New Mexico Health Care Workforce Committee 2021 Annual Report

October 1, 2021

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 2020 – 31 December 2020. Where appropriate for continuity and clarity, key language has been repeated or excerpted verbatim from prior years' reports.[1–8] For the purposes of attribution, the New Mexico Health Care Workforce Committee suggests the following citation:

New Mexico Health Care Workforce Committee. *2021 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center, 2021.

From the Chair of the New Mexico Health Care Workforce Committee

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

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

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

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

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

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

Sincerely,

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

Summary of the 2021 Recommendations of the New Mexico Health Care Workforce Committee

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

Rec. 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 Land 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".

Rec. 2 Maintain gross receipts tax deduction for Medicare and managed care payments.

Rec. 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).

Rec. 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.

Rec. 5 Expand the Rural Health Care Practitioner Tax Credit program to include pharmacists, physical therapists, social workers and counselors.

Rec. 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.

Rec. 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.

Rec. 8 Fund the New Mexico Health Care Workforce Staff to complete annual analysis and expand recommendations. Total cost is $250,000 per year.

Rec. 9 Provide a community location in each county to receive telemedicine videoconferencing, such as a private computer-equipped space within a public health office.

Rec. 10 Support a financial aid program to increase the number of Doctor of Nursing Practice (DNP) 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 (year 1), $1.44 million (year 2), $2.16 million (year 3) and remain at $2.16 million per year after year 3.

Rec. 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.

Rec. 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.

Rec. 13 Develop a state certification process for qualified behavioral health interpreters, which includes training for monolingual English speakers on how to use interpreters.

This page was intentionally left bank.

Table of Contents

Section Page

Section Page

Section Page

List of Tables

Page

Table Page

This page was intentionally left bank.

List of Figures

Figure Page

Figure Page

This page was intentionally left bank.

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.[9]

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 (PCP) shortage of more than 20,000 by 2033 and the need for more than one million new registered nurses between 2020 and 2026.[10,11] 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.[12] The median county population density is 7.1, just above the six people per square mile criterion for frontier status.[13,14] Thirty five percent of the state's 2.1 million residents resides in rural or frontier counties (Figure 1.1).[13–15]

New Mexico furthermore faces substantial health disparities related to income inequality and other social determinants of health. For example, in 2019 the state was ranked fourth in the nation for poverty rate (17.7%) and second for the percent of non-elderly population insured by Medicaid (32.7%), seventh for percent of adults without a personal health care provider (30.2%), 11th for adults reporting fair or poor health status (21.1%) and 15th for uninsured non-elderly population (9.8%).[16] This year, the fast-moving COVID-19 pandemic highlighted the need in the state for health care workforce and care settings that can

adapt quickly to changing circumstances. As a result, the need to determine the health care workforce necessary to meet the needs of the state is all the more pressing for our state at this time.

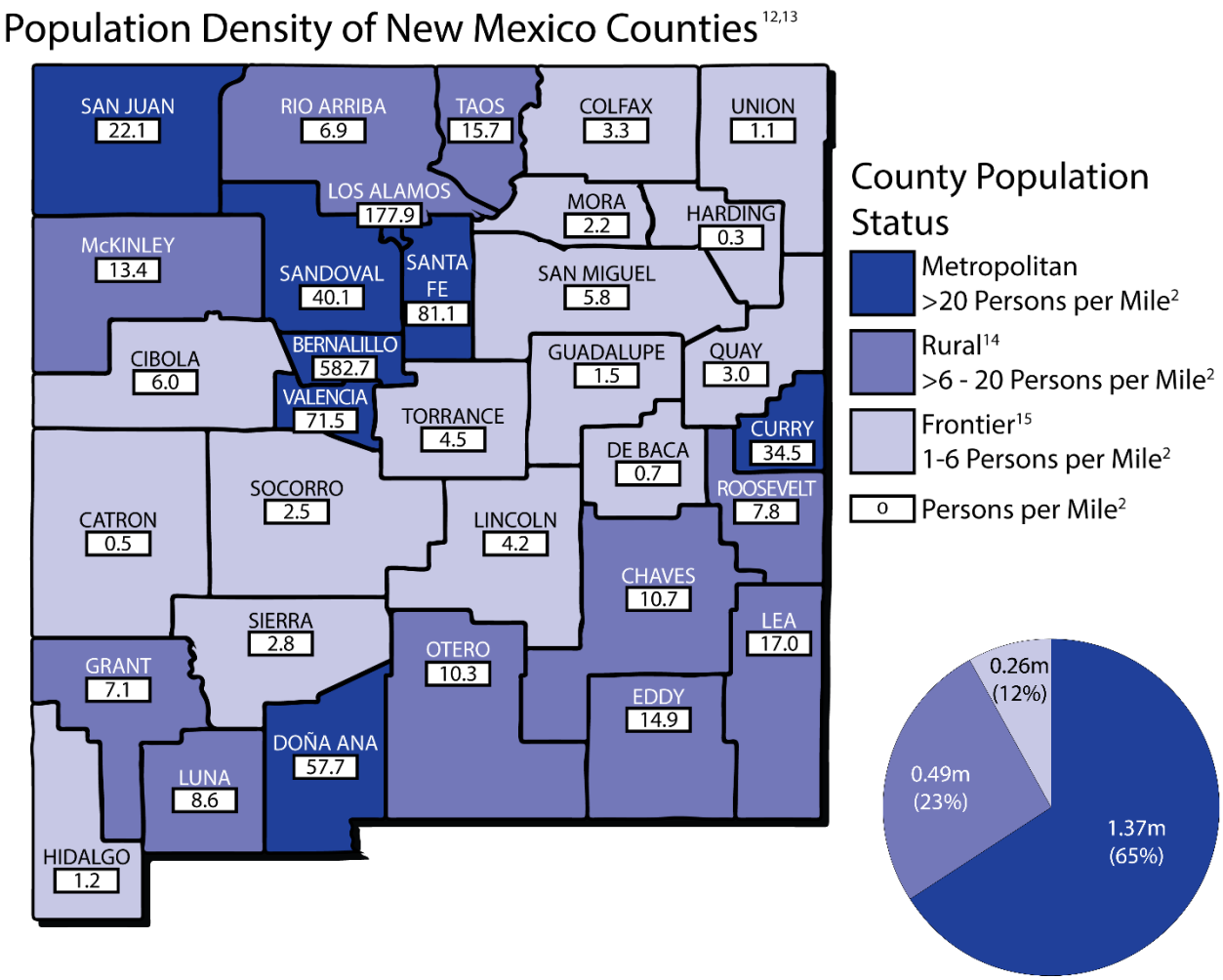


Figure 1.1. Each county's color indicates its classification as frontier (light), rural (medium) or metropolitan (dark); the white boxes show the population density (persons per square mile). The pie chart shows the proportion of the state's population residing in metropolitan, rural or frontier counties.

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

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

training, practice activities, hours and weeks worked, acceptance of Medicare/Medicaid, near-future practice plans and the effects of changes in professional liability insurance on practice plans. Beyond this, boards may choose to include survey items relevant to their profession.

This annual report is the committee's eighth combining data from these two key sources. Since 2013, analysis has expanded from six to 14 professions, and it now includes focused analyses each year on topics of special interest. Beyond this annual report, the New Mexico Health Care Workforce Committee conducts research on topics of interest, both within the state and nationally, disseminated through research publications and conference presentations (see Appendix A, p. 120 for a full bibliography of the research works produced to date).

I.B.1. Benchmark Analysis

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

National benchmarks and county-level benchmark maps shown in Section V (p. 31) 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. 31) that ***the number of health care professionals above or below benchmark is not a direct measure of the population's access to health care, but rather how that county's workforce compares to the national metric of provider supply.***

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

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

The analysis of 14 health care professions in Section V (p. 31) 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 we include to those included in the benchmark calculation. Doing so ensures the comparison is valid and useful, as it minimizes sources of difference between the values being compared in order to understand how New Mexico's health care workforce measures up to ideal or typical values for the nation. Section III (p. 15) measures current and projected workforce demand, as measured by employment and job openings. Section IV (p. 23) uses alternate inclusion criteria

and practitioners' self-reported practice patterns to calculate the FTEs of selected professions. These varied approaches all make meaningful inferences regarding New Mexico's need for providers, and together provide a nuanced understanding of the health care workforce issues facing the state.

Although the findings from these analyses are consistent with one another, it is important to recognize that these and other workforce analyses are not directly comparable due to the differences in methodology. Table 1.1 highlights important differences among approaches to health care workforce analyses as a framework for understanding why the values presented in different sections of this report and in other reports may differ. This is discussed in additional detail in Sections III (p. 15), IV (p. 23) and V (p. 31), where similarities and differences among the findings from each method are highlighted. Section VI (p. 95) 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, the state's variation in population density, health care needs, insurance coverage, demographics and other factors make it unlikely that a single optimal number of health care providers could be identified for any profession. It is possible, however, to approach the question of workforce adequacy from the multiple angles of demand, FTEs and counts with respect to national benchmarks, as in this report, in order to understand more fully where resources are most needed for residents to access health care.

In Sections IV (p. 23) through VI (p. 95) of this report, readers will note that providers per population vary widely among counties. Many counties have provider counts far below benchmarks, while others meet or exceed them. Using alternative methods such as the FTE analysis in Section IV (p. 23), the workforce may vary by an order of magnitude between counties. This uneven distribution – or maldistribution – of providers throughout the state highlights the need to evaluate workforce distribution at the county level, not just the state as a whole. Counties with higher provider-per-population ratios or who meet or exceed benchmarks tend to be those with urban areas or close proximity to training institutions and major health care facilities.

However, neither low demand, high FTEs nor provider counts above benchmarks throughout Sections III (p. 15) through VI (p. 95) 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 2020 Annual Report

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

Section V includes the committee's analysis of health professionals practicing in New Mexico, with updated benchmarks this year reflecting national trends in the health professions analyzed. Physician specialties included in this year's report are primary care physicians (PCPs) (Section V.C.1, p. 36) and specialists in obstetrics and gynecology (Section V.C.2, p. 40), general surgery (Section V.C.3, p. 44) and psychiatry (Section V.C.4, p. 48). Nursing professions include registered nurses and clinical nurse specialists (V.D.1, p. 52), certified nurse practitioners (V.D.2, p. 56) and certified nurse-midwives (V.D.3, p. 60). In addition, analyses are included of physician assistants (V.E.1, p. 64), dentists (V.E.2, p. 68), pharmacists (V.E.3, p. 72), licensed midwives (V.E.4, p. 75), emergency medical technicians (V.E.5, p. 80), and for the first time, physical therapists (V.E.6, p. 84) and occupational therapists (V.E.7, p. 88). While the demographics of physicians and nurses have been included in past years' reports, this year the demographics of all professions are discussed in their respective sections.

The findings of Section V (p. 31) are summarized in Table 1.2, Table 1.3 and Figure 1.2. Table 1.2 shows the proportions of the professions analyzed who were identified as actively providing patient care in the state, ranging from 51.2% (certified nurse practitioners) to 78.2% (occupational therapists). The New Mexico Health Care Workforce Committee estimates that in 2020, there were ***in active practice in the state*** 1,607 primary care physicians, 229 obstetrics and gynecology physicians, 305 psychiatrists, 154 general surgeons, 15,588 registered nurses and clinical nurse specialists, 1,732 certified nurse practitioners, 154 certified nurse-midwives, 865 physician assistants, 1,179 dentists, 1,764 pharmacists, 37 licensed midwives, 4,421 emergency medical technicians, 1,547 physical therapists, and 878 occupational therapists (Table 1.3).

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

Profession	Percent Practicing in NM, 2019	Total Licensed in NM	Estimated Total Practicing in NM	Percent Practicing in NM, 2020
All MDs/DOs	50.8%	10,156	4,739	46.66%
Primary Care Physicians	51.8%	3,008	1,607	53.42%
OB-GYN Physicians	63.0%	349	229	65.62%
General Surgeons	56.0%	270	154	57.04%
Psychiatrists	53.3%	557	305	54.76%
RNs/CNSs	53.9%	28,435	15,588	54.82%
CNPs	50.2%	3,386	1,732	51.15%
CNMs	70.6%	225	154	68.44%
Physician Assistants	75.4%	1,169	865	73.99%
Dentists	75.5%	1,559	1,179	75.63%
Pharmacists	50.4%	3,433	1,764	51.38%
Licensed Midwives	38.0%	81	37	45.68%
EMTs	52.0%	7,653	4,421	57.77%
Physical Therapists	67.8%	2,194	1,547	70.51%
Occupational Therapists	76.8%	1,123	878	78.18%

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

A. Physicians

Profession Metric	2013	2014	2015	2016[b]	2017	2018	2019[c]	2020 [d]	Net Change Since 2013
PCPs									
# in New Mexico	1,957	1,908	2,073	2,076	2,360	2,162	1,581	1,607	-350
Total Below Benchmark[a]	153	145	125	139	126	136	336	328	175
Counties Below Benchmark	23	22	17	22	16	18	26	27	4
OB-GYNs									
# in New Mexico	256	236	253	273	282	279	230	229	-27
Total Below Benchmark[a]	40	43	36	31	30	39	59	56	16
Counties Below Benchmark	14	14	12	9	11	15	17	17	3
General Surgeons									
# in New Mexico	179	162	177	188	194	188	155	154	-25
Total Below Benchmark[a]	21	18	16	14	12	11	11	10	-11
Counties Below Benchmark	12	8	8	7	7	6	5	5	-7
Psychiatrists									
# in New Mexico	321	289	302	332	332	317	296	305	-16
Total Below Benchmark[a]	104	109	111	106	111	108	106	117	13
Counties Below Benchmark	25	26	26	26	26	26	26	26	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] 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.

[c] The benchmark for PCPs and OB-GYNs was changed with 2019. Non-practicing providers for all professions were excluded beginning with 2019.

[d] The benchmark for Psychiatrists was changed with 2020.

B. Nurses with New Mexico Licenses Practicing in the State

Profession Metric	2013	2014	2015	2016	2017	2018	2019[c]	2020[g]	Net Change Since 2013[d]
RNs/CNSs[a]									
# in New Mexico	15,713[d]	NA[e]	NA	17,219	18,173	17,526	15,539	15,588	-125
Total Below Benchmark[b]	4,269[d]			3,361	3,022	3,689	5,985	6,223	1,954
Counties Below Benchmark	30[d]			30	29	31	32	32	2
CNPs[a]									
# in New Mexico	1,089	1,228	1,293	1,379	1,453	1,542	1,434	1,732	643
Total Below Benchmark[b]	271	197	201	142	147	135	282	238	-33
Counties Below Benchmark	25	20	19	18	17	16	25	24	-1
CNMs									
# in New Mexico	ND[f]	ND	ND	156	178	169	154	154	-2
Total Below Benchmark[b]				12	11	14	13	13	1
Counties Below Benchmark				9	9	10	10	13	4

[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] The benchmark for RNs/CNSs and CNPs was changed with 2019. Non-practicing providers for all professions were excluded beginning with 2019.
[d] 2012, not 2013, is the initial analysis year for RNs.
[e] NA indicates this profession was not analyzed for the years indicated.
[f] ND indicates survey data were not yet available.
[g] The benchmark for CNPs and CNMs was changed with 2020.

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

Profession Metric	2013	2014	2015	2016	2017	2018	2019[b]	2020[g]	Net Change Since 2013
PAs									
# in New Mexico	ND[c]	694	717	746	792	805	851	865	171
Total Below Benchmark[a]		136	136	119	113	115	234	249	113
Counties Below Benchmark		21	22	22	20	22	26	28	7
Dentists									
# in New Mexico	ND	1,081	1,131	1,171	1,215	1,216	1,208	1,179	98
Total Below Benchmark[a]		73	67	55	46	46	40	87	14
Counties Below Benchmark		18	20	18	17	15	17	21	3
Pharmacists									
# in New Mexico	ND	1,928	1,911	2,013	2,003		1,740	1,764	-164
Total Below Benchmark[a]		293	292	257	258		319	521	228
Counties Below Benchmark		26	28	26	27		26	30	4
LMs									
# in New Mexico	ND	ND	ND	38[e]	42	40	35	37	-1
Total Below Benchmark[a]				4	4	4	5	5	1
Counties Below Benchmark				4	4	4	4	5	1
EMTs									
# in New Mexico	ND	ND	ND	6,101	6,364	6,501	4,399	4,421	-1,680
Total Below Benchmark[a]				475	415	392	2,446	2510	2,035
Counties Below Benchmark				12	11	10	25	25	13
PTs									
# in New Mexico	NA[d]	NA	NA	NA	NA	NA	1,992	1,547	82
Total Below Benchmark[a]							559	524	-35
Counties Below Benchmark							30	28	-2
OTs									
# in New Mexico	NA	NA	NA	NA	NA	NA	841	878	37
Total Below Benchmark[a]							114	108	-6
Counties Below Benchmark							25	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] The benchmark for PAs and EMTs was changed with 2019. Non-practicing providers for all professions were excluded beginning with 2019.
[c] ND indicates survey data were not yet available.
[d] NA indicates this profession was not analyzed for the years indicated.
[e] This value has been modified from that reported in 2017 to remove apprentice midwives.
[g] The benchmark for Dentists, Pharmacists, and LMs was changed with 2020.

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

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

As a result of this maldistribution, we consider not just the total number of providers necessary to bring the state as a whole to the benchmark provider-to-population ratio, but also the number to bring each county to benchmark while retaining the current workforce in counties above benchmark. Without redistributing the current workforce, ***to bring all counties to benchmarks would require*** an additional 328 PCPs, 56 OB-GYNs, 10 general surgeons, 117 psychiatrists, 6,223 RNs and CNSs, 238 CNPs, 13 CNMs, 249 PAs, 87 dentists, 521 pharmacists, 5 LMs, 2,510 EMTs, 524 PTs and 108 OTs.

Section VI (p. 94) examines the state's behavioral health workforce across multiple provider types, including both independently licensed and non-independently licensed providers of behavioral health care. Finally, Section VII (p. 110) reviews our 2021 recommendations.

Addressing the health care workforce needs of the state – including responding to the COVID-19 pandemic and future events of its kind – will require a multipronged approach combining regulatory changes, increased workforce training in-state, recruitment and retention of providers, and measures targeting rural and underserved areas for growth of workforce. As a result, our recommendations for 2021, detailed in Section VII (p. 110), are broad-ranging, with an emphasis on addressing the potential loss of health care workforce due to COVID-19. They encompass ways to increase the state's public health workforce; reduce financial barriers to health professional education; increase the slots available for rural training of primary care providers and pharmacists; incentivize providers in rural and underserved areas; provide behavioral health care in primary care settings and resolve the CNP shortage within six years.

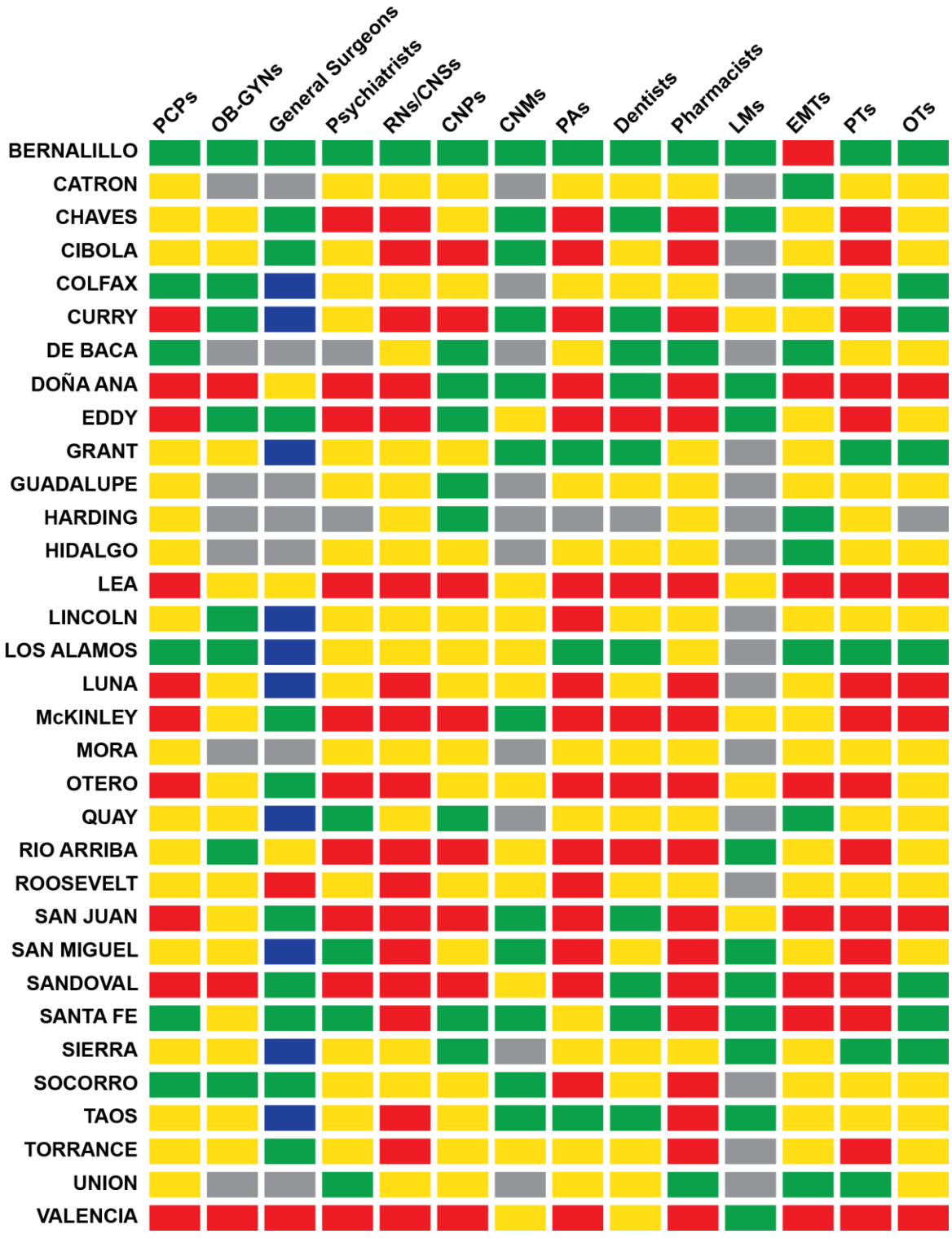


Figure 1.2. This at-a-glance summary shows the benchmark status by county for each profession analyzed in this report. Green indicates counties at or above benchmark; yellow, counties moderately below benchmark; and red, counties severely below benchmark. Those with a benchmark of zero and no providers are gray. Blue for general surgeons indicates counties above the optimal ratio. See the maps for each profession and additional details in Section V (p. 31).

This page was intentionally left bank.

Section II

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

II.A. Introduction

The first cases of the novel coronavirus SARS-CoV-2, the virus that causes COVID-19, were identified in New Mexico on March 11, 2020. Since that time, the New Mexico Department of Health has reported a total of more than 230,000 cases of the disease, more than 17,000 hospitalizations and more than 4,500 deaths.[17] The rapid declaration of a public health emergency following the earliest cases and the subsequent regulations aimed at preventing spread of the disease have earned New Mexico distinction as a national exemplar in response to the pandemic.[18,19]

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

II.B. The Impact of COVID-19

II.B.1. Fiscal Impacts

COVID-19 made necessary major realignments of health care activities and workforce as essential care, particularly of those suffering from the virus, took priority together with the near-halting of nonessential health care services. In the time since the onset of the pandemic in New Mexico, organizations representing multiple sectors of the health care workforce have provided the committee with analyses of the significant impacts on this workforce resulting from these changes. As of July 2021, health care use is on track to rebound from COVID-19 reductions and closures.[20] However, as health care rebounds, some financial implications of COVID-19 remain and may have a slow recovery across the United States.[21] In fact, the New Mexico Hospital Association reports that between the period of July through September 2021, hospitals have incurred more than $35 million in extraordinary expenditures related to staffing costs to maintain capacity and operations. These costs are expected to continue.

Over 2020, health care practices saw substantially reduced revenue following the onset of COVID-19 in the state. Dental practices have been among the most impacted. Even once reopening dental practices for routine care was allowed, the financial repercussions for New Mexico dental practices have continued. Safety protocols – including eliminating waiting rooms, redesigning operatories and enhancing safety equipment – have required financial outlay by practices at the same time they are experiencing reduced patient volume as a result of both patients choosing to delay non-emergent care and the extended treatment times required to accommodate safety measures. As of September 2021, 100% of dental practices in New Mexico report a status of open. Of those, 67% report "business as usual" and "33%

report lower patient volume than usual". [22] The American Dental Association reports a faster recovery from these impacts than previously anticipated and states that dental economy will rebound to pre-COVID-19 levels by the end of 2021. [23]

Other professions have also been strongly affected. In 2020, the New Mexico Primary Care Association members reported seeing less than 70% of their usual in-person patient volume. As of August 2021, the New Mexico Primary Care Association states that while in-person visits continue to be less than 70%, their virtual visits comprise more than 30% of their total visits. In 2020, 68% of New Mexico Medical Society members reported a 41% or greater reduction in charges and 66% reported the same reduction in revenue. Similarly, among respondents to a New Mexico Psychological Association survey, one-fourth reported revenue losses between $20,000 and $50,000, and an additional 20% reported losses from $10,000 to $20,000. Finally, 49% of New Mexico physical therapists reported a reduction in income; practice revenue for this profession decreased by more than half for 64% of respondents to a recent American Physical Therapy Association survey, and 95% saw at least some decline in revenue. As of 2021, the surveys have not been repeated across these associations, however, the American Medical Association reports that as of October 2020, spending is still down 8% from pre-COVD-19 spending. [24]

II.B.2. Workforce Impacts

Many professions reported sharp declines in practice volumes, affecting their need for health care workforce through 2020. The New Mexico Primary Care Association reported that during 2020 visits to primary care practices dropped to 40% to 60% of their usual volumes during the pandemic. However, through 2021, virtual visits have allowed practices across New Mexico to continue seeing patients and the Health Resources and Services Administration reports 22% of patient visits are conducted virtually.

In surveys of New Mexico dental practices conducted by the American Dental Association in August 2021, 100% of respondents reported that staff are back in the office and are 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 largest limitation to expanding practices. Ten percent of respondents express concerns that COVID-19 Delta variant may have an ongoing impact on recruitment and retention. [25]

Throughout 2020, with respect to the nursing workforce, furloughs and layoffs were reported from the large hospital systems of Las Cruces, Albuquerque and Santa Fe, in addition to private practices and clinics. While hospitals have made efforts to retrain and reassign nurses in order to minimize these outcomes, it has not been possible to avoid them entirely. The New Mexico Department of Workforce Solutions reported approximately 250 fewer Registered Nurses were employed as of August 2021 than in 2020 while monthly job postings increased by more than 1,700. Furthermore, the surveyed members of the New Mexico Hospital Association report approximately 30% of the hospital nursing workforce is unreliable, unstainable and unattainable. They go on to say that 12% of the current nursing workforce in the state is comprised of traveler nurses whose per-hour costs have more than doubled when compared to pre-COVID-19 wages. This wage increase has 29 facilities reporting that one or more nurses have left their jobs to become traveler nurses providing care in other states.

New Mexico Health Resources reports that health care professionals seeking employment have remained about the same from January through August of 2021, compared to the same period last year. In the case of some professions, including internal medicine physicians, psychiatrists, dentists and pharmacists, the number of inquiries from practitioners seeking professional opportunities has more than doubled through 2021.

II.B.3. Telehealth Expansion

One of the most notable outcomes of the COVID-19 pandemic has been a rapid and large-scale expansion in the availability of telehealth statewide. In adopting and expanding telehealth capacity, New Mexico's health professionals benefited from the Legislature's foresight. In 2019, New Mexico SB 354 laid important groundwork for the delivery of telehealth services.[20] This Act provided for parity between telehealth and in-person services in coverage, reimbursement, patient responsibility (deductible, copayment or coinsurance) and annual and lifetime maximums. Geographic limits on location were eliminated, and limitation to in-network providers is disallowed where no in-network provider is available and accessible. Subsequent to COVID-19, relaxation of Centers for Medicare and Medicaid Services regulations has allowed both telephone and telehealth encounters, as well as a waiver of the requirement for HIPAA-compliant telehealth platforms. These temporary changes have reduced barriers to telehealth adoption by health care organizations.

With the support of these regulatory changes, New Mexico health care providers were able to quickly introduce telephone and telehealth visits to their patients. Data provided to the committee by the New Mexico Telehealth Alliance show telehealth claims in April 2020 increased to more than 26,000 from a previous baseline near zero, and in FY21 there was an average of more than 14,000 telehealth encounters per month, totaling more than 176,000 telehealth encounters for the entire year. Telehealth encounters at the UNM Health System report an increase of more than 170,000 when compared to 2020.

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

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

II.B.4. Opportunities for Recruitment and Retention

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

shifts in workforce accompanying COVID-19 can form an opportunity for the state's health care organizations to recruit or retain those health care professionals impacted by furloughs, layoffs or practice closures both within the state and elsewhere.

II.C. Discussion

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

The ongoing public health emergency furthermore underscores the need to reinstate or expand the public health workforce in New Mexico. State public health nurses and school nurses will be critical to the successful implementation of vaccine programs and are key in disease reduction and health promotion efforts. Providing for the re-expansion of this workforce would be a powerful tool against this and future threats to public health. Our recommendations (Section VII, p. 113) include measures related to these aims.

While the long-term effects of COVID-19 on the state's health care workforce are not yet known, future analyses of the state's license renewal survey data will be valuable in understanding the extent of changes that result. It is likely that some health care professionals will choose to delay their intended retirements due to the ease of practice enabled by the availability of telehealth. However, others, such as nurses, may choose early retirement as an alternative to retraining or reassignment. As noted above, early indicators suggest that some physicians are considering transitions to small-town or rural practice, and some that have emphasized hospital practice are now expressing interest in outpatient care. Patterns of change in practice settings in future years will allow the committee to examine the extent to which COVID-19 affected health care providers decisions of where and how to practice. These and other questions can be addressed in future years as health care workers practicing now renew their licenses and complete the license renewal survey.

Section III

Demand Analysis for Selected Health Care Professions

Contributed by the New Mexico Department of Workforce Solutions

III.A. Introduction

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

ER&A collects and produces employment, wages, and projected job growth in conjunction with the U.S. Department of Labor's Bureau of Labor Statistics and Employment and Training Administration. Employment and wages presented are for 2020 and measure the employment conditions of the current labor force.

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

Online advertised job postings data are extracted from the Workforce Connection Online System (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 5,590 jobs (10.9% increase) from 2018 to 2028, a growth rate faster than the average for all occupations. This projected growth is mainly due to an aging population and an increased emphasis on preventive care, leading to greater demand for health care services.

III.B. Registered Nurses

In 2020 there were 17,100 registered nurses (Standard Occupational Classification (SOC) 29-1141) working in New Mexico, with slightly more than 60 percent located in the Albuquerque Metropolitan Statistical Area (MSA) (Table 3.1; see Figure 3.1 for a map of workforce regions). The median wage for registered nurses in 2020 was $75,350 but was slightly higher in the Albuquerque MSA ($76,580) and highest in the Santa Fe MSA ($77,340).

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

Table 3.1. Current and Projected Employment of Registered Nurses

Area Name		2020		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		17,100	$75,350	2,080	11.3	1,240
MSA	Albuquerque	10,320	$76,580	1,120	11.0	690
	Farmington	810	$72,360	100	10.5	60
	Las Cruces	1,330	$73,380	180	12.3	100
	Santa Fe	840	$77,340	160	14.7	80
Workforce Region	Central	10,320	$76,580	1,120	11.0	690
	Eastern	2,000	$70,620	240	11.6	140
	Northern	2,810	$75,260	430	11.4	250
	Southwestern	1,820	$73,310	250	12.9	140

Sources: Occupational Employment Statistics (OES) and Projections Program

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

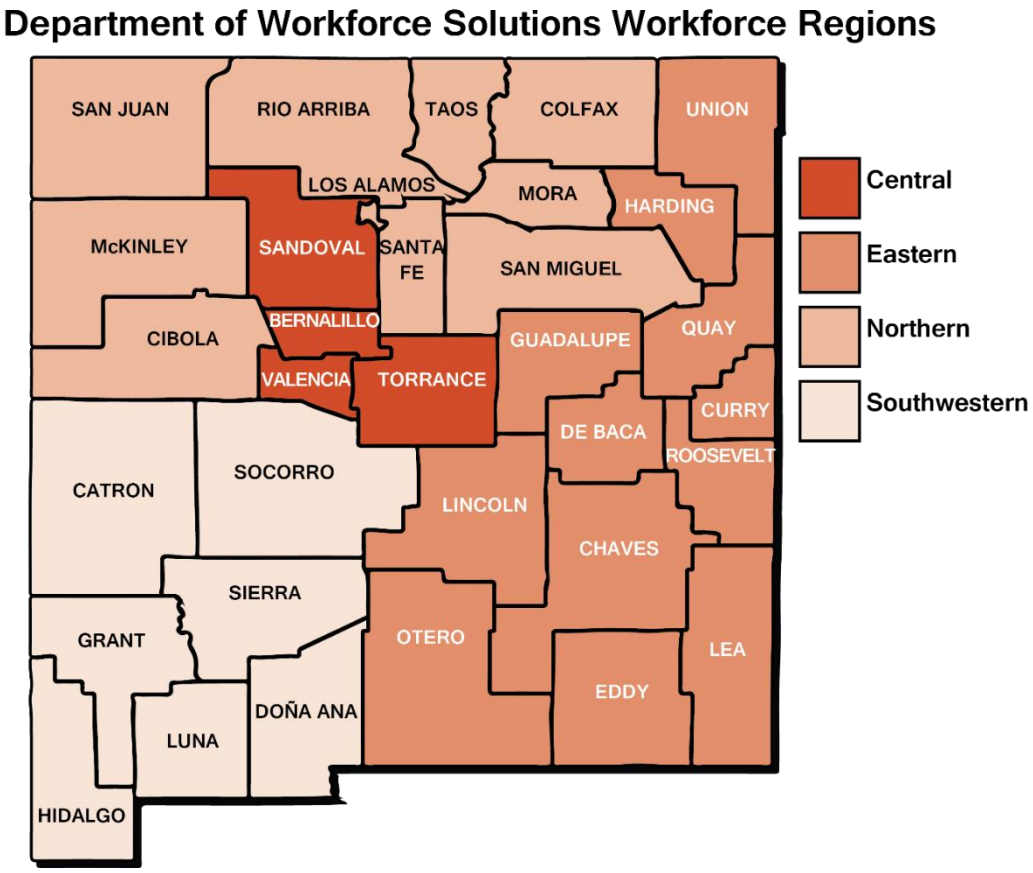


Figure 3.1. Workforce Regions Defined by the New Mexico Department of Workforce Solutions.

Since 2012 the average number of advertised online job postings for registered nurses has consistently been more than 2,000 a month (Figure 3.2), with June 2021 recording the highest number of advertised online job postings (6,931). In SFY 2021, the average monthly number was 6,306, with nearly 30% of those online advertised job postings located in Bernalillo County (Table 3.8).

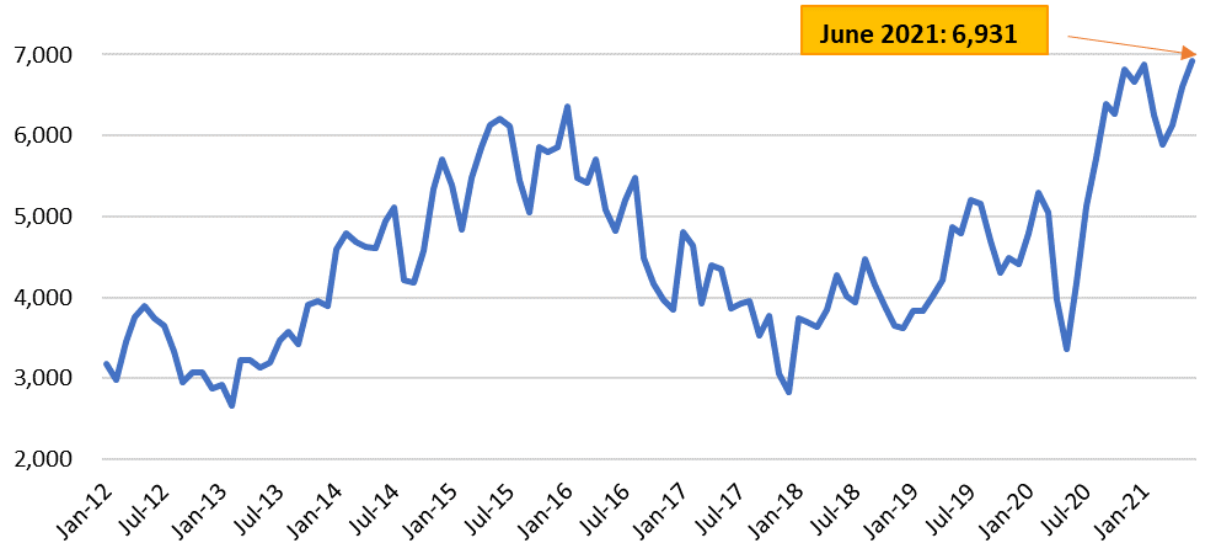


Figure 3.2. Online Advertised Job Postings for Registered Nurses, New Mexico. Source: Online advertised jobs data from WCOS

Table 3.2. Annual Median Wage for Registered Nurses, 2020

Location	Median Wage		Location	Median Wage
United States	$75,330			
New Mexico	$75,350		Colorado	$76,500
Arizona	$79,010		Texas	$75,320

Source: OES

According to 2019 data downloaded from the Integrated Postsecondary Education Data System, there were 1,440 persons who completed a registered nursing program (all credential types for CIP code 513801) in the state. It is unknown how many of these program completers practice in New Mexico, but when facing such a chronic shortage of registered nurses one needs to consider the wages of competing areas. As seen in Exhibit 3, New Mexico's median wage was lower than the national average and only $30 more than the annual median wage for registered nurses working in Texas, the state with the lowest median wage in the area.

III.C. Nurse Practitioners

There were 1,080 nurse practitioners (SOC 29-1171) in New Mexico in 2020, earning a median wage of $115,810. Employment of nurse practitioners is expected to grow by 27.5%, more than four times the statewide average of 6.3% for all occupations. It is estimated that there will be 90 annual job openings over the projection period. The average number of online advertised job postings for nurse practitioners per month in SFY 2021 was 258 (Table 3.8).

Table 3.3. Current and Projected Employment of Nurse Practitioners

Area Name		2019		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		1,080	$115,810	290	27.5	90
MSA	Albuquerque	420	$109,760	130	28.1	40
	Farmington	50	$115,770	10	27.5	< 5
	Las Cruces	160	$121,570	30	25.8	10
	Santa Fe	120	$114,900	50	33.6	10
Workforce Region	Central	420	$109,760	130	28.1	40
	Eastern	170	$115,780	30	25.8	10
	Northern	280	$116,430	90	28.7	30
	Southwestern	210	$126,410	40	25.9	10

Sources: OES and Projections Program

III.D. Pharmacists

In 2020 there were 1,700 pharmacists (SOC 29-1051) working in New Mexico (Table 3.4). Employment of pharmacists is expected to grow to 1,580 by 2028, an increase of 2.6%. Annual job openings due to pharmacists leaving the occupation to retire or work in another job are expected to be 74.

The annual median wage for pharmacists in New Mexico in 2020 was $129,290, about 3 ½ times greater than the annual median wage for all occupations in New Mexico ($37,380). The monthly average of online advertised job postings for pharmacists in SFY 2021 was 154 (Table 3.8).

Table 3.4. Current and Projected Employment of Pharmacists

Area Name		2019		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		1,700	$129,290	40	2.6	70
MSA	Albuquerque	920	$129,510	40	4.4	50
	Farmington	80	$114,630	NA[a]	3.1	< 5
	Las Cruces	100	$134,690	0	-1.2	< 5
	Santa Fe	160	$129,630	0	-2.7	10
Workforce Region	Central	920	$129,510	40	4.4	50
	Eastern	170	$137,880	-10	-3.1	10
	Northern	410	$122,580	0	-0.6	20
	Southwestern	180	$136,270	0	-0.8	10

[a] Not available

Sources: OES and Projections Program

III.E. Primary Care Physicians

III.E.1. Family Medicine Physicians

The average number of monthly online advertised job postings for family medicine physicians in SFY 2021 was 151 (Table 3.8). Family medicine physicians (SOC 29-1215) in New Mexico had an annual median wage of $181,140 in 2020, more than 4 ½ times greater than the annual median wage for all occupations (Table 3.5).

Table 3.5. Current and Projected Employment of Family Medicine Physicians

Area Name		2019		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		560	$181,140	50	6.1	30
MSA	Albuquerque	200	$156,530	20	4.7	10
	Farmington	30	NA[a]	10	9.6	< 5
	Las Cruces	70	$172,760	10	7.0	10
	Santa Fe	120	$182,290	10	10.2	< 5
Workforce Region	Central	200	$156,530	20	4.7	10
	Eastern	70	NA	10	5.8	< 5
	Northern	200	$189,810	20	6.4	10
	Southwestern	90	$180,780	10	7.4	10

[a] Not available

Sources: OES and Projections Program

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

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 2020 was more than $208,000, with about 120 employed in the state (Table 3.6). Of all the counties in New Mexico, Chaves County had the highest number of online advertised job postings for this occupation in SFY 2021 (Table 3.8).

Table 3.6. Current and Projected Employment of General Internal Medicine Physicians

Area Name		2019		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		120	> $208,000	< 5	1.6	5
MSA	Albuquerque	SPS[b]	>$208,000	< 5	1.7	< 5
	Farmington	SPS	SPS	SPS	SPS	SPS
	Las Cruces	SPS	SPS	SPS	SPS	SPS
	Santa Fe	SPS	SPS	SPS	SPS	SPS
Workforce Region	Central	SPS	SPS	< 5	1.7	< 5
	Eastern	SPS	SPS	SPS	SPS	SPS
	Northern	SPS	SPS	< 5	1.7	< 5
	Southwestern	SPS	SPS	SPS	SPS	SPS

[a] Not available
[b] Suppressed data
Sources: OES and Projections Program

III.E.3. General Pediatricians

In 2020 there were about 140 general pediatricians (SOC 29-1221) in New Mexico (Table 3.7), with more than half working in the Albuquerque MSA. This occupation had an annual median wage of $179,570. Employment until 2028 is expected to grow by just 1.0%. The number of online advertised job postings for this occupation averaged 32 a month in SFY 2021 (Table 3.8).

Table 3.7. Current and Projected Employment of General Pediatricians

Area Name		2019		2018 – 2028 Projections		
		Employment	Annual Median Wage	Employment Change	Percent Change	Annual Total Job Openings
New Mexico		140	$179,570	< 5	1.0	5
MSA	Albuquerque	80	$158,730	< 5	0.7	< 5
	Farmington	SPS[b]	SPS	SPS	SPS	SPS
	Las Cruces	SPS	SPS	SPS	SPS	SPS
	Santa Fe	SPS	SPS	SPS	SPS	SPS
Workforce Region	Central	80	$168,730	< 5	0.7	< 5
	Eastern	20	> $208,000	SPS	SPS	SPS
	Northern	30	> $208,000	SPS	SPS	SPS
	Southwestern	SPS	SPS	SPS	SPS	SPS

[a] Not available
[b] Suppressed data
Sources: OES and Projections Program

Table 3.8. Online Advertised Job Postings for Select Occupations, by County: Monthly Average for SFY 2020

County	Registered Nurses	Nurse Practitioners	Pharmacists	Family Medicine Physicians	General Internal Medicine Physicians	General Pediatricians
Bernalillo	1,886	90	63	34	8	3
Catron	<1	3	0	0	0	0
Chaves	282	7	5	10	15	1
Cibola	86	3	3	1	0	<1
Colfax	70	<1	0	1	0	<1
Curry	131	2	1	7	<1	1
De Baca	2	0	0	<1	0	0
Doña Ana	642	29	20	11	1	4
Eddy	197	3	5	8	1	5
Grant	77	6	6	4	0	2
Guadalupe	4	1	<1	0	0	0
Harding	<1	0	0	0	0	0
Hidalgo	3	1	0	0	0	0
Lea	132	3	4	4	3	2
Lincoln	85	<1	1	5	2	0
Los Alamos	129	1	1	0	1	0
Luna	118	3	<1	7	2	3
McKinley	210	17	3	6	<1	2
Mora	<1	1	0	1	0	0
Otero	219	21	1	6	1	2
Quay	39	1	0	<1	0	0
Rio Arriba	172	3	1	2	<1	<1
Roosevelt	52	1	<1	4	1	1
San Juan	194	9	5	12	2	1
San Miguel	107	2	1	2	2	1
Sandoval	232	4	4	2	1	0
Santa Fe	779	41	27	16	5	1
Sierra	60	<1	0	0	1	1
Socorro	151	2	<1	7	1	0
Taos	186	2	2	<1	0	0
Torrance	2	1	0	1	0	0
Union	6	0	1	0	0	1
Valencia	54	2	1	0	0	0
STATE TOTAL	**6,306**	**258**	**154**	**151**	**46**	**32**

Source: Online advertised jobs data from WCOS

III.F. Sources

2020 Employment and Wages: The source for 2020 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 two- and six-digit Standard Occupational Classification system level. Data is gathered via a survey of about 1,500 New Mexico businesses and conducted twice a year. Data are produced annually and include estimates for workers covered by the unemployment insurance program. Employment figures are rounded.

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

Online advertised job postings: Online advertised job postings data are extracted from the Workforce Connection Online System and count jobs posted online either internally or through external sites. Advertised jobs are spidered daily in real-time. Real-time advertised jobs are collected from employer corporate sites, hospitals, non-profits, local and federal government agencies, schools and universities, recruiter sites, newspapers, volunteer sites and other public, private and state job boards. Each site is individually reviewed and evaluated and each site's data extraction is custom tailored to that site. Every job listing is spidered every day so that it can be removed from the database when the job is de-posted. Each job is processed for O*NET code assignment, NAICS code assignment, employer name normalization and city/town name standardization.

Section IV

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

Contributed by Hala Reeder
Policy Fellow, New Mexico Human Services Department

IV.A. Introduction

There is a need to quantify and measure the state's health care workforce capacity and provider need across health care disciplines throughout New Mexico. This analysis aims to inform policy, programs and systemic changes that will improve the health outcomes of New Mexicans by using a calculation of Full-Time Equivalents (FTE) for Primary Care and Behavioral Health Providers to quantify a current health care workforce capacity and shortages.

IV.B. Materials and Methodology

FTE contribution was estimated using the activity reports of the 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 methodology was developed by New Mexico Human Services Department (HSD) Policy Fellow Rohini McKee, MD, MPH, FACS, FASCRS, in 2019 to determine FTE provider count.[7] HSD Policy Fellow Roxanne Humphries, MPH, further refined this analysis procedure and treatment for FTE.[8] For each county FTE contribution was divided by the county population and multiplied by 10,000 to indicate the number of Primary Care Physicians per 10,000 people.

Data Acquisition:

Provider Data for 2020 was obtained through licensure survey responses collected by the New Mexico Regulation & Licensing Department. Population Data was obtained from the Census Bureau in the 2019 "Annual Estimates of the Resident Population for Counties." Data for Benchmark Ratios is determined by the U.S. Department of Health and Human Services Health Resources and Services Administration's Health Professional Shortage Designation.

Full-Time Equivalent (FTE):

FTE is a unit of measurement quantified as the workload of a single employee. For the purposes of 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 depiction of New Mexico's Health Care Workforce capacities and provider needs with greater accuracy. To achieve FTE

contribution, each provider that filled out the survey reporting number of hours worked each week and weeks active per year is calculated using the equation: provider FTE contribution = $\frac{(Hours \times Weeks)}{1{,}680}$.

Provider Category Composition:

- Primary Care Physicians category is composed of all Medical Doctors and Doctors of Osteopathy that specialize in Family, General, Pediatrics, General Internal, Geriatrics, Adolescent, Occupational, Preventative Practice or Medicine (subspecialties not included).
- Psychiatrist category includes all Medical Doctors and Doctors of Osteopathy that specialize in Psychiatry.
- Core Mental Health Professions category contains all Psychologists, Licensed Clinical Social Workers, Licensed Independent Social Workers, and Licensed Masters Social Workers, Licensed Professional Clinical Counselors, and Licensed Marriage and Family Therapists.

Data Treatment and Transformation:

New Mexico provider licensure and survey data was merged and evaluated between two categories: the Responder Group, which comprises actively licensed individuals who have responded to a survey between 2017-2020, 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, data was transformed with corrected values, exclusions, and filters for the final FTE contribution calculation.

1. Filters: Practice status reported as actively practicing in New Mexico. Employed category composition filter for provider specialties.
2. Exclusions: Providers that reported working less than nine hours per week or 13 weeks per year were excluded from the FTE calculation. Multiple licenses held by singular individuals were limited to one FTE contribution estimate per person, and excess information was removed from the calculation.
3. Corrected Values: Self-reported activity levels of yearly contribution were capped at 40 hours per week 48 weeks per year to reduce errors of overreporting. For FTE contribution for PCP and Psychiatrists, hours contributed were recalculated to time spent only in direct out-patient care. For CMHP, the hourly contribution was not limited nor recalculated to direct out-patient care. The mailing address counties were used as a proxy when the primary employment county was unavailable or unlisted.

Methodology Visual Flow-Chart

Example below includes the calculation of Primary Care Physicians Full-Time Equivalent for Bernalillo County.

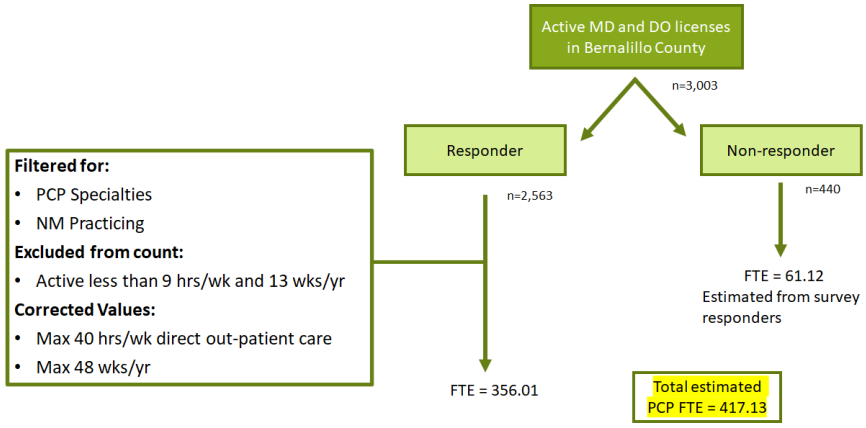


Figure 4.1. New Mexico Primary Care Physician Full-Time Equivalent Calculation, 2020

Example below includes the calculation of Psychiatrist Full-Time Equivalent for Bernalillo County.

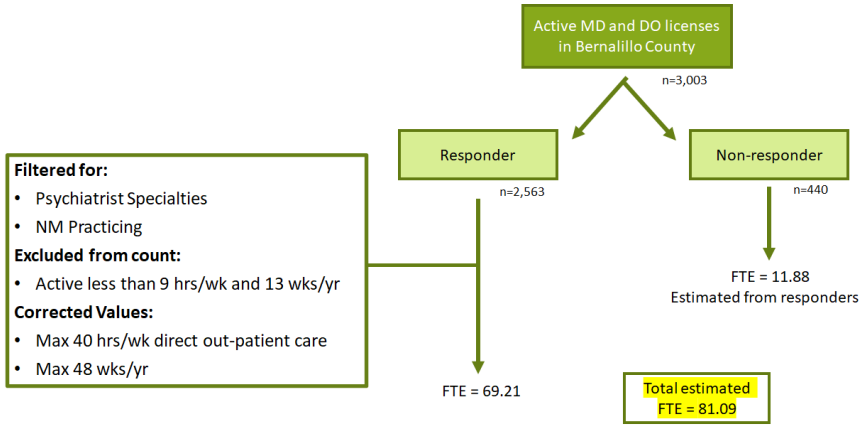


Figure 4.2. New Mexico Psychiatrist Full-Time Equivalent Calculation, 2020

Example below includes the calculation of Core Mental Health Professions Full-Time Equivalent for Bernalillo County.

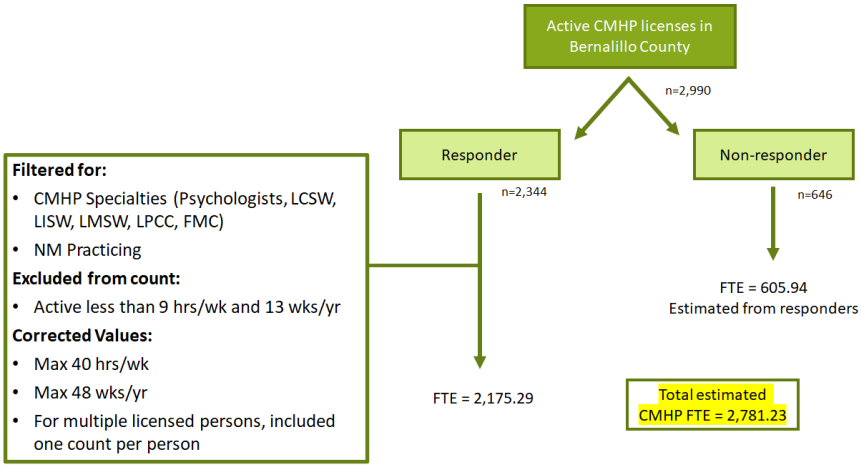


Figure 4.3. New Mexico Core Mental Health Professions Full-Time Equivalent Calculation, 2020

Primary Care Physicians

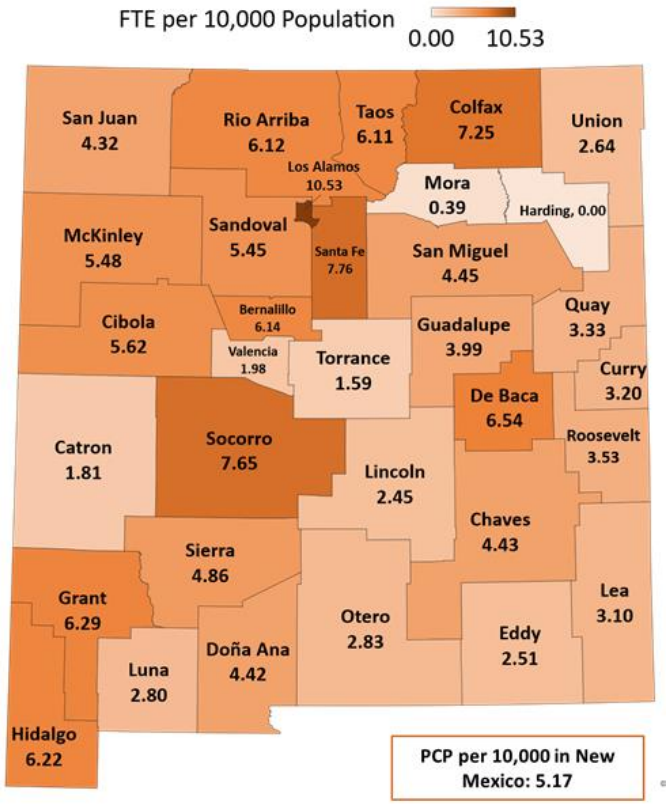


Figure 4.4. New Mexico Primary Care Physician Full-Time Equivalent by County Populations, 2020

Overall, in New Mexico there is an average of 5.17 Primary Care Physicians per 10,000 population, meaning for every Primary Care Physician, there are about 1,934 customers to provide to. The top three counties with the highest population density of Primary Care Physicians per 10,000 are Los Alamos County, 10.53, Santa Fe County, 7.76, and Socorro County, 7.65. With a 2019 national benchmark of Primary Care Providers of 8.29 per 10,000, virtually all New Mexico has a provider shortage, apart form Los Alamos County. The three counties with the lowest population density of Primary Care Physicians per 10,000 are Harding County, 0.00, Mora County, 0.39, and Torrance County, 1.59. The newly established New Mexico Primary Care Council is conducting research regarding benchmarks, as the national benchmark may not be suitable for New Mexico given the state's older, more rural, lower-income, and sicker population.

Psychiatrists

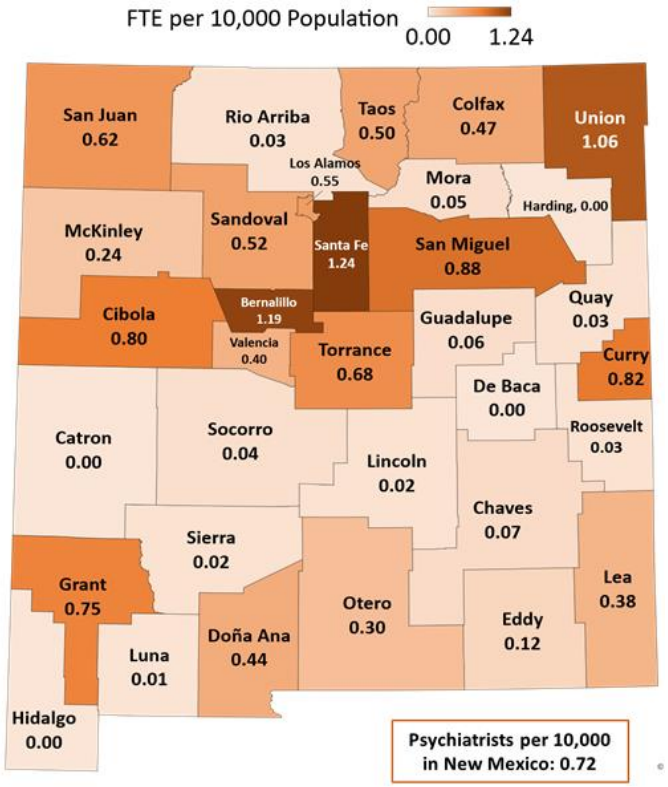


Figure 4.5. New Mexico Psychiatrist Full-Time Equivalent by County Population, 2020

Overall, in New Mexico there is an average of 0.72 Psychiatrists per 10,000 population, meaning for every one Psychiatrist, they have about 13,889 customers. The top three counties with the highest population density of Psychiatrists per 10,000 are Santa Fe County, 1.24, Bernalillo County, 1.19, and Union County, 1.06. With a 2019 national benchmark of 1.54 psychiatrists per 10,000, all New Mexico counties have a shortage of Psychiatrists. The counties with the lowest population density of psychiatrists per 10,000 are Catron County, De Baca County, Harding County and Hidalgo County, all with 0.00. The newly established New Mexico Primary Care Council is conducting research regarding benchmarks for psychiatrists, as the national benchmark may not be suitable for New Mexico given the state's older, more rural, lower-income, and sicker population.

Core Mental Health Professions

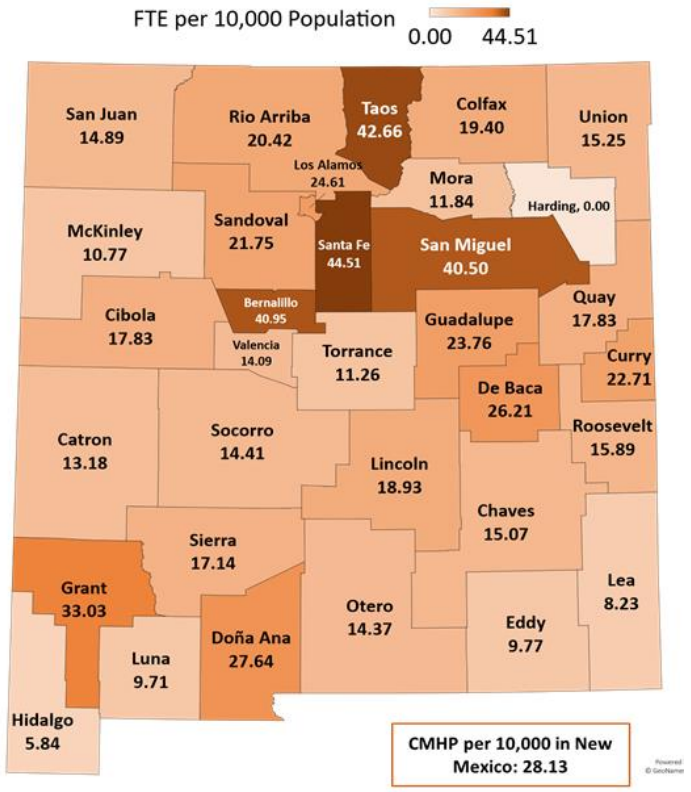


Figure 4.6. New Mexico Core Mental Health Professions Full-Time Equivalent by County Population, 2020

Finally, in New Mexico there is an average of 28.13 Core Mental Health Professionals per 10,000 population, meaning for every one Core Mental Health Professional, they have about 355 customers. The counties with the highest density of CMHPs per 10,000 population are Santa Fe County, 44.51, Taos County, 42.66, Bernalillo County, 40.95, and San Miguel, 40.50. There is no national benchmark established for CMHP per population. The three counties with the lowest density of Primary Care Physicians per 10,000 population are Harding County, 0.00, Hidalgo County, 5.84, and Lea County, 8.23. The newly established New Mexico Primary Care Council will work to determine a benchmark for CMHPs that considers the state's unique demographics and behavioral health needs.

IV.D. Limitations

Survey Data

The survey used in this study is limited, as it is not made mandatory, and it was not made available to all licensed providers; survey participation was not offered to some new and renewed licensed individuals. The 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 error. In particular, the survey contained overreporting 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.

Benchmark Comparisons

This analysis compared the FTE provider results to the National Benchmarks of Primary Care Physicians and Psychiatrists by population to provide a frame of reference. However, these benchmarks are not representative of New Mexico's particular population and provider needs. Given New Mexico's higher than national average risk population and demographics, including high rates of disability, unemployment, poverty, aging and rural regions. The New Mexico Primary Care Council has been tasked with setting statewide health care workforce provider benchmarks comprehensive of New Mexico's population and regional needs.

FTE Analysis

Due to limited source data, this analysis only examines data provided by the New Mexico Regulation and Licensing Department. Further, this analysis does not include some providers who deliver primary care, such as Physician Assistants, Nurse Practitioners, and other practitioners. Additionally, the count of Core Mental Health Professions does not include Provisionally and Bachelorette Licensed Social Workers nor Licensed Mental Health Counselors who can have a role in 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 counties or state lines. This is 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 predict the provider's precise employment location.

IV.E. Conclusions

This analysis provides an estimation 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.

Section V

New Mexico's Health Care Workforce

V.A. Introduction

Many different health care professions are necessary to address 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. 36), selected nursing professions (Section V.D, p. 52), physician assistants (Section V.E.1, p. 64), dentists (Section V.E.2, p. 68), pharmacists (Section V.E.3, p. 72), licensed midwives (Section V.E.4, p. 76), emergency medical technicians (Section V.E.5, p. 80), physical therapists (Section V.E.6, p. 84) and occupational therapists (Section V.E.7, p. 88). In each of these sections, we discuss the benchmark analysis, counts, changes from last year, and demographic data for each profession.

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

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

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

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

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

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

Profession	2019 Benchmark	Updated 2020 Benchmark
PCPs	8.3 per 10,000 population[26]	*Unchanged*
OB-GYNs	2.2 per 10,000 female population[27]	*Unchanged*
General Surgeons **Critical Need** **Minimum Need** **Optimal Ratio**	 3.0 per 100,000 population[28] 6.0 per 100,000 population 9.2 per 100,000 population	*Unchanged*
Psychiatrists	1.5 per 10,000 population[29]	1.6 per 10,000 population[30]
RNs	94.3 per 10,000 population[31]	*Unchanged*
CNPs	7.2 per 10,000 population[32]	7.8 per 10,000 population[33]
CNMs	0.71 per 10,000 female population[34, a]	0.76 per 10,000 female population[35, a]
PAs	4.3 per 10,000 population[36]	*Unchanged*
Dentists	4.0 per 10,000 population[37, a]	4.6 per 10,000 population[38, a]
Pharmacists	7.8 per 10,000 population[39]	9.1 per 10,000 population[40, a]
LMs	0.17 per 10,000 female population[41, a]	.24 per 10,000 population[42, a]
EMTs	32.1 per 10,000 population[43]	*Unchanged*
PTs	9.5 per 10,000 population[44]	*Unchanged*
OTs	3.7 per 10,000 population[45]	*Unchanged*

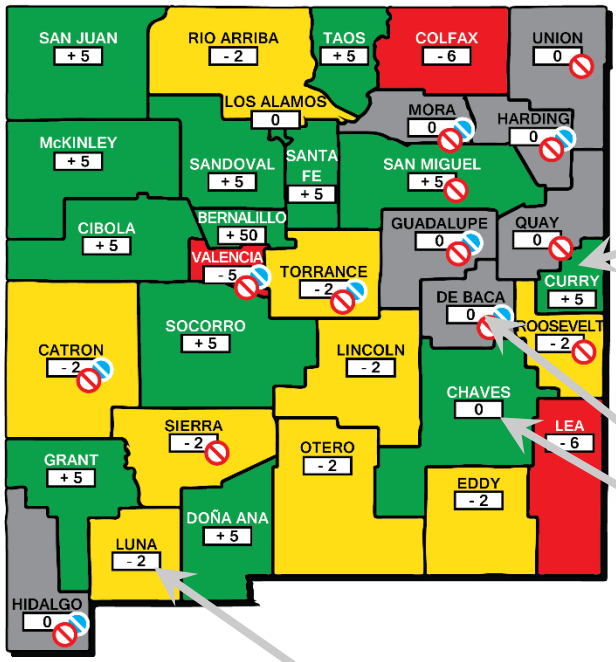
[a] See our 2017 Annual Report for additional detail on the calculation of these benchmarks from the listed source.[5]

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

Also included in this section are data and discussion regarding the demographics – gender, race, ethnicity and age – of each profession analyzed. The 2020 female population count will be released in 2022 from the 2020 U.S. Census. The 2019 female population percentage for each county[46] was used to estimate the 2020 female population respective to the 2020 U.S. Census county populations.

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

Interpretation of the Benchmark Maps



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

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

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

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

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

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

V.B. Methods

V.B.1. Key Definitions

In this report, we provide estimates and demographic analysis of the health care workforce practicing in New Mexico during any part of calendar year 2020 in the following professions:

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

Active licenses were defined as all licenses for these professions expiring on or after 1 January 2020 and issued prior to 1 January 2021. For each active license, the most recent corresponding survey was sought in the responses from renewal in 2020, 2019, 2018 or 2017 (the earliest renewal date possible for licenses active in 2020). 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 unsurveyed prior to license renewal. For some renewed licenses, no current survey can be identified due to errors such as mis-entry of license number that prevent matching of survey to license. In addition, across all professions data may be missing for individual survey items that an individual declined to answer. The proportion of each profession's licenses that were matched to a current survey is listed in Appendix D (p. 163).

Practice locations of providers were identified by ZIP code. For surveyed individuals, practice location was identified by county of the self-reported primary practice address ZIP code. Where this was left blank, the individual was assumed not to practice in New Mexico. For unsurveyed individuals, the mailing address ZIP code was used as a proxy. The exceptions were LMs and EMTs. EMTs are asked their EMS county rather than practice address, and this county was used for practice location. Of LMs responding affirmatively to practicing in New Mexico, fewer than half reported a business address, likely owing to the independent, home-based care delivered by many in this profession. As a result, for LMs business ZIP code was used for practice location when available, but if left blank, the mailing ZIP code was used as a proxy.

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

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

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

County-level 2020 population from the U.S. Census Bureau 2020 Census were used to calculate practitioner-to-population ratios for each county and the number of providers necessary for the county to meet the benchmark.[13]

V.C. Physicians

V.C.1. Primary Care Physicians

V.C.1.a. Benchmark Analysis

In 2020, an estimated 1,607 PCPs were practicing in New Mexico, with counties varying between 124 above benchmark and 48 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 six counties above benchmark for these practitioners. The state as a whole has 151 fewer PCPs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 328 PCPs would be needed for all New Mexico counties to meet the national benchmark (8.3 per 10,000 population[26]).***

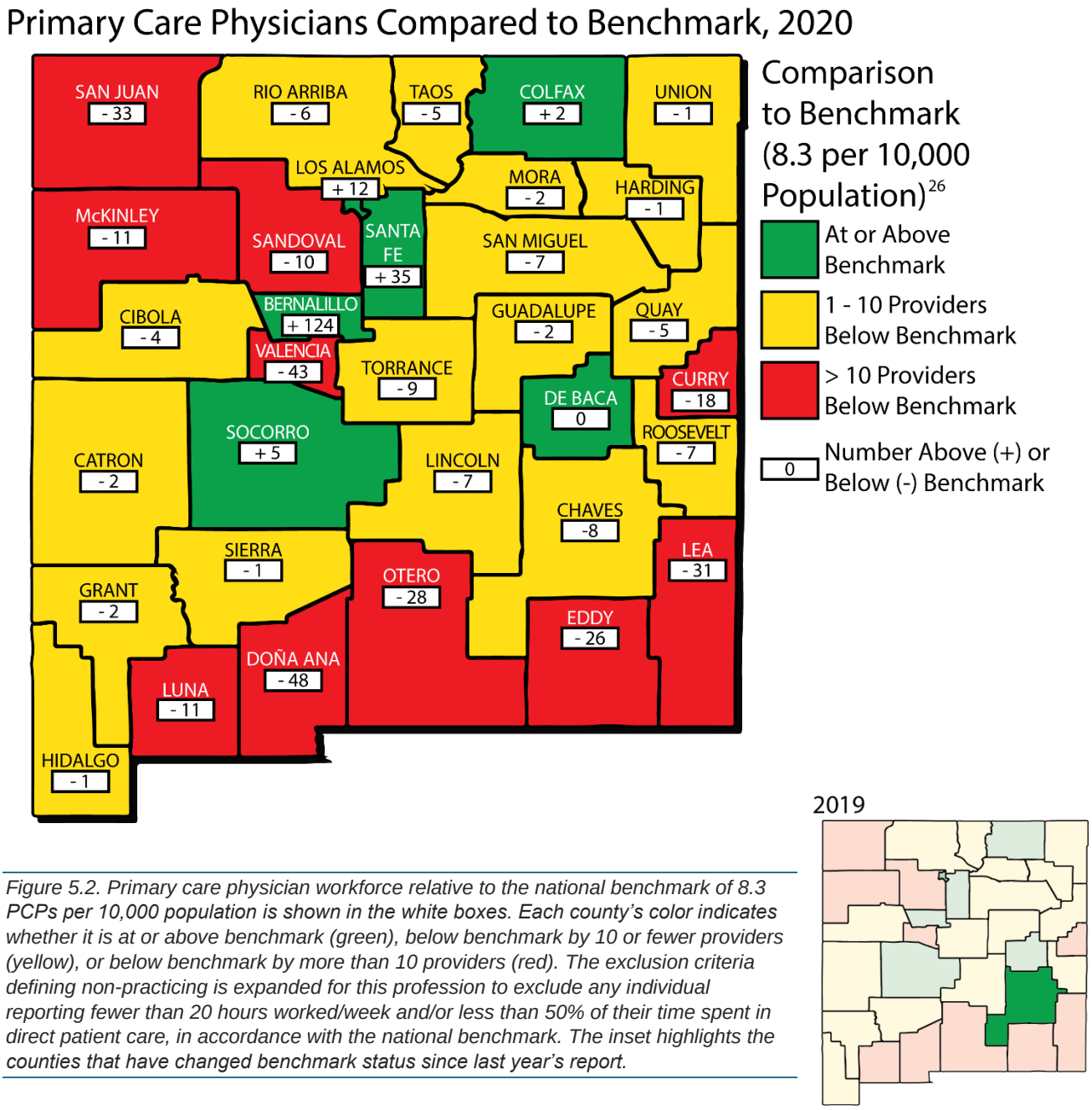


Figure 5.2. Primary care physician workforce relative to the national benchmark of 8.3 PCPs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 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	2014	2015	2016	2017	2018	2019[a]	2020	Net Change Since 2013
Bernalillo	855	807	936	946	1,123	999	675	685	-170
Catron	2	3	3	2	3	3	1	1	-1
Chaves	73	71	75	63	75	70	54	46	-27
Cibola	20	19	19	21	21	19	13	19	-1
Colfax	9	9	11	7	10	9	10	12	3
Curry	36	36	39	36	42	39	22	22	-14
De Baca	1	2	1	1	2	2	1	1	0
Doña Ana	168	162	182	185	200	192	137	134	-34
Eddy	35	37	39	36	33	34	24	26	-9
Grant	32	34	38	39	40	34	19	21	-11
Guadalupe	3	3	3	2	2	1	1	2	-1
Harding	1	0	0	0	0	0	0	0	-1
Hidalgo	2	2	1	1	2	2	2	2	0
Lea	30	29	35	36	41	37	29	31	1
Lincoln	13	13	14	12	14	12	10	10	-3
Los Alamos	33	33	32	31	37	35	28	28	-5
Luna	10	10	9	8	9	6	8	10	0
McKinley	50	50	62	59	62	59	46	50	0
Mora	1	2	2	1	2	1	1	1	0
Otero	37	42	37	34	33	39	31	28	-9
Quay	7	7	5	6	4	4	2	2	-5
Rio Arriba	27	29	28	26	27	29	24	28	1
Roosevelt	14	13	14	13	9	9	10	9	-5
San Juan	96	93	95	86	95	92	69	68	-28
San Miguel	26	24	22	19	24	25	15	16	-10
Sandoval	103	104	101	111	137	122	99	114	11
Santa Fe	188	183	185	203	222	199	178	164	-24
Sierra	11	12	11	11	13	9	8	9	-2
Socorro	12	13	16	16	15	18	15	19	7
Taos	37	36	33	34	36	35	24	24	-13
Torrance	1	2	2	2	3	3	3	3	2
Union	0	0	1	2	1	2	2	2	2
Valencia	24	28	24	27	23	22	20	20	-4
STATE TOTAL	**1,957**	**1,908**	**2,075**	**2,076**	**2,360**	**2,162**	**1,581**	**1,607**	**-350**

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

A total of 3,008 primary care physicians (PCPs) held New Mexico licenses during 2020. Of these individuals, 880 were identified as out of state, 521 were excluded from analysis as nonpracticing and 1,607 were in active practice in New Mexico (Figure 5.3).

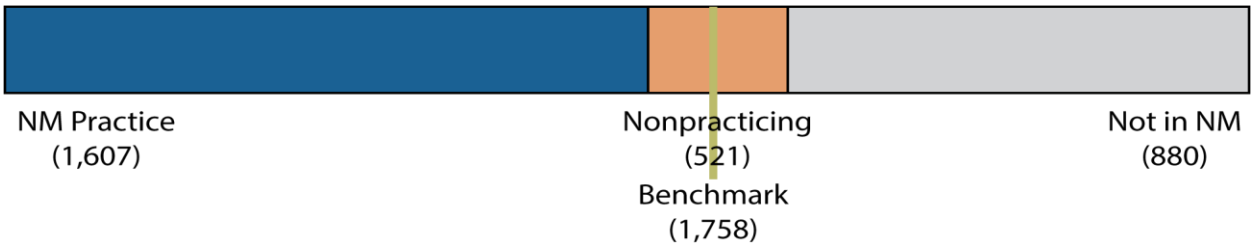
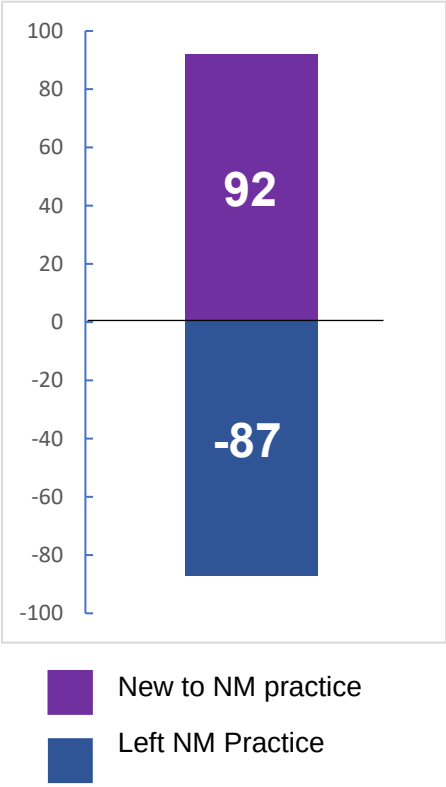


Figure 5.3. New Mexico's primary care physician licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of PCPs practicing in New Mexico has decreased by 87 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 new NM (purple).

V.C.1.c. Demographics

Demographic features of New Mexico PCPs are shown in figure 5.5. Relative to the state's population, PCPs are less likely to identify as Hispanic, White, or Native American and Alaska Native, and more likely to identify as Black or African American or Asian, Native Hawaiian and Other Pacific Islander. The state's PCP workforce is 45.6% female, with a mean age of 52.8 years. Detailed data for these findings may be found in Appendix C (p. 144).

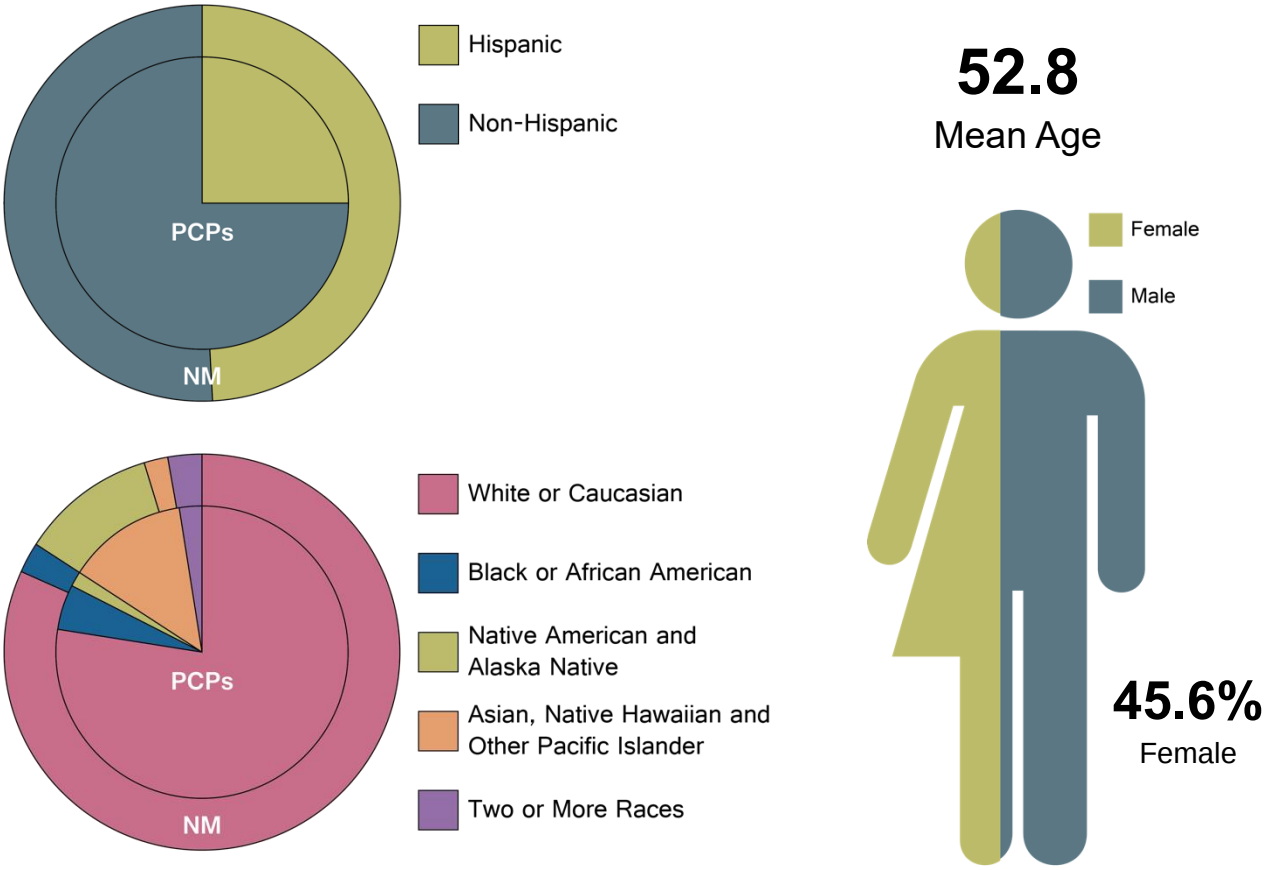


Figure 5.5. Demographic features of the NM PCP workforce. Clockwise from top right: mean age, percent male or female, proportions of NM PCPs (center circle) and the NM population (outer circle) for race and ethnicity.

V.C.2. Obstetrics and Gynecology Physicians

V.C.2.a. Benchmark Analysis

In 2020, an estimated 229 OB-GYNs were practicing in New Mexico, with counties varying between 51 above benchmark and 10 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 nine counties above benchmark for these practitioners. The state as a whole has six fewer OB-GYNs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 56 OB-GYNs would be needed for all New Mexico counties to meet the national benchmark (2.2 per 10,000 female population[27]).***

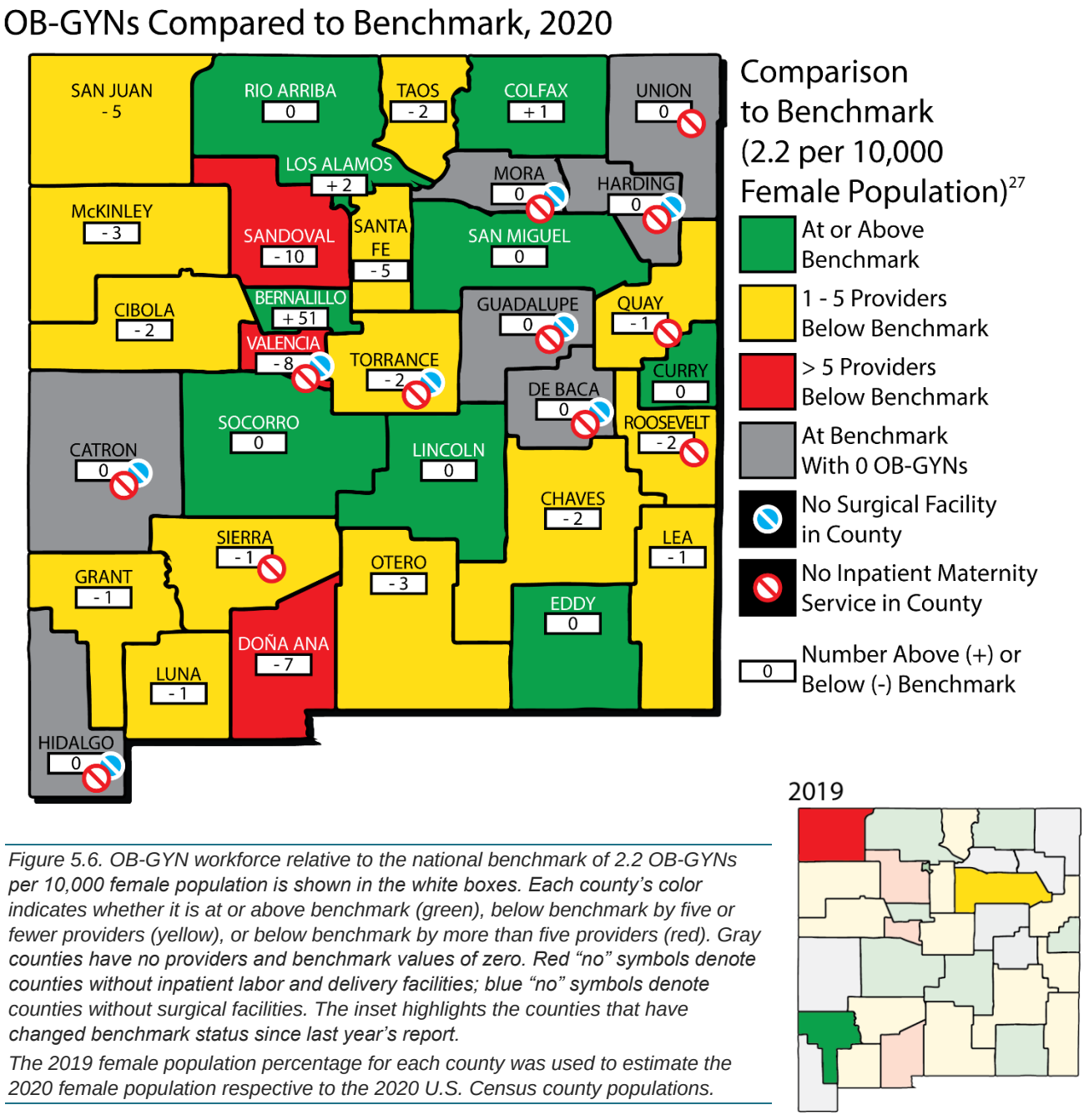


Figure 5.6. OB-GYN workforce relative to the national benchmark of 2.2 OB-GYNs per 10,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five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

The 2019 female population percentage for each county was used to estimate the 2020 female population respective to the 2020 U.S. Census county populations.

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

County	2013	2014	2015	2016	2017	2018	2019[a]	2020	Net Change Since 2013
Bernalillo	133	119	133	144	151	154	128	126	-7
Catron	0	0	0	0	0	0	0	0	0
Chaves	9	7	7	7	7	6	5	5	-4
Cibola	2	2	2	3	3	3	2	1	-1
Colfax	2	2	2	4	4	3	2	2	0
Curry	2	2	3	5	6	8	6	5	3
De Baca	0	0	0	0	0	0	0	0	0
Doña Ana	21	20	23	26	23	22	18	17	-4
Eddy	9	7	9	7	7	6	7	7	-2
Grant	3	3	3	3	3	3	3	2	-1
Guadalupe	0	0	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	1	0	0	0	0
Lea	3	3	6	7	10	10	6	7	4
Lincoln	3	2	2	2	2	3	2	2	-1
Los Alamos	2	3	2	3	4	5	3	4	2
Luna	4	4	3	2	2	2	2	2	-2
McKinley	8	10	9	9	7	3	3	5	-3
Mora	0	0	0	0	0	0	0	0	0
Otero	11	10	8	8	6	6	5	5	-6
Quay	0	0	0	0	0	0	0	0	0
Rio Arriba	3	3	3	5	4	5	4	4	1
Roosevelt	1	1	1	1	0	0	0	0	-1
San Juan	9	9	7	6	7	8	8	9	0
San Miguel	4	4	3	3	2	1	2	3	-1
Sandoval	7	7	6	7	9	10	5	7	0
Santa Fe	12	11	13	13	16	15	13	12	0
Sierra	0	0	0	0	0	0	0	0	0
Socorro	4	4	4	3	4	4	3	2	-2
Taos	3	3	4	5	4	2	3	2	-1
Torrance	0	0	0	0	0	0	0	0	0
Union	0	0	0	0	0	0	0	0	0
Valencia	1	0	0	0	0	0	0	0	-1
STATE TOTAL	**256**	**236**	**253**	**273**	**282**	**279**	**230**	**229**	**-27**

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

A total of 349 OB-GYNs held New Mexico licenses during 2020. Of these individuals, 100 were identified as out of state, 34 were excluded from analysis as nonpracticing and 229 were in active practice in New Mexico (Figure 5.7).

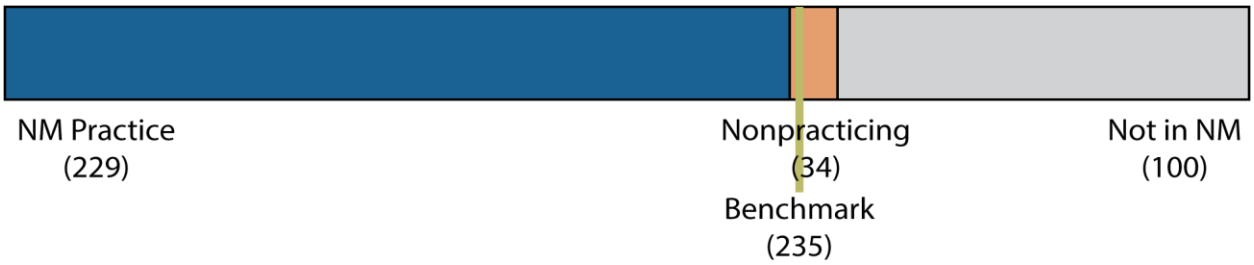
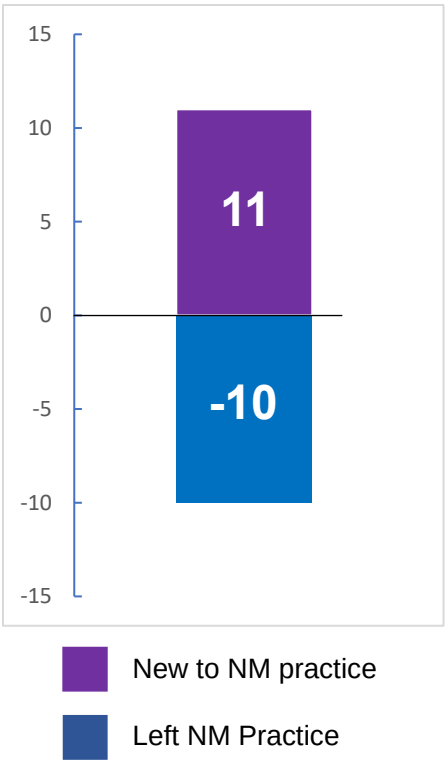


Figure 5.7. New Mexico's OB-GYN licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of OB-GYNs practicing in New Mexico has decreased by 10 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 new NM (purple).

V.C.2.c. Demographics

Demographic features of New Mexico OB-GYNs are shown in figure 5.9. Relative to the state's population, OB-GYNs are less likely to identify as Hispanic, White, Native American and Alaska Native or two or more races and more likely to identify as Black or African American or Asian, Native Hawaiian and Other Pacific Islander. The state's OB-GYN workforce is 61.4% female, with a mean age of 53.0 years. Detailed data for these findings may be found in Appendix C (p. 144).

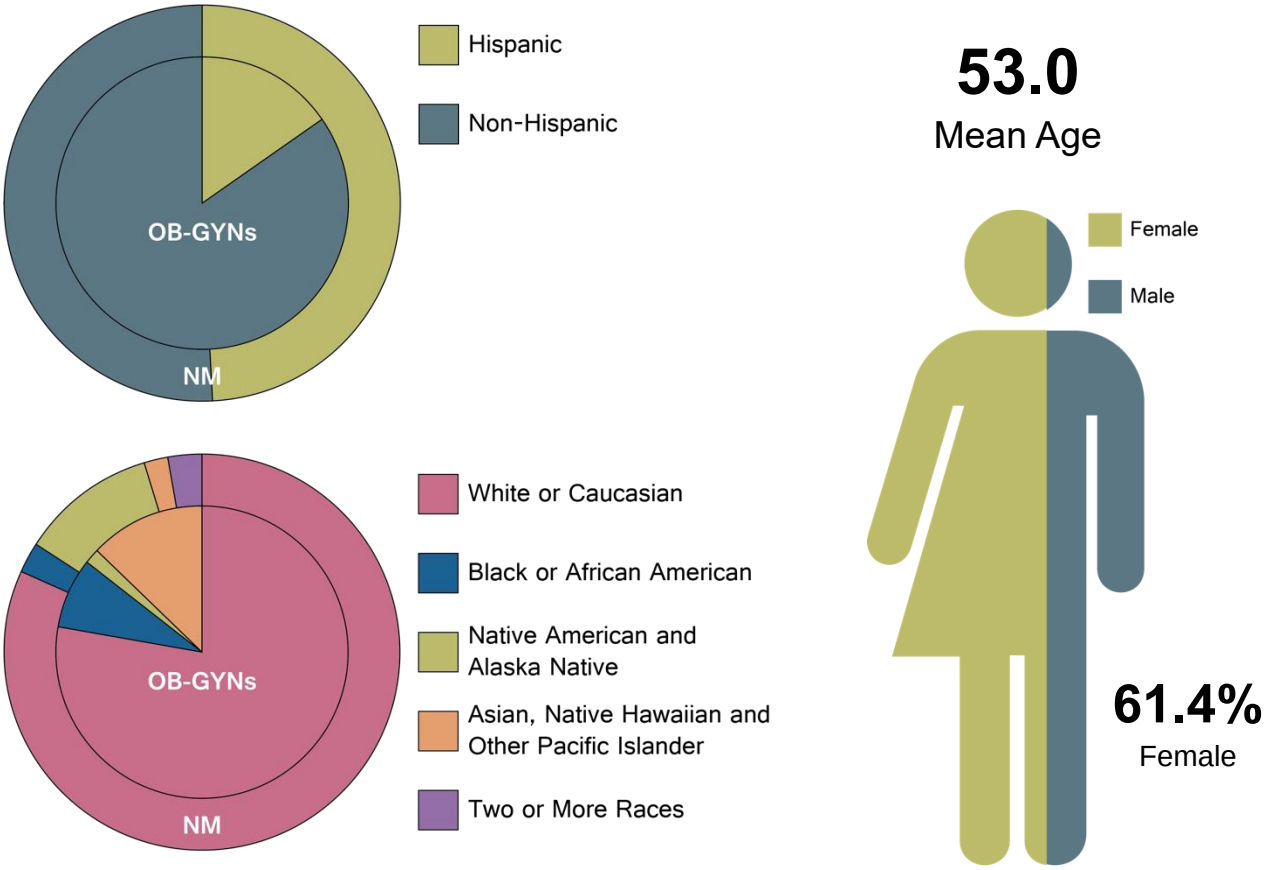


Figure 5.9. Demographic features of the NM OB-GYN workforce. Clockwise from top right: mean age, percent male or female, proportions of NM OB-GYNs (center circle) and the NM population (outer circle) for race and ethnicity.

V.C.3. General Surgeons

V.C.3.a. Benchmark Analysis

In 2020, an estimated 154 general surgeons were practicing in New Mexico, with counties varying between 10 above benchmark and five below (Figure 5.10). Table 5.4 tracks the general surgeon workforce since the profession was first analyzed for 2013. Ten counties have shown a net gain of general surgeons, with 21 counties above benchmark for these practitioners. The state as a whole has 27 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[28]).***

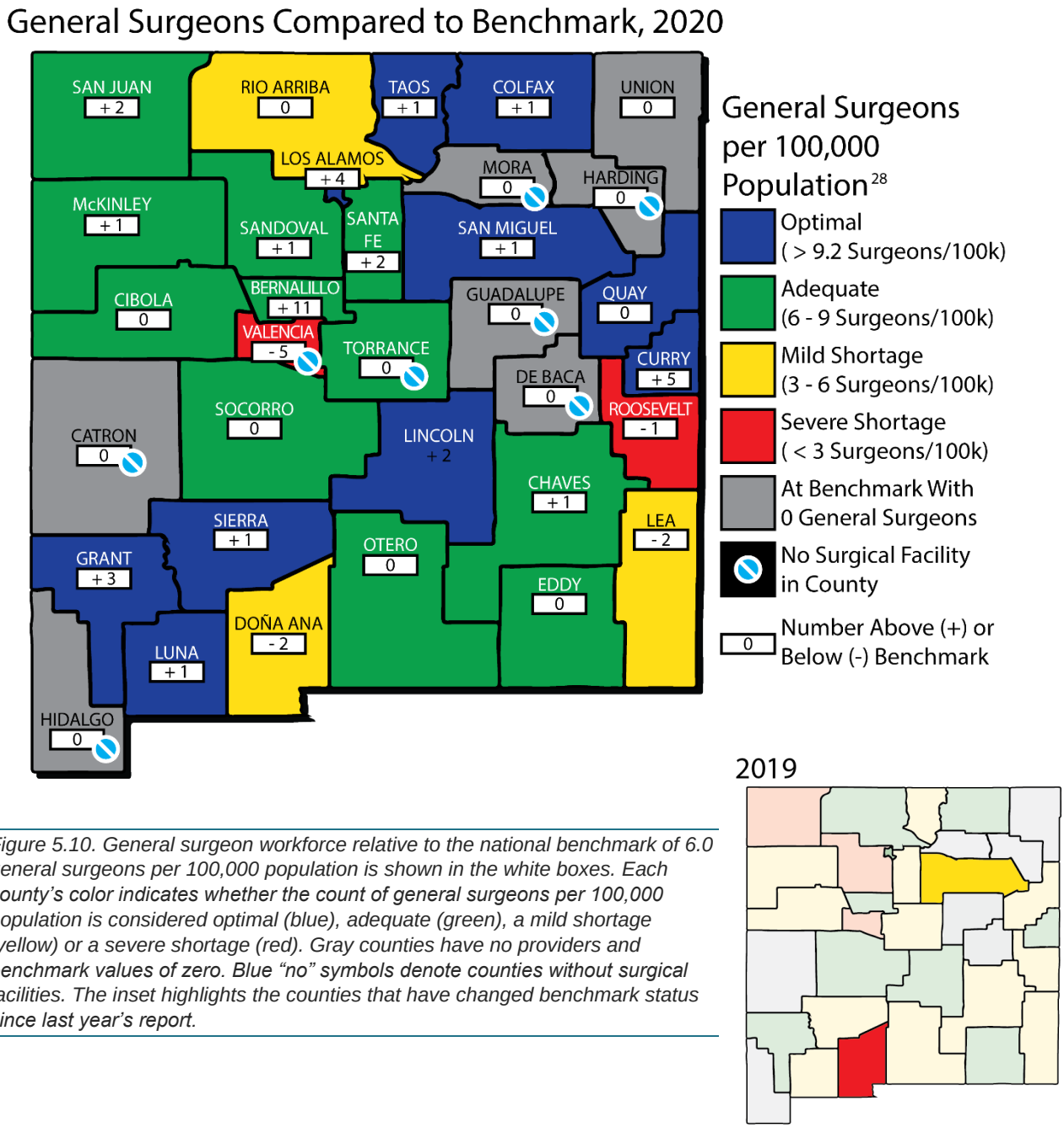


Figure 5.10. General surgeon workforce relative to the national benchmark of 6.0 general surgeons per 100,000 population is shown in the white boxes. Each county's color indicates whether the count of general surgeons per 100,000 population is considered optimal (blue), adequate (green), a mild shortage (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	2014	2015	2016	2017	2018	2019[a]	2020	Net Change Since 2013
Bernalillo	68	60	74	75	84	78	49	52	-16
Catron	0	0	0	0	0	0	0	0	0
Chaves	3	4	4	4	3	4	5	5	2
Cibola	1	2	2	3	3	3	2	2	1
Colfax	5	4	4	3	2	3	2	2	-3
Curry	9	9	9	9	8	8	7	8	-1
De Baca	0	0	0	0	0	0	0	0	0
Doña Ana	12	11	13	13	15	14	16	11	-1
Eddy	7	5	8	8	5	5	5	4	-3
Grant	4	5	3	2	4	3	5	5	1
Guadalupe	0	0	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	0	0	0	0
Lea	2	2	2	2	3	3	2	2	0
Lincoln	0	0	0	0	1	2	2	3	3
Los Alamos	6	5	4	5	5	5	5	5	-1
Luna	1	1	1	1	1	1	3	3	2
McKinley	7	8	8	9	7	9	5	5	-2
Mora	0	0	0	0	0	0	0	0	0
Otero	2	2	2	2	3	2	3	4	2
Quay	1	1	2	2	1	1	1	1	0
Rio Arriba	1	2	3	3	3	4	2	2	1
Roosevelt	1	1	1	2	2	2	0	0	-1
San Juan	7	7	6	10	9	7	8	9	2
San Miguel	3	3	2	2	0	2	2	3	0
Sandoval	4	4	5	6	8	8	11	10	6
Santa Fe	12	15	17	17	14	13	13	11	-1
Sierra	0	0	0	1	3	3	1	2	2
Socorro	2	3	2	4	3	1	1	1	-1
Taos	7	7	4	5	6	6	4	3	-4
Torrance	0	0	0	0	0	0	1	1	1
Union	2	1	1	0	1	1	0	0	-2
Valencia	0	0	0	0	0	0	0	0	0
STATE TOTAL	**167**	**162**	**177**	**188**	**194**	**188**	**155**	**154**	**-13**

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

A total of 270 general surgeons held New Mexico licenses during 2020. Of these individuals, 97 were identified as out of state, 19 were excluded from analysis as nonpracticing and 154 were in active practice in New Mexico (Figure 5.11).

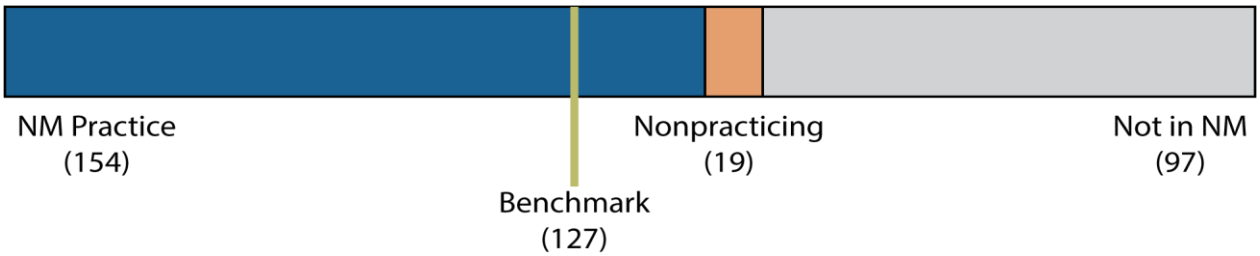
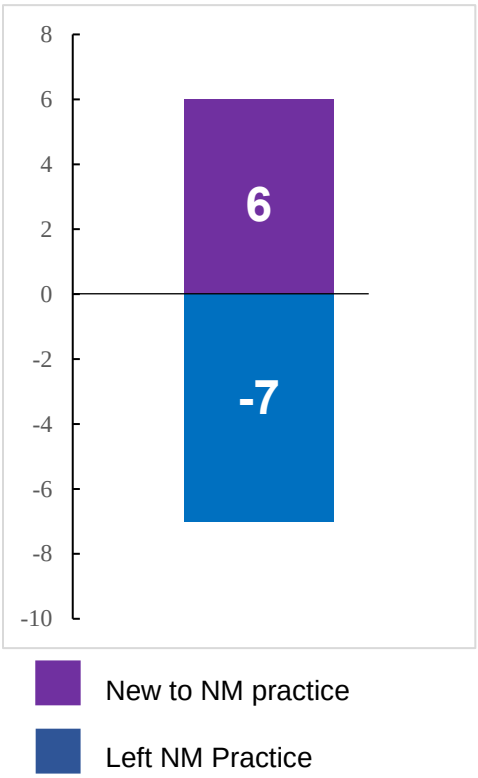


Figure 5.11. New Mexico's general surgeon licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of general surgeons practicing in New Mexico has decreased by seven 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 new NM (purple).

V.C.3.c. Demographics

Demographic features of New Mexico general surgeons are shown in figure 5.13. Relative to the state's population, general surgeons are less likely to identify as Hispanic, White or Native American and Alaska Native and more likely to identify as Asian, Native Hawaiian and Other Pacific Islander. The state's general surgeon workforce is only 21.9% female, with a mean age of 54.9 years. Detailed data for these findings may be found in Appendix C (p. 144).

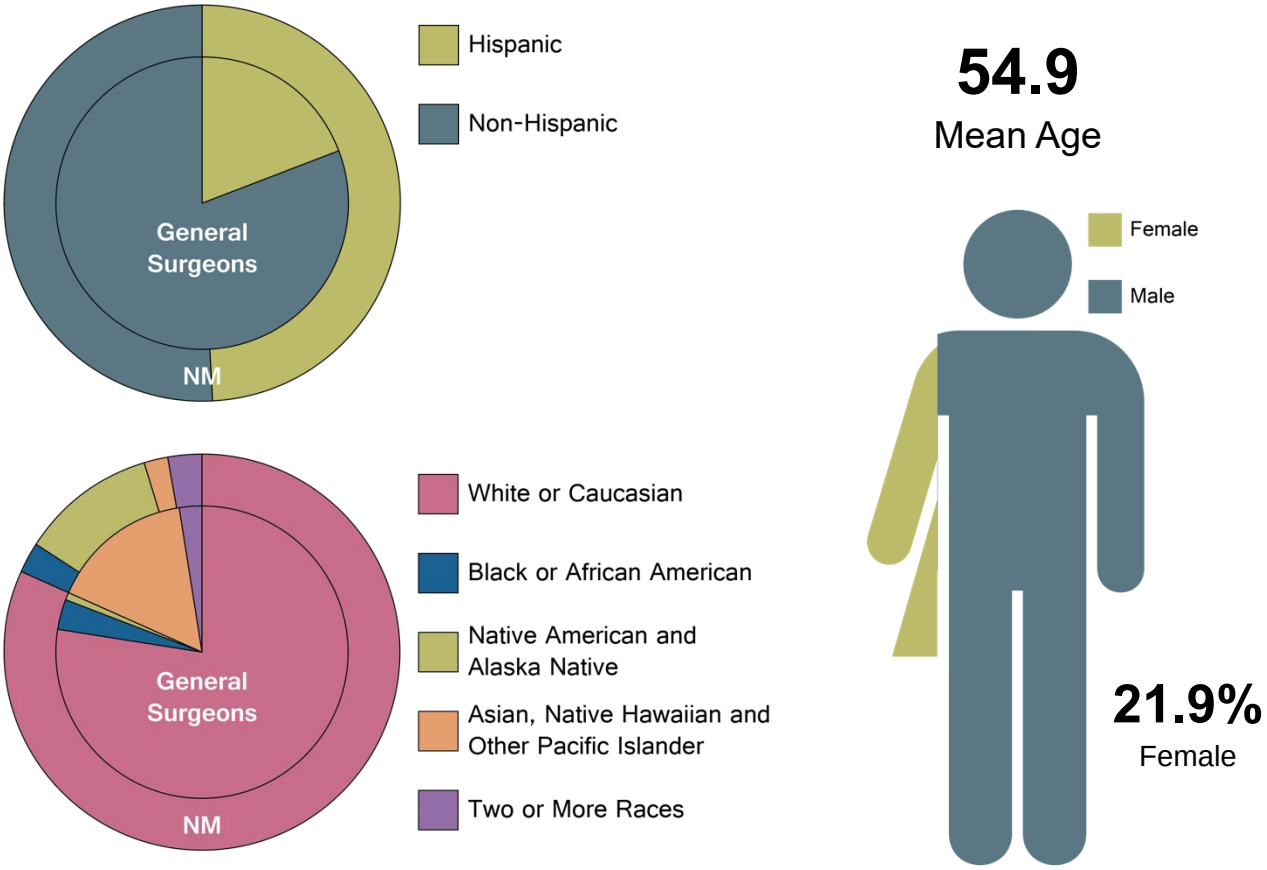


Figure 5.13. Demographic features of the NM general surgeon workforce. Clockwise from top right: mean age, percent male or female, proportions of NM general surgeons (center circle) and the NM population (outer circle) for race and ethnicity.

V.C.4. Psychiatrists

V.C.4.a. Benchmark Analysis

In 2019, an estimated 305 psychiatrists were practicing in New Mexico, with counties varying between 61 above benchmark and 16 below (Figure 5.14). Table 5.5 tracks the psychiatrist workforce since the profession was first analyzed for 2013. Eight counties have shown a net gain of psychiatrists, with five counties above benchmark for these practitioners. The state as a whole has 34 fewer psychiatrists than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 117 psychiatrists would be needed for all New Mexico counties to meet the national benchmark (increased this year from 1.5 per10,000[29] to 1.6 per 10,000 population[30]).***

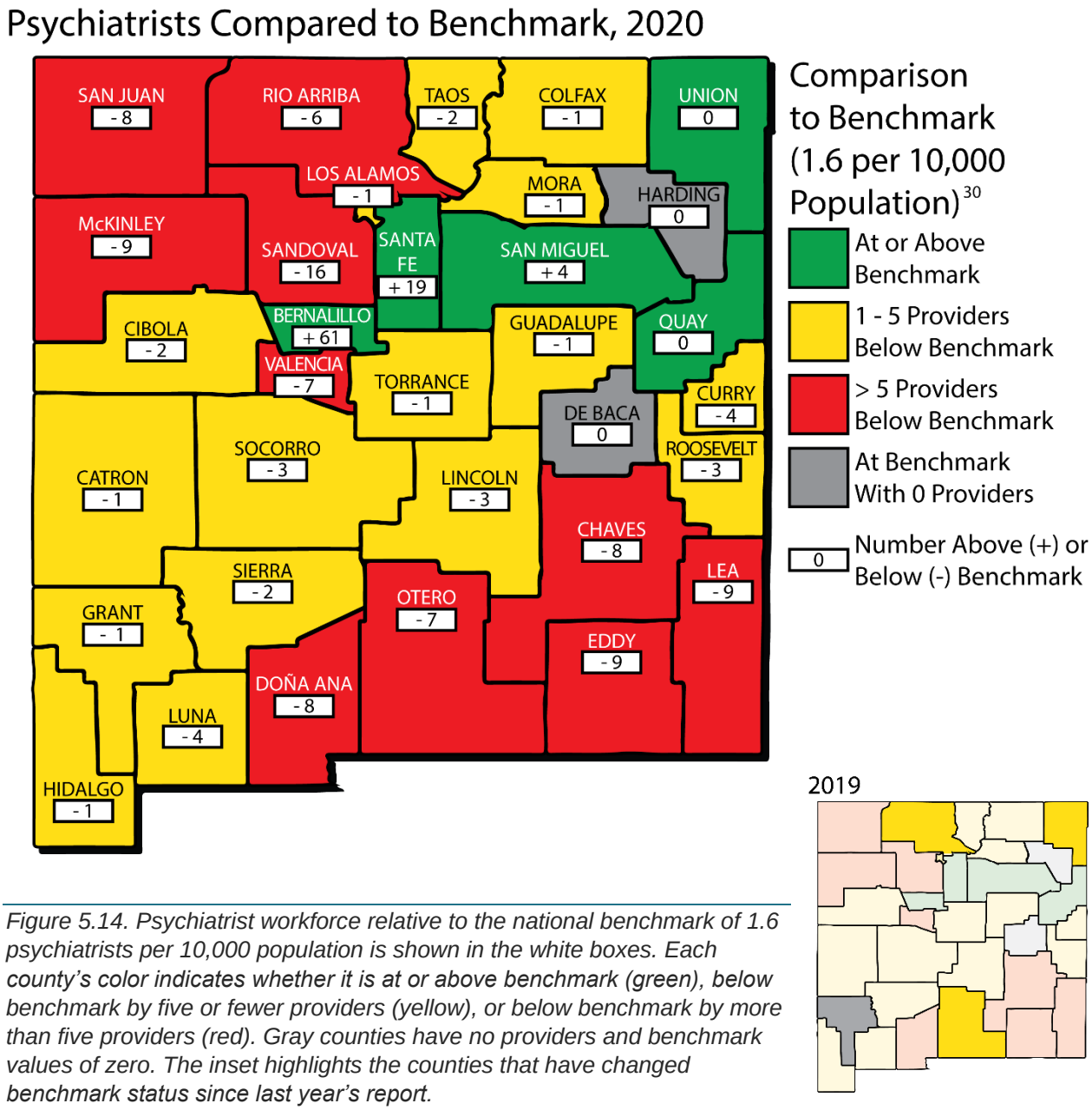


Figure 5.14. Psychiatrist workforce relative to the national benchmark of 1.6 psychiatrists per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than 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	2014	2015	2016	2017	2018	2019[a]	2020	Net Change Since 2013
Bernalillo	174	150	167	183	188	174	158	169	-5
Catron	0	0	0	0	0	0	0	0	0
Chaves	6	6	5	4	5	4	1	2	-4
Cibola	1	1	1	0	0	0	1	2	1
Colfax	0	0	0	0	1	0	0	1	1
Curry	4	4	4	3	2	2	4	4	0
De Baca	0	0	0	0	0	0	0	0	0
Doña Ana	23	25	21	22	26	28	26	27	4
Eddy	2	2	4	3	2	2	1	1	-1
Grant	5	4	3	3	3	5	4	4	-1
Guadalupe	0	0	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	0	0	0	0
Lea	3	3	4	4	4	3	3	3	0
Lincoln	0	0	0	0	0	0	0	0	0
Los Alamos	1	1	3	3	3	2	2	2	1
Luna	1	1	1	1	0	0	0	0	-1
McKinley	7	7	5	6	3	3	3	3	-4
Mora	0	0	0	0	0	0	0	0	0
Otero	2	2	2	3	4	5	6	4	2
Quay	1	1	1	1	1	1	1	1	0
Rio Arriba	0	0	1	1	1	0	1	0	0
Roosevelt	0	0	0	0	0	0	0	0	0
San Juan	8	6	8	11	9	11	10	11	3
San Miguel	9	9	9	10	10	9	8	8	-1
Sandoval	8	6	8	10	10	11	13	8	0
Santa Fe	51	48	51	53	52	49	45	44	-7
Sierra	0	0	0	0	0	0	0	0	0
Socorro	3	2	1	1	0	0	0	0	-3
Taos	4	4	3	4	3	2	4	4	0
Torrance	0	0	0	0	0	0	0	1	1
Union	0	0	0	0	0	0	0	1	1
Valencia	8	7	7	6	5	6	5	5	-3
STATE TOTAL	**321**	**289**	**309**	**332**	**332**	**317**	**296**	**305**	**-16**

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

A total of 557 psychiatrists held New Mexico licenses during 2020. Of these individuals, 202 were identified as out of state, 50 were excluded from analysis as nonpracticing and 305 were in active practice in New Mexico (Figure 5.15).

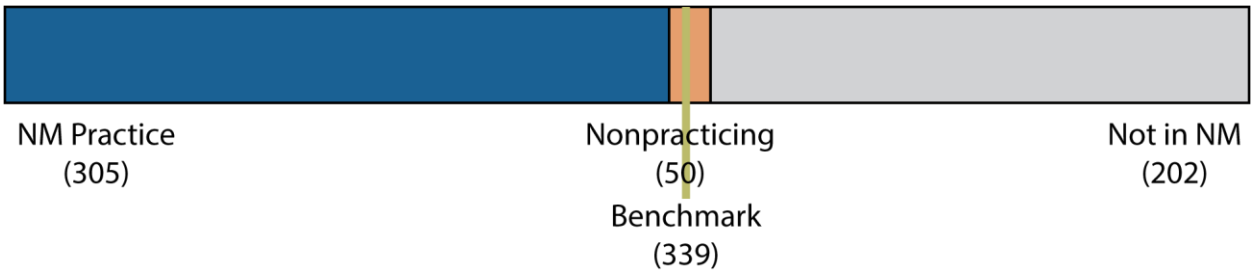
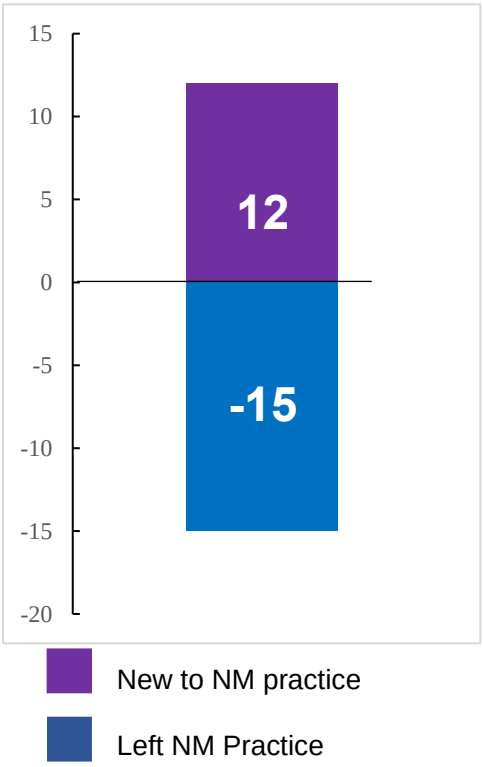


Figure 5.15. New Mexico's psychiatrist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of psychiatrists practicing in New Mexico has decreased by 15 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 new NM (purple).

V.C.4.c. Demographics

Demographic features of New Mexico psychiatrists are shown in Figure 5.17. Relative to the state's population, psychiatrists are less likely to identify as Hispanic, Black or African American or Native American and Alaska Native, and more likely to identify as White or Asian, Native Hawaiian and Other Pacific Islander. The state's psychiatrist workforce is 44.2% female with a mean age of 58.2 years, a full five years older than PCPs. Detailed data for these findings may be found in Appendix C (p. 144).

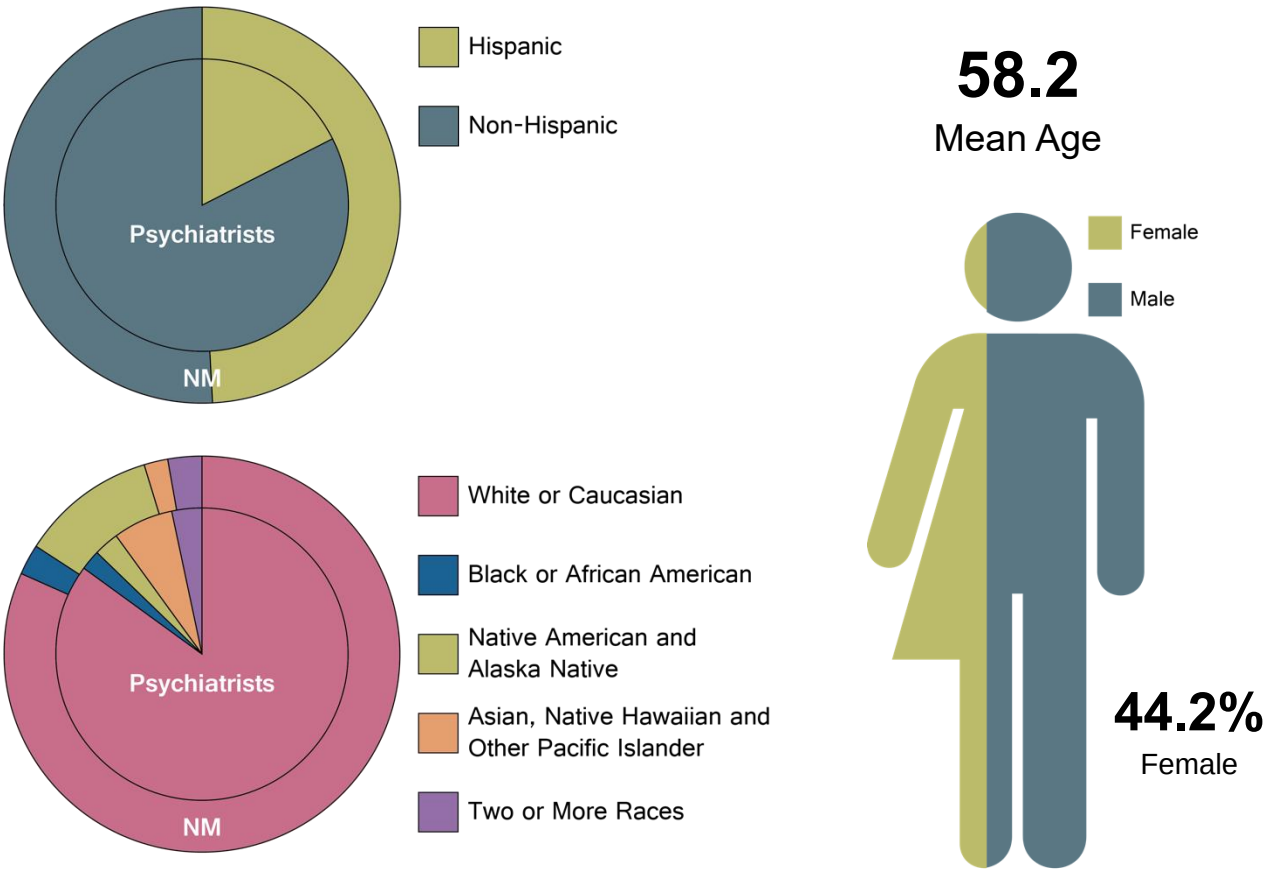


Figure 5.17. Demographic features of the NM psychiatrist workforce. Clockwise from top right: mean age, percent male or female, proportions of NM psychiatrists (center circle) and the NM population (outer circle) for race and ethnicity.

V.D. Nurses

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

V.D.1.a. Benchmark Analysis

In 2020, an estimated 15,588 RNs and CNSs were practicing in New Mexico, with counties varying between 1,843 above benchmark and 747 below (Figure 5.18). Table 5.6 tracks the RN workforce since the profession was first analyzed for 2012. Six 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 4,380 fewer than the national benchmark as a whole. However, ***assuming no redistribution of the current workforce, an additional 6,223 RNs would be needed for all New Mexico counties to meet the national benchmark (94.3 per 10,000 population[31]).***

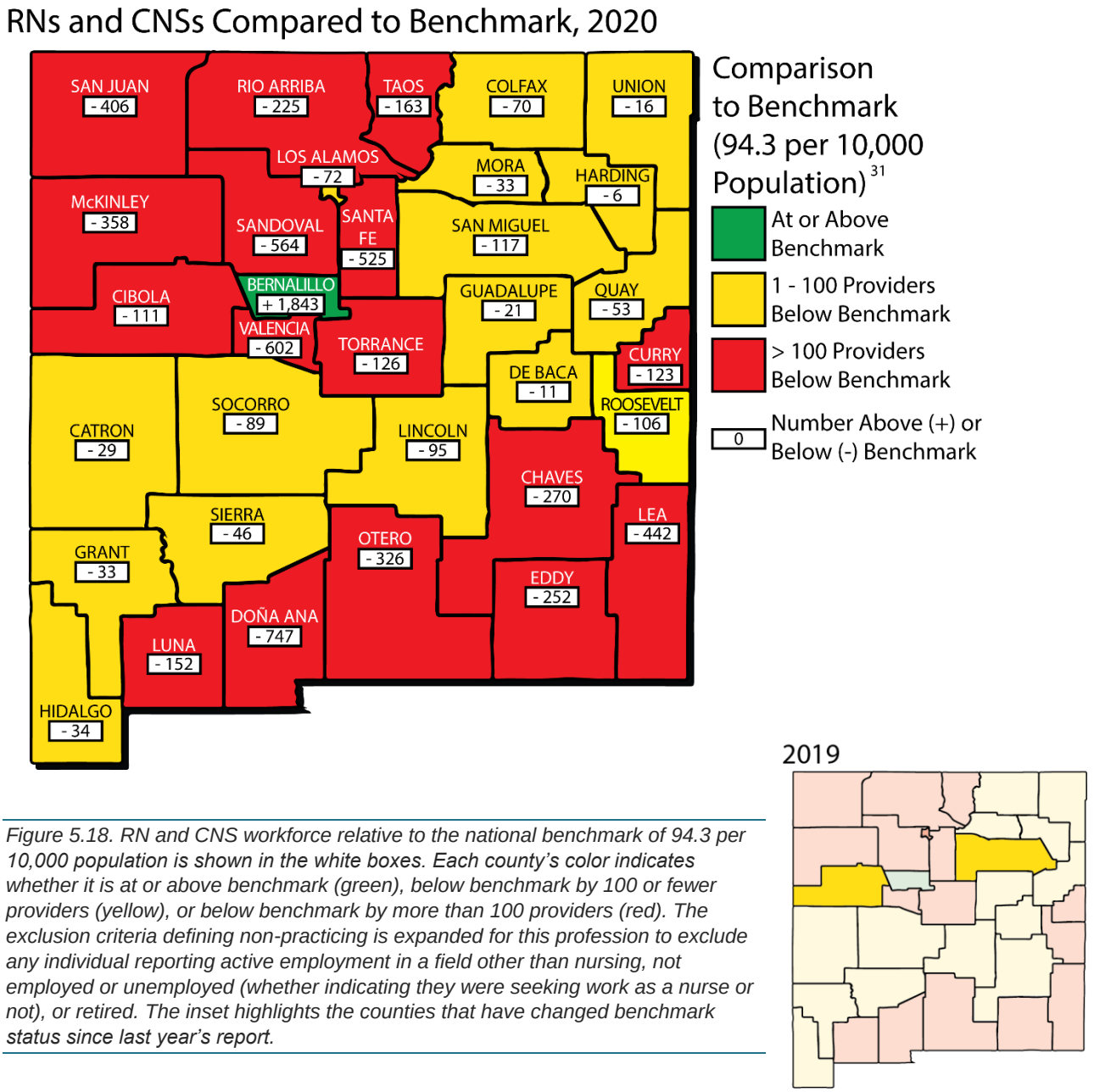


Figure 5.18. RN and CNS workforce relative to the national benchmark of 94.3 per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 100 or fewer providers (yellow), or below benchmark by more than 100 providers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

V.D.1.b. Provider Counts

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

County	2012 [a]		2016	2017	2018	2019[b]	2020	Net Change Since 2012
Bernalillo	7,725		8,344	8,895	8,924	8,155	8,222	497
Catron	9		10	7	7	5	5	-4
Chaves	422		442	449	415	351	344	-78
Cibola	125		170	185	172	158	145	20
Colfax	69		65	73	66	49	47	-22
Curry	312		345	383	356	322	334	22
De Baca	6		7	8	7	6	5	-1
Doña Ana	1,403		1,490	1,569	1,516	1,331	1,323	-80
Eddy	390		412	437	389	335	336	-54
Grant	304		325	323	287	239	233	-71
Guadalupe	17		19	24	26	22	21	4
Harding	1		0	0	0	0	0	-1
Hidalgo	7		4	4	6	6	5	-2
Lea	344		359	368	323	270	260	-84
Lincoln	120		123	135	120	102	96	-24
Los Alamos	152		150	166	141	106	111	-41
Luna	81		104	100	97	78	88	7
McKinley	428		457	474	396	329	329	-99
Mora	8		15	13	10	5	7	-1
Otero	388		384	394	371	324	314	-74
Quay	34		35	28	28	31	29	-5
Rio Arriba	176		182	206	203	170	156	-20
Roosevelt	70		81	85	87	69	75	5
San Juan	845		881	927	884	769	741	-104
San Miguel	259		266	260	218	185	140	-119
Sandoval	379		800	884	869	761	840	461
Santa Fe	1,087		1,129	1,138	1,063	918	935	-152
Sierra	66		70	79	78	65	63	-3
Socorro	82		81	91	75	69	67	-15
Taos	192		215	222	187	159	162	-30
Torrance	22		35	36	12	8	16	-6
Union	37		25	29	24	22	22	-15
Valencia	153		194	181	169	120	117	-36
STATE TOTAL	**15,713**		**17,219**	**18,173**	**17,526**	**15,539**	**15,588**	**-174**

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

A total of 28,435 RNs and CNSs held New Mexico licenses during 2020. Of these individuals, 6,985 were identified as out of state, 5,862 were excluded from analysis as nonpracticing and 15,588 were in active practice in New Mexico (Figure 5.19).

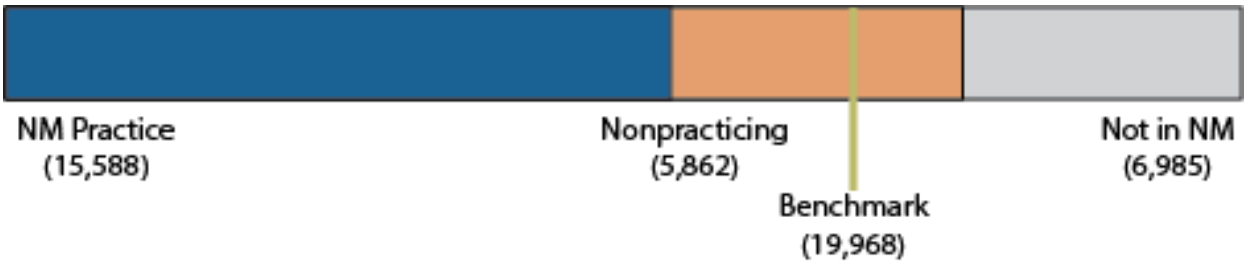
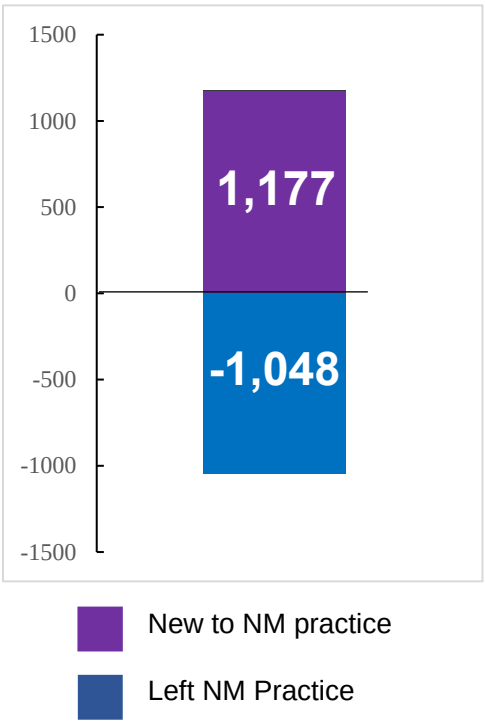


Figure 5.19. New Mexico's RN and CNS licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of RNs practicing in New Mexico has decreased by 1,048 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 new NM (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 88.0% female, with a mean age of 47.8 years. Although still less likely than the population of the state as a whole to identify as Hispanic, at 34.1% Hispanic RNs – along with pharmacists and EMTs – are one of only three professions with more than 30% of the workforce who do so. Detailed data for these findings may be found in Appendix C (p. 144).

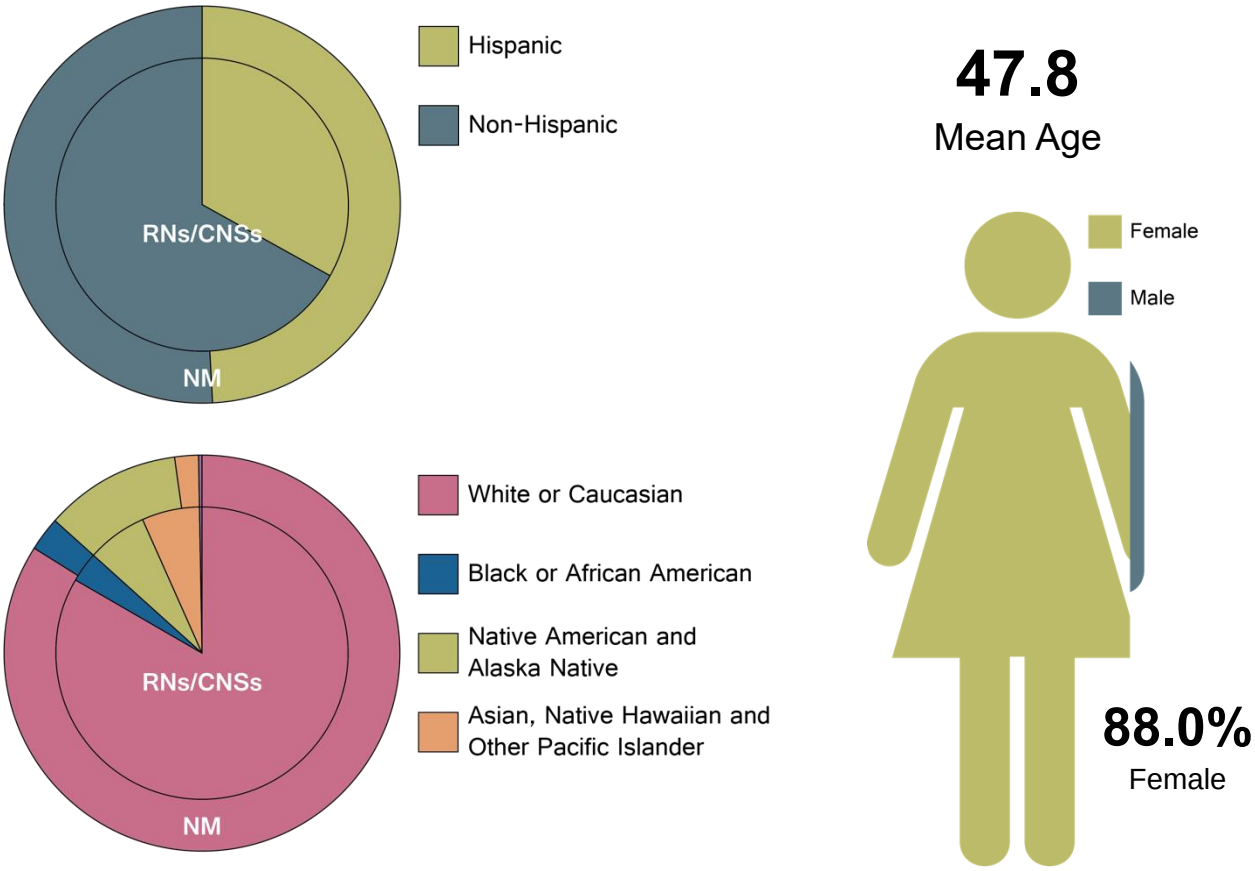


Figure 5.21. Demographic features of the NM RN and CNS workforce. Clockwise from top right: mean age, percent male or female, proportions of NM RNs/CNSs (center circle) and the NM population (outer circle) for race and ethnicity.

V.D.2. Certified Nurse Practitioners

V.D.2.a. Benchmark Analysis

In 2020, an estimated 1,732 CNPs were practicing in New Mexico, with counties varying between 263 above benchmark and 42 below (Figure 5.22). Table 5.7 tracks the CNP workforce since the profession was first analyzed for 2013. Twenty-eight counties have shown a net gain of CNPs, with seven counties above benchmark for these practitioners. The state as a whole has 80 fewer CNPs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 238 CNPs would be needed for all New Mexico counties to meet the national benchmark (increased this year from 7.2 per 10,000[32] to 7.8 per 10,000 population[33]).***

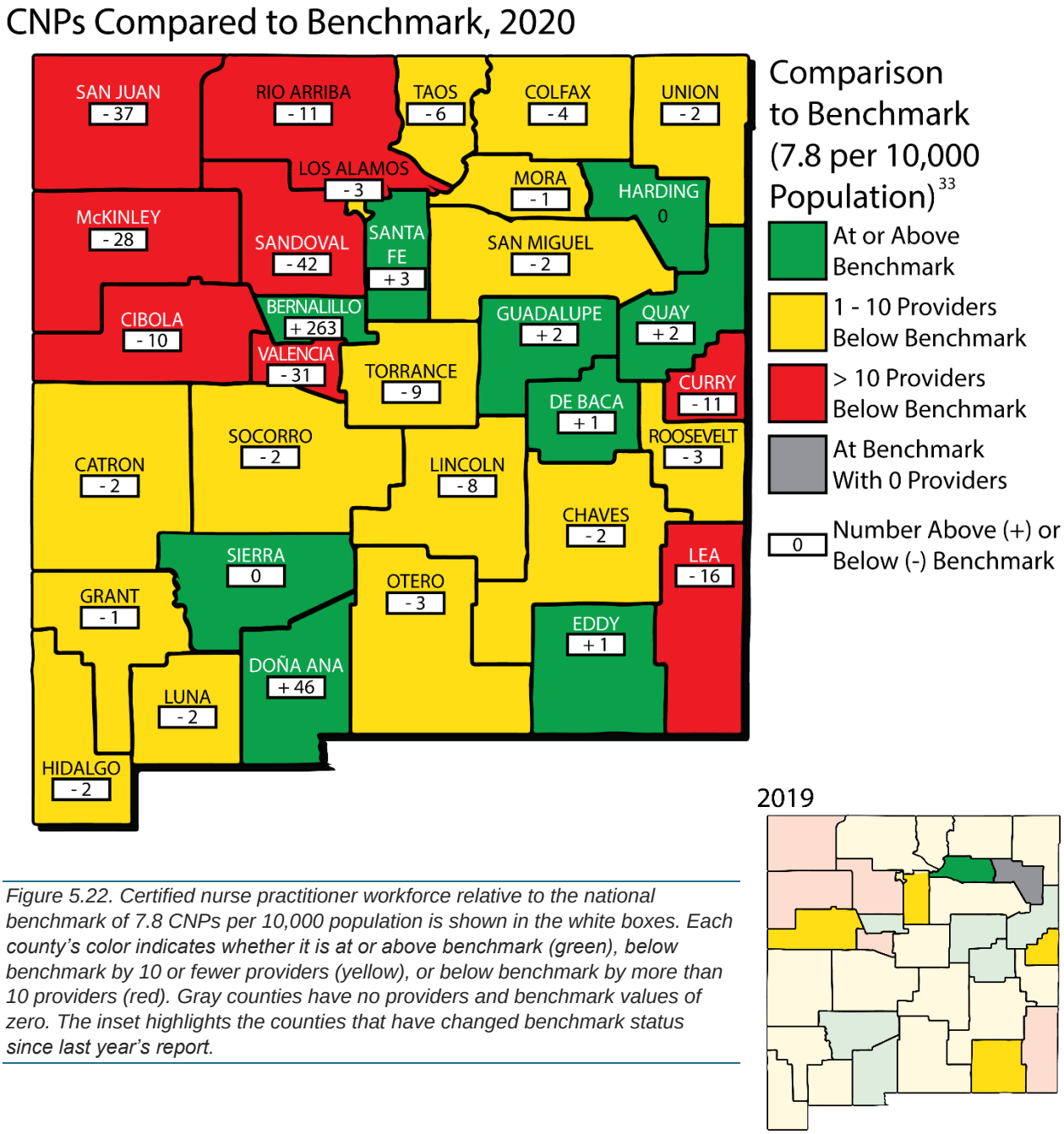


Figure 5.22. Certified nurse practitioner workforce relative to the national benchmark of 7.8 CNPs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more 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.

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

County	2013	2014	2015	2016	2017	2018	2019[a]	2020	Net Change Since 2013
Bernalillo	533	595	636	643	703	717	656	791	258
Catron	0	0	0	0	0	0	0	1	1
Chaves	25	31	27	29	31	46	42	49	24
Cibola	9	9	12	13	16	13	10	11	2
Colfax	5	7	7	10	5	6	4	6	1
Curry	19	23	22	28	28	23	25	27	8
De Baca	1	2	2	1	1	2	2	2	1
Doña Ana	112	125	130	131	138	174	189	217	105
Eddy	36	33	44	45	48	47	38	50	14
Grant	12	14	14	17	15	20	17	21	9
Guadalupe	3	3	3	3	4	4	4	5	2
Harding	0	1	0	0	0	0	0	1	1
Hidalgo	0	0	0	0	0	0	1	1	1
Lea	26	24	28	33	36	38	33	42	16
Lincoln	9	6	7	10	8	7	8	8	-1
Los Alamos	6	8	9	8	10	12	9	12	6
Luna	13	14	16	15	17	15	12	18	5
McKinley	16	21	25	26	30	26	20	29	13
Mora	4	3	4	4	4	4	4	2	-2
Otero	12	18	22	28	29	41	45	50	38
Quay	8	7	11	13	13	11	10	9	1
Rio Arriba	23	21	24	20	28	30	18	20	-3
Roosevelt	7	8	10	9	9	8	8	12	5
San Juan	28	33	28	43	40	37	45	58	30
San Miguel	13	15	15	14	11	12	16	19	6
Sandoval	29	54	37	56	52	61	53	74	45
Santa Fe	85	91	96	112	110	112	102	124	39
Sierra	2	1	5	6	8	9	9	9	7
Socorro	7	9	8	9	10	11	7	11	4
Taos	18	18	23	27	24	26	21	21	3
Torrance	5	10	5	5	4	3	33	3	-2
Union	2	3	3	2	3	1	1	1	-1
Valencia	21	21	20	19	18	26	22	28	7
STATE TOTAL	**1,089**	**1,228**	**1,293**	**1,379**	**1,453**	**1,542**	**1,434**	**1,732**	**643**

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

A total of 3,386 CNPs held New Mexico licenses during 2020. Of these individuals, 1,145 were identified as out of state, 509 were excluded from analysis as nonpracticing and 1,732 were in active practice in New Mexico (Figure 5.23).

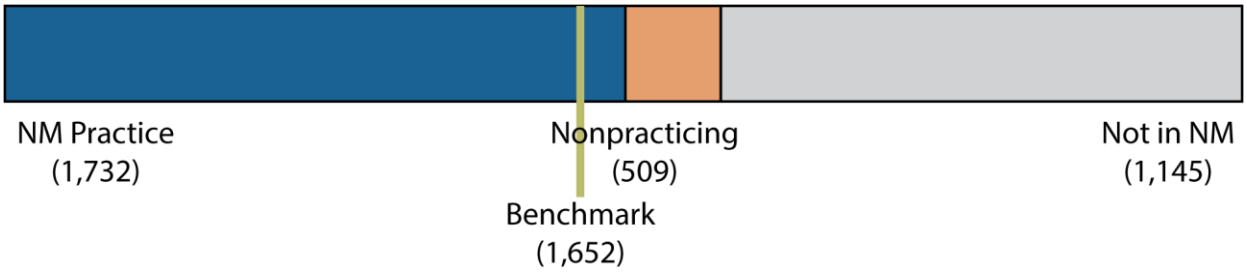
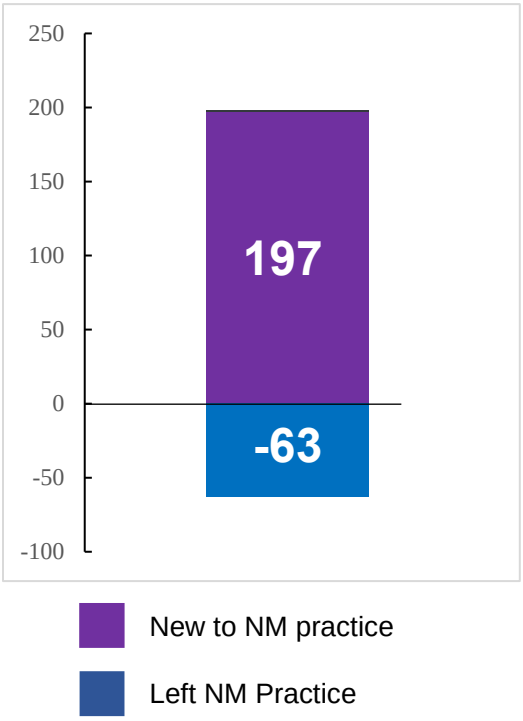


Figure 5.23. New Mexico's certified nurse practitioner licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of CNPs practicing in New Mexico has decreased by 63 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 new NM (purple).

V.D.2.c. Demographics

Demographic features of New Mexico CNPs are shown in Figure 5.25. Relative to the state's population, CNPs are less likely to identify as Hispanic or Native American and Alaska Native and more likely to identify as White or Caucasian, Black or African American or Asian, Native Hawaiian and Other Pacific Islander. The state's CNP workforce is 85.0% female, with a mean age of 49.6 years. Detailed data for these findings may be found in Appendix C (p. 144).

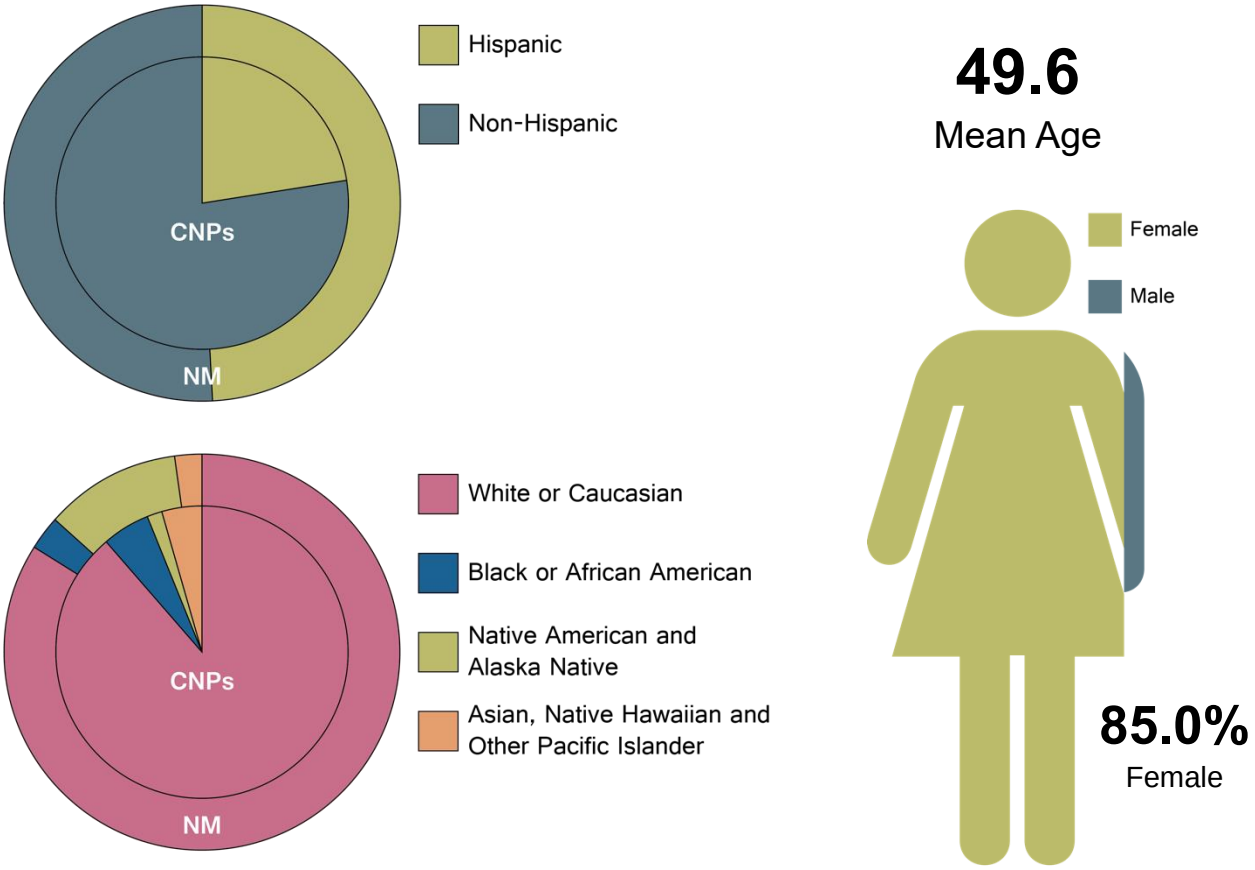


Figure 5.25. Demographic features of the NM CNP workforce. Clockwise from top right: mean age, percent male or female, proportions of NM CNPs (center circle) and the NM population (outer circle) for race and ethnicity.

V.D.3. Certified Nurse-Midwives

V.D.3.a. Benchmark Analysis

In 2020, an estimated 154 CNMs were practicing in New Mexico, with counties varying between 69 above benchmark and two below (Figure 5.26). Table 5.8 tracks the CNM workforce since the profession was first analyzed for 2016. Five counties have shown a net gain of CNMs, with 12 counties at or above benchmark for these practitioners. The state as a whole has 73 more CNMs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 13 CNMs would be needed for all New Mexico counties to meet the national benchmark (increased from 0.71 per 10,000[34] to 7.6 per 10,000 female population[35]).***

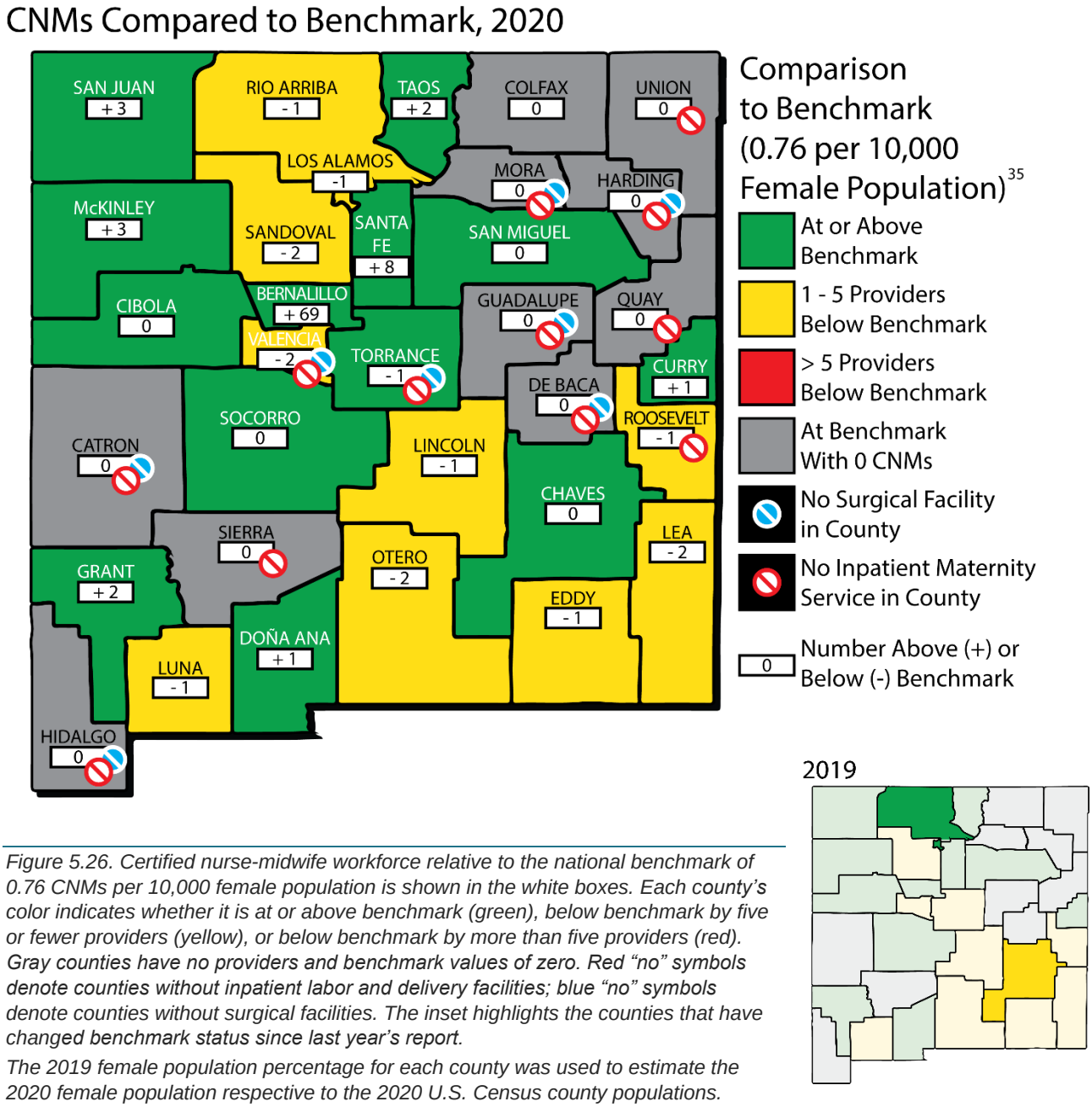


Figure 5.26. Certified nurse-midwife workforce relative to the national benchmark of 0.76 CNMs per 10,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by 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.

The 2019 female population percentage for each county was used to estimate the 2020 female population respective to the 2020 U.S. Census county populations.

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

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

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

A total of 225 CNMs held New Mexico licenses during 2020. Of these individuals, 28 were identified as out of state, 43 were excluded from analysis as nonpracticing and 154 were in active practice in New Mexico (Figure 5.27).

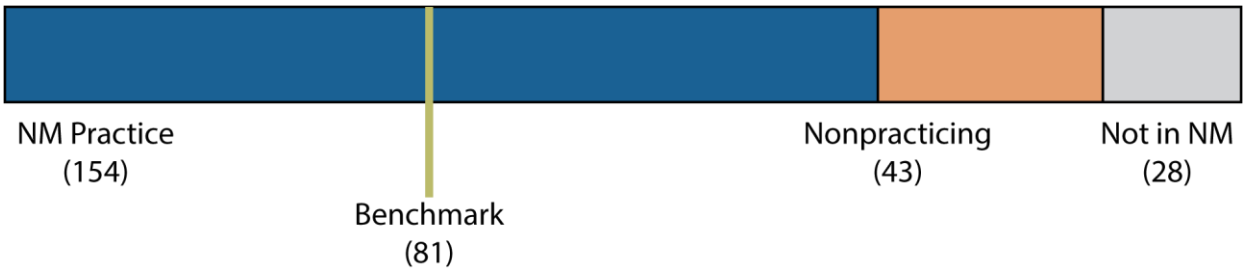
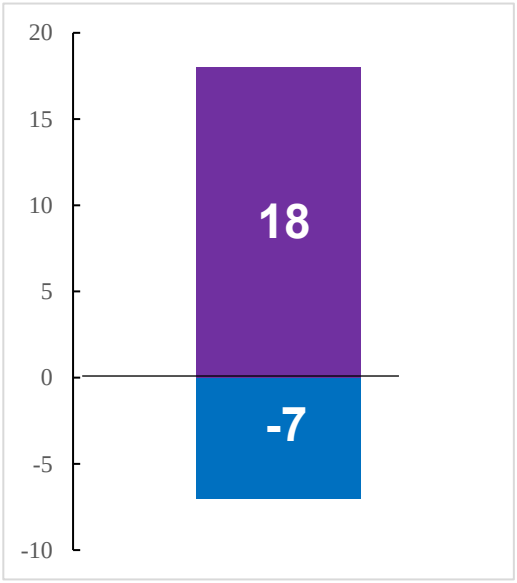


Figure 5.27. New Mexico's certified nurse-midwife licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of CNMs practicing in New Mexico has decreased by seven 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 new NM (purple).

V.D.3.c. Demographics

Demographic features of New Mexico CNMs are shown in Figure 5.29. Relative to the state's population, CNMs are less likely to identify as Hispanic, Black or African American, or Native American and Alaska Native and more likely to identify as White or Caucasian. The state's CNM workforce is 100% female, with a mean age of 49.2 years, similar to CNPs. Detailed data for these findings may be found in Appendix C (p. 144).

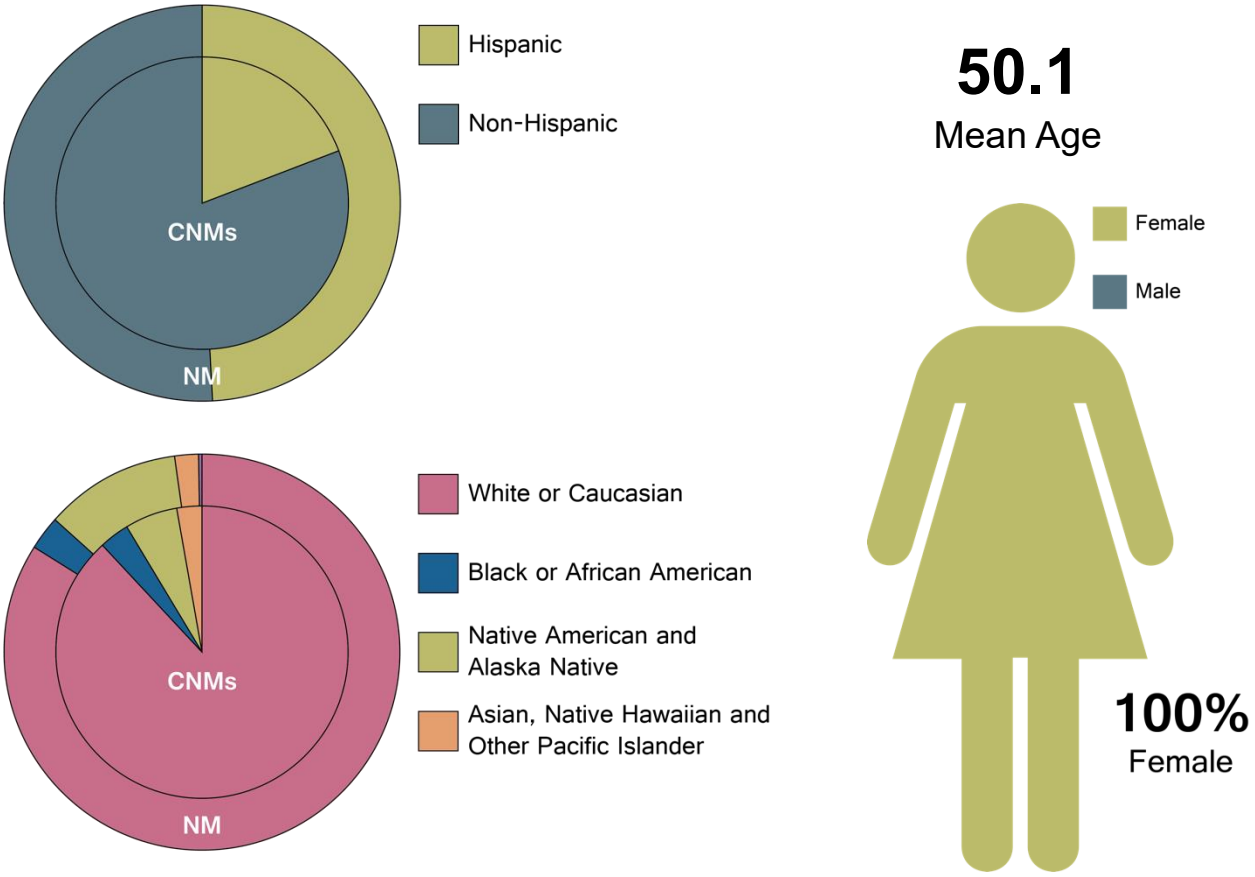


Figure 5.29. Demographic features of the NM CNM workforce. Clockwise from top right: mean age, percent male or female, proportions of NM CNMs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E. Other Health Professions

V.E.1. Physician Assistants

V.E.1.a. Benchmark Analysis

In 2020, an estimated 865 PAs were practicing in New Mexico, with counties varying between 186 above benchmark and 41 below (Figure 5.30). Table 5.9 tracks the PA workforce since the profession was first analyzed for 2014. Fourteen counties have shown a net gain of PAs, with four counties at or above benchmark for these practitioners. The state as a whole has 46 fewer PAs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 249 PAs would be needed for all New Mexico counties to meet the national benchmark (4.3 per 10,000 population[36]).***

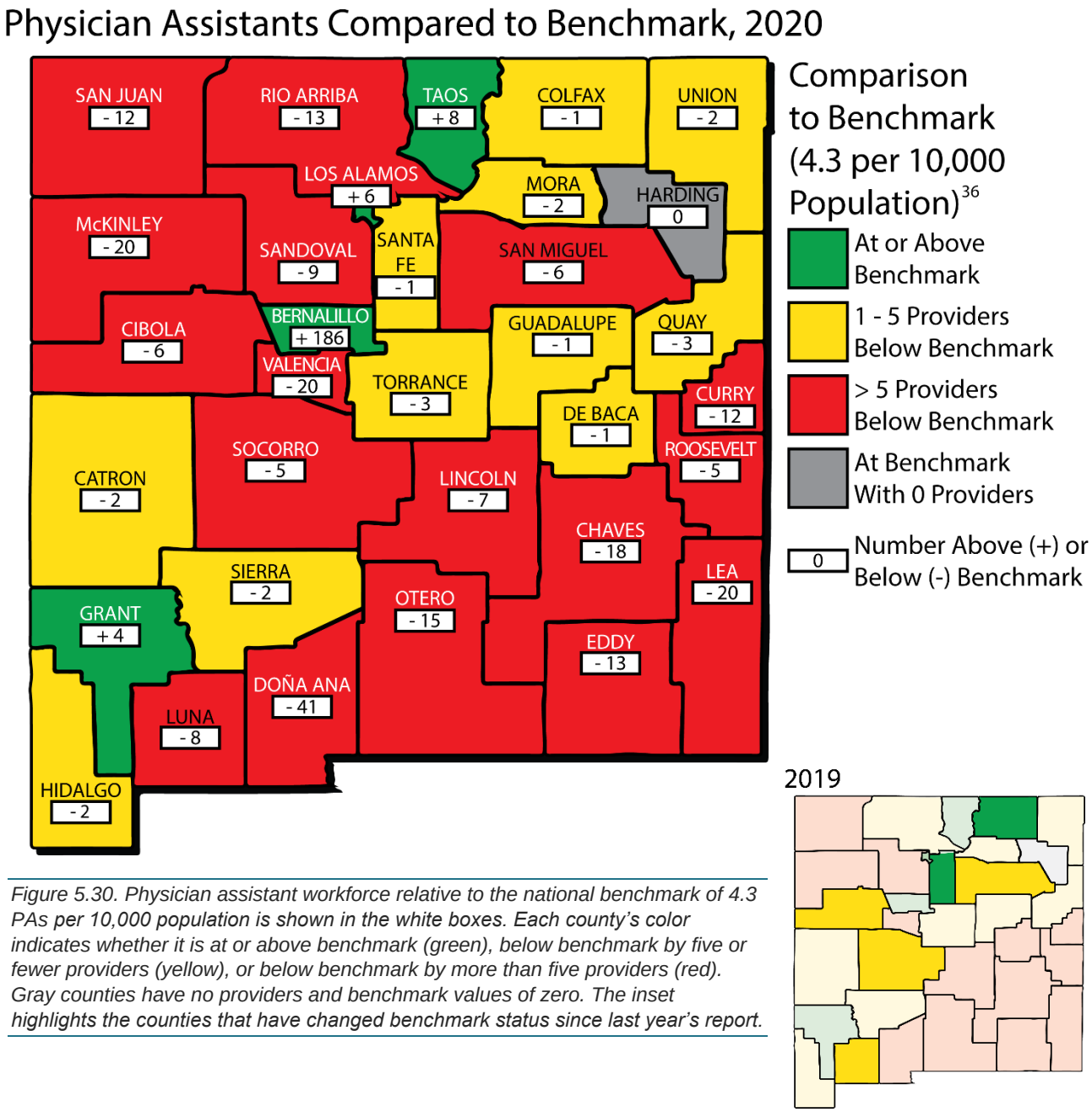


Figure 5.30. Physician assistant workforce relative to the national benchmark of 4.3 PAs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero. The inset highlights the counties that have changed benchmark status since last year's report.

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

County	2014	2015	2016	2017	2018	2019[a]	2020	Net Change Since 2013
Bernalillo	351	358	391	409	430	452	477	126
Catron	0	0	0	0	0	0	0	0
Chaves	14	12	13	15	14	11	10	-4
Cibola	0	4	5	4	5	6	6	6
Colfax	4	4	3	4	5	5	4	0
Curry	6	9	12	11	10	12	9	3
De Baca	0	0	0	0	0	0	0	0
Doña Ana	33	35	38	44	41	51	53	20
Eddy	6	10	10	9	13	13	14	8
Grant	18	18	15	17	17	19	16	-2
Guadalupe	1	0	0	1	0	1	1	0
Harding	0	0	0	0	0	0	0	0
Hidalgo	1	2	2	1	1	1	0	-1
Lea	10	9	9	11	9	10	12	2
Lincoln	1	1	2	2	2	2	2	1
Los Alamos	6	11	11	13	14	14	14	8
Luna	3	3	3	3	4	5	3	0
McKinley	12	13	12	10	13	13	11	-1
Mora	0	1	1	0	0	0	0	0
Otero	11	14	14	14	14	17	14	3
Quay	0	0	0	1	0	1	1	1
Rio Arriba	8	10	10	7	6	7	4	-4
Roosevelt	3	3	2	3	3	2	3	0
San Juan	38	35	36	42	40	41	40	2
San Miguel	8	7	7	9	6	7	6	-2
Sandoval	54	45	53	52	53	53	55	1
Santa Fe	66	58	61	75	66	66	66	0
Sierra	4	5	4	4	4	4	3	-1
Socorro	3	2	2	1	1	2	2	-1
Taos	19	19	19	19	20	23	23	4
Torrance	0	2	3	3	4	2	3	3
Union	0	0	0	0	0	0	0	0
Valencia	14	8	8	8	10	11	13	-1
STATE TOTAL	**694**	**698**	**746**	**792**	**805**	**851**	**865**	**171**

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

A total of 1,169 PAs held New Mexico licenses during 2020 Of these individuals, 277 were identified as out of state, 189 were excluded from analysis as nonpracticing and 865 were in active practice in New Mexico (Figure 5.31).

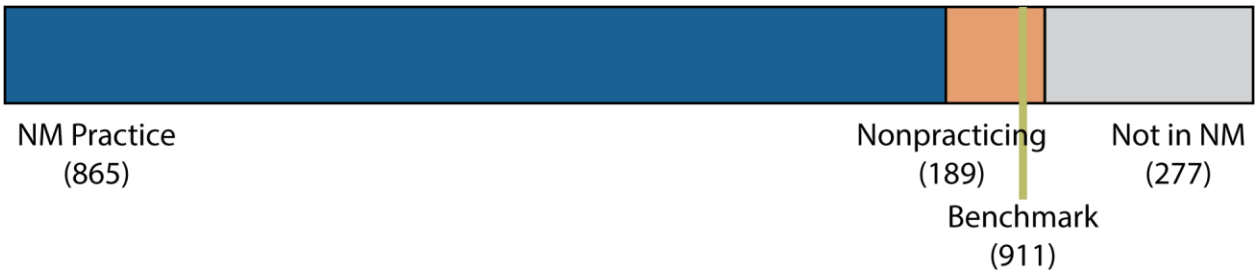
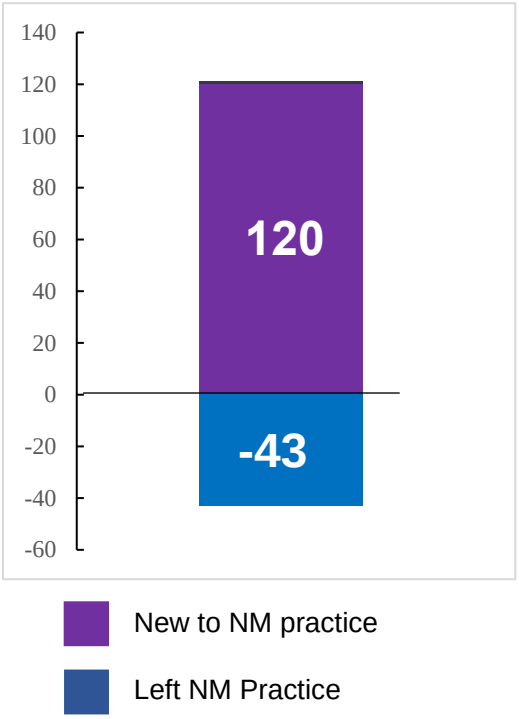


Figure 5.31. New Mexico's physician assistant licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of PAs practicing in New Mexico has increased by 43 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 new NM (purple).

V.E.1.c. Demographics

Demographic features of New Mexico PAs are shown in Figure 5.33. Relative to the state's population, PAs are less likely to identify as Hispanic, Black or African American, or Native American and Alaska Native and more likely to identify as White or Caucasian or Asian, Native Hawaiian and Other Pacific Islander. The state's PA workforce is 60.2% female, with a mean age of 45.2 years. Detailed data for these findings may be found in Appendix C (p. 144).

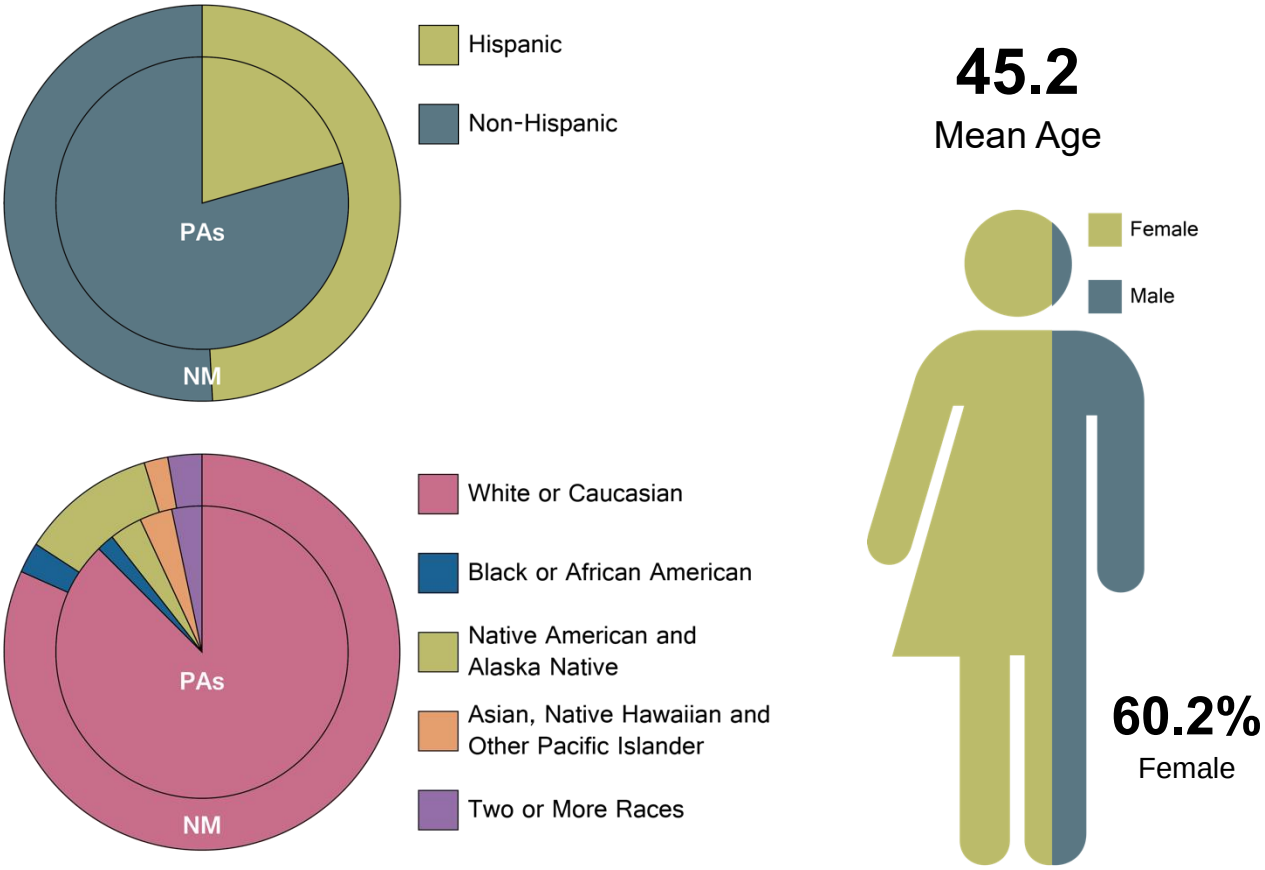


Figure 5.33. Demographic features of the NM PA workforce. Clockwise from top right: mean age, percent male or female, proportions of NM PAs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.2. Dentists

V.E.2.a. Benchmark Analysis

In 2020, an estimated 1,179 dentists were practicing in New Mexico, with counties varying between 192 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 11 counties at or above benchmark for these practitioners. The state as a whole has 205 more dentists than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 87 dentists would be needed for all New Mexico counties to meet the national benchmark (increased from 4.0 per 10,000[37] to 4.6 per 10,000 population[38]).***

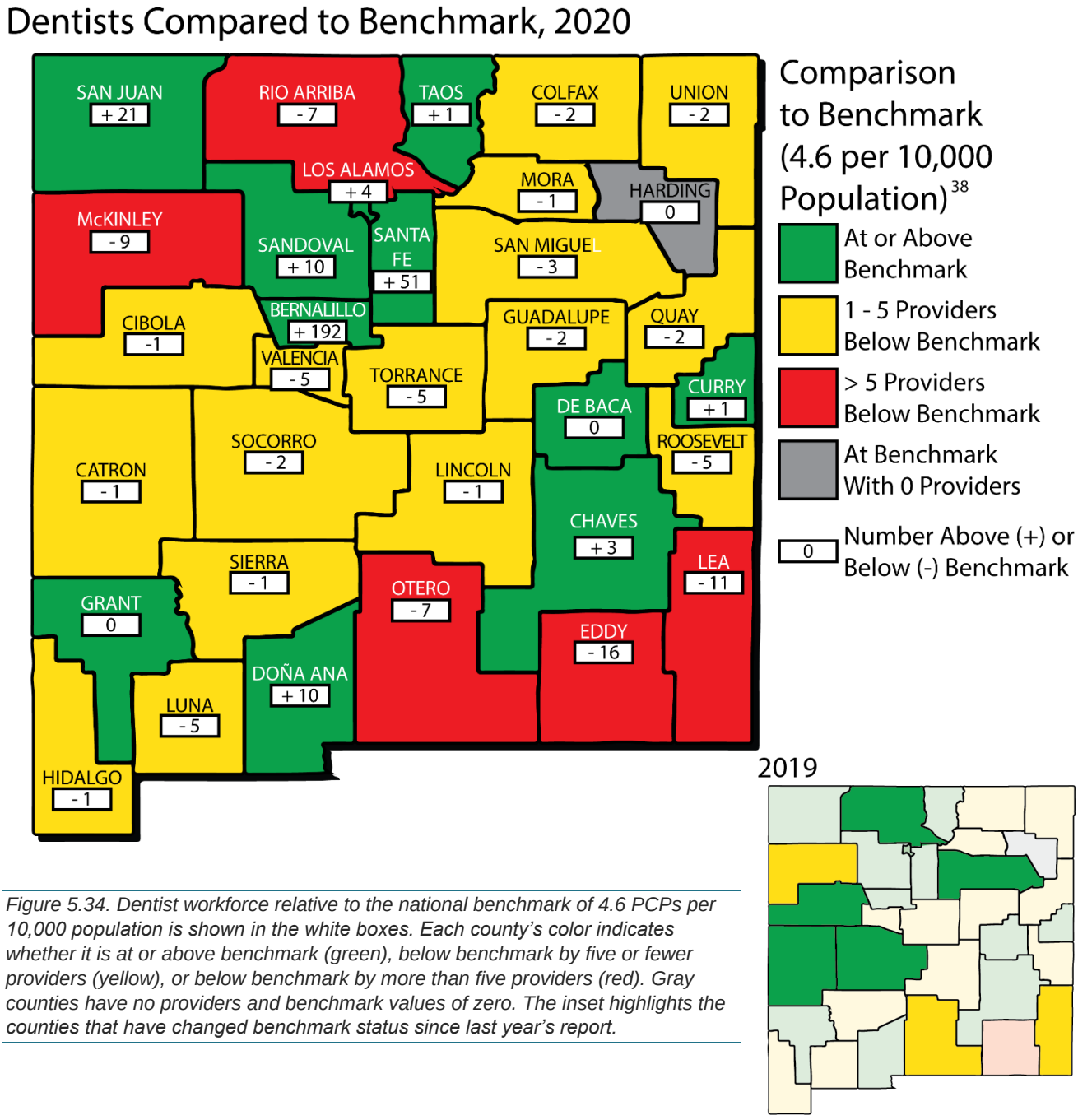


Figure 5.34. Dentist workforce relative to the national benchmark of 4.6 PCPs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (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	Net Change Since 2014
Bernalillo	480	504	508	533	530	521	503	23
Catron	1	1	1	1	1	1	1	0
Chaves	21	24	28	32	35	37	33	12
Cibola	8	8	9	11	11	12	11	3
Colfax	4	4	4	4	3	3	4	0
Curry	25	29	27	24	24	23	23	-2
De Baca	0	0	0	0	1	1	1	1
Doña Ana	95	104	106	109	114	107	111	16
Eddy	15	19	19	17	14	12	13	-2
Grant	13	11	13	12	12	11	13	0
Guadalupe	1	1	2	1	0	0	0	-1
Harding	0	0	0	0	0	0	0	0
Hidalgo	0	0	0	1	1	1	1	1
Lea	19	17	23	22	19	27	23	4
Lincoln	8	10	8	9	8	7	8	0
Los Alamos	16	15	14	12	12	10	13	-3
Luna	7	7	8	7	8	7	7	0
McKinley	32	31	29	28	28	27	25	-7
Mora	1	1	2	2	2	1	1	0
Otero	19	18	17	21	20	22	24	5
Quay	1	1	1	1	2	2	2	1
Rio Arriba	10	11	14	16	16	15	12	2
Roosevelt	3	3	5	4	5	5	4	1
San Juan	71	78	88	89	87	82	77	6
San Miguel	12	10	9	10	11	13	10	-2
Sandoval	60	60	69	77	75	79	78	18
Santa Fe	112	114	121	117	120	125	122	10
Sierra	6	4	3	2	3	3	4	-2
Socorro	4	4	4	5	6	7	6	2
Taos	15	17	16	20	17	15	17	2
Torrance	2	2	2	2	2	2	2	0
Union	0	0	0	0	0	0	0	0
Valencia	20	23	21	26	29	30	30	10
STATE TOTAL	**1,081**	**1,131**	**1,171**	**1,215**	**1,216**	**1,208**	**1,179**	**98**

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

A total of 1,559 dentists held New Mexico licenses during 2020. Of these individuals, 329 were identified as out of state, 51 were excluded from analysis as nonpracticing and 1,179 were in active practice in New Mexico (Figure 5.35).

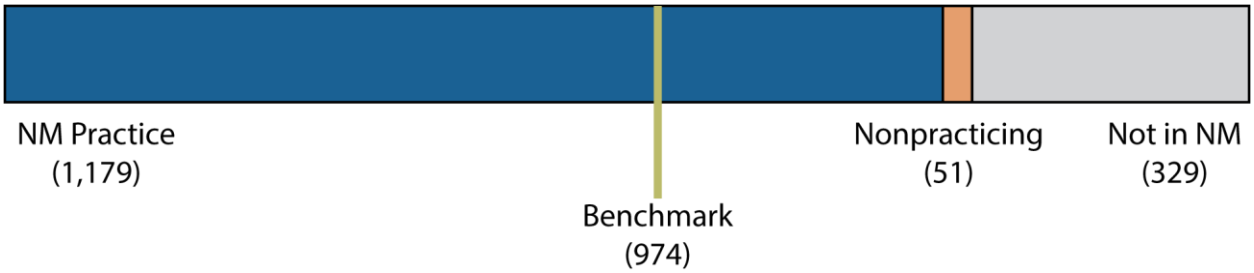
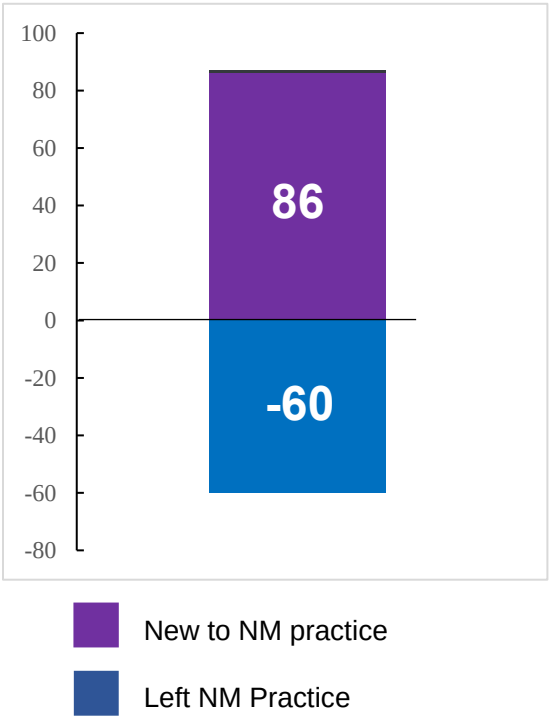


Figure 5.35. New Mexico's dentist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of dentists practicing in New Mexico has decreased by 60 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 new NM (purple).

V.E.2.c. Demographics

Demographic features of New Mexico dentists are shown in Figure 5.37. Relative to the state's population, dentists are less likely to identify as Hispanic or Native American and Alaska Native and more likely to identify as White or Caucasian or Asian, Native Hawaiian and Other Pacific Islander. The state's dentist workforce is 25.4% female, with a mean age of 48.7 years. Detailed data for these findings may be found in Appendix C (p. 144).

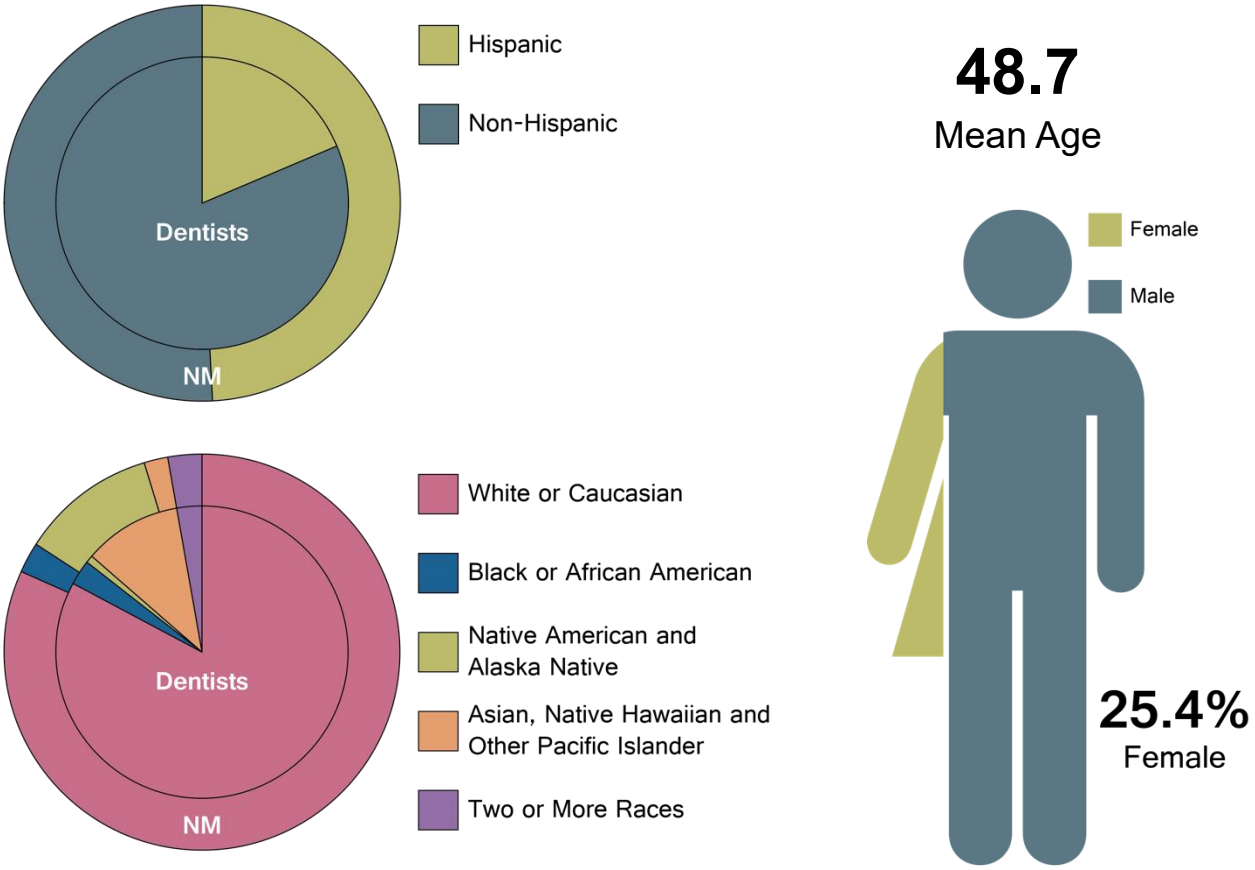


Figure 5.37. Demographic features of the NM dentist workforce. Clockwise from top right: mean age, percent male or female, proportions of NM dentists (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.3. Pharmacists

V.E.3.a. Benchmark Analysis

In 2020, an estimated 1,764 pharmacists were practicing in New Mexico, with counties varying between 357 above benchmark and 71 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 three counties at or above benchmark for these practitioners. The state as a whole has 163 fewer pharmacists than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 521 pharmacists would be needed for all New Mexico counties to meet the national benchmark (increased from 7.8 per 10,000[39] to 9.1 per 10,000 population[40]).***

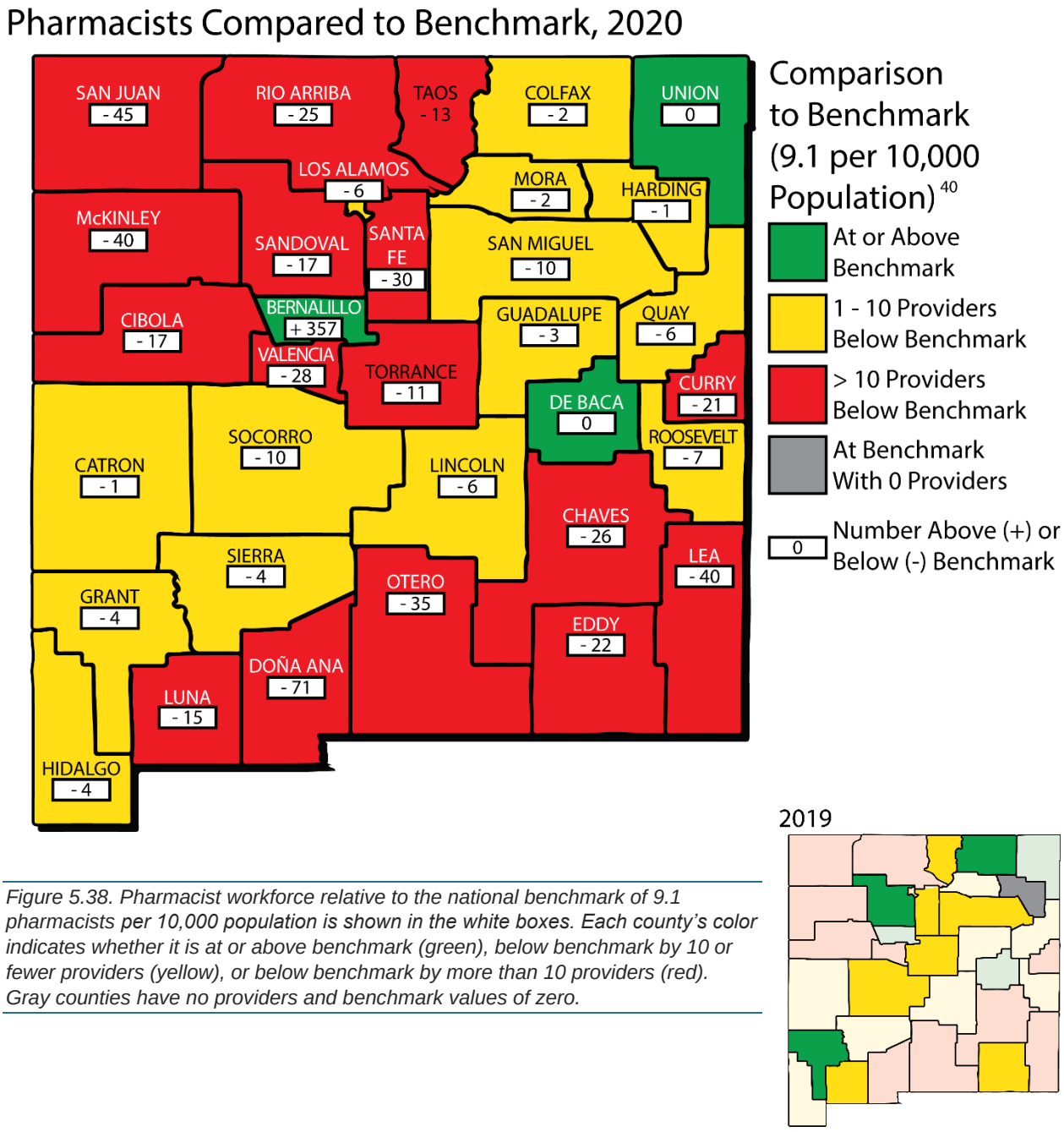


Figure 5.38. Pharmacist workforce relative to the national benchmark of 9.1 pharmacists per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers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

Table 5.11. Pharmacist Distribution by New Mexico County Since 2014

County	2014	2015	2016	2017 [a]		2019[b]	2020	Net Change Since 2014
Bernalillo	1,079	1,070	1,137	1,114		948	973	-106
Catron	0	0	0	0		0	2	2
Chaves	40	40	40	43		37	33	-7
Cibola	13	13	11	12		10	8	-5
Colfax	10	9	8	7		10	9	-1
Curry	25	26	28	25		24	23	-2
De Baca	2	2	2	2		2	2	0
Doña Ana	123	121	132	134		118	129	6
Eddy	38	40	42	42		36	35	-3
Grant	20	21	21	23		24	22	2
Guadalupe	0	0	0	0		1	1	1
Harding	0	0	0	0		0	0	0
Hidalgo	1	1	1	1		1	0	-1
Lea	27	26	33	33		33	28	1
Lincoln	18	15	14	14		12	12	-6
Los Alamos	12	13	15	12		12	12	0
Luna	6	6	8	8		11	8	2
McKinley	25	23	26	28		29	26	1
Mora	3	3	3	3		2	2	-1
Otero	22	24	27	28		27	27	5
Quay	6	6	5	5		3	2	-4
Rio Arriba	9	9	8	7		11	12	3
Roosevelt	14	14	13	12		11	10	-4
San Juan	65	66	65	67		57	66	1
San Miguel	19	18	18	19		17	15	-4
Sandoval	143	142	146	153		115	118	-25
Santa Fe	112	108	110	112		114	111	-1
Sierra	6	6	6	8		7	7	1
Socorro	2	2	4	5		5	5	3
Taos	26	24	27	27		20	18	-8
Torrance	2	2	1	1		3	3	1
Union	3	3	3	3		3	4	1
Valencia	57	58	59	55		37	41	-16
STATE TOTAL	**1,928**	**1,911**	**2,013**	**2,003**		**1,740**	**1,764**	**-164**

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

A total of 3,433 pharmacists held New Mexico licenses during 2020. Of these individuals, 1,306 were identified as out of state, 363 were excluded from analysis as nonpracticing and 1,764 were in active practice in New Mexico (Figure 5.39).

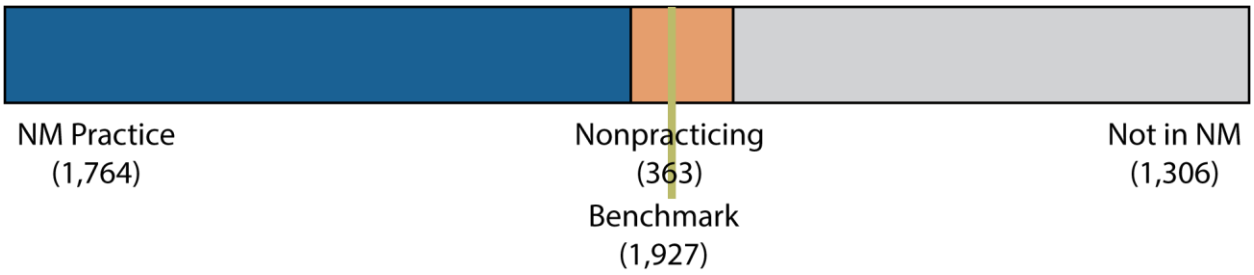
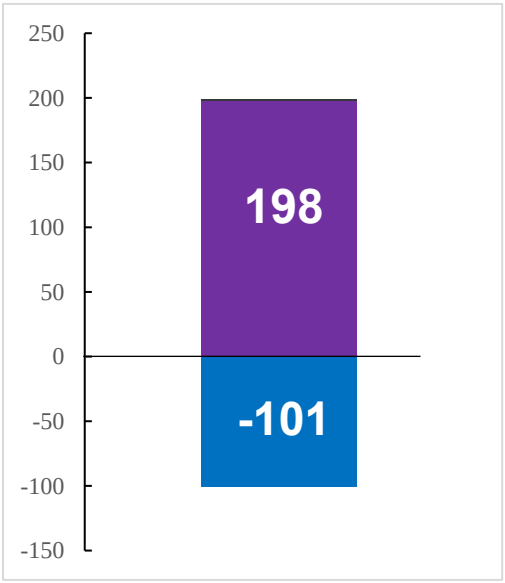
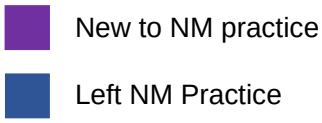


Figure 5.39. New Mexico's pharmacist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.





The count of pharmacists practicing in New Mexico has decreased by 101 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 new NM (purple).

V.E.3.c. Demographics

Demographic features of New Mexico pharmacists are shown in Figure 5.41. Relative to the state's population, pharmacists are less likely to identify as Hispanic, White or Caucasian, or Native American and Alaska Native and more likely to identify as Asian, Native Hawaiian and Other Pacific Islander. The state's pharmacist workforce is 55.1% female, with a mean age of 46.3 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).

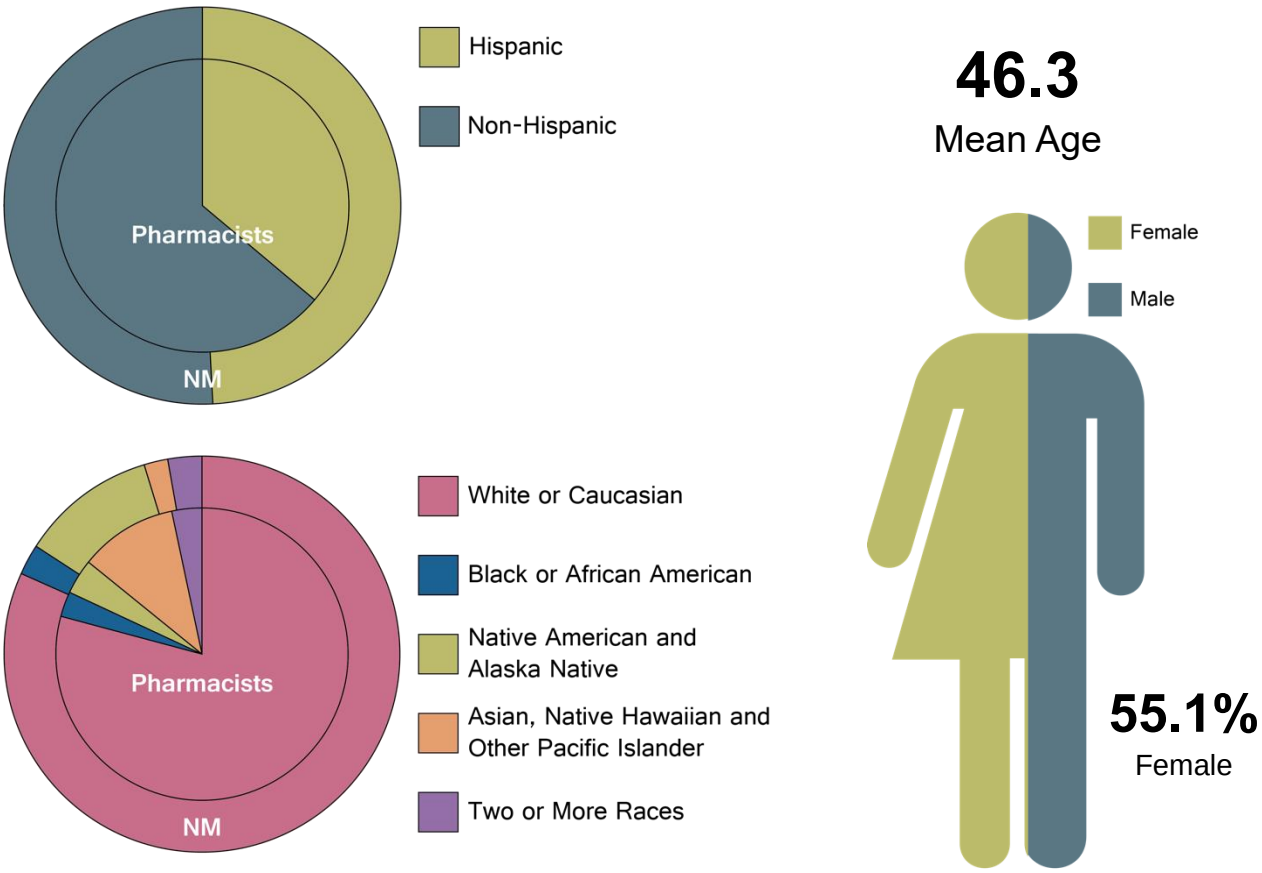


Figure 5.41. Demographic features of the NM pharmacist workforce. Clockwise from top right: mean age, percent male or female, proportions of NM pharmacists (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.4. Licensed Midwives

V.E.4.a. Benchmark Analysis

In 2020, an estimated 35 LMs were practicing in New Mexico, with counties varying between eight above benchmark and one below (Figure 5.42). Table 5.12 tracks the LM workforce since the profession was first analyzed for 2016. Three counties have shown a net gain of LMs, with 11 counties at or above benchmark for these practitioners. The state as a whole has 11 more LMs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional five LMs would be needed for all New Mexico counties to meet the national benchmark (increased from 0.17 per 10,000[41] to 0.24 per 10,000 female population[42]).***

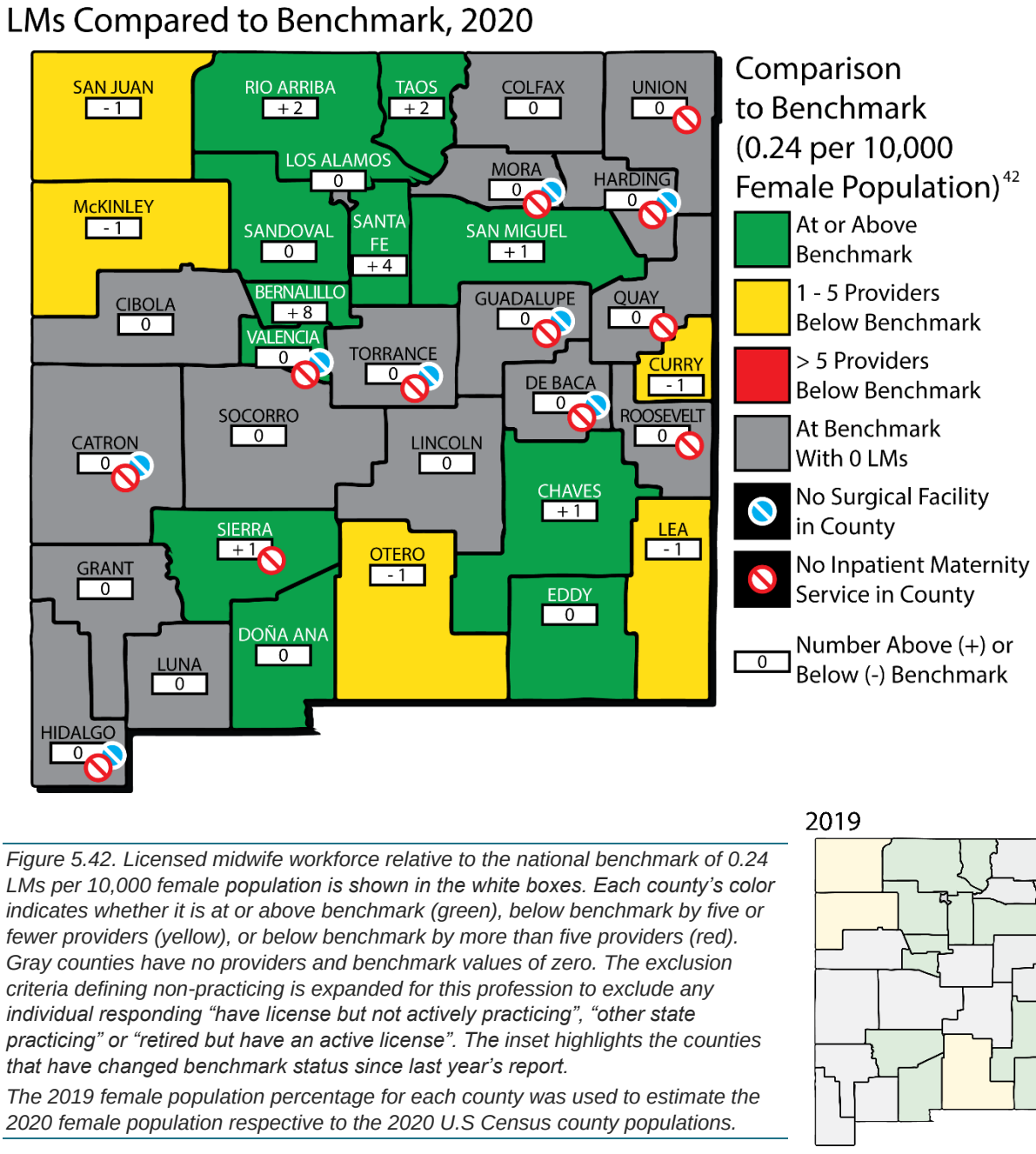


Figure 5.42. Licensed midwife workforce relative to the national benchmark of 0.24 LMs per 10,000 female population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than 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.

The 2019 female population percentage for each county was used to estimate the 2020 female population respective to the 2020 U.S Census county populations.

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

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

A total of 81 LMs held New Mexico licenses during 2020. Of these individuals, 30 were identified as out of state, 14 were excluded from analysis as nonpracticing and 37 were in active practice in New Mexico (Figure 5.43).

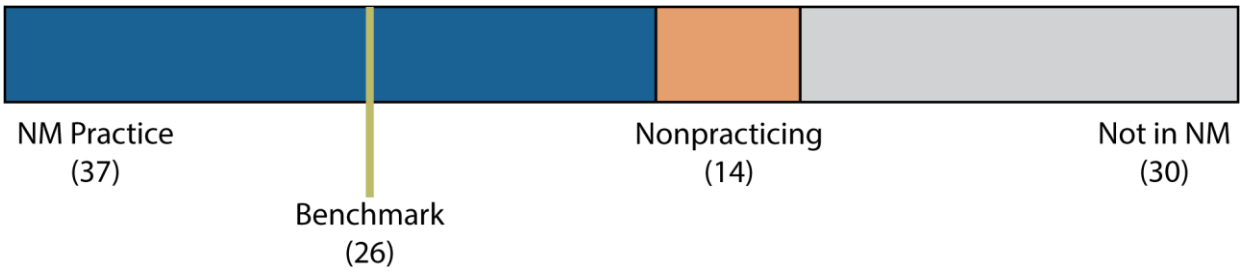
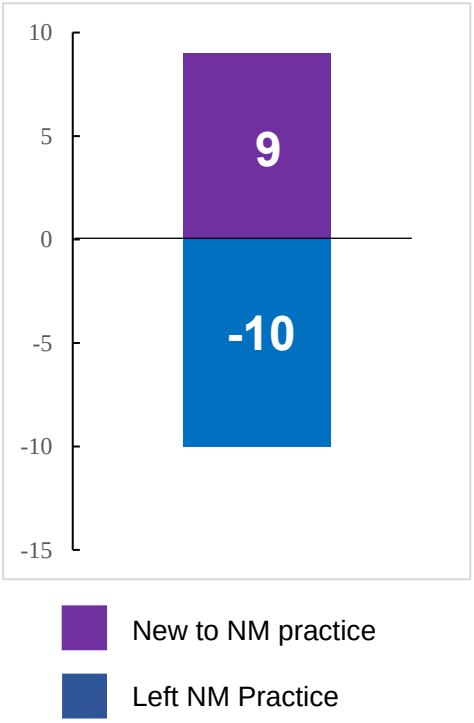


Figure 5.43. New Mexico's licensed midwives by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of LMs practicing in New Mexico has decreased by 10 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 new NM (purple).

V.E.4.c. Demographics

Demographic features of New Mexico LMs are shown in Figure 5.45. Relative to the state's population, LMs are less likely to identify as Hispanic, Native American and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander, or two or more races and more likely to identify as White or Caucasian or Black or African American. The state's LM workforce is 100% female, with a mean age of 45.6 years. Detailed data for these findings may be found in Appendix C (p. 144).

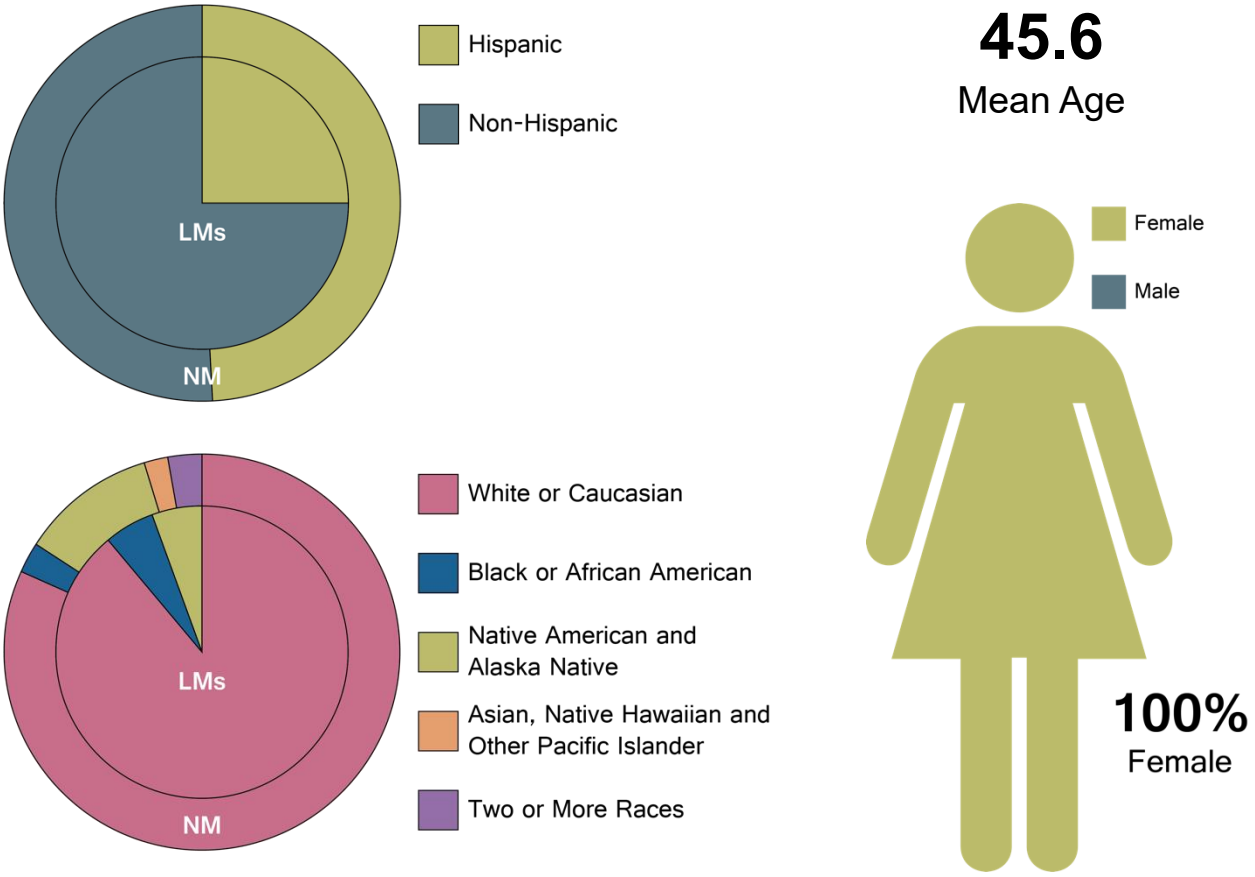


Figure 5.45. Demographic features of the NM LM workforce. Clockwise from top right: mean age, percent male or female, proportions of NM LMs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.5. Emergency Medical Technicians

V.E.5.a. Benchmark Analysis

In 2020, an estimated 4,421 EMTs were practicing in New Mexico, with counties varying between 72 above benchmark and 742 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 eight counties above benchmark for these practitioners. The state as a whole has 2,376 fewer EMTs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 2,510 EMTs would be needed for all New Mexico counties to meet the national benchmark (32.1 per 10,000 population[43]).***

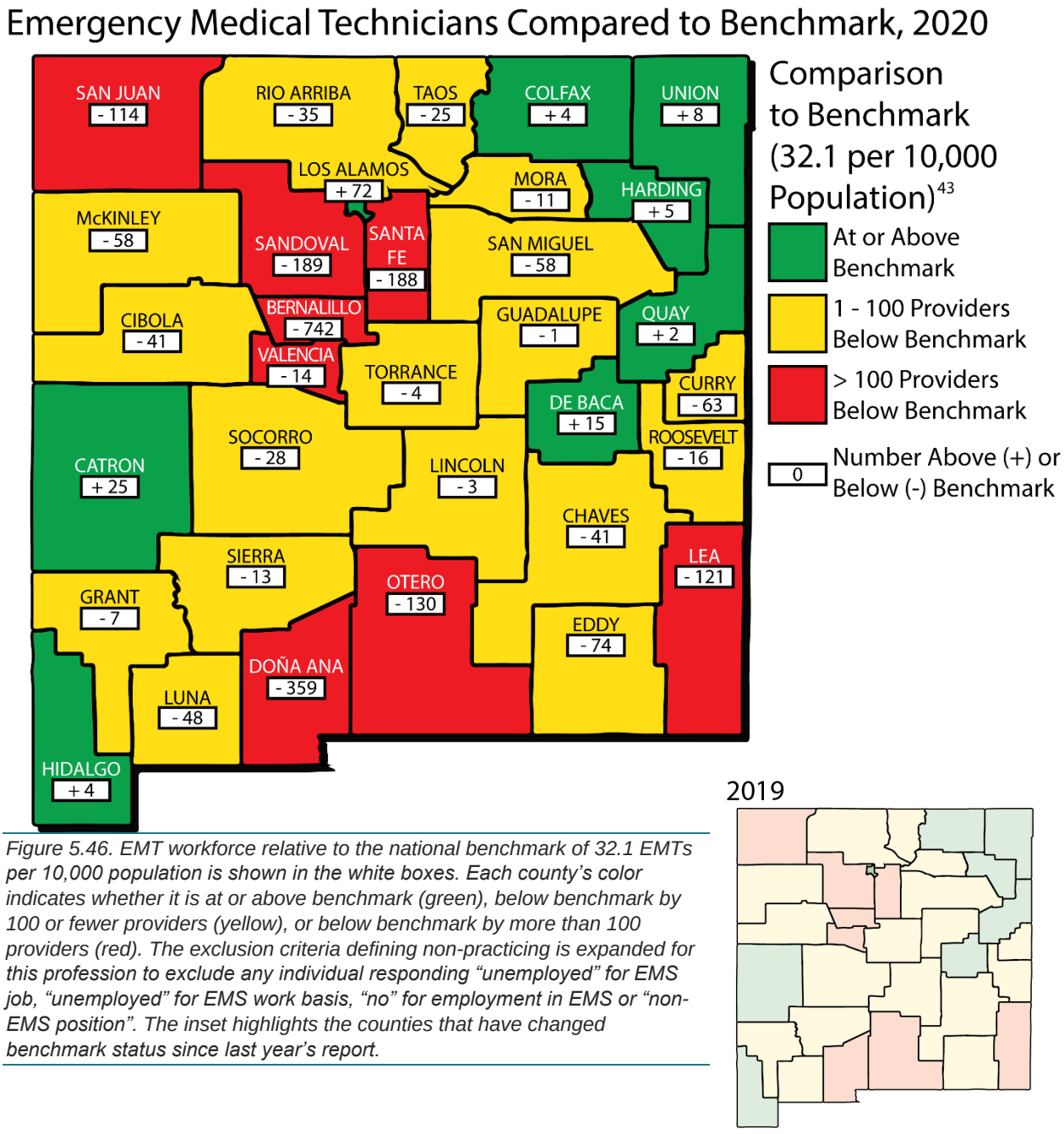


Figure 5.46. EMT workforce relative to the national benchmark of 32.1 EMTs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 100 or fewer providers (yellow), or below benchmark by more than 100 providers (red). 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.

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

County	2016	2017	2018	2019[a]	2020	Net Change Since 2016
Bernalillo	2031	2242	2274	1481	1429	-550
Catron	39	42	47	30	36	-9
Chaves	216	223	224	170	168	-46
Cibola	45	45	50	43	46	-2
Colfax	65	66	67	42	44	-23
Curry	120	137	140	95	92	-25
De Baca	22	22	23	19	20	-3
Doña Ana	469	468	471	345	346	-124
Eddy	166	164	176	126	126	-40
Grant	94	95	92	85	83	-9
Guadalupe	20	16	17	8	13	-12
Harding	6	7	8	6	7	0
Hidalgo	26	23	22	14	17	-12
Lea	142	163	177	122	118	-20
Lincoln	109	101	103	62	62	-47
Los Alamos	85	122	159	133	134	48
Luna	45	42	44	33	34	-12
McKinley	194	207	221	167	176	-27
Mora	5	5	5	2	2	-3
Otero	127	132	134	91	88	-36
Quay	27	35	35	26	30	-1
Rio Arriba	131	123	116	87	95	-44
Roosevelt	78	74	77	40	46	-38
San Juan	364	375	390	267	277	-97
San Miguel	39	37	42	28	29	-11
Sandoval	553	480	449	281	289	-272
Santa Fe	397	464	490	310	309	-87
Sierra	47	38	38	27	24	-20
Socorro	32	34	36	23	25	-9
Taos	126	132	126	81	86	-45
Torrance	57	51	52	40	44	-17
Union	17	23	24	16	21	-1
Valencia	207	176	172	99	105	-108
STATE TOTAL	**6,101**	**6,364**	**6,501**	**4,399**	**4,421**	**-1,680**

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

A total of 7,653 EMTs held New Mexico licenses during 2020. Of these individuals, 1,655 were identified as out of state, 1,217 were excluded from analysis as nonpracticing and 4,421 were in active practice in New Mexico (Figure 5.47).

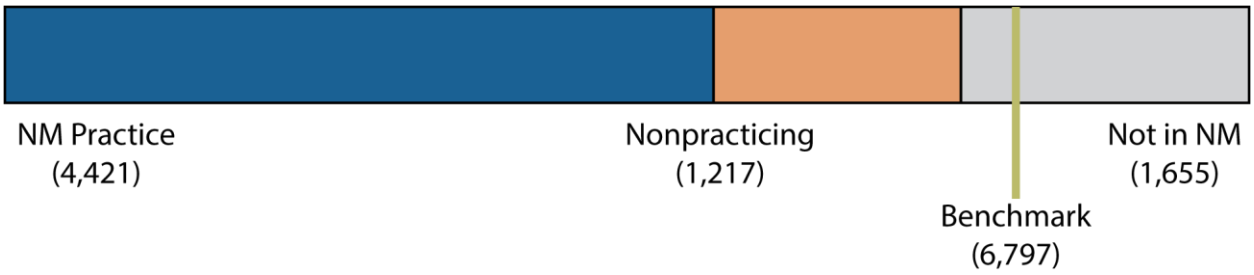
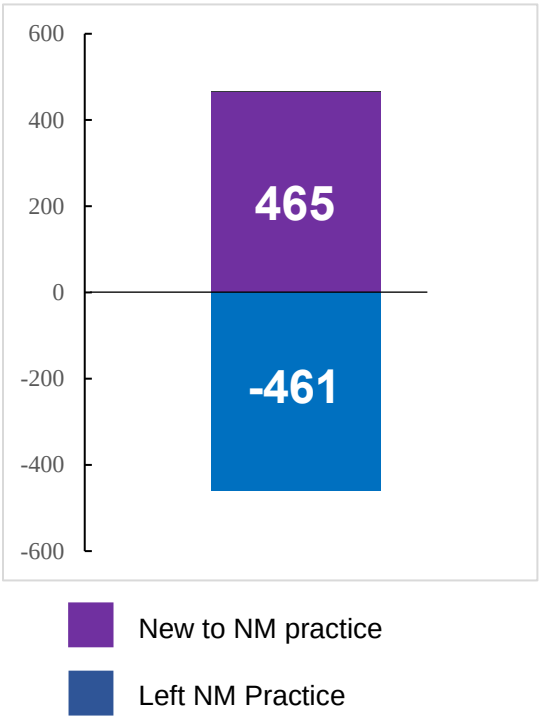


Figure 5.47. New Mexico's EMT licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



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

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

V.E.5.c. Demographics

Demographic features of New Mexico EMTs are shown in Figure 5.49. Relative to the state's population, EMTs are less likely to identify as Hispanic, Black or African American, Native American and Alaska Native, or Asian, Native Hawaiian and Other Pacific Islander and more likely to identify as White or Caucasian. The state's EMT workforce is 23.6% female, with a mean age of 39.6 years. EMTs, together with RNs and pharmacists, are one of only three professions whose licensees identify as Hispanic in proportions greater than 30%. Detailed data for these findings may be found in Appendix C (p. 144).

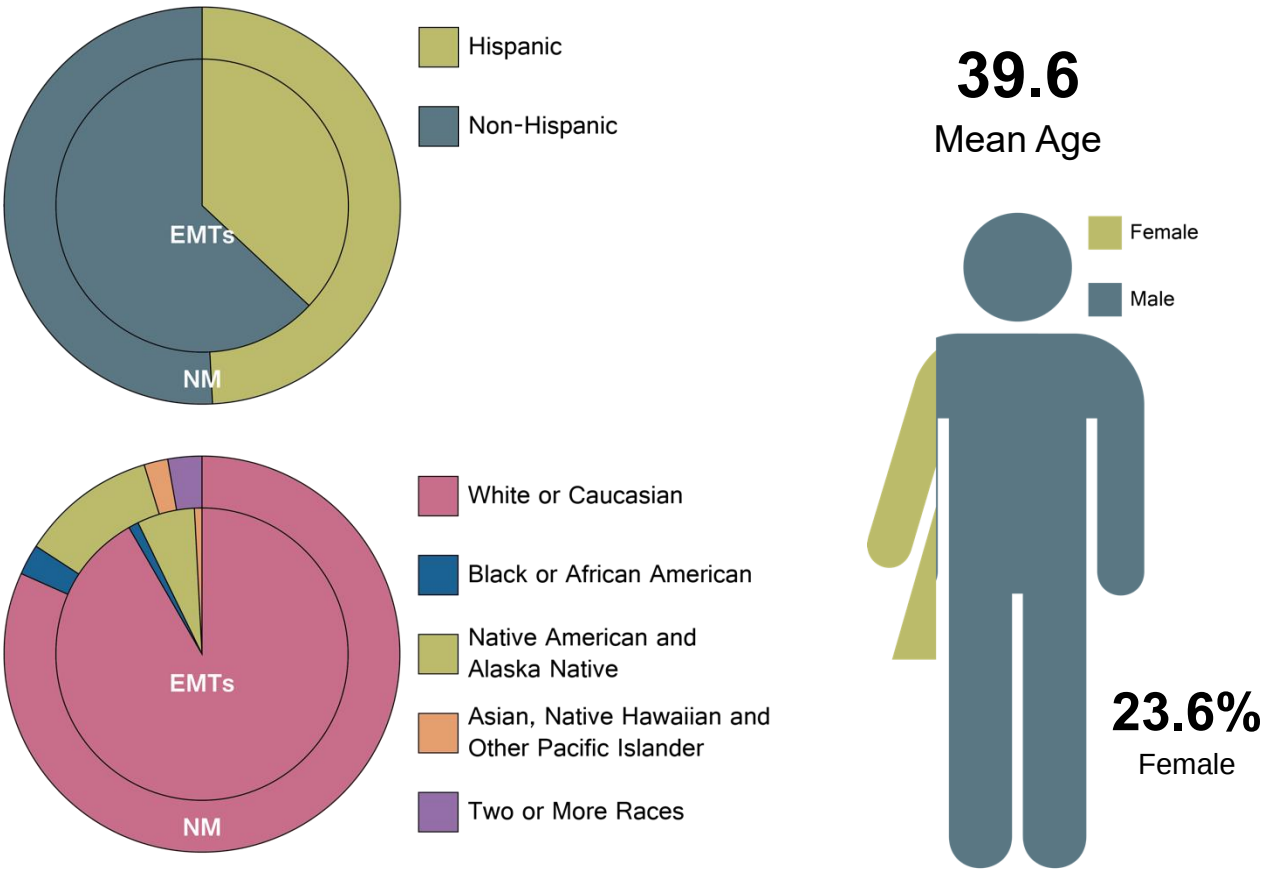


Figure 5.49. Demographic features of the NM EMT workforce. Clockwise from top right: mean age, percent male or female, proportions of NM EMTs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.6. Physical Therapists

V.E.6.a. Benchmark Analysis

In 2020, an estimated 1,547 PTs were practicing in New Mexico, with counties varying between 46 above benchmark and 73 below (Figure 5.50). Eighteen counties have shown a net gain of PTs, with five counties above benchmark for these practitioners. The state as a whole has 465 fewer PTs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 524 PTs would be needed for all New Mexico counties to meet the national benchmark (9.5 per 10,000 population[44]).***

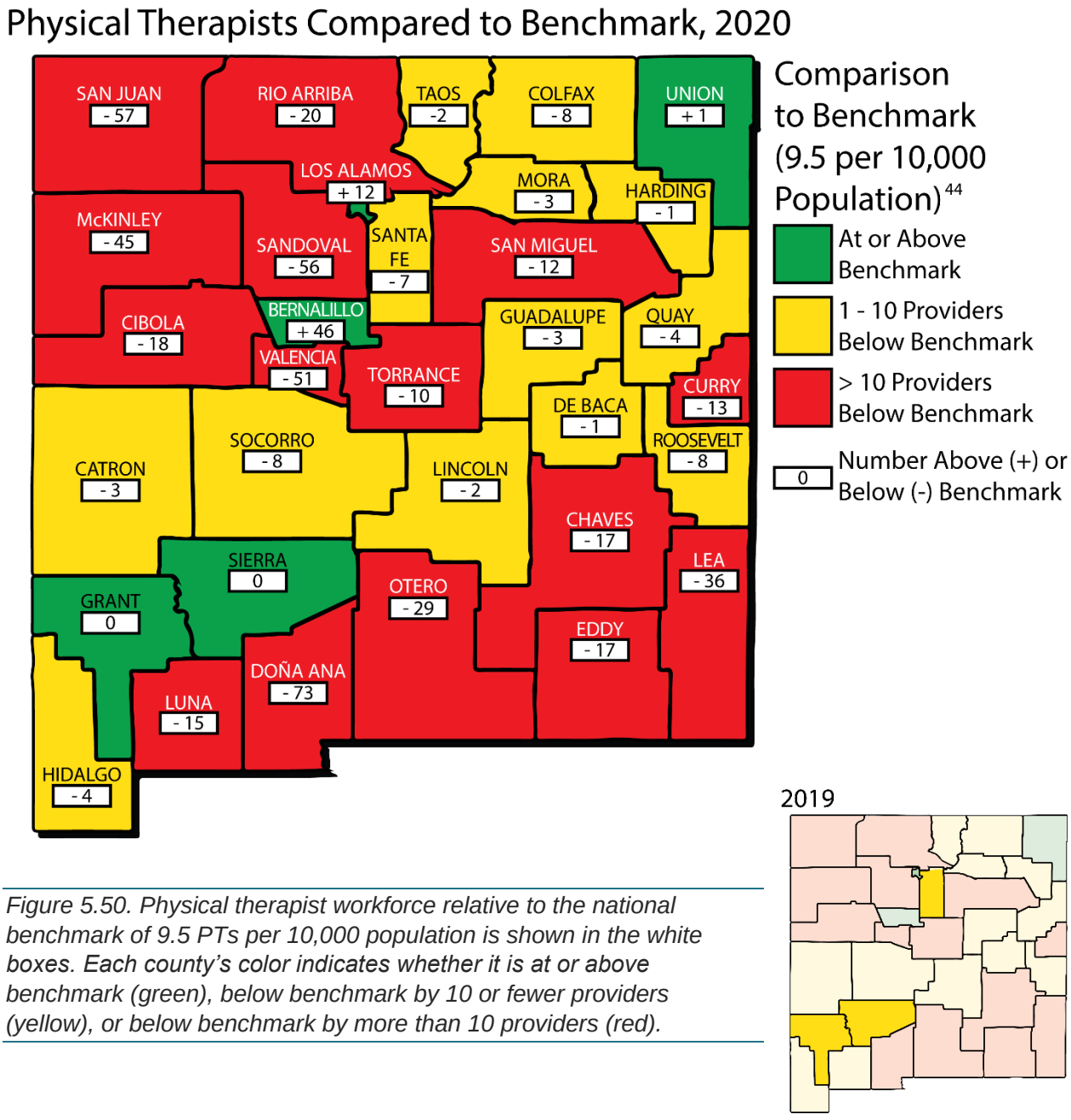


Figure 5.50. Physical therapist workforce relative to the national benchmark of 9.5 PTs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by 10 or fewer providers (yellow), or below benchmark by more than 10 providers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

V.E.6.b. Provider Counts

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

County	2019	2020	Net Change Since 2019
Bernalillo	668	689	21
Catron	0	0	0
Chaves	43	45	2
Cibola	7	8	1
Colfax	6	4	-2
Curry	28	33	5
De Baca	1	1	0
Doña Ana	134	136	2
Eddy	34	42	8
Grant	24	27	3
Guadalupe	1	1	0
Harding	0	0	0
Hidalgo	1	0	-1
Lea	29	35	6
Lincoln	15	17	2
Los Alamos	25	30	5
Luna	11	9	-2
McKinley	24	24	0
Mora	1	1	0
Otero	34	35	1
Quay	4	4	0
Rio Arriba	18	18	0
Roosevelt	9	10	1
San Juan	54	59	5
San Miguel	13	14	1
Sandoval	67	85	18
Santa Fe	135	140	5
Sierra	9	11	2
Socorro	8	8	0
Taos	29	31	2
Torrance	4	4	0
Union	6	5	-1
Valencia	23	21	-2
STATE TOTAL	**1,465**	**4,421**	**82**

V.E.6.b. Provider Counts

A total of 2,194 PTs held New Mexico licenses during 2020. Of these individuals, 556 were identified as out of state, 91 were excluded from analysis as nonpracticing and 1,547 were in active practice in New Mexico (Figure 5.51).

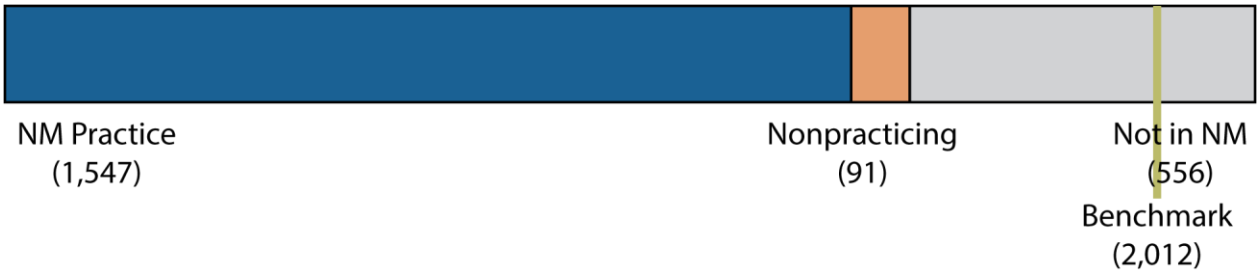
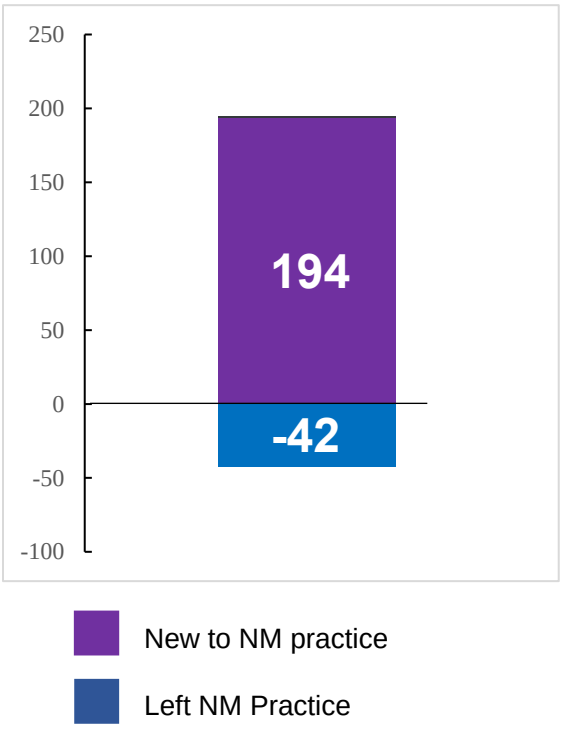


Figure 5.51. New Mexico's physical therapist licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of PTs practicing in New Mexico has decreased by 42 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 new NM (purple).

V.E.6.c. Demographics

Demographic features of New Mexico PTs are shown in Figure 5.53. Relative to the state's population, PTs are less likely to identify as Hispanic, White or Caucasian, Black or African American, or Native American and Alaska Native and more likely to identify as Asian, Native Hawaiian and Other Pacific Islander. The state's PT workforce is 67.7% female, with a mean age of 44.0 years. Detailed data for these findings may be found in Appendix C (p. 144).

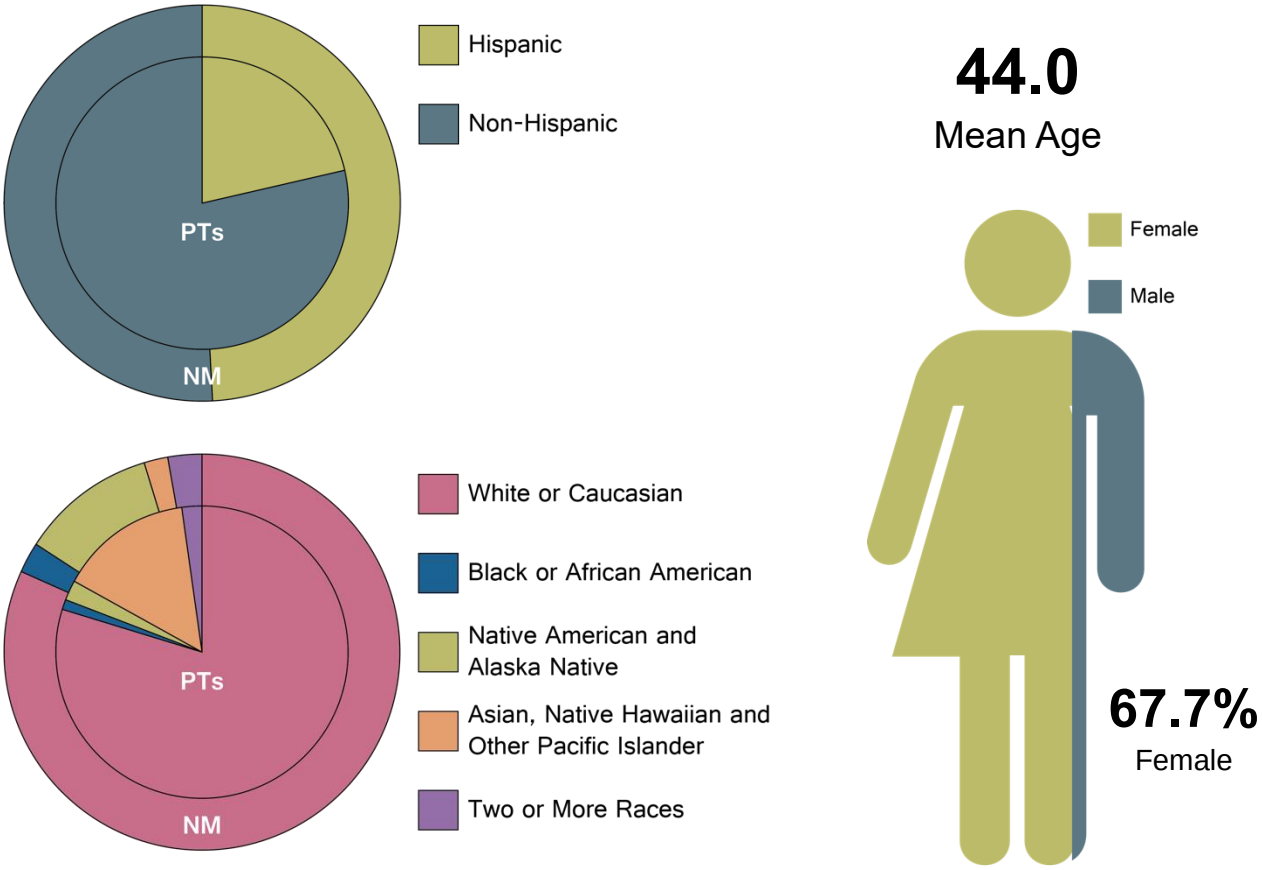


Figure 5.53. Demographic features of the NM PT workforce. Clockwise from top right: mean age, percent male or female, proportions of NM PTs (center circle) and the NM population (outer circle) for race and ethnicity.

V.E.7 Occupational Therapists

V.E.7.a. Benchmark Analysis

In 2020, an estimated 878 OTs were practicing in New Mexico, with counties varying between 181 above benchmark and 15 below (Figure 5.54). Twelve counties have shown a net gain of OTs, with eight counties above benchmark for these practitioners. The state as a whole has 95 more PTs than the national benchmark, yet ***assuming no redistribution of the current workforce, an additional 108 PTs would be needed for all New Mexico counties to meet the national benchmark (3.7 per 10,000 population[45]).***

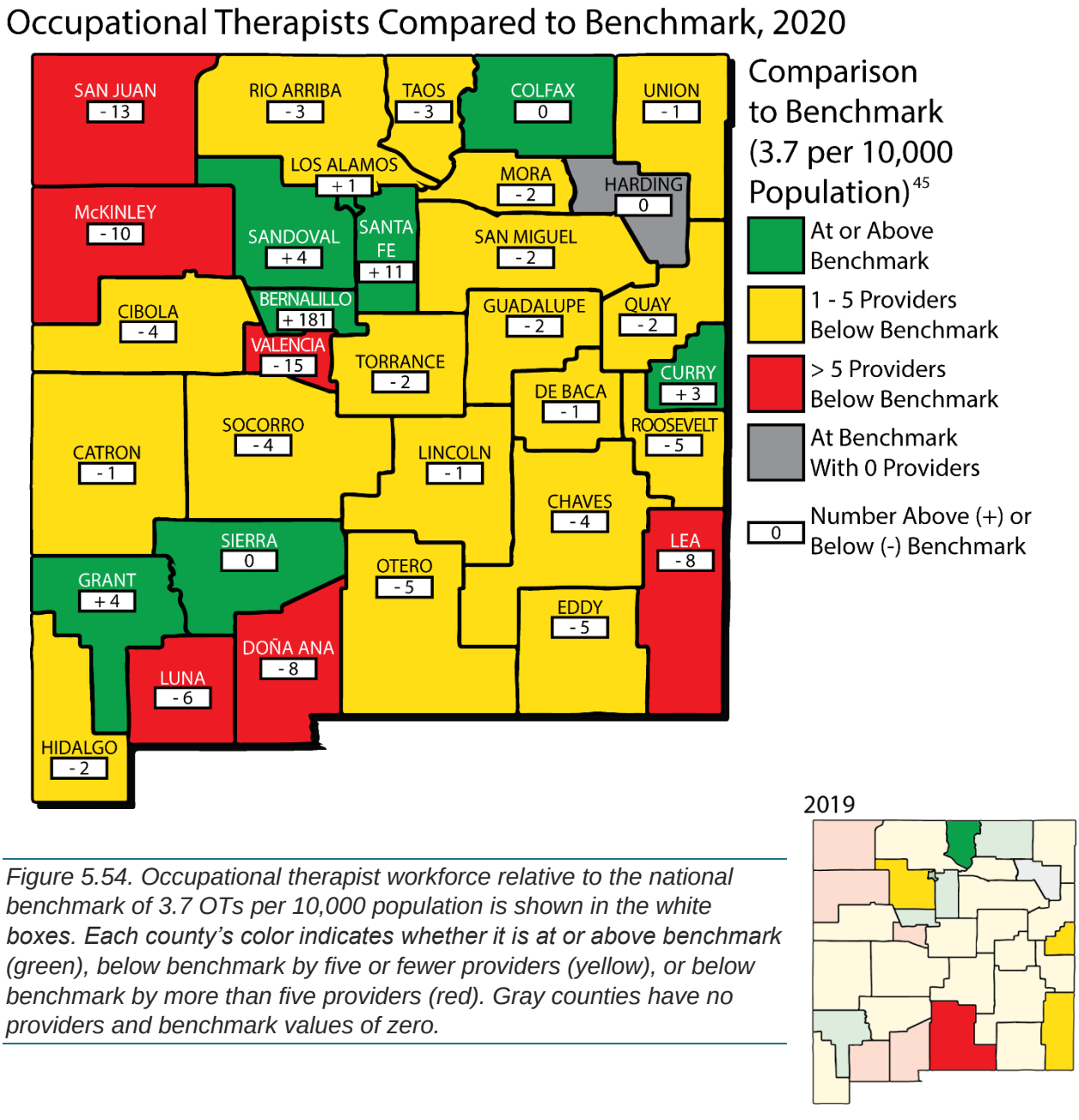


Figure 5.54. Occupational therapist workforce relative to the national benchmark of 3.7 OTs per 10,000 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than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

V.E.7.b. Provider Counts

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

County	2019	2020	Net Change Since 2019
Bernalillo	412	431	19
Catron	0	0	0
Chaves	20	20	0
Cibola	5	6	1
Colfax	5	5	0
Curry	14	21	7
De Baca	0	0	0
Doña Ana	72	73	1
Eddy	17	18	1
Grant	14	14	0
Guadalupe	0	0	0
Harding	0	0	0
Hidalgo	0	0	0
Lea	23	20	-3
Lincoln	6	6	0
Los Alamos	8	8	0
Luna	3	3	0
McKinley	20	17	-3
Mora	0	0	0
Otero	18	20	2
Quay	1	1	0
Rio Arriba	13	12	-1
Roosevelt	2	2	0
San Juan	27	32	5
San Miguel	7	8	1
Sandoval	53	59	6
Santa Fe	68	68	0
Sierra	4	4	0
Socorro	3	2	-1
Taos	13	10	-3
Torrance	2	4	2
Union	0	1	1
Valencia	11	13	2
STATE TOTAL	**841**	**878**	**37**

V.E.7.b. Provider Counts

A total of 1,123 OTs held New Mexico licenses during 2020. Of these individuals, 158 were identified as out of state, 87 were excluded from analysis as nonpracticing and 878 were in active practice in New Mexico (Figure 5.55).

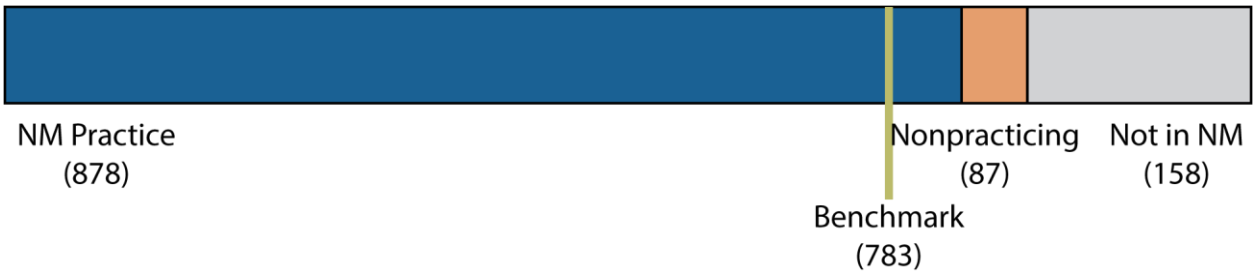
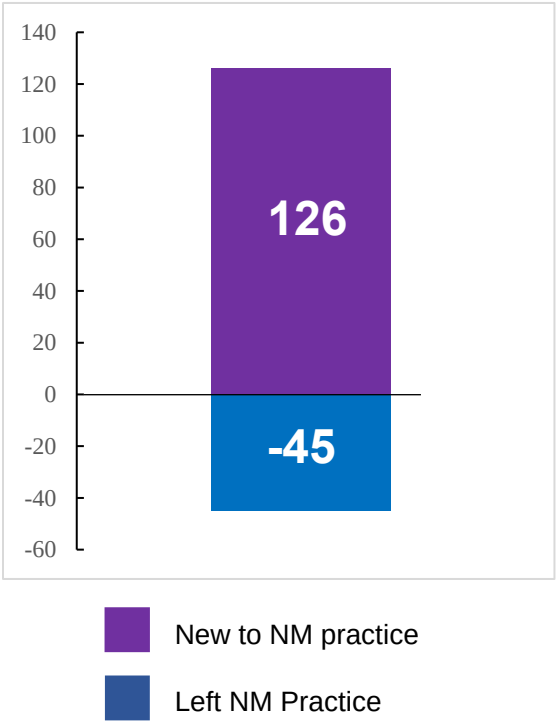


Figure 5.55. New Mexico's occupational therapy licenses by estimated status of out of state (gray), nonpracticing (orange), or practicing in the state (blue). The benchmark value for the state as a whole is shown by the green line.



The count of OTs practicing in New Mexico has decreased by 45 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 new NM (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 86.6% female, with a mean age of 45.3 years. Detailed data for these findings may be found in Appendix C (p. 144).

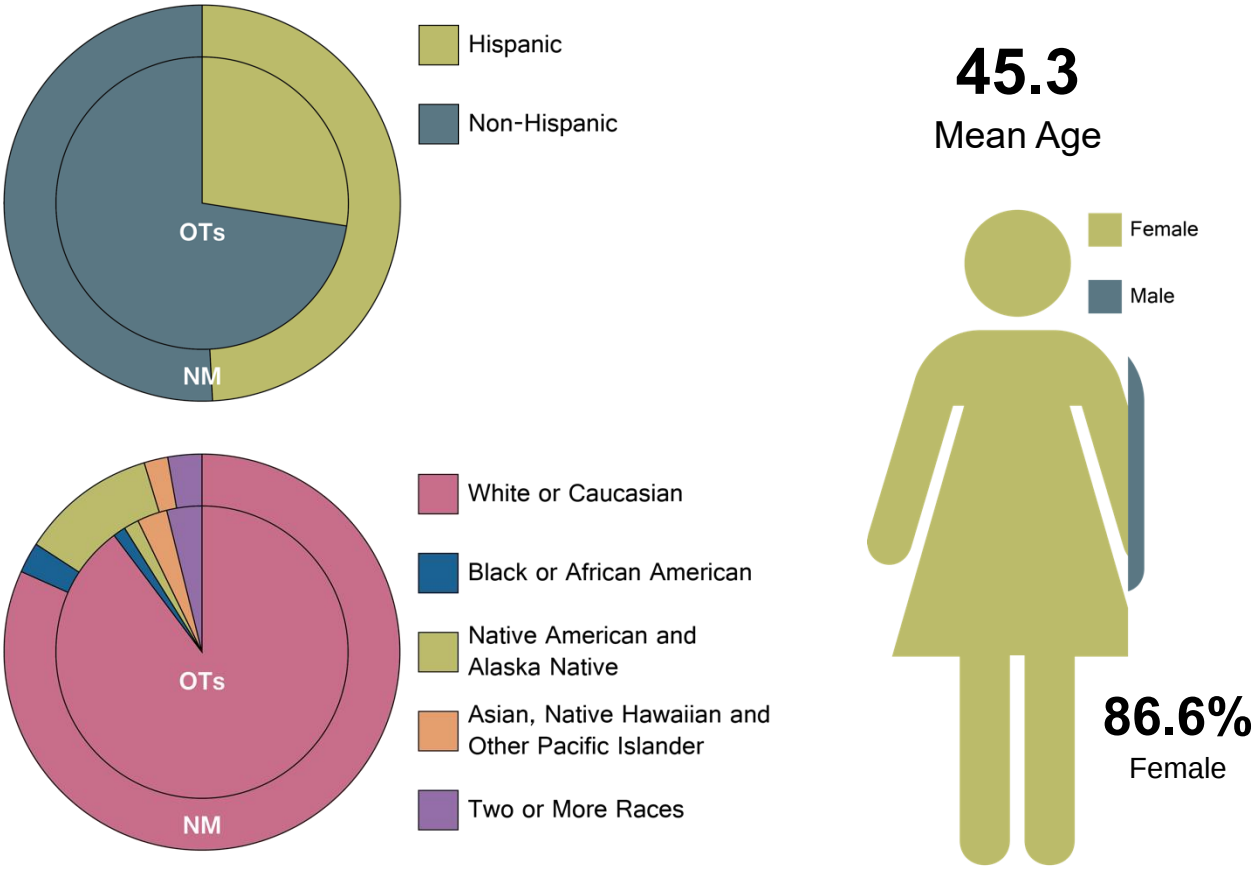


Figure 5.57. Demographic features of the NM OT workforce. Clockwise from top right: mean age, percent male or female, proportions of NM OTs (center circle) and the NM population (outer circle) for race and ethnicity.

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. 17), 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, represents an important step forward in our depth of understanding of the state's health care workforce. Where these analyses and the committee's benchmark analysis agree with one another, it underscores the findings; the rarer points of disagreement indicate areas where our understanding of the dynamics underlying the distribution of health care workforce may be lacking or our analyses are failing to capture an unknown source of variation in the data. Here, we summarize important points of agreement and disagreement among the analyses in Sections III, IV and V of this report.

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

In Section III (p. 17), the New Mexico Department of Workforce Solutions presents data and projections related to employment demand for RNs, CNPs, pharmacists and primary care physician specialties. The report finds the greatest projected job growth for CNPs, at 27.5%, followed by registered nurses, at 11.3%. The greatest current employment demand was for registered nurses, with more than 6,300 advertised online job openings per month.

There is considerable overlap between the findings of Section III and this section. For example, the more than 6,300 online job postings for RNs each month during state fiscal year 2021 more than accounts for the shortages relative to benchmark of 4,380 for the state as a whole and 6,223 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 10% difference between the nurses estimated to be actively practicing in New Mexico in this section (15,588) and the nurses employed in the state reported in Section III (17,100). Indeed, the difference between the shortage relative to average monthly job postings (6,306) and benchmark (6,223) is only 83.

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 258, a value only 2% more than the total of county shortages relative to benchmark, 238. The large growth projected for CNP employment demand in Section III reflects the increase in this year's CNP benchmark. Both are reflective of the increasing importance of this profession's contributions to health care.

In contrast, a marked difference was observed between the demand for pharmacists (154 monthly online job postings) and the total count needed in order to bring all counties to benchmark (521), 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 Professions by County

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. The fine-grained FTE adjustments undertaken by the New Mexico Human Services Department in Section IV are not possible to make in the committee's benchmark analysis, as the national data used to calculate the benchmarks are not detailed enough to allow matching adjustments to the national workforce. Any adjustments to license counts beyond the excluded providers discussed in Section V.B (p. 38) – including the exclusion of PCP hospitalists and calculation of FTE based on practice hours, as in the methodology of Section IV – would create an "apples-to-oranges" mismatch that renders the comparison of county workforce to benchmarks meaningless. However, examining FTE patterning by county and profession separately from the benchmark analysis provides an important and informative layer of detail that seeks to address a limitation of the benchmark analysis.

Of particular interest is the patterning of reduced FTEs, which appears consistently more frequent in Bernalillo County. Previous research, such as that related to the state's OB-GYN workforce, has found that reduced practice hours are largely a phenomenon of urban counties, with rural providers more likely to report working 40 or more hours weekly and spending all of their work hours in direct patient care.[51] It may be that reduced work hours are a luxury mainly available to providers in locations where the counts of health care workforce are high relative to the population.

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

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

This year, updates were made to the national benchmarks for psychiatrists, CNOs, CNMs, dentists, pharmacists and LMs in order to better reflect national trends in these professions. The change in methodology to exclude non-practicing providers is also reflected in the reduced numbers of workforce across professions. Only minor national increases (less than 10%) were reflected in the update benchmarks for psychiatrists, CNPs and CNMs.

The benchmarks for dentists, pharmacists, and LMs increased substantially, by 15, 17 and 41 percent respectively, reflecting the increased contributions of these professions to health care nationwide. New Mexico has kept near with the national increases in its Dental workforce, rising from 14th in dentists per capita in 2011 to 13th in 2020.[28,29]

Comparisons to national benchmarks showed similar patterns both to prior years' analyses and across professions for 2020. A substantial concentration of health care workforce was observed for Bernalillo County, while other areas of the state more frequently showed practitioner counts below benchmarks. It must be noted that this does not claim that there are "excess" providers in Bernalillo County. Rather, for many professions it is simply an indicator that this part of the state is above the national average of providers per capita or that Bernalillo County residents may enjoy relatively higher access to care compared to other counties (although access to care may still be significantly lacking).

V.F.3. Limitations of the Data

Provider-to-population ratios have been selected as the primary metric in this report for national and county-level workforce comparisons. However, there are aspects of access to care that these county-level provider-to-population ratios cannot take into account, such as the small-scale geographic distribution of health care providers, distribution of the population or the population's health care needs. Factors in access to care, including practitioner work hours, patient utilization of care, severity of illness, driving distance to the nearest provider – and – others are assumed to be homogeneous using this method. As a result, our benchmark analysis does not directly measure workforce adequacy, and should be considered an indicator of areas that may be most in need of additional resources.

While New Mexico's required license renewal surveys provide robust, detailed data regarding the state's health care workforce, some details are not captured. Some providers have not yet had the opportunity to complete a license renewal survey; others' survey responses may be up to three years old. Appendix D (p. 171) shows the survey response rate by profession, counting only current surveys (that is, surveys no older than 2017, the earliest possible renewal year for licenses active during 2020). 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 and Licensing Department, who are working to implement it.

Section VI

New Mexico's Behavioral Health Workforce

Contributed by Tyler Kincaid and the Behavioral Health Subcommittee

VI.A. Methods

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

1. **Prescribers:** Includes psychiatrists, advanced nurse specialists with psychiatry specialty and prescribing psychologists.

2. **Independently Licensed Psychotherapy Providers:** Includes providers of therapy and psychosocial interventions for mental illness and addictions treatment. They include non-prescribing psychologists, social workers, counselors and marriage and family therapists.

3. **Non-Independently Licensed Psychotherapy Providers:** Includes psychology associates, non-independently licensed social workers and non-independently licensed counselors. These providers have a limited scope of practice to treat mental illness and addictions until they achieve full independent licensure.

4. **Substance Use Clinicians:** Includes providers of psychosocial interventions to treat addictions, and include licensed alcohol and drugs counselors and licensed substance use associates. This category includes dedicated substance use clinicians and does not overlap with the other categories. Unlike other clinicians in the behavioral health workforce, their scope of practice does not include treatment of mental illness.

This section presents all data for behavioral health care providers actively licensed and practicing in New Mexico during the 2020 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 V (p. 31). Surveys are administered by the provider's licensing board upon license renewal only. Several of the tables presented below were derived from survey data, including payment type, practice location type, health information technology, race/ethnicity and training location. Therefore, the total providers included in these tables are lower than the total licensed in the state. Additionally, because each licensing board administers a different license renewal survey, the nurse practitioners and nurse specialists are excluded from tables or separated due to differences in survey questions. In each case, only providers who responded to the survey question are included in the tables. Using licensure data alone to determine practice location would result in over-counting providers, because professionals often use a residential address to obtain licensure rather than a practice address. Counts were determined using the practice address of surveyed providers and the mailing address of non-

surveyed providers. Providers with out-of-state and unknown ZIP codes for practice location are excluded from the counts.

VI.B. Behavioral Health Care Providers in New Mexico

In 2020, there were 502 prescribers, 4,716 independently licensed psychotherapy providers, 2,733 non-independently licensed psychotherapy providers and 501 substance abuse treatment providers practicing in New Mexico. Figure 6.1 shows how behavioral health provider-to-population ratios compare among New Mexico's 33 counties and the proportions of these providers made up by the four provider types (see also Table 6.1). Although there is no widely accepted definition of an ideal ratio for providers to population, this figure provides a view of the ranges that are available in each county. Note, as for all the maps included in this report, that a county falling in the top category does not necessarily have adequate numbers of practitioners. In this case, the county has a large per capita behavioral health workforce *relative to other counties in the state.*

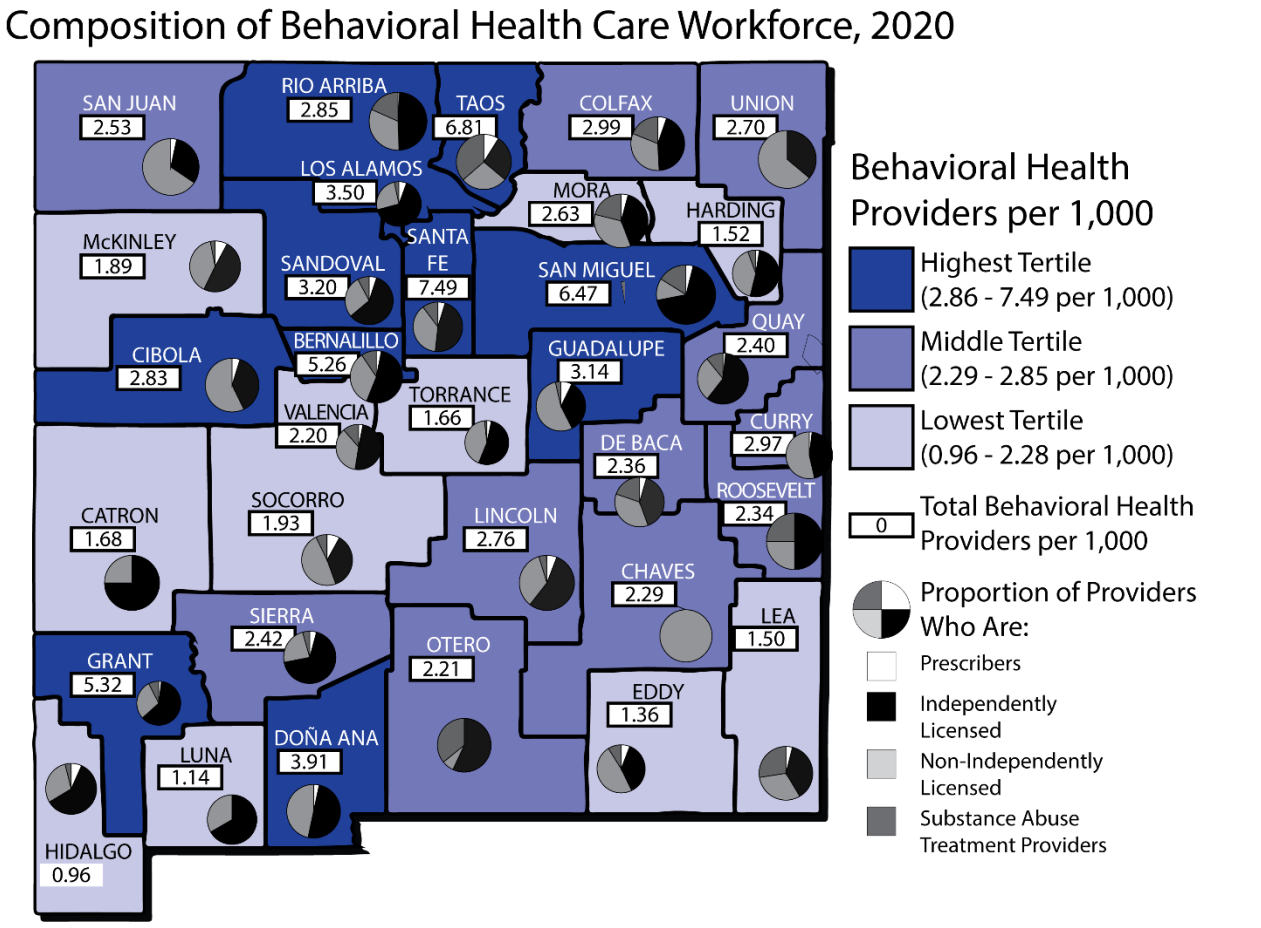


Figure 6.1. White boxes in each county show the total number of behavioral health providers per 1,000 population. County colors indicate whether each county ranks in the top (dark), middle (medium) or bottom (light) third of counties for this measure. Each county's pie chart shows the proportion of prescribers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

Table 6.1 shows the number of behavioral health clinicians in each category in each county in 2020; and Table 6.2 provides additional details on the smaller categories of practitioner comprising each license type. *This year, all counties have at least one behavioral health provider. However, there continue to be six counties without any behavioral health prescribers.*

Table 6.1. Behavioral Health Care Providers by License Category, 2020

County	Prescribers[a]	Independently Licensed Psychotherapy Providers	Non-Independently Licensed Psychotherapy Providers	Substance Use Treatment Providers	County Total
Bernalillo	226	2,151	1,044	256	**3,564**
Catron	0	3	0	0	**3**
Chaves	8	54	76	15	**153**
Cibola	2	36	22	23	**83**
Colfax	1	24	8	3	**36**
Curry	5	73	59	3	**140**
De Baca	0	2	2	0	**4**
Doña Ana	63	414	348	28	**853**
Eddy	5	34	39	7	**85**
Grant	6	79	59	14	**158**
Guadalupe	0	8	1	7	**16**
Harding	0	0	1	0	**1**
Hidalgo	0	3	1	0	**4**
Lea	5	50	44	26	**125**
Lincoln	0	36	19	4	**59**
Los Alamos	3	43	16	2	**64**
Luna	1	10	23	1	**35**
McKinley	6	65	38	33	**142**
Mora	0	3	5	0	**8**
Otero	11	89	49	7	**156**
Quay	1	8	13	1	**23**
Rio Arriba	2	63	41	25	**131**
Roosevelt	1	25	24	1	**51**
San Juan	15	127	113	60	**315**
San Miguel	13	71	99	5	**188**
Sandoval	22	289	152	34	**497**
Santa Fe	61	792	295	36	**1,184**
Sierra	2	13	11	0	**26**
Socorro	1	19	13	5	**38**
Taos	5	141	62	22	**230**
Torrance	0	17	2	4	**23**
Union	0	3	3	4	**10**
Valencia	10	78	61	16	**165**
STATE TOTAL	**475**	**4,823**	**2,743**	**529**	**8,570**

Table 6.2. New Mexico Behavioral Health Providers, 2020

	Prescribers				Independently Licensed Psychotherapy Providers				Non-Independently Licensed Psychotherapy Providers				Substance Use Clinicians			
County	Prescribing Psychologist	CNP/CNS	Psychiatrist (Child & Adolescent)	*TOTAL*	Non-Prescribing Psychologist	Counselor	Social Worker	*TOTAL*	Psychologist	Counselor	Social Worker	*TOTAL*	Independent License	Non-Independent License	*TOTAL*	*County Total*
Bernalillo	12	59	142(28)	**241**	334	922	866	**2,122**	1	338	718	**1,057**	72	66	**138**	**3,558**
Catron	0	0	0(0)	**0**	1	3	0	**4**	0	1	1	**2**	0	0	**0**	**6**
Chaves	2	5	2(0)	**9**	5	22	28	**55**	0	11	61	**72**	5	8	**13**	**149**
Cibola	1	0	2(0)	**3**	8	14	7	**29**	1	4	19	**24**	11	10	**21**	**77**
Colfax	0	0	1(0)	**1**	0	6	13	**19**	0	4	11	**15**	1	1	**2**	**37**
Curry	0	1	4(0)	**4**	1	40	35	**76**	0	13	48	**61**	0	2	**2**	**144**
De Baca	0	0	0(0)	**0**	0	1	2	**3**	0	0	1	**1**	0	0	**0**	**4**
Doña Ana	16	24	23(4)	**67**	63	167	194	**424**	1	86	255	**342**	16	9	**25**	**858**
Eddy	0	6	1(0)	**7**	0	12	19	**31**	0	5	36	**41**	4	2	**6**	**85**
Grant	0	1	3(1)	**5**	7	40	27	**74**	0	14	40	**54**	7	10	**17**	**150**
Guadalupe	0	0	0(0)	**0**	1	3	4	**8**	0	0	1	**1**	2	3	**5**	**14**
Harding	0	0	0(0)	**0**	0	0	0	**0**	0	0	1	**1**	0	0	**0**	**1**
Hidalgo	0	0	0(0)	**0**	0	1	1	**2**	0	0	1	**1**	1	0	**1**	**4**
Lea	1	1	3(0)	**5**	2	28	15	**45**	0	7	33	**40**	12	10	**22**	**112**
Lincoln	1	0	0(0)	**1**	3	19	11	**33**	0	6	10	**16**	3	3	**6**	**56**
Los Alamos	0	1	2(0)	**3**	9	24	13	**46**	1	9	6	**16**	2	1	**3**	**68**
Luna	0	1	0(0)	**1**	0	3	6	**9**	0	3	16	**19**	0	0	**0**	**29**
McKinley	2	1	3(0)	**6**	9	26	20	**55**	0	14	34	**48**	21	8	**29**	**138**
Mora	0	0	0(0)	**0**	0	1	3	**4**	0	1	6	**7**	0	0	**0**	**11**
Otero	0	5	4(0)	**9**	9	44	29	**82**	0	20	32	**52**	3	4	**7**	**150**
Quay	0	0	1(0)	**1**	0	4	4	**8**	0	2	10	**12**	0	0	**0**	**21**
Rio Arriba	0	1	0(0)	**1**	3	22	31	**56**	0	11	26	**37**	11	10	**21**	**115**
Roosevelt	0	1	0(0)	**1**	0	13	7	**20**	0	10	14	**24**	0	0	**0**	**45**
San Juan	1	5	7(4)	**17**	6	56	73	**135**	0	16	82	**98**	37	21	**58**	**308**
San Miguel	0	5	7(1)	**13**	9	30	23	**62**	0	19	76	**95**	2	4	**6**	**176**
Sandoval	2	14	8(0)	**24**	26	147	109	**282**	0	41	93	**134**	22	15	**37**	**477**
Santa Fe	8	13	40(4)	**65**	71	436	251	**758**	1	161	138	**300**	24	13	**37**	**1,160**
Sierra	0	1	0(0)	**1**	2	5	7	**14**	0	1	12	**13**	0	0	**0**	**28**
Socorro	1	0	0(0)	**1**	1	9	7	**17**	0	4	7	**11**	1	2	**3**	**32**
Taos	1	0	4(0)	**5**	14	66	64	**144**	0	29	40	**69**	10	7	**17**	**235**
Torrance	0	0	1(0)	**1**	0	9	8	**17**	0	2	1	**3**	2	2	**4**	**25**
Union	0	0	1(0)	**1**	0	2	1	**3**	0	1	2	**3**	3	1	**4**	**11**
Valencia	0	3	5(0)	**8**	4	35	40	**79**	1	19	44	**64**	6	11	**17**	**168**
TOTAL	**48**	**148**	**264(42)**	**502**	**588**	**2,210**	**1,918**	**4,716**	**6**	**852**	**1,875**	**2,733**	**278**	**223**	**501**	**8,452**

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

Table 6.3. Ratio of Behavioral Health Care Providers-to-Population by Large License Category and County, 2020

County	Prescribers	Independently Licensed Psychotherapy Providers	Non-Independently Licensed Psychotherapy Providers	Substance Use Treatment Providers	County Total
Bernalillo	0.36	3.14	1.56	0.20	**5.26**
Catron	0.00	1.12	0.56	0.00	**1.68**
Chaves	0.14	0.84	1.11	0.20	**2.29**
Cibola	0.11	1.07	0.88	0.77	**2.83**
Colfax	0.08	1.53	1.21	0.16	**2.99**
Curry	0.08	1.57	1.26	0.04	**2.95**
De Baca	0.00	1.77	0.59	0.00	**2.36**
Doña Ana	0.31	1.93	1.56	0.11	**3.91**
Eddy	0.11	0.50	0.66	0.10	**1.36**
Grant	0.18	2.63	1.92	0.60	**5.32**
Guadalupe	0.00	1.80	0.22	1.12	**3.14**
Harding	0.00	0.00	1.52	0.00	**1.52**
Hidalgo	0.00	0.48	0.24	0.24	**0.96**
Lea	0.07	0.60	0.54	0.30	**1.50**
Lincoln	0.05	1.63	0.79	0.30	**2.76**
Los Alamos	0.15	2.37	0.82	0.15	**3.50**
Luna	0.04	0.35	0.75	0.00	**1.14**
McKinley	0.08	0.75	0.66	0.40	**1.89**
Mora	0.00	0.95	1.67	0.00	**2.63**
Otero	0.13	1.21	0.77	0.10	**2.21**
Quay	0.11	0.91	1.37	0.00	**2.40**
Rio Arriba	0.02	1.39	0.92	0.52	**2.85**
Roosevelt	0.05	1.04	1.25	0.00	**2.34**
San Juan	0.14	1.11	0.81	0.48	**2.53**
San Miguel	0.48	2.28	3.49	0.22	**6.47**
Sandoval	0.16	1.89	0.90	0.25	**3.20**
Santa Fe	0.42	4.90	1.94	0.24	**7.49**
Sierra	0.09	1.21	1.12	0.00	**2.42**
Socorro	0.06	1.02	0.66	0.18	**1.93**
Taos	0.14	4.18	2.00	0.49	**6.81**
Torrance	0.07	1.13	0.20	0.27	**1.66**
Union	0.25	0.74	0.74	0.98	**2.70**
Valencia	0.10	1.04	0.84	0.22	**2.20**
TOTAL	**0.24**	**2.23**	**1.29**	**0.24**	**3.99**

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

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

Table 6.4. Proportion of Independently Licensed Psychotherapy Providers, 2019

County	Independently Licensed	Non-Independently Licensed	Percent Independently Licensed
Bernalillo	2122	1057	66.8%
Catron	4	2	66.7%
Chaves	55	72	43.3%
Cibola	29	24	54.7%
Colfax	19	15	55.9%
Curry	76	61	55.5%
De Baca	3	1	75.0%
Doña Ana	424	342	55.4%
Eddy	31	41	43.1%
Grant	74	54	57.8%
Guadalupe	8	1	88.9%
Harding	0	1	NA
Hidalgo	2	1	66.7%
Lea	45	40	52.9%
Lincoln	33	16	67.3%
Los Alamos	46	16	74.2%
Luna	9	19	32.1%
McKinley	55	48	53.4%
Mora	4	7	36.4%
Otero	82	52	61.2%
Quay	8	12	40.0%
Rio Arriba	56	37	60.2%
Roosevelt	20	24	45.5%
San Juan	135	98	57.9%
San Miguel	62	95	39.5%
Sandoval	282	134	67.8%
Santa Fe	758	300	71.6%
Sierra	14	13	51.9%
Socorro	17	11	60.7%
Taos	144	69	67.6%
Torrance	17	3	85.0%
Union	3	3	50.0%
Valencia	79	64	55.2%
TOTAL	**4716**	**2733**	**63.3%**

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

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

Adults with serious mental illness and youth with serious emotional disturbances (the most severe forms of mental illness) are disproportionately more likely to have Medicaid coverage than other forms of insurance[47]. Additionally, Medicaid is often the only insurance that provides coverage for certain specialty behavioral health services, such as Assertive Community Treatment teams. As we characterize New Mexico's behavioral health workforce, it is important to identify how many clinicians accept Medicaid, as this is an important indicator of access for the most severely ill.

Table 6.5 presents the distribution of providers in each category who reported that zero percent, 1 to 29 percent, 30 to 59 percent, and 60 to 100 percent of their patients have Medicaid as their primary payer. *Approximately one fifth of New Mexico behavioral health providers reported that none of their patients have Medicaid as a primary payer.* This finding is consistent with the results of the federal report from the Office of Inspector General that found that only 2,665 of New Mexico's behavioral health providers had delivered services to individuals with Medicaid coverage in 2017[48]. This table includes the 3,629 behavioral health care providers who were surveyed and answered the question about patients with Medicaid as primary payer. It excludes nurse practitioners and nurse specialists, because this question is not on the nurse license renewal survey.

Table 6.5. Percentage of Behavioral Health Care Providers' Patients Using Medicaid as Primary Payment, 2020

		% Patients with Medicaid as Primary Payment							
		0%		1[a] – 29%		30 – 59%		60 – 100%	
License Category	Total	#	%	#	%	#	%	#	%
Prescribers[b]	186	44	23.7%	30	16.1%	55	29.6%	57	30.6%
Independently Licensed Psychotherapy Providers	2,506	480	19.2%	415	16.6%	561	22.4%	1050	41.9%
Non-Independently Licensed Psychotherapy Providers	760	155	20.4%	93	12.2%	98	12.9%	414	54.5%
Substance Use Treatment Providers	177	49	27.7%	8	4.5%	25	14.1%	95	53.7%

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

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

Psychiatrists are less likely to accept insurance than physicians from other specialties, which has been interpreted as an indicator that demand for mental health services exceeds supply[49]. In 2020, 30% of prescribers in New Mexico reported that the majority of their patients were primarily self-pay, which may reflect an ongoing market for mental health treatment outside of insurance networks.

Table 6.6 Percentage of Behavioral Health Care Providers' Patients Using Self-Pay as Primary Payment, 2020

		% Patients with Self-Pay as Primary Payment							
		0%		1[a] – 29%		30 – 59%		60 – 100%	
License Category	Total	#	%	#	%	#	%	#	%
Prescribers[b]	142	46	32.4%	74	52.1%	12	8.5%	10	7.0%
Independently Licensed Psychotherapy Providers	2061	673	32.7%	1108	53.8%	68	3.3%	212	10.3%
Non-Independently Licensed Psychotherapy Providers	590	297	50.3%	233	39.5%	18	3.1%	42	7.1%
Substance Use Treatment Providers	157	68	43.3%	75	47.8%	3	1.9%	11	7.0%

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

VI.B.3. Behavioral Health Care Practice Locations

In a robust behavioral health system, the majority of treatment is delivered in community settings that provide early identification and prevention and have the capacity to provide evidence-based psychosocial interventions using a team-based approach. There is emerging evidence that practice location is more predictive of capacity to take new patients than provider specialty and that larger systems or settings have more ability to offer appointments to new patients[50]. Nationally, there is a move toward integrating primary care and behavioral health in order to provide access to physical and mental health care in the same location. In response, many of the Federally Qualified Health Centers in New Mexico have enhanced their behavioral health programs and are an important source of behavioral health care in many rural counties.

Table 6.7. Practice Location for Behavioral Health Care Providers, 2020

	Prescribers[a]		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
Location Type	n	%	n	%	n	%	n	%
Hospitals	53	19.3%	142	4.1%	102	7.3%	7	2.5%
Hospital Clinics	34	12.4%	191	5.6%	40	2.8%	5	1.8%
Independent Practice	53	19.3%	1266	36.9%	81	5.8%	21	7.6%
Group Practice	35	12.8%	534	15.5%	314	22.3%	80	28.9%
Nursing Home	1	0.4%	18	0.5%	43	3.1%	0	0.0%
Private Clinic	8	2.9%	134	3.9%	75	5.3%	26	9.4%
Nonprofit Community Health Center	14	5.1%	310	9.0%	198	14.1%	39	14.1%
Military/ VA Clinic	23	8.4%	128	3.7%	12	0.9%	3	1.1%
IHS Clinic	10	3.6%	38	1.1%	14	1.0%	13	4.7%
Federally Qualified Heath Center	4	1.5%	101	2.9%	26	1.9%	7	2.5%
Other	39	14.2%	573	16.7%	500	35.6%	76	27.4%
TOTAL	**274**		**3435**		**1405**		**277**	

[a] Excludes nurse practitioners and nurse specialists; see Table 6.8.

Table 6.7 describes the practice location for psychiatrists, psychologists, social workers and counselors. *Private independent and group practices continue to be the most common practice settings for independently licensed psychotherapy providers and prescribers.* Despite moves toward integration of primary care and behavioral health, very few behavioral health providers report working in Federally Qualified Health Centers. These patterns are important considerations as New Mexico continues to focus efforts on expanding the public behavioral health system.

Table 6.8 describes the practice location for psychiatric nurse specialists. Practice patterns for advanced practice psychiatric nurses have changed since this question was first analyzed in 2016. Initially, the majority of psychiatric nurse specialists worked in hospital settings. Current data show an increasing proportion working in outpatient clinic settings.

Table 6.8. Practice Location for Psychiatric CNPs/CNSs, 2020

Location Type	n	%
Clinic	31	20.9%
Community/ Public Health	32	21.6%
Hospital	32	21.6%
School of Nursing	8	5.4%
Other	45	30.4%
TOTAL	**148**	

VI.B.4. Age Distribution of Behavioral Health Care Providers

Table 6.8 provides information about the median and average age of the various behavioral health providers and the proportion of providers in each age category. Many of New Mexico's behavioral health clinicians are approaching retirement age; therefore, it will be important to continue efforts in recruitment for new clinicians. *In fact, more than one third of prescribers and nearly one third of the independently licensed psychotherapy providers are at least 65 years of age.* While the presence of experienced behavioral health clinicians is a strength in our system, anticipated retirements are also an important factor to consider when planning future needs.

Table 6.9. Age of Behavioral Health Care Providers, 2020

Age	Prescribers		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	n	%	n	%	n	%	n	%
<25	0	0.0%	0	0.0%	18	0.7%	5	1.0%
25-34	11	2.3%	246	5.4%	688	25.5%	48	9.8%
35-44	74	15.2%	951	20.8%	694	25.7%	84	17.1%
45-54	103	21.2%	941	20.6%	587	21.8%	99	20.2%
55-64	129	26.5%	990	21.7%	453	16.8%	152	31.0%
65+	169	34.8%	1441	31.5%	257	9.5%	102	20.8%
TOTAL	**486**		**4,569**		**2,697**		**490**	
Median Age	**58.8**		**55.6**		**45.3**		**53.1**	
Average Age	**60**		**56**		**44**		**55**	

VI.B.5. Health Information Technology and Electronic Health Records

Table 6.10 provides information about the health information technology capacity of behavioral health providers. There continue to be relatively low rates of access to comprehensive health information technology systems. In contrast to physical health care providers, behavioral health providers were not eligible for incentives to expand access to health information technology. As the state further integrates behavioral and physical health and a population health perspective to promote wellness, it will be important to develop information technology infrastructure in the behavioral health system.

Table 6.10 includes the 5,391 behavioral health care providers who were surveyed and answered the question about health information technology capability. It excludes nurse practitioners and nurse specialists, because this question is not on the nurse licensing renewal survey.

Table 6.10. Health Information Technology Capabilities of Behavioral Health Care Providers, 2020

Health Information Technology Capability	Prescribers[a]		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	(n = 225)		(n = 2,800)		(n = 2,030)		(n = 336)	
	#	%	#	%	#	%	#	%
Computerized provider order entry	167	74.2%	691	24.7%	248	12.2%	54	16.1%
Patient access to electronic health records	41	18.2%	405	14.5%	144	7.1%	27	8.0%
E-labs	168	74.7%	462	16.5%	173	8.5%	38	11.3%
E-prescribing	67	29.8%	86	3.1%	45	2.2%	9	2.7%
Create registries	82	36.4%	252	9.0%	132	6.5%	19	5.7%
Patient timely access to labs	4	1.8%	20	0.7%	17	0.8%	4	1.2%
Quality reporting	12	5.3%	373	13.3%	161	7.9%	52	15.5%
Record vital signs	16	7.1%	54	1.9%	49	2.4%	14	4.2%
Record Demographics	162	72.0%	1,056	37.7%	421	20.7%	84	25.0%

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

VI.B.6. Race and Ethnicity of Behavioral Health Care Providers

Table 6.11 provides information about the race of New Mexico behavioral health providers, while Table 6.11 provides ethnicity information; this information for psychiatric CNPs/CNSs is shown in Table 6.12. Despite evidence that increased ability to match race and ethnicity of providers to patients increased satisfaction, retention in care and improved outcomes,[51,52] New Mexico's behavioral health workforce continues to be less diverse than the state's population. To address health disparities and to provide culturally and linguistically competent care, it will continue to be important to actively recruit and retain health care professionals from diverse backgrounds. Notably, 49 percent of non-independently licensed psychotherapy providers are of Hispanic ethnicity and the proportion of Hispanic independently licensed behavioral health psychotherapy providers has been increasing over the years that this analysis has reported.

Table 6.11. Race of Surveyed New Mexico Behavioral Health Care Providers Compared to New Mexico's Population, 2020

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Other	Two or More
NM Population	**2,117,522**	**232,927 (11%)**	**42,350 (2.0%)**	**55,055 (2.6%)**	**1,734,250 (81.9%)**	**N/A**	**55,055 (2.6%)**
Prescribers[a]	**277**	18 (6.5%)	12 (4.3%)	6 (2.2%)	219 (79.1%)	18 (6.5%)	4 (1.4%)
Ind. License	**3,443**	110 (3.2%)	22 (0.6%)	71 (2.1%)	2,965 (86.1%)	185 (5.4%)	90 (2.6%)
Non-Ind. License	**1,430**	86 (6.0%)	9 (0.6%)	43 (3.0%)	1,122 (78.5%)	122 (8.5%)	48 (3.4%)
Substance Use	**276**	58 (21.0%)	0 (0.0%)	15 (5.4%)	164 (59.4%)	29 (10.5%)	10 (3.6%)

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

Table 6.12. Ethnicity of Surveyed New Mexico Behavioral Health Care Providers Compared to New Mexico's Population, 2020

	Total Count	Hispanic or Latino
NM Population	**2,117,522**	**1,043,938 (49.3%)**
Prescribers	259	44 (17.0%)
Ind. License	3,252	812 (25.0%)
Non-Ind. License	1,426	697 (48.9%)
Substance Use	275	123 (44.7%)

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

Table 6.13. Race of Surveyed New Mexico Psychiatric CNPs/CNSs, 2020

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	Hispanic	White, Non-Hispanic	Other
Psychiatric CNPs/CNSs	**148**	2 (1.4%)	3 (2.0%)	6 (4.1%)	24 (16.2%)	111 (75.0%)	2 (1.4%)

VI.B.7. Gender of Behavioral Health Care Providers

Table 6.14 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 7,133 behavioral health care providers who indicated their gender on their licensing form.

Table 6.14. Gender of New Mexico Behavioral Health Care Providers, 2020

Gender	NM Pop.	Prescribers		Independently Licensed Psychotherapy Providers		Non-Independently Licensed Psychotherapy Providers		Substance Use Treatment Providers	
	%	Count	%	Count	%	Count	%	Count	%
Female	50.5%	259	57.4%	3,215	80.4%	Female	50.5%	259	57.4%
Male	49.5%	192	42.6%	785	19.6%	Male	49.5%	192	42.6%
TOTAL		**451**		**4,000**		TOTAL		**451**	

VI.B.8. Behavioral Health Care Providers Trained in New Mexico

Table 6.15 describes the percentage of behavioral health providers across categories who trained in New Mexico. This table includes the 5,639 behavioral health care providers who were surveyed and answered the question about training. *The majority of non-independently licensed psychotherapy and substance abuse providers received their training in New Mexico, whereas approximately 35 percent of independently licensed psychotherapy provider and 23 percent prescribers trained in the state*. As we build recruitment efforts, it will be helpful to track these trends across provider categories.

Table 6.15. Behavioral Health Care Providers Practicing in New Mexico who were Trained in the State, 2020

License Category	Total	Trained in New Mexico	
		Count	%
Prescribers	420	144	34.3%
Independently Licensed Psychotherapy Providers	3,469	2,071	59.7%
Non-Independently Licensed Psychotherapy Providers	1,465	1,201	82.0%
Substance Use Treatment Providers	285	227	79.6%
TOTAL	**5,639**	**3,643**	**64.6%**

VI.C. Discussion

Despite statewide efforts to increase the behavioral health workforce, the total number of behavioral health clinicians in each category has remained remarkably stable since the 2016 report, when the separate behavioral health analysis was first conducted.

Although the overall numbers of individual clinicians have remained the same, there are some important trends to note. This year, there was an increase in the number of behavioral health prescribers, which appears to be driven by an increase in advanced practice nurses.

Finally, as we identify strategies to expand behavioral health workforce capacity, it is critical that we continue to ensure diversity within the workforce. It is promising to see that there are increased proportions of psychotherapy providers who identify as Hispanic in this year's results, compared to the data from 2016. It will be important to encourage diversity across all races and ethnicities with particular attention to the prescribers who continue to be less racially and ethnically diverse than the broader behavioral health workforce.

VI.D. Behavioral Health Recommendations

Recommendation 1

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.

The interdisciplinary provision of behavioral health care in primary care settings reduces barriers to behavioral health care through providing patients the convenience of a "one-stop shop" for health care and facilitating primary care referrals to behavioral health providers. Allowing Medicaid reimbursement for behavioral health care provided in primary care settings would provide an incentive for New Mexico's primary health care practices to incorporate behavioral health care providers. One avenue to do so would be adding collaborative care CPT codes 99492, 99493 and 99494 to Medicaid.

Recommendation 2

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.

Peer support specialists perform a key role in recovery from substance use disorder. These individuals, themselves successful in the recovery process, assist others through shared understanding and personal engagement of patients in their recovery. They share resources, mentor those newer to the recovery process, assist individuals in recovery to build the skills necessary for success, build community among individuals with shared experiences in substance use disorder and recovery and lead recovery groups in mutual support during this often-difficult process. Through enabling reimbursement for peer support services, increasing understanding of this workforce, and expanding the sites at which peer support is reimbursable, the four aspects of this recommendation included above would expand New Mexicans' access to the valuable behavioral health services provided by peer support specialists.

Recommendation 3

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

The rationale is that offering such services is a higher-level service, requiring specialized training and expertise beyond what is typically provided with the traditional service rendered in English. The workforce rationale is that we often lose our best bilingual clinicians to administrative positions that offer compensation that is slightly higher than what they were receiving as a clinician. If we can compensate bilingual clinicians appropriately, we encourage those persons to continue to provide these very necessary direct services.

Recommendation 4

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

Many behavioral health agencies are not routinely using qualified interpreters to provide services that meet national standards for Culturally and Linguistically Appropriate Services. Building a statewide infrastructure focused on behavioral health interpretation will provide training and clarify best practices which will improve the quality of our current workforce.

Section VII

2021 Recommendations of the New Mexico Health Care Workforce Committee

Recommendation 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.

These programs encourage trainees to commit to working in health professional shortage areas. In state fiscal year 2020, appropriations funded only 29% of new applicants for the state's health professional loan-for-service programs (25 total). In FY20 the program supported 5 dentists, 21 mental health practitioners, 13 nurses, 16 physicians and 3 allied health practitioners (Participants are awarded a minimum of 2 years in exchange for their service commitment). Doubling the appropriations to accommodate up to 30 medical, 66 nursing and 10 allied health students would cost up to an additional $375,000 for medical ($25,000 x 15 participants), $396,000 for nursing ($12,000 x 33 participants) and $60,000 for allied health ($12,000 x five participants), for a total of up to $831,000 in additional funding. The actual cost might well be less, as in FY 2020 the number of applications to the medical and nursing loan-for-service programs were 18 and 28 respectively, each less than the proposed new maximums of 30 and 66.

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 Land 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".

Recommendation 2

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

Currently, "[r]eceipts of a healthcare practitioner for commercial contract services or Medicare part C services paid by a managed health care provider or health care insurer may be deducted from gross receipts if the services are within the scope of practice of the health care practitioner providing the service" (NMSA 1978, § 7-9-93(A)). With significant budget shortfalls, the state will try to identify new sources of tax revenue during the 2022 Legislative session. Despite the need for increased tax revenue, the tax deduction provided by § 7-9-93(A) must be maintained to help physicians not only recover from their financial losses during the COVID-19 pandemic, but to adjust for the imposition of a tax on services

that cannot be passed on to the consumer of the service. New Mexico is one of two states that impose a gross receipts tax on physician service. If this deduction were to be removed, it would discourage providers from establishing a medical practice in the state. Currently, the deduction helps New Mexico retain physicians in the state.

Recommendation 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).

Recommendation 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.

The interdisciplinary provision of behavioral health care in primary care settings reduces barriers to behavioral health care through providing patients the convenience of a "one-stop shop" for health care and facilitating primary care referrals to behavioral health providers. Allowing Medicaid reimbursement for behavioral health care provided in primary care settings would provide an incentive for New Mexico's primary health care practices to incorporate behavioral health care providers. One avenue to do so would be adding collaborative care CPT codes 99492, 99493 and 99494 to Medicaid.

Recommendation 5

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 urban centers in the state. At the $3,000 credit level, the state would demonstrate its commitment to those members of these professions serving in rural areas and encourage those entering the profession to practice rurally.

Recommendation 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.

The COVID-19 pandemic has made clear the necessity of a strong public health infrastructure and workforce in New Mexico. Increasing staffing of public health nurses by 30 FTEs in order to establish at least one per county would ensure workforce for immunization administration and vaccine programs, foster cooperative efforts with school nurses and school-based health centers and increase the number of providers to address infectious diseases. In particular, staffing for vaccine programs will be critical in protecting the state's population from COVID-19 when a vaccine for the virus becomes available. Because public health nurses are preferred to hold a BSN degree with a minimum of three years of experience, they are considered advanced RNs, and their midpoint salary at the New Mexico Department of Public Health is $31.29 per hour, or $65,089 annually – a rate of pay on the lower end of salaries for experienced BSN nurses. The total cost would thus be approximately $2 million plus benefits.

Recommendation 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.

Currently only 15,000 of the 300,000 public school students in New Mexico have access to SBHC services. Implementing proven innovation models with current SBHC resources could double or triple that reach. Doubling the number of SBHCs could multiply that reach 4 to 60,000-90,000 students. That would still be a stretch from 300,000 but a big move in that direction.

Getting health care workforce in many rural communities is a challenge as brick-and-mortar clinics are not financially sustainable on a full-time basis and may lack a full complement of health services, including behavioral health and dental providers. Additionally, travel time to rural communities, which may not have medical, behavioral health or dental providers living locally, takes away from patient care.

SBHC exist on more than 70 campuses statewide, which equates to more than 1,000 school campuses without a SBHC. The majority of schools also do not have a full-time school nurse. School nurses in rural areas are often responsible for schools that are several miles apart, resulting in an hour or more of drive time between sites. The impact of the health care workforce can be maximized using the integrated (minimum of primary care and behavioral health) SBHC model of care delivered via telehealth or mobile clinic outreach. Targeting of school-aged children and youth is a preventive approach, intervening in physical, behavioral and oral health issues as they are developing and conveniently delivering these services where children spend most of their time – in school.

Using a telehealth hub-and-spoke model, a team of providers can have a full schedule of patients from multiple communities in one day. Additionally, by connecting rural school communities with limited health care access to a nearby medical organization via telehealth, relationships with providers and consistent medical records can be established for in-person visits when needed.

Similarly, using mobile outreach, providers can offer needed in-person follow-up care as they can see patients in multiple communities per day and use travel time for charting. Many mobile clinics have full dental operatories and can offer X-rays and restorative work. Delivering health services locally rather than having patients drive miles to the nearest clinic, may also reduce no-show rates and minimize advancement of illness, tooth decay and other risks for poor health.

Utilizing telehealth hub-and-spoke models and mobile clinic outreach at schools, community clinics and hospitals can maximize provider time and more efficiently address health care needs of children and youth (and their families) in rural clinics.

Recommendation 8

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

Recommendation 9

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

As discussed for Recommendation 11 above, the rapid expansion of telemedicine services during the COVID-19 pandemic has proved a boon to health care access for the people of New Mexico. However, access to broadband internet is lacking among the state's lower-income and rural populations. Making available a community location for local residents to access video consultations with their health care providers would enable individuals to receive this preferred mode of remote health care who otherwise would rely on voice-only telephone consultations or undertake burdensome travel to see their provider in person. Such a location might be provided in the form of a private space within a public health office furnished with a broadband-connected computer and webcam.

Recommendation 10

Support a financial aid program to increase the number of Doctor of Nursing Practice (DNP) 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 (year 1), $1.44 million (year 2), $2.16 million (year 3) and remain at $2.16 million per year after year 3.

Recommendation 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 adds 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.

Peer support specialists perform a key role in recovery from substance use disorder. These individuals, themselves successful in the recovery process, assist others through shared understanding and personal engagement of patients in their recovery. They share resources, mentor those newer to the recovery process, assist individuals in recovery to build the skills necessary for success, build community among individuals with shared experiences in substance use disorder and recovery, and lead recovery groups in mutual support during this often difficult process. Through enabling reimbursement for peer support services, increasing understanding of this workforce, and expanding the sites at which peer support is reimbursable, the four aspects of this recommendation included above would expand New Mexicans' access to the valuable behavioral health services provided by peer support specialists.

Recommendation 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.

The rationale is that offering such services is a higher-level service, requiring specialized training and expertise beyond what is typically provided with the traditional service rendered in English. The workforce rationale is that we often lose our best bilingual clinicians to administrative positions that offer compensation that is slightly higher than what they were receiving as a clinician. If we can compensate bilingual clinicians appropriately, we encourage those persons to continue to provide these very necessary direct services.

Recommendation 13

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

Many behavioral health agencies are not routinely using qualified interpreters to provide services that meet national standards for Culturally and Linguistically Appropriate Services. Building a statewide infrastructure focused on behavioral health interpretation will provide training and clarify best practices which will improve the quality of our current workforce.

References

1. New Mexico Health Care Workforce Committee. *2013 Annual Report*. University of New Mexico Health Sciences Center; 2013.

2. New Mexico Health Care Workforce Committee. *2014 Annual Report*. University of New Mexico Health Sciences Center; 2014.

3. New Mexico Health Care Workforce Committee. *2015 Annual Report*. University of New Mexico Health Sciences Center; 2015.

4. New Mexico Health Care Workforce Committee. *2016 Annual Report*. University of New Mexico Health Sciences Center; 2016.

5. Farnbach Pearson AW, Reno JR, New Mexico Health Care Workforce Committee. *2017 Annual Report*. University of New Mexico Health Sciences Center; 2017.

6. Farnbach Pearson AW, Reno JR, New Mexico Health Care Workforce Committee. *2018 Annual Report*. University of New Mexico Health Sciences Center; 2018.

7. Farnbach Pearson AW, Reno JR, New Mexico Health Care Workforce Committee. *2019 Annual Report*. University of New Mexico Health Sciences Center; 2019.

8. Farnbach Pearson AW, Reno JR, New Mexico Health Care Workforce Committee. *2020 Annual Report*. University of New Mexico Health Sciences Center; 2020.

9. *Health Care Work Force Data Collection, Analysis and Policy Act*. Vol NM Stat § 24-14C-1.; 2011.

10. American Association of Colleges of Nursing. *Fact Sheet: Nursing Shortage*. American Association of Colleges of Nursing; 2019. Accessed September 17, 2020. https://www.aacnnursing.org/news-information/fact-sheets/nursing-shortage

11. IHS Markit Ltd. *The Complexities of Physician Supply and Demand: Projections from 2018 to 2033*. Association of American Medical Colleges; 2020. Accessed September 17, 2020. https://www.aamc.org/system/files/2020-06/stratcomm-aamc-physician-workforce-projections-june-2020.pdf

12. U.S. Census Bureau. *QuickFacts*. US Census Bureau; 2010. Accessed July 18, 2018. https://www.census.gov/quickfacts/fact/map/US/LND110210

13. U.S. Census Bureau. *2020 Population and Housing State Data*. US Census Bureau; 2021. Accessed August 12, 2021. https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html

14. Office of Rural Health Policy. Non-metro counties (micropolitan and non-core based counties) and eligible census tracts in metropolitan counties. Published online 2020. Accessed September 29, 2020. hrsa.gov/rural-health/about-us/definition/datafiles.html

15. Wilger S. National Rural Health Association policy brief: definition of frontier. Published online 2016.

16. The Henry J. Kaiser Family Foundation. State Health Facts: Disparities. Accessed September 17, 2020. kff.org/state-category/disparities

17. New Mexico Department of Health. COVID-19 in New Mexico. Published 2020. Accessed September 19, 2020. https://cvprovider.nmhealth.org/public-dashboard.html

18. Aschwanden C. How New Mexico controlled the spread of COVID-19. *Scientific American*. Published online 2020. Accessed September 19, 2020. https://www.scientificamerican.com/article/how-new-mexico-controlled-the-spread-of-covid-19/

19. Romero S. How New Mexico, one of the poorest states, averted a steep death toll. *New York Times*. https://www.nytimes.com/2020/04/24/us/coronavirus-new-mexico.html. Published April 24, 2020. Accessed September 19, 2020.

20. *An Act Relating to Health Care Coverage; Amending Sections of the Health Care Purchasing Act, the New Mexico Insurance Code, the Health Maintenance Organization Law and the Nonprofit Health Care Plan Law to Prohibit Certain Restrictions on and Establish New Requirements for Coverage of Services Provided via Telemedicine*. Vol 2019 SB 354.; 2019.

21. Kaufman Hall. *COVID-19 in 2021: The Potential Effect on Hospital Revenues*. Accessed September 8, 2021. https://www.aha.org/system/files/media/file/2021/02/KH-2021-COVID-Impact-Report_FINAL.pdf

22. American Dental Association. *COVID-19: Economic Impact on Dental Practices*. Accessed September 7, 2021. https://surveys.ada.org/reports/RC/public/YWRhc3VydmV5cy02MTFhNzY3N2MxNTExNjAwMTc3NjJkYmEtVVJfM3BaeGhzWm12TnNMdjB4

23. Nasseh, Kamyar, Vujicic. *Modeling the Impact of COVID-19 on US Dental Spending*. American Dental Association; 2020. Accessed September 7, 2021. https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0620_1.pdf?la=en

24. American Medical Association. *Changes in Medicare Physician Spending During the COVID-19 Pandemic*; 2021. Accessed September 8, 2021. https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:48c52466-53a9-4a53-b8a9-2a6cc55c48ce

25. Burger, D. *HPI: Staffing Challenges Becoming Major Issue in Dental Offices*; 2021. Accessed September 8, 2021. https://www.ada.org/en/publications/ada-news/2021-archive/august/staffing-challenges-becoming-major-issue-in-dental-offices?utm_source=adaorg&utm_medium=virus-lp&utm_content=cv-hpi-economic-impact&utm_campaign=covid-19

26. Association of American Medical Colleges. *2019 State Physician Workforce Data Report*. Association of American Medical Colleges; 2019.

27. Rayburn WF. *The Obstetrician-Gynecologist Workforce in the United States: Facts, Figures and Implications*. 2nd ed. American Congress of Obstetricians and Gynecologists; 2017.

28. Ricketts TC, Thompson K, Neuwah S, McGee V. *Developing an Index for Surgical Underservice (July 2011) - Indexsurg.Ashx*. American College of Surgeons Health Policy Research Institute; 2011. Accessed August 28, 2015. https://www.facs.org/~/media/files/advocacy/hpri/indexsurg.ashx

29. Burvill PW. Looking beyond the 1:10,000 ratio of psychiatrists to population. *The Australian and New Zealand journal of psychiatry*. 1992;26(2):265-269.

30. U.S. Department of Health and Human Services. State-Level Projections of Supply and Demand got Behavioral Health Occupations: 2016-2030; 2018. Accessed July 2, 2021. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/state-level-estimates-report-2018.pdf

31. Bureau of Labor Statistics. *Occupational Outlook Handbook: Registered Nurses*. U.S. Department of Labor; 2020. Accessed September 9, 2020. https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-1

32. Henry J. Kaiser Family Foundation. *State Health Facts: Total Number of Nurse Practitioners, March 2020.*; 2020. Accessed September 9, 2020. https://www.kff.org/other/state-indicator/total-number-of-nurse-practitioners/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

33. Henry J. Kaiser Family Foundation. *State Health Facts: Total Number of Nurse Practitioners, March 2021.*; 2021. Accessed August 17, 2021. https://www.kff.org/other/state-indicator/total-number-of-nurse-practitioners/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

34. American Midwifery Certification Board. *Certified Nurse-Midwives/Certified Midwives by State as of August 2016*. AMCB; 2016. Accessed March 8, 2017. http://www.amcbmidwife.org/docs/default-document-library/number-of-cnm-cm-by-state---august-2016.pdf?sfvrsn=2

35. American Midwifery Certification Board. *American Midwifery Certification Board 2020 Annual Report.* ACMB; 2021. Accessed July 5, 2021. https://www.amcbmidwife.org/docs/default-source/annual-reports/2020-amcb-annual-report.pdf?sfvrsn=595a66fc_2

36. National Commission on Certification of Physician Assistants. *2019 Statistical Profile of Certified Physician Assistants*. National Commission on Certification of Physician Assistants; 2020.

37. Health Resources and Services Administration. Criteria for determining priorities among health professional shortage areas. *Federal Register*. 2003;68(104):32531-32533.

38. Bureau of Labor Statistics. *Occupational Outlook Handbook: Dentists*. U.S. Department of Labor; 2019. Accessed July 2, 2020. https://www.bls.gov/ooh/healthcare/dentists.htm

39. Bureau of Health Professions. *The Adequacy of Pharmacist Supply: 2004 to 2030*. Health Resources and Services Administration of the Department of Health and Human Services; 2008. Accessed August 28, 2015. http://bhpr.hrsa.gov/healthworkforce/reports/pharmsupply20042030.pdf

40. Bureau of Health Professions. *2030Allied Health Workforce Projections, 2016-2030*. Health Resources and Services Administration of the Department of Health and Human Services; 2019.

Accessed on July 2, 2021. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/pharmacists-2016-2030.pdf

41. Anton S, Darragh I, Khalsa MA, Nelson C, Pulley D. *2015 Annual Report*. North American Registry of Midwives; 2016. Accessed September 7, 2018. http://narm.org/pdffiles/2015NARMAnnualReport.pdf

42. Ida Darragh LM, CPM Rachel Fox-Tierney, CPM, LM Miriam Atma Khalsa LM, CPM Carol Nelson LM, CPM, ASM Kim Pekin LM, CPM Debbie Pulley LM, CPM Mary Anne Richardson, CPM, LM. *2020 Annual Report*. North American Registry of Midwives; 2021. Accessed September July 2, 2021. https://narm.org/pdffiles/2020NARMAnnualReport.pdf

43. National Association of State EMS Officials. *2020 National Emergency Medical Services Assessment*. National Association of State EMS Officials; 2020. Accessed September 9, 2020. https://nasemso.org/wp-content/uploads/2020-National-EMS-Assessment.pdf

44. American Physical Therapy Association. *APTA Workforce Data: Licensed PTs by State 2019*. American Physical Therapy Association; 2020.

45. National Board for Certification in Occupational Therapy. *Personal Communication with Shaun Conway, Senior Director for External and Regulatory Affairs, NBCOT, 6 March 2017*. National Board for Certification in Occupational Therapy; 2017.

46. U.S. Census Bureau. *Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties*. US Census Bureau; 2020. Accessed July 30, 2020. https://factfinder.census.gov

47. Zur J, Musumeci M, Garfield JV. *Medicaid's Role in Financing Behavioral Health Services, June 2017, Kaiser Family Foundation Issue Brief*. Henry J. Kaiser Family Foundation; 2017. Accessed September 19, 2020. https://www.kff.org/medicaid/issue-brief/medicaids-role-in-financing-behavioral-health-services-for-low-income-individuals/

48. Chiedi J. *Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care (OEI-02-17-00490)*. Department of Health and Human Services; 2019. Accessed September 19, 2020. https://oig.hhs.gov/oei/reports/oei-02-17-00490.pdf

49. Bishop T, Press M, Keyhani S, Pincus H. Acceptance of Insurance by Psychiatrists and the Implications for Access to Mental Health Care. *JAMA Psychiatry*. 2014;71(2):176-181. doi:10.1001/jamapsychiatry.2013.2862

50. McClellan S, Sirkin J, Pfefferle S, Hunt M, Olsho L. Acceptance of New Clients by Mental Health Clinicians in Massachusetts: Findings From a Representative Survey. *Psychiatric Services*. 2020;71(2):158-164. doi:10.1176/appi.ps.201900072

51. Atkinson D, Lowe S. The role of ethnicity, cultural knowledge, and conventional techniques in counseling and psychotherapy. In: Ponterotto J, Casas J, Suzuki L, et al., eds. *Handbook of Multicultural Counseling*. Sage Publications; 1995.

52. Jerrell J. The effects of client-therapist match on service use and costs. *Administration and Policy in Mental Health*. 1995;23:119-126.

53. *Insurance Code*. Vol NM Stat § 59A-22-54.; 2016.

54. *SB2298 SD2 HD3 CD1 Relating to Healthcare Preceptor Tax Credits*. Vol HI Act 043 (18).; 2018. Accessed September 27, 2019. http://preceptortaxcredit.hawaii.edu/wp-content/uploads/2018/12/Act-43-Preceptor-Tax-Credits-GM1143_.pdf

55. New Mexico Higher Education Department. *Annual Report 2017*. New Mexico Higher Education Department; 2018. Accessed September 23, 2014. http://www.hed.state.nm.us/uploads/files/Data%20Research/Data%20Reports/Annual%20Report%202013%20Final.pdf

56. Program Evaluation Unit. *Progress Report: Adequacy of New Mexico's Healthcare Workforce Systems*. New Mexico Legislative Finance Committee; 2015:8 pp. Accessed September 2, 2015. http://www.nmlegis.gov/lcs/handouts/ALFC 081915 Item 21 Progress Report Healthcare Workforce.pdf

57. Kaufman A, Alfero C. A state-based strategy for expanding primary care residency. Health Affairs Blog. Published July 31, 2015. Accessed November 11, 2015. http://healthaffairs.org/blog/2015/07/31/astatebasedstrategyforexpandingprimarycareresidency/ print/

58. Farnbach Pearson AW, Moffett ML, Larson RS, Rayburn WF. Mandated self-reporting of workforce data collected during medical license application or renewal: a case study of obstetrician-gynecologists in New Mexico. *Journal of Medical Regulation*. 2017;103(3):6-11.

Appendix A

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

A.A. Peer-Reviewed Journal Articles

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

Farnbach Pearson AW, Moffett ML, Larson RS, Rayburn WF. Mandated self-reporting of workforce data collected during medical license application or renewal: a case study of obstetrician-gynecologists in New Mexico. *Journal of Medical Regulation*. 2017;103(3):6-11.

A.B. Conference Presentations

Blackstone J, Rayburn WF, Farnbach Pearson AW, Larson RS. Obstetrician-gynecologists in general practice in New Mexico: a comparison between rural and metropolitan settings. In: *15th Annual AAMC Health Workforce Research Conference*. Alexandria VA; 2019.

Farnbach Pearson AW, Moffett ML, Larson RS. Are primary care physician counts representative of the pediatric primary care workforce? A New Mexico case study. In: *13th Annual AAMC Health Workforce Research Conference*. Alexandria VA; 2017.

Farnbach Pearson AW, Moffett ML, Larson RS, Rayburn WF. New Mexico's rural and metropolitan obstetrician and gynecologist workforce, 1990 - 2014: implications for health policy. In: *12th Annual AAMC Health Workforce Research Conference.* Chicago IL; 2016.

Farnbach Pearson AW, Rayburn WF, Larson RS. Demographic diversity of New Mexico primary care physicians by population setting. In: *14th Annual AAMC Health Workforce Research Conference*. Tysons VA; 2018.

Farnbach Pearson AW, Rayburn WF, Larson RS. Beyond "counting heads:" patterns of working hours among physicians and implications for future workforce needs. In: *15th Annual AAMC Health Workforce Research Conference*. Alexandria VA; 2019.

Farnbach Pearson AW, Rayburn WF, Larson RS, Cordova de Ortega LM. Access to pediatric care across New Mexico communities: ratios of pediatric to adult primary care physicians and physicians to population. In: *14th Annual AAMC Health Workforce Research Conference*. Tysons VA; 2018.

Farnbach Pearson AW, Reese AL, Rayburn WF, Larson RS, Cox KJ. Access to obstetric care: understanding the demographics and distribution of obstetricians-gynecologists, certified nurse midwives and licensed direct entry midwives in underserved areas of New Mexico. In: *14th Annual AAMC Health Workforce Research Conference*. Tysons VA; 2018.

Larson R. Exploring solutions to New Mexico's health provider shortage. In: *10th Annual AAMC Health Workforce Research Conference*. Washington DC; 2014.

Moffett ML, Farnbach Pearson AW, Larson R. Factors related to the age of actively-licensed physicians in New Mexico. In: *11th Annual AAMC Health Workforce Research Conference*. Alexandria VA; 2015.

Moffett ML, Farnbach Pearson AW, Larson R. Gender differences in physician practice location and patient populations. In: *11th Annual AAMC Health Workforce Research Conference*. Alexandria VA; 2015.

Moffett ML, Farnbach Pearson AW, Larson RS, Rayburn WF. Value of complete cross-sectional health workforce data: obstetrician-gynecologists in New Mexico. In: *12th Annual AAMC Health Workforce Research Conference*. Chicago IL; 2016.

Moffett ML, Farnbach Pearson AW, Sklar D, Larson R. Moving in, out and on: physician workforce in New Mexico. In: *11th Annual AAMC Health Workforce Research Conference*. Alexandria VA; 2015.

Moffett ML, Farnbach Pearson AW, Verzi SJ, Kleban SD, Malczynski LA, McDermott GV, Larson R. Modeling future health care workforce adequacy to inform policy. In: *11th Annual AAMC Health Workforce Research Conference*. Alexandria VA; 2015.

Moffett ML, Rayburn WF, Farnbach Pearson AW, Larson RS. Value of mandatory statewide collection of demographic data about obstetrician-gynecologists. In: *American College of Obstetricians and Gynecologists Annual Clinical and Scientific Meeting*. San Diego CA; 2017.

Reese AL, Farnbach Pearson AW, Larson RS, Rayburn W, Cox KJ. New Mexico's metropolitan and rural CNM workforce. In: *American College of Nurse-Midwives 63rd Annual Meeting and Exhibition*. Savannah GA; 2018.

A.C. Opinion and Commentary

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

A.D. Policy Reports

New Mexico Health Care Workforce Committee. *2013 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center; 2013.

New Mexico Health Care Workforce Committee. *2014 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center; 2014.

New Mexico Health Care Workforce Committee. *2015 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center; 2015.

New Mexico Health Care Workforce Committee. *2016 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center; 2016.

Farnbach Pearson AW, Reno JR, New Mexico Health Care Workforce Committee. *2017 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center; 2017.

Farnbach Pearson AW, Reno JR, New Mexico Health Care Workforce Committee. *2018 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center; 2018.

Farnbach Pearson AW, Reno JR, New Mexico Health Care Workforce Committee. *2019 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center; 2019.

New Mexico Health Care Workforce Committee. *2020 Annual Report*. Albuquerque NM: University of New Mexico Health Sciences Center; 2020.

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

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

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

Rec. 2014.2

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

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

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

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

Rec. 2014.3

The Community Health Worker certificate should be fully implemented.

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

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

Rec. 2014.4

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

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

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

Rec. 2014.5

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

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

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

Rec. 2014.6

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

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

Rec. 2014.7

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

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

Rec. 2014.8

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

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

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

Rec. 2014.9

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

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

B.C. Status of 2015 Recommendations

B.C.1. 2015 Behavioral Health Recommendations

Rec. 2015.1

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

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

Rec. 2015.2

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

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

Rec. 2015.3

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

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

Rec. 2015.4

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

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

Rec. 2015.5

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

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

Rec. 2015.6

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

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

Rec. 2015.7

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

ACTION: See update below at Rec. 2015.15.

Rec. 2015.8

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

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

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

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

Rec. 2015.9

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

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

Rec. 2015.10

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

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

Rec. 2015.11

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

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

Rec. 2015.12

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

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

Rec. 2015.13

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

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

Rec. 2015.14

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

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

Rec. 2015.15

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

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

B.D. Status of 2016 Recommendations

B.D.1. 2016 Behavioral Health Recommendations

Rec. 2016.1

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

ACTION: We defer this recommendation to a future year.

Rec. 2016.2

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

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

Rec. 2016.3

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

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

Rec. 2016.4

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

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

Rec. 2016.5

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

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

Rec. 2016.6

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

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

Rec. 2016.7

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

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

Rec. 2016.8

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

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

Rec. 2016.9

Support the Collaborative Advanced Psychiatric-Education Exchange Program.

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

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

Rec. 2016.10

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

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

Rec. 2016.11

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

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

Rec. 2016.12

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

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

Rec. 2016.13

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

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

Rec. 2016.14

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

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

Rec. 2016.15

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

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

Rec. 2016.16

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

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

Rec. 2016.17

Continue support for the Community Health Workers certification program to promote consistency among training programs for these health professionals.

ACTION: This support continues to be needed.

Rec. 2016.18

Provide funding for the New Mexico Health Care Workforce Committee.

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

B.E. Status of 2017 Recommendations

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

Rec. 2017.1.

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

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

Rec. 2017.2.

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

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

Rec. 2017.3.

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

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

Rec. 2017.4.

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

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

Rec. 2017.5.

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

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

Rec. 2017.6.

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

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

Rec. 2017.7.

Remedy the pharmacists' survey.

ACTION: We commend the Board of Pharmacy and the Regulation and 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 and Licensing Department to correct its information technology system deficiencies so that all survey responses can be provided to The University of New Mexico Health Sciences Center and the committee.

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

Rec. 2018.3.

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

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

Rec. 2018.4.

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

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

Rec. 2018.5.

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

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

Rec. 2018.6.

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

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

Rec. 2018.7.

Provide funding for the New Mexico Health Care Workforce Committee.

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

Rec. 2018.8.

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

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

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

Rec. 2018.9.

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

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

Rec. 2018.10.

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

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

Rec. 2018.11.

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

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

Rec. 2018.12.

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

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

Rec. 2018.13.

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

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

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

Rec. 2018.14.

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

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

B.G. Status of 2019 Recommendations

Rec. 2019.1

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

ACTION: This initiative was not funded.

Rec. 2019.2

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

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

Rec. 2019.3

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

ACTION: No action was taken.

Rec. 2019.4

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

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

Rec. 2019.5

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

ACTION: This initiative was not funded.

Rec. 2019.6

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

ACTION: This initiative was not funded.

Rec. 2019.7

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

ACTION: This initiative was not funded.

Rec. 2019.8

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

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

Rec. 2019.9

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

ACTION: No action was taken.

Rec. 2019.10

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

ACTION: No action was taken.

Rec. 2019.11

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

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

Rec. 2019.12

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

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

Rec. 2019.13

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

ACTION: No action was taken.

Rec. 2019.14

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

ACTION: No action was taken.

Rec. 2019.15

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

ACTION: No action was taken.

B.H. Status of 2020 Recommendations

Rec. 2020.1

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

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

Rec. 2020.2

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

ACTION: We defer this recommendation.

Rec. 2020.3

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

ACTION: We defer this recommendation.

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) expanding 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.

Appendix C

Data Tables for New Mexico Health Care Professions

C.A. Benchmark Gap Analyses

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

County	Population	Estimated Primary Care Physicians	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	676,444	685	561	124
Catron	3,579	1	3	-2
Chaves	65,157	46	54	-8
Cibola	27,172	19	23	-4
Colfax	12,387	12	10	2
Curry	48,430	22	40	-18
De Baca	1,698	1	1	0
Doña Ana	219,561	134	182	-48
Eddy	62,314	26	52	-26
Grant	28,185	21	23	-2
Guadalupe	4,452	2	4	-2
Harding	657	0	1	-1
Hidalgo	4,178	2	3	-1
Lea	74,455	31	62	-31
Lincoln	20,269	10	17	-7
Los Alamos	19,419	28	16	12
Luna	25,427	10	21	-11
McKinley	72,902	50	61	-11
Mora	4,189	1	3	-2
Otero	67,839	28	56	-28
Quay	8,746	2	7	-5
Rio Arriba	40,363	28	34	-6
Roosevelt	19,191	9	16	-7
San Juan	121,661	68	101	-33
San Miguel	27,201	16	23	-7
Sandoval	148,834	114	124	-10
Santa Fe	154,823	164	129	35
Sierra	11,576	9	10	-1
Socorro	16,595	19	14	5
Taos	34,489	24	29	-5
Torrance	15,045	3	12	-9
Union	4,079	2	3	-1
Valencia	76,205	20	63	-43
TOTAL	**2,117,522**	**1,581**	**1,758**	**-151**
NONPRACTICING		**521**		
OUT OF STATE		**880**		

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

County	Female Population	Estimated OB-GYN Physicians	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	346,286	126	75	51
Catron	1,650	0	0	0
Chaves	32,507	5	7	-2
Cibola	13,015	1	3	-2
Colfax	5,871	2	1	1
Curry	23,584	5	5	0
De Baca	881	0	0	0
Doña Ana	111,318	17	24	-7
Eddy	28,890	7	7	0
Grant	13,712	2	3	-1
Guadalupe	1,855	0	0	0
Harding	306	0	0	0
Hidalgo	2,112	0	0	0
Lea	34,520	7	8	-1
Lincoln	10,036	2	2	0
Los Alamos	9,468	4	2	2
Luna	11,743	2	3	-1
McKinley	36,975	5	8	-3
Mora	2,205	0	0	0
Otero	32,519	5	8	-3
Quay	4,236	0	1	-1
Rio Arriba	19,872	4	4	0
Roosevelt	9,299	0	2	-2
San Juan	62,657	9	14	-5
San Miguel	13,758	3	3	0
Sandoval	74,707	7	17	-10
Santa Fe	77,627	12	17	-5
Sierra	5,375	0	1	-1
Socorro	8,327	2	2	0
Taos	16,727	2	4	-2
Torrance	7,329	0	2	-2
Union	1,779	0	0	0
Valencia	38,251	0	8	-8
TOTAL	**1,059,397**	**229**	**235**	**-6**
NONPRACTICING		**34**		
OUT OF STATE		**100**		

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

County	Population	Estimated General Surgeons	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	676,444	52	41	11
Catron	3,579	0	0	0
Chaves	65,157	5	4	1
Cibola	27,172	2	2	0
Colfax	12,387	2	1	1
Curry	48,430	8	3	5
De Baca	1,698	0	0	0
Doña Ana	219,561	11	13	-2
Eddy	62,314	4	4	0
Grant	28,185	5	2	3
Guadalupe	4,452	0	0	0
Harding	657	0	0	0
Hidalgo	4,178	0	0	0
Lea	74,455	2	4	-2
Lincoln	20,269	3	1	2
Los Alamos	19,419	5	1	4
Luna	25,427	3	2	1
McKinley	72,902	5	4	1
Mora	4,189	0	0	0
Otero	67,839	4	4	0
Quay	8,746	1	1	0
Rio Arriba	40,363	2	2	0
Roosevelt	19,191	0	1	-1
San Juan	121,661	9	7	2
San Miguel	27,201	3	2	1
Sandoval	148,834	10	9	1
Santa Fe	154,823	11	9	2
Sierra	11,576	2	1	1
Socorro	16,595	1	1	0
Taos	34,489	3	2	1
Torrance	15,045	1	1	0
Union	4,079	0	0	0
Valencia	76,205	0	5	-5
TOTAL	**2,117,522**	**154**	**127**	**27**
NONPRACTICING		**19**		
OUT OF STATE		**97**		

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

County	Population	Estimated Psychiatrists	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	676,444	169	108	61
Catron	3,579	0	1	-1
Chaves	65,157	2	10	-8
Cibola	27,172	2	4	-2
Colfax	12,387	1	2	-1
Curry	48,430	4	8	-4
De Baca	1,698	0	0	**0**
Doña Ana	219,561	27	35	-8
Eddy	62,314	1	10	-9
Grant	28,185	4	5	-1
Guadalupe	4,452	0	1	-1
Harding	657	0	0	**0**
Hidalgo	4,178	0	1	-1
Lea	74,455	3	12	-9
Lincoln	20,269	0	3	-3
Los Alamos	19,419	2	3	-1
Luna	25,427	0	4	-4
McKinley	72,902	3	12	-9
Mora	4,189	0	1	-1
Otero	67,839	4	11	-7
Quay	8,746	1	1	0
Rio Arriba	40,363	0	6	-6
Roosevelt	19,191	0	3	-3
San Juan	121,661	11	19	-8
San Miguel	27,201	8	4	4
Sandoval	148,834	8	24	-16
Santa Fe	154,823	44	25	19
Sierra	11,576	0	2	-2
Socorro	16,595	0	3	-3
Taos	34,489	4	6	-2
Torrance	15,045	1	2	-1
Union	4,079	1	1	0
Valencia	76,205	5	12	-7
TOTAL	**2,117,522**	**305**	**339**	**-34**
NONPRACTICING		**50**		
OUT OF STATE		**202**		

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

County	Population	Estimated RNs/CNSs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	676,444	8222	6379	1843
Catron	3,579	5	34	-29
Chaves	65,157	344	614	-270
Cibola	27,172	145	256	-111
Colfax	12,387	47	117	-70
Curry	48,430	334	457	-123
De Baca	1,698	5	16	-11
Doña Ana	219,561	1323	2070	-747
Eddy	62,314	336	588	-252
Grant	28,185	233	266	-33
Guadalupe	4,452	21	42	-21
Harding	657	0	6	-6
Hidalgo	4,178	5	39	-34
Lea	74,455	260	702	-442
Lincoln	20,269	96	191	-95
Los Alamos	19,419	111	183	-72
Luna	25,427	88	240	-152
McKinley	72,902	329	687	-358
Mora	4,189	7	40	-33
Otero	67,839	314	640	-326
Quay	8,746	29	82	-53
Rio Arriba	40,363	156	381	-225
Roosevelt	19,191	75	181	-106
San Juan	121,661	741	1147	-406
San Miguel	27,201	140	257	-117
Sandoval	148,834	840	1404	-564
Santa Fe	154,823	935	1460	-525
Sierra	11,576	63	109	-46
Socorro	16,595	67	156	-89
Taos	34,489	162	325	-163
Torrance	15,045	16	142	-126
Union	4,079	22	38	-16
Valencia	76,205	117	719	-602
TOTAL PRACTICING IN STATE	**2,117,522**	**15,588**	**19,9688**	**-4,380**
NONPRACTICING		**5,862**		
OUT OF STATE		**6,985**		

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

County	Population	Estimated CNPs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	676,444	791	528	263
Catron	3,579	1	3	-2
Chaves	65,157	49	51	-2
Cibola	27,172	11	21	-10
Colfax	12,387	6	10	-4
Curry	48,430	27	38	-11
De Baca	1,698	2	1	1
Doña Ana	219,561	217	171	46
Eddy	62,314	50	49	1
Grant	28,185	21	22	-1
Guadalupe	4,452	5	3	2
Harding	657	1	1	0
Hidalgo	4,178	1	3	-2
Lea	74,455	42	58	-16
Lincoln	20,269	8	16	-8
Los Alamos	19,419	12	15	-3
Luna	25,427	18	20	-2
McKinley	72,902	29	57	-28
Mora	4,189	2	3	-1
Otero	67,839	50	53	-3
Quay	8,746	9	7	2
Rio Arriba	40,363	20	31	-11
Roosevelt	19,191	12	15	-3
San Juan	121,661	58	95	-37
San Miguel	27,201	19	21	-2
Sandoval	148,834	74	116	-42
Santa Fe	154,823	124	121	3
Sierra	11,576	9	9	0
Socorro	16,595	11	13	-2
Taos	34,489	21	27	-6
Torrance	15,045	3	12	-9
Union	4,079	1	3	-2
Valencia	76,205	28	59	-31
TOTAL PRACTICING IN STATE	**2,117,522**	**1,732**	**1,652**	**80**
NONPRACTICING		**509**		
OUT OF STATE		**1,145**		

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

County	Female Population	Estimated CNMs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	346,286	95	26	69
Catron	1,650	0	0	0
Chaves	32,507	2	2	0
Cibola	13,015	1	1	0
Colfax	5,871	0	0	0
Curry	23,584	3	2	1
De Baca	881	0	0	0
Doña Ana	111,318	9	8	1
Eddy	28,890	1	2	-1
Grant	13,712	3	1	2
Guadalupe	1,855	0	0	0
Harding	306	0	0	0
Hidalgo	2,112	0	0	0
Lea	34,520	1	3	-2
Lincoln	10,036	0	1	-1
Los Alamos	9,468	0	1	-1
Luna	11,743	0	1	-1
McKinley	36,975	6	3	3
Mora	2,205	0	0	0
Otero	32,519	0	2	-2
Quay	4,236	0	0	0
Rio Arriba	19,872	1	2	-1
Roosevelt	9,299	0	1	-1
San Juan	62,657	8	5	3
San Miguel	13,758	1	1	0
Sandoval	74,707	4	6	-2
Santa Fe	77,627	14	6	8
Sierra	5,375	0	0	0
Socorro	8,327	1	1	0
Taos	16,727	3	1	2
Torrance	7,329	0	1	-1
Union	1,779	0	0	0
Valencia	38,251	1	3	-2
TOTAL PRACTICING IN STATE	**1,059,397**	**154**	**81**	**73**
NONPRACTICING		**43**		
OUT OF STATE		**28**		

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

County	Population	Estimated PAs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	676,444	477	291	186
Catron	3,579	0	2	-2
Chaves	65,157	10	28	-18
Cibola	27,172	6	12	-6
Colfax	12,387	4	5	-1
Curry	48,430	9	21	-12
De Baca	1,698	0	1	-1
Doña Ana	219,561	53	94	-41
Eddy	62,314	14	27	-13
Grant	28,185	16	12	4
Guadalupe	4,452	1	2	-1
Harding	657	0	0	**0**
Hidalgo	4,178	0	2	-2
Lea	74,455	12	32	-20
Lincoln	20,269	2	9	-7
Los Alamos	19,419	14	8	6
Luna	25,427	3	11	-8
McKinley	72,902	11	31	-20
Mora	4,189	0	2	-2
Otero	67,839	14	29	-15
Quay	8,746	1	4	-3
Rio Arriba	40,363	4	17	-13
Roosevelt	19,191	3	8	-5
San Juan	121,661	40	52	-12
San Miguel	27,201	6	12	-6
Sandoval	148,834	55	64	-9
Santa Fe	154,823	66	67	-1
Sierra	11,576	3	5	-2
Socorro	16,595	2	7	-5
Taos	34,489	23	15	8
Torrance	15,045	3	6	-3
Union	4,079	0	2	-2
Valencia	76,205	13	33	-20
TOTAL PRACTICING IN STATE	**2,117,522**	**865**	**911**	**-46**
NONPRACTICING		**189**		
OUT OF STATE		**227**		

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

County	Population	Estimated Dentists	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	676,444	503	311	192
Catron	3,579	1	2	-1
Chaves	65,157	33	30	3
Cibola	27,172	11	12	-1
Colfax	12,387	4	6	-2
Curry	48,430	23	22	1
De Baca	1,698	1	1	0
Doña Ana	219,561	111	101	10
Eddy	62,314	13	29	-16
Grant	28,185	13	13	0
Guadalupe	4,452	0	2	-2
Harding	657	0	0	0
Hidalgo	4,178	1	2	-1
Lea	74,455	23	34	-11
Lincoln	20,269	8	9	-1
Los Alamos	19,419	13	9	4
Luna	25,427	7	12	-5
McKinley	72,902	25	34	-9
Mora	4,189	1	2	-1
Otero	67,839	24	31	-7
Quay	8,746	2	4	-2
Rio Arriba	40,363	12	19	-7
Roosevelt	19,191	4	9	-5
San Juan	121,661	77	56	21
San Miguel	27,201	10	13	-3
Sandoval	148,834	78	68	10
Santa Fe	154,823	122	71	51
Sierra	11,576	4	5	-1
Socorro	16,595	6	8	-2
Taos	34,489	17	16	1
Torrance	15,045	2	7	-5
Union	4,079	0	2	-2
Valencia	76,205	30	35	-5
TOTAL PRACTICING IN STATE	**2,117,522**	**1,179**	**974**	**205**
NONPRACTICING		**51**		
OUT OF STATE		**329**		

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

County	Population	Estimated Pharmacists	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	676,444	973	616	357
Catron	3,579	2	3	-1
Chaves	65,157	33	59	-26
Cibola	27,172	8	25	-17
Colfax	12,387	9	11	-2
Curry	48,430	23	44	-21
De Baca	1,698	2	2	0
Doña Ana	219,561	129	200	-71
Eddy	62,314	35	57	-22
Grant	28,185	22	26	-4
Guadalupe	4,452	1	4	-3
Harding	657	0	1	-1
Hidalgo	4,178	0	4	-4
Lea	74,455	28	68	-40
Lincoln	20,269	12	18	-6
Los Alamos	19,419	12	18	-6
Luna	25,427	8	23	-15
McKinley	72,902	26	66	-40
Mora	4,189	2	4	-2
Otero	67,839	27	62	-35
Quay	8,746	2	8	-6
Rio Arriba	40,363	12	37	-25
Roosevelt	19,191	10	17	-7
San Juan	121,661	66	111	-45
San Miguel	27,201	15	25	-10
Sandoval	148,834	118	135	-17
Santa Fe	154,823	111	141	-30
Sierra	11,576	7	11	-4
Socorro	16,595	5	15	-10
Taos	34,489	18	31	-13
Torrance	15,045	3	14	-11
Union	4,079	4	4	0
Valencia	76,205	41	69	-28
TOTAL PRACTICING IN STATE	**2,117,522**	**1,764**	**1,297**	**-163**
NONPRACTICING		**363**		
OUT OF STATE		**1,306**		

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

County	Female Population	Estimated LMs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	346,286	16	8	8
Catron	1,650	0	0	0
Chaves	32,507	2	1	1
Cibola	13,015	0	0	0
Colfax	5,871	0	0	0
Curry	23,584	0	1	-1
De Baca	881	0	0	0
Doña Ana	111,318	3	3	0
Eddy	28,890	1	1	0
Grant	13,712	0	0	0
Guadalupe	1,855	0	0	0
Harding	306	0	0	0
Hidalgo	2,112	0	0	0
Lea	34,520	0	1	-1
Lincoln	10,036	0	0	0
Los Alamos	9,468	0	0	0
Luna	11,743	0	0	0
McKinley	36,975	0	1	-1
Mora	2,205	0	0	0
Otero	32,519	0	1	-1
Quay	4,236	0	0	0
Rio Arriba	19,872	2	0	2
Roosevelt	9,299	0	0	0
San Juan	62,657	0	1	-1
San Miguel	13,758	1	0	1
Sandoval	74,707	2	2	0
Santa Fe	77,627	6	2	4
Sierra	5,375	1	0	1
Socorro	8,327	0	0	0
Taos	16,727	2	0	2
Torrance	7,329	0	0	0
Union	1,779	0	0	0
Valencia	38,251	1	1	0
TOTAL PRACTICING IN STATE	**1,059,397**	**37**	**26**	**11**
NONPRACTICING		**14**		
OUT OF STATE		**30**		

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

County	Population	Estimated EMTs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	676,444	1429	2171	-742
Catron	3,579	36	11	25
Chaves	65,157	168	209	-41
Cibola	27,172	46	87	-41
Colfax	12,387	44	40	4
Curry	48,430	92	155	-63
De Baca	1,698	20	5	15
Doña Ana	219,561	346	705	-359
Eddy	62,314	126	200	-74
Grant	28,185	83	90	-7
Guadalupe	4,452	13	14	-1
Harding	657	7	2	5
Hidalgo	4,178	17	13	4
Lea	74,455	118	239	-121
Lincoln	20,269	62	65	-3
Los Alamos	19,419	134	62	72
Luna	25,427	34	82	-48
McKinley	72,902	176	234	-58
Mora	4,189	2	13	-11
Otero	67,839	88	218	-130
Quay	8,746	30	28	2
Rio Arriba	40,363	95	130	-35
Roosevelt	19,191	46	62	-16
San Juan	121,661	277	391	-114
San Miguel	27,201	29	87	-58
Sandoval	148,834	289	478	-189
Santa Fe	154,823	309	497	-188
Sierra	11,576	24	37	-13
Socorro	16,595	25	53	-28
Taos	34,489	86	111	-25
Torrance	15,045	44	48	-4
Union	4,079	21	13	8
Valencia	76,205	105	245	-140
TOTAL PRACTICING IN STATE	**2,117,522**	**4,421**	**6,697**	**2,376**
NONPRACTICING		**1,217**		
OUT OF STATE		**1,655**		

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

County	Population	Estimated PTs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	676,444	689	643	46
Catron	3,579	0	3	-3
Chaves	65,157	45	62	-17
Cibola	27,172	8	26	-18
Colfax	12,387	4	12	-8
Curry	48,430	33	46	-13
De Baca	1,698	1	2	-1
Doña Ana	219,561	136	209	-73
Eddy	62,314	42	59	-17
Grant	28,185	27	27	0
Guadalupe	4,452	1	4	-3
Harding	657	0	1	-1
Hidalgo	4,178	0	4	-4
Lea	74,455	35	71	-36
Lincoln	20,269	17	19	-2
Los Alamos	19,419	30	18	12
Luna	25,427	9	24	-15
McKinley	72,902	24	69	-45
Mora	4,189	1	4	-3
Otero	67,839	35	64	-29
Quay	8,746	4	8	-4
Rio Arriba	40,363	18	38	-20
Roosevelt	19,191	10	18	-8
San Juan	121,661	59	116	-57
San Miguel	27,201	14	26	-12
Sandoval	148,834	85	141	-56
Santa Fe	154,823	140	147	-7
Sierra	11,576	11	11	0
Socorro	16,595	8	16	-8
Taos	34,489	31	33	-2
Torrance	15,045	4	14	-10
Union	4,079	5	4	1
Valencia	76,205	21	72	-51
TOTAL PRACTICING IN STATE	**2,117,522**	**1,547**	**2,012**	**-465**
NONPRACTICING		**91**		
OUT OF STATE		**556**		

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

County	Population	Estimated OTs	Benchmark	Above (+) / Below (–) Benchmark
Bernalillo	676,444	689	643	46
Catron	3,579	0	3	-3
Chaves	65,157	45	62	-17
Cibola	27,172	8	26	-18
Colfax	12,387	4	12	-8
Curry	48,430	33	46	-13
De Baca	1,698	1	2	-1
Doña Ana	219,561	136	209	-73
Eddy	62,314	42	59	-17
Grant	28,185	27	27	0
Guadalupe	4,452	1	4	-3
Harding	657	0	1	-1
Hidalgo	4,178	0	4	-4
Lea	74,455	35	71	-36
Lincoln	20,269	17	19	-2
Los Alamos	19,419	30	18	12
Luna	25,427	9	24	-15
McKinley	72,902	24	69	-45
Mora	4,189	1	4	-3
Otero	67,839	35	64	-29
Quay	8,746	4	8	-4
Rio Arriba	40,363	18	38	-20
Roosevelt	19,191	10	18	-8
San Juan	121,661	59	116	-57
San Miguel	27,201	14	26	-12
Sandoval	148,834	85	141	-56
Santa Fe	154,823	140	147	-7
Sierra	11,576	11	11	0
Socorro	16,595	8	16	-8
Taos	34,489	31	33	-2
Torrance	15,045	4	14	-10
Union	4,079	5	4	1
Valencia	76,205	21	72	-51
TOTAL PRACTICING IN STATE	**2,117,522**	**878**	**783**	**95**
NONPRACTICING		**87**		
OUT OF STATE		**158**		

C.B. Gender

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

Profession	Total Responses	Male	Female	% Male	% Female
PCPs	1,574	857	717	54.4%	45.6%
OB-GYNs	228	88	140	38.6%	61.4%
General Surgeons	151	118	33	78.1%	21.9%
Psychiatrists	300	169	134	56.3%	44.7%
RNs and CNSs	13,840	1,666	12,174	12.0%	88.0%
CNPs	1,596	240	1,356	15.0%	85.0%
CNMs	131	0	131	0.0%	100.0%
PAs	806	318	488	39.5%	60.5%
Dentists	1,128	841	287	74.6%	25.4%
Pharmacists	1,752	789	965	45.0%	55.1%
LMs	18	0	18	0.0%	100.0%
EMTs	4,394	3,357	1037	76.4%	23.6%
PTs	1,488	481	1007	32.3%	67.7%
OTs	874	117	757	13.4%	86.6%
NM POPULATION[12]	**2,117,522**	**1,048,173**	**1,069,349**	**49.5%**	**50.5%**

C.C. Race

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

Profession	Total Responses[a]	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Two or More
PCPs	**1,244**	22 1.8%	166 13.3%	60 4.8%	960 77.2%	36 2.9%
OB-GYNs	**188**	3 1.6%	24 12.8%	15 8.0%	145 77.1%	1 0.5%
General Surgeons	**131**	1 0.8%	21 16.0%	5 3.8%	101 77.1%	3 2.3%
Psychiatrists	**257**	6 2.3%	23 8.9%	5 1.9%	216 84.0%	7 2.7%
RNs and CNSs	**10,135**	668 6.6%	695 6.9%	369 3.6%	8,403 82.9%	[b]
CNPs	**1,224**	2 0.2%	58 4.7%	72 5.9%	1070 87.4%	[b]
CNMs	**110**	6 5.5%	3 2.7%	3 2.7%	98 89.1%	[b]
PAs	**627**	22 3.5%	23 3.7%	12 1.9%	552 88.0%	18 2.9%
Dentists	**825**	8 1.0%	103 12.5%	21 2.5%	61 7.4%	12 1.5%
Pharmacists	**804**	29 3.6%	84 10.4%	30 3.7%	641 79.7%	20 2.5%
LMs	**14**	1 7.1%	0 0.0%	1 7.1%	12 85.7%	0 0.0%
EMTs	**4,384**	273 6.2%	34 0.8%	41 0.9%	4,036 92.1%	[c]
PTs	**1155**	20 1.7%	177 15.3%	13 1.1%	927 80.3%	18 1.6%
OTs	**770**	12 1.6%	22 2.9%	16 2.1%	707 91.8%	13 1.7%
NM POPULATION[12]	**2,117,522**	**232,927 (11.0%)**	**42,350 (2.0%)**	**55,056 (2.6%)**	**1,734,251 (81.9%)**	**55,056 (2.6%)**

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

[b] The 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. There is no "Two or More" option.

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

C.D. Ethnicity

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

Profession	Total Respondents	Hispanic	Non-Hispanic	% Hispanic	% Non-Hispanic
PCPs	1306	314	992	24.0%	76.0%
OB-GYNs	200	35	165	17.5%	82.5%
General Surgeons	125	24	184	19.2%	147.2%
Psychiatrists	258	44	214	17.1%	82.9%
RNs and CNSs[a]	15379	5244	10135	34.1%	65.9%
CNPs[a]	1623	399	1224	24.6%	75.4%
CNMs[a]	137	27	110	19.7%	80.3%
PAs	589	123	466	20.9%	79.1%
Dentists	840	167	673	19.9%	80.1%
Pharmacists	817	302	515	37.0%	63.0%
LMs	14	3	11	21.4%	78.6%
EMTs[b]	4384	1659	2725	37.8%	62.2%
PTs	1092	236	856	21.6%	78.4%
OTs	841	217	624	25.8%	74.2%
NM POPULATION[12]	**2,117,522**	**1,048,173**	**1,069,349**	**49.50%**	**50.5%**

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

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

C.E. Age

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

Profession	Mean Age	Total Responses	< 25	25 – 34	35 – 44	45 – 54	55 – 64	65+
PCPs	**52.8**	1,603	0 0.0%	130 8.1%	409 25.5%	355 22.1%	380 23.7%	329 20.5%
OB-GYNs	**53**	227	0 0.0%	13 5.7%	65 28.6%	51 22.5%	43 18.9%	55 24.2%
General Surgeons	**54.9**	152	0 0.0%	5 3.3%	39 25.7%	33 21.7%	35 23.0%	40 26.3%
Psychiatrists	**58.2**	304	0 0.0%	10 3.3%	50 16.4%	63 20.7%	76 25.0%	105 34.5%
RNs and CNSs	**47.8**	15,035	76 0.5%	2,747 18.3%	4,142 27.5%	3,241 21.6%	3,196 21.3%	1,633 10.9%
CNPs	**49.6**	1,732	0 0.0%	161 9.3%	487 28.1%	445 25.7%	394 22.7%	245 14.1%
CNMs[a]	**50.1**	150	0 0.0%	16 10.7%	38 25.3%	45 30.0%	34 22.7%	17 11.3%
PAs	**45.2**	860	0 0.0%	230 26.7%	235 27.3%	171 19.9%	151 17.6%	73 8.5%
Dentists	**48.7**	1,151	2 0.2%	224 19.5%	344 29.9%	180 15.6%	179 15.6%	222 19.3%
Pharmacists	**46.3**	1,762	7 0.4%	473 26.8%	434 24.6%	338 19.2%	281 15.9%	229 13.0%
LMs	**45.6**	37	0 0.0%	10 27.0%	9 24.3%	7 18.9%	8 21.6%	3 8.1%
EMTs	**39.1**	4,161	293 7.0%	1406 33.8%	1351 32.5%	728 17.5%	292 7.0%	91 2.2%
PTs	**44**	1,335	6 0.4%	380 28.5%	379 28.4%	287 21.5%	222 16.6%	61 4.6%
OTs	**45.3**	801	6 0.7%	189 23.6%	212 26.5%	205 25.6%	148 18.5%	41 5.1%

Appendix D.

Survey Collection Progress

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

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

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

License Type	License Count	Survey Count	Percent
Alcohol Abuse Counselor	2	0	0.0%
Alcohol and Drug Counselor	278	177	63.7%
Anesthesiologist Assistant	57	19	33.3%
Art Therapist	29	17	58.6%
Associate Marriage & Family Therapist	25	0	0.0%
Audiologist	182	111	61.0%
Clinical Mental Health Counselor (LPCC)	1,816	1,382	76.1%
Dental Assistant	2,915	2,009	68.9%
Dental Hygienist	1,427	1,114	78.1%
Dentist	1,559	1,073	68.8%
Doctor of Chiropractic	548	458	83.6%
Doctor of Chiropractic APC	92	0	0.0%
Doctor of Naprapathy	34	12	35.3%
Doctor of Osteopathy	822	593	72.1%
Genetic Counselor	206	0	0.0%
Licensed Baccalaureate Social Worker	316	180	57.0%
Licensed Clinical Social Worker	1,737	1,292	74.4%
Licensed Dietician	511	289	56.6%
Licensed Independent Social Worker	93	63	67.7%
Licensed Masters Social Worker	1,283	753	58.7%
Licensed Mental Health Counselor	827	531	64.2%
Licensed Midwife	81	61	75.3%
Licensed Nutritionist	21	11	52.4%
Marriage and Family Therapist	249	195	78.3%
Medical Doctor	9,334	7,577	81.2%
Occupational Therapist	1,123	1035	92.2%
Occupational Therapy Assistant	536	506	94.4%
Optometrist	301	261	86.7%
Physical Therapist	2194	1562	71.2%
Physical Therapist Assistant	971	709	73.0%
Physical Therapy Instructor	5	0	0.0%
Physician Assistant Medical	1,169	723	61.8%
Physician Assistant Osteopathy	34	0	0.0%
Podiatrist	143	119	83.2%
Polysomnographic Technologist	102	0	0.0%
Professional Mental Health Counselor	111	61	55.0%
Psychologist	863	690	80.0%
Psychologist Associate	6	3	50.0%
Registered Independent Counselor	5	2	40.0%
Registered Pharmacist	3,433	2,062	60.1%
Speech-Language Pathologist	1,863	1,301	69.8%
Substance Abuse Associate	221	111	50.2%
Telemedicine	1003	0	0.0%
TOTAL	**38,527**	**27,062**	**70.2%**

Appendix E.

Members of the New Mexico Health Care Workforce Committee, October 1, 2021

Name	Organization
Richard Larson, Chair	University of New Mexico Health Sciences Center
Carol Ash	CNM
Pamela Blackwell	NM Hospital Association
Caroline Bonham	UNM HSC, Representing the Behavioral Health Subcommittee
Alex Castillo Smith	NM Human Services Department
William Duran	NM Board of Nursing
Doris Fields	NM NAACP
Tomas Granados	NM Board of Psychologist Examiners
Jerry Harrison	NM Health Resources
Ellen Interlandi	NM Organization of Nurse Leaders
Michelle Langehennig	NM Regulation and Licensing Department
Timothy Lopez	NM Department of Health
Cheranne McCracken	NM Board of Pharmacy
Michael Moxey	NM Dental Association
Matthew Probst	NM Academy of Physician Assistants
Darren Shafer	Presbyterian Medical Systems
James Spence	NM Medical Board
Leonard Thomas	U.S. Indian Health Service
Dale Tinker	NM Pharmacists Association
Mark Valenzuela	NM Legislative Finance Committee
Deborah Walker	NM Nurses Association
Barbara Webber	Health Action NM
Sandra Whisler	NM Medical Society

Staff

Alexandria Chang	UNM Health Sciences Center
Deena Duran	UNM Health Sciences Center
Michael Haederle	UNM Health Sciences Center
Sudhakar Pisipati	UNM Health Sciences Center

Suggested citation: New Mexico Health Care Workforce Committee. 2021 Annual Report. Albuquerque NM: University of New Mexico Health Sciences Center, 2021.