



New Mexico Medical Board

Access to Practice

Courts, Corrections and Justice Committee

November 7, 2025

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).

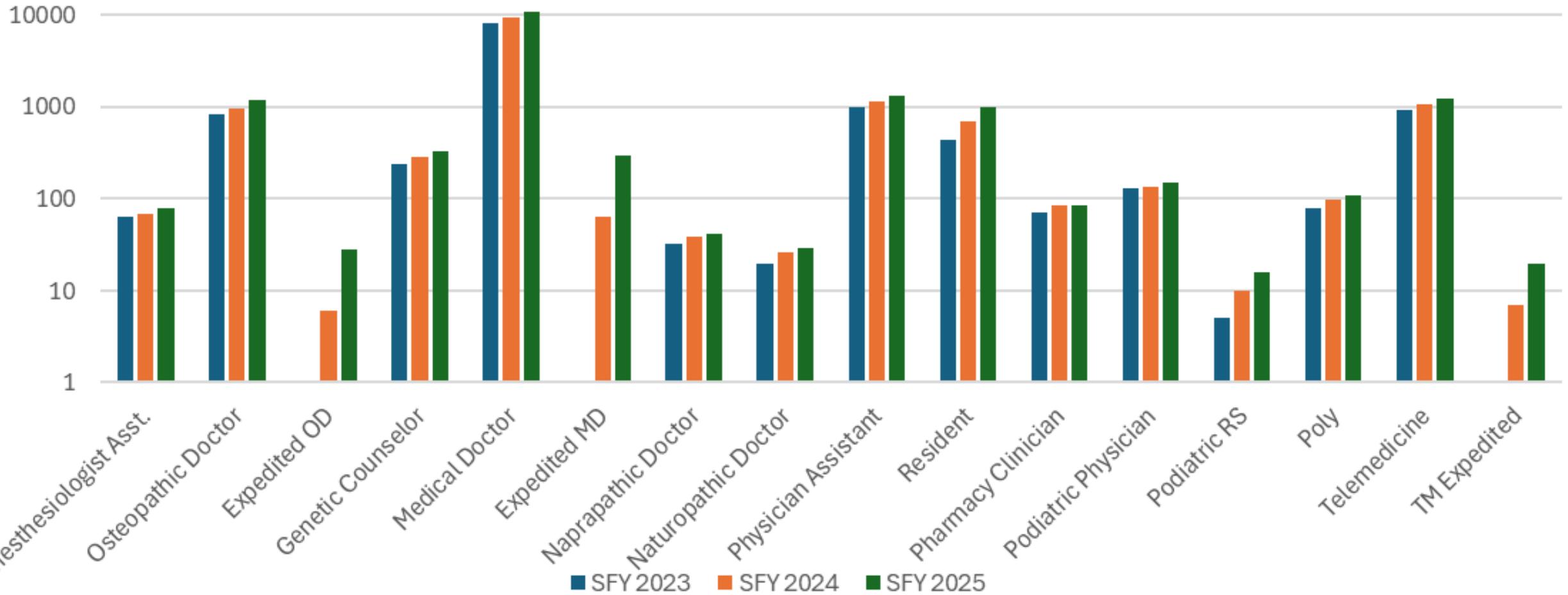
New Mexico Statutes Annotated (NMSA) Governing NMMB

Practitioner	Statute (NMSA 1978)	Purpose/Scope
Physicians (MD & DO)	Chapter 61, Article 6 — Medical Practice Act (§§ 61-6-1 → 61-6-35).	Licensure, discipline, scope and enforcement for medical & osteopathic physicians.
Physician Assistants (PAs)	Chapter 61, Article 6C — Physician Assistant Act (recompiled from earlier §61-6-7.x → §61-6C).	Licensure, supervision, and practice authority of PAs under the NMMB.
Anesthesiologist Assistants	Chapter 61, Article 6D — Anesthesiologist Assistants Act (recompiled from §61-6-10.x → §61-6D).	Licensure and standards for anesthesiologist assistants.
Genetic Counselors	Chapter 61, Article 6A — Genetic Counseling Act (§61-6A-1 → §61-6A-10).	Establishes licensure and scope for genetic counselors.
Polysomnographic Technologists (Sleep techs)	Chapter 61, Article 6B — Polysomnography Practice Act (§61-6B-1 → §61-6B-10).	Licensure and practice rules for polysomnographic technologists.
Naprapaths (Doctors of Naprapathy)	Chapter 61, Article 12F — Naprapathic Practice Act (§61-12F-1 → §61-12F-13).	Licensure and regulation of naprapathic practitioners.
Naturopathic Doctors	Chapter 61, Article 12G — Naturopathic Doctors’ Practice Act (§61-12G-1 → §61-12G-11/13).	Licensure and scope for naturopathic physicians regulated by the NMMB.
Podiatric Physicians (Podiatrists)	Chapter 61, Article 8 — Podiatry Act (§61-8-1 → §61-8-21).	Licensure and regulation of podiatrists under the NMMB.
Physician Supervisors of Pharmacist Clinicians	(Licensed role; supervision recognized by NMMB — see NMMB licensing page) — <i>supervisory role authority derives from Medical Practice Act & board rules.</i>	Physicians who supervise pharmacist clinicians in delegated practice arrangements — board oversight/approval required.
Impaired Health Care Provider program (administration)	Chapter 61, Article 7 — Impaired Health Care Provider Act (§61-7-1 → §61-7-12).	Board administers programs for identification, treatment & monitoring of impaired providers.
Uniform Licensing Act (administrative framework for discipline & hearings)	Chapter 61, Article 1 — Uniform Licensing Act (§61-1-1 → §61-1-34).	Governs licensing processes, hearings, discipline and board authority applied across professions regulated by the NMMB.

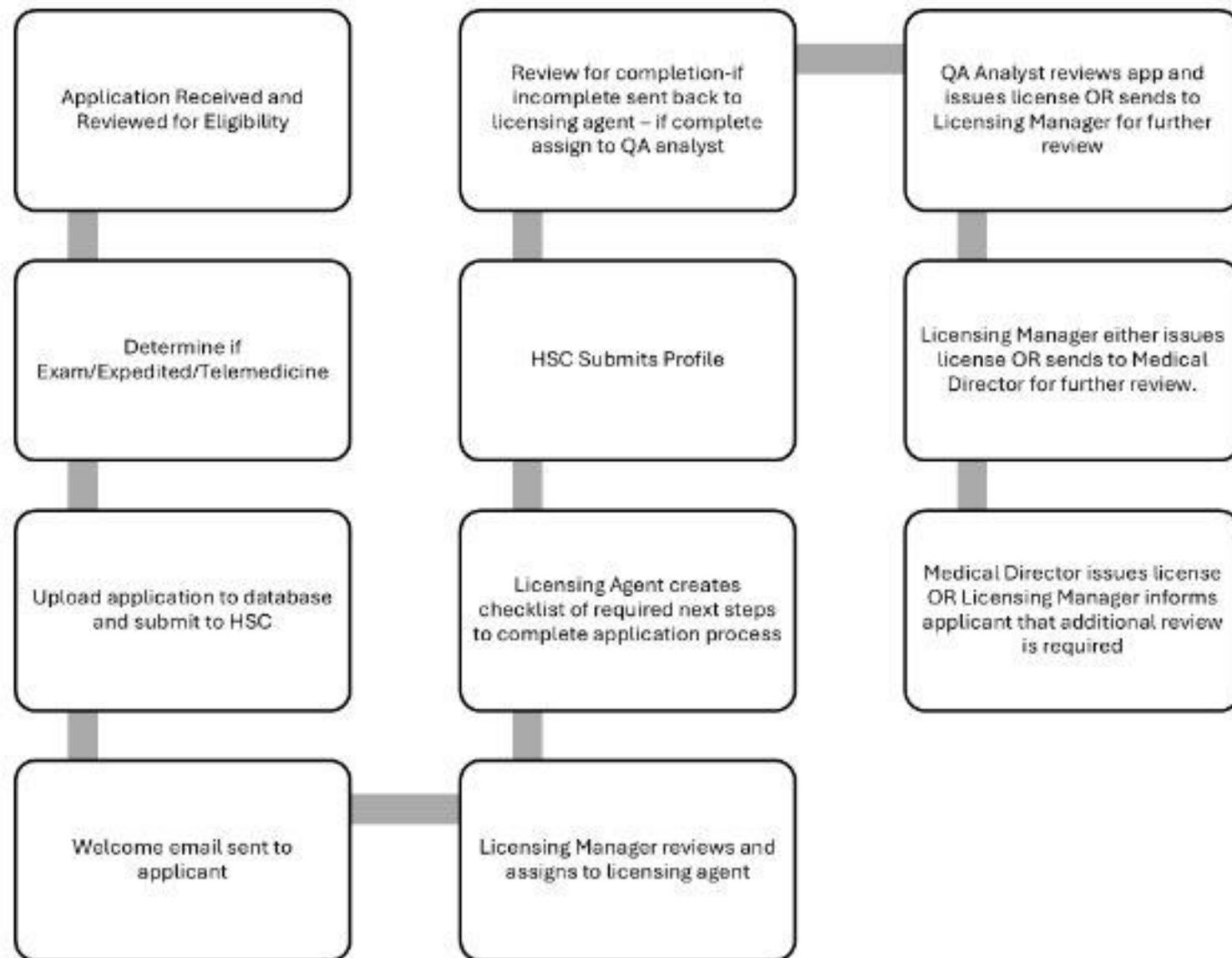
Board Members

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NMMB Total Licensees SFY 2023-2025



NMMB Licensing Process Flow



Licensure Delays & NMMB Solutions

1. Incomplete applications;
 2. Incorrectly completed apps by locum tenens companies;
 3. Applicants with problematic backgrounds or unusual training or work histories may take longer to sort out or may be referred to investigations.
 4. Incomplete criminal background check
 5. Applicant not responding to Board staff when requesting more information
 6. Obtaining required court documents and explanations
- **HSC- The Board utilizes HSC for all physician applications.**
 - The physician pays HSC \$350.00 to facilitate the completion of an application.
 - Provides current and accurate primary source verifications completed quickly and efficiently.
 - Provides professional recommendations, all license verifications, work verifications for the past 3 years, medical education verification, official transcripts and all PGT verifications.
 - **RULE CHANGE**
 - Effective July 7, 2023: Pursuant to HB384 (2023), effective July 7, 2023 the New Mexico Medical Board enacted rules for expedited licensure.
 - **EXPEDITED LICENSURE physicians must have:**
 - Practiced medicine in the United States or Canada immediately preceding the application for at least three years;
 - Be free of disciplinary history, license restrictions, or pending investigations in all jurisdictions where a medical license is or has been held;
 - Graduated from a board approved school or hold current ECFMG certification; and
 - Have a current certification from a medical specialty board recognized by the ABMS or the AOA-BOS.
 - **NEW LICENSING SYSTEM**
 - The Board has implemented a computer system that will expedite the application process, including allowing third parties to assist applicants with their applications, and provide frequent (at least weekly) updates on application status (that is, what's missing). Renewals are now entirely automated, unless there is an irregularity in the application.
 - **REDUCTION IN REQUIRED WORK EXPERIENCE VERIFICATIONS**
 - The Board reduced the requirement to obtain work verifications from every recent entity the applicant has worked for. No more than 3 are needed. This will help with expediting licensure for physicians who have multiple locations that need to be verified, such as locum tenens physicians, radiologists, etc.

Access

Interstate Medical Compact

- An agreement among participating U.S. states to work together to significantly streamline the licensing process for physicians who want to practice in multiple states.
- Physicians who are eligible can qualify to practice medicine in multiple states by completing just one application within the Compact, receiving separate licenses from each state in which they intend to practice.

Additional Pathways to Licensure

- NMMB recommends the development of laws in NM specific to the licensing of physicians who have already trained and practiced medicine outside the United States.
 - Foreign Trained Practitioners (FTP)

FSMB Advisory Commission on Additional Licensing Models

Recommendations to guide and advise state medical boards, state legislators, policymakers and others, as they develop and implement laws specific to the licensing of physicians who have already trained and practiced medicine outside the United States

1. Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing and evaluating any additional licensure pathways.
2. **An offer of employment should be required for pathway eligibility.** State medical boards should be authorized to define what is an appropriate clinical facility for the supervision and assessment of internationally trained physicians (ITPs) for their provisional licensure period.
3. ECFMG Certification and graduation from a **duly recognized medical school** should be required for pathway eligibility.
4. Completion of postgraduate training (graduate medical education) outside the United States should be required for pathway eligibility.
5. Possession of authorization from another country or jurisdiction to lawfully practice medicine in that country or jurisdiction, and **at least three years** of experience in medical practice should be required for pathway eligibility.
6. **A limit on the physician's time "out of practice"** that is consistent with that state's existing re-entry to practice requirements should be considered.
7. A successfully completed **period of supervision and assessment** by an employer should be required of ITPs to transition from provisional licensure to full licensure.
8. State medical boards should preserve their authority to assess each candidate for full and unrestricted licensure.
9. State medical boards implementing additional licensure pathways should collect and share data to evaluate the program's effectiveness.

Unregulated Licensure

(Allowing the practice of medicine without obtaining a state-issued license)

- It is important to note (with regard to increased access to care), the majority of sites from which New Mexico residents may request to receive care or second opinions via this process **will not be available to them as many originating sites generally require privileges according to the certifying body.** (Licensed inpatient centers such as hospitals, mental health clinics, federally qualified healthcare centers, etc.)
- ***These privileges do not allow for the unlicensed practice of medicine in any state.*** Additionally, medical malpractice insurance requirements for most practitioners likely will not allow the unlicensed practice of medicine in another state.
- ***This means that most patients would only be able to access direct to consumer primary care and/or second opinion consultations, which are much more likely to be profit driven.***
- Marginalized populations who may not be sophisticated consumers of healthcare, may also be angered by the refusal of in-state practitioners to follow treatment plans viewed as unnecessary, fraudulent and/or dangerous. Overall distrust in the medical system may lead New Mexico residents ***to limit their access to available local healthcare and thus increase morbidity and mortality to our residents,*** especially those in our underserved rural communities
- Finally, as previously noted, ***the residents of NM will have no relief from state regulatory agencies*** such as the NM Medical Board with regard to quality-of-care complaints. A practitioner from another state, with a history of multiple licensure actions for unsafe practices which have harmed patients, may still seek practice if unregulated licensure is available. Lack of oversight and accountability from the unlicensed practice of medicine in New Mexico will certainly increase the likelihood serious harmful practices will result.

Thank You.

Questions?

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