



NMRLD

**NEW MEXICO
REGULATION &
LICENSING DEPARTMENT**

Your Protection
Is Our Priority

Legislative Interim Committee:

Health and Human Services

Linda M. Trujillo, Superintendent

John Blair, Deputy Superintendent

Joseph Dworak, BCD Director



NMRLD

What We Do:

RLD regulates more than 500,000 individuals and businesses in 35 industries, professions and trades across the state. Our goal is to assure that New Mexicans receive quality services from qualified individuals and businesses while also ensuring a fair and prompt administrative process.

Your protection is our priority.



Vision, Mission and Values

RLD's MISSION

To ensure qualified professionals provide quality care and services to all people of New Mexico

RLD's VISION

Unleashing the vitality of New Mexico through responsible and innovative regulation and public protection.

RLD's GUIDING VALUES

Service, Integrity, and Dedication.



BOARDS AND COMMISSIONS DIVISION

- The Boards and Commissions Division licenses and regulates more than 30 different professions and specialized trades, from accountants to psychologists. This division supports boards and commissions that establish specialized standards on education and training to ensure New Mexicans receive quality care and services from qualified professionals.
- Each board and commission has its own set of rules and its own licensing requirements.
- The Governor of New Mexico appoints members to boards and commissions who work with the Department to protect consumer rights while promoting good business practices and economic growth.
- Website: www.rld.nm.gov



Growth of Occupational Licensing

Occupational licensing has grown rapidly over the past few decades. More than one-quarter of U.S. workers now require a license to do their jobs, with most of these workers licensed by the States. The share of workers licensed at the State level has risen five-fold since the 1950s.

About two-thirds of this change stems from an increase in the number of professions that require a license, with the remaining growth coming from changing composition of the workforce.

Occupational Licensing: A Framework for Policymakers (2015) – Report prepared by the Department of the Treasury Office of Economic Policy, the Council of Economic Advisers, and the Department of Labor.





Growth of Occupational Licensing

- Research shows that by imposing additional requirements on people seeking to enter licensed professions, licensing can reduce total employment in the licensed professions.
- Estimates find that unlicensed workers earn 10 to 15 percent lower wages than licensed workers with similar levels of education, training, and experience.
- Licensing laws also lead to higher prices for goods and services, with research showing effects on prices of between 3 and 16 percent.
- In a number of other studies, licensing did not increase the quality of goods and services, suggesting that consumers are sometimes paying higher prices without getting improved goods or services.

Occupational Licensing: A Framework for Policymakers (2015) – Report prepared by the Department of the Treasury Office of Economic Policy, the Council of Economic Advisers, and the Department of Labor.



Licensing Best Practices

- Limiting licensing requirements to those that address legitimate public health and safety concerns to ease the burden of licensing on workers.
- Applying the results of comprehensive cost-benefit assessments of licensing laws to reduce the number of unnecessary or overly-restrictive licenses.
- Within groups of States, harmonizing regulatory requirements as much as possible, and where appropriate entering into inter-State compacts that recognize licenses from other States to increase the mobility of skilled workers.
- Allowing practitioners to offer services to the full extent of their current competency, to ensure that all qualified workers are able to offer services.





Military Licensing – HB20

A. A state agency, board or commission that issues an occupational or professional license pursuant to Chapter 61 NMSA 1978 shall, as soon as practicable but no later than thirty days after a military service member or a veteran files an application, and provides a background check if required, for a license accompanied by any required fees:

- (1) process the application; and
- (2) issue a license prima facie to a qualified applicant who submits satisfactory evidence that the applicant holds a license that is current and in good standing, issued by another jurisdiction, including a branch of the armed forces of the United States, and has met minimal licensing requirements that are substantially equivalent to the licensing requirements for the occupational or professional license that the applicant applies for pursuant to Chapter 61 NMSA 1978.





Behavioral Health Practitioner Licensing – HB 125

Professional Psychologist Act;

Counseling and Therapy Practice Act;

Social Work Practice Act:

- Authorize tele-supervision;
- Reduce reciprocity from 5 years to 2 years (2 ½ social work);
- Automatic extension of provisional and temporary license during public health emergency; and
- Remove good moral character, but retains code of conduct.



New Online Licensing Platform!

RLD is implementing a new automated licensing platform.

This investment will simplify the licensing process, making it easier to apply for and renew licenses in New Mexico by eliminating paper forms and money orders, and cut down on staff time required to process, review, and approve applications and renewals.

The rollout of the new platform will be completed in phases, starting in the summer of 2021 and will continue into 2022 with all RLD boards and commissions.





Application Preparation

- Review of all applications for licensure to ensure only necessary information and documents are required.
- Eliminate barriers like requirements for a notary certification.
- Create basic application for identification of applicant and contact information and then customize each professions education, experience, and licensing background.



New Online Licensing Platform!

Board or Commission:	Planned Go-Live Date:	
Counseling and Therapy Practice Board	August 16 November 1	(all renewals) (initial applications)
Board of Barbers and Cosmetologists	October 4 November 1	(renewals beginning with Oct 31 expirations) (initial applications)
Real Estate Commission	October 4 November 1	(renewals beginning with Oct 31 expirations) (initial applications)
Public Accountancy Board	October 4 November 1	(renewals beginning with Oct 31 expirations) (initial applications)
Board of Psychologist Examiners	November 1	(initial applications and future renewals)
Board of Social Work Examiners	November 1	(initial applications and future renewals)



Health Licensing Focus – Staff & Industry

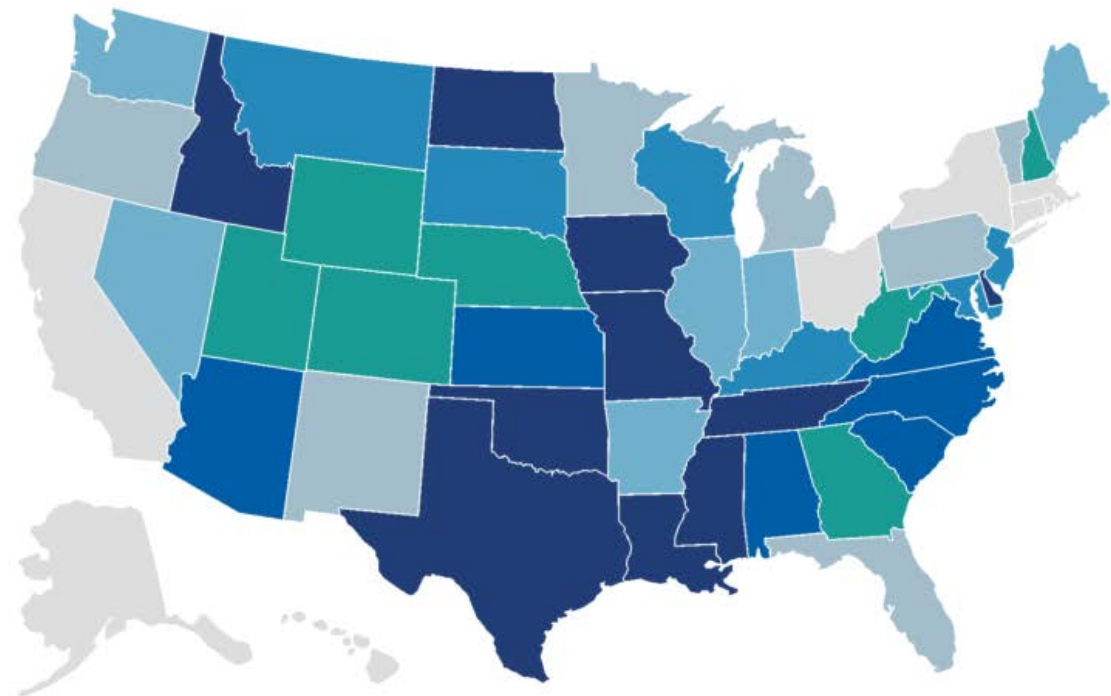
Board Name	Jan	Feb	Mar	Apr	May	June	July	Aug
Acupuncture and Oriental Medicine	890	890	893	894	895	898	852	852
Athletic Trainers	163	163	165	166	169	173	175	181
Chiropractic	611	611	613	619	622	622	625	593
Counseling and Therapy Practice	4653	4662	4705	4759	4799	4822	4863	4938
Dental Health Care	7,806	7,816	7,865	7,870	7,905	7,932	7,998	7,582
Massage Therapy	3,622	3,622	3,627	3,655	3,655	3,679	3,674	3,719
Nutrition and Dietetics	508	509	519	527	483	490	494	505
Occupational Therapy	1,680	1,691	1,593	1,620	1,632	1,645	1,656	1,696
Optometry	298	298	298	289	290	290	294	297
Physical Therapy	2,966	2,984	3,006	3,017	3,029	3,048	3,078	3,133
Podiatry	150	151	151	155	156	157	163	164
Psychologist Examiners	929	938	951	921	923	934	941	957
Respiratory Care Practitioners	1308	1309	1321	1337	1348	1362	1369	1390
Social Work Examiners	4736	4741	4775	4836	4866	4815	4833	4973
Speech Language Pathology, Audiology & Hearing Aid Dispensers	2232	2034	2085	2102	2072	2088	2125	2220
	32552	32419	32567	32767	32,844	32955	33140	33200



Compact Agreements – Why?

Navigating the various state licensing requirements, rules, regulations and fee structures can present significant challenges for workers. To address these challenges, states and professions have turned to occupational licensure interstate compacts. To date, over 40 states and territories have adopted occupational licensure compacts for nurses, physicians, physical therapists, emergency medical technicians and psychologists.

- Compacts can significantly reduce the administrative process of licensing.
- Under mutual recognition, individuals may continue to receive treatment even if temporarily out of state.
- State boards retain jurisdiction to impose an adverse action, but any discipline by other member board may trigger discipline in other states.
- Can eliminate burdensome licensing during the time of emergency.



OCCUPATIONAL LICENSURE COMPACT MEMBERSHIP

- None
 - 1 compact
 - 2 compacts
 - 3 compacts
 - 4 compacts
 - 5 compacts
 - 6 compacts
 - 7 compacts
- Advanced Practice Nursing (APRN) Compact*
Physical Therapy (PT) Compact
Psychology Interjurisdictional Compact (PsyPact)
Enhanced Nurse Licensure Compact (ENLC)
Interstate Medical Licensure Compact (IMLC)
Emergency Medical Services Compact (EMS Compact)
Audiology & Speech-Language Pathology (ASLP) Compact

Updated November, 2020

New Mexico has 1 occupational licensure compact agreement.

Nurse Licensure Compact (NLC)



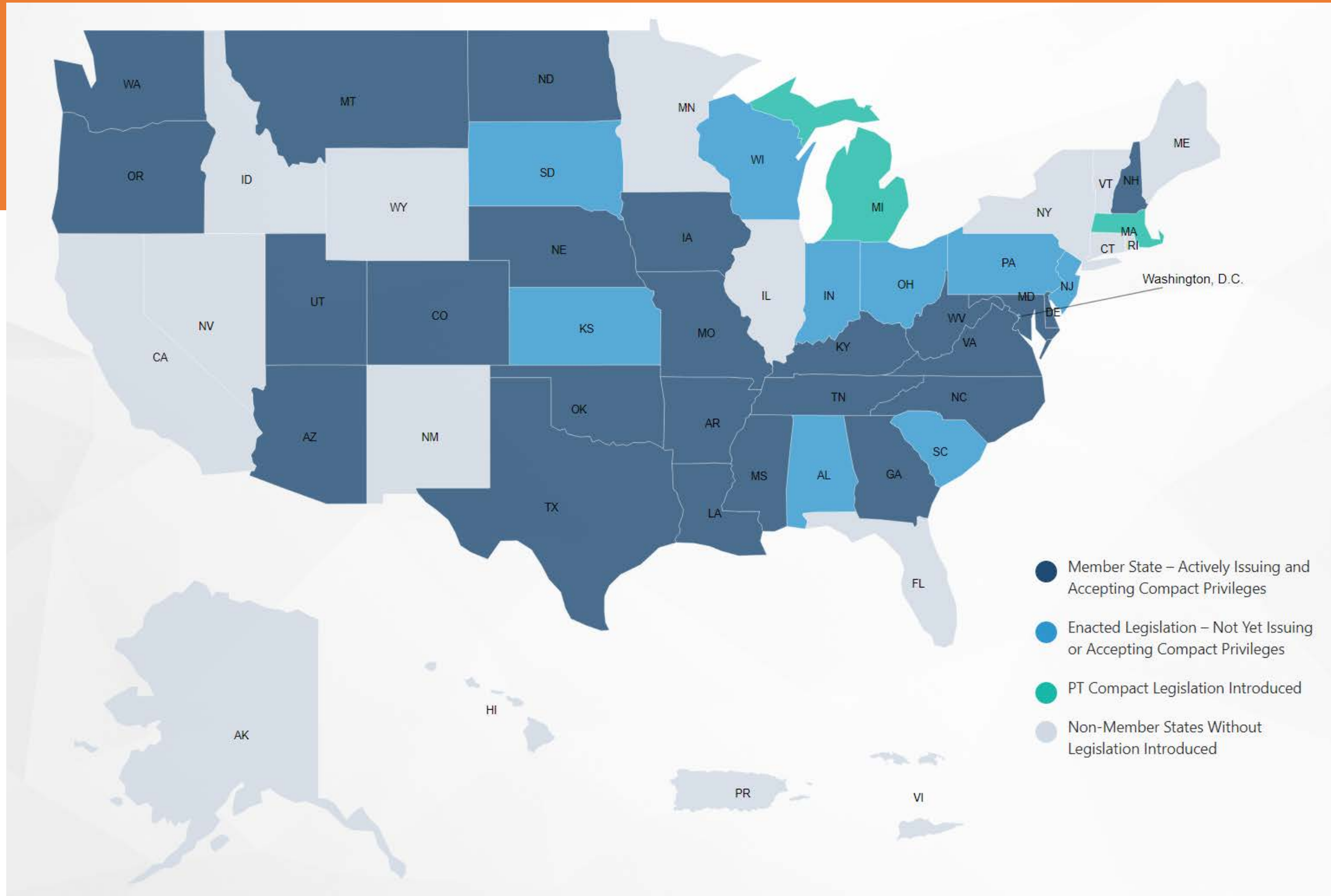
Physical Therapy Compact Agreement

OVERVIEW

In 2010, the Federation of State Boards of Physical Therapy (FSBPT) and its member jurisdictions became concerned about the challenges to patient access that the current model of licensure presented. New delivery models, ease of movement of consumers and providers, and new technologies brought opportunities for improved consumer access, but due to the nature of state-level licensing, these opportunities were often only realized within state borders. The development of the PT Compact sought to address several challenges faced by practitioners seeking licensure in multiple states, such as different renewal cycles, redundant continuing education requirements, costly submissions of NPTE scores, etc. *The PT Compact became official in 2017 and has been enacted in 28 states.*

MODEL

The compact utilizes a *mutual recognition* approach, whereby individuals may apply within their home state for a privilege to practice in remote states, provided the applicant maintains active status and residence in the home state.





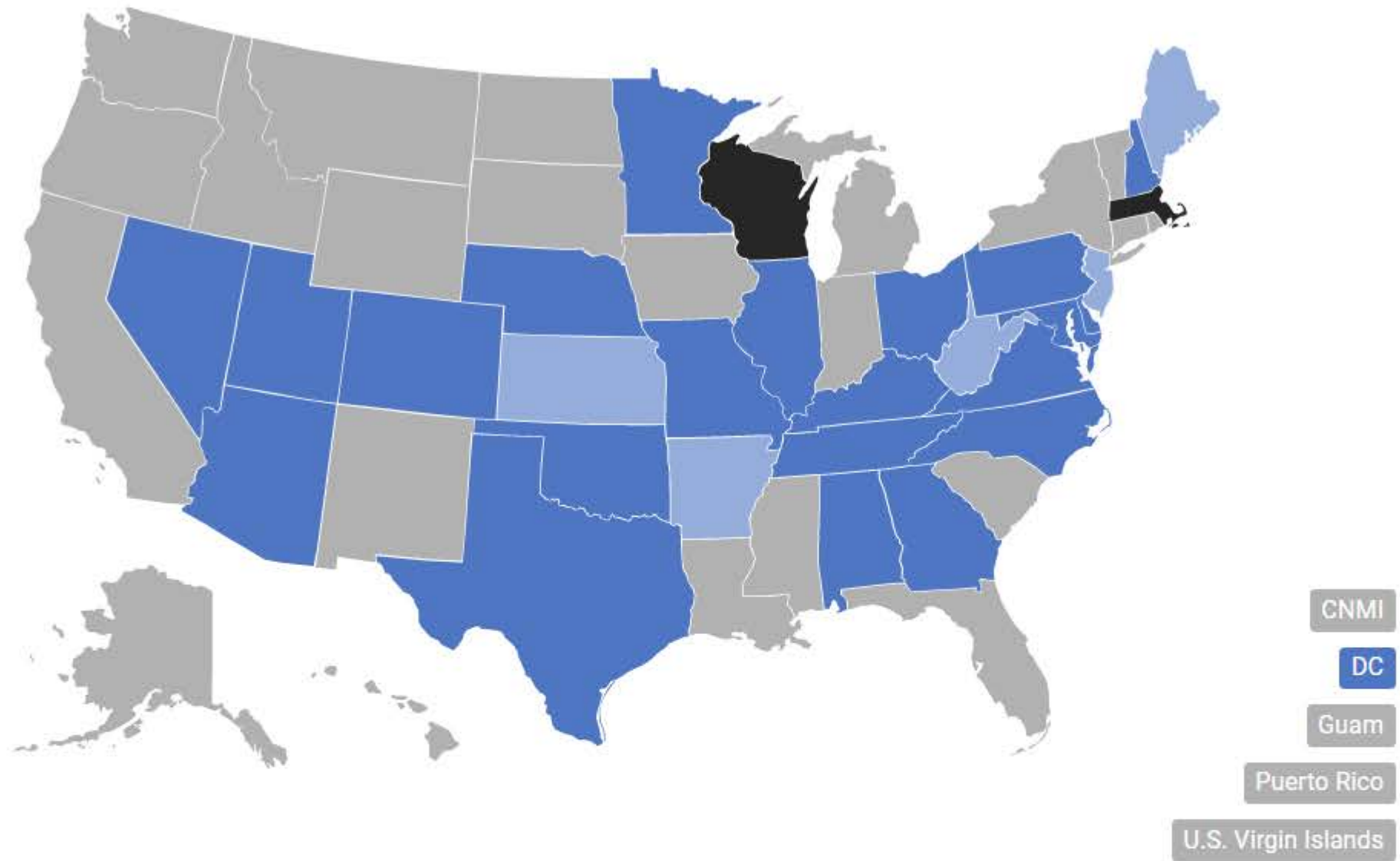
Psychology Interjurisdictional Compact (PSYPACT)

OVERVIEW

The development of PSYPACT was spurred by the call for new regulation to be brought to bear to help manage the proliferation of telepsychology, as well as greater general concern among stakeholders regarding barriers to temporary practice across state lines. The severity of the opioid epidemic and the ongoing mental health care crisis further compounded the need for practitioners to be able to provide consistent access to quality mental health care across state lines. PSYPACT's language was finalized and approved by the ASPPB Board of Directors in February 2015, with activation contingent upon adoption in seven states. *PSYPACT officially went into effect on April 23, 2019, when it was enacted by Georgia.*

MODEL

Like many other licensure compacts, PSYPACT takes a *mutual recognition* approach to multistate licensing. However, PSYPACT is somewhat unique in that it distinguishes the way in which privilege to practice is granted by partitioning it into two distinct forms, primarily focusing on telehealth. Practitioners licensed under the compact can choose to exercise their privilege to practice in remote states through *telepsychology and/or a temporary authorization to practice* in remote states.



Map Key

- States with Enacted PSYPACT Legislation
- States with Enacted but not Effective PSYPACT Legislation
- States with Pending PSYPACT Legislation



Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC)

OVERVIEW

In response to the growing demand for license portability and telepractice, the American Speech-Language-Hearing Association (ASHA) began working with The Council of State Governments National Center for Interstate Compacts (CSG-NCIC) to initiate development of an interstate compact for audiologists and speech-language pathologists. Initial work began in fall 2017, and the final compact language was approved by the advisory group in March 2019. The compact will become operational following adoption in 10 states.

MODEL

The compact utilizes a mutual recognition approach, whereby individuals may apply within their home state for a privilege to practice in remote states, provided the applicant maintains active status and residence in the home state

National Center for Interstate Compacts – The Council of State Governments



Q Search

Alabama

Colorado

Georgia

Indiana

Iowa

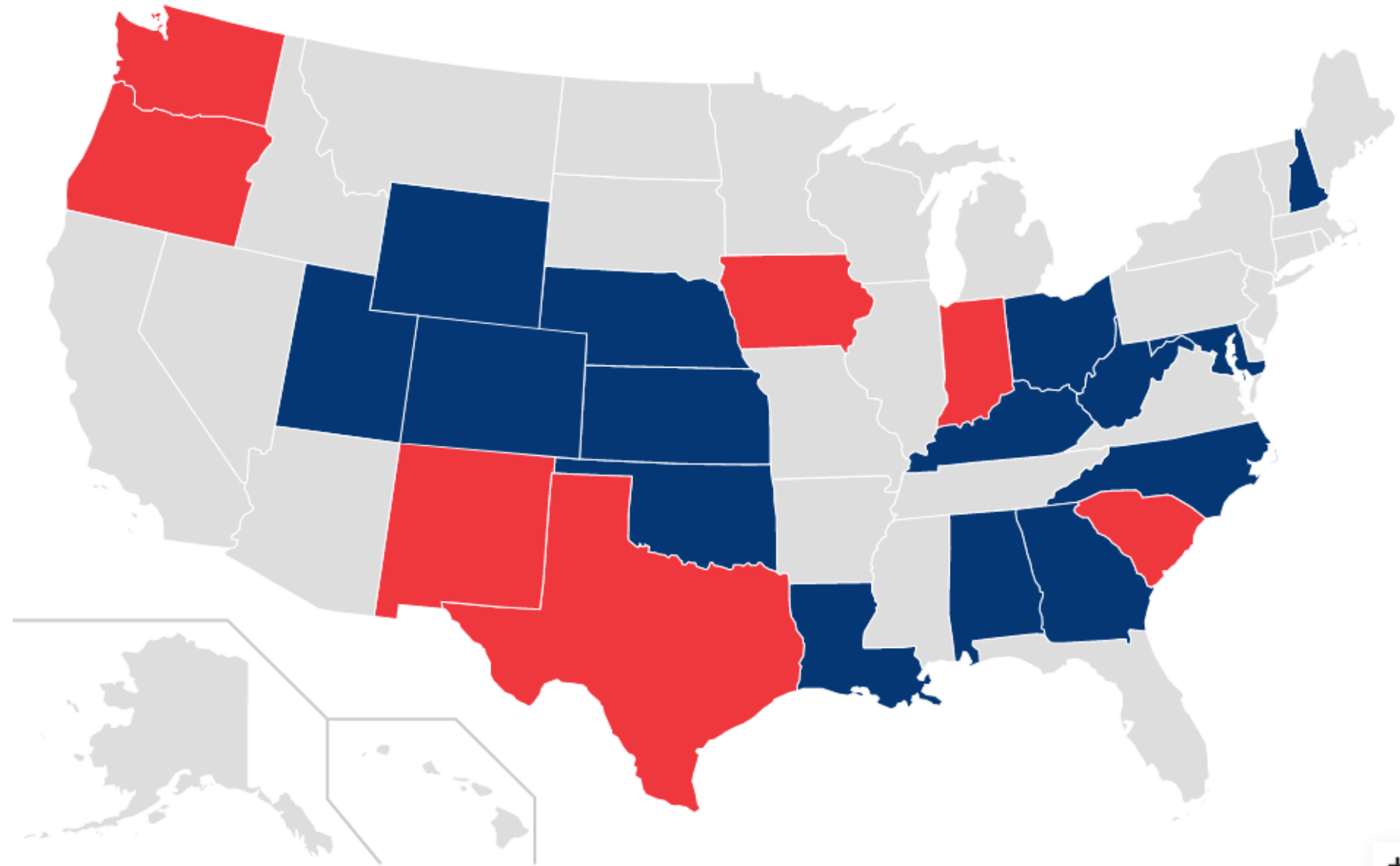
Kansas

Kentucky

Louisiana

Maryland

Nebraska



Enacted



Legislation Pending



Issues and Concerns

Nothing in the compact shall be construed to be a waiver of sovereign immunity.

However:

- The compact commission can levy and access fees to member states based on the annual operating budget.
- Qualified immunity and indemnification for members, officers, executive director, employees and representatives of the commission, either personally or in their official capacity.
- The commission shall defend any member, officer, executive director, employee or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities.



Social Justice and Employment Equity

- In 2019, an estimated 1,465 PTs were practicing in New Mexico, with counties varying between 23 above benchmark and 73 below (Figure 5.50). Three counties were above benchmark for these practitioners. The state as a whole has 527 fewer PTs than the national benchmark, yet assuming no redistribution of the current workforce, an additional 559 PTs would be needed for all New Mexico counties to meet the national benchmark (9.5 per 10,000 population)
- In 2019, an estimated 841 OTs were practicing in New Mexico, with counties varying between 161 above benchmark and 19 below (Figure 5.53). Seven counties were above benchmark for these practitioners. The state as a whole has 65 more PTs than the national benchmark, yet *assuming no redistribution of the current workforce, an additional 114 PTs would be needed for all New Mexico counties to meet the national benchmark (3.7 per 10,000 population).*

Table 6.2. New Mexico Behavioral Health Providers, 2019

County	Prescribers			Independently Licensed Psychotherapy Providers				Non-Independently Licensed Psychotherapy Providers				Substance Use Clinicians			County Total	
	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
Bernalillo	15	46	141(24)	226	327	958	868	2,151	2	387	675	1,044	75	68	143	3,564
Catron	0	0	0(0)	0	1	2	0	3	0	0	0	0	0	0	0	3
Chaves	2	5	1(0)	8	4	24	28	54	0	9	67	76	8	7	15	153
Cibola	1	0	1(0)	2	8	16	12	36	1	6	15	22	14	9	23	83
Colfax	0	1	0(0)	1	0	11	13	24	0	2	6	8	2	1	3	36
Curry	0	1	4(0)	5	5	40	28	73	0	13	46	59	0	3	3	140
De Baca	0	0	0(0)	0	0	1	1	2	0	0	2	2	0	0	0	4
Doña Ana	13	23	25(2)	63	50	171	193	414	1	75	272	348	18	12	28	853
Eddy	0	4	1(0)	5	0	14	20	34	0	5	34	39	4	3	7	85
Grant	0	1	5(0)	6	11	40	28	79	1	16	42	59	6	8	14	158
Guadalupe	0	0	0(0)	0	1	3	4	8	0	0	1	1	3	4	7	16
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	2	1	3	0	0	1	1	0	0	0	4
Lea	1	1	3(0)	5	2	31	17	50	0	12	32	44	11	15	26	125
Lincoln	0	0	0(0)	0	3	21	12	36	0	8	11	19	3	1	4	59
Los Alamos	1	0	2(0)	3	9	21	13	43	1	9	6	16	2	0	2	64
Luna	0	1	0(0)	1	0	4	6	10	0	2	21	23	0	1	1	35
McKinley	2	1	3(0)	6	8	33	24	65	0	12	28	38	24	9	33	142
Mora	0	0	0(0)	0	0	1	2	3	0	0	5	5	0	0	0	8
Otero	1	4	6(0)	11	7	50	32	89	0	13	38	49	3	4	7	156
Quay	0	0	1(0)	1	0	4	4	8	0	3	10	13	0	1	1	23
Rio Arriba	0	1	1(0)	2	3	25	35	63	0	12	29	41	14	11	25	131
Roosevelt	0	1	0(0)	1	0	16	9	25	0	10	14	24	1	0	1	51
San Juan	1	4	8(2)	15	4	59	64	127	0	17	98	113	40	20	60	315
San Miguel	1	4	8(0)	13	11	27	33	71	0	21	78	99	2	3	5	188
Sandoval	0	8	12(2)	22	33	144	112	289	0	52	100	152	21	13	34	497
Santa Fe	7	7	44(3)	61	71	463	258	792	1	163	131	295	22	14	36	1,184
Sierra	2	0	0(0)	2	0	6	7	13	0	1	10	11	0	0	0	26
Socorro	1	0	0(0)	1	0	12	7	19	0	3	10	13	3	2	5	38
Taos	1	0	4(0)	5	14	64	63	141	0	25	37	62	14	8	22	230
Torrance	0	0	0(0)	0	0	10	7	17	0	1	1	2	2	2	4	23
Union	0	0	0(0)	0	0	2	1	3	0	1	2	3	3	1	4	10
Valencia	2	3	5(0)	10	3	40	35	78	0	19	42	61	6	10	16	165
TOTAL	51	116	275(33)	475	575	2,315	1,933	4,823	7	877	1,859	2,743	299	230	529	8,570

New Mexico Health Care Workforce Committee

2020 ANNUAL REPORT

A wide, horizontal orange ribbon graphic with a slight 3D effect, featuring a darker orange shadow on the left and right sides. The word "Questions?" is centered on the ribbon in a black, sans-serif font.

Questions?



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