



## **The Existence and Extent of a Medical Provider Shortage in New Mexico** *Rio Grande Foundation Working Paper, 2023*

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Articles abound in New Mexico and around the U.S. discussing an alleged shortage of healthcare workers. The issue has become especially salient since the start of the COVID-19 pandemic. Research in this paper looks at the actual numbers behind those claims and examines the extent of those shortages. Is the shortage real? If the shortage is real, is it localized to areas like rural communities or does it affect the entire state? This paper attempts to answer those questions. It focuses on the medical provider situation in New Mexico generally and their distribution around the state which impacts local availability.

By comparison, this paper compares New Mexico to the surrounding states of Arizona, Utah, Colorado, Oklahoma, and Texas. It focuses on nine separate healthcare professions and examines those by county going back to 2013, which is the earliest most of the research found to this point is available. These nine professions include: primary care physicians, OB-GYN's, general surgeons, registered nurses/clinical nurse specialists, physician assistants, dentists, emergency medical technicians, pharmacists, and clinical nurse practitioners.

As per the American Association of Medical Colleges, physicians are considered “primary care” if their self-designated primary specialty is one of the following: adolescent medicine (pediatrics), family medicine, general practice, geriatric medicine (family practice), geriatric medicine (internal medicine), internal medicine, internal medicine/pediatrics, or pediatrics.<sup>1</sup>

Causes and solutions for any health care worker shortages in New Mexico discussed in this document will be discussed in a follow-up paper.

Primary data sources for this report are:

American Association of Medical Colleges  
Kaiser Family Foundation  
Medicaid.gov  
New Mexico Health Care Workforce Committee

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<sup>1</sup> American Association of Medical Colleges, “State Physician Workforce Data Report,” January 2022, [https://store.aamc.org/downloadable/download/sample/sample\\_id/506/](https://store.aamc.org/downloadable/download/sample/sample_id/506/)

A full list can be found at the end of this report.

### **National Overview**

As of May 2022, there were just over one million professionally active physicians in the United States.<sup>2</sup> According to *Statista*, the number of active specialist physicians in the U.S. totaled 552,310.<sup>3</sup> Unsurprisingly given their large population, New Mexico's neighbor Texas was among the top three states with the most active physicians.<sup>4</sup>

According to research from the Association of American Medical Colleges, the U.S. is facing a shortage of between 124,000 and 200,000 physicians by 2034, both in primary and specialty care.<sup>5</sup> A February 2020 article from *Human Resources for Health* on the National Institute of Health website pegs the shortage at 139,160 physicians by 2030.<sup>6</sup> Different sources quote different numbers but one thing they all agree on is that demand for physicians and their services will increasingly outstrip supply within the next decade.

The western US, forecasts the writers, will have the greatest physician shortage ratio (69 jobs per 100,000 people), or 63,589 jobs, while the Northeast will have a surplus. Their report card was based on the national supply mean of 203 physician jobs per 100,000 population.

Unsurprisingly, states with the greatest estimated physician shortage will be three of the most populous: California, Florida, and Texas. In terms of shortage ratio, however, New Mexico is predicted to land in the top three, along with Mississippi and Louisiana, with a shortage of 101 physicians per 100,000 people. New Mexico, the study states, will also be among the three states (Wyoming and Delaware) with the largest *increase* in shortage ratio from 2017 to 2030, from 57 physicians per 100,000. This takes it from its current grade of "C" to a "D."<sup>7</sup>

In a Feb. 23, 2022, article entitled "Help Wanted: Health Care Worker Shortages," urban areas in the US had 53 primary care physicians for every 100,000 people, rural areas only 40 primary care physicians to care for the same number. The numbers are similar for nurse practitioners, physician assistants, and dentists. For specialists, urban areas have 263 specialists per 100,000 people, and rural areas have only 30 specialists.<sup>8</sup>

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<sup>2</sup>Frédéric Michas, *Statista*, "[Total active physicians in the U.S. by state 2022](https://www.statista.com/statistics/186269/total-active-physicians-in-the-us/#:~:text=As%20of%20May%202022%2C%20the,States%20amounted%20to%201%2C073%2C616%20physicians)," June 8, 2022, <https://www.statista.com/statistics/186269/total-active-physicians-in-the-us/#:~:text=As%20of%20May%202022%2C%20the,States%20amounted%20to%201%2C073%2C616%20physicians>.

<sup>3</sup>Frédéric Michas, *Statista*, "US Physicians, Statistics & Facts," October 19, 2021, <https://www.statista.com/topics/1244/physicians/#:~:text=As%20of%20September%202021%2C%20there%20were%20just%20over,were%20the%20states%20with%20the%20most%20active%20physicians>.

<sup>4</sup>Frédéric Michas, *Statista*, "Leading U.S. states based on the total number of active physicians 2021," July 27, 2022, <https://www.statista.com/statistics/250141/us-states-with-highest-total-number-of-active-physicians/>.

<sup>5</sup>Association of American Medical Colleges, "AAMC Report Reinforces Mounting Physician Shortage," June 11, 2021, <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>.

<sup>6</sup>Xiaoming Zhang, Daniel Lin, Hugh Pforisch, and Vernon W. Lin, *National Institute of Health*, "Physician workforce in the United States of America: forecasting nationwide shortages," February 6, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7006215/>.

<sup>7</sup>*Ibid.*

<sup>8</sup>Marilyn Werber Serafini, Jennifer Ruff, "Help Wanted: Health Care Worker Shortage," February 23, 2022, Bipartisan Policy Center, <https://bipartisanpolicy.org/blog/help-wanted-health-care-worker-shortages/>

The median age of these doctors, according to the Federation of State Medical Boards, is 51.7 (one year older than it was in 2010).<sup>9</sup> More than two out of every five doctors, says the AAMC, are over age 65 and likely to retire in the next decade.<sup>10</sup> A study conducted by Elsevier Health, which provides information solutions for science, health and technology professionals, says is more dire, stating that 47% of healthcare workers in the U.S. plan to leave their jobs by 2025.<sup>11</sup>

The American Medical Association reports that the number of licensed physicians 60 and older climbed by 48% between 2010 and 2020, while the number of physicians under 50 grew only 16%. Meanwhile, the number of licensed doctors 70 or older grew to 120,510, or 11.8% of the U.S. Physician workforce.<sup>12</sup> That's up from 8.9% in 2010, according to the FSMB.<sup>13</sup>

In addition to all these statistics, a trend has also developed over the past decade of physicians of all ages working fewer hours.<sup>14</sup> Organizations like the AAMC and the American Mobile Nurses staffing network have observed an increasing trend of physicians in the U.S. working fewer hours and seeing fewer patients.<sup>15</sup> This trend has obvious ramifications for patient's ability to access physicians when they need care.

“What we’re seeing is that physicians are working fewer hours than they did in the past,” said Janis Orlowski, MD, chief health care officer of the Association of American Medical Colleges (AAMC). Studies show that many physicians report that they suffer from burnout, and burnout can translate into reduced clinical work hours.<sup>16</sup>

Besides burnout, another potential cause of physicians working fewer hours is the shift from private practice to hospital-owned or other more “corporate” forms of medical practice.<sup>17</sup> Being personally responsible for the health and well-being of patients can lead to doctors working long hours and being on-call. It also increases financial pressures on that individual doctor. Working as part of a team can reduce those pressures and thus their hours (for better or worse overall).

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<sup>9</sup>Aaron Young, PhD, Humayun J. Chaudhry, DO, MS; Xiaomei Pei, PhD, Katie Arnhart, PhD; Michael Dugan, MBA, Kenneth B. Simons, MD, “FSMB Census of Licensed Physicians in the United States, 2020,” August 27, 2021, Federation of State Medical Boards, <https://meridian.allenpress.com/jmr/article/107/2/57/469727/FSMB-Census-of-Licensed-Physicians-in-the-United>.

<sup>10</sup>Association of American Medical Colleges, “AAMC Report Reinforces Mounting Physician Shortage,” June 11, 2021, <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>.

<sup>11</sup>Jack Kelly, *Forbes*, “New Survey Shows that up to 47% of US Healthcare Workers Plan to Leave Their Positions by 2025,” April 19, 2022, <https://www.forbes.com/sites/jackkelly/2022/04/19/new-survey-shows-that-up-to-47-of-us-healthcare-workers-plan-to-leave-their-positions-by-2025/?sh=7a9dab0f395b>.

<sup>12</sup>Andis Robeznieks, “How an Aging Nation, COVID-19 Stretch the Doctor Workforce Thin,” American Medical Association, April 6, 2022, <https://www.ama-assn.org/practice-management/sustainability/how-aging-nation-covid-19-stretch-doctor-workforce-thin>

<sup>13</sup>Aaron Young, PhD, Humayun J. Chaudhry, DO, MS; Xiaomei Pei, PhD, Katie Arnhart, PhD; Michael Dugan, MBA, Kenneth B. Simons, MD, “FSMB Census of Licensed Physicians in the United States, 2020,” August 27, 2021, Federation of State Medical Boards, <https://meridian.allenpress.com/jmr/article/107/2/57/469727/FSMB-Census-of-Licensed-Physicians-in-the-United>.

<sup>14</sup> and Erica Carbajal, “Physicians Worked Fewer Hours in 2020,” *Becker’s Hospital Review*, July 1, 2021, <https://www.beckershospitalreview.com/hospital-physician-relationships/physicians-worked-fewer-hours-in-2020-survey-finds.html>.

<sup>15</sup>Jennifer Larson, “Average Physician Workweek, how Doctors’ Hours Are Changing,” *Locums News*, October 24, 2021, <https://www.staffcare.com/locum-tenens-blog/news/physicians-average-hours-worked-per-week/>

<sup>16</sup>*Ibid.*

<sup>17</sup> Jacqueline LaPointe, *Practice Management News*, “Less than Half of Physicians Work in a Private Practice, AMA Finds,” May 6, 2021, <https://revcycleintelligence.com/news/less-than-half-of-physicians-work-in-a-private-practice-ama-finds>.

A 2017 *Mayo Clinic Proceedings* study found nearly 20 percent of the physicians in clinical practice reporting that it was “likely or definite” that they would reduce their clinical hours in the next year.<sup>18</sup>

The AAMC Workforce Studies research indicates that physicians are working around 52 hours per week, down from 54 hours per week in the 1980s.<sup>19</sup>

The 2018 Survey of America’s Physicians, conducted for The Physicians Foundation, found that the average physician workweek is 51.4 hours, down from 52.63 hours in 2016. The following table shows the breakdown in hours worked by physician type.<sup>20</sup>

### **2018 Average Physician Hours Worked Per week**

Age 45 years or less	54.73
Age 46 years or more	49.87
Male Physicians	51.89
Female Physicians	50.46
Practice Owners	51.96
Employed Physicians	53.73
Primary Care Physicians	50.64
Physician Specialists	51.76

Orlowski noted that though an average decrease of two hours per week doesn’t seem like much when you consider just one physician, those hours really add up when you consider the entire workforce. Additionally, a *Mayo Clinic Proceedings* study noted that a reduction in physician work hours, coupled with an exodus of physicians from their current clinical practice, could significantly affect the supply of physicians.<sup>21</sup> Approximately one-half of all physicians, says the AMA, would prefer to work fewer hours per week.

While the number of physicians and other healthcare workers is expected to decline over the next 10 years, the number of Americans over age 65 will grow 45% by 2033.<sup>22</sup>

Consider the following key findings from the American Association of Medical Colleges:

\*In 2020, there were 286.5 active physicians per 100,000 population in the U.S., ranging from 466.0 in Massachusetts to a low of 196.1 in Idaho. States with the highest number of physicians per 100,000 population are concentrated in the Northeast.

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<sup>18</sup>Jennifer Larson, “Average Physician Workweek, how Doctors’ Hours Are Changing,” *Locums News*, October 24, 2021, <https://www.staffcare.com/locum-tenens-blog/news/physicians-average-hours-worked-per-week/>

<sup>19</sup>*Ibid.*

<sup>20</sup>*Ibid.*

<sup>21</sup>*Ibid.*

<sup>22</sup>Association of American Medical Colleges, “AAMC Report Reinforces Mounting Physician Shortage,” June 11, 2021, <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>.

\*There were 94.4 active primary care physicians per 100,000 population in the U.S. in 2020. Vermont had the highest number of primary care physicians per 100,000, Utah had the lowest.

\*Nationally, there were 7.6 active general surgeons per 100,000 population in 2020, a slight drop from the 7.7 per 100,000 in 2018. Maine and Vermont had the highest number of general surgeons, while Nevada and Idaho had the lowest.

\*Nationally, 24.7% of active physicians were international medical school graduates (IMGs). States varied widely in the percentage of their IMG workforce. New Jersey and New York had the highest percentages (38.4% and 37.1%, respectively), while Montana and Idaho had the lowest (6.6% and 5.8%, respectively).

\*More than one-third (33.7%) of active physicians in the United States were age 60 or older in 2020, although this varied by state. Maine had the highest percentage (39.3%), while Utah had the lowest percentage (28.3%) of physicians 60 or older.<sup>23</sup>

Compared to the Northeast and Midwest, there is already a shortage of healthcare workers in states in the South and West, according to *Statista*.<sup>24</sup> Interestingly, the region where doctors are paid the least in nation is the Southwest, where many older adults who require healthcare services choose to retire.<sup>25</sup> Medscape's Physician Compensation Report listed New Mexico as one of the bottom five states in the country for physician compensation.<sup>26</sup>

In Medscape's 2018 analysis, physicians in the north central part of the nation are paid \$319,000 per year. In the southeast, however, physician salaries are more than \$40,000 a year less, running at around \$277,000 a year.<sup>27</sup>

New Mexico's average physician salary was even less, ranking third from the bottom of lowest-earning states with an average annual physician compensation rate of \$261,000. The average physician in Indiana had the highest salary at \$334,000.<sup>28</sup>

The field of nursing is facing its own challenges in meeting labor shortages. Actual shortage predictions for 2030 vary wildly between sources from 1 million to 10 million new registered nurses that will be needed. However, the *Washington Examiner* cites the *Journal of Nursing Regulation's* prediction that at least one million will retire by 2030.<sup>29</sup>

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<sup>23</sup>American Association of Medical Colleges, "State Physician Workforce Data Report," January 2022, [https://store.aamc.org/downloadable/download/sample/sample\\_id/506/](https://store.aamc.org/downloadable/download/sample/sample_id/506/).

<sup>24</sup>Frédéric Michas, *Statista*, "[Total active physicians in the U.S. by state 2022](https://www.statista.com/statistics/186269/total-active-physicians-in-the-us/#:~:text=As%20of%20May%202022%2C%20the,States%20amounted%20to%201%2C073%2C616%20physicians)," June 8, 2022, <https://www.statista.com/statistics/186269/total-active-physicians-in-the-us/#:~:text=As%20of%20May%202022%2C%20the,States%20amounted%20to%201%2C073%2C616%20physicians>.

<sup>25</sup>Frédéric Michas, *Statista*, "Mean Physician Compensation by Region 2018," June 10, 2020, <https://www.statista.com/statistics/250214/average-physician-compensation-by-us-region/>.

<sup>26</sup>*Medscape*, "Compensation Overview," <https://www.medscape.com/slideshow/2018-compensation-overview-6009667>

<sup>27</sup>*Ibid.*

<sup>28</sup>*Ibid.*

<sup>29</sup>Sherri Wilson, *The Examiner*, "One Million Nurses Will Retire by 2030. We Need to Prepare for It," <https://www.washingtonexaminer.com/opinion/op-eds/one-million-nurses-will-retire-by-2030-we-need-to-prepare-for-it>.

The nursing profession is not new to shortages. In a letter to the *American Journal of Nursing*, a Cleveland hospital patient wrote over 100 years ago to comment on the “present shortage of nurses.”<sup>30</sup> But the costs are rising.

One rural hospital CEO indicated that the nursing shortage is costing them an additional \$2 to \$3 million a year because they must pay for travel nurses, which costs them two to three times more than staff nurses.<sup>31</sup> Nursing costs for the Billings Clinic increased by \$6 million from July to October in 2021.<sup>32</sup> Travel nurses can make hundreds of dollars per hour and the need for them is also growing.<sup>33</sup>

According to RNNetwork.com, industry data suggest the average pay for travel nurses increased from \$1,706 per week in December 2019 to around \$3,290 per week in December 2021.<sup>34</sup> The travel nursing industry doubled in size over the last year.<sup>35</sup> And in 2021, travel nursing revenue tripled to an estimated \$11.8 billion, up from \$3.9 billion in 2015.<sup>36</sup>

Zippia.com, which states its data are verified against that of the U.S. Census Bureau, says there are more than **1,696,386** traveling nurses employed in the United States.<sup>37</sup> Their average age is 44 years old and approximately 84% are women.<sup>38</sup> They are 76% more likely to work at private companies than at public ones.<sup>39</sup>

An October 2021 article on KOB.com reports that a survey by the New Mexico Hospital Association says travel nurses make up 12% of the state's nursing hospital staff, with 17% of nursing positions still vacant.<sup>40</sup> New Mexico competes nationwide for the same workers provided by companies coordinating contracts, says KUNM.org, and within New Mexico that means hospitals and clinics compete against each other as well.<sup>41</sup>

Administrators in Billings, MT, and other towns across the country have contracts with two dozen nurses from the Philippines, Thailand, Kenya, Ghana, and Nigeria.<sup>42</sup> Approximately one-sixth of the U.S. nursing workforce is foreign-born.<sup>43</sup>

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<sup>30</sup>Tim Sablik, Federal Reserve Bank of Richmond, “The Rural Nursing Shortage,” Q1 2022, [https://www.richmondfed.org/publications/research/econ\\_focus/2022/q1\\_feature\\_1](https://www.richmondfed.org/publications/research/econ_focus/2022/q1_feature_1).

<sup>31</sup>Marilyn Werber Serafini, Jennifer Ruff, “Help Wanted: Health Care Worker Shortage,” February 23, 2022, Bipartisan Policy Center, <https://bipartisanpolicy.org/blog/help-wanted-health-care-worker-shortages/>.

<sup>32</sup>Nick Elhi, *National Public Radio*, “Short-staffed and COVID-battered US Hospitals are Hiring more Foreign Nurses,” January 6, 2022, <https://www.npr.org/sections/health-shots/2022/01/06/1069369625/short-staffed-and-covid-battered-u-s-hospitals-are-hiring-more-foreign-nurses>.

<sup>33</sup>*Ibid.*

<sup>34</sup>Allison Riley, “The State of Travel Nursing in 2022,” *RNNetwork.com*, August 12, 2022, <https://rnnetwork.com/blog/travel-nursing-market/>.

<sup>35</sup>*Ibid.*

<sup>36</sup>*Ibid.*

<sup>37</sup>Zippia.com, “Travel Nurse Demographics and Statistics in the US,” <https://www.zippia.com/traveling-nurse-jobs/demographics/>.

<sup>38</sup>*Ibid.*

<sup>39</sup>*Ibid.*

<sup>40</sup>Brittany Costello, *KOB TV*, “New Mexico Hospitals are Relying More on Travel Nurses,” March 22, 2022, <https://www.kob.com/archive/new-mexico-hospitals-are-relying-more-on-travel-nurses/>.

<sup>41</sup>Jered Ebenreck, *KUNM*, “Travel Nurses are an Expensive Stopgap in New Mexico,” January 12, 2022, <https://www.kunm.org/local-news/2022-01-12/travel-nurses-fill-staffing-gaps-in-new-mexico>.

<sup>42</sup>Nick Elhi, *National Public Radio*, “Short-staffed and COVID-battered US Hospitals are Hiring more Foreign Nurses,” January 6, 2022, <https://www.npr.org/sections/health-shots/2022/01/06/1069369625/short-staffed-and-covid-battered-u-s-hospitals-are-hiring-more-foreign-nurses>.

<sup>43</sup>*Ibid.*

The costs are taking a toll. A 2021 Chartis Group report found that almost half of rural hospitals were operating in the red, and the median hospital had only 33 days cash on hand.<sup>44</sup> The COVID-19 pandemic has only exacerbated hospital finances, and those in the rural areas are especially hard hit.

While urban areas have 53 primary care physicians for every 100,000 people, rural areas have only 40 primary care physicians for the same number. The situation is the same for nurse practitioners, physician assistants, and dentists. Rural areas have even fewer specialists with only 30 per 100,000, while urban areas have 263 per 100,000.<sup>45</sup>

The average registered nurse is 52 years old and they, aging along with our U.S. population, are retiring.<sup>46</sup> As Baby Boomers age and demand for healthcare services mounts, the shortage of registered nurses worsens.

The COVID-19 pandemic has (at least temporarily) exacerbated this shortage by increasing the number of patients entering the healthcare system and “skewing the patient-to-nurse ratio toward dicey territory.”

Rural areas are facing an even more critical need. Less than 16% of nurses live in rural areas, almost the same as the 17% of the country's population, according to nursingworld.com. But those Americans who live in these communities also tend to be older and have more chronic conditions.<sup>47</sup>

Christine Kasper, former Dean of the University of New Mexico's College of Nursing, said enrollment there has increased 108 percent over the last five years. But Terri Tewart, Dean of the nursing program at Santa Fe Community College, said enrollment in the local college's nursing program has declined over the past year.<sup>48</sup>

“I wouldn't say it's a worst-case scenario, but it's pretty close,” Kasper said. “There's an awful lot of nurses out there, but a lot are not working in nursing. They're stressed out; they quit or moved into other jobs.”<sup>49</sup>

In response to the extra stress for workers, many hospitals in the state are hiring more travel nurses, said Eleanor Chavez, the executive director for Local 1199, the state chapter of the National Union of Hospital and Health Care Employees. But those travel nurses often make double the amount that regular nurses do, she said, and that further damages morale.<sup>50</sup>

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<sup>44</sup>Emily Wavering Corcoran and Sonya Ravindranath Waddell, *Federal Reserve Bank of Richmond*, “Rural Hospital Closures and the Fifth District,” First Quarter 2019, [https://www.richmondfed.org/publications/research/econ\\_focus/2019/q1/district\\_digest](https://www.richmondfed.org/publications/research/econ_focus/2019/q1/district_digest).

<sup>45</sup>Marilyn Werber Serafini, Jennifer Ruff, “Help Wanted: Health Care Worker Shortage,” February 23, 2022, Bipartisan Policy Center, <https://bipartisanpolicy.org/blog/help-wanted-health-care-worker-shortages/>

<sup>46</sup>Carson Newman University, “By the Numbers: Nursing Statistics 2022,” March 30, 2022, <https://onlinenursing.cn.edu/news/nursing-by-the-numbers>.

<sup>47</sup>American Nurses Association, “Fast Facts: The Nursing Workforce 2014,” [https://www.nursingworld.org/~4afac8/globalassets/practiceandpolicy/workforce/fastfacts\\_nsgjobgrowth-salaries\\_updated8-25-15.pdf](https://www.nursingworld.org/~4afac8/globalassets/practiceandpolicy/workforce/fastfacts_nsgjobgrowth-salaries_updated8-25-15.pdf).

<sup>48</sup>Robert Nott, *Silver City Daily Press*, “NM Grapples with Nurse Staffing Shortage,” February 7, 2022, <https://www.scdailypress.com/2022/02/07/nm-grapples-nurse-staffing-shortage/>.

<sup>49</sup>*Ibid.*

<sup>50</sup>*Ibid.*

A February 2022 Becker's Hospital Review article and the Santa Fe New Mexican reported that Christus St. Vincent Regional Medical Center in Santa Fe employs 36 foreign-born nurses and plans to bring in at least 10 more.<sup>51</sup>

In Alamogordo, Gerald Champion Regional Medical Center has 15 foreign-born nurses and wants another 15.<sup>52</sup>

This national trend has approximately 1,000 nurses a month coming to the U.S. from African nations, the Philippines, and the Caribbean, said Sinead Carbery, President of the Grady Peyton International recruiting firm.<sup>53</sup> Thousands more are waiting on visas so they too can start working in the U.S., according to The American Association of International Healthcare Recruitment.<sup>54</sup>

According to the most recent data provided by the state Higher Education Department, there were about 7,625 students enrolled in nursing programs in New Mexico in the fall 2020 semester.<sup>55</sup>

Troy Clark, President and CEO of the New Mexico Hospital Association, told the *Silver City Sun-News* the state's nursing programs graduate about 1,200 students each year, and there are another 300 waiting to get into programs. Even if those 300 prospective students had slots in nursing programs and schools were graduating 1,500 a year, it would take at least four years to fill the gap, he said.<sup>56</sup>

According to the U. S. Census Bureau, the number of health care practitioners and technicians in 2019 were the same nationally as in New Mexico and Oklahoma: approximately six health care practitioners and technicians per 100 civilian employed workers ages 16 and over. Surrounding states Arizona, Utah, Colorado, and Texas had an average of between 4.4 to 5.9. The U.S. average for those employed in healthcare support occupations was 3.4, less than in New Mexico where it was between 4 to 5, with the surrounding states all having fewer.<sup>57</sup>

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<sup>51</sup>Kelly Gooch, *Becker's Hospital Review*, "Hospitals Turn to International Nurses to Fill Staffing Gaps," Feb. 28, 2022, <https://www.beckershospitalreview.com/workforce/hospitals-turn-to-international-nurses-to-fill-staffing-gaps.html>

<sup>52</sup>*Ibid.*

<sup>53</sup>*Ibid.*

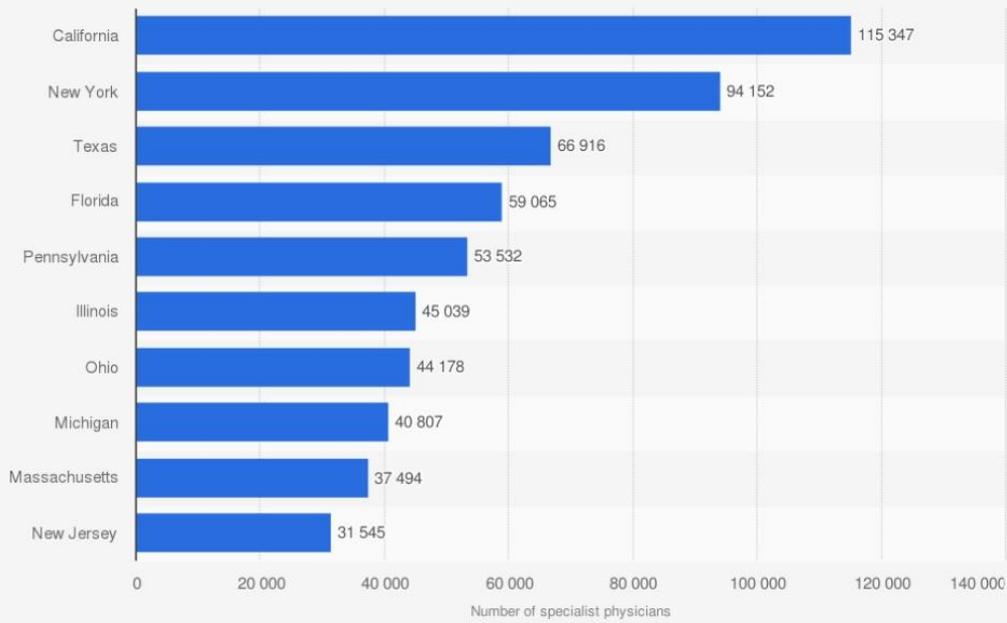
<sup>54</sup>*Ibid.*

<sup>55</sup>Robert Nott, *Silver City Daily Press*, "NM Grapples with Nurse Staffing Shortage," February 7, 2022, <https://www.scdailynews.com/2022/02/07/nm-grapples-nurse-staffing-shortage/>.

<sup>56</sup>*Ibid.*

<sup>57</sup>U.S. Census Bureau, "American Community Survey," <https://www.census.gov/programs-surveys/acs/>

**Leading 10 U.S. states based on the total number of active physicians as of 2021**

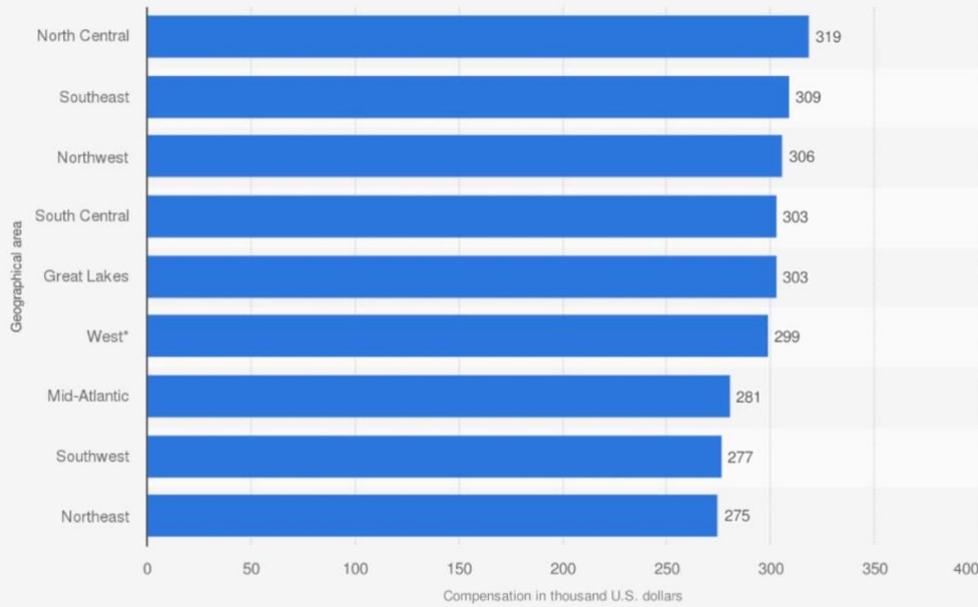


**Sources**  
Redi-Data; Kaiser Family Foundation  
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**Additional Information:**  
United States; Redi-Data; as of March 2021



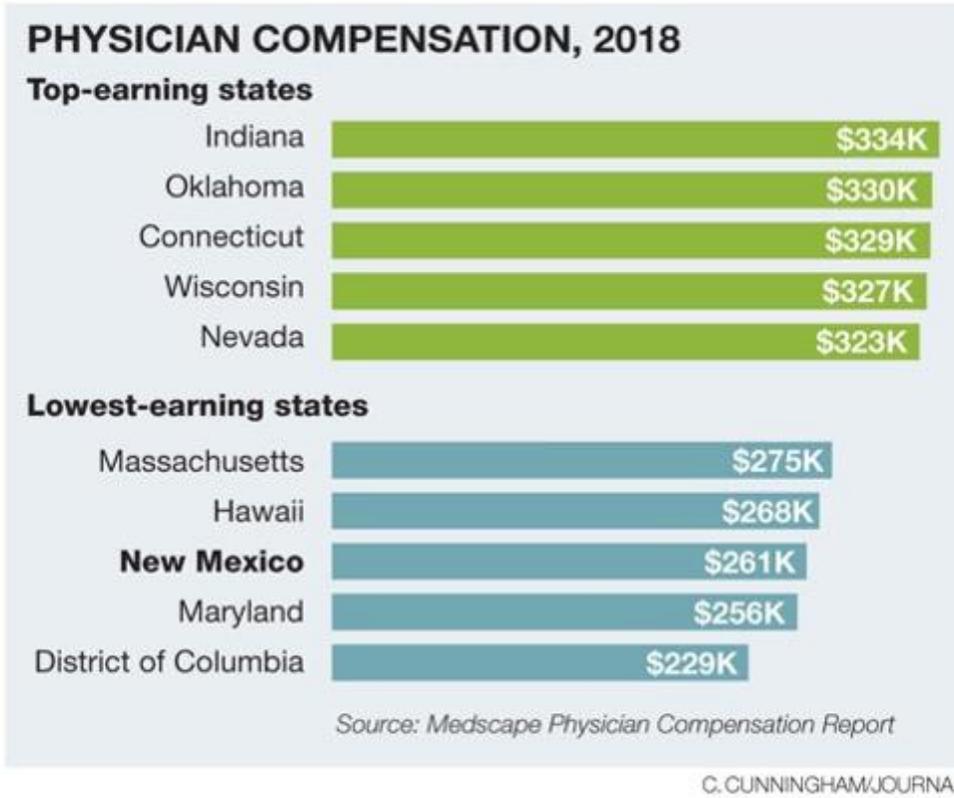
**Mean physician compensation by U.S. region as of 2018 (in 1,000 U.S. dollars)**



**Source**  
Medscape  
© Statista 2020

**Additional Information:**  
United States; November 21, 2017 to February 21, 2018; 20,329 physicians in 29 specialties





**New Mexico**

*“An ‘exciting opportunity’ for a neurosurgeon awaits at the San Juan Regional Medical Center; according to an online hospital help wanted ad. Unfortunately, the vacancy has been open for at least 18 months despite the eye-popping base salary of up to \$750,000 and perks that include student loan repayment.*

*The good news is that the 194-bed hospital in New Mexico’s Four Corners area – which needs a total three neurosurgeons – has managed to hire two from out of state during its ongoing search.*

*New Mexico is suffering more than many other states from the national physician shortage, leading to long wait times for appointments and emergency room visits when waiting is unbearable. One national report ranked the state 48th in access to physicians in 2017. To make matters worse, the state’s physician work force is the oldest in the country and ranked near the top in the number of doctors surveyed who said they planned to retire in the next few years. - Feb. 2019 article from the Albuquerque Journal<sup>58</sup>*

As of January 2022, New Mexico was the second most-affected state in the country by healthcare worker shortages, according to Forbes, with 48% of the state's hospitals reporting critical staffing

<sup>58</sup>Colleen Heild, *Albuquerque Journal*, “NM Faces Hurdles Recruiting Doctors,” February 23<sup>rd</sup>, 2019, <https://www.abqjournal.com/1284623/nm-faces-hurdles-recruiting-doctors.html>.

shortages.<sup>59</sup> Clark said the shortage was worse when factoring in travel nurses, and that workers were quitting due to burnout. Neighboring Oklahoma and Arizona also had critical staffing shortages in a third of their hospitals.

The Association of American Medical Colleges 2021 state profile for New Mexico shows 5,269 total active physicians, of which 1976 are primary care physicians, with 398 people per active physician. Almost 40% of those physicians are aged 60 or older.<sup>60</sup>

The state lands slightly below the middle among states, ranking 32, for Active Physicians per 100,000 people. New Mexico notably ranks 10<sup>th</sup> for medical student enrollment and 10<sup>th</sup> for percentage of MD students matriculating in state. This offers a glimmer of hope as approximately two thirds of medical school attendees who attend school in New Mexico remain in New Mexico to begin their practice.

The AAMC profile also lists the number of physicians NM has in each specialty. It shows that 31% of all active physicians in the state completed graduate medical education in New Mexico, with 23% coming from Texas (9%), California and New York. Five percent total came from the neighboring states of Colorado and Arizona.

Of the physicians who completed GME in New Mexico, 40% are practicing here. Texas got 7%, Colorado 5% and Arizona 4%.

In October 2021, the New Mexico Healthcare Workforce Committee issued its annual report to the state's legislators for 2020. This report analyzed 14 health care professions, including demographics and the changes in each profession's workforce. The analysis measures the workforce practicing in the state relative to county populations and in comparison, to national benchmarks, taking care to match as closely as possible the New Mexico providers we include to those included in the benchmark calculation.

National and county-level benchmarks shown in the Commission's report do not directly measure the population's access to health care. "For example, in 2019 the state was ranked fourth in the nation for poverty rate (17.7%) and second for the percent of non-elderly population insured by Medicaid (32.7%), seventh for percent of adults without a personal health care provider (30.2%), 11th for adults reporting fair or poor health status (21.1%) and 15th for uninsured non-elderly population (9.8%)."<sup>61</sup>

As noted in the report, variations in the state's population density, health care needs, insurance coverage, demographics and other factors make it unlikely that a single optimal number of health care providers could be identified for any profession. In some sections providers per population vary widely among counties. Counties with higher provider-per-population ratios or who meet or exceed benchmarks tend to be those with urban areas or near training institutions and major health care facilities.

The report is careful to point out that neither low demand, high full-time employee numbers, nor provider counts above benchmarks necessarily represent surplus, or even enough health professionals.

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<sup>59</sup>Lisa Kim, *Forbes*, "These 18 States are Grappling With Critical Hospital Worker Shortages as COVID Hospitalizations Surge," January 8, 2022, <https://www.forbes.com/sites/lisakim/2022/01/08/these-18-states-are-grappling-with-critical-hospital-worker-shortages-as-covid-hospitalizations-surge/?sh=1ccc29652e23>.

<sup>60</sup>American Association of Medical Colleges, "New Mexico Physician Workforce Profile," <https://www.aamc.org/media/58271/download>.

<sup>61</sup>New Mexico Health Care Workforce Committee, "2021 Annual Report," October 1, 2021, [https://www.nmms.org/wp-content/uploads/2018/08/NMHCWF\\_2021Report\\_FINAL\\_edist.pdf](https://www.nmms.org/wp-content/uploads/2018/08/NMHCWF_2021Report_FINAL_edist.pdf).

“Patients in these areas are still likely to experience barriers to health care, including long waits for appointments and difficulty finding providers who accept their insurance plan or Medicaid.”

The Committee found that New Mexico suffers from system-wide shortages, with primary care physician and nurse shortages in nearly every county in the state. In 2020, only six of New Mexico’s 33 counties were at or above the national benchmark of 8.3 primary care physicians per 10,000 people: Bernalillo, Santa Fe, Los Alamos, Socorro, Colfax, and De Baca. The counties with the worst rates were in the northwest and southeast parts of the state. By April of this year, according to *KOAT*, 32 out of 33 counties in the state were having a primary care shortage, except for Los Alamos.<sup>62</sup>

This even though 19 NM Counties had a net population loss from 2013 to 2021. Of these, three were urban, seven were mixed, and nine were rural. The urban included Bernalillo, San Juan, and Torrance. Fourteen counties had a net population increase. Of these four were urban, seven were mixed, and three were rural. The urban included Doña Ana, Sandoval, Santa Fe and Valencia.

As noted in the report, counties with higher provider-per-population ratios or who meet or exceed benchmarks tend to be those with urban areas or nearby training institutions and major health care facilities.

In New Mexico, a geographically large state, health care worker needs are affected by some unique factors:

\*The state’s median county is 3,758 square miles – one and one-half times the size of Delaware and requiring more than 45 minutes to travel by car.

\*The median county population density is 7.1, just higher than the six people per square mile criterion for frontier status.

\*Thirty five percent of the state’s 2.1 million residents resides in rural or frontier counties.

The Committee estimated that in 2020, there were in active practice in the state, the following health care workers and accompanying shortages:

	<b><u>Shortage</u></b>
1,607 primary care physicians	328 PCPs
229 obstetrics/gynecology physicians	56 OB/GYNs
305 psychiatrists	117 Psychiatrists
154 general surgeons	10 Gen. Surgeons
15,588 registered nurses/clinical nurse specialists	6,223 RN/CNS
1,732 certified nurse practitioners	238 CNPs
154 certified nurse-midwives	13 CNMs
865 physician assistants	249 PAs
1,179 dentists	87 dentists
1,764 pharmacists	521 pharmacists
37 licensed midwives	5 licensed midwives
4,421 emergency medical technicians	2,510 EMTs
1,547 physical therapists	524 PTs
878 occupational therapists	108 OTs

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<sup>62</sup>Genevieve Glass, “32 of 33 New Mexico Counties in Dire Need of Primary Care Physicians,” *KOAT*  
<https://www.koat.com/article/32-of-33-new-mexico-counties-are-in-dire-need-of-primary-care-physicians/39754836>.

## **2021 Below Benchmarks:**

**Primary Care Physicians** – Every county except Bernalillo, Colfax, De Baca, Santa Fe, and Socorro.

**OB-GYNs**- Seventeen counties

**General Surgeons** – Every county except Doña Ana, Lea, Roosevelt, Valencia

**Registered Nurses** – Every county except Bernalillo. The most deficient were Doña Ana, Lea, San Juan, Santa Fe, Sandoval and Valencia.

**Certified Nurse Practitioners** – Every county except Bernalillo, De Baca, Doña Ana, Eddy, Guadalupe, Harding, Santa Fe and Socorro

**Physician Assistants** - Every county except Bernalillo, Grant, Harding and Los Alamos

**Dentists** - Every county except Bernalillo Chaves, Curry, De Baca, Doña Ana, Harding, Los Alamos, San Juan, Sandoval, Santa Fe and Taos

**EMTs** – Every county except Catron, Colfax, De Baca, Harding, Hidalgo, Los Alamos, Quay and Union

**Pharmacists** – Every county except Bernalillo, De Baca and Union

According to the NM Health Care Workforce Committee, the following additional workers would be required for all counties to meet benchmark levels:<sup>63</sup>

- 328 PCPs
- 56 OB-GYNs
- 10 General Surgeons
- 6,223 RNs and CNSs
- 238 CNPs
- 249 PAs
- 87 Dentists
- 521 Pharmacists
- 2,510 EMTs

Dr. Richard Larson, executive vice chancellor of the UNM Health Sciences Center, says, “There are massive shortages in every health care sector in the state.”<sup>64</sup>

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<sup>63</sup>New Mexico Health Care Workforce Committee, “2021 Annual Report,” October 1, 2021, [https://www.nmms.org/wp-content/uploads/2018/08/NMHCWF\\_2021Report\\_FINAL\\_edist.pdf](https://www.nmms.org/wp-content/uploads/2018/08/NMHCWF_2021Report_FINAL_edist.pdf).

<sup>64</sup>Austin Fisher, *Source New Mexico*, “Thousands of Nurses and Hundreds of Doctors Needed In State,” August 31, 2021, <https://newmexiconewsport.com/thousands-of-nurses-and-hundreds-of-doctors-needed-in-the-state/>.

In terms of shortage ratio (physicians per 100,000 people), New Mexico is in the top three, short 101 physicians, according to the NCBI.<sup>65</sup>

New Mexico also has the dubious distinction of having oldest physician population in the US, according to the Association of American Medical Colleges and various other sources.<sup>66</sup> A Human Resources for Health article on the National Institute of Health site states that 37% of New Mexico's doctors will be retiring by 2030, giving the state of 51<sup>st</sup> for the highest ranking of all states in that category.<sup>67</sup> New Mexico will need another 2,118 physicians, more than a 40% increase. The state ranks 27<sup>th</sup> for residents about to enter the workforce as doctors, with 28 residents per 100,000.

As physicians retire, the shortage of doctors in the state expands, particularly in rural and frontier communities, where residents travel long distances for healthcare.

In October 2021, popular job search site *Indeed.com*, revealed the following data for resume postings on the site:

- 1 New RN Resume for every 12 RN Jobs Posted in New Mexico
- 1 New Surgical Tech Resume for every 4 Surgical Tech Jobs
- 0 New Physician Resumes for every 180 Physician Job
- 1 Radiology Tech Resume for every 9 Radiology Tech Jobs

On any given day, a major Albuquerque-based recruiter can have between 400 to 600 vacancies for health professionals in New Mexico.<sup>68</sup>

Jerry Harrison of New Mexico Health Resources says the actual number statewide is much larger since not all employers seeking health providers use his agency.<sup>69</sup>

“I think that we know maybe half of the true vacancies at any given time,” he said.

Sitting at or near the bottom of some national rankings, especially when it comes to economic factors, makes it difficult to compete for workers who can make more and pay no gross receipts taxes and less for malpractice insurance somewhere else.

“Any primary care doc now has literally thousands of jobs they could take across the country,” said Dr. Doñald Pathman, a researcher and teacher at the University of North Carolina at Chapel Hill.<sup>70</sup>

Harrison stated that just before the pandemic started, some health care facilities in Albuquerque had waiting times for first appointments of as long as four months. “But that’s been going on for years and years,” he said. “From my perspective, there’s absolutely nothing new about shortages.”

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<sup>65</sup>Xiaoming Zhang, Daniel Lin, Hugh Pforsich, and Vernon W. Lin, *National Institute of Health*, “Physician workforce in the United States of America: forecasting nationwide shortages,” February 6, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7006215/>.

<sup>66</sup>David Scrase, MD, and David Rakel, MD, *Farmington Daily Times*, “Struggling to Find a Doctor? Help is on the way!” <https://www.daily-times.com/story/opinion/columnists/2021/02/04/struggling-find-doctor-new-mexico-help-coming/4377069001/>

<sup>67</sup>Xiaoming Zhang, Daniel Lin, Hugh Pforsich, and Vernon W. Lin, *National Institute of Health*, “Physician workforce in the United States of America: forecasting nationwide shortages,” February 6, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7006215/>.

<sup>68</sup>Colleen Heild, *Albuquerque Journal*, “NM Faces Hurdles Recruiting Doctors,” February 23<sup>rd</sup>, 2019, <https://www.abqjournal.com/1284623/nm-faces-hurdles-recruiting-doctors.html>.

<sup>69</sup>*Ibid.*

<sup>70</sup>*Ibid.*

“The state’s health care system cannot handle the number of patients in need because of where physicians work and don’t work, and what kinds of insurance patients have or don’t,” Harrison said. “We don’t have the policy infrastructure to deal with it, I can tell you that,” he said. “We don’t have a public health infrastructure that is working prospectively. It works reactively, because a lot of the employees are working what used to be three positions.”

“As a patient, when you're used to seeing your own provider and not able to get into them for months, it's really hard,” said Dr. Jaren Trost, a primary care doctor at Optum Health New Mexico. “What's an even harder situation is if you're not even in the system. That’s a lot of frustration on the patient’s end.”

Further, an increase in 10 primary care physicians per 100,000 individuals results in:

- An 11% decrease in emergency room visits
- 6% decrease in hospital inpatient admissions
- 7% decrease in surgeries because of providing timely care to address medical issues before they become emergencies.

These improvements persist after controlling for sociodemographic characteristics.<sup>71</sup>

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<sup>71</sup>David Scrase, MD, and David Rakel, MD, *Farmington Daily Times*, “Struggling to Find a Doctor? Help is on the way!” <https://www.daily-times.com/story/opinion/columnists/2021/02/04/struggling-find-doctor-new-mexico-help-coming/4377069001/>

Table 3.8. Online Advertised Job Postings for Select Occupations, by County: Monthly Average for SFY 2020

County	Registered Nurses	Nurse Practitioners	Pharmacists	Family Medicine Physicians	General Internal Medicine Physicians	General Pediatricians
Bernalillo	1,886	90	63	34	8	3
Catron	<1	3	0	0	0	0
Chaves	282	7	5	10	15	1
Cibola	86	3	3	1	0	<1
Colfax	70	<1	0	1	0	<1
Curry	131	2	1	7	<1	1
De Baca	2	0	0	<1	0	0
Doña Ana	642	29	20	11	1	4
Eddy	197	3	5	8	1	5
Grant	77	6	6	4	0	2
Guadalupe	4	1	<1	0	0	0
Harding	<1	0	0	0	0	0
Hidalgo	3	1	0	0	0	0
Lea	132	3	4	4	3	2
Lincoln	85	<1	1	5	2	0
Los Alamos	129	1	1	0	1	0
Luna	118	3	<1	7	2	3
McKinley	210	17	3	6	<1	2
Mora	<1	1	0	1	0	0
Otero	219	21	1	6	1	2
Quay	39	1	0	<1	0	0
Rio Arriba	172	3	1	2	<1	<1
Roosevelt	52	1	<1	4	1	1
San Juan	194	9	5	12	2	1
San Miguel	107	2	1	2	2	1
Sandoval	232	4	4	2	1	0
Santa Fe	779	41	27	16	5	1
Sierra	60	<1	0	0	1	1
Socorro	151	2	<1	7	1	0
Taos	186	2	2	<1	0	0
Torrance	2	1	0	1	0	0
Union	6	0	1	0	0	1
Valencia	54	2	1	0	0	0
<b>STATE TOTAL</b>	<b>6,306</b>	<b>258</b>	<b>154</b>	<b>151</b>	<b>46</b>	<b>32</b>

Source: Online advertised jobs data from WCOS

Health Care Profession	Total in NM in 2013/Below Benchmark	New Mexico Health Care Professions Year to Year							Net Change since 2013
		2014	2015	2016	2017	2018	2019	2020	
Primary Care Physicians	1957/153	1,908/145	2,073/125	2,076/139	2,360/126	2,162/136	1,581/336	1,607/328	Negative 350 / 175
OB-GYNs	256/40	236/43	253/36	273/31	282/30	279/39	230/59	229/56	Negative 27 / 16
General Surgeons	179/21	162/18	177/16	188/14	194/12	188/11	155/11	154/10	Negative 25 / Neg. 11
Registered Nurses/CNS	15,713/4,269	Not available	Not available	17,219/3,361	18,173/3,022	17,526/ 3,689	15,539/5,985	15,588/6,223	Negative 125 / 1,954
Physician Assistants	Not available	694/136	717/136	746/119	792/113	805/115	851/234	865/249	171/113
Dentists	Not available	1,081/73	1,131/67	1,171/55	1,215/46	1,216/46	1,208/40	1,179/87	98/14
EMTs	Not available	Not available	Not available	6,101/475	6,364/415	6,501/392	4,399/2,446	4,421/2,510	Negative 1,680 / 2,035
Pharmacists	Not available	1,928/293	1,911/292	2,013/257	2,003/258	Not Available	1,740/319	1,764/521	Negative 164 / 228
Clinical Nurse Practitioners	1,089/271	1,228/197	1,293/201	1,379/142	1,453/147	1,542/135	1,434/282	1,732/238	643 / Neg 33

Source: New Mexico Health Care Workforce Committee 2021 Annual Report

Table 1.2. Number of Health Professionals with New Mexico Licenses Practicing in the State

Profession	Percent Practicing in NM, 2019	Total Licensed in NM	Estimated Total Practicing in NM	Percent Practicing in NM, 2020
<b>All MDs/DOs</b>	50.8%	10,156	4,739	46.66%
<b>Primary Care Physicians</b>	51.8%	3,008	1,607	53.42%
<b>OB-GYN Physicians</b>	63.0%	349	229	65.62%
<b>General Surgeons</b>	56.0%	270	154	57.04%
<b>Psychiatrists</b>	53.3%	557	305	54.76%
<b>RNs/CNSs</b>	53.9%	28,435	15,588	54.82%
<b>CNPs</b>	50.2%	3,386	1,732	51.15%
<b>CNMs</b>	70.6%	225	154	68.44%
<b>Physician Assistants</b>	75.4%	1,169	865	73.99%
<b>Dentists</b>	75.5%	1,559	1,179	75.63%
<b>Pharmacists</b>	50.4%	3,433	1,764	51.38%
<b>Licensed Midwives</b>	38.0%	81	37	45.68%
<b>EMTs</b>	52.0%	7,653	4,421	57.77%
<b>Physical Therapists</b>	67.8%	2,194	1,547	70.51%
<b>Occupational Therapists</b>	76.8%	1,123	878	78.18%

Table 1.3. Summary of Health Care Professionals with New Mexico Licenses Practicing in the State

A. Physicians

Profession Metric	2013	2014	2015	2016 <sup>b</sup>	2017	2018	2019 <sup>c</sup>	2020 <sup>d</sup>	Net Change Since 2013
<b>PCPs</b>									
# in New Mexico	1,957	1,908	2,073	2,076	2,360	2,162	1,581	1,607	-350
Total Below Benchmark <sup>a</sup>	153	145	125	139	126	136	336	328	175
Counties Below Benchmark	23	22	17	22	16	18	26	27	4
<b>OB-GYNs</b>									
# in New Mexico	256	236	253	273	282	279	230	229	-27
Total Below Benchmark <sup>a</sup>	40	43	36	31	30	39	59	56	16
Counties Below Benchmark	14	14	12	9	11	15	17	17	3
<b>General Surgeons</b>									
# in New Mexico	179	162	177	188	194	188	155	154	-25
Total Below Benchmark <sup>a</sup>	21	18	16	14	12	11	11	10	-11
Counties Below Benchmark	12	8	8	7	7	6	5	5	-7
<b>Psychiatrists</b>									
# in New Mexico	321	289	302	332	332	317	296	305	-16
Total Below Benchmark <sup>a</sup>	104	109	111	106	111	108	106	117	13
Counties Below Benchmark	25	26	26	26	26	26	26	26	1

<sup>a</sup> Total below benchmark reflects the number of providers needed to bring all counties below benchmarks to national provider-to-population values without reducing workforce in counties above benchmarks.

<sup>b</sup> This is the first year for which DO specialties were analyzed, correcting prior years' overestimation of DOs in primary care and underestimation in OB-GYN, general surgery and psychiatry.

<sup>c</sup> The benchmark for PCPs and OB-GYNs was changed with 2019. Non-practicing providers for all professions were excluded beginning with 2019.

<sup>d</sup> The benchmark for Psychiatrists was changed with 2020.

**B. Nurses with New Mexico Licenses Practicing in the State**

Profession Metric	2013	2014	2015	2016	2017	2018	2019 <sup>c</sup>	2020 <sup>g</sup>	Net Change Since 2013 <sup>d</sup>
<b>RNs/CNSs<sup>a</sup></b>									
# in New Mexico	15,713 <sup>d</sup>	NA <sup>e</sup>	NA	17,219	18,173	17,526	15,539	15,588	-125
Total Below Benchmark <sup>b</sup>	4,269 <sup>d</sup>			3,361	3,022	3,689	5,985	6,223	1,954
Counties Below Benchmark	30 <sup>d</sup>			30	29	31	32	32	2
<b>CNPs<sup>a</sup></b>									
# in New Mexico	1,089	1,228	1,293	1,379	1,453	1,542	1,434	1,732	643
Total Below Benchmark <sup>b</sup>	271	197	201	142	147	135	282	238	-33
Counties Below Benchmark	25	20	19	18	17	16	25	24	-1
<b>CNMs</b>									
# in New Mexico	ND <sup>f</sup>	ND	ND	156	178	169	154	154	-2
Total Below Benchmark <sup>b</sup>				12	11	14	13	13	1
Counties Below Benchmark				9	9	10	10	13	4

<sup>a</sup> CNSs were grouped with RNs beginning with 2019; prior to this, they were grouped with CNPs.

<sup>b</sup> Total below benchmark reflects the number of providers needed to bring all counties below benchmarks to national provider-to-population values without reducing workforce in counties above benchmarks.

<sup>c</sup> The benchmark for RNs/CNSs and CNPs was changed with 2019. Non-practicing providers for all professions were excluded beginning with 2019.

<sup>d</sup> 2012, not 2013, is the initial analysis year for RNs.

<sup>e</sup> NA indicates this profession was not analyzed for the years indicated.

<sup>f</sup> ND indicates survey data were not yet available.

<sup>g</sup> The benchmark for CNPs and CNMs was changed with 2020.

**C. Other Health Professions with New Mexico Licenses Practicing in the State**

Profession Metric	2013	2014	2015	2016	2017	2018	2019 <sup>b</sup>	2020 <sup>g</sup>	Net Change Since 2013
<b>PAs</b>									
# in New Mexico	ND <sup>c</sup>	694	717	746	792	805	851	865	171
Total Below Benchmark <sup>a</sup>		136	136	119	113	115	234	249	113
Counties Below Benchmark		21	22	22	20	22	26	28	7
<b>Dentists</b>									
# in New Mexico	ND	1,081	1,131	1,171	1,215	1,216	1,208	1,179	98
Total Below Benchmark <sup>a</sup>		73	67	55	46	46	40	87	14
Counties Below Benchmark		18	20	18	17	15	17	21	3
<b>Pharmacists</b>									
# in New Mexico	ND	1,928	1,911	2,013	2,003		1,740	1,764	-164
Total Below Benchmark <sup>a</sup>		293	292	257	258		319	521	228
Counties Below Benchmark		26	28	26	27		26	30	4
<b>LMs</b>									
# in New Mexico	ND	ND	ND	38 <sup>e</sup>	42	40	35	37	-1
Total Below Benchmark <sup>a</sup>				4	4	4	5	5	1
Counties Below Benchmark				4	4	4	4	5	1
<b>EMTs</b>									
# in New Mexico	ND	ND	ND	6,101	6,364	6,501	4,399	4,421	-1,680
Total Below Benchmark <sup>a</sup>				475	415	392	2,446	2,510	2,035
Counties Below Benchmark				12	11	10	25	25	13
<b>PTs</b>									
# in New Mexico	NA <sup>d</sup>	NA	NA	NA	NA	NA	1,992	1,547	82
Total Below Benchmark <sup>a</sup>							559	524	-35
Counties Below Benchmark							30	28	-2
<b>OTs</b>									
# in New Mexico	NA	NA	NA	NA	NA	NA	841	878	37
Total Below Benchmark <sup>a</sup>							114	108	-6
Counties Below Benchmark							25	24	-1

<sup>a</sup> Total below benchmark reflects the number of providers needed to bring all counties below benchmarks to national provider-to-population values without reducing workforce in counties above benchmarks.

<sup>b</sup> The benchmark for PAs and EMTs was changed with 2019. Non-practicing providers for all professions were excluded beginning with 2019.

<sup>c</sup> ND indicates survey data were not yet available.

<sup>d</sup> NA indicates this profession was not analyzed for the years indicated.

<sup>e</sup> This value has been modified from that reported in 2017 to remove apprentice midwives.

<sup>g</sup> The benchmark for Dentists, Pharmacists, and LMs was changed with 2020.

**Summary of Nine Key Health Care Professions in NM**

*From the New Mexico Health Care Workforce Committee 2021 Report<sup>72</sup>*

This section summarizes the state of the nine health care worker fields in New Mexico that were the focus of RGF's research, in comparison to the national benchmarks. The information is taken primarily from the New Mexico Health Care Workforce Committee's 2021 legislative report.

<sup>72</sup> New Mexico Health Care Workforce Committee, "2021 Annual Report," October 1, 2021, [https://www.nmms.org/wp-content/uploads/2018/08/NMHCWF\\_2021Report\\_FINAL\\_edist.pdf](https://www.nmms.org/wp-content/uploads/2018/08/NMHCWF_2021Report_FINAL_edist.pdf).

### **Primary Care Physicians – Benchmark is 8.3 per 10,000**

Overall, in New Mexico averages 5.17 Primary Care Physicians per 10,000 population, which equals approximately 1,934 patients per each physician. In 2020 an estimated 1,607 PCPs were practicing in the state. The top three counties with the highest population density of Primary Care Physicians are Los Alamos County at 10.53, Santa Fe County at 7.76, and Socorro County with 7.65. Nearly the entire state has a provider shortage. The three counties with the lowest number of Primary Care Physicians are Harding at 0.00, Mora at 0.39, and Torrance County at 1.59.

Only five counties (Colfax, Santa Fe, Bernalillo, Socorro, and De Baca) meet or exceed the benchmark. Catron, DeBaca, and Mora have one primary care physician; Harding has none. Six counties have gained PCPs, with six counties above benchmark for these practitioners. New Mexico has 151 fewer PCPs than the national benchmark. Another 328 PCPs would be needed for every county to meet the national benchmark.

A total of 3,008 PCPs held New Mexico licenses in 2020. Of these, 880 were identified as out of state, 521 were nonpracticing and 1,607 were actively practicing in the state.

The New Mexico Primary Care Council is researching these benchmarks, as the national benchmark may not be appropriate for New Mexico considering that the state's population is generally older, poorer, more rural, and less well.

Table 5.2. Primary Care Physician Distribution by New Mexico County Since 2013

County	2013	2014	2015	2016	2017	2018	2019 <sup>a</sup>	2020	Net Change Since 2013
Bernalillo	855	807	936	946	1,123	999	675	685	-170
Catron	2	3	3	2	3	3	1	1	-1
Chaves	73	71	75	63	75	70	54	46	-27
Cibola	20	19	19	21	21	19	13	19	-1
Colfax	9	9	11	7	10	9	10	12	3
Curry	36	36	39	36	42	39	22	22	-14
De Baca	1	2	1	1	2	2	1	1	0
Doña Ana	168	162	182	185	200	192	137	134	-34
Eddy	35	37	39	36	33	34	24	26	-9
Grant	32	34	38	39	40	34	19	21	-11
Guadalupe	3	3	3	2	2	1	1	2	-1
Harding	1	0	0	0	0	0	0	0	-1
Hidalgo	2	2	1	1	2	2	2	2	0
Lea	30	29	35	36	41	37	29	31	1
Lincoln	13	13	14	12	14	12	10	10	-3
Los Alamos	33	33	32	31	37	35	28	28	-5
Luna	10	10	9	8	9	6	8	10	0
McKinley	50	50	62	59	62	59	46	50	0
Mora	1	2	2	1	2	1	1	1	0
Otero	37	42	37	34	33	39	31	28	-9
Quay	7	7	5	6	4	4	2	2	-5
Rio Arriba	27	29	28	26	27	29	24	28	1
Roosevelt	14	13	14	13	9	9	10	9	-5
San Juan	96	93	95	86	95	92	69	68	-28
San Miguel	26	24	22	19	24	25	15	16	-10
Sandoval	103	104	101	111	137	122	99	114	11
Santa Fe	188	183	185	203	222	199	178	164	-24
Sierra	11	12	11	11	13	9	8	9	-2
Socorro	12	13	16	16	15	18	15	19	7
Taos	37	36	33	34	36	35	24	24	-13
Torrance	1	2	2	2	3	3	3	3	2
Union	0	0	1	2	1	2	2	2	2
Valencia	24	28	24	27	23	22	20	20	-4
<b>STATE TOTAL</b>	<b>1,957</b>	<b>1,908</b>	<b>2,075</b>	<b>2,076</b>	<b>2,360</b>	<b>2,162</b>	<b>1,581</b>	<b>1,607</b>	<b>-350</b>

<sup>a</sup> Inclusion criteria were updated to remove nonpracticing providers.

### **General Surgeons – National Benchmark is 6 per 100,000**

Approximately 154 general surgeons were practicing in New Mexico in 2020, with counties varying between 10 above benchmark and five below. The Committee's report shows that 10 counties experienced a net gain of general surgeons, with 21 counties above benchmark. New Mexico has 27 more general surgeons than the national benchmark but needs at least 10 more for every county to meet the benchmark.

Nine counties in the state had more than 9.2 surgeons per 100,000. Los Alamos, Rio Arriba, Doña Ana, and Lea had mild shortages; Valencia and Roosevelt had severe shortages. There are no general surgeons in Catron, Hidalgo, Guadalupe, DeBaca, Union, Mora, or Harding.

(Note: According to the Kaiser Family Foundation, when it comes to primary care physicians, only 29.21% of the need in New Mexico is met. This compares with 36.05% in

Colorado; 37.30% in Arizona; 39.90% in Oklahoma; 58.19% in Texas; and 60.17% in Utah.<sup>73)</sup>

Table 5.4. General Surgeon Distribution by New Mexico County Since 2013

County	2013	2014	2015	2016	2017	2018	2019 <sup>a</sup>	2020	Net Change Since 2013
Bernalillo	68	60	74	75	84	78	49	52	-16
Catron	0	0	0	0	0	0	0	0	0
Chaves	3	4	4	4	3	4	5	5	2
Cibola	1	2	2	3	3	3	2	2	1
Colfax	5	4	4	3	2	3	2	2	-3
Curry	9	9	9	9	8	8	7	8	-1
De Baca	0	0	0	0	0	0	0	0	0
Doña Ana	12	11	13	13	15	14	16	11	-1
Eddy	7	5	8	8	5	5	5	4	-3
Grant	4	5	3	2	4	3	5	5	1
Guadalupe	0	0	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	0	0	0	0	0
Lea	2	2	2	2	3	3	2	2	0
Lincoln	0	0	0	0	1	2	2	3	3
Los Alamos	6	5	4	5	5	5	5	5	-1
Luna	1	1	1	1	1	1	3	3	2
McKinley	7	8	8	9	7	9	5	5	-2
Mora	0	0	0	0	0	0	0	0	0
Otero	2	2	2	2	3	2	3	4	2
Quay	1	1	2	2	1	1	1	1	0
Rio Arriba	1	2	3	3	3	4	2	2	1
Roosevelt	1	1	1	2	2	2	0	0	-1
San Juan	7	7	6	10	9	7	8	9	2
San Miguel	3	3	2	2	0	2	2	3	0
Sandoval	4	4	5	6	8	8	11	10	6
Santa Fe	12	15	17	17	14	13	13	11	-1
Sierra	0	0	0	1	3	3	1	2	2
Socorro	2	3	2	4	3	1	1	1	-1
Taos	7	7	4	5	6	6	4	3	-4
Torrance	0	0	0	0	0	0	1	1	1
Union	2	1	1	0	1	1	0	0	-2
Valencia	0	0	0	0	0	0	0	0	0
<b>STATE TOTAL</b>	<b>167</b>	<b>162</b>	<b>177</b>	<b>188</b>	<b>194</b>	<b>188</b>	<b>155</b>	<b>154</b>	<b>-13</b>

<sup>a</sup> Inclusion criteria were updated to remove nonpracticing providers.

### **Registered Nurses and Clinical Nurse Specialists – National Benchmark 94.3 per 10,000**

Only 15,588 out of 28,435 RNs and clinical nurse specialists with New Mexico licenses were practicing in the state in 2020, a decrease of 1,048. Practicing out of state were 6,985, and 5,862 were nonpracticing. Counties vary between 1,843 above benchmark and 747 below. Six counties have gained RNs, with only one county – Bernalillo – above benchmark. RNs are the state’s greatest healthcare worker deficiency. The state has 4,380 fewer than the national benchmark and needs more than 6,000 for every county to meet the national standard.

<sup>73</sup> Phil Galewitz, *Kaiser Health News*, Study: Nearly a third of Doctors won’t Accept New Medicaid Patients,” August 6, 2012, <https://khn.org/news/third-of-medicaid-doctors-say-no-new-patients/>.

Once again, Harding County has none whatsoever. This deficiency in Harding is repeated throughout the various health care professions.

**Certified Nurse Practitioners – National Benchmark is 7.8 per 10,000**

In 2020, an estimated 1,732 CNPs were practicing in New Mexico, with nine counties at or above benchmark. These include Bernalillo, Doña Ana, and Santa Fe. Eight counties have more than 10 providers below benchmark. Fifteen counties are “mildly” below benchmark and 28 have experienced a net gain of CNPs. Catron, Harding, Hidalgo, and Union have only one each. New Mexico overall has 80 fewer CNPs than the national benchmark and needs another 238 for all New Mexico counties to meet the benchmark (increased in 2021 from 7.2 per 10,000 to 7.8 per 10,000 population).

Table 5.6. Registered Nurse Distribution by New Mexico County Since 2012

County	2012	<sup>a</sup> 2016	2017	2018	2019 <sup>b</sup>	2020	Net Change Since 2012
Bernalillo	7,725	8,344	8,895	8,924	8,155	8,222	497
Catron	9	10	7	7	5	5	-4
Chaves	422	442	449	415	351	344	-78
Cibola	125	170	185	172	158	145	20
Colfax	69	65	73	66	49	47	-22
Curry	312	345	383	356	322	334	22
De Baca	6	7	8	7	6	5	-1
Doña Ana	1,403	1,490	1,569	1,516	1,331	1,323	-80
Eddy	390	412	437	389	335	336	-54
Grant	304	325	323	287	239	233	-71
Guadalupe	17	19	24	26	22	21	4
Harding	1	0	0	0	0	0	-1
Hidalgo	7	4	4	6	6	5	-2
Lea	344	359	368	323	270	260	-84
Lincoln	120	123	135	120	102	96	-24
Los Alamos	152	150	166	141	106	111	-41
Luna	81	104	100	97	78	88	7
McKinley	428	457	474	396	329	329	-99
Mora	8	15	13	10	5	7	-1
Otero	388	384	394	371	324	314	-74
Quay	34	35	28	28	31	29	-5
Rio Arriba	176	182	206	203	170	156	-20
Roosevelt	70	81	85	87	69	75	5
San Juan	845	881	927	884	769	741	-104
San Miguel	259	266	260	218	185	140	-119
Sandoval	379	800	884	869	761	840	461
Santa Fe	1,087	1,129	1,138	1,063	918	935	-152
Sierra	66	70	79	78	65	63	-3
Socorro	82	81	91	75	69	67	-15
Taos	192	215	222	187	159	162	-30
Torrance	22	35	36	12	8	16	-6
Union	37	25	29	24	22	22	-15
Valencia	153	194	181	169	120	117	-36
<b>STATE TOTAL</b>	<b>15,713</b>	<b>17,219</b>	<b>18,173</b>	<b>17,526</b>	<b>15,539</b>	<b>15,588</b>	<b>-174</b>

<sup>a</sup> Registered nurse data were not analyzed for 2013 – 2015.

<sup>b</sup> Inclusion criteria were updated to remove nonpracticing providers.

Table 5.7. Certified Nurse Practitioner Distribution by New Mexico County Since 2013

County	2013	2014	2015	2016	2017	2018	2019 <sup>a</sup>	2020	Net Change Since 2013
Bernalillo	533	595	636	643	703	717	656	791	258
Catron	0	0	0	0	0	0	0	1	1
Chaves	25	31	27	29	31	46	42	49	24
Cibola	9	9	12	13	16	13	10	11	2
Colfax	5	7	7	10	5	6	4	6	1
Curry	19	23	22	28	28	23	25	27	8
De Baca	1	2	2	1	1	2	2	2	1
Doña Ana	112	125	130	131	138	174	189	217	105
Eddy	36	33	44	45	48	47	38	50	14
Grant	12	14	14	17	15	20	17	21	9
Guadalupe	3	3	3	3	4	4	4	5	2
Harding	0	1	0	0	0	0	0	1	1
Hidalgo	0	0	0	0	0	0	1	1	1
Lea	26	24	28	33	36	38	33	42	16
Lincoln	9	6	7	10	8	7	8	8	-1
Los Alamos	6	8	9	8	10	12	9	12	6
Luna	13	14	16	15	17	15	12	18	5
McKinley	16	21	25	26	30	26	20	29	13
Mora	4	3	4	4	4	4	4	2	-2
Otero	12	18	22	28	29	41	45	50	38
Quay	8	7	11	13	13	11	10	9	1
Rio Arriba	23	21	24	20	28	30	18	20	-3
Roosevelt	7	8	10	9	9	8	8	12	5
San Juan	28	33	28	43	40	37	45	58	30
San Miguel	13	15	15	14	11	12	16	19	6
Sandoval	29	54	37	56	52	61	53	74	45
Santa Fe	85	91	96	112	110	112	102	124	39
Sierra	2	1	5	6	8	9	9	9	7
Socorro	7	9	8	9	10	11	7	11	4
Taos	18	18	23	27	24	26	21	21	3
Torrance	5	10	5	5	4	3	33	3	-2
Union	2	3	3	2	3	1	1	1	-1
Valencia	21	21	20	19	18	26	22	28	7
<b>STATE TOTAL</b>	<b>1,089</b>	<b>1,228</b>	<b>1,293</b>	<b>1,379</b>	<b>1,453</b>	<b>1,542</b>	<b>1,434</b>	<b>1,732</b>	<b>643</b>

<sup>a</sup> Inclusion criteria were updated to remove nonpracticing providers.

### **Physician Assistants - Benchmark is 4.3 per 10,000**

There were 865 PAs practicing in New Mexico in 2020. Though 14 counties have shown a net gain of PA's, the entire state is below benchmark. The exceptions are Bernalillo, Taos and Grant. Eight counties have none or one PA. With 46 fewer PAs than the national benchmark, New Mexico needs another 249 PAs.

Table 5.9. Physician Assistant Distribution by New Mexico County Since 2014

County	2014	2015	2016	2017	2018	2019 <sup>a</sup>	2020	Net Change Since 2013
Bernalillo	351	358	391	409	430	452	477	126
Catron	0	0	0	0	0	0	0	0
Chaves	14	12	13	15	14	11	10	-4
Cibola	0	4	5	4	5	6	6	6
Colfax	4	4	3	4	5	5	4	0
Curry	6	9	12	11	10	12	9	3
De Baca	0	0	0	0	0	0	0	0
Doña Ana	33	35	38	44	41	51	53	20
Eddy	6	10	10	9	13	13	14	8
Grant	18	18	15	17	17	19	16	-2
Guadalupe	1	0	0	1	0	1	1	0
Harding	0	0	0	0	0	0	0	0
Hidalgo	1	2	2	1	1	1	0	-1
Lea	10	9	9	11	9	10	12	2
Lincoln	1	1	2	2	2	2	2	1
Los Alamos	6	11	11	13	14	14	14	8
Luna	3	3	3	3	4	5	3	0
McKinley	12	13	12	10	13	13	11	-1
Mora	0	1	1	0	0	0	0	0
Otero	11	14	14	14	14	17	14	3
Quay	0	0	0	1	0	1	1	1
Rio Arriba	8	10	10	7	6	7	4	-4
Roosevelt	3	3	2	3	3	2	3	0
San Juan	38	35	36	42	40	41	40	2
San Miguel	8	7	7	9	6	7	6	-2
Sandoval	54	45	53	52	53	53	55	1
Santa Fe	66	58	61	75	66	66	66	0
Sierra	4	5	4	4	4	4	3	-1
Socorro	3	2	2	1	1	2	2	-1
Taos	19	19	19	19	20	23	23	4
Torrance	0	2	3	3	4	2	3	3
Union	0	0	0	0	0	0	0	0
Valencia	14	8	8	8	10	11	13	-1
<b>STATE TOTAL</b>	<b>694</b>	<b>698</b>	<b>746</b>	<b>792</b>	<b>805</b>	<b>851</b>	<b>865</b>	<b>171</b>

<sup>a</sup> Inclusion criteria were updated to remove nonpracticing providers.

### **OB-GYN's – Benchmark is 2.2 per 10,000**

New Mexico has 229 OB-GYN's, six fewer than the national benchmark, and needs an additional 56. Nine counties meet or exceed the national benchmark. Thirteen counties have zero OB-GYN's. These include Catron, De Baca, Guadalupe, Harding, Hidalgo, Mora, Quay, Roosevelt, Sierra, Torrance, Union, and Valencia. Cibola has one.

Table 5.3. Obstetrics and Gynecology Physician Distribution by New Mexico County Since 2013

County	2013	2014	2015	2016	2017	2018	2019 <sup>a</sup>	2020	Net Change Since 2013
Bernalillo	133	119	133	144	151	154	128	126	-7
Catron	0	0	0	0	0	0	0	0	0
Chaves	9	7	7	7	7	6	5	5	-4
Cibola	2	2	2	3	3	3	2	1	-1
Colfax	2	2	2	4	4	3	2	2	0
Curry	2	2	3	5	6	8	6	5	3
De Baca	0	0	0	0	0	0	0	0	0
Doña Ana	21	20	23	26	23	22	18	17	-4
Eddy	9	7	9	7	7	6	7	7	-2
Grant	3	3	3	3	3	3	3	2	-1
Guadalupe	0	0	0	0	0	0	0	0	0
Harding	0	0	0	0	0	0	0	0	0
Hidalgo	0	0	0	0	1	0	0	0	0
Lea	3	3	6	7	10	10	6	7	4
Lincoln	3	2	2	2	2	3	2	2	-1
Los Alamos	2	3	2	3	4	5	3	4	2
Luna	4	4	3	2	2	2	2	2	-2
McKinley	8	10	9	9	7	3	3	5	-3
Mora	0	0	0	0	0	0	0	0	0
Otero	11	10	8	8	6	6	5	5	-6
Quay	0	0	0	0	0	0	0	0	0
Rio Arriba	3	3	3	5	4	5	4	4	1
Roosevelt	1	1	1	1	0	0	0	0	-1
San Juan	9	9	7	6	7	8	8	9	0
San Miguel	4	4	3	3	2	1	2	3	-1
Sandoval	7	7	6	7	9	10	5	7	0
Santa Fe	12	11	13	13	16	15	13	12	0
Sierra	0	0	0	0	0	0	0	0	0
Socorro	4	4	4	3	4	4	3	2	-2
Taos	3	3	4	5	4	2	3	2	-1
Torrance	0	0	0	0	0	0	0	0	0
Union	0	0	0	0	0	0	0	0	0
Valencia	1	0	0	0	0	0	0	0	-1
<b>STATE TOTAL</b>	<b>256</b>	<b>236</b>	<b>253</b>	<b>273</b>	<b>282</b>	<b>279</b>	<b>230</b>	<b>229</b>	<b>-27</b>

<sup>a</sup> Inclusion criteria were updated to remove nonpracticing providers.

### **Dentists – Benchmark is 4.6 per 10,000**

With approximately 1,179 dentists practicing, the state has 205 dentists higher than the national benchmark. However, New Mexico needs another 87 dentists to meet the benchmark, even though 17 counties have shown a net gain. Ten counties meet benchmark, with five having more than five providers below it. Six counties have one or none.

Table 5.10. Dentist Distribution by New Mexico County Since 2014

County	2014	2015	2016	2017	2018	2019 <sup>a</sup>	2020	Net Change Since 2014
Bernalillo	480	504	508	533	530	521	503	23
Catron	1	1	1	1	1	1	1	0
Chaves	21	24	28	32	35	37	33	12
Cibola	8	8	9	11	11	12	11	3
Colfax	4	4	4	4	3	3	4	0
Curry	25	29	27	24	24	23	23	-2
De Baca	0	0	0	0	1	1	1	1
Doña Ana	95	104	106	109	114	107	111	16
Eddy	15	19	19	17	14	12	13	-2
Grant	13	11	13	12	12	11	13	0
Guadalupe	1	1	2	1	0	0	0	-1
Harding	0	0	0	0	0	0	0	0
Hidalgo	0	0	0	1	1	1	1	1
Lea	19	17	23	22	19	27	23	4
Lincoln	8	10	8	9	8	7	8	0
Los Alamos	16	15	14	12	12	10	13	-3
Luna	7	7	8	7	8	7	7	0
McKinley	32	31	29	28	28	27	25	-7
Mora	1	1	2	2	2	1	1	0
Otero	19	18	17	21	20	22	24	5
Quay	1	1	1	1	2	2	2	1
Rio Arriba	10	11	14	16	16	15	12	2
Roosevelt	3	3	5	4	5	5	4	1
San Juan	71	78	88	89	87	82	77	6
San Miguel	12	10	9	10	11	13	10	-2
Sandoval	60	60	69	77	75	79	78	18
Santa Fe	112	114	121	117	120	125	122	10
Sierra	6	4	3	2	3	3	4	-2
Socorro	4	4	4	5	6	7	6	2
Taos	15	17	16	20	17	15	17	2
Torrance	2	2	2	2	2	2	2	0
Union	0	0	0	0	0	0	0	0
Valencia	20	23	21	26	29	30	30	10
<b>STATE TOTAL</b>	<b>1,081</b>	<b>1,131</b>	<b>1,171</b>	<b>1,215</b>	<b>1,216</b>	<b>1,208</b>	<b>1,179</b>	<b>98</b>

<sup>a</sup> Inclusion criteria were updated to remove nonpracticing providers.

### **Pharmacists – Benchmark is 9.1 per 10,000**

New Mexico has 1,764 practicing pharmacists. That is 163 fewer than the national benchmark. This means another 521 pharmacists are needed for every county to meet benchmark. Fourteen counties have shown a net gain of pharmacists, with three counties at or above benchmark. Only Bernalillo, Union and De Baca meet benchmark. The rest are between 1 and 10 providers or more below. Additionally, the benchmark has increased from 7.8 per 10,000<sup>39</sup> to 9.1 per 10,000 population.

Table 5.11. Pharmacist Distribution by New Mexico County Since 2014

County	2014	2015	2016	2017 <sup>a</sup>	2019 <sup>b</sup>	2020	Net Change Since 2014
Bernalillo	1,079	1,070	1,137	1,114	948	973	-106
Catron	0	0	0	0	0	2	2
Chaves	40	40	40	43	37	33	-7
Cibola	13	13	11	12	10	8	-5
Colfax	10	9	8	7	10	9	-1
Curry	25	26	28	25	24	23	-2
De Baca	2	2	2	2	2	2	0
Doña Ana	123	121	132	134	118	129	6
Eddy	38	40	42	42	36	35	-3
Grant	20	21	21	23	24	22	2
Guadalupe	0	0	0	0	1	1	1
Harding	0	0	0	0	0	0	0
Hidalgo	1	1	1	1	1	0	-1
Lea	27	26	33	33	33	28	1
Lincoln	18	15	14	14	12	12	-6
Los Alamos	12	13	15	12	12	12	0
Luna	6	6	8	8	11	8	2
McKinley	25	23	26	28	29	26	1
Mora	3	3	3	3	2	2	-1
Otero	22	24	27	28	27	27	5
Quay	6	6	5	5	3	2	-4
Rio Arriba	9	9	8	7	11	12	3
Roosevelt	14	14	13	12	11	10	-4
San Juan	65	66	65	67	57	66	1
San Miguel	19	18	18	19	17	15	-4
Sandoval	143	142	146	153	115	118	-25
Santa Fe	112	108	110	112	114	111	-1
Sierra	6	6	6	8	7	7	1
Socorro	2	2	4	5	5	5	3
Taos	26	24	27	27	20	18	-8
Torrance	2	2	1	1	3	3	1
Union	3	3	3	3	3	4	1
Valencia	57	58	59	55	37	41	-16
<b>STATE TOTAL</b>	<b>1,928</b>	<b>1,911</b>	<b>2,013</b>	<b>2,003</b>	<b>1,740</b>	<b>1,764</b>	<b>-164</b>

<sup>a</sup> Pharmacists were not analyzed for 2018.

<sup>b</sup> Inclusion criteria were updated to remove nonpracticing providers.

## **EMT's – Benchmark is 32.1 per 10,000**

With an estimated 4,421 practicing EMTs, New Mexico has 2,376 fewer than the national benchmark of 32.1 per 10,000. This puts the state in need of another 2,510 to get every county to a sufficient level. Only four counties have gained EMTs, and only eight meet or exceed the benchmark. They include Colfax, Union, Harding, Quay, DeBaca, Catron and Hidalgo. Mora County has two EMTs.

Of the 7,653 EMTs that held New Mexico licenses in 2020, 1,655 were out of state. Nearly half the additional number of EMTs needed in the state, 1217, were nonpracticing.

Table 5.13. Emergency Medical Technician Distribution by New Mexico County Since 2016

County	2016	2017	2018	2019*	2020	Net Change Since 2016
Bernalillo	2031	2242	2274	1481	1429	-550
Catron	39	42	47	30	36	-9
Chaves	216	223	224	170	168	-46
Cibola	45	45	50	43	46	-2
Colfax	65	66	67	42	44	-23
Curry	120	137	140	95	92	-25
De Baca	22	22	23	19	20	-3
Doña Ana	469	468	471	345	346	-124
Eddy	166	164	176	126	126	-40
Grant	94	95	92	85	83	-9
Guadalupe	20	16	17	8	13	-12
Harding	6	7	8	6	7	0
Hidalgo	26	23	22	14	17	-12
Lea	142	163	177	122	118	-20
Lincoln	109	101	103	62	62	-47
Los Alamos	85	122	159	133	134	48
Luna	45	42	44	33	34	-12
McKinley	194	207	221	167	176	-27
Mora	5	5	5	2	2	-3
Otero	127	132	134	91	88	-36
Quay	27	35	35	26	30	-1
Rio Arriba	131	123	116	87	95	-44
Roosevelt	78	74	77	40	46	-38
San Juan	364	375	390	267	277	-97
San Miguel	39	37	42	28	29	-11
Sandoval	553	480	449	281	289	-272
Santa Fe	397	454	490	310	309	-87
Sierra	47	38	38	27	24	-20
Socorro	32	34	36	23	25	-9
Taos	126	132	126	81	86	-45
Torrance	57	51	52	40	44	-17
Union	17	23	24	16	21	-1
Valencia	207	176	172	99	105	-108
<b>STATE TOTAL</b>	<b>6,101</b>	<b>6,364</b>	<b>6,501</b>	<b>4,399</b>	<b>4,421</b>	<b>-1,680</b>

\* Inclusion criteria were updated to remove nonpracticing providers.

### AAMC 2021 Comparison of Health Care Professionals per 100,000 Population

	A	B	C	D	E	F	G	H
1								
2	<b>AAMC 2021 Surrounding States Physicians Data Comparison</b>							
3								
4		<b>U.S.</b>	<b>NM</b>	<b>AZ</b>	<b>CO</b>	<b>OK</b>	<b>TX</b>	<b>UT</b>
5	<b>Total Active Physicians</b>	286.5	251.3	252	294.4	209.6	231.7	224.5
6	<b>Primary Care Physicians</b>	94.4	94.2	80.2	98.4	74.2	74.3	67
7	<b>General Surgeons</b>	7.6	7.6	6.9	8	5.8	6.2	5.8
8	<b>Percent of Physicians 60 and Older</b>	33.7	39.2	34.3	31.2	36	29.4	28.3

## RHH Surrounding States Comparison Data

Health Care Workers	AZ	CO	NM	OK	TX	Utah	U.S.	AS OF
Total Physicians/10,000 Metro		26	32	33	28	27	25	34 2019
Total Physicians/10,000 NonMetro		10	21	12	9	8	16	13 2019
PCP's/10,000 Metro		7	8	9	7	6	6	8 2019
PCP's/10,000 Non-metro		5	7	5	4	4	6	5 2019
Physicians 35 & Younger Metro		9.20%	10.10%	10.00%	12.80%	14.10%	11.40%	12.80% 2019
Physicians 35 & Younger Non-metro		4.80%	2.60%	3.50%	4.80%	4.10%	3.60%	5.20% 2019
Physicians 75 & Older Metro		21.50%	17.80%	20.60%	17.40%	14.80%	15.20%	19.00% 2019
Physicians 75 & Older NonMetro		24.10%	25.80%	24.50%	25.70%	27.20%	17.30%	24.50% 2019
Dentists per 10,000 Metro		4	7	5	6	4	5	5 2020
Dentists per 10,000 Non-metro		3	5	3	3	2	4	3 2020
Nurse Practitioners per 10,000 Metro	9.193/10,000		8.7	10	8	8.496	7.833	10 2020
Nurse Practitioners per 10,000 NonMetro	6.139/10,000		6.6	8	7	5.161	3.173	8 2020
Physician Assistants per 10,000 Metro		10	11	12	10	11	9	12 2020
Physician Assistants per 10,000 NonMetro		8	8	10	8	6	5	9 2020
Uninsured 18 & Older Metro		15.20%	10.40%	14.30%	18.90%	24.10%	11.80%	12.60% 2019
Uninsured 18 & Older NonMetro		19.80%	14.00%	15.30%	23.40%	26.40%	14.30%	18.20% 2019
Uninsured Younger than 18 Metro		9.10%	5.30%	5.70%	7.80%	12.40%	7.80%	5.50% 2019
Uninsured Younger than 18 NonMetro		11.30%	18.40%	6.20%	10.10%	14.80%	10.50%	6.70% 2019
Poverty Metro		12.40%	8.70%	15.90%	12.90%	13.20%	7.00%	11.90% 2019
Poverty Non-metro		21.90%	10.90%	18.70%	17.10%	15.70%	10.30%	15.30% 2019

Note: This source lists the same numbers for Advanced Practice RN's (the only category for RNs) as for Nurse Practitioners. Source is Rural Health Information Hub Data Explorer at ruralhealthinfo.org.

### **In-state Trained Doctors and Medical Students**

The number of medical school students in the U.S. has grown almost 37% over the past two decades to 95,475 in 2021 from 69,718 in 2002, according to the AAMC.<sup>74</sup>

In the 2020-2021 academic year, 37.9 students per 100,000 population were enrolled in MD or DO (Doctor of Osteopathy) granting schools in the United States.<sup>75</sup> This was an increase of 30.2, or 28,827

<sup>74</sup>Andis Robeznieks, *American Medical Association*, “Doctor Shortages are Here – and they’ll get worse if we don’t act fast,” April 13, 2022, <https://www.ama-assn.org/practice-management/sustainability/doctor-shortages-are-here-and-they-ll-get-worse-if-we-don-t-act>.

<sup>75</sup>American Association of Medical Colleges, “State Physician Workforce Data Report,” January 2022, [https://store.aamc.org/downloadable/download/sample/sample\\_id/506/](https://store.aamc.org/downloadable/download/sample/sample_id/506/).

students since the 2010-11 academic year, and a 21.8% increase in MD enrollment. The states with the highest student-to-population ratio were concentrated in the Northeast and the Midwest.

Except for Oklahoma's slight 2% decrease in enrollment, every state plus the District of Columbia and Puerto Rico had an increase in enrollment over 10 years. Almost half, 24 states, had an increase in enrollment of 25% or more.

For the 2020-21 academic year, according to the AAMC, 60.2% of new students in MD-granting schools matriculated to their home states.<sup>76</sup> West Virginia had the highest in-state matriculation rate with more than 90% of students. New Hampshire had the lowest of states with a medical school, only a 12.5% in-state matriculation. For the same year, 38.2% of medical students were actively practicing in the same state where they received their undergraduate medical degree.<sup>77</sup> Most of the top 10 states with the highest UME retention were in the South. Retention rates were highest, 67.5%, among physicians who completed both UME and GME in the same state.<sup>78</sup>

Last year, in the middle of the COVID pandemic, U.S. medical schools saw a record number of applicants – 62,443, a 17.8% increase from the prior year.<sup>79</sup>

There were 2,001 UNM-trained MDs practicing in New Mexico in 2019, according to the University of New Mexico, and more than 40 percent of New Mexico practicing physicians are graduates of the school and its residency programs.<sup>80</sup>

New Mexico notably ranks 10<sup>th</sup> in the nation for medical student enrollment and 10<sup>th</sup> for percentage of MD students matriculating in state. According to the AAMC, New Mexico has 1,069 total MD/DO students and 674 total residents.<sup>81</sup>

Between 2010 and 2020, New Mexico had an astounding 208.1% increase in total students enrolled in undergraduate medical education, a ranking of No. 1 out of all states.<sup>82</sup> The percentage change in the U.S. was 30.2%. None of the surrounding states ranked in the top 10. However, Colorado was closest at No. 11.<sup>83</sup>

The AAMC profile shows that 31% of all active physicians in the state completed graduate medical education in New Mexico, with 23% coming from Texas (9%), California and New York. Five percent total came from the neighboring states of Colorado and Arizona.<sup>84</sup>

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<sup>76</sup>Patrick Boyle, *AAMC News*, “A Data-based Look at America’s Physicians and Medical Students by State,” January 13, 2022, <https://www.aamc.org/news-insights/data-based-look-america-s-physicians-and-medical-students-state-state>.

<sup>77</sup>*Ibid.*

<sup>78</sup>*Ibid.*

<sup>79</sup>Andis Robeznieks, *American Medical Association*, “Doctor Shortages are Here – and they’ll get worse if we don’t act fast,” April 13, 2022, <https://www.ama-assn.org/practice-management/sustainability/doctor-shortages-are-here-and-they-ll-get-worse-if-we-don-t-act>.

<sup>80</sup>UNM School of Medicine, “Location Report 2020,” [https://hsc.unm.edu/medicine/education/md/\\_docs/pear/location-report-2020.pdf](https://hsc.unm.edu/medicine/education/md/_docs/pear/location-report-2020.pdf).

<sup>81</sup>American Association of Medical Colleges, “New Mexico Physician Workforce Profile,” <https://www.aamc.org/media/58271/download>

<sup>82</sup>*Ibid.*

<sup>83</sup>*Ibid.*

<sup>84</sup>*Ibid.*

Research shows 55% to 75% of doctors practice in the state where they did their training.<sup>85</sup> In Family Medicine, nationally, 55% of residency graduates practice within 100 miles of their training location.<sup>86</sup>

According to the University of New Mexico, only 40% of the physicians who completed graduate medical education (GME) and residency programs in the state are practicing here.<sup>87</sup> Of those who completed GME training in the state, an AAMC 2019 report says that Texas got 8% of New Mexico's GME graduates, Colorado 5%, Arizona 4%, and Utah 2%. There were 2,001 UNM-trained MDs practicing in New Mexico in 2019. Between 30-39% of all physicians (regardless of specialty) remain in New Mexico after residency. Currently only 28-35% of primary care and psychiatrists practicing in the state have done their residency training in NM.<sup>88</sup>

**According to the University of New Mexico School of Medicine 2020 Location Report:<sup>89</sup>**

- Approximately 41% of all MDs licensed in New Mexico trained at UNM (2,001/4,909).
- UNM-trained MDs are practicing in 29 of New Mexico's 33 counties
- 26% of MDs trained at UNM are practicing in New Mexico (2,001/7,611)
- 23% of MDs who graduated from UNM's medical school and completed their residency out-of-state are practicing in New Mexico (419/1,835)
- 21% of MDs who completed only their residency at UNM are practicing in New Mexico (966/4,631)
- 54% of MDs who completed both medical school and their residency at UNM are practicing in New Mexico (616/1,145)
- 46% of MDs who graduated from the UNM BA/MD program are practicing in New Mexico (19/41)
- 29% of MDs who graduated from the UNM BA/MD program and completed their residency out-of-state are practicing in New Mexico (6/21)
- 65% of MDs who graduated from the UNM BA/MD program and completed their residency at UNM are practicing in New Mexico (13/20)
- 44% of all UNM-trained MDs in New Mexico are practicing in the primary care specialties of Family Medicine, Internal Medicine, Obstetrics & Gynecology, and/or Pediatrics (877/2,001)

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<sup>85</sup>Ernest Blake Fagan, MD; Claire Gibbons, PhD; Sean C. Finnegan, MS; Stephen Petterson, PhD; Lars E. Peterson, MD, PhD; Robert L. Phillips Jr, MD, MSPH; Andrew W. Bazemore, MD, MPH, *Society of Teachers of Family Medicine*, "Family Medicine Graduate Proximity to Their Site of Training: Policy Options for Improving the Distribution of Primary Care Access," <https://www.stfm.org/FamilyMedicine/Vol47Issue2/Fagan124>.

<sup>86</sup>*Ibid.*

<sup>87</sup>About UNM School of Medicine, <https://hsc.unm.edu/medicine/about/>.

<sup>88</sup>American Association of Medical Colleges, "New Mexico Physician Workforce Profile," <https://www.aamc.org/media/37991/download>.

<sup>89</sup>University of New Mexico Health Sciences Center, School of Medicine, Office of the Dean, "University of New Mexico School of Medicine Trained MDs Location Report 2020Location Report 2020," 2020, [https://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1020&context=hsc\\_location\\_rpt](https://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1020&context=hsc_location_rpt).

- 84% of UNM-trained MDs in New Mexico who graduated from the UNM BA/MD program are practicing in the primary care specialties of Family Medicine, Internal Medicine, Obstetrics & Gynecology, or Pediatrics (16/19)

A Note on Terminology: The UNM report refers to all MDs who graduated from the UNM School of Medicine and/or completed all or part of their residency at UNM as UNM-trained MDs. This report only includes physicians who attended residency at the UNM School of Medicine that hold a Doctor of Medicine (MD) degree. Graduates with a Doctor of Osteopathic (DO) medicine degree are not included in this report. UNM-trained MDs fall into three mutually exclusive categories:

- MD degree from UNM, Medical Residency out-of-state (MD Only)
- Medical Residency at UNM, MD degree out-of-state (Medical Residency Only)
- Both MD degree and Medical Residency at UNM (MD and Medical Residency)

Despite an expected 21% increase in medical school enrollments between 2002 and 2012, the number of residencies has only increased 8% over the past five years, according to the National Institute of Health.<sup>90</sup> Because rural communities rely heavily on primary care clinicians, it is troublesome that only 12% of medical students are entering primary care residencies.<sup>91</sup>

“We are losing the equivalent of seven graduating classes of physicians yearly to burnout and, as they leave the profession, they point their finger at the time now required for them to document their work and how it has led to the loss of quality time spent with patients and families,” says Philip Kroth, MD, director of Biomedical Informatics Research, Training and Scholarship at UNM’s Health Sciences Library and Informatics Center and professor in the School of Medicine.

AAMC Medical Student Enrollment Comparison Data							
	NM/Rank	AZ/Rank	CO/Rank	OK/Rank	TX/Rank	UT/Rank	U.S.
Student enrollment per 100,000 population	51/10	32.5/27	31.7/30	25.8/41	29.2/36	16.3/45	37.9
Percent change in student enrollment 2010-2020	208.1%/1	20%/28	58.1%/11	Neg. 2%/45	27.9%/24	31.2%/23	30.20%
Percentage of students matriculating in-state 2020-2021	79.6%/10	46.5%/35	24.1%/43	78.9%/12	84%/7	37.2%/39	60.20%
Residents and fellows on duty as of 12-31-20 per 100,000	32.1/28	28.5/37	29.8/34	30.4/33	32.2/27	28.5/36	43.8
Physicians retained from undergrad and GME 2020	68%/25	75%/12	74.2%/16	75.7%/10	81.1%/3	69.7%/23	67.50%

<sup>90</sup>Margie Patlak and Laura Levit, *National Library of Medicine*, “Ensuring Quality Cancer Care through the Oncology Workforce: Sustaining Care in the 21st Century: Workshop Summary,” <https://www.ncbi.nlm.nih.gov/books/NBK215247/>.

<sup>91</sup>American Association of Medical Colleges, “New Mexico Physician Workforce Profile,” <https://www.aamc.org/media/58271/download>.

# New Mexico Physician Workforce Profile



2	State Population:	2,085,538	Total Female Physicians:	1,733
0	Population ≤ age 18	543,211	Total Medical or Osteopathic Students	393
1	Total Active Physicians:	4,839	Total Residents:	537
2	Primary Care Physicians:	1,901		

For additional data, including maps and tables, please see the 2013 State Physician Workforce Data Book online at [www.aamc.org/statedatabook](http://www.aamc.org/statedatabook)

		NM	NM Rank	State Median
Physician Supply	Active Physicians per 100,000 Population, 2012	232.0	31	244.5
	Total Active Patient Care Physicians per 100,000 Population, 2012	201.3	34	217.6
	Active Primary Care Physicians per 100,000 Population, 2012	91.2	24	90.3
	Active Patient Care Primary Care Physicians per 100,000 Population, 2012	80.8	28	81.5
	Percent Active Female Physicians, 2012	35.9%	4	30.8%
	Percent of Active Physicians who are International Medical Graduates, 2012	17.8%	27	18.2%
	Percentage of Active Physicians Who Are Age 60 or Older, 2012	33.3%	1	26.5%
Undergraduate Medical Education (UME)	Students Enrolled in Medical or Osteopathic School per 100,000 Population, AY 2012-2013	18.8	40	29.1
	Students Enrolled in <i>Public</i> Medical or Osteopathic Schools per 100,000 Population, AY 2012-2013	18.8	21	18.8
	Percent Change in Students Enrolled in Medical or Osteopathic Schools, 2002-2012	21.3%	19	18.6%
	Percent of Medical School Matriculants from In-State, AY 2012-2013	77.8%	13.5	67.7%
Graduate Medical Education (GME)	Total Residents/Fellows in ACGME Programs per 100,000 Population as of December 31, 2011	25.8	30	26.8
	Total Residents/Fellows in Primary Care ACGME Programs per 100,000 Population as of Dec. 31, 2011	9.0	38	10.4
	Percentage of International Medical Graduates in ACGME Programs as of December 31, 2011	22.0%	26	22.4%
	Ratio of Residents and Fellows (GME) to Medical and Osteopathic Students (UME), AY 2011-2012	1.5	11	1.05
	Percent Change in Residents and Fellows in ACGME-Accredited Programs, 2001-2011	16.5%	34	19.7%
Retention	Percent of Physicians Retained in State from Undergraduate Medical Education, 2012	37.5%	25	38.7%
	Percent of Physicians Retained in State from Undergraduate Medical Education ( <i>Public</i> ), 2012	37.5%	32	44.9%
	Percent of Physicians Retained in State from Graduate Medical Education, 2012	39.1%	38	44.9%
	Percent of Physicians Retained in State from UME and GME Combined, 2012	65.8%	27	68.1%

State Rank: How a particular state ranks compared to the other 49. Rank of 1 goes to the state with the highest value for the particular category.  
 State Median: The value directly in the middle of the 50 states, so 25 are above the median and 25 are below and excludes the District of Columbia and Puerto Rico.

Source: 2013 State Physician Workforce Data Book  
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AAMC Center for Workforce Studies

# New Mexico Physician Workforce Profile

2019-2020	State Population:	2,096,829	Total Female Physicians:	2,096
	Population ≤ age 24	670,841	Total MD or DO Students:	1,069
	Total Active Physicians:	5,269	Total Residents:	674
	Primary Care Physicians:	1,976		

For additional data, including maps and tables, please see the 2021 State Physician Workforce Data Report online at [www.aamc.org/workforce](http://www.aamc.org/workforce)

	Number	Percent	
<b>State Where GME Was Completed for All Active Physicians in State</b>	New Mexico	1,541	31%
	Texas	426	9%
	California	389	8%
	New York	314	6%
	Pennsylvania	180	4%
	Illinois	142	3%
	Michigan	130	3%
	Massachusetts	126	3%
	Colorado	124	3%
	Arizona	118	2%
	All other states	1,459	29%
<b>Practice Location of Physicians Who Completed GME in State</b>	New Mexico	1,541	40%
	California	322	8%
	Texas	287	7%
	Colorado	194	5%
	Arizona	168	4%
	Oregon	143	4%
	Washington	113	3%
	Florida	82	2%
	Idaho	68	2%
	All other states	928	24%

**Notes:**

GME = Graduate Medical Education

\*All other states\* includes physicians who completed GME in Canada.

Due to changes in the Census data tables, population data was only available for ages ≤ 24, compared to ages ≤ 21 in previous reports.

Source: AMA Physician Masterfile (December 31, 2020). Population estimates as of July 1, 2019 are from the U.S. Census Bureau (Release date: December 2019).

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# New Mexico Physician Workforce Profile

Specialty	Total Active Physicians	People Per Physician	Female		Age 60 or Older	
			Number	Percent	Number	Percent
All Specialties	5,269	398	2,096	39.8	2,063	39.2
Allergy & Immunology	17	123,343	-	-	-	-
Anatomic/Clinical Pathology	78	26,882	27	34.6	41	52.6
Anesthesiology	191	10,978	49	25.7	96	50.3
Cardiovascular Disease	96	21,842	23	24.0	50	52.6
Child & Adolescent Psychiatry**	70	9,583	37	52.9	33	47.1
Clinical Cardiac Electrophysiology	12	174,736	-	-	-	-
Critical Care Medicine	63	33,283	20	32.3	-	-
Dermatology	53	39,563	22	41.5	30	56.6
Emergency Medicine	343	6,113	99	28.9	112	32.7
Endocrinology, Diabetes & Metabolism	40	52,421	22	55.0	14	35.0
Family Medicine/General Practice	963	2,177	461	47.9	398	41.5
Gastroenterology	78	26,882	17	21.8	34	43.6
General Surgery	160	13,105	37	23.1	64	40.0
Geriatric Medicine***	41	12,636	21	51.2	14	34.1
Hematology & Oncology	74	28,336	23	31.1	28	37.8
Infectious Disease	53	39,563	28	52.8	22	41.5
Internal Medicine	586	3,578	256	43.8	218	37.2
Internal Medicine/Pediatrics	17	123,343	-	-	-	-
Interventional Cardiology	14	149,774	-	-	-	-
Neonatal-Perinatal Medicine	33	63,540	26	78.8	11	33.3
Nephrology	63	33,283	13	20.6	10	15.9
Neurological Surgery	28	74,887	-	-	-	-
Neurology	72	29,123	24	33.3	35	48.6
Neuroradiology	17	123,343	-	-	-	-
Obstetrics & Gynecology	221	9,488	132	59.7	83	37.6
Ophthalmology	72	29,123	14	19.4	35	48.6
Orthopedic Surgery	114	18,393	-	-	54	47.4
Otolaryngology	50	41,937	12	24.0	18	36.0
Pain Medicine & Pain Management	32	65,526	-	-	-	-
Pediatric Anesthesiology & Anesthesia	-	-	-	-	-	-
Pediatric Cardiology	-	-	-	-	-	-
Pediatric Critical Care Medicine	12	174,736	-	-	-	-
Pediatric Hematology & Oncology	14	149,774	-	-	-	-
Pediatrics**	369	1,818	234	63.6	143	38.8
Physical Medicine & Rehabilitation	46	45,583	21	45.7	17	37.0
Plastic Surgery	23	91,166	-	-	14	60.9
Preventive Medicine	58	36,152	26	44.8	40	69.0
Psychiatry	238	8,810	108	45.4	139	58.4
Pulmonary Disease	23	91,166	-	-	19	82.6
Radiation Oncology	20	104,841	-	-	-	-
Radiology & Diagnostic Radiology	131	16,006	32	24.4	61	46.6
Rheumatology	39	53,765	16	41.0	10	25.6
Sports Medicine	12	174,736	-	-	-	-
Sports Medicine Orthopedic Surgery	25	83,873	-	-	-	-
Thoracic Surgery	22	95,310	-	-	13	59.1
Urology	47	44,613	-	-	21	44.7
Vascular & Interventional Radiology	21	99,849	-	-	-	-
Vascular Surgery	15	139,789	-	-	-	-

Sources: AMA Physician Masterfile (December 31, 2020). Population estimates as of July 1, 2019 are from the U.S. Census Bureau (Release date: December 2019)

\* Counts and percentages for specialties with fewer than 10 physicians are not shown

\*\* Only those 24 years or younger are included in People Per Physician

\*\*\* Only those 60 years or older are included in People Per Physician

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## New Mexico Physician Workforce Profile

2019-2020	State Population:	2,096,829	Total Female Physicians:	2,096
	Population ≤ age 24	670,841	Total MD or DO Students:	1,069
	Total Active Physicians:	5,269	Total Residents:	674
	Primary Care Physicians:	1,976		

For additional data, including maps and tables, please see the 2021 State Physician Workforce Data Report online at [www.aamc.org/workforce](http://www.aamc.org/workforce)

		NM	NM Rank	State Median
<b>Physician Supply</b>	Active Physicians per 100,000 Population, 2020	251.3	32	272.0
	Total Active Patient Care Physicians per 100,000 Population, 2020	218.7	34	239.8
	Active Primary Care Physicians per 100,000 Population, 2020	94.2	26	94.7
	Active Patient Care Primary Care Physicians per 100,000 Population, 2020	84.5	26	84.5
	Active General Surgeons per 100,000 Population, 2020	7.6	26	7.7
	Active Patient Care General Surgeons per 100,000 Population, 2020	7.2	20	7.0
	Percentage of Active Physicians Who Are Female, 2020	39.8%	9	36.1%
	Percentage of Active Physicians Who Are International Medical Graduates (IMGs), 2020	19.3%	27	19.7%
	Percentage of Active Physicians Who Are Age 60 or Older, 2020	39.2%	3	32.9%
	Percent of Active Physicians Who Identify as Asian, 2020	12.0%	34	13.7%
	Percent of Active Physicians Who Identify as Black or African American, 2020	3.6%	27	3.8%
	Percent of Active Physicians Who Identify as Hispanic, Latino or of Spanish Origin, 2020	14.6%	2	3.2%
	Percent of Active Physicians Who Identify as American Indian or Alaska Native, 2020	1.7%	5	0.4%
	Percent of Active Physicians Who Identify as Native Hawaiian or Other Pacific Islander, 2020	*	19	0.1%
	Percent of Active Physicians Who Identify as Other Race/Ethnicity, 2020	2.8%	2	1.4%
Percent of Active Physicians Who Identify as White, 2020	60.4%	37	67.3%	
<b>Undergraduate Medical Education (UME)</b>	MD and DO Student Enrollment per 100,000 Population, AY 2019-2020 & 2020-2021	51.0	10	38.6
	Student Enrollment at Public MD and DO Schools per 100,000 Population, AY 2019-2020 & 2020-2021	21.4	22	21.5
	Percentage Change in Student Enrollment at MD and DO Schools, 2010-2020	208.1%	1	31.2%
<b>Graduate Medical Education (GME)</b>	Percentage of MD Students Matriculating In-State, AY 2020-2021	79.6%	10	67.6%
	Total Residents/Fellows in ACGME Programs per 100,000 Population as of December 31, 2019	32.1	28	32.7
	Total Residents/Fellows in Primary Care ACGME Programs per 100,000 Population as of Dec. 31, 2019	12.2	28	12.7
	Percentage of Residents in ACGME Programs Who Are IMGs as of December 31, 2019	20.6%	20	19.2%
	Ratio of Residents and Fellows (GME) to Medical Students (UME), AY 2019-2020 & 2020-2021	0.6	42	1.0
<b>Retention</b>	Percent Change in Residents and Fellows in ACGME-Accredited Programs, 2010-2020	24.1%	26	24.4%
	Percentage of Physicians Retained in State from Undergraduate Medical Education (UME), 2020	38.3%	24	39.7%
	Percentage of Physicians Retained in State from Public UME, 2020	38.3%	31	43.7%
	Percentage of Physicians Retained in State from Graduate Medical Education (GME), 2020	40.0%	38	45.1%
	Percentage of Physicians Retained in State from UME and GME Combined, 2020	68.0%	25	69.7%

State Rank: How the state ranks compared to the other 49. Rank of 1 goes to the state with the highest value for the category.  
 State Median: The value in the middle of the 50 states, with 25 states above the median and 25 states below (excludes the District of Columbia and Puerto Rico).  
 Due to changes in the Census data tables, population data was only available for ages ≤ 24, compared to ages ≤ 21 in previous reports.  
 \* Data not shown, for states with less than 10 physicians.  
 --- Indicated that category is not applicable because some states do not have data on this  
 N.R. = "Not Ranked"

Source: 2021 State Physician Workforce Data Report. Population estimates as of July 1, 2019 are from the U.S. Census Bureau (Release date: December 2019).

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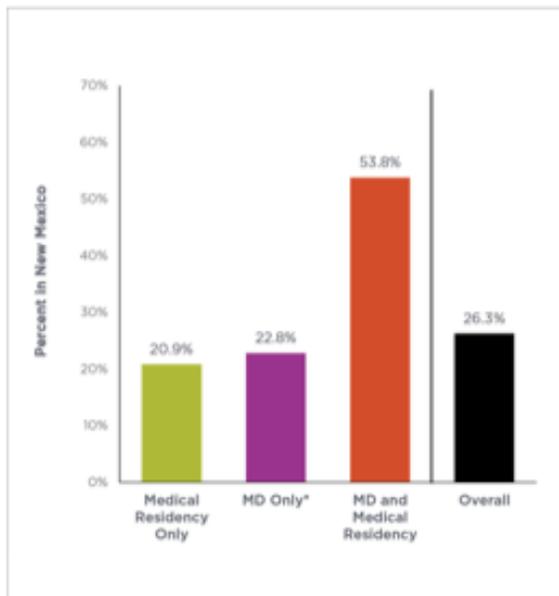
**TABLE 1A: RETENTION OF UNM-TRAINED MDS**

	Medical Residency Only	MD Only*	MD and Medical Residency	Overall
Graduates	4,631	1,835	1,145	7,611
Graduates practicing in NM	966	419	616	2,001
<b>Percent of graduates practicing in NM</b>	<b>20.9%</b>	<b>22.8%</b>	<b>53.8%</b>	<b>26.3%</b>

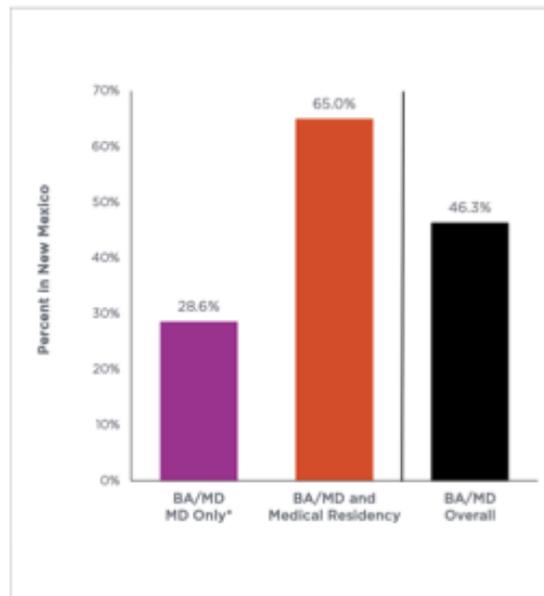
**TABLE 1B: RETENTION OF UNM-TRAINED MDS (BA/MD ONLY)**

	BA/MD MD Only*	BA/MD and Medical Residency	BA/MD Overall
BA/MD graduates	21	20	41
BA/MD graduates practicing in NM	6	13	19
<b>Percent of BA/MD graduates practicing in NM</b>	<b>28.6%</b>	<b>65.0%</b>	<b>46.3%</b>

**FIGURE 1A: PERCENT OF ALL GRADUATES PRACTICING IN NEW MEXICO**



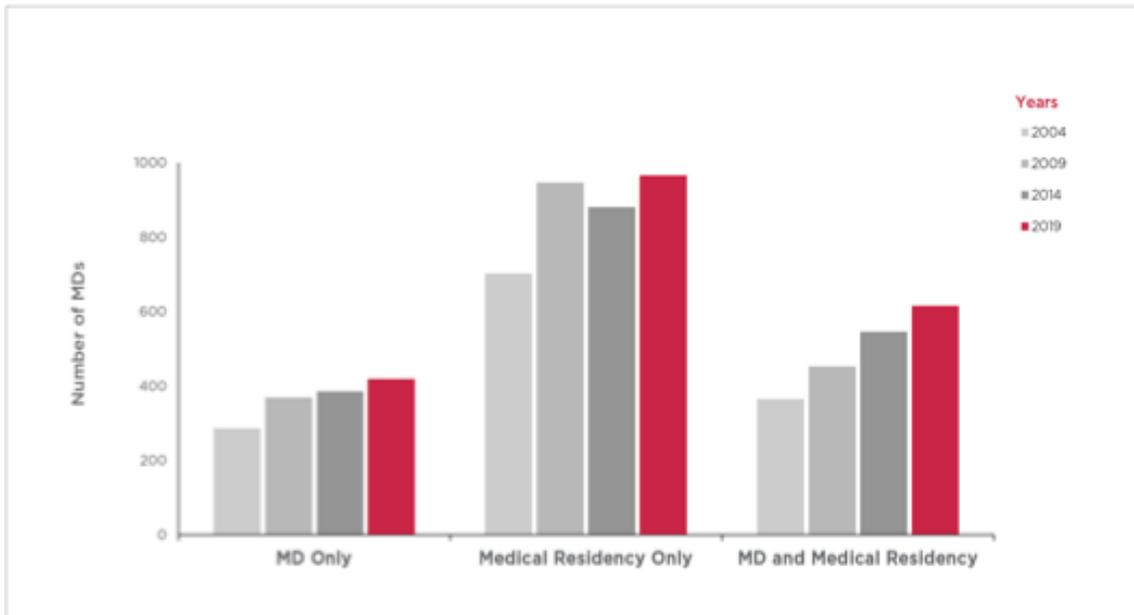
**FIGURE 1B: PERCENT OF BA/MD GRADUATES PRACTICING IN NEW MEXICO**



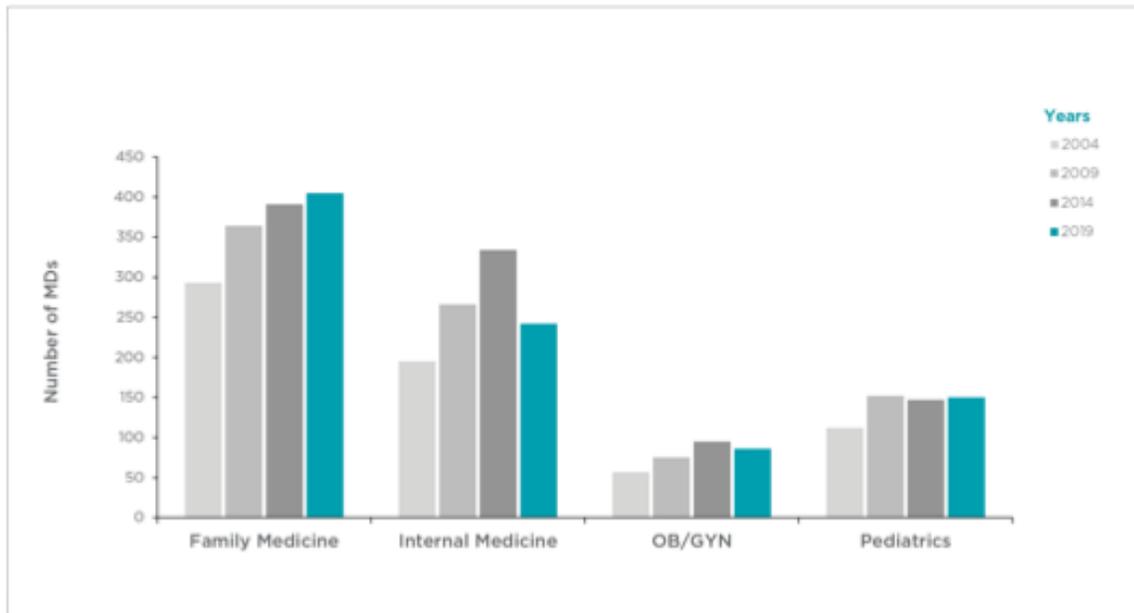
**FIGURE 2: TOTAL MDS AND UNM-TRAINED MDS PRACTICING IN NEW MEXICO (2004-2019)**



**FIGURE 3: UNM-TRAINED MDS PRACTICING IN NEW MEXICO BY TRAINING (2004-2019)**

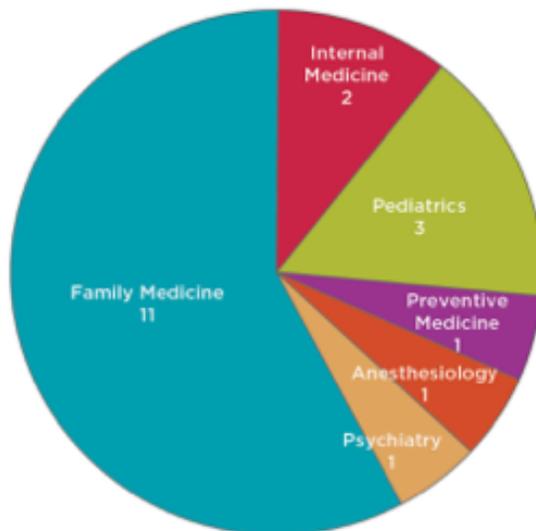


**FIGURE 4: UNM-TRAINED MDS PRACTICING IN PRIMARY CARE SPECIALTIES IN NEW MEXICO (2004-2019)\***



\*Improved accuracy of specialties has resulted in an apparent decrease of those practicing primary care in this report

**FIGURE 5: BA/MD GRADUATES PRACTICING BY SPECIALTY IN NEW MEXICO (2019)**



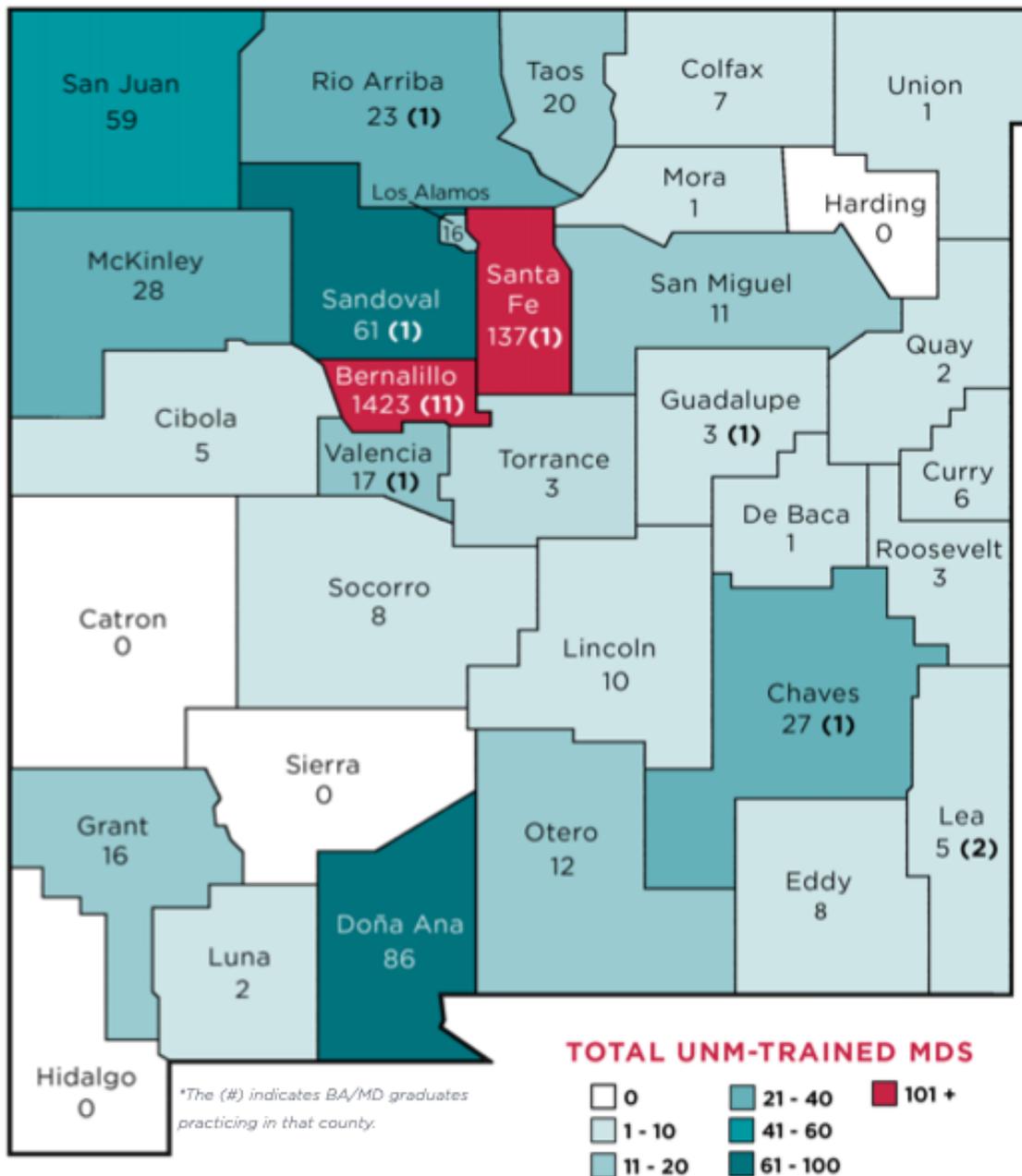
Nineteen of the 41 graduates from the BA/MD program are practicing in New Mexico across 8 different counties (Figure 6). Thirteen of these 19 practicing in New Mexico completed residency at UNM (68%). See Table 1B. Sixteen of the 19 chose a primary care specialty (Figure 5).

As of 2019, the program has 96 MD graduates with 55 of these MDs currently in residency training.

The first BA/MD medical school graduates received their MD degrees from the School of Medicine in 2013.

BA/MD program graduates earned a baccalaureate degree through the College of Arts & Sciences and their MD degree at the School of Medicine.

FIGURE 6: UNM-TRAINED MDS PRACTICING IN NEW MEXICO BY COUNTY (2019)\*



**TABLE 2A: UNM-TRAINED MDS PRACTICING IN NEW MEXICO  
BY COUNTY AND PUBLIC HEALTH REGION (2019)**

		Total Number of MDs*	UNM-Trained MDs	UNM-Trained MDs by Training		
				MD Only	Medical Residency Only	MD and Medical Residency
<b>ALL OF NEW MEXICO</b>		<b>4,909</b>	<b>2,001</b>	<b>419</b>	<b>966</b>	<b>616</b>
<b>Northwest Region</b>		<b>284</b>	<b>92</b>	<b>29</b>	<b>37</b>	<b>26</b>
	Cibola	20	5	3	-	2
	McKinley	91	28	4	18	6
	San Juan	173	59	22	19	18
<b>Northeast Region</b>		<b>750</b>	<b>219</b>	<b>57</b>	<b>101</b>	<b>61</b>
	Colfax	16	7	2	4	1
	Guadalupe	3	3	2	-	1
	Harding	-	-	-	-	-
	Los Alamos	52	16	3	8	5
	Mora	3	1	-	1	-
	Rio Arriba	39	23	7	4	12
	San Miguel	31	11	3	4	4
	Santa Fe	533	137	32	70	35
	Taos	70	20	7	10	3
Union	3	1	1	-	-	
<b>Metro</b>		<b>3,008</b>	<b>1,504</b>	<b>261</b>	<b>767</b>	<b>476</b>
	Bernalillo	2,779	1,423	236	736	451
	Sandoval	204	61	17	26	18
	Torrance	3	3	1	1	1
	Valencia	22	17	7	4	6
<b>Southeast Region</b>		<b>306</b>	<b>62</b>	<b>23</b>	<b>18</b>	<b>21</b>
	Chaves	101	27	5	13	9
	Curry	66	6	4	-	2
	De Baca	1	1	-	-	1
	Eddy	53	8	4	1	3
	Lea	50	5	-	3	2
	Lincoln	20	10	8	-	2
	Quay	4	2	2	-	-
	Roosevelt	11	3	-	1	2
<b>Southwest Region</b>		<b>561</b>	<b>124</b>	<b>49</b>	<b>43</b>	<b>32</b>
	Catron	3	-	-	-	-
	Doña Ana	385	86	33	32	21
	Grant	52	16	5	5	6
	Hidalgo	4	-	-	-	-
	Luna	17	2	1	1	-
	Otero	72	12	8	2	2
	Sierra	9	-	-	-	-
	Socorro	19	8	2	3	3

**TABLE 2B: UNM-TRAINED MDS PRACTICING IN NEW MEXICO PER 10,000 POPULATION BY COUNTY AND PUBLIC HEALTH REGION (2019)\***

	Population**	Total MDs per 10,000 Population	UNM-Trained MDs per 10,000 Population	Percent of Total MDs who are UNM-Trained
<b>ALL OF NEW MEXICO</b>	<b>2,096,829</b>	<b>23.4</b>	<b>9.5</b>	<b>41%</b>
<b>Northwest Region</b>	<b>222,000</b>	<b>12.8</b>	<b>4.1</b>	<b>32%</b>
 Cibola	26,675	7.5	1.9	25%
McKinley	71,367	12.8	3.9	31%
San Juan	123,958	14.0	4.8	34%
<b>Northeast Region</b>	<b>294,094</b>	<b>25.5</b>	<b>7.4</b>	<b>29%</b>
 Colfax	11,941	13.4	5.9	44%
Guadalupe	4,300	7.0	7.0	100%
Harding	625	-	-	-
Los Alamos	19,369	26.8	8.3	31%
Mora	4,521	6.6	2.2	33%
Rio Arriba	38,921	10.0	5.9	59%
San Miguel	27,277	11.4	4.0	35%
Santa Fe	150,358	35.4	9.1	26%
Taos	32,723	21.4	6.1	29%
Union	4,059	7.4	2.5	33%
<b>Metro</b>	<b>918,018</b>	<b>32.8</b>	<b>16.4</b>	<b>50%</b>
 Bernalillo	679,121	40.9	21.0	51%
Sandoval	146,748	13.8	4.2	30%
Torrance	15,461	1.9	1.9	100%
Valencia	76,688	2.9	2.2	77%
<b>Southeast Region</b>	<b>291,172</b>	<b>10.5</b>	<b>2.1</b>	<b>20%</b>
 Chaves	64,615	15.6	4.2	27%
Curry	48,954	13.5	1.2	9%
De Baca	1,748	5.7	5.7	100%
Eddy	58,460	9.1	1.4	15%
Lea	71,070	7.0	0.7	10%
Lincoln	19,572	10.2	5.1	50%
Quay	8,253	4.8	2.4	50%
Roosevelt	18,500	5.9	1.6	27%
<b>Southwest Region</b>	<b>371,545</b>	<b>15.1</b>	<b>3.3</b>	<b>22%</b>
 Catron	3,527	8.5	-	-
Doña Ana	218,195	17.6	3.9	22%
Grant	26,998	19.3	5.9	31%
Hidalgo	4,198	9.5	-	-
Luna	23,709	7.2	0.8	12%
Otero	67,490	10.7	1.8	17%
Sierra	10,791	8.3	-	-
Socorro	16,637	11.4	4.8	42%

**TABLE 3: UNM-TRAINED MDS PRACTICING IN PRIMARY CARE SPECIALTIES IN NEW MEXICO BY COUNTY AND PUBLIC HEALTH REGION (2019)**

		Family Medicine	Internal Medicine	Obstetrics/ Gynecology	Pediatrics	Total
<b>ALL OF NEW MEXICO</b>		<b>405</b>	<b>242</b>	<b>86</b>	<b>150</b>	<b>877*</b>
<b>Northwest Region</b>		<b>21</b>	<b>10</b>	<b>4</b>	<b>10</b>	<b>45</b>
	Cibola	3	-	-	1	4
	McKinley	8	5	2	3	18
	San Juan	10	5	2	6	23
<b>Northeast Region</b>		<b>87</b>	<b>18</b>	<b>12</b>	<b>6</b>	<b>123</b>
	Colfax	3	-	1	-	4
	Guadalupe	3	-	-	-	3
	Harding	-	-	-	-	-
	Los Alamos	5	2	1	-	8
	Mora	-	-	-	-	-
	Rio Arriba	15	1	3	-	19
	San Miguel	4	2	-	-	6
	Santa Fe	47	10	7	6	70
	Taos	10	3	-	-	13
Union	-	-	-	-	-	
<b>Metro</b>		<b>230</b>	<b>189</b>	<b>62</b>	<b>121</b>	<b>597*</b>
	Bernalillo	202	175	60	108	541*
	Sandoval	16	10	2	10	38
	Torrance	2	1	-	-	3
	Valencia	10	3	-	3	15*
<b>Southeast Region</b>		<b>28</b>	<b>6</b>	<b>2</b>	<b>5</b>	<b>41</b>
	Chaves	11	1	-	4	16
	Curry	1	1	-	-	2
	De Baca	1	-	-	-	1
	Eddy	3	1	-	1	5
	Lea	5	-	-	-	5
	Lincoln	4	2	2	-	8
	Quay	1	-	-	-	1
Roosevelt	2	1	-	-	3	
<b>Southwest Region</b>		<b>39</b>	<b>19</b>	<b>6</b>	<b>8</b>	<b>71*</b>
	Catron	-	-	-	-	-
	Doña Ana	23	14	4	3	43*
	Grant	4	2	1	4	11
	Hidalgo	-	-	-	-	-
	Luna	1	-	1	-	2
	Otero	6	2	-	-	8
	Sierra	-	-	-	-	-
Socorro	5	1	-	1	7	

**TABLE 4: UNM-TRAINED MDS PRACTICING IN SELECTED SPECIALTIES IN NEW MEXICO BY COUNTY AND PUBLIC HEALTH REGION (2019)**

		Anesthesiology	General Surgery	Emergency Medicine	Psychiatry
<b>ALL OF NEW MEXICO</b>		<b>93</b>	<b>56</b>	<b>159</b>	<b>169</b>
<b>Northwest Region</b>		<b>2</b>	<b>7</b>	<b>15</b>	<b>4</b>
	Cibola	-	1	-	-
	McKinley	1	2	1	1
	San Juan	1	4	14	3
<b>Northeast Region</b>		<b>4</b>	<b>6</b>	<b>13</b>	<b>24</b>
	Colfax	-	1	2	1
	Guadalupe	-	-	-	-
	Harding	-	-	-	-
	Los Alamos	1	-	-	3
	Mora	-	-	-	-
	Rio Arriba	-	-	3	-
	San Miguel	-	-	-	4
	Santa Fe	3	5	5	15
	Taos	-	-	2	1
Union	-	-	1	-	
<b>Metro</b>		<b>77</b>	<b>34</b>	<b>125</b>	<b>133</b>
	Bernalillo	74	32	124	132
	Sandoval	2	2	1	1
	Torrance	-	-	-	-
	Valencia	1	-	-	-
<b>Southeast Region</b>		<b>2</b>	<b>6</b>	<b>1</b>	<b>3</b>
	Chaves	1	1	-	1
	Curry	-	3	-	1
	De Baca	-	-	-	-
	Eddy	1	1	1	-
	Lea	-	-	-	-
	Lincoln	-	1	-	-
	Quay	-	-	-	1
	Roosevelt	-	-	-	-
<b>Southwest Region</b>		<b>8</b>	<b>3</b>	<b>5</b>	<b>5</b>
	Catron	-	-	-	-
	Doña Ana	8	2	1	3
	Grant	-	-	1	1
	Hidalgo	-	-	-	-
	Luna	-	-	-	-
	Otero	-	1	2	1
	Sierra	-	-	-	-
	Socorro	-	-	1	-

## **H-1/J-1 Visa Program**

The Exchange Visitor (J) non-immigrant visa category is for individuals approved to participate in work-and study-based exchange visitor programs. According to the U.S. State Department web site, approximately 300,000 foreign visitors from 200 countries and territories participate in the program each year.<sup>92</sup>

The Organization for Economic Cooperation and Development says there were more than 215,630 foreign trained doctors practicing in the U.S. as of 2016, higher than any other country.<sup>93</sup> Pew Stateline and a report from the Migration Policy Institute say there are at least another 270,000 who are underemployed.<sup>94</sup>

According to the U.S. State department, a total of 3,193 J-1 physician visas were issued for 2021. New York had the most at 653, but neighboring Texas had the fourth highest number at 184.<sup>95</sup>

In a year-to-year comparison from 2016 to 2021, neither New Mexico nor any of the other surrounding states had anywhere near that many. New Mexico compared similarly to its all its neighbors except Texas. However, it did fall in the bottom ten of all states for 2021, along with Utah. Montana had the lowest amount with one J-1 visa.<sup>96</sup>

According to Dr. Esther Raja, writing for the New York Post in August of 2020, this program continues to grow each year, with increasingly more foreign doctors coming to the U.S. to complete their residencies. Raja says the federal government approved more than 11,000 J-1 visas for foreign physicians in 2018, a 67% increase since 2008. More than 50% of them come mainly from Canada, India and Pakistan, says Raja.<sup>97</sup>

The sponsor of these physicians is the Educational Commission for Foreign Medical Graduates, which charges applicants \$4,000 each in exam fees and brings in an additional \$1,050 for every foreign doctor it certifies. As of 2018, says Raja, the ECMG had a total revenue of almost \$90 million in 2018.<sup>98</sup> Raja says that more than 6,500 recent American graduates were not matched to U.S. residency programs despite having passed rigorous tests, including the U.S. Medical Licensing Examination.<sup>99</sup> According to the Post article, the U.S. had 2.59 doctors per 1,000 residents as of August 2020, one of the lowest rates of any of the developed nations.<sup>100</sup>

The article states that taxpayer funded residency programs are not required to accept qualified U.S. medical graduates.<sup>101</sup>

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<sup>92</sup>U.S. State Dept. <https://j1visa.state.gov/basics/facts-and-figures/>

<sup>93</sup>Organization for Economic Cooperation and Development <https://www.oecd.org/coronavirus/policy-responses/contribution-of-migrant-doctors-and-nurses-to-tackling-covid-19-crisis-in-oecd-countries-2f7bace2/>

<sup>94</sup>PEW <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2022/05/06/doctors-trained-abroad-want-to-see-you-now>

<sup>95</sup>U.S. State Department <https://j1visa.state.gov/basics/facts-and-figures/>

<sup>96</sup>U.S. State Department <https://j1visa.state.gov/basics/facts-and-figures/>

<sup>97</sup>New York Post <https://nypost.com/2020/08/05/lets-stop-importing-doctors-while-american-mds-go-jobless/>

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See the following chart from the U.S. State Department for the number of J1 medical visas per state and country.<sup>102</sup>

As of October 19, 2021, according to the American Medical Association:<sup>103</sup>

\*25% of licensed U.S. Doctors are IMGs (international medical graduates).

\*The number of IMGs in practice has grown by nearly 18% since 2010. That figure is bigger than the 15% rise in U.S. Medical graduates over that same time period.

\*The largest number of licensed IMGs have graduated from schools in India (23%) - per the FSMB census – followed by the Caribbean (18%), Pakistan (6%), the Philippines (6%) and Mexico (5%).

\*More than 45,000 IMGs practice internal medicine, making it the most populated specialty among the segment.

\*By share of the workforce IMGs have the largest presence in geriatric medicine, where they make up more than half of the active physician population.

\*IMG match participation rose by more than 1,100 applicants in the 2020-2021 match cycle. The total number of IMGs who matched (7,508) was an increase of 132 over the prior year.

\*Among other initiatives, the AMA advocates for an expansion of the J-1 visa program to more than 30 slots per state.

Sheet1

**J-1 Visas by Surrounding State 2016-2021**

<b>State</b>	<b>2021</b>	<b>2020</b>	<b>2019</b>	<b>2018</b>	<b>2017</b>	<b>2016</b>
Arizona	27	27	31	20	18	26
Colorado	14	9	7	3	6	5
New Mexico	9	7	11	9	7	16
Oklahoma	17	15	15	22	18	29
Texas	184	163	163	163	161	173
Utah	5	9	4	5	2	6

**H-1B Visas**

The H-1B visa, created by the Immigration Act of 1990, is for temporary workers in specialty occupations who hold professional-level degrees, and allows U.S. employers to hire foreign nationals for professional level employment for up to 6 years.<sup>104</sup>

Awarded on a first come, first-serve basis the visa is available to graduates of foreign medical schools who have passed the necessary examinations, have a license or other authorization required by the state of practice, and have an unrestricted license to practice medicine or have graduated from a foreign or

<sup>102</sup><https://j1visa.state.gov/wp-content/uploads/2022/02/Alien-Physician-Flyer-2021.pdf>

<sup>103</sup>AMA <https://www.ama-assn.org/education/international-medical-education/how-imgs-have-changed-face-american-medicine>

<sup>104</sup><https://www.ama-assn.org/education/international-medical-education/immigration-information-international-medical-graduates>

U.S. Medical school. According to research by the Pew Foundation, universities and colleges, nonprofits and government research institutions are exempted from the 65,000 a year cap.<sup>105</sup> These make up approximately 10% of H-1B visa applications since 2010.

According to MedPage.com, just over 1% of all physicians nationally had such visas as of 2017, with as many as one out of every 25 physicians in some states are working under the H-1B program.<sup>106</sup> Texas, California and New Jersey receive the most H-1B physician visa approvals.<sup>107</sup>

Myvisajobs.com lists the following for New Mexico and surrounding states for H-1B Visa workers:<sup>108</sup>

Texas	59,632	Average Salary \$108,127
Arizona	9,805	103,591
Colorado	6,012	109,795
Utah	3,134	98,293
Oklahoma	1,267	98,563
New Mexico	876	112,739

See the following spreadsheet for a list of organizations in New Mexico and the H-1B medical professionals they hired.

The web site lists 18 different organizations in New Mexico that applied for H-1B visas for approximately 105 medical positions from 2019 to 2021.<sup>109</sup> These were spread throughout 11 towns in the state. Positions included general physicians, internal medicine, family practice and primary care physicians. They also included psychologists, physical and occupational therapists, rheumatologists, neurologists, cardiologists, oncologists, gastroenterologists, dentists, a colorectal surgeon, an electrophysiologist, an emergency medical physician, a rheumatologist, a pediatrician and a transplant nephrologist.

According to research by the Mercatus Center, IMGs are “substantially more likely” to practice in rural and poorer communities and are over-represented in primary care specialties, including family medicine and pediatrics.<sup>110</sup>

<sup>105</sup>PEW <https://www.pewresearch.org/fact-tank/2017/04/27/key-facts-about-the-u-s-h-1b-visa-program/>

<sup>106</sup><https://www.medpagetoday.com/publichealthpolicy/by-the-numbers/64850>

<sup>107</sup><https://www.pewresearch.org/fact-tank/2017/04/27/key-facts-about-the-u-s-h-1b-visa-program/>

<sup>108</sup><https://www.myvisajobs.com/New-Mexico-2022WS.htm>

<sup>109</sup><https://www.myvisajobs.com/New-Mexico-2022WS.htm>

<sup>110</sup>Mercatus Center <https://www.mercatus.org/system/files/flier-health-provider-mercatus-working-paper-v1.pdf>



# Alien Physician Category



Foreign medical graduates pursue graduate medical education or training at a U.S. accredited school of medicine or scientific institution, or pursue programs involving observation, consultation, teaching, or research.

## Total of New Alien Physician Exchange Visitors in CY 2021— 3,193

Top 20 Sending Countries		Top 20 U.S. Destinations	
Country	# of EVs	U.S. State	# of EVs
Canada	782	New York	653
India	583	Michigan	249
Pakistan	278	Pennsylvania	235
Jordan	129	Texas	184
Egypt	110	Illinois	183
Lebanon	100	Florida	173
Nepal	88	Massachusetts	160
Nigeria	74	New Jersey	150
Brazil	57	Ohio	149
Saudi Arabia	51	Connecticut	115
Columbia	47	Maryland	92
Turkey	43	California	77
Mexico	38	Louisiana	62
Ecuador	35	District of Columbia	58
Israel	34	Minnesota	57
Sudan	34	Missouri	56
Dominican Republic	33	Georgia	46
Trinidad & Tobago	30	Alabama	40
Greece	28	West Virginia	40
United Kingdom	26	Virginia	31

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# Alien Physician Category

## Top 20 Growing Countries Between 2020-2021

Country	# of 2020 EVs	# of 2021EVs	Growth Percentage
Ethiopia	1	9	800%
Vietnam	0	4	400%
Barbados	2	9	350%
Belarus	1	4	300%
Botswana	1	4	300%
Saint Lucia	1	4	300%
Slovenia	0	3	300%
Sri Lanka	1	4	300%
Qatar	1	4	300%
Sudan	11	34	209%
Bulgaria	0	2	200%
Cote D'Ivoire	0	2	200%
Croatia	0	2	200%
Kuwait	1	3	200%
Norway	0	2	200%
Uganda	2	6	200%
Ukraine	2	6	200%
Bahrain	2	5	150%
West Bank	5	11	120%
Benin	0	1	100%
<b>Grand Total</b>	<b>2,858</b>	<b>3,193</b>	<b>12%</b>

*The Office of Designation strives to be responsive to our stakeholders and aims for excellence and quality in our work product as we provide administrative oversight and outreach within the Exchange Visitor Program.*

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## Acceptance of Medicaid

As of June 2022, according to Medicaid.gov, total Medicaid and CHIP enrollment in New Mexico was 874,678 persons, more than 41% of the population.<sup>111</sup>

The Kaiser Family Foundation has New Mexico/s enrollment at 34% as of October, the highest in the entire nation. Kaiser shows the below percentages for surrounding states:<sup>112</sup>

Arizona	21%
Colorado	19%
Oklahoma	20%
Texas	20%
Utah	11%

The New Mexico Health Care Work Force report found that presence of mid-level providers (such as nurse practitioners, physician assistants, and nurse midwives) was associated with greater acceptance of new Medicaid patients. “Overall, 73.7 percent of physicians accepting new patients accepted new Medicaid patients. Acceptance was higher (80.5 percent) among physicians in practices with an above-average ratio of mid-level providers and lower (68.9 percent) among physicians in practices with a below-average ratio of mid-level providers.”<sup>113</sup>

Results were similar at the state level for those states with significant differences. In seven states (Minnesota, New Mexico, North Carolina, Oregon, Pennsylvania, Washington, and West Virginia), the share of physicians accepting new Medicaid patients was higher when there was an above-average ratio of mid-level providers in the practice.<sup>114</sup>

According to a 2021 *Vox.com* piece, providers are “significantly less likely” to accept Medicaid due to lower reimbursement rates and more billing challenges.<sup>115</sup> The article states that approximately 19% of the initial claims submitted are not paid in full, based on a study by the U.S. Bureau of Economic Analysis, the University of Chicago, and the San Francisco Federal Reserve Bank.<sup>116</sup>

Medicaid.gov shows that, as of 2020, New Mexico was one of 11 states in the nation that does not participate in the Healthcare Fraud Prevention Partnership.<sup>117</sup> This partnership, says the site, is between the federal government, state and local government agencies, law enforcement, private health insurance plans, employer organizations, and anti-fraud organizations that seek to reduce fraud, waste, and abuse

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<sup>111</sup>Medicaid.gov <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.

<sup>112</sup>Kaiser Family Foundation, “Medicaid State Fact Sheets,” October 3, 2022, <https://www.kff.org/interactive/medicaid-state-fact-sheets/>.

<sup>113</sup>University of New Mexico Health Sciences Center, “New Mexico Healthcare Workforce Committee 2013-ongoing,” October 1, 2021, [https://digitalrepository.unm.edu/nmhc\\_workforce/9/](https://digitalrepository.unm.edu/nmhc_workforce/9/).

<sup>114</sup>Medicaid and CHIP Payment and Access Commission, “Physician Acceptance of New Medicaid Patients: Findings from the National Electronic Health Records Survey,” June 2021, <https://www.macpac.gov/wp-content/uploads/2021/06/Physician-Acceptance-of-New-Medicaid-Patients-Findings-from-the-National-Electronic-Health-Records-Survey.pdf>

<sup>115</sup>Dylan Scott, *Vox.com*, “Medicaid is a Hassle for Doctors. That’s Hurting Patients,” June 7, 2021, <https://www.vox.com/2021/6/7/22522479/medicaid-health-insurance-doctors-billing-research>.

<sup>116</sup>*Ibid.*

<sup>117</sup>Medicaid.gov, “Healthcare Fraud Prevention Partnership Participation, <https://www.medicaid.gov/state-overviews/scorecard/healthcare-fraud-prevention-partnership-participation/index.html>.

across the healthcare sector. The Centers for Medicare and Medicaid Services encourage state participation.

**Medicaid Spending by State According to *Forbes***<sup>118</sup>

Arizona	\$14.38 billion	Oklahoma	\$5.42 billion
Colorado	\$ 9.66 billion	Texas	\$42.54 billion
New Mexico	\$ 6.31 billion	Utah	\$3.12 billion

Kaiser shows that New Mexico, has the second highest enrollment in the country, just behind Washington, D.C. the second leading U.S. state in the number of enrollments.<sup>119</sup> New Mexico accepted the federal Medicaid expansion and enrollment has grown more 88% since it took effect.<sup>120</sup> This includes individuals earning an income of up to 138% of federal poverty level, according to the site.<sup>121</sup> The state allows enrollment of pregnant women up to 250% of federal poverty level and children ages 1 to 5 years old up to 300% of poverty level.<sup>122</sup>

Medicaid acceptance rates are nearly 90% higher in non-expansion states, according to the Medicaid and Chip Payment Access Commission (MACPAC).<sup>123</sup>

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<sup>118</sup>Andrew DePietro, *Forbes*, “Medicaid Income Limits and Spending by State,” March 3, 2022, <https://www.forbes.com/sites/andrewdepietro/2022/03/03/medicaid-income-limits-and-spending-by-state/?sh=6f057c9255bb>.

<sup>119</sup>Kaiser Family Foundation, “Medicaid State Fact Sheets,” October 3, 2022, <https://www.kff.org/interactive/medicaid-state-fact-sheets/>.

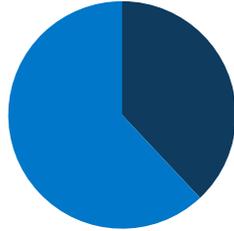
<sup>120</sup>Louise Norris, *Healthinsurance.org*, “New Mexico and the ACA’s Medicaid Expansion,” March 31, 2022, <https://www.healthinsurance.org/medicaid/new-mexico/>.

<sup>121</sup>Kaiser Family Foundation, “Medicaid State Fact Sheets,” October 3, 2022, <https://www.kff.org/interactive/medicaid-state-fact-sheets/>.

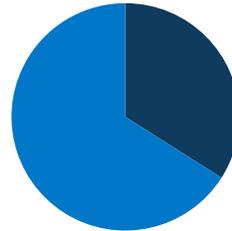
<sup>122</sup>Medicaid.gov, “Medicaid, Children’s Health Insurance Program, & Basic Health Program Eligibility Levels,” <https://www.medicare.gov/medicaid/national-medicare-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html>.

<sup>123</sup>Kayla Holgash and Martha Heberlein, MACPAC, “Physician Acceptance of New Medicaid Payments,” January 24, 2019, <http://www.macpac.gov/wp-content/uploads/2019/01/Physician-Acceptance-of-New-Medicaid-Patients.pdf>.

**2 million**  
total NM population



**38%**  
of NM  
population is  
low-income  
(<200% FPL)



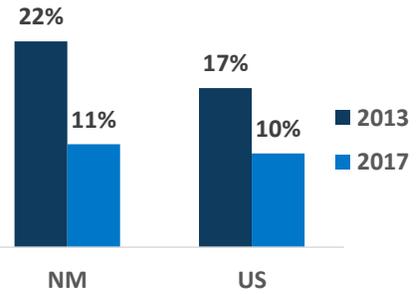
**34%**  
of NM  
population is  
covered by  
Medicaid/CHIP

**NM Expansion  
Status:  
Adopted**

**Adults in  
Expansion Group:  
268,500**



**Uninsured Rates**



**In NM, Medicaid Covers:**



**2 in 7 adults,**  
ages 19-64



**5 in 9 children**



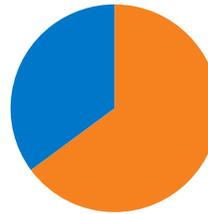
**2 in 3 nursing  
home residents**



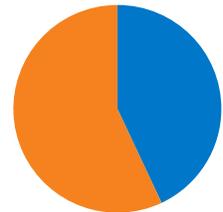
**1 in 2 individuals  
with disabilities**



**1 in 4 Medicare  
beneficiaries**



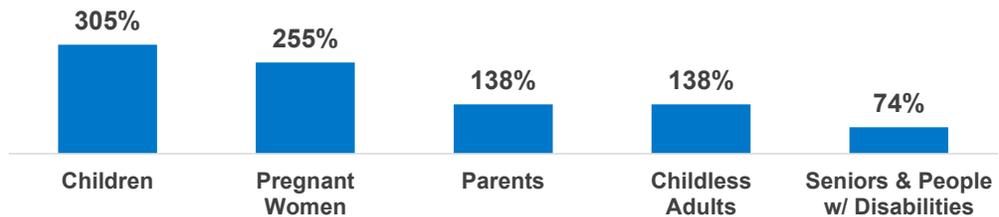
**65%**  
of adult Medicaid  
enrollees are working  
in NM



**57%**  
of children with special  
health care needs are  
covered by Medicaid in NM

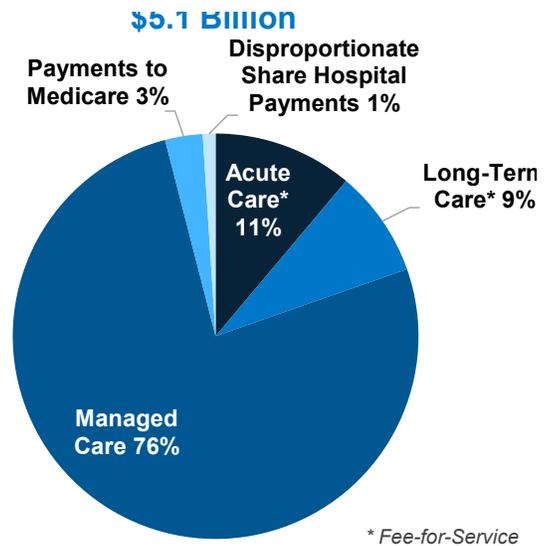
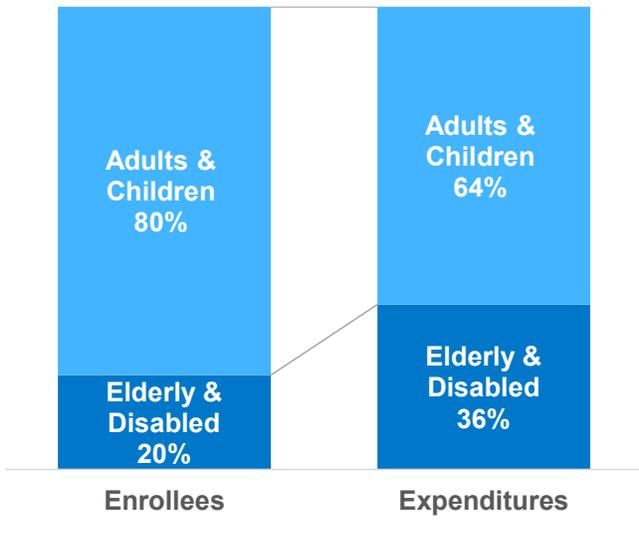
**100% of FPL:** \$21,330 for a family of three; \$12,490 for an individual

**NM  
Eligibility  
Levels  
(as a % of FPL)**



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### Nationally Medicaid Pays For:

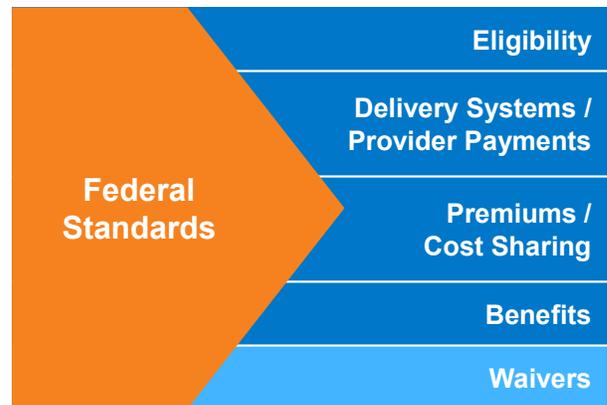


1 in 6 dollars in the health care system

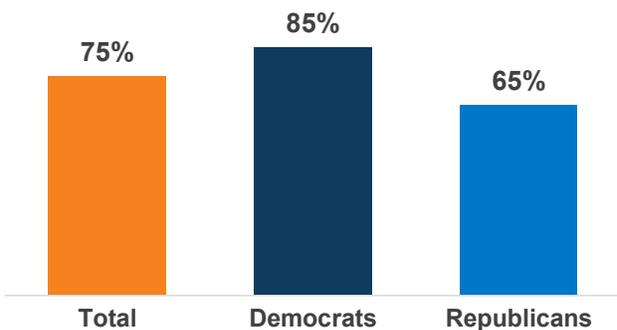


1 in 2 dollars on long-term services and supports

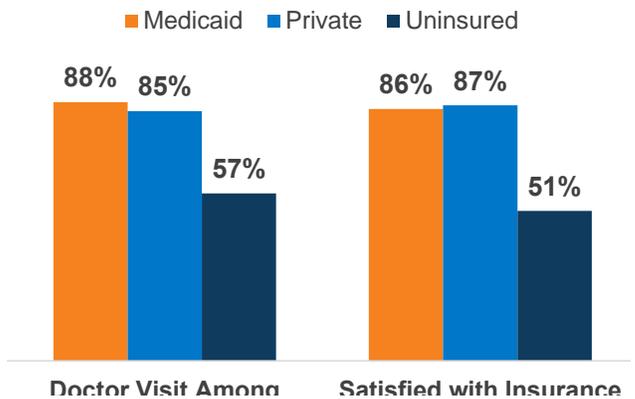
### States Have Flexibility in Their Medicaid Design



### National Share of Those that Hold Favorable Views of Medicaid



### National Access & Satisfaction Measures



## **Conclusion**

As observed in the state healthcare workforce committee's report, various factors such as demographics, insurance coverage, population density and others preclude arriving at one optimal number of providers in any healthcare profession. Understanding exactly what resources are most needed can be determined only by looking at the issue from multiple angles.

Opinions and predictions differ on the number of healthcare workers in each profession that will be needed in the state over the next ten years, and on the solutions needed to increase the state's numbers. Our research does indicate that New Mexico indeed has a serious shortage of health care workers in a variety of medical fields. These especially include primary care physicians, surgeons, registered nurses, OB-GYN's, pharmacists and EMT's. Fortunately, the state currently appears to have an adequate number of physician assistants, dentists, and nurse practitioners.

In various areas, New Mexico often falls squarely in the middle both when compared to surrounding states and the rest of the nation. However, this does not mean that steps should not be taken to increase the number of health care workers in all fields across the board. Some shortages are severe. Even when they aren't, they have an impact. Additionally, Medicaid acceptance rates and a host of other factors often preclude easy access to healthcare by all segments of the population.