



Healthcare Workforce Gap Analysis

Observations & Suggestions

August 31, 2017

Compiled from the NM Healthcare Workforce Committee Report 2016

Table C.1. Percentage of Health Care Professionals' License Renewal Surveys Obtained, 2010-2015

License Type	License Count	Survey Count	Percent
Alcohol Abuse Counselor	3	0	0.0%
Alcohol and Drug Counselor	601	338	56.2%
Anesthesiologist Assistant	35	0	0.0%
Art Therapist	101	67	66.3%
Associate Marriage & Family Therapist	29	0	0.0%
Audiologist	81	44	54.3%
Audiologist w/ Endorsement to Dispense	84	79	94.0%
Clinical Mental Health Counselor (LPCC)	1,998	1,231	61.6%
Dental Assistant	2,719	1,448	53.3%
Dental Hygienist	1,355	884	65.2%
Dentist	1,555	975	62.7%
Doctor of Chiropractic	613	563	91.8%
Doctor of Chiropractic APC	130	120	92.3%
Doctor of Naprapathy	25	0	0.0%
Doctor of Osteopathy	638	581	91.1%
Licensed Baccalaureate Social Worker	621	391	63.0%
Licensed Clinical Social Worker	1,083	653	60.3%
Licensed Independent Social Worker	884	653	73.9%
Licensed Masters Social Worker	1,704	1,055	61.9%
Licensed Mental Health Counselor	1,065	580	54.5%
Marriage and Family Therapist	304	229	75.3%
Medical Doctor	8,739	7,625	87.3%
Occupational Therapist	907	813	89.6%
Occupational Therapy Assistant	423	326	77.1%
Physical Therapist	1,865	1,300	69.7%
Physical Therapist Assistant	661	373	56.4%
Physician Assistant (Osteopathic Board)	27	20	74.1%
Physician Assistant (Medical Board)	929	632	68.0%
Podiatrist	136	126	92.6%
Professional Mental Health Counselor	235	150	63.8%
Psychologist	778	599	77.0%
Psychologist Associate	10	6	60.0%
Registered Pharmacist	3,216	1,097	34.1%
Speech-Language Pathologist	1,611	1,451	90.1%
Substance Abuse Associate	365	143	39.2%
Telemedicine	632	0	0.0%
TOTAL	36,162	24,552	67.9%

* Surveyed directly from Board of Pharmacy

APPENDIX C

SURVEY COLLECTION PROGRESS, 2010 – 2015

Table C.1 depicts the state's progress in obtaining survey data for licensed health professionals. Survey data for physicians is not collected up to a year after they obtain their license. The New Mexico Medical Board requires physicians to renew their license in the following renewal cycle after a license is issued, at which time they are required to submit a survey. After the initial renewal, they are required to renew every three years.

The New Mexico Nursing Board was the first board to implement survey collection upon licensure, and the board requires completion of a survey at the time of initial licensure in order to collect demographic data. As a result, all licensed nursing professionals in the state have completed a licensure survey and are not included in Table C1.

APPENDIX A

BENCHMARK GAP ANALYSES FOR NEW MEXICO HEALTH CARE PROFESSIONS

Table A.1. Benchmark Gap Analysis of New Mexico PCPs

County	Population	PCP Survey Count	Estimated Primary Care DOs	Estimated PCP Count	Above (+) / Below (-) Benchmark
Bernalillo	676,685	839	97	936	401
Catron	3,456	2	1	3	0
Chaves	65,764	67	8	75	23
Cibola	27,329	17	2	19	-3
Colfax	12,414	8	3	11	1
Curry	50,398	32	7	39	-1
De Baca	1,828	1	0	1	0
Doña Ana	214,295	163	19	182	13
Eddy	57,578	29	10	39	-6
Grant	28,609	35	3	38	15
Guadalupe	4,371	2	1	3	0
Harding	698	0	0	0	-1
Hidalgo	4,423	0	1	1	-2
Lea	71,180	29	6	35	-21
Lincoln	19,420	10	4	14	-1
Los Alamos	17,785	31	1	32	18
Luna	24,518	7	2	9	-10
McKinley	76,708	57	5	62	1
Mora	4,596	2	0	2	-2
Otero	64,362	32	5	37	-14
Quay	8,455	4	1	5	-2
Rio Arriba	39,465	25	3	28	-3
Roosevelt	19,120	13	1	14	-1
San Juan	118,737	78	17	95	1
San Miguel	27,967	20	2	22	0
Sandoval	139,394	95	6	101	-9
Santa Fe	148,686	170	15	185	68
Sierra	11,282	7	4	11	2
Socorro	17,256	14	2	16	2
Taos	32,907	32	1	33	7
Torrance	15,485	1	1	2	-10
Union	4,201	1	0	1	-2
Valencia	75,737	22	2	24	-36
State Total	2,085,109	1,845	230	2,075	428

Table A.2. Benchmark Gap Analysis of New Mexico CNPs/CNSs

County	Population	Licensed by Practice Address Count	Above (+) / Below (-) Benchmark
Bernalillo	676,685	636	244
Catron	3,456	0	-2
Chaves	65,764	27	-11
Cibola	27,329	12	-4
Colfax	12,414	7	0
Curry	50,398	22	-7
De Baca	1,828	2	1
Doña Ana	214,295	130	6
Eddy	57,578	44	11
Grant	28,609	14	-3
Guadalupe	4,371	3	0
Harding	698	0	0
Hidalgo	4,423	0	-3
Lea	71,180	28	-13
Lincoln	19,420	7	-4
Los Alamos	17,785	9	-1
Luna	24,518	16	2
McKinley	76,708	25	-19
Mora	4,596	4	1
Otero	64,362	22	-15
Quay	8,455	11	6
Rio Arriba	39,465	24	1
Roosevelt	19,120	10	-1
San Juan	118,737	28	-41
San Miguel	27,967	15	-1
Sandoval	139,394	37	-44
Santa Fe	148,686	96	10
Sierra	11,282	5	-2
Socorro	17,256	8	-2
Taos	32,907	23	4
Torrance	15,485	5	-4
Union	4,201	3	1
Valencia	75,737	20	-24
State Total	2,085,109	1293	86

Table A.3. Benchmark Gap Analysis of New Mexico PAs

County	Population	Licensed by Practice Address Count	Above (+) / Below (-) Benchmark
Bernalillo	676,685	358	153
Catron	3,456	0	-1
Chaves	65,764	12	-8
Cibola	27,329	4	-4
Colfax	12,414	4	0
Curry	50,398	9	-6
De Baca	1,828	0	-1
Doña Ana	214,295	35	-30
Eddy	57,578	10	-7
Grant	28,609	18	9
Guadalupe	4,371	0	-1
Harding	698	0	0
Hidalgo	4,423	2	1
Lea	71,180	9	-13
Lincoln	19,420	1	-5
Los Alamos	17,785	11	6
Luna	24,518	3	-4
McKinley	76,708	13	-10
Mora	4,596	1	0
Otero	64,362	14	-6
Quay	8,455	0	-3
Rio Arriba	39,465	10	-2
Roosevelt	19,120	3	-3
San Juan	118,737	35	-1
San Miguel	27,967	7	-1
Sandoval	139,394	45	3
Santa Fe	148,686	58	13
Sierra	11,282	5	2
Socorro	17,256	2	-3
Taos	32,907	19	9
Torrance	15,485	2	-3
Union	4,201	0	-1
Valencia	75,737	8	-15
State Total	2,085,109	698	66

Table A.4. Benchmark Gap Analysis of New Mexico Ob-Gyn Physicians

County	Population	Female Population	Estimated Ob/Gyn	Above (+) / Below (-) Benchmark
Bernalillo	676,685	344,757	133	61
Catron	3,456	1,670	0	0
Chaves	65,764	32,958	7	0
Cibola	27,329	13,332	2	-1
Colfax	12,414	6,132	2	1
Curry	50,398	24,213	3	-2
De Baca	1,828	918	0	0
Doña Ana	214,295	108,683	23	0
Eddy	57,578	28,406	9	3
Grant	28,609	14,504	3	0
Guadalupe	4,371	1,886	0	0
Harding	698	328	0	0
Hidalgo	4,423	2,193	0	0
Lea	71,180	34,497	6	-1
Lincoln	19,420	9,770	2	0
Los Alamos	17,785	8,770	2	0
Luna	24,518	12,235	3	0
McKinley	76,708	39,879	9	1
Mora	4,596	2,198	0	0
Otero	64,362	31,327	8	1
Quay	8,455	4,334	0	-1
Rio Arriba	39,465	20,043	3	-1
Roosevelt	19,120	9,497	1	-1
San Juan	118,737	59,849	7	-6
San Miguel	27,967	14,210	3	0
Sandoval	139,394	70,918	6	-9
Santa Fe	148,686	76,394	13	-3
Sierra	11,282	5,651	0	-1
Socorro	17,256	8,475	4	2
Taos	32,907	16,856	4	0
Torrance	15,485	7,330	0	-2
Union	4,201	1,824	0	0
Valencia	75,737	37,651	0	-8
State Total	2,085,109	1,051,688	253	33

Table A.5. Benchmark Gap Analysis of New Mexico General Surgeons

County	Population	Estimated General Surgeon Count	Above (+) / Below (-) Benchmark
Bernalillo	676,685	74	33
Catron	3,456	0	0
Chaves	65,764	4	0
Cibola	27,329	2	0
Colfax	12,414	4	3
Curry	50,398	9	6
De Baca	1,828	0	0
Doña Ana	214,295	13	0
Eddy	57,578	8	5
Grant	28,609	3	1
Guadalupe	4,371	0	0
Harding	698	0	0
Hidalgo	4,423	0	0
Lea	71,180	2	-2
Lincoln	19,420	0	-1
Los Alamos	17,785	4	3
Luna	24,518	1	0
McKinley	76,708	8	3
Mora	4,596	0	0
Otero	64,362	2	-2
Quay	8,455	2	1
Rio Arriba	39,465	3	1
Roosevelt	19,120	1	0
San Juan	118,737	6	-1
San Miguel	27,967	2	0
Sandoval	139,394	5	-3
Santa Fe	148,686	17	8
Sierra	11,282	0	-1
Socorro	17,256	2	1
Taos	32,907	4	2
Torrance	15,485	0	-1
Union	4,201	1	1
Valencia	75,737	0	-5
State Total	2,085,572	177	52

Table A.6. Benchmark Gap Analysis of New Mexico Psychiatrists

County	Population	Estimated Psychiatrists Count	Above (+) / Below (-) Benchmark
Bernalillo	676,685	167	63
Catron	3,456	0	-1
Chaves	65,764	5	-5
Cibola	27,329	1	-3
Colfax	12,414	0	-2
Curry	50,398	4	-4
De Baca	1,828	0	0
Doña Ana	214,295	21	-12
Eddy	57,578	4	-5
Grant	28,609	3	-1
Guadalupe	4,371	0	-1
Harding	698	0	0
Hidalgo	4,423	0	-1
Lea	71,180	4	-7
Lincoln	19,420	0	-3
Los Alamos	17,785	3	0
Luna	24,518	1	-3
McKinley	76,708	5	-7
Mora	4,596	0	-1
Otero	64,362	2	-8
Quay	8,455	1	0
Rio Arriba	39,465	1	-5
Roosevelt	19,120	0	-3
San Juan	118,737	8	-10
San Miguel	27,967	9	5
Sandoval	139,394	8	-13
Santa Fe	148,686	51	28
Sierra	11,282	0	-2
Socorro	17,256	1	-2
Taos	32,907	3	-2
Torrance	15,485	0	-2
Union	4,201	0	-1
Valencia	75,737	7	-5
State Total	2,085,572	309	-12

Table A.7. Benchmark Gap Analysis of New Mexico Dentists

County	Population	Estimated Dentists Count	Above (+) / Below (-) Benchmark
Bernalillo	676,685	504	233
Catron	3,456	1	0
Chaves	65,764	24	-2
Cibola	27,329	8	-3
Colfax	12,414	4	-1
Curry	50,398	29	9
De Baca	1,828	0	-1
Doña Ana	214,295	104	18
Eddy	57,578	19	-4
Grant	28,609	11	0
Guadalupe	4,371	1	-1
Harding	698	0	0
Hidalgo	4,423	0	-2
Lea	71,180	17	-11
Lincoln	19,420	10	2
Los Alamos	17,785	15	8
Luna	24,518	7	-3
McKinley	76,708	31	0
Mora	4,596	1	-1
Otero	64,362	18	-8
Quay	8,455	1	-2
Rio Arriba	39,465	11	-5
Roosevelt	19,120	3	-5
San Juan	118,737	78	31
San Miguel	27,967	10	-1
Sandoval	139,394	60	4
Santa Fe	148,686	114	55
Sierra	11,282	4	-1
Socorro	17,256	4	-3
Taos	32,907	17	4
Torrance	15,485	2	-4
Union	4,201	0	-2
Valencia	75,737	23	-7
State Total	2,085,109	1,131	297

Table A.8. Benchmark Gap Analysis of New Mexico Pharmacists

County	Population	Estimated Pharmacist Count	Above (+) / Below (-) Benchmark
Bernalillo	676,685	1,070	542
Catron	3,456	0	-3
Chaves	65,764	40	-11
Cibola	27,329	13	-8
Colfax	12,414	9	-1
Curry	50,398	26	-13
De Baca	1,828	2	1
Dofia Ana	214,295	121	-46
Eddy	57,578	40	-5
Grant	28,609	21	-1
Guadalupe	4,371	0	-3
Harding	698	0	-1
Hidalgo	4,423	1	-2
Lea	71,180	26	-30
Lincoln	19,420	15	0
Los Alamos	17,785	13	-1
Luna	24,518	6	-13
McKinley	76,708	23	-37
Mora	4,596	3	-1
Otero	64,362	24	-26
Quay	8,455	6	-1
Rio Arriba	39,465	9	-22
Roosevelt	19,120	14	-1
San Juan	118,737	66	-27
San Miguel	27,967	18	-4
Sandoval	139,394	142	33
Santa Fe	148,686	108	-8
Sierra	11,282	6	-3
Socorro	17,256	2	-11
Taos	32,907	24	-2
Torrance	15,485	2	-10
Union	4,201	3	0
Valencia	75,737	58	-1
State Total	2,085,572	1,911	285

Table 1.24. Ethnicity of Surveyed New Mexico MDs, CNPs/CNSs, and PAs Compared to New Mexico's Population, 2015

	Total Count	Hispanic or Latino
NM Population*	2,085,572	994,154 (47.7%)
All Medical Doctors	4,649	704 (15.1%)
Primary Care	1,675	342 (20.4%)
Ob-Gyn	238	33 (13.9%)
Psychiatrists	286	43 (15.0%)
General Surgeons	136	29 (18.0%)
CNPs/CNSs	1,293	222 (17.2%)
PAs	522	95 (18.2%)

* Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates, http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14_1YR/DP05/0400000US35.

3. Age Distribution

The age distribution of New Mexico MDs is shown in Table 1.25. The median age of New Mexico physicians was 53.6 in 2015, down somewhat from 55.0 in 2014 and comparable to the 2012 median of 53.4. Forty-seven percent were 55 or older. Nationally, New Mexico has the highest percentage of physicians age 60 or older (35.9 percent, compared to 28.4 percent nationally¹³).

Table 1.25. Age of Surveyed New Mexico Medical Doctors, 2015

Age	All Medical Doctors		Primary Care		Ob-Gyn		Psychiatrists		General Surgeons	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
<25	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
25-34	368	7.1%	179	9.7%	19	7.5%	13	4.2%	10	5.6%
35-44	1,197	23.0%	447	24.2%	61	24.1%	49	15.9%	46	26.0%
45-54	1,183	22.8%	434	23.5%	51	20.2%	75	24.3%	38	21.5%
55-64	1,348	25.9%	466	25.3%	69	27.3%	88	28.5%	38	21.5%
65+	1,094	21.1%	319	17.3%	52	20.6%	84	27.2%	45	25.4%
Unknown	2	0.0%	1	0.0%	1	0.4%	0	0.0%	0	0.0%
Total	5,192	100.0%	1,845	100.0%	253	100.0%	309	100.0%	177	100.0%
Median Age		53.6		51.5		53.6		56.9		53.0

The age distribution of the state's CNPs/CNSs and PAs is shown in Table 1.26. While the median age of New Mexico's CNPs and CNSs is comparable to the state's MDs (54.4 for CNPs/CNSs vs. 53.6 for MDs), that of PAs is a full 10 years younger (44.5). Nearly half of the

Table 1.22. Race of Surveyed New Mexico Medical Doctors Compared to New Mexico's Population, 2015

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Other	Two or more	Not Answered
NM Population*	2,085,572	198,450 (9.5%)	32,158 (1.5%)	41,277 (2.0%)	1,525,459 (73.1%)	224,820 (10.8%)	63,408 (3.0%)	NA
All Medical Doctors**	4,649	44 (0.9%)	443 (9.5%)	130 (2.8%)	2,785 (59.9%)	491 (10.6%)	92 (2.0%)	664 (14.3%)
Primary Care	1,675	22 (1.3%)	191 (11.4%)	57 (3.4%)	903 (53.9%)	234 (14.0%)	34 (2.0%)	234 (14.0%)
Ob-Gyn	238	2 (0.8%)	15 (6.3%)	14 (5.9%)	147 (61.8%)	23 (9.7%)	7 (2.9%)	30 (12.6%)
Psychiatrists	286	4 (1.4%)	16 (5.6%)	3 (1.0%)	177 (61.9%)	26 (9.1%)	9 (3.1%)	51 (17.8%)
General Surgeons	136	2 (1.2%)	18 (11.2%)	3 (1.9%)	93 (57.8%)	16 (9.9%)	4 (2.5%)	25 (15.5%)

* Source: U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates, http://factfinder.census.gov/bkmk/table/1.0/en/ACS/14_1YR/DP05/0400000US35.

** The total count of medical doctors excludes those who did not answer the survey question.

Table 1.23 shows the racial and ethnic diversity of New Mexico's CNPs/CNSs and PAs compared to the state's population as a whole. White is the most frequent self-classification for both of these professions (72.1 percent of CNPs/CNSs and 58.8 percent of PAs). Among CNPs/CNSs, this self-classification is followed by Hispanic ("Other" column in table 1.23; 17.2 percent), Asian or Pacific Islander (1.9 percent), American Indian or Alaska Native and Black or African American (each 1.2 percent). Among PAs, Caucasian self-classification is followed by Other (4.0 percent), American Indian or Alaska Native (3.6 percent), Asian or Pacific Islander (2.5 percent), Two or More races (1.9 percent) and Black or African American (0.8 percent). Approximately one in six state CNPs/CNSs (17.2 percent) and PAs (18.2 percent) self-describe as Hispanic or Latino (Table 1.24).

Table 1.23. Race of Surveyed New Mexico CNPs/CNSs and PAs Compared to New Mexico's Population, 2015

	Total Count	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	White	Other	Two or more	Not Answered
NM Population	2,085,572	198,450 (9.5%)	32,158 (1.5%)	41,277 (2.0%)	1,525,459 (73.1%)	224,820 (10.8%)	63,408 (3.0%)	NA
CNPs/CNSs	1,293	16 (1.2%)	25 (1.9%)	15 (1.2%)	932 (72.1%)	222* (17.2%)	**	83*** (6.4%)
PAs	522	19 (3.6%)	13 (2.5%)	4 (0.8%)	307 (58.8%)	21 (4.0%)	10 (1.9%)	148 (28.4%)

* The nursing survey options for race and ethnicity are as follows: African American/Black, American Indian/Alaska Native, Asian/Pacific Islander, Caucasian/White, Hispanic, and Other or Unreported. The "Other" column in this row represents responses of "Hispanic"

** Per the note above, there is no "Two or More" option on the nursing survey.

*** Per the first note above, the "Not Answered" column in this row represents responses of "Other or Unreported".

state's CNPs and CNSs are age 55 or older (47.5 percent), but only 26.1 percent of New Mexico PAs fall into this older age category.

Table 1.26. Age of Surveyed New Mexico CNPs/CNSs and PAs, 2015

Age	CNPs/CNSs		PAs	
	Count	Percent	Count	Percent
<25	0	0.0%	4	0.0%
25-34	115	8.9%	177	25.4%
35-44	229	17.7%	181	25.9%
45-54	335	25.9%	154	22.1%
55-64	429	33.2%	140	20.1%
65+	185	14.3%	42	6.0%
Unknown	0	0.0%	0	0.0%
Total	1,293	100.0%	698	100.0%
Median Age		54.4		44.5

F. Discussion

Health workforce planning entails trying to ensure that the right professionals (and combination of professionals) are available when and where they are needed to meet a population's health care needs.

This year's report represents the most complete picture of New Mexico's health care workforce to date. We are capturing more data from the surveys each year as more health workforce fields require the survey be taken at licensure and as more professionals renew their licenses. We are also able to refine data collection and add more professions to the analysis. This year, the inclusion of a full two-year licensure cycle for physician assistants provides a more nuanced look at New Mexico's primary care workforce. Next year, the committee plans to add analyses of emergency medical technicians and occupational and physical therapists.

In addition to the professions analyzed above, there are 31 licensed health professions in New Mexico that have instituted survey requirements upon licensure and renewal (see Appendix Table C.1). As more professions meet their survey goals, we anticipate the opportunity to conduct more nuanced analysis of specific professions and develop recommendations for training, recruitment and system-wide innovations.

Knowing the number of professionals and where they are practicing is only the first step – though a very important one – in being able to plan for current and future health care workforce needs. The national averages and standard ratios that we are using as benchmarks are meant to be tools for comparison and for representing the distribution of professionals across the state. The analyses based on these metrics do not represent access to care, i.e., whether New Mexico's residents are able to access the care that they need.

Many factors influence access to care and the capacity of the workforce to meet the population's needs. People living in an area with practitioner-to-population ratios above benchmark values

may nevertheless lack access to care for a number of reasons. They might be unable to afford care, for example. Even with affordable health care, they might find that it takes a month or more to get an appointment with a new primary care physician or to see a specialist. Health system issues also greatly affect sufficiency in all areas of the state. These may include preauthorization activities to process billing and other scheduling-related issues.

The benchmarks themselves are also inadequate for examining the dynamic nature of the health care workforce under national health care reform and new team-based care models. These new variables underscore the need to know not just the number of professionals but also what capabilities exist in the workforce, the interconnections between professional roles and potential reconfigurations to enhance quality and capacity.

The report serves as a snapshot of how many health care professionals are practicing in New Mexico and where they are concentrated or lacking – and as a launching point for asking more specific questions about the state’s health care workforce and what actions should be taken to enhance access to care for all residents.

G. Policy Recommendations

- A. **Correct the recent omission by the Regulation and Licensing Department of the practice specialty item from the physicians’ online license renewal survey platform.** As described on p. 4 of this report, physicians completing the license renewal survey in 2015 were not asked for information regarding practice specialty. This omission compromises the Committee’s analysis and should be corrected as soon as possible in order for future reports to include robust interpretations of the numbers of New Mexico primary care and obstetrics and gynecology physicians, as well as general surgeons.
- B. **Enhance the Physician Assistants’ survey with an added practice specialty item.** Currently, the Committee may only examine PAs’ specialties through cumbersome line-by-line comparison with the specialties of their supervising physicians, a process that has prevented our inclusion of this information in our reports to date. Adding a practice specialty item to the PA license renewal survey would enable us to analyze PAs by specialty.
- C. **Maintain funding for the loan-for-service and loan repayment programs at their current levels.** In our 2015 report, we recommended that the Legislative Health and Human Services and Legislative Finance Committees consider increasing funding levels for these programs to enhance rural health care practice. While we recognize that increased funding for any program is challenging in the current economic climate, we recommend that the Legislature maintain the current usefulness of these programs by preserving their funding at the current levels.
- D. **Restructure loan-for-service and loan repayment programs to target the professions most needed in rural areas, rather than prioritizing practitioners with the highest levels of debt.** We first recommended this action in our 2015 report. Shifting selection of practitioners for these programs from emphasizing providers’ level of debt to prioritizing the

Observations and Suggestions

1. Consider funding a comprehensive demand side analysis of the health workforce – UNM’s workforce report, based on well-developed licensure surveys, tracks the supply of providers, scoring them on nationally accepted, urban ratios. While a tremendous wealth of data, it does not answer the simple question of what community’s actually need, especially in rural and frontier communities suffering a maldistribution of workers.
2. The Legislature appropriates considerable funds into healthcare workforce training and education presently – some analysis of these programs has been done but there is a need to conduct a more comprehensive and integrated study to determine their effectiveness and areas for improvement.
3. All potential federal grants should be pursued, including and especially the State Loan Repayment Program (affectionately referred to as SLRP).
4. The State invests significant resources and provides a myriad of incentives into its economic development toolbox and generally focuses on technology and manufacturing businesses. These jobs don’t pay well. Hospitals pay, on average, a third higher than the state average wage. And healthcare offers a spectrum of professional opportunities, available across the state, 24/7/365, with healthcare benefits. They are good jobs. Given the healthcare sector’s role as an economic driver and robust job creator, state and local government and the NMFA should direct greater focus on the healthcare industry.
5. Grow your own. A more concerted effort should be made by schools to promote health-related professions, early in the academic process. Some schools already promote health professions and health professions-related skills. Mentorships, shadowing, school-based health, etc should be expanded.
6. The Medicaid program now accounts for 43% of the insured in New Mexico and is the single largest payor along with Medicare. In some rural counties, the payor mix is 90% governmental (Medicaid/Medicare). This circumstance exacerbates workforce shortages because the governmental payors do not pay adequately, compromising the extent to which providers can afford to take Medicaid patients.
 - a. It is critical that Medicaid pay at least cost or above cost to practitioners and healthcare facilities.
 - b. Due to the limited commercial insurance coverage in the market, providers are unable to recover those costs via cost-shifting.
 - c. State, local governments, K-12 and higher educational institutions purchase healthcare insurance with unmatched public funds; below cost Medicaid reimbursement results in cost shifting to those entities and their employees. If Medicaid paid at or above the cost of delivering services, cost shifting would diminish accordingly.
 - d. Medicaid should also consider payment reforms that include rural differentials and incentives

7. **Scope of Practice.** Currently, NM has a very reasonable body of laws and regulations on scope of practice. There is, however, no comprehensive process in place, either within or outside, licensure boards to provide the Legislature with data and analyses on changes proposed to scope of practice for practitioners.
8. **The New Mexico Health Care Workforce Committee and the NM Health Resources** should be more adequately funded.
9. **Consider expanding the Rural Healthcare Practitioner Income Tax Credit to Advanced Practice Professionals and behavior health providers, and consider initiating programs for housing stipends as well.**
10. **Consider expanding loan forgiveness and repayment programs to better serve hospital employees. In some states, health workforce programs are partially matched by Medicaid; there is merit in researching this opportunity for New Mexico.**