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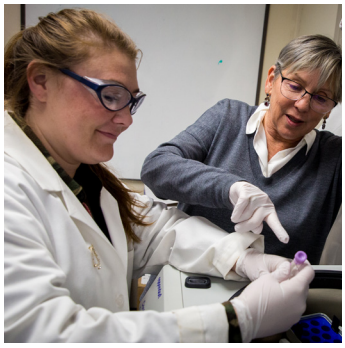
New Mexico Health Care Workforce Committee 2022 Annual Report

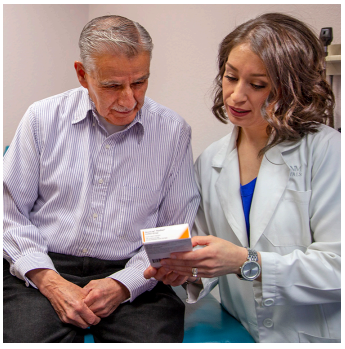
University of New Mexico - Health Sciences Center

New Mexico Health Care Workforce Committee

2022 ANNUAL REPORT








OCTOBER 1, 2022

New Mexico Health Care Workforce Committee 2022 Annual Report

October 1, 2022

This document is respectfully transmitted to the New Mexico Legislative Health and Human Services Committee, the New Mexico Legislative Finance Committee, the New Mexico Higher Education Department and the New Mexico Finance and Administration Department under NM Stat § 24-14C-1.

It reports on the status of the New Mexico Health Care Workforce during the period 1 January 2021 – 31 December 2021. Where appropriate for continuity and clarity, key language has been repeated or excerpted verbatim from prior years' reports.[1-9] For the purposes of attribution, the New Mexico Health Care Workforce Committee suggests the following citation:

New Mexico Health Care Workforce Committee. *2022 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center, 2022.

Members of the New Mexico Health Care Workforce Committee, October 1, 2022

Name	Organization
Richard Larson, Chair	University of New Mexico Health Sciences Center
Carol Ash	CNM
Eileen Barrett	NM Medical Board
Pamela Blackwell	NM Hospital Association
Caroline Bonham	UNM HSC, Representing the Behavioral Health Subcommittee
Alex Castillo Smith	NM Human Services Department
Tomas Granados	NM Board of Psychologist Examiners
Jerry Harrison	NM Health Resources
Michelle Langehennig	NM Regulation and Licensing Department
Cheranne McCracken	NM Board of Pharmacy
Michael Moxey	NM Dental Association
Matthew Probst	NM Academy of Physician Assistants
James Spence	NM Medical Board
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From the Chair of the New Mexico Health Care Workforce Committee

The New Mexico Health Care Workforce Committee is pleased to submit to the Legislature its annual report of New Mexico's licensed health professionals and where they practice, in accordance with NM Stat § 24-14C-1.

The Legislature's 2011 mandate that health professionals be surveyed at each license renewal established New Mexico as a national leader in its ability to analyze the health care workforce and use this understanding to inform the committee's recommendations for measures to recruit, retain and increase access to providers in the state's rural and underserved areas. These are particularly important as we assess the impact on the health workforce of the COVID-19 pandemic and state public health emergency.

This year, we are pleased to include our comprehensive analysis of 14 health care professions, including for the first time, a year-over-year comparison for physical therapists and occupational therapists, as well as the continued inclusion of pharmacists, whose survey data did not allow analysis prior to the 2020 report. Also included are all 14 professions' demographics and an accounting of changes in each profession's workforce since last year's report.

We acknowledge with gratitude the special focus sections contributed by the New Mexico Department of Workforce Solutions, the New Mexico Human Services Department and the Behavioral Health Subcommittee of the New Mexico Health Care Workforce Committee. These sections complement the committee's analyses with, respectively, analysis of the wages and current and projected hiring demand for selected health professions, of the full-time equivalents comprising the health care workforce for selected professions and of the behavioral health workforce.

As in past years, the committee offers recommendations for increasing the health care workforce, encompassing both recommendations specifically aimed at retaining workforce affected by COVID-19 and recruitment, retention and access to care more generally. We submit these recommendations respectfully cognizant of New Mexico's budgetary constraints and understand they cannot all be fulfilled.

We wish to commend the Legislature and the state for their actions to date on our prior recommendations, and we present this report with our gratitude for your dedicated efforts to meet our state's ongoing challenges in making high-quality health care accessible for all New Mexicans.

Sincerely,

Richard S. Larson, MD, PhD
Chair, New Mexico Health Care Workforce Committee
Vice President for Research
University of New Mexico Health Sciences

Summary of the 2022 Recommendations of the New Mexico Health Care Workforce Committee

For detailed descriptions of these recommendations, please see Section VII.

Rec. 1 In regards to a past recommendation from the Legislative Health and Human Services Committee, fund a plan for the Center for Complex Care (CoCC) for children, youth and adults with disabilities to evaluate what the CoCC would cost and to create a budget for funding physicians, nurses, etc. ($50,000, non-recurring)

Rec. 2 Expand the capacity of certified peer support specialists within the state behavioral health workforce. ($3,000,000, recurring. Subject to the New Mexico Human Services Department situation report review)

Rec. 3 Increase Medicaid reimbursements by ensuring any percentage increases to the Medicaid budget are matched, proportionately, to an increase in provider reimbursement rates in both Centennial Care plans and fee-for-service reimbursement schedules. Each Medicaid reimbursement must be a minimum of 125% of Medicare rate and updated annually.

Rec. 4 Fund the New Mexico Health Care Workforce Center to complete annual analysis and expand recommendations. The Center would be able to provide sophisticated modeling, specialized analysis of the current professions and expand the analysis to include additional health professions. The funds would allow for three full time equivalent staff and director. ($600,000, recurring)

Rec. 5 Through a competitive request for proposals issue a contract to develop a program of active in-state and national recruitment of behavioral health professionals modeled after primary care recruitment. ($2,000,000, recurring)

Rec. 6 Update the insurance credentialing law to require that an insurer load a credentialed provider into their provider payment system within 45 days of credentialing that provider. See SB182 from the 2022 Regular Legislative Session.

Rec. 7 Create a revolving loan fund at the New Mexico Finance Authority to fund 15 rural health care project loans for starting, buying or expanding health care practices in rural areas – see HB 97 from the 2022 Regular Session. ($7,500,000, non-recurring)

Rec. 8 Improve the New Mexico Higher Education Department Health Professional Loan Repayment Program by increasing the current cap up to $50,000 per year for three years with the option to reapply. Debt may be repaid so the entirety of a school loan could be repaid through the program.

Rec. 9 Medicaid should provide a reimbursement differential to providers and provider organizations for offering services in languages other than English through-a state certification process for qualified behavioral health interpreters, that includes training for monolingual English speakers on how to use interpreters. ($3,000,000, recurring. Subject to the New Mexico Human Services Department situation report review)

Rec. 10 Incentivize community health centers, FQHCs and other established primary health care centers with hiring of behavioral health providers to maximize interdisciplinary health care delivery by adding collaborative care CPT codes (99492, 99493 and 99494) to Medicaid to expand access to behavioral health in primary care settings. ($3,000,000, recurring. Subject to the New Mexico Human Services Department situation report review)

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Table of Contents

Section Page

Section Page

Section Page

Section Page

Section Page

List of Tables

Table Page

Table Page

Table Page

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List of Figures

Page

Figure Page

Figure ..... Page

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Section I

Introduction

I.A. Background

Since the 2011 passage of the New Mexico Health Care Work Force Data Collection, Analysis and Policy Act ("the Act"), New Mexico has been a national exemplar in its ability to understand the state's health care workforce and apply this knowledge to policy in order to improve access to care for all New Mexicans.[10]

The Act required the state's health professional licensing boards to survey licensees at the time of license issue and/or renewal and provided guidance on the core essential data set that must be collected. At the same time, the Act established the New Mexico Health Care Workforce Committee, a group of stakeholders that includes representatives of state agencies, the New Mexico Legislature, health professional licensing boards, health professional associations, health care workforce training institutions, large health insurers and health systems and other key organizations. Together, this committee oversees analysis of the license renewal survey data and develops recommendations to the Legislature to improve the training, recruitment and retention of health professionals in the state. In 2012, an amendment to the Act lent the unique resources and strengths of the state's only academic health center to these efforts by assigning data stewardship and committee leadership to The University of New Mexico Health Sciences.

Nationally, there is a broadly acknowledged need for understanding the health care workforce. How many providers are needed to maximize access to care? What professions, and how many professionals, should we be training now to meet the population's health care needs in 10, 20 or 30 years? What will be the impact of the Baby Boomers aging as individuals increase their use of health care services and health care providers retire? Research conducted by national organizations such as the Association of American Medical Colleges and the Association of American Colleges of Nursing indicates that the nation will face dramatic shortages in the health care workforce in coming years. Two estimates forecast a national primary care physician shortage of more than 37,500 by 2034 and the need for more than three million new registered nurses between 2016 and 2030.[11,12] Planning for future health care workforce needs must be grounded in evidence-based knowledge of today's health care workforce: who they are, and where and how they practice.

In New Mexico, these national concerns are compounded by the unique needs of a large, frontier minority-majority state. The state's median county is 3,758 square miles – one and one-half times the size of Delaware and requiring more than 45 minutes to traverse by car at highway speeds.[13] The median county population density is 7.04 people per square mile, just above the 6 people per square mile criterion for frontier status.[14,15] Thirty-one percent of the state's 2.1 million residents reside in rural or frontier counties (Figure 1.1).[14–16].

New Mexico furthermore faces substantial health disparities related to income inequality and other social determinants of health. For example, in 2019 the state was ranked fourth in the nation for poverty rate (17.7%) and second for the percent of non-elderly population insured by Medicaid (36.1%), seventh for percentage of adults without a personal health care provider (25.3%), 15th for uninsured non-elderly population (11.8%), and 22nd for adults reporting fair or poor health status (14.8%).[17] This year, the fast-moving COVID-19 pandemic highlighted the need in the state for health care workforce and care settings

that can adapt quickly to changing circumstances. As a result, the need to determine the health care workforce necessary to meet the state's needs is all the more pressing at this time.

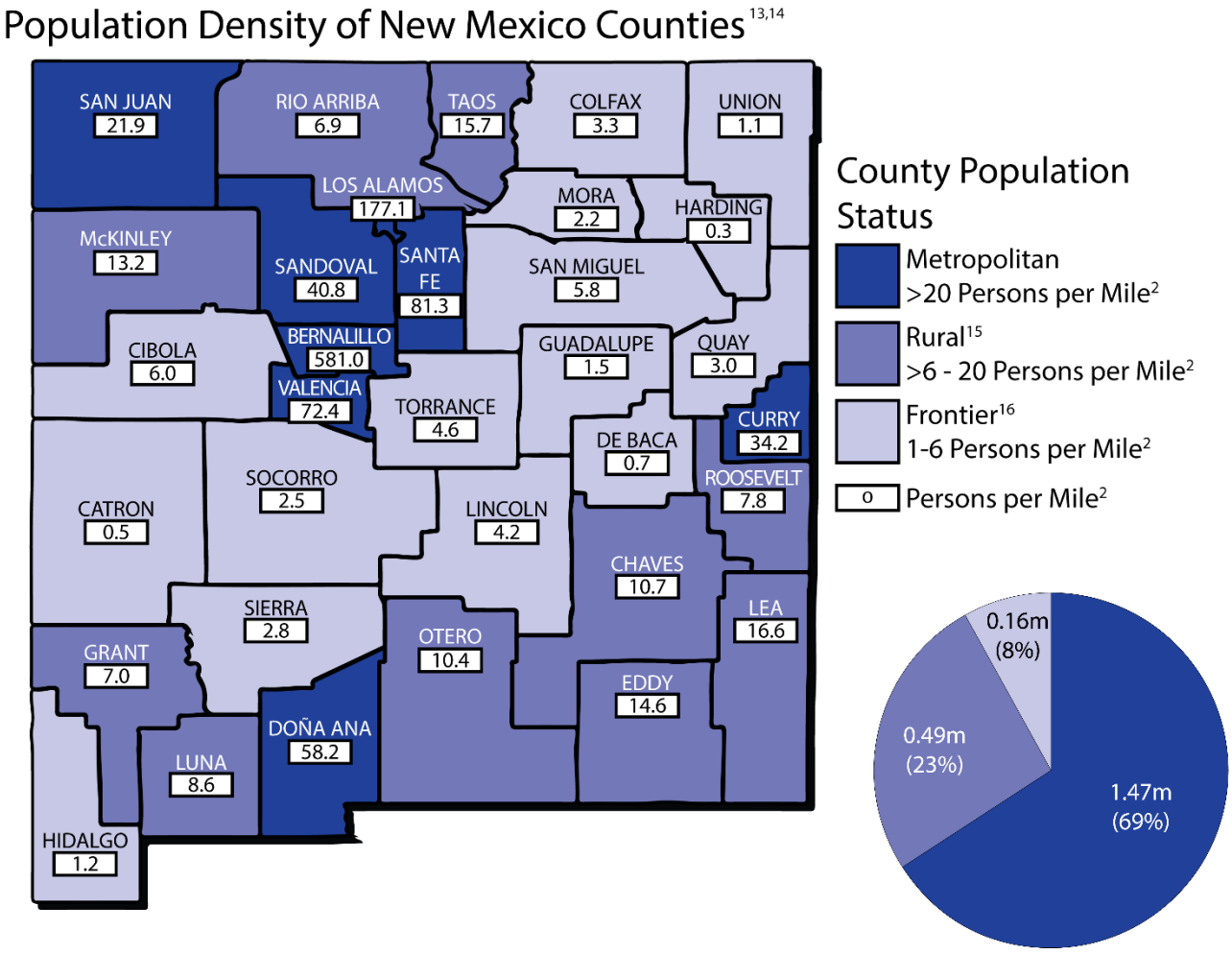

Figure 1.1. Each county's color indicates its classification as frontier (light), rural (medium) or metropolitan (dark); the white boxes show the population density (persons per square mile). The pie chart shows the proportion of the state's population residing in metropolitan, rural or frontier counties.

I.B. Understanding New Mexico's Health Care Workforce

The New Mexico Health Care Workforce Committee's analysis of the state's health care workforce takes advantage of the combined strengths of licensure data and the state's required license renewal surveys. As established under the Act, surveys on practice characteristics and demographics are required of all New Mexico licensed health care professionals at license renewal, including medical, dental, nursing, behavioral and allied health professions. Each licensing board administers the surveys, which must include a core essential data set comprising questions on demographics, practice status, education and training, practice activities, hours and weeks worked, acceptance of Medicare/Medicaid, near-future

practice plans and the effects of changes in professional liability insurance on practice plans. Beyond this, boards may choose to include survey items relevant to their profession.

This annual report is the committee's eighth combining data from these two key sources. Since 2013, analysis has expanded from six to 14 professions, and it now includes focused analyses each year on topics of special interest. Beyond this annual report, the New Mexico Health Care Workforce Committee conducts research on topics of interest, both within the state and nationally, disseminated through research publications and conference presentations (see Appendix A, p. 117 for a full bibliography of the research works produced to date).

I.B.1. Benchmark Analysis

Each year, the cornerstone of this report is the committee's county-level analysis of health care professionals in New Mexico relative to national benchmarks for each profession – either national averages or recommended provider-to-population ratios. This allows both state-level comparisons to the national health care workforce and county-by-county assessments to identify counties or regions most in need of targeted recruitment and retention efforts to improve access to care.

National benchmarks and county-level benchmark maps shown in Section V (p. 34) provide an accurate and readily understood snapshot of the state's health care workforce. However, it is important that care is taken to compare "apples to apples," matching the calculation of New Mexico's workforce to the calculation of the national benchmark as closely as possible with respect to which providers are included or excluded and any adjustments made for care settings or hours worked. However, it is important to remember in reviewing Section V (p. 34) that ***the number of health care professionals above or below benchmark is not a direct measure of the population's access to health care, but rather how that county's workforce compares to the national metric of provider supply.***

I.B.2. Alternative Approaches to Health Care Workforce Analysis

As the work of the committee has directed the state's attention to health care workforce issues, other stakeholders have expressed interest in methodological alternatives to the committee's benchmark analysis to better characterize New Mexico's health care workforce needs. In addition to the committee's benchmark analysis this year's annual report also includes analysis of the demand for selected health professionals conducted by the New Mexico Department of Workforce Solutions (Section III, p. 15) and an analysis of the full-time equivalents (FTEs) comprising the workforce for selected professions conducted by the New Mexico Human Services Department (Section IV, p. 23). The committee acknowledges with gratitude these important contributions and the depth these analyses add to our understanding of the state's health care workforce.

The analysis of 14 health care professions in Section V (p. 32) measures the workforce practicing in the state relative to county populations and in comparison, to national benchmarks, taking care to match as closely as possible the New Mexico providers to those included in the benchmark calculation. Doing so ensures the comparison is valid and useful, as it minimizes sources of difference between the values being compared in order to understand how New Mexico's health care workforce measures up to ideal or typical values for the nation. Section III (p. 15) measures current and projected workforce demand, as measured by employment and job openings. Section IV (p. 23) uses alternate inclusion criteria and practitioners' self-reported practice patterns to calculate the FTEs of selected professions. These varied

approaches all enable meaningful inferences regarding New Mexico's need for providers, and together provide a nuanced understanding of the health care workforce issues facing the state.

Although the findings from these analyses are consistent with one another, it is important to recognize that these and other workforce analyses are not directly comparable due to the differences in methodology. Table 1.1 highlights important differences among approaches to health care workforce analyses as a framework for understanding why the values presented in different sections of this report and in other reports may differ. This is discussed in additional detail in Sections III (p. 15), IV (p. 23) and V (p. 32), where similarities and differences among the findings from each method are highlighted. Section VI (p. 97) examines the state's behavioral health workforce in depth.

Table1.1. Important Points of Difference among Health Care Workforce Analyses

New Mexico Health Care Workforce Committee Benchmark Analysis	Other Methodological Approaches
Data from state licensure lists and state-mandated re-licensure survey	Data from state licensure lists, national licensure lists, federal Department of Labor surveys, mandatory or non-mandatory surveys or other sources
Location by practice address	Location methodology varies
Head counts of individuals in active practice	May be head count of practicing individuals, head count of licensed individuals, a calculation of full-time equivalents or other methodology
Practitioners are included or excluded based on methodology used to calculate national benchmarks in order to compare "apples to apples"	Practitioners may be included or excluded based on different standards
Measures actively practicing workforce per capita compared to national benchmarks	May measure workforce *supply* from counts or per capita ratios, *need* from estimated ideal ratios based on population demographics, *demand* from advertised job openings, *projected demand* via simulation or other methodology

Finally, we emphasize that no single analysis included in this report fully captures the state's need for health care workforce. For the majority of professions analyzed, no optimal provider-to-population ratio has been identified. Indeed, variation in the state's population density, health care needs, insurance coverage, demographics and other factors make it unlikely that a single optimal number of health care providers could be identified for any profession. It is possible, however, to approach the question of workforce adequacy from the multiple angles of demand, FTEs and counts with respect to national benchmarks, as in this report, in order to understand more fully where resources are most needed for residents to access health care.

In Sections IV (p. 23) through VI (p. 97) of this report, readers will note that providers per population vary widely among counties. Many counties have provider counts far below benchmarks, while others meet or exceed them. Using alternative methods such as the FTE analysis in Section IV (p. 23), the workforce may vary by an order of magnitude between counties. This uneven distribution – or maldistribution – of providers throughout the state highlights the need to evaluate workforce distribution at the county level, not just the state as a whole. Counties with higher provider-per-population ratios or who meet or exceed benchmarks tend to be those with urban areas or close proximity to training institutions and major health care facilities.

However, neither low demand, high FTEs nor provider counts above benchmarks throughout Sections III (p. 15) through VI (p. 97) should be assumed to represent surplus, or even a sufficient number of health professionals. Patients in these areas are still likely to experience barriers to health care, including long waits for appointments and difficulty finding providers who accept their insurance plan or Medicaid.

Even with these caveats, New Mexico's health care workforce data and analysis remain a significant achievement for the state and offer a powerful tool to understand the statewide distribution of health care providers and inform policy solutions to our state's health care challenges.

I.C. Overview of the 2022 Annual Report

With each annual report, the addition of new surveys, new licensed health professionals and new methodological approaches bring new insights into the makeup and distribution of New Mexico's health care workforce. This year, we are pleased to include a special focus section on the updated impacts to health care and the challenges and opportunities for the state's health care workforce brought about by the COVID-19 and COVID variants public health emergency (Section II, p. 11). As mentioned above, the New Mexico Department of Workforce Solutions has contributed an analysis of the demand for nurses, pharmacists and primary care physicians in the state to complement the committee's benchmark analysis (Section III, p. 15). Similarly, the New Mexico Human Services Department has examined self-reported work hours in order to generate a full-time equivalent count for selected health professionals in the state (Section IV, p. 23).

Section V includes the committee's analysis of health professionals practicing in New Mexico, with updated benchmarks this year reflecting national trends in the health professions analyzed. Physician specialties included in this year's report are primary care physicians (PCPs) (Section V.C.1, p. 38) and specialists in obstetrics and gynecology (Section V.C.2, p. 42), general surgery (Section V.C.3, p. 46) and psychiatry (Section V.C.4, p. 50). Nursing professions include registered nurses and clinical nurse specialists (V.D.1, p. 54), certified nurse practitioners (V.D.2, p. 58) and certified nurse-midwives (V.D.3, p. 62). In addition, analyses are included of physician assistants (V.E.1, p. 66), dentists (V.E.2, p. 70), pharmacists (V.E.3, p. 74), licensed midwives (V.E.4, p. 78), emergency medical technicians (V.E.5, p. 82), and for the first time, physical therapists (V.E.6, p. 86) and occupational therapists (V.E.7, p. 90). While the demographics of physicians and nurses have been included in past years' reports, this year the demographics of all professions are discussed in their respective sections.

The findings of Section V (p. 32) are summarized in Table 1.2, Table 1.3, and Figure 1.2. Table 1.2 shows the proportions of the professions analyzed who were identified as actively providing patient care in the state, ranging from 50.79% (certified nurse practitioners) to 92.33% (emergency medical technicians). The New Mexico Health Care Workforce Committee estimates that in 2021, there were ***in active practice in the state*** 1,649 primary care physicians, 219 obstetrics and gynecology physicians, 309 psychiatrists, 159 general surgeons, 16,466 registered nurses and clinical nurse specialists, 1,833 certified nurse practitioners, 181 certified nurse-midwives, 885 physician assistants, 1,154 dentists, 1,853 pharmacists, 41 licensed midwives, 3,778 emergency medical technicians, 1,536 physical therapists and 889 occupational therapists (Table 1.2).

Table 1.2. Number of Health Professionals with New Mexico Licenses Practicing in the State

Profession	Percent Practicing in NM, 2020	Total Licensed in NM	Estimated Total Practicing in NM	Percent Practicing in NM, 2021
All MDs/DOs	46.66%	10,428	5,240	50.25%
Primary Care Physicians	53.42%	2,892	1,649	57.02%
OB-GYN Physicians	65.62%	351	219	62.39%
General Surgeons	57.04%	255	159	62.35%
Psychiatrists	54.76%	551	309	56.08%
RNs/CNSs	54.82%	30,309	16,466	54.33%
CNPs	51.15%	3,609	1,833	50.79%
CNMs	68.44%	245	181	73.88%
Physician Assistants	73.99%	1,232	885	71.83%
Dentists	75.63%	1,547	1,154	74.60%
Pharmacists	51.38%	3,537	1,853	52.39%
Licensed Midwives	45.68%	92	41	44.57%
EMTs	57.77%	4,092	3,778	92.33%
Physical Therapists	70.51%	2,239	1,536	68.60%
Occupational Therapists	78.18%	1,159	889	76.70%

Table 1.3. Summary of Health Care Professionals with New Mexico Licenses Practicing in the State

A. Physicians

Profession Metric	2013 [b]	2016[c]	2017	2018	2019[d]	2020	2021	Net Change Since 2013
PCPs								
# in New Mexico	1,957	2,076	2,360	2,162	1,581	1,607	1,649	-308
Total Below Benchmark[a]	153	139	126	136	336	328	334	181
Counties Below Benchmark	23	22	16	18	26	27	25	2
OB-GYNs								
# in New Mexico	256	273	282	279	230	229	219	-37
Total Below Benchmark[a]	40	31	30	39	59	56	59	19
Counties Below Benchmark	14	9	11	15	17	17	19	5
General Surgeons								
# in New Mexico	179	188	194	188	155	154	159	-20
Total Below Benchmark[a]	21	14	12	11	11	10	10	-11
Counties Below Benchmark	12	7	7	6	5	5	4	-8
Psychiatrists								
# in New Mexico	321	332	332	317	296	305	309	-12
Total Below Benchmark[a]	104	106	111	108	106	117	119	15
Counties Below Benchmark	25	26	26	26	26	26	24	-1

[a] Total below benchmark reflects the number of providers needed to bring all counties below benchmarks to national provider-to-population values without reducing workforce in counties above benchmarks.

[b] Data for 2014-2015 can be found in the New Mexico Health Care Workforce Committee 2021 Annual Report.

[c] This is the first year for which DO specialties were analyzed, correcting prior years' overestimation of DOs in primary care and underestimation in OB-GYN, general surgery and psychiatry.

[d] Non-practicing providers for all professions were excluded beginning with 2019.

B. Nurses with New Mexico Licenses Practicing in the State

Profession Metric	2013 [c]	2016	2017	2018	2019[d]	2020	2021	Net Change Since 2013[d]
RNs/CNSs[a]								
# in New Mexico	15,713[e]	17,219	18,173	17,526	15,539	15,588	16,466	753
Total Below Benchmark[b]	4,269[e]	3,361	3,022	3,689	5,985	6,223	5,863	1,594
Counties Below Benchmark	30[e]	30	29	31	32	32	32	2
CNPs[a]								
# in New Mexico	1,089	1,379	1,453	1,542	1,434	1,732	1,833	744
Total Below Benchmark[b]	271	142	147	135	282	238	227	-44
Counties Below Benchmark	25	18	17	16	25	24	23	-2
CNMs								
# in New Mexico	ND[f]	156	178	169	154	154	181	25
Total Below Benchmark[b]		12	11	14	13	13	14	2
Counties Below Benchmark		9	9	10	10	13	10	1

[a] CNSs were grouped with RNs beginning with 2019; prior to this, they were grouped with CNPs.
[b] Total below benchmark reflects the number of providers needed to bring all counties below benchmarks to national provider-to-population values without reducing workforce in counties above benchmarks.
[c] Data for 2014-2015 can be found in the New Mexico Health Care Workforce Committee 2021 Annual Report.
[d] Non-practicing providers for all professions were excluded beginning with 2019.
[e] 2012, not 2013, is the initial analysis year for RNs.
[f] ND indicates survey data were not yet available.

C. Other Health Professions with New Mexico Licenses Practicing in the State

Profession Metric	2013 [b]	2016	2017	2018	2019[c]	2020	2021	Net Change Since 2013
PAs								
# in New Mexico	ND[d]	746	792	805	851	865	885	191
Total Below Benchmark[a]		119	113	115	234	249	281	145
Counties Below Benchmark		22	20	22	26	28	28	7
Dentists								
# in New Mexico	ND	1,171	1,215	1,216	1,208	1,179	1,154	73
Total Below Benchmark[a]		55	46	46	40	87	88	15
Counties Below Benchmark		18	17	15	17	21	20	2
Pharmacists								
# in New Mexico	ND	2,013	2,003		1,740	1,764	1,853	-75
Total Below Benchmark[a]		257	258		319	521	482	189
Counties Below Benchmark		26	27		26	30	29	3
LMs								
# in New Mexico	ND	38[f]	42	40	35	37	41	3
Total Below Benchmark[a]		4	4	4	5	5	6	2
Counties Below Benchmark		4	4	4	4	5	6	2
EMTs								
# in New Mexico	ND	6,101	6,364	6,501	4,399	4,421	3,778	-2,323
Total Below Benchmark[a]		475	415	392	2,446	2510	3032	2,557
Counties Below Benchmark		12	11	10	25	25	28	16
PTs								
# in New Mexico	NA[e]	NA	NA	NA	1,992	1,547	1,536	-456
Total Below Benchmark[a]					559	524	526	-33
Counties Below Benchmark					30	28	28	-2
OTs								
# in New Mexico	NA	NA	NA	NA	841	878	889	48
Total Below Benchmark[a]					114	108	114	0
Counties Below Benchmark					25	24	25	0

[a] Total below benchmark reflects the number of providers needed to bring all counties below benchmarks to national provider-to-population values without reducing workforce in counties above benchmarks.
[b] Data for 2014-2015 can be found in the New Mexico Health Care Workforce Committee 2021 Annual Report.
[c] Non-practicing providers for all professions were excluded beginning with 2019.
[d] ND indicates survey data were not yet available.
[e] NA indicates this profession was not analyzed for the years indicated.
[f] This value has been modified from that reported in 2017 to remove apprentice midwives.

In the 2020 report, a change in methodology to exclude providers whose self-reported status, work hours or time spent in direct patient care indicated they did not provide patient care (see Section V, p. 34 for details) contributed to decreases in provider counts across many of these professions. This year, additional measures were taken to clean the data and correct for keyed mistakes on the surveys related to county ZIP codes. The added layer of cleaning allowed additional providers to be included who had previously been excluded.

Figure 1.2 shows at a glance the benchmark status of each county for each profession analyzed. Note that green does not indicate an excess of providers, but simply a count greater than the benchmark. There are many reasons why residents of a county with providers above the national benchmark may still experience difficulty accessing health care. For example, there is a national shortage of many types of providers, causing the benchmark to be less than an optimal provider-to-population ratio. Particularly for New Mexico's metropolitan counties, patients may travel into the county to seek health care, increasing the effective population size with respect to provider-to-population ratios. In counties with a large Indian Health Service, Veterans Affairs or military presence, many providers may treat a limited population of patients while patients outside of these populations have limited access to health care.

As a result of this maldistribution, we consider not just the total number of providers necessary to bring the state as a whole to the benchmark provider-to-population ratio, but also the number to bring each county to benchmark while retaining the current workforce in counties above benchmark. Without redistributing the current workforce, ***to bring all counties to benchmarks would require*** an additional 334 PCPs, 59 OB-GYNs, 10 general surgeons, 119 psychiatrists, 5,863 RNs and CNSs, 227 CNPs, 14 CNMs, 281 PAs, 88 dentists, 482 pharmacists, 6 LMs, 3,032 EMTs, 526 PTs and 114 OTs.

Section VI (p. 97) examines the state's behavioral health workforce across multiple provider types, including both independently licensed and non-independently licensed providers of behavioral health care. Finally, Section VII (p. 110) reviews our 2022 recommendations.

Addressing the health care workforce needs of the state – including responding to the COVID-19 pandemic and future events of its kind – will require a multipronged approach combining regulatory changes, increased workforce training in-state, recruitment and retention of providers, and measures targeting rural and underserved areas for growth of workforce. As a result, our recommendations for 2022, detailed in Section VII (p. 110), are broad-ranging, with an emphasis on addressing the health care needs of New Mexico and the recruitment and retention of high-quality health care employees. They encompass ways to increase the state's public health workforce; reduce financial barriers to health professional education; incentivize providers in rural and underserved areas; provide behavioral health care in primary care setting; and further the analysis of the New Mexico Health Care Workforce Center.

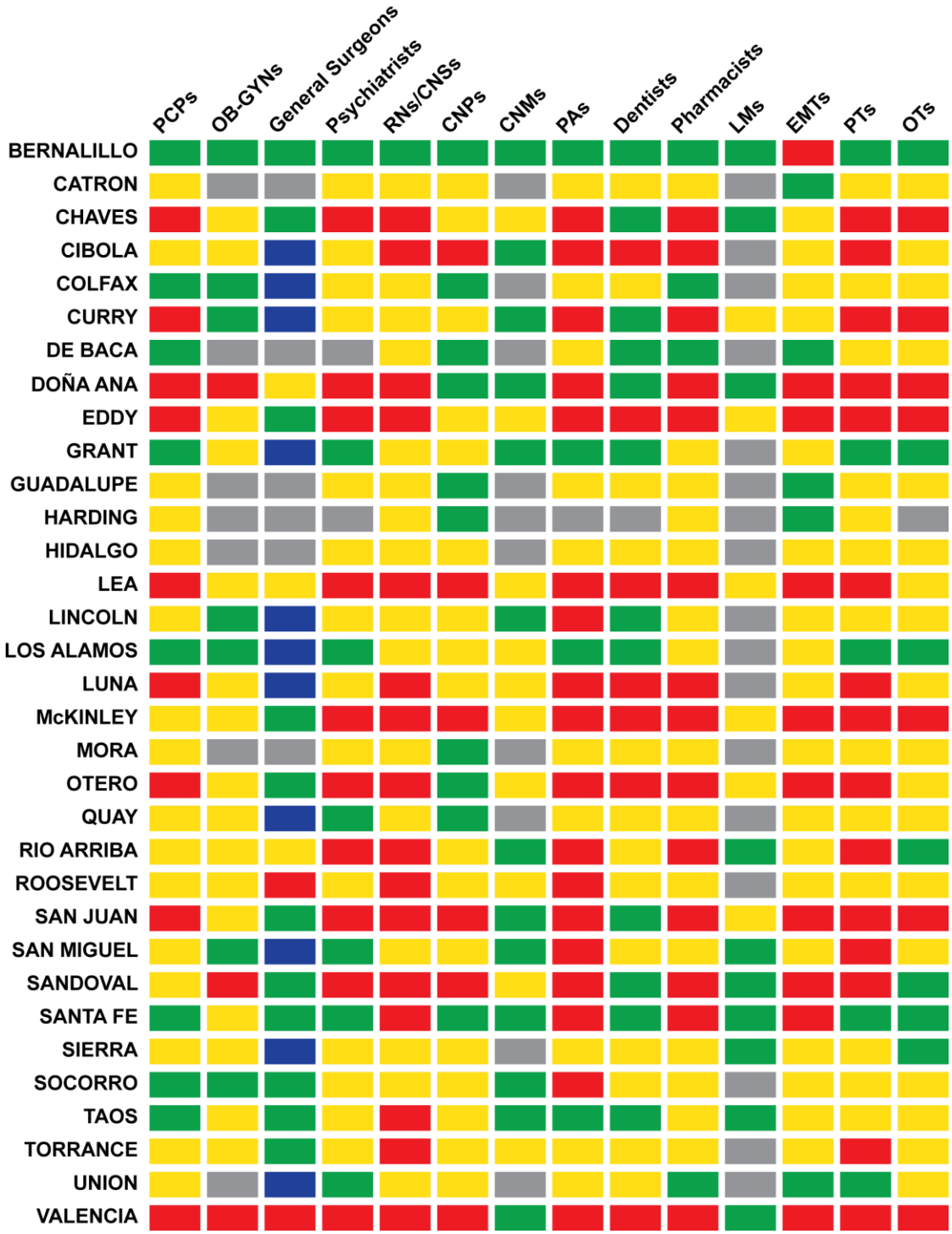

Figure 1.2. This at-a-glance summary shows the benchmark status by county for each profession analyzed in this report. Green indicates counties at or above benchmark; yellow, counties moderately below benchmark; and red, counties severely below benchmark. Those with a benchmark of zero and no providers are gray. Blue for general surgeons indicates counties above the optimal ratio. See the maps for each profession and additional details in Section V (p. 32).

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Section II

COVID-19 Update: The Adaptation and Impact of Unexpected Health Care Workforce Needs

II.A. Introduction

The first cases of the novel coronavirus SARS-CoV-2, the virus that causes COVID-19, were identified in New Mexico on March 11, 2020. Since that time, the New Mexico Department of Health has reported a total of more than 600,000 cases of the disease, more than 29,000 hospitalizations and more than 8,400 deaths.[18] The rapid declaration of a public health emergency following the earliest cases and the subsequent regulations aimed at preventing spread of the disease have earned New Mexico distinction as a national exemplar in response to the pandemic.[19,20] As of September 2022, New Mexico reports 72.9% of the total population has been fully vaccinated placing the State at 14th in the Nation.[21]

New Mexico's health care workforce deserves a share in the praise for their efficient realignment of health care services to adjust for both the sharp increase in infectious disease care and critical care needed to treat individuals suffering from COVID-19 and sudden decrease in elective health care services. In this section, we highlight the changes in health care workforce and financial impacts resulting from COVID-19 affecting the state's health care workforce across the spectrum of professions. In addition, we discuss how the long-term impacts of this perturbation can be understood through health care workforce data in future years and what lessons may be learned from the COVID-19 pandemic to assist New Mexico in preparing for future public health emergencies.

II.B. The Impact of COVID-19

II.B.1. Fiscal Impacts

COVID-19 and its variants have made major realignments of health care activities. Essential care, particularly for those suffering from the virus, took priority, together with the near-halting of nonessential health care services. In the time since the onset of the pandemic in New Mexico, organizations representing multiple sectors of the health care workforce have provided the committee with analyses of the significant impacts resulting from these changes. As of July 2022, health care use is on track for a steady rebound from the facility reductions and closures necessitated by COVID-19 and its variants. [22] Hospitals across the Nation have seen outpatient volumes and revenues rise as health care.[23] However, as health care rebounds, some financial implications of COVID-19 remain and may have a slow recovery across the United States. [24] In fact, the New Mexico Hospital Association reports that between the period of July through September 2021, hospitals have incurred more than $35 million in extraordinary expenditures related to staffing costs to maintain capacity and operations. These costs are expected to continue. Overall, the New Mexico Legislative Finance Committee reports that the state lost $1.48 billion during the shutdown but continues to work on recovery.[25]

Over 2021, health care practices saw substantially reduced revenue following the onset of COVID-19 in the state and financial repercussions continue but maintain hopes of recovery. As of April 2022, 70% of surveyed physicians report their income decline is a direct result of the pandemic which is a 20% decrease from the 2021 report of 90%.[26] As of July 2022, dental practices remain among the most impacted. With

the reopening of dental practices for routine care, the increased risk of airborne infection remains during certain procedures where exposure to high levels of droplets and aerosols are produced.[27] Safety protocols – including social distanced waiting rooms, redesigning operatories and enhancing safety equipment – have required financial outlay by practices at the same time they are experiencing reduced patient volume as a result of both patients choosing to delay non-emergent care and the extended treatment times required to accommodate safety measures. As of September 2021, 100% of dental practices in New Mexico reported a status of open. Of those, 67% reported "business as usual" and "33% report[ed] lower patient volume than usual." [28] The American Dental Association continues to report a faster recovery from these impacts than previously anticipated, but states that dental practices have not retuned to pre-COVID-19 levels. [29]

Other professions have also been strongly affected. In 2021, the New Mexico Primary Care Association members reported seeing 70% of their usual in-person patient volume. As of September 2022, the New Mexico Primary Care Association states that while in-person visits continue to be about 70%, their virtual visits comprise more than 30% of their total visits. In 2020, 68% of New Mexico Medical Society members reported a 41% or greater reduction in charges and 66% reported the same reduction in revenue. Similarly, among respondents to a New Mexico Psychological Association survey, one-fourth reported revenue losses between $20,000 and $50,000, and an additional 20% reported losses from $10,000 to $20,000. Finally, 49% of New Mexico physical therapists reported a reduction in income. Practice revenue for this profession decreased by more than half for 64% of respondents to a recent American Physical Therapy Association survey, and 95% saw at least some decline in revenue. As of 2022, these associations have not repeated the surveys, but intend to do so prior to the 2023 report. Lastly, the Centers for Medicare & Medicaid Services report that as of March 2022, spending has slowed to 4.2% from 9.7% in 2020. [30]

II.B.2. Workforce Impacts

Many professions reported sharp declines in practice volumes, affecting their need for health care workforce through 2022. The New Mexico Primary Care Association reported that during 2020, visits to primary care practices dropped to 40% to 60% of their usual volumes during the pandemic. However, through 2021, virtual visits have allowed practices across New Mexico to continue seeing patients and the Department of Health and Human Services reports a 6,000% increase in virtual patient visits across the nation.[31] While telehealth has increased the number of patients that may be seen when compared to the onset of pandemic closures, health care workers are still feeling the stress and burnout of working under pandemic constraints. According to the 2021 Public Health Workforce Interest and Needs Survey, 16% of employees leaving the workforce are departing due to COVID-19.[32]

In surveys of New Mexico dental practices conducted by the American Dental Association in August 2021, 100% of respondents reported that staff were back in the office and receiving full paychecks. However, the American Dental Association also reports that 90% of respondents continue to consider the recruitment of dental hygienists extremely challenging and go on to report that unfilled positions remain the greatest limitation to expanding practices. Thirty percent of respondent's express concerns that COVID-19 Delta variant may have an ongoing impact on recruitment and retention. [33]

Throughout 2021, with respect to the nursing workforce, furloughs and layoffs were reported from the large hospital systems in Las Cruces, Albuquerque and Santa Fe, in addition to private practices and clinics. While hospitals have made efforts to retrain and reassign nurses in order to minimize these outcomes, it has not been possible to avoid them entirely. The New Mexico Department of Workforce Solutions (NMDWS) reported approximately 70 fewer registered nurses were employed as of August

2022, compared to 2021. The department goes on to report a record high of 11,000 job postings in January 2022. (As a note, the previous high was 6,931 in June 2021.) NMDWS remains optimistic despite setbacks from COVID-19, with an expected growth of 2,080 jobs by 2028.

Furthermore, as of August 2021 the New Mexico Hospital Association reports approximately 30% of the hospital nursing workforce is unreliable, unstainable and unattainable. They go on to say that 12% of the state's current nursing workforce is comprised of traveler nurses whose per-hour costs have more than doubled when compared to pre-COVID-19 wages. As of January 2022, traveling nurses employed at hospitals receive a wage of more than $200 per hour, compared to $35 to $40 received by a non-travelling nurse.[34] The New Mexico Hospital Association reports that following this wage increase 29 facilities reported that one or more nurses have left their jobs to become traveler nurses providing care in other states.

New Mexico Health Resources reports that the first six months of 2021 through July 2022 exhibited dramatic increases in the number of open positions for highly educated health professionals as facilities across the state responded to workforce effects resulting from COVID-19. After a period in which people left the workforce, employers were challenged with replacing them. The number of people seeking work has almost doubled, again, from the first year of COVID-19. Interestingly, higher numbers of those seeking employment appear to be concentrated among those who graduated three to five years ago.

II.B.3. Telehealth Expansion

One of the most notable outcomes of the COVID-19 pandemic has been a rapid and large-scale expansion in the availability of telehealth statewide. In adopting and expanding telehealth capacity, New Mexico's health professionals benefited from the Legislature's foresight. In 2019, New Mexico SB 354 laid important groundwork for the delivery of telehealth services.[22] This Act provided for parity between telehealth and in-person services in coverage, reimbursement, patient responsibility (deductible, copayment or coinsurance) and annual and lifetime maximums. Geographic limits on location were eliminated, and limitation to in-network providers is disallowed where no in-network provider is available and accessible. Subsequent to COVID-19, relaxation of Centers for Medicare & Medicaid Services regulations has allowed both telephone and telehealth encounters, as well as a waiver of the requirement for HIPAA-compliant telehealth platforms. These temporary changes have reduced barriers to telehealth adoption by health care organizations.

With the support of these regulatory changes, New Mexico health care providers were able to quickly introduce telephone and telehealth visits to their patients. Data provided to the committee by the New Mexico Telehealth Alliance shows more than 77,700 telehealth encounters for FY2022, with an average of 6,480 encounters billed per month, representing an overall 55.9% decrease from FY 2021. While the number of telehealth visits has decreased, the committee expects telehealth to remain a large part of health care in the long term.

The rapid expansion of telehealth in New Mexico has not been without challenges. The New Mexico Telehealth Alliance and other organizations reported barriers to its adoption, including a lack of technology such as cameras and microphones, practices' difficulty in selecting appropriate technology, limitations in the care that can be provided in this way (full physical examinations, for example, cannot be conducted remotely), implementation of changes to electronic health records to allow scheduling of remote visits and electronic consent, and the additional clinic staff time necessary to assist patients in learning the telehealth platform and troubleshooting connectivity issues.

Despite these challenges, New Mexico, health care providers and patients expressed interest in maintaining telehealth services through 2021 and beyond. The reduced exposure to contagion, decreased need for personal protective equipment, fewer missed appointments and cancellations, increased patient satisfaction and greater insight into patients' living and working conditions – for example, patients sharing the foods on hand in their refrigerators and pantries during consultations related to dietary issues – have all been mentioned as notable benefits of telehealth.

II.B.4. Opportunities for Recruitment and Retention

In addition to the widespread adoption and positive response by both patients and providers to telehealth expansion, there is reason for optimism where it has been necessary to bring new health care professionals to the state. The New Mexico Medical Board reports that the time required to process licensure of new providers in the state has not been affected by their transition to remote work, and the return to on-site work continues. Temporary licensure has been made possible through issuance of Federal Emergency Licenses, which allow for the rapid onboarding of new providers when needed. Inquiries received by New Mexico Health Resources regarding professional opportunities in New Mexico have expressed particular interest in working in small and rural communities, while internal medicine physicians – historically uninterested in outpatient practice – have since the pandemic began expressed a willingness to consider outpatient opportunities. These observations suggest that if strategies can be put into place, the shifts in workforce accompanying COVID-19 can form an opportunity for the state's health care organizations to recruit or retain those health care professionals impacted by furloughs, layoffs or practice closures, both within the state and elsewhere.

II.C. Discussion

It is clear that the COVID-19 pandemic has had, and will continue to have, impacts on the numbers and distribution of health care workforce in New Mexico. While the prospect of practice closures and loss of workforce is daunting, there is also opportunity to recruit workforce to the state and retain furloughed or laid-off providers through implementing favorable practice conditions – including easing the process of credentialing upon entering practice in the state and recredentialing with a new practice organization – and reducing financial burdens, such as gross receipts taxes and low Medicaid reimbursements.

The ongoing public health emergency furthermore underscores the need to reinstate or expand the public health workforce in New Mexico. State public health nurses and school nurses continue to be critical to the successful implementation of vaccine programs and are key in disease reduction and health promotion efforts. Providing for the re-expansion of this workforce would be a powerful tool against this and future threats to public health.

Section III

Demand Analysis for Selected Health Care Professions

Contributed by the New Mexico Department of Workforce Solutions

III.A. Introduction

The Economic Research and Analysis (ER&A) Bureau in the Department of Workforce Solutions is the principal source of labor market data, including employment and wages by occupation, online advertised job postings and projected job growth, all of which help measure the current and future demand by occupation.

ER&A collects and produces employment, wages and projected job growth in conjunction with the U.S. Department of Labor's Bureau of Labor Statistics, as well as its Employment and Training Administration. Employment and wages presented are for 2021 and measure the employment conditions of the current labor force.

Employment projections are produced every two years, with the most current being the 2018–2028 projection period. Projections measure occupational demand only, not supply of labor. Projections, therefore, should be utilized as a starting point in evaluating occupational surpluses and shortages in the labor market and should be coupled with other data measurements for such purposes.

Online advertised job postings data are extracted from the Workforce Connection Online System and count advertised jobs posted online, either internally or through external sites. It is a real-time measurement of the immediate need for workers. (For more information on the sources of this data, please see the end of this section.)

Employment in the health care practitioners and technical occupational group in New Mexico are projected to add about 5,590 jobs (10.9% increase) from 2018 to 2028, a growth rate faster than the average for all occupations. This projected growth is mainly due to an aging population and an increased emphasis on preventive care, leading to greater demand for health care services.

III.B. Registered Nurses

In 2021 there were 17,030 registered nurses (Standard Occupational Classification (SOC) 29-1141) working in New Mexico, with 57.2% located in the Albuquerque Metropolitan Statistical Area (MSA) (Table 3.1). The median wage for registered nurses in 2021 was $78,340 but was slightly higher in the Albuquerque MSA ($78,930). The median wage was lowest in Las Cruces, at $73,720.

Of all the occupations in the health care practitioners and technical occupational group, registered nurses are expected to grow the most, increasing by 2,080 jobs, or 11.3%, from 2018 to 2028. Employment of registered nurses in the Santa Fe MSA is expected to have the fastest growth rate among all areas in New Mexico (14.7%) while the Albuquerque MSA will have the largest (1,120 jobs).

Table 3.1. Current and Projected Employment of Registered Nurses.

Area Name		2021		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		17,030	$78,340	2,080	11.3	1,240
MSA	Albuquerque	9,740	$78,930	1,120	11.0	690
MSA	Farmington	780	$73,350	100	10.5	60
MSA	Las Cruces	1,400	$73,720	180	12.3	100
MSA	Santa Fe	880	$77,030	160	14.7	80
Workforce Region	Central	9,740	$78,930	1,120	11.0	690
Workforce Region	Eastern	1,980	$75,620	240	11.6	140
Workforce Region	Northern	2,940	$77,030	430	11.4	250
Workforce Region	Southwestern	1,830	$74,820	250	12.9	140

Sources: Occupational Employment and Wage Statistics (OEWS) and Projections Program

About 1,240 total job openings for registered nurses will exist every year. More than four out of five of those job openings will need to replace workers who retired or left the occupation to enter a new one.

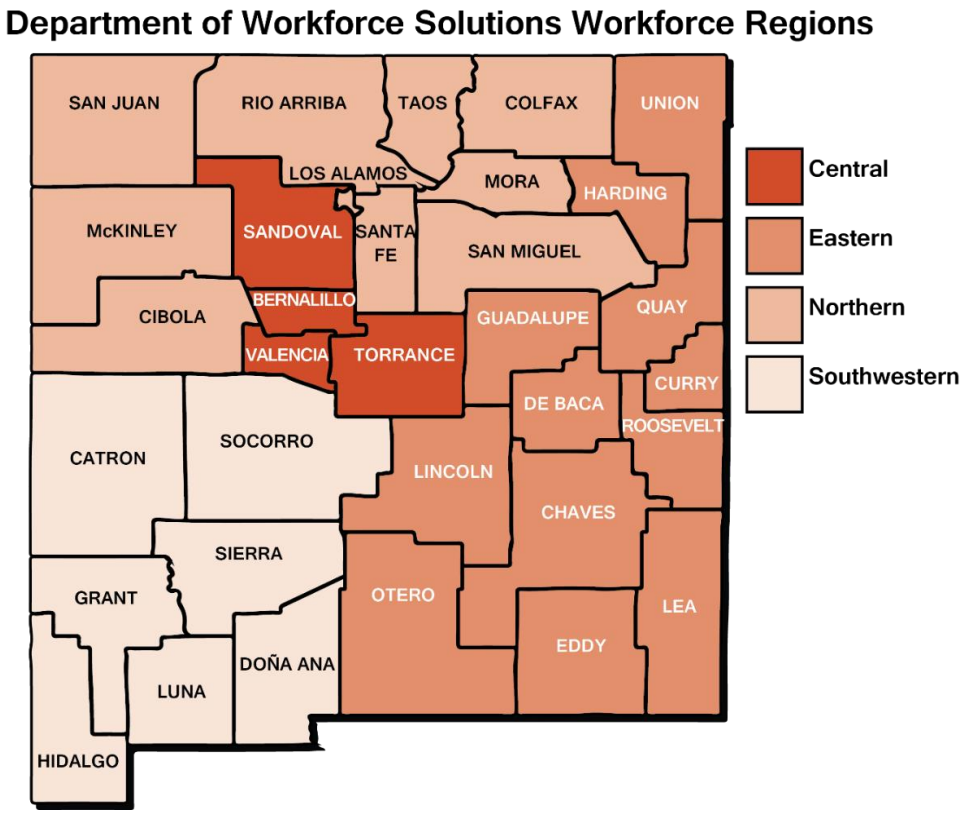


Figure 3.1. Workforce Regions Defined by the New Mexico Department of Workforce Solutions.

Since 2012 the average number of advertised online job postings for registered nurses has consistently been over 2,000 a month (Figure 3.2), reaching nearly 11,000 in January 2022. The most recent month of data (May 2022) shows there were over 9,000 advertised job postings for registered nurses. In SFY 2021, the average monthly number was 4,567, with over one-quarter of those online advertised job postings located in Bernalillo County (Table 3.8).

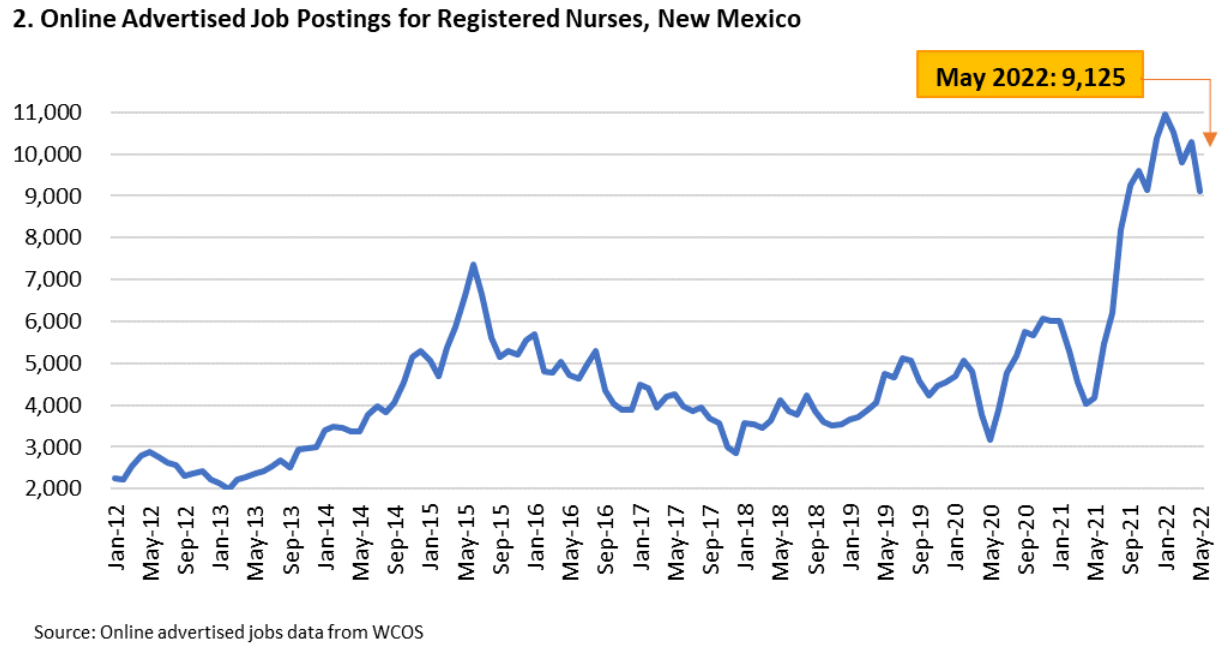


Figure 3.2. Online Advertised Job Postings for Registered Nurses, New Mexico. Source: Online advertised jobs data from WCOS

Table 3.2. Number of Program Completers for Registered Nurse/ Registered Nursing (CIP code 513801), 2019 – 2020 School Year, New Mexico Institutions.

Degree Type	#Completers
Associate's degree	644
Bachelor's degree	718
Master's degree	69
Total	1,431

Source: Integrated Postsecondary Education Data System (IPEDS)

According to data downloaded from the Integrated Postsecondary Education Data System, there were 1,431 persons who completed a registered nurse or registered nursing program (all credential types for CIP code 513801) in the state in the 2019–2020 school year (Table 3.2).

III.C. Nurse Practitioners

There were 1,270 nurse practitioners (SOC 29-1171) in New Mexico in 2021, earning a median wage of $121,070 (Table 3.3). Employment of nurse practitioners is expected to grow by 27.5%, more than four times the statewide average of 6.3% for all occupations. It is estimated that there will be 90 annual job openings over the projection period. The average number of online advertised job postings for nurse practitioners per month in SFY 2021 was 92 (Table 3.8).

Table 3.3. Current and Projected Employment of Nurse Practitioners

Area Name		2021		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Change	Annual Total Job Openings
New Mexico		1,270	$121,070	290	27.5	90
MSA	Albuquerque	570	$121,070	130	28.1	40
MSA	Farmington	90	$103,360	10	27.5	< 5
MSA	Las Cruces	140	$120,910	30	25.8	10
MSA	Santa Fe	110	$121,010	50	33.6	10
Workforce Region	Central	570	$121,070	130	28.1	40
Workforce Region	Eastern	210	$121,070	30	25.8	10
Workforce Region	Northern	300	$121,010	90	28.7	30
Workforce Region	Southwestern	180	$121,190	40	25.9	10

Sources: OES and Projections Program

III.D. Pharmacists

In 2021 there were 1,890 pharmacists (SOC 29-1051) working in New Mexico (Table 3.4). Employment of pharmacists is expected to increase to 1,580 by 2028, an increase of 2.6%. Annual job openings due to pharmacists leaving the occupation to retire or work in another job are expected to be 74.

The annual median wage for pharmacists in New Mexico in 2021 was $128,500, nearly three and a half times greater than the annual median wage for all occupations in New Mexico ($37,810). The monthly average of online advertised job postings for pharmacists in SFY 2021 was 84 (Table 3.8).

Table 3.4. Current and Projected Employment of Pharmacists

Area Name		2021		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		1,890	$128,500	40	2.6	70
MSA	Albuquerque	1,080	$129,770	40	4.4	50
MSA	Farmington	80	$124,430	NA[a]	3.1	< 5
MSA	Las Cruces	130	$121,860	0	-1.2	< 5
MSA	Santa Fe	140	$132,930	0	-2.7	10
Workforce Region	Central	1,080	$129,770	40	4.4	50
Workforce Region	Eastern	190	$127,240	-10	-3.1	10
Workforce Region	Northern	390	$127,240	0	-0.6	20
Workforce Region	Southwestern	180	$124,860	0	-0.8	10

[a] Not available Sources: Occupational Employment and Wage Statistics (OEWS) and Projections Program

III.E. Primary Care Physicians

III.E.1. General Practitioners (Family Medicine Physicians)

The average number of monthly online advertised job postings for general practitioners (family medicine physicians) in SFY 2021 was 102 (Table 3.8). General practitioners (SOC 29-1215) in New Mexico had an annual median wage of $163,360 in 2021, more than four times greater than the annual median wage for all occupations (Table 3.5).

Table 3.5. Current and Projected Employment of General Practitioners

Area Name		2021		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		540	$163,360	50	6.1	30
MSA	Albuquerque	190	$163,400	20	4.7	10
	Farmington	20	$195,950	10	9.6	< 5
	Las Cruces	100	$128,110	10	7.0	10
	Santa Fe	100	$145,240	10	10.2	< 5
Workforce Region	Central	190	$163,400	20	4.7	10
	Eastern	60	$348,910	10	5.8	< 5
	Northern	180	$165,910	20	6.4	10
	Southwestern	120	$128,110	10	7.4	10

[a] Not available

Sources: Occupational Employment and Wage Statistics (OEWS) and Projections Program

The number of general practitioners needed is expected to increase by 6.1% to 2028. The fastest increase for general practitioners will be in the Farmington MSA, which is expected to increase by 9.6%.

III.E.2. General Internists

Most of the data gathered for general internists (SOC 29-1216) are suppressed and cannot be released. The data that can be released, however, shows that the annual median wage in New Mexico in 2021 was over $208,000, with about 200 employed in the state (Table 3.6). Of all the counties in New Mexico, Chaves County had the greatest number of online advertised job postings for this occupation in SFY 2021 (Table 3.8).

Table 3.6. Current and Projected Employment of General Internists

Area Name		2021		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		200	> $208,000	< 5	1.6	5
MSA	Albuquerque	SPS[b]	SPS[b]	< 5	1.7	< 5
	Farmington	SPS[b]	SPS[b]	SPS[b]	SPS[b]	SPS[b]
	Las Cruces	SPS[b]	SPS[b]	SPS[b]	SPS[b]	SPS[b]
	Santa Fe	SPS[b]	SPS[b]	SPS[b]	SPS[b]	SPS[b]
Workforce Region	Central	SPS[b]	SPS[b]	< 5	1.7	< 5
	Eastern	SPS[b]	SPS[b]	SPS[b]	SPS[b]	SPS[b]
	Northern	50	> $208,000	< 5	1.7	< 5
	Southwestern	20	> $208,000	SPS[b]	SPS[b]	SPS[b]

[a] Not available
[b] Suppressed data
Sources: Occupational Employment and Wage Statistics (OEWS) and Projections Program

III.E.3. General Pediatricians

In 2021 there were 230 general pediatricians (SOC 29-1221) in New Mexico (Table 3.7), with more than half working in the Albuquerque MSA. This occupation had an annual median wage of $195,250. Employment until 2028 is expected to grow by just 1.0%. The number of online advertised job postings for this occupation averaged 18 per month in SFY 2021(Table 3.8).

Table 3.7. Current and Projected Employment of General Pediatricians

Area Name		2021		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		230	$195,250	< 5	1.0	5
MSA	Albuquerque	130	$169,660	< 5	0.7	< 5
	Farmington	SPS[b]	SPS[b]	SPS[b]	SPS[b]	SPS[b]
	Las Cruces	SPS[b]	SPS[b]	SPS[b]	SPS[b]	SPS[b]
	Santa Fe	SPS[b]	>$208,000	SPS[b]	SPS[b]	SPS[b]
Workforce Region	Central	130	$169,660	< 5	0.7	< 5
	Eastern	30	> $208,000	SPS[b]	SPS[b]	SPS[b]
	Northern	50	$204,540	SPS[b]	SPS[b]	SPS[b]
	Southwestern	SPS[b]	SPS[b]	SPS[b]	SPS[b]	SPS[b]

[a] Not available
[b] Suppressed data
Sources: Occupational Employment and Wage Statistics (OEWS) and Projections Program

Table 3.8. Online Advertised Job Postings for Select Occupations, by County: Monthly Average for SFY 2022

County	Pharmacists	Registered Nurses	Nurse Practitioners	General Practitioners	General Internists	General Pediatricians
Bernalillo	26	1,263	46	26	6	2
Catron	0	0	1	0	0	0
Chaves	6	200	4	5	9	0
Cibola	1	73	3	<1	0	0
Colfax	0	47	1	0	0	0
Curry	2	144	4	2	0	0
De Baca	0	0	1	0	0	0
Doña Ana	10	342	10	7	1	3
Eddy	4	189	5	4	1	1
Grant	2	90	3	2	0	1
Guadalupe	1	4	<1	0	0	0
Harding	0	1	0	0	0	0
Hidalgo	0	1	<1	0	0	0
Lea	3	124	3	5	2	1
Lincoln	1	55	2	3	0	0
Los Alamos	1	106	0	1	0	0
Luna	<1	90	1	2	1	2
McKinley	<1	140	5	3	0	1
Mora	0	<1	<1	<1	0	0
Otero	1	152	0	5	1	2
Quay	0	30	0	0	0	0
Rio Arriba	1	102	0	2	0	1
Roosevelt	1	25	0	1	<1	0
San Juan	4	212	0	7	<1	<1
San Miguel	3	46	0	1	<1	1
Sandoval	6	313	0	6	<1	1
Santa Fe	11	517	0	10	5	4
Sierra	<1	64	0	2	<1	<1
Socorro	1	73	0	5	1	0
Taos	<1	103	0	2	0	0
Torrance	0	11	0	<1	0	0
Union	0	7	0	0	0	0
Valencia	1	41	0	2	0	0
STATE TOTAL	**84**	**4,567**	**92**	**102**	**28**	**18**

Source: Online advertised jobs data from WCOS data for June 2022 not available so took average from July 2021 – May 2022.

III.F. Sources

2021 Employment and Wages: The source for 2021 employment and wages is the Occupational Employment and Wages Statistics program. Operated in conjunction with the U.S. Bureau of Labor Statistics, the program produces employment estimates and wages at the 2- and 6-digit Standard Occupational Classification system level. Data is gathered via a survey of about 1,500 New Mexico businesses and conducted twice a year. Data are produced annually and include estimates for workers covered by the unemployment insurance program. Employment figures are rounded.

2018–2028 Employment Projections Program: New Mexico's employment projections are produced in conjunction with the U.S. Department of Labor, with technical assistance from the U.S. Bureau of Labor Statistics. Long-term projections report what is likely to happen if historical and state-level employment patterns continue their historical growth trends; this includes trends in population, labor force, productivity, and economic growth. These projections do not take into consideration major shocks to the economy and assume that employment will ultimately return to levels that fit long-term growth trends. Annual total job openings are the estimated number of job openings that will need to be filled due to employment growth and workers leaving the occupation to work in another occupation or to retire. Employment change and openings are rounded. For more information please visit: https://www.dws.state.nm.us/Portals/0/DM/LMI/2018-2028_NM_Projections_Method.pdf

Online advertised job postings: Online advertised job postings data are extracted from the Workforce Connection Online System and count jobs posted online either internally or through external sites. Advertised jobs are spidered daily in real-time. Real-time advertised jobs are collected from employer corporate sites, hospitals, non-profits, local and federal government agencies, schools and universities, recruiter sites, newspapers, volunteer sites, and other public, private and state job boards. Each site is individually reviewed and evaluated, and each site's data extraction is custom tailored to that site. Every job listing is spidered every day so that it can be removed from the database when the job is de-posted. Each job is processed for O*NET code assignment, NAICS code assignment, employer name normalization, and city/town name standardization. At the time of this publication, June 2022 data was not available, so the average of July 2021-May 2022 was used.

Report completed July 25, 2022

Section IV

New Mexico Health Care Workforce Analysis of Full-Time Equivalent Primary Care Physicians, Obstetrics and Gynecology, Psychiatrists and Core Mental Health Professions by County

Contributed by Hala Reeder
Health Analyst, New Mexico Human Services Department

IV.A. Introduction

There is a need to quantify and measure workforce capacity and need across health care disciplines throughout New Mexico. This analysis aims to inform policy, programs and systemic changes to improve health outcomes for New Mexicans by using a calculation of Full-Time Equivalents (FTE) for primary care and behavioral health providers to quantify current health care workforce capacity.

IV.B. Materials and Methodology

HSD estimated FTE contribution using the activity reports of actively licensed in-state survey responses of the Responder Group. The percentage of FTE contributed by the Responder Group was applied to the actively licensed in-state Non-Responder Group for each category by county. This method of determining provider count was developed in 2019 by HSD policy fellow Rohini McKee, MD, MPH, FACS, FASCRS. HSD policy fellow Roxanne Humphries, MPH, and health data analyst Hala Reeder, further refined this procedure and treatment for FTE. For each county FTE, contribution was divided by the county population and multiplied by 10,000 to show the number of providers per 10,000 people.

Data Acquisition:

HSD obtained 2021 health care provider data through licensure survey responses collected by the New Mexico Regulation & Licensing Department and obtained population data from the U.S. Census Bureau 2021 Annual Estimates of the Resident Population for Counties and County Characteristics Resident Population Estimates. The New Mexico Primary Care Council is conducting research regarding patient to interprofessional primary care team benchmarks, as national benchmarks often are limited to one patient to one physician and may not be applicable to an older, more rural, lower-income, majority non-white state like New Mexico that has a poorer overall health status.

Full-Time Equivalent (FTE):

FTE is a unit of measurement quantified as the workload of a single employee. For this analysis, one FTE is equivalent to one full-time provider working 35 hours per week, 48 weeks per year for a net contribution of 1,680 hours per year. FTE count provides a more representative and accurate depiction of New Mexico's health care workforce capacities and needs.

To determine FTE contribution, HSD calculated each provider FTE contribution using the equation: provider FTE contribution = $\frac{(Hours \times Weeks)}{1{,}680}$.

Provider Category Composition:

- The primary care physician (PCP) category includes all medical doctors (MDs) and doctors of osteopathy (DOs) that specialize in family, general, pediatrics, general internal, geriatrics, adolescent, occupational, preventative practice or medicine (subspecialties not included).
- The obstetrician-gynecologist (OBGYN) category includes all MDs and DOs that specialize in OBGYN.
- The psychiatrist category includes all MDs and DOs that specialize in Psychiatry.
- The core mental health professions (CMHP) category includes all psychologists, licensed clinical social workers (LCSW), licensed independent social workers (LISW), licensed master's social sorkers (LMSW), clinical mental health counselors (LPCC), and licensed marriage and family therapists (LMFT).

Data Treatment and Transformation:

HSD merged and evaluated New Mexico health care provider licensure and survey data into two categories: the Responder Group, which comprises actively licensed individuals who have responded to a survey between 2018-2021, and the Non-Responder Group, which includes actively licensed individuals who have not responded to a survey. To provide an accurate estimate of provider capacity, HSD transformed data with corrected values, exclusions and filters for the final FTE contribution calculation. (See Appendix A, B, C, and D for a visual walk-through of the full method for each provider category.)

1. Filters: Practice status reported as actively practicing in New Mexico. Employed category composition filter for provider specialties.
2. Exclusions: HSD excluded providers who reported working less than nine hours per week or 13 weeks per year from the FTE calculation. HSD also limited multiple licenses held by singular individuals to one FTE contribution estimate per person and removed excess information from the calculation.
3. Corrected Values: HSD capped self-reported activity levels of yearly contribution at 40 hours per week, 48 weeks per year to correct for over-reporting. For the FTE contribution for PCP and psychiatrists, HSD recalculated the hours contributed to time spent only in direct outpatient care. (For CMHP, the hourly contribution was not limited nor recalculated to direct outpatient care). HSD used county mailing address as a proxy for practice location when the primary employment county was unavailable or unlisted.

Primary Care Physicians

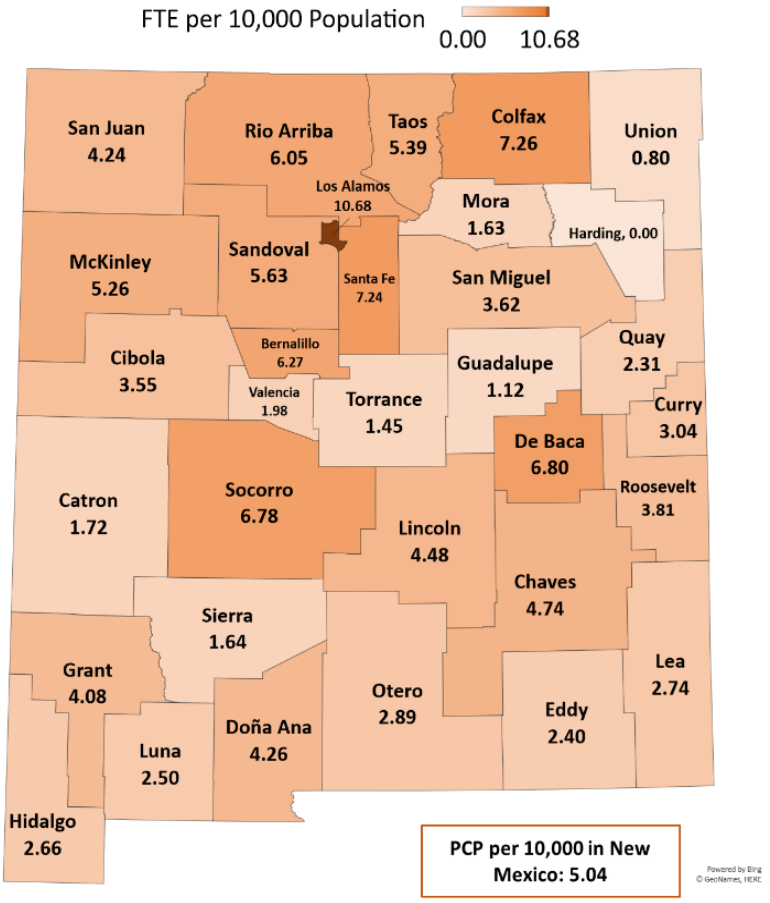


Figure 4.1. New Mexico Primary Care Physician Full-Time Equivalent by County Population, 2021

Overall, in New Mexico there is an average of 5.04 primary care physicians per 10,000 population, meaning for each primary care physician, there are about 2,000 people to serve. The top three counties with the highest population density of primary care physicians per 10,000 are Los Alamos County, 10.68, Colfax County, 7.26, and Santa Fe County, 7.24. Virtually all of New Mexico has a provider shortage. The three counties with the lowest population density of primary care physicians per 3,000 are Harding County, 0.00, Union County, 0.80, and Guadalupe County, 1.12.

Obstetrics and Gynecology

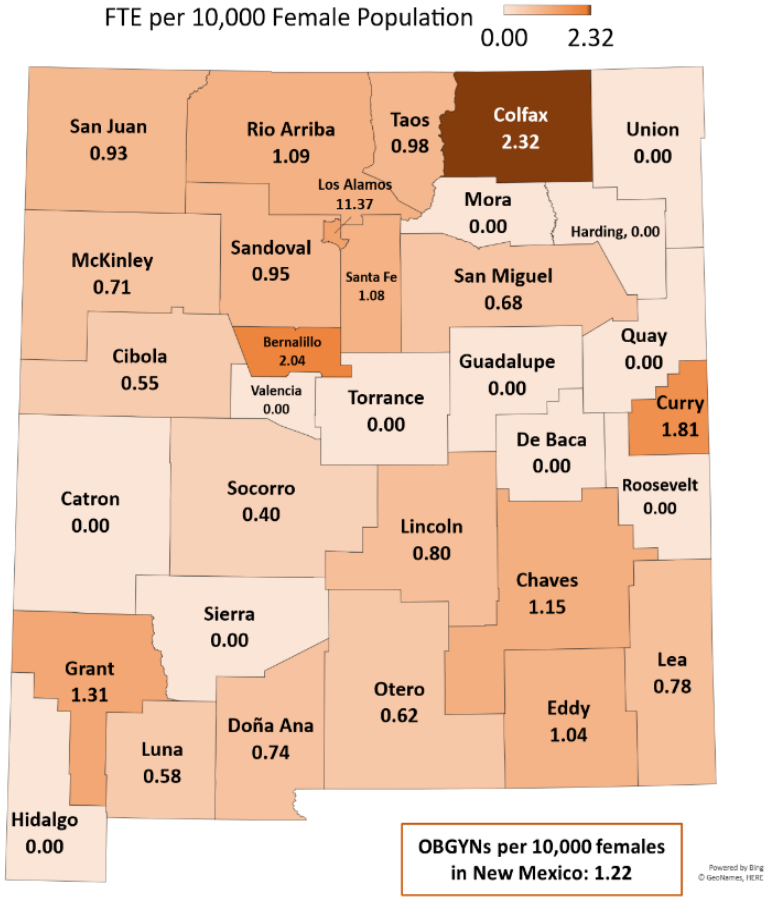


Figure 4.2. New Mexico Primary Care Obstetrics and Gynecology Full-Time Equivalent by County Population, 2021

According to Figure 4.2, in New Mexico there is an average of 1.22 actively practicing OBGYNs per 10,000 female population, meaning for each OBGYN, there are about 8,333 people to serve. The top three counties with the highest population density of OBGYNs per 10,000 female population are Colfax County, 2.32, Bernalillo County, 2.04, and Curry County, 1.18. Virtually all of New Mexico has an OBGYN provider shortage.

Psychiatrists

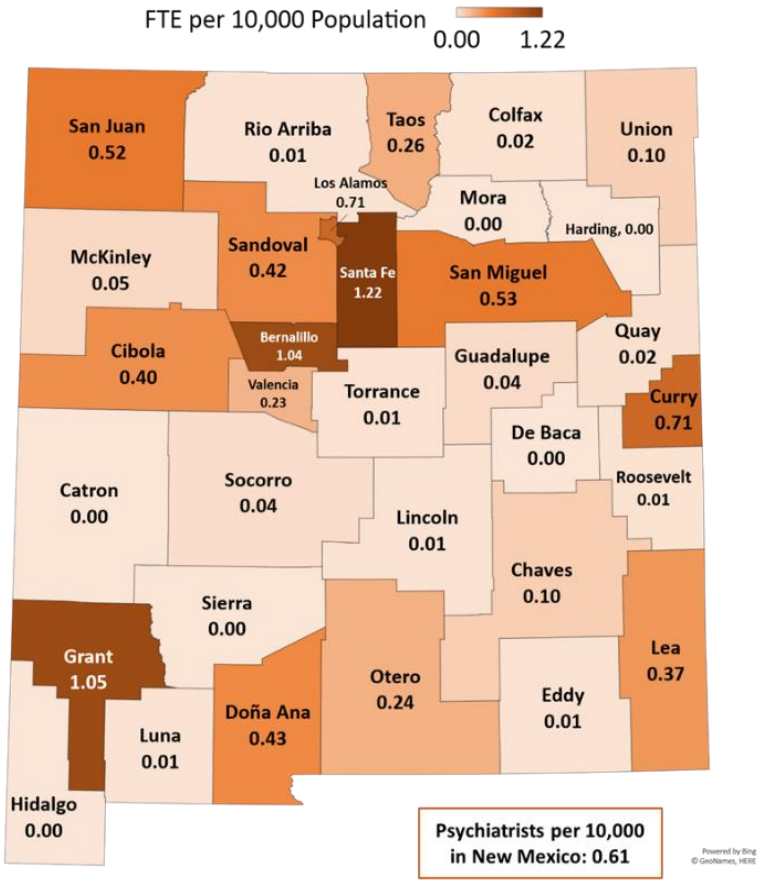


Figure 4.3. New Mexico Psychiatrist Full-Time Equivalent by County Population, 2021

Overall, in New Mexico there is an average of 0.61 psychiatrists per 10,000 population, meaning for each psychiatrist, there are about 16,393 people to serve. The top three counties with the highest population density of psychiatrists are Santa Fe County, 1.22, Grant County, 1.05, and Bernalillo County, 1.04. There is a shortage of psychiatrists throughout the state. The counties with the lowest population density of psychiatrists per 10,000 have a 0.00 FTE: Catron County, De Baca County, Harding County, Hidalgo County, Mora County and Sierra County.

Core Mental Health Professions

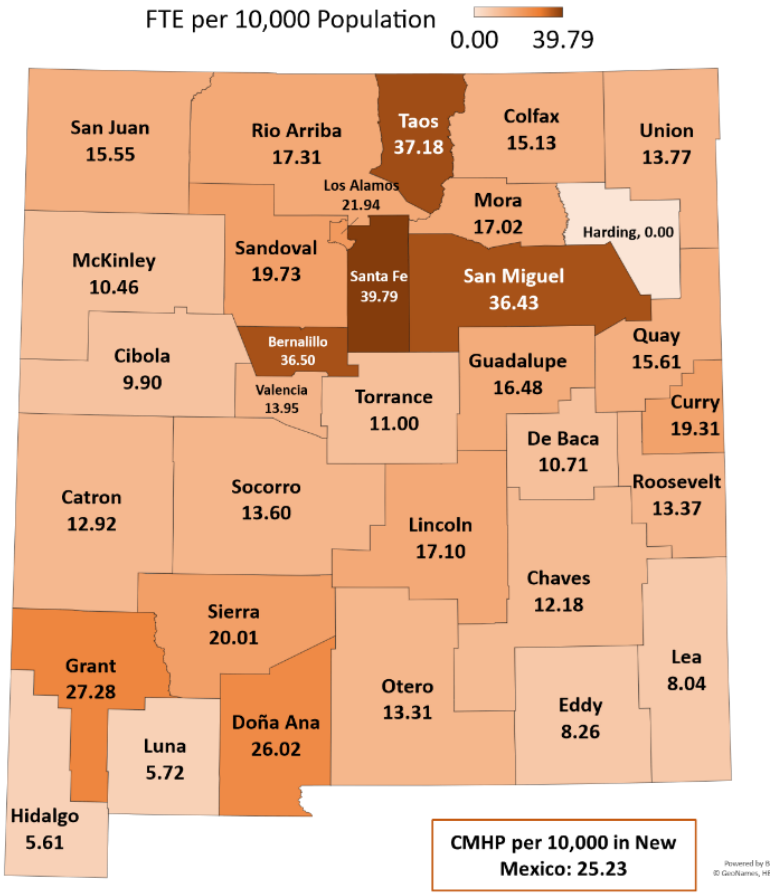


Figure 4.4. New Mexico Core Mental Health Professions Full-Time Equivalent by County Population, 2021

Finally, in New Mexico there is an average of 25.23 core mental health professionals (CMHP) per 10,000 population, meaning for each CMHP, there are about 400 people to serve. The counties with the highest density of CMHPs per 10,000 population are Santa Fe County, 39.79, Taos County, 37.18, and Bernalillo County, 36.50. The three counties with the lowest density of CMHPs per 10,000 population are Harding County, 0.00, Hidalgo County, 5.61, and Lea County, 5.72.

IV.D. Limitations

Population Data:

There may have been an undercount in New Mexico's population due to the 2020 U.S. Census data collection methods. Specifically, there was a reduced time period for residents to complete the survey and confusion about possible questions related to citizenship status that might have deterred some New Mexicans from completing the survey.

Survey Data:

The survey used in this study is limited, as participation was not made mandatory, nor was it made available to all licensed providers. Survey participation was not offered to some new and renewed licensed individuals. Some survey questions remained optional and were write-in, resulting in variable responses and unanswered questions. Additionally, due to the self-reporting write-in nature of the survey, the data is subject to participant entry errors. In particular, the survey contained over-reporting of activity levels and various specialty distinctions that created inconsistency. Furthermore, there was no indication of an incentive for accuracy among participants when completing the survey.

FTE Provider Count Analysis:

Due to limited source data, this analysis only examines data provided by the New Mexico Regulation & Licensing Department. Further, this analysis does not include some providers who delivered primary care, such as physician assistants, nurse practitioners and others in 2021. See appendix E and F for 2020 physician assistant and nurse practitioner FTE maps and methodology. Additionally, the count of CMHP does not include provisionally and bachelorette licensed social workers and licensed mental health counselors who can have a role in the delivery of behavioral and mental health. In terms of the methodology for the provider county distinction, this analysis is limited, as some providers work in multiple locations and across county or state lines. This was particularly relevant during the COVID-19 pandemic, which saw a dramatic expansion of telehealth services. Moreover, in instances where the home address was used as a proxy for the location of services, including all those in the Non-Responder Group, it is impossible to determine the provider's precise employment location.

IV.E. Conclusions

This analysis provides an estimate of provider contribution by an FTE count and serves as a resource to better inform policy decisions regarding primary care and behavioral health to improve the health of New Mexicans. Overall, this analysis found that New Mexico has a significant shortage of primary care and behavioral health providers across counties.

Primary Care Physicians Methodology Example:

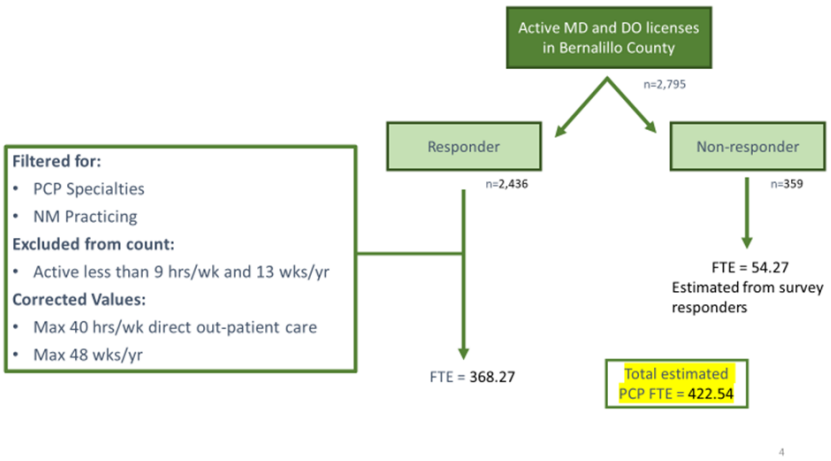


Figure 4.5. Methodology Visual Flowchart Using Example Calculation of Primary Care Physicians Full-Time Equivalent for Bernalillo County, 2021

Obstetrics and Gynecology Methodology Example:

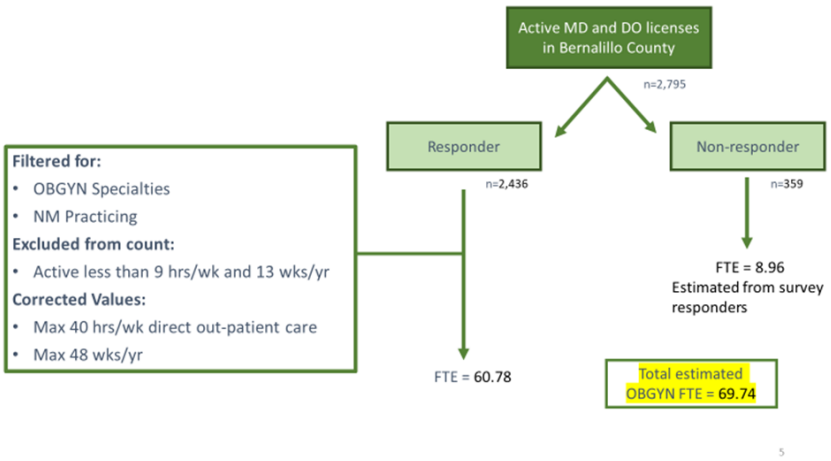


Figure 4.6. Methodology Visual Flowchart Using Example Calculation of Obstetrics and Gynecology Full-Time Equivalent for Bernalillo County, 2021

Psychiatrists Methodology Example:

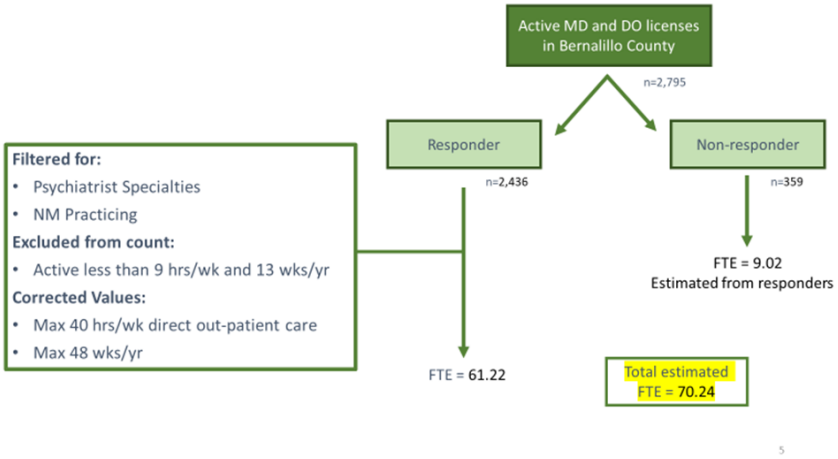


Figure 4.7. Methodology Visual Flowchart Using Example Calculation of Psychiatrists Full-Time Equivalent for Bernalillo County, 2021

Core Mental Health Professions Methodology Example:

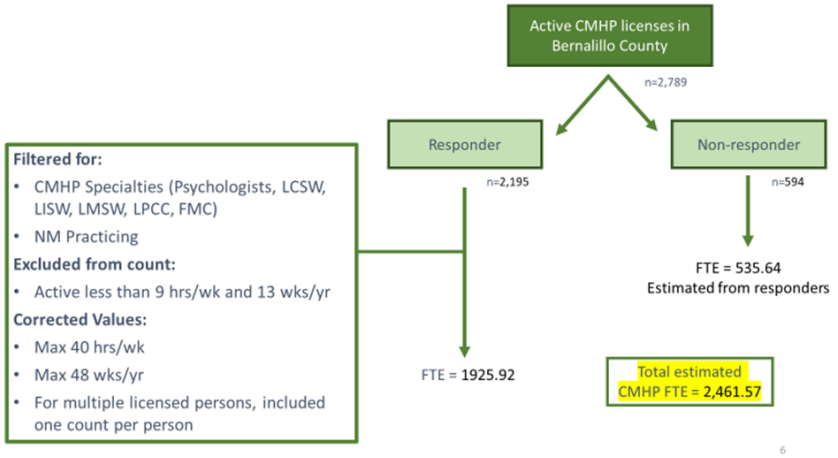


Figure 4.8. Methodology Visual Flowchart Using Example Calculation of Core Mental Health Professions Full-Time Equivalent for Bernalillo County, 2021

Section V

New Mexico's Health Care Workforce

V.A. Introduction

A variety of health care professions are necessary to meet the spectrum of health needs among the state's population. In this section, we examine New Mexico's physicians in selected specialties (Section V.C, p. 38), selected nursing professions (Section V.D, p. 54), physician assistants (Section V.E.1, p. 66), dentists (Section V.E.2, p. 70), pharmacists (Section V.E.3, p. 74), licensed midwives (Section V.E.4, p. 78), emergency medical technicians (Section V.E.5, p. 82), physical therapists (Section V.E.6, p. 86) and occupational therapists (Section V.E.7, p. 90). In each of these sections, we discuss the benchmark analysis, counts, changes from last year and demographic data for each profession.

In contrast to the demand analysis of Section III (p. 15) and the FTE analysis of Section IV (p. 23), the benchmark analysis described here links the number of practicing providers per population to a national comparator value for each profession in order to assess whether New Mexico's counties are well- or poorly supplied with workforce relative to an external standard. In so doing, it is possible to assess the extent of recruitment and retention efforts that may be necessary in order for all counties to meet or exceed the selected standard for comparison.

In prior years, the benchmark has been held stable in order to facilitate year-to-year comparisons of counties' status with respect to each profession. However, many health care professions have undergone national shifts in workforce in the years since these benchmarks were first identified. This year, updated benchmarks were identified for many professions in order to reflect these changing national patterns. The previous and updated benchmarks for each profession are summarized in Table 5.1.

It is important to note that for nearly all of the professions analyzed, an accepted ideal or optimal provider-to-population ratio has not been found. The exceptions are psychiatrists and general surgeons, for whom the benchmarks are the optimal or minimum provider-to-population ratio respectively, as identified from published research. In lieu of this gold standard, the benchmarks for other professions are:

1. The provider-to-population ratio for the U.S. as a whole (RNs, CNPs, PAs, pharmacists, EMTs, PTs, OTs);
2. The provider-to-population ratio for a subset of the U.S. population (OB-GYNs, female population; CNMs and LMs, female population for those states with comparable licensure of these professions);
3. The median provider-to-population ratio for U.S. states (PCPs); or
4. A multiple of the severe shortage represented by the Health Professional Shortage Area threshold (dentists).

As a result, ***meeting or exceeding benchmarks for providers does not indicate that all county residents have adequate access to health care and health professionals.*** For most professions, benchmark status indicates how that county's workforce, relative to the population, compares with the value typically found nationally. Providers above benchmark in these categories mean only that the county is above the national average or median, ***not*** that it has "too many" providers.

Table 5.1. Practitioner-to-Population Benchmarks Used to Assess the New Mexico Health Care Workforce

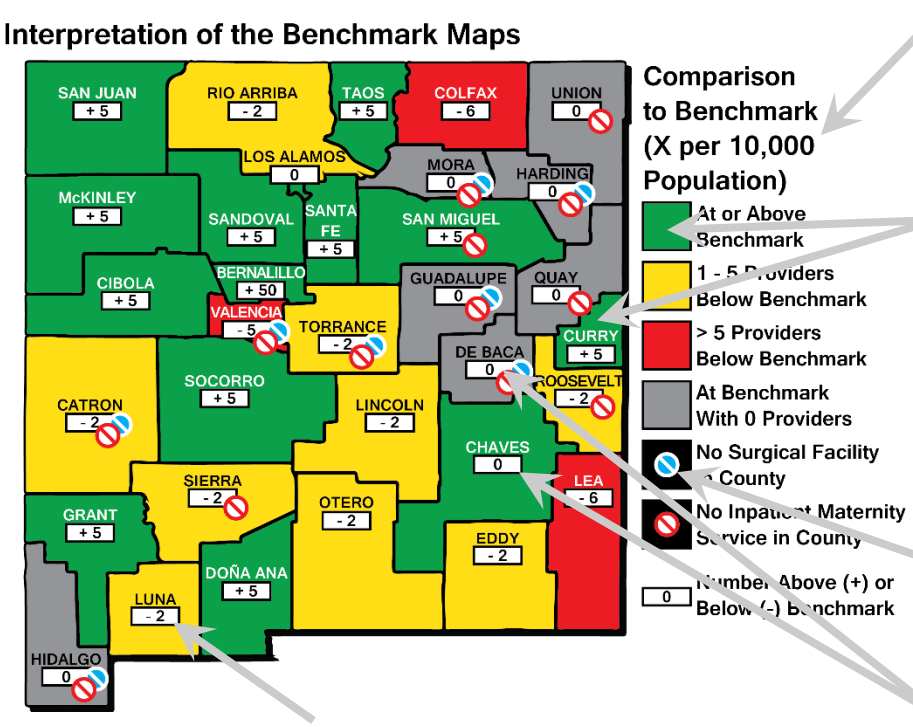
Profession	2020 Benchmark	Updated 2021 Benchmark
PCPs	8.3 per 10,000 population[35]	8.5 per 10,000 population[36]
OB-GYNs	2.2 per 10,000 female population[37]	*Unchanged*
General Surgeons **Critical Need** **Minimum Need** **Optimal Ratio**	 3.0 per 100,000 population[38] 6.0 per 100,000 population 9.2 per 100,000 population	*Unchanged*
Psychiatrists	1.6 per 10,000 population[39]	*Unchanged*
RNs	94.3 per 10,000 population[40]	*Unchanged*
CNPs	7.8 per 10,000 population[41]	8.1 per 10,000 population[42]
CNMs	0.76 per 10,000 female population[43, a]	0.8 per 10,000 female population[44, a]
PAs	4.3 per 10,000 population[45]	4.5 per 10,000 population[46]
Dentists	4.6 per 10,000 population[47, a]	*Unchanged*
Pharmacists	9.1 per 10,000 population[48,a]	*Unchanged*
LMs	.24 per 10,000 female population[49,a]	.25 per 10,000 female population[50,a]
EMTs	32.1 per 10,000 population[51]	*Unchanged*
PTs	9.5 per 10,000 population[52]	*Unchanged*
OTs	3.7 per 10,000 population[53]	*Unchanged*

[a] See our 2017 Annual Report for additional detail on the calculation of these benchmarks from the listed source.[5]

As will be shown in this section – and similarly to Sections III (p. 15) and IV (p. 23) – counties vary sharply with respect to health care workforce, ranging from many providers above the benchmark to many below. Maps similar to that shown in Figure 5.1 summarize this information for each of the 14 professions analyzed in this section. Because we do not anticipate substantial relocation of providers from better-served to more poorly served counties – in part because provider counts above benchmarks cannot be taken as an excess or even necessarily adequate number of providers for the population's needs – in this section we state for each profession the number of providers that would allow New Mexico counties to meet national benchmarks ***assuming no redistribution of practitioners from counties with above-benchmark numbers to those with fewer.***

As a note, while counties may meet or exceed the national benchmark, this indicator does not necissarily reflect that there are no issues regarding accessability. Adaquate providers is necessary, but is not sufficient to solve issues pertaining to access, shortages, or scheduling and other health system processes which influence access and scheduling.

*The **BENCHMARK VALUE** is provided in the legend of each map for easy reference.*



*The **COLOR** of each county corresponds to its providers above or below the national benchmark. Green counties are at or above benchmark, yellow counties are moderately below benchmark, and red counties are severely below benchmark.*

*Additional **SYMBOLS** like these may be included for additional information pertinent to the profession. Look in the legend for their definitions.*

*The **NUMBER** in each county shows the number of providers above or below benchmark. In this example, Luna County would need to add two providers in order to meet the national benchmark.*

*What's the difference between counties with the number **ZERO** and colored **GREEN** or **GRAY**? In both cases, the number zero indicates that the number of providers is the same as the benchmark value. Those with a benchmark of zero and no providers are GRAY, while those with a benchmark of one or more that is met by the number of providers identified for the county are GREEN.*

Figure 5.1. Maps like this one are included for each profession analyzed. The text boxes here highlight the key points illustrated by these benchmark maps.

V.B. Methods

V.B.1. Key Definitions

In this report, we provide estimates and demographic analysis of the health care workforce practicing in New Mexico during any part of calendar year 2021 in the following professions:

1. **Primary Care Physicians (PCPs)** include all medical doctors (MDs) and doctors of osteopathy (DOs) who specialize in family practice, family medicine, general practice, general pediatrics (not pediatric subspecialties) or general internal medicine (not internal medicine subspecialties), as in past years. This year, physicians specializing in geriatrics or adolescent medicine are also classified as PCPs in accordance with the national benchmark used for comparison.
2. **Obstetrics & Gynecology Physicians (OB-GYNs)** include all MDs and DOs specializing in obstetrics and/or gynecology, including subspecialties.
3. **General Surgeons** include all MDs and DOs specializing in general surgery.
4. **Psychiatrists** include all MDs and DOs specializing in psychiatry, regardless of subspecialty.
5. **Registered Nurses and Clinical Nurse Specialists (RNs and CNSs)** include all individuals licensed as RNs and/or CNSs by the Board of Nursing, excluding those also licensed as certified nurse-midwives, certified nurse practitioners and/or certified registered nurse anesthetists. These individuals are counted only once at their highest level of licensure. ***Due to the updated benchmarks identified for this year's report, CNSs continue to be included with RNs rather than CNPs.*** However, these individuals are advanced practice and particularly contribute to New Mexico's behavioral health workforce. Those who do report a practice area of psychiatric or mental health are included in the behavioral health workforce analyzed in Section VI (p. 95).
6. **Certified Nurse Practitioners (CNPs)** include all CNPs. While CNPs practicing in behavioral health were previously excluded from this analysis, they are included this year in accordance with the updated national benchmark for this profession. While nurses are generally counted only once at their highest level of licensure, CNPs who are also licensed as certified nurse-midwives are counted in both categories as these levels are considered equal. As discussed above, CNSs are this year included with RNs rather than CNPs due to their now-inclusion with the updated benchmark identified for RNs and exclusion from the benchmark identified for CNPs. However, due to their important contributions to the behavioral health workforce, CNSs reporting a practice area of psychiatric or mental health are included in Section VI's (p. 97) analysis of the behavioral health workforce.
7. **Certified Nurse-Midwives (CNMs)** include all individuals licensed as CNMs by the Department of Health, whether CNM only or CNM and CNP. While CNMs are surveyed by both the Department of Health and the Board of Nursing, only their Board of Nursing survey data are used in analysis.
8. **Physician Assistants (PAs)** include all providers licensed as physician assistants by the Board of Medicine.
9. **Dentists** include all licensed dentists.
10. **Pharmacists** include all licensed pharmacists.
11. **Licensed Midwives (LMs)** include all individuals licensed as LMs by the New Mexico Department of Health.
12. **Emergency Medical Technicians (EMTs)** include all individuals licensed as EMTs, first responders or dispatchers, counted only once. In past years, this category included only EMTs, but it has been expanded this year in accordance with the updated national benchmark.
13. **Physical Therapists (PTs)** include all licensed PTs.
14. **Occupational Therapists (OTs)** include all licensed OTs.

Active licenses were defined as all licenses for these professions expiring on or after 1 January 2021 and issued prior to 1 January 2022. For each active license, the most recent corresponding survey was sought in the responses from renewal in 2021, 2020, 2019 or 2018 (the earliest renewal date possible for licenses active in 2021). Surveys are not available for all active licenses. With the exception of nursing and EMTs, for whom survey data are collected at initial licensure, as well as license renewal, newly issued licenses remain surveyed prior to license renewal. For some renewed licenses, no current survey can be identified due to errors such as mis-entry of license number that prevent matching of survey to license. In addition, across all professions data may be missing for individual survey items that an individual declined to answer. The proportion of each profession's licenses that were matched to a current survey is listed in Appendix D (p. 163).

Practice locations of providers were identified by ZIP code. For surveyed individuals, practice location was identified by county of the self-reported primary practice address ZIP code. Where this was left blank, the practice location was identified by county of the self-reported primary practice address city and state. For un-surveyed individuals, the mailing address ZIP code was used as a proxy. The exceptions were LMs and EMTs. EMTs are asked their EMS county, rather than practice address, and this county was used for practice location. Of LMs responding affirmatively to practicing in New Mexico, fewer than half reported a business address, likely owing to the independent, home-based care delivered by many in this profession. As a result, for LMs business ZIP code was used for practice location when available, but if left blank, the mailing ZIP code was used as a proxy.

Active practice criteria were used to exclude individuals not providing health care in New Mexico, regardless of practice address. Licensed health professionals were excluded as non-practicing if any of the following conditions were met:

1. **Practice status** responses indicating inactivity in New Mexico, that is:
    a. **For all professions except those below,** retired individuals, residents in training, individuals permanently or temporarily inactive in New Mexico, and individuals selecting only "practice medicine in another state" for this survey item;
    b. **For nurses,** individuals reporting active employment in a field other than nursing, not employed or unemployed (whether indicating they were seeking work as a nurse or not), or retired;
    c. **For LMs,** individuals responding "have license but not actively practicing," "other state practicing," or "retired but have an active license;"
    d. **For EMTs,** individuals responding "unemployed" for EMS job, "unemployed" for EMS work basis, "no" for employment in EMS, or "non-EMS position".
2. **Weeks worked per year** responses of zero for all professions.
3. **Hours worked per week** responses of zero for all professions.
4. **Percent of time spent in direct patient care** responses of zero for all professions.
5. **For PCPs,** in addition to the above criteria those individuals reporting fewer than 20 hours worked per week and/or less than 50% of their time spent in direct patient care, in accordance with the updated national benchmark.

Throughout this section, what is described as New Mexico's health care workforce comprises *only* those individuals identified as actively practicing in the state as defined above.

County-level 2021 population data from the U.S. Census Bureau were used to calculate practitioner-to-population ratios for each county and the number of providers necessary for the county to meet the benchmark.[14]

V.C. Physicians

V.C.1. Primary Care Physicians

V.C.1.a. Benchmark Analysis

In 2021, an estimated 1,649 PCPs were practicing in New Mexico, with counties varying between 138 above benchmark and 47 below (Figure 5.2). Table 5.2 tracks the PCP workforce since the profession was first analyzed for 2013. Six counties have shown a net gain of PCPs, with eight counties above benchmark for these practitioners. The state as a whole has 149 fewer PCPs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 334 PCPs would be needed for all New Mexico counties to meet the national benchmark (increased this year from 8.3 per10,00[35] to 8.5 per 10,000 population[36]).***

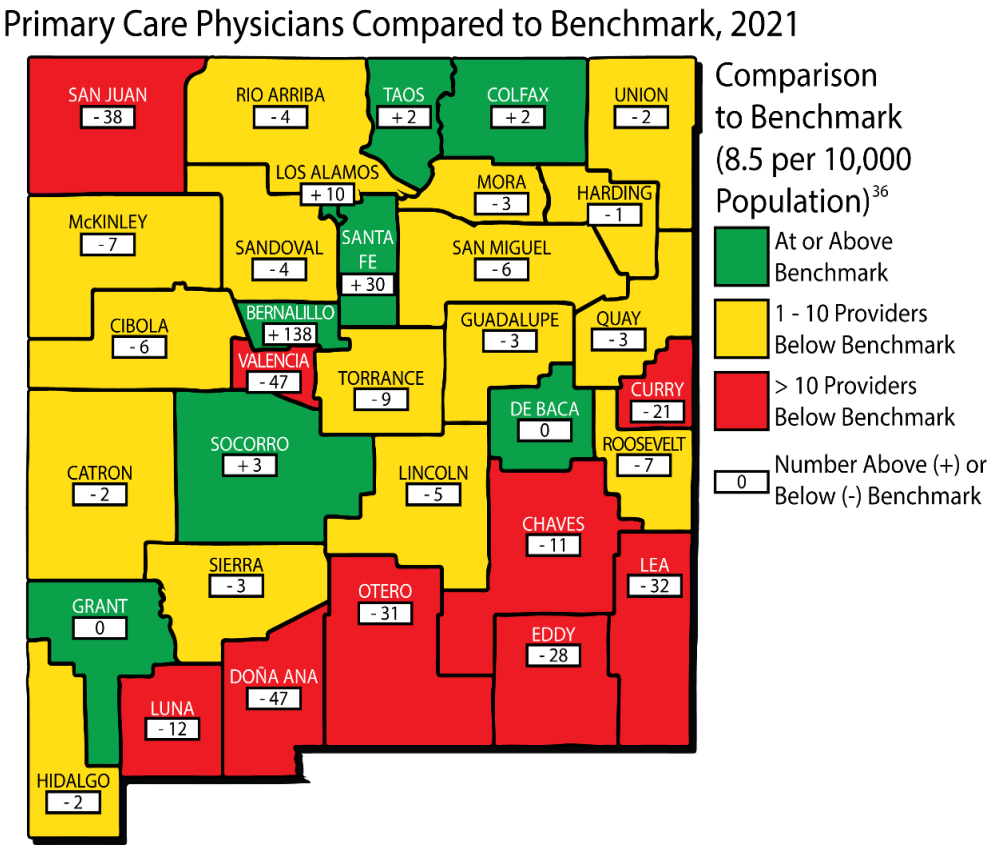


Figure 5.2. Primary care physician workforce relative to the national benchmark of 8.5 PCPs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red). The exclusion criteria defining non-practicing is expanded for this profession to exclude any individual reporting fewer than 20 hours worked/week and/or less than 50% of their time spent in direct patient care, in accordance with the national benchmark. The inset highlights the counties that have changed benchmark status since last year's report.

V.C.1.b. Provider Counts

Table 5.2. Primary Care Physician Distribution by New Mexico County Since 2013

County	2013	a	2016	2017	2018	2019[b]	2020	2021	Net Change Since 2013
Bernalillo	855		946	1,123	999	675	685	711	-144
Catron	2		2	3	3	1	1	1	-1
Chaves	73		63	75	70	54	46	44	-29
Cibola	20		21	21	19	13	19	17	-3
Colfax	9		7	10	9	10	12	13	4
Curry	36		36	42	39	22	22	20	-16
De Baca	1		1	2	2	1	1	1	0
Doña Ana	168		185	200	192	137	134	141	-27
Eddy	35		36	33	34	24	26	24	-11
Grant	32		39	40	34	19	21	24	-8
Guadalupe	3		2	2	1	1	2	1	-2
Harding	1		0	0	0	0	0	0	-1
Hidalgo	2		1	2	2	2	2	1	-1
Lea	30		36	41	37	29	31	30	0
Lincoln	13		12	14	12	10	10	12	-1
Los Alamos	33		31	37	35	28	28	26	-7
Luna	10		8	9	6	8	10	10	0
McKinley	50		59	62	59	46	50	54	4
Mora	1		1	2	1	1	1	1	0
Otero	37		34	33	39	31	28	27	-10
Quay	7		6	4	4	2	2	4	-3
Rio Arriba	27		26	27	29	24	28	30	3
Roosevelt	14		13	9	9	10	9	9	-5
San Juan	96		86	95	92	69	68	65	-31
San Miguel	26		19	24	25	15	16	17	-9
Sandoval	103		111	137	122	99	114	125	22
Santa Fe	188		203	222	199	178	164	162	-26
Sierra	11		11	13	9	8	9	7	-4
Socorro	12		16	15	18	15	19	17	5
Taos	37		34	36	35	24	24	31	-6
Torrance	1		2	3	3	3	3	4	3
Union	0		2	1	2	2	2	1	1
Valencia	24		27	23	22	20	20	19	-5
STATE TOTAL	**1,957**		**2,076**	**2,360**	**2,162**	**1,581**	**1,607**	**1,649**	**-308**

[a] Data for 2014-2015 can be found in the New Mexico Health Care Workforce Committee 2021 Annual Report.
[b] Inclusion criteria were updated to remove nonpracticing providers.

A total of 2,892 primary care physicians (PCPs) held New Mexico licenses during 2021. Of these individuals, 842 were identified as out of state, 401 were excluded from analysis as nonpracticing and 1,649 were in active practice in New Mexico (Figure 5.3).

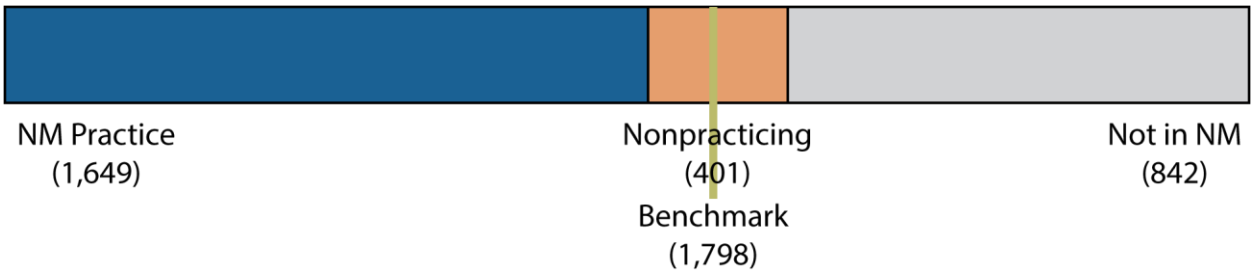
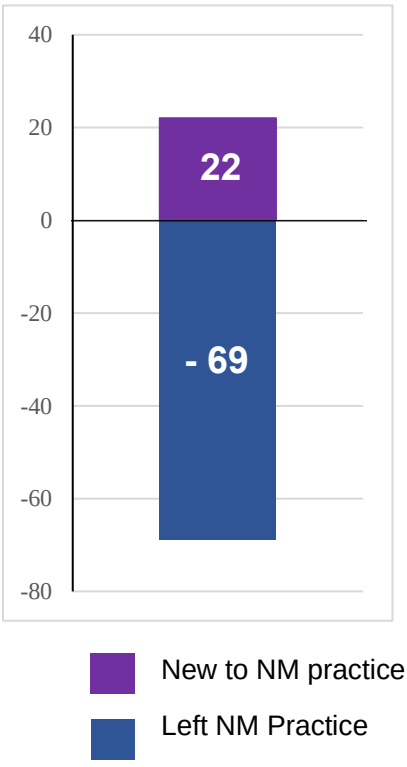


Figure 5.3. New Mexico's primary care physician licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of PCPs practicing in New Mexico has decreased by 69 individuals, with the losses and gains to the workforce shown in Figure 5.4.

Figure 5.4. Changes to the PCP workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.C.1.c. Demographics

Demographic features of New Mexico PCPs are shown in figure 5.5. Relative to the state's population, PCPs are less likely to identify as Hispanic, White or Native American and Alaska Native, and more likely to identify as Black or African American or Asian, Native Hawaiian and Other Pacific Islander. The state's PCP workforce is 46.3% female, with a mean age of 53.1 years. Detailed data for these findings may be found in Appendix C (p. 144).

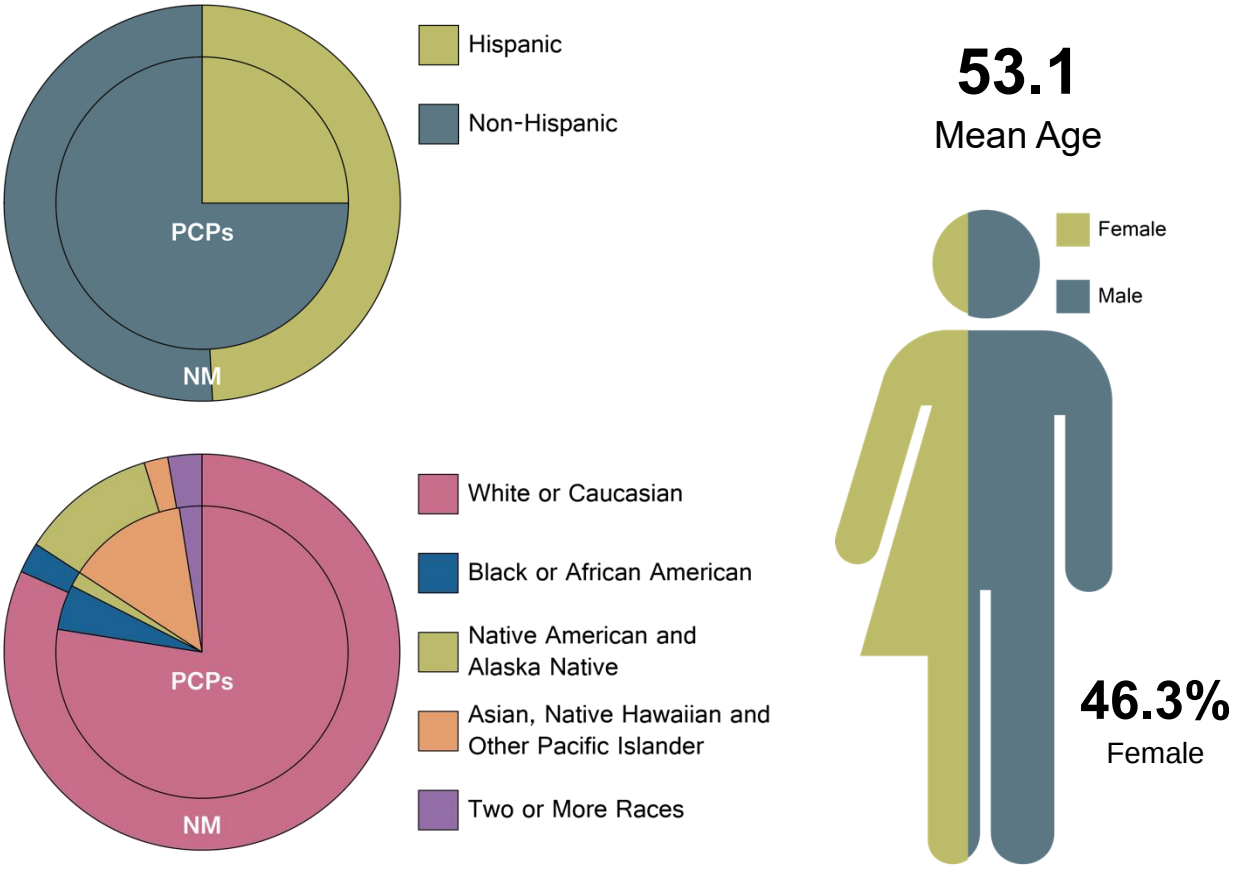


Figure 5.5. Demographic features of the NM PCP workforce. Clockwise from top right: mean age, percent male or female, proportions of NM PCPs (center circle) and the NM population (outer circle) for race and ethnicity.

V.C.2. Obstetrics & Gynecology Physicians

V.C.2.a. Benchmark Analysis

In 2021, an estimated 219 OB-GYNs were practicing in New Mexico, with counties varying between 44 above benchmark and 11 below (Figure 5.6). Table 5.3 tracks the OB-GYN workforce since the profession was first analyzed for 2013. Four counties have shown a net gain of OB-GYNs, with seven counties above benchmark for these practitioners. The state as a whole has 15 fewer OB-GYNs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 59 OB-GYNs would be needed for all New Mexico counties to meet the national benchmark (2.2 per 10,000 female population[37]).***

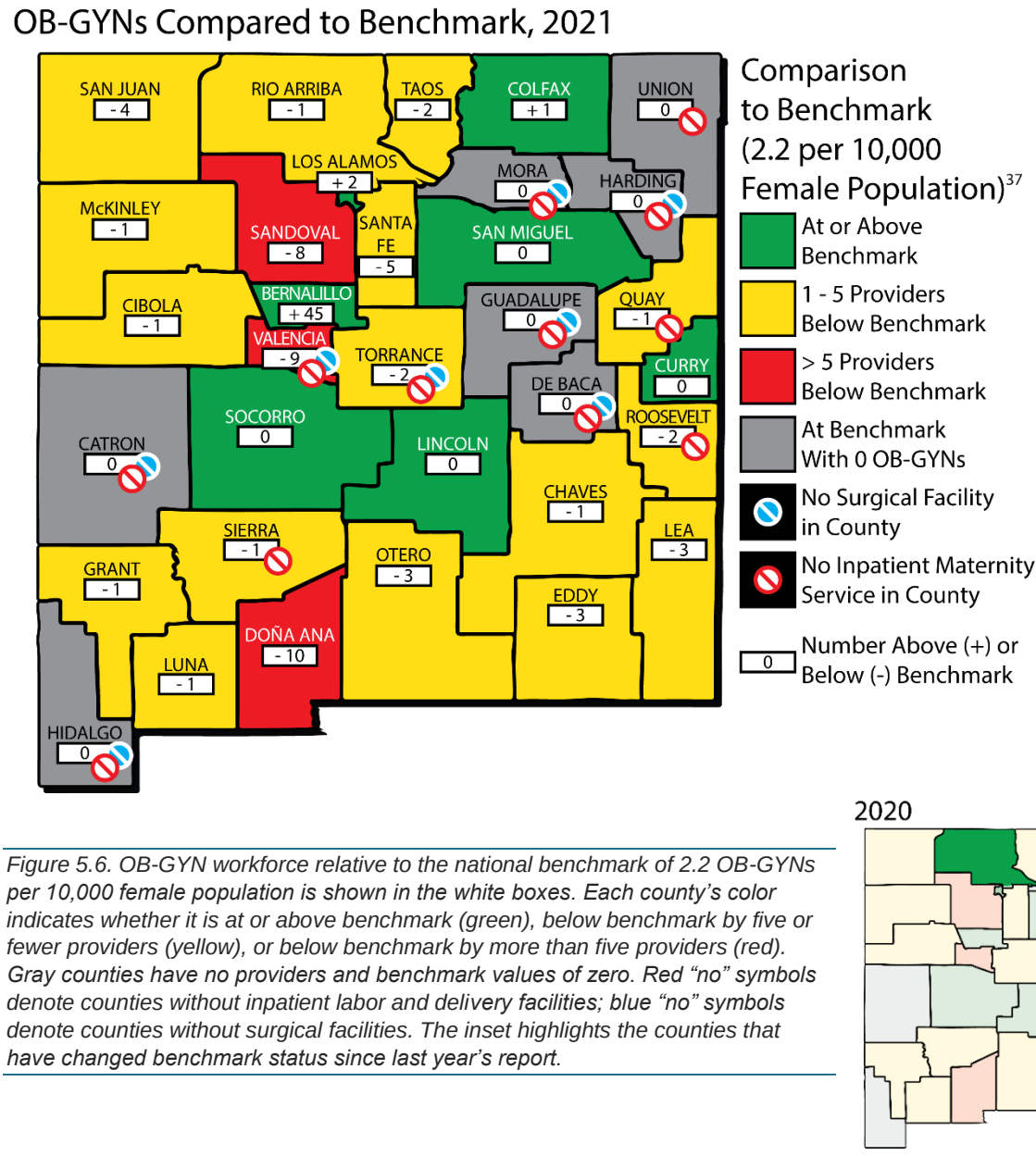


Figure 5.6. OB-GYN workforce relative to the national benchmark of 2.2 OB-GYNs per 10,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. Red "no" symbols denote counties without inpatient labor and delivery facilities; blue "no" symbols denote counties without surgical facilities. The inset highlights the counties that have changed benchmark status since last year's report.

V.C.2.b. Provider Counts

Table 5.3. Obstetrics & Gynecology Physician Distribution by New Mexico County Since 2013

County	2013	a	2016	2017	2018	2019[b]	2020	2021	Net Change Since 2013
Bernalillo	133		144	151	154	128	126	119	-14
Catron	0		0	0	0	0	0	0	0
Chaves	9		7	7	6	5	5	6	-3
Cibola	2		3	3	3	2	1	2	0
Colfax	2		4	4	3	2	2	2	0
Curry	2		5	6	8	6	5	5	3
De Baca	0		0	0	0	0	0	0	0
Doña Ana	21		26	23	22	18	17	14	-7
Eddy	9		7	7	6	7	7	4	-5
Grant	3		3	3	3	3	2	2	-1
Guadalupe	0		0	0	0	0	0	0	0
Harding	0		0	0	0	0	0	0	0
Hidalgo	0		0	1	0	0	0	0	0
Lea	3		7	10	10	6	7	5	2
Lincoln	3		2	2	3	2	2	2	-1
Los Alamos	2		3	4	5	3	4	4	2
Luna	4		2	2	2	2	2	2	-2
McKinley	8		9	7	3	3	5	7	-1
Mora	0		0	0	0	0	0	0	0
Otero	11		8	6	6	5	5	5	-6
Quay	0		0	0	0	0	0	0	0
Rio Arriba	3		5	4	5	4	4	3	0
Roosevelt	1		1	0	0	0	0	0	-1
San Juan	9		6	7	8	8	9	9	0
San Miguel	4		3	2	1	2	3	3	-1
Sandoval	7		7	9	10	5	7	9	2
Santa Fe	12		13	16	15	13	12	12	0
Sierra	0		0	0	0	0	0	0	0
Socorro	4		3	4	4	3	2	2	-2
Taos	3		5	4	2	3	2	2	-1
Torrance	0		0	0	0	0	0	0	0
Union	0		0	0	0	0	0	0	0
Valencia	1		0	0	0	0	0	0	-1
STATE TOTAL	**256**		**273**	**282**	**279**	**230**	**229**	**219**	**-37**

[a] Data for 2014-2015 can be found in the New Mexico Health Care Workforce Committee 2021 Annual Report.
[b] Inclusion criteria were updated to remove nonpracticing providers.

A total of 351 OB-GYNs held New Mexico licenses during 2021. Of these individuals, 93 were identified as out of state, 39 were excluded from analysis as nonpracticing and 219 were in active practice in New Mexico (Figure 5.7).

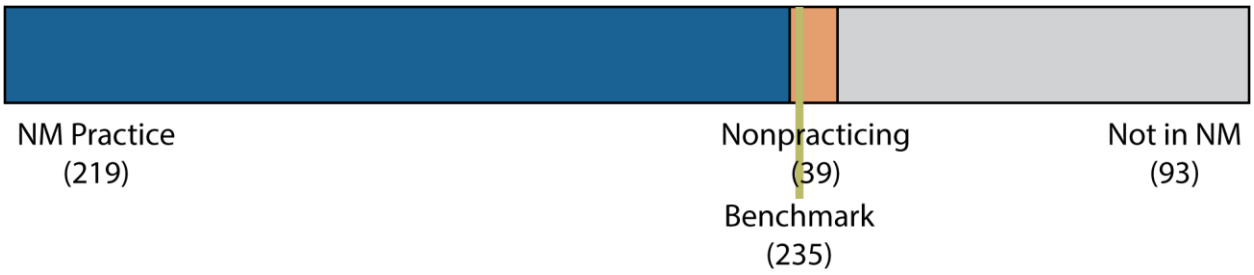
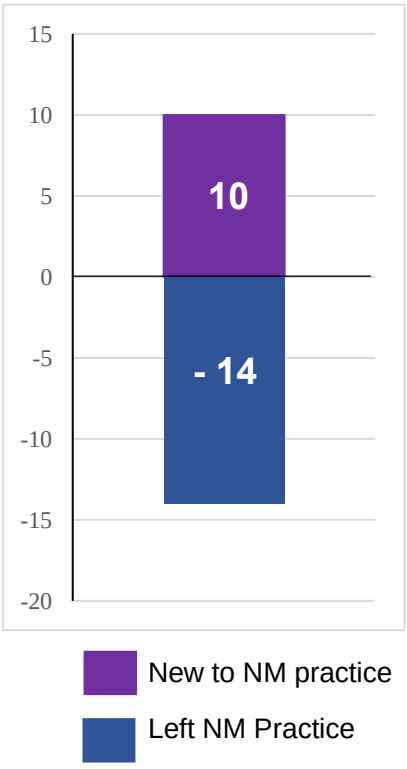


Figure 5.7. New Mexico's OB-GYN licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of OB-GYNs practicing in New Mexico has decreased by 14 individuals, with the losses and gains relative to the workforce shown in Figure 5.8.

Figure 5.8. Changes to the OB-GYN workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.C.2.c. Demographics

Demographic features of New Mexico OB-GYNs are shown in figure 5.9. Relative to the state's population, OB-GYNs are less likely to identify as Hispanic, White, Native American and Alaska Native or two or more races, and more likely to identify as Black or African American or Asian, Native Hawaiian and Other Pacific Islander. The state's OB-GYN workforce is 61.8% female, with a mean age of 52.7 years. Detailed data for these findings may be found in Appendix C (p. 144).

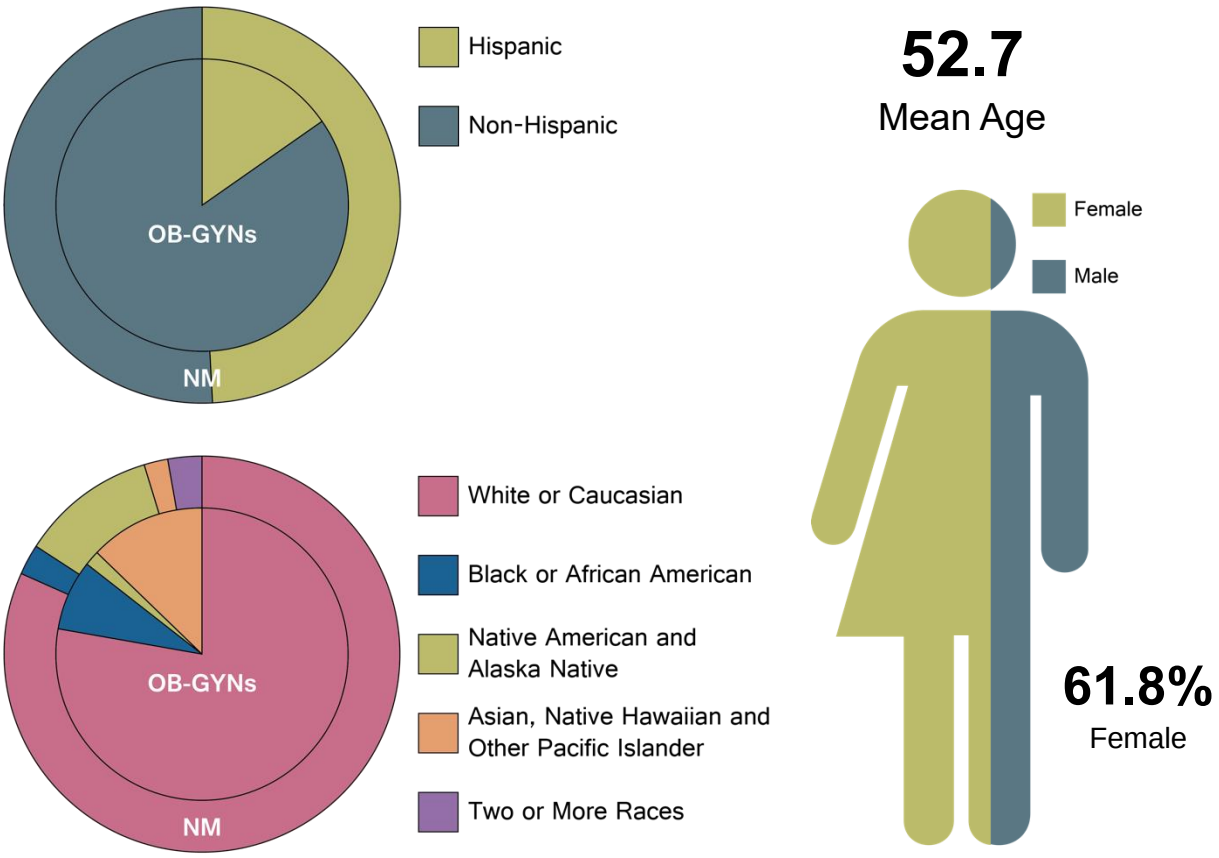


Figure 5.9. Demographic features of the NM OB-GYN workforce. Clockwise from top right: mean age, percent male or female, proportions of NM OB-GYNs (center circle) and the NM population (outer circle) for race and ethnicity.

V.C.3. General Surgeons

V.C.3.a. Benchmark Analysis

In 2021, an estimated 159 general surgeons were practicing in New Mexico, with counties varying between 14 above benchmark and five below (Figure 5.10). Table 5.4 tracks the general surgeon workforce since the profession was first analyzed for 2013. Twelve counties have shown a net gain of general surgeons, with 21 counties above benchmark for these practitioners. The state as a whole has 32 more general surgeons than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 10 general surgeons would be needed for all New Mexico counties to meet the national benchmark (6.0 per 100,000 population[38]).***

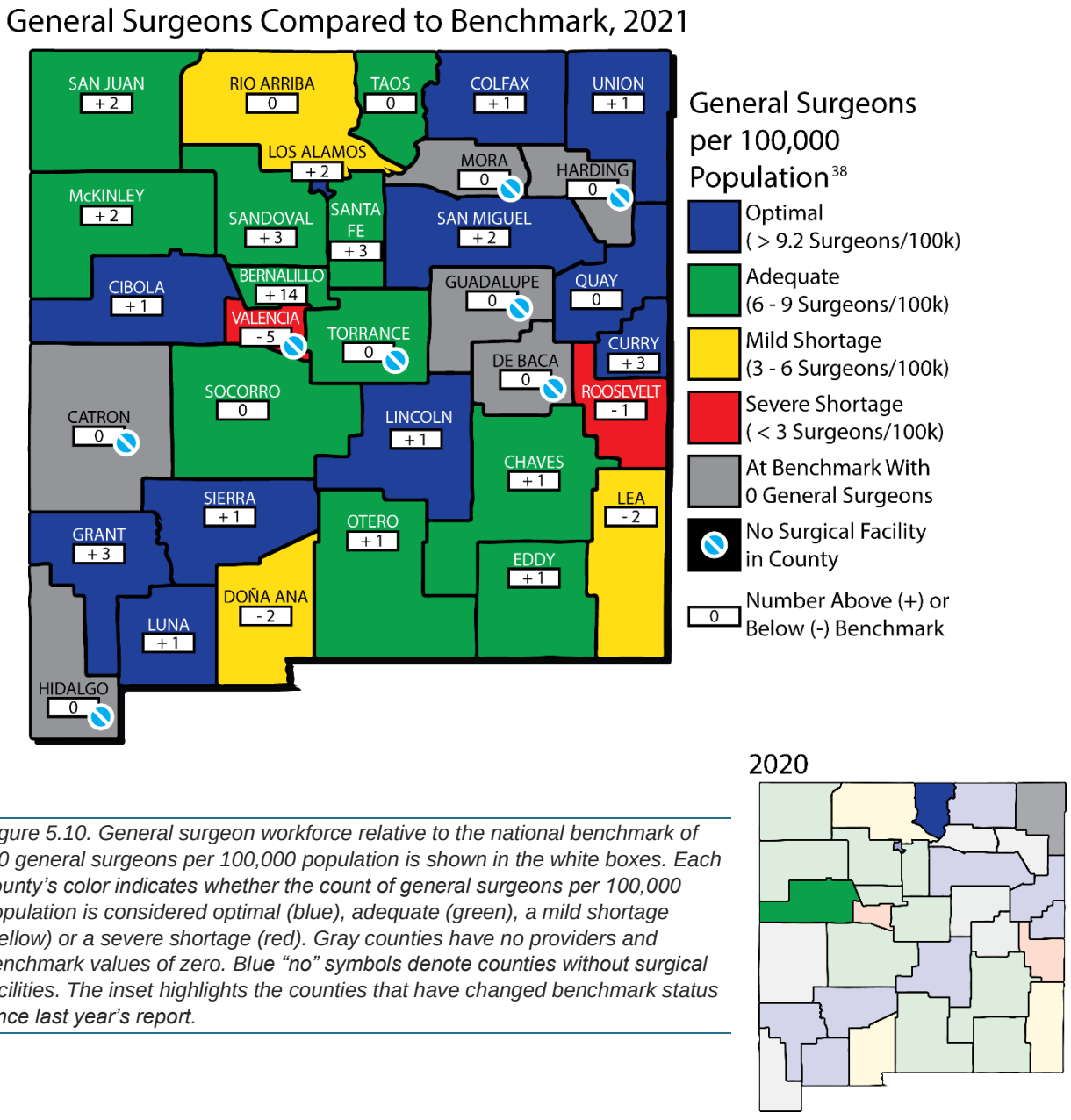


Figure 5.10. General surgeon workforce relative to the national benchmark of 6.0 general surgeons per 100,000 population is shown in the white boxes. Each county's color indicates whether the count of general surgeons per 100,000 population is considered optimal (blue), adequate (green), a mild shortage (yellow) or a severe shortage (red). Gray counties have no providers and benchmark values of zero. Blue "no" symbols denote counties without surgical facilities. The inset highlights the counties that have changed benchmark status since last year's report.

V.C.3.b. Provider Counts

Table 5.4. General Surgeon Distribution by New Mexico County Since 2013

County	2013	a	2016	2017	2018	2019[b]	2020	2021	Net Change Since 2013
Bernalillo	68		75	84	78	49	52	54	-14
Catron	0		0	0	0	0	0	0	0
Chaves	3		4	3	4	5	5	5	2
Cibola	1		3	3	3	2	2	3	2
Colfax	5		3	2	3	2	2	2	-3
Curry	9		9	8	8	7	8	6	-3
De Baca	0		0	0	0	0	0	0	0
Doña Ana	12		13	15	14	16	11	11	-1
Eddy	7		8	5	5	5	4	5	-2
Grant	4		2	4	3	5	5	5	1
Guadalupe	0		0	0	0	0	0	0	0
Harding	0		0	0	0	0	0	0	0
Hidalgo	0		0	0	0	0	0	0	0
Lea	2		2	3	3	2	2	2	0
Lincoln	0		0	1	2	2	3	2	2
Los Alamos	6		5	5	5	5	5	3	-3
Luna	1		1	1	1	3	3	3	2
McKinley	7		9	7	9	5	5	6	-1
Mora	0		0	0	0	0	0	0	0
Otero	2		2	3	2	3	4	5	3
Quay	1		2	1	1	1	1	1	0
Rio Arriba	1		3	3	4	2	2	2	1
Roosevelt	1		2	2	2	0	0	0	-1
San Juan	7		10	9	7	8	9	9	2
San Miguel	3		2	0	2	2	3	4	1
Sandoval	4		6	8	8	11	10	12	8
Santa Fe	12		17	14	13	13	11	12	0
Sierra	0		1	3	3	1	2	2	2
Socorro	2		4	3	1	1	1	1	-1
Taos	7		5	6	6	4	3	2	-5
Torrance	0		0	0	0	1	1	1	1
Union	2		0	1	1	0	0	1	-1
Valencia	0		0	0	0	0	0	0	0
STATE TOTAL	**167**		**188**	**194**	**188**	**155**	**154**	**159**	**-8**

[a] Data for 2014-2015 can be found in the New Mexico Health Care Workforce Committee 2021 Annual Report.
[b] Inclusion criteria were updated to remove nonpracticing providers.

A total of 255 general surgeons held New Mexico licenses during 2021. Of these individuals, 76 were identified as out of state, 20 were excluded from analysis as nonpracticing and 159 were in active practice in New Mexico (Figure 5.11).

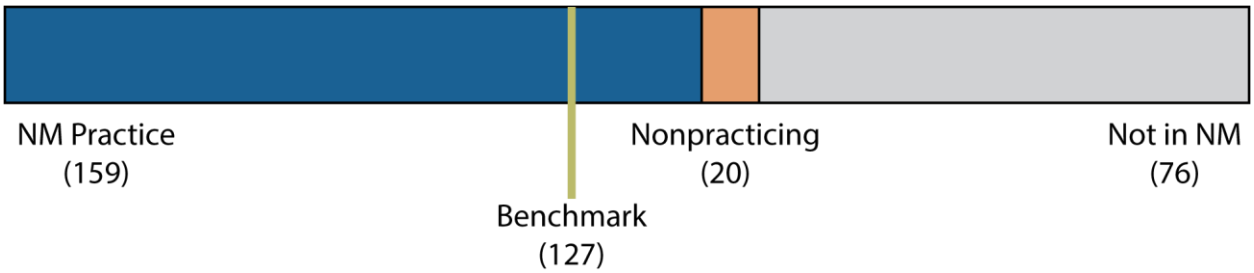
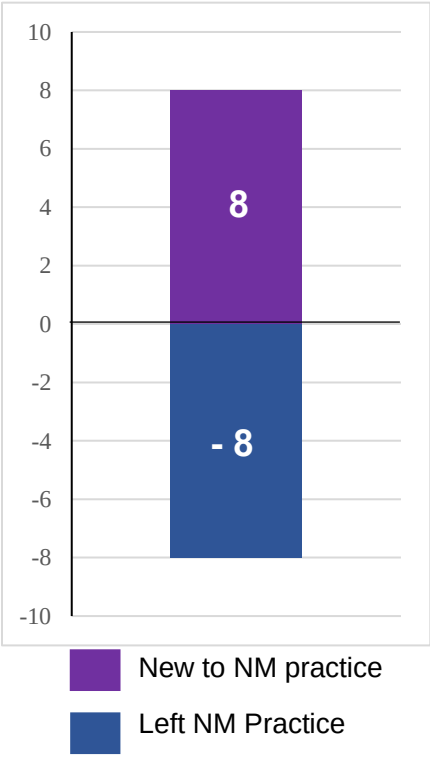


Figure 5.11. New Mexico's general surgeon licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of general surgeons practicing in New Mexico has decreased by eight individuals, with the losses and gains relative to the workforce shown in Figure 5.12.

Figure 5.12. Changes to the general surgeon workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.C.3.c. Demographics

Demographic features of New Mexico general surgeons are shown in figure 5.13. Relative to the state's population, general surgeons are less likely to identify as Hispanic, White or Native American and Alaska Native and more likely to identify as Asian, Native Hawaiian and Other Pacific Islander. The state's general surgeon workforce is only 25.3% female, with a mean age of 54.7 years. Detailed data for these findings may be found in Appendix C (p. 144).

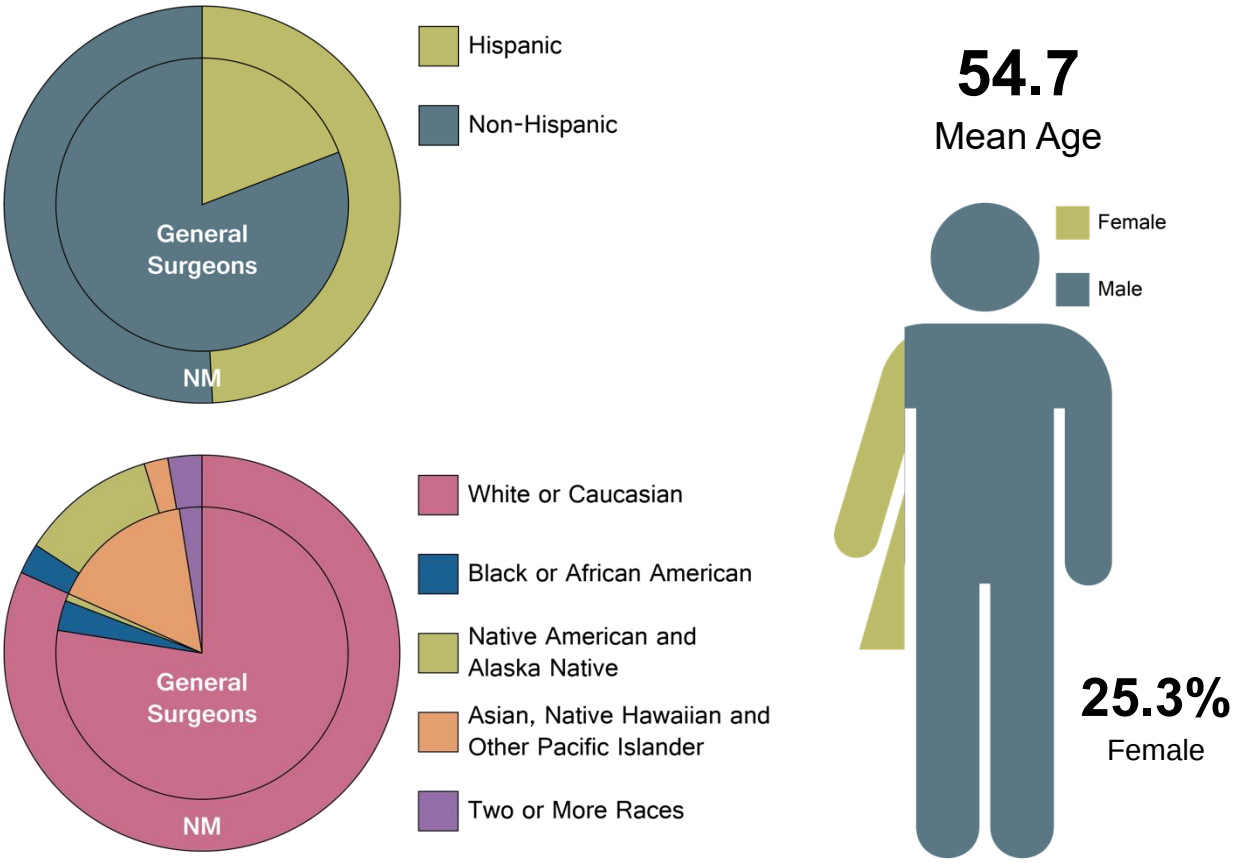


Figure 5.13. Demographic features of the NM general surgeon workforce. Clockwise from top right: mean age, percent male or female, proportions of NM general surgeons (center circle) and the NM population (outer circle) for race and ethnicity.

V.C.4. Psychiatrists

V.C.4.a. Benchmark Analysis

In 2021, an estimated 309 psychiatrists were practicing in New Mexico, with counties varying between 64 above benchmark and 16 below (Figure 5.14). Table 5.5 tracks the psychiatrist workforce since the profession was first analyzed for 2013. Ten counties have shown a net gain of psychiatrists, with seven counties above benchmark for these practitioners. The state as a whole has 30 fewer psychiatrists than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 119 psychiatrists would be needed for all New Mexico counties to meet the national benchmark (1.6 per 10,000 populatio[39]).***

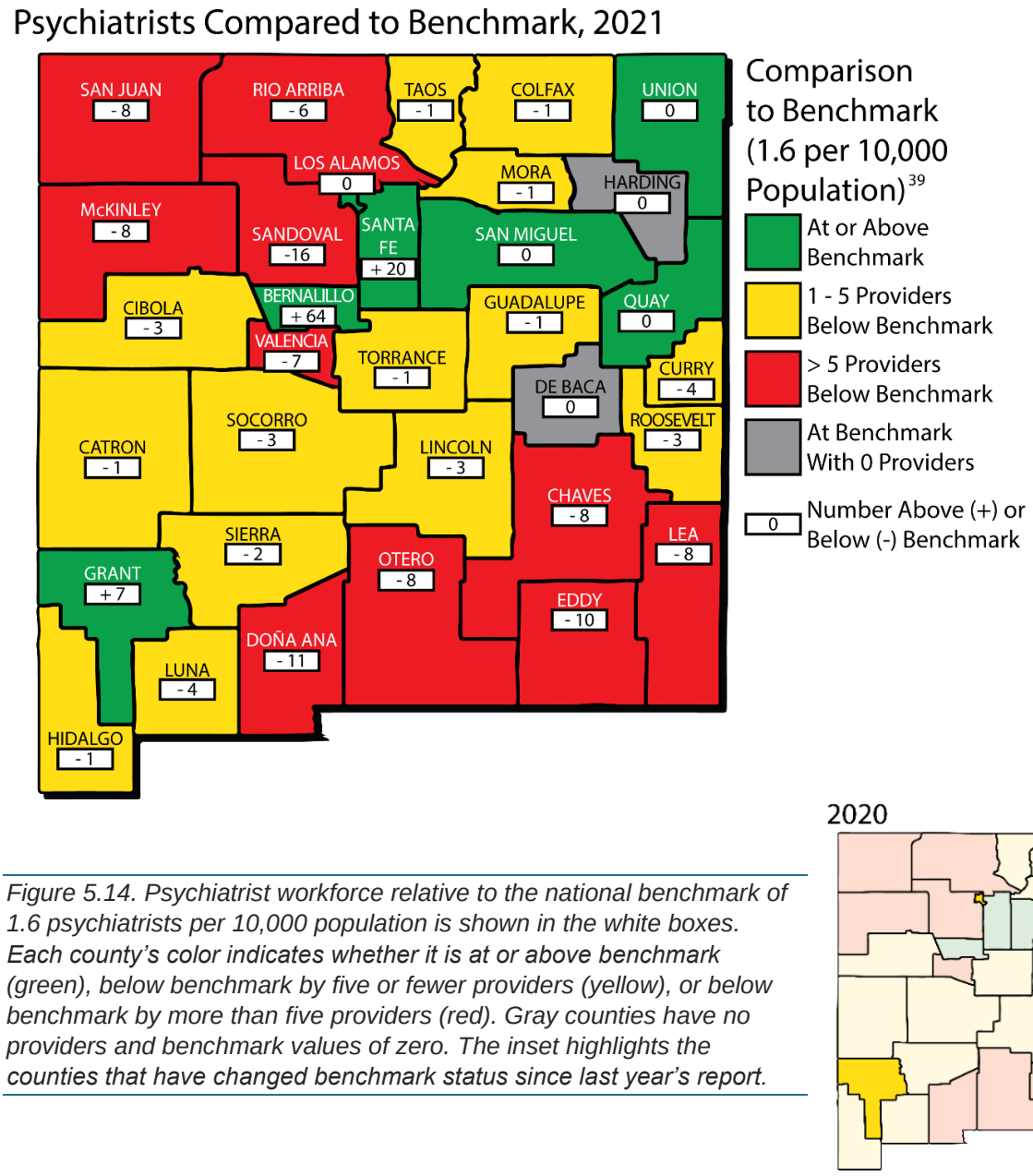


Figure 5.14. Psychiatrist workforce relative to the national benchmark of 1.6 psychiatrists per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. The inset highlights the counties that have changed benchmark status since last year's report.

V.C.4.b. Provider Counts

Table 5.5. Psychiatrist Distribution by New Mexico County Since 2013

County	2013	a	2016	2017	2018	2019[b]	2020	2021	Net Change Since 2013
Bernalillo	174		183	188	174	158	169	172	-2
Catron	0		0	0	0	0	0	0	0
Chaves	6		4	5	4	1	2	2	-4
Cibola	1		0	0	0	1	2	1	0
Colfax	0		0	1	0	0	1	1	1
Curry	4		3	2	2	4	4	4	0
De Baca	0		0	0	0	0	0	0	0
Doña Ana	23		22	26	28	26	27	24	1
Eddy	2		3	2	2	1	1	0	-2
Grant	5		3	3	5	4	4	11	6
Guadalupe	0		0	0	0	0	0	0	0
Harding	0		0	0	0	0	0	0	0
Hidalgo	0		0	0	0	0	0	0	0
Lea	3		4	4	3	3	3	4	1
Lincoln	0		0	0	0	0	0	0	0
Los Alamos	1		3	3	2	2	2	3	2
Luna	1		1	0	0	0	0	0	-1
McKinley	7		6	3	3	3	3	3	-4
Mora	0		0	0	0	0	0	0	0
Otero	2		3	4	5	6	4	3	1
Quay	1		1	1	1	1	1	1	0
Rio Arriba	0		1	1	0	1	0	0	0
Roosevelt	0		0	0	0	0	0	0	0
San Juan	8		11	9	11	10	11	11	3
San Miguel	9		10	10	9	8	8	4	-5
Sandoval	8		10	10	11	13	8	8	0
Santa Fe	51		53	52	49	45	44	45	-6
Sierra	0		0	0	0	0	0	0	0
Socorro	3		1	0	0	0	0	0	-3
Taos	4		4	3	2	4	4	5	1
Torrance	0		0	0	0	0	1	1	1
Union	0		0	0	0	0	1	1	1
Valencia	8		6	5	6	5	5	5	-3
STATE TOTAL	**321**		**332**	**332**	**317**	**296**	**305**	**309**	**-12**

[a] Data for 2014-2015 can be found in the New Mexico Health Care Workforce Committee 2021 Annual Report.
[b] Inclusion criteria were updated to remove nonpracticing providers.

A total of 551 psychiatrists held New Mexico licenses during 2021. Of these individuals, 180 were identified as out of state, 62 were excluded from analysis as nonpracticing and 309 were in active practice in New Mexico (Figure 5.15).

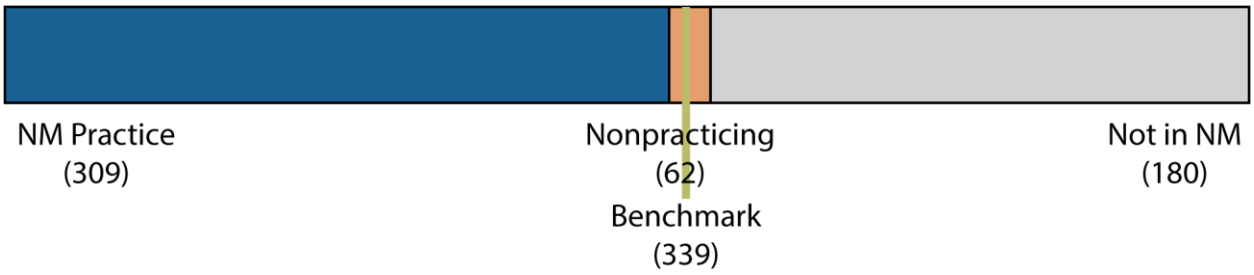
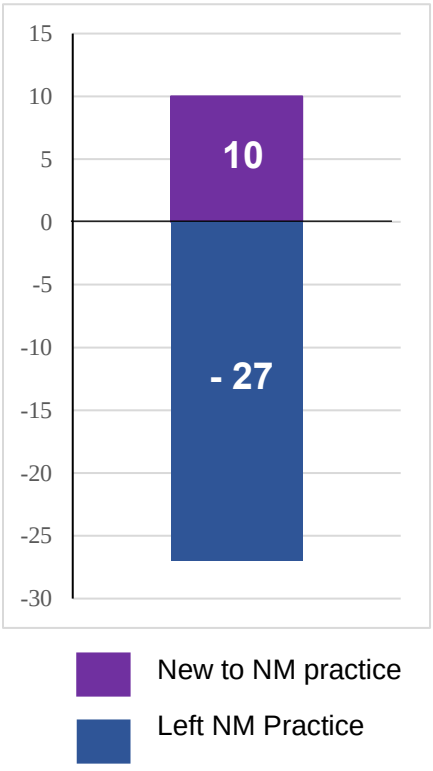


Figure 5.15. New Mexico's psychiatrist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of psychiatrists practicing in New Mexico has decreased by 27 individuals, with the losses and gains relative to the workforce shown in Figure 5.16.

Figure 5.16. Changes to the psychiatrist workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.C.4.c. Demographics

Demographic features of New Mexico psychiatrists are shown in Figure 5.17. Relative to the state's population, psychiatrists are less likely to identify as Hispanic, Black or African American or Native American and Alaska Native, and more likely to identify as White or Asian, Native Hawaiian and Other Pacific Islander. The state's psychiatrist workforce is 44.3% female with a mean age of 56.9 years, a full five years older than PCPs. Detailed data for these findings may be found in Appendix C (p. 144).

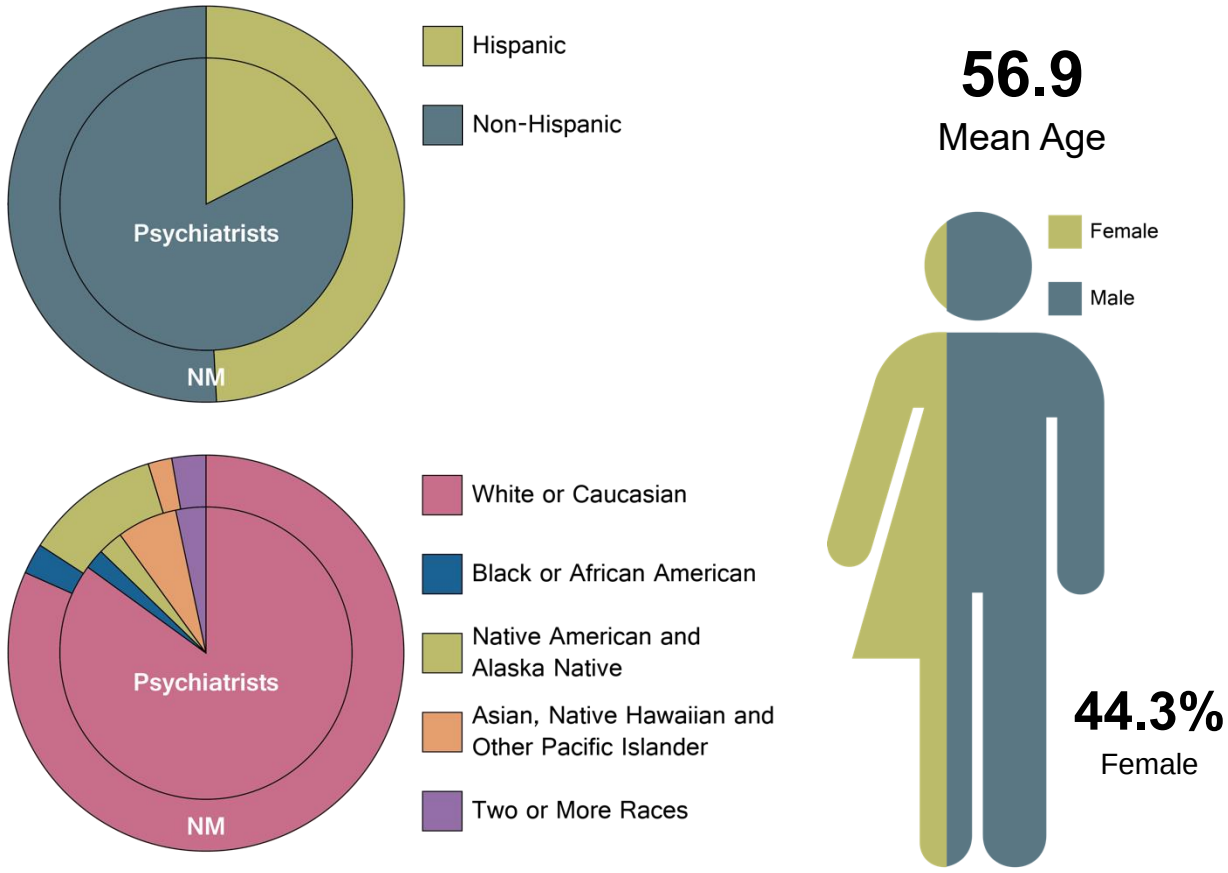


Figure 5.17. Demographic features of the NM psychiatrist workforce. Clockwise from top right: mean age, percent male or female, proportions of NM psychiatrists (center circle) and the NM population (outer circle) for race and ethnicity.

V.D. Nurses

V.D.1. Registered Nurses and Clinical Nurse Specialists

V.D.1.a. Benchmark Analysis

In 2021, an estimated 16,466 RNs and CNSs were practicing in New Mexico, with counties varying between 2,376 above benchmark and 666 below (Figure 5.18). Table 5.6 tracks the RN workforce since the profession was first analyzed for 2012. Seven counties have shown a net gain of RNs, with only one county above benchmark for these practitioners. RNs represent the state's greatest shortfall relative to benchmark, with 3,487 fewer than the national benchmark as a whole. However, ***assuming no redistribution of the current workforce, an additional 5,863 RNs would be needed for all New Mexico counties to meet the national benchmark (94.3 per 10,000 population[40]).***

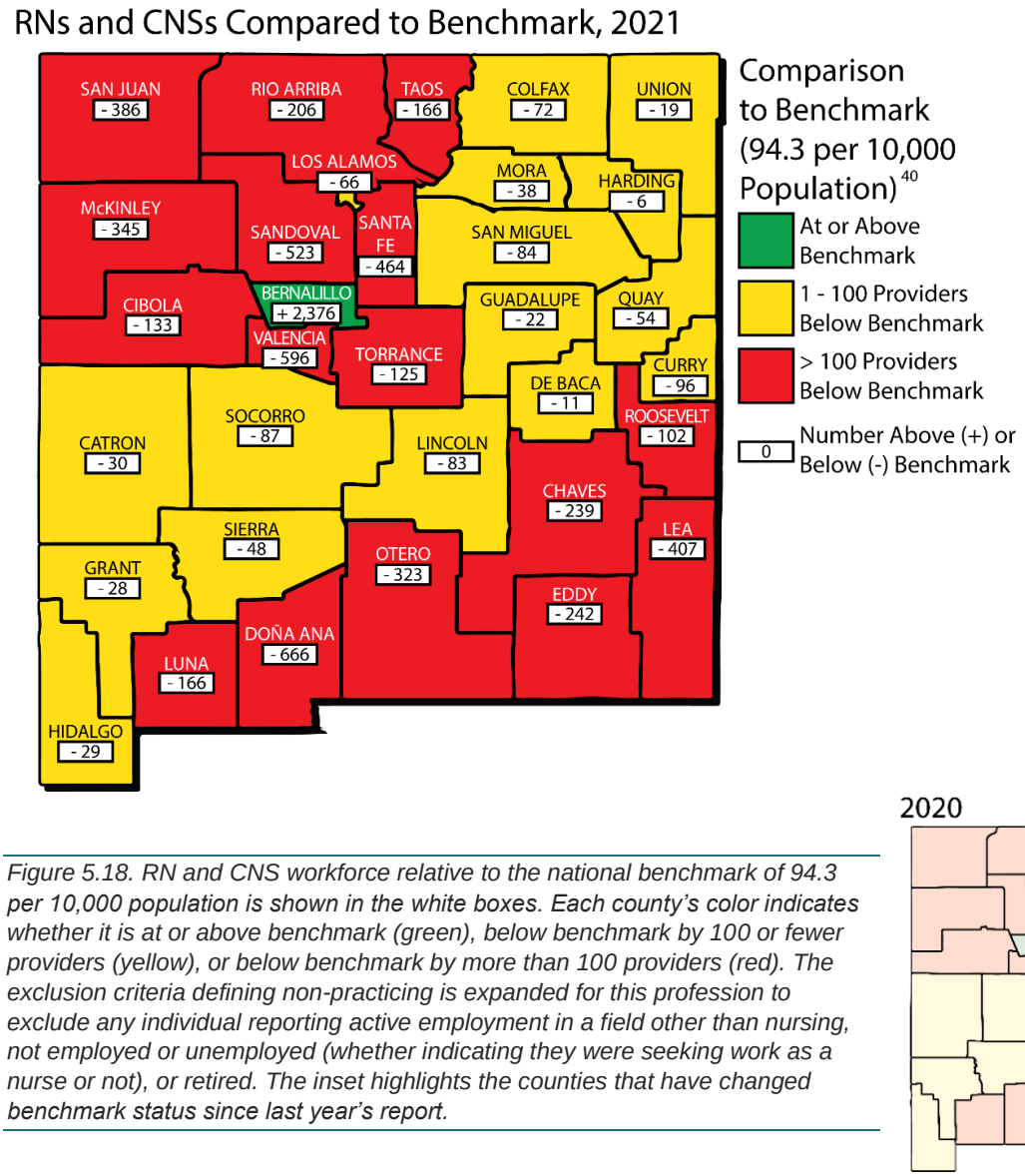


Figure 5.18. RN and CNS workforce relative to the national benchmark of 94.3 per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 100 or fewer providers (yellow), or below benchmark by more than 100 providers (red). The exclusion criteria defining non-practicing is expanded for this profession to exclude any individual reporting active employment in a field other than nursing, not employed or unemployed (whether indicating they were seeking work as a nurse or not), or retired. The inset highlights the counties that have changed benchmark status since last year's report.

V.D.1.b. Provider Counts

Table 5.6. Registered Nurse Distribution by New Mexico County Since 2012

County	2012	a	2016	2017	2018	2019[b]	2020	2021	Net Change Since 2012
Bernalillo	7,725		8,344	8,895	8,924	8,155	8,222	8,736	1,011
Catron	9		10	7	7	5	5	5	-4
Chaves	422		442	449	415	351	344	370	-52
Cibola	125		170	185	172	158	145	123	-2
Colfax	69		65	73	66	49	47	45	-24
Curry	312		345	383	356	322	334	357	45
De Baca	6		7	8	7	6	5	5	-1
Doña Ana	1,403		1,490	1,569	1,516	1,331	1,323	1,423	20
Eddy	390		412	437	389	335	336	332	-58
Grant	304		325	323	287	239	233	235	-69
Guadalupe	17		19	24	26	22	21	20	3
Harding	1		0	0	0	0	0	0	-1
Hidalgo	7		4	4	6	6	5	9	2
Lea	344		359	368	323	270	260	281	-63
Lincoln	120		123	135	120	102	96	110	-10
Los Alamos	152		150	166	141	106	111	116	-36
Luna	81		104	100	97	78	88	75	-6
McKinley	428		457	474	396	329	329	332	-96
Mora	8		15	13	10	5	7	2	-6
Otero	388		384	394	371	324	314	323	-65
Quay	34		35	28	28	31	29	28	-6
Rio Arriba	176		182	206	203	170	156	173	-3
Roosevelt	70		81	85	87	69	75	77	7
San Juan	845		881	927	884	769	741	755	-90
San Miguel	259		266	260	218	185	140	172	-87
Sandoval	379		800	884	869	761	840	904	525
Santa Fe	1,087		1,129	1,138	1,063	918	935	1000	-87
Sierra	66		70	79	78	65	63	60	-6
Socorro	82		81	91	75	69	67	67	-15
Taos	192		215	222	187	159	162	160	-32
Torrance	22		35	36	12	8	16	19	-3
Union	37		25	29	24	22	22	20	-17
Valencia	153		194	181	169	120	117	132	-21
STATE TOTAL	**15,713**		**17,219**	**18,173**	**17,526**	**15,539**	**15,588**	**16,466**	**753**

[a] Registered nurse data were not analyzed for 2013 – 2015.
[b] Inclusion criteria were updated to remove nonpracticing providers.

A total of 30,309 RNs and CNSs held New Mexico licenses during 2021. Of these individuals, 8,136 were identified as out of state, 5,707 were excluded from analysis as nonpracticing and 16,466 were in active practice in New Mexico (Figure 5.19).

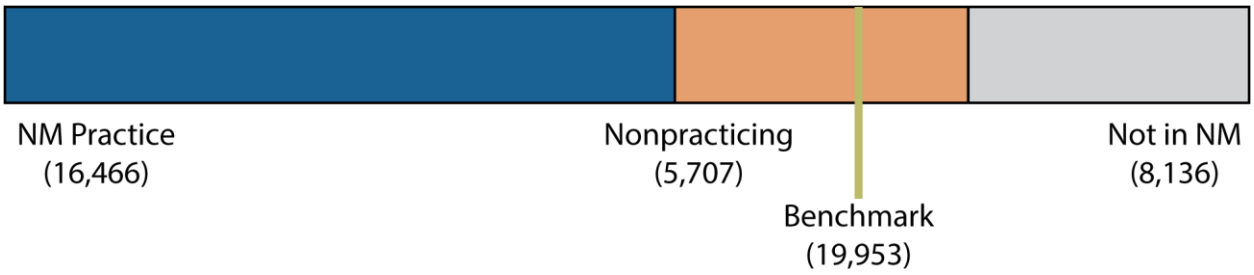
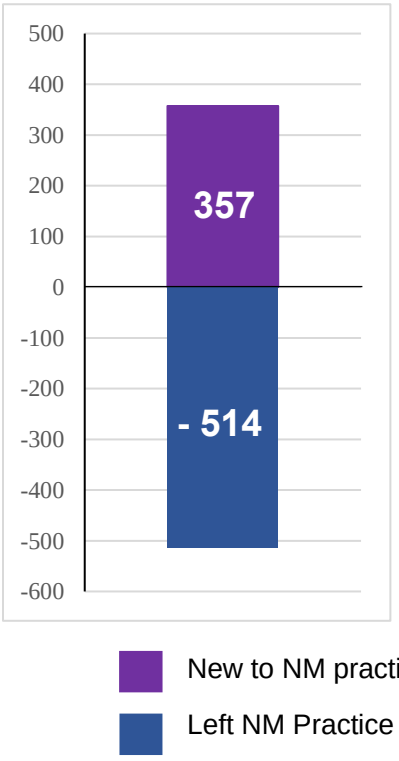


Figure 5.19. New Mexico's RN and CNS licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of RNs practicing in New Mexico has decreased by 514 individuals, with the losses and gains relative to the workforce shown in Figure 5.20.

Figure 5.20. Changes to the RN and CNS workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.D.1.c. Demographics

Demographic features of New Mexico RNs and CNSs are shown in Figure 5.21. Relative to the state's population, RNs are less likely to identify as Hispanic, or Native American and Alaska Native and more likely to identify as Asian, Native Hawaiian and Other Pacific Islander. The state's RN workforce is 87.0% female, with a mean age of 47.5 years. Although still less likely than the population of the state as a whole to identify as Hispanic, at 35.15% Hispanic RNs – along with pharmacists and EMTs – are one of only three professions with more than 30% of the workforce who do so. Detailed data for these findings may be found in Appendix C (p. 144).

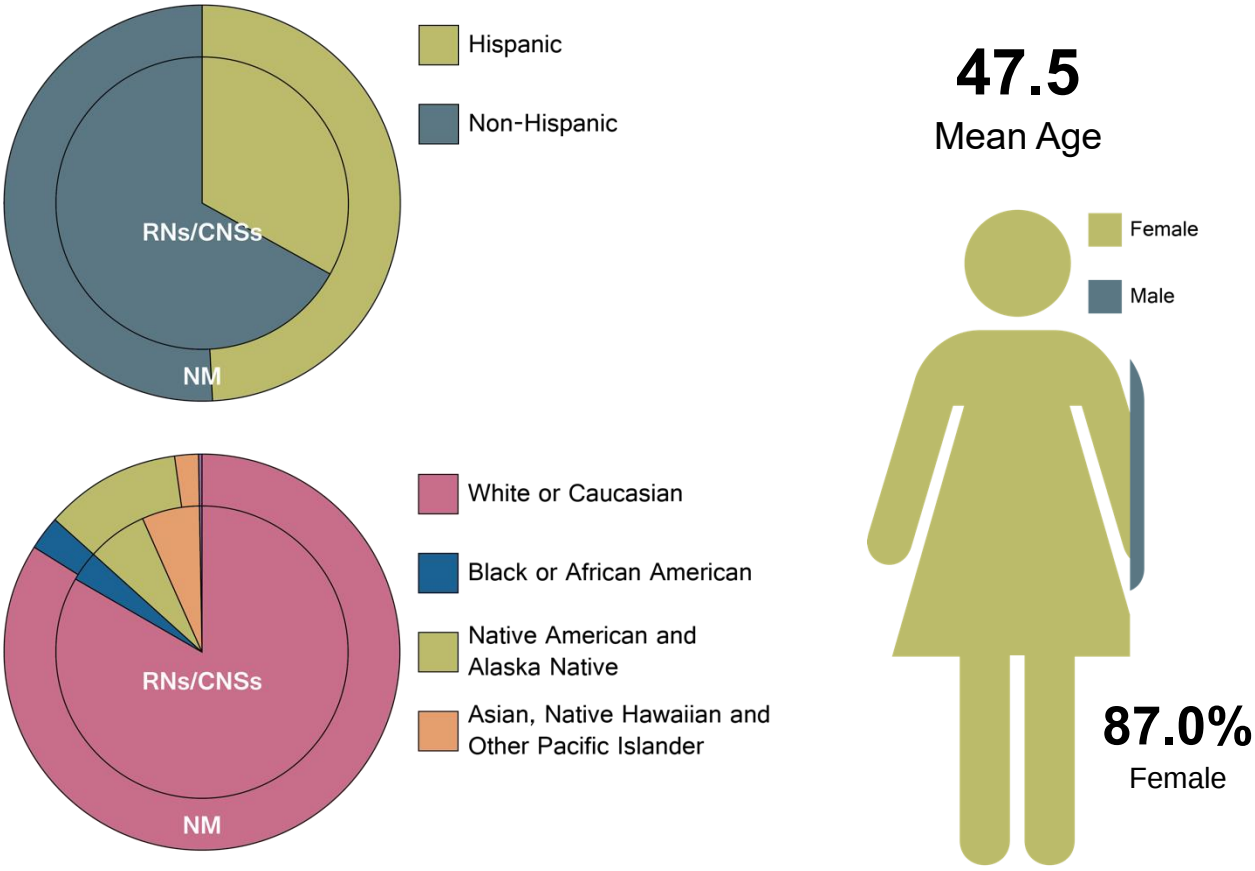


Figure 5.21. Demographic features of the NM RN and CNS workforce. Clockwise from top right: mean age, percent male or female, proportions of NM RNs/CNSs (center circle) and the NM population (outer circle) for race and ethnicity.

V.D.2. Certified Nurse Practitioners

V.D.2.a. Benchmark Analysis

In 2021, an estimated 1,833 CNPs were practicing in New Mexico, with counties varying between 283 above benchmark and 38 below (Figure 5.22). Table 5.7 tracks the CNP workforce since the profession was first analyzed for 2013. Thirty counties have shown a net gain of CNPs, with 10 counties above benchmark for these practitioners. The state as a whole has 119 more CNPs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 227 CNPs would be needed for all New Mexico counties to meet the national benchmark (increased this year from 7.8 per 10,000[41] to 8.1 per 10,000 population[42]).***

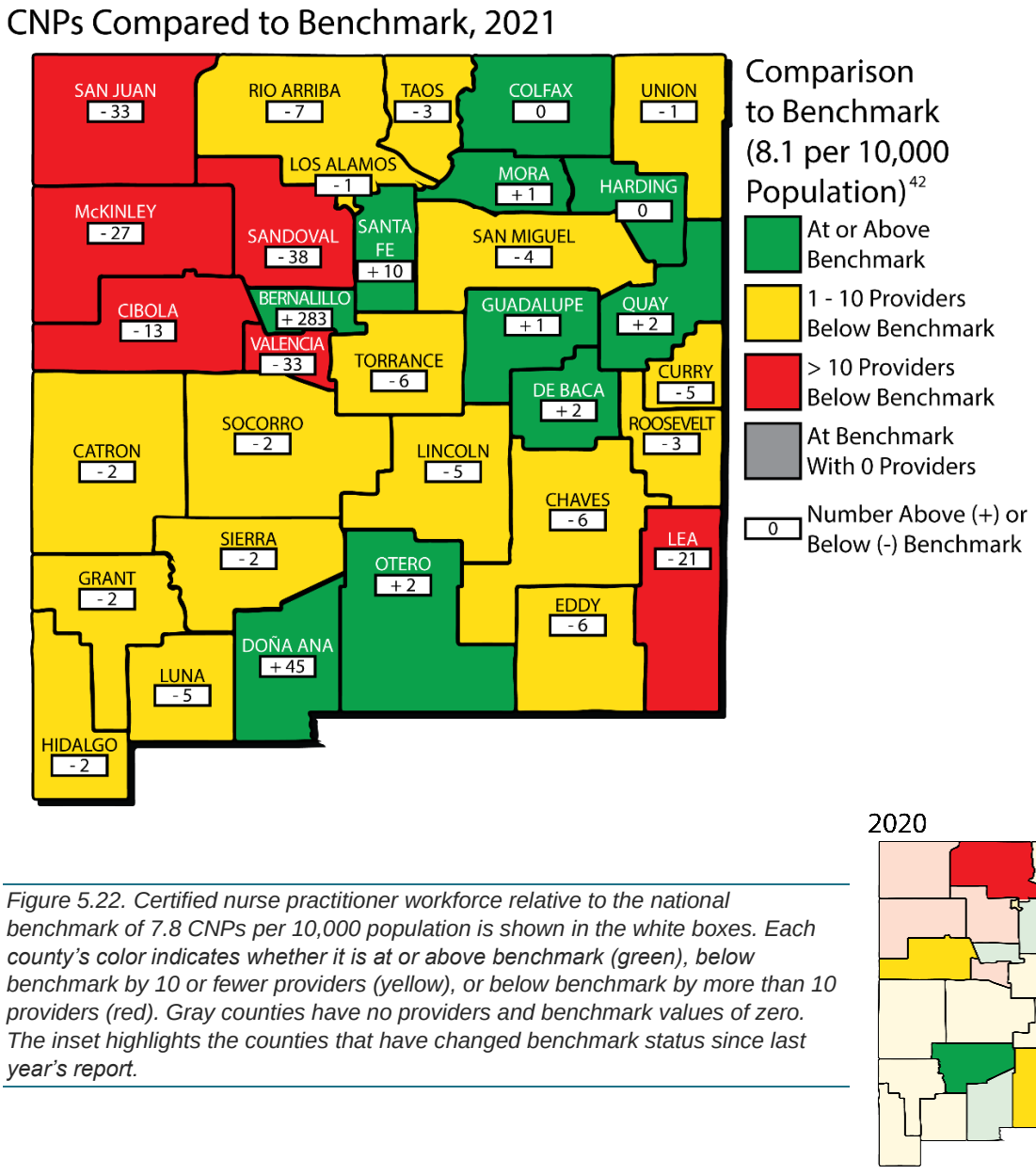


Figure 5.22. Certified nurse practitioner workforce relative to the national benchmark of 7.8 CNPs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red). Gray counties have no providers and benchmark values of zero. The inset highlights the counties that have changed benchmark status since last year's report.

V.D.2.b. Provider Counts

Table 5.7. Certified Nurse Practitioner Distribution by New Mexico County Since 2013

County	2013	a	2016	2017	2018	2019[b]	2020	2021	Net Change Since 2013
Bernalillo	533		643	703	717	656	791	829	296
Catron	0		0	0	0	0	1	1	1
Chaves	25		29	31	46	42	49	46	21
Cibola	9		13	16	13	10	11	9	0
Colfax	5		10	5	6	4	6	10	5
Curry	19		28	28	23	25	27	34	15
De Baca	1		1	1	2	2	2	3	2
Doña Ana	112		131	138	174	189	217	224	112
Eddy	36		45	48	47	38	50	43	7
Grant	12		17	15	20	17	21	21	9
Guadalupe	3		3	4	4	4	5	5	2
Harding	0		0	0	0	0	1	1	1
Hidalgo	0		0	0	0	1	1	1	1
Lea	26		33	36	38	33	42	38	12
Lincoln	9		10	8	7	8	8	12	3
Los Alamos	6		8	10	12	9	12	15	9
Luna	13		15	17	15	12	18	16	3
McKinley	16		26	30	26	20	29	31	15
Mora	4		4	4	4	4	2	4	0
Otero	12		28	29	41	45	50	58	46
Quay	8		13	13	11	10	9	9	1
Rio Arriba	23		20	28	30	18	20	26	3
Roosevelt	7		9	9	8	8	12	12	5
San Juan	28		43	40	37	45	58	65	37
San Miguel	13		14	11	12	16	19	18	5
Sandoval	29		56	52	61	53	74	85	56
Santa Fe	85		112	110	112	102	124	136	51
Sierra	2		6	8	9	9	9	7	5
Socorro	7		9	10	11	7	11	11	4
Taos	18		27	24	26	21	21	25	7
Torrance	5		5	4	3	33	3	6	1
Union	2		2	3	1	1	1	2	0
Valencia	21		19	18	26	22	28	30	9
STATE TOTAL	**1,089**		**1,379**	**1,453**	**1,542**	**1,434**	**1,732**	**1,833**	**744**

[a] Data for 2014-2015 can be found in the New Mexico Health Care Workforce Committee 2021 Annual Report.
[b] Inclusion criteria were updated to remove nonpracticing providers.

A total of 3,609 CNPs held New Mexico licenses during 2021. Of these individuals, 1,510 were identified as out of state, 266 were excluded from analysis as nonpracticing and 1,833 were in active practice in New Mexico (Figure 5.23).

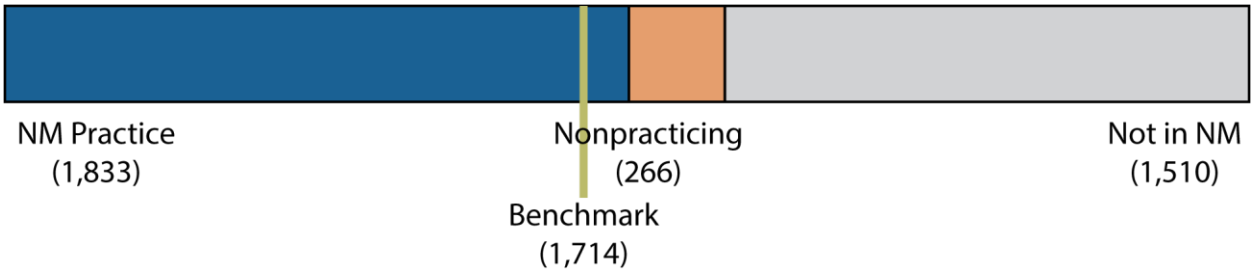
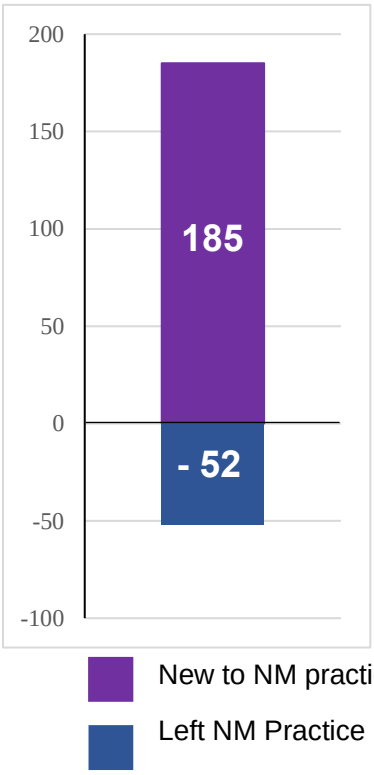


Figure 5.23. New Mexico's certified nurse practitioner licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of CNPs practicing in New Mexico has decreased by 52 individuals, with the losses and gains relative to the workforce shown in Figure 5.24.

Some of the CNPs shown as new to this license group are psychiatric CNPs, who were excluded under the 2019 benchmark metric but are now counted with this group.

Figure 5.24. Changes to the CNP workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.D.2.c. Demographics

Demographic features of New Mexico CNPs are shown in Figure 5.25. Relative to the state's population, CNPs are less likely to identify as Hispanic or Native American and Alaska Native and more likely to identify as White or Caucasian, Black or African American or Asian, Native Hawaiian and Other Pacific Islander. The state's CNP workforce is 85.3% female, with a mean age of 49.6 years. Detailed data for these findings may be found in Appendix C (p. 144).

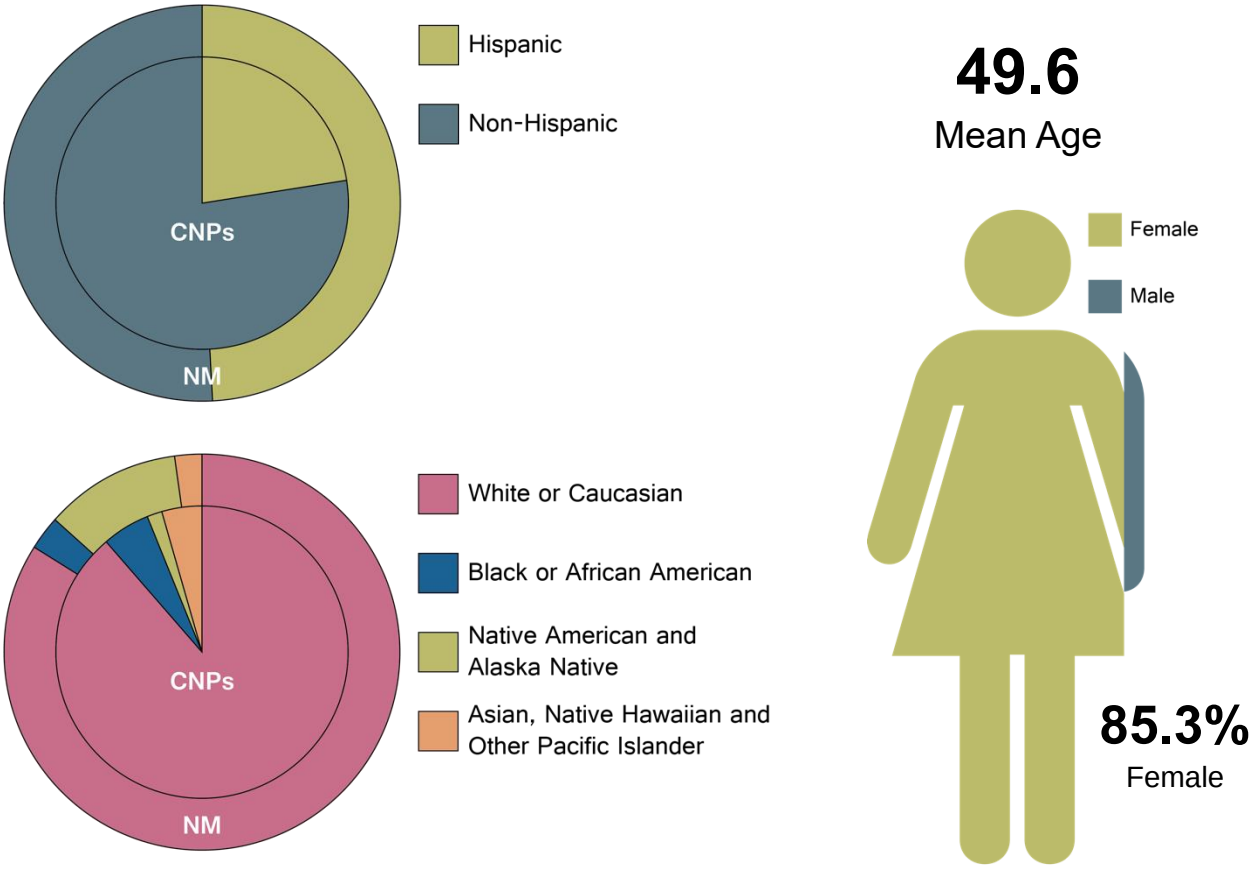


Figure 5.25. Demographic features of the NM CNP workforce. Clockwise from top right: mean age, percent male or female, proportions of NM CNPs (center circle) and the NM population (outer circle) for race and ethnicity.

V.D.3. Certified Nurse-Midwives

V.D.3.a. Benchmark Analysis

In 2021, an estimated 181 CNMs were practicing in New Mexico, with counties varying between 74 above benchmark and three below (Figure 5.26). Table 5.8 tracks the CNM workforce since the profession was first analyzed for 2016. Nine counties have shown a net gain of CNMs, with 13 counties at or above benchmark for these practitioners. The state as a whole has 96 more CNMs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 14 CNMs would be needed for all New Mexico counties to meet the national benchmark (increased from 0.76 per 10,000 female population[43] to 0.8 per 10,000 female population[44]).***

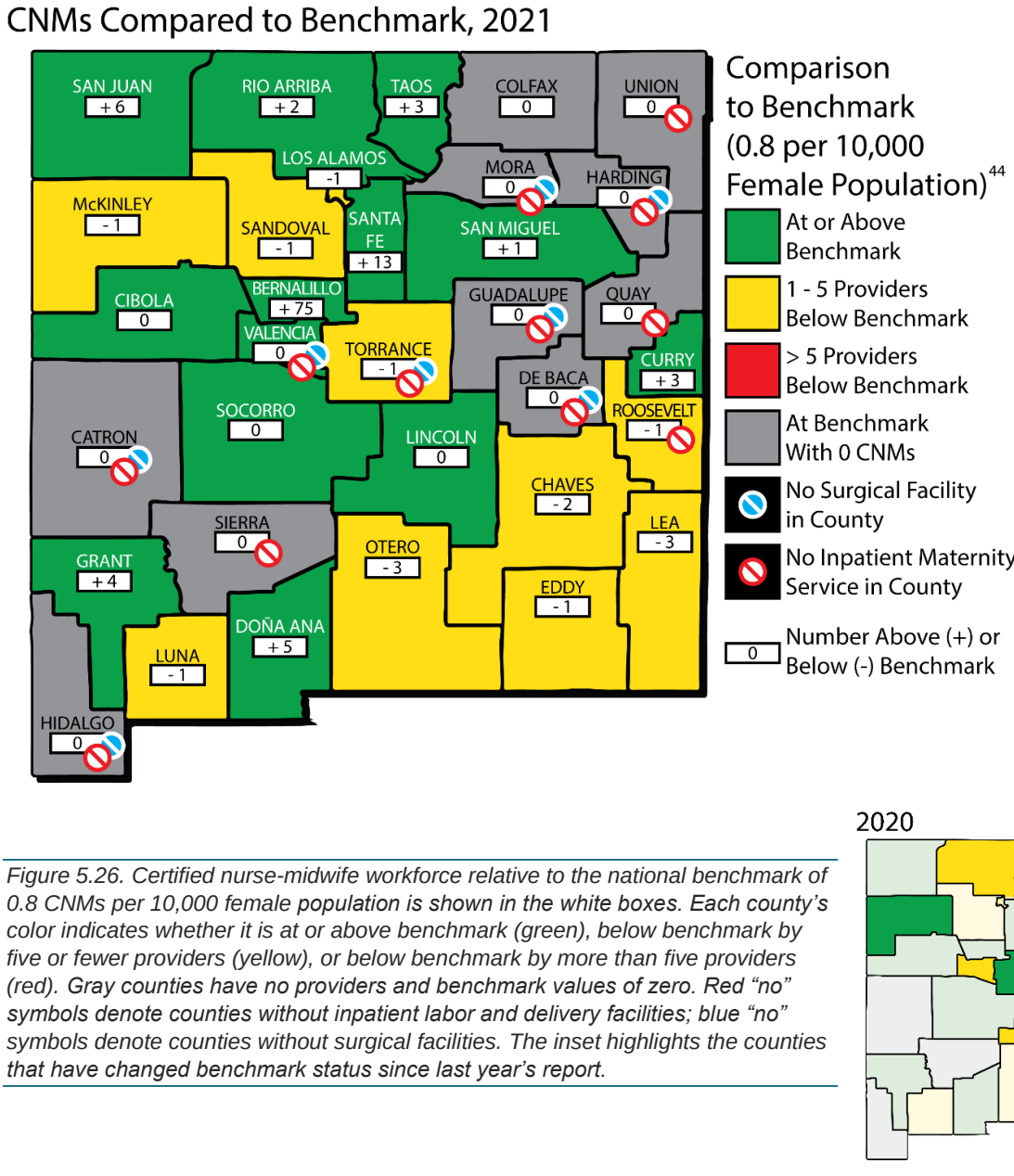


Figure 5.26. Certified nurse-midwife workforce relative to the national benchmark of 0.8 CNMs per 10,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. Red "no" symbols denote counties without inpatient labor and delivery facilities; blue "no" symbols denote counties without surgical facilities. The inset highlights the counties that have changed benchmark status since last year's report.

V.D.3.b. Provider Counts

Table 5.8. Certified Nurse-Midwife Distribution by New Mexico County Since 2016

County	2016	2017	2018	2019[a]	2020	2021	Net Change Since 2016
Bernalillo	89	104	101	91	95	102	13
Catron	0	0	0	0	0	0	0
Chaves	2	3	3	1	2	1	-1
Cibola	1	1	1	1	1	1	0
Colfax	0	0	0	0	0	0	0
Curry	3	3	3	3	3	5	2
De Baca	0	0	0	0	0	0	0
Doña Ana	9	14	14	11	9	14	5
Eddy	1	1	1	1	1	1	0
Grant	4	4	4	3	3	5	1
Guadalupe	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	0	0
Lea	0	0	0	1	1	0	0
Lincoln	0	0	0	0	0	1	1
Los Alamos	1	2	2	1	0	0	-1
Luna	0	0	0	0	0	0	0
McKinley	7	7	7	7	6	2	-5
Mora	0	0	0	0	0	0	0
Otero	1	1	1	1	0	0	-1
Quay	0	0	0	0	0	0	0
Rio Arriba	0	2	3	1	1	4	4
Roosevelt	0	0	0	0	0	0	0
San Juan	6	9	11	8	8	11	5
San Miguel	3	3	1	3	1	2	-1
Sandoval	8	5	2	4	4	5	-3
Santa Fe	16	14	11	11	14	19	3
Sierra	0	0	0	0	0	0	0
Socorro	1	0	0	1	1	1	0
Taos	4	4	3	4	3	4	0
Torrance	0	0	0	0	0	0	0
Union	0	0	0	0	0	0	0
Valencia	0	1	1	1	1	3	3
STATE TOTAL	**156**	**178**	**169**	**154**	**154**	**181**	**25**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 245 CNMs held New Mexico licenses during 2021. Of these individuals, 23 were identified as out of state, 41 were excluded from analysis as nonpracticing and 181 were in active practice in New Mexico (Figure 5.27).

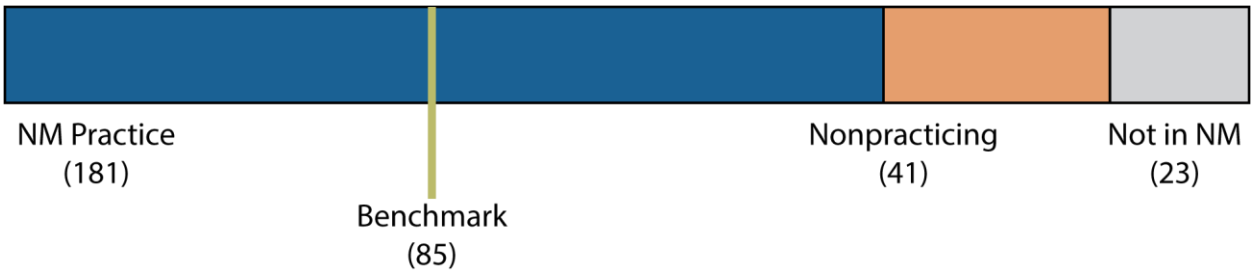
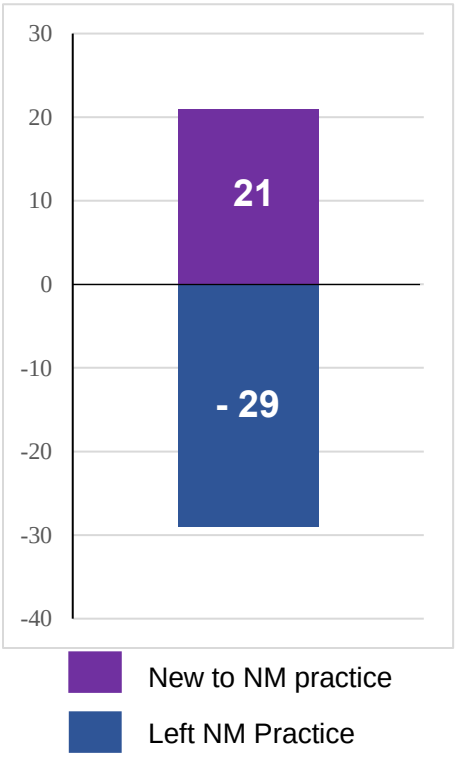


Figure 5.27. New Mexico's certified nurse-midwife licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of CNMs practicing in New Mexico has decreased by 29 individuals, with the losses and gains relative to the workforce shown in Figure 5.28.

Figure 5.28. Changes to the CNM workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.D.3.c. Demographics

Demographic features of New Mexico CNMs are shown in Figure 5.29. Relative to the state's population, CNMs are less likely to identify as Hispanic, Black or African American, or Native American and Alaska Native and more likely to identify as White or Caucasian. The state's CNM workforce is 100% female, with a mean age of 50.1 years, similar to CNPs. Detailed data for these findings may be found in Appendix C (p. 144).

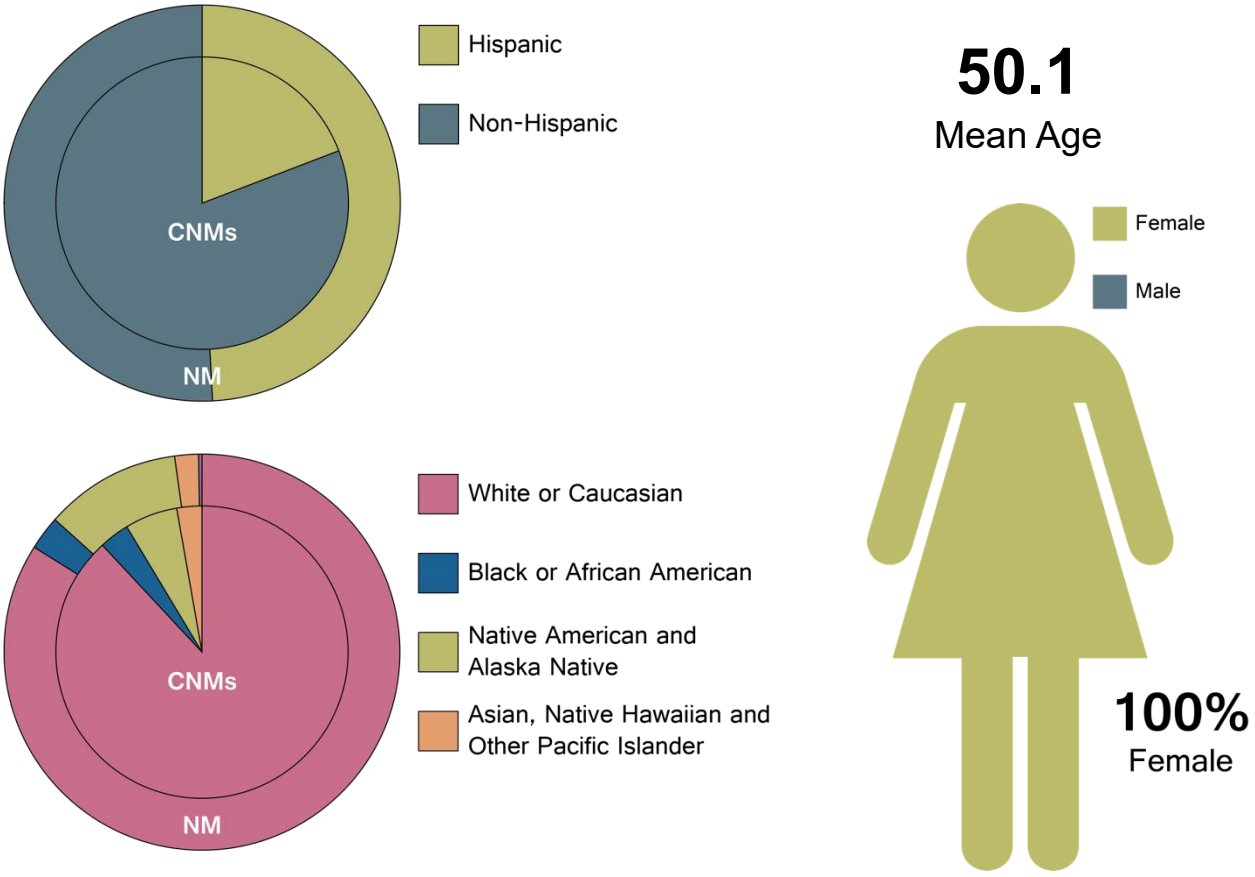


Figure 5.29. Demographic features of the NM CNM workforce. Clockwise from top right: mean age, percent male or female, proportions of NM CNMs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E. Other Health Professions

V.E.1. Physician Assistants

V.E.1.a. Benchmark Analysis

In 2021, an estimated 885 PAs were practicing in New Mexico, with counties varying between 193 above benchmark and 50 below (Figure 5.30). Table 5.9 tracks the PA workforce since the profession was first analyzed for 2014. Sixteen counties have shown a net gain of PAs, with four counties at or above benchmark for these practitioners. The state as a whole has 67 fewer PAs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 281 PAs would be needed for all New Mexico counties to meet the national benchmark (increased from 4.3 per 10,000[45] to 4.5 per 10,000 population[46]).***

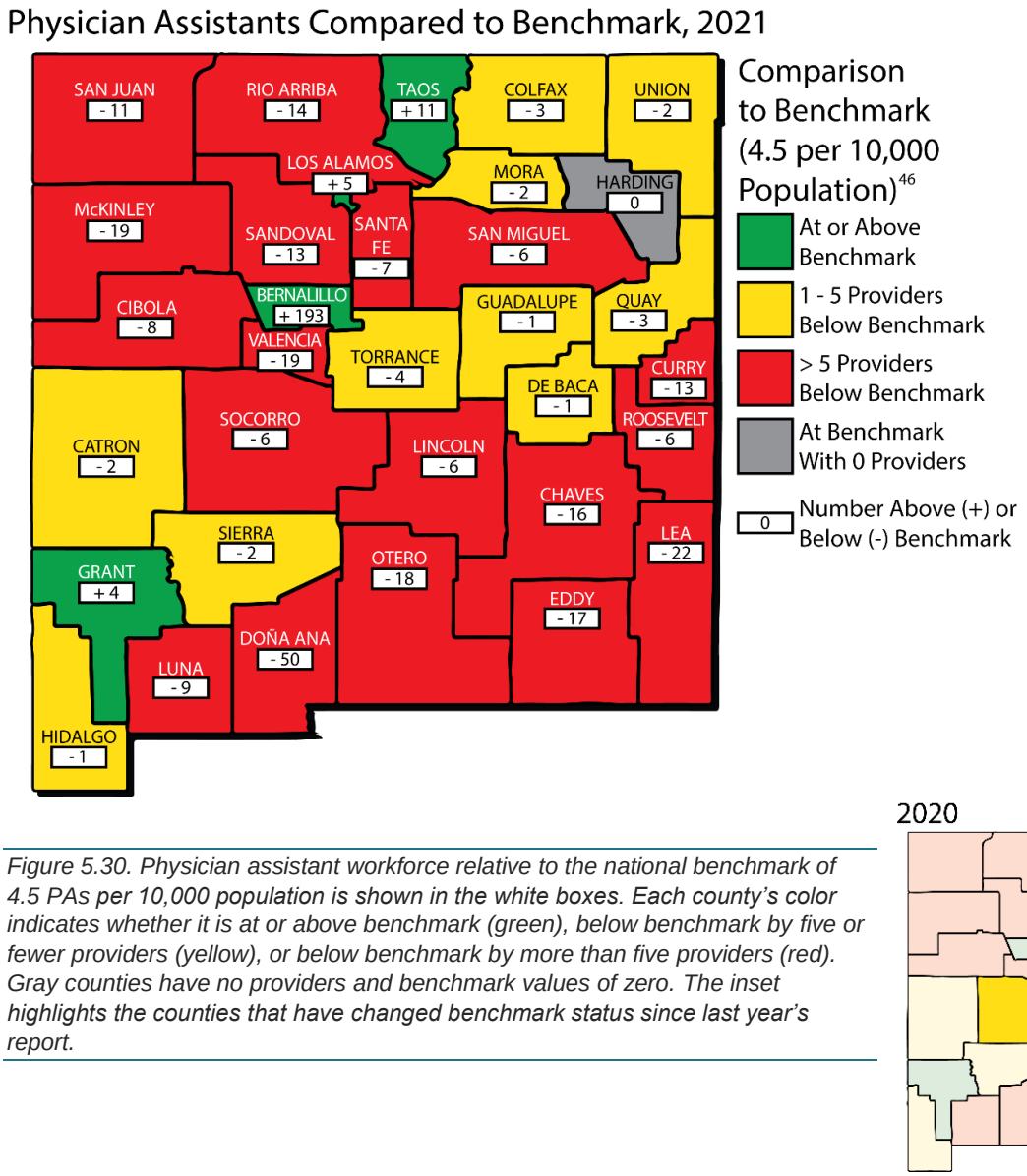


Figure 5.30. Physician assistant workforce relative to the national benchmark of 4.5 PAs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. The inset highlights the counties that have changed benchmark status since last year's report.

Table 5.9. Physician Assistant Distribution by New Mexico County Since 2014

County	2014	a	2017	2018	2019[b]	2020	2021	Net Change Since 2013
Bernalillo	351		409	430	452	477	496	145
Catron	0		0	0	0	0	0	0
Chaves	14		15	14	11	10	13	-1
Cibola	0		4	5	6	6	4	4
Colfax	4		4	5	5	4	3	-1
Curry	6		11	10	12	9	9	3
De Baca	0		0	0	0	0	0	0
Doña Ana	33		44	41	51	53	50	17
Eddy	6		9	13	13	14	10	4
Grant	18		17	17	19	16	17	-1
Guadalupe	1		1	0	1	1	1	0
Harding	0		0	0	0	0	0	0
Hidalgo	1		1	1	1	0	1	0
Lea	10		11	9	10	12	11	1
Lincoln	1		2	2	2	2	3	2
Los Alamos	6		13	14	14	14	14	8
Luna	3		3	4	5	3	2	-1
McKinley	12		10	13	13	11	13	1
Mora	0		0	0	0	0	0	0
Otero	11		14	14	17	14	13	2
Quay	0		1	0	1	1	1	1
Rio Arriba	8		7	6	7	4	4	-4
Roosevelt	3		3	3	2	3	3	0
San Juan	38		42	40	41	40	43	5
San Miguel	8		9	6	7	6	6	-2
Sandoval	54		52	53	53	55	55	1
Santa Fe	66		75	66	66	66	63	-3
Sierra	4		4	4	4	3	3	-1
Socorro	3		1	1	2	2	1	-2
Taos	19		19	20	23	23	27	8
Torrance	0		3	4	2	3	3	3
Union	0		0	0	0	0	0	0
Valencia	14		8	10	11	13	16	2
STATE TOTAL	**694**		**792**	**805**	**851**	**865**	**885**	**191**

[a] Data for 2015-2016 can be found in the New Mexico Health Care Workforce Committee 2021 Annual Report.
[b] Inclusion criteria were updated to remove nonpracticing providers.

A total of 1,232 PAs held New Mexico licenses during 2021 Of these individuals, 299 were identified as out of state, 48 were excluded from analysis as nonpracticing and 885 were in active practice in New Mexico (Figure 5.31).

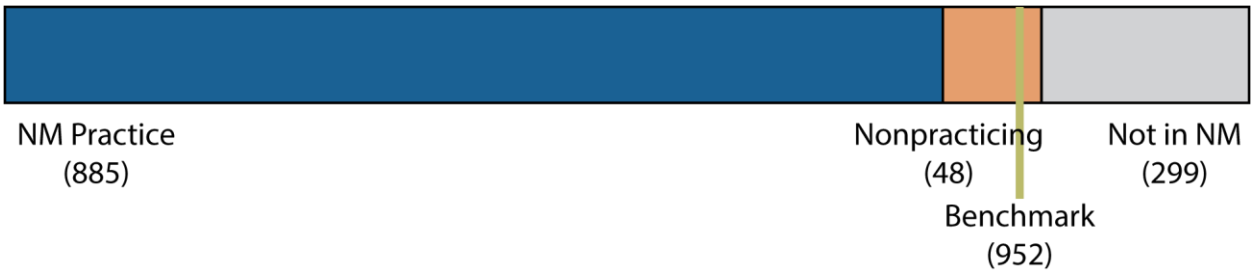
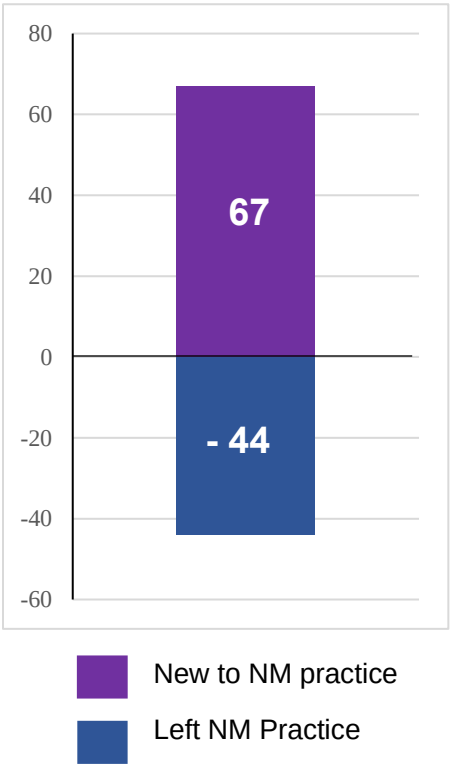


Figure 5.31. New Mexico's physician assistant licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of PAs practicing in New Mexico has increased by 44 individuals, with the losses and gains relative to the workforce shown in Figure 5.32.

Figure 5.32. Changes to the PA workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.E.1.c. Demographics

Demographic features of New Mexico PAs are shown in Figure 5.33. Relative to the state's population, PAs are less likely to identify as Hispanic, Black or African American, or Native American and Alaska Native and more likely to identify as White or Caucasian or Asian, Native Hawaiian and Other Pacific Islander. The state's PA workforce is 60.6% female, with a mean age of 45 years. Detailed data for these findings may be found in Appendix C (p. 144).

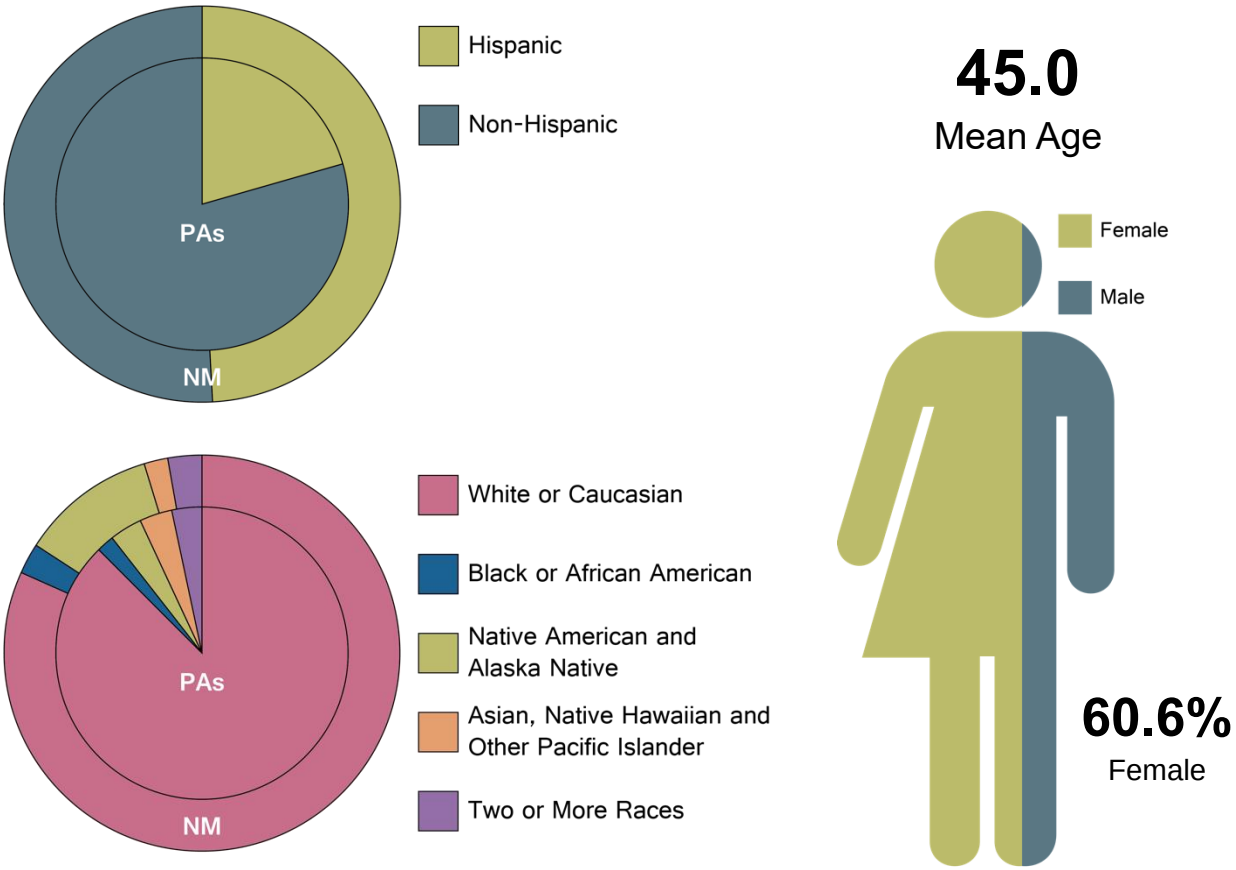


Figure 5.33. Demographic features of the NM PA workforce. Clockwise from top right: mean age, percent male or female, proportions of NM PAs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.2. Dentists

V.E.2.a. Benchmark Analysis

In 2021, an estimated 1,154 dentists were practicing in New Mexico, with counties varying between 186 above benchmark and 16 below (Figure 5.34). Table 5.10 tracks the dentist workforce since the profession was first analyzed for 2014. Seventeen counties have shown a net gain of dentists, with 12 counties at or above benchmark for these practitioners. The state as a whole has 181 more dentists than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 88 dentists would be needed for all New Mexico counties to meet the national benchmark (4.6 per 10,000 population[47]).***

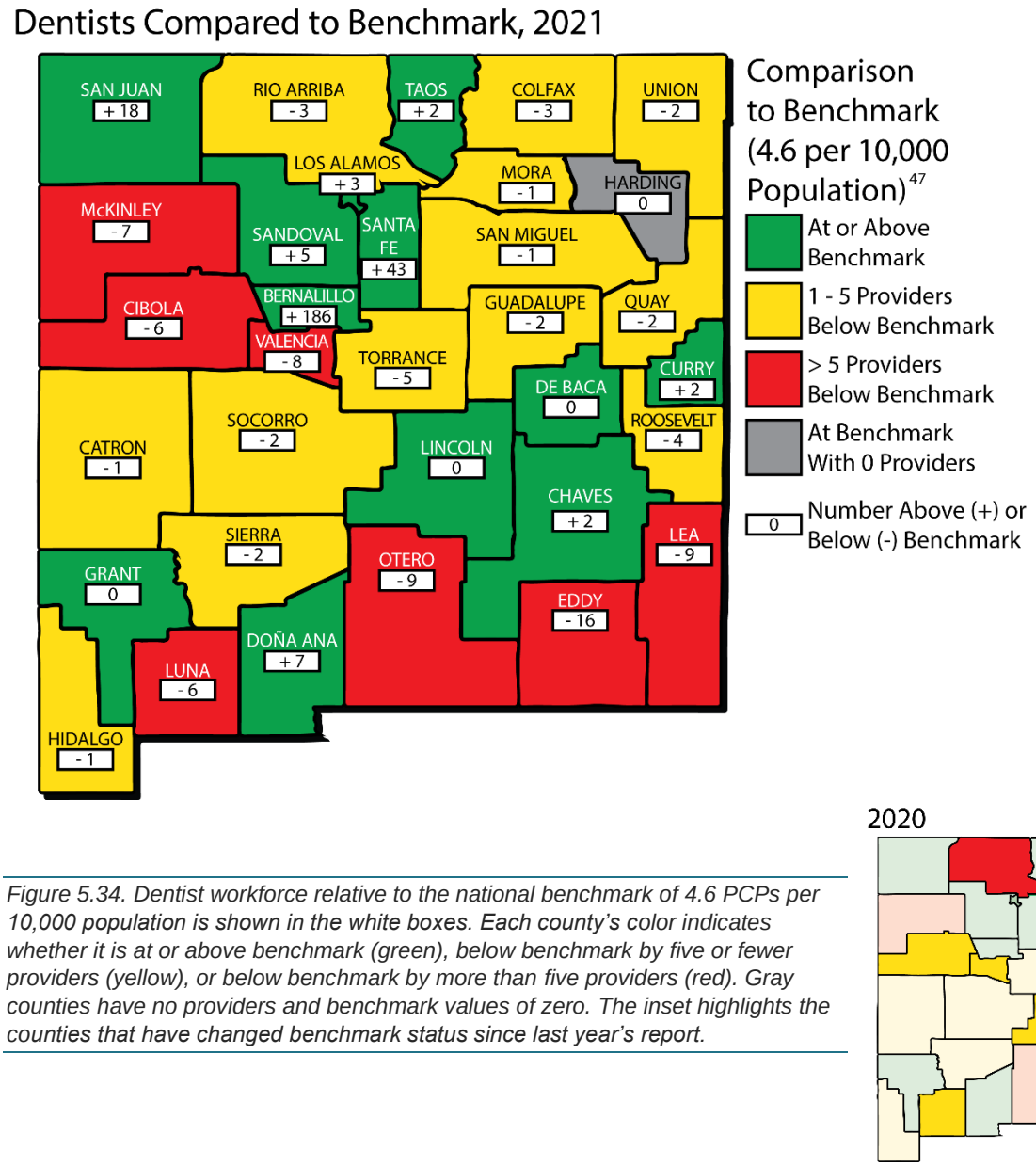


Figure 5.34. Dentist workforce relative to the national benchmark of 4.6 PCPs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. The inset highlights the counties that have changed benchmark status since last year's report.

V.E.2.b. Provider Counts

Table 5.10. Dentist Distribution by New Mexico County Since 2014

County	2014	2015	2016	2017	2018	2019[a]	2020	2021	Net Change Since 2014
Bernalillo	480	504	508	533	530	521	503	496	16
Catron	1	1	1	1	1	1	1	1	0
Chaves	21	24	28	32	35	37	33	32	11
Cibola	8	8	9	11	11	12	11	7	-1
Colfax	4	4	4	4	3	3	4	3	-1
Curry	25	29	27	24	24	23	23	24	-1
De Baca	0	0	0	0	1	1	1	1	1
Doña Ana	95	104	106	109	114	107	111	109	14
Eddy	15	19	19	17	14	12	13	12	-3
Grant	13	11	13	12	12	11	13	13	0
Guadalupe	1	1	2	1	0	0	0	0	-1
Harding	0	0	0	0	0	0	0	0	0
Hidalgo	0	0	0	1	1	1	1	1	1
Lea	19	17	23	22	19	27	23	25	6
Lincoln	8	10	8	9	8	7	8	9	1
Los Alamos	16	15	14	12	12	10	13	12	-4
Luna	7	7	8	7	8	7	7	6	-1
McKinley	32	31	29	28	28	27	25	26	-6
Mora	1	1	2	2	2	1	1	1	0
Otero	19	18	17	21	20	22	24	23	4
Quay	1	1	1	1	2	2	2	2	1
Rio Arriba	10	11	14	16	16	15	12	15	5
Roosevelt	3	3	5	4	5	5	4	5	2
San Juan	71	78	88	89	87	82	77	74	3
San Miguel	12	10	9	10	11	13	10	11	-1
Sandoval	60	60	69	77	75	79	78	75	15
Santa Fe	112	114	121	117	120	125	122	114	2
Sierra	6	4	3	2	3	3	4	3	-3
Socorro	4	4	4	5	6	7	6	6	2
Taos	15	17	16	20	17	15	17	18	3
Torrance	2	2	2	2	2	2	2	2	0
Union	0	0	0	0	0	0	0	0	0
Valencia	20	23	21	26	29	30	30	28	8
STATE TOTAL	**1,081**	**1,131**	**1,171**	**1,215**	**1,216**	**1,208**	**1,179**	**1,154**	**73**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 1,547 dentists held New Mexico licenses during 2021. Of these individuals, 318 were identified as out of state, 75 were excluded from analysis as nonpracticing and 1,154 were in active practice in New Mexico (Figure 5.35).

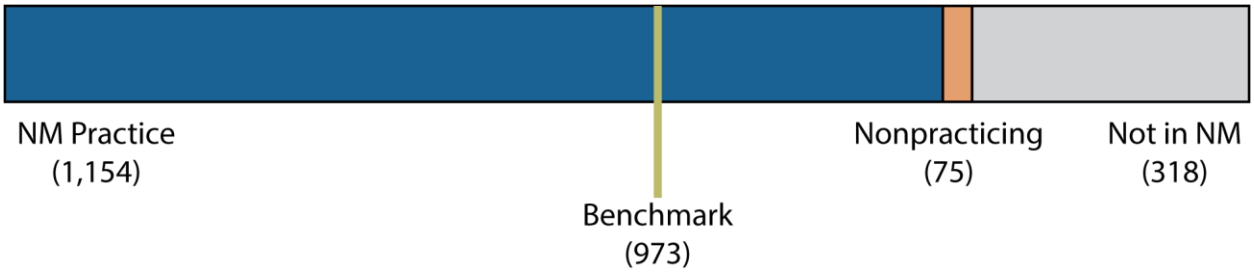
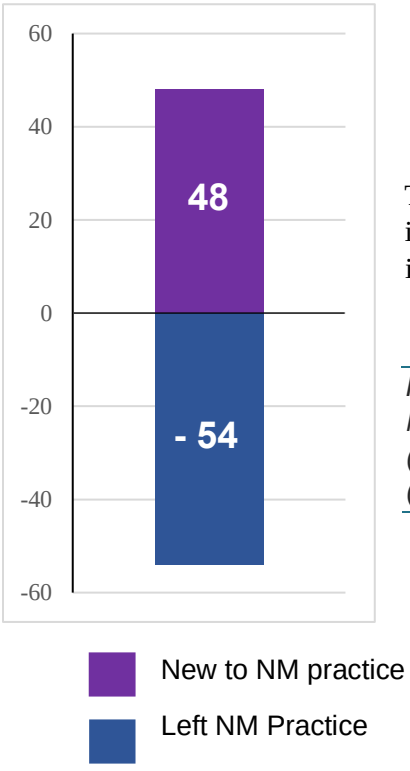


Figure 5.35. New Mexico's dentist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of dentists practicing in New Mexico has decreased by 54 individuals, with the losses and gains relative to the workforce shown in Figure 5.36.

Figure 5.36. Changes to the dentist workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.E.2.c. Demographics

Demographic features of New Mexico dentists are shown in Figure 5.37. Relative to the state's population, dentists are less likely to identify as Hispanic or Native American and Alaska Native and more likely to identify as White or Caucasian or Asian, Native Hawaiian and Other Pacific Islander. The state's dentist workforce is 26.5% female, with a mean age of 48.4 years. Detailed data for these findings may be found in Appendix C (p. 144).

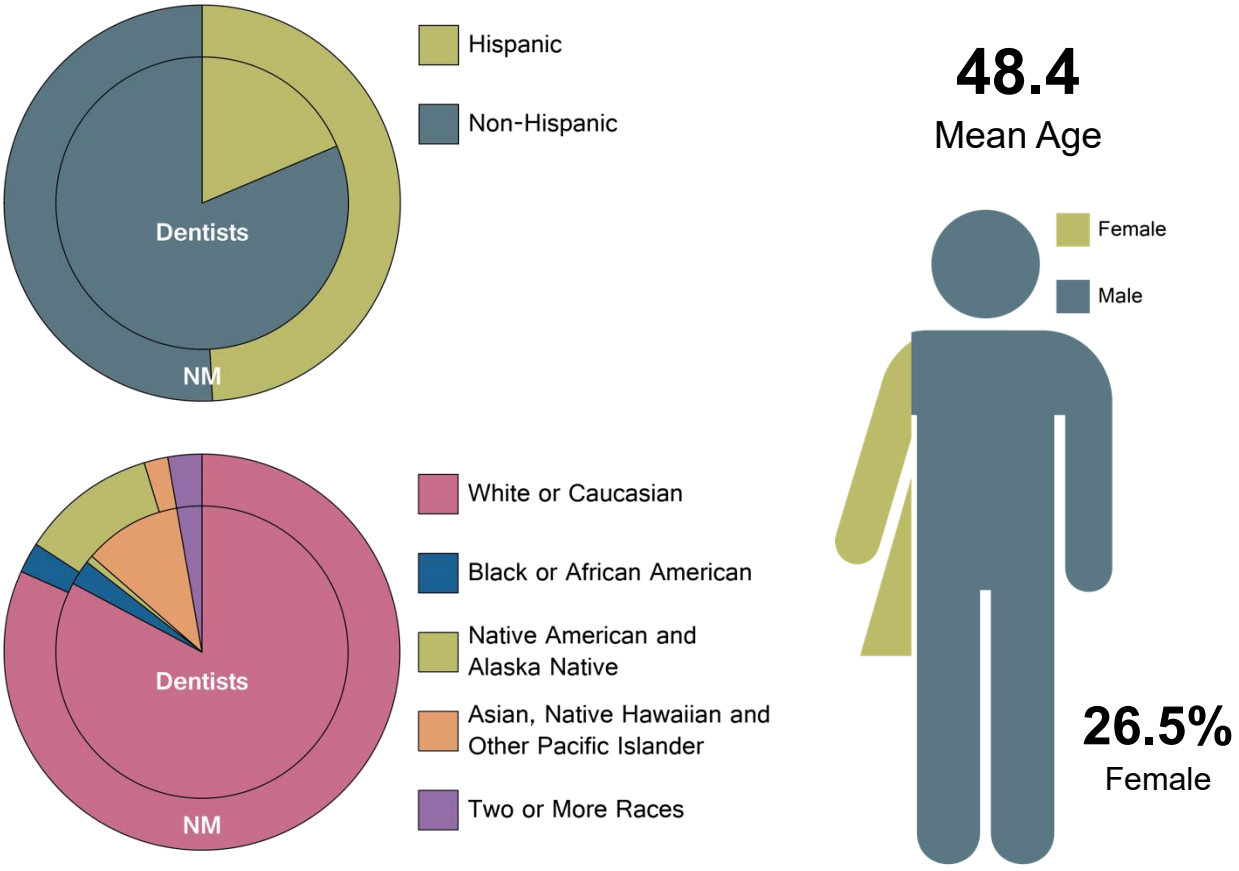
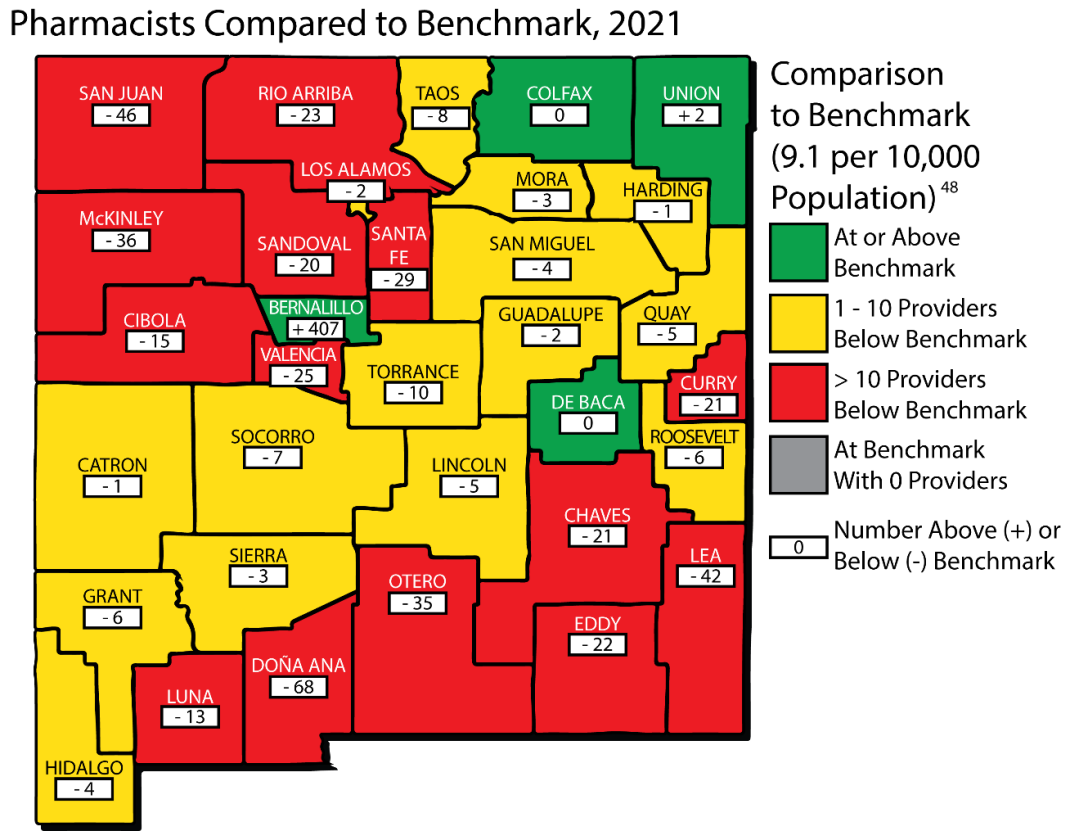


Figure 5.37. Demographic features of the NM dentist workforce. Clockwise from top right: mean age, percent male or female, proportions of NM dentists (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.3. Pharmacists

V.E.3.a. Benchmark Analysis

In 2021, an estimated 1,853 pharmacists were practicing in New Mexico, with counties varying between 407 above benchmark and 68 below (Figure 5.38). Table 5.11 tracks the pharmacist workforce since the profession was first analyzed for 2014. Fourteen counties have shown a net gain of pharmacists, with four counties at or above benchmark for these practitioners. The state as a whole has 72 fewer pharmacists than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 482 pharmacists would be needed for all New Mexico counties to meet the national benchmark (9.1 per 10,000 population[48]).***



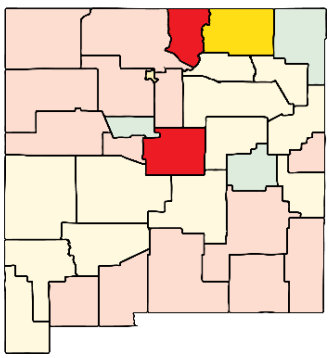


Figure 5.38. Pharmacist workforce relative to the national benchmark of 9.1 pharmacists per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red). Gray counties have no providers and benchmark values of zero.

V.E.3.b. Provider Counts

Table 5.11. Pharmacist Distribution by New Mexico County Since 2014

County	2014	2015	2016	2017	a	2019[b]	2020	2021	Net Change Since 2014
Bernalillo	1,079	1,070	1,137	1,114		948	973	1021	-58
Catron	0	0	0	0		0	2	2	2
Chaves	40	40	40	43		37	33	38	-2
Cibola	13	13	11	12		10	8	10	-3
Colfax	10	9	8	7		10	9	11	1
Curry	25	26	28	25		24	23	23	-2
De Baca	2	2	2	2		2	2	2	0
Doña Ana	123	121	132	134		118	129	134	11
Eddy	38	40	42	42		36	35	33	-5
Grant	20	21	21	23		24	22	19	-1
Guadalupe	0	0	0	0		1	1	2	2
Harding	0	0	0	0		0	0	0	0
Hidalgo	1	1	1	1		1	0	0	-1
Lea	27	26	33	33		33	28	24	-3
Lincoln	18	15	14	14		12	12	14	-4
Los Alamos	12	13	15	12		12	12	16	4
Luna	6	6	8	8		11	8	10	4
McKinley	25	23	26	28		29	26	29	4
Mora	3	3	3	3		2	2	1	-2
Otero	22	24	27	28		27	27	27	5
Quay	6	6	5	5		3	2	3	-3
Rio Arriba	9	9	8	7		11	12	14	5
Roosevelt	14	14	13	12		11	10	11	-3
San Juan	65	66	65	67		57	66	64	-1
San Miguel	19	18	18	19		17	15	21	2
Sandoval	143	142	146	153		115	118	118	-25
Santa Fe	112	108	110	112		114	111	112	0
Sierra	6	6	6	8		7	7	7	1
Socorro	2	2	4	5		5	5	8	6
Taos	26	24	27	27		20	18	24	-2
Torrance	2	2	1	1		3	3	4	2
Union	3	3	3	3		3	4	6	3
Valencia	57	58	59	55		37	41	45	-12
STATE TOTAL	**1,928**	**1,911**	**2,013**	**2,003**		**1,740**	**1,764**	**1,853**	**-75**

[a] Pharmacists were not analyzed for 2018.
[b] Inclusion criteria were updated to remove nonpracticing providers.

A total of 3,537 pharmacists held New Mexico licenses during 2021. Of these individuals, 1,224 were identified as out of state, 460 were excluded from analysis as nonpracticing and 1,853 were in active practice in New Mexico (Figure 5.39).

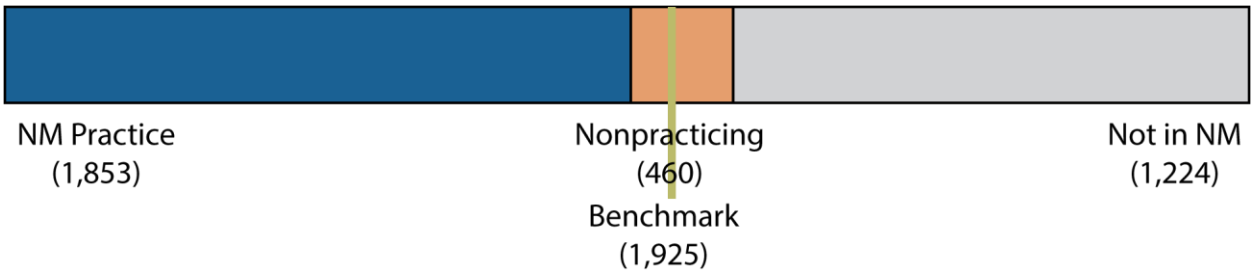
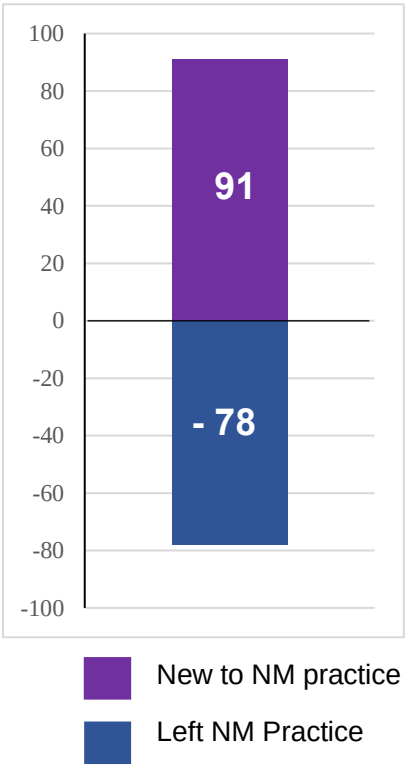


Figure 5.39. New Mexico's pharmacist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of pharmacists practicing in New Mexico has decreased by 78 individuals, with the losses and gains relative to the workforce shown in Figure 5.40.

Figure 5.40. Changes to the pharmacist workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.E.3.c. Demographics

Demographic features of New Mexico pharmacists are shown in Figure 5.41. Relative to the state's population, pharmacists are less likely to identify as Hispanic, White or Caucasian, or Native American and Alaska Native and more likely to identify as Asian, Native Hawaiian and Other Pacific Islander. The state's pharmacist workforce is 55.8% female, with a mean age of 46.4 years. Together with RNs and EMTs, pharmacists are one of three professions for whom more than 30% identify as Hispanic. Detailed data for these findings may be found in Appendix C (p. 144).

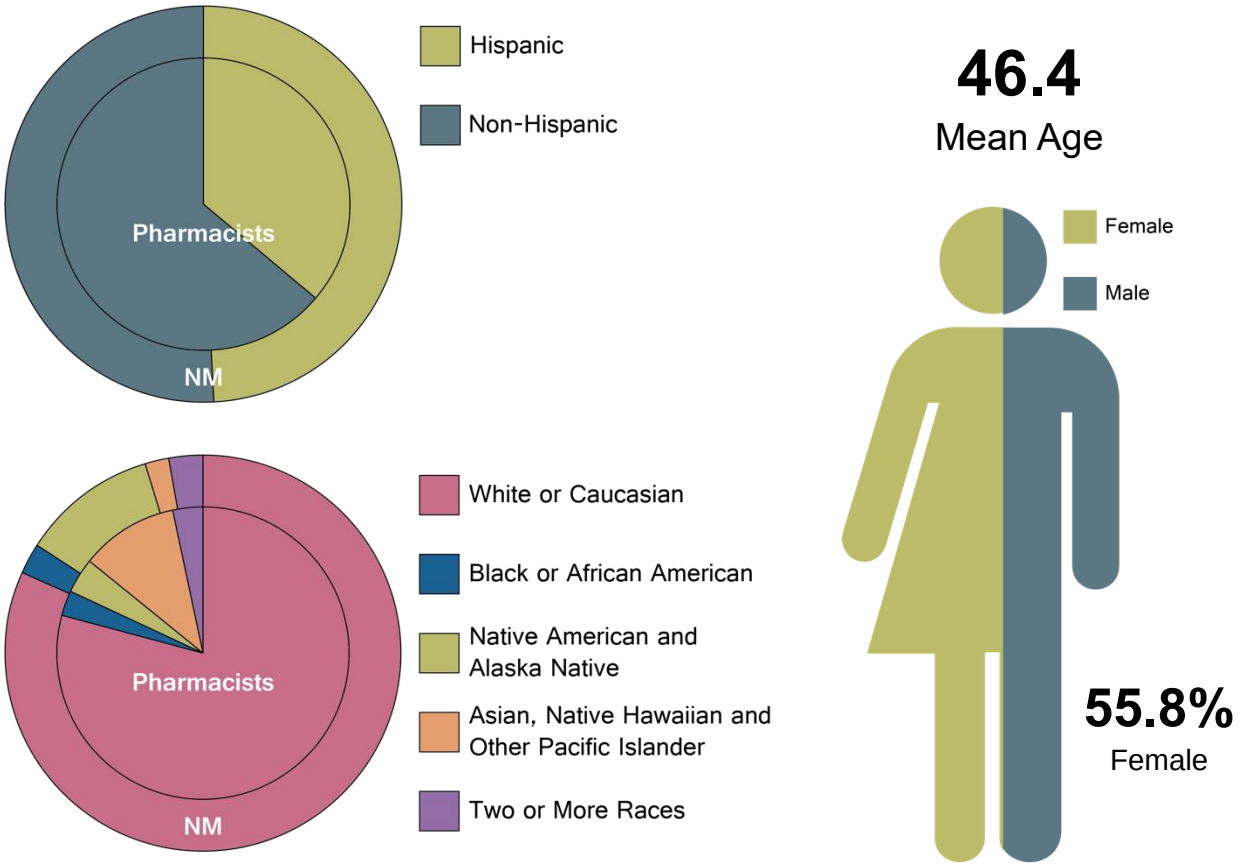


Figure 5.41. Demographic features of the NM pharmacist workforce. Clockwise from top right: mean age, percent male or female, proportions of NM pharmacists (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.4. Licensed Midwives

V.E.4.a. Benchmark Analysis

In 2021, an estimated 41 LMs were practicing in New Mexico, with counties varying between eight above benchmark and two below (Figure 5.42). Table 5.12 tracks the LM workforce since the profession was first analyzed for 2016. Five counties have shown a net gain of LMs, with 10 counties at or above benchmark for these practitioners. The state as a whole has 14 more LMs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional six LMs would be needed for all New Mexico counties to meet the national benchmark (increased from 0.24 per 10,000 female population[49] to 0.25 per 10,000 female population[50]).***

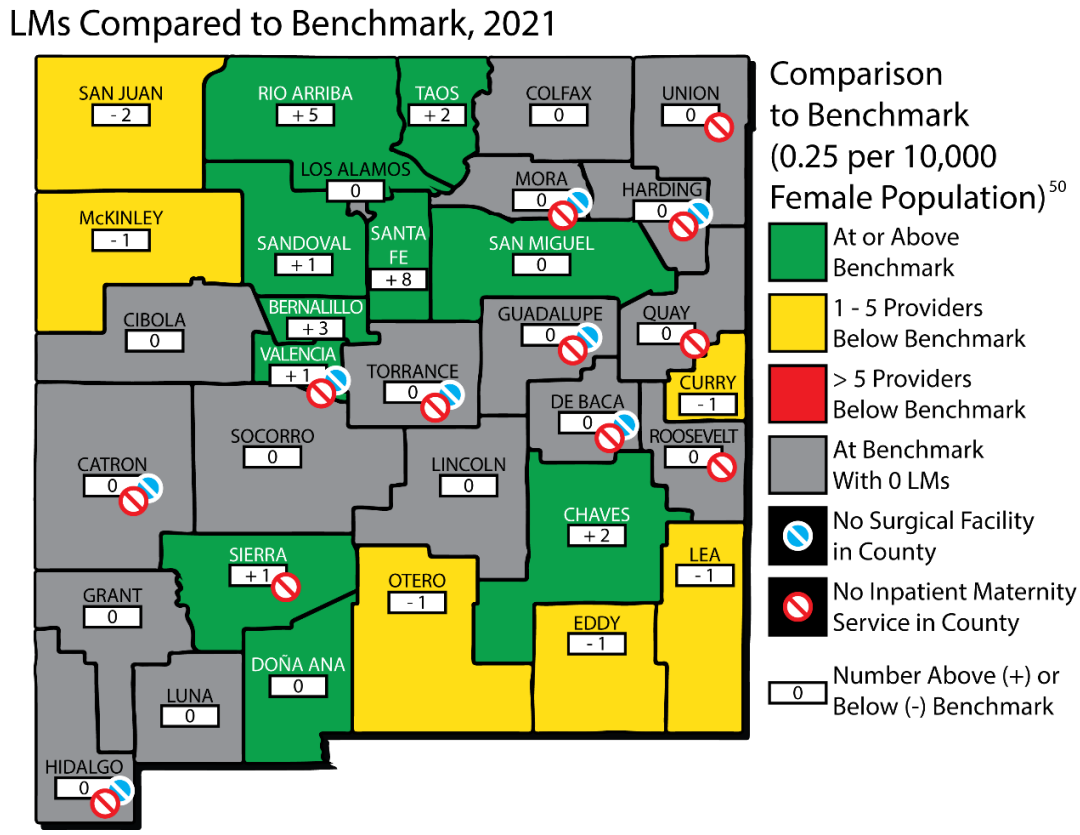


Figure 5.42. Licensed midwife workforce relative to the national benchmark of 0.25 LMs per 10,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. The exclusion criteria defining non-practicing is expanded for this profession to exclude any individual responding "have license but not actively practicing", "other state practicing" or "retired but have an active license". The inset highlights the counties that have changed benchmark status since last year's report.

V.E.4.b. Provider Counts

Table 5.12. Licensed Midwife Distribution by New Mexico County Since 2016

County	2016	2017	2018	2019[a]	2020	2021	Net Change Since 2013
Bernalillo	10	10	10	14	16	11	1
Catron	0	0	0	0	0	0	0
Chaves	0	0	0	2	2	3	3
Cibola	1	1	0	0	0	0	-1
Colfax	0	0	0	0	0	0	0
Curry	0	0	0	0	0	0	0
De Baca	0	0	0	0	0	0	0
Doña Ana	4	5	5	3	3	3	-1
Eddy	0	0	0	1	1	0	0
Grant	1	1	1	0	0	0	-1
Guadalupe	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	0	0
Lea	0	0	0	0	0	0	0
Lincoln	0	0	0	0	0	0	0
Los Alamos	0	0	0	0	0	0	0
Luna	0	0	0	0	0	0	0
McKinley	0	0	0	0	0	0	0
Mora	0	0	0	0	0	0	0
Otero	1	1	1	0	0	0	-1
Quay	0	0	0	0	0	0	0
Rio Arriba	2	3	3	2	2	6	4
Roosevelt	0	0	0	0	0	0	0
San Juan	0	0	0	0	0	0	0
San Miguel	1	3	3	1	1	0	-1
Sandoval	3	3	4	2	2	3	0
Santa Fe	7	7	8	6	6	10	3
Sierra	1	1	1	1	1	1	0
Socorro	0	0	0	0	0	0	0
Taos	6	6	3	2	2	2	-4
Torrance	0	0	0	0	0	0	0
Union	0	0	0	0	0	0	0
Valencia	1	1	1	1	1	2	1
STATE TOTAL	**38**	**42**	**40**	**35**	**35**	**41**	**3**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 92 LMs held New Mexico licenses during 2021. Of these individuals, 29 were identified as out of state, 22 were excluded from analysis as nonpracticing and 41 were in active practice in New Mexico (Figure 5.43).

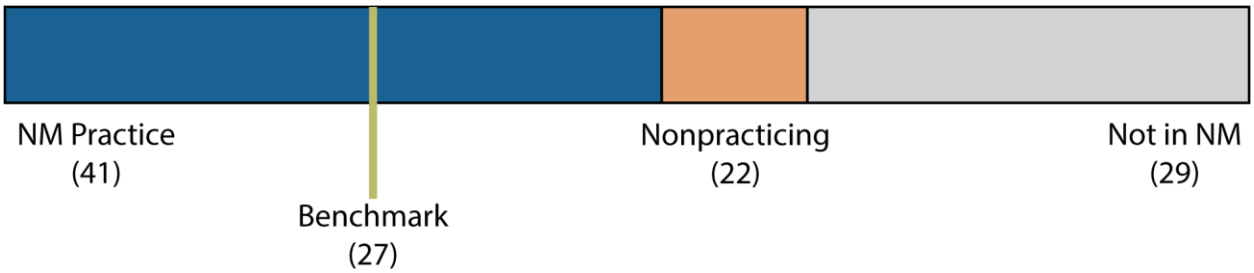
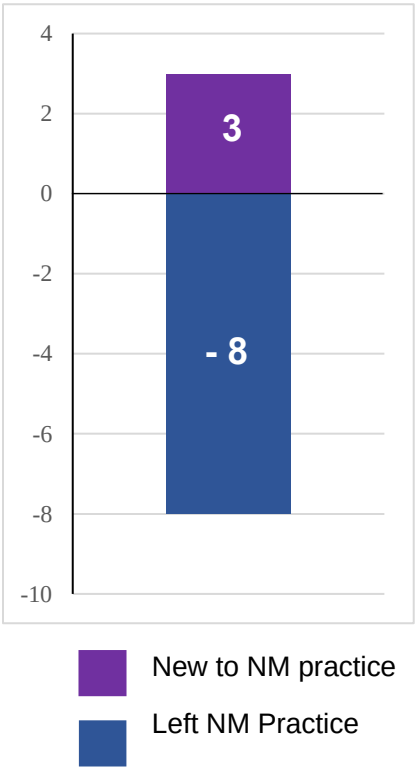


Figure 5.43. New Mexico's licensed midwives by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of LMs practicing in New Mexico has decreased by eight individuals, with the losses and gains relative to the workforce shown in Figure 5.44.

Figure 5.44. Changes to the LM workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.E.4.c. Demographics

Demographic features of New Mexico LMs are shown in Figure 5.45. Relative to the state's population, LMs are less likely to identify as Hispanic, Native American and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, or two or more races and more likely to identify as White or Caucasian or Black or African American. The state's LM workforce is 100% female, with a mean age of 48.5 years. Detailed data for these findings may be found in Appendix C (p. 144).

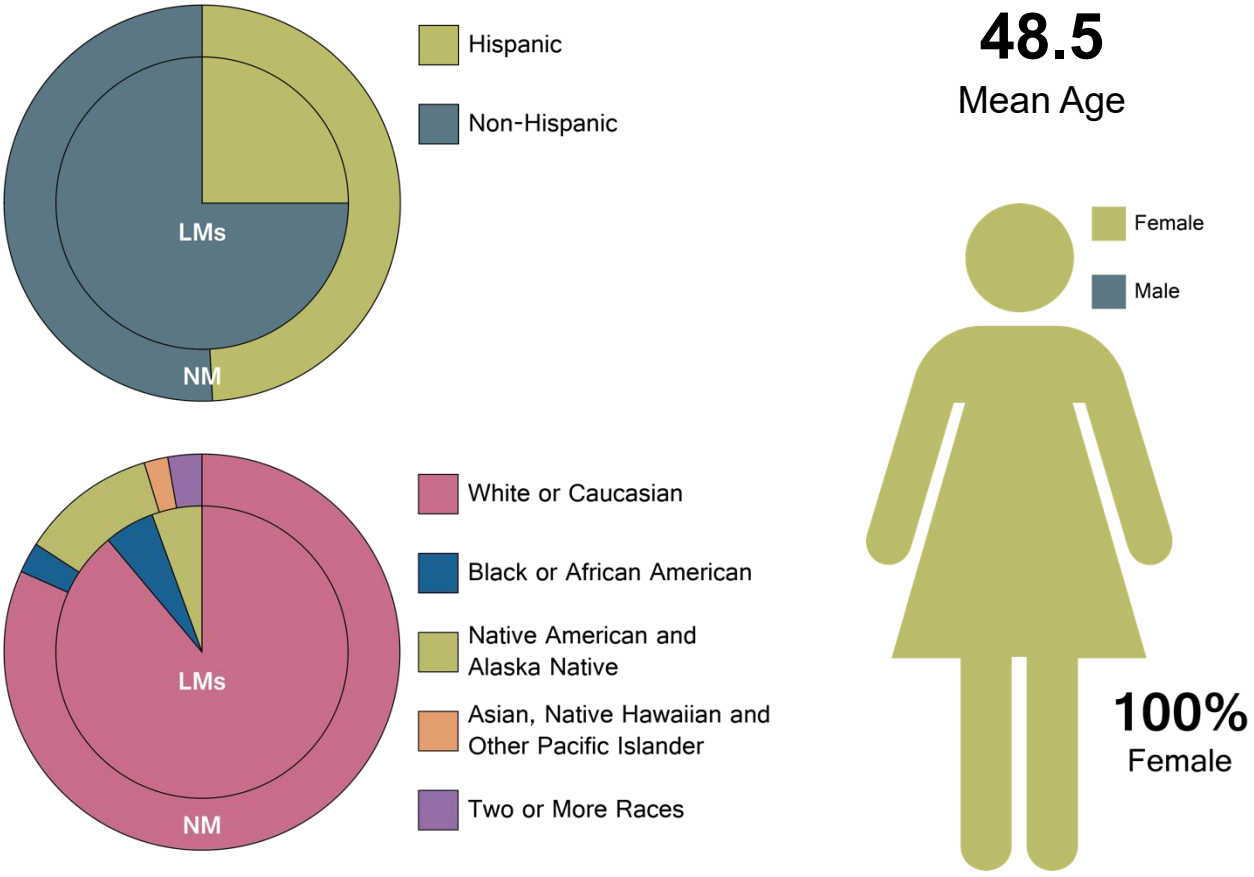


Figure 5.45. Demographic features of the NM LM workforce. Clockwise from top right: mean age, percent male or female, proportions of NM LMs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.5. Emergency Medical Technicians

V.E.5.a. Benchmark Analysis

In 2021, an estimated 3,778 EMTs were practicing in New Mexico, with counties varying between 14 above benchmark and 934 below (Figure 5.46). Table 5.13 tracks the EMT workforce since the profession was first analyzed for 2016. No counties have shown a net gain of EMTs, with five counties above benchmark for these practitioners. The state as a whole has 3,014 fewer EMTs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 3,032 EMTs would be needed for all New Mexico counties to meet the national benchmark (32.1 per 10,000 population[51]).***

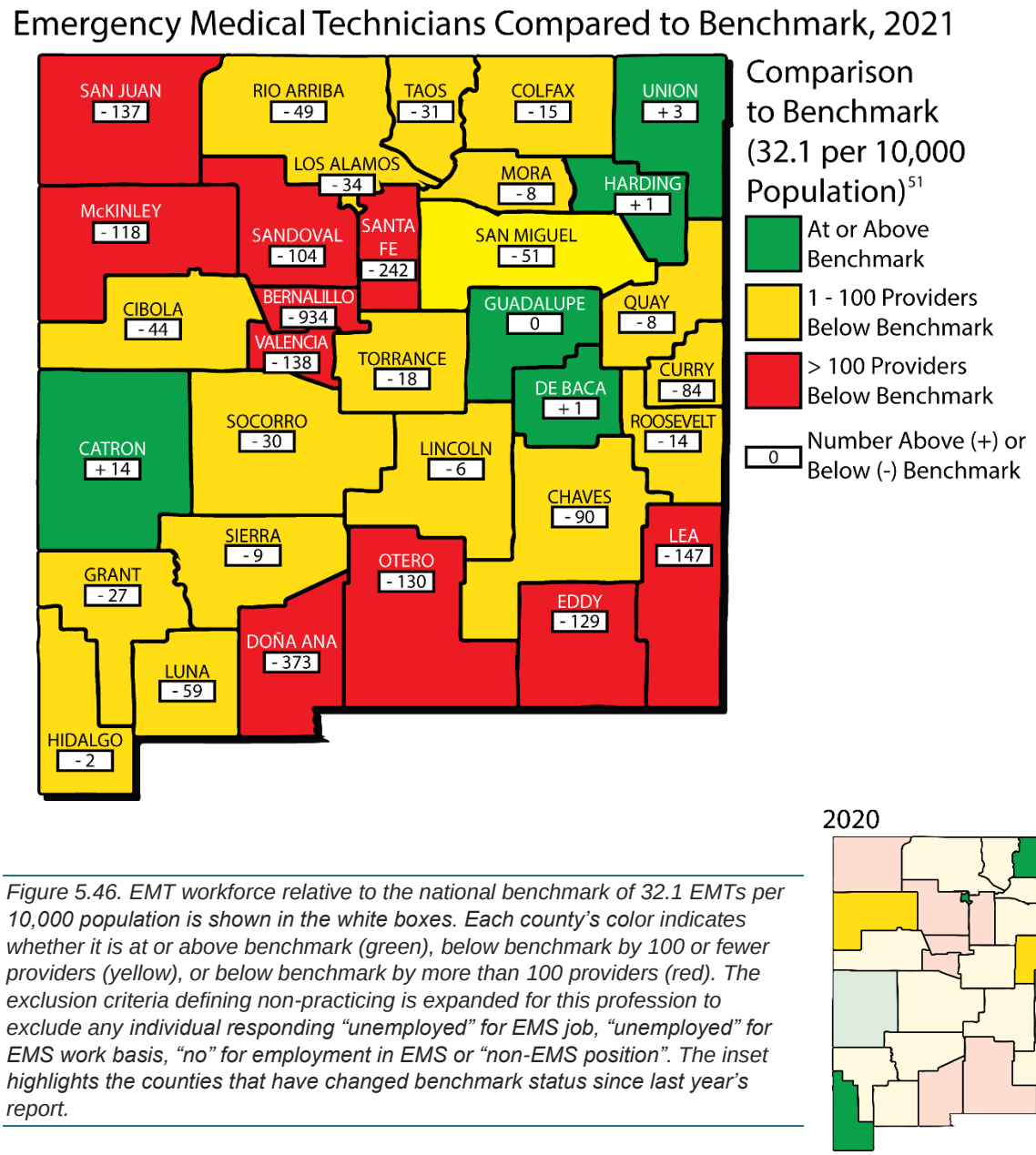


Figure 5.46. EMT workforce relative to the national benchmark of 32.1 EMTs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 100 or fewer providers (yellow), or below benchmark by more than 100 providers (red). The exclusion criteria defining non-practicing is expanded for this profession to exclude any individual responding "unemployed" for EMS job, "unemployed" for EMS work basis, "no" for employment in EMS or "non-EMS position". The inset highlights the counties that have changed benchmark status since last year's report.

V.E.5.b. Provider Counts

Table 5.13. Emergency Medical Technician Distribution by New Mexico County Since 2016

County	2016	2017	2018	2019[a]	2020	2021	Net Change Since 2016
Bernalillo	2031	2242	2274	1481	1429	1231	-800
Catron	39	42	47	30	36	26	-13
Chaves	216	223	224	170	168	117	-99
Cibola	45	45	50	43	46	43	-2
Colfax	65	66	67	42	44	25	-40
Curry	120	137	140	95	92	70	-50
De Baca	22	22	23	19	20	6	-16
Doña Ana	469	468	471	345	346	338	-131
Eddy	166	164	176	126	126	67	-99
Grant	94	95	92	85	83	63	-31
Guadalupe	20	16	17	8	13	14	-6
Harding	6	7	8	6	7	3	-3
Hidalgo	26	23	22	14	17	11	-15
Lea	142	163	177	122	118	87	-55
Lincoln	109	101	103	62	62	60	-49
Los Alamos	85	122	159	133	134	28	-57
Luna	45	42	44	33	34	23	-22
McKinley	194	207	221	167	176	112	-82
Mora	5	5	5	2	2	5	0
Otero	127	132	134	91	88	90	-37
Quay	27	35	35	26	30	20	-7
Rio Arriba	131	123	116	87	95	80	-51
Roosevelt	78	74	77	40	46	47	-31
San Juan	364	375	390	267	277	251	-113
San Miguel	39	37	42	28	29	36	-3
Sandoval	553	480	449	281	289	382	-171
Santa Fe	397	464	490	310	309	256	-141
Sierra	47	38	38	27	24	28	-19
Socorro	32	34	36	23	25	22	-10
Taos	126	132	126	81	86	80	-46
Torrance	57	51	52	40	44	31	-26
Union	17	23	24	16	21	16	-1
Valencia	207	176	172	99	105	110	-97
STATE TOTAL	**6,101**	**6,364**	**6,501**	**4,399**	**4,421**	**3,778**	**-2,323**

[a] Inclusion criteria were updated to remove nonpracticing providers.

A total of 4,092 EMTs held New Mexico licenses during 2021. Of these individuals, 264 were identified as out of state, 50 were excluded from analysis as nonpracticing and 3,778 were in active practice in New Mexico (Figure 5.47).

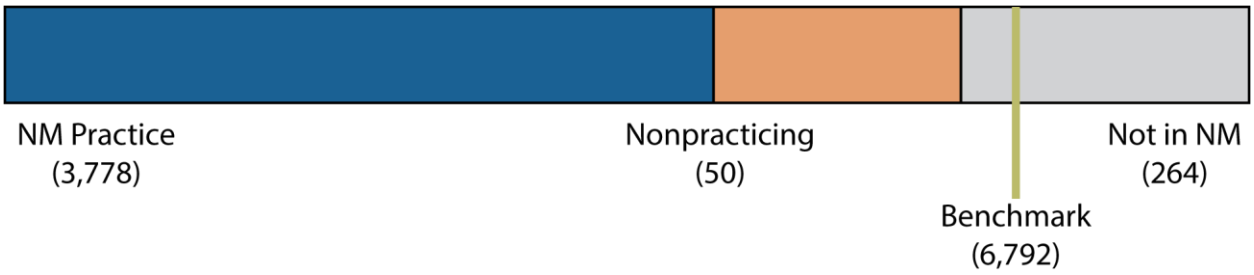
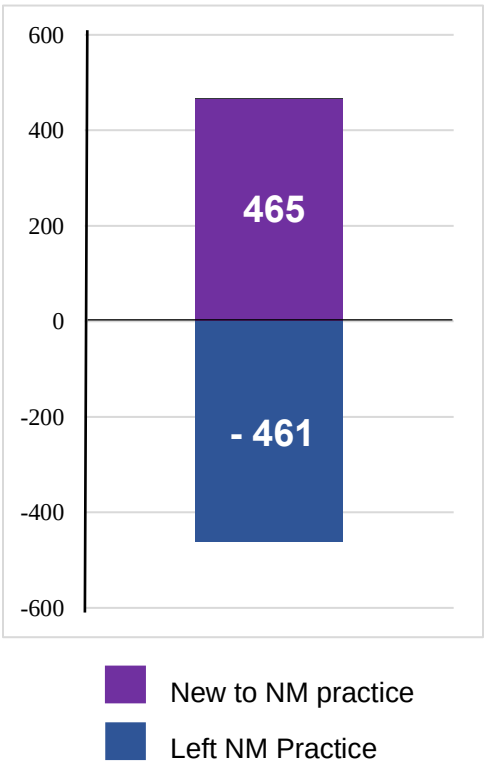


Figure 5.47. New Mexico's EMT licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of EMTs practicing in New Mexico has decreased by 461 individuals, with the losses and gains relative to the workforce shown in Figure 5.48

Figure 5.48. Changes to the EMT workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.E.5.c. Demographics

Demographic features of New Mexico EMTs are shown in Figure 5.49. Relative to the state's population, EMTs are less likely to identify as Hispanic, Black or African American, Native American and Alaska Native, or Asian, Native Hawaiian and Other Pacific Islander and more likely to identify as White or Caucasian. The state's EMT workforce is 30.8% female, with a mean age of 38.5 years. EMTs, together with RNs and pharmacists, are one of only three professions whose licensees identify as Hispanic in proportions greater than 30%. Detailed data for these findings may be found in Appendix C (p. 144).

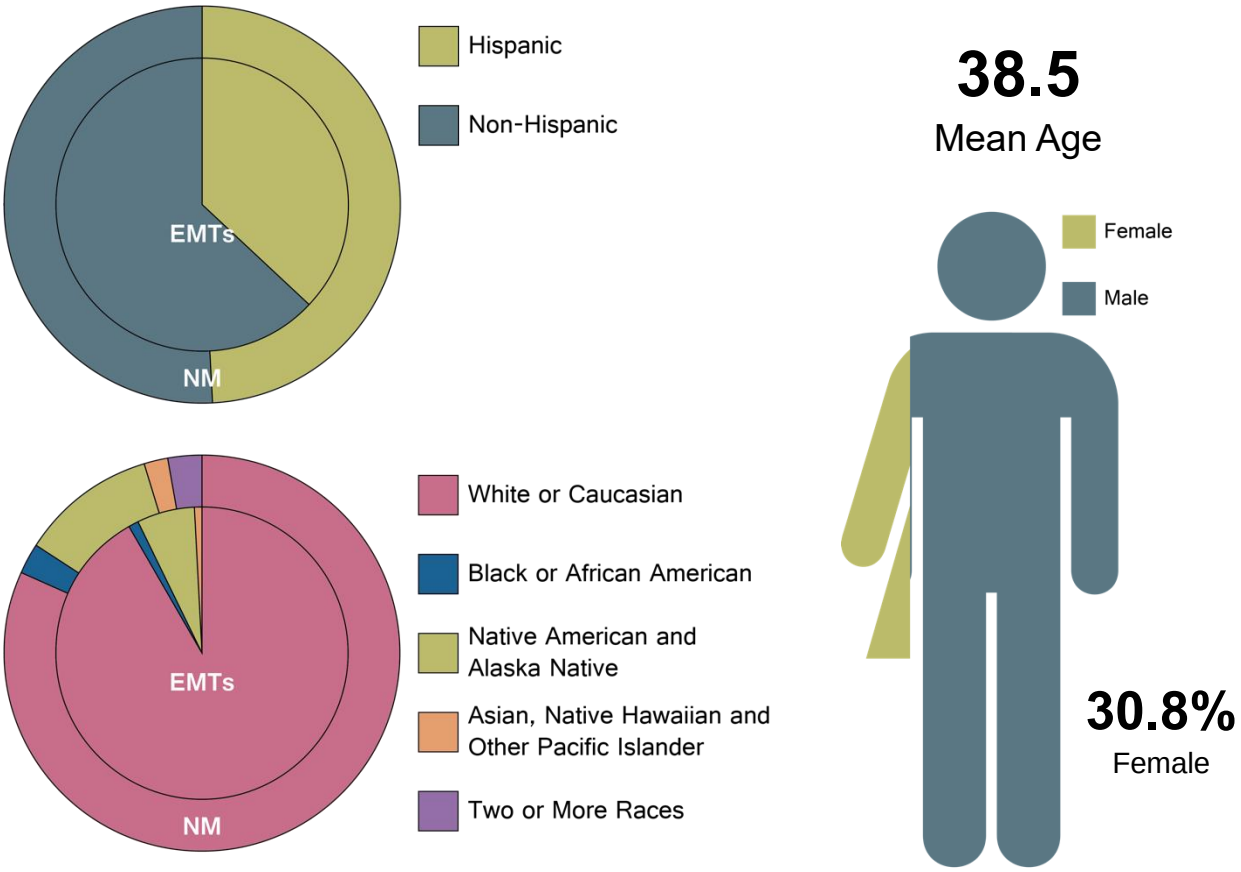
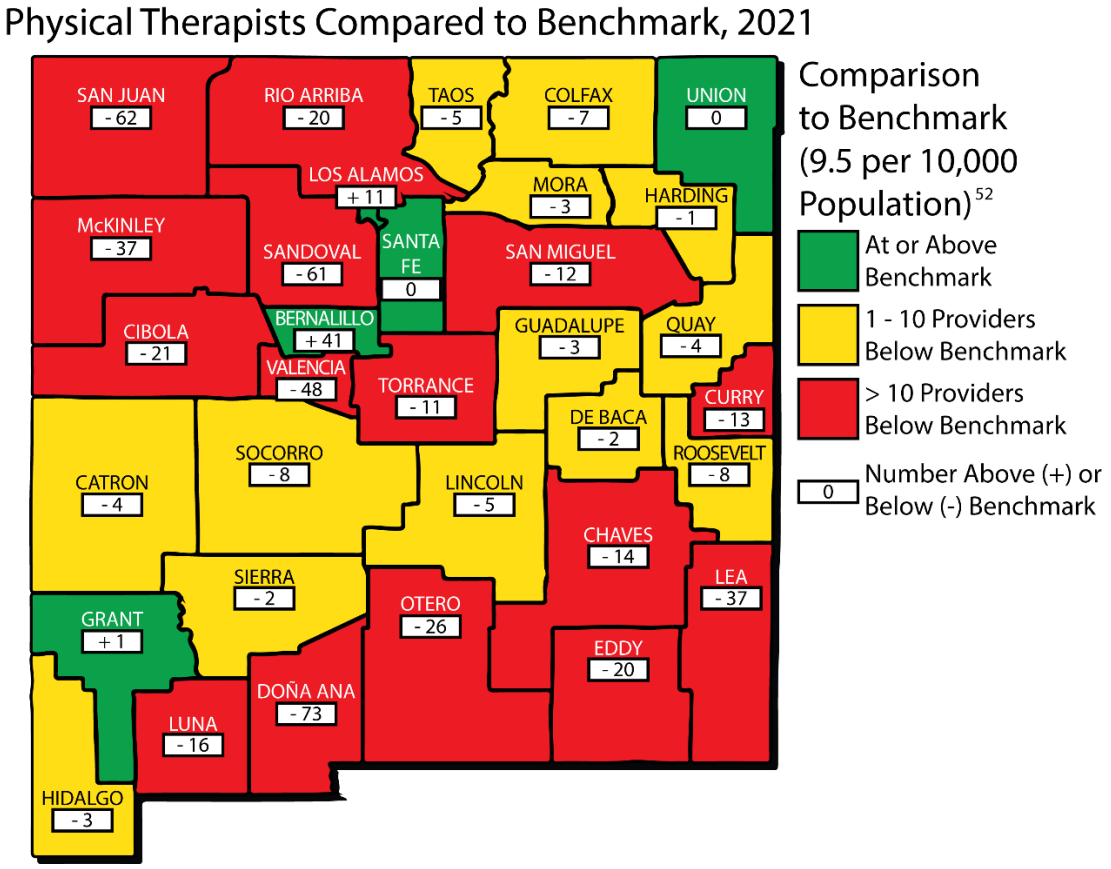


Figure 5.49. Demographic features of the NM EMT workforce. Clockwise from top right: mean age, percent male or female, proportions of NM EMTs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.6. Physical Therapists

V.E.6.a. Benchmark Analysis

In 2021, an estimated 1,536 PTs were practicing in New Mexico, with counties varying between 41 above benchmark and 73 below (Figure 5.50). Fifteen counties have shown a net gain of PTs, with five counties above benchmark for these practitioners. The state as a whole has 474 fewer PTs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 526 PTs would be needed for all New Mexico counties to meet the national benchmark (9.5 per 10,000 population[52]).***



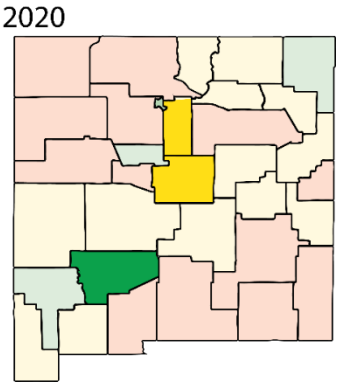


Figure 5.50. Physical therapist workforce relative to the national benchmark of 9.5 PTs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red).

V.E.6.b. Provider Counts

Table 5.14. Physical Therapist Distribution by New Mexico County Since 2019

County	2019	2020	2021	Net Change Since 2019
Bernalillo	668	689	682	14
Catron	0	0	0	0
Chaves	43	45	47	4
Cibola	7	8	5	-2
Colfax	6	4	5	-1
Curry	28	33	33	5
De Baca	1	1	0	-1
Doña Ana	134	136	137	3
Eddy	34	42	38	4
Grant	24	27	27	3
Guadalupe	1	1	1	0
Harding	0	0	0	0
Hidalgo	1	0	1	0
Lea	29	35	32	3
Lincoln	15	17	14	-1
Los Alamos	25	30	29	4
Luna	11	9	8	-3
McKinley	24	24	31	7
Mora	1	1	1	0
Otero	34	35	39	5
Quay	4	4	4	0
Rio Arriba	18	18	18	0
Roosevelt	9	10	10	1
San Juan	54	59	53	-1
San Miguel	13	14	14	1
Sandoval	67	85	83	16
Santa Fe	135	140	147	12
Sierra	9	11	9	0
Socorro	8	8	7	-1
Taos	29	31	28	-1
Torrance	4	4	4	0
Union	6	5	4	-2
Valencia	23	21	25	2
STATE TOTAL	**1,465**	**4,421**	**1,536**	**71**

V.E.6.b. Provider Counts

A total of 2,239 PTs held New Mexico licenses during 2021. Of these individuals, 583 were identified as out of state, 120 were excluded from analysis as nonpracticing and 1,536 were in active practice in New Mexico (Figure 5.51).

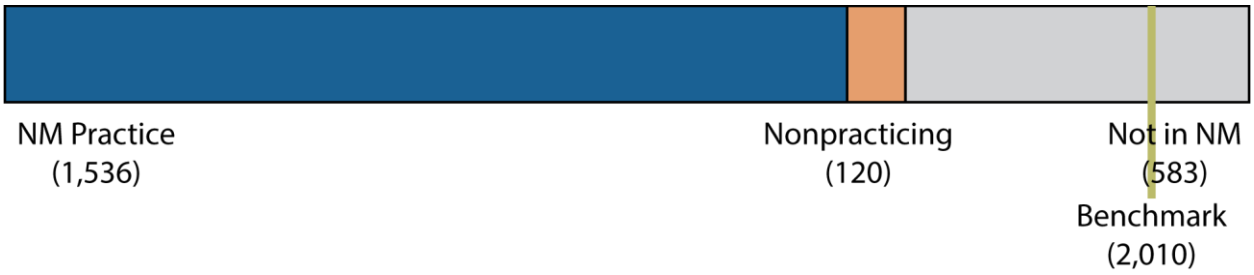
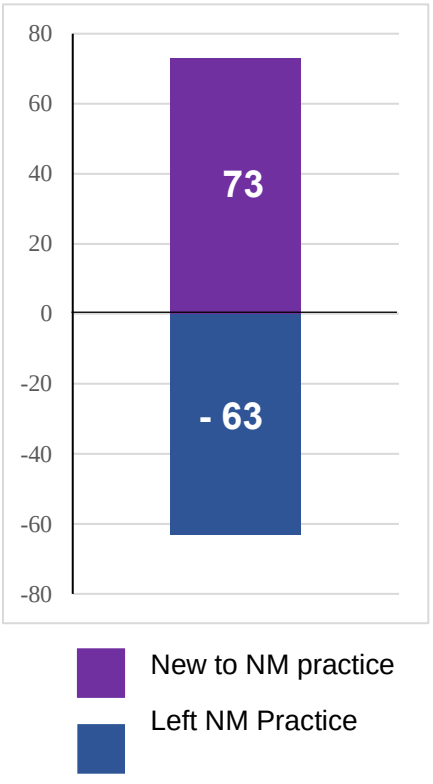


Figure 5.51. New Mexico's physical therapist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of PTs practicing in New Mexico has decreased by 63 individuals, with the losses and gains relative to the workforce shown in Figure 5.52

Figure 5.52. Changes to the PT workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.E.6.c. Demographics

Demographic features of New Mexico PTs are shown in Figure 5.53. Relative to the state's population, PTs are less likely to identify as Hispanic, White or Caucasian, Black or African American, or Native American and Alaska Native and more likely to identify as Asian, Native Hawaiian and Other Pacific Islander. The state's PT workforce is 66.6% female, with a mean age of 44.1 years. Detailed data for these findings may be found in Appendix C (p. 144).

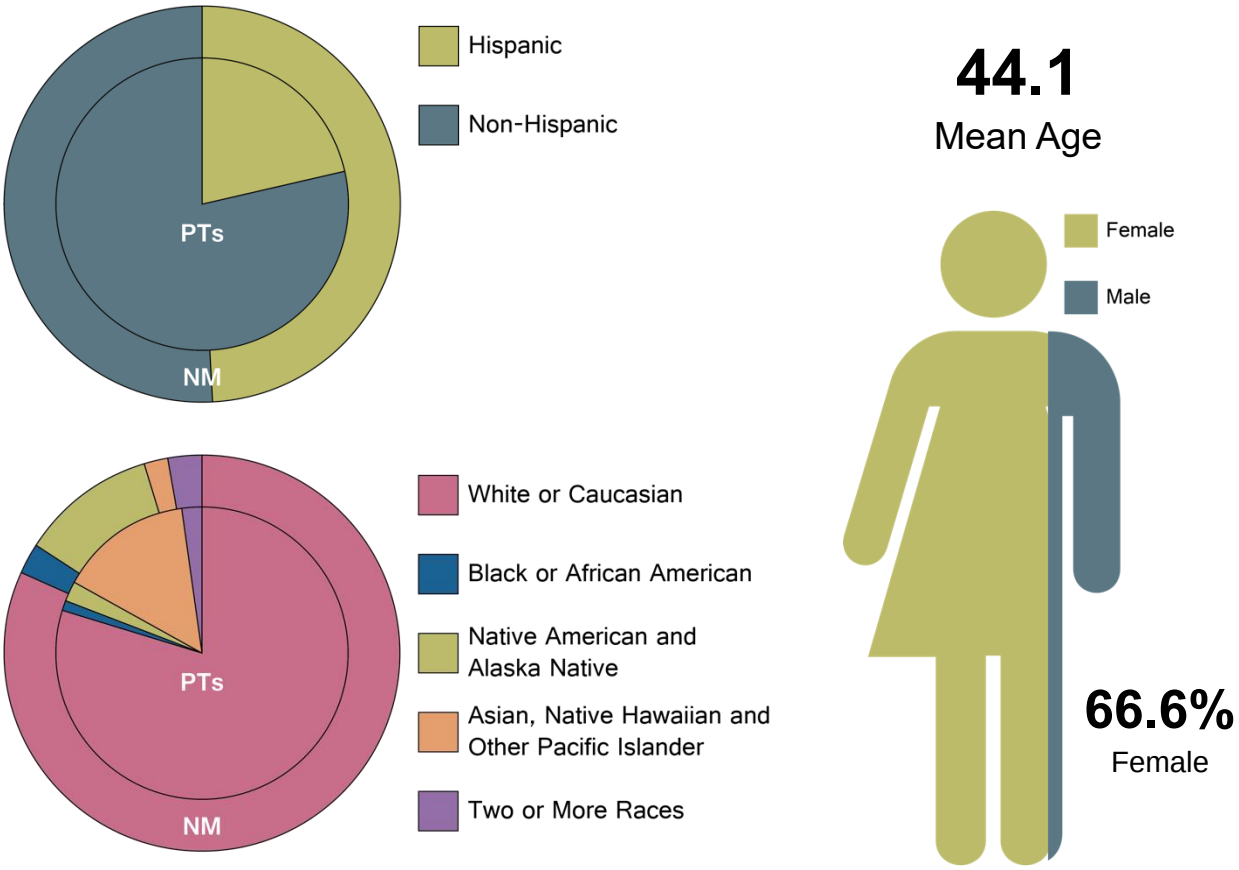


Figure 5.53. Demographic features of the NM PT workforce. Clockwise from top right: mean age, percent male or female, proportions of NM PTs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.7 Occupational Therapists

V.E.7.a. Benchmark Analysis

In 2021, an estimated 889 OTs were practicing in New Mexico, with counties varying between 199 above benchmark and 17 below (Figure 5.54). Twelve counties have shown a net gain of OTs, with seven counties above benchmark for these practitioners. The state as a whole has 106 more PTs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 114 PTs would be needed for all New Mexico counties to meet the national benchmark (3.7 per 10,000 population[53]).***

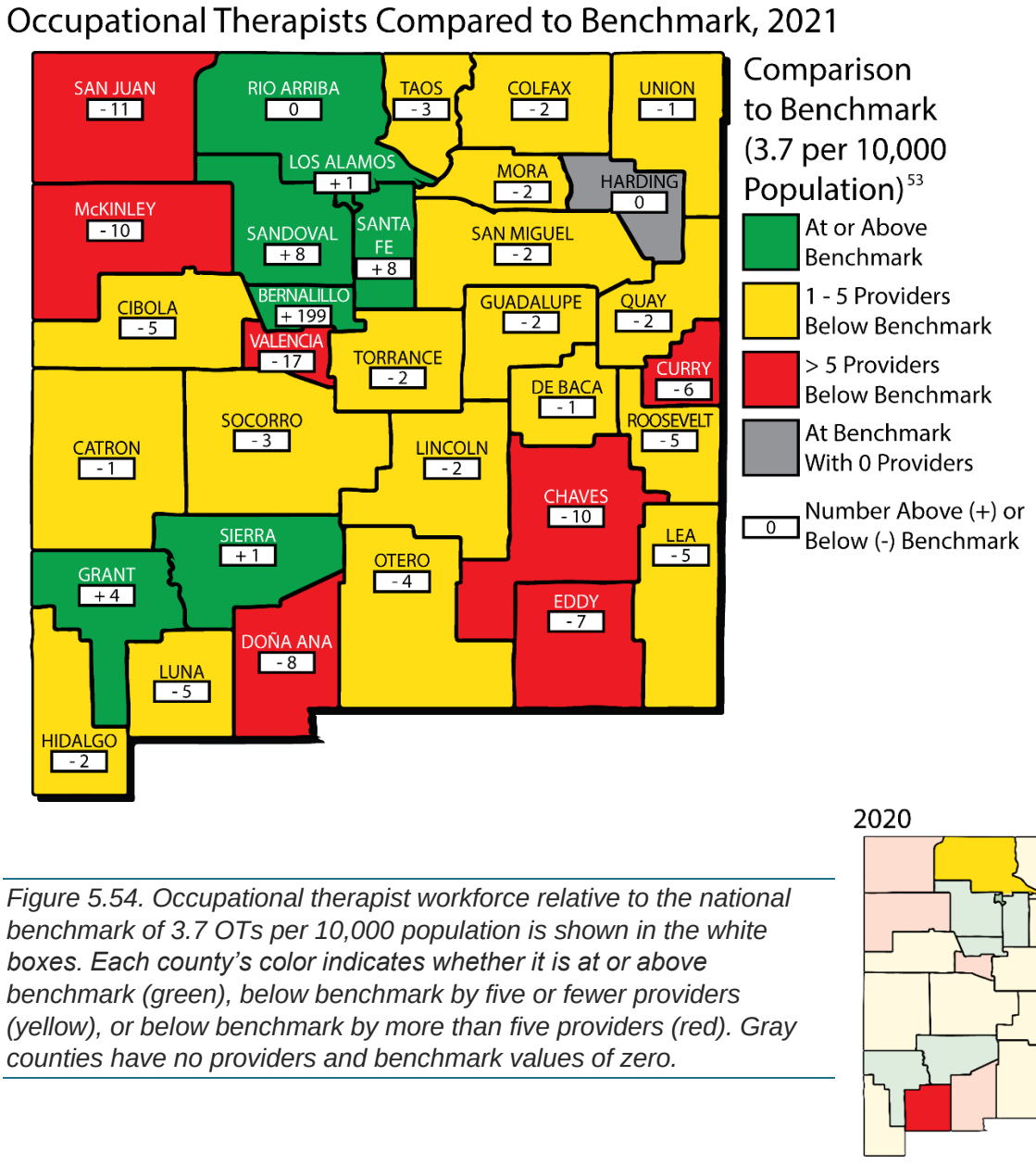


Figure 5.54. Occupational therapist workforce relative to the national benchmark of 3.7 OTs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero.

Table 5.15. Occupational Therapist Distribution by New Mexico County Since 2019

County	2019	2020	2021	Net Change Since 2019
Bernalillo	412	431	449	37
Catron	0	0	0	0
Chaves	20	20	14	-6
Cibola	5	6	5	0
Colfax	5	5	3	-2
Curry	14	21	12	-2
De Baca	0	0	0	0
Doña Ana	72	73	74	2
Eddy	17	18	16	-1
Grant	14	14	14	0
Guadalupe	0	0	0	0
Harding	0	0	0	0
Hidalgo	0	0	0	0
Lea	23	20	22	-1
Lincoln	6	6	6	0
Los Alamos	8	8	8	0
Luna	3	3	4	1
McKinley	20	17	17	-3
Mora	0	0	0	0
Otero	18	20	21	3
Quay	1	1	1	0
Rio Arriba	13	12	15	2
Roosevelt	2	2	2	0
San Juan	27	32	34	7
San Miguel	7	8	8	1
Sandoval	53	59	64	11
Santa Fe	68	68	65	-3
Sierra	4	4	5	1
Socorro	3	2	3	0
Taos	13	10	10	-3
Torrance	2	4	4	2
Union	0	1	1	1
Valencia	11	13	12	1
STATE TOTAL	**841**	**878**	**889**	**48**

V.E.7.b. Provider Counts

A total of 1,159 OTs held New Mexico licenses during 2021. Of these individuals, 167 were identified as out of state, 103 were excluded from analysis as nonpracticing and 889 were in active practice in New Mexico (Figure 5.55).

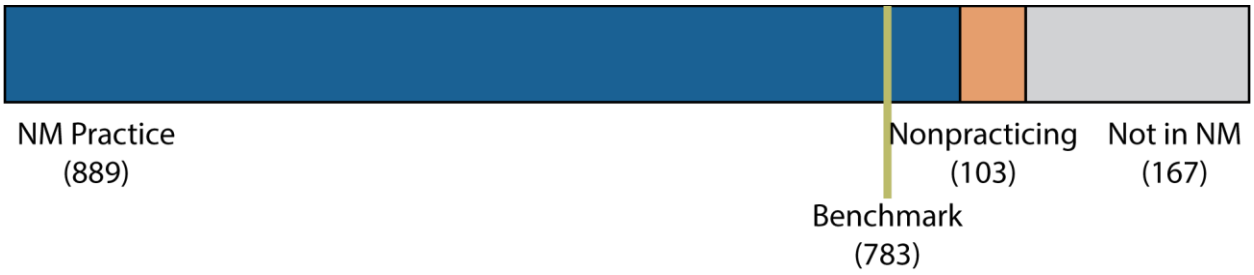
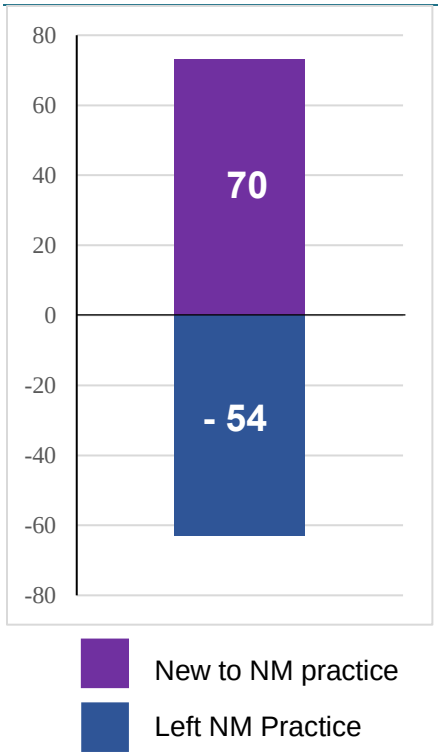


Figure 5.55. New Mexico's occupational therapy licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of OTs practicing in New Mexico has decreased by 54 individuals, with the losses and gains relative to the workforce shown in Figure 5.56

Figure 5.56. Changes to the OT workforce practicing in New Mexico, showing the number that have left a New Mexico practice (blue) in contrast to the number of new practitioners in New Mexico (purple).

V.E.7.c. Demographics

Demographic features of New Mexico OTs are shown in Figure 5.57. Relative to the state's population, OTs are less likely to identify as Hispanic, Black or African American, or Native American and Alaska Native and more likely to identify as White or Caucasian, Asian, Native Hawaiian and Other Pacific Islander, or two or more races. The state's OT workforce is 86.9% female, with a mean age of 45.2 years. Detailed data for these findings may be found in Appendix C (p. 144).

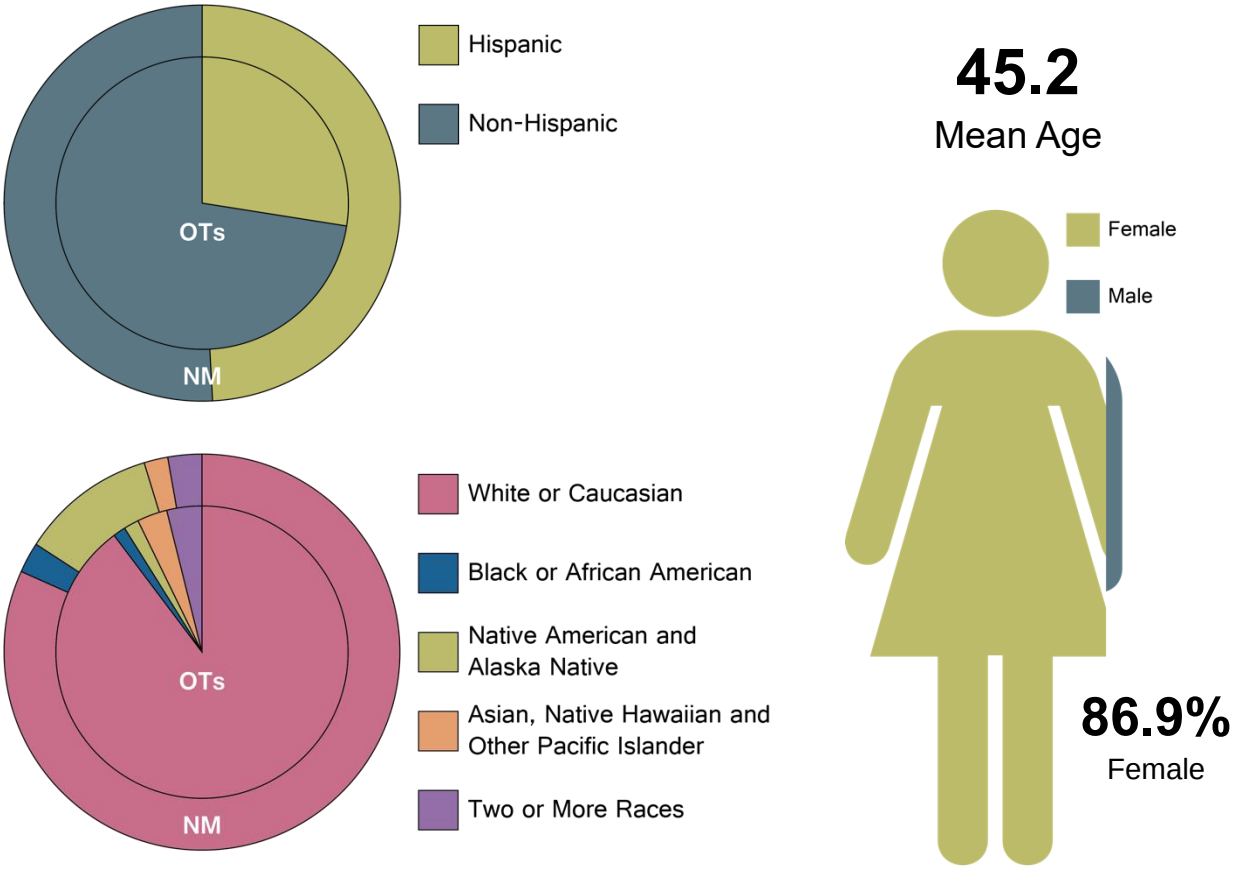


Figure 5.57. Demographic features of the NM OT workforce. Clockwise from top right: mean age, percent male or female, proportions of NM OTs (center circle) and the NM population (outer circle) for race and ethnicity.

V.F. Discussion

V.F.1. Points of Agreement and Disagreement among the Approaches to Health Care Workforce Analysis in Sections III, IV and V

The inclusion in this year's report of Section III (p. 15), the demand analysis contributed by the New Mexico Department of Workforce Solutions and Section IV (p. 23), the FTE analysis contributed by the New Mexico Human Services Department represents an important step forward in our depth of understanding of the state's health care workforce. Where these analyses and the committee's benchmark analysis agree with one another, it underscores the findings; the rarer points of disagreement indicate areas where our understanding of the dynamics underlying the distribution of health care workforce may be lacking or our analyses are failing to capture an unknown source of variation in the data. Here, we summarize important points of agreement and disagreement among the analyses in Sections III, IV and V of this report.

V.F.1.a. Demand Analysis for Selected Health Care Professions

In Section III (p. 17), the New Mexico Department of Workforce Solutions presents data and projections related to employment demand for RNs, CNPs, pharmacists and primary care physician specialties. The report finds the greatest projected job growth for CNPs, at 27.5%, followed by registered nurses, at 11.3%. The greatest current employment demand was for registered nurses, with more than 9,000 advertised online job openings per month.

There is considerable overlap between the findings of Section III and this section. For example, the more than 9,000 online job postings for RNs each month during state FY 2022 more than accounts for the shortages relative to benchmark of 3,487 for the state as a whole and 5,863 needed to bring all counties up to benchmark. Nurses practicing in New Mexico but not licensed in the state, such as nurses coming into the state under the enhanced nursing licensure compact, are not reflected in the RN counts in this section. It may be that these RNs account for both the difference between posted openings and shortages relative to benchmark and the difference between the nurses estimated to be actively practicing in New Mexico in this section (16,466) and the nurses employed in the state reported in Section III (17,030). Indeed, the difference between the shortage relative to average monthly job postings (4,567) and benchmark (5,863) is 1,296.

There is similar agreement between advertised job openings and the number of CNPs needed to bring all New Mexico counties up to benchmark. Average monthly online job postings for CNPs were 92, a value less than the total of county shortages relative to benchmark assuming no redistribution, 227. The large growth projected for CNP employment demand in Section III reflects the increase in this year's CNP benchmark. Both are reflective of the increasing importance of this profession's contributions to health care.

In contrast, a marked difference was observed between the demand for pharmacists (84 monthly online job postings) and the total count needed in order to bring all counties to benchmark assuming no redistribution (482), which is the national pharmacist-to-population ratio. This mismatch may indicate that New Mexico's employers of pharmacists staff their organizations with fewer pharmacists than in other areas of the country, or that relatively few such employers are present in the state.

V.F.1.b. New Mexico Health Care Workforce Analysis of Full Time Equivalent Primary Care Physicians, Psychiatrists and Core Mental Health Professionals by County

The analysis by the New Mexico Human Services Department of physicians and core mental health professionals by FTE in Section IV (p. 23) provides important context to the benchmark analysis by adjusted license counts in this section. The fine-grained FTE adjustments undertaken by the New Mexico Human Services Department in Section IV are not possible to make in the committee's benchmark analysis, as the national data used to calculate the benchmarks are not detailed enough to allow matching adjustments to the national workforce. Any adjustments to license counts beyond the excluded providers discussed in Section V.B (p. 36) – including the exclusion of PCP hospitalists and calculation of FTE based on practice hours, as in the methodology of Section IV – would create an "apples-to-oranges" mismatch that renders the comparison of county workforce to benchmarks meaningless. However, examining FTE patterning by county and profession separately from the benchmark analysis provides an important and informative layer of detail that seeks to address a limitation of the benchmark analysis.

Of particular interest is the patterning of reduced FTEs, which appears consistently more frequently in Bernalillo County. Previous research, such as that related to the state's OB-GYN workforce, has found that reduced practice hours are largely a phenomenon of urban counties, with rural providers more likely to report working 40 or more hours weekly and spending all of their work hours in direct patient care.[54] It may be that reduced work hours are a luxury mainly available to providers in locations where the counts of health care workforce are high relative to the population.

Also notable is the comparatively lower FTE and licensure count ratio for psychiatrists statewide, compared to PCPs. The mean age of psychiatrists practicing in New Mexico is high – five years older than that of PCPs – and it may be that many of the state's psychiatrists have reduced their work hours as they near retirement. Future work examining the relative contributions of age and other factors to FTE status could clarify this point.

V.F.2. Notable Features of the New Mexico Health Care Workforce

This year, updates were made to the national benchmarks for primary care physicians, certified nurse practitioners, certified nurse midwives, physician assistants and licensed midwives in order to better reflect national trends in these professions. The continued exclusion of non-practicing providers is also reflected in the reduced numbers of workforce across professions. Only minor national increases (less than 6%) were reflected in all the updated benchmarks.

Comparisons to national benchmarks showed similar patterns both to prior years' analyses and across professions for 2021. A substantial concentration of health care workforce was observed for Bernalillo County, while other areas of the state more frequently showed practitioner counts below benchmarks. It must be noted that this does not claim that there are "excess" providers in Bernalillo County. Rather, for many professions it is simply an indicator that this part of the state is above the national average of providers per capita or that Bernalillo County residents may enjoy relatively higher access to care compared to other counties (although access to care may still be significantly lacking).

V.F.3. Limitations of the Data

Provider-to-population ratios have been selected as the primary metric in this report for national and county-level workforce comparisons. However, there are aspects of access to care that these county-level provider-to-population ratios cannot take into account, such as the small-scale geographic distribution of health care providers, distribution of the population or the population's health care needs. Factors in

access to care, including practitioner work hours, patient utilization of care, severity of illness, driving distance to the nearest provider – and others – are assumed to be homogeneous using this method. As a result, our benchmark analysis does not directly measure workforce adequacy, and should be considered an indicator of areas that may be most in need of additional resources.

While New Mexico's required license renewal surveys provide robust, detailed data regarding the state's health care workforce, some details are not captured. Some providers have not yet had the opportunity to complete a license renewal survey; others' survey responses may be up to three years old. Appendix D (p. 163) shows the survey response rate by profession, counting only current surveys (that is, surveys no older than 2018, the earliest possible renewal year for licenses active during 2021). Even for surveyed providers, data may be incomplete based upon respondents' interpretation of or comfort with individual survey items.

In an effort to reduce these limitations, in 2020 the committee undertook a redesign of the survey administered to physicians. Informed by national best practices, a number of improvements were made, including requiring responses to key items, clarification of survey items, addition of items related to patient populations and other areas of current policy interest, elimination of items no longer pertinent, and the introduction of skip logic that will allow collection of more detailed data where relevant but streamline the survey for providers to whom the detailed items do not apply. The revised survey has been transmitted to the New Mexico Regulation & Licensing Department, who are working to implement it.

Section VI

New Mexico's Behavioral Health Workforce

Contributed by Tyler Kincaid, Xiaoya Wu and the Behavioral Health Subcommittee

VI.A. Methods

The data from the licensure survey allows us to answer the following specific questions for the following categories of behavioral health providers:

1. **Prescribers:** Includes psychiatrists, advanced nurse specialists with psychiatry specialty and prescribing psychologists.
2. **Independently Licensed Psychotherapy Providers:** Includes providers of therapy and psychosocial interventions for mental illness and addictions treatment. They include non-prescribing psychologists, social workers, counselors and marriage and family therapists.
3. **Non-Independently Licensed Psychotherapy Providers:** Includes psychology associates, non-independently licensed social workers and non-independently licensed counselors. These providers have a limited scope of practice to treat mental illness and addictions until they achieve full independent licensure.
4. **Substance Use Clinicians:** Includes providers of psychosocial interventions to treat addictions, and include licensed alcohol and drugs counselors and licensed substance use associates. This category includes dedicated substance use clinicians and does not overlap with the other categories. Unlike other clinicians in the behavioral health workforce, their scope of practice does not include treatment of mental illness.

This section presents all data for behavioral health care providers actively licensed and practicing in New Mexico during the 2021 calendar year. We ensured that individual clinicians who held multiple behavioral health licensure types were not counted more than once. If a clinician held more than one category of license, they were placed in the category with the widest scope of practice. The same data sources and methodology were used to identify behavioral health providers as for those providers described in Section I. Surveys are administered by the provider's licensing board upon license renewal only. Several of the tables presented below were derived from survey data, including payment type, practice location type, health information technology, race/ethnicity and training location. Therefore, the total providers included in these tables are lower than the total licensed in the state. Additionally, because each licensing board administers a different license renewal survey, the nurse practitioners and nurse specialists are excluded from tables or separated due to differences in survey questions. In each case, only providers who responded to the survey question are included in the tables. Using licensure data alone to determine practice location would result in over-counting providers, because professionals often use a residential address to obtain licensure rather than a practice address. Counts were determined using the practice address of surveyed providers and the mailing address of non-surveyed providers. Providers with out-of-state and unknown ZIP codes for practice location are excluded from the counts.

VI.B. Behavioral Health Care Providers in New Mexico

In 2021, there were 572 prescribers, 4,681 independently licensed psychotherapy providers, 2,675 non-independently licensed psychotherapy providers and 506 substance abuse treatment providers practicing in New Mexico. Figure 6.1 shows how behavioral health provider-to-population ratios compare among New Mexico's 33 counties and the proportions of these providers made up by the four provider types (see also Table 6.1). Although there is no widely accepted definition of an ideal ratio for providers to population, this figure provides a view of the ranges that are available in each county. Note, as for all the maps included in this report, that a county falling in the top category does not necessarily have adequate numbers of practitioners. In this case, the county has a large per capita behavioral health workforce *relative to other counties in the state.*

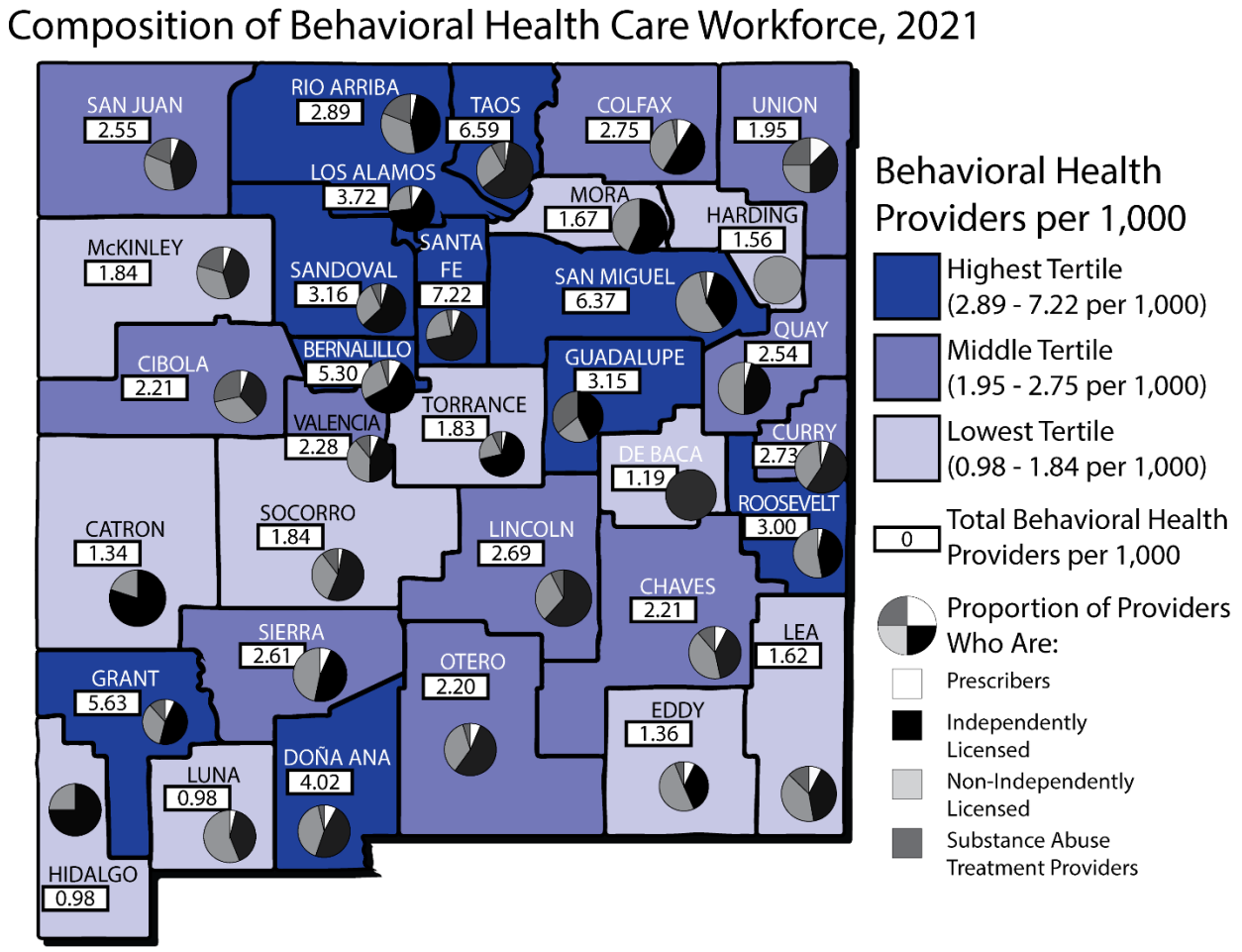


Figure 6.1. White boxes in each county show the total number of behavioral health providers per 1,000 population. County colors indicate whether each county ranks in the top (dark), middle (medium) or bottom (light) third of counties for this measure. Each county's pie chart shows the proportion of prescribers (white), independently-licensed clinicians (black), non-independently licensed clinicians (light gray), or substance use clinicians (dark gray).

Table 6.1 shows the number of behavioral health clinicians in each category in each county in 2021; and Table 6.2 provides additional details on the smaller categories of practitioner comprising each license type. *Of note, all counties have at least one behavioral health provider. However, seven counties do not have access to any behavioral health prescribers. There has been an increase in advanced practice registered nurses who specialize in psychiatry (clinical nurse specialists and clinical nurse practitioners) from 148 to 203.*

Table 6.1. Behavioral Health Care Providers by License Category, 2021

County	Prescribers[a]	Independently Licensed Psychotherapy Providers	Non-Independently Licensed Psychotherapy Providers	Substance Use Treatment Providers	County Total
Bernalillo	283	2,129	1,002	161	3,575
Catron	0	4	1	0	5
Chaves	11	56	60	16	143
Cibola	3	20	20	17	60
Colfax	3	17	13	1	34
Curry	7	71	51	2	131
De Baca	0	2	0	0	2
Doña Ana	71	423	366	30	890
Eddy	6	30	42	5	83
Grant	11	74	54	18	157
Guadalupe	0	6	3	5	14
Harding	0	0	1	0	1
Hidalgo	0	3	1	0	4
Lea	9	47	47	15	118
Lincoln	0	34	17	4	55
Los Alamos	6	47	18	1	72
Luna	1	10	14	0	25
McKinley	7	53	45	27	132
Mora	0	4	3	0	7
Otero	10	81	53	7	151
Quay	1	10	11	0	22
Rio Arriba	4	52	38	22	116
Roosevelt	2	25	30	0	57
San Juan	18	128	105	58	309
San Miguel	8	63	96	6	173
Sandoval	21	281	145	31	478
Santa Fe	68	740	276	36	1,120
Sierra	2	14	14	0	30
Socorro	1	16	10	3	30
Taos	6	141	63	18	228
Torrance	1	19	6	2	28
Union	1	3	2	2	8
Valencia	11	78	68	19	176
STATE TOTAL	**572**	**4681**	**2675**	**506**	**8434**

Table 6.2. New Mexico Behavioral Health Providers, 2021

	Prescribers				Independently Licensed Psychotherapy Providers				Non-Independently Licensed Psychotherapy Providers				Substance Use Clinicians			
County	**Prescribing Psychologist**	**CNP/CNS**	**Psychiatrist (Child & Adolescent)**	***TOTAL***	**Non-Prescribing Psychologist**	**Counselor**	**Social Worker**	***TOTAL***	**Psychologist**	**Counselor**	**Social Worker**	***TOTAL***	**Independent License**	**Non-Independent License**	***TOTAL***	***County Total***
Bernalillo	10	85	188(22)	283	318	915	896	2,129	1	332	669	1,002	70	91	161	**3,575**
Catron	0	0	0(0)	0	1	3	0	4	0	0	1	1	0	0	0	**5**
Chaves	1	8	2(0)	11	5	19	32	56	0	6	54	60	6	10	16	**143**
Cibola	1	1	1(0)	3	1	15	4	20	1	5	14	20	9	8	17	**60**
Colfax	0	2	1(0)	3	0	4	13	17	0	3	10	13	1	0	1	**34**
Curry	0	3	4(0)	7	0	34	37	71	0	13	38	51	1	1	2	**131**
De Baca	0	0	0(0)	0	0	0	2	2	0	0	0	0	0	0	0	**2**
Doña Ana	13	34	24(4)	71	52	169	202	423	0	99	267	366	17	13	30	**890**
Eddy	0	6	0(0)	6	0	11	19	30	0	6	36	42	4	1	5	**83**
Grant	0	0	11(1)	11	7	41	26	74	0	17	37	54	8	10	18	**157**
Guadalupe	0	0	0(0)	0	0	4	2	6	0	1	2	3	1	4	5	**14**
Harding	0	0	0(0)	0	0	0	0	0	0	0	1	1	0	0	0	**1**
Hidalgo	0	0	0(0)	0	0	1	2	3	0	0	1	1	0	0	0	**4**
Lea	1	3	5(0)	9	1	29	17	47	0	10	37	47	9	6	15	**118**
Lincoln	0	0	0(0)	0	3	19	12	34	0	9	8	17	3	1	4	**55**
Los Alamos	1	2	3(0)	6	10	26	11	47	1	11	6	18	1	0	1	**72**
Luna	0	1	0(0)	1	0	3	7	10	0	2	12	14	0	0	0	**25**
McKinley	2	2	3(0)	7	7	24	22	53	0	10	35	45	18	9	27	**132**
Mora	0	0	0(0)	0	0	1	3	4	0	0	3	3	0	0	0	**7**
Otero	0	7	3(0)	10	7	44	30	81	0	19	34	53	3	4	7	**151**
Quay	0	0	1(0)	1	0	5	5	10	0	4	7	11	0	0	0	**22**
Rio Arriba	0	4	0(0)	4	3	21	28	52	0	10	28	38	11	11	22	**116**
Roosevelt	0	2	0(0)	2	0	16	9	25	0	13	17	30	0	0	0	**57**
San Juan	1	6	11(5)	18	5	58	65	128	0	17	88	105	37	21	58	**309**
San Miguel	1	3	4(1)	8	9	30	24	63	0	20	76	96	2	4	6	**173**
Sandoval	1	11	9(1)	21	28	144	109	281	0	46	99	145	18	13	31	**478**
Santa Fe	6	17	45(4)	68	58	438	244	740	1	153	122	276	23	13	36	**1,120**
Sierra	1	1	0(0)	2	0	7	7	14	0	1	13	14	0	0	0	**30**
Socorro	1	0	0(0)	1	0	10	6	16	0	3	7	10	1	2	3	**30**
Taos	1	0	5(0)	6	9	71	61	141	0	27	36	63	10	8	18	**228**
Torrance	0	0	1(0)	1	0	9	10	19	0	1	5	6	1	1	2	**28**
Union	0	0	1(0)	1	0	2	1	3	0	0	2	2	2	0	2	**8**
Valencia	1	5	5(0)	11	5	31	42	78	1	23	44	68	8	11	19	**176**
TOTAL	**42**	**203**	**327(42)**	**572**	**529**	**2,204**	**1,948**	**4,681**	**5**	**861**	**1,809**	**2,675**	**264**	**242**	**506**	**8,434**

Table 6.3 shows the ratio of each category of behavioral health provider per 1,000 population in each county. Although there are no accepted standards for the ideal number of behavioral health providers per population, these ratios provide information about the availability of providers in each county.

Table 6.3. Ratio of Behavioral Health Care Providers-to-Population by Large License Category and County, 2021

County	Prescribers	Independently Licensed Psychotherapy Providers	Non-Independently Licensed Psychotherapy Providers	Substance Use Treatment Providers	County Total
Bernalillo	0.42	3.16	1.49	0.24	**5.30**
Catron	0.00	1.07	0.27	0.00	**1.34**
Chaves	0.17	0.87	0.93	0.25	**2.21**
Cibola	0.11	0.74	0.74	0.63	**2.21**
Colfax	0.24	1.37	1.05	0.08	**2.75**
Curry	0.15	1.48	1.06	0.04	**2.73**
De Baca	0.00	1.19	0.00	0.00	**1.19**
Doña Ana	0.32	1.91	1.65	0.14	**4.02**
Eddy	0.10	0.49	0.69	0.08	**1.36**
Grant	0.39	2.65	1.94	0.65	**5.63**
Guadalupe	0.00	1.35	0.67	1.12	**3.15**
Harding	0.00	0.00	1.56	0.00	**1.56**
Hidalgo	0.00	0.74	0.25	0.00	**0.98**
Lea	0.12	0.64	0.64	0.21	**1.62**
Lincoln	0.00	1.66	0.83	0.20	**2.69**
Los Alamos	0.31	2.43	0.93	0.05	**3.72**
Luna	0.04	0.39	0.55	0.00	**0.98**
McKinley	0.10	0.74	0.63	0.38	**1.84**
Mora	0.00	0.95	0.71	0.00	**1.67**
Otero	0.15	1.18	0.77	0.10	**2.20**
Quay	0.12	1.16	1.27	0.00	**2.54**
Rio Arriba	0.10	1.29	0.95	0.55	**2.89**
Roosevelt	0.11	1.31	1.58	0.00	**3.00**
San Juan	0.15	1.06	0.87	0.48	**2.55**
San Miguel	0.29	2.32	3.54	0.22	**6.37**
Sandoval	0.14	1.86	0.96	0.20	**3.16**
Santa Fe	0.44	4.77	1.78	0.23	**7.22**
Sierra	0.17	1.22	1.22	0.00	**2.61**
Socorro	0.06	0.98	0.61	0.18	**1.84**
Taos	0.17	4.07	1.82	0.52	**6.59**
Torrance	0.07	1.24	0.39	0.13	**1.83**
Union	0.24	0.73	0.49	0.49	**1.95**
Valencia	0.14	1.01	0.88	0.25	**2.28**
TOTAL	0.27	2.21	1.26	0.24	**3.99**

VI.B.1. Independently and Non-Independently Licensed Providers

As non-independently licensed counselors and social workers progress towards full independent licensure, they are supervised by and must meet regularly with an independently licensed clinician. Table 6.4 describes the proportions of independently licensed clinicians in each county. This information is helpful for the development of sustainable pathways to full licensure for all clinicians. In communities with low proportions of independently licensed clinicians, it is especially important to create structures for access to clinical supervision with independently licensed clinicians.

Table 6.4. Proportion of Independently Licensed Psychotherapy Providers, 2021

County	Independently Licensed	Non-Independently Licensed	Percent Independently Licensed
Bernalillo	2129	1002	68.0%
Catron	4	1	80.0%
Chaves	56	60	48.3%
Cibola	20	20	50.0%
Colfax	17	13	56.7%
Curry	71	51	58.2%
De Baca	2	0	100.0%
Doña Ana	423	366	53.6%
Eddy	30	42	41.7%
Grant	74	54	57.8%
Guadalupe	6	3	66.7%
Harding	0	1	0.0%
Hidalgo	3	1	75.0%
Lea	47	47	50.0%
Lincoln	34	17	66.7%
Los Alamos	47	18	72.3%
Luna	10	14	41.7%
McKinley	53	45	54.1%
Mora	4	3	57.1%
Otero	81	53	60.4%
Quay	10	11	47.6%
Rio Arriba	52	38	57.8%
Roosevelt	25	30	45.5%
San Juan	128	105	54.9%
San Miguel	63	96	39.6%
Sandoval	281	145	66.0%
Santa Fe	740	276	72.8%
Sierra	14	14	50.0%
Socorro	16	10	61.5%
Taos	141	63	69.1%
Torrance	19	6	76.0%
Union	3	2	60.0%
Valencia	78	68	53.4%
TOTAL	**4681**	**2675**	**63.6%**

[a] Prescribers and substance use treatment providers were not included in this analysis.

VI.B.2. Medicaid Acceptance by Behavioral Health Care Providers

Adults with serious mental illness and youth with serious emotional disturbances (the most severe forms of mental illness) are disproportionately more likely to have Medicaid coverage than other forms of insurance.[55] Additionally, Medicaid is often the only insurance that provides coverage for certain specialty behavioral health services such as Assertive Community Treatment teams. As we characterize New Mexico's behavioral health workforce, it is important to identify how many clinicians accept Medicaid, as this is an important indicator of access for the most severely ill.

Table 6.5 presents the distribution of providers in each category who reported that zero percent, 1 to 29 percent, 30 to 59 percent, and 60 to 100 percent of their patients have Medicaid as their primary payer. It is of serious concern that more than one-fifth of New Mexico behavioral health providers reported that none of their patients have Medicaid as a primary payer. This finding is consistent with the results of the federal report from the Office of Inspector General that found that only 2,665 of New Mexico's behavioral health providers had delivered services to individuals with Medicaid coverage in 2017.[56] This table includes the 3,479 behavioral health care providers who were surveyed and answered the question about patients with Medicaid as primary payer. It excludes nurse practitioners and nurse specialists, because this question is not on the nurse license renewal survey.

Table 6.5. Percentage of Behavioral Health Care Providers' Patients Using Medicaid as Primary Payment, 2021

		% Patients with Medicaid as Primary Payment							
		0%		1[a] – 29%		30 – 59%		60 – 100%	
License Category	Total	#	%	#	%	#	%	#	%
Prescribers[b]	218	44	20.2%	39	17.9%	65	29.8%	70	32.1%
Independently Licensed Psychotherapy Providers	2400	591	24.6%	425	17.7%	488	20.3%	896	37.3%
Non-Independently Licensed Psychotherapy Providers	693	175	25.3%	120	17.3%	82	11.8%	316	45.6%
Substance Use Treatment Providers	168	68	40.5%	21	12.5%	17	10.1%	62	36.9%

[a] It is possible that some clinicians who entered "1" meant "100%."
[b] Excludes nurse practitioners and nurse specialists, who were not asked about payment.

Table 6.6 presents the distribution of providers in each category who reported that zero percent, 1 to 29 percent, 30 to 59 percent, and 60 to 100 percent of their patients have self-pay as their primary payer.

Psychiatrists are less likely to accept insurance than physicians from other specialties which has been interpreted as an indicator that demand for mental health services exceeds supply.[57] In 2021, only one-third of prescribers in New Mexico reported that they do not see patients who self pay, which may reflect an ongoing market for mental health treatment outside of insurance networks.

Table 6.6 Percentage of Behavioral Health Care Providers' Patients Using Self-Pay as Primary Payment, 2021

		% Patients with Self-Pay as Primary Payment							
		0%		1[a] – 29%		30 – 59%		60 – 100%	
License Category	Total	#	%	#	%	#	%	#	%
Prescribers[b]	168	52	31.0%	91	54.2%	13	7.7%	12	7.1%
Independently Licensed Psychotherapy Providers	2041	717	35.1%	1042	51.1%	65	3.2%	217	10.6%
Non-Independently Licensed Psychotherapy Providers	542	298	55.0%	192	35.4%	15	2.8%	37	6.8%
Substance Use Treatment Providers	161	79	49.1%	65	40.4%	6	3.7%	11	6.8%

[a] It is possible that some clinicians who entered "1" meant "100%."
[b] Excludes nurse practitioners and nurse specialists, who were not asked about payment.

VI.B.3. Age Distribution of Behavioral Health Care Providers

Table 6.7 provides information about the median and average age of the various behavioral health providers and the proportion of providers in each age category. Many of New Mexico's behavioral health clinicians are approaching retirement age; therefore, it will be important to continue efforts in recruitment for new clinicians. *In fact, more than one-third of prescribers and nearly one-third of the independently licensed psychotherapy providers are at least 65 years of age.* While the presence of experienced behavioral health clinicians is a strength in our system, anticipated retirements are also an important factor to consider when planning future needs.

Table 6.7. Age of Behavioral Health Care Providers, 2021

Age	Prescribers		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	n	%	n	%	n	%	n	%
<25	0	0.0%	0	0.0%	53	2.0%	15	3.0%
25-34	47	8.3%	333	7.3%	764	28.8%	50	10.0%
35-44	103	18.1%	1001	21.7%	682	25.8%	89	17.9%
45-54	132	23.3%	962	21.0%	543	20.5%	109	21.9%
55-64	149	26.3%	1101	24.0%	426	16.1%	152	30.5%
65+	136	24.0%	1194	26.0%	180	6.8%	83	16.7%
TOTAL	**567**		**4,591**		**2,648**		**498**	
Median Age	**55**		**54**		**42**		**54**	
Average Age	**54.05**		**54.48**		**43.65**		**51.75**	

VI.B.4. Health Information Technology and Electronic Health Records

Table 6.8 provides information about the health information technology capacity of behavioral health providers. There continue to be relatively low rates of access to comprehensive health information technology systems. In contrast to physical health care providers, behavioral health providers were not eligible for incentives to expand access to health information technology. As the state further integrates behavioral and physical health and a population health perspective to promote wellness, it will be important to develop information technology infrastructure in the behavioral health system.

Table 6.8 includes the 2,796 behavioral health care providers who were surveyed and answered the question about health information technology capability. It excludes nurse practitioners and nurse specialists, because this question is not on the nurse licensing renewal survey.

Table 6.8. Health Information Technology Capabilities of Behavioral Health Care Providers, 2021

Health Information Technology Capability	Prescribers[a]		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	(n = 225)		(n = 2,800)		(n = 2,030)		(n = 336)	
	#	%	#	%	#	%	#	%
Computerized provider order entry	174	69.0%	656	37.3%	217	34.1%	39	26.2%
Patient access to electronic health records	100	39.7%	409	23.3%	126	19.8%	29	19.5%
E-labs	169	67.1%	412	23.4%	145	22.8%	28	18.8%
E-prescribing	131	52.0%	184	10.5%	65	10.2%	16	10.7%
Create registries	82	32.5%	302	17.2%	111	17.4%	13	8.7%
Patient timely access to labs	11	4.4%	81	4.6%	47	7.4%	12	8.1%
Quality reporting	112	44.4%	632	35.9%	259	40.7%	74	49.7%
Record vital signs	28	11.1%	135	7.7%	82	12.9%	23	15.4%
Record Demographics	89	35.3%	766	43.6%	245	38.5%	47	31.5%

[a] Excludes nurse practitioners and nurse specialists, who were not asked about health information technology access.

VI.B.5. Race and Ethnicity of Behavioral Health Care Providers

Tables 6.9 through 6.12 provide information about the race of New Mexico behavioral health providers. Despite evidence that increased ability to match race and ethnicity of providers to patients increased satisfaction, retention in care and improved outcomes,[58,59] New Mexico's behavioral health workforce continues to be less diverse than the state's population. To address health disparities and to provide culturally and linguistically competent care, it will continue to be important to actively recruit and retain healthcare professionals from diverse backgrounds.

Table 6.9. Race of Surveyed New Mexico Behavioral Health Care Providers Compared to New Mexico's Population, 2021

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Other	Two or More
NM Population	**2,115,877**	**236,978 (11.2%)**	**44,433 (2.1%)**	**57,129 (2.7%)**	**1,720,208 (81.3%)**	**N/A**	**57,129 (2.7%)**
Prescribers[a]	**315**	6 (1.9%)	23 (7.3%)	5 (1.6%)	249 (79.0%)	23 (7.3%)	9 (2.9%)
Ind. License	**3,698**	102 (2.8%)	40 (1.1%)	68 (1.8%)	3,126 (84.5%)	223 (6.0%)	139 (3.8%)
Non-Ind. License	**1,471**	88 (6.0%)	16 (1.1%)	37 (2.5%)	1,123 (76.3%)	141 (9.6%)	66 (4.5%)
Substance Use	**319**	72 (22.6%)	0 (0.0%)	15 (4.7%)	183 (57.4%)	37 (11.6%)	12 (3.8%)

[a] Excludes nurse practitioners and nurse specialists; see table 6.13.

Table 6.10. Ethnicity of Surveyed New Mexico Behavioral Health Care Providers Compared to New Mexico's Population, 2021

	Total Count	Hispanic or Latino
NM Population	**2,115,877**	**1,053,707 (49.8%)**
Prescribers	308	54 (17.5%)
Ind. License	3,656	911 (24.9%)
Non-Ind. License	1,465	714 (48.7%)
Substance Use	321	129 (40.2%)

[a] Excludes nurse practitioners and nurse specialists; see table 6.13.

Table 6.11. Race of Surveyed New Mexico Psychiatric CNPs/CNSs, 2021

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White, Non-Hispanic	Other
Psychiatric CNPs/CNSs	**203**	9 (4.4%)	7 (3.4%)	29 (14.3%)	148 (72.9%)	10 (4.9%)

Table 6.12 Ethnicity of Surveyed New Mexico Psychiatric CNPs/CNSs, 2021

	Total Count	Hispanic or Latino	Not Hispanic or Latino
Psychiatric CNPs/CNSs	**203**	40 (19.7%)	163 (80.3%)

VI.B.6. Gender of Behavioral Health Care Providers

Table 6.13 provides the gender demographics of the behavioral health workforce and shows that the majority of clinicians are female in all license categories. This table includes the 6,026 behavioral health care providers who indicated their gender on their licensing form.

Table 6.13. Gender of New Mexico Behavioral Health Care Providers, 2021

Gender	NM Pop.	Prescribers		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	%	Count	%	Count	%	Count	%	Count	%
Female	50.2%	136	58.3%	2,904	78.3%	1,226	83.1%	200	61.5%
Male	49.8%	179	41.7%	803	21.7%	250	16.9%	125	38.5%
TOTAL		**315**		**3,707**		TOTAL		**325**	

VI.B.7. Behavioral Health Care Providers Trained in New Mexico

Table 6.14 describes the percentage of behavioral health providers across categories who trained in New Mexico. This table includes the 5,789 behavioral health care providers who were surveyed and answered the question about training. *The majority of independently licensed, non-independently licensed psychotherapy and substance abuse providers received their training in New Mexico and the proportion of prescribers who received their training in New Mexico is increasing each year.* As we build recruitment efforts and expand training programs, it will be helpful to track these trends across provider categories.

Table 6.14. Behavioral Health Care Providers Practicing in New Mexico who were Trained in the State, 202

License Category	Total	Trained in New Mexico	
		Count	%
Prescribers	315	119	37.8%
Independently Licensed Psychotherapy Providers	3,694	2,296	62.2%
Non-Independently Licensed Psychotherapy Providers	1,459	1,142	78.3%
Substance Use Treatment Providers	321	254	79.1%
TOTAL	**5789**	**3811**	**65.8%**

VI.C. Discussion

Despite some upward trends, the total number of behavioral health clinicians in each category continues to remain relatively stable since the 2016 report when the separate behavioral health analysis was first conducted.

There continue to be steady increases in the number of advance practice nurses who specialize in psychiatry. There are also some small yet steady increases in the numbers of providers who were trained and retained in New Mexico.

In addition to the licensed behavioral health providers who are characterized in this report, there continue to be statewide efforts to expand certified and credentialed specialists such as certified peer support workers, community health workers, community support workers, prevention specialists and others. Going forward, it will be helpful to track these specialists and the roles that they plan in expanding access to behavioral health across New Mexico.

VI.D. Behavioral Health Recommendations

Recommendation 1

Expand the capacity of certified peer support specialists within the state behavioral health workforce. Strategies include: (1) Recommend that the Office of Superintendent of Insurance add peer support services as a covered benefit for behavioral health conditions for all health plans in New Mexico; (2) Work with the New Mexico Credentialing Board for Behavioral Health Professionals to include certified behavioral health providers in future workforce reports, including certified peer support specialists and certified family support specialists; (3) Expand the scope of services reimbursed by New Mexico Medicaid for certified peer support specialists to allow work in non-specialized behavioral health settings, such as food banks and senior centers, in order to facilitate engagement, coordination, and referral to behavioral health care; and (4) Use the Treat First approach to allow peer support workers to provide reimbursable services in emergency department settings so that they can deliver Medicaid services without a treatment plan. These strategies would address the shortage of behavioral health providers in the state (4 per 1,000 statewide) by creating more pathways for creating, hiring and billing for certified peer support specialists. ($3,000,000 recurring, subject to HSD situation report review)

Recommendation 2

Medicaid should provide a reimbursement differential to providers and provider organizations for offering services in languages other than English through a state certification process for qualified behavioral health interpreters, that includes training for monolingual English speakers on how to use interpreters. This would increase the available providers to work with underserved communities of our state, given that approximately one-third of New Mexicans speak a language other than English but only 10-15% of clinicians can provide services in a language other than English. ($3,000,000 recurring, subject to HSD situation report review)

Recommendation 3

Incentivize community health centers, FQHCs and other established primary health care centers with hiring of behavioral health providers to maximize interdisciplinary health care delivery, by adding collaborative care CPT codes (99492, 99493 and 99494) to Medicaid to expand access to behavioral health in primary care settings. This would increase access to behavioral health services while decreasing health care costs. National studies indicate integrated health care that includes behavioral health save states money via decreased hospitalizations, possibly up to 10% of total health care spending. ($500,000 recurring, subject to HSD situation report review)

Section VII

2022 Recommendations of the New Mexico Health Care Workforce Committee

Rec. 1 In regards to a past recommendation from the Legislative Health and Human Services Committee, fund a plan for the Center for Complex Care (CoCC) for children, youth and adults with disabilities to evaluate what the CoCC would cost and to create a budget for funding physicians, nurses, etc. The CoCC would be charged as the premier institution in New Mexico the region, and the United States, would help keep disabled New Mexicans' medical care in New Mexico and could be an additional recruitment tool. The CoCC's mission would be to optimize quality of life for patients with complex medical needs by providing comprehensive and focused assessment for the multiple physical and psycho-social impacts of their medical diagnoses and treatments. ($50,000, non-recurring)

Rec. 2 Expand the capacity of certified peer support specialists within the state behavioral health workforce. Strategies include: (1) Recommend that the Office of Superintendent of Insurance add peer support services as a covered benefit for behavioral health conditions for all health plans in New Mexico; (2) Work with the New Mexico Credentialing Board for Behavioral Health Professionals to include certified behavioral health providers in future workforce reports, including certified peer support specialists and certified family support specialists; (3) Expand the scope of services reimbursed by New Mexico Medicaid for certified peer support specialists to allow work in non-specialized behavioral health settings, such as food banks and senior centers, in order to facilitate engagement, coordination and referral to behavioral health care; and (4) Use the Treat First approach to allow peer support workers to provide reimbursable services in emergency department settings so that they can deliver Medicaid services without a treatment plan. These strategies would address the shortage of behavioral health providers in the state (4 per 1,000 statewide) by creating more pathways for creating, hiring and billing for certified peer support specialists. ($3,000,000, recurring. Subject to the New Mexico Human Services Department situation report review)

Rec. 3 Increase Medicaid reimbursements by ensuring any percentage increases to the Medicaid budget are matched, proportionately, to an increase in provider reimbursement rates in both Centennial Care plans and fee-for-service reimbursement schedules. Each Medicaid reimbursement must be a minimum of 125% of Medicare rate and updated annually.

Rec. 4 Fund the New Mexico Health Care Workforce Center to complete annual analysis and expand recommendations. The Center would be able to provide sophisticated modeling, specialized analysis of the current professions and expand the analysis to include additional health professions. The funds would allow for three full time equivalent staff and director. ($600,000, recurring)

Rec. 5 Through a competitive request for proposals issue a contract to develop a program of active in-state and national recruitment of behavioral health professionals modeled after primary care recruitment. ($2,000,000, recurring)

Rec. 6 Update the insurance credentialing law to require that an insurer load a credentialed provider into their provider payment system within 45 days of credentialing that provider. See SB182 from the 2022 Regular Legislative Session.

Rec. 7 Create a revolving loan fund at the New Mexico Finance Authority to fund 15 rural health care project loans for starting, buying or expanding health care practices in rural areas – see HB 97 from the 2022 Regular Session. ($7,500,000, non-recurring)

Rec. 8 Improve the New Mexico Higher Education Department Health Professional Loan Repayment Program by increasing the current cap up to $50,000 per year for three years with the option to reapply. Debt may be repaid so the entirety of a school loan could be repaid through the program.

Rec. 9 Medicaid should provide a reimbursement differential to providers and provider organizations for offering services in languages other than English through-a state certification process for qualified behavioral health interpreters, that includes training for monolingual English speakers on how to use interpreters. This would increase the available providers to work with underserved communities of our state, given that approximately one third of New Mexicans speak a language other than English but only approximately 10-15% of clinicians can provide services in a language other than English. ($3,000,000, recurring. Subject to the New Mexico Human Services Department situation report review)

Rec. 10 Incentivize community health centers, FQHCs and other established primary health care centers with hiring of behavioral health providers to maximize interdisciplinary health care delivery by adding collaborative care CPT codes (99492, 99493 and 99494) to Medicaid to expand access to behavioral health in primary care settings. This would increase access to behavioral health services while decreasing health care costs. National studies indicate integrated health care that includes behavioral health save states money via decreased hospitalizations, possibly up to 10% of total health care spending. ($3,000,000, recurring. Subject to the New Mexico Human Services Department situation report review)

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Appendix A

Bibliography of Publications and Conference Presentations Resulting from New Mexico's Health Care Workforce Data

A.A. Peer-Reviewed Journal Articles

Altschul DB, Bonham CA, Faulkner MJ, et al. State legislative approach to enumerating behavioral health workforce shortages: lessons learned in New Mexico. *American Journal of Preventive Medicine*. 2018;54(6S3):S220-S229.

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A.B. Conference Presentations

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A.C. Opinion and Commentary

Farnbach Pearson AW, Larson RS. Shortage or surplus of physicians in the United States. *JAMA*. 2017;318(11):1069 (1 p.).

A.D. Policy Reports

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Appendix B

Update on Previous Recommendations of the New Mexico Health Care Workforce Committee

B.A. Introduction

Beginning with its 2014 report, the New Mexico Health Care Workforce Committee has proposed solutions to the issues highlighted in its annual analysis of the state's health care providers. These have included both items actionable by the Legislature and more general recommendations for communities and health professional training programs. Here, we review prior years' recommendations and their status.

B.B. Status of 2014 Recommendations

B.B.1. 2014 Education and Training Recommendations

Rec. 2014.1

Health professions training programs should be enhanced, including strong support for The University of New Mexico School of Medicine, advanced practice registered nurse programs at UNM and New Mexico State University, New Mexico Nursing Education Consortium programs to increase the BSN-prepared workforce and development of a BA/DDS program similar to UNM's Combined BA/MD Degree Program. As the state invests in these programs, the New Mexico Health Care Workforce Committee will need expanded tracking to analyze how many graduates practice in New Mexico.

ACTION: Supplemental appropriations to institutions for nursing program expansion increased from $1.81 million in FY 2014 to $8.39 million in FY 2016, with a decrease to $7.70 million in FY 2018. The Legislative Finance Committee reported that the number of nursing degrees awarded has increased from 932 in 2011 to 1,062 in 2014. It notes that "additional evaluation work is needed … to fully assess whether investments in expanding nurse education is working as intended."[50]

The first graduates from UNM HSC's expanded pediatric nurse practitioner, family nurse practitioner and certified nurse-midwife programs joined the workforce in 2017. Their entry into the workforce will provide an opportunity to analyze the impact of training program expansion on the state's need for advanced practice registered nurses.

Rec. 2014.2

The state should fully support Graduate Medical Education (GME) by continuing funding for nine current GME positions and explore options for increasing the number of funded positions, particularly for practice in rural areas and underserved areas. This would entail developing additional primary care training locations throughout New Mexico.

ACTION: The Legislature fully funded nine residency slots each year in FY 2015 and FY 2016, with an emphasis on internal medicine, family medicine, general surgery and psychiatry. For these 18 slots, $1.65 million was appropriated to UNM HSC in FY 2018. Additional slots were not funded in either FY 2017 or FY 2018.

The Legislature also appropriated $399,500 in FY 2015 and FY 2016 to support primary care residencies at Hidalgo Medical Services, a Federally Qualified Health Center in southwestern New Mexico.

The 2014 Legislature also advanced the creation of primary care residency slots by leveraging state Medicaid funds.[51] This program is still in development. If successful, primary care residency development under this program could be supported through the base Medicaid funding budget for residency slots at Federally Qualified Health Centers in New Mexico primary care shortage areas.

Rec. 2014.3

The Community Health Worker certificate should be fully implemented.

ACTION: We have reiterated this recommendation (Rec. 2016.17).

B.B.2. 2014 Financial Incentives for Addressing Shortages

Rec. 2014.4

Financial incentives for recruiting health care professionals should be maintained and expanded on the basis of their demonstrated efficacy. The New Mexico Health Care Workforce committee should be funded in order to collect data, conduct analyses and develop appropriate outcome measures of these programs.

ACTION: In 2015, the LFC reported several state investments in health care workforce financial aid.[50] The Legislature appropriated $3.9 million for loan-for-service or loan repayment programs in FY 2016, an increase over FY 2014 levels. This included $200,000 to compensate for funds previously received from a U.S. Department of Health and Human Services matching grant that was not renewed for FY 2014-2015. However, we commend the state for its successful efforts to secure this grant again for FY 2019. The amount allocated to loan-for-service or loan repayment programs in FY 2018 has been reduced to $2.9 million.

In addition, the state expanded funding for Western Interstate Commission for Higher Education positions, which allow students from New Mexico to pay in-state tuition at affiliated dental and veterinary schools in exchange for three years of service in New Mexico. Funding was expanded from $1.15 million in FY 2015 to $2.27 million in FY 2016, but as of FY 2018 stands at $750,000.

Rec. 2014.5

The state tax incentive program should be evaluated for its impact on recruiting and retaining New Mexico's rural health care workforce.

ACTION: We have reiterated this recommendation (Rec. 2015.13).

B.B.3. 2014 Recruitment for Retention in New Mexico Communities

Rec. 2014.6

Recruitment efforts should address social and environmental barriers to successful recruitment.

ACTION: The non-profit New Mexico Health Resources has continued to support recruitment of health professionals to underserved areas. In 2015-2016, this organization placed 62 health professionals and 30 physicians with Conrad J-1 Visa Waivers in the state.

Rec. 2014.7

Explore strategies to help manage workloads for health care practitioners and create professional support networks, particularly in health professional shortage areas.

ACTION: Several successful New Mexico programs that foster health professions career development in rural areas – including Hidalgo Medical Services, UNM Locum Tenens, the UNM Physician Access Line and UNM's Health Extension Regional Offices – continue to help manage workloads and create professional support networks, as we reported in 2014 and 2015.

Rec. 2014.8

Enhance linkages between rural practitioners and the UNM Health Sciences Center to improve health care workforce retention.

ACTION: As we reported in 2015, telehealth technologies and virtual clinic platforms such as Project ECHO have continued to enhance primary care practice in rural New Mexico.

B.B.4 2014 New Mexico Health Care Workforce Committee

Rec. 2014.9

The New Mexico Health Care Workforce Committee should be funded in order to conduct its analyses. Funding for this committee will allow it to assess the efficacy of health care workforce programs and study in depth the mental health service environment, as well as expand tracking of health care workforce recruitment and retention.

ACTION: We have reiterated this recommendation (Rec. 2015.14).

B.C. Status of 2015 Recommendations

B.C.1. 2015 Behavioral Health Recommendations

Rec. 2015.1

With additional funding, UNM HSC can expand statewide access to telehealth consultation with behavioral health clinicians.

ACTION: We recognize the ongoing need to expand telehealth access to direct clinical services and real-time consultation. Given the tight fiscal environment, we will defer this recommendation for the future. In 2016, we instead recommended commencing planning for a statewide telehealth infrastructure to expand behavioral health access (Rec. 2016.8).

Rec. 2015.2

Request that the New Mexico Counseling and Therapy Practice Board and the Board of Psychologist Examiners re-examine their requirements for face-to-face mentoring (to be replaced by tele-mentoring) in order to minimize the barriers to rural practice.

ACTION: As of 2015, the New Mexico Counseling and Therapy Practice Board, the Board of Psychologist Examiners and the Board of Social Work Examiners have agreed to expand or examine expanding the definition of supervised practice toward independent licensure to include tele-mentoring.

Rec. 2015.3

Request that the New Mexico Counseling and Therapy Practice Board, the Board of Social Work Examiners and the Board of Psychologist Examiners eliminate barriers in reciprocity (e.g., eliminate requirements for time practiced in a particular state) to make New Mexico more competitive in recruiting new practitioners.

ACTION: As above, these boards have agreed to examine ways to lessen or eliminate reciprocity barriers to improve practitioner recruitment.

Rec. 2015.4

Request that the New Mexico Behavioral Health Collaborative develop reimbursement mechanisms for services delivered by psychology interns, social work interns and counseling interns when participating in electives in the public behavioral health system.

ACTION: We have reiterated this recommendation (Rec. 2016.2).

Rec. 2015.5

Request that all publicly funded higher education institutions release their licensure board pass rates to the New Mexico Behavioral Health Collaborative and the respective professional licensing boards so that the state can identify areas of continuous quality improvement to ensure that graduates are adequately prepared for licensing board examinations.

ACTION: In 2016, the New Mexico Behavioral Health Collaborative commenced discussions with Higher Education Department to facilitate this action.

Rec. 2015.6

The New Mexico Behavioral Health Collaborative should establish financing systems that promote sustainability and employee retention. Request that the Behavioral Health Collaborative disseminate a strategic plan on this topic by the end of FY 2016.

ACTION: The New Mexico Behavioral Health Collaborative developed and disseminated a strategic plan on sustainable financing systems (see http://www.newmexico.networkofcare.org/content/client/1446/4.-Strategic-Plan-Implementation-Updated.pdf).

Rec. 2015.7

Request that the New Mexico Department of Health add social workers and counselors to the list of health care professions who are eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.

ACTION: See update below at Rec. 2015.15.

Rec. 2015.8

Support recruitment mechanisms by expanding the Rural Primary Health Care Act to include behavioral health and contracting with a non-profit entity for recruitment services.

ACTION: We continue to recognize the ongoing need to support recruitment of behavioral health clinicians. A centralized job board has been created for all New Mexico agencies to recruit for behavioral health clinicians (see http://www.newmexico.networkofcare.org/mh/nocJobBoard/).

The Rural Primary Care Act needs to be expanded to include a specialized behavioral health entity to support recruitment and contracting. Given the tight fiscal environment, we will defer this recommendation for the future.

B.C.2. 2015 Recommendations for Other Health Professions

Rec. 2015.9

We strongly recommend that the New Mexico Higher Education Department take full advantage of the next opportunity to reinstate the U.S. Department of Health and Human Services matching grant to support New Mexico's loan repayment program.

ACTION: We commend the New Mexico Higher Education Department for their successful work to reinstate this funding. The funding was secured in 2018.

Rec. 2015.10

We strongly recommend that the Legislative Health and Human Services (LHHS) and Legislative Finance Committees (LFC) support funding for loan-for-service and loan repayment programs and consider increasing funding levels to enhance rural health care practice.

ACTION: LHHS supported this recommendation in 2015. We have reiterated this recommendation (Rec. 2016.12)

Rec. 2015.11

We recommend that loan-for-service and loan repayment programs be structured to target the professions most needed in rural areas, rather than prioritizing practitioners with the highest levels of debt.

ACTION: We have reiterated this recommendation (Rec. 2016.13).

Rec. 2015.12

We recommend that telehealth services be encouraged and funded to assist rural physicians in managing workload and treating complex cases.

ACTION: In 2015, the LHHS endorsed $3 million in appropriations for Project ECHO. However, no additional funding was provided in the 2016 Legislative session due to budgetary constraints. An additional $50,000 appropriation was made to Project ECHO in FY 2018; however, due to the across-the-board cuts, Project ECHO's FY 2018 appropriation is less than the FY 2017 appropriation.

Rec. 2015.13

We recommend that the New Mexico Department of Health cooperate with the New Mexico Taxation and Revenue Department so that the New Mexico Health Care Workforce Committee can analyze the impact of the Rural Health Care Tax Credit on retention.

ACTION: LHHS requested the LFC update the 2011 study of the tax credit. As of August 2016, the New Mexico Department of Health and New Mexico Taxation and Revenue Department have initiated analysis of the retention impact of the Rural Health Care Tax Credit.

Rec. 2015.14

We recommend that the Legislature support funding the New Mexico Health Care Workforce Committee to study whether residents have adequate access to the various types of providers.

ACTION: The LFC has recommended supporting the committee's workforce analysis initiatives. LHHS endorsed the 2016 Senate Bill 150 to provide $300,000 to support the work of the New Mexico Health Care Workforce Committee. However, this bill did not pass. We have reiterated this recommendation (Rec 2016.18).

Rec. 2015.15

We recommend that pharmacists, counselors and social workers be added to the list of health care practitioners eligible for the Rural Health Care Tax Credit.

ACTION: The 2017 House Bill 68 would have equalized the tax credit among all practitioners at the $5,000 level and added licensed counselors, pharmacists and social workers. However, this bill did not pass. We have reiterated this recommendation (Rec. 2016.5).

B.D. Status of 2016 Recommendations

B.D.1. 2016 Behavioral Health Recommendations

Rec. 2016.1

In compliance with Chapter 61 of NMSA 1978, expedite implementation of professional licensure by endorsement for social workers, counselors and therapists.

ACTION: We defer this recommendation to a future year.

Rec. 2016.2

Develop reimbursement mechanisms through Medicaid for services delivered by trainees in community settings.

ACTION: We have reiterated this recommendation (Rec. 2017.10).

Rec. 2016.3

Identify funding for efforts to support and prepare candidates from diverse backgrounds to complete graduate degrees in behavioral health fields.

ACTION: This recommendation is deferred, given current fiscal constraints.

Rec. 2016.4

Support Medicaid funding for community-based psychiatry residency programs in Federally Qualified Health Centers.

ACTION: The 2014 Legislature also advanced the creation of psychiatry residency slots by leveraging state Medicaid funds.[51] Through this program, psychiatry residency development will be supported through the base Medicaid funding budget for residency slots at Federally Qualified Health Centers in New Mexico primary care shortage areas.

Rec. 2016.5

Request that the Department of Health add social workers and counselors to the list of health care professions who are eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.

ACTION: As noted for Rec. 2015.15, 2017 HB 68 would have equalized the tax credit among all practitioners at the $5,000 level and added licensed counselors, pharmacists and social workers. However, this bill did not pass. We have reiterated this recommendation (Rec. 2017.6).

Rec. 2016.6

Explore opportunities to leverage federal funding for the Health Information Exchange and adoption of electronic health records for behavioral health providers.

ACTION: This recommendation is deferred, as the New Mexico Human Services Department focuses on the update of Centennial Care 2.0.

Rec. 2016.7

Bring licensing boards together to create a unified survey and dataset for behavioral health care providers.

ACTION: The Board of Psychologist Examiners is piloting an updated behavioral health survey with expanded fields to better understand the needs of behavioral health providers.

Rec. 2016.8

Convene a planning group to develop statewide telehealth infrastructure to deliver behavioral health services via telehealth to rural communities.

ACTION: The New Mexico Hospital Association has convened a planning group to explore the financing and sustainability of a statewide emergency telepsychiatry network to provide emergency consultations to patients in emergency departments.

Rec. 2016.9

Support the Collaborative Advanced Psychiatric-Education Exchange Program.

ACTION: The UNM College of Nursing was successful in receiving Health Resources and Services Administration funding to develop a post-master's certificate in psychiatric and mental health through the Collaborative Advanced Psychiatric – Education Exchange initiative.

B.D.2. 2016 Recommendations for Other Health Professions

Rec. 2016.10

Correct the recent omission by the New Mexico Regulation and Licensing Department of the practice specialty item from the physicians' online license renewal survey platform.

ACTION: We commend the New Mexico Regulation and Licensing Department for their prompt and effective response to this recommendation. The omission was resolved in January 2017.

Rec. 2016.11

Enhance the Physician Assistants' survey with an added practice specialty item.

ACTION: The practice specialty item has been incorporated into the Physician Assistants' license renewal survey in 2017.

Rec. 2016.12

Maintain funding for the loan-for-service and loan repayment programs at their current levels.

ACTION: The New Mexico Higher Education Department's application to reinstate federal funds was approved by the U.S. Department of Health and Human Services in 2018. Nonetheless, we reiterate our recommendation that funding for these programs be maintained or expanded (Rec. 2017.5).

Rec. 2016.13

Restructure loan-for-service and loan repayment programs to target the professions most needed in rural areas, rather than prioritizing practitioners with the highest levels of debt.

ACTION: We have reiterated this recommendation (Rec. 2017.5).

Rec. 2016.14

Position the New Mexico Higher Education Department to take full advantage of the 2017 opportunity to reinstate the U.S. Department of Health and Human Services matching grant to support New Mexico's loan repayment program.

ACTION: We commend the New Mexico Higher Education Department for their successful application to reinstate these funds in 2018.

Rec. 2016.15

Continue funding for expanded primary and secondary care residencies in New Mexico.

ACTION: No further action has occurred since that described above for Rec. 2014.2. We have reiterated this recommendation (Rec. 2017.2).

Rec. 2016.16

Support further exploration of Medicaid as an avenue for expanding residencies in New Mexico.

ACTION: See update above at Rec. 2014.2. We have reiterated this recommendation (Rec. 2017.3).

Rec. 2016.17

Continue support for the community health workers certification program to promote consistency among training programs for these health professionals.

ACTION: This support continues to be needed.

Rec. 2016.18

Provide funding for the New Mexico Health Care Workforce Committee.

ACTION: We have reiterated this recommendation (Rec. 2017.8).

B.E. Status of 2017 Recommendations

B.E.1. 2017 Recommendations for All Health Professions

Rec. 2017.1.

Identify funding for efforts to support the New Mexico Nursing Education Consortium (NMNEC).

ACTION: We have reiterated this recommendation (Rec. 2018.1).

Rec. 2017.2.

Continue funding for expanded primary and secondary care residencies in New Mexico.

ACTION: We have reiterated this recommendation (Rec. 2018.3).

Rec. 2017.3.

Support further exploration of Medicaid as an avenue for expanding residencies in New Mexico.

ACTION: This avenue for expanding residencies continues to progress at the state level. We encourage continuation of this discussion.

Rec. 2017.4.

Position the New Mexico Higher Education Department to take full advantage of the next opportunity to reinstate the U.S. Department of Health and Human Services matching grant to support New Mexico's state loan repayment program.

ACTION: We commend the New Mexico Higher Education Department for their successful work to reinstate this funding. The funding has been secured in 2018.

Rec. 2017.5.

Increase funding for state loan-for-service and loan repayment programs, and consider restructuring them to target the professions most needed in rural and underserved areas rather than prioritizing those with higher debt.

ACTION: We have reiterated this recommendation (Rec. 2018.4).

Rec. 2017.6.

Request that the New Mexico Department of Health add pharmacists, social workers and counselors to the health care professions eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.

ACTION: We have reiterated this recommendation (Rec. 2018.5).

Rec. 2017.7.

Remedy the pharmacists' survey.

ACTION: We commend the Board of Pharmacy and the Regulation & Licensing Department for their prompt action in correcting the registered pharmacists' survey.

Rec. 2017.8.

Provide funding for the New Mexico Health Care Workforce Committee.

ACTION: We have reiterated this recommendation (Rec. 2018.7).

B.E.2. 2017 Behavioral Health Recommendations

Rec. 2017.9.

Require that licensed behavioral health professionals receive three hours of continuing education credits each licensure cycle in the treatment of substance use disorders

ACTION: This issue has been discussed with the relevant professional boards, who are in support of this measure. We have reiterated this recommendation (Rec. 2018.9).

Rec. 2017.10.

Develop reimbursement mechanisms through Medicaid for services delivered by behavioral health interns in community settings

ACTION: This recommendation has been included in Medicaid's proposed rule, which is currently being promulgated but is not yet finalized. We have reiterated this recommendation (Rec. 2018.10).

Rec. 2017.11.

Create a state Behavioral Health Workforce Center of Excellence

ACTION: We defer this recommendation.

Rec. 2017.12.

Expedite direct services via telehealth by participating in interstate licensing compacts when available

ACTION: We have modified this recommendation to specifically support enacting PSYPACT (Rec. 2018.12).

B.F. Status of 2018 Recommendations

B.F.1. 2018 Recommendations for All Health Professions

Rec. 2018.1.

Identify funding for efforts to support the New Mexico Nursing Education Consortium (NMNEC).

ACTION: We are grateful to the Legislature for their initial funding of NMNEC in the amounts of $450,000 recurring and $50,000 non-recurring. The continuation of this program with state support will be critical to expanding the state's supply of BSN-prepared registered nurses.

Rec. 2018.2.

Direct New Mexico Regulation & Licensing Department to correct its information technology system deficiencies so that all survey responses can be provided to The University of New Mexico Health Sciences Center and the committee.

ACTION: We commend the New Mexico Regulation and Licensing Department on their prompt restoration of the missing data.

Rec. 2018.3.

Continue funding for expanded primary and secondary care residencies in New Mexico.

ACTION: We have reiterated this recommendation (Rec. 2019.10).

Rec. 2018.4.

Increase funding for state loan-for-service and loan repayment programs, and consider restructuring them to target the professions most needed in rural and underserved areas rather than prioritizing those with higher debt.

ACTION: In 2017, the New Mexico Higher Education Department reported targeting professions for the state's loan repayment program, with advanced practice registered nurses, clinical psychologists and other mental health providers receiving priority.[49] We commend the New Mexico Higher Education Department on their efforts to target the state's loan repayment program to the professions most in need.

Rec. 2018.5.

Request that the New Mexico Department of Health add pharmacists, social workers and counselors to the health care professions eligible for New Mexico's Rural Healthcare Practitioner Tax Credit program.

ACTION: We have reiterated this recommendation (Rec. 2019.12).

Rec. 2018.6.

Create a committee tasked with examining future health care workforce needs related to the state's changing demographics.

ACTION: We have reiterated this recommendation (Rec. 2019.14).

Rec. 2018.7.

Provide funding for the New Mexico Health Care Workforce Committee.

ACTION: We have reiterated this recommendation (Rec. 2019.15).

Rec. 2018.8.

Establish a tax credit for health care professional preceptors who work with public institutions.

ACTION: We have reiterated this recommendation (Rec. 2019.8).

B.F.2. 2018 Recommendations for Behavioral Health Professions

Rec. 2018.9.

Require that licensed behavioral health professionals receive three hours of continuing education credits each licensure cycle in the treatment of substance use disorders.

ACTION: No action was taken; we defer this recommendation.

Rec. 2018.10.

Finalize and promulgate changes to the New Mexico Medicaid Behavioral Health Regulations to reimburse Medicaid services when delivered by behavioral health interns in community settings.

ACTION: The recommended changes were finalized and promulgated in 2019.

Rec. 2018.11.

Finalize and promulgate changes to the New Mexico Medicaid Behavioral Health Regulations to identify physician assistants as a behavioral health provider type, which will allow Medicaid reimbursement of services when delivered by physician assistants in behavioral health settings.

ACTION: These recommended changes were also finalized and promulgated in 2019. We look forward to the positive effects the changes described in Recommendations 2018.10 and 2018.11 together will have on the state's behavioral health workforce and access statewide to behavioral health care.

Rec. 2018.12.

Expedite direct services via telehealth by participating in the PSYPACT interstate licensing compact.

ACTION: We have reiterated this recommendation (Rec. 2019.11).

Rec. 2018.13.

Fund an infrastructure through the New Mexico Hospital Association for a centralized Telebehavioral Health Program to provide direct care to rural communities.

ACTION: This initiative has been deferred by the New Mexico Hospital Association.

B.F.3. 2018 Recommendation for Correction and Alignment of New Mexico's Health Professionals Surveys

Rec. 2018.14.

Direct the pertinent professional licensing boards to make the necessary changes to align their surveys with legislative requirements and other boards' surveys.

ACTION: The New Mexico Health Care Workforce Committee is contacting the boards to request the necessary survey amendments.

B.G. Status of 2019 Recommendations

Rec. 2019.1

Provide $6 million in recurring funding for tuition-free training for medical students at public institutions pledging to practice in New Mexico.

ACTION: This initiative was not funded.

Rec. 2019.2

Double funding for the state's medical, nursing and allied health loan-for-service programs.

ACTION: We have reiterated this recommendation (Rec. 2020.9).

Rec. 2019.3

Increase line-item appropriations to New Mexico's community colleges for nursing program enhancement.

ACTION: No action was taken.

Rec. 2019.4

Continue to fund NMNEC by making the current funding of $500,000 entirely recurring.

ACTION: $250,000 was allocated to this program for FY21.

Rec. 2019.5

Fund Research and Public Service Projects (RPSP) for expansion of nursing education and targeted recruitment of Native American and rural students ($199,671).

ACTION: This initiative was not funded.

Rec. 2019.6

Fund RPSP for the freshman direct entry early assurance pre-licensure BSN program ($428,271).

ACTION: This initiative was not funded.

Rec. 2019.7

Fund RPSP for the expansion of physician assistant training ($453,180).

ACTION: This initiative was not funded.

Rec. 2019.8

Establish a tax credit for rural primary care provider and pharmacist preceptors who work with public institutions.

ACTION: We have reiterated this recommendation (Rec. 2020.5).

Rec. 2019.9

Increase Nurse Educator Loan-for-Service Program awards to $12,000 per participant per year.

ACTION: No action was taken.

Rec. 2019.10

Fulfill the state's previous commitment to expansion of a remaining nine primary and secondary care residencies in New Mexico ($1.1 million in recurring funding), and consider further residency expansion through state funding, Medicaid funds or other mechanisms.

ACTION: No action was taken.

Rec. 2019.11

Enact legislation for New Mexico's participation in PSYPACT, with recurring funding of $6,000 for the cost of the compact.

ACTION: The legislation was passed by the Legislature, but not enacted.

Rec. 2019.12

Expand the rural health care tax credit to include pharmacists, social workers and counselors.

ACTION: We have reiterated this recommendation (Rec. 2020.10).

Rec. 2019.13

Direct the New Mexico Taxation and Revenue Department and Department of Health to examine the effectiveness of the rural health tax credit in recruiting and retaining providers in rural areas.

ACTION: No action was taken.

Rec. 2019.14

Enact memorial legislation creating a subcommittee under the New Mexico Health Care Workforce Committee to examine future health care workforce needs related to the state's changing demographics and changing makeup of health care teams.

ACTION: No action was taken.

Rec. 2019.15

Provide $250,000 in recurring funding for the analytical, data management and administrative work undertaken by the New Mexico Health Care Workforce Committee.

ACTION: No action was taken.

B.H. Status of 2020 Recommendations

Rec. 2020.1

Direct the Office of the Superintendent of Insurance (OSI) to streamline the credentialing process in New Mexico.

ACTION: OSI has required the use of a standardized credentialing form pursuant to 13.10.287(Z).

Rec. 2020.2

Increase New Mexico Medicaid payments to 105% of Medicare plus gross receipts tax.

ACTION: We defer this recommendation.

Rec. 2020.3

Maintain gross receipts tax deduction for Medicare and managed care payments.

ACTION: We have reiterated this recommendation (Rec. 2021.2)

Rec. 2020.4

Maintain New Mexico's Rural Health Care Practitioner Tax Credit program.

ACTION: We defer this recommendation.

Rec. 2020.5

Establish a tax credit of $1,000 each for up to 250 rural primary care provider and pharmacist preceptors who provide at least 80 student hours of precepting service for public institutions.

ACTION: This initiative was not funded.

Rec. 2020.6

Increase staffing by an additional 30 FTEs – establishing at least one per county – for public health nurses at a midpoint annual salary of $65,000 each.

ACTION: We have reiterated this recommendation (Rec. 2021.6).

Rec. 2020.7

Increase the number of school nurses to ensure at least one school nurse in each school district statewide: there are approximately 15 districts without a school nurse.

ACTION: We defer this recommendation.

Rec. 2020.8

Incentivize community health centers, FQHCs and other established primary health care centers with hiring of behavioral health providers to maximize interdisciplinary health care delivery, such as by adding collaborative care CPT codes (99492, 99493 and 99494) to Medicaid to expand access to behavioral health in primary care settings.

ACTION: We have reiterated this recommendation (Rec. 2021.4).

Rec. 2020.9

Double funding for the state medical, nursing and allied health loan-for-service programs.

ACTION: We have reiterated this recommendation (Rec. 2021.1).

Rec. 2020.10

Expand the Rural Health Care Practitioner Tax Credit program to include pharmacists, physical therapists, social workers and counselors.

ACTION: We have reiterated this recommendation (Rec. 2021.5).

Rec. 2020.11

Maintain current parity in reimbursement of both telephone and telemedicine with in-person visits.

ACTION: We defer this recommendation.

Rec. 2020.12

Provide a community location in each county to receive telemedicine videoconferencing, such as a private computer-equipped space within a public health office.

ACTION: We have reiterated this recommendation (Rec. 2021.9).

Rec. 2020.13

Expand capacity of certified peer support specialists within the state behavioral health workforce using strategies including (1) recommending that the OSI add peer support services as a covered benefit for behavioral health conditions for all health plans in New Mexico, (2) Work with the New Mexico Credentialing Board for Behavioral Health Professionals to include certified behavioral health providers in future workforce reports including certified peer support specialists and certified family support

specialists; (3) Expand the scope of services reimbursed by New Mexico Medicaid for certified peer support specialists to allow work in non-specialized behavioral health settings such as food banks and senior centers, and (4) Use the Treat First approach to allow peer support workers to provide reimbursable services in emergency department settings.

ACTION: We defer this recommendation.

B.H. Status of 2021 Recommendations

Rec. 2021.1

Increase funding by $831,000 without reallocation per year to accommodate up to 30 medical, 66 nursing and 10 allied health practitioner loan-for-service programs and increase $12,000 of recurring funds per award to mental health practitioners.

Or

Increase funding with new sources of revenue by $1 million to accommodate additional funding for the State Loan Repayment Program. The programs currently allow for employed health professionals in a variety of disciplines to compete:

a. Allied Health: audiologists, emergency medical technicians, laboratory technicians, nutritionists, occupational therapists, pharmacists, physical therapists, radiology technicians, respiratory care providers, speech and language pathologists.
b. Dentistry: Dentists.
c. Medical and Nursing: DO, MD, osteopathic physician assistant, nurse practitioner/advanced practice nurse.
d. Mental Health Fields: CP, LADAC, LCSW, LMHC, LMSW, LPC, LPCC, MD/Psychiatry, MFT, PsyD and "Other".

ACTION: We defer these recommendations. As of FY2022, 528 applications were received and 65 we funded.

Rec. 2021.2

Maintain gross receipts tax deduction for Medicare and managed care payments.

ACTION: We defer this recommendation.

Rec. 2021.3

Using the 2020 Small Business Recovery Loan Act as a model for specific lending terms, establish a loan program (up to $150,000 per approved loan) through the New Mexico Finance Authority to be used by physicians, nurse midwives, certified nurse practitioners, behavioral health providers and physician assistants setting up or expanding full-time medical practice in rural areas of the state (anywhere other than the Albuquerque/Rio Rancho area, Santa Fe or Las Cruces).

ACTION: House Bill 97 was submitted in the 2022 55th legislative second session.

Rec. 2021.4

Incentivize community health centers, FQHCs and other established primary health care centers with hiring of behavioral health providers to maximize interdisciplinary health care delivery, such as by adding collaborative care CPT codes (99492, 99493 and 99494) to Medicaid to expand access to behavioral health in primary care settings.

ACTION: We reiterate this recommendation (Rec. 2022.10).

Rec. 2021.5

Expand the Rural Health Care Practitioner Tax Credit program to include pharmacists, physical therapists, social workers and counselors.

ACTION: We defer this recommendation.

Rec. 2021.6

Increase staffing and provide additional appropriations above the current baseline for an additional 30 FTEs through the New Mexico Department of Health – establishing at least one per county – for public health nurses at a midpoint annual salary of $65,000 each.

ACTION: We defer this recommendation.

Rec. 2021.7

Increase funding to $3.5 million per year ($15,000 per 10 schools, approximately 1,000 schools are in need) for the expansion of School-Based Health Centers (SBHC) and the SBHC services through a hub-and-spoke telehealth model and mobile unit for medical, dental and behavioral health services in New Mexico through the New Mexico Department of Health Office of School and Adolescent Health.

ACTION: The Office of School and Adolescent Health's (OSAH) state general fund appropriation totals approximately $4,600,000. The OSAH provided funding to 54 SBHCs across New Mexico supporting 15,000 students. An additional 20 SBHCs operate without supplemental funding.

Rec. 2021.8

Fund the New Mexico Health Care Workforce Staff to complete annual analysis and expand recommendations. Total cost is $250,000 per year.

ACTION: We reiterate this recommendation (Rec. 2022.4).

Rec. 2021.9

Provide a community location in each county to receive telemedicine videoconferencing, such as a private computer-equipped space within a public health office.

ACTION: We defer this recommendation.

Rec. 2021.10

Support a financial aid program to increase the number of doctor of nursing practice (DNP) degrees and resolve the CNP shortage within six years. Each year, the financial aid program would fund 24 bachelor of science in nursing students within two years of graduating into DNP programs at New Mexico State University and The University of New Mexico. Total cost would be $720,000 in year 1, $1.44 million in year 2, $2.16 million in year 3 and remain at $2.16 million per year after year 3.

ACTION: We defer this recommendation.

Rec. 2021.11

Expand capacity of certified peer support specialists within the state behavioral health workforce. Strategies include: (1) Recommend that the Office of Superintendent of Insurance add peer support services as a covered benefit for behavioral health conditions for all health plans in New Mexico; (2) Work with the New Mexico Credentialing Board for Behavioral Health Professionals to include certified behavioral health providers in future workforce reports, including certified peer support specialists and certified family support specialists; (3) Expand the scope of services reimbursed by New Mexico Medicaid for certified peer support specialists to allow work in non-specialized behavioral health settings, such as food banks and senior centers, in order to facilitate engagement, coordination and referral to behavioral health care; and (4) Use the Treat First approach to allow peer support workers to provide reimbursable services in emergency department settings so that they can deliver Medicaid services without a treatment plan.

ACTION: We reiterate this recommendation (Rec. 2022.2).

Rec. 2021.12

Medicaid should provide a reimbursement differential to providers and provider organization for offering services in languages other than English with an understanding that the increase would go directly to the attending clinician.

ACTION: We reiterate this recommendation in combination with Rec. 2021.13 (Rec. 2022.9).

Rec. 2021.13

Develop a state certification process for qualified behavioral health interpreters, which includes training for monolingual English speakers on how to use interpreters.

ACTION: We reiterate this recommendation in combination with Rec. 2021.12 (Rec. 2022.9).

Appendix C

Data Tables for New Mexico Health Care Professions

C.A. Benchmark Gap Analyses

Table C.A.1. Benchmark Gap Analysis of New Mexico Primary Care Physicians

County	Population	Estimated Primary Care Physicians	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	674,393	711	573	138
Catron	3,731	1	3	-2
Chaves	64,629	44	55	-11
Cibola	27,184	17	23	-6
Colfax	12,369	13	11	2
Curry	47,999	20	41	-21
De Baca	1,680	1	1	0
Doña Ana	221,508	141	188	-47
Eddy	60,911	24	52	-28
Grant	27,889	24	24	0
Guadalupe	4,449	1	4	-3
Harding	639	0	1	-1
Hidalgo	4,074	1	3	-2
Lea	73,004	30	62	-32
Lincoln	20,436	12	17	-5
Los Alamos	19,330	26	16	10
Luna	25,532	10	22	-12
McKinley	71,780	54	61	-7
Mora	4,196	1	4	-3
Otero	68,537	27	58	-31
Quay	8,656	4	7	-3
Rio Arriba	40,179	30	34	-4
Roosevelt	19,019	9	16	-7
San Juan	120,993	65	103	-38
San Miguel	27,150	17	23	-6
Sandoval	151,369	125	129	-4
Santa Fe	155,201	162	132	30
Sierra	11,502	7	10	-3
Socorro	16,311	17	14	3
Taos	34,623	31	29	2
Torrance	15,307	4	13	-9
Union	4,107	1	3	-2
Valencia	77,190	19	66	-47
TOTAL	**2,115,877**	**1,649**	**1,798**	**-149**
NONPRACTICING		**401**		
OUT OF STATE		**842**		

Table C.A.2. Benchmark Gap Analysis of New Mexico Obstetricians and Gynecologists

County	Female Population	Estimated OB-GYN Physicians	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	338,545	119	74	45
Catron	1,873	0	0	0
Chaves	32,444	6	7	-1
Cibola	13,646	2	3	-1
Colfax	6,209	2	1	1
Curry	24,095	5	5	0
De Baca	843	0	0	0
Doña Ana	111,197	14	24	-10
Eddy	30,577	4	7	-3
Grant	14,000	2	3	-1
Guadalupe	2,233	0	0	0
Harding	320.778	0	0	0
Hidalgo	2,045	0	0	0
Lea	36,648	5	8	-3
Lincoln	10,259	2	2	0
Los Alamos	9,704	4	2	2
Luna	12,817	2	3	-1
McKinley	36,034	7	8	-1
Mora	2,106	0	0	0
Otero	34,406	5	8	-3
Quay	4,345	0	1	-1
Rio Arriba	20,170	3	4	-1
Roosevelt	9,548	0	2	-2
San Juan	60,738	9	13	-4
San Miguel	13,629	3	3	0
Sandoval	75,987	9	17	-8
Santa Fe	77,911	12	17	-5
Sierra	5,774	0	1	-1
Socorro	8,188	2	2	0
Taos	17,381	2	4	-2
Torrance	7,684	0	2	-2
Union	2,062	0	0	0
Valencia	38,749	0	9	-9
TOTAL	**1,062,170**	**219**	**234**	**-15**
NONPRACTICING		**39**		
OUT OF STATE		**93**		

Table C.A.3. Benchmark Gap Analysis of New Mexico General Surgeons

County	Population	Estimated General Surgeons	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	674,393	54	40	14
Catron	3,731	0	0	0
Chaves	64,629	5	4	1
Cibola	27,184	3	2	1
Colfax	12,369	2	1	1
Curry	47,999	6	3	3
De Baca	1,680	0	0	0
Doña Ana	221,508	11	13	-2
Eddy	60,911	5	4	1
Grant	27,889	5	2	3
Guadalupe	4,449	0	0	0
Harding	639	0	0	0
Hidalgo	4,074	0	0	0
Lea	73,004	2	4	-2
Lincoln	20,436	2	1	1
Los Alamos	19,330	3	1	2
Luna	25,532	3	2	1
McKinley	71,780	6	4	2
Mora	4,196	0	0	0
Otero	68,537	5	4	1
Quay	8,656	1	1	0
Rio Arriba	40,179	2	2	0
Roosevelt	19,019	0	1	-1
San Juan	120,993	9	7	2
San Miguel	27,150	4	2	2
Sandoval	151,369	12	9	3
Santa Fe	155,201	12	9	3
Sierra	11,502	2	1	1
Socorro	16,311	1	1	0
Taos	34,623	2	2	0
Torrance	15,307	1	1	0
Union	4,107	1	0	1
Valencia	77,190	0	5	-5
TOTAL	**2,115,877**	**159**	**127**	**32**
NONPRACTICING		**20**		
OUT OF STATE		**76**		

Table C.A.4. Benchmark Gap Analysis of New Mexico Psychiatrists

County	Population	Estimated Psychiatrists	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	674,393	172	108	64
Catron	3,731	0	1	-1
Chaves	64,629	2	10	-8
Cibola	27,184	1	4	-3
Colfax	12,369	1	2	-1
Curry	47,999	4	8	-4
De Baca	1,680	0	0	0
Doña Ana	221,508	24	35	-11
Eddy	60,911	0	10	-10
Grant	27,889	11	4	7
Guadalupe	4,449	0	1	-1
Harding	639	0	0	0
Hidalgo	4,074	0	1	-1
Lea	73,004	4	12	-8
Lincoln	20,436	0	3	-3
Los Alamos	19,330	3	3	0
Luna	25,532	0	4	-4
McKinley	71,780	3	11	-8
Mora	4,196	0	1	-1
Otero	68,537	3	11	-8
Quay	8,656	1	1	0
Rio Arriba	40,179	0	6	-6
Roosevelt	19,019	0	3	-3
San Juan	120,993	11	19	-8
San Miguel	27,150	4	4	0
Sandoval	151,369	8	24	-16
Santa Fe	155,201	45	25	20
Sierra	11,502	0	2	-2
Socorro	16,311	0	3	-3
Taos	34,623	5	6	-1
Torrance	15,307	1	2	-1
Union	4,107	1	1	0
Valencia	77,190	5	12	-7
TOTAL	**2,115,877**	**309**	**339**	**-30**
NONPRACTICING		**62**		
OUT OF STATE		**180**		

Table C.A.5. Benchmark Gap Analysis of New Mexico Registered Nurses and Clinical Nurse Specialists

County	Population	Estimated RNs/CNSs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	674,393	8736	6360	2376
Catron	3,731	5	35	-30
Chaves	64,629	370	609	-239
Cibola	27,184	123	256	-133
Colfax	12,369	45	117	-72
Curry	47,999	357	453	-96
De Baca	1,680	5	16	-11
Doña Ana	221,508	1423	2089	-666
Eddy	60,911	332	574	-242
Grant	27,889	235	263	-28
Guadalupe	4,449	20	42	-22
Harding	639	0	6	-6
Hidalgo	4,074	9	38	-29
Lea	73,004	281	688	-407
Lincoln	20,436	110	193	-83
Los Alamos	19,330	116	182	-66
Luna	25,532	75	241	-166
McKinley	71,780	332	677	-345
Mora	4,196	2	40	-38
Otero	68,537	323	646	-323
Quay	8,656	28	82	-54
Rio Arriba	40,179	173	379	-206
Roosevelt	19,019	77	179	-102
San Juan	120,993	755	1141	-386
San Miguel	27,150	172	256	-84
Sandoval	151,369	904	1427	-523
Santa Fe	155,201	1000	1464	-464
Sierra	11,502	60	108	-48
Socorro	16,311	67	154	-87
Taos	34,623	160	326	-166
Torrance	15,307	19	144	-125
Union	4,107	20	39	-19
Valencia	77,190	132	728	-596
TOTAL PRACTICING IN STATE	**2,115,877**	**16,466**	**19,953**	**-3,487**
NONPRACTICING		**5,707**		
OUT OF STATE		**8,136**		

Table C.A.6. Benchmark Gap Analysis of New Mexico Certified Nurse Practitioners

County	Population	Estimated CNPs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	674,393	829	546	283
Catron	3,731	1	3	-2
Chaves	64,629	46	52	-6
Cibola	27,184	9	22	-13
Colfax	12,369	10	10	0
Curry	47,999	34	39	-5
De Baca	1,680	3	1	2
Doña Ana	221,508	224	179	45
Eddy	60,911	43	49	-6
Grant	27,889	21	23	-2
Guadalupe	4,449	5	4	1
Harding	639	1	1	0
Hidalgo	4,074	1	3	-2
Lea	73,004	38	59	-21
Lincoln	20,436	12	17	-5
Los Alamos	19,330	15	16	-1
Luna	25,532	16	21	-5
McKinley	71,780	31	58	-27
Mora	4,196	4	3	1
Otero	68,537	58	56	2
Quay	8,656	9	7	2
Rio Arriba	40,179	26	33	-7
Roosevelt	19,019	12	15	-3
San Juan	120,993	65	98	-33
San Miguel	27,150	18	22	-4
Sandoval	151,369	85	123	-38
Santa Fe	155,201	136	126	10
Sierra	11,502	7	9	-2
Socorro	16,311	11	13	-2
Taos	34,623	25	28	-3
Torrance	15,307	6	12	-6
Union	4,107	2	3	-1
Valencia	77,190	30	63	-33
TOTAL PRACTICING IN STATE	**2,115,877**	**1,833**	**1,714**	**119**
NONPRACTICING		**266**		
OUT OF STATE		**1,510**		

Table C.A.7. Benchmark Gap Analysis of New Mexico Certified Nurse-Midwives

County	Female Population	Estimated CNMs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	338,545	102	27	75
Catron	1,873	0	0	0
Chaves	32,444	1	3	-2
Cibola	13,646	1	1	0
Colfax	6,209	0	0	0
Curry	24,095	5	2	3
De Baca	843	0	0	0
Doña Ana	111,197	14	9	5
Eddy	30,577	1	2	-1
Grant	14,000	5	1	4
Guadalupe	2,233	0	0	0
Harding	320.778	0	0	0
Hidalgo	2,045	0	0	0
Lea	36,648	0	3	-3
Lincoln	10,259	1	1	0
Los Alamos	9,704	0	1	-1
Luna	12,817	0	1	-1
McKinley	36,034	2	3	-1
Mora	2,106	0	0	0
Otero	34,406	0	3	-3
Quay	4,345	0	0	0
Rio Arriba	20,170	4	2	2
Roosevelt	9,548	0	1	-1
San Juan	60,738	11	5	6
San Miguel	13,629	2	1	1
Sandoval	75,987	5	6	-1
Santa Fe	77,911	19	6	13
Sierra	5,774	0	0	0
Socorro	8,188	1	1	0
Taos	17,381	4	1	3
Torrance	7,684	0	1	-1
Union	2,062	0	0	0
Valencia	38,749	3	3	0
TOTAL PRACTICING IN STATE	**1,062,170**	**181**	**85**	**96**
NONPRACTICING		**41**		
OUT OF STATE		**23**		

Table C.A.8. Benchmark Gap Analysis of New Mexico Physician Assistants

County	Population	Estimated PAs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	674,393	496	303	193
Catron	3,731	0	2	-2
Chaves	64,629	13	29	-16
Cibola	27,184	4	12	-8
Colfax	12,369	3	6	-3
Curry	47,999	9	22	-13
De Baca	1,680	0	1	-1
Doña Ana	221,508	50	100	-50
Eddy	60,911	10	27	-17
Grant	27,889	17	13	4
Guadalupe	4,449	1	2	-1
Harding	639	0	0	0
Hidalgo	4,074	1	2	-1
Lea	73,004	11	33	-22
Lincoln	20,436	3	9	-6
Los Alamos	19,330	14	9	5
Luna	25,532	2	11	-9
McKinley	71,780	13	32	-19
Mora	4,196	0	2	-2
Otero	68,537	13	31	-18
Quay	8,656	1	4	-3
Rio Arriba	40,179	4	18	-14
Roosevelt	19,019	3	9	-6
San Juan	120,993	43	54	-11
San Miguel	27,150	6	12	-6
Sandoval	151,369	55	68	-13
Santa Fe	155,201	63	70	-7
Sierra	11,502	3	5	-2
Socorro	16,311	1	7	-6
Taos	34,623	27	16	11
Torrance	15,307	3	7	-4
Union	4,107	0	2	-2
Valencia	77,190	16	35	-19
TOTAL PRACTICING IN STATE	**2,115,877**	**885**	**952**	**-67**
NONPRACTICING		**48**		
OUT OF STATE		**299**		

Table C.A.9. Benchmark Gap Analysis of New Mexico Dentists

County	Population	Estimated Dentists	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	674,393	496	310	186
Catron	3,731	1	2	-1
Chaves	64,629	32	30	2
Cibola	27,184	7	13	-6
Colfax	12,369	3	6	-3
Curry	47,999	24	22	2
De Baca	1,680	1	1	0
Doña Ana	221,508	109	102	7
Eddy	60,911	12	28	-16
Grant	27,889	13	13	0
Guadalupe	4,449	0	2	-2
Harding	639	0	0	0
Hidalgo	4,074	1	2	-1
Lea	73,004	25	34	-9
Lincoln	20,436	9	9	0
Los Alamos	19,330	12	9	3
Luna	25,532	6	12	-6
McKinley	71,780	26	33	-7
Mora	4,196	1	2	-1
Otero	68,537	23	32	-9
Quay	8,656	2	4	-2
Rio Arriba	40,179	15	18	-3
Roosevelt	19,019	5	9	-4
San Juan	120,993	74	56	18
San Miguel	27,150	11	12	-1
Sandoval	151,369	75	70	5
Santa Fe	155,201	114	71	43
Sierra	11,502	3	5	-2
Socorro	16,311	6	8	-2
Taos	34,623	18	16	2
Torrance	15,307	2	7	-5
Union	4,107	0	2	-2
Valencia	77,190	28	36	-8
TOTAL PRACTICING IN STATE	**2,115,877**	**1,154**	**973**	**181**
NONPRACTICING		**75**		
OUT OF STATE		**318**		

Table C.A.10. Benchmark Gap Analysis of New Mexico Pharmacists

County	Population	Estimated Pharmacists	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	674,393	1021	614	407
Catron	3,731	2	3	-1
Chaves	64,629	38	59	-21
Cibola	27,184	10	25	-15
Colfax	12,369	11	11	0
Curry	47,999	23	44	-21
De Baca	1,680	2	2	0
Doña Ana	221,508	134	202	-68
Eddy	60,911	33	55	-22
Grant	27,889	19	25	-6
Guadalupe	4,449	2	4	-2
Harding	639	0	1	-1
Hidalgo	4,074	0	4	-4
Lea	73,004	24	66	-42
Lincoln	20,436	14	19	-5
Los Alamos	19,330	16	18	-2
Luna	25,532	10	23	-13
McKinley	71,780	29	65	-36
Mora	4,196	1	4	-3
Otero	68,537	27	62	-35
Quay	8,656	3	8	-5
Rio Arriba	40,179	14	37	-23
Roosevelt	19,019	11	17	-6
San Juan	120,993	64	110	-46
San Miguel	27,150	21	25	-4
Sandoval	151,369	118	138	-20
Santa Fe	155,201	112	141	-29
Sierra	11,502	7	10	-3
Socorro	16,311	8	15	-7
Taos	34,623	24	32	-8
Torrance	15,307	4	14	-10
Union	4,107	6	4	2
Valencia	77,190	45	70	-25
TOTAL PRACTICING IN STATE	**2,115,877**	**1,853**	**1,925**	**-72**
NONPRACTICING		**460**		
OUT OF STATE		**1,224**		

Table C.A.11. Benchmark Gap Analysis of New Mexico Licensed Midwives

County	Female Population	Estimated LMs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	338,545	11	8	3
Catron	1,873	0	0	0
Chaves	32,444	3	1	2
Cibola	13,646	0	0	0
Colfax	6,209	0	0	0
Curry	24,095	0	1	-1
De Baca	843	0	0	0
Doña Ana	111,197	3	3	0
Eddy	30,577	0	1	-1
Grant	14,000	0	0	0
Guadalupe	2,233	0	0	0
Harding	320.778	0	0	0
Hidalgo	2,045	0	0	0
Lea	36,648	0	1	-1
Lincoln	10,259	0	0	0
Los Alamos	9,704	0	0	0
Luna	12,817	0	0	0
McKinley	36,034	0	1	-1
Mora	2,106	0	0	0
Otero	34,406	0	1	-1
Quay	4,345	0	0	0
Rio Arriba	20,170	6	1	5
Roosevelt	9,548	0	0	0
San Juan	60,738	0	2	-2
San Miguel	13,629	0	0	0
Sandoval	75,987	3	2	1
Santa Fe	77,911	10	2	8
Sierra	5,774	1	0	1
Socorro	8,188	0	0	0
Taos	17,381	2	0	2
Torrance	7,684	0	0	0
Union	2,062	0	0	0
Valencia	38,749	2	1	1
TOTAL PRACTICING IN STATE	**1,062,170**	**41**	**27**	**14**
NONPRACTICING		**22**		
OUT OF STATE		**29**		

Table C.A.12. Benchmark Gap Analysis of New Mexico Emergency Medical Technicians

County	Population	Estimated EMTs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	674,393	1231	2165	-934
Catron	3,731	26	12	14
Chaves	64,629	117	207	-90
Cibola	27,184	43	87	-44
Colfax	12,369	25	40	-15
Curry	47,999	70	154	-84
De Baca	1,680	6	5	1
Doña Ana	221,508	338	711	-373
Eddy	60,911	67	196	-129
Grant	27,889	63	90	-27
Guadalupe	4,449	14	14	0
Harding	639	3	2	1
Hidalgo	4,074	11	13	-2
Lea	73,004	87	234	-147
Lincoln	20,436	60	66	-6
Los Alamos	19,330	28	62	-34
Luna	25,532	23	82	-59
McKinley	71,780	112	230	-118
Mora	4,196	5	13	-8
Otero	68,537	90	220	-130
Quay	8,656	20	28	-8
Rio Arriba	40,179	80	129	-49
Roosevelt	19,019	47	61	-14
San Juan	120,993	251	388	-137
San Miguel	27,150	36	87	-51
Sandoval	151,369	382	486	-104
Santa Fe	155,201	256	498	-242
Sierra	11,502	28	37	-9
Socorro	16,311	22	52	-30
Taos	34,623	80	111	-31
Torrance	15,307	31	49	-18
Union	4,107	16	13	3
Valencia	77,190	110	248	-138
TOTAL PRACTICING IN STATE	**2,115,877**	**3,778**	**6,792**	**-3,014**
NONPRACTICING		**50**		
OUT OF STATE		**264**		

Table C.A.13. Benchmark Gap Analysis of New Mexico Physical Therapists

County	Population	Estimated PTs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	674,393	682	641	41
Catron	3,731	0	4	-4
Chaves	64,629	47	61	-14
Cibola	27,184	5	26	-21
Colfax	12,369	5	12	-7
Curry	47,999	33	46	-13
De Baca	1,680	0	2	-2
Doña Ana	221,508	137	210	-73
Eddy	60,911	38	58	-20
Grant	27,889	27	26	1
Guadalupe	4,449	1	4	-3
Harding	639	0	1	-1
Hidalgo	4,074	1	4	-3
Lea	73,004	32	69	-37
Lincoln	20,436	14	19	-5
Los Alamos	19,330	29	18	11
Luna	25,532	8	24	-16
McKinley	71,780	31	68	-37
Mora	4,196	1	4	-3
Otero	68,537	39	65	-26
Quay	8,656	4	8	-4
Rio Arriba	40,179	18	38	-20
Roosevelt	19,019	10	18	-8
San Juan	120,993	53	115	-62
San Miguel	27,150	14	26	-12
Sandoval	151,369	83	144	-61
Santa Fe	155,201	147	147	0
Sierra	11,502	9	11	-2
Socorro	16,311	7	15	-8
Taos	34,623	28	33	-5
Torrance	15,307	4	15	-11
Union	4,107	4	4	0
Valencia	77,190	25	73	-48
TOTAL PRACTICING IN STATE	**2,115,877**	**1,536**	**2,010**	**-474**
NONPRACTICING		**120**		
OUT OF STATE		**583**		

Table C.A.14. Benchmark Gap Analysis of New Mexico Occupational Therapists

County	Population	Estimated OTs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	674,393	449	250	199
Catron	3,731	0	1	-1
Chaves	64,629	14	24	-10
Cibola	27,184	5	10	-5
Colfax	12,369	3	5	-2
Curry	47,999	12	18	-6
De Baca	1,680	0	1	-1
Doña Ana	221,508	74	82	-8
Eddy	60,911	16	23	-7
Grant	27,889	14	10	4
Guadalupe	4,449	0	2	-2
Harding	639	0	0	0
Hidalgo	4,074	0	2	-2
Lea	73,004	22	27	-5
Lincoln	20,436	6	8	-2
Los Alamos	19,330	8	7	1
Luna	25,532	4	9	-5
McKinley	71,780	17	27	-10
Mora	4,196	0	2	-2
Otero	68,537	21	25	-4
Quay	8,656	1	3	-2
Rio Arriba	40,179	15	15	0
Roosevelt	19,019	2	7	-5
San Juan	120,993	34	45	-11
San Miguel	27,150	8	10	-2
Sandoval	151,369	64	56	8
Santa Fe	155,201	65	57	8
Sierra	11,502	5	4	1
Socorro	16,311	3	6	-3
Taos	34,623	10	13	-3
Torrance	15,307	4	6	-2
Union	4,107	1	2	-1
Valencia	77,190	12	29	-17
TOTAL PRACTICING IN STATE	**2,115,877**	**889**	**783**	**106**
NONPRACTICING		**103**		
OUT OF STATE		**167**		

C.B. Gender

Table C.B.1. Gender of New Mexico's Health Professionals

Profession	Total Responses	Male	Female	% Male	% Female
PCPs	1,625	872	753	53.66%	46.34%
OB-GYNs	217	83	134	38.25%	61.75%
General Surgeons	158	118	40	74.68%	25.32%
Psychiatrists	305	170	135	55.74%	44.26%
RNs and CNSs	16,466	2,149	14,317	13.05%	86.95%
CNPs	1,833	269	1,564	14.68%	85.32%
CNMs	181	0	181	0.00%	100.00%
PAs	827	326	501	39.42%	60.58%
Dentists	1,303	958	345	73.52%	26.48%
Pharmacists	1,843	815	1028	44.22%	55.78%
LMs	39	0	39	0.00%	100.00%
EMTs	3,768	2,607	1161	69.19%	30.81%
PTs	1,462	489	973	33.45%	66.55%
OTs	885	116	769	13.11%	86.89%
NM POPULATION[12]	**2,115,877**	**1,053,707**	**1,062,170**	**49.80%**	**50.20%**

C.C. Race

Table C.C.1. Race of New Mexico's Health Professionals

Profession	Total Responses[a]	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Two or More
PCPs	**1,376**	28 2.03%	183 13.30%	61 4.43%	1058 76.89%	46 3.34%
OB-GYNs	**177**	1 0.56%	17 9.60%	14 7.91%	143 80.79%	2 1.13%
General Surgeons	**140**	2 1.43%	21 15.00%	7 5.00%	104 74.29%	6 4.29%
Psychiatrists	**253**	5 1.98%	22 8.70%	4 1.58%	214 84.58%	8 3.16%
RNs and CNSs	**15,140**	747 4.93%	731 4.83%	430 2.84%	12,834 84.77%	398 2.63%
CNPs	**1,720**	28 1.63%	72 4.19%	92 5.35%	1486 86.40%	42 2.44%
CNMs	**176**	9 5.11%	4 2.27%	6 3.41%	153 86.93%	4 2.27%
PAs	**673**	22 3.27%	21 3.12%	14 2.08%	590 87.67%	26 3.86%
Dentists	**904**	10 1.11%	114 12.61%	18 1.99%	733 81.08%	29 3.21%
Pharmacists	**1063**	34 3.20%	105 9.88%	37 3.48%	841 79.12%	46 4.33%
LMs	**39**	0 0.00%	0 0.00%	2 5.13%	37 94.87%	[b]
EMTs	**2,247**	227 10.10%	53 2.36%	20 0.89%	1,947 86.65%	[c]
PTs	**1250**	19 1.52%	217 17.36%	17 1.36%	988 79.04%	28 2.24%
OTs	**792**	12 1.52%	26 3.28%	16 2.02%	709 89.52%	29 3.66%
NM POPULATION[12]	**2,115,877**	**236,978 (11.20%)**	**44,433 (2.10%)**	**57,129 (2.70%)**	**1,720,208 (81.30%)**	**57,129 (2.70%)**

[a] Total responses excludes non-respondents as well as those responding "Other" to the race survey item. The U.S. Census no longer reports "Other" as a category in its annual estimates of the U.S. population.

[b] The LM survey options for race and ethnicity are as follows: African American/Black, American Indian/Alaska Native, Asian/Pacific Islander, Caucasian/White, Other and Hispanic. There is no "Two or More" option.

[c] The EMT survey options for race and ethnicity are as follows: American/Alaskan Native, Asian, Hawaiian/Pacific Islander, Black Hispanic, Black Non-Hispanic, White Hispanic, White Non-Hispanic, or Other. There is no "Two or More" option.

C.D. Ethnicity

Table C.D.1. Ethnicity of New Mexico's Health Professionals

Profession	Total Respondents	Hispanic	Non-Hispanic	% Hispanic	% Non-Hispanic
PCPs	1465	328	1137	22.39%	77.61%
OB-GYNs	192	34	158	17.71%	82.29%
General Surgeons	142	26	116	18.31%	81.69%
Psychiatrists	268	47	221	17.54%	82.46%
RNs and CNSs[a]	16466	5787	10679	35.15%	64.85%
CNPs[a]	1833	466	1367	25.42%	74.58%
CNMs[a]	181	31	150	17.13%	82.87%
PAs	669	142	527	21.23%	78.77%
Dentists	935	186	749	19.89%	80.11%
Pharmacists	1147	400	747	34.87%	65.13%
LMs	39	8	31	20.51%	79.49%
EMTs[b]	3692	1410	2282	38.19%	61.81%
PTs	1271	273	998	21.48%	78.52%
OTs	858	218	640	25.41%	74.59%
NM POPULATION[12]	**2,115,877**	**1,053,707**	**1,062,170**	**49.80%**	**50.20%**

[a] The nursing survey options for race and ethnicity are as follows: African American/Black, American Indian/Alaska Native, Asian/Pacific Islander, Caucasian/White, Other and Hispanic. Those responding "Hispanic" were counted as Hispanic and all other responses were classified as non-Hispanic.

[b] The EMT survey options for race and ethnicity are as follows: American/Alaskan Native, Asian, Hawaiian/Pacific Islander, Black Hispanic, Black Non-Hispanic, White Hispanic, White Non-Hispanic, or Other. Those responding "Black Hispanic" or "White Hispanic" were counted as Hispanic and all other responses were classified as non-Hispanic.

C.E. Age

Table C.E.1. Age of New Mexico's Health Professionals

Profession	Mean Age	Total Responses	< 25	25 – 34	35 – 44	45 – 54	55 – 64	65+
PCPs	**53.1**	1,644	0 0.00%	109 6.63%	419 25.49%	353 21.47%	385 23.42%	378 22.99%
OB-GYNs	**52.7**	219	0 0.00%	15 6.85%	58 26.48%	56 25.57%	38 17.35%	52 23.74%
General Surgeons	**54.7**	157	0 0.00%	4 2.55%	39 24.84%	36 22.93%	41 26.11%	37 23.57%
Psychiatrists	**56.9**	309	0 0.00%	17 5.50%	55 17.80%	63 20.39%	74 23.95%	100 32.36%
RNs and CNSs	**47.5**	16,466	296 1.80%	3,404 20.67%	4,470 27.15%	3,444 20.92%	3,208 19.48%	1,644 9.98%
CNPs	**49.6**	1,833	0 0.00%	204 11.13%	549 29.95%	490 26.73%	392 21.39%	198 10.80%
CNMs[a]	**50.1**	181	1 0.55%	20 11.05%	45 24.86%	54 29.83%	47 25.97%	14 7.73%
PAs	**45**	869	1 0.12%	233 26.81%	245 28.19%	164 18.87%	151 17.38%	75 8.63%
Dentists	**48.4**	1,127	0 0.00%	188 16.68%	375 33.27%	198 17.57%	153 13.58%	213 18.90%
Pharmacists	**46.4**	1,853	6 0.32%	465 25.09%	482 26.01%	347 18.73%	297 16.03%	256 13.82%
LMs	**48.5**	41	0 0.00%	6 14.63%	9 21.95%	12 29.27%	8 19.51%	6 14.63%
EMTs	**38.5**	3,773	493 13.07%	1119 29.66%	1089 28.86%	604 16.01%	338 8.96%	130 3.45%
PTs	**44.1**	1,346	7 0.52%	357 26.52%	375 27.86%	303 22.51%	238 17.68%	66 4.90%
OTs	**45.2**	824	2 0.24%	190 23.06%	222 26.94%	215 26.09%	146 17.72%	49 5.95%

Appendix D.

Survey Collection Progress

Table D.1 depicts the state's progress in obtaining survey data for licensed health professionals. Survey data for physicians is not collected up to a year after they obtain their license. The New Mexico Medical Board requires physicians to renew their license in the following renewal cycle after a license is issued, at which time they are required to submit a survey. After the initial renewal, they are required to renew every three years. This policy of completing a survey at renewal only, not initial licensure, is similar across most of the licensing boards.

The New Mexico Nursing Board was the first board to implement survey collection upon licensure, and the board requires completion of a survey at the time of initial licensure in order to collect demographic data. Similarly, emergency medical technicians complete a survey at initial licensure and subsequent license renewals. As a result, all licensed nursing professionals and EMTs in the state have completed a licensure survey and are not included in Table D.1.

Table D.1. Health Care Licenses Matched with Current License Renewal Surveys

License Type	License Count	Survey Count	Percent
Alcohol Abuse Counselor	2	1	50.00%
Alcohol and Drug Counselor	531	431	81.17%
Anesthesiologist Assistant	59	0	0.00%
Art Therapist	90	70	77.78%
Associate Marriage & Family Therapist	49	12	24.49%
Audiologist	199	145	72.86%
Clinical Mental Health Counselor (LPCC)	2,455	1,972	80.33%
Dental Assistant	2,840	2,175	76.58%
Dental Hygienist	1,441	1,174	81.47%
Dentist	1,547	1,193	77.12%
Doctor of Chiropractic	529	504	95.27%
Doctor of Chiropractic APC	88	0	0.00%
Doctor of Naprapathy	38	0	0.00%
Doctor of Osteopathy	902	600	66.52%
Genetic Counselor	261	0	0.00%
Licensed Baccalaureate Social Worker	452	331	73.23%
Licensed Clinical Social Worker	2,410	1,896	78.67%
Licensed Dietician	519	385	74.18%
Licensed Independent Social Worker	126	97	76.98%
Licensed Masters Social Worker	2,062	1,387	67.26%
Licensed Mental Health Counselor	1,163	856	73.60%
Licensed Midwife	92	70	76.09%
Licensed Nutritionist	19	12	63.16%
Marriage and Family Therapist	421	312	74.11%
Medical Doctor	9,526	8,095	84.98%
Occupational Therapist	1,159	1,063	91.72%
Occupational Therapy Assistant	563	448	79.57%
Optometrist	297	288	96.97%
Physical Therapist	2,239	1,709	76.33%
Physical Therapist Assistant	991	781	78.81%
Physical Therapy Instructor	2	0	0.00%
Physician Assistant Medical	1,232	933	75.73%
Physician Assistant Osteopathy	32	1	3.13%
Podiatrist	147	141	95.92%
Polysomnographic Technologist	94	0	0.00%
Professional Mental Health Counselor	148	114	77.03%
Psychologist	864	740	85.65%
Psychologist Associate	6	4	66.67%
Registered Independent Counselor	5	3	60.00%
Registered Pharmacist	3,537	2,436	68.87%
Speech-Language Pathologist	1,942	1,574	81.05%
Substance Abuse Associate	364	225	61.81%
Telemedicine	976	3	0.31%
TOTAL	**42,419**	**32,181**	**75.86%**

Suggested citation: New Mexico Health Care Workforce Committee. 2022 Annual Report. Albuquerque NM: University of New Mexico Health Sciences Center, 2022.