

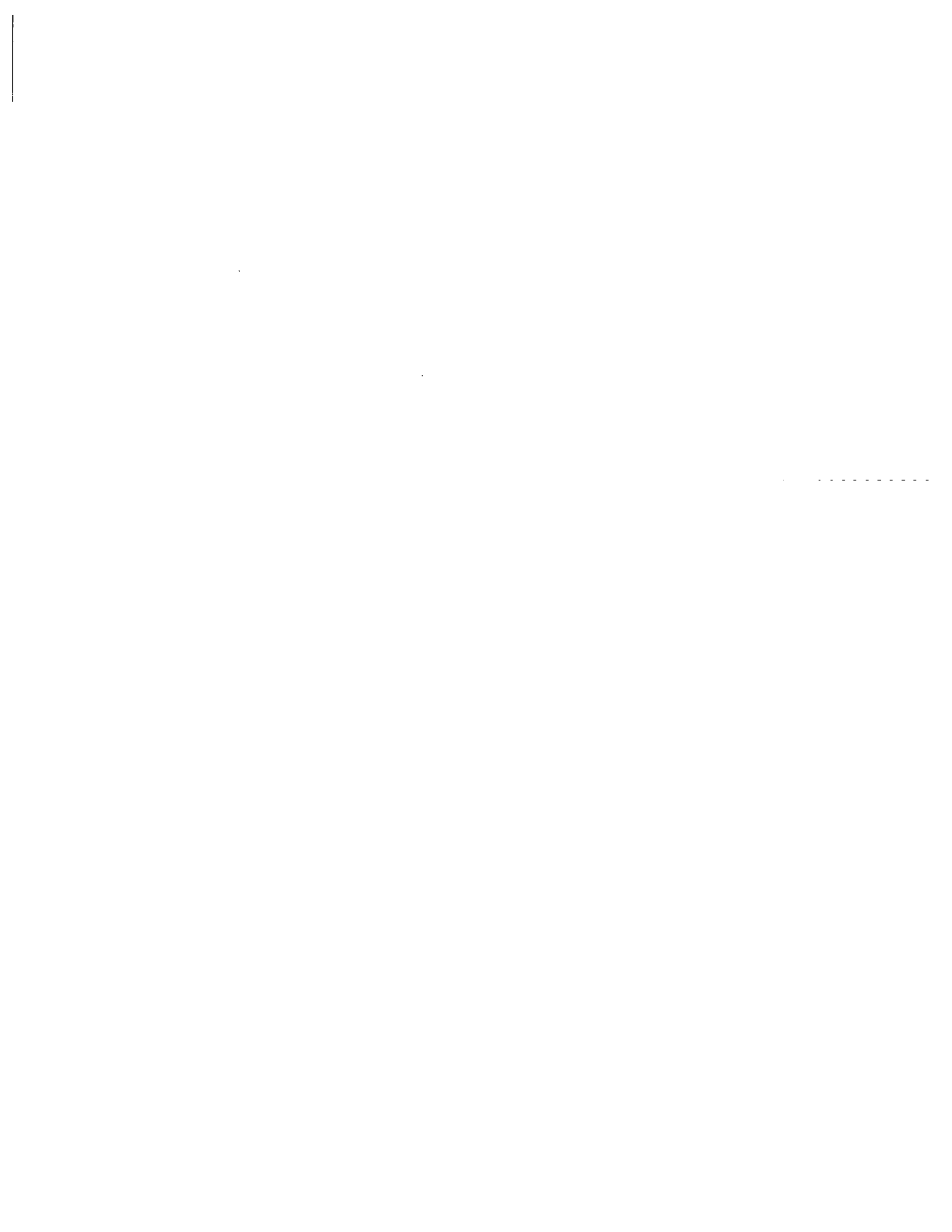
# **New Mexico Medical Board**

**FY12  
(July 1, 2011 – June 30, 2012)**

## **Annual Report**



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## **Table of Contents**

<b>Forward .....</b>	<b>Page 3</b>
<b>Purpose of the New Mexico Medical Board .....</b>	<b>Page 4</b>
<b>Mission .....</b>	<b>Page 4</b>
<b>Vision .....</b>	<b>Page 4</b>
<b>Stakeholders .....</b>	<b>Page 4</b>
<b>Strategic Goals .....</b>	<b>Page 5</b>
<b>Agency Values .....</b>	<b>Page 5</b>
<b>Executive Summary .....</b>	<b>Page 6</b>
<b>Members of the Board .....</b>	<b>Page 7</b>
<b>Board Meetings .....</b>	<b>Page 9</b>
<b>Board Staff .....</b>	<b>Page 10</b>
<b>FY10 – FY11 Statistics .....</b>	<b>Page 11</b>
<b>Licensing .....</b>	<b>Page 13</b>
<b>Medical Doctor Roster by County .....</b>	<b>Page 17</b>
<b>Investigations .....</b>	<b>Page 19</b>
<b>Compliance .....</b>	<b>Page 20</b>
<b>Impaired Healthcare Provider Act.....</b>	<b>Page 21</b>
<b>Public Information .....</b>	<b>Page 22</b>
<b>Financials.....</b>	<b>Page 23</b>
<b>Accomplishments .....</b>	<b>Page 24</b>
<b>A Look Ahead .....</b>	<b>Page 26</b>

## ***Forward***

The New Mexico Medical Board (Board) was created under Laws of 1923, Chapter 44, NMSA. The Board is responsible for enforcing and administering the provisions of the Medical Practice Act (Chapter 61, Article 6) NMSA 1978, the Physician Assistant Act (Section 61-6-7 through 61-6-10), the Genetic Counseling Act (Article 6A, Sections 61-6A-1 through 61-6A-10), the Polysomnography Practice Act (Article 6B, Sections 61-6B-1 through 61-6B-10) and the Impaired Physicians Act (Section 61-7-1 through 61-7-12).

The Board is pleased to present its Annual Report for fiscal year 2012 (July 1, 2011 – June 30, 2012).

## ***Purpose of the New Mexico Medical Board***

The New Mexico Medical Board (Board) is the state agency responsible for the regulation and licensing of medical doctors (physicians), physician assistants, anesthesiologist assistants, genetic counselors, polysomnographic technologists and naprapaths.

The Medical Practice Act (Chapter 61, Article 6 NMSA 1978) defines the primary duties and obligations of the Board as follows: "issue licenses to qualified physicians, physician assistants and anesthesiologist assistants, to discipline incompetent or unprofessional physicians, physician assistants or anesthesiologist assistants and to aid in the rehabilitation of impaired physicians, physician assistants and anesthesiologist assistants for the purpose of protecting the public."

The Genetic Counseling Act (Chapter 61, Article 6A NMSA 1978) defines the primary duties and obligations of the Board to license qualified professional genetic counselors and to protect the public from the unprofessional, improper, incompetent and unlawful practice of genetic counseling.

The Polysomnography Practice Act (Chapter 61, Article 6B NMSA 1978) defines the primary duties and obligations of the Board to license polysomnographic technologists, issue temporary permits to polysomnographic technicians, approve polysomnography curricula, approve degree programs in polysomnography and any other matters that are necessary to ensure the training and licensing of competent polysomnographic technologists.

The Naprapathic Practice Act (Chapter 31, HB 107) defines the primary duties and obligations of the Board to regulate the licensure of naprapaths and to appoint a Naprapathic Task Force.

Under Section 3 of the Impaired Health Care Provider Act (Chapter 61, Article 7 NMSA 1978) the Board is given the authority to restrict, suspend or revoke the license, registration or certificate of any health care practitioner to practice in this state in the case of inability of the health care practitioner to practice with reasonable skill or safety to patients by reason of mental illness, physical illness, including but not limited to deterioration through the aging process or loss of motor skill, or habitual or excessive use or abuse of drugs, as defined in the Controlled Substances Act (30-31-1 NMSA 1978), or alcohol.

### ***Mission***

"Promote excellence in the practice of medicine through licensing, discipline, and rehabilitation."

### ***Vision***

"Improve information portability; efficient licensing, investigation, and discipline; provide helpful, knowledgeable and responsive staff; an agency that is accessible and visible; and to provide increased public awareness of services provided by the Board."

### ***Stakeholders***

Our key stakeholders are applicants for licenses, current license holders, individuals requesting license reinstatement, patients, insurance companies, hospitals, clinics, attorneys, and other boards and agencies.

## ***Strategic Goals***

### **Licensing of qualified applicants includes renewals (re-licensure):**

Continually improve the licensing processes to assure applicants for licensure or re-licensure are qualified and that licenses are issued as quickly as possible.

### **Timely and appropriate investigation of complaints against licensees:**

Continually improve the complaint processes to investigate health care practitioners who are alleged to be incompetent, unprofessional, unethical, or are in violation of statutory or regulatory requirements.

### **Consistent discipline of individuals in violation of law and/or rules:**

Continually improve the disciplinary process to sanction and monitor health care practitioners who are found to be incompetent, unprofessional, unethical, or are in violation of statutory or regulatory requirements.

### **Aid in the rehabilitation of impaired health care practitioners:**

Continuously improve the processes for identification and monitoring of licensees who may be impaired by reason of mental illness, physical illness, or the habitual or excessive use or abuse of drugs or alcohol.

### **Public information and education:**

Fulfill the Board's primary purpose to protect the public by continuing to improve the quality, quantity, and distribution of available information.

## ***Agency Values***

### **Customers:**

We value our wide variety of customers: from patients to practitioners to hospitals and clinics, and to other state, national, and federal agencies. It is the job of each employee to serve our customers with integrity and respect. We will do everything we can to serve our customers and to make the licensing and complaint process as efficient and effective as possible.

### **Employees:**

We value our employees, supporting and respecting them, and expect them to support and respect each other. We trust employees to do their jobs to the best of their ability, to give high quality service to our customers, to strive for excellence (thinking and working "outside of the box"), to streamline processes, and to work as teams.

### **Honesty:**

We will be honest in our dealings with each other and our customers. We will foster an environment where accurate information is shared willingly and openly. Our interactions with customers will always be based on the statute and rules that govern the professions regulated by the Board.

## Executive Summary

### Program Description:

The New Mexico Medical Board (Board) is an Executive Branch agency responsible for the regulation and licensing of physicians (MDs), physician assistants (PAs), anesthesiologist assistants (AAs), genetic counselors polysomnographic technologists and naprapaths. The Board is supported solely by self-generated fees (other state funds), and consists of fourteen (14) FTE's.

Due to the nature of immediate and critical services provided to the citizens of the State of New Mexico by the regulated profession, the Board is autonomous and exists outside the Regulation and Licensing Department.

The Board consists of a total of nine (9) governor-appointed members – six (6) physicians, two (2) public members, and one (1) physician assistant. In addition, the Polysomnography Practice Advisory Committee consists of five (5) board-appointed members and the Naprapathic Task Force consists of four (4) board-appointed members. The Board is responsible for making policy decisions about licensing, discipline, and practice-related issues. Staff members use established policies, guidelines, and guidance from the Board to perform required tasks. Board members dedicate many hours each year to reviewing licensing issues and complaints, hearing cases, and developing rules and policies for licensing and regulating the profession.

Section 61-6-3, NMSA 1978 requires the Board to hold four (4) regular meetings every fiscal year, with an annual meeting held the second quarter of each year, requiring election of a Chair, Vice-Chair and Secretary-Treasurer. The Board holds quarterly meetings in February, May, August and November, with Interim meetings, as needed, in January, March, June, and September.

### Primary Services:

The primary services provided by the Board include the licensing of qualified applicants, the enforcement of the Medical Practice Act through the investigation of complaints against license holders, and discipline of those found to be in violation of the Medical Practice Act or Rules. The Board strongly supports the rehabilitation of impaired health care practitioners.

In FY12, the Board issued the following licenses: 592 Physician, 63 Physician Assistant, 1 Public Service, 164 Resident Physician, 72 Telemedicine, 56 Temporary Camp, 0 Temporary Teaching, 2 Anesthesiologist Assistant, 9 Genetic Counselor and 22 Polysomnographic Technologists. In addition, the Board issued the following renewals: 2,462 Physician, 279 Physician Assistant, 0 Public Service, 335 Resident, and 139 Telemedicine.

In FY12, the Board maintained the following active licenses: 7,821 Physician (with 4,770, or 61%, maintaining a New Mexico address), 688 Physician Assistant, 1 Public Service, 478 Resident, 555 Telemedicine, 31 Temporary Camp, 0 Temporary Teaching, 20 Anesthesiologist Assistant, 38 Pharmacist Clinician Supervisor, 32 Genetic Counselors, 92 Polysomnographic Technologists and 12 Naprapaths.

In FY12, the Board received 225 complaints from various sources: 244 complaints were resolved within 12 months, a number that includes complaints from previous fiscal years.

In FY12, 49 physicians and 1 physician assistants entered into the Monitored Treatment Program voluntarily and 156 physicians, 15 physician assistants and 2 polysomnographic technologists were referred to a monitored treatment program under mandate from the Board.

## Members of the Board

The New Mexico Medical Board (Board) consists of a total of nine (9) governor-appointed members – six (6) physicians, two (2) public members, and one (1) physician assistant. In FY12 the following changes took place:

- Kathleen Abeles, Public Member (Santa Fe) resigned in October 2011 after approximately two and a half years of service.
- Governor Susana Martinez appointed Steven Komadina, MD (Corrales) in August 2011 to replace Dr. Ann Wehr.

### Board Leadership:

**Steve Weiner, M.D. (Santa Fe).** Dr. Weiner was elected Board **Chair** in February 2010 and re-elected Chair in May 2011 and 2012. He has been a member of the Board since 2003. Dr. Weiner served as Vice Chair for three years and Secretary/Treasurer for two years. He is a board certified orthopedic surgeon who has been in private practice in Santa Fe since 1978. A graduate of Harvard University and Northwestern University Medical School, Dr. Weiner is an orthopedist at the Northern New Mexico Orthopaedic Center. He is a fellow of the American Academy of Orthopaedic Surgeons and the American College of Surgeons, among other organizations.

**Rebecca Cochran, CPMSM, CPCS (Farmington).** Ms. Cochran has been a member of the Board since 2005 and was elected **Vice Chair** in February 2010, then re-elected Vice Chair in May 2011 and 2012. Ms. Cochran is currently the Director of Medical Staff Services for San Juan Regional Medical Center, where she is responsible for credentialing the medical staff and for educating the Board of Directors on credentialing and case law as well as facilitating the Health and Rehabilitation Committee. Ms. Cochran served on the National Association Medical Staff Services (NAMSS) Education Council, and was previously president of the Texas Society of Medical Staff Services. She received NAMSS's prestigious Icon award, given in recognition for being the first in her profession to be appointed to a state medical board.

**Paul J. Kovnat, M.D. (Santa Fe).** Dr. Kovnat was elected **Secretary/Treasurer** in February 2010 and re-elected Secretary/Treasurer in May 2011 and 2012. He previously served as Board Chair from May 2005 to February 2010 and as Vice Chair from May 2003 to May 2005. Dr. Kovnat is board certified in internal medicine and nephrology, and has practiced in Santa Fe since 1975. A graduate of the University of Pennsylvania Medical School, Dr. Kovnat was the 2002 American College of Physicians Laureate, has taught at the Medical College of Pennsylvania and at the University of New Mexico. He was the organizing Medical Director of Centro Campesino de Salud, now called Health Centers of Northern New Mexico.

### Board Members:

**Roger Miller, M.D. (Santa Fe).** Dr. Miller was appointed to the Board in January 2009. He moved to Santa Fe in 1974 from Rochester, New York where he completed his surgical training in Plastic and Reconstructive Surgery at the University of Rochester, and practiced there for seven years. He was certified by the American Board of Plastic Surgery in 1973. Previous education and training include a B.S. and M.D. from Tulane University and a Residency in General Surgery at the Ochsner Medical Center in New Orleans. During that time, he also served in the US Air Force, mostly in Asia. In Santa Fe, Dr. Miller established a private practice in Plastic and Reconstructive Surgery and worked at St. Vincent Hospital until closing his surgical practice. Since then, he has been working at the St. Vincent Regional Medical Center Wound Care Clinic and Hyperbaric Center. He continues to visit Nepal & Cambodia to repair cleft lips and palates, as well as to teach local surgeons.



**Steven Jenkusky, M.D. (Albuquerque).** Dr. Jenkusky was appointed to the Board in June 2009, replacing Dr. John Lauriello. Dr. Jenkusky received his medical degree from Southern Illinois University School of Medicine. He completed his Residency in Psychiatry at the University of New Mexico. Dr. Jenkusky also holds a M.A. in Zoology from Southern Illinois University and a B.S. in Biology from St. Francis College in Brooklyn, NY. Dr. Jenkusky currently serves as Medical Director for Behavioral Health Services of Presbyterian Healthcare. He previously served as Medical Director of Outpatient Services at the University of New Mexico Psychiatric Center with an associate professorship with the UNM School of Medicine.

**Albert Bourbon, MPAS, PA-C (Albuquerque).** Mr. Bourbon was appointed a member of the Board in January 2010. He received his Physician Assistant (PA) training at the University of Southern California. Mr. Bourbon completed his post-graduate training in Pediatrics and Neonatology at Norwalk Hospital in Connecticut. He finished his Master's degree through the University of Nebraska. Mr. Bourbon has practiced in Pediatrics in Las Vegas, New Mexico for the past 18 years. He recently relocated to Albuquerque and now works with UNMH in Pediatrics. Mr. Bourbon has remained active with state and national PA organizations. In New Mexico, he has advocated for children's issues for many years and belongs to the NM Pediatric Society. Mr. Bourbon has also participated on many practitioner credentialing committees.

**Sambaiah Kankanala, M.D. (Hobbs).** Dr. Kankanala was appointed to the Board in June 2011. He previously served on the Board from March 1998 until March 2003. Dr. Kankanala is a graduate of Osmania Medical College, completed his Residency and Fellowship at Downstate Medical Center in New York and is Board Certified in Internal Medicine, Pulmonary Medicine, Critical Care Medicine, Geriatrics, and Hospice Care. He also completed an MBA in Health Care Administration. In September 1981, Dr. Kankanala started his Medical Practice in Hobbs, New Mexico. He served in leadership roles in the capacity of Chief of Staff, Chief of Medicine and the Board of Trustees at Lea Regional Medical Center. At the State level, he served on the Board of A.P. Capital and serves on the Board of the New Mexico Medical Review Commission. Dr. Kankanala is Vice President of the New Mexico Medical Society. He is on the teaching faculty at the University of New Mexico and also serves on the Board of the Lea County State Bank.

**Steven A. Komadina, M.D. (Corrales).** Dr. Komadina was appointed to the Board in August 2011, replacing Dr. Ann Wehr. He is a graduate of the University of New Mexico School of Medicine and completed his OB/GYN Residency at the Naval Regional Medical Center in San Diego, California. Dr. Komadina is in solo practice in Albuquerque, New Mexico and is Board Certified in Obstetrics and Gynecology. He served 9 years on active duty in the Naval Medical Corp. In the past, he has served as CEO of New Mexico Foundation Health Plan, VP Medical Staff Affairs, St. Joseph Hospitals, Clinical Faculty at UNM School of Medicine, President of the Greater Albuquerque Medical Association and President of the New Mexico Medical Society. He served New Mexico as a State Senator from 2001 – 2009, and was chosen National Outstanding State Legislator for 2008.

Board Member	First Appointed	Re-appointed	Term Expires
Steven Weiner, MD, Chairman Professional Member, Santa Fe	04/03	01/05 & 12/09	12/13
Rebecca Cochran, CPMSM, CPCS, Vice Chair Public Member, Farmington	04/05	06/09	12/12
Paul Kovnat, M.D., Sec./Treas. Professional Member, Santa Fe	04/03	02/09	12/12
Roger Miller, M.D. Professional Member, Santa Fe	01/09		12/12
Steven Jenkusky, M.D. Professional Member, Albuquerque	06/09	12/09	12/13
Albert Bourbon, MPAS, PA-C P.A. Member, Albuquerque	01/10		12/14
Sambaiah Kankanala, MD Professional Member, Hobbs	08/11		12/14
Steven Komadina, MD Professional Member, Corrales	08/11		12/14
One Public Member Vacancy			

### Board Meetings:

In FY12 the Board held regular quarterly meetings in August and November of 2011 and February and May of 2012.

To meet the licensing and disciplinary deadlines established in the Medical Practice Act and the Uniform Licensing Act, the Medical Board occasionally needs to hold Special/Interim meetings. There were Special/Interim meetings held in September 2011, as well as January, April and June of 2012.

Meeting minutes are available on the Board's website ([www.nmmb.state.nm.us](http://www.nmmb.state.nm.us)) where they may be viewed or printed.

## Board Staff

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## FY11 – FY12 Statistics

A majority of Board resources go into the initial licensing and license renewal (re-licensure) of health care practitioners, investigating complaints, sanctioning and monitoring health care practitioners who are found to be incompetent, unprofessional, unethical, or are in violation of statutory or regulatory requirements. The following statistics provides a comparison of the Board's activity in FY11 and FY12:

<b>Category</b>	<b>FY11 (7/1/10 – 6/30/11)</b>	<b>FY12 (7/1/11 – 6/30/12)</b>
Number of consumers provided with public information (via written, VeriDoc, website, and DocBoard)	1,092,175	1,098,402
Total number of Medical Doctor licenses maintained	7,557	7,821
Number of Medical Doctor licensees with a NM address	4,605 or 61%	4,770 or 61%
Number of new Medical Doctor licenses issued (includes Public Service, Resident, Telemedicine, Temp Camp, and Temp Teaching)	863	884
Number of Medical Doctor renewal (re-licensure) licenses issued (includes Public Service, Resident, Telemedicine, Temp Camp, and Temp Teaching) – Triennial Renewal	2,707	2,936
Number of Medical Doctors who did not renew	338	482
Number of Medical Doctors who did not renew with a NM address	136 or 40%	154 or 40%
Number of Residents who completed their residency in NM and remained in NM	78	82
Number of Medical Doctors who chose NM as their first state of licensure	133	135
Number of new Physician Assistant licenses issued	65	63
Number of Physician Assistant renewal (re-licensure) licenses issued	262	279
Number of new Anesthesiologist Assistant licenses issued	3	2
Number of Anesthesiologist Assistant renewal (re-licensure) licenses issued – Biennial Renewal	10	0
Number of new Genetic Counselor licenses issued	2	9
Number of Genetic Counselor renewal (re-licensure) licenses issued – Biennial Renewal	14	1
Number of new Polysomnographic Technologist licenses issued – licensure required as of 2010	62	22
Number of Polysomnographic Technologist renewal (re-licensure) licenses issued – Biennial Renewal	0	61
Number of complaints received	240	225
Number of complaints resolved within 12 months	224	244
Percentage of complaints resolved in less than six (6) months	23%	19%

Number of Notice of Contemplated Actions (NCAs) issued	25	16
Total number of licensing actions (not including cases closed without action – includes NCAs)	64	74
Voluntary – Number of participants in a Monitored Treatment Program (MDs and PAs)	52	50
Mandatory – Number of participants in a Monitored Treatment Program (MDs and PAs)	103	173
Percentage of participants who relapsed (MDs and PAs)	1.29%	1.04%
Number of participants who successfully completed the Monitored Treatment Program	8 or 5.62%	5 or 2.59%
Number of background checks conducted	926	1,144
Number of background checks investigated resulting in no action	95	54
Number of background checks investigated resulting in further investigation	24	7

In FY12, 980 background checks were conducted for new applicants, none for renewals [a three-year cycle for checking all renewals had been completed] and 164 for new Residents.

In FY10, the Board completed the triennial renewal cycle for the submission of fingerprints and background checks on all current licensees. From FY11 forward, only new licensees are required to submit fingerprints for background checks. The Board does not track the number of licensees disciplined as a result of the background check.

## Licensing

Assurance that applicants for licensure meet the requirements established by statute, rules, and procedures is the fundamental responsibility of any state medical board. Through its licensing program, the Board ensures that applicants provide the necessary documentation and verifications required for licensure, that the documentation is verified by the licensing staff, and that the license is issued as soon as the application is deemed to be complete and all requirements have been met.

### License Categories:

The Board licenses and regulates the following health care practitioners:

#### Medical Doctor

provides for an unrestricted license to practice medicine and surgery in New Mexico.

#### Telemedicine

provides for a limited license to medical doctors who are licensed outside of New Mexico to practice telemedicine on patients located in New Mexico.

#### Public Service

provides for a limited license to medical doctors in training who have successfully completed one year of post-graduate training and are continuing in a training program in New Mexico.

#### Resident/Post-Graduate

provides for a limited training license to physicians who are enrolled in a board-approved training program.

#### Physician Assistant

provides for a license to perform only the acts and duties assigned to the physician assistant by a supervising licensed physician that are within the scope of practice of the supervising licensed physician.

#### Anesthesiologist Assistant

provides for a registration to practice under the presence (except in cases of emergency) of the supervising Anesthesiologist in the operating room during induction of a general or regional anesthetic and during emergence from a general anesthetic.

#### Pharmacist Clinician Supervisor

provides for a physician to be approved as a supervisor to a pharmacist clinician who is certified by the Board of Pharmacy. The supervised pharmacist clinician performs only those services that are set forth in the approved protocol, to include monitoring dangerous drug therapy by: (1) collecting and reviewing patient dangerous drug histories; (2) measuring and reviewing routine patient vital signs including pulse, temperature, blood pressure and respiration; and (3) ordering and evaluating the results of laboratory tests relating to dangerous drug therapy, including blood chemistries and cell counts, controlled substance therapy levels, blood, urine, tissue or other body fluids, culture and sensitivity tests when performed in accordance with guidelines or protocols applicable to the practice setting.

#### Temporary Camp

provides for a limited license, for a period not to exceed three (3) months, for medical doctors to provide temporary medical services to organized youth camps or schools.

#### Temporary Teaching

provides for a limited license for medical doctors who are licensed outside of New Mexico to provide the following in New Mexico: (1) teaching or other educational purposes; (2) conducting research; (3) performing specialized diagnostic and treatment procedures; and, (4) implementing new technology.

**Rule 12 Provision (16.10.12 NMAC)**

provides procedures for New Mexico licensed physicians to temporarily delegate responsibilities to physicians not licensed in New Mexico. This is done by reporting to the Board the name and address of the physician to be supervised, the jurisdiction where the supervised physician is licensed, scope of practice and manner by which the supervising physician will directly supervise the non-licensed physician, and the name and address of the hospital, if any, to be used.

**Delegated use of devices and procedures by medical assistants (16.10.13 NMAC)**

provides procedures whereby physicians licensed in New Mexico can delegate responsibility for certain medical procedures generally considered to be the practice of medicine to medical assistants with appropriate, documented training and supervision. The medical assistant is limited to using medical therapeutic and cosmetic devices that are non-invasive and non-ablative. The medical assistant must be certified to use the specific devices and the supervising physician must be immediately available on the premises.

**Genetic Counselor (16.10.21 NMAC)**

provides for a license to engage in the practice of genetic counseling. Genetic counseling means a communication process that may include:

- (1) estimating the likelihood of occurrence or recurrence of any potentially inherited or genetically influenced condition or congenital abnormality. "Genetic counseling" may involve:
  - (a) obtaining and analyzing the complete health history of an individual and family members;
  - (b) reviewing pertinent medical records;
  - (c) evaluating the risks from exposure to possible mutagens or teratogens; and
  - (d) determining appropriate genetic testing or other evaluations to diagnose a condition or determine the carrier status of one or more family members;
- (2) helping an individual, family or health care practitioner to:
  - (a) appreciate the medical, psychological and social implications of a disorder, including its features, variability, usual course and management options;
  - (b) learn how genetic factors contribute to a disorder and affect the chance for occurrence of the disorder in other family members;
  - (c) understand available options for coping with, preventing or reducing the chance of occurrence or recurrence of a disorder;
  - (d) select the most appropriate, accurate and cost-effective methods of diagnosis; and
  - (e) understand genetic or prenatal tests, coordinate testing for inherited disorders and interpret complex genetic test results; and
- (3) facilitating an individual's or family's:
  - (a) exploration of the perception of risk and burden associated with a genetic disorder; and
  - (b) adjustment and adaptation to a disorder or the individual's or family's genetic risk by addressing needs for psychological, social and medical support

**Polysomnographic Technologist (16.10.20 NMAC)**

provides a license for the purpose of providing sleep-related services under the general supervision of a licensed physician.

**Naprapath (16.6.1 – 16.6.11 NMAC)**

provides a license for the purpose of providing naprapathic treatment.

**Methods Used in Applying for Licensure:**

Physician applicants for licensure in New Mexico may select from three options: they may have one of two credentials verification organizations gather the necessary documentation for their license application: the Federation Credentials Verification Service (FCVS) or the Hospital Services Corporation (HSC). Alternatively, they may work directly with Board staff to compile their application. All three options may be completed using an online or a paper application form.

<b>Measure</b>	<b>FY11 (7/1/10 – 6/30/11)</b>	<b>FY12 (7/1/11 – 6/30/12)</b>
Number of applicants choosing to apply directly with the Board	320	328
Average number of days taken to issue a license for applicants who applied directly with the Board	72	79
Number of applicants using FCVS	136	126
Average number of days taken to issue a license for applicants using FCVS	99	79
Number of applicants using HSC	109	138
Average number of days taken to issue a license for applicants using HSC	99	80
The overall average number of days to issue a license	90	79

### **Standard License Application Review Process:**

The following is the process by which a standard license application is reviewed prior to the issuance of a license. As stated under "Methods Used in Applying for Licensure" above, in FY12 the Board averaged 79 days from receipt of application to issuance of license when the applicant applies directly to the Board.

**Initial Review** – When the application is first received an "initial" review is done to assure that: (1) the applicant qualifies for licensure, (2) the correct fees are submitted, and (3) the application is complete.

**Quality Assurance** – After receipt of all supporting verifications, the application is ready to be reviewed for Quality Assurance which includes: (1) re-reviewing the application for completeness, (2) assuring there are explanations for all gaps in work history, (3) assuring there are sufficient explanations for all "Yes" answers to the Professional Practice Questions, (4) assuring that the Board received all required verifications, (5) assuring that the verifications are complete and are from the "Primary Source", and (6) identifying ("red flagging") potentially significant problems for further special review by the Medical and Executive Directors.

**Medical Director** – The completed application is then reviewed by the Medical Director for final disposition, including approval, if everything is correct, and there are no significant problems requiring further review or investigation.

**Executive Director** – the application is reviewed by the Executive Director (and the Executive Committee, when indicated) whenever there is a determination that a significant problem has been identified by Licensing or the Medical Director.

After final review by the Medical Director and, when applicable, the Executive Director, the application is returned to Licensing for the issuance of a license, or for further processing by Investigations.

### **Verification of Licensure:**

An important service that all medical boards perform is the verification of license status. Verifications are requested by other state boards, hospitals and health plans, consumers, and other interested parties, and are the primary method for ensuring that a health care practitioner's license is in good standing. Some sources accept the license status on the Board website as verification; others will require that the Board provide written and notarized verifications.



The majority of all license verifications are currently provided through the Board's website and "DocBoard" [obtained through <http://www.docboard.org/docfinder.html>], sponsored and maintained by "Administrators in Medicine", an organization which maintains the DocBoard website. DocBoard received an average of 2,784 inquiries per day during FY12. In addition, the Board provided approximately 1,774 verifications either through written or VeriDoc requests.

A fee is charged for processing and mailing written verification requests. The Board continues to provide phone verifications as a courtesy to other state agencies, other state medical boards, and concerned citizens at no charge.

## Recruitment and Retention:

In FY09 the Board began waiving the licensure application fee for applicants who choose New Mexico as their first state of licensure. In collaboration with the Governor's Health Solutions, NM Legislature, the NM Medical Society, and the University of New Mexico, the Board voted to waive the application fee on a trial basis in an effort to recruit and retain physicians in New Mexico. The authority to waive the fee was passed by the 2008 Legislature as Senate Bill 127, and signed by Governor Richardson. In FY12 the Board issued 135 physician and 31 physician assistant licenses under this provision.

## Database:

The Board used the "License2000" database until May of 2012 when it was upgraded to "MyLicense Office". The database is managed by the Regulation and Licensing Department (RLD), to maintain the active files and archives on all licensed health care practitioners—past and present—regulated by the Board. The Board has an ongoing contract with RLD that ensures continuity of service with specific targets and accountabilities. The Board pays RLD approximately \$15,000/year for their services. The Board has been using the "License2000" database since December 2003 and "MyLicense Office" since May 2012.

In addition, in FY09 the Board entered into a contract with Hospital Services Corporation (HSC) for the implementation and maintenance of an on-line application for licensure. The Board went live with the on-line application on October 1, 2009 (FY10).

## Medical Doctor Roster by County:

In FY12 the Board maintained 7,821 active Medical Doctors, with 4,770 (or 61%) maintaining a New Mexico address. The following is a breakdown by county of the current Medical Doctors who maintain a New Mexico address:

County	# of Licensees
Bernalillo	2,634
Catron	4
Chavez	122
Cibola	16
Colfax	14
Curry	52
De Baca	1
Dona Ana	326
Eddy	62
Grant	65
Guadalupe	2
Harding	0
Hidalgo	2
Lea	54
Lincoln	28
Los Alamos	52
Luna	27
McKinley	102
Mora	0
Otero	74
Quay	8
Rio Arriba	37
Roosevelt	13

San Juan	197
San Miguel	51
Sandoval	149
Santa Fe	532
Sierra	11
Socorro	15
Taos	89
Torrance	2
Union	5
Valencia	24

**Physician Assistant Roster by County:**

In FY12 the Board maintained 688 active Physician Assistants with 577 maintaining a New Mexico address. The following is a breakdown by county of the current Physician Assistants who maintain a New Mexico address:

County	# of Licensees
Bernalillo	310
Catron	0
Chavez	8
Cibola	4
Colfax	3
Curry	3
De Baca	0
Dona Ana	29
Eddy	7
Grant	19
Guadalupe	0
Harding	0
Hidalgo	1
Lea	6
Lincoln	1
Los Alamos	10
Luna	3
McKinley	12
Mora	0
Otero	10
Quay	0
Rio Arriba	13
Roosevelt	1
San Juan	30
San Miguel	6
Sandoval	23
Santa Fe	48
Sierra	5
Socorro	2
Taos	19
Torrance	0
Union	0
Valencia	4

## **Investigations**

Assurance of quality in medical practice is a critical responsibility of every state medical board. Through its investigative program, the Board responds to consumers, and others, who initiate complaints against licensed health care practitioners. In addition to complaints from consumers, the Board itself can initiate complaints for allegations of misrepresentation on license and renewal applications, actions taken against licensees by other state licensing boards, and reports of adverse actions taken by hospitals, other health care facilities, law enforcement agencies, and by any court for acts or conduct that would constitute grounds for action under the Medical Practice Act or Rules.

### **Standard Investigations Process:**

A preliminary review of complaints received by the Board is conducted by the Investigators, and those complaints that may be outside of the Board's jurisdiction are then referred to the Executive Committee of the Board. The Executive Committee consists of the Board Chair, the Board Vice Chair, and the Executive Director. If the Executive Committee determines that the complaint does fall outside of the Board's jurisdiction, the complainant will be advised in writing that an investigation will not be initiated. The complaint, however, is kept in the Board's licensing database.

Complaints that fall within the Board's jurisdiction are logged into the licensing database. The complaint is then assigned to one of five complaint committees, an assignment that may be determined by the professional field into which the complaint may fall and a specialized area of practice or expertise of a particular complaint committee member.

The investigators will then determine the course of the investigation, which will include: obtaining a response from the healthcare practitioner; obtaining medical records, if applicable; obtaining witness statements; and, any other documentation pertinent to the investigation. In addition, the investigators may also contract with a recognized expert for independent review of a case which pertains to a specialized field of practice.

The investigators will determine when a complaint case is ready to be presented to the assigned Complaint Committee. The investigative process may take anywhere from 6 months to one year.

### **Complaint Committees:**

The Board uses five (5) Complaint Committees, each of which are made up of one (1) or two (2) Board members, at least one (1) of whom is a Medical Doctor, to review the complaint cases. The Complaint Committees meet prior to quarterly Board meetings, after they have carefully reviewed the evidence obtained in the investigation, to determine whether or not there has been a violation of the Medical Practice Act.

At the quarterly Board meetings the Board decides, on the recommendation of the complaint committee, whether to close the complaint case—no breach of the Medical Practice Act or Rules—or to initiate proceedings for action against the licensee. The Complaint Committee will present the complaint case to the Board members in executive session, without identifying the healthcare practitioner, the geographic location of the practice, the complainant, or any other information that might disclose the identity of the healthcare practitioner. The complaint cases are referred to only by number. When the Board votes in open session on the final action to be taken regarding the complaint case, the members of the recommending complaint committee abstain and do not vote.

### **Investigative Results:**

In FY12, 221 complaints were received and investigated between July 1, 2011 through June 30, 2012. Out of 221 complaints, 119 were closed with no violation of the Board's Statute and/or Rules. There were 102 investigations that resulted in action taken by the Board, out of which 41 were advisory letters.

## Compliance

One of the most frequent formal actions that the Board takes is to issue a "stipulated" license. This is an agreement between the Board and the licensee that places certain stipulations or limitations on the continued practice of the licensee. The stipulated license allows the licensee to continue providing health care to New Mexicans while under limitations placed by the Board to ensure that the licensee is safe to practice. Frequent stipulations include monitoring and treatment for substance use disorders, or limitations within the practitioner's practice environment.

All written Board disciplinary actions, since they are public information, are scanned and posted on the Board's website, where they may be reviewed by concerned individuals. Actions taken against a licensee are also reported to the National Practitioner Data Bank (NPDB), the Health Integrity Protection Data Bank (HIPDB), the Federation of State Medical Boards (FSMB), and the American Medical Association (AMA). The Board maintains a distribution list of in-state hospitals and other interested parties that receive a quarterly list of disciplinary actions taken, as well as immediate notification of any summary suspension orders.

The following is a breakdown of the actions taken against health care practitioners in FY12:

Description	FY12
Notice of Contemplated Action Issued	18
Hearings	6
Orders Dismissing Charges in the Notice of Contemplated Action	2
Summary Suspensions	4
Licenses Revoked	3
Licenses Stipulated	18
Consent Agreements to Voluntarily Surrender a License	1
Agreed Order to Voluntarily Surrender a Lapsed License	1
Consent Agreement to Withdraw an Application While Under Investigation	6
Orders Denying an Application for Licensure	3
Agreed Orders	1
Public Letter of Reprimand	9
Referrals to Examining Committees under the Impaired Health Care Provider Act	5
Voluntary Surrender of License under the Impaired Health Care Provider Act	1
<b>Total Disciplinary Actions Taken</b>	<b>78</b>
Completed terms of probation and unrestricted license restored	8
Licenses stipulated to the Monitored Treatment Program	11

## **Impaired Health Care Provider Act:**

The Impaired Health Care Provider Act, §61-7-1 to 61-7-5, NMSA 1978, gives the Board authority to restrict, suspend or revoke a license if the health care practitioner is unable to practice with reasonable skill or safety because of mental illness, physical illness, or habitual or excessive use or abuse of drugs or alcohol. Health care practitioners can request a voluntary restriction of their license or the Board may, through the use of a special examining committee (Impaired Physician Committee; IPC), make the determination that the health care practitioner is impaired. In FY12, the Board referred five health care practitioners for evaluation by an IPC. Other licensees were referred directly to the Monitored Treatment Program or to other health care practitioner evaluation services.

*The Impaired Health Care Provider Act also gives the Board authority to contract with a program of care and rehabilitation services to provide for the detection, intervention and monitoring of impaired practitioners. The Board has a current and ongoing contractual agreement with the New Mexico Monitored Treatment Program (MTP) to provide these services. In FY12, a total of 223 physicians, physician assistants and polysomnographic technologists participated in MTP; 173 of these practitioners were mandated by the Board and 50 were voluntary participants. There were 2 relapses. Five (5) physicians successfully completed the required program.*

## Public Information

### Consumer Information:

The Board provides interested consumers with a brochure, either in Spanish or English, containing information on how to submit a complaint against a physician, physician assistant, anesthesiologist assistant, genetic counselor, polysomnographic technologist or naprapath. This brochure is sent on request to individuals who have called the Board office with questions about filing a complaint against a licensed health care practitioner. It is also available through the New Mexico Medical Society and has been sent to hospitals statewide to be available to clients on request. This brochure contains information on how to file a complaint, the Board's statutory jurisdiction, and information on other avenues that a client may pursue if the complaint falls outside of the Board's jurisdiction.

A second brochure is provided to physicians, physician assistants, anesthesiologist assistants, genetic counselors, polysomnographic technologists or naprapath who are named in a complaint. This brochure provides information about the complaint process, the respondent's responsibilities, and possible outcomes of an investigation.

### Website:

Since April 2001 the Board's website ([www.nmmb.state.nm.us](http://www.nmmb.state.nm.us)) has contained basic demographic and license information as part of its "Physician Locator." Hosted by Administrators in Medicine (AIM), an organization of Medical Board Executive Directors, information about licensing in twenty-three states is available at one site: [www.docBoard.org](http://www.docBoard.org). Information on physicians and physician assistants is updated at least two times per week to reflect current information accurately.

The Board's website provides quick and easy access to information for consumers about license status and any derogatory actions taken against physicians or other licensees. The website allows consumers to download complaint forms and instructions on filing a complaint against a licensee to speed up the initial filing of complaints. Additional information on the website of interest to consumers includes a copy of the most recent roster of licensees, links to other agencies, meeting minutes, newsletters, and a Board meeting schedule. Other information, including license applications, fee information, policy statements and a copy of the current rules and statutes are generally of more interest to applicants and licensees. In FY11, the Board added Frequently Asked Questions (FAQ) to the website for both practitioners and consumers.

## Financials

### Operating Budget:

The Operating Budget for FY12 was \$1,631,500.

Account	Description	Approved Budget
200	Personal Services and Benefits	\$1,040,100
300	Contractual Services	\$ 283,300
400	Other	\$ 308,100
500	Other Financing Uses	\$ 0
<b>Total Budget:</b>		<b>\$1,631,500</b>

### Revenues:

The operation of the Board is funded entirely through self-generated fees, primarily through initial licensing and license renewal. At the end of FY12 the Board maintained a fund balance that totaled \$1,481,890. The Fund Balance is used to fund the upcoming fiscal year, for capital investments and for unanticipated expenses that result from legal actions. The following revenues were collected in FY12:

Account	Description	Received
4164	Trade & Professions Licenses	\$ 259,165
4174	Reg for Trades & Professions	\$1,201,550
4179	Other Registration Fees	\$ 362,550
4339	Other (Misc. - Roster, Verif, etc)	\$ 60,065
4614	Other Penalties	\$ 33,950
	Other	\$ 295
<b>Total Revenues:</b>		<b>\$1,917,575</b>

### Expenditures:

The following expenses were incurred in FY12:

Account	Description	Expended
200	Personal Services and Benefits	\$ 925,322
300	Contractual Services	\$ 252,160
400	Other	\$ 276,249
500	Other Financing Uses	\$ 0
<b>Total Expenditures:</b>		<b>\$1,453,731</b>

### Audit:

The annual audit of the agency has been completed for June 30, 2011 (FY11), submitted, and approved by the State Auditor with no adverse findings.



## Accomplishments

- ✦ During the 2008 Legislative Session SB127 was passed which authorizes the Board to waive the licensure fee for applicants who choose New Mexico as their first state of licensure in order to promote medical doctor recruitment.
  - From July 1, 2008 through June 2012, 574 physicians have taken advantage of the waived fees.
  - In August 2009, the Board approved a request to waive the licensure application fee for physician assistants who choose New Mexico as their first state of licensure and 83 physician assistants have been licensed under this waiver as of June 2012.
- ✦ During the 2012 Regular Legislative Session, the following bill was passed that affects the New Mexico Medical Board.
  - SB 215 – Amends the Pain Relief Act.
    - SB 215 adds clear definitions for acute and chronic pain;
    - requires that a clinical pain management rule and guidelines be adopted;
    - requires that rules be adopted which govern the processes and procedures for chronic pain management;
    - requires the Board to set the number of continuing education hours to be obtained by practitioners who hold a Federal DEA license and registration to prescribe opioids;
    - requires standards and procedures to be adopted for the application of the Pain Relief Act, including pain management for patients with substance use disorders;
    - requires that notification concerning the provisions of the Pain Relief Act and accepted guidelines be sent to all health care practitioners; and,
    - requires creation of a Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council under the Department of Health that will make recommendations on pain management and clinical guidelines.
- ✦ Dr. Steve Jenkusky and Ms. Lynn Hart were appointed to represent the Board on the Prescription Drug Misuse and Overdose Prevention and Pain Management Advisory Council.
- ✦ In FY12, the Board held three Rule Hearings and adopted the following revisions, two of the three rule hearings were held on 16.10.10 NMAC.
  - 16.6.1 through 16.6.11 NMAC, Naprapathic Practitioners – In FY11, HB 107 transferred the function and duties of the Naprapathic Practice Board to the Medical Board effective July 1, 2011 and at this Rule Hearing, the Medical Board adopted the Naprapathic Practitioners rules.
  - 16.10.10 NMAC, Report of Settlements, Judgments, Adverse Actions and Credentialing Discrepancies – adopted revisions that clarified the reporting requirements for health care entities and licensees.
- ✦ 16.10.10 NMAC, Report of Settlements, Judgments, Adverse Actions and Credential Discrepancies was revised during FY12 in the Board's ongoing efforts to increase hospital reporting of any action that adversely affects the licensure of a licensee by the health care entity. The Board collaborated with Presbyterian Hospital's Counsel, on language clarification due to the hospitals previous failure to report adverse actions. The Board changed the language on reporting "final" action to "adverse" action, and removed the requirement to report only adverse action longer than "30 days" so that "all" adverse actions would be reported despite the time period.
- ✦ In FY12, effective July 1, 2011 and pursuant to HB 107, the Board adopted rules and began licensure of Naprapaths. HB 107 transferred the duties of the Naprapathic Practice Board from the Regulation and Licensing Department to the Medical Board. During FY12, the Board also appointed a Naprapathic Task Force to provide guidance regarding licensure and practice of Naprapaths.

- ✦ In FY12, the Board continued the contract for the "L2000" database, which was upgraded to "MyLicense Office" in May 2012, services that maintain the active files and archives on all licensed Physicians, Physician Assistants, Anesthesiologist Assistants, Polysomnographic Technologists, Genetic Counselors and Naprapaths in conjunction with the Regulation and Licensing Department. The contract includes meaningful scope of work targets that also provide for needed accountability.
- ✦ The Board has been able to meet the requirements of the New Mexico State Strategic Monitoring Plan, and has measured the licensing operations more efficiently. The plan has also included monitoring all revenues by type of licensing fee received, which leads to being able to account for the number of licenses issued. This tool allows the Board to determine the number of applications received versus the number of licenses issued.
- ✦ The Board continued to collaborate with many other state agencies and organizations during FY12. The Board's representative participated in the Governor's Pain Management Advisory Council. In addition, the Board's Executive Director has been reaching out to other credentialing entities in presenting an overview of the Board's functions, projects and new initiatives. These initiatives include:
  - NM Travel Health Services. In August of FY12, the Board considered and supported the education of practitioners and their certification in the safe practice of Travel Medicine and immunization for foreign travel.
  - NM Board of Nursing, imaging license requirement. The Board reviewed and then agreed to support the Nursing Board in an exemption from the requirement for special licensing of Nurses performing various imaging tests, and procedures using imaging.
  - NM Medical Cannabis Program. After review by the Board, and in collaboration with the Department of Health, the Board supported collaboration with the DOH on a Task Force that will explore the appropriate diagnoses for use of medical cannabis, and the possible use of aerosolized Narcan in that program.
- ✦ The Board continues to survey new licensees with respect to the service they are provided during the process of application and licensing. Approximately 30% of new licensees return the survey to the Board and, of these, 98% rated their overall satisfaction with the service they received by the Board as "excellent" or "very good".
- ✦ The Board encourages applicants to submit their initial applications for licensure online versus printing out and submitting a printed copy. Initial applications for licensure are much more complex to process than license renewals due to the number and variety of original source documents that must be received to confirm training and experience. Online applications are more efficient for the applicant and for licensing staff as the data entered into the electronic application automatically populates our licensing database.
- ✦ The Board provides for online license renewal which saves the agency countless hours of data entry, mailing and copying plus decreases processing times from approximately five days to 24 hours.
- ✦ In FY12, the Board, in collaboration with the Department of Health, continued to require all renewing physicians to complete an on-line physician survey for the purpose of developing and maintaining meaningful demographic and longitudinal practice data.
- ✦ The 2011 Public Citizen's Annual Ranking report pointed out that New Mexico has moved up from 9<sup>th</sup> to 7<sup>th</sup> in the ranking as one of the top ten best states for taking disciplinary action against physicians. The Public Citizen's Health Research Group calculates the rate of serious disciplinary actions per 1,000 doctors in each state using data obtained from the Federation of State Medical Boards.
- ✦ In FY12, at the August 30, 2011 Rule Hearing of the Board of Chiropractic Examiners, the Medical Board's Executive Director testified and stated pursuant to HB 14 "Dangerous drugs or controlled substances, drugs for administration by injection and substances not listed in Subsection A of this section shall be submitted to the Board of Pharmacy and the New Mexico Medical Board for approval." The Medical Board has not approved the proposed formulary;

therefore adoption of the proposed rule was a statutory violation. The Medical Board proceeded to appeal the Chiropractic Formulary that was adopted by the Board of Chiropractic Examiners on August 30, 2011.

- ✦ In FY12, the Board expressed a number of concerns with a proposed bill for national licensure as a solution for the timing of licensure for practitioners in the field of telemedicine, initiated by Senator Tom Udall and his staff. The Board sent Senator Udall a letter stating their position and concerns with the proposal, after two formal conferences in which stakeholders from New Mexico, the national Federation of State Medical Boards, the American Telemedicine Association, and other relevant organizations participated. The participants, by consensus, agreed that the problems of jurisdiction, credentialing, and expedited licensure would best be served by focusing on the licensing process, and not by the creation of a parallel, federal licensure.
- ✦ Finally, in FY12, at the June 28<sup>th</sup> Interim Board Meeting, the proposed final version of Board Rule 16.10.14 NMAC, Treatment of Pain with Controlled Substances, was reviewed and approved in preparation for an August 2012 (FY13) Rule Hearing.

## **A Look Ahead**

- ✦ In FY13, the Board adopted revisions to 16.10.14 NMAC Management of Pain with Controlled Substances that requires use of the Prescription Monitoring Program (PMP) for health care practitioners who prescribe, order, administer or dispense a controlled substance listed in Schedule II, III or IV to a new patient when prescribing for a period greater than 10 days and during the continuous use of opioids by established patients. 16.10.14 NMAC also requires all physicians, physician assistants and anesthesiologist assistants licensed in New Mexico who have a Federal DEA license to take five (5) hours of continuing medical education (CME) in pain management by June 30, 2014, after which the requirement for physicians includes five (5) hours of CME in pain management for each triennial renewal. For physician assistants and anesthesiologist assistants, the requirement is three (3) hours of CME in pain management for each biennial renewal. These courses are subject to Board approval and shall include:
  - (1) an understanding of the pharmacology and risks of controlled substances,
  - (2) a basic awareness of the problems of abuse, addiction and diversion,
  - (3) awareness of state and federal regulations for the prescription of controlled substances,
  - (4) management of the treatment of pain, and
  - (5) courses may also include a review of this rule (16.10.14 NMAC).
- ✦ Access to medical care continues to be an issue in New Mexico, as elsewhere. The Board is continually assessing the existing processes and identifying and pursuing any changes required in the regulatory system to facilitate the entry of qualified physicians and physician assistants into the state. For example, physicians who applied for licensure by endorsement generally benefited from a shorter application processing time since a more streamlined licensing process is available to physicians with a current, undisciplined license in another state. The Board continues to develop strategies for improving the processing time for initial licensure and license renewal through increased accessibility or sharing of source documents. The Board will continue to improve standard processes for handling applications that are identified by staff as having had problems related to education or licensing. These problems may include discipline of another state license, problems during medical school or postgraduate training, or arrests and convictions. The Board's new criminal background check rule allows for the overall licensing process to proceed while the background check is conducted, and this avoids a delay in licensing related to a delay in processing the background check.
- ✦ The Board will continue to work at implementing incentives for Residents and Fellows who graduate from UNM to remain and practice medicine in New Mexico.
- ✦ The Resident and Graduate Assisted Placement Services (RAPS & GAPS) programs of the University of New Mexico Health Sciences Center strive to increase the number of UNM health profession graduates choosing to practice in underserved areas in New Mexico. Job Fairs designed to introduce practice opportunities in New Mexico for graduates of UNM Residencies and Fellowships were held annually from 2000 through 2003. The Job Fair

program was reintroduced in 2007 and sponsored, in part, by the NM Medical Society. The Job Fair has the commitment of many health care organizations offering attendees information on job opportunities. The Board participates and presents the licensing requirements, including the "Do's and Don'ts" in applying for licensure, in order to inform potential applicants about the application and licensure process.

✦ The Board will continue to collaborate with the Board of Psychologist Examiners on all issues that may arise in the on-going licensing and regulation of Psychologists with prescribing authority, and on any proposals to expand or revise existing regulations.

✦ The Board will continue to collaborate with the Pharmacy Board and the Board of Chiropractic Examiners in establishing required education and training of Certified Advanced Practice Chiropractic Physicians for approval of an Advanced Chiropractic Formulary.

✦ The Board and the University of New Mexico continue to work on programs and processes that benefit Residents and Fellows, in addition to strengthening our synergistic relationship with the University. Using a variety of approaches, experts, and investigators, the Board supports the University's efforts to provide training to Residents and Fellows in such areas as ethics, prescription-writing, and health care practitioner substance use disorders.

✦ The Board will continue to work with the University of New Mexico, School of Medicine to develop methodology to share source licensing and credentialing documents online, to reduce the amount of duplicate information that is requested from medical schools and post-graduate training programs, and to facilitate the timely issuance of post-graduate medical training licenses.

✦ The Board will continue to work with the Federation of State Medical Boards (FSMB) Committee on Expedited Licensure for declared national emergencies and disasters, and for applicants with certain qualifications and no missing or negative information in their application. The Board plans to begin utilizing the FSMB Uniform Application in an effort to expedite licensure and reduce the repetitiveness of multiple state licensure.

✦ The Board is also continuing to work with the Federation of State Medical Boards (FSMB) on methodologies for achieving expedited licensure, credentialing, and privileging of practitioners seeking to expand their practices to include telemedicine and the delivery of care to remote sites. The consensus continues to be that a national license, as a parallel, federally managed form of licensure, does not solve the problems of jurisdiction over practitioners, regional and State differences in need of specialized approaches, and inter-State and intra-State credentialing.

✦ The Board is beginning to analyze the potential impact on the New Mexico physician workforce if the Board were to implement the FSMB Maintenance of Licensure (MOL) and Maintenance of Certification (MOC) programs. MOL and MOC involve the periodic demonstration of ongoing physician competence within the physician's scope of their professional practice.

*The Board has seen, and continues to anticipate continued vigorous growth in both licensure and disciplinary activities. Throughout this growth, Board members and staff remain committed to their statutory mandate of protecting the health and well-being of the New Mexican public, and our agency goal of increasing access to quality health care by careful and efficient licensing and proactive, constructive oversight.*

  
Lynn Hart, Executive Director