recommendations, all license verifications, work verifications for the past 3 years, medical education verification, official transcripts and all PGT verifications.
- **RULE CHANGE**
  - Effective July 7, 2023: Pursuant to HB384 (2023), effective July 7, 2023 the New Mexico Medical Board enacted rules for expedited licensure.
- **EXPEDITED LICENSURE physicians must have:**
  - Practiced medicine in the United States or Canada immediately preceding the application for at least three years;
  - Be free of disciplinary history, license restrictions, or pending investigations in all jurisdictions where a medical license is or has been held;
  - Graduated from a board approved school or hold current ECFMG certification; and
  - Have a current certification from a medical specialty board recognized by the ABMS or the AOA-BOS.
- **NEW LICENSING SYSTEM**
  - The Board has implemented a computer system that will expedite the application process, including allowing third parties to assist applicants with their applications, and provide frequent (at least weekly) updates on application status (that is, what's missing). Renewals are now entirely automated, unless there is an irregularity in the application.
- **REDUCTION IN REQUIRED WORK EXPERIENCE VERIFICATIONS**
  - The Board reduced the requirement to obtain work verifications from every recent entity the applicant has worked for. No more than 3 are needed. This will help with expediting licensure for physicians who have multiple locations that need to be verified, such as locum tenens physicians, radiologists, etc.

The Four Pillars of Medical Ethics

Autonomy/Informed Consent	**NMMB's rules require proper informed consent, patient-physician relationship, and disclosure obligations (e.g., in 16.10.8 definitions).**	**For example, the rule defines when a physician–patient relationship is "established," requiring sufficient interaction (history, exam, consent) to support diagnosis and treatment.**
Beneficence/Acting in Patient's Best Interest	**The Board expects licensees to practice competently, maintain standards, and not subordinate patient interest to external (e.g. financial) motives. These expectations are implicit in ethics rules and in compliance investigations.**	**For instance, guidance on self- or family treatment aims to protect against biases or suboptimal care influenced by personal relationships.**
Nonmaleficence/Avoiding Harm	**The list of unprofessional acts includes misconduct that creates risk of harm (negligence, substandard care, prescribing inappropriately, etc.).**	**In disciplinary actions, the Board cites "conduct unbecoming," "breaches of medical ethics," or failure to maintain standard of care as actionable.**
Justice/Fairness/Equity	**Related duties such as nondiscrimination, fair treatment of patients, equitable access, fairness in recordkeeping, etc., are enforced. The Board also references justice when dealing with allocation of advanced technology (e.g. AI) in legislation.**	**In record access rules, NMMB prohibits withholding medical records because of unpaid bills, which protects patients from undue disadvantage.**

Ethical Principles in Medical Board Oversight

Avoiding Conflicts of Interest

- Physicians must avoid treating themselves or close family when clinical judgment may be compromised.
- The Board enforces AMA Code of Ethics standards that limit self/family treatment and prohibit prescribing controlled substances to oneself or family members except in very limited circumstances.

Confidentiality and Privacy

- Licensees must protect the confidentiality of medical records and patient information.
- Board rules govern acceptable record release, required exceptions, and timely access — balancing ethical privacy obligations with legal requirements.

Integrity, Professionalism, and Duty to Report

- Physicians are expected to maintain honesty and professional conduct.
- Under Board rule 16.10.10.14, licensees must report impaired, incompetent, or unethical colleagues when they have a good-faith belief that patient safety or public health is at risk.

Complaints and Investigation Process

Complaints can come to the board via:	Patients, colleagues, employers, DEA, insurance entities, National Practitioner Data Bank (NPDB) report
Complaints are reviewed for applicability to Medical Practice Act, relevance, and if appropriate, are investigated.	
Results presented to a subcommittee of board members who make a recommendation for action to the board as a whole. (All complaints presented to the entirety of the board are anonymized.)	
Levels of actions by the Board:	Not reportable to NPDB: no action, advisory letter Reportable to NPDB: reprimand, fines, stipulated license, suspension, revocation

NMMB Disciplinary Guidelines

The NMMB has the duty to discipline and/or aid in the rehabilitation of incompetent or unprofessional health care practitioners under its jurisdiction. *NM Stat § 61-6-5.*

- Disciplinary guidelines have been proposed and presented to promote consistency in sanctions imposed by the Board, to lend credibility to the disciplinary process, and to aid the Board in its ultimate goal of protecting the public.
- **The highest priority is protection of the public**; secondarily, where consistent with public protection, aiding rehabilitation of licensees.
- The NMMB is currently following an algorithmic process in the form of a sequence of questions to evaluate complaint severity and proposed actions. These are used to aid the NMMB in processing its response to verified complaints.
- A statute-based guideline matrix to be used by the NMMB is currently in draft form with expected completion and publication by 2027.

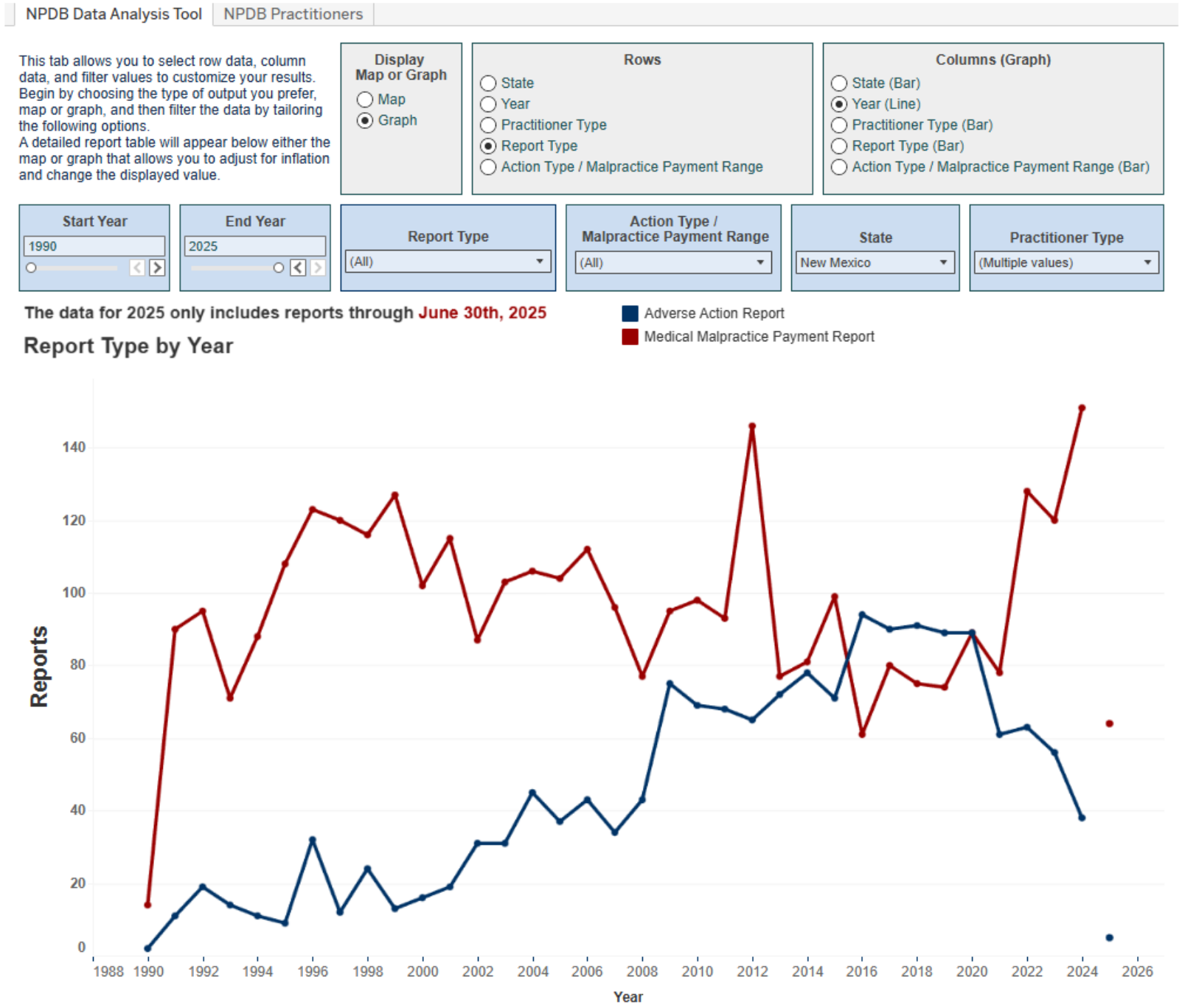
National Practitioner Data Bank (NPDB)

The NPDB is designed to improve health care quality and protect the public by restricting the ability of healthcare practitioners with histories of malpractice payments or disciplinary actions to move from state to state without disclosure.

- State medical boards, including the New Mexico Medical Board, are required to query and review NPDB reports for physicians and physician assistants under their jurisdictions.
- Malpractice claims judgments and settlements reported to the NPDB are not definitive findings of negligence.
- The Board's reporting rule and the MPA statute *(16.10.10 NMAC and NMSA 61-6-16)* requires reporting of malpractice payments/settlements/judgements to the Board by entities including the licensee, hospitals, health care entities, and professional review bodies.
- **The jurisdiction of the NMMB is limited to the licensing and discipline of licensees.**
- **The New Mexico Medical Board <u>does not investigate medical malpractice cases</u>, rather, it reviews judgements or settlements and whether they relate to <u>violations under the Medical Practice Act</u> (e.g., gross negligence, incompetence, repeated negligent acts, failure to meet standard of care).**
- **The Board can only impose disciplinary licensure measures against a licensee found to have violated the Medical Practice Act or Board Regulations or Rules of Professional Conduct *(NMSA 61-6-1 through 62-6-35 NMSA 1978).***

NPDB Data Analysis Tool

New Mexico



NPDB report

- New Mexico Licensee is reported to National Practitioner Data Bank

or

- NM Applicant has NPDB reported actions

NMMB Medical Director Review

- Multiple Malpractice Payments (3 or more within a rolling five-year period)
- High-Severity Claims (any payment equal to or exceeding $1,000,000
- Pattern of Care Concerns (repeated claims involving similar allegations)
- Concurrent Risk Factors (previous board actions, hospital privilege restrictions, federal program exclusions)

Executive Committee Review and Action

Possible Actions:

- Investigation process initiated
- Monitoring of licensee or applicant

Data Analytics Program

The NMMB received a grant in early 2025 that has allowed us to create a database that facilitates our ability to track this data in real time. We are in the process of training staff and board members to use this data to:

- Analyze complaint volume by year, type, and outcome.
- Track demographic/professional characteristics (specialty, years in practice, malpractice) to detect patterns.
- Consistency Analysis (of complaint committee actions): compare similar allegation cases and outcomes to flag variations in board decision-making.
- Operational Metrics (timelines of filing, actions taken, steps that have resulted in delays, date of statute of limitations, outcome goal, etc.)

Legislative Recommendations (Requires Statutory Change)

Interstate Medical Compact

- An agreement among participating U.S. states to work together to significantly streamline the licensing process for physicians who want to practice in multiple states.
- Physicians who are eligible can qualify to practice medicine in multiple states by completing just one application within the Compact, receiving separate licenses from each state in which they intend to practice.

Funding of impaired practitioner (Health Professional Wellness Program) from all licensees

- N.M. Admin. Code § 16.10.9.8 - PHYSICIAN FEES
    - Fee to support the impaired physicians program of $150.
    - No other licensee fees currently support this program.

Telemedicine

- Continue NMMB oversight as Registration or Licensure gives the board a direct regulatory link, so complaints can be investigated, subpoenas issued, and disciplinary actions enforced.
- Allows regulators to monitor compliance with state/federal laws, prescribing rules, and standards of care for virtual visits.

Additional Pathways to Licensure

- NMMB recommends the development of laws in NM specific to the licensing of physicians who have already trained and practiced medicine outside the United States.

Interstate Medical Licensure Compact License

Requirements:

Hold a **full, unrestricted medical license** in a Compact member-state that can serve as a State of Principal License (SPL) and meet the SPL requirements. Physicians must maintain their SPL status at all times. Physicians may change the location of their SPL – through a process known as redesignation – after they receive a Letter of Qualification to participate in the Compact.)

Have graduated from an accredited medical school, or a school listed in the International Medical Education Directory.

Have **successfully completed ACGME- or AOA-accredited graduate medical education.**

Passed each component of the USMLE, COMLEX-USA, or equivalent in no more than three attempts for each component.

Hold a **current specialty certification** or time-unlimited certification by an ABMS or AOABOS board.

In addition, physicians must:

-Not have any history of disciplinary actions toward their medical license.

-Not have any criminal history.

-Not have any history of controlled substance actions toward their medical license.

-Not currently be under investigation.

New Mexico Health Professionals Wellness Program (HPWP)

Provides CONFIDENTIAL services statewide for health professionals with substance abuse, mental health, physical health impairment and workplace issues.

- The Impaired Health Provider Act created this system where both the licensing agency and the individual health professional can obtain assistance for potentially impairing conditions while simultaneously protecting the public.
- Services can be accessed by either voluntarily(self-referred) or via mandatory referral (licensing board or employer) routes.
- Services include assessments, treatment referrals, treatment planning, monitoring, and reporting.
- The NM HPWP program is funded by licensure fees from MD and DO licensure**: the NMMB requests statute changes to fund the program with fees from <u>all licensees regulated by the NMMB</u> and/or other state funding.**

NMSA 1978, § 61-6-19, NMSA 1978, § 61-6-26

16.10.9.8 NMAC — Fees (Physicians)A. The following fees shall be collected by the board:(1) triennial renewal fee – $400;(2) impaired physicians fee – $150 (collected triennially);(other fees listed for initial licensure, reactivation, reexamination, etc.)B. All fees … shall be used for the purposes of administering the Medical Practice Act, including the impaired physicians program.

Telemedicine

- All state medical boards require that practitioners under their purview, engaging in telemedicine, are licensed in the state in which the patient is located, or are registered in the state if they have a registry for interstate practice.
- This is because licensure or registry requirements for the practice of telemedicine protect the residents of the state from incompetent, unprofessional, unethical, and/or improperly trained telemedicine providers.
- We refer you to the National Telehealth Policy Resource Center: The Center for Connected Health Policy, (cchpca.org) for non-biased, comprehensive information about any state's telehealth policies.

A **telemedicine registry** is a system (usually maintained by a state medical board, health department, or regulatory body) that records and tracks healthcare providers who are authorized to deliver medical services via telemedicine.

A **telemedicine registry** typically serves these purposes:

- **Verification**: Confirms that a clinician (physician, nurse practitioner, PA, etc.) is properly licensed or credentialed to provide telemedicine services in a particular jurisdiction.
- **Oversight**: Allows regulators to monitor compliance with state/federal laws, prescribing rules, and standards of care for virtual visits.
- **Access & Transparency**: Sometimes makes provider information publicly available so patients can confirm whether a clinician is registered to practice telemedicine.
- **Data Collection**: May track usage patterns, quality metrics, and safety issues related to telemedicine encounters.

Additional Pathways to Licensure

*The **Advisory Commission on Additional Licensing Models**, co-chaired by the Federation of State Medical Boards (FSMB), the Accreditation Council for Graduate Medical Education (ACGME) and Intealth™ (which oversees the Educational Commission for Foreign Medical Graduates - ECFMG), was established in December 2023 to guide and advise state medical boards, state legislators, policymakers and others, to inform their development and/or implementation of laws specific to the licensing of physicians who have already trained and practiced medicine outside the United States or Canada.*

- **IMG**: International Medical Graduate. Has not practiced. Needs to follow traditional pathway to US accredited graduate medical education programs (residency).

- **FTP**: Foreign Trained Physician. Has practiced in a country other than the United States.

States with Enacted and Proposed Additional Licensure Pathways: State-by-State Overview

- Eighteen (18) states have enacted legislation that allows qualifying internationally-trained physicians (ITPs) to gain full licensure without accredited (North American) Post Graduate Training:
  - AR, FL, IA, ID, IL, IN, LA, MA, MN, NC, NV, OK, OR, RI, TN, TX, VA, and WI

- Sixteen (16) states have pending or proposed similar legislation in the recent past (exclusive of those that have enacted legislation and introduced new legislation):
  - AZ, CT, GA, KS, KY, ME, MD, MI, MO, ND, NY, PA, SC, VT, WA, and WY

- At least three (3) states have pathways to gain limited licensure without any additional Graduate Medical Education:
  - CA, NY, and WA

Nearly every jurisdiction (including New Mexico) has one or more pathway to licensure through "eminence:" extraordinary ability or distinction, faculty, research, or at the Board's discretion.

https://www.fsmb.org/siteassets/advocacy/policies/states-with-enacted-and-proposed-additional-img-licensure-pathways-key-issue-chart.pdf

*as of August 2025

FSMB Advisory Commission on Additional Licensing Models

Recommendations to guide and advise state medical boards, state legislators, policymakers and others, as they develop and implement laws specific to the licensing of physicians who have already trained and practiced medicine outside the United States

1. Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing and evaluating any additional licensure pathways.
2. **An offer of employment should be required for pathway eligibility**. State medical boards should be authorized to define what is an appropriate clinical facility for the supervision and assessment of internationally trained physicians (ITPs) for their provisional licensure period.
3. ECFMG Certification and graduation from a **duly recognized medical school** should be required for pathway eligibility.
4. Completion of postgraduate training (graduate medical education) outside the United States should be required for pathway eligibility.
5. Possession of authorization from another country or jurisdiction to lawfully practice medicine in that country or jurisdiction, and **at least three years** of experience in medical practice should be required for pathway eligibility.
6. A **limit on the physician's time "out of practice"** that is consistent with that state's existing re-entry to practice requirements should be considered.
7. A successfully completed **period of supervision and assessment** by an employer should be required of ITPs to transition from provisional licensure to full licensure.
8. State medical boards should preserve their authority to assess each candidate for full and unrestricted licensure.
9. State medical boards implementing additional licensure pathways should collect and share data to evaluate the program's effectiveness.

https://www.fsmb.org/siteassets/communications/acalm-guidance.pdf

Foreign Trained Physicians/Practitioners

We need to expand access correctly, avoid maldistribution of healthcare providers	Track and define success	Is there discipline? Malpractice? Misconduct?	Continue to meet competency requirements for how long?
Cultural competence	Contribute to society/communities	How can a rural community evaluate and retain FTPs?	Address social isolation in a rural community
Training for FTP and their mentors/preceptors	Pathway to board certification needed	Training in an urban environment does not prepare a practitioner for rural medicine	Protecting the healthcare workforce is integral to providing safe, high-quality care

Unregulated Licensure

(Allowing the practice of medicine without obtaining a state-issued license)

- It is important to note (with regard to increased access to care), the majority of sites from which New Mexico residents may request to receive care or second opinions via this process ***will not be available to them as many originating sites generally require privileges according to the certifying body***. (Licensed inpatient centers such as hospitals, mental health clinics, federally qualified healthcare centers, etc.)

- ***These privileges do not allow for the unlicensed practice of medicine in any state***. Additionally, medical malpractice insurance requirements for most practitioners likely will not allow the unlicensed practice of medicine in another state.

- ***This means that most patients would only be able to access direct to consumer primary care and/or second opinion consultations, which are much more likely to be profit driven.***

- Marginalized populations who may not be sophisticated consumers of healthcare, may also be angered by the refusal of in-state practitioners to follow treatment plans viewed as unnecessary, fraudulent and/or dangerous. Overall distrust in the medical system may lead New Mexico residents **to *limit their access to available local healthcare and thus increase morbidity and mortality to our residents***, especially those in our underserved rural communities

- Finally, as previously noted, ***the residents of NM will have no relief from state regulatory agencies*** such as the NM Medical Board with regard to quality-of-care complaints. A practitioner from another state, with a history of multiple licensure actions for unsafe practices which have harmed patients, may still seek practice if unregulated licensure is available. Lack of oversight and accountability from the unlicensed practice of medicine in New Mexico will certainly increase the likelihood serious harmful practices will result.

Thank You.

Questions?

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