NEW MEXICO MEDICAL BOARD

New Mexico Legislative Health and Human Services Committee

August 21, 2026, Gallup, NM

Karen Carson MD, FAAP, Chair, New Mexico Medical Board

Monique Parks, Interim Executive Director, New Mexico Medical Board

NEW MEXICO MEDICAL BOARD

The New Mexico Medical Board was established by the State Legislature "**in the interest of the public health, safety and welfare and to protect the public from the improper, unprofessional, incompetent and unlawful practice of medicine**."

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

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

All Board members are appointed by the Governor and serve in a volunteer capacity.

Board Members

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

The New Mexico Medical Board:

Licenses healthcare professionals

- Reviews applications for physicians and other professions under its jurisdiction.
- Approves, denies, or otherwise acts on initial applications.
- Processes renewals, reinstatements, expedited licenses, and other licensing requests.
- Performs background/criminal-history screening as part of licensing.

Investigates complaints

- Receives complaints concerning physicians and other licensees.
- Complaint Committees review allegations and determine whether a matter should be closed, investigated further, or become a formal Board action.
- A complaint can be **closed with no action**, **closed with an advisory letter**, or proceed to disciplinary proceedings.

Takes disciplinary action

- reprimands
- fines
- probation/restrictions
- required education or remedial courses
- required participation in a health professionals wellness/rehabilitation program
- restrictions on practice
- suspension
- revocation of a license
- denial of a license application

Addresses impaired practitioners

- A major part of the Board's mission is rehabilitation of impaired licensees ***while protecting the public***. The Board can require participation in the New Mexico Health Professionals Wellness Program and compliance with its recommendations.

Promulgates or revises rules to carry out new or amended statutes

Issues formal legal orders

- **Notice of Contemplated Action (NCA)** — essentially a formal notice that the Board is considering disciplinary action based on alleged violations.
- **Stipulation and Order / Stipulated and Agreed Order** — the matter is resolved through an agreement containing requirements or sanctions.
- **Decision and Order** — the Board makes a formal decision after considering the matter.
- **Default Order** — action can be taken when a respondent fails to respond or request a hearing as required.
- **Order of Revocation/Suspension** — the license is formally revoked or suspended.

Holds administrative hearings

The NMMB publishes notices for **merits hearings, suspension hearings, and hearings concerning Notices of Contemplated Action**.

Sets conditions for continued practice

The Board may require a practitioner to do something before continuing unrestricted practice—for example:

- complete an ethics course
- complete a medical-recordkeeping course
- pay a fine
- comply with a treatment/monitoring program
- comply with specific practice restrictions
- satisfy other conditions imposed by an order.

Creates policies and professional guidance

The NMMB publishes policies on subjects such as AI, ketamine, IV therapy, changing specialties, medical examinations, cannabis use by licensees, and other medical-practice issues.

EXAMPLES OF BASIS FOR ACTION BY THE NMMB:

- Injudicious Prescribing
- Medical Records Issues
- Misrepresentation (failure to report, application misrepresentations, etc.)
- Sexual Boundaries
- Excessive use of alcohol or drugs / DUI
- Fraud
- Gross Negligence
- Conviction other than DUI
- Other state licensure action/action by a Governmental agency
- Incompetence
- Practicing without a license
- Prescribing /treating family/self prescribing
- Violation of Stipulation
- Mental Health issues Monitoring (affecting practice)
- Physical Disability Monitoring (affecting practice)
- Patient Abandonment
- Lack of licensure Qualifications
- Ethics Violation
- Aiding and Abetting the Unlicensed practice of medicine
- Failure to Supervise

DENIED APPLICATION EXAMPLE:
(A COMPOSITE CASE)

- Dr. M, an ER physician, submits an application for licensure to the NMMB. He has applied to work in a small rural hospital in New Mexico and has accepted a position to work full time in the emergency room. His application is flagged by the NMMB due to a history of an action in another state. The application is moved to investigations.

- The rural hospital executive staff including the Chief of Staff and the CEO contact the NMMB multiple times to inquire about the status of his license as "we need him to start seeing patients ASAP due to lack of ER physicians available." The physician has already moved to New Mexico and "as soon as the Board approves his license, he will start work."

- The NMMB receives a call from a legislator, asking why this physician's license has not been approved. There is great need for physicians to staff the ER in this community.

Denied Application Example (a composite case) continued:

- The investigative review shows the physician inactivated his license in his former state of practice and then left that state while under investigation.

- There was a notice of contemplated action filed in that state for reasons of unprofessional behavior and a stipulation to complete a neuropsychiatric exam and to take and pass an ethics course prior to removal of the stipulation.

- There is no further action noted as the physician left the state; his license remains inactive in that state. There is a NPDB (National Practitioner Data Bank) report due to the state's notice of contemplated action.

- A google search performed by the investigator showed news articles regarding alleged maltreatment of medical students and nursing staff by the physician along with erratic behaviors toward patients. Social networks have posted videos of the physician berating a patient's family member in the emergency room.

- The application and investigation findings are reviewed by the Executive Committee.

Licensure is denied.

The NMMB receives angry calls from the hospital management regarding the denial of licensure and the lack of care available to the community.

STIPULATED LICENSURE EXAMPLE:
(A COMPOSITE CASE)

- S. W. is a 43 yo Physician Assistant who practices family medicine in a community health clinic in SE Albuquerque.
- She is arrested coming home from a birthday celebration and is charged with DUI.
- She self-reports the DUI to the NMMB within the required time-period of 30 days and enters inpatient treatment.
- She is referred by the NMMB to the NM HPWP (Health Professionals Wellness Program) for evaluation.
- Testing and evaluation by HPWP reveal a moderate alcohol-use disorder.
- She continues with treatment as recommended by HPWP and voluntarily inactivates her license.

Stipulated Licensure Example (a composite case) continued:

- Investigation by the NMMB finds no patient harm.
- Complaint Committee made up of 2 members of the Board review the case and offer PA a stipulated license to include HPWP enrollment and recommendations. After case review action is voted upon by the full Board (all information to full Board is anonymized) and the license is stipulated.
- After successful completion of inpatient and continued outpatient treatments, S.W. is re-evaluated by HPWP and noted to be fit-for-duty and S.W.'s PA license is reactivated with the stipulation in place. This stipulation includes mandated alcohol cessation treatments, HPWP and NMMB compliance monitoring, office proctoring, random drug screen testing, counseling, and interviews with the NMMB on a regular basis. The stipulation is public record.
- She continues to successfully practice medicine in SE Albuquerque.
- After 5 years of treatment and stipulated license, S.W. successfully completes all monitoring requirements and is released by the NMMB. She thanks the NMMB for the stipulation and monitoring stating, "I was in a dark place and didn't realize it, and this program has changed my life for the better."

LICENSURE ACTION EXAMPLE:
(A COMPOSITE CASE)

- The NMMB receives a complaint from a patient in Las Cruces, NM regarding poor outcome after a surgery for gall bladder removal. There were significant complications including perforation of the intestine and a 14-day hospitalization.

- Investigation of the complaint is delayed due to lack of response to subpoenas for records from the involved hospital and lack of response from the physician named in the complaint.

- Responses are finally obtained 3 months later in the form of patient treatment records from the hospital and the surgeon's clinic.

- Upon receipt of records, the hospital notes the surgeon is no longer employed by them. Upon further investigation, the Board finds the licensee voluntarily resigned his privileges during a peer review process. This was not reported to the Board by either the hospital or the licensee within the statutory required time-frame of 30 days.

Licensure Action Example (a composite case) continued:

- The licensee claims “they were targeted” by other surgeons on staff and chose to resign privileges due to this toxic environment. The licensee “apologizes” via his attorney for not notifying the Board in a timely fashion. He states he is currently practicing in a surgery center in the area.

- Review of patient records by the Complaint Committee members are concerning for incompetence.

- The recommendation of the Complaint Committee to the full Board is that the physician either voluntarily surrender his medical license or require physician successfully complete a competency evaluation to include a formal assessment to measure the knowledge, clinical judgement and technical skill of the physician and a full neuropsychological evaluation of the physician.

- The evaluations demonstrate failure to recognize severe pathology and technical incompetence. Neuropsychological testing confirms cognitive decline and memory loss. This was further corroborated by brain imaging showing extensive white matter loss.

- The physician immediately surrendered his license to practice medicine in NM.

DOES MY PRACTITIONER HAVE REPORTABLE ACTIONS?

Anyone can check complaints and disciplinary actions against a licensee by searching:

The NMMB's public database: https://www.nmmb.state.nm.us

The Federation of State Medical Board's DocInfo site: https://www.docinfo.org

The Federal OIG exclusion list: https://oig.hhs.gov/exclusions

These sources provide license status, disciplinary orders, exclusions from federal health programs/insurances, and any public sanctions.

https://www.nmmb.state.nm.us

Home | The Board | Licensing | Resources | Complaints

- Board Actions and Hearing Notice
- Board Publications
- Policies and Positions
- Rules and Statute

May Stats Licenses issued (all license types)- 244 | Physician licenses issued- 116 | Expedited licenses issued- 6 | PA licenses issued- 13 | Anesthesiologist Assistan

Recent Board Actions

Use the table to view the boards quarterly actions as a PDF in a new tab.

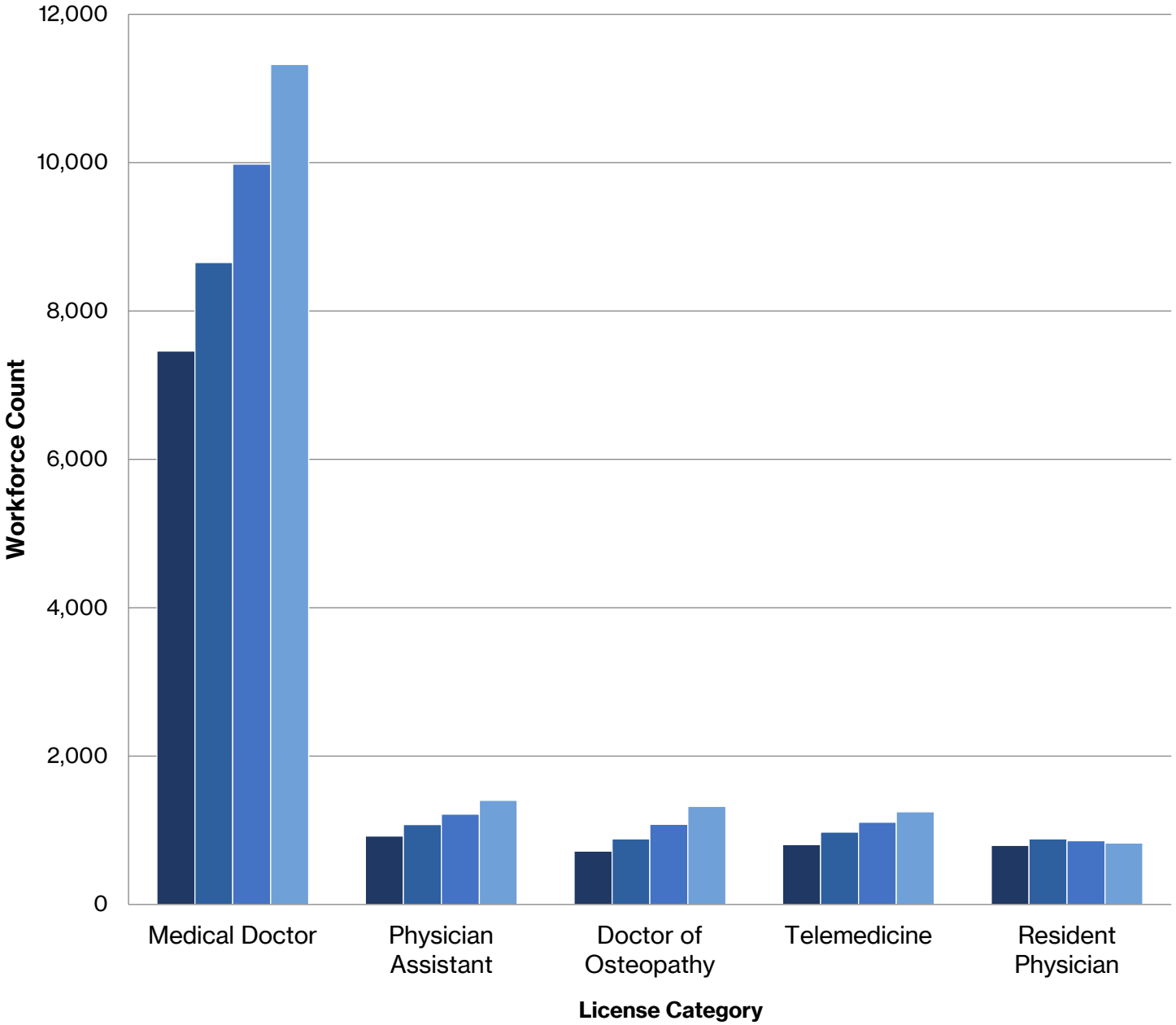
Quarterly Board Actions 2011-2026

Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
2026	Jan - Mar	Apr - Jun		
2025	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec
2024	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec
2023	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec
2022	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec

NMMB Active Licenses

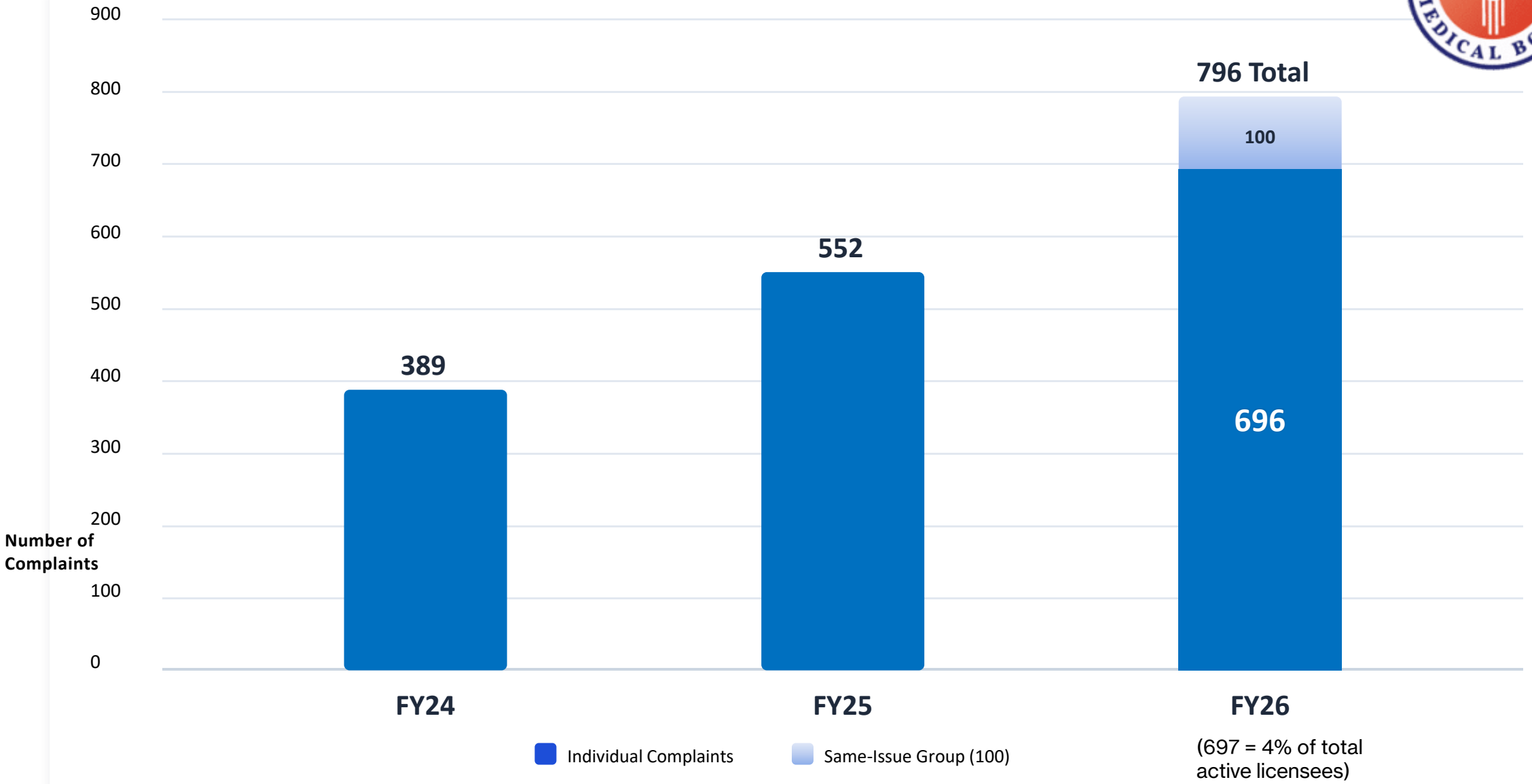
License Type	FY23	FY24	FY25	FY26
Anesthesia Assistant	50	51	67	75
Doctor of Osteopathy	718	886	1,082	1,324
Genetic Counselor	214	259	297	327
Medical Doctor	7,461	8,654	9,979	11,325
Naprapathic Physician	30	37	42	49
Naturopathic Physician	21	27	29	30
Physician Assistant	922	1,076	1,218	1,403
Resident Physician	796	884	860	879
Pharmacist Clinician	54	62	83	99
Podiatric Physician	107	112	123	137
Podiatric Resident	0	2	7	14
Polysomnographic Technologist (ALL)	67	77	86	109
Telemedicine	806	977	1,110	1,250
Temporary Camp	50	89	118	142
Temporary Teaching	4	0	0	0
Expedited MD	0	74	241	88
Expedited DO	0	7	22	12
Expedited PA	0	1	1	4
Expedited TM	0	7	14	1
TOTAL	**11,300**	**13,282**	**15,379**	**17,268**

Top 5 Active License Categories – FY23 to FY26



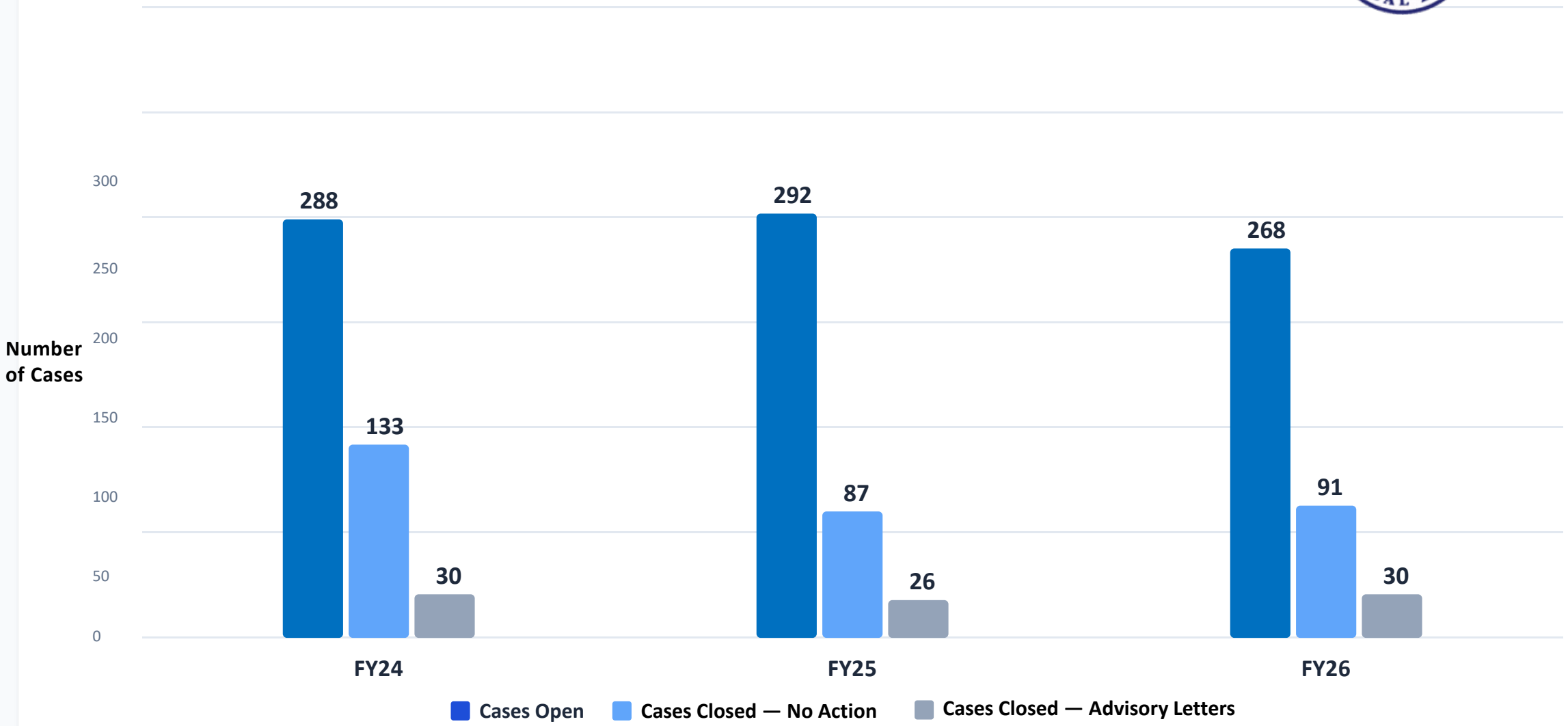
License Category	FY23	FY24	FY25	FY26
Medical Doctor	7,461	8,654	9,979	11,325
Physician Assistant	922	1,076	1,218	1,403
Doctor of Osteopathy	718	886	1,082	1,324
Telemedicine	806	977	1,110	1,250
Resident Physician	796	884	860	879

Total Complaint Counts by Fiscal Year



(697 = 4% of total active licensees)

Investigations by Fiscal Year

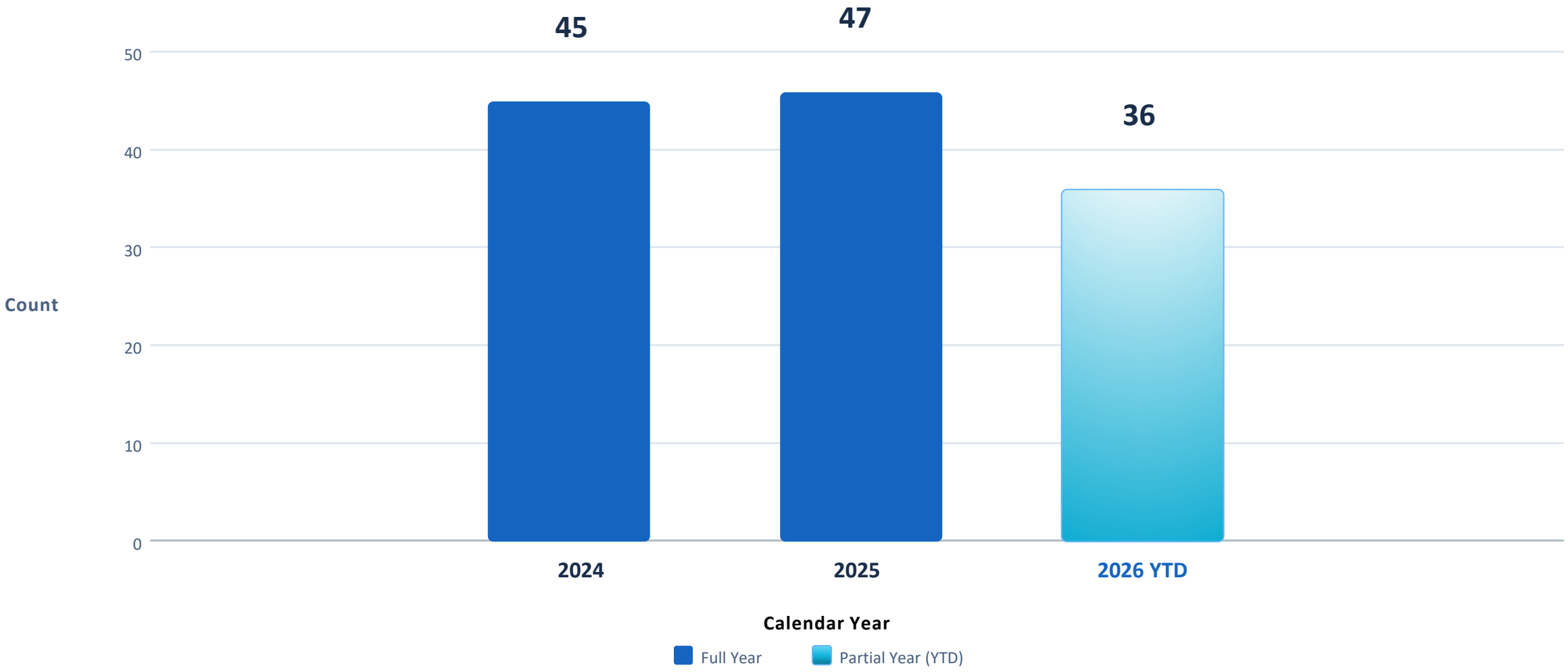


Action Volume by Calendar Year

2026 reflects year-to-date count as of August 2026

NMMB Actions can include:

- Licensure actions such as revocation, suspension, stipulation
- Application actions and/or denials
- Removal of stipulations to licensure



** 2026 reflects partial year (YTD through August 2026)*

PROSECUTION

FY2024

27

Licensees Issued Stipulated Orders

3

Licensees Issued Order & Reprimand

FY2025

15

Licensees Issued Stipulated Orders

1

Licensees Issued Order & Reprimand

FY2026

27

Licensees Issued Stipulated Orders

13

Licensees Issued Order & Reprimand

COMPLIANCE (CURRENT CY 2026)

ENROLLED IN HPWP

18

Licensees in Health Professional Wellness Program

CPEP PARTICIPANTS

9

Licensees with Competence and Performance Evaluation

PROCTOR AGREEMENTS

3

Licensees under active proctor supervision

REPRIMANDS & FINES

13

Formal disciplinary actions issued

Overview

Investigations

Case volume remains **high**.

Investigations

Cases resolved with **no action** slightly rose (**87 → 91**), reflecting thorough triage and effective front-end screening of complaints.

Compliance

30 licensees engaged in structured oversight — **HPWP** (**18**), **CPEP** (**9**), and **Proctor Agreements** (**3**) — demonstrating active monitoring and support programs.

Prosecution

Formal actions **increased** — stipulated orders nearly doubled (**15 → 27**) and Order & Reprimand rose sharply (**1 → 13**). Investigations unit fully staffed and prosecutor staffed.

THE INTERSTATE MEDICAL LICENSURE COMPACT

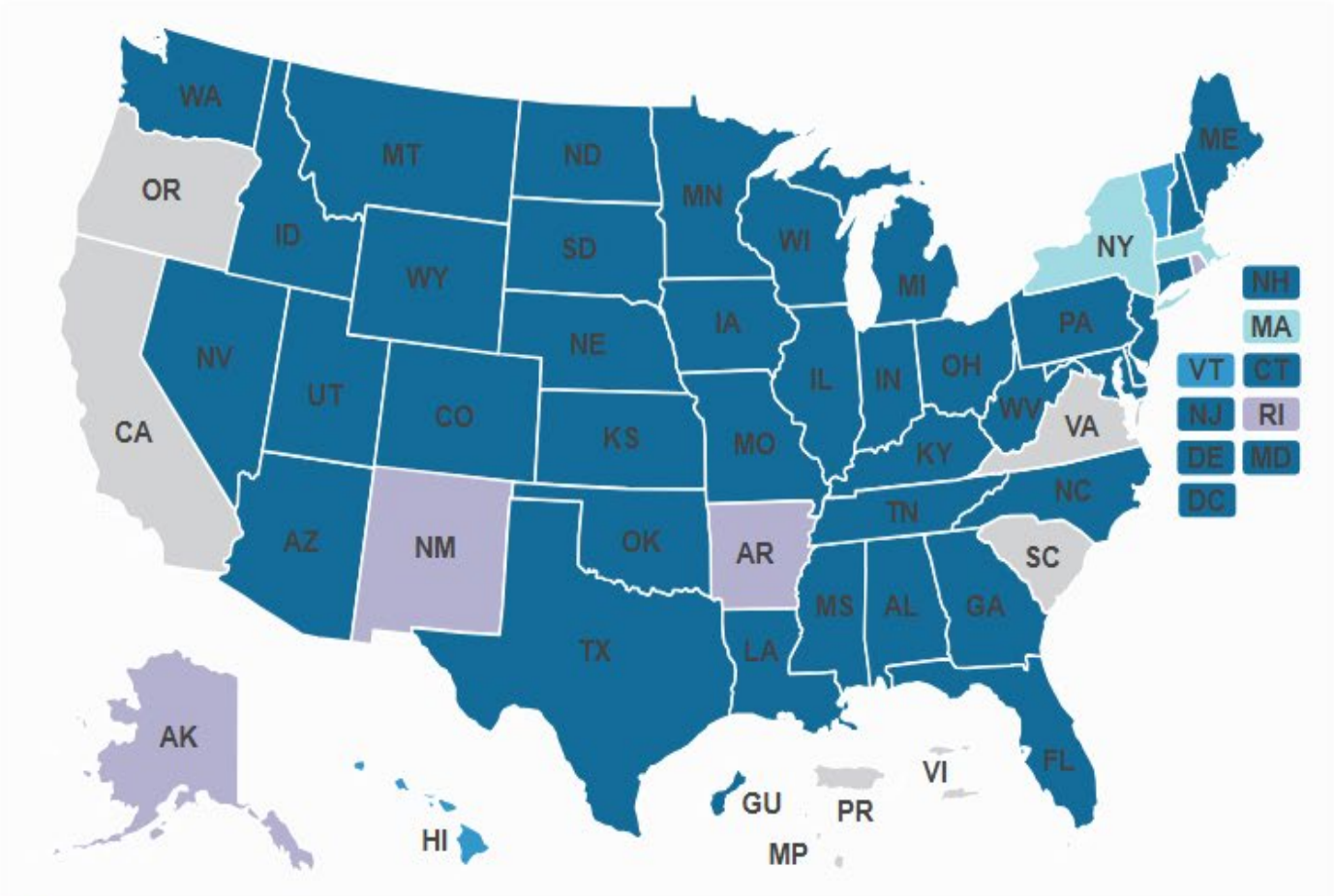
- The Interstate Medical Licensure Compact (IMLC) is best understood as a shared licensing framework, not a national medical board. It **does not issue a portable medical license**.

- It **streamlines** multistate licensure and requires member states to cooperate in information sharing and administration, while preserving each state's sovereign authority over physician regulation, investigations, discipline, and due process.

- A physician licensed through the Compact ultimately holds separate, independent licenses in each member state, and **each state board retains full authority to regulate the license it issues**.

THE IMLC

Participating States



= Compact Legislation Introduced
= IMLC Member State serving as SPL processing applications and issuing licenses*
= IMLC Member State non-SPL issuing licenses*
= IMLC Passed; Implementation In Process or Delayed*

WHAT IS AN IMLC MEDICAL LICENSE?

- The Interstate Medical Licensure Compact is a multi-state licensure ***mechanism.***
- An IMLC license is ***not a different type of medical license*** in New Mexico.
- The physician applies through the Compact using a State of Principal License (SPL). The Compact verifies eligibility and then transmits the physician's information to selected member states, including New Mexico if requested. New Mexico then issues a full unrestricted New Mexico medical license based on the Compact process.
- The physician ends up with a New Mexico license that is legally equivalent to any other unrestricted New Mexico medical license; **the difference is how the application is processed.**
- Once issued, the physician holds a full unrestricted New Mexico medical license subject to the same statutes, rules, CME requirements, investigations, and disciplinary authority as any other New Mexico licensee. ***The distinction is the pathway used to obtain it, not the legal status of the license after issuance.***

EXAMPLE:

Dr. Smith is already fully (unrestricted) licensed in Colorado and wants to be licensed in NM.

Option 1 — NM Expedited or Traditional Process:

- Applies directly to NMMB.
- Meets NM criteria.
- NMMB processes and issues license.

Option 2 — IMLC Process:

- Applies through the Compact.
- Uses Colorado as SPL.
- Selects New Mexico as a destination state.
- NMMB receives a letter of qualification and issues a New Mexico license.

In both scenarios, Dr. Smith ultimately holds the same New Mexico physician license and is regulated the same way by the New Mexico Medical Board.

With the IMLC, New Mexico will have **three pathways** by which a physician may obtain a **full unrestricted** New Mexico medical license:

1. **Traditional New Mexico licensure**
2. **New Mexico expedited licensure**
3. **Licensure through the Interstate Medical Licensure Compact (IMLC)**

Regardless of the pathway used, **the New Mexico Medical Board ultimately issues the same New Mexico medical license**.

The physician is subject to the same Medical Practice Act, Board rules, renewal requirements, continuing medical education requirements, investigative authority, and disciplinary jurisdiction.

PHYSICIAN LICENSE TYPES CURRENTLY ISSUED BY THE NMMB:

UNRESTRICTED LICENSES

License Category	Description	Restricted?
Medical License	**Unrestricted license** to practice medicine and surgery. This is the traditional "full" or "regular" license.	**No**
Expedited License	One-year provisional license issued under the Expedited Licensure Act. It confers the **same rights, privileges, and responsibilities** as a Medical License. Although provisional in duration, it is an unrestricted license.	**No**

PHYSICIAN LICENSE TYPES CURRENTLY ISSUED BY THE NMMB:

RESTRICTED LICENSES

License Category	Description / Limitation	Restricted?
Telemedicine License	Physician located outside New Mexico treating patients located in New Mexico; limited to telemedicine practice.	**Yes**
Post-Graduate Training License	Residents and fellows enrolled in a Board-approved training program; limited to the approved training program.	**Yes**
Public Service License	Physicians in training who have completed at least one year of postgraduate training; limited by statute and Board rule to qualifying public service practice.	**Yes**
Temporary License	Temporary practice for specific purposes, such as teaching or camp practice; time- and purpose-limited.	**Yes**

Every physician licensed by the New Mexico Medical Board is subject to the same statutory authority, investigative processes, disciplinary procedures, renewal requirements, and standards of professional conduct established under the New Mexico Medical Practice Act.

Topic	Traditional NM License	NM Expedited License	IMLC License
Application submitted to	NMMB	NMMB	IMLC via SPL
Eligibility determined by	NMMB	NMMB	SPL for Compact eligibility; NM issues license
License issued by	NMMB	NMMB	NMMB
Type issued	Unrestricted NM medical license	Unrestricted NM medical license	Unrestricted NM medical license
Authority to practice in NM	Yes	Yes	Yes
Governed by NM Medical Practice Act	Yes	Yes	Yes
Investigations/discipline	Yes	Yes	Yes
Renewal/CME	Yes	Yes	Yes
Summary suspension/reciprocal discipline	Same	Same	Same
Compact information sharing	No	No	Yes, for Compact reporting
Commission involvement after licensure	None	None	Compact administration/info sharing only
Multiple Compact-state licenses through one process	No	No	Yes

Licensure Actions:

What action is taken by a state medical board if it enacts discipline against a physician licensed in the state or discovers that a physician who obtained a license through the Compact has disciplinary action in another state?

The answer depends on whether the discipline occurred **before** or **after** the Compact license was issued.

If the discipline occurs after licensure:

The physician has an independent license in every Compact state. When one state disciplines the physician:

- The disciplining state reports the action to the Interstate Medical Licensure Compact Commission (IMLCC), the FSMB Physician Data Center, and the National Practitioner Data Bank, as applicable.
- Other Compact states receive notice.
- Each state medical board independently reviews the action.
- Each state decides whether to:
  - take reciprocal discipline,
  - open its own investigation,
  - request additional records,
  - or take no action.

The IMLC **does not automatically require reciprocal discipline.**

<u>Each state's Medical Practice Act and due process requirements still govern.</u>

For example:

- Colorado suspends a physician.
- New Mexico receives notice.
- New Mexico may:
  - initiate summary action if authorized by state law,
  - begin its own investigation,
  - impose reciprocal discipline,
  - or determine no action is appropriate

The decision to act and the action remains under the purview of the New Mexico Medical Board and the State of NM, not the IMLC.

If the discipline existed <u>before</u> the Compact license was issued:

The physician should not have qualified for Compact eligibility because:

- they were not in good standing,
- had a disqualifying disciplinary history,
- or made false statements, then:
  - the **State of Principal License (SPL)** may reconsider whether the physician was eligible,
  - the Compact Commission may become involved,
  - licenses issued through the Compact may be questioned,
  - individual states may investigate whether fraud or misrepresentation occurred.

What role does the State of Principal License (SPL) play?

The SPL has additional responsibilities because it determines eligibility for Compact participation.

If the SPL:

- revokes the physician's license,
- determines the physician is no longer eligible,
- or finds the physician made false representations,

that may affect the physician's future ability to use the IMLC.

However, the physician's existing licenses in other states remain subject to each state's own laws. Those states decide independently whether to continue, restrict, or discipline those licenses.

Example:

New Mexico is **not** the physician's State of Principal License.

- The physician receives a Compact license in New Mexico.
- Arizona later revokes the physician's license for unprofessional conduct.
- Arizona reports the action through the IMLC's reporting mechanisms.
- New Mexico reviews the Arizona order.
- New Mexico may:
  - open an investigation,
  - seek reciprocal discipline if authorized by New Mexico law,
  - impose an emergency suspension if statutory criteria are met,
  - or determine no discipline is warranted after its own review.

The Compact ensures New Mexico receives notice and facilitates information sharing, but the New Mexico Medical Board's authority and procedures remain governed by New Mexico law.

Compact Member States have requested clarification regarding discipline.

Several advisory opinions were issued because member boards disagreed about Compact interpretation, including:

- Discipline imposed by non-Compact states,
- State of Principal License (SPL) determinations,
- Whether another state may challenge an SPL's eligibility decision (Advisory Opinion 09-2020) IMLCC-Advisory-Opinions-Opinion-Number-09-2020.pdf
- DEA surrender and Compact eligibility,
- Obligations of member boards to comply with Commission requirements.

➢ Policies & Laws | Interstate Medical Licensure Compact
https://imlcc.com/imlc-commission/compact-policies-rules-and-laws

IMLC LICENSE RULES (IN PROGRESS)

- The NMMB rules committee drafted rules regarding IMLC Licensure after noting the existing NMAC rules needed to be amended in order to implement the new licensure statutory requirements.

- NMMB members reviewed, revised and voted to accept the revised IMLC Licensure rules on August 6, 2026.

- The NMMB provides public notice and an opportunity for public comment before formally adopting the rule. It is expected the IMLC Licensure Rule hearing will be scheduled for the November 8,9, 2026, NMMB meeting. Once accepted the final rule will be filed and published through New Mexico's official rulemaking process and becomes effective on its specified effective date.

LOOKING AHEAD

Sustainable Funding
- NMMB is fully funded through licensure fees
- We must maintain adequate fee revenue to support regulatory responsibilities
- Resources must keep pace with increasing workload and complexity

Technology & Data Sharing
- IMLC participation requires robust **IT infrastructure and secure data sharing**
- Modernize systems to support timely, efficient licensure

Public Records & Transparency
- Increasing IPRA requests require significant staff resources
- Redaction is necessary to protect **patient and licensee confidentiality**
- Adequate capacity ensures both transparency and privacy

Public Outreach & Education
- Increase outreach regarding
  - Complaint process
  - NMMB Rules
  - Licensure requirements/issues, investigations, compliance
  - Board initiatives and goals
- Expand education and direct outreach to hospitals and healthcare staff

Workforce & Board Capacity
- Increased demands require additional staffing
- Evaluate need for additional licensee and public Board members
- Support continued process evaluation, quality improvement, and auditing

Thank You.

Questions?

Karen Carson MD, FAAP, Chair New Mexico Medical Board
ksaltermd@msn.com

Monique Parks, Interim Executive Director, New Mexico Medical Board
MoniqueM.Parks@nmmb.nm.gov