New Mexico Health Care Workforce Committee

2023 ANNUAL REPORT

2023 Annual Report

October 1, 2023

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 2022 – 31 December 2022. 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. *2023 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center, 2023.

Members of the New Mexico Health Care Workforce Committee, October 1, 2023

Name	Organization
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Eileen Barrett	NM Medical Board
Pamela Blackwell	NM Hospital Association
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From the Co-Chairs 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.

This year, we have been able to update information for only three professions: Emergency Medical Technicians, Nurses and Midwives. New Mexico Regulation and Licensing Department (RLD) recently confirmed that, as a consequence of a ransomware attack leading to a data breach at the RLD, the mandated data as stipulated in NM Stat § 24-14C-1 is not available for the following professions:

- Primary Care Physicians
- OB-GYN Physicians
- General Surgeons
- Psychiatrists
- Physician Assistants
- Dentists
- Pharmacists
- Physical Therapists
- Occupational Therapists

RLD has furnished the name of licensee in NM while omitting specific demographic details, such as date of birth, gender, race, ethnicity, zip code/address for site of practice, clinical working hours per week per year, and the providers' educational institutions. This unfortunate and unforeseen situation not only impacts this year's report, but we anticipate it will result in the absence of comprehensive data for the next two to three years as all the professions renew their licenses on a multi-year, rotating basis. We express our sincere appreciation for our valued partnership with RLD and its leadership. We eagerly look forward to the continuation of our collaborative efforts in the future. Meanwhile, we are actively exploring alternative strategies for the upcoming years.

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 enhance the committee's analyses by examining:
1. Wage analysis and current/projected hiring demand for specific health professions.
2. The composition of full-time equivalents within the health care workforce for selected professions.
3. An assessment 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

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 respectfully submit these recommendations, acknowledging that due to New Mexico's budgetary limitations, not all the requests can be funded.

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,

Hengameh Raissy, PharmD

Hengameh Raissy, PharmD (Sep 28, 2023 14:00 MDT)

Hengameh Raissy, PharmD
Co- Chair, New Mexico Health Care Workforce Committee
Interim Vice President for Research
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Felisha Rohan-Minjares (Sep 28, 2023 13:54 MDT)

Felisha Rohan-Minjares, MD
Co- Chair, New Mexico Health Care Workforce Committee
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Summary of the 2023 Recommendations of the New Mexico Health Care Workforce Committee

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

Rec. 1   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 directors. ($600,000, recurring)

Rec. 2   Medicaid should provide a reimbursement differential to providers and provider organizations for offering services in languages other than English. This would be 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.)

Rec. 3   Encourage New Mexico to boost Medicaid funding in FY2025 to achieve key goals: 1) raise primary care, maternal and child health, and behavioral health Medicaid rates to 150% of Medicare; 2) set specialty care rates at a minimum of 120% of Medicare; 3) ensure equal increases for preventive health codes; 4) guarantee a 10% higher rate for Rural New Mexico services; 5) grant APRNs 100% of physician Medicaid rates; 6) instruct the Human Services Department to create a five-year plan to reach 250% of Medicare rates by FY2030.

Rec. 4   Encourage the New Mexico Legislature and the Executive to fully fund the Health Professional Loan Repayment Program by appropriating at least $30 million to the Program in FY2025.

Rec. 5   Encourage New Mexico to amend the Medical Malpractice Act with these changes: 1) Define "malpractice claim" and "occurrence" to treat a single injury event as one claim, regardless of providers; 2) Limit "medical care and related benefits" to actual payments accepted by providers; 3) Remove CPI increases in caps; 4) Pay medical expenses as incurred, no lump sums; 5) Allow medical exams for future care necessity; 6) Apply deficit obligations to "qualified and participating hospitals and outpatient health care facilities" only; 7) Include a venue provision tying malpractice actions to the district of care or patient residence.

Rec. 6   Regarding a past recommendation from the Legislative Health and Human Services Committee, we recommend funding a plan to evaluate costs and create a budget for funding health care professionals for the Center for Complex Care (CoCC) for children, youth, and adults with disabilities. We recommend that $50,000 of nonrecurring funds.

Rec. 7   Expand the Rural Health Care Practitioner Tax Credit program to include pharmacists, physical therapists, social workers, and counselors. It is extremely important to include these professions as a recruitment and retention tool to improve access to pharmacy, physical therapy, and mental health services outside of urban centers in the state.

Rec. 8   Encourage the New Mexico Legislature and the Executive to fully fund the Rural Healthcare Delivery Fund with an additional $120 million appropriation in FY2025, consider future

appropriations based on needs identified by community practices, and amend the statutes governing the Fund to make services delivered in a county with a population less than 125,000 eligible for funding.

Rec. 9   Expand certified peer support specialist roles in the state's behavioral health workforce. Approaches include: 1) Advocate for including peer support services in behavioral health coverage for all New Mexico health plans; 2) Incorporate certified behavioral health providers in workforce reports; 3) Expand Medicaid reimbursement for peer support in diverse settings; 4) Enable peer support workers to provide Medicaid services in emergency departments without a treatment plan. These measures aim to address the state's shortage of behavioral health providers (4 per 1,000 statewide) by increasing opportunities for hiring and billing for certified peer support specialists. ($3 million, recurring.)

Rec. 10   Adopt legislation permitting the medical board to participate in the Interstate Medical License Compact Commission, like our neighboring states, to reduce barriers to physicians licensed in other states being able to practice in our state.

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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 2021 the state was ranked fourth in the nation for poverty rate (18.7%) and second for the percent of non-elderly population insured by Medicaid (38.6%), first for percentage of adults without a personal health care provider (22.4%), 11th for uninsured non-elderly population (12.1%), and nineth for adults reporting fair or poor health status (19.2%).[17] From 2020 - 2022, 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.

Population Density of New Mexico Counties[13,14]
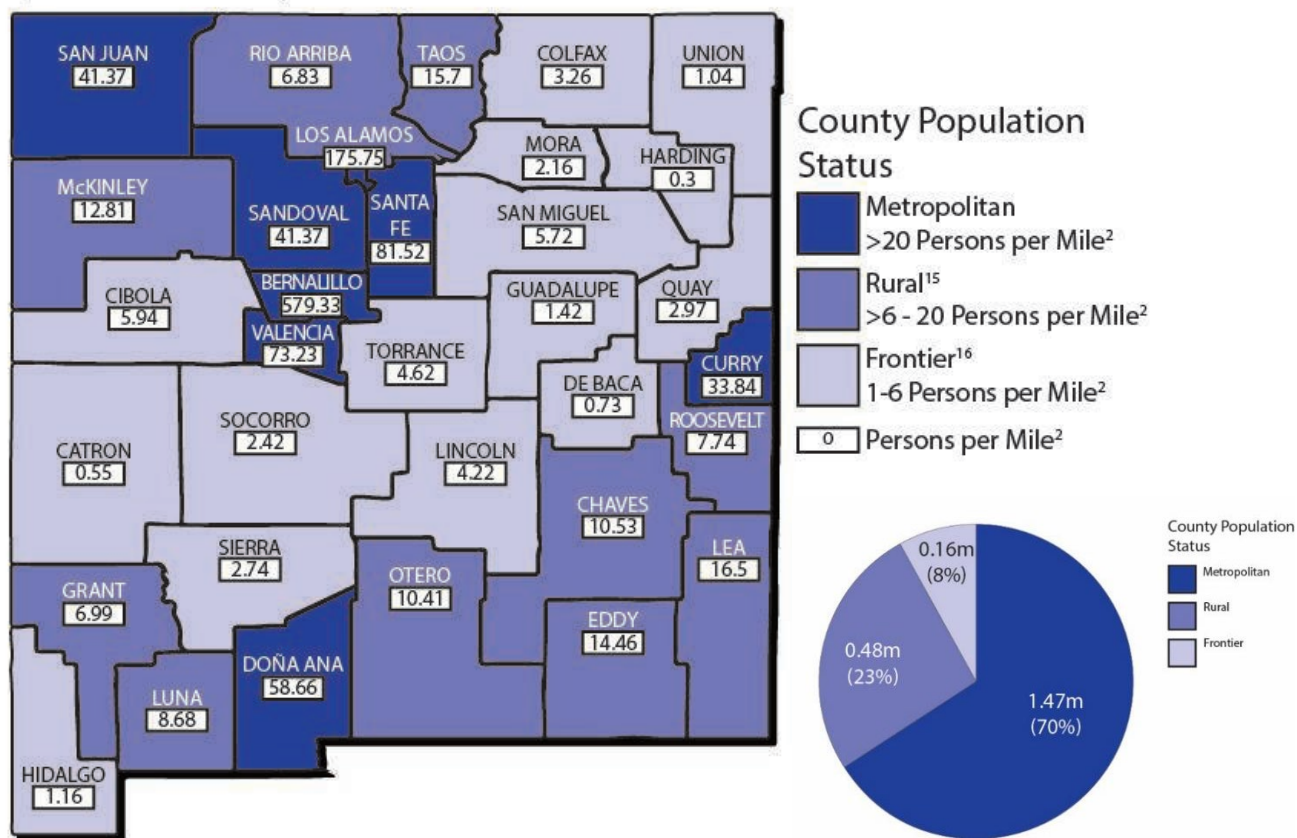
Figure 1.1. Each county's color indicates its classification as frontier (light), rural (medium) or metropolitan (dark); the white boxes show the population density (persons per square mile). The pie chart shows the proportion of the state's population residing in metropolitan, rural or frontier counties.

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 tenth 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. 115 for a full bibliography of the research works produced to date).

It is important to acknowledge the lack of updated data (calendar year 2020) for majority of professions in this report; the lack of data is due to an unfortunate and unforeseen incident involving a data breach at the New Mexico Regulation and Licensing Department (NM RLD). As a result, the calendar year 2022 data for the following professions were not available for this report:

- Dentists
- Pharmacists
- Physical Therapists
- Occupational Therapists
- Primary Care Physicians
- OB-GYN Physicians
- General Surgeons
- Psychiatrists
- Physician Assistants

Throughout the report, if data was unavailable, the most recent data (2021) is included. While the absence of data for these professions does limit the scope of this report, the analysis contained herein will primarily focus on the available data for certified nurse practitioners (CNPs), registered nurses (RNs), Certified Nurse Midwives (CNMs), and Licensed Midwives (LMs). This approach aims to provide insights and findings to the best extent possible given the circumstances, while acknowledging the impact of the data breach on the comprehensiveness of this annual report.

I.B.1. Benchmark Analysis

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, the annual report includes analysis of the demand for selected health professionals conducted by the New Mexico Department of Workforce Solutions (Section III, p. 16) 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. 25). 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 the health care professions in Section V (p. 34) 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. 16) measures current and projected workforce demand, as measured by employment and job openings. Section IV (p. 25) 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 in previous years 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. 16), IV (p. 25) and V (p. 34), where similarities and differences among the findings from each method are highlighted. Section VI (p. 101) 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. 25) through VI (p. 101) 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. 25), 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. 16) through VI (p. 101) 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 2023 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. Unfortunately, this year's report does not have updated data for calendar year 2022 for Primary Care Physicians, Ob-Gyn Physicians, General Surgeons, Psychiatrists, Physician Assistants, Dentists, Pharmacists, Physical Therapists, and Occupational Therapists. The most recent year for which complete data is available for these groups is calendar year 2021 and this is the information that will be provided in this report for these professions; this is the same information that was included in the 2022 report for these professions.

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. 16).

Section V includes the committee's analysis of health professionals practicing in New Mexico, with updated benchmarks this year when available reflecting national trends in the health professions analyzed. Nursing professions include registered nurses and clinical nurse specialists (V.D.1, p. 56), certified nurse practitioners (V.D.2, p. 61) and certified nurse-midwives (V.D.3, p. 65). In addition, analyses are included of licensed midwives (V.E.4, p. 81) and emergency medical technicians (V.E.5, p. 85). This year the demographics of all professions are discussed in their respective sections.

The findings of Section V (p. 34) 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. The New Mexico Health Care Workforce Committee estimates that *in active practice in the state* were (Table 1.2):

- o in 2022, 16,181 registered nurses and clinical nurse specialists, 1,929 certified nurse practitioners, 189 certified nurse-midwives, and 41 licensed midwives
- o in 2021, 1,649 primary care physicians, 219 obstetrics and gynecology physicians, 309 psychiatrists, 159 general surgeons, 885 physician assistants, 1,154 dentists, 1,853 pharmacists, 3,778 emergency medical technicians, 1,536 physical therapists and 889 occupational therapists

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 2021	Estimated Total Practicing in NM 2021	Total Licensed in NM 2022[b]	Estimated Total Practicing in NM 2022[b]	Percent Practicing in NM, 2022[b]
All MDs/DOs[a]	46.66%	10,428	5,240	ND	ND	ND
Primary Care Physicians[a]	53.42%	2,892	1,649	ND	ND	ND
OB-GYN Physicians[a]	65.62%	351	219	ND	ND	ND
General Surgeons[a]	57.04%	255	159	ND	ND	ND
Psychiatrists[a]	54.76%	551	309	ND	ND	ND
RNs/CNSs	54.82%	30,309	16,466	31,354	16,181	51.61%
CNPs	51.15%	3,609	1,833	4,724	1,929	40.83%
CNMs	68.44%	245	181	240	189	78.75%
Physician Assistants[a]	73.99%	1,232	885	ND	ND	ND
Dentists[a]	75.63%	1,547	1,154	ND	ND	ND
Pharmacists[a]	51.38%	3,537	1,853	ND	ND	ND
Licensed Midwives	45.68%	92	41	104	41	39.42%
EMTs	57.77%	4,092	3,778	5,072	4,967	97.94%
Physical Therapists[a]	70.51%	2,239	1,536	ND	ND	ND

[a]   The data presented for this profession pertains to the calendar year 2021
[b]   ND indicates survey data were not yet available.

Table 1.3. Summary of Health Care Professionals with New Mexico Licenses Practicing in the State 2021
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	2022	Net Change Since 2013[d]
RNs/CNSs[a]								
# in New Mexico	15,713	18,173	17,526	15,539	15,588	16,466	16,181	468
Total Below Benchmark[b]	4,269	3,022	3,689	5,985	6,223	5,863	5,704	1435
Counties Below Benchmark	30	29	31	32	32	32	32	2
CNPs[a]								
# in New Mexico	1,089	1,453	1,542	1,434	1,732	1,833	1,929	840
Total Below Benchmark[b]	271	147	135	282	238	227	231	-40
Counties Below Benchmark	25	17	16	25	24	23	23	-2
CNMs								
# in New Mexico	ND[f]	178	169	154	154	181	189	33
Total Below Benchmark[b]		11	14	13	13	14	11	-1
Counties Below Benchmark		9	10	10	13	10	9	0

[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 2014-2016 can be found in the New Mexico Health Care Workforce Committee 2022 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	2022[e]	Net Change Since 2013
PAs									
# in New Mexico	ND[d]	746	792	805	851	865	885	NA	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	NA	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	NA	-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	41	3
Total Below Benchmark[a]		4	4	4	5	5	6	6	2
Counties Below Benchmark		4	4	4	4	5	6	7	3
EMTs									
# in New Mexico	ND	6,101	6,364	6,501	4,399	4,421	3,778	4,967	- 1,134
Total Below Benchmark[a]		475	415	392	2,446	2510	3032	1796	4370
Counties Below Benchmark		12	11	10	25	25	28	24	20
PTs									
# in New Mexico	NA[e]	NA	NA	NA	1,992	1,547	1,536	NA	-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	NA	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 due to lack of data.

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. Starting in 2022, 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 might 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:

- o 334 PCPs, 59 OB-GYNs, 10 general surgeons, 119 psychiatrists, 281 PAs, 88 dentists, 482 pharmacists, 526 PTs, 114 OTs (per data from 2021)

- o 5,704 RNs and CNSs, 231 CNPs, 11 CNMs, 6 LMs, (per data from 2022)

Section VI (p. 101) examines the state's behavioral health workforce across multiple provider types, including advanced nurse specialists with psychiatry specialty. Finally, Section VII (p. 109) reviews our 2023 recommendations.

Addressing the state's health care workforce needs 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 2023, detailed in Section VII (p. 109), 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.
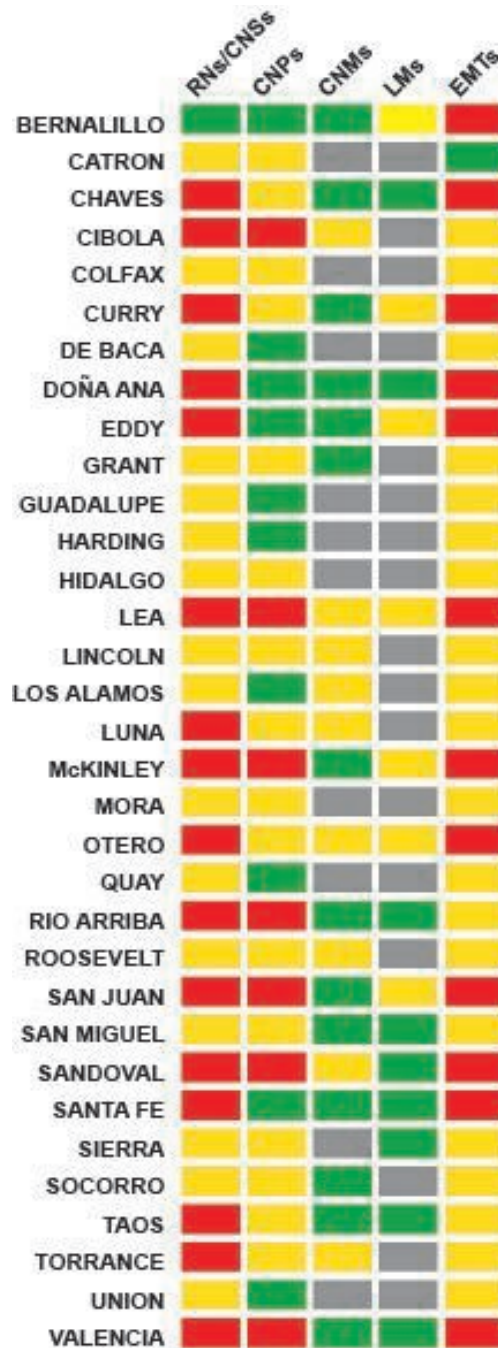
Figure 1.2. This at-a-glance summary shows the benchmark status by county for each profession analyzed in calendar year 2022. Green indicates counties at or above benchmark; yellow, counties moderately below benchmark; and red, counties severely below benchmark. Those with a benchmark of zero and no providers are gray. See the maps for each profession and additional details in Section V (p. 32).

Figure 1.3. This at-a-glance summary shows the benchmark status by county for each profession analyzed in the calendar year 2021. 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.

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Section II

COVID-19 Update: Impact on the Health Care Workforce

As of March 31, 2023, the COVID-19 public health order in New Mexico, which had initially declared a state of emergency, has expired. This development marks a pivotal shift in the state's response to the pandemic, which has been evolving since its first recorded cases on March 11, 2020. Soon after the first cases of COVID were identified in New Mexico, rapid and decisive actions were taken at the state level, including the prompt declaration of a public health emergency and the subsequent implementation of regulatory measures aimed at curbing the virus's spread. These efforts propelled New Mexico into the national spotlight as a model for effective pandemic response.[18,19] By May 2023, approximately 75.5% of New Mexico's total population had been fully vaccinated, securing the state's commendable 14th rank nationwide.[20] Despite the monumental efforts made in the state, the virus had a staggering impact: The New Mexico Department of Health reports over 600,000 confirmed cases, more than 29,000 hospitalizations, and a tragic loss of over 8,400 lives due to the disease.[21]

Throughout the pandemic, New Mexico's health care workforce demonstrated remarkable adaptability by swiftly reorganizing health care services to address the surge in demand for infectious disease care and critical treatment of COVID-19 patients, while also managing the unexpected reduction in elective health care services.

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 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.[22] Health care workers are still feeling the repercussions of COVID, including continuing to work in stressful and resource-constrained environments. According to the 2021 Public Health Workforce Interest and Needs Survey, 16% of employees leaving the workforce are departing due to COVID-19.[23]

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.

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.

Although most sectors have moved forward with the idea that COVID pandemic is now behind us, the rise in COVID-19 cases in late summer 2023, as reported by the New Mexico Department of Health, highlights the ongoing challenges faced by health care workers. Despite not reaching the peak levels of the pandemic, the recent increase in cases and hospitalizations, especially among children, demonstrates the persistence of the virus's impact on the health care workforce. Health care professionals in New

Mexico continue to demonstrate resilience by managing fluctuating patient loads and addressing staffing shortages on a day-to-day basis.

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 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.

Salaries will have to increase significantly to attract highly educated health professionals to the state and to retain them. The only retention tool that we have is the rural health provider tax credit. There are no other incentive programs for those who have practiced for a while.

Section III

Demand Analysis for Selected Health Care Professions

Contributed by the New Mexico Department of Workforce Solutions

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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 and Employment and Training Administration. Employment and wages presented are for 2022 and measure the employment conditions of the current labor force.

Employment projections are produced every two years, with the most current being the 2020–2030 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 (WCOS) 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 7,237 jobs (14.0 percent increase) from 2020 to 2030, a growth rate faster than the average for all occupations. This projected growth is mainly due to an ageing population and an increased emphasis on preventive care, leading to greater demand for healthcare services.

III.B. Registered Nurses

In 2022 there were 15,910 registered nurses (Standard Occupational Classification (SOC) 29-1141) working in New Mexico, with 54.5 percent located in the Albuquerque Metropolitan Statistical Area (MSA) (Exhibit 1). The median wage for registered nurses in 2022 was $81,990 but was slightly higher in the Albuquerque MSA ($82,840). The median wage was lowest in the Las Cruces MSA, at $78,270. The number of registered nurses is expected to grow by 2,613 jobs, or 13.9 percent, from 2020 to 2030. Employment of registered nurses in the Santa Fe MSA is expected to have the fastest growth rate among all areas in New Mexico (14.3 percent) while the Albuquerque MSA will have the largest (1,354 jobs).

1. Current and Projected Employment of Registered Nurses					
		2022		2020–2030 Projections	
Area Name		Employ-ment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		15,910	$81,990	2,613	13.9%	1,300
MSA	Albuquerque	8,670	$82,840	1,354	13.8%	679
	Farmington	730	$79,120	134	14.5%	64
	Las Cruces	1,330	$78,270	203	13.6%	102
	Santa Fe	850	$81,660	134	14.3%	65
Workforce Region	Central	8,670	$82,840	1,354	13.8%	679
	Eastern	1,840	$78,120	273	13.6%	138
	Northern	2,840	$80,640	468	13.8%	234
	Southwestern	1,730	$78,560	266	14.2%	131

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

About 1,300 total job openings for registered nurses will exist every year. Nearly four out of five of those job openings will need to replace workers who retired or left the occupation to enter a new one. Since 2012 the average number of advertised online job postings for registered nurses has consistently been over 2,000 a month (Exhibit 2).

2. Online Advertised Job Postings for Registered Nurses, New Mexico

6,523
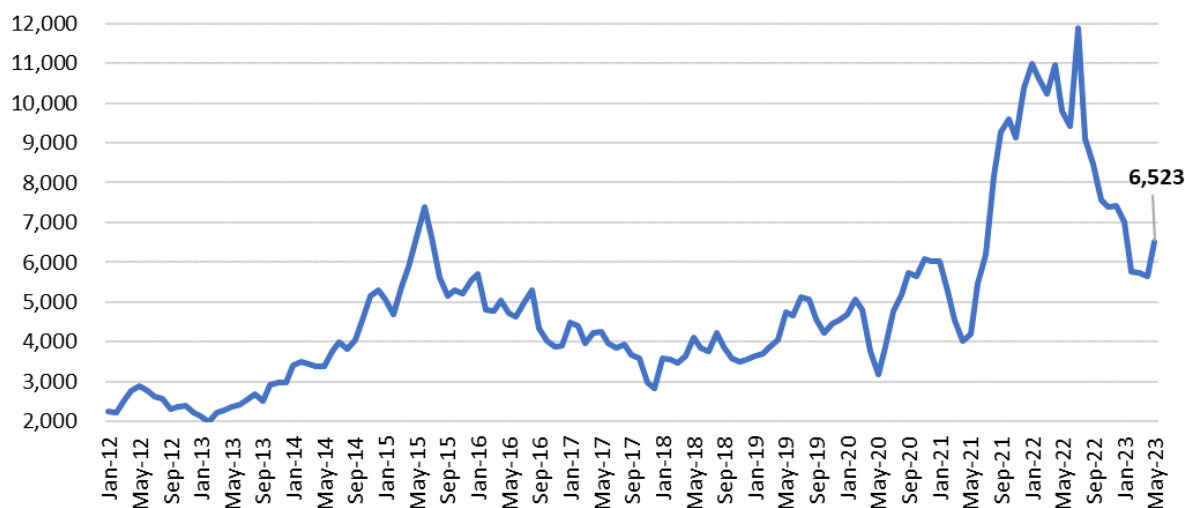
Source: Online advertised jobs data from WCOS

The most recent month of data (May 2023) shows there were over 6,500 advertised job postings for registered nurses. In Calendar Year 2022, the total number of advertised job postings was more than 44,000, with nearly one in three of those online advertised job postings located in Bernalillo County (Exhibit 3).

3. Number of Program Completers for Registered Nurse/Registered Nursing (CIP code 513801), 2020–2021 School Year, New Mexico Institutions	
Degree Type	**# Completers**
Associate's degree	543
Bachelor's degree	740
Master's degree	62
Total	1,345

Source: Integrated Postsecondary Education Data System (IPEDS)

According to data downloaded from the Integrated Postsecondary Education Data System (IPEDS), there were 1,345 persons who completed a registered nurse or registered nursing program (all credential types for CIP code 513801) in the state in the 2020–2021 school year (Exhibit 4).

III.C. Nurse Practitioners

There were 1,650 nurse practitioners (SOC 29-1171) in New Mexico in 2022, earning a median wage of $125,190 (Exhibit 5). Employment of nurse practitioners is expected to grow by 55.8 percent, about four times the statewide average of 11.6 percent for all occupations. It is estimated that there will be 141 annual job openings over the projection period. The total number of online advertised job postings for nurse practitioners in Calendar Year 2022 was 1,100 (Exhibit 5).

4. Current and Projected Employment of Nurse Practitioners						
		2022		**2020–2030 Projections**		
	Area Name	Employ-ment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
	New Mexico	1,650	$125,190	642	55.8%	141
MSA	Albuquerque	930	$125,190	343	55.4%	75
MSA	Farmington	60	$123,210	57	56.4%	13
MSA	Las Cruces	130	$120,010	76	52.1%	18
MSA	Santa Fe	140	$130,580	68	62.4%	14
Workforce Region	Central	930	$125,190	343	55.4%	75
Workforce Region	Eastern	210	$122,120	112	53.9%	25
Workforce Region	Northern	300	$126,930	188	57.1%	41
Workforce Region	Southwestern	170	$120,010	101	54.6%	22

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

III.D. Pharmacists

In 2022 there were 1,820 pharmacists (SOC 29-1051) working in New Mexico (Exhibit 6). Employment of pharmacists is expected to increase to 1,905 by 2030, an increase of 4.7 percent. Annual job openings due to pharmacists leaving the occupation to retire or work in another job are expected to be 78.

5. Current and Projected Employment of Pharmacists						
	Area Name	2022		2020–2030 Projections		
		Employ-ment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
	New Mexico	1,820	$131,560	85	4.7%	78
MSA	Albuquerque	1,070	$132,840	48	4.5%	46
MSA	Farmington	80	$122,320	<5	2.7%	<5
MSA	Las Cruces	120	$128,550	<5	1.6%	<5
MSA	Santa Fe	120	$127,700	<5	2.0%	6
Workforce Region	Central	1,070	$132,840	48	4.5%	46
Workforce Region	Eastern	190	$133,890	<5	0.0%	8
Workforce Region	Northern	370	$127,700	15	3.7%	18
Workforce Region	Southwestern	160	$128,710	<5	2.2%	7

n/a = not available. Sources: Occupational Employment and Wage Statistics (OEWS) and Projections Program

The annual median wage for pharmacists in New Mexico in 2022 was $131,560, over three times greater than the annual median wage for all occupations in New Mexico ($39,900). The total number of online advertised job postings for pharmacists in Calendar Year 2022 was 529 (Exhibit 3).

III.E. Primary Care Physicians

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

The total number of monthly online advertised job postings for family medical physicians (general practitioners) in calendar year 2022 was 164, all of which were in Bernalillo County (Exhibit 9). Family medicine physicians (SOC 29-1215) in New Mexico had an annual median wage of $215,630 in 2022, more than four times greater than the annual median wage for all occupations (Exhibit 6).

6. Current and Projected Employment of Family Medicine Physicians						
	Area Name	2022		2020–2030 Projections		
		Employ-ment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
	New Mexico	450	$215,630	42	6.6%	21
MSA	Albuquerque	160	$228,870	17	8.0%	8
MSA	Farmington	sps	sps	sps	sps	sps
MSA	Las Cruces	90	$135,250	5	4.6%	<5
MSA	Santa Fe	40	$175,930	8	8.0%	<5
Workforce Region	Central	160	$228,870	17	8.0%	8
Workforce Region	Eastern	60	$196,920	6	10.0%	<5
Workforce Region	Northern	120	$211,890	13	6.3%	6
Workforce Region	Southwestern	110	$135,250	7	5.5%	5

n/a = not available. sps=suppressed data. Sources: Occupational Employment and Wage Statistics (OEWS) and Projections Program

The number of family medicine physicians is expected to increase by 6.6 percent to 2030. The fastest growth of family medicine physicians will be in the Eastern Workforce Region, which is expected to increase by 10.0 percent.

III.E.2. General Internal Medicine Physicians

Most of the data gathered for general internal medicine physicians (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 2022 was over $239,200, with 110 employed in the state (Exhibit 7).

	7. Current and Projected Employment of General Internal Medicine Physicians					
		2022		2020–2030 Projections		
	Area Name	Employ-ment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
	New Mexico	110	>$239,200	6	4.2%	5
MSA	Albuquerque	60	>$239,201	<5	2.2%	<5
	Farmington	n/a	n/a	sps	sps	sps
	Las Cruces	sps	sps	sps	sps	sps
	Santa Fe	sps	sps	sps	sps	sps
Workforce Region	Central	60	>$239,200	<5	2.2%	<5
	Eastern	n/a	n/a	sps	sps	sps
	Northern	40	>$239,200	10	13.3%	<5
	Southwestern	sps	$230,890	sps	sps	sps

n/a = not available. sps=suppressed data. Sources: Occupational Employment and Wage Statistics (OEWS) and Projections Program

III.E.3. Pediatricians, General

In 2022 there were 240 general pediatricians (SOC 29-1221) in New Mexico (Exhibit 8), with half working in the Albuquerque MSA. This occupation had an annual median wage of $213,300. Employment until 2030 is expected to fall by 0.7 percent. There were no online advertised job postings for this occupation in calendar year 2022.

8. Current and Projected Employment of Pediatricians, General					
		2021		2020–2030 Projections	
Area Name		Employ-ment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		240	$213,300	<5	-0.7%	<5
MSA	Albuquerque	160	$215,180	<5	-1.3%	<5
	Farmington	sps	sps	sps	sps	sps
	Las Cruces	sps	sps	sps	sps	sps
	Santa Fe	n/a	n/a	sps	sps	sps
Workforce Region	Central	160	$215,180	<5	-1.3%	<5
	Eastern	sps	sps	sps	sps	sps
	Northern	40	$177,110	<5	5.3%	<5
	Southwestern	sps	sps	sps	sps	sps

n/a = not available. sps=suppressed data. Sources: Occupational Employment and Wage Statistics (OEWS) and Projections Program

9. Online Advertised Job Postings for Select Occupations, by County Total for Calendar Year 2022				
Area	29-1051 Pharmacists	29-1141 Registered Nurses	29-1171 Nurse Practitioners	29-1215 Family Medicine Physicians
Bernalillo	265	14,204	527	164
Chaves		1,979		
Cibola		508		
Colfax		495		
Curry		1,269		
Doña Ana	87	3,378	117	
Eddy		1,750	24	
Grant		740	27	
Lea		1,263	21	
Lincoln		783		
Los Alamos		790		
Luna		580		
McKinley		945	52	
Otero		1,258		
Rio Arriba		1,040		
Roosevelt	23	178		
San Juan	36	2,257	65	
San Miguel		415	14	
Sandoval		3,199	50	
Santa Fe	102	4,827	203	
Sierra		388		
Socorro		716		
Taos	16	976		
Torrance		68		
Union		51		
Valencia		291		
TOTAL	529	44,348	1,100	164

There were no advertised jobs for General Internal Medicine Physicians, SOC 29-1216 and Pediatricians, SOC 29-1221. Source: Online advertised jobs data, WCOS

III.F. Sources

2022 Employment and Wages: The source for 2022 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.

2020–2030 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 go to: Projections_Methodology_2020-2030.pdf (state.nm.us)

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. Data are for calendar year 2022.

Report completed July 5, 2023

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 (2021 data and analysis)

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:

- o 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).
- o The obstetrician-gynecologist (OB-GYN) category includes all MDs and DOs that specialize in OB-GYN.
- o The psychiatrist category includes all MDs and DOs that specialize in Psychiatry.
- o The core mental health professions (CMHP) category includes all psychologists, licensed clinical social workers (LCSW), licensed independent social workers (LISW), licensed master's social workers (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
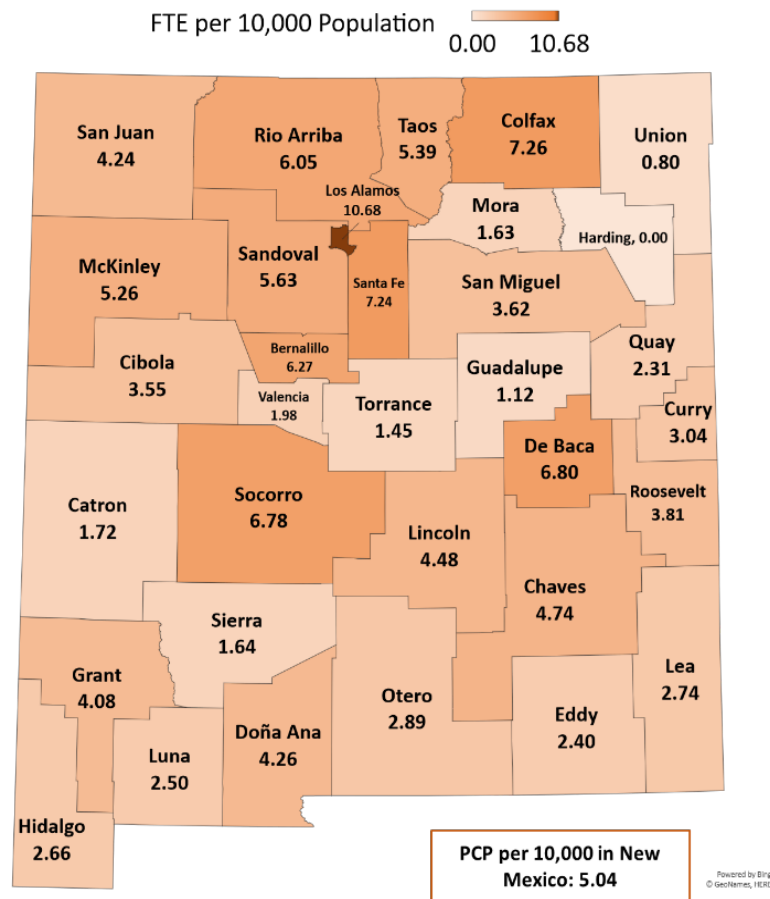
Figure 4.1. New Mexico Primary Care Physician Full-Time Equivalent by County Population, 2021

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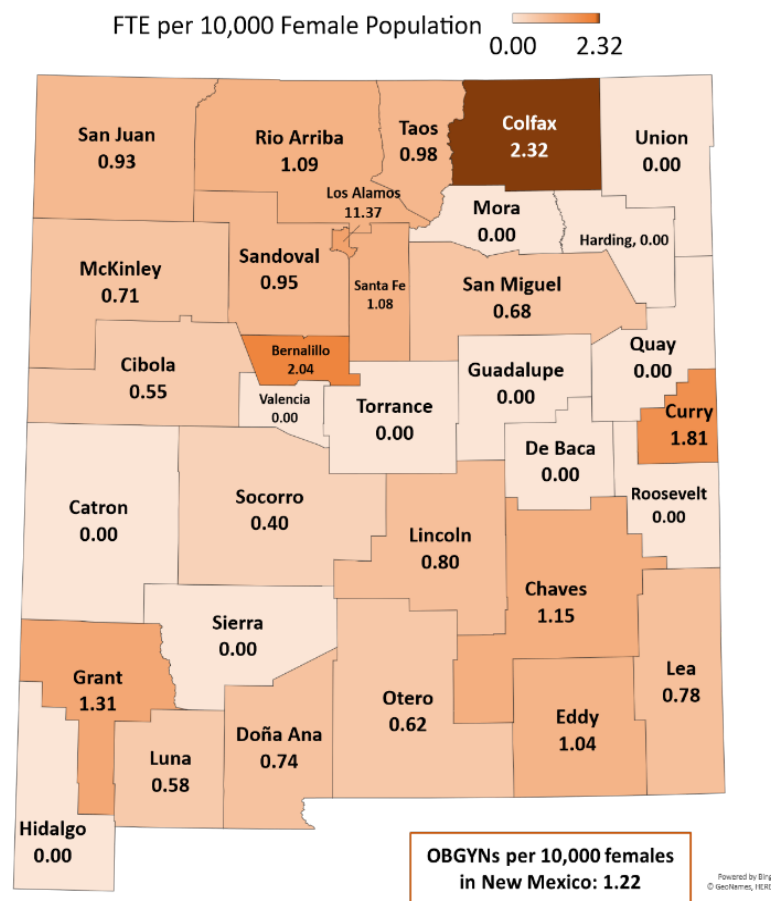
Figure 4.2. New Mexico Primary Care Obstetrics and Gynecology Full-Time Equivalent by County Population, 2021

According to Figure 4.2, in New Mexico there is an average of 1.22 actively practicing OB-GYNs per 10,000 female population, meaning for each OB-GYN, there are about 8,333 people to serve. The top three counties with the highest population density of OB-GYNs 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 OB-GYN provider shortage.
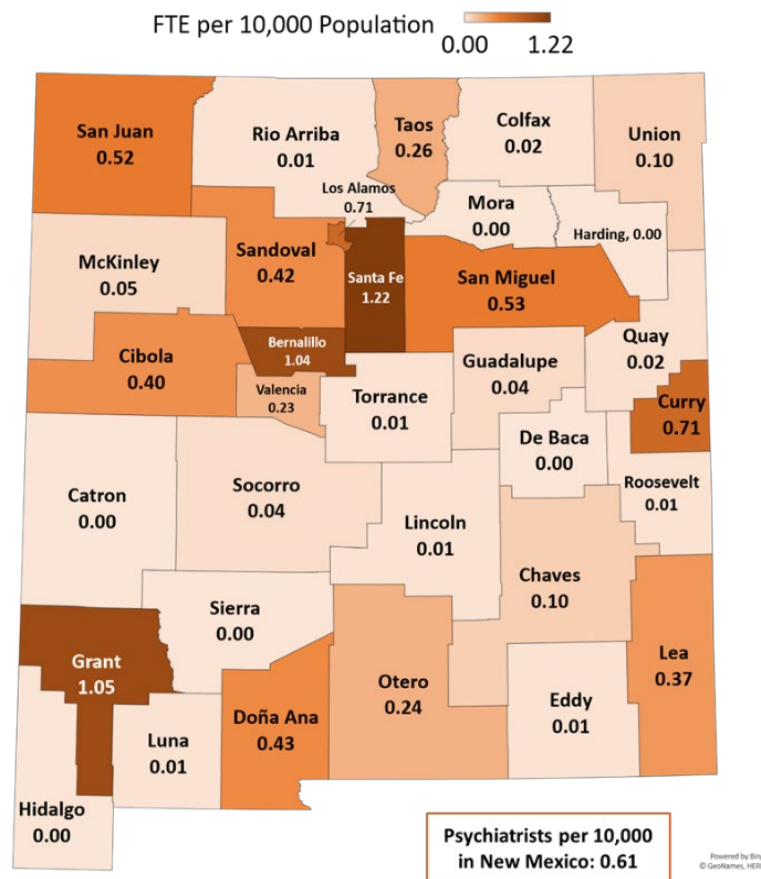
Psychiatrists

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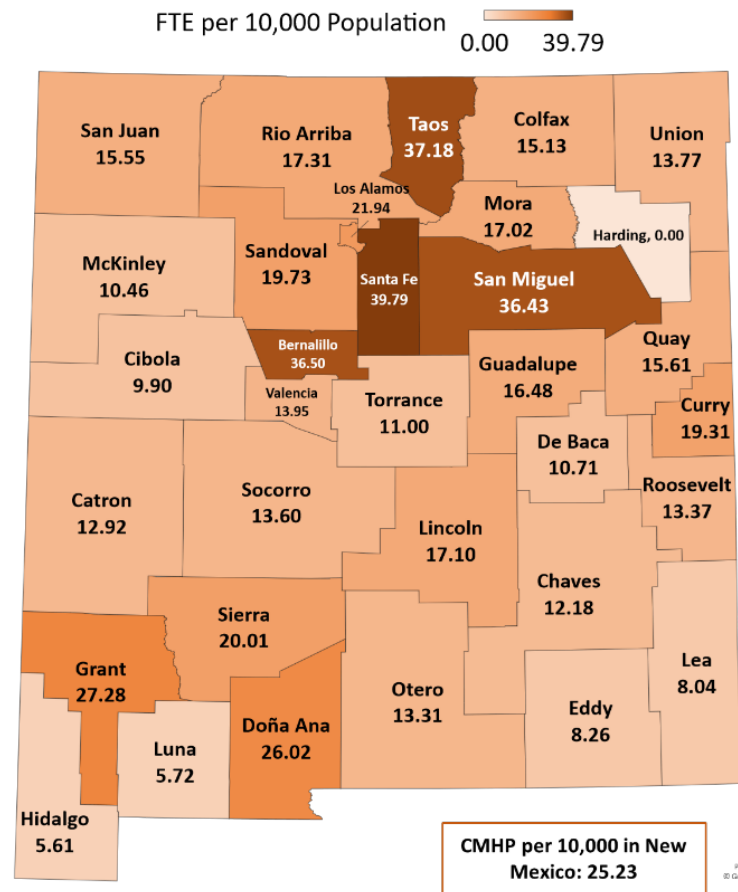
Figure 4.4. New Mexico Core Mental Health Professions Full-Time Equivalent by County Population, 2021

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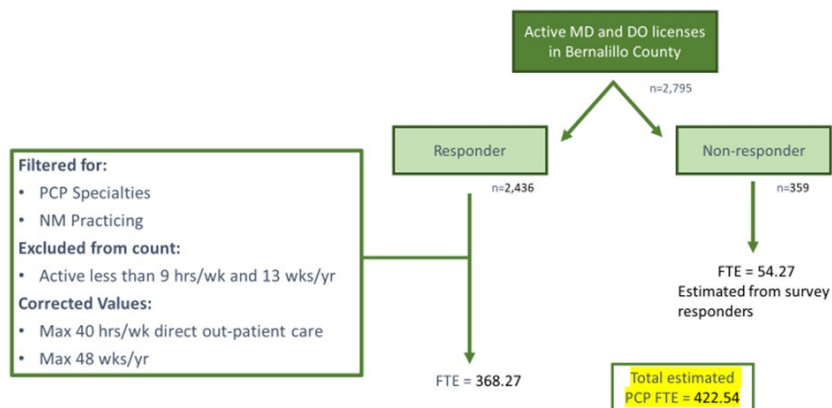
Figure 4.5. Methodology Visual Flowchart Using Example Calculation of Primary Care Physicians Full-Time Equivalent for Bernalillo County, 2021

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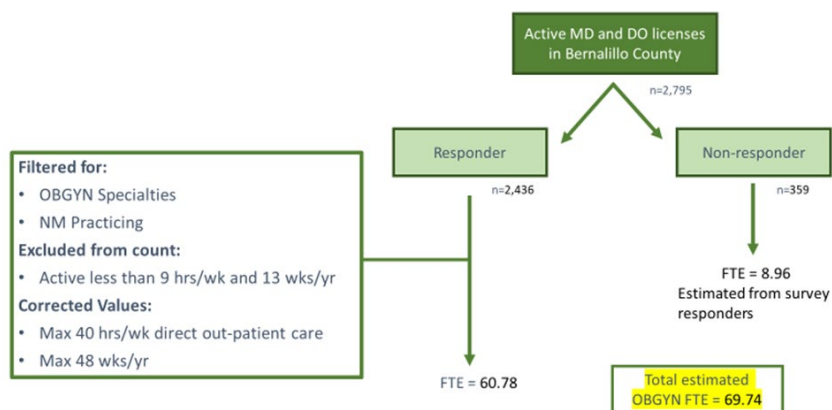
Figure 4.6. Methodology Visual Flowchart Using Example Calculation of Obstetrics and Gynecology Full-Time Equivalent for Bernalillo County, 2021

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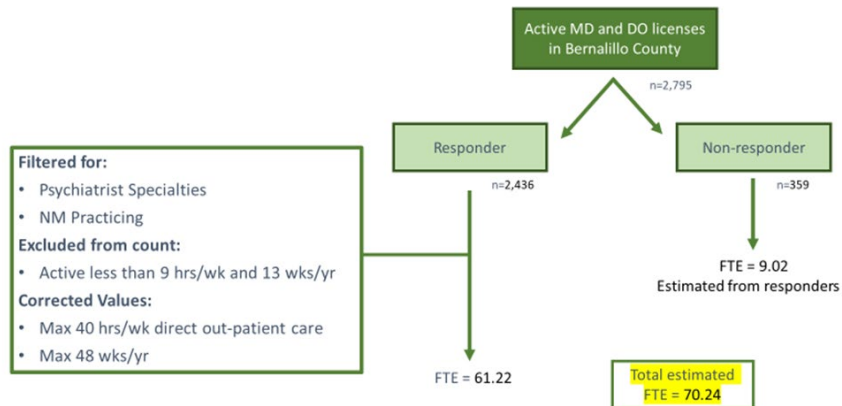
Figure 4.7. Methodology Visual Flowchart Using Example Calculation of Psychiatrists Full-Time Equivalent for Bernalillo County, 2021

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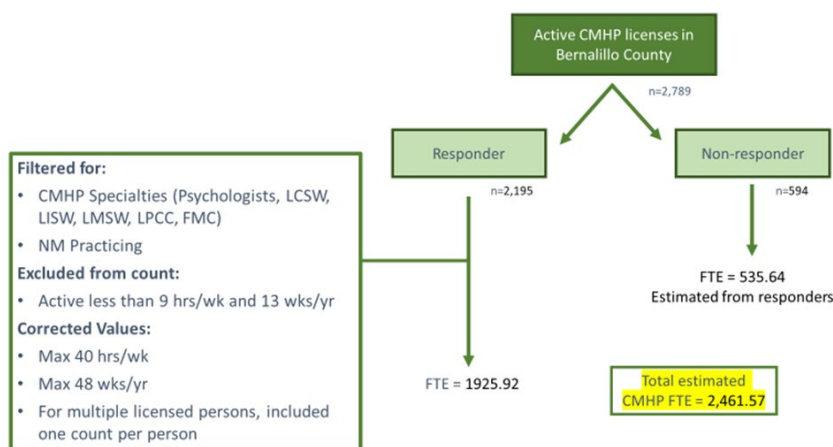
Figure 4.8. Methodology Visual Flowchart Using Example Calculation of Core Mental Health Professions Full-Time Equivalent for Bernalillo County, 2021

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. 40), selected nursing professions (Section V.D, p. 56), physician assistants (Section V.E.1, p. 69), dentists (Section V.E.2, p. 73), pharmacists (Section V.E.3, p. 77), licensed midwives (Section V.E.4, p. 81), emergency medical technicians (Section V.E.5, p. 85), physical therapists (Section V.E.6, p. 89) and occupational therapists (Section V.E.7, p. 93) as it has been reported previously. In each of these sections, we discuss the benchmark analysis, counts, changes from last year and demographic data for each profession. As it was pointed out previously, we were not able to obtain calendar year 2022 data for the following professions so data from calendar year 2021 has been used:

In contrast to the demand analysis of Section III (p. 16) and the FTE analysis of Section IV (p. 25), 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. The 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	Updated 2022 Benchmark
PCPs	8.3 per 10,000 population[24]	8.5 per 10,000 population[25]	9.3 per 10,000 population[25]
OB-GYNs	2.2 per 10,000 female population[26]	*Unchanged*	2.5 per 10,000 population[26]
General Surgeons Critical Need Minimum Need Optimal Ratio	3.0 per 100,000 population[27] 6.0 per 100,000 population 9.2 per 100,000 population	*Unchanged*	7.4 per 100,000 population[27,a]
Psychiatrists	1.6 per 10,000 population[28]	*Unchanged*	1.2 per population[28]
RNs	94.3 per 10,000 population[29]	*Unchanged*	92 per 10,000[29]
CNPs	7.8 per 10,000 population[30]	8.1 per 10,000 population[31]	8.4 per 10,000[31]
CNMs	0.76 per 10,000 female population[32, b]	0.8 per 10,000 female population[33, b]	0.82 per 10,000[33, b]
PAs	4.3 per 10,000 population[34]	4.5 per 10,000 population[35]	5 per 10,000 population[35]
Dentists	4.6 per 10,000 population[36, b]	*Unchanged*	6.1 per 10,000 population
Pharmacists	9.1 per 10,000 population[37,b]	*Unchanged*	8.1 per 10,000 population
LMs	0.24 per 10,000 female population[38,b]	0.25 per 10,000 female population[39,b]	0.26 per 10,000[39,b] population
EMTs	32.1 per 10,000 population[40]	*Unchanged*	*Unchanged*
PTs	9.5 per 10,000 population[41]	*Unchanged*	*Unchanged*
OTs	3.7 per 10,000 population[42]	*Unchanged*	3.1 per 10,000 population[42]

a   Due to lack of data, benchmark has been reported this year.
b   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. 16) and IV (p. 25) – 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 does not necessarily indicate that there are no issues regarding accessibility. Having an adequate number of providers is necessary, but not sufficient to solve issues pertaining to access, shortages or scheduling and other health system processes that influence access and scheduling.

Interpretation of the Benchmark Maps

*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.*
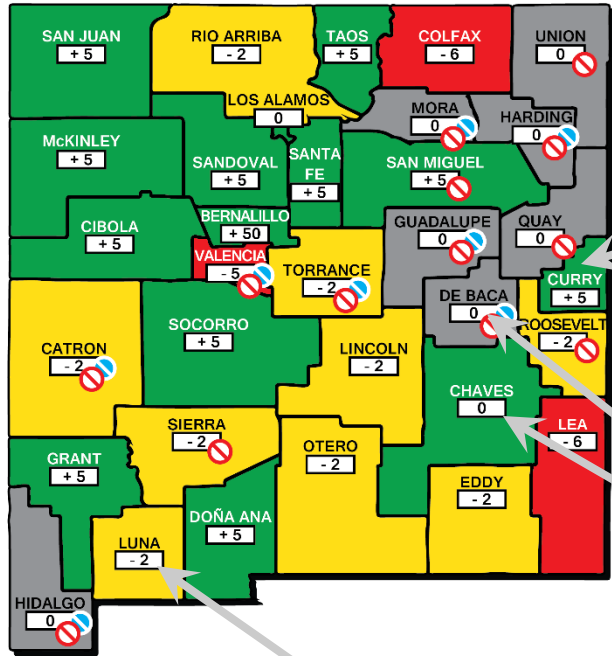
Comparison to Benchmark (X per 10,000 Population)

- 🟩 At or Above Benchmark
- 🟨 1 - 5 Providers Below Benchmark
- 🟥 > 5 Providers Below Benchmark
- ⬜ At Benchmark With 0 Providers
- 🚫 No Surgical Facility in County
- 🚫 No Inpatient Maternity Service in County
- 0 Number Above (+) or 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.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 2022 for professions with updated data as we keep the data for calendar year 2021 for the other 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. The data presented for PCPS pertains to calendar year 2021.
1. **Obstetrics & Gynecology Physicians (OB-GYNs)** include all MDs and DOs specializing in obstetrics and/or gynecology, including subspecialties. The data presented for OB-GYNs pertains to calendar year 2021.
2. **General Surgeons** include all MDs and DOs specializing in general surgery. The data presented for General Surgeons pertains to calendar year 2021.
3. **Psychiatrists** include all MDs and DOs specializing in psychiatry, regardless of subspecialty. The data presented for Psychiatrists pertains to calendar year 2021.
4. **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. 101).
5. **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 equivalent. As discussed above, CNSs are 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. 101) analysis of the behavioral health workforce.
6. **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.
7. **Physician Assistants (PAs)** include all providers licensed as physician assistants by the Board of Medicine. The data presented for PAs pertains to calendar year 2021.
8. **Dentists** include all licensed dentists. The data presented for Dentists pertains to calendar year 2021.
9. **Pharmacists** include all licensed pharmacists. The data presented for Pharmacists pertains to calendar year 2021.
10. **Licensed Midwives (LMs)** include all individuals licensed as LMs by the New Mexico Department of Health.

11. **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.
12. **Physical Therapists (PTs)** include all licensed PTs. The data presented for PTs pertains to calendar year 2021.
13. **Occupational Therapists (OTs)** include all licensed OTs. The data presented for OTs pertains to calendar year 2021.

Active licenses were defined as all licenses for these professions expiring on or after January 1, 2022, and issued prior to January 1, 2023. For each active license, the most recent corresponding survey was sought in the responses from renewal in 2022, 2021, 2020, 2019 (the earliest renewal date possible for licenses active in 2022). 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. 184).

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. 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 2022 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.1. Primary Care Physicians **(The data presented pertains to calendar year 2021)**

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 per10,000[24] to 8.5 per 10,000 population[25]).*

Primary Care Physicians Compared to Benchmark, 2021
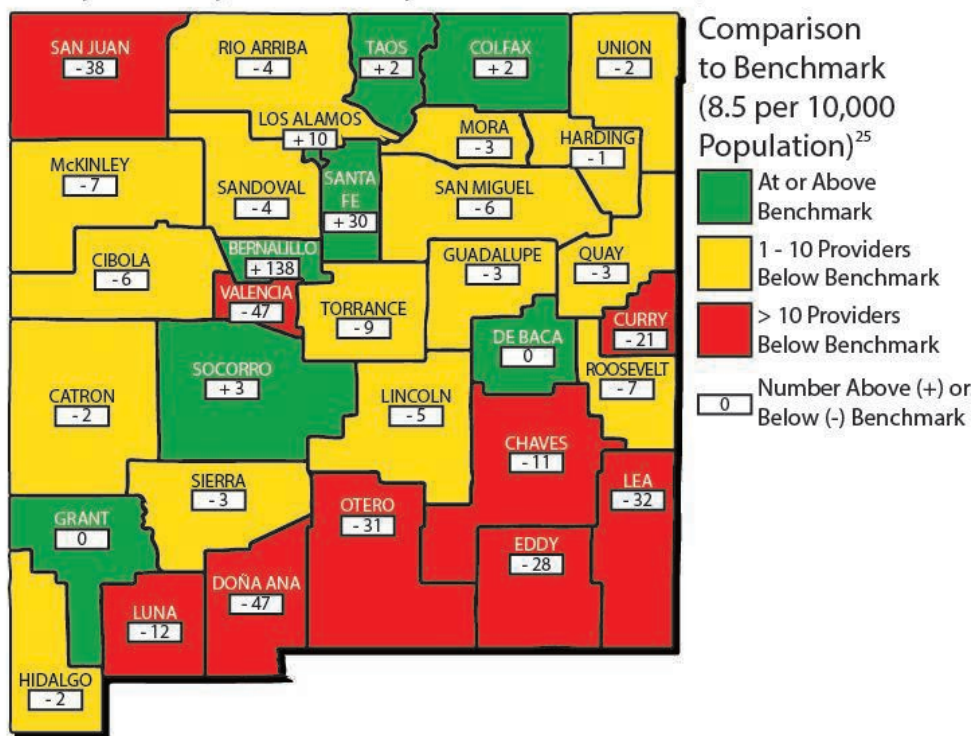
Figure 5.2. Primary care physician workforce relative to the national benchmark of 8.5 PCPs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 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.
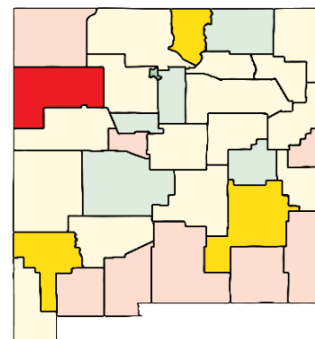
V.C.1.b. Provider Counts

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).

NM Practice	Nonpracticing	Not in NM
(1,649)	(401)	(842)
	Benchmark	
	(1,798)	
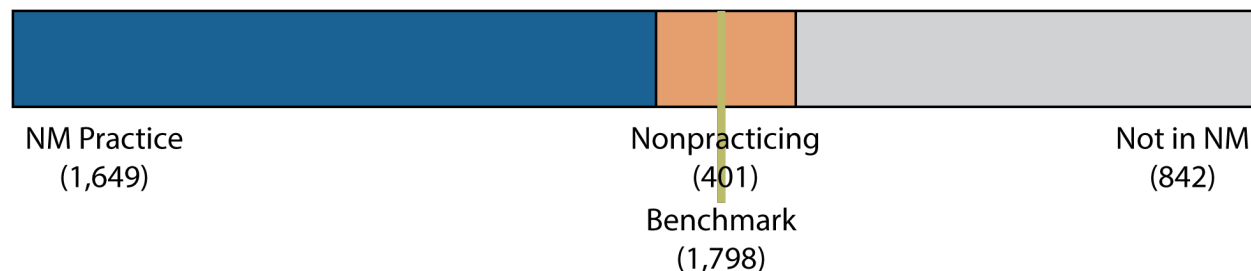
Figure 5.3. New Mexico's primary care physician licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.
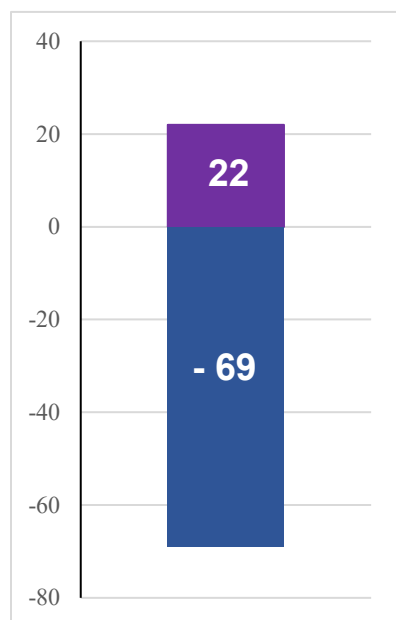
The count of PCPs practicing in New Mexico has decreased by 69 individuals, with the losses and gains to the workforce shown in Figure 5.4.

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).

■ New to NM practice

■ Left NM Practice
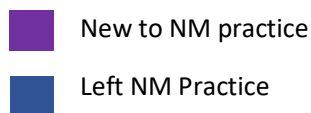
V.C.1.c. Demographics

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 (The data presented pertains to calendar year 2021)

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[26]).*
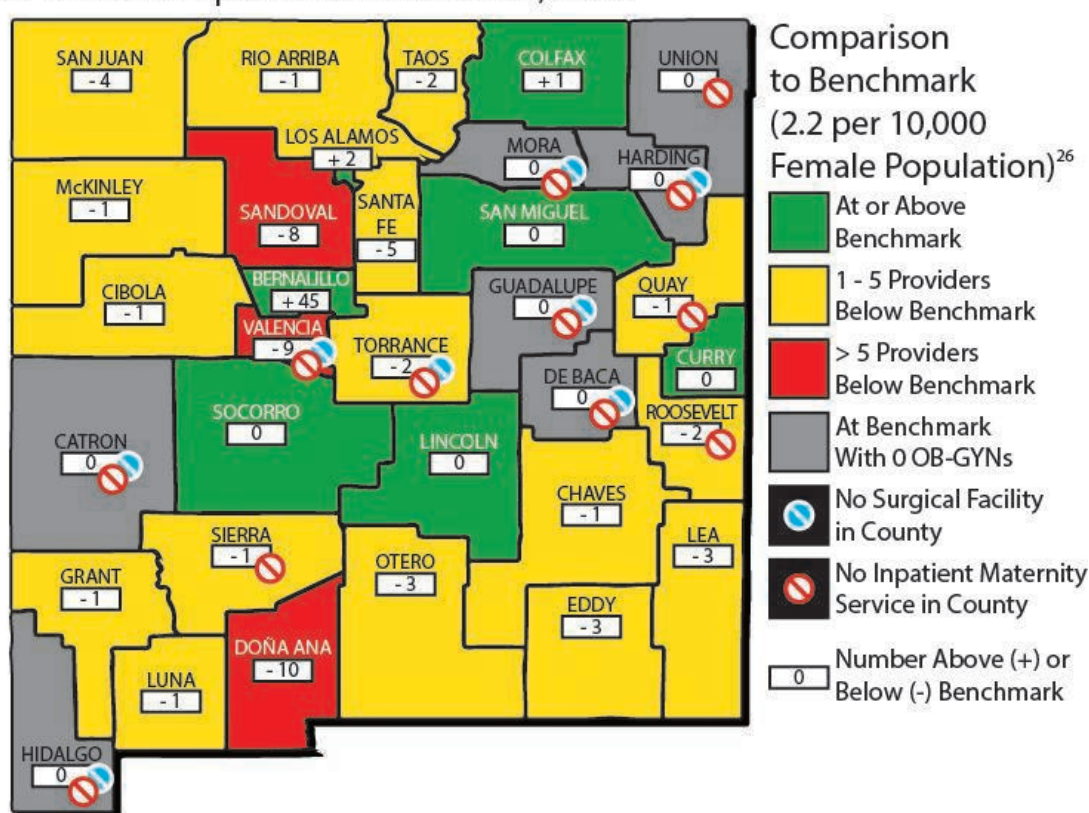
Figure 5.6. OB-GYN workforce relative to the national benchmark of 2.2 OB-GYNs per 10,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five 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.
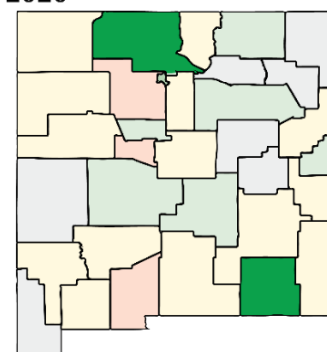
V.C.2.b. Provider Counts

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).

NM Practice
(219)

Nonpracticing
(39)

Benchmark
(235)

Not in NM
(93)
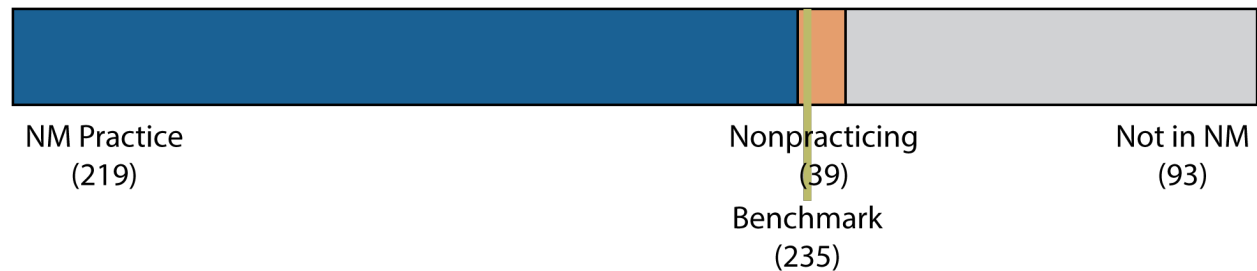
Figure 5.7. New Mexico's OB-GYN licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.

New to NM practice

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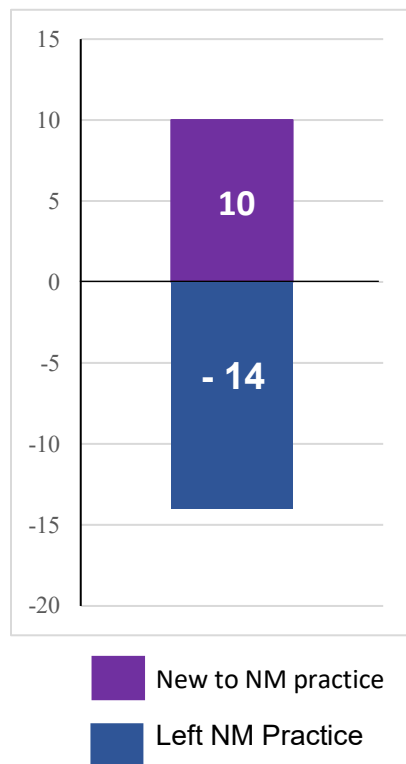
The count of OB-GYNs practicing in New Mexico has decreased by 14 individuals, with the losses and gains relative to the workforce shown in Figure 5.8.

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).

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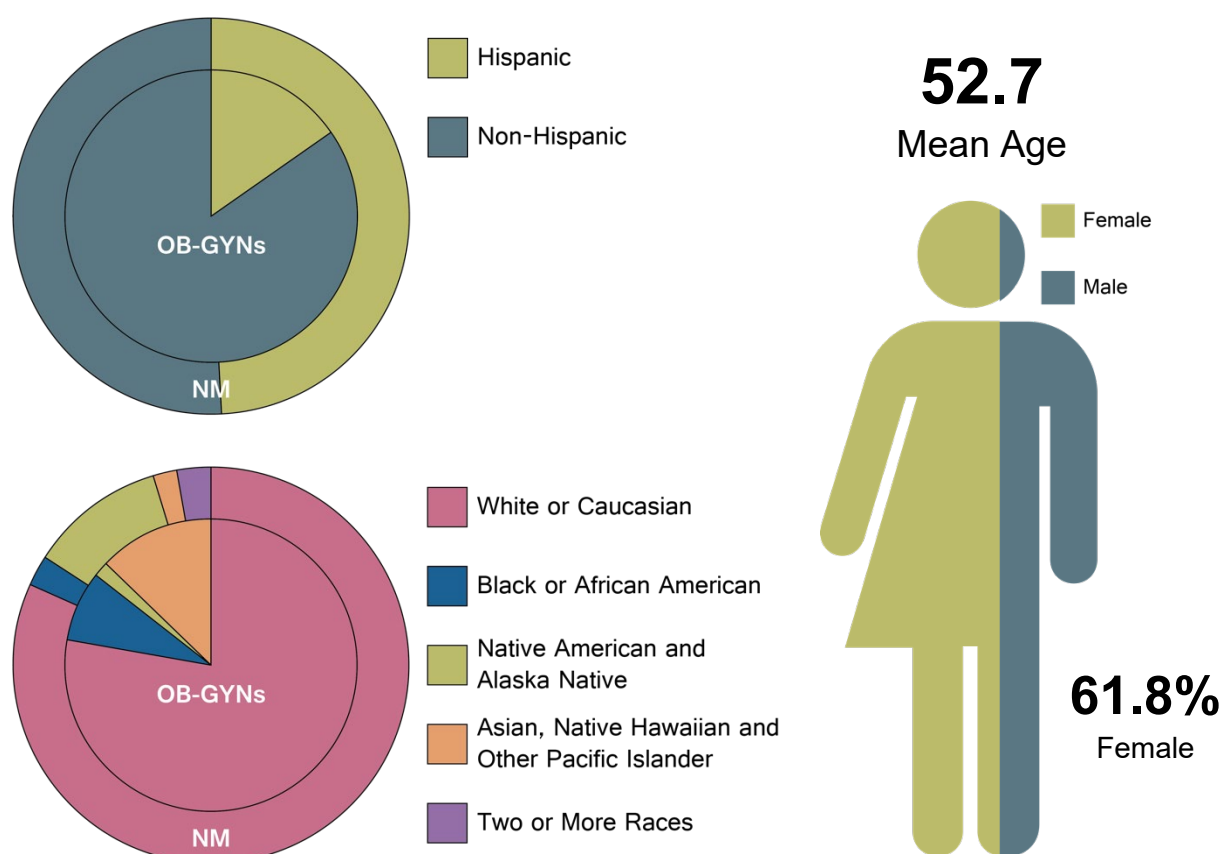
Figure 5.9. Demographic features of the NM OB-GYN workforce. Clockwise from top right: mean age, percent male or female, proportions of NM OB-GYNs (center circle) and the NM population (outer circle) for race and ethnicity.

V.C.3. General Surgeons **(The data presented pertains to calendar year 2021)**

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[27]).*
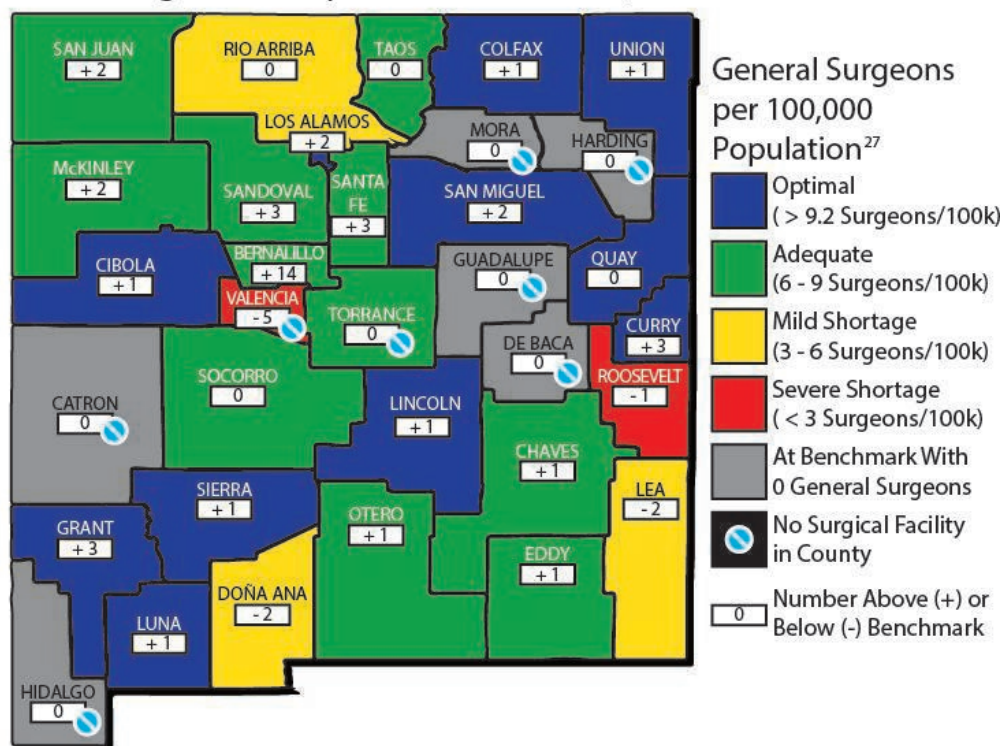
Figure 5.10. General surgeon workforce relative to the national benchmark of 6.0 general surgeons per 100,000 population is shown in the white boxes. Each county's color indicates whether the count of general surgeons per 100,000 population is considered optimal (blue), adequate (green), a mild shortage (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.
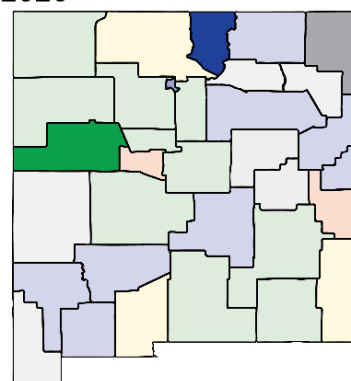
V.C.3.b. Provider Counts

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).

NM Practice (159) Nonpracticing (20) Not in NM (76)

Benchmark (127)

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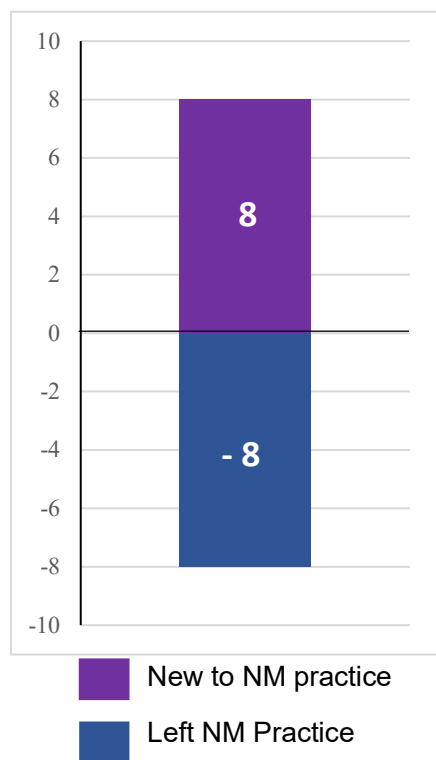
The count of general surgeons practicing in New Mexico has decreased by eight individuals, with the losses and gains relative to the workforce shown in Figure 5.12.

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).

New to NM practice

Left NM Practice

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.

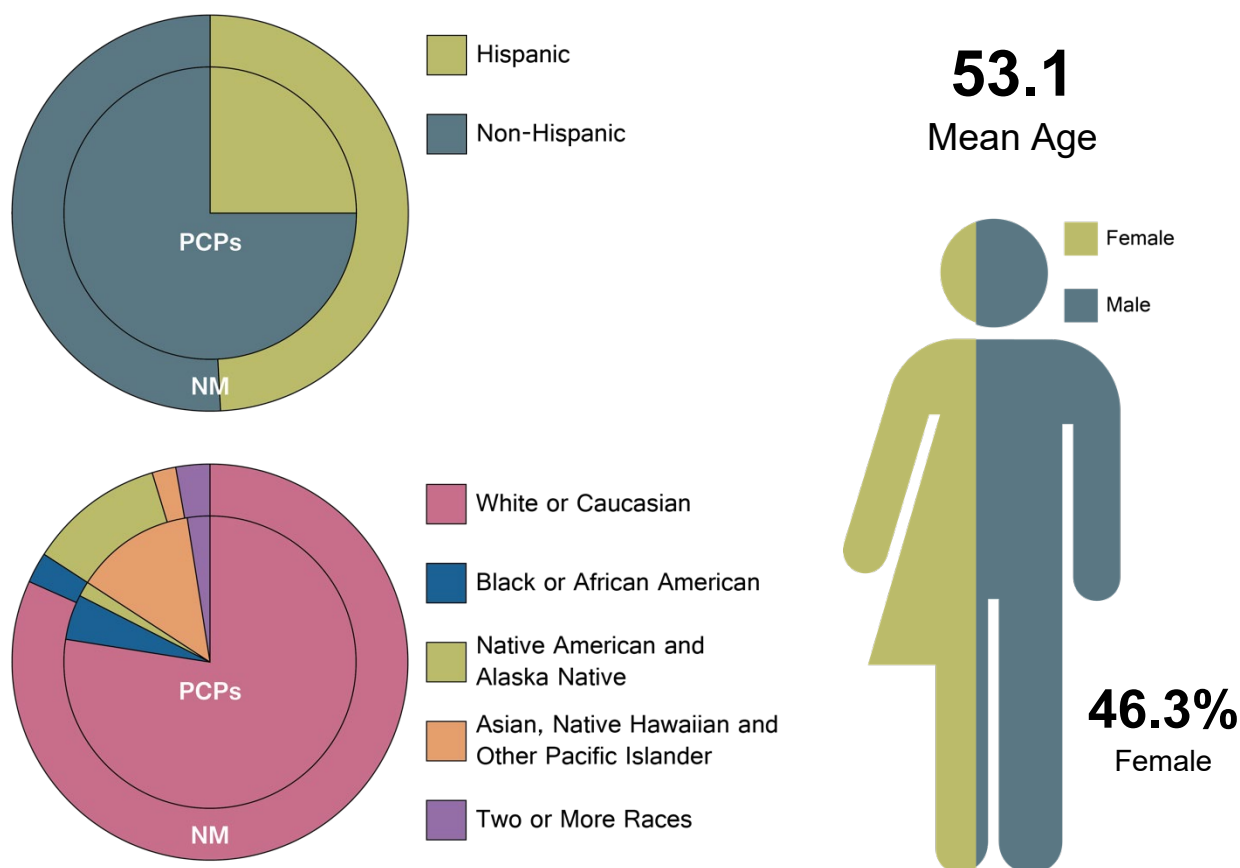## V.C.4. Psychiatrists **(The data presented pertains to calendar year 2021)**

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 population[28]).***
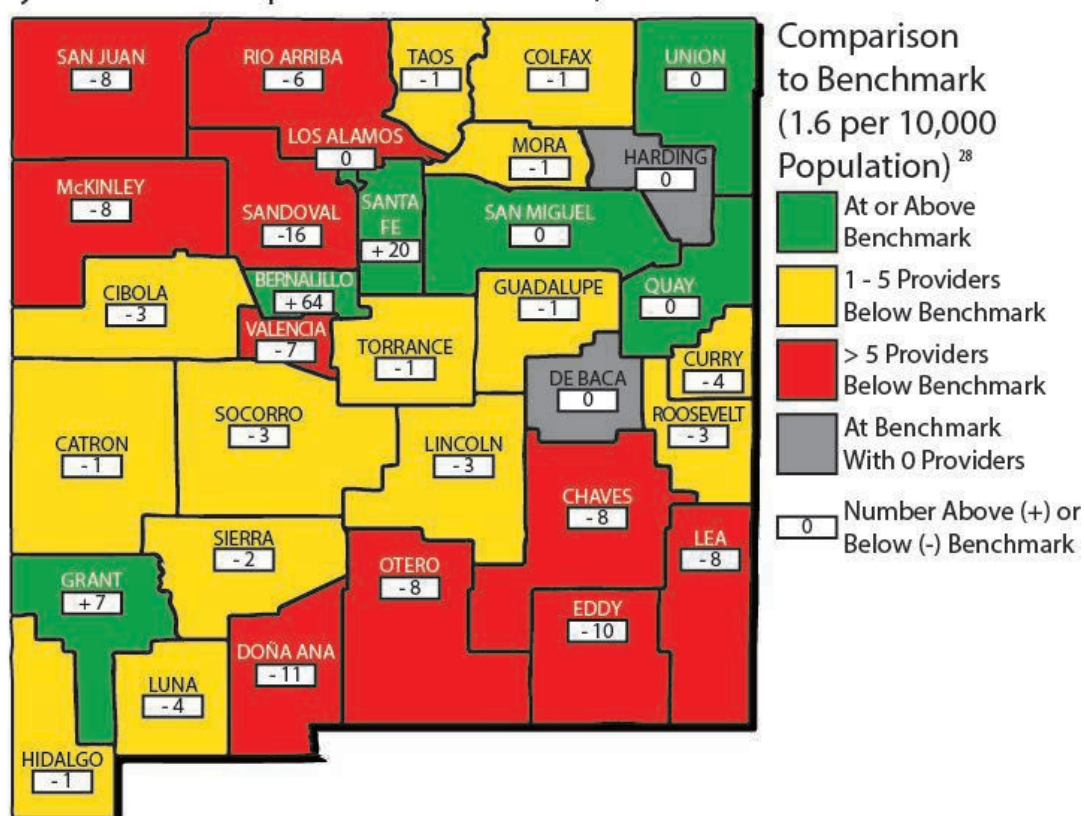
Figure 5.14. Psychiatrist workforce relative to the national benchmark of 1.6 psychiatrists per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than 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.
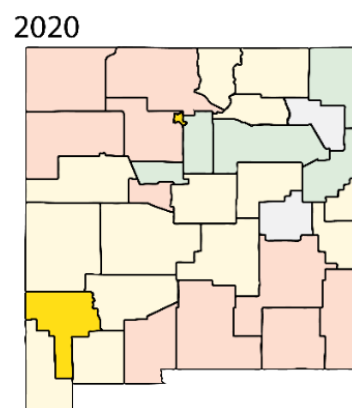
V.C.4.b. Provider Counts

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).

NM Practice	Nonpracticing	Not in NM
(309)	(62)	(180)
	Benchmark	
	(339)	

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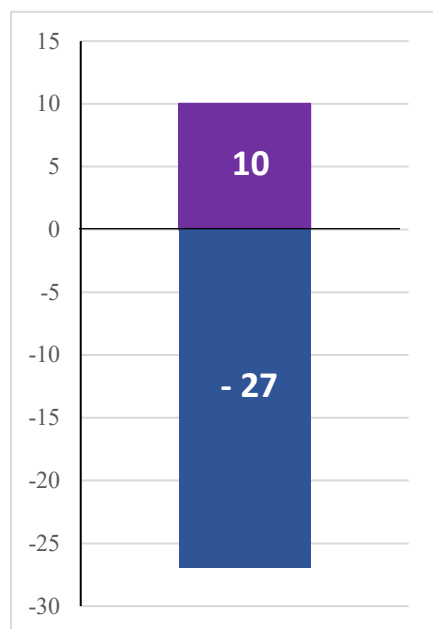
The count of psychiatrists practicing in New Mexico has decreased by 27 individuals, with the losses and gains relative to the workforce shown in Figure 5.16.

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).

■ New to NM practice

■ Left NM Practice
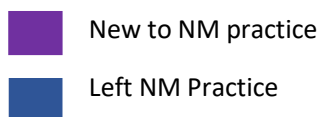
Demographic features of New Mexico psychiatrists are shown in Figure 5.17. Relative to the state's population, psychiatrists are less likely to identify as Hispanic, Black or African American or Native American and Alaska Native, and more likely to identify as White or Asian, Native Hawaiian and Other 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.1. Registered Nurses and Clinical Nurse Specialists

V.D.1.a. Benchmark Analysis

In 2022, an estimated 16,181 RNs and CNSs were practicing in New Mexico, with counties varying between 2,442 above benchmark and 662 below (Figure 5.18). Table 5.6 tracks the RN workforce since the profession was first analyzed for 2012. Four 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 3,262 fewer than the national benchmark as a whole. However, ***assuming no redistribution of the current workforce, an additional 5,704 RNs would be needed for all New Mexico counties to meet the national benchmark (92 per 10,000 population[29]).***

Figure 5.18. RN and CNS workforce relative to the national benchmark of 92 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.
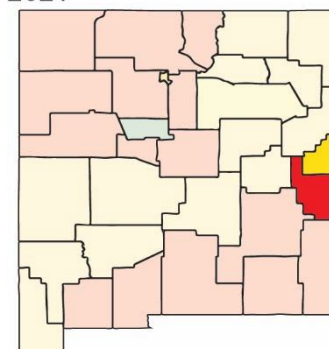
V.D.1.b. Provider Counts

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

County	2012	a	2016	2017	2018	2019[b]	2020	2021	2022	Net Change Since 2012
Bernalillo	7,725		8,344	8,895	8,924	8,155	8,222	8,736	8,629	904
Catron	9		10	7	7	5	5	5	3	-6
Chaves	422		442	449	415	351	344	370	365	-57
Cibola	125		170	185	172	158	145	123	115	-10
Colfax	69		65	73	66	49	47	45	45	-24
Curry	312		345	383	356	322	334	357	318	6
De Baca	6		7	8	7	6	5	5	4	-2
Doña Ana	1,403		1,490	1,569	1,516	1,331	1,323	1,423	1,393	-10
Eddy	390		412	437	389	335	336	332	306	-84
Grant	304		325	323	287	239	233	235	227	-77
Guadalupe	17		19	24	26	22	21	20	16	-1
Harding	1		0	0	0	0	0	0	0	-1
Hidalgo	7		4	4	6	6	5	9	6	-1
Lea	344		359	368	323	270	260	281	255	-89
Lincoln	120		123	135	120	102	96	110	107	-13
Los Alamos	152		150	166	141	106	111	116	117	-35
Luna	81		104	100	97	78	88	75	71	-10
McKinley	428		457	474	396	329	329	332	323	-105
Mora	8		15	13	10	5	7	2	2	-6
Otero	388		384	394	371	324	314	323	322	-66
Quay	34		35	28	28	31	29	28	30	-4
Rio Arriba	176		182	206	203	170	156	173	170	-6
Roosevelt	70		81	85	87	69	75	77	75	5
San Juan	845		881	927	884	769	741	755	761	-84
San Miguel	259		266	260	218	185	140	172	164	-95
Sandoval	379		800	884	869	761	840	904	943	564
Santa Fe	1,087		1,129	1,138	1,063	918	935	1000	965	-122
Sierra	66		70	79	78	65	63	60	54	-12
Socorro	82		81	91	75	69	67	67	59	-23
Taos	192		215	222	187	159	162	160	161	-31
Torrance	22		35	36	12	8	16	19	20	-2
Union	37		25	29	24	22	22	20	20	-17
Valencia	153		194	181	169	120	117	132	135	-18
STATE TOTAL	**15,713**		**17,219**	**18,173**	**17,526**	**15,539**	**15,588**	**16,466**	**16,181**	**468**

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

A total of 31,354 RNs and CNSs held New Mexico licenses during 2022. Of these individuals, 9,207 were identified as out of state, 5,929 were excluded from analysis as nonpracticing, 19 reported a practice area of psychiatric or mental health (will be included in a sperate analysis) and 16,181 were in active practice in New Mexico (Figure 5.19).

NM Practice (16,181) — Nonpracticing (5,929) — Benchmark (19,443) — Not in NM (9,207)

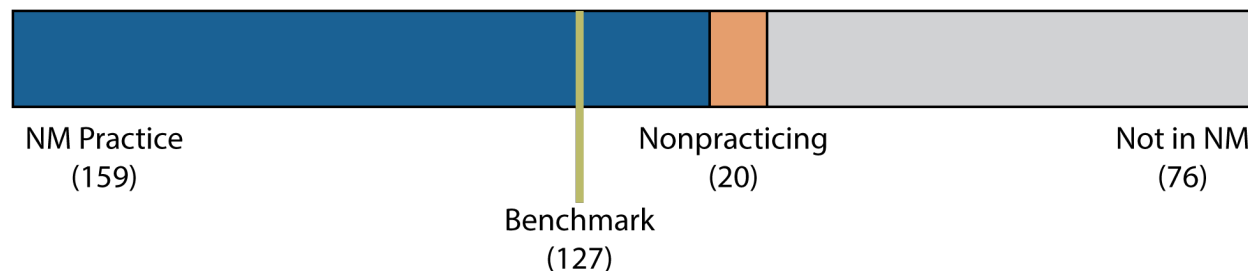*Figure 5.19. New Mexico's RN and CNS licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.*
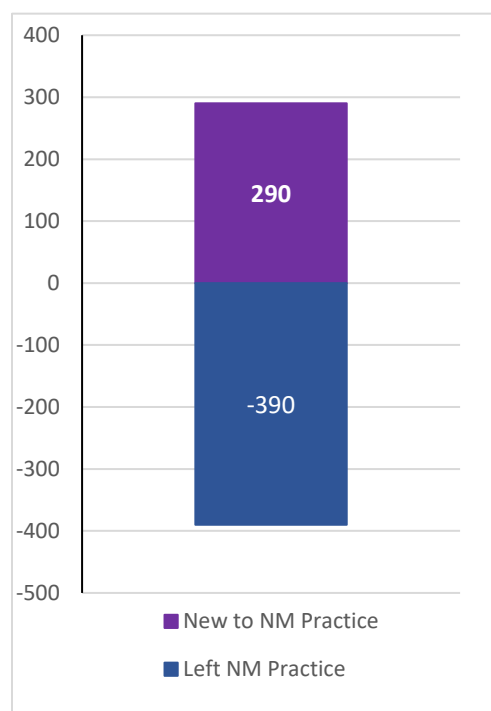
The count of RNs practicing in New Mexico has decreased by 390 individuals, with the losses and gains relative to the workforce shown in Figure 5.20.

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 86.69% female, with a mean age of 46 years. Although still less likely than the population of the state as a whole to identify as Hispanic, at 36.26% Hispanic RNs. Detailed data for these findings may be found in Appendix C (p. 144).
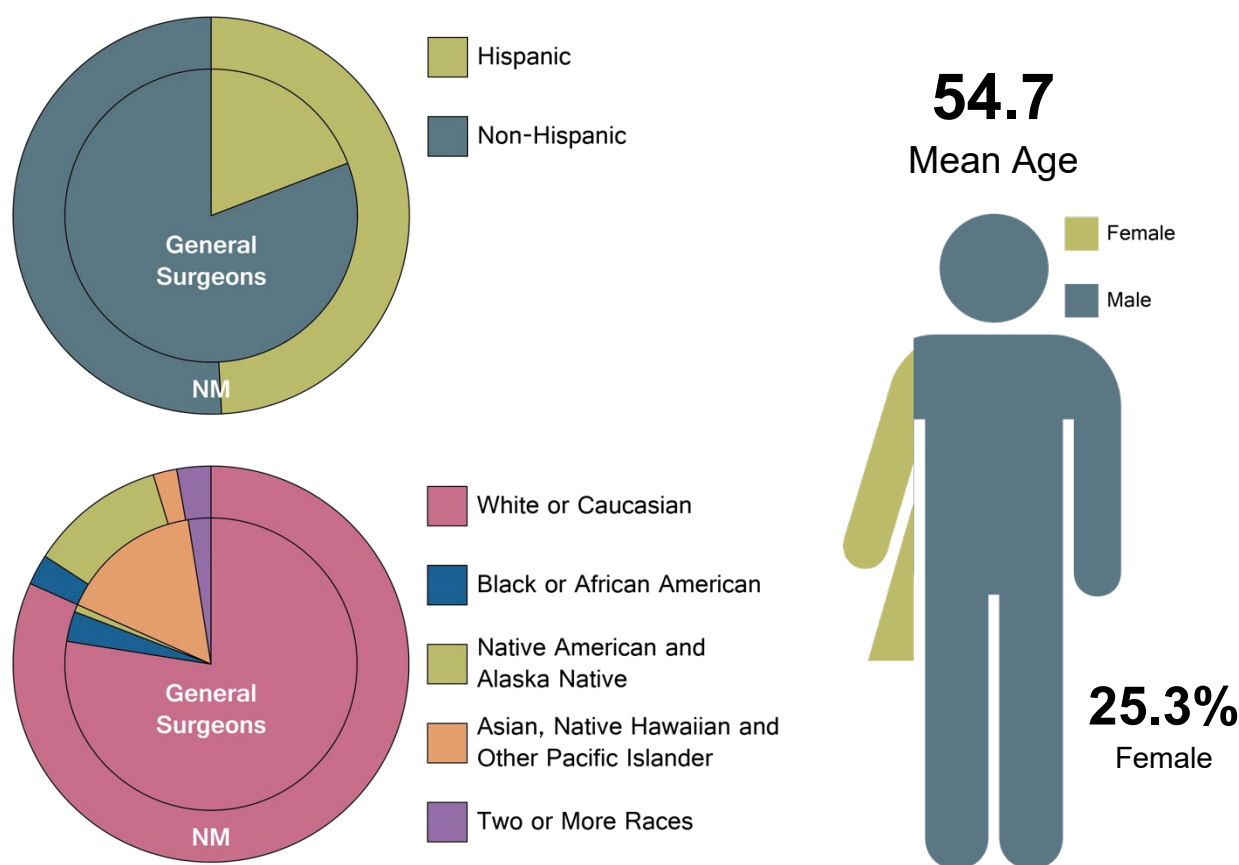

Figure 5.21. Demographic features of the NM RN and CNS workforce. Clockwise from top right: mean age, percent male or female, proportions of NM RNs/CNSs (center circle) and the NM population (outer circle) for race and ethnicity.

V.D.2. Certified Nurse Practitioners

V.D.2.a. Benchmark Analysis

In 2022, an estimated 1,929 CNPs were practicing in New Mexico, with counties varying between 336 above benchmark and 40 below (Figure 5.22). Table 5.7 tracks the CNP workforce since the profession was first analyzed for 2013. Thirty-two counties have shown a net gain of CNPs, with 10 counties above benchmark for these practitioners. The state as a whole has 154 more CNPs than the national benchmark, yet *assuming no redistribution of the current workforce, an additional 231 CNPs would be needed for all New Mexico counties to meet the national benchmark (increased this year from 8.1 per 10,000[30] to 8.4 per 10,000 population[31]).*
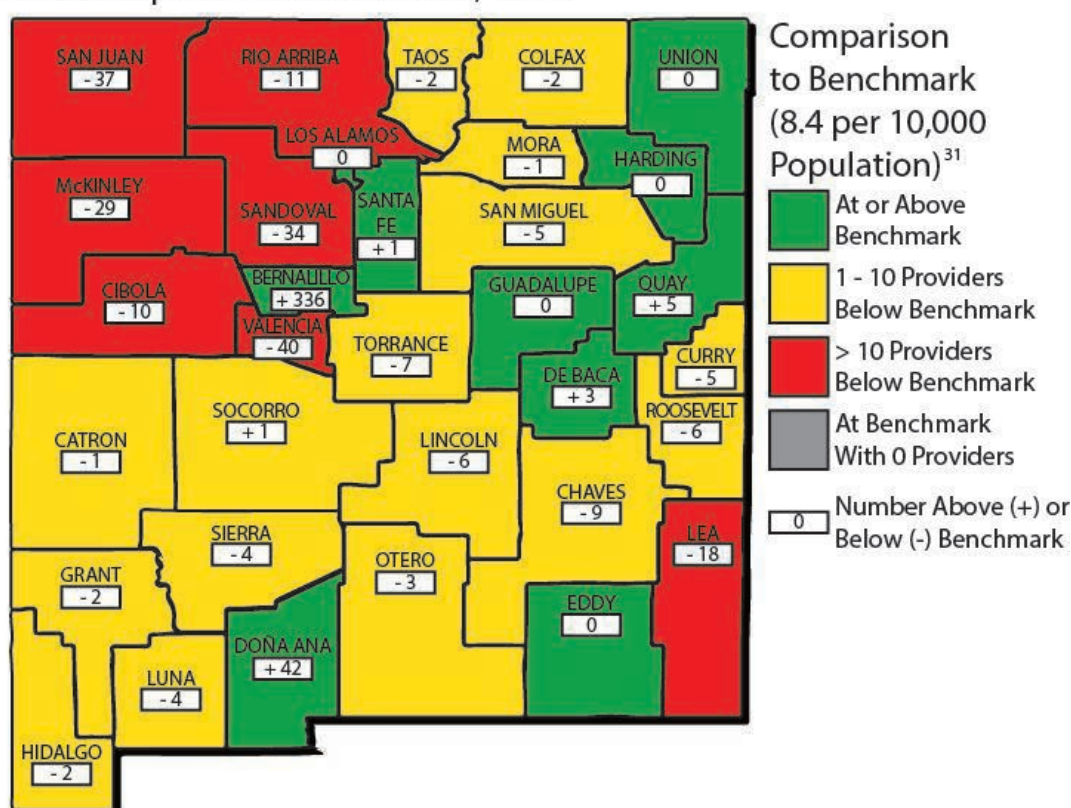
Figure 5.22. Certified nurse practitioner workforce relative to the national benchmark of 7.8 CNPs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more 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.
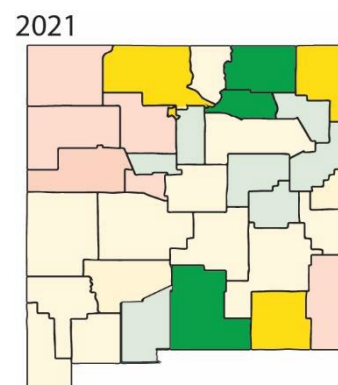
V.D.2.b. Provider Counts

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

County	2013	a	2016	2017	2018	2019[b]	2020	2022	Net Change Since 2013
Bernalillo	533		643	703	717	656	791	901	296
Catron	0		0	0	0	0	1	2	1
Chaves	25		29	31	46	42	49	45	21
Cibola	9		13	16	13	10	11	13	0
Colfax	5		10	5	6	4	6	8	5
Curry	19		28	28	23	25	27	35	15
De Baca	1		1	1	2	2	2	4	2
Doña Ana	112		131	138	174	189	217	230	112
Eddy	36		45	48	47	38	50	51	7
Grant	12		17	15	20	17	21	21	9
Guadalupe	3		3	4	4	4	5	4	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	43	12
Lincoln	9		10	8	7	8	8	11	3
Los Alamos	6		8	10	12	9	12	16	9
Luna	13		15	17	15	12	18	18	3
McKinley	16		26	30	26	20	29	30	15
Mora	4		4	4	4	4	2	3	0
Otero	12		28	29	41	45	50	55	46
Quay	8		13	13	11	10	9	12	1
Rio Arriba	23		20	28	30	18	20	23	3
Roosevelt	7		9	9	8	8	12	10	5
San Juan	28		43	40	37	45	58	64	37
San Miguel	13		14	11	12	16	19	18	5
Sandoval	29		56	52	61	53	74	95	56
Santa Fe	85		112	110	112	102	124	132	51
Sierra	2		6	8	9	9	9	6	5
Socorro	7		9	10	11	7	11	15	4
Taos	18		27	24	26	21	21	27	7
Torrance	5		5	4	3	33	3	6	1
Union	2		2	3	1	1	1	3	0
Valencia	21		19	18	26	22	28	26	9
STATE TOTAL	1,089		1,379	1,453	1,542	1,434	1,732	1,929	744

a   Data for 2014-2015 can be found in the New Mexico Health Care Workforce Committee 2022 Annual Report.
b   Inclusion criteria were updated to remove nonpracticing providers.

A total of 4,724 CNPs held New Mexico licenses during 2022. Of these individuals, 1,815 were identified as out of state, 286 were excluded from analysis as nonpracticing, 694 reported a practice area of psychiatric or mental health (will be included in a sperate analysis) and 1,929 were in active practice in New Mexico 2022 (Figure 5.23).

NM Practice (1,929)   Nonpracticing (286)   Not in NM (1,815)
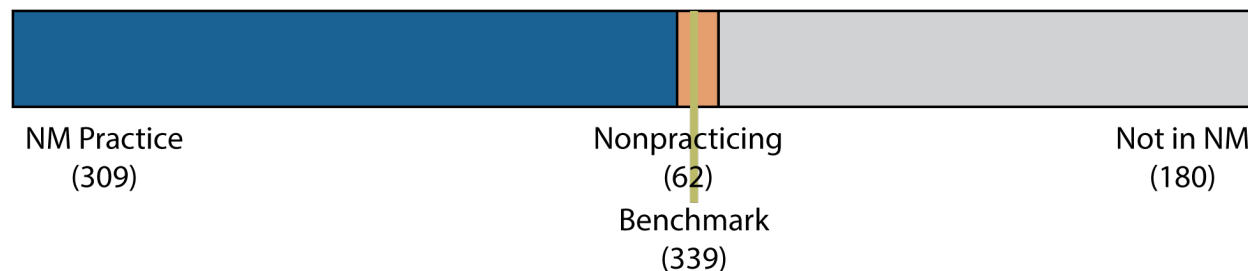Benchmark (1,775)
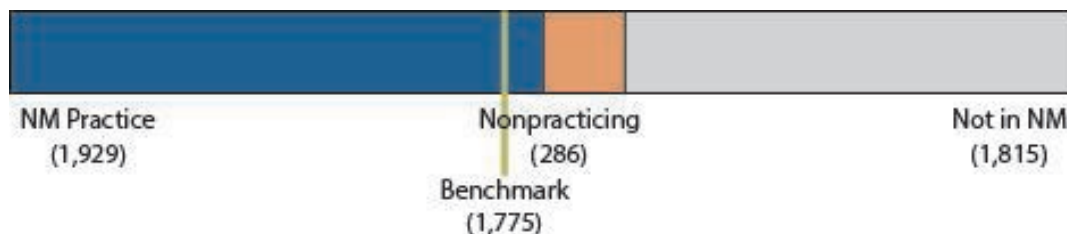
Figure 5.23. New Mexico's certified nurse practitioner licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.

356

-67

■ Left NM Practice
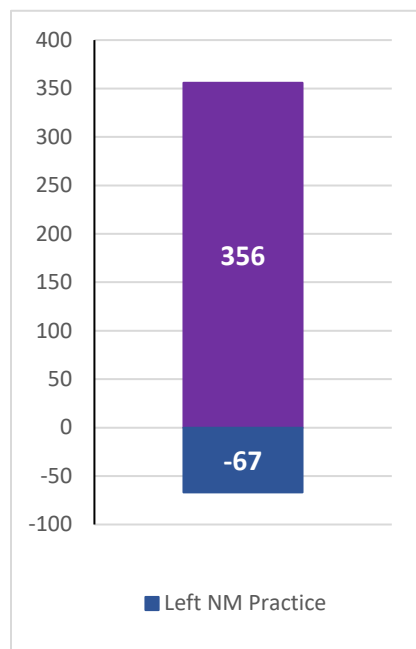
The count of CNPs practicing in New Mexico has decreased by 67 individuals, with the losses and gains relative to the workforce shown in Figure 5.24.

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).

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% female, with a mean age of 47 years. Detailed data for these findings may be found in Appendix C (p. 144).
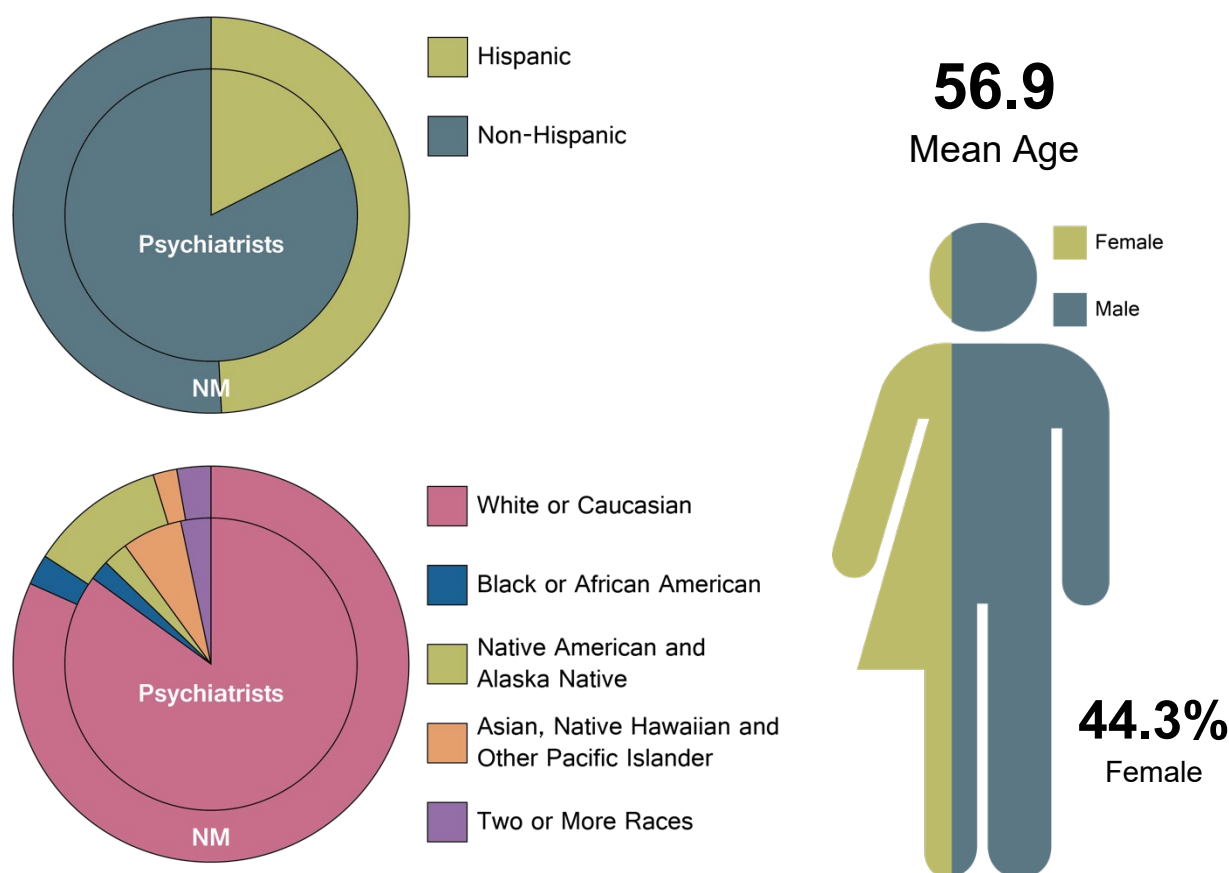

Figure 5.25. Demographic features of the NM CNP workforce. Clockwise from top right: mean age, percent male or female, proportions of NM CNPs (center circle) and the NM population (outer circle) for race and ethnicity.

V.D.3. Certified Nurse-Midwives

V.D.3.a. Benchmark Analysis

In 2022, an estimated 189 CNMs were practicing in New Mexico, with counties varying between 78 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 14 counties at or above benchmark for these practitioners. The state as a whole has 104 more CNMs than the national benchmark, yet *assuming no redistribution of the current workforce, an additional 11 CNMs would be needed for all New Mexico counties to meet the national benchmark (increased from 0.8 per 10,000 female population[32] to 0.82 per 10,000 female population[33]).*
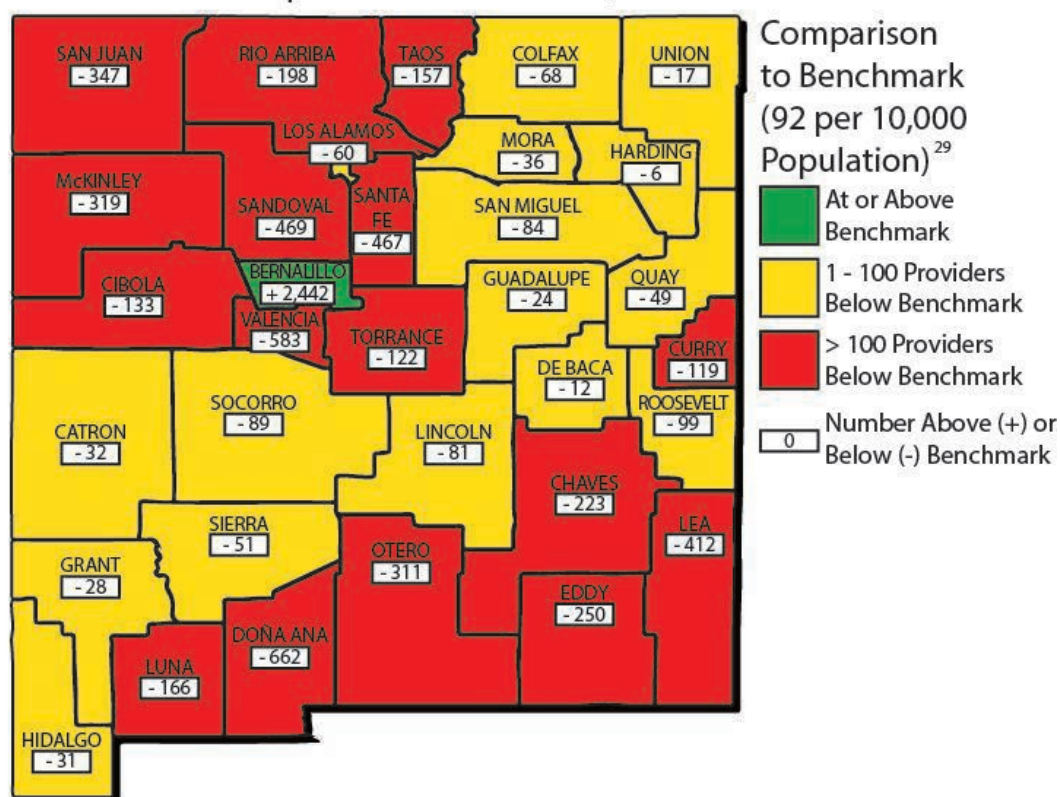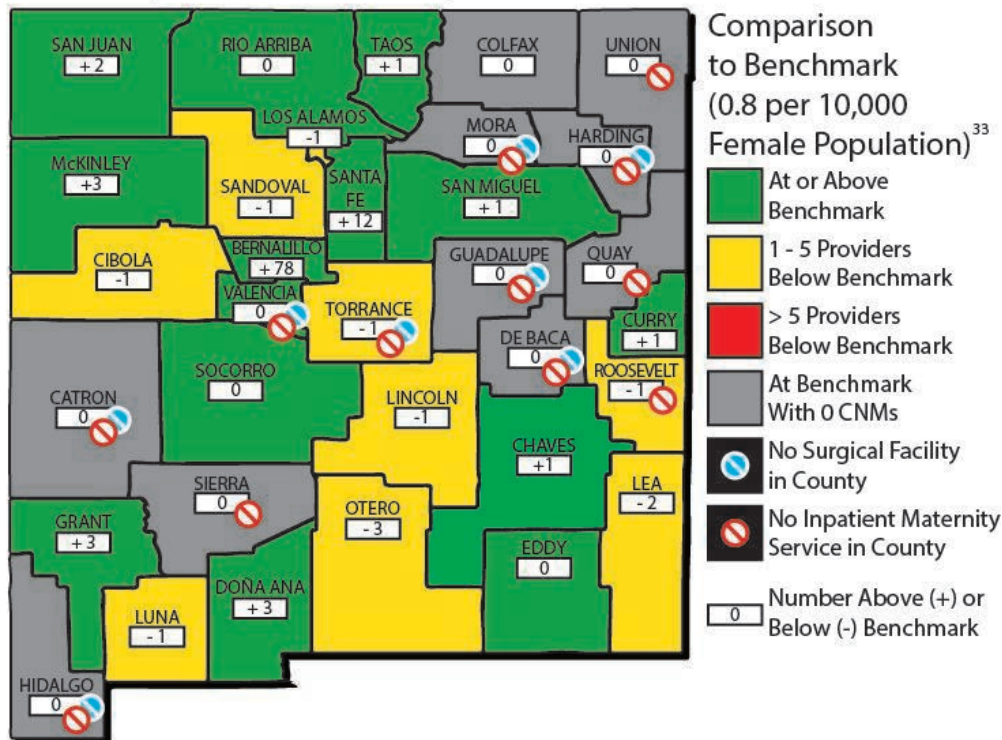

Figure 5.26. Certified nurse-midwife workforce relative to the national benchmark of 0.8 CNMs per 10,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by 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.
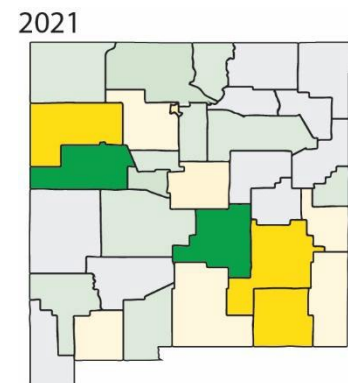
V.D.3.b. Provider Counts

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

County	2016	2017	2018	2019[a]	2020	2021	2022	Net Change Since 2016
Bernalillo	89	104	101	91	95	102	105	16
Catron	0	0	0	0	0	0	0	0
Chaves	2	3	3	1	2	1	4	2
Cibola	1	1	1	1	1	1	0	-1
Colfax	0	0	0	0	0	0	0	0
Curry	3	3	3	3	3	5	3	0
De Baca	0	0	0	0	0	0	0	0
Doña Ana	9	14	14	11	9	14	12	3
Eddy	1	1	1	1	1	1	2	1
Grant	4	4	4	3	3	5	4	0
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	0	0	0	1	1	0	1	1
Lincoln	0	0	0	0	0	1	0	0
Los Alamos	1	2	2	1	0	0	0	-1
Luna	0	0	0	0	0	0	0	0
McKinley	7	7	7	7	6	2	6	-1
Mora	0	0	0	0	0	0	0	0
Otero	1	1	1	1	0	0	0	-1
Quay	0	0	0	0	0	0	0	0
Rio Arriba	0	2	3	1	1	4	2	2
Roosevelt	0	0	0	0	0	0	0	0
San Juan	6	9	11	8	8	11	7	1
San Miguel	3	3	1	3	1	2	2	-1
Sandoval	8	5	2	4	4	5	5	-3
Santa Fe	16	14	11	11	14	19	18	2
Sierra	0	0	0	0	0	0	0	0
Socorro	1	0	0	1	1	1	1	0
Taos	4	4	3	4	3	4	2	-2
Torrance	0	0	0	0	0	0	0	0
Union	0	0	0	0	0	0	0	0
Valencia	0	1	1	1	1	3	3	3
Out of NM[b]							12	
STATE TOTAL	156	178	169	154	154	181	189	21

[a] Inclusion criteria were updated to remove nonpracticing providers.
[b] Inclusion criteria were expanded to incorporate providers licensed from outside the state who are actively practicing within New Mexico.

A total of 240 CNMs held New Mexico licenses during 2022. Of these individuals, 3 were identified as out of state, 48 were excluded from analysis as nonpracticing and 189 were in active practice in New Mexico (Figure 5.27).
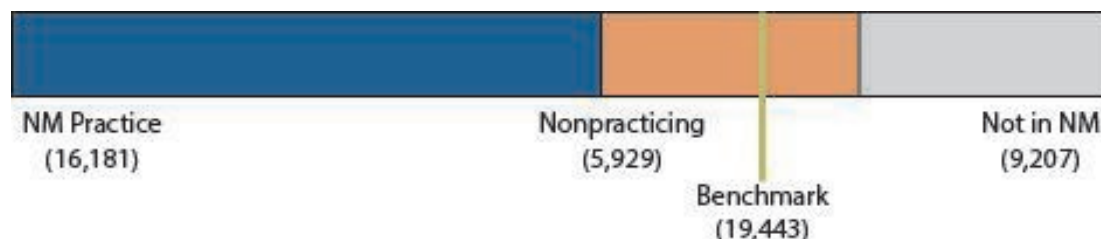

Figure 5.27. New Mexico's certified nurse-midwife licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.
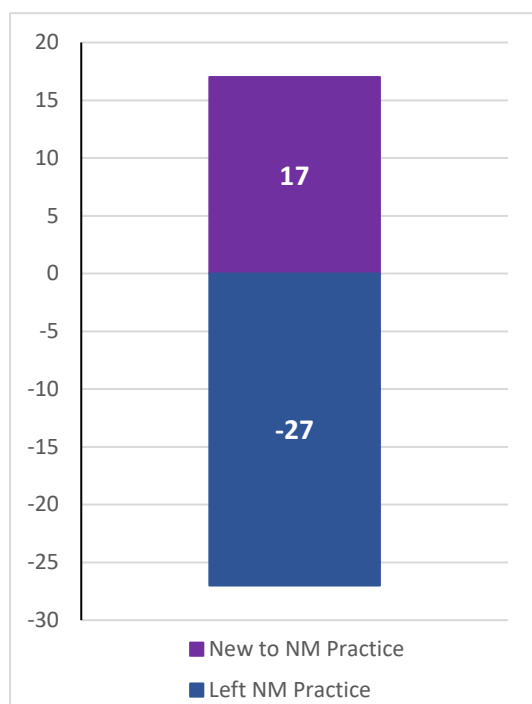
The count of CNMs practicing in New Mexico has decreased by 27 individuals, with the losses and gains relative to the workforce shown in Figure 5.28.

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).

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 98.4% female, with a mean age of 49.5 years, similar to CNPs. Detailed data for these findings may be found in Appendix C (p. 144).

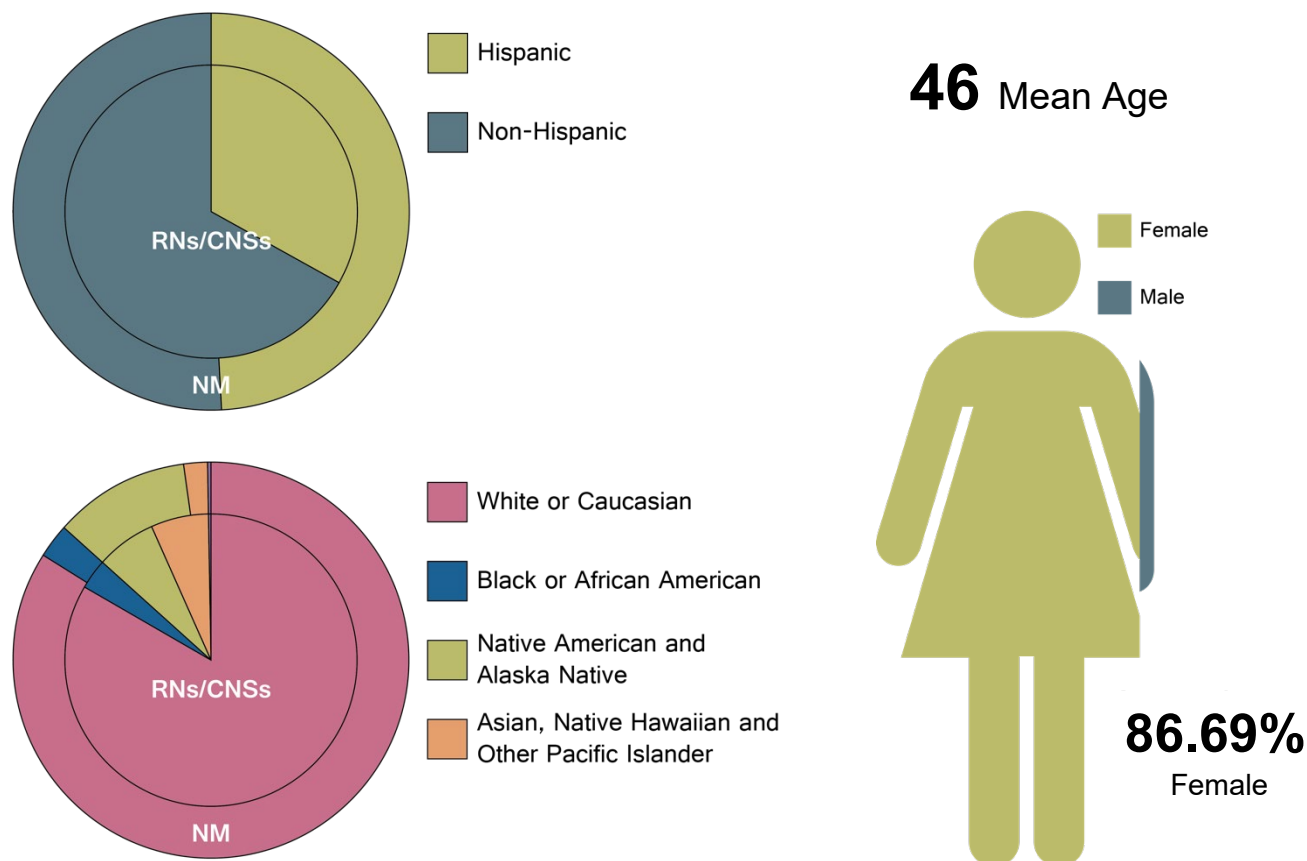*Figure 5.29. Demographic features of the NM CNM workforce. Clockwise from top right: mean age, percent male or female, proportions of NM CNMs (center circle) and the NM population (outer circle) for race and ethnicity.*

V.E. Other Health Professions

V.E.1. Physician Assistants **(The data presented pertains to calendar year 2021)**

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[34] to 4.5 per 10,000 population[35]).*

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.
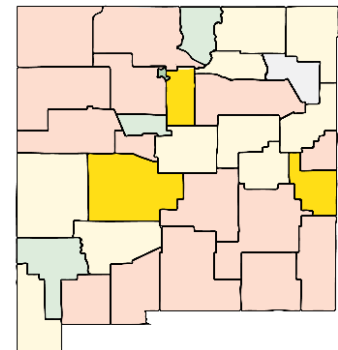
V.E.1.b. Provider Counts

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).

NM Practice (885) Nonpracticing (48) Not in NM (299)

Benchmark (952)

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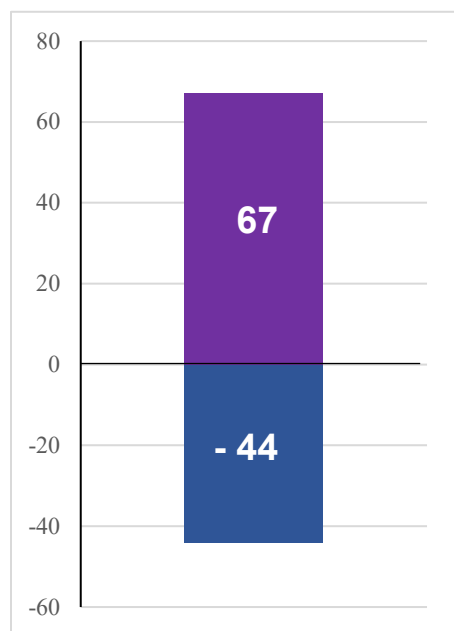
The count of PAs practicing in New Mexico has increased by 44 individuals, with the losses and gains relative to the workforce shown in Figure 5.32.

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).

New to NM practice

Left NM Practice
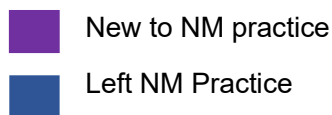
V.E.1.c. Demographics

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).

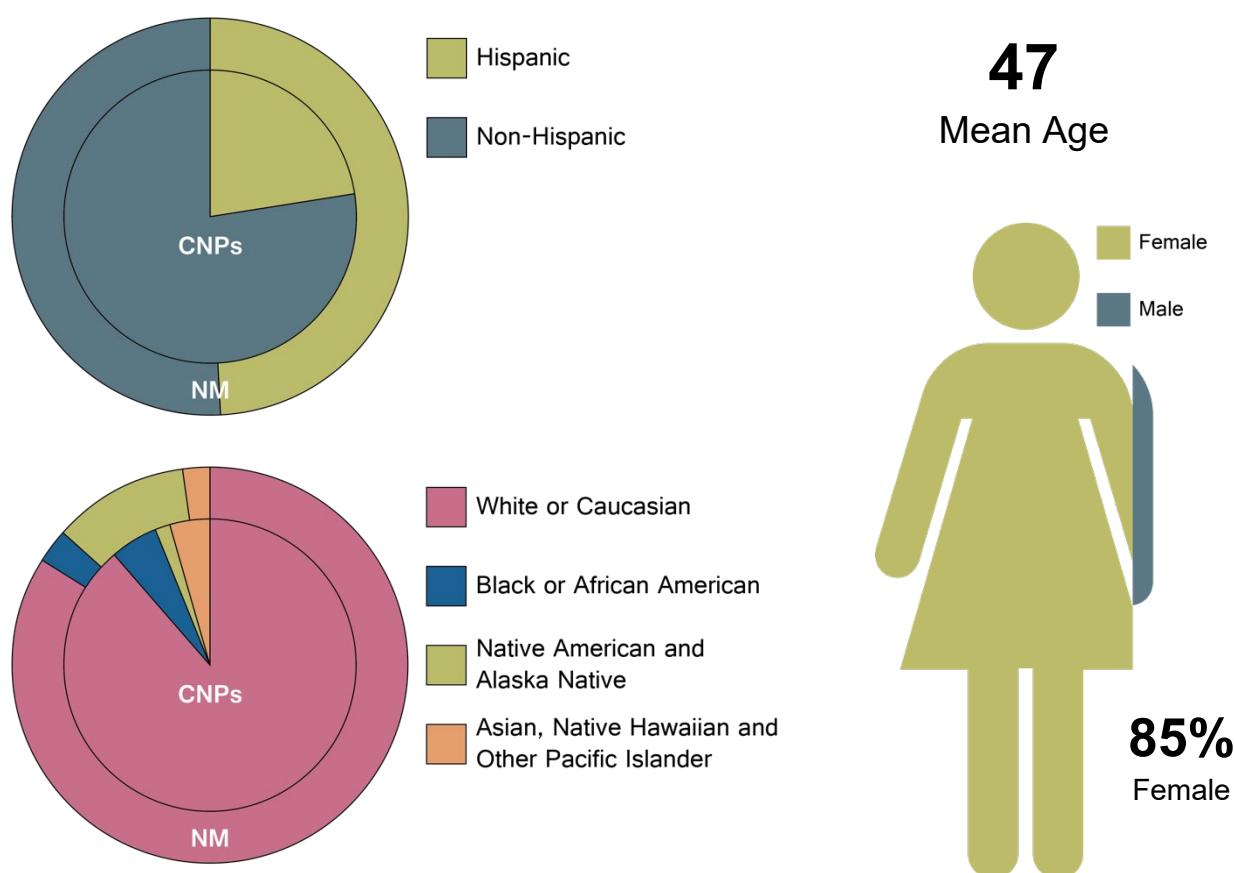*Figure 5.33. Demographic features of the NM PA workforce. Clockwise from top right: mean age, percent male or female, proportions of NM PAs (center circle) and the NM population (outer circle) for race and ethnicity.*

V.E.2. Dentists **(The data presented pertains to calendar year 2021)**

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[36]).*
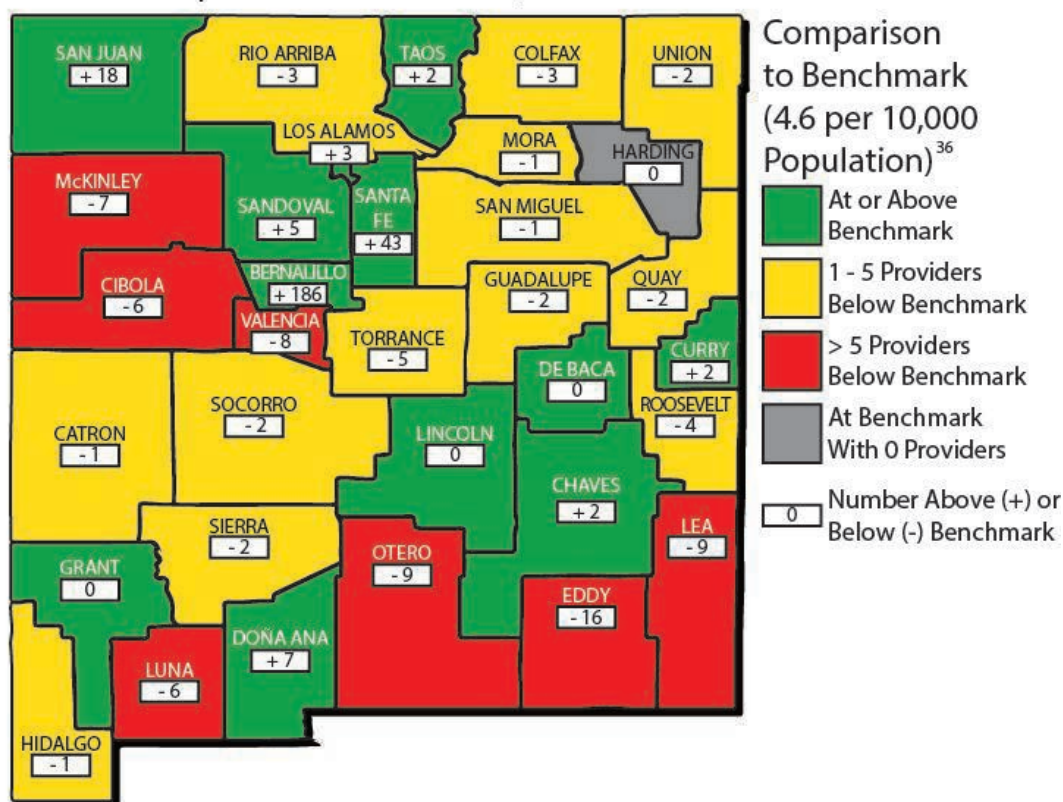
Figure 5.34. Dentist workforce relative to the national benchmark of 4.6 PCPs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (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.
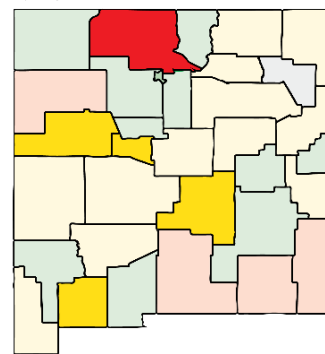
Table 5.10. Dentist Distribution by New Mexico County Since 2014

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
Doňa 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).

NM Practice
(1,154)

Benchmark
(973)

Nonpracticing
(75)

Not in NM
(318)

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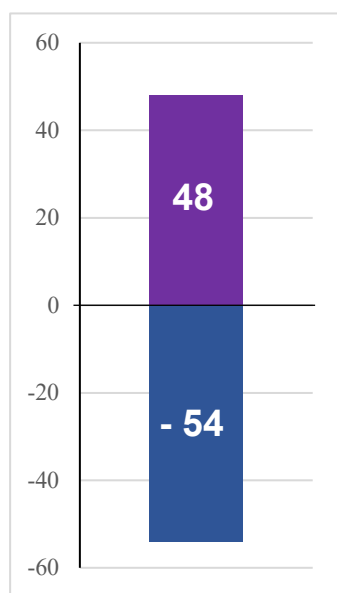
The count of dentists practicing in New Mexico has decreased by 54 individuals, with the losses and gains relative to the workforce shown in Figure 5.36.

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).

■ New to NM practice
■ Left NM Practice
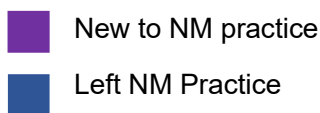
Demographic features of New Mexico dentists are shown in Figure 5.37. Relative to the state's population, dentists are less likely to identify as Hispanic or Native American and Alaska Native and more likely to identify as White or Caucasian or Asian, Native Hawaiian and Other Pacific Islander. The state's 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).
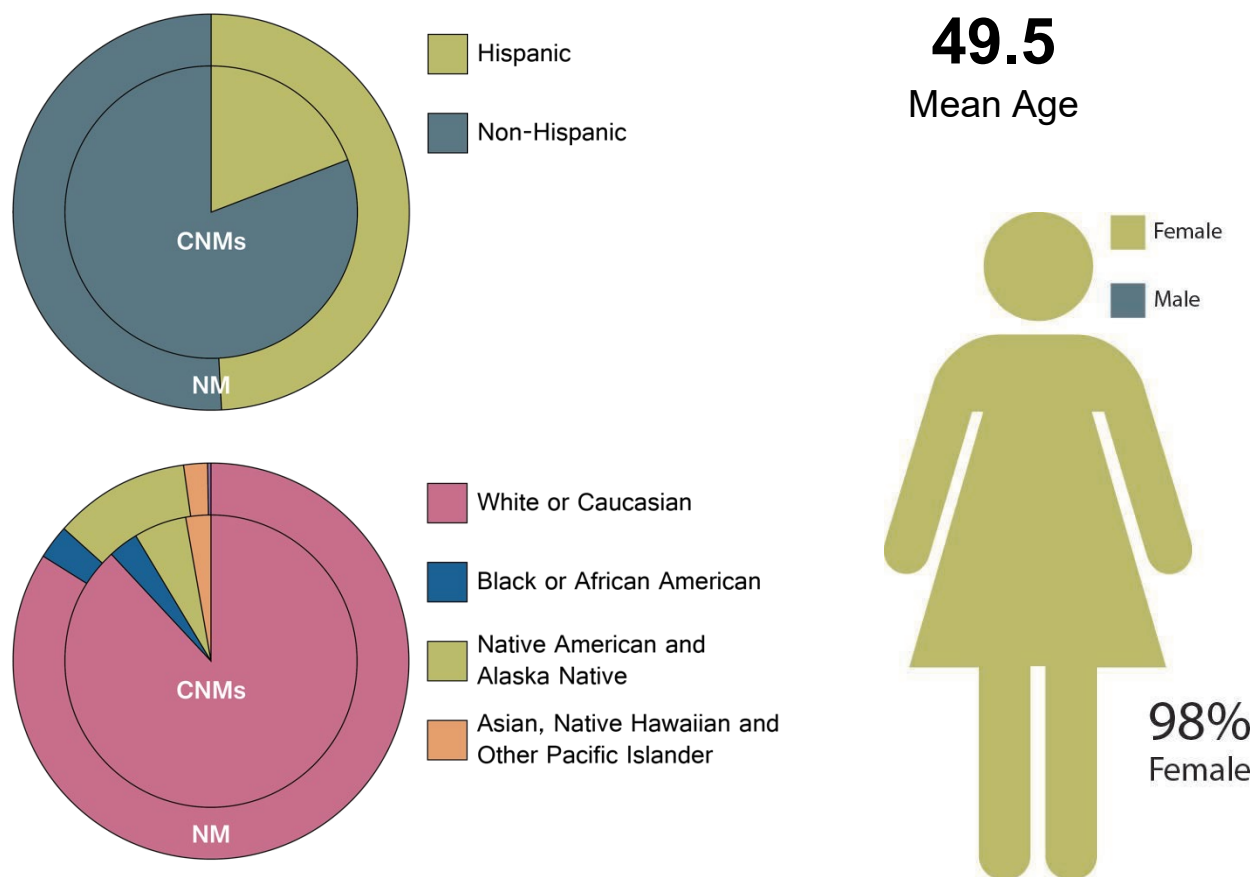

Figure 5.37. Demographic features of the NM dentist workforce. Clockwise from top right: mean age, percent male or female, proportions of NM dentists (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.3. Pharmacists **(The data presented pertains to calendar year 2021)**

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[37]).***
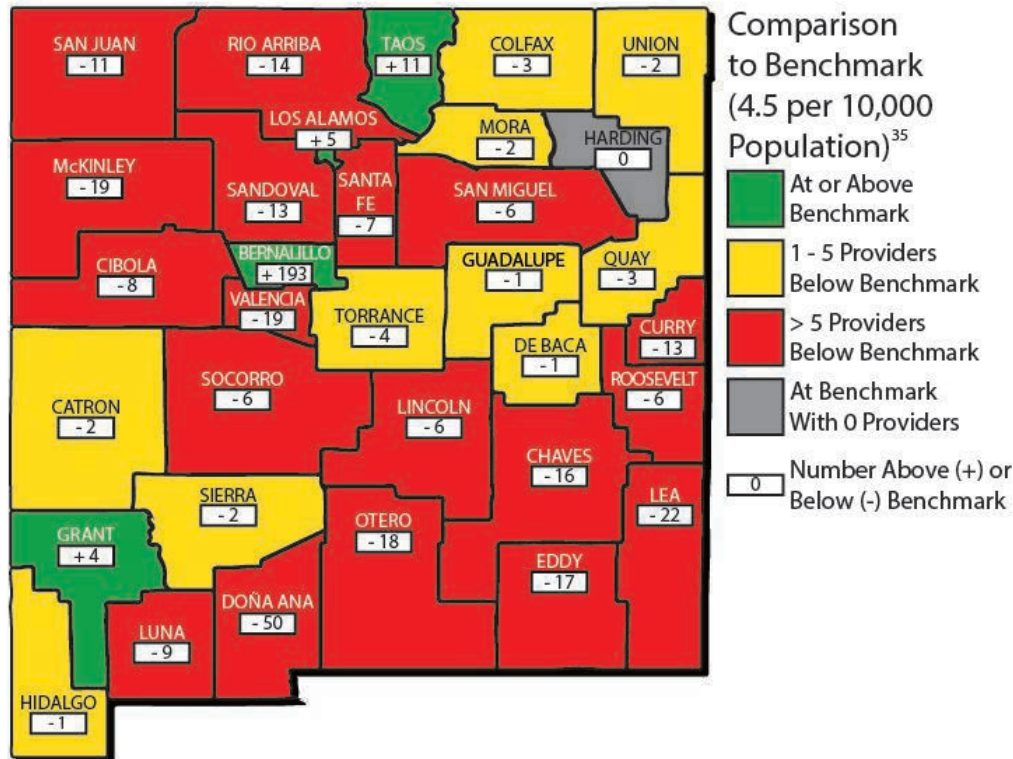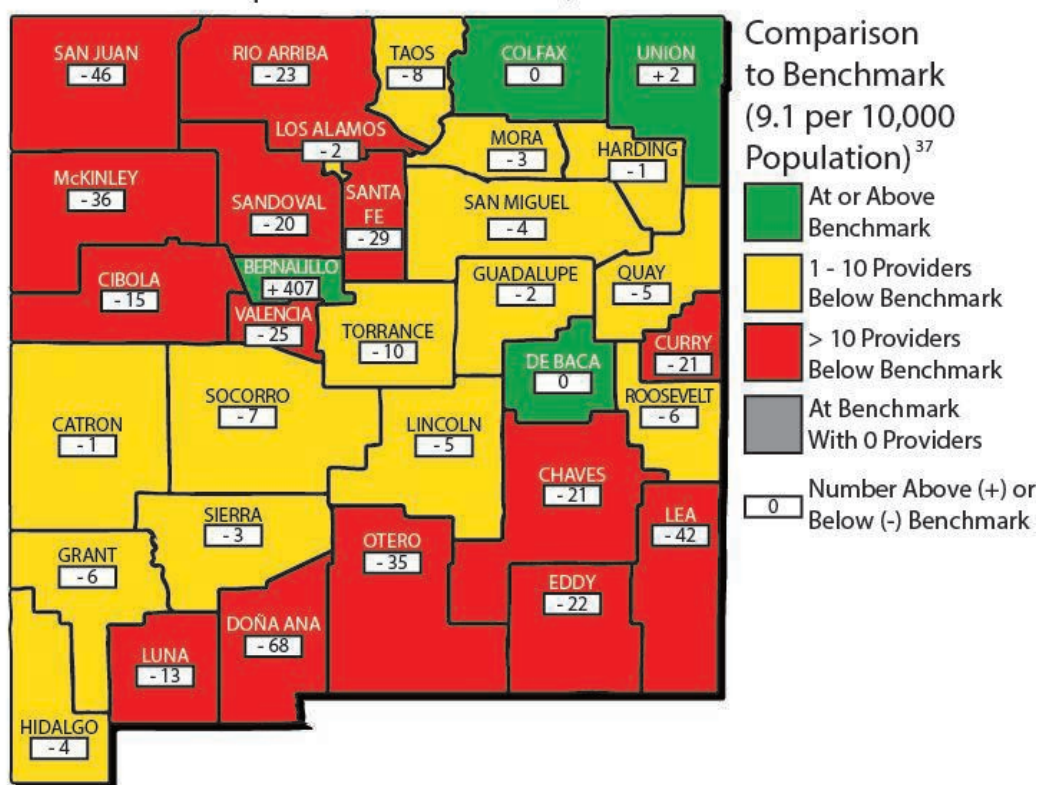

Figure 5.38. Pharmacist workforce relative to the national benchmark of 9.1 pharmacists per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red). Gray counties have no providers and benchmark values of zero.
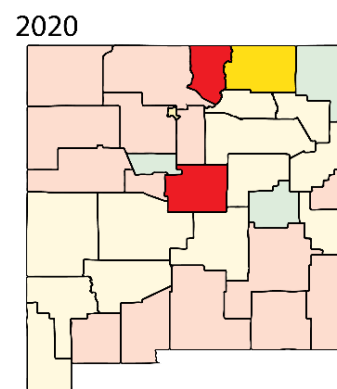
V.E.3.b. Provider Counts

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).
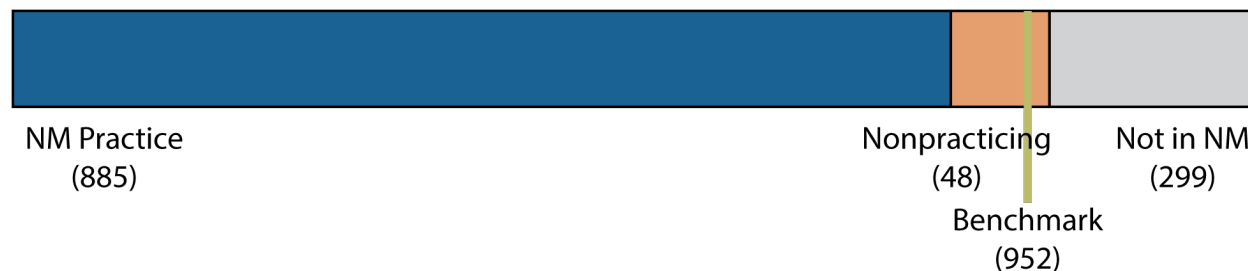

NM Practice	Nonpracticing	Not in NM
(1,853)	(460)	(1,224)
	Benchmark	
	(1,925)	

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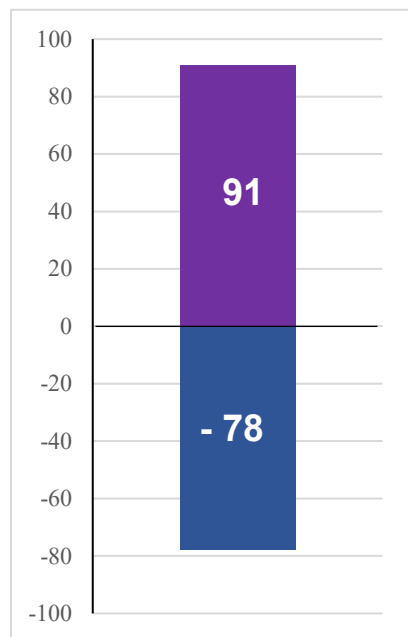
The count of pharmacists practicing in New Mexico has decreased by 78 individuals, with the losses and gains relative to the workforce shown in Figure 5.40.

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).

■ New to NM practice

■ Left NM Practice
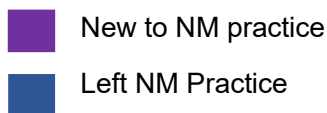
V.E.3.c. Demographics

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).
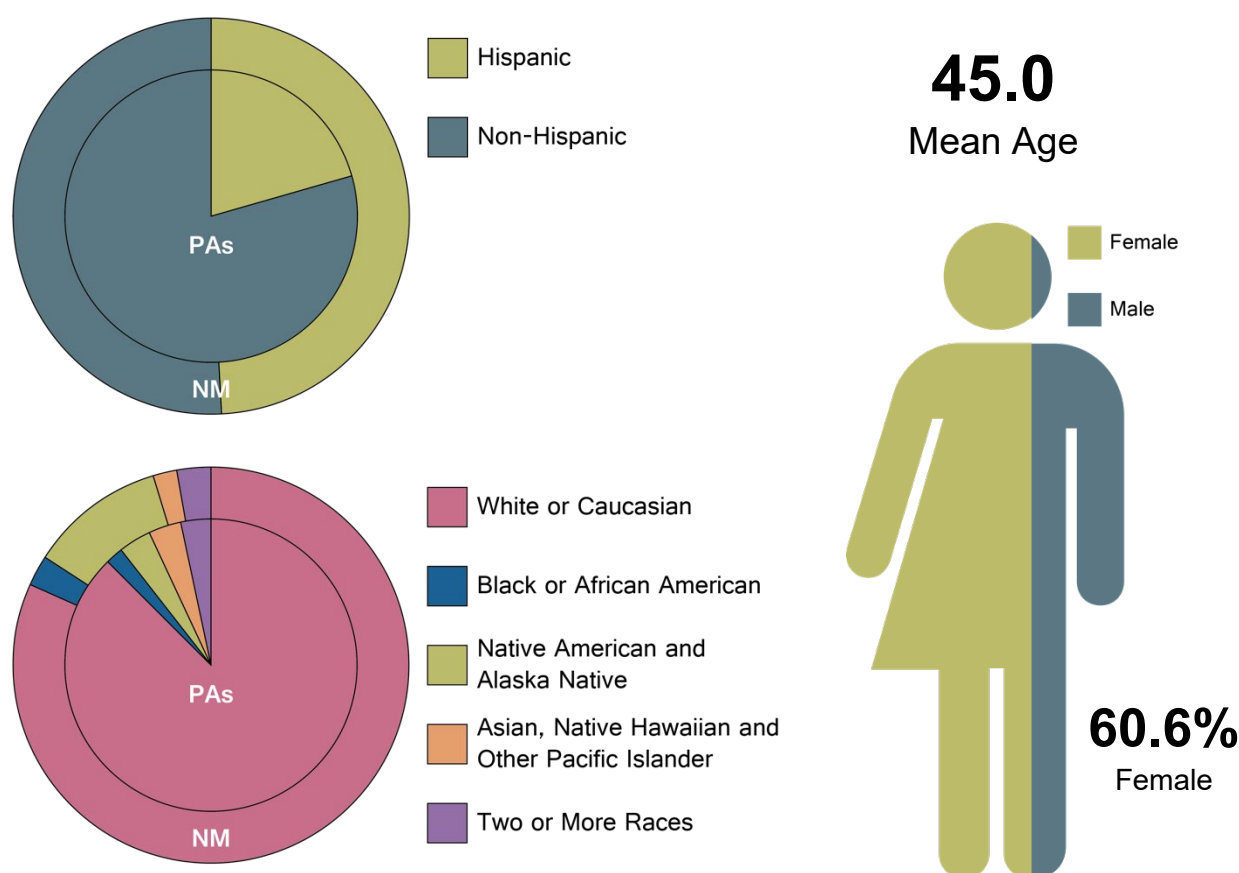

Figure 5.41. Demographic features of the NM pharmacist workforce. Clockwise from top right: mean age, percent male or female, proportions of NM pharmacists (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.4. Licensed Midwives

V.E.4.a. Benchmark Analysis

In 2022, an estimated 41 LMs were practicing in New Mexico, with counties varying between six above benchmark and two below (Figure 5.42). Table 5.12 tracks the LM workforce since the profession was first analyzed for 2016. Four counties have shown a net gain of LMs, with eight counties at or above benchmark for these practitioners. The state as a whole has six more LMs than the national benchmark, yet *assuming no redistribution of the current workforce, an additional 13 LMs would be needed for all New Mexico counties to meet the national benchmark (increased from 0.25 per 10,000 female population[38] to 0.26 per 10,000 female population[39]).*
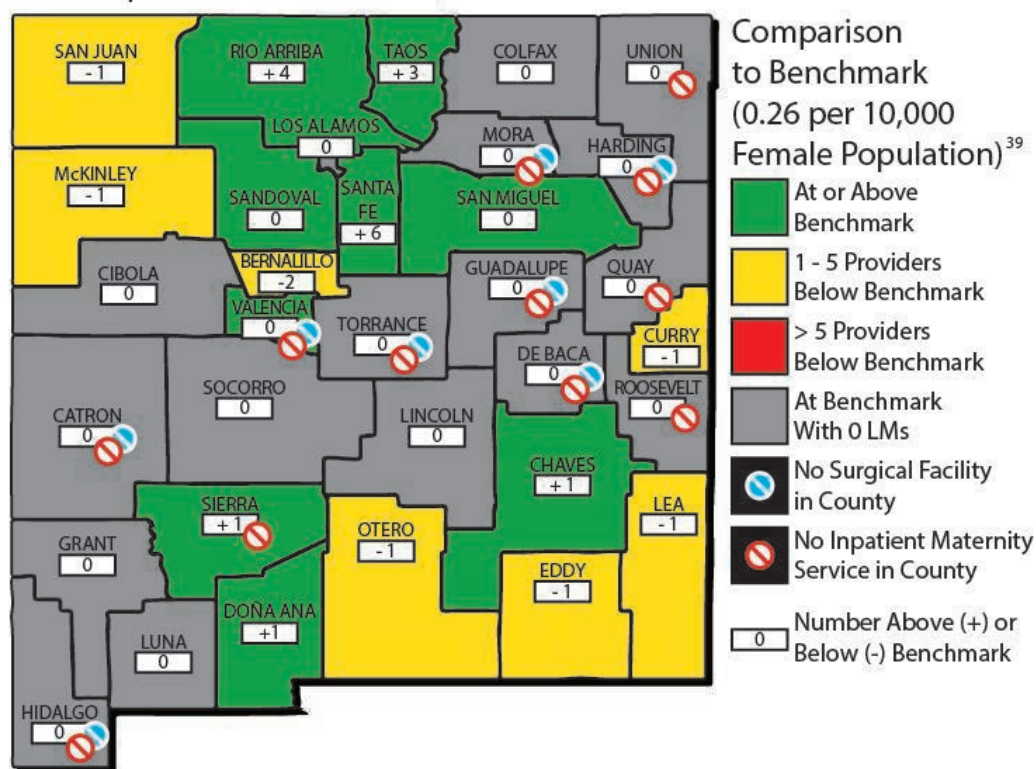
Figure 5.42. Licensed midwife workforce relative to the national benchmark of 0.25 LMs per 10,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than 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.
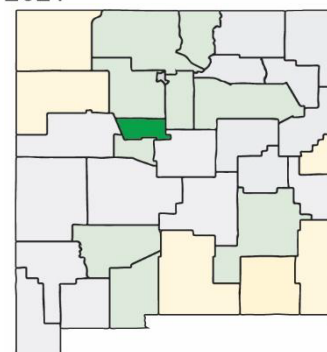
V.E.4.b. Provider Counts

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

County	2016	2017	2018	2019[a]	2020	2021	2022	Net Change since 2016
Bernalillo	10	10	10	14	16	11	7	-3
Catron	0	0	0	0	0	0	0	0
Chaves	0	0	0	2	2	3	2	2
Cibola	1	1	0	0	0	0	0	-1
Colfax	0	0	0	0	0	0	0	0
Curry	0	0	0	0	0	0	0	0
De Baca	0	0	0	0	0	0	0	0
Doña Ana	4	5	5	3	3	3	4	0
Eddy	0	0	0	1	1	0	0	0
Grant	1	1	1	0	0	0	0	-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	0	0	0	0	0	0	0	0
Lincoln	0	0	0	0	0	0	0	0
Los Alamos	0	0	0	0	0	0	0	0
Luna	0	0	0	0	0	0	0	0
McKinley	0	0	0	0	0	0	0	0
Mora	0	0	0	0	0	0	0	0
Otero	1	1	1	0	0	0	0	-1
Quay	0	0	0	0	0	0	0	0
Rio Arriba	2	3	3	2	2	6	5	3
Roosevelt	0	0	0	0	0	0	0	0
San Juan	0	0	0	0	0	0	1	1
San Miguel	1	3	3	1	1	0	0	-1
Sandoval	3	3	4	2	2	3	2	-1
Santa Fe	7	7	8	6	6	10	8	1
Sierra	1	1	1	1	1	1	1	0
Socorro	0	0	0	0	0	0	0	0
Taos	6	6	3	2	2	2	3	-3
Torrance	0	0	0	0	0	0	0	0
Union	0	0	0	0	0	0	0	0
Valencia	1	1	1	1	1	2	1	0
Out of state[b]							7	
STATE TOTAL	38	42	40	35	35	41	41	-4

[a] Inclusion criteria were updated to remove nonpracticing providers.
[b] Inclusion criteria were expanded to incorporate providers licensed from outside the state who are actively practicing within New Mexico.

A total of 104 LMs held New Mexico licenses during 2022. Of these individuals, 17 were excluded from analysis as identified as out of state, 46 nonpracticing. A total of 41 LMs were in active practice in New Mexico. (Figure 5.43).

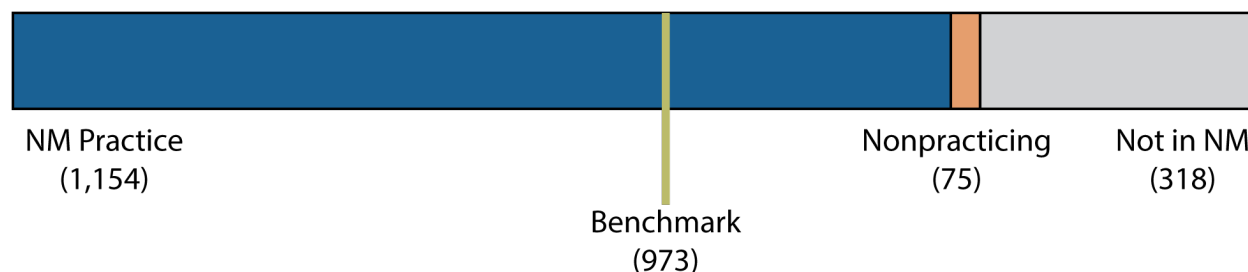NM Practice (41) Benchmark (28) Nonpracticing (46) Not in NM (17)
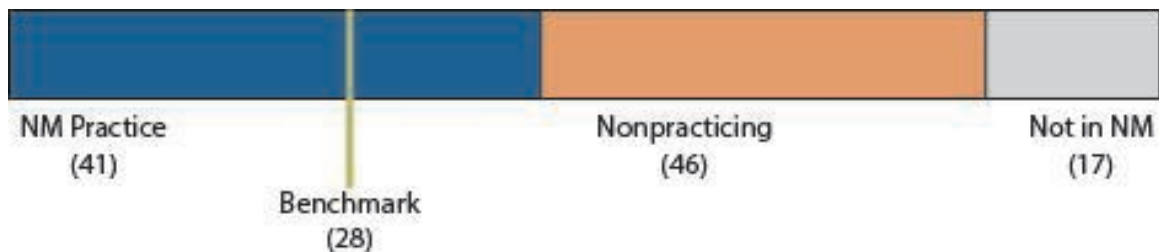
Figure 5.43. New Mexico's licensed midwives by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.
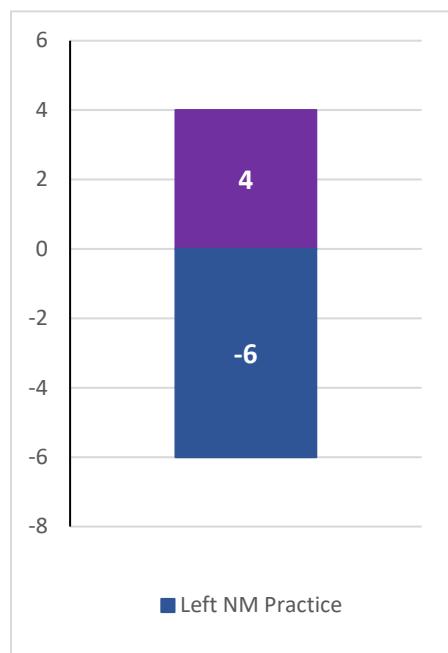
The count of LMs practicing in New Mexico has decreased by six individuals, with the losses and gains relative to the workforce shown in Figure 5.44.

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).

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 93% female, with a mean age of 48.5 years. Detailed data for these findings may be found in Appendix C (p. 144).
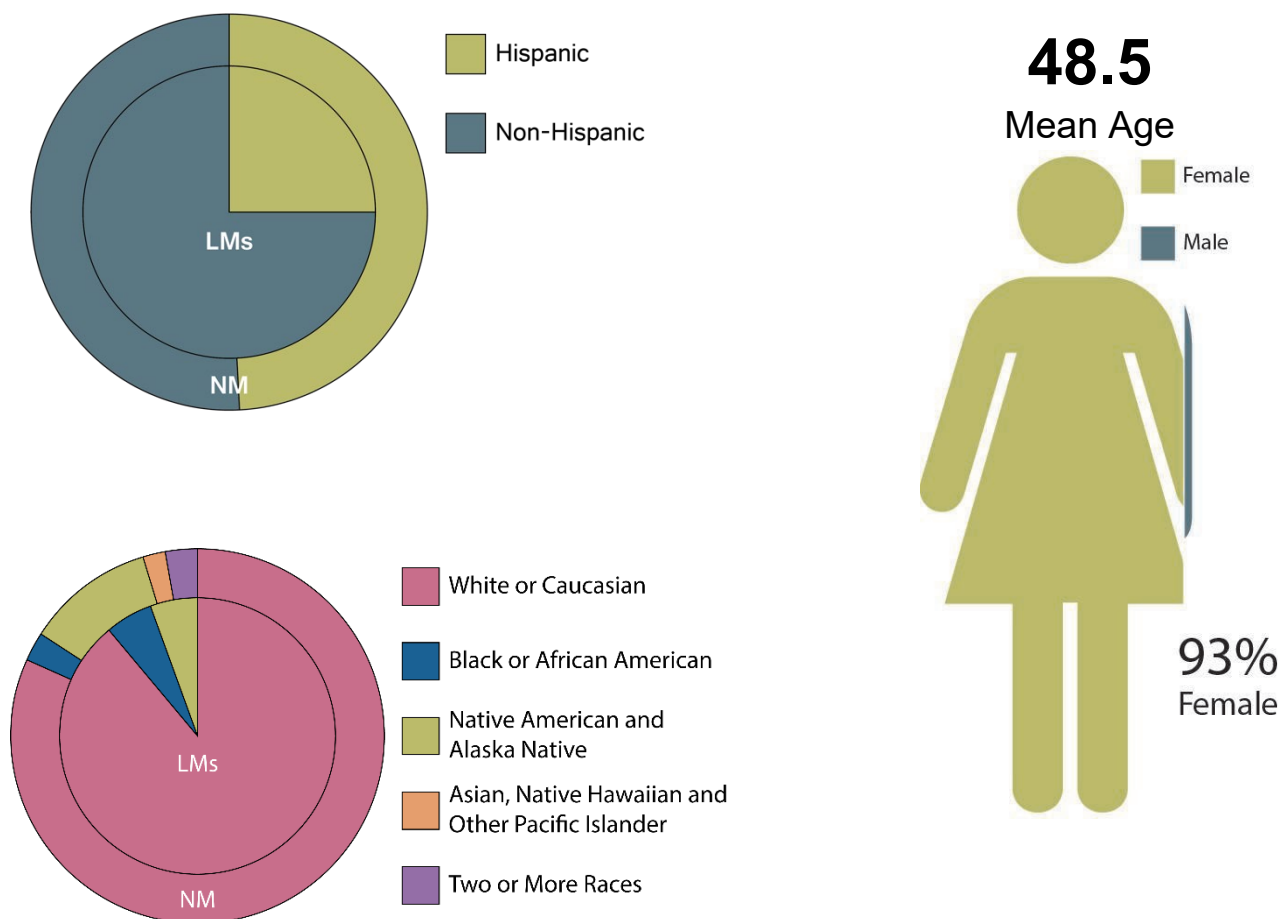
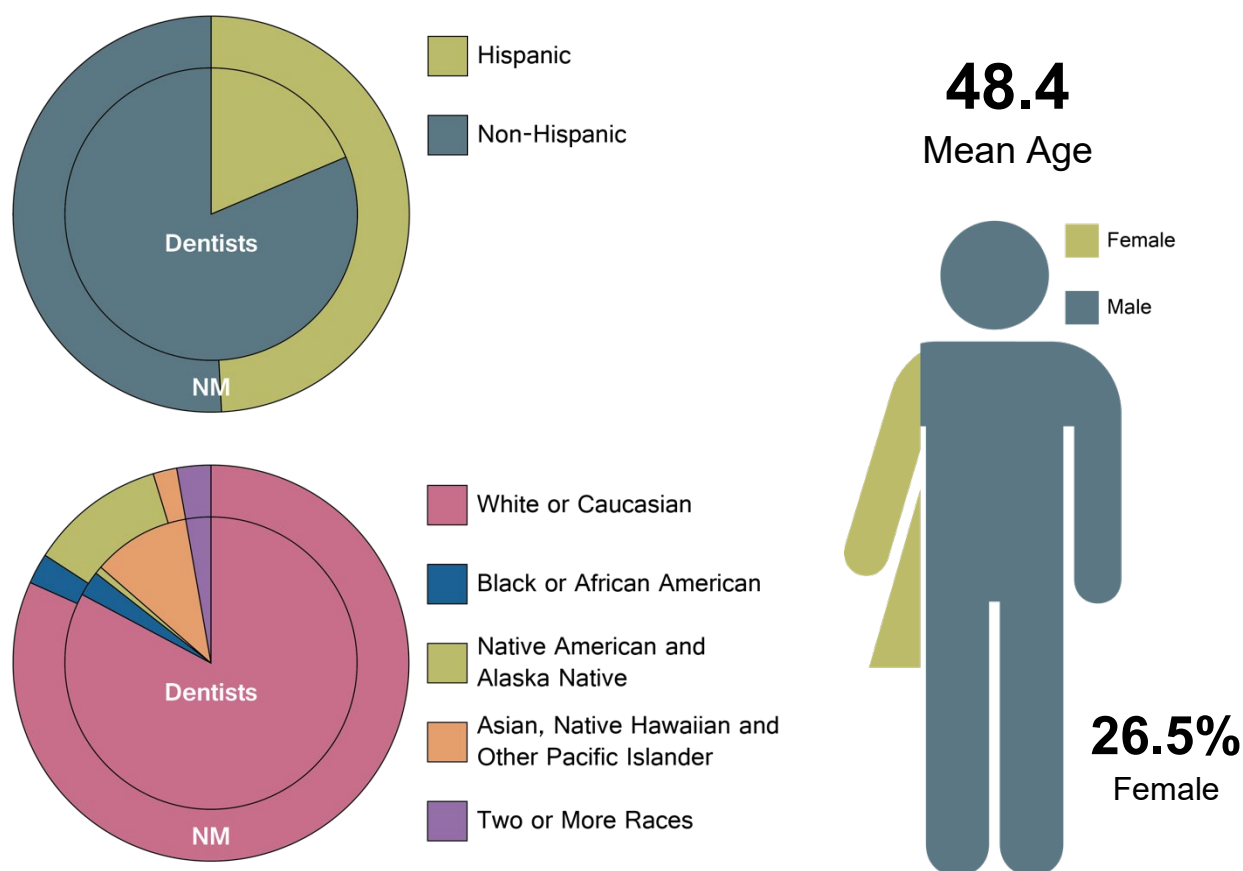*Figure 5.45. Demographic features of the NM LM workforce. Clockwise from top right: mean age, percent male or female, proportions of NM LMs (center circle) and the NM population (outer circle) for race and ethnicity.*

V.E.5. Emergency Medical Technicians

V.E.5.a. Benchmark Analysis

In 2022, an estimated 4,967 EMTs were practicing in New Mexico, with counties varying between nine above benchmark and four below (Figure 5.46). Table 5.13 tracks the EMT workforce since the profession was first analyzed for 2016. Four counties have shown a net gain of EMTs, with nine counties above benchmark for these practitioners. The state as a whole has 1,796 fewer EMTs than the national benchmark, yet *assuming no redistribution of the current workforce, an additional 4,967 EMTs would be needed for all New Mexico counties to meet the national benchmark (32.1 per 10,000 population[40]).*
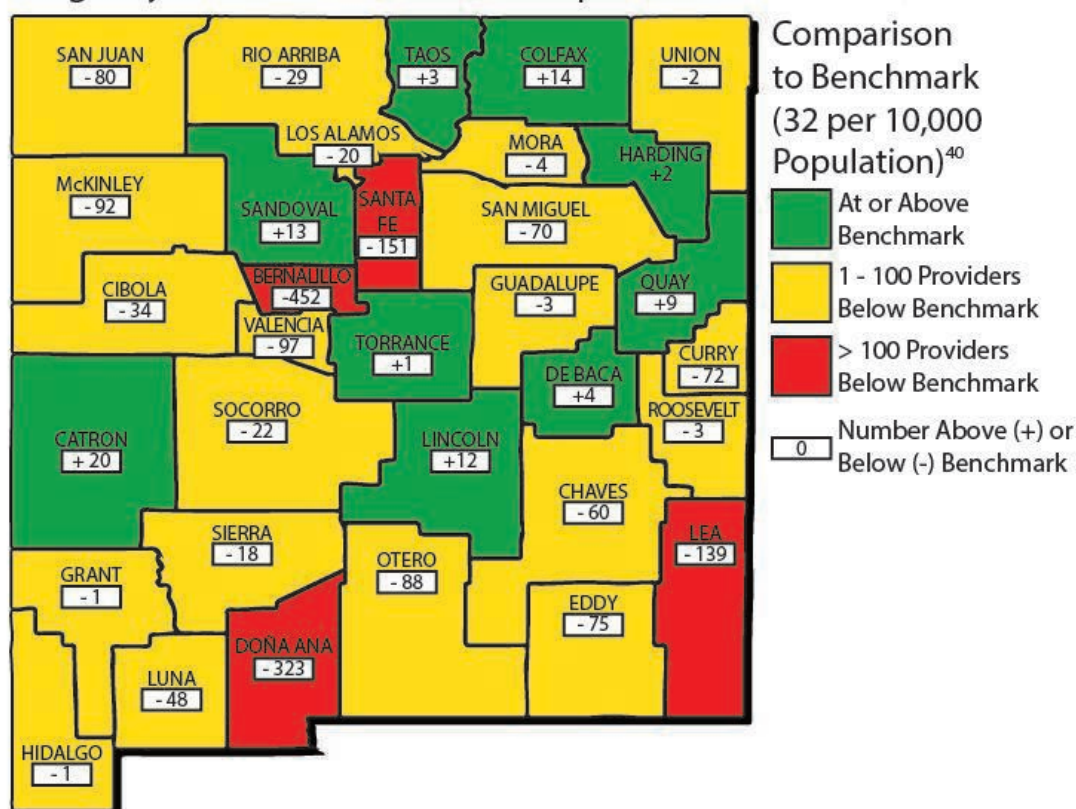
Figure 5.46. EMT workforce relative to the national benchmark of 32.1 EMTs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 100 or fewer providers (yellow), or below benchmark by more than 100 providers (red). 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.
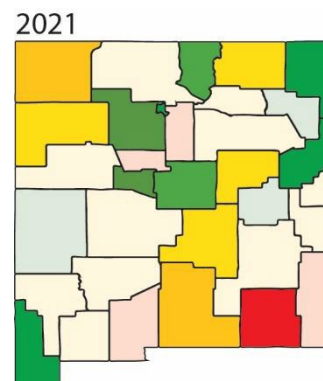
V.E.5.b. Provider Counts

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

County	2016	2017	2018	2019[a]	2020	2021	2022	Net Change Since 2016
Bernalillo	2031	2242	2274	1481	1429	1231	1700	-331
Catron	39	42	47	30	36	26	32	-7
Chaves	216	223	224	170	168	117	144	-72
Cibola	45	45	50	43	46	43	52	7
Colfax	65	66	67	42	44	25	53	-12
Curry	120	137	140	95	92	70	80	-40
De Baca	22	22	23	19	20	6	9	-13
Doña Ana	469	468	471	345	346	338	392	-77
Eddy	166	164	176	126	126	67	118	-48
Grant	94	95	92	85	83	63	88	-6
Guadalupe	20	16	17	8	13	14	11	-9
Harding	6	7	8	6	7	3	4	-2
Hidalgo	26	23	22	14	17	11	12	-14
Lea	142	163	177	122	118	87	93	-49
Lincoln	109	101	103	62	62	60	77	-32
Los Alamos	85	122	159	133	134	28	41	-44
Luna	45	42	44	33	34	23	34	-11
McKinley	194	207	221	167	176	112	131	-63
Mora	5	5	5	2	2	5	9	4
Otero	127	132	134	91	88	90	132	5
Quay	27	35	35	26	30	20	36	9
Rio Arriba	131	123	116	87	95	80	99	-32
Roosevelt	78	74	77	40	46	47	58	-20
San Juan	364	375	390	267	277	251	305	-59
San Miguel	39	37	42	28	29	36	29	-10
Sandoval	553	480	449	281	289	382	504	-49
Santa Fe	397	464	490	310	309	256	347	-50
Sierra	47	38	38	27	24	28	19	-28
Socorro	32	34	36	23	25	22	30	-2
Taos	126	132	126	81	86	80	114	-12
Torrance	57	51	52	40	44	31	50	-7
Union	17	23	24	16	21	16	11	-6
Valencia	207	176	172	99	105	110	153	-54
STATE TOTAL	**6,101**	**6,364**	**6,501**	**4,399**	**4,421**	**3,778**	**4,967**	**-1,134**

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

A total of 5,072 EMTs held New Mexico licenses during 2022. Of these individuals, 40 were identified as out of state, 65 were excluded from analysis as nonpracticing and 4,967 were in active practice in New Mexico (Figure 5.47).
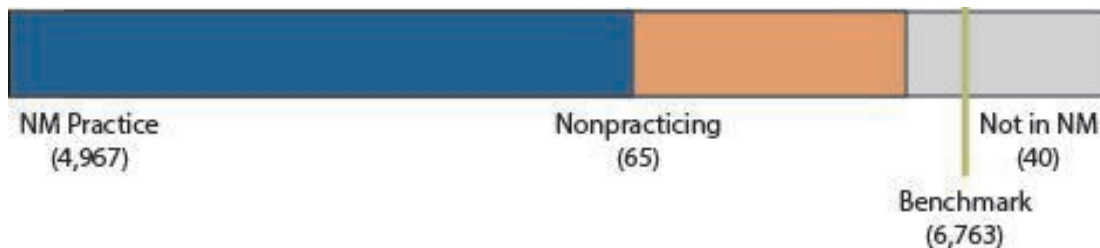
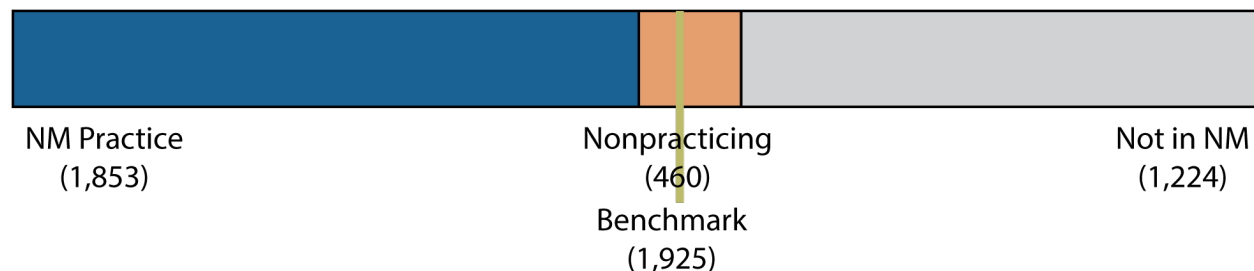*Figure 5.47. New Mexico's EMT licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.*
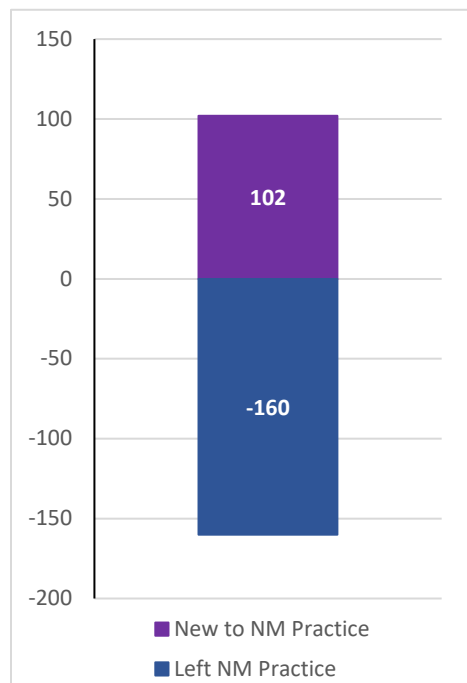
The count of EMTs practicing in New Mexico has decreased by 160 individuals, with the losses and gains relative to the workforce shown in Figure 5.48

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).

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 36.21% female, with a mean age of 39.1 years. Detailed data for these findings may be found in Appendix C (p. 144).
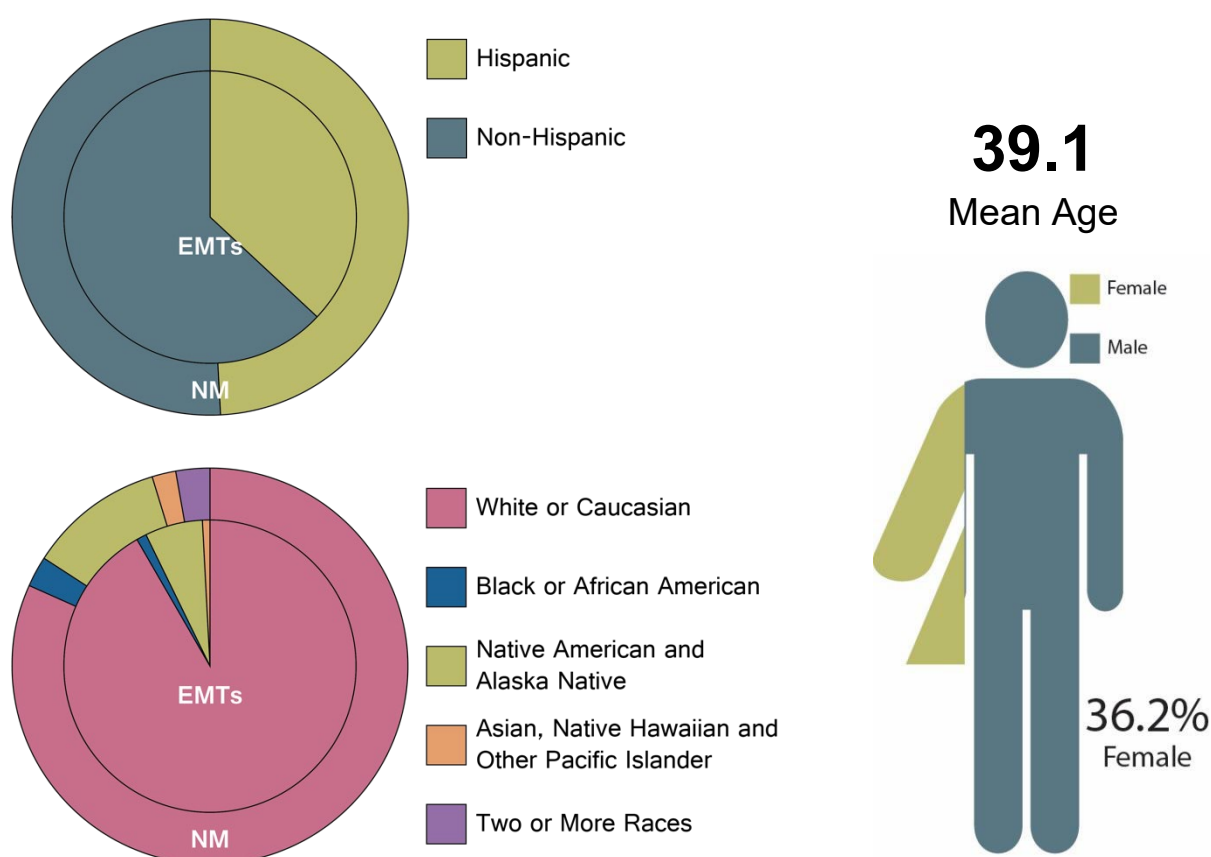
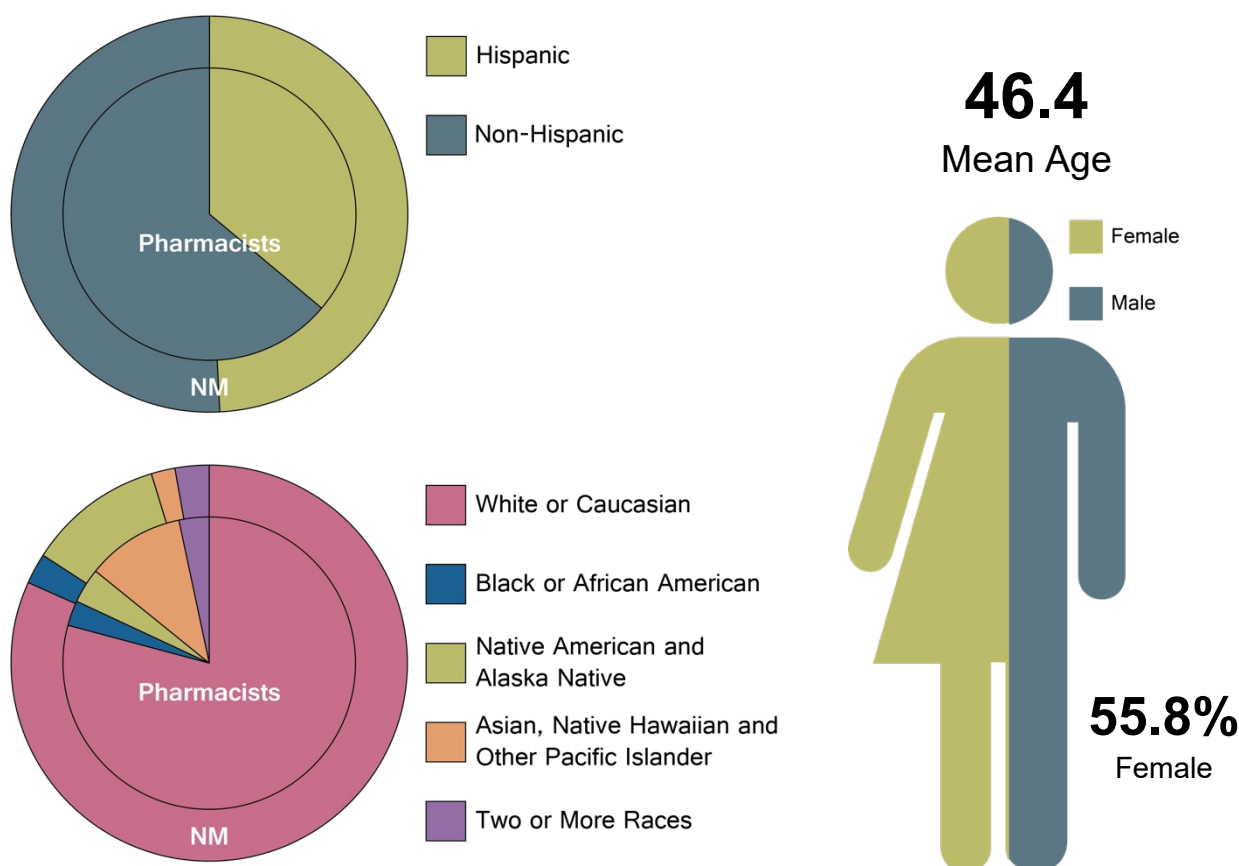*Figure 5.49. Demographic features of the NM EMT*
 workforce. Clockwise from top right: mean age, percent male or female, proportions of NM EMTs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.6. Physical Therapists (The data presented for Pharmacists pertains to calendar year 2021)

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[41]).*
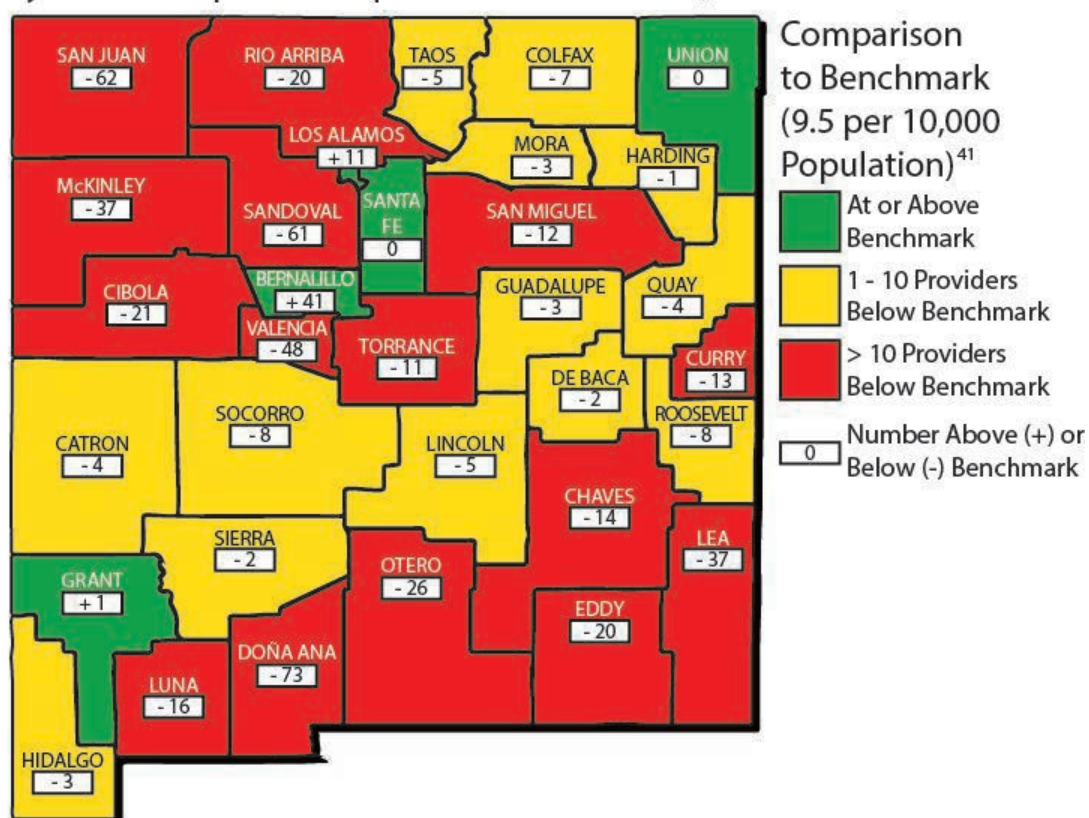
Figure 5.50. Physical therapist workforce relative to the national benchmark of 9.5 PTs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers (red).
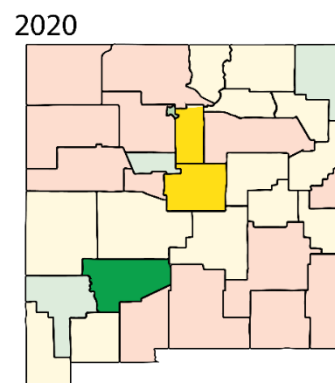
Table 5.14. Physical Therapist Distribution by New Mexico County Since 2019

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

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).
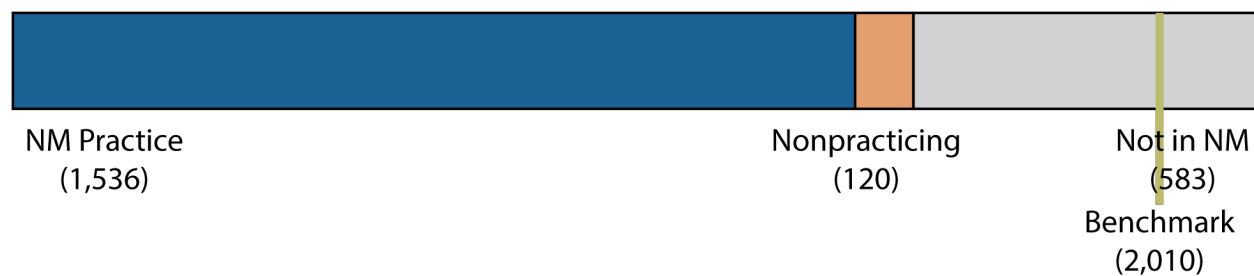
Figure 5.51. New Mexico's physical therapist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.
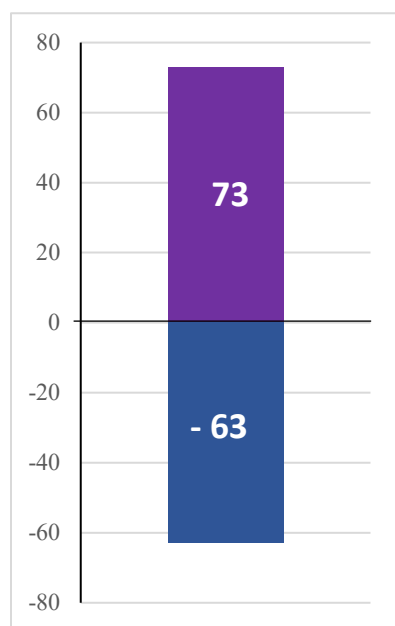
The count of PTs practicing in New Mexico has decreased by 63 individuals, with the losses and gains relative to the workforce shown in Figure 5.52

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).
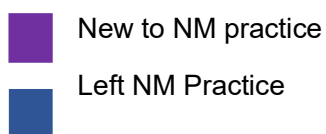
Demographic features of New Mexico PTs are shown in Figure 5.53. Relative to the state's population, PTs are less likely to identify as Hispanic, White or Caucasian, Black or African American, or Native American and Alaska Native and more likely to identify as Asian, Native Hawaiian and Other Pacific 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).
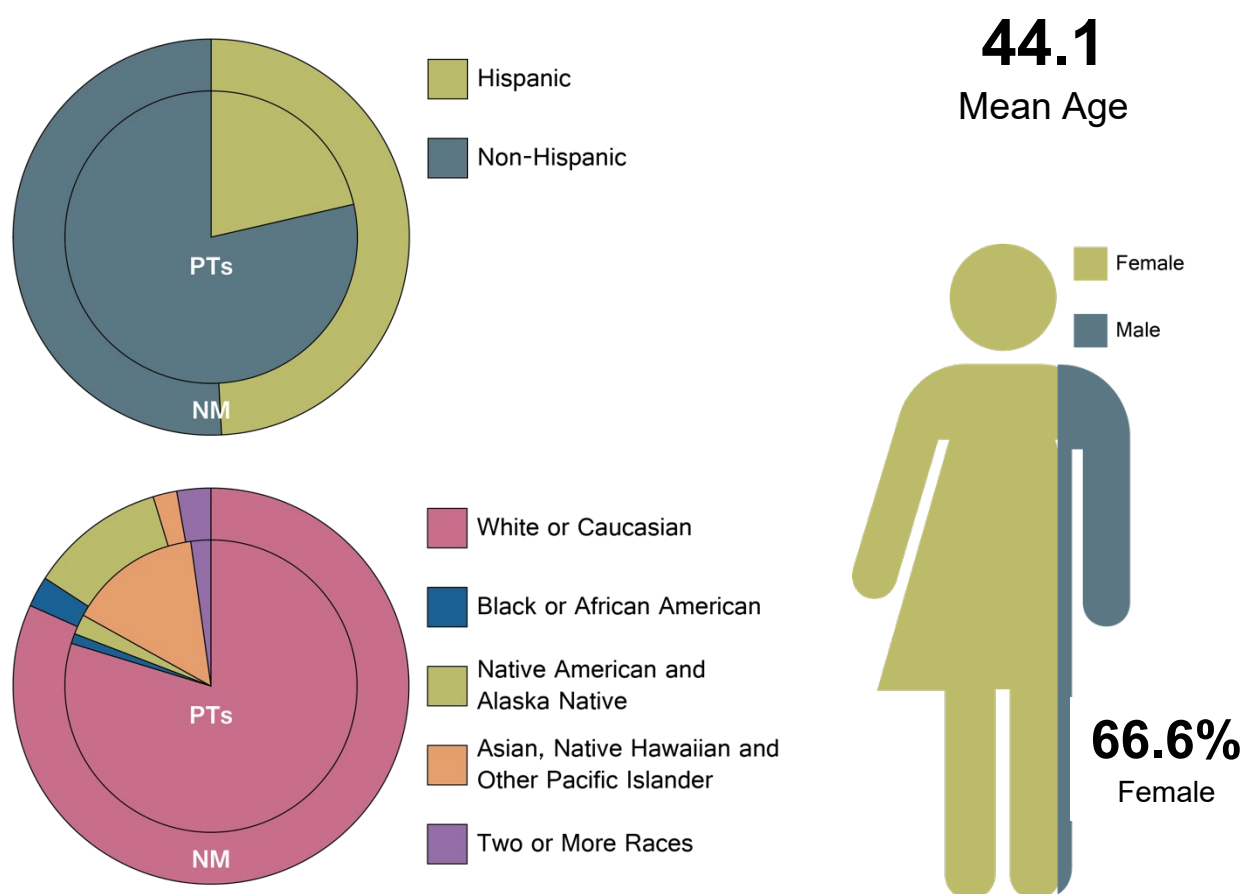
Figure 5.53. Demographic features of the NM PT workforce. Clockwise from top right: mean age, percent male or female, proportions of NM PTs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.7 Occupational Therapists **(The data presented pertains to calendar year 2021)**

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[42]).***
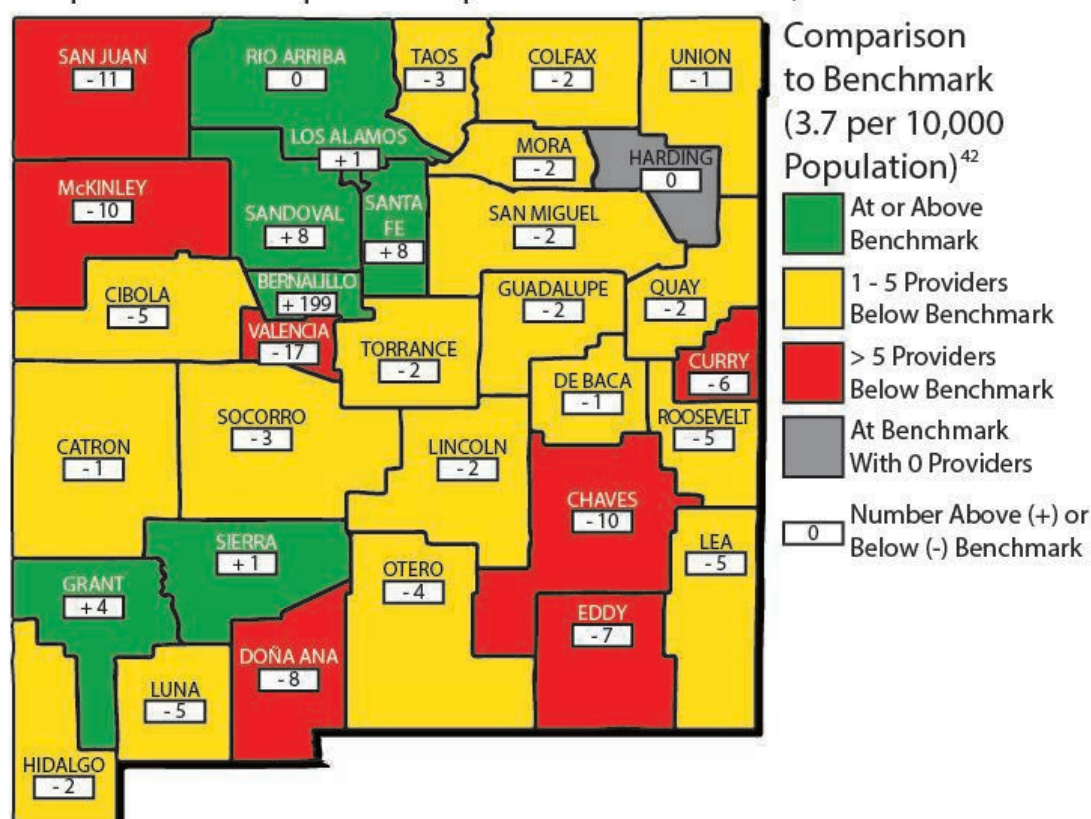
Figure 5.54. Occupational therapist workforce relative to the national benchmark of 3.7 OTs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero.
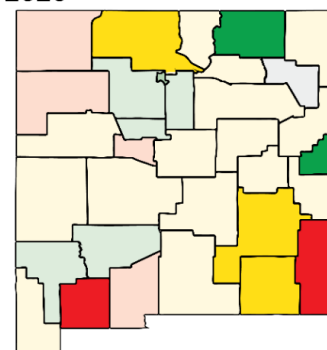
Table 5.15. Occupational Therapist Distribution by New Mexico County Since 2019

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

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).
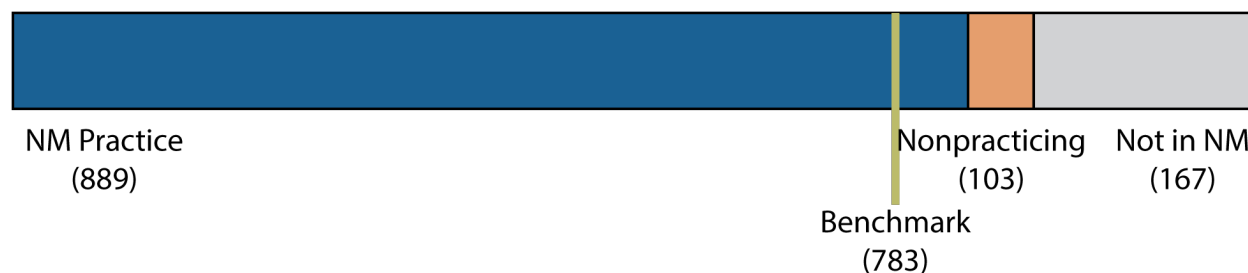
Figure 5.55. New Mexico's occupational therapy licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.
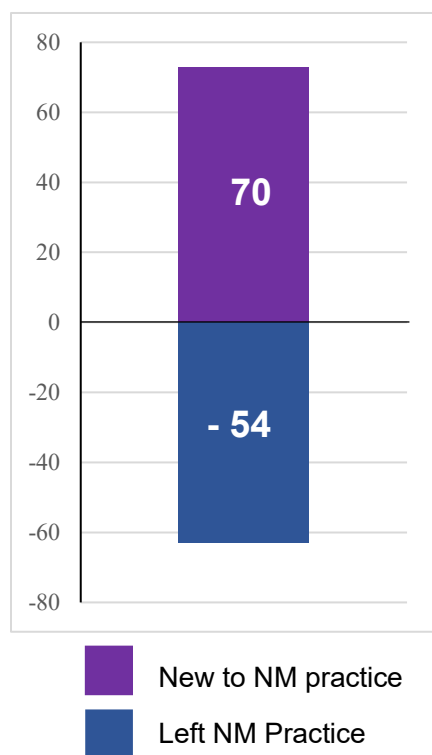
The count of OTs practicing in New Mexico has decreased by 54 individuals, with the losses and gains relative to the workforce shown in Figure 5.56

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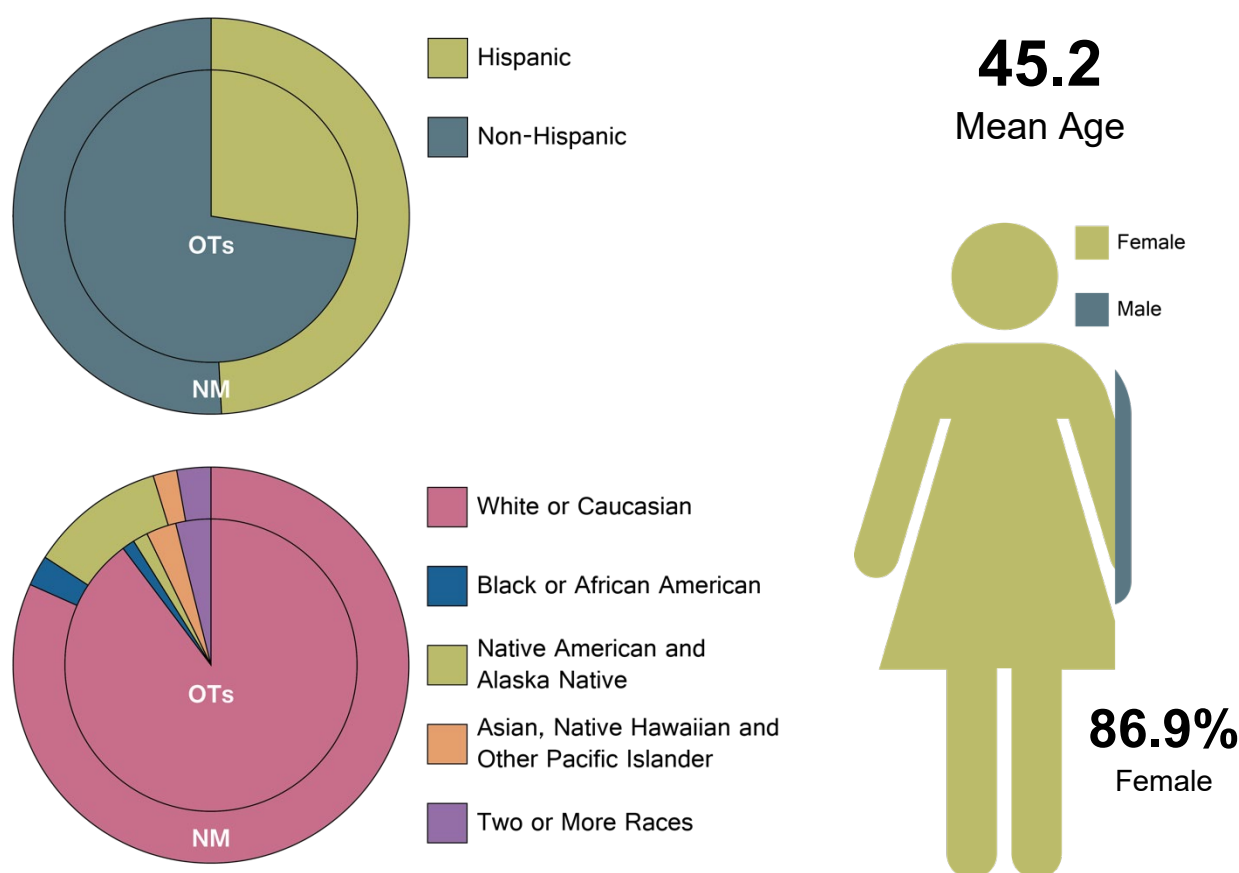
Figure 5.57. Demographic features of the NM OT workforce. Clockwise from top right: mean age, percent male or female, proportions of NM OTs (center circle) and the NM population (outer circle) for race and ethnicity.

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. 16), the demand analysis contributed by the New Mexico Department of Workforce Solutions, and Section IV (p. 25), the FTE analysis contributed by the New Mexico Human Services Department, remain 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. 16), 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 55.8%, followed by registered nurses, at 13.9%. The greatest current employment demand was for registered nurses, with more than 6,500 advertised online job openings per month.

There is considerable overlap between the findings of Section III and this section. For example, the more than 6,500 online job postings for RNs each month during State FY 2022 more than accounts for the shortages relative to benchmark of 3,262 for the state as a whole and 5,704 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 (16,181) and the nurses employed in the state reported in Section III (15,910). Indeed, the difference between the shortage relative to average monthly job postings (3,666) and benchmark (5,704) is 2,038.

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, 231. The large growth projected for CNP employment demand in Section III reflects the increase in this year's CNP benchmark. Both reflect the increasing importance of this profession's contributions to health care.

In contrast, (based on the data from calendar year 2021) 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 data presented pertains to calendar year 2021**)*

The analysis by the New Mexico Human Services Department of physicians and core mental health professionals by FTE in Section IV (p. 25) provides important context to the benchmark analysis by adjusted license counts in this section. It is not possible to make the sort of fine-grained FTE adjustments undertaken by the New Mexico Human Services Department in Section IV 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. 37) – such as excluding PCP hospitalists and calculating FTE based on practice hours per 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 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, whereas rural providers are more likely to report working 40 or more hours weekly and spending all of their work hours in direct patient care.[45] It may be that reduced work hours are a luxury mainly available to providers in locations where the number of health care providers is 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 study of 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

Since 2022, updates have been made to the national benchmarks for certified nurse practitioners, certified nurse midwives 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 workforce numbers across professions.

Comparisons to national benchmarks showed similar patterns both to prior years' analyses and across professions for 2022. Bernalillo County had a substantial concentration of health care workers, based on data from 2021 and 2022 calendar years, while other areas of the state more frequently showed practitioner counts below benchmarks. This does not mean 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 greater access to care compared to other counties (although access to care may still be significantly lacking).

V.F.3. Limitations of the Data

It is important – once again – to acknowledge the absence of updated data for the majority of professions in this report. The lack of data is due to an unfortunate and unforeseen incident involving a data breach at the New Mexico Regulation and Licensing Department (NM RLD). As a result, the calendar year 2022 data for the following professions were not available for this report:

- Dentists
- Pharmacists
- Physical Therapists
- Occupational Therapists
- Primary Care Physicians
- OB-GYN Physicians
- General Surgeons
- Psychiatrists
- Physician Assistants

Throughout the report, where new data was unavailable, the most recent data (2021) was included. We note that practitioners employed by federal agencies, such as the Indian Health Service and Department of Veterans affairs, are not required to have New Mexico licenses. Moreover, they may be treating patients from a narrowly defined pool – not members of the general county populations. The licensing data do not reflect the impact of the Nurse Compact, so there is no way to know the number of nurses from New Mexico who may be practicing elsewhere at any given time, nor the number from other states practicing here.

While the absence of data for these professions does limit the scope of this report, our analysis will primarily focus on the available data for certified nurse practitioners (CNPs), registered nurses (RNs), Certified Nurse Midwives (CNMs), and Licensed Midwives (LMs). This approach aims to provide insights and findings to the best extent possible given the circumstances while acknowledging the impact of the data breach on the comprehensiveness of this annual report. 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, population distribution or the population's health care needs. Factors affecting 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, while 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 2022). 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, which is working to implement it.

Section VI

New Mexico's Behavioral Health Workforce

Contributed by Caroline Bonham, Tyler Kincaid and the Behavioral Health Subcommittee

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VI.A. Methods

In the examination of New Mexico's behavioral health landscape, it is important to recognize the limitations imposed by the available data. For the current analysis, the focus centers solely around certified nurse practitioners (CNPs) and certified nurse specialists (CNSs) due to the absence of accessible data pertaining to other professional categories. Specifically, data were not obtainable for other professions beyond CNPs and CNSs. As such, the forthcoming analysis addresses the following inquiries exclusively within these two categories of behavioral health providers.

Prescribers: Encompassing advanced nurse specialists specializing in psychiatry.

This section presents data for behavioral health care providers actively licensed and practicing in New Mexico during the 2022 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 number of providers included in these tables is 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 2022, there were 219 prescribers, specifically CNPs and RNs, practicing in New Mexico.

Table 6.1 provides details on the practitioner comprising each license type. Of note, 22 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 203 to 219.

Table 6.1. New Mexico Psychiatric CNPs/CNSs, 2022

County	CNP/CNS
Bernalillo	91
Chaves	9
Cibola	3
Colfax	2
Curry	3
Dona ana	34
Eddy	5
Grant	1
Lea	4
Los alamos	2
Luna	1
Mckinley	3
Otero	8
Rio arriba	3
Roosevelt	2
San juan	8
San miguel	3
Sandoval	10
Santa fe	20
Sierra	1
Torrance	1
Valencia	5
Bernalillo	91
Chaves	9
Cibola	3
Colfax	2
Curry	3
Dona ana	34
Eddy	5
Grant	1
Lea	4
Los alamos	2
Luna	1
STATE TOTAL	219

Table 6.2 shows the ratio of psychiatric CNPs/CNSs 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 6.2. Ratio of Psychiatric CNPs/CNSs-to-Population by License Category and County, 2022

County	CNP/CNS
Bernalillo	0.14
Catron	0.00
Chaves	0.14
Cibola	0.11
Colfax	0.16
Curry	0.06
De Baca	0.00
Doña Ana	0.15
Eddy	0.08
Grant	0.04
Guadalupe	0.00
Harding	0.00
Hidalgo	0.00
Lea	0.06
Lincoln	0.00
Los Alamos	0.10
Luna	0.04
McKinley	0.04
Mora	0.00
Otero	0.12
Quay	0.00
Rio Arriba	0.07
Roosevelt	0.11
San Juan	0.07
San Miguel	0.11
Sandoval	0.07
Santa Fe	0.13
Sierra	0.09
Socorro	0.00
Taos	0.00
Torrance	0.06
Union	0.00
Valencia	0.06
TOTAL	**2.01**

VI.B.1. Age Distribution of Psychiatric CNPs/CNSs

Table 6.3 provides information about the median and average ages 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. 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 6.3. Age of Psychiatric CNPs/CNSs, 2022

Age	CNP/CNS	
	n	%
<25	0	0%
25-34	21	9%
35-44	52	24%
45-54	59	27%
55-64	57	26%
65+	30	14%
TOTAL	219	
Median Age	51	
Average Age	51	

VI.B.2. Race and Ethnicity of Behavioral Health Care Providers

Tables 6.4 and 6.5 provide information about the race of New Mexico behavioral health providers. Evidence shows that matching the race and ethnicity of providers to their patients leads to greater satisfaction, retention in care and improved outcomes. [43,44] To address health disparities and to provide culturally and linguistically competent care, it will continue to be important to actively recruit and retain health care professionals from diverse backgrounds.

Table 6.4. Race of Surveyed New Mexico Psychiatric CNPs/CNSs, 2022

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White, Non-Hispanic	Multiple race or multiracial	Other
Psychiatric CNPs/CNSs	219	5 (2.3%)	6 (2.7%)	33 (15.1%)	155 (70.8%)	10 (4.6%)	10 (4.6%)

Table 6.5 Ethnicity of Surveyed New Mexico Psychiatric CNPs/CNSs, 2022

	Total Count	Hispanic or Latino	Not Hispanic or Latino
Psychiatric CNPs/CNSs	219	46 (21%)	173 (79%)

VI.B.3. Gender of Behavioral Health Care Providers

Table 6.6 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 219 behavioral health care providers who indicated their gender on their licensing form.

Table 6.6. Gender of New Mexico Psychiatric CNPs/CNSs, 2022

Gender	NM Population	Prescribers	
	%	Count	%
Female	50.2%	181	82.6%
Male	49.8%	38	17.4%
TOTAL		219	

VI.C. Discussion

Due to a lack of available data on other professions this year, we are focusing solely on psychiatric CNPs/CNSs. Despite this limitation, it's worth noting that the numbers of psychiatric CNPs/CNSs remain consistent with previous years, indicating relative stability since the initial separate behavioral health analysis in 2016.

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 Rural Health Care Practitioner Tax Credit program to include pharmacists, physical therapists, social workers and counselors. The professions currently eligible include licensed dental hygienists, physician assistants, certified nurse-midwives, certified registered nurse anesthetists, certified nurse practitioners and clinical nurse specialists. Pharmacists and physical therapists are urgently needed in many areas of the state, and counselors and social workers made up half of our state behavioral health workforce in 2019. Excluding these professions from the rural health tax credit removes an incentive that might otherwise act as a recruitment and retention tool to improve access to pharmacy, physical therapy and mental health services outside of the state's urban centers. A credit at the $3,000 credit level would demonstrate the state's commitment to those members of these professions serving in rural areas and encourage those who are entering the profession to practice rurally. ($4,000,000, recurring. Subject to the New Mexico Human Services Department situation report review)

Recommendation 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)

Recommendation 3

Medicaid should provide a reimbursement differential to providers and provider organizations for offering services in languages other than English. This would be 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)

Section VII

2023 Recommendations of the New Mexico Health Care Workforce Committee

Rec. 1 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 directors. ($600,000, recurring)

Rec. 2 Medicaid should provide a reimbursement differential to providers and provider organizations for offering services in languages other than English. This would be 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 availability of providers who work with underserved communities in 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. 3 Encourage the New Mexico Legislature and the Executive to increase the Medicaid budget in FY2025 to accomplish the following objectives: 1) increase Medicaid reimbursement rates to at least 150% percent of Medicare for primary care, maternal and child health, and behavioral health; 2) increase Medicaid reimbursement rates for specialty care services and facilities to at least 120% of Medicare; 3) create parity in percentage increases for all preventative health codes (i.e. mammograms, colonoscopies, immunizations, etc.); 4) ensure that Medicaid reimbursements for services in Rural New Mexico be at a rate no less than 10% higher than standard reimbursement rates for Medicaid codes; 5) APRNs receive 100% of what physicians receive for Medicaid services; and 6) the Human Services Department should create a five-year financing plan to increase Medicaid reimbursement rates to no less than 250% of Medicare no later than FY2030.

Rec. 4 Encourage the New Mexico Legislature and the Executive to fully fund the Health Professional Loan Repayment Program by appropriating at least $30 million to the Program in FY2025.

Rec. 5 Encourage the New Mexico Legislature and the Executive to amend the New Mexico Medical Malpractice Act as follows: 1) "malpractice claim" and "occurrence" should be synonymously defined in such a way that a single, individual injury event should be treated as a single malpractice claim or occurrence, regardless of the number of contributing providers or acts; 2) define "medical care and related benefits" to be limited only to amounts actually paid by or on behalf of an injured patient and accepted by a health care provider in payment of charges; 3) eliminate CPI increases to the caps set forth in the Act; 4) eliminate lump sum payments for future medical expenses and require all medical expenses to be paid as incurred; 5) permit medical examinations to assess the necessity of future

medical care and related expenses; 6) the deficit reduction obligations of the Act should only be applied to "qualified and participating hospitals and outpatient health care facilities"; and 7) the Act should be revised to include a venue provision that requires medical malpractice actions to be brought in the judicial district where the medical care was provided or in the judicial district where the patient resided at the time of the alleged malpractice.

Rec. 6   In regards to a past recommendation from the Legislative Health and Human Services Committee, we recommend to fund a plan for the Center for Complex Care (CoCC) for children, youth and adults with disabilities. The funding would be used to evaluate costs and create a budget for funding health care professionals such as physicians, nurse practitioners, physician assistants, nurses, and allied health professionals. We recommend that $50,000 of nonrecurring funds be appropriated in the Department of Health's budget to fund a feasibility study.

Rec. 7   Expand the Rural Health Care Practitioner Tax Credit program to include pharmacists, physical therapists, social workers, and counselors. The professions currently eligible include licensed dental hygienists, physician assistants, certified nurse-midwives, certified registered nurse anesthetists, certified nurse practitioners and clinical nurse specialists. Pharmacists and physical therapists are urgently needed in many areas of the state. In 2019, counselors and social workers made up half of our state behavioral health workforce. Excluding these professions from the rural health tax credit removes an incentive that might otherwise act as a recruitment and retention tool to improve access to pharmacy, physical therapy, and mental health services outside of urban centers in the state. At the $3,000 credit level, the state would demonstrate its commitment to those members of these professions.

Rec. 8   Encourage the New Mexico Legislature and the Executive to fully fund the Rural Healthcare Delivery Fund with an additional $120 million appropriation in FY2025, consider future appropriations based on needs identified by community practices, and amend the statutes governing the Fund to make services delivered in a county with a population less than 125,000 eligible for funding.

Rec. 9   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 to 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. 10   Adopt legislation permitting the medical board to participate in the Interstate Medical License Compact Commission, like our neighboring states, to reduce barriers to physicians licensed in other states being able to practice in our state.

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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

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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 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.

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.

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).

B.J. Status of 2022 Recommendations

Rec. 2022.1

In regard 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)

ACTION: We reiterate this recommendation

Rec. 2022.2

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)

ACTION: We reiterate this recommendation

Rec. 2022.3

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.

ACTION: The Medicaid the base rate was increased to 120% of Medicare for primary care, maternal and health behavioral health. All other providers went up to 100% of Medicare. Medical Society is going to continue its effort to increase those rates so 150% of Medicare for primary care and behavioral health and 125% for specialties.

Rec. 2022.4

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)

ACTION: We reiterate this recommendation

Rec. 2022.5

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)

ACTION: We reiterate this recommendation

Rec. 2022.6

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.

ACTION: Senate Bill 232 was passed and signed. Credentialing must be completed within 30 days.

Rec. 2022.7

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)

ACTION: SB7 passed and provided 80 million to rural health care delivery fund. SB 7 was reworked and expanded. Accepting application deadline 9/21 other applicant 10/6.

Rec. 2022.8

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.

ACTION: Increased loan repayment 14 million appropriation; Roughly 750 awards were made with about 500 rural applications.

Rec. 2022.9

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)

ACTION: We reiterate this recommendation

Rec. 2022.10

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)

ACTION: We reiterate this recommendation

Appendix C

Data Tables for New Mexico Health Care Professions

*Table C.A.1. Benchmark Gap Analysis of New Mexico Primary Care Physicians (**The data presented pertains to calendar year 2021**)*

County	Population 2021	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 (**The data presented pertains to calendar year 2021**)*

County	Female Population 2021	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 (The data presented pertains to calendar year 2021)

County	Population 2021	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 (The data presented pertains to calendar year 2021)

County	Population 2021	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 2022	Estimated RNs/CNSs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo County	672,508	8629	6187	2442
Catron County	3,827	3	35	-32
Chaves County	63,894	365	588	-223
Cibola County	26,950	115	248	-133
Colfax County	12,246	45	113	-68
Curry County	47,532	318	437	-119
De Baca County	1,693	4	16	-12
Doña Ana County	223,337	1393	2055	-662
Eddy County	60,400	306	556	-250
Grant County	27,686	227	255	-28
Guadalupe County	4,310	16	40	-24
Harding County	628	0	6	-6
Hidalgo County	4,003	6	37	-31
Lea County	72,452	255	667	-412
Lincoln County	20,411	107	188	-81
Los Alamos County	19,187	117	177	-60
Luna County	25,749	71	237	-166
McKinley County	69,830	323	642	-319
Mora County	4,169	2	38	-36
Otero County	68,823	322	633	-311
Quay County	8,546	30	79	-49
Rio Arriba County	40,048	170	368	-198
Roosevelt County	18,934	75	174	-99
San Juan County	120,418	761	1108	-347
San Miguel County	26,953	164	248	-84
Sandoval County	153,501	943	1412	-469
Santa Fe County	155,664	965	1432	-467
Sierra County	11,436	54	105	-51
Socorro County	16,115	59	148	-89
Taos County	34,580	161	318	-157
Torrance County	15,454	20	142	-122
Union County	3,980	20	37	-17
Valencia County	78,080	135	718	-583
	2,113,344	16,181	19,443	-3,262
NONPRACTICING		9,226		
OUT OF STATE		5,929		

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

County	Population 2022	Estimated CNPs	Benchmark	Above (+) / Below (−) Benchmark
Bernalillo County	672,508	901	565	336
Catron County	3,827	2	3	-1
Chaves County	63,894	45	54	-9
Cibola County	26,950	13	23	-10
Colfax County	12,246	8	10	-2
Curry County	47,532	35	40	-5
De Baca County	1,693	4	1	3
Doña Ana County	223,337	230	188	42
Eddy County	60,400	51	51	0
Grant County	27,686	21	23	-2
Guadalupe County	4,310	4	4	0
Harding County	628	1	1	0
Hidalgo County	4,003	1	3	-2
Lea County	72,452	43	61	-18
Lincoln County	20,411	11	17	-6
Los Alamos County	19,187	16	16	0
Luna County	25,749	18	22	-4
McKinley County	69,830	30	59	-29
Mora County	4,169	3	4	-1
Otero County	68,823	55	58	-3
Quay County	8,546	12	7	5
Rio Arriba County	40,048	23	34	-11
Roosevelt County	18,934	10	16	-6
San Juan County	120,418	64	101	-37
San Miguel County	26,953	18	23	-5
Sandoval County	153,501	95	129	-34
Santa Fe County	155,664	132	131	1
Sierra County	11,436	6	10	-4
Socorro County	16,115	15	14	1
Taos County	34,580	27	29	-2
Torrance County	15,454	6	13	-7
Union County	3,980	3	3	0
Valencia County	78,080	26	66	-40
	2,113,344	**1,929**	**1,775**	**154**
NONPRACTICING		**286**		
OUT OF STATE		**1,815**		

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

County	Female Population Est. 2022	Estimated CNMs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	337,599	105	27	78
Catron	1,921	0	0	0
Chaves	32,075	4	3	1
Cibola	13,529	0	1	-1
Colfax	6,147	0	0	0
Curry	23,861	3	2	1
De Baca	850	0	0	0
Doña Ana	112,115	12	9	3
Eddy	30,321	2	2	0
Grant	13,898	4	1	3
Guadalupe	2,164	0	0	0
Harding	315.256	0	0	0
Hidalgo	2,010	0	0	0
Lea	36,371	1	3	-2
Lincoln	10,246	0	1	-1
Los Alamos	9,632	0	1	-1
Luna	12,926	0	1	-1
McKinley	35,055	6	3	3
Mora	2,093	0	0	0
Otero	34,549	0	3	-3
Quay	4,290	0	0	0
Rio Arriba	20,104	2	2	0
Roosevelt	9,505	0	1	-1
San Juan	60,450	7	5	2
San Miguel	13,530	2	1	1
Sandoval	77,058	5	6	-1
Santa Fe	78,143	18	6	12
Sierra	5,741	0	0	0
Socorro	8,090	1	1	0
Taos	17,359	2	1	1
Torrance	7,758	0	1	-1
Union	1,998	0	0	0
Valencia	39,196	3	3	0
No county info		12		
TOTAL	1,060,899	189	85	92
NONPRACTICING		48		
OUT OF STATE		12		

Table C.A.8. Benchmark Gap Analysis of New Mexico Physician Assistants (The data presented pertains to calendar year 2021)

County	Population 2021	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 (The data presented pertains to calendar year 2021)

County	Population 2021	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 (The data presented pertains to calendar year 2021)

County	Population 2021	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 Est. 2022	Estimated LMs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	337,599	11	8	3
Catron	1,921	0	0	0
Chaves	32,075	3	1	2
Cibola	13,529	0	0	0
Colfax	6,147	0	0	0
Curry	23,861	0	1	-1
De Baca	850	0	0	0
Doña Ana	112,115	3	3	0
Eddy	30,321	0	1	-1
Grant	13,898	0	0	0
Guadalupe	2,164	0	0	0
Harding	315.256	0	0	0
Hidalgo	2,010	0	0	0
Lea	36,371	0	1	-1
Lincoln	10,246	0	0	0
Los Alamos	9,632	0	0	0
Luna	12,926	0	0	0
McKinley	35,055	0	1	-1
Mora	2,093	0	0	0
Otero	34,549	0	1	-1
Quay	4,290	0	0	0
Rio Arriba	20,104	6	1	5
Roosevelt	9,505	0	0	0
San Juan	60,450	0	2	-2
San Miguel	13,530	0	0	0
Sandoval	77,058	3	2	1
Santa Fe	78,143	10	2	8
Sierra	5,741	1	0	1
Socorro	8,090	0	0	0
Taos	17,359	2	0	2
Torrance	7,758	0	0	0
Union	1,998	0	0	0
Valencia	39,196	2	1	1
TOTAL PRACTICING IN STATE	1,060,899	41	27	14
NONPRACTICING		46		
OUT OF STATE		17		

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

County	Population 2022	Estimated EMTs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo County	672,508	1700	2152	-452
Catron County	3,827	32	12	20
Chaves County	63,894	144	204	-60
Cibola County	26,950	52	86	-34
Colfax County	12,246	53	39	14
Curry County	47,532	80	152	-72
De Baca County	1,693	9	5	4
Doña Ana County	223,337	392	715	-323
Eddy County	60,400	118	193	-75
Grant County	27,686	88	89	-1
Guadalupe County	4,310	11	14	-3
Harding County	628	4	2	2
Hidalgo County	4,003	12	13	-1
Lea County	72,452	93	232	-139
Lincoln County	20,411	77	65	12
Los Alamos County	19,187	41	61	-20
Luna County	25,749	34	82	-48
McKinley County	69,830	131	223	-92
Mora County	4,169	9	13	-4
Otero County	68,823	132	220	-88
Quay County	8,546	36	27	9
Rio Arriba County	40,048	99	128	-29
Roosevelt County	18,934	58	61	-3
San Juan County	120,418	305	385	-80
San Miguel County	26,953	29	86	-57
Sandoval County	153,501	504	491	13
Santa Fe County	155,664	347	498	-151
Sierra County	11,436	19	37	-18
Socorro County	16,115	30	52	-22
Taos County	34,580	114	111	3
Torrance County	15,454	50	49	1
Union County	3,980	11	13	-2
Valencia County	78,080	153	250	-97
TOTAL PRACTICING IN STATE	**2,113,344**	**4,967**	**6,763**	**-1,796**
NONPRACTICING		**65**		
OUT OF STATE		**40**		

*Table C.A.13. Benchmark Gap Analysis of New Mexico Physical Therapists **(The data
presented pertains to calendar year 2021)***

County	Population 2021	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 (**The data presented pertains to calendar year 2021**)*

County	Population 2021	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 (latest updated data)	Total Responses[b]	Male	Female	% Male	% Female
PCPs[a]	1,625	872	753	53.66%	46.34%
OB-GYNs[a]	217	83	134	38.25%	61.75%
General Surgeons[a]	158	118	40	74.68%	25.32%
Psychiatrists[a]	305	170	135	55.74%	44.26%
RNs and CNSs	16,181	2,154	14,027	13.31%	86.69%
CNPs	1,929	288	1,641	14.93%	85.07%
CNMs	189	0	186	0.00%	98.41%
PAs[a]	827	326	501	39.42%	60.58%
Dentists[a]	1,303	958	345	73.52%	26.48%
Pharmacists[a]	1,843	815	1028	44.22%	55.78%
LMs	41	1	38	2.44%	92.68%
EMTs	4,967	3,173	1,799	63.79%	36.21%
PTs[a]	1,462	489	973	33.45%	66.55%
OTs[a]	885	116	769	13.11%	86.89%
NM POPULATION[12]	2,113,344	1,052,445	1,060,899	49.80%	50.20%

a   The data presented for this profession pertains to the calendar year 2021.
b   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.

C.C. Race

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

Profession	Total Responses[b]	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Two or More
PCPs[a]	1,376	28 2.03%	183 13.30%	61 4.43%	1058 76.89%	46 3.34%
OB-GYNs[a]	177	1 0.56%	17 9.60%	14 7.91%	143 80.79%	2 1.13%
General Surgeons[a]	140	2 1.43%	21 15.00%	7 5.00%	104 74.29%	6 4.29%
Psychiatrists[a]	253	5 1.98%	22 8.70%	4 1.58%	214 84.58%	8 3.16%
RNs and CNSs	16,181	741 4.58%	722 4.46%	437 2.70%	12,560 77.62%	401 2.48%
CNPs	1,929	30 1.56%	71 3.68%	81 4.20%	1,582.00 82.01%	45 2.33%
CNMs	189	15 7.94%	3 1.59%	5 2.65%	163 86.24%	0 0.00%
PAs[a]	673	22 3.27%	21 3.12%	14 2.08%	590 87.67%	26 3.86%
Dentists[a]	904	10 1.11%	114 12.61%	18 1.99%	733 81.08%	29 3.21%
Pharmacists[a]	1,063	34 3.20%	105 9.88%	37 3.48%	841 79.12%	46 4.33%
LMs	41	1 2.44%	0 0.00%	1 2.44%	36 87.80%	0 0.00%
EMTs	4,967	355 7.14%	472 9.5%	428 8.61%	1,858 37.42%	45 2.33%
PTs[a]	1250	19 1.52%	217 17.36%	17 1.36%	988 79.04%	28 2.24%
OTs[a]	792	12 1.52%	26 3.28%	16 2.02%	709 89.52%	29 3.66%
NM POPULATION[12]	2,113,344	141,594 (6.7%)	65,514 (3.1%)	78,194 (3.7%)	1,751,962 (82.9%)	71,854 (3.4%)

a   The data presented for this profession pertains to the calendar year 2021.

b   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.

C.D. Ethnicity

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

Profession	Total Respondents	Hispanic	Non-Hispanic	% Hispanic	% Non-Hispanic
PCPs[c]	1465	328	1137	22.39%	77.61%
OB-GYNs[c]	192	34	158	17.71%	82.29%
General Surgeons[c]	142	26	116	18.31%	81.69%
Psychiatrists[c]	268	47	221	17.54%	82.46%
RNs and CNSs[a]	16,181	5,868	10,313	36.26%	63.74%
CNPs[a]	1,929	524	1,405	27.16%	72.84%
CNMs[a]	189	37	146	19.58%	77.25%
PAs[c]	669	142	527	21.23%	78.77%
Dentists[c]	935	186	749	19.89%	80.11%
Pharmacists[c]	1147	400	747	34.87%	65.13%
LMs	41	6	32	14.63%	78.05%
EMTs[b]	4,967	1,521	3,446	30.6%	69.4%
PTs[c]	1271	273	998	21.48%	78.52%
OTs[c]	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]   The data presented for this profession pertains to the calendar year 2021

Table C.E.1. Age of New Mexico's Health Professionals ***(The data presented pertains to calendar year 2021)***

Profession	Mean Age	Total Responses	< 25	25 – 34	35 – 44	45 – 54	55 – 64	65+
PCPs[a]	**53.1**	1,644	0	109	419	353	385	378
			0.00%	6.63%	25.49%	21.47%	23.42%	22.99%
OB-GYNs[a]	**52.7**	219	0	15	58	56	38	52
			0.00%	6.85%	26.48%	25.57%	17.35%	23.74%
General Surgeons[a]	**54.7**	157	0	4	39	36	41	37
			0.00%	2.55%	24.84%	22.93%	26.11%	23.57%
Psychiatrists[a]	**56.9**	309	0	17	55	63	74	100
			0.00%	5.50%	17.80%	20.39%	23.95%	32.36%
RNs and CNSs	**46**	16,181	280	3,265	4,556	3,485	3,010	1,585
			1.73%	20.18%	28.16%	21.54%	18.60%	9.80%
CNPs	**47.3**	1,929	1	264	630	498	358	178
			0.05%	13.69%	32.66%	25.82%	18.56%	9.23%
CNMs	**49.6**	189	0	19	54	49	47	20
			0.00%	10.05%	28.57%	25.93%	24.87%	10.58%
PAs[a]	**45**	869	1	233	245	164	151	75
			0.12%	26.81%	28.19%	18.87%	17.38%	8.63%
Dentists[a]	**48.4**	1,127	0	188	375	198	153	213
			0.00%	16.68%	33.27%	17.57%	13.58%	18.90%
Pharmacists[a]	**46.4**	1,853	6	465	482	347	297	256
			0.32%	25.09%	26.01%	18.73%	16.03%	13.82%
LMs	**48.5**	41	0	5	12	12	6	6
			0.00%	12.20%	29.27%	29.27%	14.63%	14.63%
EMTs	**39.1**	4,967	511	1527	1248	380	414	197
			10.28%	28.85%	25.12%	7.65%	8.34%	3.97%
PTs[a]	**44.1**	1,346	7	357	375	303	238	66
			0.52%	26.52%	27.86%	22.51%	17.68%	4.90%
OTs[a]	**45.2**	824	2	190	222	215	146	49
			0.24%	23.06%	26.94%	26.09%	17.72%	5.95%

[a] The data presented for this profession pertains to the calendar year 2021

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 (**The data presented pertains to calendar year 2021**)*

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%**