A Newsletter for the Members of the New Mexico Chapter - December 2025

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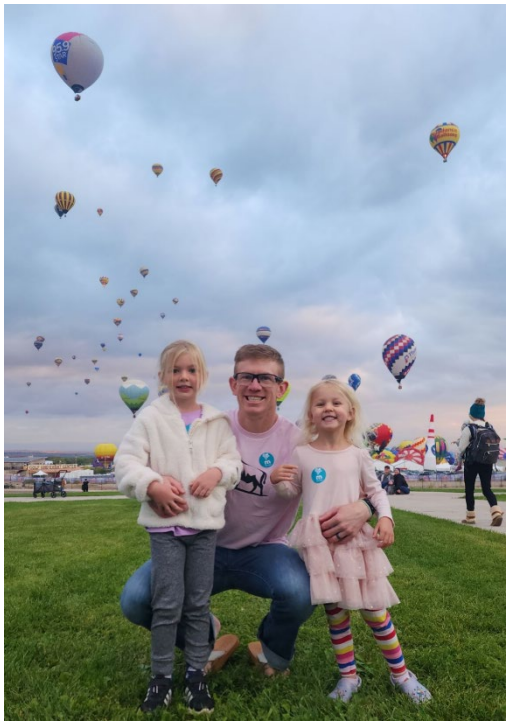
American College of Emergency Physicians®
ADVANCING EMERGENCY CARE
NEW MEXICO CHAPTER

In this edition:

News from ACEP:

From the President's Desk
Aaron Snyder, MD
NM ACEP President



Dear Fellow Emergency Medicine Colleagues,

What a fall it's been! I hope you all enjoyed the stunning Balloon Fiesta skies in October; there's nothing quite like those crisp autumn mornings watching hundreds of balloons drift over the Sandias. As the weather shifts and we settle into our cooler months, we're also watching the inevitable uptick in respiratory illnesses across the state.

Q4 Quarterly Meeting Recap

Thank you to everyone who joined us on November 19th in Santa Fe at HealthFront Emergency Physicians' offices. We had excellent presentations from two exceptional speakers who provided critical perspectives on the medical malpractice landscape. Tyler M. Cuff from Rodey Law Firm walked us through the process of being named in a lawsuit and the steps physicians go through during defense litigation, invaluable practical knowledge for understanding what to expect if it happens to you. Fred Nathan Jr. from Think New Mexico then connected the dots, discussing the systemic steps along the healthcare pathway that increase risk exposure for physicians. Both presentations reinforced why our advocacy work on malpractice reform remains so critical.

Following the presentations, we had an open discussion about current plans and additional lines of advocacy we can utilize in the build-up to the 2026 legislative

session. The conversation was energizing, with members sharing creative approaches and potential partnerships that will strengthen our collective voice.

National Advocacy: Taking a Stand at ACEP Council

The fall months brought significant concerns about shifting vaccine policies nationwide. With the ACIP committee appointments by RFK Jr., Florida's Surgeon General announcing removal of statewide school vaccine mandates, and the formation of the West Coast vaccine coalition by Washington, Oregon, and California, I felt compelled to act. I crafted and submitted a late resolution to the ACEP Council—arriving just one minute past deadline due to cosigner additions and server processing delays. Due to timing, it was designated an emergency resolution, passed the emergency criteria at the opening of council, sailed through Reference Committee C's open debate, and ultimately passed the full body vote unanimously. The resolution text is available **HERE**. ACEP has since continued to publicly support vaccination schedules and the importance of getting annual vaccines.

State Legislative Action: October Special Session

The October 1-3 special legislative session proved mildly productive, addressing several critical healthcare issues. New Mexico passed bills providing approximately $162 million in emergency funding for healthcare and food assistance, expanding state-subsidized health insurance, and notably, modifying the state's vaccine authority through Senate Bill 3, which gives the Department of Health more authority over vaccine guidelines and standards.

Key highlights include:

- **House Bill 1**: $162 million in emergency funding with major allocations to the Health Care Authority, rural healthcare, and food assistance programs
- **House Bill 2**: Removed income caps for state-subsidized health insurance, addressing expiring federal ACA premium tax credits and allowing approximately 6,300 New Mexicans to maintain affordable coverage

- **Senate Bill 1**: Transferred $50 million to the Rural Health Care Delivery Fund to stabilize at-risk services in rural and underserved areas
- **Senate Bill 2**: Allowed metropolitan court judges to preside over criminal competency proceedings, relieving administrative pressure on district courts and increasing access to behavioral health services

Governor Michelle Lujan Grisham signed the emergency legislation, stating, "When federal support falls short, New Mexico steps up—that's our commitment to families who depend on these services." Hopefully the positive movement on legislation will continue for the 2026 session.

Healthcare Summits: Democracy in Action (Sort Of)

October brought dueling healthcare summits that highlighted the deep partisan divisions plaguing healthcare reform efforts. The NM GOP held a healthcare summit in Rio Rancho examining access, Medicaid, medical malpractice, recruitment, and private equity. The following week, House and Senate healthcare committees convened a four-day summit at the UNM Cancer building, which I attended for the first two days.

The medical malpractice discussion proved particularly frustrating. Trial lawyer-led Democrats continue to maintain that reform isn't needed, bringing in a disbarred attorney who argued not only against reform but for removing existing caps. The only physician in the legislature, Dr. Hickey (D), delivered a compelling rebuttal. GOP legislators asked pointed questions exposing outdated, incorrect, and misleading information in the presentation.

Immediately following that discussion came the private equity debate—and wouldn't you know it, the roles completely reversed. GOP members championed business deregulation and embraced private equity in healthcare, while Democratic members raised well-documented concerns about worse outcomes, stripped staffing and resources, increased closures of vital services like Labor

and Delivery units, and asset-stripping before abandonment. It would seem the ground movement on both issues is entrenched.

In addition to these two major summits, additional forums have been held throughout the fall, providing parties from the trial attorney community, healthcare organizations, and patients opportunities to speak. The conversation continues to evolve, even if consensus remains elusive.

Despite the partisan theater, I had valuable networking opportunities, meeting administrators from the medical school and several lawmakers. I'm working to leverage these connections for emergency medicine advocacy.

Critical Data Collection: Help Us Tell the Story

I've also been working closely with several state financial analysts who have provided tremendous insight into New Mexico's healthcare financing. They are developing a comprehensive statewide survey of every licensed provider in New Mexico (NPIs linked to licenses) to collect data about the realities of practicing in our state. This is in conjunction with the NM medical board. This isn't just academic—it's essential ammunition for our advocacy efforts.

Here are some staggering numbers that should get everyone's attention:

New Mexico FY 2025 Budgets at a Glance

Budget Metric	Amount	Funding Source
Total NM State Budget (all funds)	~$29.3 billion	General, Federal, Other State Funds

Total NM Medicaid Budget	~$12.1 billion	General and Federal Funds
NM State General Fund Spending	~$10.2 billion	State Taxes, Royalties, etc.
Medicaid General Fund Portion	~$1.8 billion	State General Fund

New Mexico's annual State General Fund is ~10 billion while Medicaid expenditures are currently $12 billion. I'm working with state analysts to determine how much of that money is leaving New Mexico for care provided by out-of-state providers and organizations. If even 10% of Medicaid care, primary care, specialist visits, hospital admissions, transfers out of state, is spent outside New Mexico, that's over **$1 billion** flowing out of one of the most poorly resourced and poorly staffed states in the nation. Now consider this: Medicaid represents approximately 42% of state insurance coverage. What's the dollar amount for the other 57% of healthcare flowing out of the state? The numbers are staggering, and when we can demonstrate this level of financial hemorrhaging to legislators, they'll have no choice but to "stop the bleeding" and address why these funds are leaving rather than building capacity here.

Once the survey link is distributed, I'll forward it along with the originating email address so we can all complete it.

In parallel, GAMA and Citizens for a Healthy New Mexico have hired a professional firm to gather similar critical data. They've recently released a survey for New Mexico providers examining why physicians are practicing in New Mexico, whether they're considering leaving (and why), and tangible quality-of-life factors like education and crime that affect our decisions to stay. **Please check your inboxes for an email from** survey@peakinsights.com**.** The survey is

individualized by email, so you can't share a direct link—but please complete it. Our collective voices matter, and data drives policy change.

Grassroots Advocacy: Multiple Fronts

Taking a different approach to medical malpractice reform, a grassroots resolution **(view here)** working its way through Bernalillo Democratic Party committees. The resolution contains 8 points addressing different portions of medical malpractice reform, including apology laws, the Michigan model, capping attorney fees, and capping punitive damages. Several key House and Senate members currently block any healthcare reform passage, so this citizen-led initiative aims to hold Bernalillo legislators accountable: get on board or get out of the way. I've worked with the resolution authors to provide citations and background information. I'm also compiling contacts for journalists, radio hosts, and TV producers—we need accurate public information distributed through social networks.

On a brighter note, the New Mexico Medical Society and Greater Albuquerque Medical Association have launched an inspiring new initiative: **Patient-Led New Mexico** (https://www.patientlednm.org/share-your-story/). This nonpartisan patient advocacy platform ensures every New Mexican can access timely, high-quality healthcare by championing patient-centered reforms. The coalition brings together patients, providers, communities, and lawmakers to strengthen our healthcare system. Founding organizations include NMMS, New Mexico Hospital Association, Sacramento Mountains Foundation, and GAMA. I encourage you to explore their website and share your stories.

I'm also working with a newly formed organization: **Citizens for a Healthy New Mexico**. This physician-owned and operated group consists of both a 501(c)(4) and PAC, designed specifically for nonpartisan advocacy and lobbying without nonprofit restrictions. Their three-pronged mission: share patient stories about healthcare system failures, develop "stop the bleeding" solutions, and support pro-physician, pro-healthcare reform candidates across both parties. They're targeting House legislators up for reelection in 2026 (Senators won't face voters until 2028). The organization will reach out to all 8,000 physicians across New

Mexico—we're bigger and stronger than the trial lawyers and need only a unified message. If you're interested in learning more or getting involved in your district, I'm happy to connect you.

Looking Ahead: 2026 Elections

Although a year away, the 2026 gubernatorial race is already underway. Healthcare reform features prominently in campaign platforms. I've met and spoken with Ken Miyagishima (D), the former 16-year bipartisan mayor of Las Cruces who's made healthcare reform a primary plank. I have meetings scheduled with Deb Haaland's campaign (D), former Department of Interior Secretary, and Greg Hull's campaign (R), the three-term Rio Rancho mayor and businessman. Sam Bregman (D), former trial attorney turned district attorney, hasn't responded to meeting requests yet. New candidates continue to put their names in the ring, and for viable ones, we'll reach out. Regardless of partisan affiliation, we need physician voices in these conversations.

Federal Concerns: The ACA Subsidy Cliff

At the federal level, the One Big Beautiful Bill Act passed in July 2025 strips Medicaid funding and fails to extend ACA healthcare premium subsidies set to expire December 31, 2025. These subsidies were enacted during COVID, but with rising healthcare costs, their expiration creates a financial catastrophe for millions of Americans.

If ACA subsidies expire, an estimated 2 million to 7.3 million people could lose coverage in 2026 alone, with 3.8 million more expected to be uninsured by 2035. Marketplace enrollees face projected premium increases averaging 114%—jumping from about $888 to $1,904 annually. Some individuals, particularly older, lower-income, or self-employed people, could face even more drastic increases. For example, a 63-year-old couple in West Virginia could see their monthly Gold plan premium skyrocket from $300 to $4,713. More than half of newly uninsured individuals will likely be in states like Texas, Florida, Georgia, and North Carolina—states that haven't expanded Medicaid.

This affects everyone. A fellow EM physician, family of two without health issues and private insurance through the ACA exchange, told me his premiums will jump from $660 per month to $1,100 per month. With inflation and cost of living already straining families, expiration of these subsidies threatens to bankrupt millions or force them into uninsured status.

As the most federally dependent state financially, New Mexico faces particular vulnerability to these federal policy shifts.

Hand, Foot, and Mouth Disease Alert

On the clinical front, you've likely noticed Hand, Foot, and Mouth Disease making the rounds across the state. The New Mexico Department of Health issued a Health Alert Network advisory on October 6th reporting significant clusters affecting communities statewide, particularly in schools and daycare centers. While HFMD is generally a benign, self-limiting enteroviral illness, providers should be aware of the recent surge to ensure appropriate management and patient education. The disease presents with fever, sore throat, painful oral lesions, and the characteristic papulovesicular rash on hands and feet. Most patients recover in 7-10 days, though dehydration remains the primary concern for our younger patients. For more information, visit the CDC's HFMD page and the NM Health Alert Network advisory.

We're thrilled to announce our speakers:

Dr. James L. Shoemaker, Jr., MD, FACEP is an attending physician with Elite Emergency Physicians, Inc., and currently serves on ACEP's national board, as ACEP's alternate representative to the American Medical Association Relative Value Scale Update Committee (RUC) and immediate past vice president of membership for the ACEP Board of Directors. He'll be speaking on Independent Practice and Democratic Groups.

E. Brooke Baker, MD, JD, MBA is Executive Physician for Claims Management at UNM Hospital System and Professor and Vice Chair for Faculty Affairs in the UNM

Department of Anesthesiology and Critical Care Medicine. She'll be speaking on Apology Laws and how they apply to medical malpractice reforms.

ACEP Leadership and Advocacy Conference – Washington DC, April 26-28, 2026

An excellent opportunity to speak directly with federal legislators about nonpartisan issues desperately needing reform: reimbursement challenges, ED violence, and provider burnout. We need three members to represent NM ACEP. I'll be attending and would love some company. More info: https://www.acep.org/lac/interested

A Closing Thought

Thank you for everything you do. It's difficult staying positive and focused amid today's healthcare noise. I've noticed, as I'm sure many of you have, an ever-increasing number of patients seeking care in our EDs for routine outpatient needs. "My primary left," "No one's taking new patients," "I don't have insurance," and "The first appointment is six months out" are constant refrains. I'd estimate 60-70% of my patients now present specifically because of these access barriers.

Our never-closed-door policy and dedication to advocating for every patient can be exhausting and frustrating. But I've also heard more "thank you's" and "where is your office?" this past year than I can remember in my 12 years of practice. Our value to our communities has never been clearer—or more needed.

If you're feeling stretched thin, need to vent, or want a judgment-free zone to drop some F-bombs about a particularly ridiculous situation, call me. I expect our jobs will get harder over the next 2-3 years. We're in this sticky situation together, and I'm happy to lend an ear, vent alongside you, or just go for a hike in our beautiful state.

Thanks for all you do.

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Mark Your Calendars: Upcoming Events

White Coat Day at the Roundhouse – January 28, 2026
This powerful annual event shows our unified presence to state legislators. I'd love to see emergency medicine physicians from across New Mexico participate. We're coordinating with GAMA—it's free to attend!
GAMA website: **https://members.gamamed.org/calendar**
Free Registration:
https://members.gamamed.org/ap/Events/Register/VeFkqR8iNCeC9

Next NM ACEP Meeting – Taos, February 5, 2026, 5-7 PM
Location: Holy Cross Hospital, 1397 Weimer Rd, Taos, NM 87571
In-person and virtual options available. Holy Cross will provide food.

RSVP here

The Floor, Not a Ceiling or Shield

Critical Vulnerabilities in NM Asset Protection for Physicians

Aaron Snyder, MD
NM ACEP President

Your Financial Risk from Punitive Damages

New Mexico physicians operate under a dangerous misconception: that our "Medical Malpractice Act" and state "exemption statutes" protect our personal assets from lawsuits. They do not.

While recent legislative discussions have referenced "Article 42" as a protection for personal property, a legal analysis reveals that these statutes function as a **floor** (preventing destitution) rather than a **shield** (protecting wealth) or a **ceiling** (capping liability).

Unlike states such as Virginia (which caps total damages) or Texas (which protects 100% of home equity and wages), New Mexico leaves successful physicians exposed to unlimited personal liability, specifically regarding punitive damages.

Click here *to read more on why you are exposed (the legal framework) including case studies, comparative analysis view of NM vs. other jurisdictions and details of the statutes.*

Connecting & Making a Difference in a Busy Emergency Department

Rikki Hall, MD
UNM EM Resident

With a new emergency department comes a new workflow. I am on the new swing shift, which is responsible for covering two units: the intermediate sicker/trauma EMS drop offs and the behavioral health/police custody patients.

While I am waiting for patients to arrive to these units, I try to help see patients in the waiting room. Nine hours. That was the longest wait time. Before I even introduced myself, I apologized for the wait. I immediately thought of what I was doing nine hours ago, all the things I had done while they sat there, waiting for me to show up and see them.

After, I ran back to the two units because the EMS pages were now rolling. The patient load ranges from: DKA, break through seizures, sepsis, traumatic falls, car wrecks, suicidal ideation, foreign bodies, intoxication, and of course the mystery patient sent from jail for unknown reasons.

This goes on for 8-9 hours before you sign out. I have sutured the last laceration and finally called the rural county jail right before sign-out to find out the patient answering questions appropriately is actually not at his baseline at all. “Sorry for the sign-out.” I just need to get this tattooed on my forehead.

Then comes the classic end of shift question from the attending, “how did you think the shift went?” I deeply sigh. In my head I go through my own list: The waiting room is never ending. Some of the dispos seem like I am not doing enough. I have not finished a single note. The longest wait time is STILL 8-9 hours, I didn’t even make a dent.

The attending stops me after my sigh. “You know what I do after every shift? Think of one human connection you made and a difference you made during this shift.”

I paused.

That night, I sat next to my 85-year-old patient to explain to her the reason why she was having new left superior quadrantanopia over the last few months is due to a right subacute PCA stroke. Her outfit was super cute; she was a hipster grandma for sure. I commented on her outfit and then we spiraled into a

conversation about how it was all second-hand. Turns out we shared a favorite thrift store in town. A human connection.

A different patient signed out to me, came in for breakthrough seizures. Typical work-up done, loaded with a levetiracetam dose, and plan was to discharge her back to her facility. Wait, pause. She has been taking her medications as prescribed and has no other reason for the breakthrough seizures? I had to advocate. A discussion back and forth with neurology and we got her on a stronger antiepileptic regiment. A difference made.

Going from intern year to second year residency feels like you were once sitting on the outskirts of a nice, cute campfire, maybe roasting some vegan marshmallows. To now you're in an actual furnace, that's like 1000 degrees. But honestly, going through these two exercises at the end of shift has made the furnace a bit more tolerable. Maybe even 900 degrees less.

Rural Emergency Medicine in Western New Mexico:
The Canary in the Coal (and Uranium) Mines

Sarah Bridge, MD
NM ACEP Board Member

When NM ACEP asked me to write about my experience as a rural emergency physician in New Mexico, the timing was uncanny. I am in the final shifts of my first job out of residency, having spent more than four years working in emergency departments across western rural New Mexico—primarily within the Indian Health Service.

Summarizing this experience in one page feels impossible. Every emergency physician knows that the first year out as an attending teaches you more than all

of training combined. In rural EM—especially in a state like New Mexico, with a dispersed and chronically underserved population—the learning curve is even steeper.

Like many EM physicians, I came from a busy academic Level I trauma center brimming with resources: trauma teams, cardiologists, neurologists, numerous surgical subspecialties, pediatrics, psychiatry, case management, and social work. I began residency in 2018 and graduated in 2021—deeply scarred and burned out by the COVID-19 pandemic. Short of leaving medicine altogether, I chose the next best thing: a fresh start in rural New Mexico, far from everything familiar.

Over the past four years, old frustrations were simply replaced with new ones. In residency, I watched unvaccinated patients die unnecessarily of COVID-19. In western New Mexico, I watched fully vaccinated patients die while waiting days for transfer due to a regional ICU bed shortage. On one shift, Kansas was my closest available ICU. Our hospital—old, heavily used, and repeatedly "updated"—experienced raw sewage leaking down ER walls, intermittent CT outages, and long stretches without adequate surgical and specialist coverage, despite being a Level III trauma center on a major interstate and a stroke center serving non-beneficiaries, i.e., non–Native American patients. In 2022, with no specialists available, I improvised a pericardiocentesis that temporarily saved a patient, but he died after transfer because the only cardiothoracic surgeon on duty for the entire city of Albuquerque was covering two hospitals, including the University of New Mexico.

Alcohol use disorder, already common where I trained, became extreme in rural New Mexico. A destructive consequence of European colonization, alcohol use disorder in our region is now among the highest in the country. I see blood alcohol levels regularly over 400, give massive doses of phenobarbital to withdrawing patients who are simultaneously intoxicated, and admit people in their twenties and thirties to die of end-stage liver disease. Suicidal ideation, intimate partner violence, and child abuse—often alcohol-fueled—are daily parts of the job. Equally routine is sending home patients who medically require admission simply

because there are no beds anywhere; their families (if they have any) are a better safety net than being transferred hundreds of miles away alone.

I moved from caring for one population shaped by historical trauma to another with its own devastating legacy. Where I trained, my patients were largely descendants of impoverished Appalachian families and Black Americans still living with the consequences of slavery and segregation. In New Mexico, I care for Indigenous communities marked by displacement, forced sterilization, medical experimentation, and environmental contamination from uranium mining. Modern exploitation continues in the form of Medicaid fraud, trafficking, and predatory "rehab" schemes. I will never forget the day one of our techs collapsed in tears upon learning that her missing son had been trafficked into an unlicensed "rehab" center that drained his Medicaid benefits and let him die of an opioid overdose.

Despite all of this, I stayed more than four years—because of my colleagues. The emergency physicians in rural New Mexico are some of the most talented, mission-driven clinicians I have ever known. In a setting where you are constantly forced to improvise to provide the standard of care, excellence depends entirely on people, and the people here are extraordinary. If you ever have an emergency in the Four Corners region, you will receive world-class care—not because of infrastructure, but because of the physicians standing in the gap.

Yet the system we work within is increasingly strained. Over the past year, federal employees in my position have faced pay cuts, RIFs, hiring freezes, and increasing bureaucratic demands. Early last year, we were told to respond weekly to Elon Musk-inspired "What five things did you do this week?" emails, an irony not lost on anyone working 12-plus-hour shifts without basic resources. Last summer, we were a trauma center without respiratory therapy or surgical backup for weeks. Recently, our hospital functioned again for days without a working CT scanner. These are not just inconveniences; they are conditions that cost lives.

Health care in rural New Mexico is emergency medicine's canary in the coal mine. Our patients were among the first devastated by COVID-19, and they will be among the first harmed by impending Medicaid cuts and expiration of health insurance subsidies. When millions lose coverage, they will come to the ER, and an already fractured system will break.

I recently read an article arguing that New Mexico is not truly a "poor state," but a wealthy state with many poor people. Thanks mostly to oil and gas revenues, New Mexico has one of the largest sovereign wealth funds in the country. Yet we have a single Level I trauma center, some of the highest trauma and alcohol-related mortality rates in the country, and federal hospitals operating without basic imaging.

And still, many of my patients travel hours over rough terrain—often without running water or electricity at home—to wait even longer for care. They are remarkably patient and outwardly grateful, even as the systems meant to serve them routinely fail them. Without question, their resilience and patience are extraordinary. But resilience should not be a prerequisite for receiving basic medical care, and their patience with the state and federal government's miserly attitude toward them will run out.

These questions remain: Is this really the best our state and country can do for the people of New Mexico, and how much longer do they have to wait

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FROM NATIONAL ACEP

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ACEP Resources & Latest News

ACEP-Endorsed Support Act is Reauthorized

The bipartisan Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Reauthorization Act of 2025 has been signed into law. **Read more**.

Statement from Medical, Health and Patient Advocacy Groups on CDC Vaccine Meeting

Medical, health, and patient advocacy groups call on CDC to retain evidence-based vaccine policies. **Read more**.

ACEP Statement on CMS 2026 OPPS Final Rule and New Emergency Department Boarding Measure

The American College of Emergency Physicians (ACEP) applauds the Centers for Medicare & Medicaid Services (CMS) for finalizing the new *Emergency Care Access and Timeliness* measure in the Calendar Year 2026 Medicare Hospital Outpatient Prospective Payment System (OPPS) final rule. **Read more**.

The Government Shutdown is Over – What's New and What's Next?

ACEP is helping emergency physicians across the country navigate the rapidly changing health policy landscape. The latest episode of the Capitol Rounds webinar series is available now. **Read more**.

Strong Evidence Shows No Link Between Vaccines and Autism

Strong evidence from decades of high-quality research shows no link between vaccines and autism. Statistically valid research has consistently shown that vaccines are the safest and most effective tools to prevent the spread of harmful viruses and devastating illnesses, particularly in children. **Read more**.

Emergency Physicians Oppose Move to Revive "Public Charge" Policy

In response to the Trump Administration's announcement that it is proposing to reinstate a "public charge" policy that would make it harder for immigrants already legally in the country to obtain a green card if they have used Medicaid or other public programs such as housing assistance or food aid... **Read more**.

Medical Associations Tell Anthem: Drop Legally Questionable Penalty on Clinicians Pushed Out of Network

Leading medical societies spoke out against an Anthem plan to impose a 10% payment penalty on facility claims involving out-of-network (OON) clinicians, a policy that raises serious legal and ethical questions, shifts Anthem's network adequacy responsibility to hospitals and other facilities, and jeopardizes continuity of care and patient access to essential services. **Read more**.

Upcoming ACEP Events and Deadlines

- **Capitol Rounds: All Through the House (and Senate)**
  December 15, 2025
  2:00 PM - 3:00 PM Central Time
  Join ACEP advocacy staff for a policy update on what's happened so far,

what's left to do in 2025, and what is in store for 2026.

- **Sit Down with ACEP President Dr. Tony Cirillo**
  January 8, 2026
  6:00 PM - 7:00 PM Central Time
  Join ACEP President Dr. Tony Cirillo for his monthly chat with ACEP members. Get the inside scoop on the latest at ACEP and in emergency medicine.

- **2026 ACEP Accelerate**
  January 18 - 23, 2026
  San Diego, California
  Emergency medicine continues to move beyond traditional routes. And more and more emergency physicians are looking for ways to elevate their career fulfillment. With multiple meetings in one location within the same week, ACEP Accelerate offers different tracks to forge ahead and rise to your career goals. **Register Today!**

- **2026 ACEP Leadership & Advocacy Conference**
  April 26 - 28, 2026
  Washington, District of Columbia
  Join your colleagues in Washington, DC, and make your collective voices heard to inspire change for your patients and your specialty. **Register Today!**

Contact New Mexico ACEP

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