To reverse this growing shortage, in 2024 Think New Mexico published a new report proposing a ten-point plan with 20 separate legislative recommendations to make the state a more attractive place for health care workers to practice. Think New Mexico’s proposals include:

* **Reforming the state’s medical malpractice act**, since New Mexico currently has the second highest number of medical malpractice lawsuits per capita in the U.S. Recommended reforms include capping attorney’s fees; raising the legal standard for awarding punitive damages and capping them; and prohibiting the filing of multiple malpractice lawsuits over a single injury. These and similar reforms have already been implemented by other states from across the political spectrum, as detailed in Think New Mexico’s report. **LWVNM does not a position that would allow us to support or oppose.**
* **Joining all ten interstate healthcare worker compacts** so that doctors, psychologists, and other providers licensed in other states can more easily provide care to New Mexico patients, including via tele-health. **We should support, have in the past. This is related to the above. We would have to reform our NM Medical Board. Other states do not want to accept our certifications of doctors if we allow incompetent doctors to be licensed.**
* **Creating a centralized credentialing system** to reduce administrative burdens on doctors and other health care professionals and make it easier for patients to keep their providers when their insurance coverage changes. – **Yes – simplifies administration**
* **Making New Mexico’s student loan repayment program for health care professionals more competitive** with the vast majority of other states, including all of New Mexico’s neighbors, which offer higher loan repayment amounts. **Let’s discuss**
* **Making New Mexico’s tax policy friendlier to health care workers** by   
  permanently repealing the state’s Gross Receipts Tax on medical services and increasing and expanding the Rural Health Care Practitioner Tax Credit. – **Have supported the second one in the past**
* **Enhancing Medicaid reimbursement rates to health care providers**, since New Mexico has a higher proportion of patients insured by Medicaid than any other state, and Medicaid generally pays less than the cost of providing treatment. The report also recommends reducing the rate of Medicaid claim denials so that health care providers receive the full payment they earn for treating patients insured by Medicaid. – **Let’s discuss**
* **Growing more of our own health care workers by expanding access to health-care-related career and technical education (CTE) in high school.** Recommended reforms include providing liability protections to employers that offer CTE programs and revising the state’s CTE pathways so that more students earn certifications in high school (e.g., as EMTs or nursing assistants). – **Let’s discuss**
* **Expanding access to higher education in health care fields by increasing salaries for the faculty training future health care professionals and providing a tax credit for the preceptors** who provide community-based education for doctors, nurses, and others. – **have to evaluate given our State Finance position**
* **Importing more international medical graduates into New Mexico** by allowing fully trained and vetted doctors from other countries to apply for a provisional license to practice under supervision in the state for two years, after which they could apply for a full medical license. **No position**
* **Using some of the state’s one-time surplus from oil and gas taxes to create a $2 billion permanent fund for health care** to generate income to pay for these and other reforms in perpetuity. **have to evaluate given our State Finance position**

Think New Mexico will be advocating for the enactment of its recommended reforms to address the health care worker shortage during the 2025 legislative session.

**Our positions**

The League of Women Voters of New Mexico supports a health care system that provides a comprehensive level of health care for New Mexico residents and recognizes the need for efficient management of health care costs.

The League of Women Voters of New Mexico believes that public policy in a pluralistic society must affirm the constitutional right of privacy of the individual to make reproductive choices.

Every New Mexico resident should have a comprehensive level of health care. The League favors a national health insurance plan, but until one is in place, the League supports expansion of state and federal plans. (Revised and adopted 2005.)

LWVNM believes that any health system implemented should have the following:

1. Quality health coverage for all New Mexicans: Every New Mexican should have full health care coverage, a benefit package that is at least equal to the best plan offered to state employees, and access to the services covered. Participation should be mandatory. Pre-existing conditions should not be excluded from coverage.
2. “Seamless” coverage and continuity of care, to the extent possible, regardless of changes in life circumstances such as change in employment, marital status, financial status, or health status.
3. Effective cost management: Cost management should increase the health care benefits that accrue to patients from any given level of spending. Cost and pricing data from private and government sources should be transparent.
4. Improvement of health care quality and safety: A comprehensive effort to improve the quality and safety of health care in New Mexico should be launched and sustained, with dramatically increased public funding.
5. Equitable funding: Reform should seek to reduce or eliminate cost-shifting across categories of insurance programs and payers, both public and private, and to make the distribution of financial burdens more equitable. Billing should be comprehensible and transparent.
6. No one should be forced into poverty because of medical needs. (Adopted 2017.)
7. Simplified administration: Reform should include the development of standardized forms, minimization of complicated co-pays/deductibles, and assurances of timely payment to provider. (Adopted 2007.)