



# New Mexico's Healthcare Workforce – Sources and Trends

HARRY ROMMEL, PRINCIPAL  
ANALYST, LFC

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# Overview

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Sources of Health  
Workforce Data



New Mexico  
HPSAs



Current Workforce



Behavioral Health



2030 Workforce  
Projections





# Key Points

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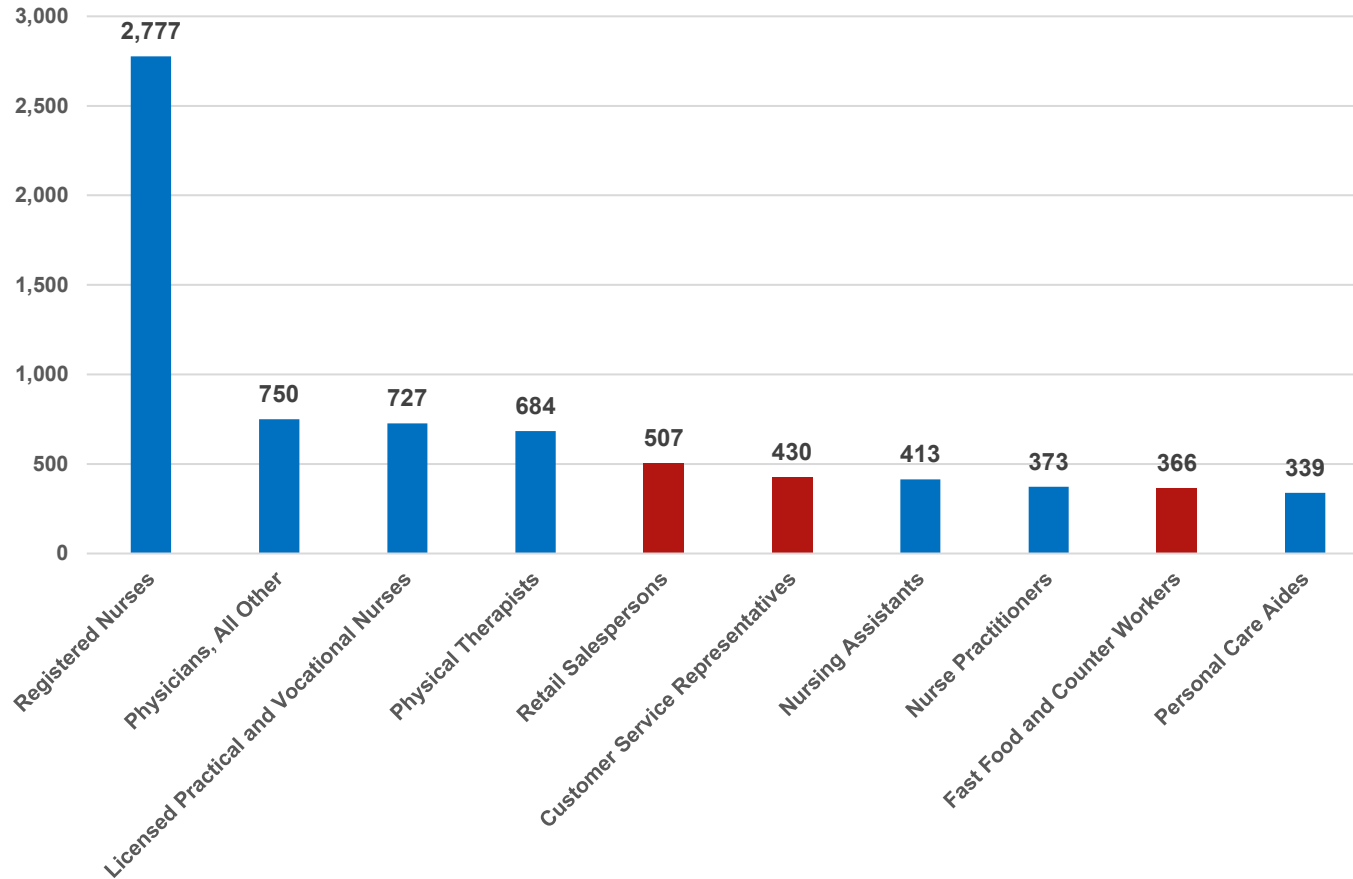
- Healthcare will drive New Mexico job growth – if challenges can be met
- Workforce data sources are substantial and diverse - but come with caveats
- Practitioner shortages are statewide - but especially critical in rural areas
- Maldistribution of healthcare practitioners is a significant challenge
- Projected shortages and surpluses can guide policy, e.g., recruitment/retention efforts such as loan repayment





# New Mexico Top Job Postings Are Primarily in Healthcare

Top Ten Online Job Postings in NM, June 2025



7 of 10 (82%) of online job postings in June 2025 were for health and personal care. 48% were postings for registered nurses and physicians.

Source: Workforce Solutions Department, data downloaded June 2025



# Data Sources

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## State

- ❖ Healthcare Workforce Committee
- ❖ Managed Care Organization (MCO) reports
- ❖ Medicaid via HCA reports and requests
- ❖ Workforce Projections via WSD data
- ❖ **All Payer Claims Database**

## Federal

- ❖ National Provider Identifier (NPI) database
- ❖ Health Resources Services Agency Bureau of Health Resources (HRSA-BHW)
  - ❖ Area Health Resource File
  - ❖ Workforce Projections
  - ❖ Health Professional Shortage Areas (HPSAs)
- ❖ Bureau of Labor Statistics

**Others** – Agencies/Boards, Research, Proprietary, Nonprofit





# Sources and Uses – Data Selection, Pros and Cons

- How recent is the data?
- Can trends and forecasts be derived?
- Does the data challenge – or verify – assumptions?
- No data set is perfect, but sources should generally agree.

Source	Pro	Con
NPI Master File	Comprehensive, Current (monthly)	Massive File Size, No Licensure Data
MCO Reports	Accurate, Recent Counts by Provider	Limited to Medicaid, Changes to MCOs from year to year
HRSA-BHW	Future Workforce Estimates, Shortage Area Data, Provider Demographics	Source files may be out of date
All Payer Claims Database	Comprehensive, Suitable for Constructing Detailed Dashboards	LFC does not have access to APCD at this time





# Health Professional Shortage Areas (HPSAs)

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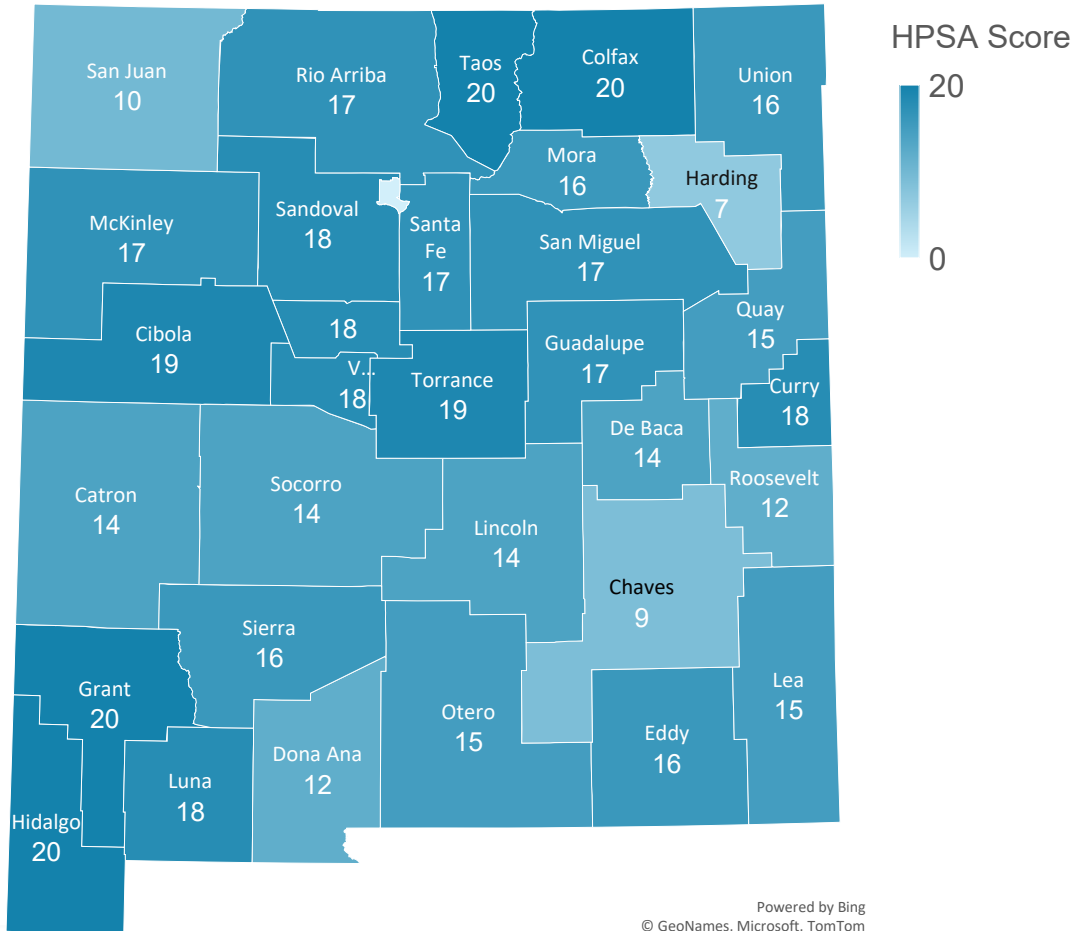
- ❖ Can be Geographic, population, or facility-based
- ❖ Designated by primary care, mental health, and dental HPSA
- ❖ 32 of 33 New Mexico counties have some combination of HPSA designations
- ❖ Used by HRSA and the state of New Mexico to guide provider recruitment or incentive programs (e.g., National Health Service Corps, HED health professional loan repayment)
- ❖ Key Metrics:
  - County HPSA Score (0-25, higher score = higher need)
  - Provider shortage by number and type (PC, MH, dental)
  - Percent adequacy: providers per number of population served



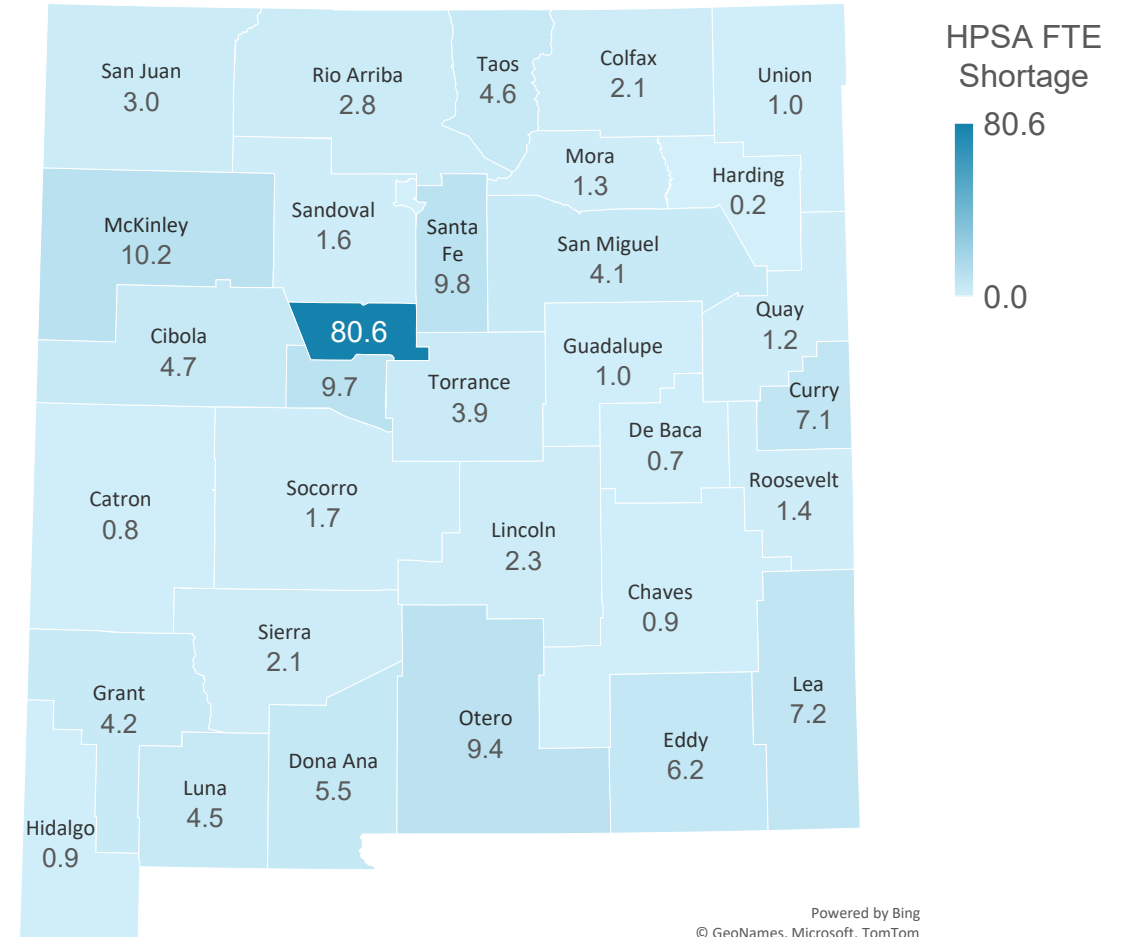


# Primary Care HPSAs

### HPSA Score By County - Primary Care



### HPSA Primary Care FTE Shortages

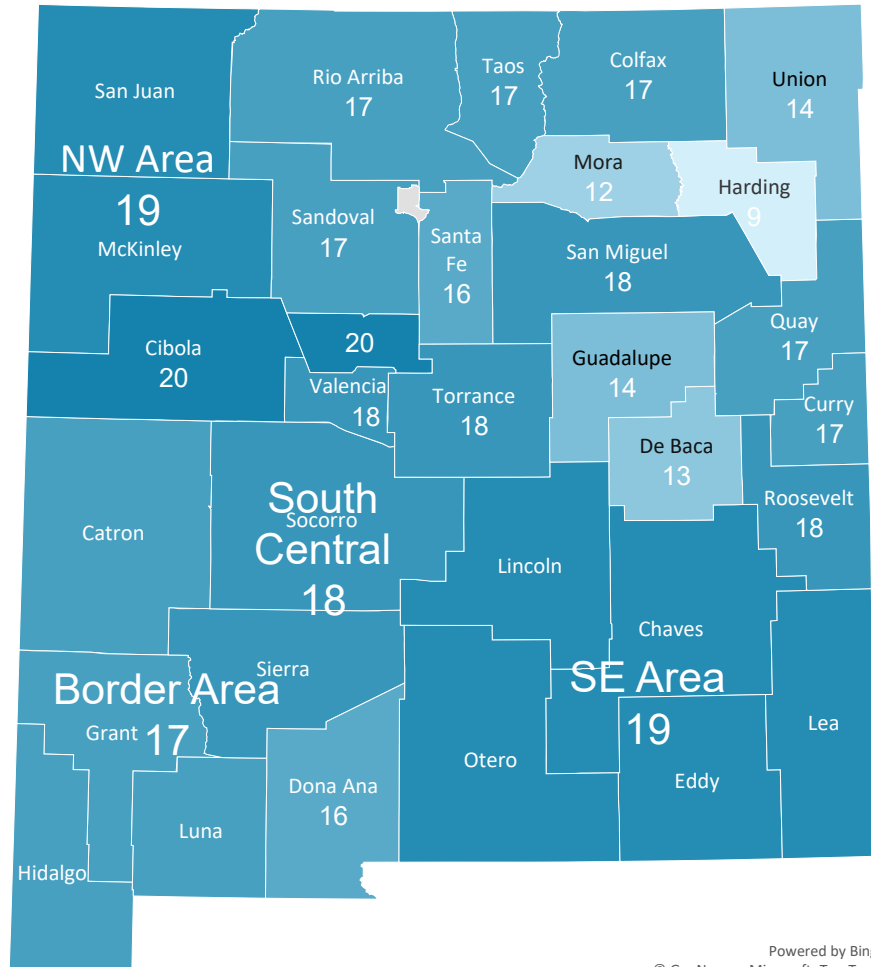






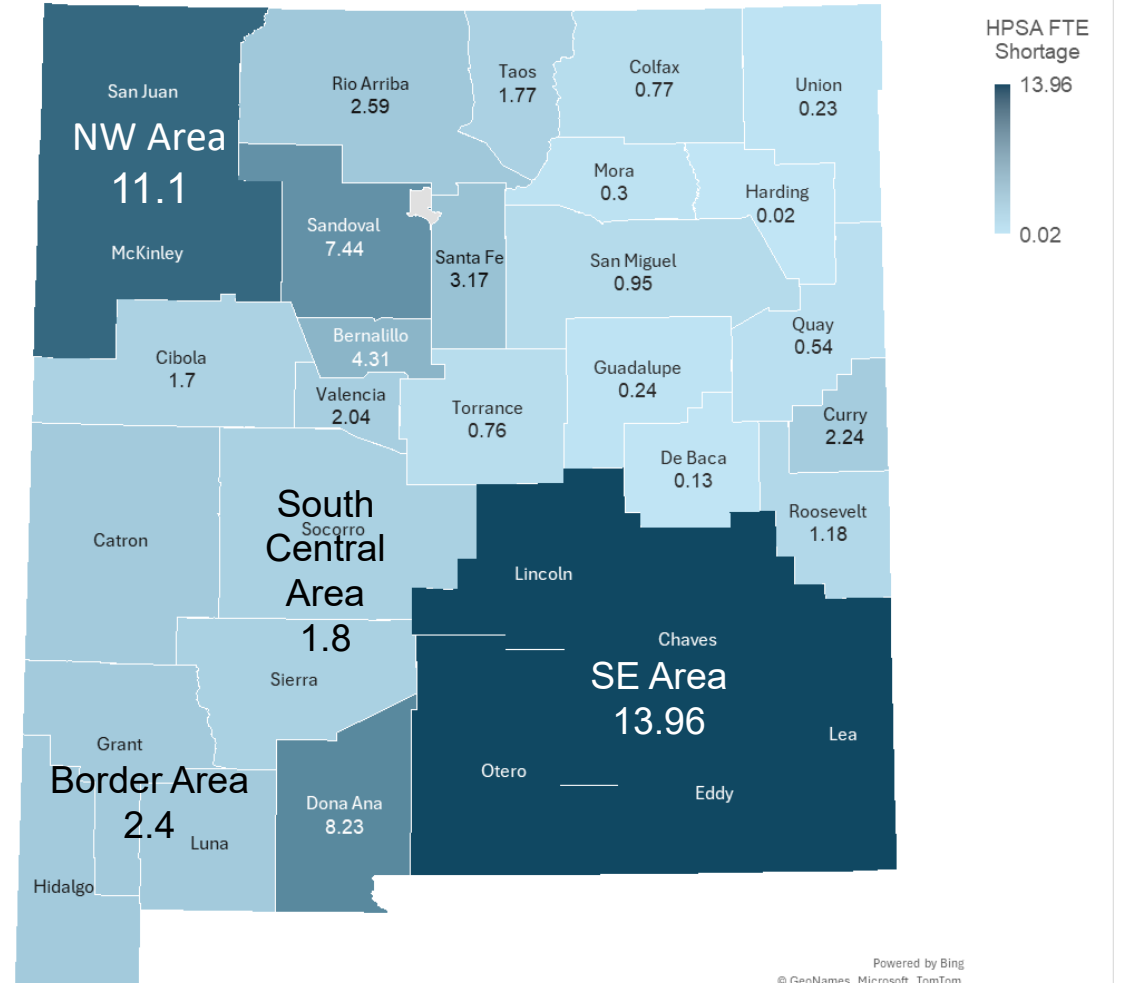
# Mental Health HPSAs

### Mental Health HPSA Scores



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### HPSA Mental Health FTE



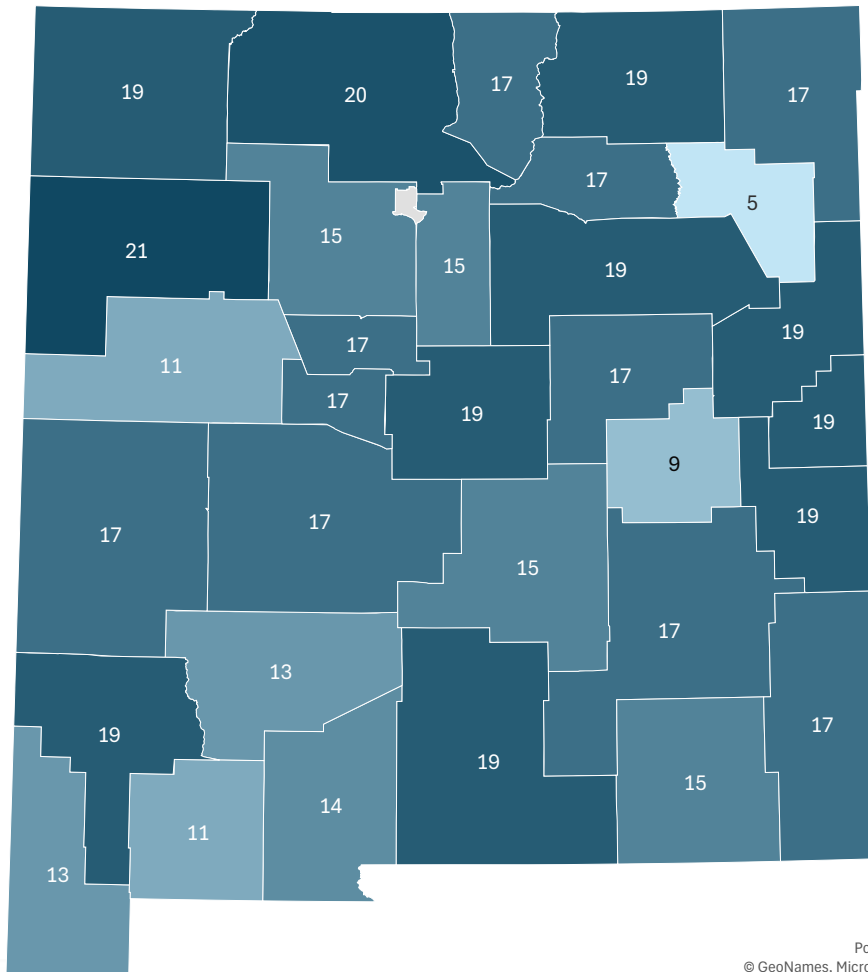
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# Dental HPSAs

## Dental Health HPSA Scores

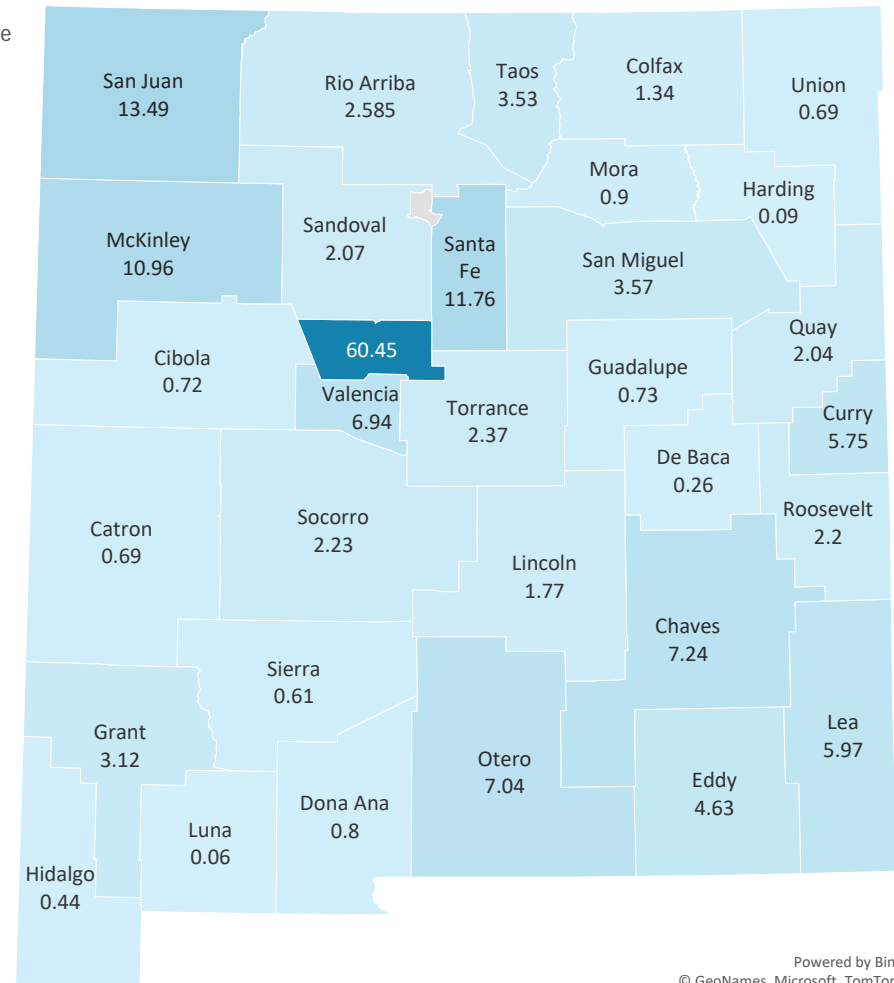


HPSA Score



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## Dental HPSA FTE



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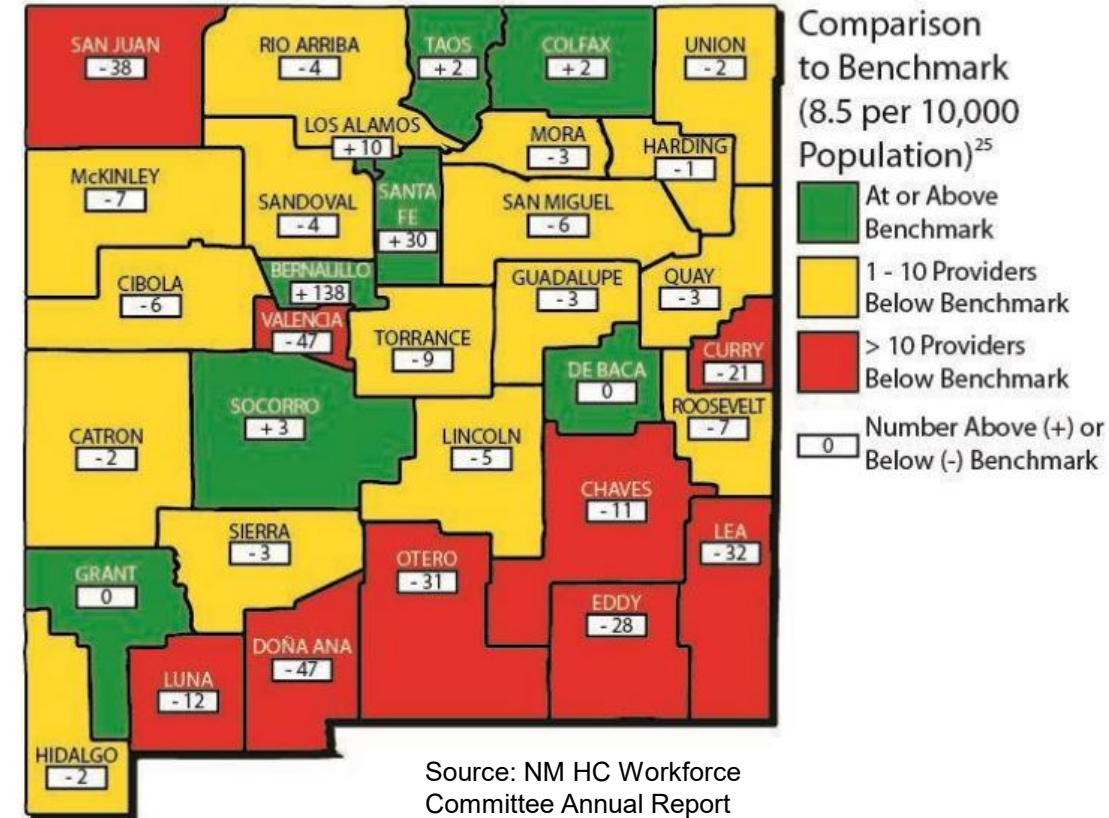
# Primary Care Physician Distribution

State	Total Primary Care HPSA Designations	Population of Designated HPSAs	Percent of Need Met	Practitioners Needed to Remove HPSA Designation
Arizona	217	2,285,336	35%	493
Colorado	120	836,096	43%	159
<b>New Mexico</b>	<b>105</b>	<b>1,027,943</b>	<b>40%</b>	<b>200</b>
Oklahoma	190	1,225,098	33%	297
Texas	373	6,070,875	54%	885
Utah	60	618,567	65%	72

Source: HRSA

- HPSA designation does not recognize maldistribution of providers around New Mexico – benchmark is 1 PCP per 3,500 population
- NM Healthcare Workforce Committee analysis recognizes distribution by county – benchmarks 8.5 per 10,000 and 330 additional PCPs needed.

Primary Care Physicians Compared to Benchmark, 2021



# Key Behavioral Health Services

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## ■ Behavioral Health

- Counseling
- Crisis Intervention
- Homeless Outreach
- Supportive Housing
- Certified Community Behavioral Health Clinics

## ■ Children's Behavioral Health

- Multisystemic Therapy
- Functional Family Therapy
- Wraparound Services

## ■ Substance Use Disorder

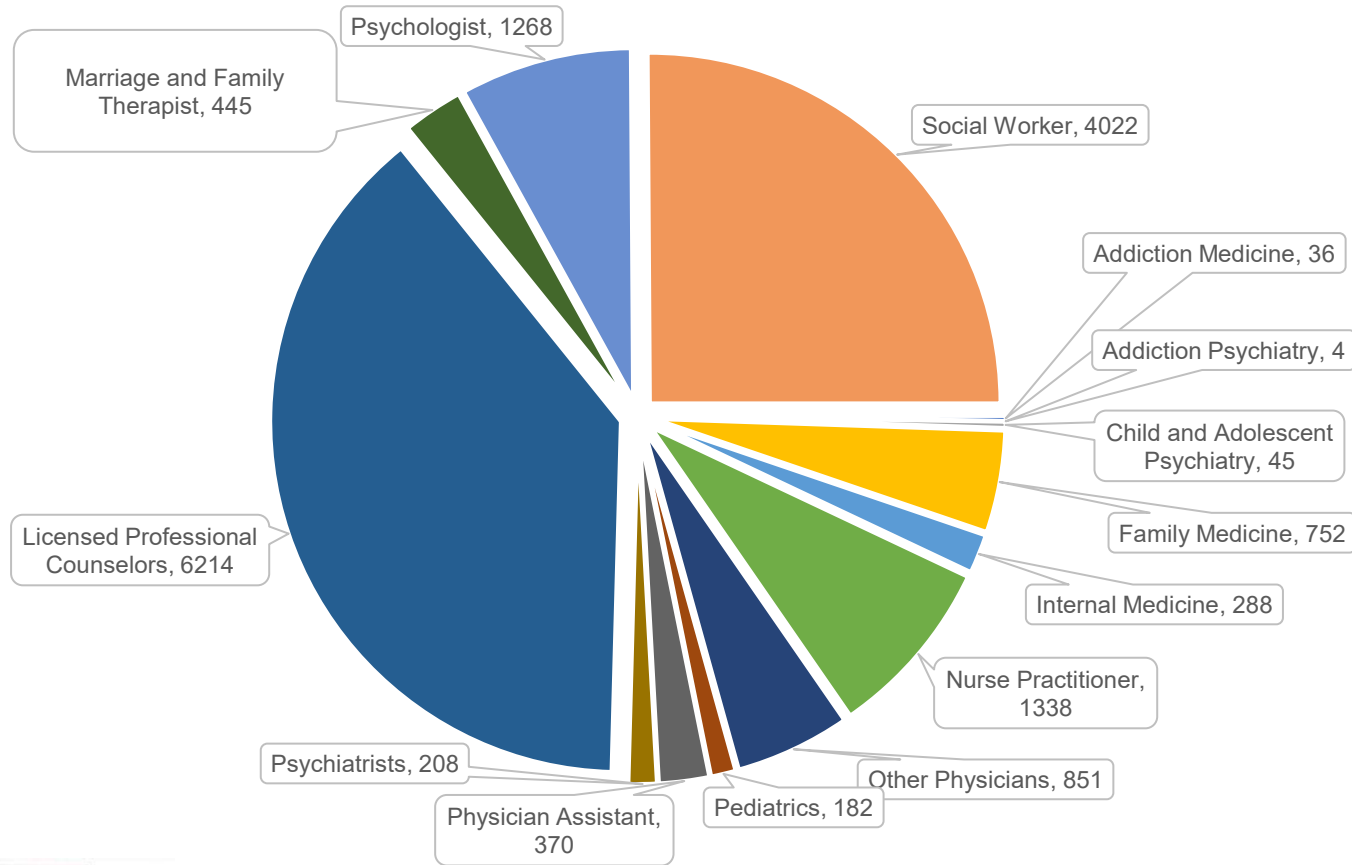
- Medication-Assisted Treatment
- Screening Brief Intervention and Referral to Treatment
- Intensive Out-Patient Services
- Supportive Housing
- Certified Community Behavioral Health Clinics
- Crisis Teams
- Homeless Outreach
- Inpatient Treatment (should be rare and used for stabilization)
- MAT in carceral settings 90 days prior to release



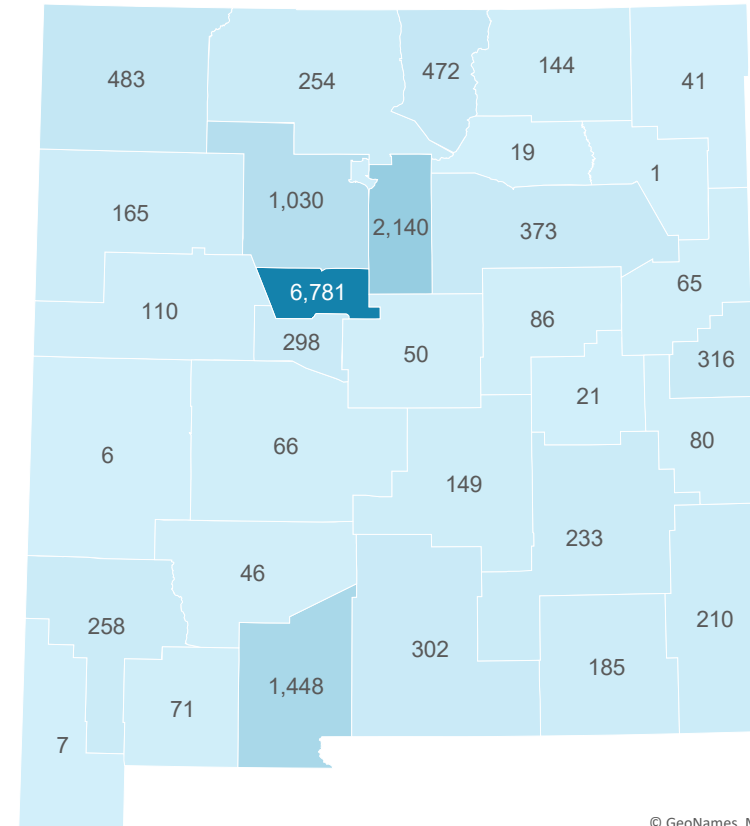


# Behavioral Health Workforce

### Practitioner Distribution – Includes Primary Care with >10 BH Prescriptions Per Year



### BH Workforce Distribution By County



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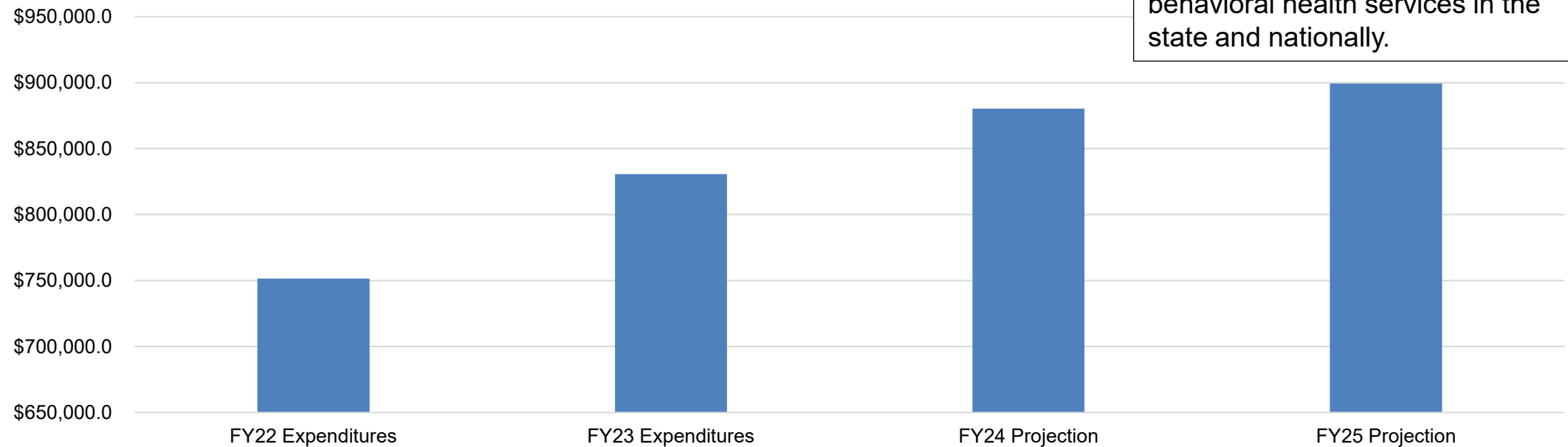
Source: GWU Behavioral Health Workforce Dataset





# Medicaid Behavioral Health Spending Growth

## Medicaid Behavioral Health Total



Medicaid is the largest payer for behavioral health services in the state and nationally.

Source: Medicaid Projections

Between FY22 and FY25, projected spending for the behavioral health program will grow by 25%. Increases in recent years are mostly related to increased provider rates.





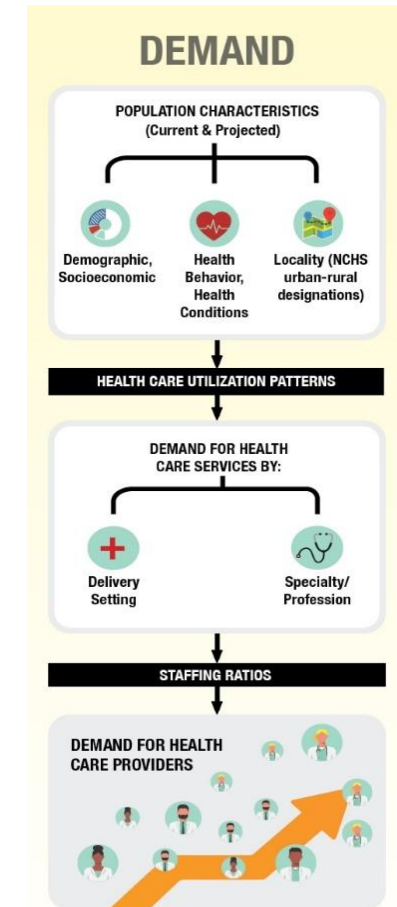
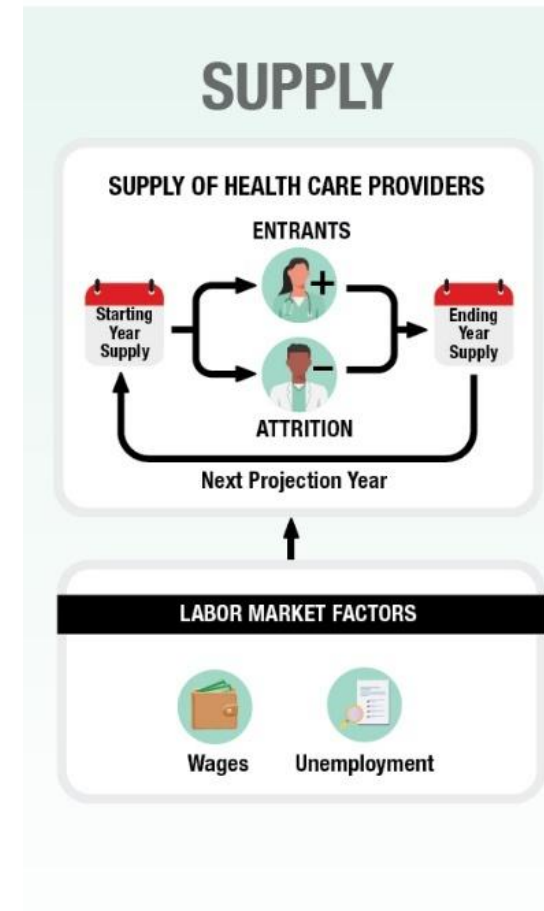
# Health Workforce Projections

**Supply modeling** starts with the current supply and projects the future supply of health care workers.

**Demand modeling** estimates the current and future demand for health care services and the health care workers required to meet the demand for services.

## Key Metrics:

- Supply less demand (difference)
- Percent adequacy (ratio)

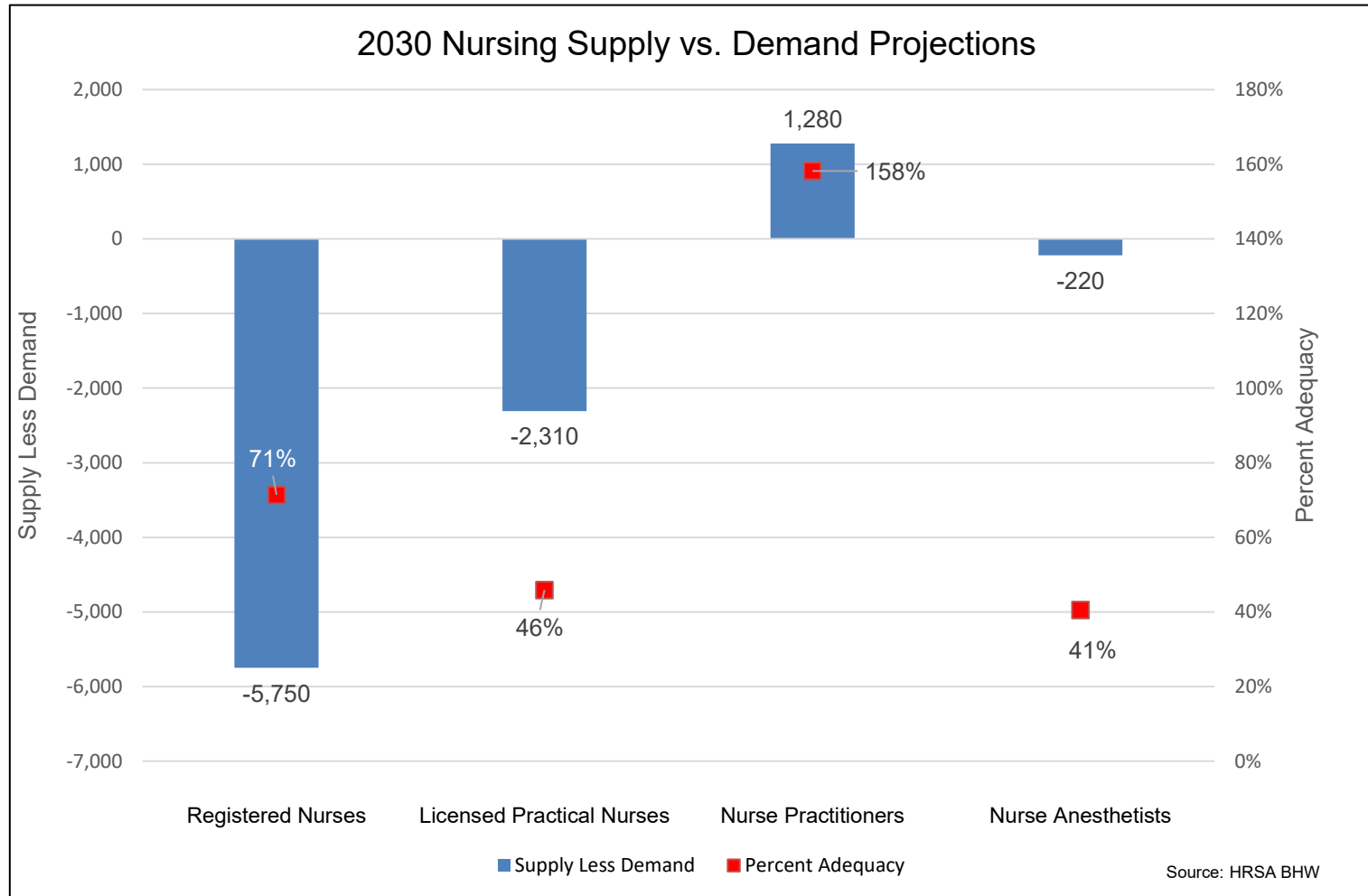


Source: HRSA Health Workforce Simulation Model





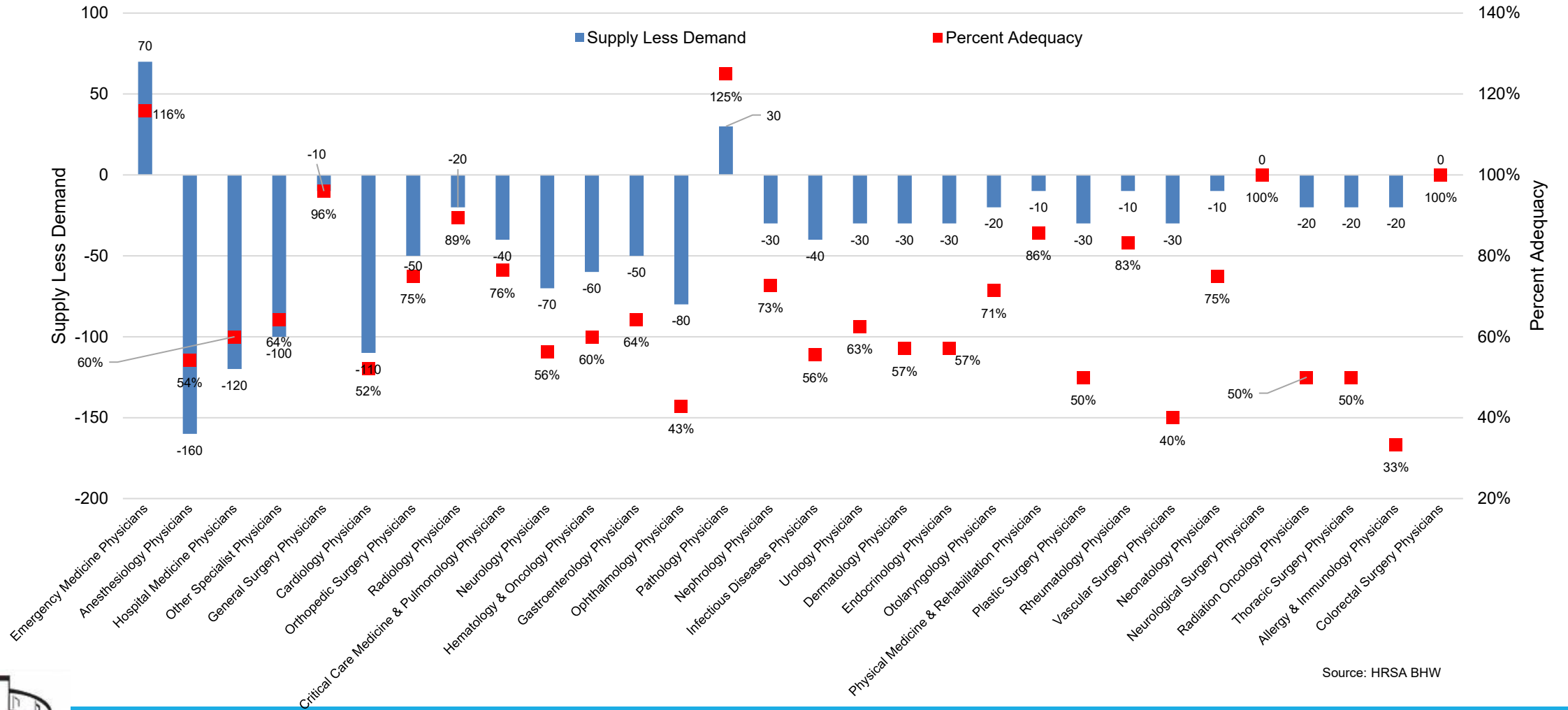
# Nursing Supply, Demand, Percent Adequacy 2030







# 2030 Physician Projections By Specialty

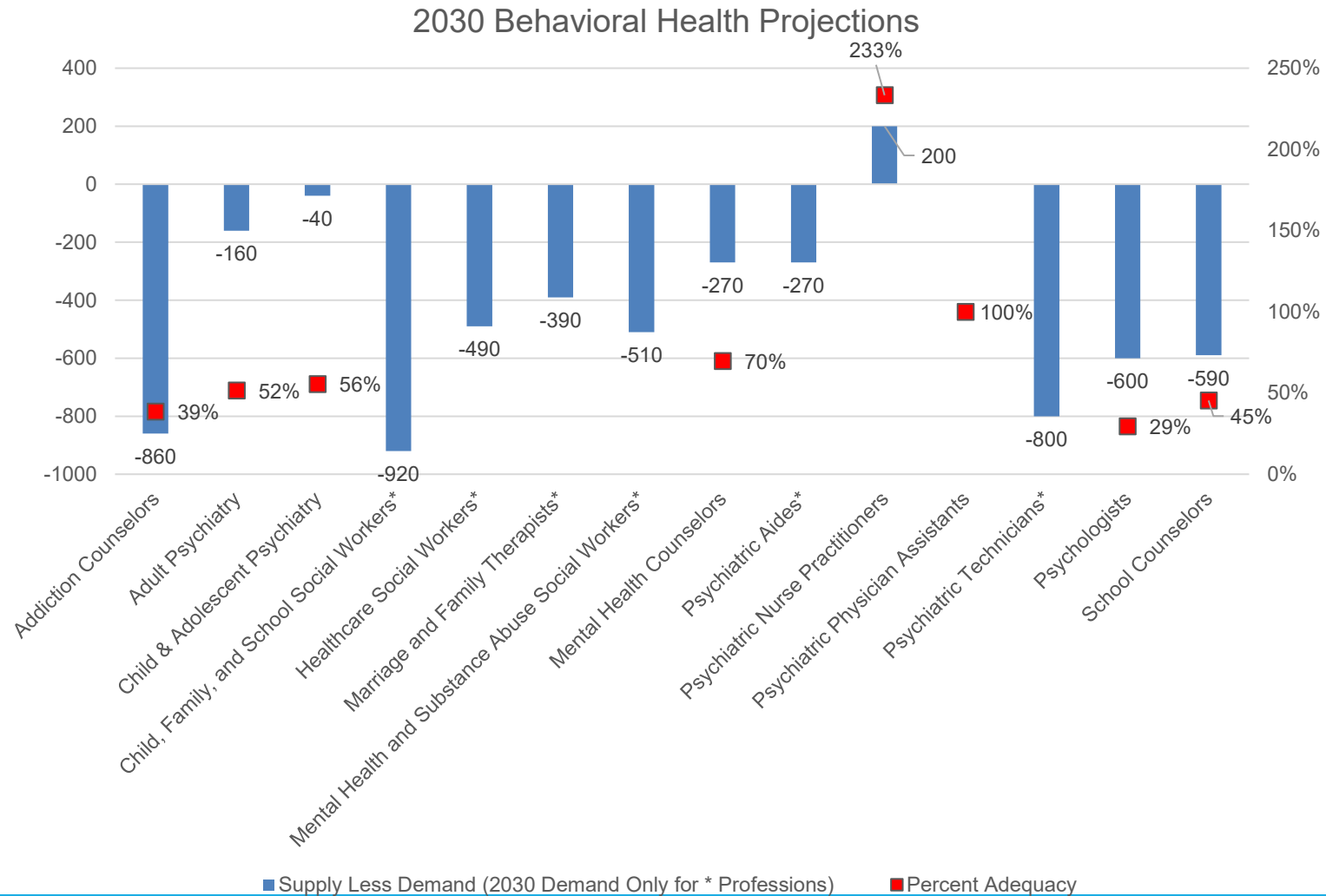


Source: HRSA BHW



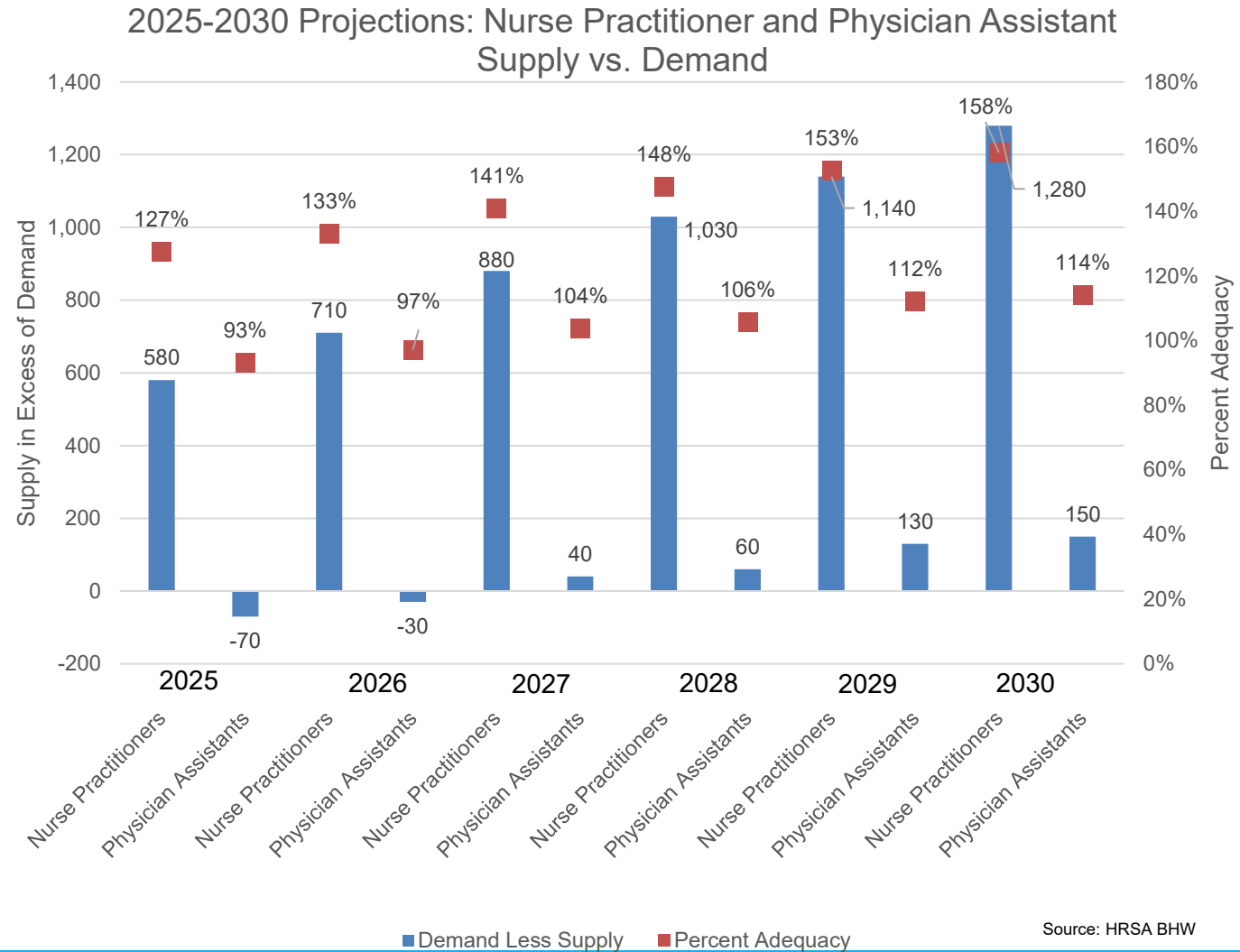


# 2030 Behavioral Health Projections





# NP and PA Projected Surplus, 2025-2030

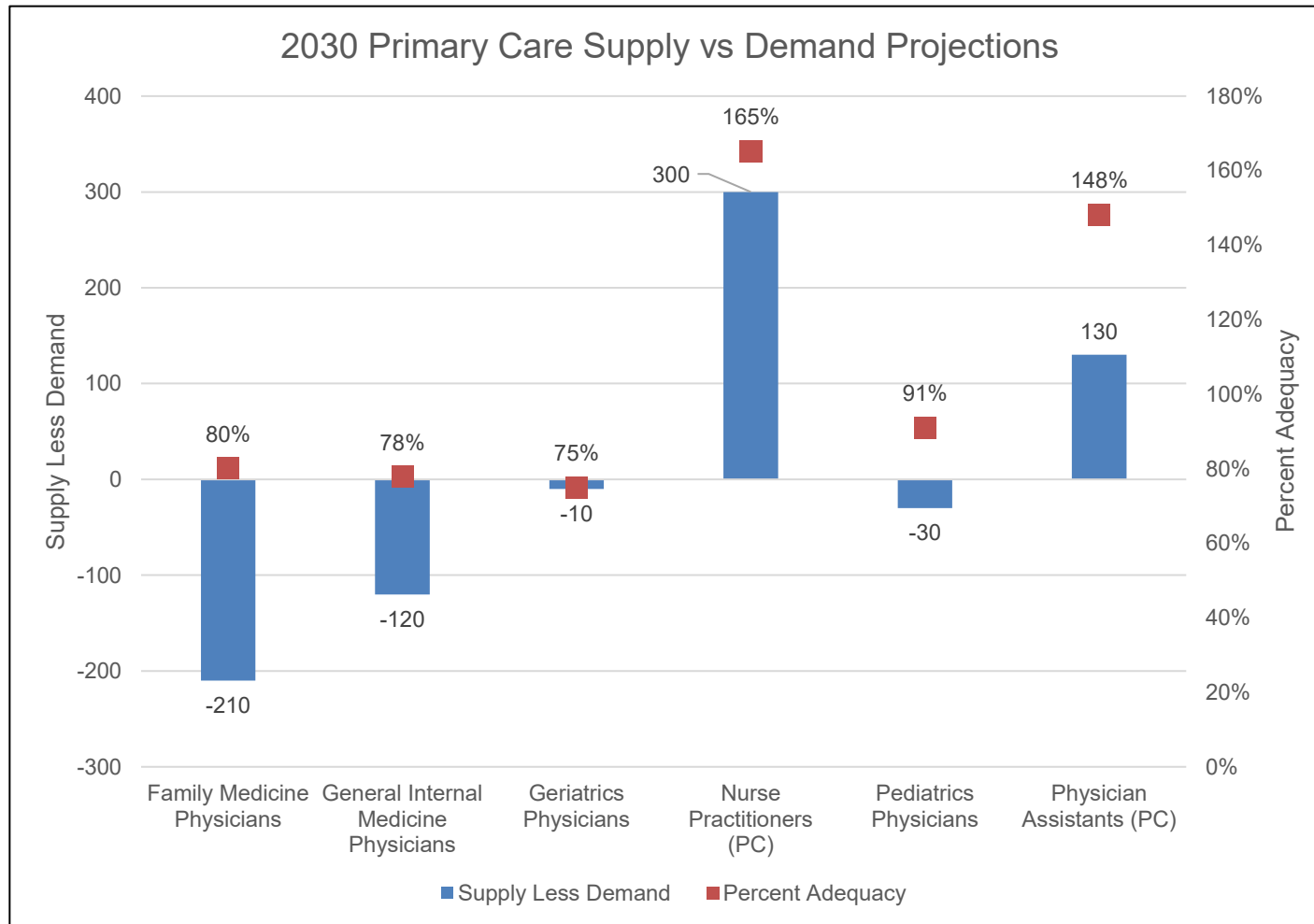


Source: HRSA BHW



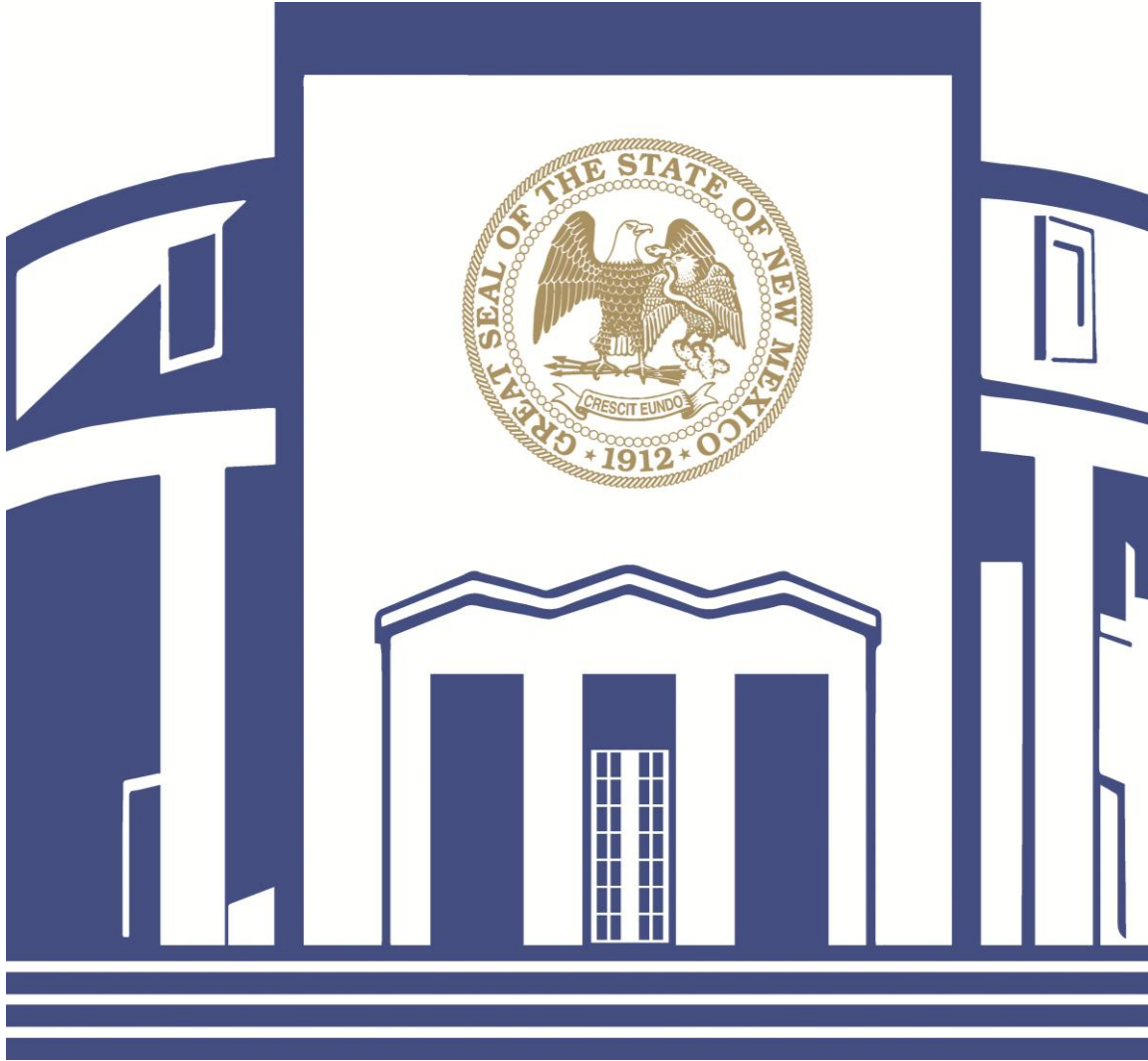


# 2030 Primary Care Projections



- The primary care physician workforce is older than other occupations, which means higher rates will be leaving the labor force in the coming years.
- The projected surplus of NPs and PAs in 2030 may alleviate the shortage of primary care physicians to some degree.
- Shortages and surpluses may not be balanced geographically as primary care practitioners tend to be concentrated in urban areas.





Thank You.

HARRY.ROMMEL@NMLEGIS.GOV