

New Mexico Medical Board

Legislative Health and Human Services Committee Meeting
July 2, 2024



Medical Board Members

Karen Carson MD	Roswell	Chair
Kathy Johnson PA	Santa Fe	Vice Chair
Bradley Scoggins DO	Farmington	Secretary/Treasurer
Eileen Barrett MD	Albuquerque	Physician Member
Mark Unverzagt MD	Albuquerque	Physician Member
Kristin Reidy DO	Santa Fe	Physician Member
Buffie Saavedra	Albuquerque	Public Member
Vacant		Public Member
Vacant		Physician Member
Vacant		Physician Member
Vacant		Physician Member

Medical Board Staff

Amanda
Quintana: Acting
Executive
Director

Debbie
Rodriguez:
Investigations
Manager

Monique Parks:
Licensing
Manager

Mission of the Board

The New Mexico Medical Board was established by the State Legislature "in the interest of the public health, safety and welfare and to protect the public from the improper, unprofessional, incompetent and unlawful practice of medicine."

Relevant Statutes:

- Medical Practice Act
- Genetic Counseling Act
- Polysomnography Practice Act
- Physician Assistant Act
- Anesthesiologist Assistant Act
- Naprapathic Practice Act
- Naturopathic Doctors' Practice Act
- Impaired Health Care Provider Act
- Pain Relief Act
- Uniform Licensing Act

Complaints and Investigation Process



Complaints can come to the board via: Patients, colleagues, employers, pharmacists, DEA, insurance entities



Complaints are reviewed for applicability to Medical Practice Act, relevance, frivolity, and if appropriate, are investigated.



Results presented to a subcommittee of board members who make a recommendation for action to the board as a whole



Levels of action:

Not reportable: no action, advisory letter

Reportable: reprimand, fines, stipulated license, suspension, revocation

New Mexico Health Professionals Wellness Program

- ❖ The New Mexico Health Professionals Wellness Program (HPWP) provides CONFIDENTIAL services statewide for health professionals with substance abuse, mental health, physical health impairment and workplace issues.
- ❖ Services can be accessed by either voluntarily (self-referred) or via mandatory referral (licensing board or employer) routes.
- ❖ Services include assessments, treatment referrals, treatment planning, monitoring, and reporting.

Examples of Basis for Action

- Injudicious Prescribing
- Medical Records Issues
- Misrepresentation (failure to report, application misrepresentations, etc.)
- Sexual Boundaries
- Excessive use of alcohol or drugs / DWI
- Fraud
- Gross Negligence
- Conviction other than DWI
- Other state licensure action/action by a Governmental agency
- Incompetence
- Practicing without a license
- Prescribing /treating family/self prescribing
- Violation of Stipulation
- Mental Health issues Monitoring (*affecting practice*)
- Physical Disability Monitoring (*affecting practice*)
- Patient Abandonment
- Lack of licensure Qualifications
- Ethics Violation
- Aiding and Abetting the Unlicensed practice of medicine
- Failure to Supervise

Updates



New Salesforce Licensing System: Went live in April of 2023. This is a real time online system that has significantly reduced the licensing application processing times.



Partnered With Hospital Services Corporation (HSC): Since 2022, HSC has been responsible for obtaining all application support documentation on behalf of our physician applicants. This lessens the burden on the physician and provides for a more expedited licensure process.



Website Redesign: We anticipate our new website going live this week. Our website was over 15 years old and had lost its efficacy. The new website will have real time updates, easier usage and is extremely user friendly.



Data Analytics Grant: The NMMB was recently awarded a \$50,000.00 grant from the Federation of State Medical Boards, to add a data analytics package to our Salesforce system. The goal is to expedite, augment and inform the Board's current investigation case decision making processes.

Licensing Statistics FY24

Total Active Licenses: 15,590

- Physicians: 13,299
- Physician Assistants: 1,253
- Podiatrists: 160
- Genetic Counselors: 318
- Doctors of Naprapathy: 41
- Naturopathic Doctors: 27
- Genetic Counselors: 318
- Polysomnographic Technologists (Sleep Techs): 107
- Anesthesiologist Assistants: 67

Licensing Statistics FY24 Continued

- FY24 Total New Licenses Issued: 2,245
- FY24 Total Licenses Renewed: 3,910

- FY23 Total New Licenses Issued: 2,057
- FY23 Total Licenses Renewed: 4,770

- FY22 Total New Licenses Issued: 1,773
- FY22 Total Licenses Renewed: 4,352

• **Application Processing Times:**

- **Complete Application Received (New Licensure)
9 DAYS TO PROCESS and ISSUE**
- **License Renewal Applications – Immediate Automatic
Renewal (no wait time)**

Expedited Licensure (HB384 - 2023 Legislative Session)

In November of 2023, the NMMB began issuing "Expedited" licenses to qualifying practitioners.

72 Expedited licenses have been issued in under 30 days per statute.

Investigations

In FY23-24, the NMMB has received/initiated a total of 408 Complaints:

- *392 Complaints received/initiated against current licensees
- *1 Complaint received for unlicensed practice
- *15 Applicants transferred to Investigations from Licensing

Reasons why Applicants were transferred into Investigations:

- *9: Recent adverse action taken against their clinical privileges by employer(s) based on clinical incompetency and/or resulting in adverse licensure action taken by other state licensing boards;
- *6: Recent adverse licensure action taken by another state licensing board due to reasons other than competency, i.e., substance abuse; disruptive conduct; conviction of a crime(s).

Outcome of Applicant cases:

- *7: Licensed after Board review and determination that applicant is safe to practice;
- *5: Not licensed due to danger to public (either clinically not competent, impaired by substance use, or conduct);
- *3: Still pending - Awaiting results of competency evaluations to determine safety to practice.

Interstate Medical Licensure Compact

Interstate Medical Licensure Compact



The Interstate Medical Licensure Compact is an agreement among participating U.S. states to work together to significantly streamline the licensing process for physicians who want to practice in multiple states. It offers a voluntary, expedited pathway to licensure for physicians who qualify.



Eligible physicians can qualify to practice medicine across state lines within the Compact if they meet the Compact's agreed-upon eligibility requirements. Physicians who are eligible can qualify to practice medicine in multiple states by completing just one application within the Compact, receiving separate licenses from each state in which they intend to practice.



These licenses are still issued by the individual states – just as they would be using the standard licensing process – but because the application for licensure in these states is routed through the Compact, the overall process of gaining a license is significantly streamlined. Physicians receive their licenses much faster and with fewer burdens.



The licensing is all state-based. Physicians do not receive a “Compact license” or a nationally recognized medical license through their participation in the Compact.

Interstate Medical Licensure Compact

In order to qualify for Compact participation, physicians must:

Hold a full, unrestricted medical license in a Compact member-state that can serve as a State of Principal License (SPL) and meet the SPL requirements. Physicians must maintain their SPL status at all times. Physicians may change the location of their SPL – through a process known as redesignation – after they receive a Letter of Qualification to participate in the Compact.)

Have graduated from an accredited medical school, or a school listed in the International Medical Education Directory

Have successfully completed ACGME- or AOA-accredited graduate medical education

Passed each component of the USMLE, COMLEX-USA, or equivalent in no more than three attempts for each component

Hold a current specialty certification or time-unlimited certification by an ABMS or AOABOS board

In addition, physicians must:

- Not have any history of disciplinary actions toward their medical license
- Not have any criminal history
- Not have any history of controlled substance actions toward their medical license
- Not currently be under investigation

ARTIFICIAL INTELLIGENCE

Artificial intelligence / Augmented intelligence

Is Chocolate Healthy?

(Query Gemini)

The system has already been shown to produce bad answers seemingly based on flawed sources. When asked “how many rocks should I eat,” for example, AI Overviews told some users to eat at least one rock a day for vitamins and minerals. (The advice was scraped from The Onion, a satirical site.)

- Chocolate can be healthy, but it depends on the type of chocolate and how much you eat. Here’s a breakdown:
- Dark chocolate: This kind has the most health benefits because it contains a higher percentage of cocoa (the healthy part). Dark chocolate, especially with 70% cocoa or higher, boasts antioxidants that can improve heart health, brain function, and even mood.
- Milk chocolate and white chocolate: These have less cocoa and more added sugar, fat, and milk. While they taste delicious, they don't offer the same health benefits as dark chocolate. The key is moderation. Even dark chocolate is high in calories and fat, so a small amount is best.
- Here are some resources for more info:
- A List of the Health Benefits of Chocolate
 - <https://www.piedmont.org/about-piedmont-healthcare/about-us-home>
- Chocolate Health Claims
 - <https://newsinhealth.nih.gov/2021/02/chocolate-health-claims>

Augmented Intelligence in Medicine

Education: Safe and effective use of AI

Accountability: Where does responsibility/liability lie? The New Mexico Medical Board licenses a PERSON to practice medicine, not a machine

The Practice of Medicine is by a PROFESSIONAL, LICENSED, CLINICIAN

Highest regulatory risk: clinical decision making

Companies are currently making up their own benchmarks, we need key metrics for use, like FDA labels

Informed consent and data privacy

Equity and bias must be monitored

Navigating the Responsible and Ethical Incorporation of Artificial Intelligence into Clinical Practice

FSMB April 2024

EXECUTIVE SUMMARY

- Artificial Intelligence (AI) holds tremendous potential to aid healthcare providers in diagnosis, treatment selection, clinical documentation, and other tasks to improve quality, access, and efficiency.
- However, these technologies introduce risks if deployed without proper “guardrails” and understanding which may impact considerations in clinical practice as well as regulatory processes of state medical boards.
- By taking a proactive and standardized governance approach anchored in ethical principles, state medical boards can promote safe and effective integration of AI, in its various forms, while prioritizing patient wellbeing.
- This report summarizes expert opinion and proceedings to develop guidance from the FSMB Ethics and Professionalism Committee to aid physicians and state medical boards in navigating the responsible and ethical incorporation of AI centered on (1) education, (2) emphasizing human accountability, (3) ensuring informed consent and data privacy, (4) proactively addressing responsibility and liability concerns, (5) collaborating with experts, and (6) anchoring AI governance in ethical principles. Clinical systems and processes making use of AI must be continually monitored and refined.
- This should not occur in a vacuum but should be the focus of collaborative efforts among physicians, health systems, data scientists, and regulatory agencies, including state medical boards.
- By thoughtfully addressing the opportunities and challenges posed by AI in healthcare, state medical boards can promote the safe, effective, and ethical use of AI as a tool to enhance, but generally not replace, human judgment and accountability in medical practice.
- In fulfilling their missions to ensure that patients benefit from and are not harmed by applications of AI in their care, it is essential that state medical boards avoid over-regulation and regulatory overreach by attempting to regulate that which is not in their purview.
- With focused efforts on the current and future state of the use of AI by licensees, state medical boards may sustain regulatory efficiency, achieve consistency across jurisdictions in the regulation of AI in clinical practice, help secure the benefits of AI, and proactively safeguard patients while upholding professional standards.

Artificial Intelligence/ Augmented Intelligence



AI governance for medicine should be anchored in ETHICS



“Medical boards should focus on governing the use of AI through established ethical principles, including respect for patient autonomy, nonmaleficence, beneficence, and justice, that have served as the foundation of professional expectations and demonstrated applicability in a variety of situations, regardless of treatment modalities or technology involved.” FSMB Policy Paper April 2024

Georgia HB 887

As used in this Code section, the term:

38 (1) 'Artificial intelligence' means a machine-based system that can, for a given set of
39 human-defined objectives, make predictions, recommendations, or decisions influencing
40 a real or virtual environment.

H. B. 887

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24 LC 56 0037

41 (2) 'Automated decision tool' means a system or service that uses artificial intelligence
42 and has been specifically developed and marketed, or specifically modified, to make, or
43 to be a controlling factor in making, consequential decisions.

44 (3) 'Healthcare' means any care, treatment, service, or procedure to maintain, diagnose,
45 treat, or provide for an individual's physical or mental health or personal care.

46 (b) No actions shall be taken concerning healthcare based solely on results derived from
47 the use or application of artificial intelligence or utilizing automated decision tools.

48 (c) Any decision-making process concerning healthcare which resulted from the use or
49 application of artificial intelligence or automated decision tools shall be meaningfully
50 reviewed, in accordance with procedures for such review created the board, by an
51 individual with authority to override said artificial intelligence or automated decision tools.

52 (d) The board shall be required to adopt and shall have the authority to promulgate rules
53 and regulations governing and establishing the standards necessary to implement this Code
54 section, specifically including but not limited to the disciplining of a physician who fails
55 to comply with this Code section."



Additional Pathways to Licensure

ADDITIONAL PATHWAYS TO LICENSURE

- IMG: International medical graduate. Has not practiced. Needs to follow traditional pathway to US accredited graduate medical education programs (residency)
- FTP: Foreign trained physician. Has practiced in a country other than the United States.
 - Practice differences: shared decision making, honor social determinants of health, sensitivity, quality of care, safety, assimilation to normal activities of daily living
 - How do we protect the PRACTITIONER, so we protect the PATIENT

Alternate Licensing Models

HB 972 LA

HB 2224 MA

HB 1050 CO

HB 1312 TN

SB 1406 AZ

SB 477 IA

HB 5613 MI

HB 1458 ME

HB 954 WI

HB 995 VA

Criteria for eligibility



Training “substantially similar” to US residency/post graduate training



Active practice minimum



ECFMG (Educational Commission for Foreign Medical Graduates) Certification

Authorized credential evaluation and guidance agency for non-U.S. physicians and graduates of non-U.S. medical schools who seek to practice in the United States or apply for a U.S. medical residency program

Washington State Clinical Experience License

In 2021, Washington State legislature passed SHB 1129. This new law requires the Medical Commission (WMC) offer a limited license for International Medical Graduates (IMG) to gain clinical experience. Those meeting specific criteria and requirements below can be licensed for two years, with the option for one renewal for a total practice time of four years.

*IMGs who will be training in an ACGME or non-ACGME clinical fellowship program should refer to the application requirements for the Physician Limited Application.

Applicants: People wishing to apply for this limited license meet the following criteria:

Be a Washington state resident for at least one year

Be ECFMG certified; and pass all steps of the USMLE. IMGs meeting these conditions must:

Submit an application, complete a background check and maintain a practice agreement between the license holder and the supervising physician with the medical commission.

A supervising physician may supervise no more than two IMG license holders unless the commission grants a request to increase this limit.

The supervising physician must retain professional and personal responsibility for any act that constitutes the practice of medicine as defined in RCW 18.71.011 when performed by an IMG under their supervision.

Foreign Trained Physicians/Practitioners

We need to expand access correctly, avoid maldistribution of healthcare providers

Track and define success

Is there discipline?
Malpractice?
Misconduct?

Continue to meet competency requirements for how long?

Cultural competence

Contribute to society/communities

How can a rural community evaluate and retain FTPs?

How do we address social isolation in a rural community

Training for FTP and their mentors/preceptors

Pathway to board certification needed

Training in an urban environment does not prepare a practitioner for rural medicine

Protect the practitioner to protect the patient



Thank You