



Join the 10 Healthcare Compacts to Increase NM's Providers

Please note: This is not a 1-pager, because it's important that advocates understand what the compacts are, how they would help, and especially where the opposition is coming from—same place as the opposition to medical malpractice reform is coming from—the trial lawyers. A good number of them sit on the Senate Judiciary Committee, which is good in most situations but not in this one. You don't have to use all these points, so do pick and choose when you talk with your NM Senator or Representative, once you understand what's going on.

- Joining interstate health care worker compacts is the **single most important step** that lawmakers can take to immediately begin alleviating the state's health care worker shortage.
- Interstate health care worker compacts are agreements among states to recognize and accept professional licenses issued by the other states participating in the compact. So, for example, a doctor licensed in Colorado could provide their Colorado license information to the New Mexico Medical Board and quickly become licensed to practice here as well.
- Without joining these agreements, health professionals from other states cannot legally provide services in New Mexico – not even via telehealth – unless they go through New Mexico's lengthy licensing process, which generally takes many months.
- The chart below shows that 32 or more states participate in interstate compacts. States keep signing onto these compacts **and none have left them**, strong evidence that the compacts help patients in these states.
- New Mexico is unpardonably behind – we are 1 of only 5 states that have just one or none of the 10 major interstate compacts for healthcare workers.
- New Mexico's closest neighbors have each joined five or more interstate compacts—Arizona-7, Colorado-10, Oklahoma-8, Utah-9, and Texas-5. This means that healthcare workers from around the country can serve people in these states – **but not here, to our people**.
- NM DOES belong to the Nurse Licensure Compact, along with 39 other states. The benefits are obvious! In rural and border areas of the state especially, our hospitals would have few nurses -- as many as 80% of the nurses there are able to serve the people of those areas **because of the compact**.
- New Mexico's failure to join the compacts puts our state at a competitive disadvantage in attracting health care workers **and our people at risk** because they can't get health care.



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What's going on? Why is this happening—or rather, not happening? Where is the opposition coming from?

- The only known opposition to the health care worker compacts comes from the **New Mexico Trial Lawyers Association**. The NMLTA dislikes a provision in the compacts that prevents lawyers from suing the interstate compact commissions. These commissions are boards that oversee how states run each compact; their members are appointed by appropriate bodies in all the participating states (e.g., a member of each state's medical board sits on the commission overseeing the physician compact). There is no good reason to sue the members of these commissions, but the lawyers object to setting a precedent of shielding anyone from being sued.
- Seven of the nine compacts introduced during the 2025 legislative session passed the House unanimously. The other two were introduced late and ran out of time or they would have passed the House.
- There is widespread support in NM for joining all the compacts. For example, both the New Mexico Conference of Catholic Bishops and Planned Parenthood of the Rocky Mountains have endorsed the doctor compact.

BUT:

- Six of the seven compacts that passed the House unanimously got stuck in the Senate Judiciary Committee and never got a hearing, despite having plenty of time for most of them.
- When the Senate Judiciary Committee finally heard the doctor compact—which 43 states have already joined—the trial lawyer members of that committee made 32 amendments to the compact, which they knew at the time would mean the Compact Commission would reject New Mexico's application to join. Compact representatives were in the room and told them so. Because these compacts function as contracts among states, each state must agree to essentially the same language that the other states have already approved. Even one substantive amendment would have been enough to guarantee that New Mexico could not join the compact.
- As a result, healthcare providers from around the country still cannot easily move to New Mexico and start practicing quickly. And New Mexicans are still having to travel out of state to seek medical care that they could receive via telehealth if our state joined the compacts.



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Major Interstate Health Care Compacts			
INTERSTATE COMPACT NAME	YEAR ESTABLISHED	NUMBER OF STATES IN THE COMPACT	IS NEW MEXICO IN THE COMPACT?
Enhanced Nursing Licensure (formerly Nurse Licensure)	1999 (2017)	41	Yes
Interstate Medical Licensure	2015	42	No
Physical Therapy	2015	38	No
Psychology Interjurisdictional	2015	41	No
Audiologist and Speech Language	2016	35	No
Recognition of EMS Personnel Licensure	2017	32	No
Occupational Therapy	2019	32	No
Counseling Interstate Licensure	2020	37	No
Physician Assistant Licensure	2022	17	No
Dentist and Dental Hygienist	2023	12	No

Source: National Center for Interstate Compacts; compiled by Think New Mexico.