

Summary of the 2018 Recommendations of the New Mexico Health Care Workforce Committee

For detailed descriptions of these recommendations, please see Section II.G (page 81, Recommendations 1 through 8), Section III.C (page 87, Recommendations 9 through 13) and Section IV.C (page 93, Recommendation 14)

- Rec. 1* Identify funding for efforts to support the New Mexico Nursing Education Consortium (NMNEC).
- Rec. 2* Direct RLD to correct their information technology system changes so that all survey responses can be provided to the University of New Mexico Health Sciences Center and the committee.
- Rec. 3* Continue funding for expanded primary and secondary care residencies in New Mexico.
- Rec. 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.
- Rec. 5* Request that the 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.
- Rec. 6* Create a committee tasked with examining future health care workforce needs related to the state’s changing demographics.
- Rec. 7* Provide funding for the New Mexico Health Care Workforce Committee.
- Rec. 8* Establish a tax credit for health care professional preceptors who work with public institutions.
- Rec. 9* Require that licensed behavioral health professionals receive three hours of continuing education credits each licensure cycle in the treatment of substance use disorders.
- Rec. 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.
- Rec. 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.
- Rec. 12* Expedite direct services via telehealth by participating in the PSYPACT interstate licensing compact.
- Rec. 13* Fund an infrastructure through the New Mexico Hospital Association for a centralized Telebehavioral Health Program to provide direct care to rural communities.
- Rec. 14* Direct the pertinent professional licensing boards to make the necessary changes to align their surveys with legislative requirements and other boards’ surveys.