

**AGENCY BILL ANALYSIS - 2026 REGULAR SESSION**

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**SECTION I: GENERAL INFORMATION**

*{Indicate if analysis is on an original bill, amendment, substitute or a correction of a previous bill}*

**Date Prepared:** 1/15/2026 **Check all that apply:**  
**Bill Number:** HB 45 **Original**  **Correction**    
**Amendment**   **Substitute**  

<b>Sponsor:</b> <u>Rep. Gail Armstrong</u>	<b>Agency Name and Code Number:</b> <u>Regulation &amp; Licensing Dept. (RLD), 420</u>
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**SECTION II: FISCAL IMPACT****APPROPRIATION (dollars in thousands)**

<b>Appropriation</b>		<b>Recurring or Nonrecurring</b>	<b>Fund Affected</b>
<b>FY26</b>	<b>FY27</b>		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

**REVENUE (dollars in thousands)**

<b>Estimated Revenue</b>			<b>Recurring or Nonrecurring</b>	<b>Fund Affected</b>
<b>FY26</b>	<b>FY27</b>	<b>FY28</b>		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

(Parenthesis ( ) indicate revenue decreases)

**ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)**

	<b>FY26</b>	<b>FY27</b>	<b>FY28</b>	<b>3 Year Total Cost</b>	<b>Recurring or Nonrecurring</b>	<b>Fund Affected</b>
<b>Total</b>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

(Parenthesis ( ) Indicate Expenditure Decreases)

## **SECTION III: NARRATIVE**

### **BILL SUMMARY**

#### **Synopsis: House Bill 45 (HB 45)**

House Bill 45 adopts the Physician Assistant Licensure Interstate Compact (PA Compact) in New Mexico, providing a privilege to practice to qualifying physician assistants (PAs) in PA Compact member states without requiring a license in each state. The PA Compact purports to improve access to medical services by allowing PAs greater mobility while maintaining public safety and state regulatory authority within the participating home state of the PA. The PA Compact also seeks to support military families by easing licensure portability.

The PA Compact has been enacted in nineteen (19) states, however, none of these states are currently issuing privileges to practice.

For a member state to participate, the PA Compact requires:

1. Licensed physician assistants;
2. Participate in the licensing data system;
3. Have a mechanism in place for receiving, investigating, and imposing discipline for complaints against licensees and applicants;
4. Notify the commission of adverse action against a licensee or applicant;
5. Fully implement background checks;
6. Comply with PA Compact rules;
7. Require passage of the national exam for physician assistant (PA) licensure; and
8. Grant practice privileges to qualifying license holders.

Participating states may charge a fee for granting privileges to practice within their state.

Under the PA Compact, a PA can qualify for the privilege to practice with a qualifying, unrestricted license in a participating state without obtaining a separate full license, subject to the following eligibility requirements:

1. Graduated from an accredited PA program;
2. Hold a national commission on certification PA certificate;
3. No felony or misdemeanor convictions;
4. Have never had a controlled substance license suspended or revoked;
5. Have a unique identifier as determined by rule;
6. Hold a qualifying license;
7. No revocation, limitation, or restriction on any license due to adverse action;
8. Do not exercise the privilege to practice if there is a limitation or restriction on the license or privilege to practice due to adverse action for at least two years;
9. Notify the compact commission that they are seeking the privilege to practice in a remote state;
10. Meet jurisprudence requirements of the remote state and pay any fees the remote state imposes; and
11. Report any adverse action in any non-participating state to the commission.

The PA practicing under the privilege to practice must follow the state laws and rules, including that state's scope of practice.

In adverse actions, the home state retains exclusive authority over the PA's primary license. Remote states may impose discipline or restrict the PA's privilege to practice within that state to protect public health and safety. Adverse actions in one member state will affect the privilege to practice in all participating states.

The PA Compact creates a governing commission ("Commission") made up of one (1) delegate from each participating state. The Commission oversees administration, rulemaking, data sharing, finances, compliance, and dispute resolution among the member states. The Commission can adopt binding rules, conduct hearings, enforce compliance, resolve disputes, and take action against states that fail to meet compact obligations. Commission rules have the force of law in participating states. A data system is established to track licensure status, adverse actions, and significant investigative information across member states. There is no fee to states to use the data system, however, the state may incur costs to integrate the data system with its other licensing databases.

The PA Compact is in effect as it has been enacted by at least seven (7) states. States may withdraw from the PA Compact by repeal, provided the legislation has a 180-day transition period during which any existing privileges to practice remain in effect.

The effective date of HB 45 would be May 20, 2026.

## **FISCAL IMPLICATIONS**

HB 45 does not have any fiscal implications for the RLD. It impacts the New Mexico Medical Board. The RLD commissioned a report in 2025 regarding the impact of the adoption of professional licensing compacts in New Mexico and that report included analysis of the PA Compact; a copy of that report is attached.

## **SIGNIFICANT ISSUES**

### **PERFORMANCE IMPLICATIONS**

### **ADMINISTRATIVE IMPLICATIONS**

### **CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

### **TECHNICAL ISSUES**

### **OTHER SUBSTANTIVE ISSUES**

### **ALTERNATIVES**

## **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

### **AMENDMENTS**



SAUCEDO HARRIGAN APODACA GRIESMEYER APODACA PC

# **ANALYSIS OF IMPACT OF INTERSTATE HEALTHCARE COMPACTS ON NEW MEXICO LICENSING**

- Interstate Medical Licensure Compact (IMLC)
- Psychology Interjurisdictional Compact (PSYPACT)
- Emergency Medical Services Licensure Compact (REPLICA)
- Physician Assistant Licensure Compact
- Social Work Licensure Compact
- Advanced Practice Registered Nurse Compact

By: Ryan Harrigan

January 7, 2026

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## EXECUTIVE SUMMARY

The purpose of this report is to provide a comprehensive, comparative analysis of the fiscal, operational, regulatory, and jurisdictional implications of New Mexico joining one or more interstate healthcare licensure compacts. It is intended to inform policy decisions by evaluating how compact participation would affect access to care, particularly in rural and underserved areas, state licensing authority and disciplinary jurisdiction, licensing workflows, statutory and regulatory alignment, staffing needs, information technology systems, and both one-time and ongoing costs and revenues. The report examines six healthcare compacts to identify potential benefits, risks, and trade-offs: (1) the Interstate Medical Licensure Compact; (2) the Psychology Interjurisdictional Compact; (3) the Emergency Medical Services Compact; (4) the Physician Assistant Licensure Compact; (5) the Social Work Licensure Compact; and the Advanced Practice Registered Nurse Compact.

### 1. **Interstate Medical Licensure Compact (IMLC)**

#### *a. Purpose and Structure of the IMLC*

The IMLC does not create a multistate license or a privilege to practice. Instead, it provides an expedited pathway to full, unrestricted state licensure for eligible physicians. Physicians apply for an expedited license through their State of Principal License, which verifies eligibility based on education, training, disciplinary history, and background checks. Once approved, physicians may quickly apply for licensure in additional compact states. The IMLC is designed to improve access to care (particularly in rural and underserved areas), enhance information sharing among boards, and reduce administrative burden while maintaining state-level oversight.

#### *b. Impact on Access to Care in New Mexico*

Studies have shown that the population of licensed physicians increases when a state participates in the IMLC. In addition, almost 50% of physicians using the IMLC report doing so in order to serve rural or underserved areas, and the largest workforce gains occur in states with significant rural populations. It is reasonable to project that joining the IMLC could improve physician availability and access to care in New Mexico, including in underserved areas.

#### *c. Jurisdiction and Disciplinary Authority*

New Mexico would retain full disciplinary authority over all physicians licensed to practice in the state, including those licensed through the IMLC expedited process. The compact does not alter New Mexico's Medical Practice Act or scope-of-practice standards. The IMLC enhances enforcement through mandatory interstate sharing of complaints, investigations, and disciplinary actions, automatic recognition of discipline imposed in other compact states, and temporary automatic suspensions when a physician's primary license is suspended or revoked.

*d. Operational Impact*

Operationally, joining the IMLC would significantly streamline New Mexico's processing of out-of-state physician applications, reducing average licensing time from approximately 121 days to 30 days. However, New Mexico would assume additional responsibilities for New Mexico physicians, including eligibility verification, expanded reporting obligations, and IT integration into the IMLC's data system.

*e. Financial Projections and Revenue Impact*

New Mexico is projected to incur approximately \$65,000 in one-time IT integration costs and \$147,000 in ongoing annual costs for IT services and additional personnel. These costs will largely be offset by increased licensing revenue. Based on the experience of other states, New Mexico can realistically expect a 10–20% increase in license applications, generating an estimated \$70,000–\$140,000 in additional annual revenue, with further growth expected as new licensees enter renewal cycles. Over time, the net fiscal impact is projected to be revenue-neutral, or trending toward positive.

*f. Implementation Timeline and Recommendations*

A 6–8 month phased implementation is likely required for New Mexico to become fully operational within the IMLC. The longest delay would likely involve the IT system integration, which could take up to six months. To ensure effective integration of the IMLC in New Mexico the following steps are recommended: (1) early involvement with IMLC staff; (2) prioritization of IT system integration to avoid delays; and (3) commitment to comprehensive training for staff to minimize confusion.

*g. Overall Conclusion*

Joining the IMLC would likely improve physician workforce availability, particularly in rural and underserved areas, streamline licensure processes, and strengthen interstate regulatory coordination while preserving New Mexico's authority over licensure and discipline. Although implementation requires upfront investment and added administrative responsibilities, anticipated revenue gains would likely lessen these impacts.

## **2. Psychology Interjurisdictional Compact (PSYPACT)**

*a. Structure of PSYPACT*

PSYPACT is an interstate agreement that allows licensed psychologists to practice across state lines without the need to obtain a full license in each participating state. PSYPACT authorizes eligible psychologists to practice either telepsychology or temporary in-person practice.

*b. Impact on Access to Care in New Mexico*

PSYPACT would likely improve access to services in New Mexico, primarily by expanding the availability of telepsychology and reducing licensure barriers for out-of-state providers. National evidence indicates that PSYPACT participation is associated with significant growth in tele-mental-health services, with facilities in compact states more than 20% more likely to offer telehealth and rural facilities particularly likely to benefit.

*c. Disciplinary Actions and Scope of Practice*

Under PSYPACT, New Mexico would retain full disciplinary authority over psychologists practicing within the state. New Mexico would also continue to apply its own scope-of-practice laws. The compact enhances public protection through improved interstate information sharing and coordinated disciplinary actions.

*d. Operational Impact*

PSYPACT would impose relatively few operational requirements on New Mexico. These new requirements would primarily be related to disciplinary reporting, background check compliance, and participation in the compact's data-sharing processes. No IT integration would be required.

*e. Fiscal Projections*

PSYPACT would likely have a neutral fiscal impact. While PSYPACT does not necessarily generate new licensing revenue, licensing levels in participating states remain steady meaning that revenue is unlikely to decrease. Costs associated with PSYPACT are minimal, consisting mainly of annual membership fees capped at \$6,000, with no required IT system integration and limited additional staffing impact.

*f. Overall Conclusion*

It is reasonable to project that PSYPACT would expand access to mental health services in New Mexico at relatively low cost and administrative burden, while preserving state regulatory authority. Implementation of the compact once enacted would likely take up to six months, with early coordination, targeted staff training, and ongoing monitoring being critical to efficient and effective implementation.

**3. Emergency Medical Services Licensure Compact (REPLICA)**

*a. Structure of REPLICA Privilege*

REPLICA establishes a “privilege to practice” model rather than creating a separate multistate license. Eligible EMS professionals, EMTs, AEMTs, and paramedics, who hold an unrestricted license in their home state may practice in other compact states without obtaining additional licenses, provided they meet uniform eligibility standards.

*b. Impact on Access to Care*

New Mexico is currently experiencing a significant EMS workforce gap relative to national benchmarks, and the compact would allow New Mexico agencies to draw on out-of-state EMS personnel for surge capacity, disasters, and ongoing coverage. While nationwide empirical studies demonstrating causal access improvements are limited, operational evidence from member states indicates that REPLICA has helped rural EMS agencies maintain service levels where local recruitment is insufficient.

*c. Disciplinary Actions and Scope of Practice*

New Mexico would retain full authority over discipline, enforcement, and scope of practice for EMS professionals operating within the state. New Mexico would be able to suspend or revoke a compact privilege to practice for out-of-state providers while retaining exclusive disciplinary authority over EMS professionals licensed in New Mexico. The compact enhances public protection through mandatory information sharing and automatic loss of compact privileges when a provider's home-state license is restricted or suspended.

*d. Operational Impact*

Operationally, REPLICA would reduce the workload of processing licenses for out-of-state EMS providers, while preserving standard licensing processes for providers seeking New Mexico licensure. Participation in the compact would require IT integration of the state's licensing system with REPLICA's coordinated database, staff training on compact reporting obligations, and updated policies and procedures, but is not expected to require additional full-time staff.

*e. Revenue and Cost Projections*

REPLICA would not likely generate new licensing fee revenue, but has also not been seen to reduce existing licensure revenue. Estimated costs include a one-time IT integration expense of approximately \$30,000 and ongoing annual costs of about \$35,000 for API and data-translation software. REPLICA imposes no membership dues, travel expenses, or training costs.

*f. Overall Conclusion*

REPLICA would likely enhance EMS workforce flexibility and access to care in New Mexico, particularly in underserved areas, while preserving state regulatory authority. Although there are implementation and ongoing IT costs, the compact provides operational efficiencies and improved access to care.

**4. Physician Assistant Licensure Compact**

*a. Structure of Privilege to Practice*

The Physician Assistant Compact establishes a “privilege to practice” model rather than a multistate license. The compact is active, but is not currently operational. Once operational, eligible physician assistants licensed and in good standing in a participating home state may obtain compact privileges to practice in other member states without applying for full licensure in each state.

*b. Impact on Access to Care*

Because the compact is not yet issuing privileges, there is no empirical data demonstrating its impact on provider supply or patient access. However, evidence from other healthcare compacts suggests that streamlined interstate practice can increase the availability of providers, particularly in rural, underserved, and shortage areas.

*c. Disciplinary Actions and Scope of Practice*

New Mexico would retain full disciplinary authority over both: (1) physician assistants licensed in the state; and (2) out-of-state physician assistants practicing under a compact privilege. The state has the ability to restrict, suspend, or revoke a compact privilege as necessary to protect public health and safety. The compact does not alter New Mexico law governing scope of practice, prescriptive authority, or standards of care.

*d. Operational Impact*

The compact could reduce administrative workload associated with processing license applications for out-of-state physician assistants. However, it would also introduce new obligations related to disciplinary reporting and data sharing. New Mexico would be required to integrate its NM Plus system into the compact’s data system (which is currently being built out).

*e. Revenue and Cost Projections*

The compact would likely not generate new state licensing revenue, as compact privileges are issued through the compact. IT integration costs are speculative due to the compact’s unfinished data system, but it is estimated that there will be a one-time implementation cost of approximately \$30,000, with ongoing annual IT costs of roughly \$35,000. The compact does not currently anticipate charging membership fees, and there would likely not be the need for additional staffing.

*f. Overall Conclusion*

While the PA Compact has the potential to improve workforce mobility and access to care in New Mexico, because the compact is not yet operational, both access to care and fiscal impacts remain uncertain.

## **5. Social Work Licensure Compact**

*a. Structure of Multistate License*

The SW Compact establishes a multistate authorization to practice, also described as a multistate license. Under this model, eligible social workers, licensed at the bachelor's, master's, or clinical level, would apply through their home state for a single authorization allowing them to practice in all compact member states without obtaining separate full licenses.

*b. Impact on Access to Care*

Because the SW Compact is not yet operational, there is no empirical data demonstrating its effect on provider supply or patient access. However, based on outcomes observed under other health licensure compacts, the compact has the potential to expand access to care, particularly in rural, frontier, tribal, and underserved areas.

*c. Disciplinary Actions and Scope of Practice*

Under this compact, New Mexico could restrict or revoke a social worker's authorization to practice in the state and impose fines or other corrective actions as needed to protect public safety. The compact also does not alter New Mexico's scope-of-practice laws or standards of care. Compact practitioners are required to comply with New Mexico law when providing services to clients located in the state.

*d. Operational Impact*

The compact would likely reduce the number of out-of-state license applications New Mexico must process, as social workers could rely on multistate authorization instead of seeking full New Mexico licensure. Conversely, New Mexico would assume new duties as a home state, including determining eligibility for multistate licenses, conducting or confirming background checks, reporting disciplinary actions and investigations to the compact commission, and integrating the state's NM Plus licensing system with the compact's data system once that is established.

*e. Revenue and Cost Projections*

Fiscal impacts are uncertain due to the compact's non-operational status. The compact does allow home states to charge a fee for issuing multistate authorizations, which could generate new revenues. On the cost side, IT integration costs are speculative due to the compact's unfinished data system, but it is estimated that there will be a one-time implementation costs of approximately \$30,000, with ongoing annual IT costs of roughly \$35,000. The compact does not currently anticipate charging membership fees, and there would likely not be the need for additional staffing.

*f. Overall Conclusion*

Joining the compact could meaningfully expand access to social work services and telehealth. However, because the compact is not yet operational, both access and fiscal impacts remain speculative.

## **6. Advanced Practice Registered Nurse Compact**

### *a. Structure of Multistate License*

The APRN Compact establishes a multistate license model. Once operational, eligible APRNs would obtain a single multistate license from their home state, allowing them to practice in all compact member states without securing separate state licenses. To date, only four states have adopted the compact, falling short of the required seven states in order for the compact to become active.

### *b. Impact on Access to Care*

Because the compact is not yet operational, there is no empirical data demonstrating its impact on provider supply or patient access. However, based on outcomes observed in other health licensure compacts, the APRN Compact could reasonably be expected to increase the availability of APRNs in participating states.

### *c. Disciplinary Actions and Scope of Practice*

Under this compact, New Mexico would retain full regulatory and disciplinary authority over APRNs practicing within the state, including those exercising a multistate license issued by another compact state. APRNs practicing under the compact would be fully subject to New Mexico scope of practice/standards of care and the jurisdiction of New Mexico courts.

### *d. Operational Impact*

Operational impacts would include both efficiencies and new obligations. The compact would likely reduce the number of out-of-state APRN license applications New Mexico is required to process, as many APRNs would rely on multistate licensure. Conversely, New Mexico would assume additional responsibilities as a home state, including verifying eligibility for multistate licenses, participating in the compact's coordinated data system, and reporting adverse actions.

### *e. Revenue and Cost Projections*

Fiscal impacts are uncertain due to the compact's non-operational status. It is unclear whether New Mexico would be permitted to charge a fee for issuing multistate licenses. Additionally, it is unknown what level of IT integration would be required, making it impossible to project IT costs.

### *f. Overall Conclusion*

While joining the APRN Compact has the potential to improve workforce mobility, because the compact is not yet operational, access and fiscal impacts remain speculative.

## **Interstate Medical Licensure Compact**

### **I. SUMMARY**

The Interstate Medical Licensure Compact (“IMLC”) is an agreement among participating states that streamlines the process for physicians to obtain licenses in multiple states.<sup>1</sup> The IMLC was implemented in September 2014, with the initial participants joining in 2015. The compact first became operational in 2017. There are currently 42 states that have joined the IMLC.

#### *a. Purpose of IMLC.*

The stated purpose of the IMLC is to:

- Expedite multi-state physician licensure;
- Increase patient access to physicians, particularly in rural and underserved regions;
- Support telemedicine expansion; and
- Improve information sharing and regulatory coordination among state medical boards.

#### *b. IMLC Provides for an Expedited License – Not a “Privilege to Practice.”*

Unlike other compacts, the IMLC does not create a “compact license,” “practice to privilege” or multi-state license. Even when participating in the IMLC, a physician is still required to hold an individual license from each state in which the physician practices. The purpose of the IMLC is to provide an expedited path to obtaining these licenses. Under the IMLC, a physician can receive an expedited license to practice medicine in an IMLC member state without having to go through a separate, full licensing application for each state.

To be eligible for an expedited license, a physician must initially be licensed in their “State of Principal License” (the “SPL”). A physician’s SPL is the state in which the physician either claims primary residence, has at least 25% of their medical practice, is employed by a legally operating medical entity located there, or files federal taxes using that state’s address.<sup>2</sup> An eligible physician must also:

- (1) be a graduate of an accredited medical school;
- (2) pass each component of the United States medical licensing examination;
- (3) successfully complete graduate medical education approved by the accreditation council for graduate medical education;
- (4) hold specialty certification;

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<sup>1</sup> For the purposes of this analysis, the provisions of the Interstate Medical Licensure Compact examined are those contained in House Bill 243, introduced in the New Mexico legislature in 2025.

<sup>2</sup> H.B. 243, 57th Leg., 1st Reg. Sess. (N.M. 2025) (Interstate Medical Licensure Compact) (hereinafter referred to as “H.B. 243”) at Article 4.

- (5) possess a full and unrestricted license issued by a member board;
- (6) have never been convicted or received, adjudication, deferred adjudication, community supervision or deferred disposition for any offense by a court of appropriate jurisdiction;
- (7) have never been subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction;
- (8) have never had a controlled substance license or permit suspended or revoked; and
- (9) not be under active investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction.<sup>3</sup>

The first step for obtaining an expedited license under the IMLC is for the licensing board of the physician's SPL to verify that the physician meets all eligibility requirements. Once verified by the SPL, the physician completes a single IMLC application and pays any applicable IMLC fees. The SPL then issues a Letter of Qualification ("LOQ") confirming eligibility. Once an LOQ is issued, the physician selects any state in the IMLC for licensure, and the selected state will issue a full, unrestricted medical license under its own authority, but without requiring a full application.

## II. IMLC'S IMPACT ON ACCESS TO CARE

### a. *Increase in Physician Supply*

New Mexico is currently experiencing a significant shortage of physicians. According to a 2024 report published by the New Mexico Health Care Workforce Committee, New Mexico falls well below acceptable benchmarks for the number of primary care physicians necessary to meet the needs of its residents.<sup>4</sup> In 2021, New Mexico would have needed an additional 334 physicians just to meet the needs of residents. As the New Mexico population continues to age, it can anticipate the need for more primary care and specialty providers to meet the needs of the population. There is evidence that joining the IMLC can alleviate these shortages by increasing the physician population in participating states.

Multiple studies have analyzed the effect of the IMLC on access to care in states that are parties to the compact. In *Access to Care and Physician-Practice Growth after the Interstate Medical Licensure*, economists Darwynn Deyo, Sriparna Ghosh, and Alicia Plemmons examined the effect of the IMLC on physician-practice growth and labor mobility. Similarly, a study by the Millbank Memorial Fund, *How Compacts Can Impact Access to Care*, investigated the impact that interstate compacts have on physician supply. Both studies found that states adopting the IMLC experience an increase in their physician workforce.

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<sup>3</sup> H.B. 243 at Article 2(k).

<sup>4</sup> University of New Mexico - Health Sciences Center. "New Mexico Health Care Workforce Committee 2024 Annual Report." (2024). [https://digitalrepository.unm.edu/nmhc\\_workforce/13](https://digitalrepository.unm.edu/nmhc_workforce/13)

The study *Access to Care and Physician-Practice Growth after the Interstate Medical Licensure* identified growing health care professional shortages as one of the most urgent issues in the United States health care system, as shortages in rural areas and among disadvantaged communities reduce access to care, including preventive care and diagnostic services.<sup>5</sup> State-specific physician licensing laws were found to reduce the available supply of health care providers moving between states.

The study noted that state licensure compacts aim to expand access to care by allowing providers to work in multiple states, avoiding costly duplicative verification of licensing requirements across states, and ensuring efficient use of scarce resources by state licensing boards. Burdensome state licensing negatively affects health care professionals' ability to practice in certain states, and can exacerbate the provider shortages that reduce access to care.

After analyzing the data from the IMLC member states, the economists determined that there was a 3% increase in out-of-state practices for physicians whose primary state participates in the IMLC. Further, the IMLC was found to have increased the number of states in which physicians practiced, with more growth in participating states even after accounting for other policy reforms. The study also found that the IMLC increased the number of states in which physicians had practice locations, and states participating in the IMLC saw nearly double the practice growth of nonparticipating states.

Similarly, the study *How Compacts Can Impact Access to Care* found evidence that interstate compacts can increase the physician supply. Acknowledging that data on the increase in physician supply achieved through interstate compacts is limited, the study determined that, on average, states who joined the compact have seen a 10% to 15% increase in licensed physicians.<sup>6</sup>

*b. Increase in Access in Rural and Underserved Areas.*

With regards to the IMLC's impact on access to care in rural or underserved areas, there is evidence that a significant number of physicians utilizing the IMLC expedited licensing process are doing so in order to practice in rural or underserved areas. In a survey of IMLC participating physicians, 45.8% of these physicians self-reported that they were renewing

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<sup>5</sup> Darwyyn Deyo, Sriparna Ghosh & Alicia Morgan Plemmons, *Access to Care and Physician-Practice Growth after the Interstate Medical Licensure Compact*, SSRN Electronic Journal (Nov. 10, 2023), <https://doi.org/10.2139/ssrn.4629647>

<sup>6</sup> Ann Nguyen & Magda Schaler-Haynes, *How Compacts Can Impact Access to Care*, (Milbank Memorial Fund, Apr. 2023), available at <https://www.milbank.org/2023/04/can-interstate-licensure-compacts-enhance-the-health-care-workforce/>

compact licenses in order to provide services in rural or underserved areas.<sup>7</sup> In addition, *How Compacts Can Impact Access to Care* found that the largest increases in licensed physicians occurred in those IMLC member states with large rural or underserved populations.<sup>8</sup>

c. *Impact on Expansion of Telehealth.*

New Mexico currently allows for the practice of telemedicine by physicians. Under the New Mexico Telehealth Act, “telehealth” is authorized and encouraged as a safe and practical means of delivering health care in New Mexico.<sup>9</sup> Given that studies show that joining the IMLC will lead to an increase in the physician workforce, it is reasonable to project that a similar increase would occur in New Mexico if it were to join the IMLC. An increase in licensed physicians would necessarily mean an increase in providers available to practice telehealth.

Further, participation in the IMLC has been shown to lead to an increase in telehealth services. The American Medical Association found that state participation in the IMLC was associated with increased availability of telehealth services at mental health treatment facilities. State participation in IMLC corresponded to a 40% greater likelihood of a facility expanding to offer telehealth services.<sup>10</sup>

However, the impact of the IMLC on telehealth services in New Mexico may potentially be mitigated by the fact that out-of-state physicians currently have the ability to practice telemedicine in New Mexico without the need of a full New Mexico medical license. Pursuant to NMSA 1978 § 61-6-11.1, the New Mexico Medical Board (the “Board”) issues telemedicine licenses which allow licensed physicians to practice medicine across state lines as long as the physician holds a full and unrestricted license to practice medicine in another state or territory of the United States. While entering into the IMLC is unlikely to decrease the availability of telehealth in New Mexico, those physicians that are seeking to only practice telehealth in New Mexico may either already have a telemedicine license or opt to obtain a telemedicine license rather than an expedited license to practice through the IMLC.

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<sup>7</sup> Interstate Medical Licensure Compact Commission, Physician Survey, Jan. 2022–Sept. 2024 (Oct. 2024), <https://imlcc.com/wp-content/uploads/2024/10/Physician-Survey-2022-to-2024-Final-for-Publication.pdf>

<sup>8</sup> Ann Nguyen & Magda Schaler-Haynes, *How Compacts Can Impact Access to Care*, (Milbank Memorial Fund, Apr. 2023), available at <https://www.milbank.org/2023/04/can-interstate-licensure-compacts-enhance-the-health-care-workforce/>

<sup>9</sup> See NM Stat § 24-25-4 and § 24-25-5.

<sup>10</sup> Ryan K. McBain et al., *Expansion of Telehealth Availability for Mental Health Care After State-Level Policy Changes From 2019 to 2022*, 6 JAMA Netw. Open e2318045 (2023), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2805968>

### **III. IMPACT ON PHYSICIAN LICENSING PROCESS**

#### *a. Expedited Licensing Process for Out-of-State Physicians.*

For states participating in the IMLC, the processing of applications for out-of-state physicians is significantly streamlined and expedited. Rather than complete separate license applications for each state, as would be required in the absence of a compact, a physician completes only a single IMLC application. Once the physician’s “State of Principal License” confirms the physician’s eligibility, the physician simply selects the state(s) the physician wants to be licensed in. The selected state will issue a full, unrestricted medical license without requiring a full application.<sup>11</sup>

By receiving physician verification data of eligible physicians from the State of Principal License, the receiving state’s burden is lessened in that it no longer has to perform its own credential checks. The IMLC Commission (“IMLCC”) reports an average 30-day licensing time via the IMLC expedited process, contrasted with 121 days for a traditional license.

Joining the IMLC would significantly simplify New Mexico’s licensing process for out-of-state physicians. The physician’s home state would verify eligibility for an expedited license, eliminating the need for New Mexico to conduct its own full application review.

#### *b. Added Administrative Burden for New Mexico Medical Board.*

As a member of the IMLC, New Mexico would take on additional administrative burdens for physicians whose State of Principal License is New Mexico. For these physicians, New Mexico would be responsible for first evaluating whether the physician is eligible for expedited licensure and then issuing a letter of qualification confirming eligibility.<sup>12</sup> Such an evaluation would include both confirming that the physician meets all the eligibility requirements of the IMLC and performing a criminal background check using fingerprints. These requirements would impose additional administrative burdens on the New Mexico Medical Board that do not currently exist when New Mexico physicians seek licensure in other states.

### **IV. IMPACT ON JURISDICTION AND PROCESSES**

#### *a. The New Mexico Medical Board Maintains Disciplinary Authority.*

If New Mexico were to join the IMLC, the New Mexico Medical Board would remain the entity responsible for issuing New Mexico licenses to physicians wishing to practice medicine in the state. The IMLC provides for an expedited process to obtain state licenses, but, unlike other compacts, the compact does not issue a multi-state license or a privilege to practice. Each

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<sup>11</sup> H.B. 243 at Article 5(D).

<sup>12</sup> H.B. 243 at Article 5(B).

physician practicing in New Mexico will still be required to obtain a New Mexico license, either through the standard application process or the IMLC expedited process.

The New Mexico Medical Board would also retain the authority to discipline or take adverse action against a physician's license to practice in New Mexico.<sup>13</sup> This is true even if the license was obtained through the IMLC's expedited process.<sup>14</sup> For disciplinary actions taken by other member states, New Mexico has the option to "deem the action conclusive as to matter of law and fact decided and: (1) impose the same or lesser sanctions against the physician so long as such sanctions are consistent with the medical practice act of that state; or (2) pursue separate disciplinary action against the physician under that state's respective medical practice act, regardless of the action taken in other member states."<sup>15</sup>

*b. Implications for New Mexico Scope of Practice.*

The IMLC also does not change New Mexico's medical practice act or the scope of practice for physicians practicing in New Mexico. A physician with an expedited license is authorized "to practice medicine in the issuing state consistent with the medical practice act and all applicable laws and rules of the issuing member board and member state."<sup>16</sup> The New Mexico Medical Board would still have the authority to enforce the scope of practice for physicians practicing in New Mexico and discipline those physicians as appropriate.

*c. New Licensing Processes.*

Joining the IMLC would require the New Mexico Medical Board to implement a process to determine whether New Mexico is the "State of Principal License" for New Mexico based physicians that are interested in obtaining an expedited license in other IMLC member states. The Board would need to determine if New Mexico is: (1) the state of principal residence for the physician; (2) the state in which at least twenty-five percent of the physician's practice of medicine occurs; (3) the location of the physician's employer; or (4) the state designated as state of residence for the purpose of federal income tax.<sup>17</sup>

If the Board confirms that the "State of Principal License" is in fact New Mexico, the Board would next need to have a process in place to verify the physician's eligibility criteria

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<sup>13</sup> H.B. 243 at Article 9.

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

<sup>16</sup> H.B. 243 at Article 5(D).

<sup>17</sup> H.B. 243 at Article 4(A).

under the IMLC, and, once deemed eligible, issue a Letter of Qualification.<sup>18</sup> In addition to developing these processes, the Board would need to train staff on how to implement these new processes.

*d. New Reporting Requirements.*

In joining the IMLC, the New Mexico Medical Board would also have new reporting obligations to the IMLC that it would need to comply with. The Board would need participate in the IMLC's coordinated information system and submit any disciplinary actions or investigatory information, complaints or adverse licensure actions to the IMLC's shared data system.<sup>19</sup> The IT requirements for accessing the IMLC's system are discussed in detail below, but the Board would need to implement policies, procedures and training to ensure that it complies with its reporting obligations under the compact.

*e. Impact on Appellate Rights.*

New Mexico's appellate process for licensure decisions made by the New Mexico Medical Board would not be affected by joining the IMLC. Similarly, any appeals of the New Mexico Medical Board's determination of eligibility for an expedited license would remain the jurisdiction of New Mexico and subject to New Mexico state law.<sup>20</sup> However, the IMLC also has a separate appeal process for decisions made by the IMLC's Commission, not by New Mexico. Such an action can include revoking or invalidating a state's membership or eligibility for the IMLC. These appeals are processed by the IMLC Commission, through its own appeal procedures. Judicial review of IMLC Commission actions occurs in federal court.

**V. Overview of the Advantages and Disadvantages of Licensing Enforcement under the IMLC.**

*a. Advantages of Joining the Interstate Medical Licensure Compact:*

• **Early recognition of disciplinary issues.**

States participating in the IMLC share complaint, disciplinary, and significant investigatory information through the IMLC's coordinated information system.<sup>21</sup> This expanded sharing of information across participating states could allow the New Mexico Medical Board to more quickly and efficiently identify issues regarding a physician's conduct before issues escalate locally or across borders.

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<sup>18</sup> H.B. 243 at Article 5(B).

<sup>19</sup> H.B. 243 at Article 8.

<sup>20</sup> H.B. 243 at Article 5(B)(3).

<sup>21</sup> H.B. 243 at Article 8.

- **Consistent Enforcement Standards.**

If a physician is disciplined in an IMLC member state, the physician's actions are automatically deemed to be unprofessional conduct in the other member states as well.<sup>22</sup> Further, if the physician's license in the state of principal licensure is revoked or suspended, all licenses issued via the IMLC automatically share the same status.<sup>23</sup> These provisions can reduce the risk that a disciplined physician will continue practicing elsewhere without scrutiny, and can allow participating states to move quickly against unprofessional conduct.

- **Enhanced investigations.**

The IMLC allows for tools such as enforceable subpoenas across state-lines.<sup>24</sup> These investigative methods can strengthen New Mexico's enforcement and investigatory powers as traditional interstate cooperation outside of a compact lacks such explicit mechanisms.

- **Automatic Temporary Suspension.**

When an IMLC member state's board revokes or suspends a physician's license, the physician's licenses in all other member states are automatically suspended for 90 days.<sup>25</sup> The automatic stay can allow the New Mexico Medical Board time to investigate the underlying action that resulted in the adverse event on the physician's license. This automatic stay can immediately protect patient safety while New Mexico performs its due process investigation.

*b. Disadvantages to Joining the Interstate Medical Licensure Compact:*

- **Conflicting State Standards.**

A physician with an expedited IMLC license could have their license suspended or revoked for conduct that is prohibited in one member state but is allowed in New Mexico. If the discipline occurs in the physician's State of Principle License, the physician's expedited licenses in all other states would be automatically suspended as well. This could create a conflict between how New Mexico and a different state define misconduct or unprofessional conduct.

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<sup>22</sup> H.B. 243 at Article 10(A).

<sup>23</sup> H.B. 243 at Article 10(B).

<sup>24</sup> H.B. 243 at Article 9.

<sup>25</sup> H.B. 243 at Article 10(D).

- **Automatic Suspension May Be Undesirable.**

The automatic 90-day suspension rule may affect physicians who provide certain services or practices (e.g., reproductive health services) that are viewed as unprofessional conduct in one state but allowed in another state. As a result, a disciplined physician would have their license automatically suspended even in states where the conduct is allowed. Such an outcome could impact physician workforce availability if not promptly resolved. It should be noted, however, that while the suspension is automatic, the New Mexico Medical Board has the ability to immediately terminate the suspension if it desires.<sup>26</sup>

- **Increased Burden on Board.**

As a member of the IMLC, the New Mexico Medical Board would need to review and potentially act on discipline initiated in other states, which could increase the New Mexico Medical Board's administrative workload. Similarly, staff would need to be trained to understand the IMLC disciplinary provisions and how to coordinate with the IMLCC. This would likely require implementing new training and new procedures.

## VI. FINANCIAL PROJECTIONS

### a. *Impact on Board Revenue.*

According to the New Mexico Medical Board, in FY 2024 the Board issued 2,002 new licenses and renewed 4,567 licenses. Licensing revenue in 2024 from new license applications was \$681,125 and revenue from renewals was \$1,949,380.

	<b>Number of Applications</b>	<b>Total Revenue</b>
New Licenses (2024)	2,002	\$681,125
Renewals (2024)	4,567	\$1,949,380
		<b>\$2,855,950</b>

The IMLCC reports that every state that has joined the IMLC has experienced a positive impact on revenue. Per the IMLCC, member states typically see an approximate 10% increase in license applications. For states that are similar in size and demographics to New Mexico, that increase is likely closer to 15-20%.

If New Mexico experiences the same 10% growth as typical member states experience upon joining the IMLC, this growth will result in an additional 200 new applications per year and close to \$70,000/year in additional revenue for New Mexico. (Note: while renewals would

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<sup>26</sup> *Id.*

not immediately increase upon joining the IMLC, New Mexico could reasonably anticipate increased revenue from renewals, once the new expedited licensees begin the renewal process).

	<b>Projected Number of Applications (10% growth)</b>	<b>Total Projected Revenue</b>
New Licenses	2,200	\$749,237
Renewals	4,567	\$1,949,380
		<b>\$2,698,617</b>

Further, for states similar in size and demographics to New Mexico, the expected increase in license applications is closer to 20%. Such an increase in license applications for New Mexico would result in 400 new license applications per year and an additional \$140,000 in annual revenue:

	<b>Projected Number of Applications (20% growth)</b>	<b>Total Projected Revenue</b>
New Licenses	2,400	\$817,350
Renewals	4,567	\$1,949,380
		<b>\$2,766,730</b>

In sum, by joining the IMLC, New Mexico can anticipate an increase in revenue of approximately \$70,000 - \$140,000 per year. These revenue projections would also likely increase in following years due to increased number of renewal applications fees as new licenses eventually need to be renewed.

*b. Costs Associated with Joining the IMLC.*

i. IT Requirements and Costs

As outlined above, the IMLC requires member states to participate in the IMLC's coordinated information system. The IMLC utilizes an Application Programming Interface ("API") to transfer data it receives from expedited license applicants to the member states. An API allows for an entity's software system to send data to, or request data from, another entity's system. Per the IMLCC, the IMLC's BoardAPI currently consists of three API endpoints, which are broken down into the areas of application, license, and physician data. The IMLCC assists state licensing boards with the implementation of this API system into the respective board's existing software systems. The IMLCC reports that this integration typically costs approximately \$30,000 to \$35,000 to obtain full integration. However, the IMLC has a scholarship fund that is available to pay for integration costs incurred by a licensing board, and in some instances these scholarship funds have paid for the full cost of the member board's integration costs.

If New Mexico were to join the IMLC it would need to integrate its current system with the IMLC's API. The New Mexico Medical Board currently utilizes a Salesforce-based software system known as "NM Plus" to process applications and perform other licensing functions. IMLCC has confirmed that it has previously integrated its API with other state licensing authorities that also use Salesforce based programs, and it does not anticipate there being any issue with the fact that New Mexico utilizes a Salesforce-based program.

The New Mexico Regulation and Licensing Department ("NM RLD") has some experience in integrating APIs into the NM Plus system as it has already done so for other licensed professions. Accordingly, there is a reasonable basis for estimating the costs of integrating API systems into the NM Plus system. While these costs can fluctuate based on various factors, NM RLD anticipates that the cost of implementation would be closer to \$30,000 to \$35,000 per API. Given that the IMLC process requires three APIs, the total cost of implementation in joining IMLC would approximate \$100,000 based on NM RLD's experience.

In addition to the one-time implementation costs, there would likely be ongoing costs involved with the API process. When utilizing the API process, NM Plus requires the use of MuleSoft, a Salesforce-based software, to process and translate the data that is received from an API. Again, multiple factors go into the costs involved with utilizing the MuleSoft software, but NM RLD estimates the cost per-API of utilizing the MuleSoft program to be approximately \$30,000/year. For the three APIs required by IMLC, the annual recurring cost would be approximately \$90,000/year.

ii. Additional personnel

Given the increase in applications generated by being a member of the IMLC, the IMLCC has reported that it is not uncommon for IMLC member states to hire an additional staff member to process these applications. While the application process is streamlined by the IMLC collecting and verifying much of the application data, the increased volume of applications may still require additional staff. The New Mexico Medical Board estimates that the cost of an additional licensing position would be approximately \$57,000/year.

iii. IMLC Membership Fees, Travel Expenses and Training Costs

The IMLC does not charge annual dues. While New Mexico representatives to the IMLCC are required to travel to IMLCC meetings, all travel expenses for these representatives are reimbursed by the IMLCC. Further, training for states adopting and integrating the IMLC is provided free of charge by the IMLCC.

iv. Total Anticipated Costs

Cost Category	Cost Type	Amount
IT Integration (3 APIs)	One-time	\$65,000 <sup>27</sup>
MuleSoft Fees (3 APIs)	Recurring (Annual)	\$90,000
Additional Personnel	Recurring (Annual)	\$57,000
IMLC Membership Fees:		\$0
IMLC Travel Expenses:		\$0
IMLC Training Costs		\$0

<b>Total Implementation Costs (Year 1)</b>	\$65,000
<b>Total Annual Costs (After Year 1)</b>	\$147,000

c. *Projected Financial Impact of Joining the IMLC.*

In joining the IMLC, the New Mexico Medical Board would likely incur approximately \$65,000 in initial IT implementation costs. After implementation, the New Mexico Medical Board can expect to incur \$147,000 per year in IT and personnel costs associated with joining the IMLC.

However, these costs would largely, if not entirely, be offset by a likely increase in licensing fee revenue. As outlined above, the New Mexico Medical Board can realistically expect to experience an increase in annual licensing fee revenue of up to \$140,000 per year upon joining the IMLC. This revenue stream will likely increase as expedited licensees are required to renew their licenses in subsequent years.

As such, after the IMLC is implemented in New Mexico, the net financial impact on the New Mexico Medical Board would likely be neutral. If future years, with the revenue stream likely continuing to grow, the IMLC could potentially result in a positive financial outcome for the New Mexico Medical Board.

## VII. PROPOSED IMPLEMENTATION TIMELINE

### Phase 1: Preparation (0-2 months)

*Milestone 1: Form a Task Force to Implement Compact*

- Actions:
  - Identify critical personnel necessary to assist with transition of New Mexico into the IMLC.

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<sup>27</sup> The anticipated cost of IT Integration would likely be defrayed by the IMLC's stipend for IT integration costs. While the stipend is not a set amount, it is typically in the range of \$35,000.

- This task force will coordinate with the IMLCC to identify the steps necessary to integrate New Mexico into the compact.
- Critical Dependencies:
  - Availability of staff and resources to identify compact requirements and communicate with the IMLCC.

*Milestone 2: Appoint Representatives to the IMLCC*

- Action:
  - Designate representatives to serve on the IMLC Commission, ensuring New Mexico representation in the commission's multi-state discussions.
- Critical Dependencies:
  - Identify and appoint individuals best suited to represent New Mexico's interests on the commission.

**Phase 2: IT System Integration, Alignment and Training (2-6 months)**

*Milestone 3: Integration of NM Plus with IMLC Database*

- Action:
  - Integrate the IMLC's multiple APIs into the NM Plus licensing software system.
- Critical Dependencies:
  - Technical integration of the APIs with IMLC's database and testing protocols to ensure functionality.
  - Identification and retention of any IT vendors necessary to achieve integration.

*Milestone 4: Creation/Revision of New Mexico Medical Board Policies and Procedures*

- Action:
  - Review and align New Mexico Medical Board licensing policies and procedures with the requirements of the IMLC.
- Critical Dependencies:
  - Collaboration between members of the New Mexico Medical Board, staff and IMLCC to review and revise policies and procedures.

*Milestone 5: Staff Training*

- Action:
  - Coordinate with IMLCC to train medical board staff involved in processing applications and reporting disciplinary actions to handle new IMLC specific applications and processes.
- Critical Dependencies:
  - Communication with IMLCC trainers and experts.
  - Access to IMLC training materials.

**Phase 3: Full Implementation & Monitoring (6-8 months)**

*Milestone 6: Start Processing Applications*

- Action:
  - Begin accepting and processing expedited licensure applications via the IMLC portal for out-of-state physicians seeking expedited licenses.
- Critical Dependencies:
  - Successful integration of the IMLC APIs into the NM Plus system and training of relevant personnel.

*Milestone 7: Internal Monitoring and Evaluation*

- Action:
  - Monitor the IMLC licensing process for issues, including application processing time, compliance with compact reporting requirements, and licensee feedback.
- Critical Dependencies:
  - Availability of data analytics tools and staff to identify and address issues.

**VIII. FINAL RECOMMENDATIONS**

**1. Encourage Early Active Involvement**

Coordinate early communication with key licensing personnel of the New Mexico Medical Board with the IMLCC personnel to ensure smooth implementation and identify any issues early on.

## **2. Prioritize Efficient Integration of IT Systems**

Begin the process of integrating the NM Plus licensing system into the IMLC APIs as soon as possible. Both New Mexico and the IMLC have reported that this integration process can take 4-6 months. Early integration will avoid delays post-implementation of the compact.

## **3. Commit to Training and Communication**

Clear communication about the compact's requirements and a robust training program for all staff involved will ensure smooth adoption and minimize confusion for Board staff.

## **4. Establish Ongoing Monitoring and Evaluation**

Continuous monitoring of the system's effectiveness, addressing user feedback, and performing regular internal reviews will help identify issues early and facilitate improvements.

## **Psychology Interjurisdictional Compact**

### **I. SUMMARY**

The Psychology Interjurisdictional Compact (“PSYPACT”) allows qualifying psychologists to either practice telepsychology or practice in-person psychology temporarily in member states.<sup>28</sup> The model legislation was first released in 2014, and PSYPACT became active in April 2019. There are currently 42 states that have joined PSYPACT.

#### *a. Purpose of PSYPACT.*

The stated purpose of PSYPACT is to:

- Allow psychologists to deliver telepsychology services across states without needing multiple full licenses;
- Permit temporary in-person psychological practice (typically up to 30 days/year) in other compact states;
- Increase access to mental-health services in rural, frontier, military, and shortage regions;
- Reduce administrative licensure burdens and enhance workforce mobility; and
- Improve public protection through coordinated regulation and information sharing.

#### *b. PSYPACT Provides for a Limited “Privilege to Practice,” Not a Separate License.*

PSYPACT provides a psychologist licensed in a member state with a privilege to: (1) provide telepsychology to clients located in any other compact state; or (2) to practice in person in another PSYPACT state for up to 30 days per calendar year without obtaining a separate license.<sup>29</sup> To obtain privileges under PSYPACT, a psychologist must: (1) hold a current, unrestricted license in a PSYPACT state; (2) have a doctoral degree in psychology (with certain requirements); (3) have a clean disciplinary record (no encumbrances, suspensions, or major violations); (4) have no criminal record history; and (5) obtain an E.Passport (for telepsychology) or interjurisdictional practice certificate (“IPC”) (for temporary in-person practice).<sup>30</sup>

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<sup>28</sup> For the purposes of this analysis, the provisions of the Psychology Interjurisdictional Licensure Compact are those contained in House Bill 242, introduced in the New Mexico legislature in 2025.

<sup>29</sup> H.B. 242, 57th Leg., 1st Reg. Sess. (N.M. 2025) (Psychology Interjurisdictional Licensure Compact) (hereinafter referred to as “H.B. 242”).

<sup>30</sup> *Id.*

*c. Member State Requirements.*

To participate in PSYPACT, a state must: require that a psychologist hold an active E. Passport or an active interjurisdictional practice certificate; participate in the compact's data system; have a mechanism in place for receiving and investigating complaints about individuals; notify the commission of any adverse action or significant investigatory information; conduct compliant fingerprint-based background checks; use the National Registry of EMTs exam for initial licensure; require that applicants graduate from an accredited program; and require applicants to complete a period of supervised practice.<sup>31</sup>

## **II. PSYPACT'S IMPACT ON ACCESS TO CARE.**

*a. Increase in Availability of Services.*

PSYPACT has been active since April 2019, and a study by the American Medical Association has found that PSYPACT appears to be effective at increasing availability of tele-mental-health services, especially by enabling cross-state practice and reducing licensure and regulatory barriers.<sup>32</sup> State participation in PSYPACT is associated with increased availability of telehealth services at mental health treatment facilities, and there is evidence that a facility in a compact state is more than 20% likely to expand to offer telehealth services.<sup>33</sup> Further, facilities in rural counties were significantly more likely to offer telehealth services compared with facilities in urban counties.<sup>34</sup>

However, PSYPACT's impact in New Mexico may be muted to some extent given New Mexico's existing psychology licensure reciprocity framework. Psychologists who have been in practice for at least two years in a state other than New Mexico may apply for a reciprocal license in New Mexico.<sup>35</sup> However, this reciprocal requirement involves a separate application for licensure in the state of New Mexico. This extra application process might serve as a deterrent for psychologists seeking to only provide tele-psychology or temporary services in New Mexico. PSYPACT would allow these psychologists to provide such services under the privilege to practice without the need to submit additional licensure applications.

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<sup>31</sup> *Id. at Article 3.*

<sup>32</sup> Ryan K. McBain et al., *Expansion of Telehealth Availability for Mental Health Care After State-Level Policy Changes From 2019 to 2022*, 6 JAMA Netw. Open e2318045 (2023), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2805968>

<sup>33</sup> *Id.*

<sup>34</sup> *Id.*

<sup>35</sup> See NMAC 16.22.5.10.

*b. PSYPACT's Impact on the Expansion of Telehealth.*

The same study by the American Medical Association observed rapid growth in telehealth services for mental health care with the number of facilities offering telehealth services growing from 39.4% in 2019 to 88.1% in 2022.<sup>36</sup> This increase has been associated with increased acceptability of telehealth over the same period as well as accumulating evidence that telehealth is an effective modality for delivering many specific mental health services.

The combination of the increase in the acceptability of telehealth and the increase of out-of-state providers practicing tele-psychology under PSYPACT, make it reasonable to project that joining PSYPACT will increase the availability of tele-mental-health services in New Mexico.

### **III. IMPACT ON LICENSING PROCESS**

For those out-of-state psychologists seeking to only practice telepsychology and temporary in-person services in New Mexico, the licensing burden on New Mexico under PSYPACT would be lessened. The New Mexico licensing authority would no longer need to process full New Mexico license applications for these providers. Any out-of-state psychologists seeking to practice beyond those parameters, however, would still need to still need to apply through the standard licensing process, or obtain a reciprocal license, for New Mexico.

### **IV. IMPACT ON JURISDICTION AND PROCESSES**

*a. New Mexico's Disciplinary Authority.*

**PSYPACT does not issue separate, independent psychology licenses. The compact only provides a privilege to practice telepsychology or temporary in-person practice in participating states.** Under PSYPACT, New Mexico would have the ability to limit or revoke a psychologist's authority to practice interjurisdictional telepsychology temporary in-person practice or take any other necessary actions under New Mexico's applicable law to protect the health and safety of the New Mexico citizens. The relevant language of PSYPACT states:

A receiving state may, in accordance with that state's due process law, limit or revoke a psychologist's authority to practice interjurisdictional telepsychology in the receiving state and may take any other necessary actions under the receiving state's applicable law to protect the health and safety of the receiving state's citizens.

A distant state may, in accordance with that state's due process law, limit or revoke a psychologist's temporary authorization to practice in the distant state and may take any other necessary actions under the distant

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<sup>36</sup> Ryan K. McBain et al., *Expansion of Telehealth Availability for Mental Health Care After State-Level Policy Changes From 2019 to 2022*, 6 JAMA Netw. Open e2318045 (2023), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/280596>

state's applicable law to protect the health and safety of the distant state's citizens.<sup>37</sup>

*b. Impact on New Mexico Scope of Practice for Participating Psychologists.*

A psychologist practicing in New Mexico under PSYPACT's privilege to practice, is subject to New Mexico's scope of practice limitations:

A psychologist practicing in a receiving state under the authority to practice interjurisdictional telepsychology will be subject to the receiving state's scope of practice.

A psychologist practicing in a distant state under the temporary authorization to practice will be subject to the distant state's authority and law.<sup>38</sup>

*c. Implementation of PSYPACT Requirements.*

New Mexico would need to ensure that its licensing process includes the following elements: (1) require that applicants for a multistate license currently hold an active E. Passport or active interjurisdictional practice certificate; (2) have a mechanism in place for receiving and investigating complaints about individuals; (3) notify the commission of any adverse action or significant investigatory information regarding an individual; and (4) implement a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks.<sup>39</sup> While New Mexico currently requires criminal background checks, New Mexico would need to make sure that all of the PSYPACT requirements are met.

*d. New Reporting Requirements.*

While PSYPACT does not require that its member states integrate their existing systems into PSYPACT's database, PSYPACT still has reporting requirements that must be entered into its online portal. New Mexico will need to understand the PSYPACT data-reporting standards and begin sharing licensure status, disciplinary actions, restrictions, suspensions, revocations, and serious criminal convictions affecting licensure with the PSYPACT portal.

*e. Impact on Appellate Rights.*

No change is required to the state's licensing appeal system, but there would be an appeal process for decisions made by PSYPACT, not by New Mexico. This could include revoking or

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<sup>37</sup> H.B. 242 at Articles 4(D) and 5(D).

<sup>38</sup> *Id.*

<sup>39</sup> *Id.* at Article 3.

suspending a state's membership in PSYPACT. Appeals of these decisions must go through PSYPACT's internal appeals process, followed by review in the federal system.

## **V. Overview of Advantages and Disadvantages of Licensing Enforcement under PSYPACT.**

### *a. Advantages of Joining PSYPACT:*

- **New Mexico Retains Full Disciplinary Authority.**

Under PSYPACT, New Mexico would maintain authority over investigations and discipline of New Mexico licenses.<sup>40</sup> Similarly, for psychologists whose home state is other than New Mexico, New Mexico still has the authority to take adverse action against the provider's temporary privilege to practice in New Mexico.<sup>41</sup>

- **Improved information sharing.**

By being a member of PSYPACT, New Mexico would be informed of out-of-state complaints, disciplinary history, and adverse actions taken in other states.<sup>42</sup> This information can help New Mexico identify patterns of misconduct by a psychologist with privileges early.

- **Coordinated discipline.**

If a psychologist has an adverse action taken against them in a different jurisdiction, the provider will automatically lose all privileges under PSYPACT.<sup>43</sup> This will prevent problematic providers from continuing to practice with privileges in other states.

### *b. Disadvantages of Joining PSYPACT:*

- **Conflicting State Standards.**

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<sup>40</sup> H.B. 242 at Articles 4(D) and 5(D).

<sup>41</sup> *Id.*

<sup>42</sup> *Id.* at Article 9.

<sup>43</sup> *Id.* at Article 5(E).

If a psychologist's home state has different standards for misconduct or unprofessional conduct than New Mexico, that provider could lose their license in the home state for conduct that is permissible in New Mexico. By the home state taking an adverse action, the psychologist would lose the privilege to practice in New Mexico even though the conduct is not deemed problematic in New Mexico.

- **Inconsistent discipline.**

Once conduct is reported to PSYPACT (as is required), the various member states may view the conduct differently. Where New Mexico may seek more corrective action measures, other states may take more draconian measures. New Mexico's actions while meant to be corrective and assist the provider, could unintentionally harm that provider if other States decide to revoke the privilege to practice.

- **Increased Burden on Board.**

As a member of the PSYPACT, New Mexico would need to report disciplinary actions promptly, respond to inquiries from other states, and manage compliance alongside investigations. These added responsibilities will require staff training and coordination.

## **VI. FINANCIAL PROJECTIONS.**

### *a. Impact on Board Revenue.*

PSYPACT allows licensed and eligible psychologists in member states to provide certain services in other member states. PSYPACT, however, does not create a new state license for participating psychologists. As such, there would likely be no additional licensing revenue created as a result of a state joining PSYPACT. With regards to possible loss in revenue due to fewer applications, PSYPACT reports that none of its participating states have reported any significant decrease in the number of licenses those states are issuing.

By joining PSYPACT, New Mexico should not anticipate any increase in revenue from licensing fees, but would also not likely suffer a loss of revenue due to decreased licensure applications. The revenue impact from joining PSYPACT would likely be neutral.

### *b. Added Costs Associated with Joining PSYPACT.*

#### *i. IT Requirements and Costs*

PSYPACT does not require its member states to integrate with the PSYPACT data system, and there are no IT requirements or changes that need to be made upon joining PSYPACT. PSYPACT does maintain an online portal that member Boards can access to obtain and report information, but this portal does not require additional IT infrastructure to access.

ii. Additional personnel

Given that PSYPACT does not create a separate licensing process, it would not increase the burden on staff to process these applications. There would be some additional burden on staff to meet the disciplinary reporting obligations of PSYPACT, but PSYPACT reports that based on communications with its current member states, joining PSYPACT does not result in any significant impact on operations.

iii. PSYPACT Compact Membership Fees, Travel Expenses and Training Costs

PSYPACT does require that its member states pay fees to participate in PSYPACT. PSYPACT assesses an annual fee on the member state based on the number of the state's licensed psychologists participating in PSYPACT. PSYPACT charges \$10/license holder with a per state cap of \$6,000 per year. While there is currently a proposed rule to lower this fee to \$5/license holder with the cap remaining the same at \$6,000, this rule has not yet been adopted. PSYPACT reports that its experience has been that approximately 10-20% of state license holders apply for PSYPACT privileges. Regardless of the number of New Mexico license holders that participate in PSYPACT, the total annual fee for joining PSYPACT would be capped at \$6,000.

PSYPACT requires attendance at two meetings per year – one virtual and one in person. PSYPACT reimburses any costs incurred by New Mexico representatives when required to travel to PSYPACT meeting. Further, PSYPACT provides training to licensing board staff, including training on how to report disciplinary data. This training is provided free of charge by PSYPACT.

c. *Projected Financial Impact of Joining PSYPACT.*

As outlined above, while PSYPACT may not result in any meaningful change in revenue for New Mexico, the costs associated with joining PSYPACT are minimal. Given that there are no IT implementation (or ongoing) fees, the only real cost of PSYPACT is the annual membership fees, which are capped at \$6,000 per year.

## **VII. PROPOSED IMPLEMENTATION TIMELINE**

### **Phase 1: Preparation (0-2 months)**

*Milestone 1: Form a Task Force to Implement Compact*

- Action:
  - Identify critical personnel necessary to assist with transition of New Mexico into PSYPACT.
  - This task force will coordinate with PSYPACT to identify the steps necessary to integrate New Mexico into the compact.
- Critical Dependencies:
  - Availability of staff and resources to identify compact requirements and communicate with the PSYPACT.

*Milestone 2: Appoint Representative(s) to the PSYPACT*

- Action:
  - Designate representatives to serve on the PSYPACT Commission, ensuring representation in the commission's multi-state discussions.
- Critical Dependencies:
  - Identify and appoint individuals best suited to represent New Mexico's interests on the commission.

**Phase 2: Training (2-4 months)**

*Milestone 3: Creation/Revision of Policies and Procedures*

- Action:
  - Review and align licensing policies and procedures with the requirements of PSYPACT.
- Critical Dependencies:
  - Collaboration between members of the licensing board, staff and PSYPACT to review and revise policies and procedures.

*Milestone 4: Staff Training*

- Action:
  - Coordinate with PSYPACT to train licensing staff to report disciplinary actions.
- Critical Dependencies:
  - Communication with PSYPACT trainers and experts.
  - Access to PSYPACT training materials.

### **Phase 3: Full Implementation & Monitoring (4-6 months)**

#### *Milestone 5: Full Implementation of PSYPACT protocols and reporting*

- Action:
  - Begin recognition of PSYPACT “privilege to practice” and meet all reporting obligations.
- Critical Dependencies:
  - Successful integration of PSYPACT reporting system and training of relevant personnel.

#### *Milestone 6: Internal Monitoring and Evaluation*

- Action:
  - Monitor the PSYPACT reporting process for issues, including compliance with compact reporting requirements, and licensee feedback.
- Critical Dependencies:
  - Availability of data analytics tools and staff to identify and address issues.

## **VIII. FINAL RECOMMENDATIONS**

### **▪ Encourage Early Active Involvement**

Coordinate early communication with key licensing personnel of New Mexico with PSYPACT personnel to ensure smooth implementation and identify any issues early.

### **▪ Commit to Training and Communication**

Clear communication about the compact’s requirements and a robust training program for all staff involved will ensure smooth adoption and minimize confusion for licensing staff.

### **▪ Establish Ongoing Monitoring and Evaluation**

Continuous monitoring of the system’s effectiveness, addressing user feedback, and performing regular internal reviews will help identify issues early and facilitate improvements.

## **Emergency Medical Services Licensure Compact**

### **I. SUMMARY**

The Emergency Medical Services Licensure Compact, commonly referred to as “REPLICA” (Recognition of EMS Personnel Licensure Interstate Compact), allows qualified emergency medical services (“EMS”) professionals licensed in a participating state to obtain a privilege to practice in other participating states.<sup>44</sup> REPLICA’s model legislation was first released in 2014. However, REPLICA did not become active and operational until March 10, 2020. There are currently 25 states that have joined REPLICA.

#### *a. Purpose Behind REPLICA.*

The stated purpose of REPLICA is to:

- Enable cross-state EMS practice through a streamlined “privilege to practice” system;
- Improve access to emergency medical services, especially in rural and border regions;
- Support disaster response, workforce shortages, and EMS surge capacity;
- Enhance interstate coordination and information sharing between EMS offices; and
- Standardize licensure, background checks, and competency requirements.

#### *b. REPLICA Provides for a “Privilege to Practice,” Not a Separate License.*

Under REPLICA, eligible EMS providers who are licensed in their home state have a “privilege to practice” in any other state that is a member of the compact. Providers who are eligible to exercise the privilege to practice under REPLICA include emergency medical technicians (“EMTs”); advanced emergency medical technicians (“AEMTs”) and paramedics.<sup>45</sup> To be eligible, a provider must be at least eighteen years of age, hold an unrestricted license in the provider’s home state, and practice under the supervision of a medical director.<sup>46</sup> If a provider’s home state license is restricted or suspended, the provider shall not be eligible to practice in a remote state under the privilege to practice until the home state license is restored.<sup>47</sup>

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<sup>44</sup> For the purposes of this analysis, the provisions of the Emergency Medical Services Licensure Compact examined are those contained in House Bill 412, introduced in the New Mexico legislature in 2025.

<sup>45</sup> H.B. 412, 57th Leg., 1st Reg. Sess. (N.M. 2025) (Emergency Medical Services Licensure Compact) (hereinafter referred to as “H.B. 412”) at Section 5.

<sup>46</sup> *Id.*

<sup>47</sup> *Id.*

*c. Limitations to Privilege to Practice.*

An eligible provider under REPLICA may practice in a remote state under a privilege to practice only when:

- (1) in the performance of the individual's emergency medical services duties as assigned by an appropriate authority;
- (2) the provider originates a patient transport in the provider's home state and transports the patient to a remote state;
- (3) the provider originates in the home state and enters a remote state to pick up a patient and provide care and transport of the patient to the home state;
- (4) the provider enters a remote state to provide patient care or transport within that remote state; and
- (5) the individual enters a remote state to pick up a patient and provide care and transport to a third member state.<sup>48</sup>

*d. Member State Requirements.*

To participate in REPLICA, a state must: use the National Registry of EMTs exam for initial licensure; have a mechanism in place for receiving and investigating complaints about individuals; notify the commission of any adverse action or significant investigatory information; conduct FBI-compliant fingerprint-based background checks; meet uniform licensing standards set by the Compact; and agree to share data and disciplinary information.<sup>49</sup>

## **II. REPLICA'S IMPACT ON ACCESS TO CARE**

*a. Increase in Provider Supply.*

REPLICA is explicitly designed to increase access to EMS personnel across state lines. The compact's privilege can allow agencies to draw on EMS personnel from other states when needed (e.g. for surge demand, disasters, wildfires, seasonal needs). It can also make it easier to maintain coverage in rural areas that struggle with chronic shortages, volunteer declines, or unreliable service. New Mexico has a significant shortage of EMS services and would benefit from additional personnel. In 2023, New Mexico had 1,796 fewer EMTs than the national benchmark. Assuming no redistribution of the current workforce, an additional 4,967 EMTs would be needed for all New Mexico counties to meet the national benchmark (32.1 per 10,000 population).<sup>50</sup>

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<sup>48</sup> H.B. 412 at Section 6.

<sup>49</sup> H.B. 412 at Section 4.

<sup>50</sup> New Mexico Health Care Workforce Committee, 2023 Annual Report (Oct. 1, 2023), [https://www.nmms.org/wp-content/uploads/2024/01/1.-NMHCWF\\_2023-Report\\_Oct-2023.pdf](https://www.nmms.org/wp-content/uploads/2024/01/1.-NMHCWF_2023-Report_Oct-2023.pdf)

As of now, however, there are no published, rigorous, nationwide studies demonstrating a causal improvement in rural EMS access attributable to REPLICA. However, the Interstate Commission for EMS Personnel Practice reports that anecdotal and operational evidence from member states indicates that REPLICA is frequently leveraged to support staffing sustainability in rural and frontier areas. Further, REPLICA member states such as Colorado, Utah, and Texas have reported that access to compact-eligible EMS providers has allowed agencies in remote communities to maintain operations and service coverage where local recruitment is not feasible. According to the Interstate Commission for EMS Personnel Practice, numerous rural EMS agencies have remained operational specifically because of their ability to utilize compact clinicians.

It should be noted that New Mexico currently allows for EMS providers who are licensed in a different state to receive a reciprocal license in New Mexico.<sup>51</sup> Unlike the REPLICA privilege to practice, however, the reciprocal license requires eligible applicants to apply for the reciprocal license and pay a licensing fee. REPLICA would allow for a simpler, faster path to practicing EMS services in New Mexico. Eligible EMS providers under REPLICA would be able to immediately practice under the privilege of practice without having to go through an additional licensing process as is required for a reciprocal license.

*b. The Compact's Impact on Telehealth.*

Under the New Mexico Telehealth Act, “telehealth” is authorized and encouraged as a safe and practical means of delivering health care in New Mexico.<sup>52</sup> Further, under NMAC 7.27.11.8(6), the scope-of-practice regulation for “licensed emergency medical services personnel” specifically includes a clause that allows EMS personnel to “facilitate telemedicine clinician contact if available” when performing home-based assessments. These rules apply to all licensed EMS personnel, training programs, EMS agencies, and mobile/ community EMS programs. Increasing the EMS providers that are available to practice in the state will necessarily increase the number of EMS personnel that are available to facilitate telemedicine. Studies have shown that the availability of tele-EMS / tele-emergency care programs in rural areas improves access and resource utilization, reduces unnecessary transfers, and supports local hospital/EMS capacity.<sup>53</sup>

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<sup>51</sup> See NMAC 7.27.2.10.

<sup>52</sup> See NM Stat § 24-25-4 and § 24-25-5.

<sup>53</sup> Nabil Natafji et al., *Using Tele-Emergency to Avoid Patient Transfers in Rural Emergency Departments: An Assessment of Costs and Benefits*, 24 J. Telemed. Telecare 193 (2018), <https://doi.org/10.1177/1357633X17696585>

### **III. IMPACT ON LICENSING PROCESS**

REPLICA differs from the Interstate Medical Licensure Compact in that REPLICA does not require its providers to obtain an independent license in New Mexico. REPLICA creates a multistate licensing framework allowing providers holding a license in one member state to obtain a “privilege to practice” in other member states without needing to go through the full licensing process in each state. To the extent that an EMS provider is originally licensed in a member state other than New Mexico, that provider would have the privilege to practice in New Mexico without New Mexico having to take any administrative licensing action. This could result in easing the administrative burden on New Mexico because these out-of-state providers would no longer need to go through the full application process to practice in New Mexico. If the provider is commencing their practice in New Mexico, however, the provider would still go through the standard New Mexico licensing application process.

### **IV. IMPACT ON JURISDICTION AND PROCESSES**

#### *a. New Mexico Maintains Disciplinary Authority.*

The is nothing in REPLICA that limits the state of New Mexico’s authority to issue, renew, suspend, or revoke EMS licenses within the state of New Mexico. REPLICA does not issue EMS licenses, it simply provides a privilege to practice in those states that are members of the compact. For those EMS providers not licensed in New Mexico but operating in the state under a privilege to practice, New Mexico may, in accordance with its laws, restrict, suspend or revoke that provider’s privilege to practice in New Mexico or take any other necessary actions to protect the health and safety of its residents.<sup>54</sup> New Mexico will continue to have exclusive authority over discipline for any EMS professional licensed in New Mexico, even if the provider has a compact privilege.<sup>55</sup>

#### *b. Impact on New Mexico Scope of Practice for EMS Personnel.*

REPLICA does not regulate practice, determine scope of practice, or set standards of care. These remain the jurisdiction of the New Mexico licensing authority. An EMS provider practicing in New Mexico under a compact privilege is required to comply with the scope of practice defined by the state of New Mexico: “[a]n individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state.”<sup>56</sup>

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<sup>54</sup> H.B. 412 at Section 5(D).

<sup>55</sup> H.B. 412 at Section 9(A).

<sup>56</sup> H.B. 412 at Section 5(C).

*c. Implementation of REPLICA Requirements.*

In order for New Mexico to participate in REPLICA, New Mexico would need to ensure that it meets the following requirements: (1) require the use of the national registry of emergency medical technicians examination as a condition of issuing initial licenses; (2) have a mechanism in place for receiving and investigating complaints about individuals; (3) notify the commission of any adverse action or significant investigatory information regarding an individual; and (4) no later than five years after activation of REPLICA, require a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks.<sup>57</sup> While New Mexico currently requires some of these items (such as criminal background checks), it would need to ensure that all requirements are met.<sup>58</sup>

*d. New Reporting Requirements.*

New Mexico would also need to integrate its licensing database with REPLICA's coordinated database and follow REPLICA data-reporting standards. This would include reporting licensure status, disciplinary actions, suspensions, revocations, restrictions, and significant investigatory information.<sup>59</sup> Processes would likely need to be developed, and training provided to staff, on the reporting process.

*e. Impact on Appellate Rights.*

No change is required to the appeal process for licensing decisions made by New Mexico, but there would be an appeal process for decisions made by the REPLICA Commission. This could include terminating a state's membership in REPLICA. Appeals of these decisions must go through the REPLICA Commission's internal appeals process, followed by review in the federal system.

## **V. Overview of Advantages and Disadvantages Licensing Enforcement under REPLICA**

*a. Advantages of Joining REPLICA:*

- **New Mexico Retains Full Disciplinary Authority.**

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<sup>57</sup> H.B. 412 at Section 4(C).

<sup>58</sup> See NMAC 7.27.2.8.

<sup>59</sup> H.B. 412 at Section 12.

Under REPLICA, New Mexico would maintain authority over investigations and discipline of providers licensed by the state of New Mexico.<sup>60</sup> Similarly, even for healthcare providers whose home state is not New Mexico, New Mexico still would have the authority to take adverse action against the provider's privilege to practice in New Mexico.<sup>61</sup> These provisions ensure that New Mexico retains the ability to ensure that EMS providers in New Mexico are operating within their scope of practice and in compliance with applicable professional standards of conduct.

- **Improved information sharing.**

In joining REPLICA, New Mexico would have access to out-of-state complaints, disciplinary history, and adverse actions taken against EMS providers in other member states.<sup>62</sup> This expanded sharing of information could help New Mexico identify patterns of misconduct early before any issues escalate.

- **Coordinated discipline.**

Under REPLICA, if a provider's license is restricted or suspended in their home state, the provider automatically loses all privileges under REPLICA.<sup>63</sup> This automatic suspension will prevent problematic providers from continuing to practice with privileges in a different state.

*b. Disadvantages of Joining REPLICA:*

- **Conflicting State Standards.**

If an EMS provider's home state has different standards for misconduct or unprofessional conduct than New Mexico, that provider could lose their license for conduct in their home state that would be allowed in New Mexico. By the home state taking an adverse action, the EMS provider would lose the privilege to practice in New Mexico even though the conduct is not deemed problematic in New Mexico.

- **Inconsistent discipline.**

Once conduct is reported to REPLICA (as is required), different member states may view the conduct differently. Where New Mexico may pursue more

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<sup>60</sup> *H.B. 412* at Section 9.

<sup>61</sup> *Id.*

<sup>62</sup> *H.B. 412* at Section 12.

<sup>63</sup> *H.B. 412* at Section 9.

corrective action measures, other states may take more draconian measures. As a result, New Mexico's licensing authority could take action meant to be corrective and assist the provider, but that would potentially harm that provider if a separate member state decides to revoke the privilege to practice in that state based on the New Mexico action.

- **Increased Burden on Board.**

As a member of REPLICA, New Mexico would need to report any adverse action or investigation it takes against EMS providers promptly. It would also need to respond to inquiries from other states, and manage compliance alongside investigations. These added responsibilities will necessarily require additional staff training and coordination, and revised policies and procedures.

## VI. FINANCIAL PROJECTIONS

### a. *Impact on Board Revenue.*

REPLICA does not create a separate license, application, or approval process. As a result, there would likely be no predictable increase in licensing revenue attributable to New Mexico participating in REPLICA. However, there is also evidence that entering into REPLICA will not cause New Mexico to lose licensing revenue due to EMS providers no longer applying for licenses and simply utilizing their “privilege to practice.” The Interstate Commission for EMS Personnel Practice reports that REPLICA member states are seeing increased retention and even growing licensure numbers after joining REPLICA.

### b. *Added Costs Associated with Joining REPLICA.*

#### i. IT Requirements and Costs

REPLICA requires API access and data exchange between the compact's data system and the member states. REPLICA reports that no major system overhaul or replacement is required, but also reports that vendors typically charge a one-time, nominal integration fee, generally in the range of approximately \$5,000. This amount is significantly less than what the New Mexico Regulation and Licensing Department (“NM RLD”) has reported as the usual cost for API integration into its system. Typically, such an integration costs New Mexico \$30,000 per API. As such, it is possible that joining REPLICA could require an initial \$30,000 in integration costs and an ongoing MuleSoft fee to translate the data.

#### ii. Additional personnel

REPLICA reports that the effects on the operational impact on the licensing board are minimal. REPLICA reportedly does not result in the need for additional staff or approval workflows. There are limited training needs that are focused on familiarization with status recognition of compact providers and adverse action reporting.

iii. **REPLICA Membership Fees, Travel Expenses and Training Costs**

REPLICA imposes no fees on participating states or EMS providers. There are no annual membership dues, per-capita fees, or assessment costs imposed by the compact. The regular REPLICA meetings do not require travel expenses as they are conducted virtually. REPLICA does report that one in-person meeting per year is recommended, but as New Mexico officials already attend this conference, participation would likely not result in additional travel or lodging costs.

c. *Projected Financial Impact of Joining REPLICA.*

As outlined above, joining REPLICA would not likely result in any meaningful change in revenue for New Mexico. However, given the need to integrate with REPLICA's data collection system, the state of New Mexico can anticipate incurring approximately \$30,000 in implementation costs upon joining PSYPACT. After implementation, there would also likely be annual costs in the amount of \$35,000 to pay for the MuleSoft software necessary for the API.

## **VII. PROPOSED IMPLEMENTATION TIMELINE**

### **Phase 1: Preparation (0-2 months)**

*Milestone 1: Form a Task Force to Implement Compact*

- Action:
  - Identify critical personnel necessary to assist with transition of New Mexico into REPLICA.
  - This task force will coordinate with REPLICA to identify the steps necessary to integrate New Mexico into the compact.
- Critical Dependencies:
  - Availability of staff and resources to identify compact requirements and communicate with REPLICA.

*Milestone 2: Appoint Representative(s) to REPLICA*

- Action:
  - Designate representatives to serve on the REPLICA Commission, ensuring representation in the commission's multi-state discussions.
- Critical Dependencies:
  - Identify and appoint individuals best suited to represent New Mexico's interests on the commission.

## Phase 2: IT System Integration, Alignment and Training (2-6 months)

### *Milestone 3: Integration of NM Plus with REPLICA Database*

- Action:
  - Integrate RLD's NM Plus licensing software system with REPLICA's data system.
- Critical Dependencies:
  - Technical integration and testing protocols to ensure functionality.
  - Identification and retention of any IT vendors necessary to achieve integration.

### *Milestone 4: Creation/Revision of Policies and Procedures*

- Action:
  - Review and align licensing policies and procedures with the requirements of REPLICA.
- Critical Dependencies:
  - Collaboration between members of the licensing board, staff and REPLICA to review and revise policies and procedures.

### *Milestone 5: Staff Training*

- Action:
  - Coordinate with REPLICA to train licensing staff to report disciplinary actions.
- Critical Dependencies:
  - Communication with REPLICA trainers and experts.
  - Access to REPLICA training materials.

## Phase 3: Full Implementation & Monitoring (6-8 months)

### *Milestone 6: Full Implementation of REPLICA protocols and reporting*

- Action:
  - Begin recognition of EMS "privilege to practice" and meet all reporting obligations.

- Critical Dependencies:
  - Successful integration of the REPLICA reporting system and training of relevant personnel.

*Milestone 7: Internal Monitoring and Evaluation*

- Action:
  - Monitor the REPLICA reporting process for issues, including compliance with compact reporting requirements, and licensee feedback.
- Critical Dependencies:
  - Availability of data analytics tools and staff to identify and address issues.

## **VIII. FINAL RECOMMENDATIONS**

### **1. Encourage Early Active Involvement**

Coordinate early communication with key licensing personnel of the New Mexico RLD with REPLICA personnel to ensure smooth implementation and identify any issues early on.

### **2. Prioritize Efficient Integration of IT Systems**

Begin the process of integrating the NM Plus licensing system into the REPLICA database as soon as database is established and functional.

### **3. Commit to Training and Communication**

Clear communication about the compact's requirements and a robust training program for all staff involved will ensure smooth adoption and minimize confusion for licensing staff.

### **4. Establish Ongoing Monitoring and Evaluation**

Continuous monitoring of the system's effectiveness, addressing user feedback, and performing regular internal reviews will help identify issues early and facilitate improvements.

## **Physician Assistant Licensure Compact**

### **I. SUMMARY**

The Physician Assistant Licensure Compact (the “PA Compact”) enables physician assistants to obtain a multistate “privilege to practice” in those states participating in the compact.<sup>64</sup> The PA Compact was first released in 2022, and became officially active on April 5, 2024. The compact, however, is not yet in operation. There are currently 19 states that have joined the compact.

#### *a. Purpose Behind the PA Compact.*

The stated purpose of the PA Compact is to:

- Enable physician assistants to practice across state lines more easily and efficiently;
- Increase access to care, particularly via telehealth and in shortage areas;
- Reduce administrative burden and expedite multistate license portability;
- Support workforce flexibility, emergency response, and modernized team-based care; and
- Enhance state regulatory collaboration and public safety.

#### *b. The PA Compact Provides a “Privilege to Practice.”*

Once the PA Compact becomes operational, eligible physician assistants will have a “privilege to practice” in other states. This “privilege to practice” will allow physician assistants to practice in member states without having to go through the full licensing process in each state.

To be eligible for compact privileges, a physician assistant must:

- (1) Hold an unrestricted physician assistant license from a participating state;
- (2) Have graduated from an accredited physician assistant program;
- (3) Hold a current NCCPA certification;
- (4) Have no felony or misdemeanor conviction;
- (5) Have never had a controlled substance license, permit, or registration suspended or revoked; and
- (6) Have had no revocation, limitation or restriction on any license.<sup>65</sup>

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<sup>64</sup> For the purposes of this analysis, the provisions of the Physician Assistant Licensure Compact are those contained in House Bill 413, introduced in the New Mexico legislature in 2025.

<sup>65</sup> H.B. 413, 57th Leg., 1st Reg. Sess. (N.M. 2025) (Physician Assistant Licensure Compact) (hereinafter referred to as “H.B. 413”) at Section 5.

*c. Member State Requirements.*

For a state to participate in the PA Compact, the state must: participate in the PA Compact's data system; have a mechanism in place for receiving and investigating complaints about individuals; notify the commission of any adverse action or significant investigatory information; conduct compliant fingerprint-based background checks; and use passage of a recognized national exam such as the national commission on certification of physician assistants' physician assistant national certifying examination, as a requirement for physician assistant licensure.<sup>66</sup>

## **II. IMPACT ON ACCESS TO CARE**

*a. The Physician Assistant Licensure Compact While Active, Is Not Yet Operational.*

To date, no privileges to practice have been issued yet under the PA Compact. The compact only became active in April of 2024, and, as such, there are no studies or analyses that evaluate the impact of the compact on the supply of physician assistants in participating states. However, studies of other healthcare compacts such as the Interstate Medical Licensure Compact have shown that the compacts can result in an increase in the number of providers in the participating states. It is reasonable to project that a physician assistant compact could result in a similar increase in healthcare providers.

*b. The Physician Assistant Licensure Compact's Impact on Telehealth.*

As no privileges to practice have been issued, it is not yet possible to evaluate how telehealth will expand with the PA Compact. However, currently in New Mexico the delivery of health care via telehealth is recognized and encouraged as a safe, practical and necessary practice in New Mexico.<sup>67</sup> Under the New Mexico Telehealth Act, a "health care provider" able to practice telehealth includes physician assistants.<sup>68</sup> If the number of available physician assistants increases upon implementation of the compact, the New Mexico Telehealth Act will allow these additional physician assistants to practice telehealth in New Mexico.

## **III. IMPACT ON LICENSING PROCESS**

Once the PA Compact becomes operational (after the PA Compact Commission builds out its required IT systems), an eligible physician assistant can complete a single application to obtain compact privileges in all participating states where they want to practice. If a physician assistant is commencing their practice in New Mexico, they would still go through the standard New Mexico licensing application process. However, eligible out-of-state physician assistants would be able to bypass the standard application process and obtain a compact privilege instead.

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<sup>66</sup> H.B. 413 at Section 4.

<sup>67</sup> See NMSA 1978 § 24-25-4.

<sup>68</sup> See NMSA 1978 § 24-25-3(7).

As these out-of-state physician assistants would no longer need to apply for full licensure, the administrative burden of New Mexico in processing these applications would be lessened.

#### **IV. IMPACT ON JURISDICTION AND PROCESSES**

##### *a. New Mexico Maintains Disciplinary Authority.*

As a participant in the PA Compact, New Mexico would retain the full authority to **renew, suspend, or revoke those physician assistant licenses issued by the state of New Mexico.**<sup>69</sup> In addition, under the compact, a participating state can remove an out-of-state practitioner's compact privilege or take other action necessary under applicable law to protect the health and safety of the state's residents.<sup>70</sup> As such, with regards to those physician assistants who are not licensed in New Mexico but who have a privilege to practice in New Mexico, New Mexico would have the authority to take adverse action against these out-of-state providers' privilege to practice in New Mexico.

However, there are limitations on what discipline a state can impose on a physician assistant for actions by the physician assistant in a different state. The PA Compact does not authorize a participating state to impose discipline against a physician assistant's compact privilege in that participating state for the individual's otherwise lawful practice in a different participating state.<sup>71</sup>

##### *b. Implications for New Mexico Scope of Practice.*

The compact does not impact New Mexico law regarding licensure, supervision or collaboration requirements, scope of practice, prescriptive authority, or standards of care. The "compact privilege" is defined as the "authorization granted by a remote state to allow a licensee from another participating state to practice as a physician assistant to provide medical services and other licensed activity to a patient located in the remote state under the remote state's laws and regulations."<sup>72</sup>

##### *c. Implementation of PA Compact Requirements.*

Joining the PA Compact would mean that the licensing authority in New Mexico would need to ensure that its licensing process: (1) uses passage of a recognized national exam, such as the national commission on certification of physician assistants' physician assistant national certifying examination, as a requirement for physician assistant licensure; (2) has a mechanism in place for receiving and investigating complaints about individuals; (3) notifies the commission of

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<sup>69</sup> H.B. 413 at Section 7.

<sup>70</sup> H.B. 413 at Section 7(B).

<sup>71</sup> *Id.*

<sup>72</sup> H.B. 413 at Section 3.

any adverse action or significant investigatory information regarding an individual; and (4) utilizes a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks.<sup>73</sup> Notably, the passage of a recognized national exam and criminal background checks are already required by the state of New Mexico for physician assistant licensure.<sup>74</sup> However, New Mexico would need to ensure that all of the requirements are met.

*d. New Reporting Requirements.*

New Mexico would also need to integrate its licensing database with the PA Compact's system and follow the compact's data-reporting standards. New Mexico would need to begin sharing licensure status, sharing disciplinary actions, and reporting restrictions, suspensions, revocations, and significant investigative information affecting licensure.<sup>75</sup> Staff will need to be trained in the processes and requirements of the data sharing protocols.

*e. Impact on Appellate Rights.*

No change is required to the state's licensing appeal system, but there would be an appeal process for decisions made by the PA Compact Commission, not by New Mexico. This could include revoking or suspending a state's membership in the PA Compact. Appeals of these decisions must go through the PA Compact Commission's internal appeals process, followed by review in the federal system.

**V. Overview of Advantages and Disadvantages of Licensing Enforcement under the PA Compact.**

*a. Advantages of Joining the PA Compact.*

• **New Mexico Retains Full Disciplinary Authority.**

Under the PA Compact, New Mexico would maintain authority over investigations into and discipline of New Mexico licensees.<sup>76</sup> For those providers who are practicing in New Mexico under the PA Compact's privilege to practice, New Mexico would still have the authority to take adverse action against the provider's privilege to practice in New Mexico.<sup>77</sup>

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<sup>73</sup> H.B. 413 at Section 4.

<sup>74</sup> See NMAC 16.10.15.8.

<sup>75</sup> H.B. 413 at Section 9.

<sup>76</sup> H.B. 413 at Section 7(A).

<sup>77</sup> H.B. 413 at Section 7(B).

- **Improved information sharing.**

By being a member of the PA Compact, New Mexico would gain access to out-of-state complaints, disciplinary history, and adverse actions taken in other states that are members of the PA Compact.<sup>78</sup> This information can help New Mexico identify, and act on, patterns of misconduct early.

- **Coordinated discipline.**

If a physician assistant has an adverse action taken against them in their home state, the physician assistant would automatically lose all privileges provided by the PA Compact.<sup>79</sup> As a result, problematic providers would be stopped from continuing to practice with privileges in other states.

- **Enhanced investigations.**

The PA Compact allows for tools such as enforceable subpoenas across state-lines.<sup>80</sup> Such tools would strengthen New Mexico's enforcement and investigatory powers as traditional interstate cooperation that lacks explicit mechanisms.

*b. Disadvantages of Joining the PA Compact.*

- **Conflicting State Standards.**

If a physician assistant's home state has different standards for misconduct or unprofessional conduct than New Mexico, that provider could lose their license in the home state for conduct that is permissible in New Mexico. By the home state taking an adverse action, the physician assistant would lose the privilege to practice in New Mexico even though the conduct is not deemed problematic in New Mexico.

- **Inconsistent discipline.**

Once conduct is reported to the PA Compact, different member states may view the conduct differently. Where New Mexico may pursue more corrective action measures, other states may take more draconian measures. New Mexico's actions while meant to be corrective and assist the provider, could unintentionally harm that provider if other states decide to revoke the privilege to practice.

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<sup>78</sup> H.B. 413 at Section 9.

<sup>79</sup> H.B. 413 at Section 7(H).

<sup>80</sup> H.B. 413 at Section 7(B).

- **Increased Burden on Board.**

As a member of the PA Compact, New Mexico would need to report disciplinary actions promptly, respond to inquiries from other states, and manage compliance alongside investigations. These added responsibilities would require staff training and coordination.

## VI. FINANCIAL PROJECTIONS.

### a. *Impact on Revenue.*

The PA Compact grants licensed and eligible physician assistants a “privilege to practice” in member states. Physician assistants apply for this privilege through the PA Compact. As such, joining the PA Compact would likely not increase licensing fee revenue for the state of New Mexico. However, as the PA Compact has not yet begun issuing privileges to practice, there is no data on whether or not the PA Compact impacts revenue or affects the number of physician assistants applying for licenses in New Mexico.

### b. *Costs Associated with Joining the SW Compact.*

#### i. IT Requirements and Costs

As the PA Compact is not yet operational, it is unclear what IT requirements will be required of participating states. The PA Compact currently is in the process of building out its data system infrastructure, and it anticipates that this system will connect with participating states through an API interface. Such a system would require New Mexico to incur some costs to integrate the PA Compact’s API into New Mexico’s system and to pay for the ongoing costs of the MuleSoft software to translate the data.<sup>81</sup> New Mexico has some experience in integrating APIs into its current system as it has already done so for other licensed professions. As a result, there is an idea of what costs it can reasonably expect to incur in integrating API systems into the NM Plus system utilized by New Mexico. While these costs can fluctuate based on various factors, the New Mexico Regulation and Licensing Department (“NM RLD”) anticipates that the cost of implementation would be approximately \$30,000 to \$35,000 per API. However, since the system has not been built out yet, it is unknown how many APIs will be required in the system. As such, it is unknown what the IT costs might be.

#### ii. Additional personnel

Given that the PA Compact does not create a separate licensing process it would not increase the burden on staff to process applications. There would be some additional burden on

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<sup>81</sup> When utilizing the API process, NM Plus requires the use of MuleSoft, a Salesforce-based software, to process and translate the data that is received from an API. Multiple factors go into the costs involved with utilizing the MuleSoft software, but NM RLD estimates the cost per-API of utilizing the MuleSoft program to be approximately \$30,000/year.

staff to meet the disciplinary reporting obligations of the PA Compact, but because the PA Compact is not yet operational, there is no data on how these added burdens might impact NM RLD.

iii. PA Compact Membership Fees, Travel Expenses and Training Costs

The PA Compact does not anticipate charging a membership fee to participating states for the foreseeable future. Other costs are unknown at this time, but are not anticipated to be significant.

c. *Projected Financial Impact of Joining the PA Compact.*

As outlined above, because the PA Compact is not operational, there is no information on how joining the PA Compact impacts a participating state's revenue. Further, the PA Compact's data collection system has not yet been created. Accordingly, the costs associated with integrating into this system are purely speculative. However, if the PA Compact's data collection system ends up requiring the integration of a single API, the state of New Mexico can anticipate incurring approximately \$30,000 in IT implementation costs. With a single API, there would also likely be annual costs in the amount of \$35,000 to pay for the MuleSoft software necessary for that API.

## VII. PROPOSED IMPLEMENTATION TIMELINE

### Phase 1: Preparation (0-2 months)

*Milestone 1: Form a Task Force to Implement Compact*

- Action:
  - Identify critical personnel necessary to assist with transition of New Mexico into the PA Compact.
  - This task force will coordinate with the PA Compact to identify the steps necessary to integrate New Mexico into the compact.
- Critical Dependencies:
  - Availability of staff and resources to identify compact requirements and communicate with the PA Compact.

*Milestone 2: Appoint Representative(s) to the PA Compact*

- Action:
  - Designate representatives to serve on the PA Compact Commission, ensuring representation in the commission's multi-state discussions.

- Critical Dependencies:
  - Identify and appoint individuals best suited to represent New Mexico's interests on the commission.

**Phase 2: IT System Integration, Alignment and Training (unknown – dependent on PA Compact first establishing its coordinated database)**

*Milestone 3: Integration of NM Plus with PA Compact Database (yet to be established)*

- Action:
  - Upon establishment of PA Compact database, integrate NM RLD's NM Plus licensing software system with whatever system is established by the PA Compact.
- Critical Dependencies:
  - Technical integration and testing protocols to ensure functionality.
  - Identification and retention of any IT vendors necessary to achieve integration.

*Milestone 4: Creation/Revision of Policies and Procedures*

- Action:
  - Review and align licensing policies and procedures with the requirements of the PA Compact.
- Critical Dependencies:
  - Collaboration between members of the licensing board, staff and the PA Compact to review and revise policies and procedures.

*Milestone 5: Staff Training*

- Action:
  - Coordinate with PA Compact to train licensing staff to report disciplinary actions.
- Critical Dependencies:
  - Communication with PA Compact trainers and experts.
  - Access to PA Compact training materials.

## **Phase 3: Full Implementation & Monitoring (unknown– dependent on PA Compact beginning to issue practice privileges)**

### *Milestone 6: Full Implementation of PA Compact protocols and reporting*

- Action:
  - Once PA Compact is fully operational, begin recognition of physician assistant “privilege to practice” and meet all reporting obligations.
- Critical Dependencies:
  - Successful integration of the PA Compact reporting system and training of relevant personnel.

### *Milestone 7: Internal Monitoring and Evaluation*

- Action:
  - Monitor the PA Compact reporting process for issues, including compliance with compact reporting requirements, and licensee feedback.
- Critical Dependencies:
  - Availability of data analytics tools and staff to identify and address issues.

## **VIII. FINAL RECOMMENDATIONS**

### **1. Encourage Early Active Involvement**

Coordinate early communication with key licensing personnel of the New Mexico RLD with the PA Compact personnel to ensure smooth implementation and identify any issues early on.

### **2. Prioritize Efficient Integration of IT Systems**

Begin the process of integrating the NM Plus licensing system into the PA Compact database as soon as database is established and functional.

### **3. Commit to Training and Communication**

Clear communication about the compact’s requirements and a robust training program for all staff involved will ensure smooth adoption and minimize confusion for licensing staff.

### **4. Establish Ongoing Monitoring and Evaluation**

Continuous monitoring of the system’s effectiveness, addressing user feedback, and performing regular internal reviews will help identify issues early and facilitate improvements.

## **Social Work Licensure Compact**

### **I. SUMMARY**

The Social Work Licensure Compact (the “SW Compact”) establishes a framework under which social workers may practice in multiple member states pursuant to a single, multi-state license.<sup>82</sup> The SW Compact became active on April 12, 2024, but is not yet in operation. As such, social workers cannot yet use the “compact authorization” to practice in other states. There are currently 31 states that have joined the SW Compact.

#### *a. Purpose Behind the SW Compact.*

The stated purpose of the SW Compact is to:

- Allow social workers to practice in multiple states without needing separate full licenses;
- Improve access to behavioral health services, case management, and telehealth across states;
- Expand the social work workforce in shortage areas (rural, frontier, tribal, medically underserved);
- Reduce administrative burdens and modernize interstate regulation; and
- Strengthen public safety through coordinated background checks and disciplinary data sharing.

#### *b. The SW Compact Provides a “Multistate Authorization to Practice.”*

The SW Compact, when operational, will allow a licensed social worker in one compact member state to obtain a single multistate license. This multistate license will be an authorization to practice in any state that is a member of the SW Compact. A separate full license in each state will not be required. The SW Compact authorization is available to licensed bachelor social workers, licensed master social workers, and licensed clinical social workers who: (1) hold an active, unencumbered license in their home state; (2) have no disqualifying criminal or disciplinary history; and (3) undergo an FBI fingerprint-based background check.<sup>83</sup> Depending on the level of social worker (bachelor, master or clinical) there are further competency requirements that a social worker must meet.

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<sup>82</sup> For the purposes of this analysis, the provisions of the Social Work Licensure Compact examined are those contained in Senate Bill 105, introduced in the New Mexico legislature in 2025.

<sup>83</sup> S.B. 105, 57th Leg., 1st Reg. Sess. (N.M. 2025) (Social Work Licensure Compact) (hereinafter referred to as “S.B. 105”) at Section 5.

*c. Member State Requirements.*

To participate in the SW Compact, a state must: participate in the compact's data system; have a mechanism in place for receiving and investigating complaints about individuals; notify the commission of any adverse action or significant investigatory information; conduct compliant fingerprint-based background checks; require that applicants for a multistate license pass a qualifying national exam for the corresponding category of multistate license sought; and require applicants to complete a period of supervised practice.<sup>84</sup>

## **II. SW COMPACT'S IMPACT ON ACCESS TO CARE**

*a. The Social Work Licensure Compact While Active, Is Not Yet Operational.*

The SW Compact only became active in April of 2024, and no multistate licenses have been granted. As a result, there is not yet any data available to analyze the impact of this compact on the availability of social workers in participating states. However, other compacts, such as the Interstate Medical Licensure Compact, have resulted in an increase in the number of providers in participating states. It is reasonable to project that the SW Compact could result in a similar increase in healthcare providers.

*b. Impact on Expansion of Telehealth Across States.*

Again, it is not possible to fully evaluate the impact on telehealth of the SW Compact given that no authorizations to practice have been issued under that compact. However, under the New Mexico Telehealth Act, a “health care provider” authorized to provide telehealth includes a licensed social worker.<sup>85</sup> Assuming that the number of available social workers increases upon implementation of the compact, this will mean that there will be more social workers who can practice telehealth in New Mexico.

As the SW Compact creates one multistate license, a social worker licensed in a remote state could legally provide telehealth to clients in New Mexico. This could result in: (1) more social workers becoming available to clients in rural and underserved areas; and (2) expanded continuity of care for clients who move or travel. The SW Compact could increase the availability of telehealth services by enabling social workers to practice across state lines with a single license, increasing the provider pool, expanding access to specialists, supporting continuity of care, and allowing organizations to scale remote behavioral-health services rapidly. Further, there is evidence that telehealth is an effective modality for delivering many specific

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<sup>84</sup> *S.B. 105* at Section 4.

<sup>85</sup> *See NMSA 1978 § 24-25-3(7).*

mental health services.<sup>86</sup> If New Mexico declines to implement the SW Compact, a social worker would need to be independently licensed in New Mexico, even for telehealth.

### III. IMPACT ON LICENSING PROCESS

The SW Compact allows eligible social workers to obtain a single multistate license from their home state which will authorize the social worker to practice in all other compact member states. Rather than applying for a separate full license in every state where they seek to practice, a social worker with an active home-state license could apply for one multistate license that is valid in all SW Compact states. As out-of-state social workers would no longer need to apply for full licensure, the administrative burden on New Mexico would be lessened as there would likely be fewer out-of-state licenses to process.

However, if a social worker's license to practice is based in New Mexico, the social worker would need to apply for a multistate license in New Mexico. Upon receipt of an application for a multistate license, the New Mexico licensing authority will be required to determine an applicant's eligibility for a multistate license, and, if eligible, issue the applicant a multistate license.<sup>87</sup>

### IV. IMPACT ON JURISDICTION AND PROCESSES

#### a. *New Mexico's Disciplinary Authority.*

Even under the SW Compact, the state of New Mexico retains full authority to issue, **renew, suspend, or revoke social worker licenses issued by New Mexico.** If a social worker is licensed by a different state, that social worker's multi-state authorization to practice in New Mexico is still subject to New Mexico's regulatory authority. New Mexico has the authority remove a social worker's multistate authorization to practice in New Mexico for a specific period of time, impose fines and take any other necessary actions to protect the health and safety of New Mexico citizens.<sup>88</sup>

However, there are limitations on what discipline a state can impose on a social worker for actions taken by the provider in a different state. The SW Compact does not authorize a participating state to impose discipline against a social worker's authorization to practice in that

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<sup>86</sup> Ryan K. McBain et al., *Expansion of Telehealth Availability for Mental Health Care After State-Level Policy Changes From 2019 to 2022*, 6 JAMA Netw. Open e2318045 (2023), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2805968>

<sup>87</sup> S.B. 105 at Section 6.

<sup>88</sup> S.B. 105 at Section 5(F).

participating state for the individual's otherwise lawful practice in a different participating state.<sup>89</sup>

*b. Impact on New Mexico Scope of Practice for Social Workers.*

The SW Compact does not impact New Mexico law regarding supervision or collaboration requirements, scope of practice, or standards of care. The SW Compact language explicitly states that:

Nothing in the Social Work Licensure Interstate Compact, nor any rule of the commission, shall be construed to limit, restrict or in any way reduce the ability of a member state to enact and enforce laws, regulations or other rules related to the practice of social work in that state, where those laws, regulations or other rules are not inconsistent with the provisions of the Social Work Licensure Interstate Compact.<sup>90</sup>

A licensee providing services in a remote state under a multistate authorization to practice shall adhere to the laws and regulations, including laws, regulations and applicable standards, of the remote state where a client is located at the time care is rendered.<sup>91</sup>

*c. Implementation of SW Compact Requirements.*

Joining the SW Compact would mean that the licensing authority in New Mexico would need to review its licensing process to ensure that it: (1) requires that applicants for a multistate license pass a qualifying national exam for the corresponding category of multistate license sought; (2) has a mechanism in place for receiving and investigating complaints about individuals; (3) notifies the commission of any adverse action or significant investigatory information regarding an individual; and (4) utilizes a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks.<sup>92</sup> New Mexico currently requires some of these elements, such as requiring that applicants successfully pass the Association of Social Workers Board examination.<sup>93</sup> However, other requirements such as criminal background checks are not currently required. New Mexico would need to make sure that all of the SW Compact requirements are met.

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<sup>89</sup> *S.B. 105* at Section 10(J).

<sup>90</sup> *S.B. 105* at Section 7.

<sup>91</sup> *S.B. 105* at Section 17.

<sup>92</sup> *S.B. 105* at Section 4.

<sup>93</sup> See NMAC 16.63.11.8.

*d. New Reporting Requirements.*

New Mexico would need to integrate its licensing database with the SW Compact's data collection system and follow the compact data-reporting standards. As part of this data-reporting, New Mexico would need to begin sharing licensure status, sharing disciplinary actions, and reporting restrictions, suspensions, revocations, and serious criminal convictions affecting licensure.<sup>94</sup>

*e. Impact on Appellate Rights.*

No change is required to the state's licensing appeal system, but there would be an appeal process for decisions made by the SW Compact Commission, not by New Mexico. This could include revoking or suspending a state's membership in the SW Compact. Appeals of these decisions must go through the SW Compact Commission's internal appeals process, followed by review in the federal system.

## **V. Overview of Advantages and Disadvantages of Licensing Enforcement under the SW Compact.**

*a. Advantages of Joining the SW Compact:*

- **New Mexico Retains Full Disciplinary Authority.**

Under the Social Work Licensure Compact, New Mexico would maintain authority over investigations into and discipline of New Mexico licensees.<sup>95</sup> Similarly, for licensed social workers whose home state is other than New Mexico, New Mexico still has the authority to take adverse action against the provider's authorization to practice in New Mexico.<sup>96</sup>

- **Improved information sharing.**

By being a member of the SW Compact, New Mexico would gain access to out-of-state complaints, disciplinary history, and adverse actions taken in other states.<sup>97</sup> This information can help New Mexico identify patterns of misconduct early.

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<sup>94</sup> S.B. 105 at Section 12.

<sup>95</sup> S.B. 105 at Section 7(C).

<sup>96</sup> S.B. 105 at Section 7(D).

<sup>97</sup> S.B. 105 at Section 12.

- **Coordinated discipline.**

New Mexico would be allowed to take adverse action based on the factual findings of another member state, provided that New Mexico follows its own procedures for taking the adverse action.<sup>98</sup> This will prevent problematic providers from continuing to practice with privileges in New Mexico.

*b. Disadvantages of Joining the SW Compact:*

- **Conflicting State Standards.**

If a social worker's home state has different standards for misconduct or unprofessional conduct than New Mexico, that provider could lose their license in the home state for conduct that is permissible in New Mexico. By the home state taking an adverse action, the social worker would lose the authorization to practice in New Mexico even though the conduct is not deemed problematic in New Mexico.<sup>99</sup>

- **Inconsistent discipline.**

Once conduct is reported to the SW Compact (as is required), different member states may view the conduct differently. Where New Mexico may seek more corrective action measures, other states may take more draconian measures. New Mexico's actions, while meant to be corrective and assist the provider, could unintentionally harm that provider if other states decide to revoke the privilege to practice.

- **Increased Burden on Board.**

As a member of the SW Compact, New Mexico would need to report disciplinary actions promptly, respond to inquiries from other states, and manage compliance alongside investigations. These added responsibilities will require staff training and coordination.

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<sup>98</sup> S.B. 105 at Section 10(E).

<sup>99</sup> S.B. 105 at Section 10(G).

## VI. FINANCIAL PROJECTIONS

### *a. Impact on Revenue.*

The SW Compact grants licensed and eligible social workers a “multi-state authorization” to practice in member states. The SW Compact also allows a home state to charge a fee for granting the multistate license.<sup>100</sup> If New Mexico based social workers opt to apply for multistate licenses, New Mexico could collect fees for these multistate licenses. In theory, this would lead to an increase in revenue for New Mexico. However, as the SW Compact is not yet operational, there is no data on how the SW Compact may impact revenue or how the volume of license applications currently processed by New Mexico will be affected.

### *b. Added Costs Associated with Joining the SW Compact.*

#### i. IT Requirements and Costs

As the SW Compact is not yet operational, it is unclear what IT requirements will be required of participating states. The SW Compact currently is in the process of building out its data system infrastructure, and it anticipates that this system will connect with participating states through an API interface. Such a system would require New Mexico to incur some costs to integrate the SW Compact’s API into New Mexico’s system and to pay for the ongoing costs of the MuleSoft software to translate the data. New Mexico has some experience in integrating APIs into its current system as it has already done so for other licensed professions. As a result, there is an idea of what costs it can reasonably expect to incur in integrating API systems into the New Mexico Regulation and Licensing Department’s (“NM RLD”) NM Plus system. While these costs can fluctuate based on various factors, NM RLD anticipates that the cost of implementation would be approximately \$30,000 to \$35,000 per API.

In addition, when utilizing the API process, NM Plus requires the use of MuleSoft, a Salesforce-based software, to process and translate the data that is received from an API. Multiple factors go into the costs involved with utilizing the MuleSoft software, but NM RLD estimates the cost per-API of utilizing the MuleSoft program to be approximately \$30,000/year. However, since the SW Compact system has not been built out yet, it is unknown how many APIs will be required in the system. As such, it is unknown what the IT costs might be.

#### ii. Additional personnel

Given that the SW Compact is not yet operational, there is no data on the impact that the SW Compact has on the administrative burdens of licensing authorities. While the compact may increase the New Mexico licensing authority’s workload by having to process multistate

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<sup>100</sup> *S.B. 105* at Section 4(D).

applications of New Mexico licensees, this may be offset by a reduction in out-of-state license applications that no longer need to be processed. In any case, there would likely be some additional burden on staff to meet the disciplinary reporting obligations of SW Compact, but because the SW Compact is not yet operational, there is no data on how these added burdens might impact the member state's operations.

iii. SW Compact Membership Fees, Travel Expenses and Training Costs

The SW Compact does not anticipate charging a membership fee to participating states for the foreseeable future. Other costs are unknown at this time, but are not anticipated to be significant.

c. *Projected Financial Impact of Joining the SW Compact.*

As outlined above, because the SW Compact is not operational, there is no information on how joining the SW Compact may impact a participating state's revenue. Further, the SW Compact's data collection system has not yet been created. Accordingly, the costs associated with integrating into this system are purely speculative. However, if the SW Compact's data collection system ends up requiring the integration of a single API, the state of New Mexico can anticipate incurring approximately \$30,000 in IT implementation costs. With a single API, there would also likely be annual costs in the amount of \$35,000 to pay for the MuleSoft software necessary for that API.

## VII. PROPOSED IMPLEMENTATION TIMELINE

### Phase 1: Preparation (0-2 months)

*Milestone 1: Form a Task Force to Implement Compact*

- Action:
  - Identify critical personnel necessary to assist with transition of New Mexico into the SW Compact.
  - This task force will coordinate with the SW Compact to identify the steps necessary to integrate New Mexico into the compact.
- Critical Dependencies:
  - Availability of staff and resources to identify compact requirements and communicate with the SW Compact.

*Milestone 2: Appoint Representative(s) to the SW Compact*

- Action:
  - Designate representatives to serve on the SW Compact Commission, ensuring representation in the commission's multi-state discussions.

- Critical Dependencies:
  - Identify and appoint individuals best suited to represent New Mexico's interests on that commission.

**Phase 2: IT System Integration, Alignment and Training (unknown – dependent on SW Compact first establishing its coordinated database)**

*Milestone 3: Integration of NM Plus with SW Compact Database (yet to be established)*

- Action:
  - Upon establishment of the SW Compact database, integrate NM RLD's NM Plus licensing software system with the system that will be established by the SW Compact.
- Critical Dependencies:
  - Technical integration and testing protocols to ensure functionality.
  - Identification and retention of any IT vendors necessary to achieve integration.

*Milestone 4: Creation/Revision of Policies and Procedures*

- Action:
  - Review and align licensing policies and procedures with the requirements of the SW Compact.
- Critical Dependencies:
  - Collaboration between members of the licensing board, staff and the SW Compact to review and revise policies and procedures.

*Milestone 5: Staff Training*

- Action:
  - Coordinate with SW Compact to train licensing staff to report disciplinary actions.
- Critical Dependencies:
  - Communication with SW Compact trainers and experts.
  - Access to SW Compact training materials.

### **Phase 3: Full Implementation & Monitoring (unknown– dependent on SW Compact beginning to issue practice privileges)**

#### *Milestone 6: Full Implementation of SW Compact protocols and reporting*

- Action:
  - Once SW Compact is fully operational, begin recognition of social worker “multi-state authorization” and meet all reporting obligations.
- Critical Dependencies:
  - Successful integration of the SW Compact reporting system and training of relevant personnel.

#### *Milestone 7: Internal Monitoring and Evaluation*

- Action:
  - Monitor the SW Compact reporting process for issues, including compliance with compact reporting requirements, and licensee feedback.
- Critical Dependencies:
  - Availability of data analytics tools and staff to identify and address issues.

## **VIII. FINAL RECOMMENDATIONS**

### **1. Encourage Early Active Involvement**

Coordinate early communication with key licensing personnel of the New Mexico RLD with the SW Compact personnel to ensure smooth implementation and identify any issues early on.

### **2. Prioritize Efficient Integration of IT Systems**

Begin the process of integrating the NM Plus licensing system into the SW Compact database as soon as that database is established and functional.

### **3. Commit to Training and Communication**

Clear communication about the compact’s requirements and a robust training program for all staff involved will ensure smooth adoption and minimize confusion for licensing staff.

### **4. Establish Ongoing Monitoring and Evaluation**

Continuous monitoring of the system’s effectiveness, addressing user feedback, and performing regular internal reviews will help identify issues early and facilitate improvements.

## **Advance Practice Registered Nurse Compact**

### **I. SUMMARY**

The Advanced Practice Registered Nurse Compact (the “APRN Compact”) is an interstate agreement that enables qualified advanced practice registered nurses (“APRNs”) to hold one multistate license allowing them to practice in all states that adopt the compact.<sup>101</sup> The APRN Compact requires seven states to adopt the compact in order for it to come into effect. To date, only four states have adopted the compact, meaning that it is not yet active. As such, APRNs cannot yet use a multi-state authorization to practice in other states.

#### *a. Purpose Behind the APRN Compact.*

The stated purpose of the APRN Compact is to:

- Facilitate the states’ responsibility to protect the public’s health and safety;
- Ensure and encourage the cooperation of party states in the areas of APRN licensure and regulation, including promotion of uniform licensure requirements;
- Facilitate the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions;
- Promote compliance with the laws governing APRN practice in each jurisdiction;
- Invest all party states with the authority to hold an APRN accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state privileges to practice;
- Decrease redundancies in the consideration and issuance of APRN licenses; and
- Provide opportunities for interstate practice by APRNs who meet uniform licensure requirements.<sup>102</sup>

#### *b. The APRN Compact Provides a “Multistate Licensure Privilege.”*

The APRN Compact, when operational, will allow an APRN in one compact member state to obtain a single multistate license. This multistate license will be an authorization to practice in any state that is a member of the APRN Compact. A separate full license in each state will not be required. The APRN Compact multistate license is available to registered nurses who are licensed in their home state to perform advanced practice nursing. Eligible APRNs must: (1)

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<sup>101</sup> For the purposes of this analysis, the provisions of the Advanced Practice Registered Nurse Compact examined are those contained in Advanced Practice Registered Nurse Compact Model Language (APRN M.L.”) available here: [https://www.aprncpact.com/files/FINAL\\_APRNCompact\\_8.12.20.pdf](https://www.aprncpact.com/files/FINAL_APRNCompact_8.12.20.pdf).

<sup>102</sup> APRN M.L. at Article I.

meet the home state's qualifications for licensure; (2) have completed an accredited graduate-level education program that prepares the applicant for one of the four recognized roles and population foci; (3) have successfully passed a national certification examination; (4) hold an active, unencumbered license as a registered nurse and an active, unencumbered authorization to practice as an APRN; (5) have successfully passed an NCLEX-RN® examination or recognized predecessor; (6) have practiced for at least 2,080 hours as an APRN in a role and population focus congruent with the applicant's education and training; (7) have no disqualifying criminal or disciplinary history; and (8) undergo an FBI fingerprint-based background check.<sup>103</sup>

*c. Member State Requirements.*

To participate in the APRN Compact, a state must: participate in the compact's data system; have a mechanism in place for receiving and investigating complaints about individuals; notify the commission of any adverse action or significant investigatory information; conduct compliant fingerprint-based background checks; require that applicants for a multistate license pass a qualifying national exam; and require applicants to complete a period of supervised practice.<sup>104</sup>

## **II. APRN COMPACT'S IMPACT ON ACCESS TO CARE**

*a. The APRN Compact Is Not Yet Active.*

Not enough states have adopted the APRN Compact in order for it to become active. In order for the APRN Compact to become active, a minimum of seven states must adopt the compact. To date, only four states have done so. As such, no multistate licenses have been granted, and there is no data available to analyze the impact of this compact on the availability of APRNs in participating states. However, other compacts, such as the Interstate Medical Licensure Compact, have resulted in an increase in the number of providers in participating states. It is reasonable to project that the APRN could result in a similar increase in healthcare providers.

*b. Impact on Expansion of Telehealth Across States.*

Again, it is not possible to fully evaluate the impact on telehealth of the APRN Compact given that no multistate licenses have been issued under that compact. However, under the New Mexico Telehealth Act, a "health care provider" authorized to provide telehealth includes registered nurses.<sup>105</sup> Assuming that the number of available APRNs increases upon

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<sup>103</sup> APRN M.L. at Article III.

<sup>104</sup> *Id.*

<sup>105</sup> See NMSA 1978 § 24-25-3(17).

implementation of the compact, this will mean that there will be more APRNs who can practice telehealth in New Mexico.

As the APRN Compact creates one multistate license, an APRN licensed in a remote state could legally provide telehealth to clients in New Mexico. If New Mexico declines to implement the APRN Compact, an APRN would need to be independently licensed in New Mexico, even for telehealth.

### **III. IMPACT ON LICENSING PROCESS**

The APRN Compact allows eligible providers to obtain a single multistate license from their home state which will authorize them to practice in all other compact member states. Rather than applying for a separate full license in every state where they seek to practice, an APRN could apply for one multistate license that is valid in all APRN Compact states. As out-of-state providers would no longer need to apply for full licensure, the administrative burden on New Mexico would be lessened as there would likely be fewer out-of-state licenses to process.

However, if an APRN's license to practice is based in New Mexico, the APRN would need to apply for a multistate license in New Mexico. Upon receipt of an application for a multistate license, the New Mexico licensing authority would be required to:

[A]scertain, through the coordinated licensure information system, whether the applicant has ever held or is the holder of a licensed practical/vocational nursing license, a registered nursing license or an advanced practice registered nurse license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant and whether the applicant is currently participating in an alternative program.<sup>106</sup>

Processing these multistate licenses would be a new process for the New Mexico licensing authority. It will require training and procedures to ensure that the requirements of the compact are met.

### **IV. IMPACT ON JURISDICTION AND PROCESSES**

#### *a. New Mexico's Disciplinary Authority.*

Even under the APRN Compact, the state of New Mexico retains full authority to **issue, renew, suspend, or revoke APRN licenses issued by New Mexico**. Further, all states in the APRN Compact will be authorized, in accordance with state due process laws, to take adverse

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<sup>106</sup> APRN M.L. at Article IV.

action against an APRN's multistate licensure privilege such as revocation, suspension, probation or any other action that affects an APRN's authorization to practice under a multistate licensure privilege, including cease and desist actions.<sup>107</sup> As such, if an APRN is licensed by a state other than New Mexico, that APRN's multi-state authorization to practice in New Mexico is still subject to New Mexico's regulatory authority and New Mexico may take adverse action against an APRN's multistate licensure privilege to practice within the state.<sup>108</sup> This includes issuing cease and desist orders or imposing an encumbrance on an APRN's authority to practice within New Mexico. Finally, an APRN's practice in a party state under a multistate licensure privilege will subject the APRN to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided.<sup>109</sup>

*b. Impact on New Mexico Scope of Practice for APRNs.*

Under the model language of the compact, an APRN practicing in a party state must comply with the "state practice laws" of the state in which the client is located at the time service is provided.<sup>110</sup> APRN practice is not limited to patient care, but shall include all advanced nursing practice as defined by the state practice laws of the party state in which the client is located. "State practice laws" is defined by the APRN Compact as:

[A] party state's laws, rules, and regulations that govern APRN practice, define the scope of advanced nursing practice and create the methods and grounds for imposing discipline except that prescriptive authority shall be treated in accordance with Article III.f and g of this Compact. "State practice laws" does not include: 1. A party state's laws, rules, and regulations requiring supervision or collaboration with a healthcare professional, except for laws, rules, and regulations regarding prescribing controlled substances; 2. the requirements necessary to obtain and retain an APRN license, except for qualifications or requirements of the home state.<sup>111</sup>

As such, APRNs practicing in New Mexico under a multistate license would still be legally bound by New Mexico scope of practice laws when treating New Mexico patients.

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<sup>107</sup> *Id.* at Article III.

<sup>108</sup> *Id.* at Article V.

<sup>109</sup> *Id.* at Article III.

<sup>110</sup> *Id.* at Article III.

<sup>111</sup> *Id.* at Article II.

*c. Implementation of APRN Compact Requirements.*

Joining the APRN Compact would mean that the licensing authority in New Mexico would need to review its licensing process to ensure that it: (1) requires that applicants for a multistate license pass a qualifying national exam; (2) has a mechanism in place for receiving and investigating complaints about individuals; (3) notifies the commission of any adverse action or significant investigatory information regarding an individual; and (4) utilizes a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks.<sup>112</sup> New Mexico would need to make sure that all of the APRN Compact requirements are met.

*d. New Reporting Requirements.*

New Mexico would need to integrate its licensing database with the APRN Compact's data collection system and follow the compact data-reporting standards. As part of this data-reporting, New Mexico would need to begin sharing any adverse actions, any current significant investigative information, denials of applications (with the reasons for such denials) and APRN participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic and/or confidential under state law.<sup>113</sup>

*e. Impact on Appellate Rights.*

No change is required to the state's licensing appeal system, but there would be an appeal process for decisions made by the APRN Compact Commission, not by New Mexico. This could include revoking or suspending a state's membership in the APRN Compact. Appeals of these decisions must go through the APRN Compact Commission's internal appeals process, followed by review in the federal system.

## **V. Overview of Advantages and Disadvantages of Licensing Enforcement under the APRN Compact.**

*a. Advantages of Joining the APRN Compact:*

- **New Mexico Retains Full Disciplinary Authority.**

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<sup>112</sup> *Id.* at Article III.

<sup>113</sup> *Id.* at Article VI.

Under the APRN Compact, New Mexico would maintain authority over investigations into and discipline of New Mexico licensees.<sup>114</sup> Similarly, for APRNs whose home state is other than New Mexico, New Mexico still has the authority to take adverse action against the provider's authorization to practice in New Mexico.<sup>115</sup>

- **Improved information sharing.**

By being a member of the APRN Compact, New Mexico would gain access to out-of-state complaints, disciplinary history, and adverse actions taken in other states.<sup>116</sup> This information can help New Mexico identify patterns of misconduct early on.

- **Coordinated discipline.**

New Mexico would be allowed to take adverse action based on the factual findings of another member state, provided that New Mexico follows its own procedures for taking the adverse action.<sup>117</sup> This will prevent problematic providers from continuing to practice with privileges in New Mexico.

*b. Disadvantages of Joining the APRN Compact:*

- **Conflicting State Standards.**

If APRN's home state has different standards for misconduct or unprofessional conduct than New Mexico, that provider could lose their license in the home state for conduct that is permissible in New Mexico. By the home state taking an adverse action, the APRN would lose the authorization to practice in New Mexico even though the conduct is not deemed problematic in New Mexico.<sup>118</sup>

- **Inconsistent discipline.**

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<sup>114</sup> *Id.* at Article V.

<sup>115</sup> *Id.* at Article III.

<sup>116</sup> *Id.* at Article VI.

<sup>117</sup> *Id.* at Article VI.

<sup>118</sup> *Id.* at Article V.

Once conduct is reported to the APRN Compact (as is required), different member states may view the conduct differently. Where New Mexico may seek more corrective action measures, other states may take more draconian measures. New Mexico's actions, while meant to be corrective and assist the provider, could unintentionally harm that provider if other states decide to revoke the privilege to practice.

- **Increased Burden on Board.**

As a member of the APRN Compact, New Mexico would need to report disciplinary actions promptly, respond to inquiries from other states, and manage compliance alongside investigations. These added responsibilities will require staff training and coordination.

## VI. FINANCIAL PROJECTIONS

### a. *Impact on Revenue.*

The APRN Compact grants licensed and eligible providers a “multi-state authorization” to practice in member states. It is unclear from the model language whether the APRN Compact will allow a home state to charge a fee for granting the multistate license. If so, when New Mexico-based APRNs apply for multistate licenses, New Mexico could potentially collect fees for these multistate licenses. In theory, this would lead to an increase in revenue for New Mexico. However, as the APRN Compact is not yet operational, there is no data on how the APRN Compact may impact revenue or how the volume of license applications currently processed by New Mexico will be affected.

### b. *Added Costs Associated with Joining the APRN Compact.*

#### i. IT Requirements and Costs

As the APRN Compact is not yet operational, it is unclear what IT requirements will be required of participating states. Some healthcare compacts require participating states to integrate with the compact's database. Other compacts, such as the Psychology Interjurisdictional Compact, do not require any IT integration. Assuming that the APRN will require integration through an API interface, such a system would require New Mexico to incur some costs to integrate the APRN Compact's API into New Mexico's system and to pay for the ongoing costs of the MuleSoft software to translate the data. New Mexico has some experience in integrating APIs into its current system as it has already done so for other licensed professions. As a result, there is an idea of what costs it can reasonably expect to incur in integrating API systems into the New Mexico Regulation and Licensing Department's (“NM RLD”) NM Plus

system. While these costs can fluctuate based on various factors, NM RLD anticipates that the cost of implementation would be approximately \$30,000 to \$35,000 per API.

In addition, when utilizing the API process, NM Plus requires the use of MuleSoft, a Salesforce-based software, to process and translate the data that is received from an API. Multiple factors go into the costs involved with utilizing the MuleSoft software, but NM RLD estimates the cost per-API of utilizing the MuleSoft program to be approximately \$30,000/year. However, since the APRN Compact system has not been built out yet, it is unknown how many APIs will be required in the system. As such, it is unknown what the IT costs might be.

ii. Additional personnel

Given that the APRN Compact is not yet operational, there is no data on the impact that the APRN Compact will have on the administrative burdens of licensing authorities. While the compact may increase the New Mexico licensing authority's workload by having to process multistate applications of New Mexico licensees, this may be offset by a reduction in out-of-state license applications that no longer need to be processed. In any case, there would likely be some additional burden on staff to meet the disciplinary reporting obligations of APRN Compact, but because the APRN Compact is not yet operational, there is no data on how these added burdens might impact the member state's operations.

iii. APRN Compact Membership Fees, Travel Expenses and Training Costs

It is unknown if the APRN will charge a membership fee for participating states. Other costs are unknown at this time, but are not anticipated to be significant.

c. *Projected Financial Impact of Joining the APRN Compact.*

As outlined above, because the APRN Compact is not operational, there is no information on how joining the APRN Compact may impact a participating state's revenue. Further, the APRN Compact's data collection system has not yet been created. Accordingly, the costs associated with integrating into this system are purely speculative. However, if the APRN Compact's data collection system ends up requiring the integration of a single API, the state of New Mexico can anticipate incurring approximately \$30,000 in IT implementation costs. With a single API, there would also likely be annual costs in the amount of \$35,000 to pay for the MuleSoft software necessary for that API.

## VII. PROPOSED IMPLEMENTATION TIMELINE

### Phase 1: Preparation (unknown – dependent on the compact first becoming active)

*Milestone 1: Form a Task Force to Implement Compact*

- Action:
  - Identify critical personnel necessary to assist with transition of New Mexico into the APRN Compact.

- This task force will coordinate with the APRN Compact to identify the steps necessary to integrate New Mexico into the compact.
- Critical Dependencies:
  - Availability of staff and resources to identify compact requirements and communicate with the APRN Compact.

*Milestone 2: Appoint Representatives to the APRN Compact*

- Action:
  - Designate representatives to serve on the APRN Compact Commission, ensuring representation in the commission's multi-state discussions.
- Critical Dependencies:
  - Identify and appoint individuals best suited to represent New Mexico's interests on that commission.

**Phase 2: IT System Integration, Alignment and Training (unknown – dependent on APRN Compact first establishing its coordinated database)**

*Milestone 3: Integration of NM Plus with APRN Compact Database (yet to be established)*

- Action:
  - Upon establishment of the APRN Compact database, integrate NM RLD's NM Plus licensing software system with the system that will be established by the APRN Compact.
- Critical Dependencies:
  - Technical integration and testing protocols to ensure functionality.
  - Identification and retention of any IT vendors necessary to achieve integration.

*Milestone 4: Creation/Revision of Policies and Procedures*

- Action:
  - Review and align licensing policies and procedures with the requirements of the APRN Compact.

- Critical Dependencies:
  - Collaboration between members of the licensing board, staff and the APRN Compact to review and revise policies and procedures.

*Milestone 5: Staff Training*

- Action:
  - Coordinate with APRN Compact to train licensing staff to report disciplinary actions.
- Critical Dependencies:
  - Communication with APRN Compact trainers and experts.
  - Access to APRN Compact training materials.

**Phase 3: Full Implementation & Monitoring (unknown– dependent on APRN Compact becoming operational)**

*Milestone 6: Full Implementation of APRN Compact protocols and reporting*

- Action:
  - Once APRN Compact is fully operational, begin recognition of APRN “multi-state authorization” and meet all reporting obligations.
- Critical Dependencies:
  - Successful integration of the APRN Compact reporting system and training of relevant personnel.

*Milestone 7: Internal Monitoring and Evaluation*

- Action:
  - Monitor the APRN Compact reporting process for issues, including compliance with compact reporting requirements, and licensee feedback.
- Critical Dependencies:
  - Availability of data analytics tools and staff to identify and address issues.

**VIII. FINAL RECOMMENDATIONS**

**1. Encourage Early Active Involvement**

Coordinate early communication with key licensing personnel of the New Mexico RLD with the APRN Compact personnel to ensure smooth implementation and identify any issues early on.

## **2. Prioritize Efficient Integration of IT Systems**

Begin the process of integrating the NM Plus licensing system into the APRN Compact database as soon as that database is established and functional.

## **3. Commit to Training and Communication**

Clear communication about the compact's requirements and a robust training program for all staff involved will ensure smooth adoption and minimize confusion for licensing staff.

## **4. Establish Ongoing Monitoring and Evaluation**

Continuous monitoring of the system's effectiveness, addressing user feedback, and performing regular internal reviews will help identify issues early and facilitate improvements.

## **Appendix A**

### **Glossary of Key Terms**

**Advanced Practice Registered Nurse (APRN)** - A registered nurse who has completed graduate-level education and holds licensure to practice in an advanced clinical role, such as certified nurse practitioners, certified registered nurse anesthetists and certified clinical nurse specialists.

**API (Application Programming Interface)** - A software interface that enables different information technology systems to exchange data. In licensure compacts, APIs allow state licensing systems to communicate with compact commissions' coordinated data systems.

**Compact Commission** - A multi-state governing body established under an interstate licensure compact to administer the compact, adopt rules, oversee data systems, and coordinate member-state participation.

**Disciplinary Authority** - The legal authority of a state licensing board to investigate complaints, impose sanctions, restrict practice, or revoke licenses or compact privileges.

**E.Passport** - A credential issued under the Psychology Interjurisdictional Compact that authorizes a licensed psychologist to provide telepsychology services across participating states.

**Emergency Medical Services (EMS)** - Prehospital medical care and transport services delivered by licensed personnel, including emergency medical technicians (EMTs), advanced emergency medical technicians (AEMTs), and paramedics.

**Expedited Licensure** - A streamlined licensing process that reduces administrative requirements and processing time by relying on verification performed by another state, as utilized by the Interstate Medical Licensure Compact.

**Home State** - The state in which a licensee holds their primary professional license and that is responsible for determining eligibility for compact participation or multistate privileges.

**Interstate Medical Licensure Compact (IMLC)** - An interstate agreement that provides an expedited pathway for physicians to obtain full, unrestricted medical licenses in participating states while preserving state-based licensure authority.

**Interjurisdictional Practice Certificate (IPC)** - A credential issued under the Psychology Interjurisdictional Compact that allows psychologists to engage in limited, temporary in-person practice in other compact states.

**Licensure Compact** - A formal agreement among states that establishes shared standards and processes allowing licensed professionals to practice across state lines under defined conditions.

**Multistate License / Authorization to Practice** - A license or authorization issued by a home state that permits a professional to practice in multiple compact member states without obtaining separate licenses in each state.

**NM Plus** - The Salesforce-based licensing and regulatory software system used by the New Mexico Regulation and Licensing Department to process applications, manage licensee data, and support regulatory functions.

**Physician Assistant** - A licensed healthcare professional who practices medicine under a collaborative or supervisory relationship with a physician and is authorized to examine patients, diagnose illnesses, develop treatment plans, prescribe medications, and provide ongoing medical care within the scope of state law.

**Privilege to Practice** - Authorization granted under certain compacts that allows a professional licensed in one member state to practice in another member state without obtaining a separate license.

**Psychology Interjurisdictional Compact (PSYPACT)** - An interstate compact that authorizes licensed psychologists to practice telepsychology and limited in-person services across participating states.

**REPLICA (Recognition of EMS Personnel Licensure Interstate Compact)** - An interstate compact that allows licensed emergency medical services personnel to practice in other compact states under a privilege-to-practice model.

**Scope of Practice** - The set of activities and services that a licensed professional is legally authorized to perform under state law and regulations.

**Social Worker** - A licensed professional who provides services to individuals, families, and communities to support mental health, social functioning, and access to resources. Social workers may provide counseling, care coordination, advocacy, and clinical services, depending on their level of education, licensure, and scope of practice under state law.

**State of Principal License (SPL)** - Under the Interstate Medical Licensure Compact, the state that verifies a physician's eligibility for expedited licensure based on residence, practice location, employment, or tax filing status.

**Telehealth / Telemedicine** - The delivery of healthcare services using electronic or telecommunications technologies when the provider and patient are located in different places.