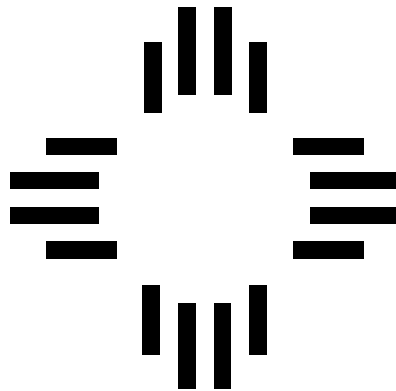


New Mexico Register

Volume XII, Issue Number 17
September 13, 2001



The official publication for all notices of rulemaking and filings of adopted, proposed and emergency rules in New Mexico

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New Mexico Register

Volume XII, Number 17

September 13, 2001

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Notices of Rulemaking and Proposed Rules

NEW MEXICO HUMAN SERVICES DEPARTMENT

INCOME SUPPORT DIVISION

NOTICE OF PUBLIC HEARING

The Human Services Department will hold a public hearing to consider adopting revised rules in the Food Stamp Program and the Cash Assistance Program. The hearing will be held at 10:00 am on October 16, 2001. The hearing will be held at the Income Support Division conference room, 2009 S. Pacheco St., Santa Fe, NM. The conference room is located in Room 120 on the lower level.

The Department proposes to revise Food Stamp Program rules to adjust the income limits, maximum shelter deduction, Standard Utility Allowance, and the Thrifty Food Plan or Maximum Allotment Amount based on adjustments of the Federal Poverty Guidelines, effective October 2001 through September 2002.

The Department proposes to revise Cash Assistance Program rules to increase the gross income limit based on 85% of the Federal Poverty Guidelines effective October 2001 through September 2002.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact the Department toll free at 1-800-432-6217, TDD 1-800-609-4TDD (4833), or through the New Mexico Relay System toll free at 1-800-659-8331. The Department requests at least a 10-day advance notice to provide requested alternative formats and special accommodations.

Individuals wishing to testify or requesting a copy of the proposed regulation should contact the Income Support Division, P.O. Box 2348, Pollon Plaza, Santa Fe, NM 87505-2348, or by calling toll free 1-800-432-6217.

Individuals not wishing to attend the hearing may send written or recorded comments. Written or recorded comments must be received by 5:00 PM on the date of the hearing. Please send comments to:

Robin Dozier Otten, Deputy Secretary
Human Services Department
P.O. Box 2348 Pollon Plaza
Santa Fe, NM 87504-2348

You may send comments electronically to:
Sharon.Regensberg@state.nm.us

EFFECTIVE DATE

October 1, 2001

NEW MEXICO HUMAN SERVICES DEPARTMENT

MEDICAL ASSISTANCE DIVISION

NOTICE

The New Mexico Human Services Department (HSD) will hold a public hearing at 1:30 p.m., on October 17, 2001, at the State Personnel building, large conference room (2600 Cerrillos Road), Santa Fe, New Mexico. The subject of the hearing will be Federally Qualified Health Centers (FQHCs) And Rural Health Clinics (RHCs)

Section 702 of the Medicare, Medicaid and SCHIP Benefits Improvement Act (BIPA) of 2000 amended section 1902(a) of the Social Security Act by repealing the reasonable cost based reimbursement requirements for RHCs and FQHCs and replacing them with a new prospective payment methodology established in Section 1902(aa) of the Social Security Act. BIPA requires states to pay according to the new methodology for services provided on or after January 1, 2001. A State Medicaid Director letter (SMDL) was sent on January 19, 2001 informing states of the change in the statutory requirements and requested the submission of state plan amendments by March 31, 2001 to implement the required changes.

Interested persons may testify or submit written comments no later than 5:00 p.m., October 17, 2001, to Robin Dozier Otten, Deputy Secretary, Human Services Department, P.O. Box 2348, Santa Fe, New Mexico 87504-2348. All written and oral testimony will be considered prior to issuance of the final regulation.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in any HSD public hearing, program or services, please contact the NM Human Services Department toll-free at 1-888-997-2583, in Santa Fe at 827-3156, or through the department TDD system, 1-800-609-4833, in Santa Fe call 827-3184. The Department requests at least 10 days advance notice to provide requested alterna-

tive formats and special accommodations.

Copies of the Human Services Register are available for review at the local Income Support Division offices or by sending a self-addressed stamped envelope to Medical Assistance Division, Planning & Program Operations Bureau, P.O. Box 2348, Santa Fe, NM. 87504-2348 or on the Medical Assistance Division website at www.state.nm.us/hsd/mad.htm.

NEW MEXICO LIVESTOCK BOARD

NOTICE OF RULE MAKING HEARING AND REGULAR BOARD MEETING

NOTICE IS HEREBY GIVEN that a rule making hearing and regular Board meeting will be held on Thursday, September 20, 2001, at the New Mexico Livestock Board Office, Albuquerque, New Mexico at 9:00 a.m to 5:00 p.m. The Board will consider rules covering cattle and sheep rest stations.

Copies of rules can be obtained by contacting John Wortman, Executive Director, New Mexico Livestock Board, 300 San Mateo, NE, Suite 1000, Albuquerque, NM 87108-1500, (505) 841-6161. Interested persons may submit their views on the proposed rules to the Board at the above address and/or may appear at the scheduled hearing and make a brief verbal presentation of their view.

Anyone who requires special accommodations is requested to notify the New Mexico Livestock Board office at (505) 841-6161 of such needs at least five days prior to the meeting.

NEW MEXICO BOARD OF NURSING

4206 LOUISIANA NE SUITE A
ALBUQUERQUE NM 87109

NOTICE OF PUBLIC HEARING

Notice is hereby given that the New Mexico Board of Nursing will convene a Rule Hearing to amend:

16.12.2. NMAC Nurse Licensure
16.12.3. NMAC Nursing Education Programs

This Hearing will be held at the Board of

Nursing Conference Room, 4206 Louisiana NE, Suite A, Albuquerque NM 87109, on Friday, October 19, 2001.

Any person wishing to present testimony at the Hearing is requested to submit, to the Board of Nursing Office, a written statement of intent (10 copies) to be received no later than October 5, 2001.

The Statement shall provide:

Name of Witness:
Who Witness represents:
Brief statement of subject matter of testimony; & Anticipated length of presentation.

notice: Any person presenting testimony, who is representing a client, employer or group, must be registered as a lobbyist through the Secretary of State's Office (505) 827-3600 or do so within 10 days of the Public Hearing.

Persons requiring special accommodations at the hearing are asked to call the Board office (841-8340) no later than October 5, 2001 so that arrangements can be made. Hearing impaired persons call TDD 1-800-659-8331.

Drafts of proposed changes may be requested through the Board of Nursing office.

NEW MEXICO COMMISSION OF PUBLIC RECORDS

GROUP 5 TRANSLATION TABLE

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17.1.120 NMAC	NMPSC RULE 120	RULEMAKING PROCEDURES
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17.1.210 NMAC	NMPSC RULE 210	SCHEDULE OF RATES RULES AND FORMS
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17.3.351 NMAC - 17.3.359 NMAC		[RESERVED]
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17.3.361 NMAC - 17.3.509 NMAC		[RESERVED]
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19.14.35 NMAC	RULE G-116	DISPOSAL OF PRODUCED WATERS
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19.14.38 NMAC	RULE G-119	UTILIZATION OF GEOHERMAL RESOURCES
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19.14.51 NMAC	RULE G-200	GENERAL
19.14.52 NMAC	RULE G-201	APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK-GEOHERMAL RESOURCES WELL (FORM G-101)
19.14.53 NMAC	RULE G-202	GEOHERMAL RESOURCES WELL LOCATION AND ACREAGE DEDICATION PLAT (FORM G-102)
19.14.54 NMAC	RULE G-203	SUNDRY NOTICES AND REPORTS ON GEOHERMAL RESOURCES WELL
19.14.55 NMAC	RULE G-204	CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO PRODUCE GEOHERMAL RESOURCES (FORM G-104)
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19.15.18 NMAC - 19.15.39 NMAC		[RESERVED]
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19.25.2 NMAC	19 NMAC 25.2	HEARING PROCEDURES
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19.27.4 NMAC	SE 66-1, Article 4	WELL DRILLERS' LICENSING; CONSTRUCTION, REPAIR AND PLUGGING OF WELLS PROVIDING FOR REPLACEMENT WELLS; PROVIDING FOR SUPPLEMENTAL
19.27.5 NMAC - 19.27.22 NMAC		[RESERVED]
19.27.23 NMAC	Order No. 022 Order No. 023 Order No. 057	ANIMAS UNDERGROUND WATER BASIN
19.27.24 NMAC	Order No. 060 Order No. 122 Order No. 122-A	BLUEWATER BASIN
19.27.25 NMAC	Order No. 117 Order No. 117-A	CANADIAN RIVER BASIN
19.27.26 NMAC	Order No. 099	CAPITAN UNDERGROUND WATER BASIN
19.27.27 NMAC	Order No. 020 Order No. 035 Order No. 049-A Order No. 071 Order No. 094 Order No. 095 Order No. 121 Order No. 121-A Order No. 146-A	CARLSBAD UNDERGROUND WATER BASIN
19.27.28 NMAC	Order No. 007 Order No. 015 Order No. 016 Order No. 017 Order No. 026	ROSWELL-ARTESIAN BASIN IN CHAVES AND EDDY COUNTIES
19.27.29 NMAC	Order No. 142 Order No. 142-A	CURRY COUNTY UNDERGROUND WATER BASIN
19.27.30 NMAC	Order No. 025 Order No. 025-A Order No. 120 Order No. 120-A Order No. 150-A	ESTANCIA BASIN
19.27.31 NMAC	Order No. 093 Order No. 111 Order No. 111-A Order No. 148-A	FORT SUMNER BASIN
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19.27.33 NMAC	Order No. 125 Order No. 125-A Order No. 151-A	GALLUP UNDERGROUND WATER BASIN
19.27.34 NMAC	Order No. 081 Order No. 091	GILA-SAN FRANCISCO BASIN
19.27.35 NMAC		[RESERVED]
19.27.36 NMAC	Order No. 043 Order No. 056 Order No. 108 Order No. 137 Order No. 137-A Order No. 144-A	HONDO BASIN
19.27.37 NMAC	Order No. 005 Order No. 006 Order No. 018 Order No. 029 Order No. 104 Order No. 133 Order No. 133-A	HOT SPRINGS ARTESIAN BASIN

19.27.38 NMAC	Order No. 127	HUECO UNDERGROUND WATER BASIN
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19.27.39 NMAC	Order No. 088	JAL UNDERGROUND WATER BASIN
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	Order No. 036	
	Order No. 038	
19.27.41 NMAC	Order No. 084	LORDSBURG VALLEY BASIN
19.27.42 NMAC	Order No. 014	LUNA AND GRANT COUNTIES [RESERVED]
19.27.43 NMAC	Order No. 001	MIMBRES BASIN
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19.27.45 NMAC	Order No. 115	UPPER PECOS BASIN
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19.27.46 NMAC	Order No. 044	PENASCO BASIN
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19.27.47 NMAC	Order No. 028	PORTALES BASIN
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19.27.50 NMAC	Order No. 002	ROSWELL UNDERGROUND WATER BASIN
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19.27.53 NMAC	Order No. 082	SAN SIMON BASIN
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19.27.54 NMAC	Order No. 102	SANDIA UNDERGROUND WATER BASIN
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19.27.56 NMAC	19 NMAC 27.2.30.2	TUCUMCARI BASIN
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19.27.57 NMAC	Order No. 131	TULAROSA UNDERGROUND WATER BASIN
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19.27.58 NMAC	Order No. 051	THE UNDERGROUND WATER BASIN IN ROOSEVELT COUNTY, NEW MEXICO
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19.30.5 NMAC	19 NMAC 30.5	PRIVATE LAND ELK LICENSE ALLOCATION
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19.33.3 NMAC	19 NMAC 33.3	PROCEDURES FOR ACTIONS ON THE BIENNIAL REVIEW: CONTINUING LISTING, UPGRADING, DOWNGRADING SPECIES
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**NEW MEXICO
REGULATION AND
LICENSING DEPARTMENT**

**CONSTRUCTION INDUSTRIES
DIVISION**

**HOISTING OPERATOR'S
LICENSURE EXAMINING COUNCIL
MEETING**

Notice is hereby given that the Hoisting Operator Licensure Examining Council will hold its regular meeting on Friday, October 19, 2001. The meeting will begin at 2:30 p.m. in the Construction Industries Division Conference Room, 1650 University NE in Albuquerque, New Mexico. Council Members will consider agenda items and discuss other business that may require action. A copy of the Agenda will be available at the office of the Program Administrator prior to said meeting.

Anyone needing special accommodations is requested to notify the Program Administrator at 505-841-8020 - 1650 University NE-Suite 201, Albuquerque, New Mexico of such needs at least ten days prior to the meeting.

End of Notices and
Proposed Rules Section

Adopted Rules and Regulations

NEW MEXICO DEPARTMENT OF GAME AND FISH

This is an amendment to Title 19, Chapter 31, Part 6 Sections 4, 8, 9, 11, 12, 13, 14, 17

19.31.6.4 DURATION: [~~April 1, 2000 March 31, 2001~~]. April 1, 2001 March 31, 2002.

[8-2-84...9-15-95, A, 9-15-97, A, 8-31-98; A, 8-31-99; 19.31.6.4 NMAC - Rn & A, 19 NMAC 31.6.4, 8-31-2000; A, 9-13-01]

19.31.6.8 SPECIES, OPEN AREAS, SEASON DATES, AND DAILY BAG LIMITS:

A. [~~2000-2001~~] 2001-2002 season; all dates are [~~2000~~] 2001 unless otherwise specified:

CENTRAL FLYWAY

SPECIES	SEASON DATES		DAILY BAG LIMIT
	OPEN	CLOSED	
Ducks: North Zone:	[Oct. 07 - Oct. 29] <u>Oct. 6 - Oct. 28</u>	and [Nov. 10 - Jan. 21, 2001] <u>Nov. 9 - Jan. 20, 2002</u>	6— which consists of no more than 5 Mallard (of which only 2 may be female Mallard); 2 Scaup; 2 Redhead; 2 Wood Duck; 1 Northern Pintail; [1 Canvasback] 1 Hooded Merganser
South Zone:	[Oct. 18 - Jan. 21, 2001] <u>Oct. 17 - Jan. 20, 2002</u>		
<u>Canvasback (both Zones)</u>	<u>Nov. 9 - Dec. 3</u>		<u>1 Canvasback may be in the daily bag</u>
American Coot:	Same as above <u>Zone dates</u>		15

Common Moorhen:	[Oct. 07 - Dec. 15] <u>Oct. 6 - Dec. 14</u>		1
Common Snipe	[Oct. 07 - Jan. 21, 2001] <u>Oct. 6 - Jan. 20, 2002</u>		8
Virginia Rail & Sora	[Oct. 07 - Dec. 15] <u>Oct. 6 - Dec. 14</u>		10 daily (singly or in the aggregate)
Dark Goose: (Regular season closed in Bernalillo, Sandoval, Sierra, Socorro, and Valencia counties)	Oct. 17 - Jan. 31, [2001] <u>2002</u>		4
Special MRGV season *Special permit required; See information in Section 14	[Dec. 30 - Jan. 14, 2001] <u>Dec. 29 - Jan. 13, 2002</u>		1 (season limit of 1)
Light Goose:	Oct. 17 - Jan. 31, [2001] <u>2002</u>		20/80 possession

PACIFIC FLYWAY

SPECIES	SEASON DATES		DAILY BAG LIMIT
	OPEN	CLOSED	
Ducks:	[Oct. 07 - Jan. 21, 2001] <u>Oct. 6 - Jan. 20, 2002</u>		7— which consists of no more than 2 female Mallard; 2 Redhead; 2 Scaup; 1 Northern Pintail; [1 Canvasback]
<u>Canvasback</u>	<u>Oct. 6 - Nov. 12</u>		<u>1 Canvasback may be in the daily bag</u>
American Coot and Common Moorhen:	[Oct. 07 - Jan. 21, 2001] <u>Oct. 6 - Jan. 20, 2002</u>		12 daily (singly or in the aggregate)

Common Snipe:	[Oct. 07 — Jan. 21, 2001] <u>Oct. 6 — Jan. 20, 2002</u>	8
Virginia Rail & Sora:	[Oct. 07 — Dec. 15] <u>Oct 6 — Dec. 14</u>	10 daily (singly or in the aggregate)
Goose: North Zone:	[Sept. 30-Oct. 29] <u>Sept. 29-Oct. 28</u> and [Nov. 13 — Jan. 21, 2001] <u>Nov. 12 — Jan. 20, 2002</u>	3 Dark geese, 1 Light goose
South Zone:	[Oct. 14 — Jan. 21, 2001] <u>Oct. 13 — Jan. 20, 2002</u>	2 Dark geese, 1 Light goose

B. Light Goose Conservation Measures: Under the Director's discretion the Department may implement the light goose conservation measures approved by the U.S. Fish and Wildlife Service (USFWS). Methods, bag and possession limits, and dates allowed shall be those as approved by the USFWS.

**CENTRAL FLYWAY
SEASON DATES**

SPECIES	OPEN	CLOSE	DAILY BAG LIMIT
Light Geese	[Feb. 01, 2001 — Mar. 10, 2001] <u>Feb. 01, 2002 - Mar. 10, 2002</u>		No bag or possession limit

[8-2-84...9-15-95, R, 9-15-97; A, 9-15-97; A, 8-31-98; Re-pr, 8-31-99; A, 8-31-99; A, 1-31-2000; 19.31.6.8 NMAC - Rn & A, 19 NMAC 31.6.8, 8-31-2000; A, 9-13-01]

19.31.6.9 FALCONRY SEASONS:

A. Species that can be taken, open areas, and hunting seasons:

(1) ~~[2000-2001]~~ 2001-2002 season, all dates are ~~[2000]~~ 2001 unless otherwise specified:

(a) Duck and American Coot: *Central flyway* seasons for duck and American coot shall be as follows: ~~[North Zone — September 16 through September 24, September 30-October 01 (youth waterfowl days), October 07 through October 29, and November 10 through January 21, 2001; South Zone — September 16 through September 24, October 14-15 (youth waterfowl days), and October 18 through January 21, 2001. Pacific flyway seasons shall be as follows: October 07 through January 21, 2001.]~~ North Zone - September 15 through September 23, September 29-30 (youth waterfowl days), October 6 through October 28, and November 9 through January 20, 2002; South Zone - September 15 through September 23, October 13-14 (youth waterfowl days), and October 17 through January 20, 2002. Pacific flyway seasons shall be as follows: October 06 through January 20, 2002.

(b) Light Goose: *Central flyway* seasons shall be open ~~[October 17 through January 31, 2001. Pacific flyway season shall be North Zone — September 30 through October 29, and November 06 through January 21, 2001; South Zone — October 07 through January 21, 2001.]~~ October 17 through January 31, 2002. Pacific flyway season shall be North Zone - September 29 through October 28, and November 5 through January 20, 2002; South Zone - October 6 through January 20, 2002.

(c) Dark Goose: *Central flyway* seasons shall be open ~~[October 17 through January 31, 2001. Pacific flyway season shall be North Zone — September 30 through October 29 and November 06 through January 21, 2001; South Zone — October 07 through January 21, 2001.]~~ October 17 through January 31, 2002. Pacific flyway season shall be North Zone - September 29 through October 28 and November 5 through January 20, 2002; South Zone - October 6 through January 20, 2002.

(d) Common Snipe, Common Moorhens, Sora and Virginia Rails: *Central and Pacific Flyways* seasons shall be: ~~[October 07-January 21, 2001]~~ October 6-January 20, 2002.

- (2) RESERVED
- (3) RESERVED
- (4) RESERVED

B. During these seasons, falconry hunting for waterfowl shall be permitted on that portion of Jackson Lake Wildlife Management Area east of N.M. 170.

C. Daily bag limits: shall be three birds (in the aggregate) and possession limits shall be six birds (in the aggregate) as established herein.

D. Provisions for possession: the falconry hunter shall not retain nor possess any protected species of bird taken by a raptor except those species of protected birds taken during open falconry season.

[8-2-84...9-15-95; A, 9-15-97; R, 9-15-97; A, 8-31-98; A, 8-31-99; A, 10-15-99; 19.31.6.9 NMAC - Rn & A, 19 NMAC 31.6.9, 8-31-2000; A, 9-13-01]

19.31.6.11 STATE WATERFOWL AREAS OPEN TO HUNTING, SPECIES THAT CAN BE HUNTED, AND DAYS HUNTING OPEN:

A. State Waterfowl areas open, species that can be hunted, and days hunting open:

DAYS OF WEEK OPEN FOR HUNTING

AREA	SPECIES	SUN	MON	TUE	WED	THU	FRI	SAT
Bernardo WMA (See note below) (600 feet S of US-60 and designated area N. of US-60; W of unit 7 drain)	Group 1*	X		X		X		
(600 feet S of US-60 and designated area N. of US-60; E of unit 7 drain)	Group 1		X		X			X
La Joya WMA (south portion of refuge)	Group 1	X		X		X		
La Joya WMA (north portion of refuge)	Group 1		X		X			X
Jackson Lake WMA (W of NM-170)	Group 2**		X		X			X
William S. Huey WMA	Group 2		X		X			X
Seven Rivers WMA (portion of Brantley WMA— see specific closure in 19.31.6.15.A.3)	Group 2		X		X			X
Tucumcari WMA	Group 2	X		[X]	X	[X]		X
Salt Lake and Charette Lake WMAS	Group 2		X		X			X
McAllister Lake WMA	Group 3****		X		X			X

*Group 1 Ducks, light geese, dark geese if in possession of a MRGV dark goose permit, Virginia Rail, Sora, Common Moorhen, American Coot, and Common Snipe.

**Group 2 Ducks, geese, Virginia Rail, Sora, Common Moorhen, American Coot, and Common Snipe.

***Group 3 Ducks, light geese, Virginia Rail, Sora, Common Moorhen, American Coot, and Common Snipe.

Note: Bernardo, and Casa Colorada WMAs will be open for light goose hunting by permit only, on the following dates: December 2, 4, 6, 8, 29, 31 and January 2, 4, 25, 27, and 29. On these dates all of Bernardo will be closed to duck hunting. For the remaining dates of the waterfowl seasons, hunting at Bernardo WMA, north and south of U.S. Highway 60 only, shall follow the schedule described in the table above.

B. The Wildlife Management Areas open during the youth waterfowl days shall be Bernardo WMA (all portions south of U.S. Highway 60), all portions of La Joya WMA, Seven Rivers WMA, William S. Huey WMA, Salt Lake WMA, Charette Lake WMA, McAllister Lake WMA and Tucumcari WMA.

[8-2-84...9-15-95, A, 8-31-98; A, 8-31-99; 19.31.6.11 NMAC – Rn, 19 NMAC 31.6.11, 8-31-2000; A, 9-13-01]

19.31.6.12 REQUIREMENTS AND PERMITS FOR BERNARDO AND CASA COLORADA LIGHT GOOSE HUNT:

A. The Bernardo and Casa Colorada WMAs will be open for light goose hunting by permit only on December 2, 4, 6, 8, 29, 31, and January 2, 4, 25, 27, 29.

B. Up to 40 permits, at Bernardo WMA, and up to 40 permits, at Casa Colorada, per hunting day, will be available (except Bernardo WMA on December 29; see Section 19.31.6.13 below).

C. Applications for Bernardo/Casa Colorada light goose hunts shall be submitted on the appropriate application form. A six-dollar (\$6.00) application fee shall be required of each applicant. Up to four persons may apply per application. Applicants may designate up to three hunt choices. Only one choice may be awarded. The deadline date for application shall be on the second Saturday in October. All applications must be mailed to the Santa Fe office. Applications that have been mailed and postmarked by the deadline, but not delivered, will be accepted by the Santa Fe office up to five working days after that deadline.

Hunt packages for the Bernardo and Casa Colorada light goose hunts.

(B: refers to hunts on Bernardo WMA, C: refers to Casa Colorada WMA)

[W] LTG-O-101	B-12/2	C-12/8	C-12/31	B-1/29
[W] LTG-O-102	C-12/2	B-12/31	B-1/4	C-1/29
[W] LTG-O-103	C-12/4	B-12/8	C-12/29	B-1/27
[W] LTG-O-104	B-12/6	C-1/2	B-1/25	C-1/27
[W] LTG-O-105	B-12/4	C-12/6	B-1/2	C-1/25

D. Hunters will be required to successfully pass a waterfowl identification examination prior to hunting. Hunters may take this examination only once per year. Hunters must have in their possession proof of successfully passing this examination while

hunting.

E. While hunting light geese, hunters participating in this season must have in their possession a valid hunting license and a special permit issued by the Department.

F. While hunting, hunters shall have in their possession only nontoxic shot. Only 25 rounds per hunter will be allowed at the blinds.

G. Designated areas open for light goose hunting on Bernardo and Casa Colorada WMAs by permit only are Bernardo WMA—all areas north of U.S. 60 Casa Colorada WMA—all open.n.

[8-2-84...9-15-95; A, 8-31-98; 19.31.6.12 NMAC - Rn, 19 NMAC 31.6.12, 8-31-2000; A, 9-13-01]

19.31.6.13 REQUIREMENTS AND PERMITS FOR BERNARDO YOUTH-ONLY LIGHT GOOSE HUNT:

A. Up to 20 permits will be available for the youth-only light goose hunt at Bernardo WMA. A six-dollar fee shall be required by each applicant for each permit purchased.

B. ~~[Hunters participating in this hunt may not have reached the age of 18 years before January 1.] Refer to the Hunting and Fishing License Application Rule (19.31.3 NMAC, Section 11—Restrictions) for criteria qualifying an applicant for this youth hunt license.~~

C. Applications for the December 29 (~~[X]~~ YLG-O-101) Bernardo youth-only light goose hunt shall be submitted on the appropriate application form. A six-dollar (\$6.00) application fee shall be required of each applicant. Up to three youth hunters may apply per application. The deadline date for application shall be on the second Saturday in October. All applications must be mailed to the Santa Fe office. Applications that have been mailed and postmarked by the deadline, but not delivered, will be accepted by the Santa Fe office up to 5 working days after that deadline.

D. Hunters will be required to successfully pass a waterfowl identification examination prior to hunting. Hunters may take this examination only once per year. Hunters must have in their possession proof of successfully passing this examination while hunting.

E. While hunting light geese, hunters participating in this season must have in their possession a valid hunting license and a special permit issued by the Department.

F. While hunting, hunters shall have in their possession only nontoxic shot. Only 25 rounds per hunter will be allowed at the blinds.

G. Designated areas open for light goose hunting on Bernardo WMA by permit only are—all areas north of U. S. 60..

[8-2-84...9-15-95; A, 8-31-98; 19.31.6.13 NMAC - Rn, 19 NMAC 31.6.13, 8-31-2000; A, 9-13-01]

19.31.6.14 REQUIREMENTS AND PERMITS FOR THE SPECIAL MIDDLE RIO GRANDE VALLEY DARK GOOSE SEASON:

A. Up to 225 permits will be available to hunt dark geese in a selected portion of the Middle Rio Grande Valley with a daily bag limit of one dark goose and a season limit of one dark goose.

B. While hunting, hunters participating in this hunt must have in their possession a special permit issued by the Department.

C. Applications for the ~~[Z]~~ DKG-O-101 MRGV dark goose permits shall be submitted on the appropriate application form. A six-dollar (\$6.00) application fee shall be required of each applicant. The deadline date for application shall be on the second Saturday in October. All applications must be mailed to the Santa Fe office. Applications that have been mailed and postmarked by the deadline, but not delivered, will be accepted by the Santa Fe office up to five working days after that deadline.

D. No more than four persons may apply per application.

E. Applications for permits may be returned to the sender if such applications are not on the proper form or do not supply adequate information.

F. It shall be unlawful to submit more than one application for a permit for this hunt. If any permits remain after the original deadline, the Director may authorize a new deadline. A person who is not awarded a permit for which he applied may submit a new application for a permit if such permits remain available.

G. If applications for permits exceed the number of available permits, as herein established, the available permits shall be allotted by means of a random public drawing in the Santa Fe office of the Department of Game and Fish.

H. The area open for the special dark goose season shall be Sierra, Socorro and Valencia counties.

[9-15-95...8-31-96; A, 9-15-97; A, 8-31-98; 19.31.6.14 NMAC - Rn, 19 NMAC 31.6.14, 8-31-2000; A, 9-13-01]

19.31.6.17 YOUTH WATERFOWL HUNTING DAYS:

A. Requirements for youth hunters to participate in this hunt are as fol-

lows:

(1) Youth hunters must be under 16 years old.

(2) Youth hunters must be fully licensed as required to hunt waterfowl (hunters under 16 are not required to have the federal duck stamp).

(3) An adult, at least 18 years old, must accompany the youth hunter in the field (the adult may not hunt ducks; but may participate in other seasons that are open on the special youth day).

(4) Only ducks and coots may be taken by the youth hunter (Sandhill cranes, geese or any other waterfowl species may not be taken).

B. Season dates for youth waterfowl days:

Central Flyway: North
Zone: ~~[September 30 October 01]~~
September 29-30

South
Zone: ~~[October 14 15]~~ October 13-14

C. The bag limit for youth waterfowl days shall be the same as the regular season in the respective flyways.

[9-15-97; A, 8-31-98; A, 8-31-99; 19.31.6.17 NMAC - Rn & A, 19 NMAC 31.6.17, 8-31-2000; A, 9-13-01]

NEW MEXICO DEPARTMENT OF GAME AND FISH

This is an amendment to 19.31.8 NMAC. Sections 11 and 12 have been amended.

19.31.8.11 BEAR (2001-2002):

A. The bear seasons shall be as stated below:

(1) ~~[October 1] September 1st, through December 15 in GMU's 4, 5, 6, 7, 8 (Sandia Ranger District of the Cibola National Forest shall be open for hunting with bow only), 9 (including Marquez and Water Canyon WMA's), 10, 13, 14, 15, 16, 17, 21, 22, 23, 24, 26, 27, 34, 36, 37, 38, 41, 43, 44, 45, 46, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58.~~

(2) ~~[September 1 through 20 in GMU's 54 and 55, for bow only, no dogs shall be allowed except at the discretion of the Director in addressing management and/or safety concerns which include, but not limited to, significant changes in population or harvest parameters, increased human bear conflicts, etc.] The legal weapon for bear will be bow only in any unit in which there is a concurrent elk bow season. Any legal weapon as prescribed for bear in 31.10.16.D is allowed for all other season dates unless otherwise prohibited by~~

law..

~~[(3) September 21 through 30 in GMU's 54 and 55, for any primitive weapon (bow or muzzleloader), no dogs shall be allowed except at the discretion of the Director in addressing management and/or safety concerns which include, but not limited to, significant changes in population or harvest parameters, increased human bear conflicts, etc.]~~

B. Bag limit shall be one bear, except any female accompanied by a cub or cubs, and except any cubs less than a year old.

C. Bear hunters shall purchase their bear license at least two days prior to hunting bear.

D. All bear taken shall be tagged with both the tag from the hunting license and the pelt tag furnished free of charge from the Department. A hunter who takes a bear must present the skull for tooth removal and pelt for tagging to a Department representative within five days of taking the animal or before taking the pelt out of New Mexico, whichever comes first. The pelt tag shall remain attached to the pelt until the pelt is processed.

[4-1-95, A, 8-15-95, A, 3-14-98, A, 3-15-99; 19.31.8.11 NMAC – Rn & A, 19 NMAC 31.8.11, 3-14-2001; A, 09-01-01]

19.31.8.12 COUGAR (2001-2002):

A. Cougar hunts within each Cougar Zone shall be October 1 through March 31, or until the cougar harvest objective has been met within the specific Cougar Zone, whichever occurs first. Exception: Cougar hunt dates in the bighorn ranges of Zones VI, VII, and X (ie, Ladron, Manzano, Peloncillo and Hatchet Mountains) shall be April 1 through March 31 ~~for until the special range quotas have been met.~~ and Cougars taken in those bighorn ranges shall not count against the quota for that zone. The Sandia Ranger District of the Cibola National Forest portion of Zone VI shall be open for hunting with bow only. The Big Hatchet, Marquez, and Water Canyon WMA's are open.

B. The harvest objective for each Zone is indicated below:

- | | | | |
|-------------|-----------|---|-------------|
| (1) | Zone I | San Juan Mountains, GMU's 2 and 7, | 11 cougars. |
| (2) | Zone II | Jemez Mountain and North, GMU's 4, 5, 6, 50, 51, 52, | 34 cougars. |
| (3) | Zone III | Sangre de Cristo Mountains, GMU's 43 - 46, 48, 49, 53 - 55, | 18 cougars. |
| (4) | Zone IV | High Northeast Plains, GMU's 41, 42, 47, 56, 57, 58, | 12 cougars. |
| (5) | Zone V | West Central Mountains, GMU's 9, 10, | 3 cougars. |
| (6) | Zone VI | Sandia and Manzano Mountains, GMU's 8, 14, | 6 cougars. |
| (7) | Zone VII | Gila Mountains and North, GMU's 12, 13, 15, 16, 22, | 18 cougars. |
| (8) | Zone VIII | Military Reservations in GMU's 19 and 28, | 3 cougars. |
| (9) | Zone IX | Southeast, GMU's 18, 29 - 34, 36 - 40, | 18 cougars. |
| (10) | Zone X | Southwest Deserts, GMU's 17, 20, 21, 23, 24, 25, 26, 27, | 53 cougars. |

C. The bag limit shall be any ~~one~~ two cougar, except any female accompanied by a spotted kitten(s), and except any spotted kitten; provided no more than one cougar is taken outside the bighorn ranges (Ladron, Manzano, Peloncillo, and Hatchet Mountains).

D. Hunters shall purchase a cougar license at least two days prior to hunting cougar.

E. All cougar taken shall be tagged with both the tag from the hunting license and the pelt tag furnished free of charge from the Department. A hunter who takes a cougar must present the skull for tooth removal and the pelt for tagging to a Department representative within five days of taking the animal or before taking the pelt out of New Mexico, whichever comes first. The pelt tag shall remain attached to the pelt until the pelt is processed. Immediately following the pelt tagging, the Department employee shall call the Division of Wildlife with the information regarding the take of cougar.

F. When the number of cougars equaling the cougar harvest objective for a given cougar zone has been met, that zone will close at sunset on the Thursday immediately following. The time of sunset will be as printed in the Department's Big Game Proclamation. Hunters shall call the toll-free telephone number, provided by the Department, before hunting to determine which Cougar Zones are open.

G. The Director, at his discretion, may adjust or cancel portions of any cougar hunts to address significant changes in population or harvest objectives.

[4-1-95, A, 8-15-95, A, 3-14-98; R&A, 3-15-99; 19.31.8.12 NMAC – Rn & A, 19 NMAC 31.8.12, 3-14-2001; A, 09-01-01]

**NEW MEXICO
DEPARTMENT OF HEALTH**

PUBLIC HEALTH DIVISION

This Part 7 NMAC 27.2, Certification And Licensing of Emergency Medical Services Personnel, filed November 26, 1996 is hereby repealed and replaced by 7 27.2 NMAC, effective September 13, 2001.

This Part 7 NMAC 27.5, Certification of Air Ambulance Services filed November 26, 1996 is hereby repealed and replaced by 7.27.5 NMAC, effective September 13,

2001.

This Part 7.27.4 NMAC, Emergency Medical Services Fund Act, filed June 16, 2000 is hereby repealed and replaced by 7.27.4 NMAC, effective September 13, 2001.

This Part 7.32.7 NMAC, Authorization to Administer Opioid Antagonists filed June 1, 2001 is hereby repealed and replaced by 7.32.7 NMAC, effective September 13, 2001.

**NEW MEXICO
DEPARTMENT OF HEALTH**

PUBLIC HEALTH DIVISION

**TITLE 7 HEALTH
CHAPTER 27 EMERGENCY MEDICAL SERVICES
PART 2 CERTIFICATION AND LICENSING OF EMERGENCY MEDICAL SERVICES PERSONNEL**

7.27.2.1 ISSUING AGENCY:
New Mexico Department of Health, Public Health Division, Injury Prevention and

Emergency Medical Services Bureau.

[7.2.27.1 NMAC – Rp 7 NMAC 27.2.1, 9/13/01]

7.27.2.2 SCOPE: This Regulation applies to New Mexico Emergency Medical Services, including the Service Directors and Medical Directors of those services; New Mexico approved EMS Training Programs and graduates of New Mexico approved EMS Training Programs; New Mexico Certificated and Licensed EMS Personnel including those previously certified/licensed; persons trained, certified or licensed in another State or Territory seeking to acquire certification or licensure in New Mexico; EMS Licensing Commission; National Registry of Emergency Medical Technicians; and, any other entity associated with the certification or licensing of emergency medical services personnel in New Mexico.

[7.27.2.2 NMAC – Rp 7 NMAC 27.2.2, 9/13/01]

7.27.2.3 STATUTORY AUTHORITY: These Regulations are promulgated pursuant to the following statutory authorities: 1) the New Mexico Department of Health Act, Section 9-7-6.E. NMSA 1978, which authorizes the Secretary of the Department of Health to "... make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions," and; 2) the Emergency Medical Services Act, Section 24-10B-5.A. NMSA 1978, which authorizes the Department to adopt and enforce licensure and certification requirements by regulation, and Section 24-10B-5.B.(3) NMSA 1978 which authorizes the Department to establish a schedule of reasonable fees for application, examination, licensure or certification and regular renewal thereof.

A. Administration: Administration and enforcement of these Regulations is the responsibility of the Injury Prevention and Emergency Medical Services Bureau of the Public Health Division, Department of Health.

B. Guidelines: In the absence of specific direction in the law or these Regulations as to the standard of practice, the current national standard for Emergency Cardiac Care (ECC) and Advanced Cardiac Life Support (ACLS), the U. S. Department of Transportation National Standard Curriculum, and the EMT Code of Ethics, as adopted in 1978 by the National Association of Emergency Medical Technicians, shall serve as guidelines.

C. Other Law and Regulations: These Regulations are subject

to the provisions of the Department of Health's Regulation 7.1.4 NMAC, "Rule Promulgation" and regulation 7.1.3 NMAC, "Health Records Policy."

D. Use of Certain Terms Prohibited: The use of "Certified Emergency Medical Dispatchers," "Certified Emergency Medical Dispatch Instructors," "Certified Emergency Medical Services First Responder," "Emergency Medical Technician (EMT)-Basic," "EMT-Intermediate", or "EMT-Paramedic", display of the "Star of Life" as defined in the United States Department of Transportation (US-DOT) specifications, or similar terms or emblems connotating expertise in basic or advanced life support by any person not certified or licensed hereunder is hereby prohibited.

[7.27.2.3 NMAC – Rp 7 NMAC 27.2.3, 9/13/01]

7.27.2.4 DURATION: Permanent.

[7.27.2.4 NMAC – Rp 7 NMAC 27.2.4, 9/13/01]

7.27.2.5 Effective Date: September 13, 2001, unless a later date is cited at the end of a section or paragraph.

[7.27.2.5 NMAC – Rp 7 NMAC 27.2.5, 9/13/01]

7.27.2.6 OBJECTIVE: This Regulation will inform the emergency medical services community of certification and licensure requirements for emergency medical services personnel. It is the purpose of these Regulations to provide for the certification of Certified Emergency Medical Dispatchers, Certified Emergency Medical Dispatch-Instructors, Certified Emergency Medical Services First Responders and the licensure of Emergency Medical Technicians, and to assist in the provision of a comprehensive system of emergency medical services in the State of New Mexico.

[7.27.2.6 NMAC – Rp 7 NMAC 27.2.6, 9/13/01]

7.27.2.7 DEFINITIONS: as used in these Regulations:

A. "academy" means a separately funded emergency medical services training program administered through the Department of Emergency Medicine of the University of New Mexico School of Medicine.

B. "act" means the Emergency Medical Services Act, [Sections 24-10B-1, et seq., NMSA 1978].

C. "advance directive" means a written instruction, such as a living

will or durable power of attorney for health care, recognizable under state law and relating to the provision of health care when a person is incapacitated.

D. "advanced life support (ALS)" means advanced pre-hospital and inter-facility care and treatment, including basic and intermediate life support, as prescribed by regulation, which may be performed only by a person licensed as a Paramedic by the Bureau and operating under medical direction.

E. "ambulance service" means any provider of ambulance service subject to the jurisdiction of the New Mexico Public Regulation Commission, pursuant to the Ambulance Standards Act [Section 65-6-1, et seq., NMSA 1978], Article XI of the N.M. Constitution, the Municipal Transit Law [Sections 3-52-1, et seq., NMSA 1978], and other laws.

F. "applicant" means a person who has indicated an intention to gain certification as an EMS First Responder, Emergency Medical Dispatcher, Emergency Medical Dispatcher Instructor, or licensure as an EMT in the State of New Mexico, as evidenced by submission of the proper fees, documentation, and Bureau approved application form.

G. "approved emergency medical services training program" means a New Mexico emergency medical services training program that is sponsored by a post-secondary educational institution, is accredited by the Committee on Accreditation For Educational Programs for the EMS Professions or active in the accreditation process, as verified by the Chair of the Joint Organization of Education on educational programs.

H. "basic life support" or "BLS" means pre-hospital and inter-facility care and treatment, as prescribed by regulation, which can be performed by all licensed Emergency Medical Technicians.

I. "basic life support CPR" means training required for certification or licensure that meets the intent of the current Emergency Cardiac Care (ECC) Guidelines as approved by the Bureau, to include training in; one-person CPR for adult and infant/child and two-person CPR for adult.

J. "bureau" means the Injury Prevention and Emergency Medical Services Bureau of the Public Health Division of the New Mexico Department of Health.

K. "bureau approved" means any course, form, or official document that has received the approval of the Bureau for use in a training or licensure context.

L. "cardio-pulmonary"

resuscitation (CPR)” means training required for certification or licensure that meets the intent of the current national Emergency Cardiac Care (ECC) Guidelines as approved by the Bureau.

M. “certificate” means a document issued by the Department as evidence that a person has completed an initial or renewal course of training as a First Responder, Emergency Medical Dispatcher, Emergency Medical Dispatcher Instructor, Emergency Medical Technician – Basic (EMT-B), Emergency Medical Technician – Intermediate (EMT-I), and Emergency Medical Technician – Paramedic (EMT-P).

N. “contact hour” means a unit of measurement of between fifty (50) and sixty (60) minutes of Bureau-approved organized learning experience which is designed to meet educational objectives for continuing education.

O. “Commission” means the New Mexico Emergency Medical Services Licensing Commission appointed by the Secretary.

P. “Committee” means the Statewide Emergency Medical Services Advisory Committee appointed by the Secretary.

Q. “continuing education” or “CE” means EMS training that is pre-approved by the Bureau and is required biennially for renewal of certification or licensure.

R. “critical care” means specialty inter-facility care and treatment that exceeds the advanced life support level of care and is a special skill authorized by the New Mexico EMS Medical Direction Committee, as stipulated by the EMS Act and DOH Regulations.

S. “critical care provider” means a New Mexico licensed EMT-Paramedic who has successfully completed a Bureau approved critical care training course and has been authorized to perform those special skills by the New Mexico EMS Medical Direction Committee.

T. “critical care training” means a minimum of successful completion of a Bureau approved Critical Care Training Course, or equivalent, as approved by the Bureau, in addition to training that may be required by the New Mexico EMS Medical Direction Committee

U. “curriculum” means program of study, the minimum content of which has been developed by the Joint Organization on Education, for both initial courses and refresher training courses required for Emergency Medical Services personnel.

V. “Department” means the New Mexico Department of Health.

W. “emergency medical dispatcher” or “EMD” means a person who is trained and certified pursuant to Subsection G of Section 24-10B-4 NMSA 1978 to receive calls for emergency medical assistance, provide pre-arrival medical instructions, dispatch emergency medical assistance and coordinate its response.

X. “emergency medical dispatch agency” or “EMDA” means any organization, or a combination of organizations working cooperatively, that routinely accepts calls for emergency medical assistance and employs Emergency Medical Dispatch Priority Reference System (EMD-PRS) techniques.

Y. “emergency medical dispatch priority reference system” or “EMDPRS” means a medically approved reference system used by an Emergency Medical Dispatch Agency (EMDA) to dispatch aid to medical emergencies, which includes: systematized caller interrogation; systematized pre-arrival instructions to the caller based upon protocols matching the dispatcher’s evaluation of injury or illness severity; and prioritized vehicle response.

Z. “emergency medical services” or “EMS” means the services rendered by Emergency Medical Technicians, Certified Emergency Medical Services First Responders or Emergency Medical Dispatchers in response to a person’s need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury.

AA. “emergency medical services first responder” or “EMSFR” means a person who is certified by the Department, and who functions within the emergency medical services system to provide initial emergency aid, including some, but not all basic life support, and no intermediate or advanced life support, to a person in need of medical assistance.

BB. “emergency medical technician” or “EMT” means a health care provider who has been licensed to practice by the Department.

CC. “EMT skill evaluator” means a health care provider trained and approved by the Bureau to participate in EMT licensing examinations to observe and evaluate the performance of an applicant’s skills for licensure as an EMT.

DD. “equivalency” means a method of considering out-of-state applications that are not eligible under legal recognition. If an applicant’s previous out-of-state training and certification/licensing requirements are similar to those of New Mexico, then the applicant shall be required by the Bureau to complete all or part of the

New Mexico licensing examination prior to being fully licensed.

EE. “examination attempt” means an attempt to successfully complete the New Mexico EMT licensing examination. An attempt constitutes taking a written and/or practical examination. Re-tests of either a written and/or practical examination are considered an examination attempt.

FF. “initial certification of emergency medical services dispatcher” means the first time a person is certified in New Mexico as an EMD, and who has completed a Bureau approved course.

GG. “initial certification of emergency medical services first responder” means the first time a person is certified in New Mexico as an EMS First Responder, and who has completed an EMS First Responder course, including a written exam, from a Bureau approved training institution.

HH. “initial licensure” means the first time a person is licensed in New Mexico as an EMT, or subsequent licensure of a previously licensed New Mexico EMT, who has either established residence in another state or has retaken a full curriculum or accomplished re-entry procedures to regain an expired license.

II. “intermediate life support” or “ILS” means certain advanced pre-hospital and inter-facility care and treatment, including basic life support, as prescribed by regulation, which may be performed only by a person licensed by the Bureau and operating under medical direction.

JJ. “legal recognition” means that an applicant whose previous EMS Scope of Practice, training and certification/ licensure standards meet or exceed those of New Mexico.

KK. “license/certification” means a full, provisional or limited license/certificate issued by the Department to all First Responders, EMD’s and EMT’s, pursuant to the Emergency Medical Services Act, Section 24-10B-5 NMSA 1978.

LL. “limited license” means a temporary license issued by the Department to applicants seeking: full New Mexico licensure from out-of-state, other programs, or the National Registry of Emergency Medical Technicians; and those from out-of-state seeking seasonal EMT-P licensure. The temporary license shall be valid for a period of up to six months from the date issued, or until failure of any part of a certification or licensing examination.

MM. “medical control” means supervision, provided by or under

the direction of physicians to providers by written protocols and/or direct communications.

NN. "medical direction" means guidance or supervision provided by a physician to a provider or emergency medical services system and which includes authority over and responsibility for emergency medical dispatch, direct patient care and transport of patients, arrangements for medical control and all other aspects of patient care delivered by a provider.

OO. "medical direction committee" means a committee of physicians and EMT's, appointed by the Secretary of Health to advise the Bureau on all matters relating to medical control and medical direction.

PP. "medical director" means a physician who is responsible for all aspects of patient care of an EMS system or EMS provider service, including providing for or ensuring the medical control of First Responders, EMDs and EMTs; the development, implementation, and evaluation of medical protocols; and oversight of quality assurance activities.

QQ. "monitoring" means the continued or repeated administration under medical control of certain approved physician-ordered drugs.

RR. "national registry" means the National Registry of Emergency Medical Technicians based in Columbus, Ohio.

SS. "out-of-state transition course" means a tailored training course, which is based on prior training or scope of practice, required and approved by the Bureau for an out-of-state EMT applicant seeking licensure in New Mexico.

TT. "physician" means a doctor of medicine or doctor of osteopathy who is licensed or otherwise authorized to practice medicine or osteopathic medicine in New Mexico.

UU. "protocol" means a predetermined, written medical care plan and includes standing orders.

VV. "provider" means a person delivering emergency medical services in New Mexico.

WW. "provisional license" means a temporary license issued by the Department to graduates of an approved New Mexico training program, which is valid for a period of up to six months from the course completion date, or until failure of any part of a licensing examination.

XX. "re-entry" means a process for a person whose certification or license has been expired for less than three years, and who may re-enter the previously held level of certification or licensure by

accomplishing a given set of requirements.

YY. "regional office" means a regional emergency medical services planning and development agency formally recognized and supported by the Bureau.

ZZ. "registry" means the New Mexico State Registry of Emergency Medical Services Personnel including Certified Emergency Medical Services First Responders, Certified Emergency Medical Dispatchers, Certified Emergency Medical Dispatcher-Instructors and Licensed Emergency Medical Technicians.

AAA. "retest" means a written/practical examination given after failure of the applicant's initial examination.

BBB. "Secretary" means the New Mexico Secretary of Health.

CCC. "special skills" means a set of procedures or therapies that are beyond the usual Scope of Practice of a given level of life support and that have been approved by the Medical Direction Committee for use by a specified system, within a specified EMS service.

DDD. "standing orders" means strictly defined written orders for actions, techniques or drug administration, signed by a physician, to be utilized when communication contact has not been made with an on-line medical control physician.

EEE. "State Emergency Medical Services Medical Director" means a physician employed by the Bureau to provide overall medical direction to the state-wide emergency medical services program, whose duties include serving as a liaison to the medical direction community and chairing the New Mexico Medical Direction Committee.

[7.27.2.7 NMAC – Rp 7 NMAC 27.2.7, 9/13/01]

7.27.2.8 GENERAL CERTIFICATION AND LICENSURE:

A. Authorizations to Practice: No person shall function as, or represent themselves as, Emergency Medical Services personnel or offer, whether or not for compensation, any services included in these Regulations, unless currently certified as a Certified EMS First Responder, Certified EMS Dispatcher, Certified EMS Dispatcher Instructor, or licensed as an EMT under these Regulations. This provision is enforceable by civil action as provided by law.

B. Licensing Agency: As provided by law, the agency responsible for the certification/licensure of EMS First Responders, Emergency Medical Dispatchers (EMD), EMD Instructors (EMD-I), and EMT's in New Mexico is the

Injury Prevention and Emergency Medical Services Bureau of the Public Health Division of the Department of Health.

C. Eligibility: Initial certification as an EMS First Responder or EMD, or licensure as an EMT is open to all persons who have met the requirements prescribed in these Regulations, regardless of their affiliation to an ambulance service, fire department, or rescue, or other emergency medical service in New Mexico, and irrespective of their monetary remuneration for such service.

D. Establishment of the New Mexico Registry of Emergency Medical Services Personnel: The New Mexico Registry of Emergency Medical Services Personnel is established and maintained at the Bureau. The registry is open to all persons who have met the requirements for certification/licensure as prescribed by these Regulations.

E. Authorized Classifications: One classification of Certified Emergency Medical Services First Responder, one classification of Certified Emergency Medical Dispatcher, one classification of Certified Emergency Medical Dispatcher Instructor, and three classifications of Emergency Medical Technician are recognized in the New Mexico Registry of Emergency Medical Services Personnel, as follows:

- (1) Certified Emergency Medical Services First Responder (EMSFR)
- (2) Certified Emergency Medical Dispatcher (EMD)
- (3) Certified Emergency Medical Dispatcher Instructor (EMD- I)
- (4) Emergency Medical Technician - Basic (EMT-B)
- (5) Emergency Medical Technician - Intermediate (EMT-I)
- (6) Emergency Medical Technician - Paramedic (EMT-P)

(7) generally, certification as a Certified Emergency Medical Dispatcher-Instructor shall also include Certified Emergency Medical Dispatcher. Licensure as an EMT-Paramedic shall also include licensure as an EMT-Intermediate; and licensure as an EMT-Intermediate shall also include licensure as an EMT-Basic. The highest level of provider certification/licensure will be shown on the person's certificate and licensure card.

F. Scope of Practice: The Scope of Practice for each level of certification and licensure is listed in Appendix A, Section 7.27.2.14 to this Regulation and shall be updated at least annually as provided by law. Certified EMD's, and EMSFR's and licensed EMT's who are fully certified or licensed shall only perform those skills,

techniques, medications, and procedures found within their Scope of Practice, as defined by the Medical Direction Committee and published in Appendix A, Section 7.27.2.14 of this Regulation, and authorized by local medical control. Those EMS personnel issued a temporary limited license or seasonal license may only perform a set of core skills, techniques, medications, and procedures for the approved level, as outlined by the Bureau and found in Appendix A, Section 7.27.2.14 until such time as the person becomes fully certified/licensed.

G. Training Required:

Prior to utilizing a new skill, technique, medication, or procedure, it shall be documented by the Service Director, Medical Director, and/or approved EMS training program that the certified EMD, EMSFR or licensed EMT has been appropriately trained to perform that skill, technique, medication, or procedure.

H. Medical Control

Required: Medical control is required for certain skills and medications at all levels of EMS. Those EMS personnel who function without medical control shall only perform those functions that do not require medical control.

I. Special Skills:

Special Skills are skills outside the usual Scope of Practice of a level of certification/licensure. EMS services or systems that wish to apply for Special Skills authorization, shall submit a written application as set forth in Appendix D, Section 7.27.2.17 of these Regulations. Services or systems may apply for any skill at any level. Personnel who successfully complete a special skills program shall be authorized to utilize advanced skills and drugs only under the medical control of the EMS system that received the program approval.

(1) the Bureau will issue evidence of Special Skills authorization to each service authorized to perform the skills. These endorsements shall be valid for three (3) years, providing all requirements for reporting, as outlined in Appendix D, Section 7.27.2.17 are followed, and may be renewed upon completion of the requirements set forth in the appropriate section(s) of these Regulations and successful completion of the required continuing education training for Special Skills, as approved by the Bureau.

(2) authorization to begin using Special Skills shall be granted only upon successful completion of Bureau approved testing, if required, and notification by the Bureau or its designee within a reasonable amount of time.

(3) authorization to utilize any Special Skills shall be automatically

revoked when the certified EMSFR or licensed EMT no longer provides patient care under the medical control of the EMS system who received the Special Skill approval, or when medical control for those Special Skills is removed. An EMS Medical Director may permanently suspend or limit a special skill program as he/she deems necessary, as outlined in the Medical Direction Regulations.

(4) authorization for a special skill program may be temporarily suspended by the State EMS Medical Director or by the Bureau within ten (10) working days advance notice for failure to comply with the requirements as outlined in Appendix D, Section 7.27.2.17 of this Regulation or other requirements as established by the Medical Direction Committee. A final determination on the special skills program will be made by the Medical Direction Committee, at its next regularly scheduled meeting.

J. Special Skills

Application and Approval Process: Services or systems wishing to apply for Special Skills shall complete an application as outlined in Appendix D, Section 7.27.2.17 of this Regulation.

K. Special Skills

Reporting requirements:

(1) each service or system approved for Special Skills shall provide a periodic report to the New Mexico Medical Direction Committee as outlined in Appendix D, Section 7.27.2.17 of this Regulation.

(2) if a new Medical Director assumes control of a service with an active special skill program, the Bureau must receive a letter of support from the new Director within thirty (30) days, or the skill will be withdrawn.

L. Approved EMS

Training Programs: The Joint Organization on Education (JOE) shall review and approve the applications of organizations seeking to become approved Emergency Medical Services Training Programs. Pursuant to Section 24-10B-4.E, NMSA 1978, the Bureau will maintain a list of the approved Emergency Medical Services Training Programs. Only graduates of nationally accredited training institutions will be considered for certification or licensure as Emergency Medical Services First Responders or EMTs. The list of approved EMS Training Programs is found in Appendix C, Section 7.27.2.16 of these Regulations. Exception: training programs for EMD and Continuing Education do not fall within the authority of the JOE Committee, and shall be approved by the Bureau.

M. Certification/

Licensing Application procedures:

Persons seeking New Mexico certification/licensure in any of the seven (7) classifications shall make application using the appropriate forms as provided by the Bureau and present the required documentation which shall remain in the person's certification or licensure file. Applications and forms will be found at the IPEMS Bureau, Operations Section.

N. Certification and

Licensure Periods: Certification and licensure periods are twenty-seven (27) months in length except for initial certification/licensure, which varies. The second or subsequent period of certification or licensure will be for a full twenty-seven (27) months, regardless of the date of application for renewal, or the date for processing of the renewal certificate/license. This period will begin on January 1 of the renewal year.

O. Expiration dates:

The expiration date for certificates and licenses is established as March 31 of a given year. The year of initial expiration will depend on what month during the year a person was originally certified/licensed,

(1) the initial certification/licensure period shall begin on January 1 for persons who are certified/licensed during the first six (6) months of a given year. The expiration date for this certificate/license will be twenty-seven (27) months later or March 31. For example: A person is certified/licensed by the Bureau on February 10, 1993. The person's expiration date will be March 31, 1995. All subsequent renewal periods will be for a full twenty-seven (27) month period running from January 1 for twenty-seven (27) months, and ending on March 31.

(2) for persons who are initially certified/licensed during the last six (6) months of a given year, the expiration date shall be counted from January 1 of the following year. For example: A person is certified/licensed on August 10, 1993. The person's expiration date will be March 31, 1996. All subsequent renewal periods will be for a full twenty-seven (27) month period, running from January 1 and ending on March 31.

P. New Mexico State

Certification/Licensing Examinations:

The state certification examination for Emergency Medical First Responders shall consist of a state written examination that may be given at the end of the EMSFR course by the teaching institution. The state licensing examination shall consist of one (1) written examination and one (1) practical skill examination, consisting of several skill stations, that meets the criteria as

approved by the Bureau. New Mexico does not have an examination requirement for EMD's or EMD-Instructors.

(1) for licensure, the state licensing examination shall be completed within twelve (12) months of course completion.

(2) normally, state licensing examinations are conducted by the Bureau. When needed, Regional offices and other representatives may be designated to conduct licensing examinations. In any case, all examination sites will be conducted using Bureau Examination Standard Operating Procedures.

(3) applications for the state licensing examinations, at any classification, shall be made on the appropriate forms as provided by the Bureau. These forms may be found at the IPEMS Bureau, Operations Section. Applications must be received by the Bureau's Operations Section, prior to the application deadline set forth in the annual schedule of licensure examinations, issued by the Bureau.

(4) persons applying for examination and licensing at any level, upon submission of the appropriate documentation as indicated in these Regulations, shall be allowed a maximum of three (3) examination attempts at the level for which the applicant has applied. Upon failure of the third examination attempt, the person must successfully complete a New Mexico approved EMS refresher course for the appropriate level. Following this, the person will be allowed one (1) more examination attempt. Failure of the fourth attempt is final and the person must complete the entire training program again before any other testing is allowed at that level.

(5) any applicant who has failed the state licensing examination at an advanced life support level as described in these Regulations may be allowed to take the state licensing examination at a lower level. Applicants under this section shall be allowed to attempt the state licensing/certification examination at a lower level of licensure/certification no more than two (2) times. Further examinations shall not be allowed until successful completion of a New Mexico approved EMS training program is documented.

(6) applicants for examination shall pay the examination and licensing fees upon submission of application to the Bureau. Also, additional examination fees will be assessed for each subsequent examination attempt. These additional fees must be submitted to the Bureau with the retest application. See Fees, Section 7.27.2.12 for a complete description of licensing and examination fees.

(7) there will be no refund of

fees.

Q. Americans With Disabilities Act: When requested by an applicant who otherwise meets the minimum qualifications, the Department shall reasonably accommodate the qualified person with disabilities in the examination process, in accordance with the Americans with Disabilities Act and other applicable state and federal laws. Persons requiring special accommodations must make an advance request of at least ten (10) calendar days prior to the scheduling request post-mark deadline for an examination site. Forward the request to the Bureau for consideration of such an accommodation, to include supporting documentation from the applicant's health care provider and a medical or professional diagnosis.

[7.27.2.8 NMAC – Rp 7 NMAC 27.2.8, 9/13/01]

7.27.2.9 INITIAL CERTIFICATION AND LICENSURE:

A. General: This section specifies requirements for both initial certification and licensure. Any person applying for New Mexico certification or licensure from out-of-state, other programs, or National Registry of Emergency Medical Technicians shall be considered for legal recognition or equivalency under this section.

B. Certified Emergency Medical Dispatcher (EMD): Certification as an Emergency Medical Dispatcher in New Mexico is mandatory for all persons who are employed with an EMDA that provides pre-arrival medical instructions to the caller.

(1) As a dispatcher, an EMD shall provide the following:

(a) receive emergency telephone calls from the general public or other agencies regarding an illness, injury or other request for EMS assistance; and

(b) interpret the requirement and need for EMS resources; and

(c) allocate the appropriate EMS resources by dispatching EMS medical-rescue services, certificated ambulance resources, or both, to a scene; and

(d) provide pre-arrival emergency medical instructions to the caller, prior to EMS arrival at the scene, including life saving medical instructions or information, in accordance with the agency's emergency medical dispatch protocols, which has been approved by the EMDA Medical Director and Quality Assurance Program and,

(e) record and retrieve EMS response records.

(f) be eighteen (18) years of age, and be of good character; and

(g) provide evidence of current Basic Life Support (BLS) CPR certification; or, if physically unable to be certified, provide written documentation of current knowledge and practical applications of BLS CPR; and

(h) successfully complete an EMD Training Course, which has been approved by the Bureau, that meets or exceeds the U.S. Department of Transportation (U.S. DOT) standards for EMD, within the previous twelve (12) months.

(i) submit the required application and certification fees as required by these Regulations.

(2) Out-of-state individuals may petition the Bureau for New Mexico EMD certification based on either certification/licensure with another state or course completion from an approved EMD training program. The Bureau will review each request on a case-by-case basis and make a determination concerning certification if:

(a) the initial course or a refresher course has been completed within the past twelve (12) months or the national EMD program certifies that the individual is current; and

(b) provide evidence of current CPR certification; or, if physically unable to be certified for CPR, provide written documentation of current knowledge and practical applications of CPR; and

(c) the application is completed and the required certification fees are submitted.

(3) upon successful certification, a Certified EMD shall use only those EMD protocols approved by the EMDA Medical Director.

C. An applicant for certification as an EMD- Instructor shall:

(1) be a licensed EMT-Basic, or higher level of licensure; or, if physically unable to be licensed as an EMT-Basic, provide verification of successful course completion from an EMT-B training program; and

(2) have graduated from high school or possess a GED and be able to read and write at the high school level; and

(3) be eighteen (18) years of age, and be of good character; and

(4) provide evidence of current Basic Life Support CPR certification; or, if physically unable to be certified for BLS CPR, provide written documentation of current knowledge and practical applications of BLS CPR; and

(5) have successfully completed an EMD- Instructor training course from an EMD program which is approved by the Bureau; or

(6) provide evidence of cer-

tification from an EMD training program, which is approved by the Bureau, showing that the applicant is current as an EMD-Instructor; and

(7) submit the required application and certification fees as required by these Regulations.

D. Certified Emergency Medical Services First Responder: An applicant for certification as an EMS First Responder must:

(1) be eighteen (18) years of age; or, sixteen (16) years of age, and be of good character.

(2) all applicants who are sixteen (16) years of age to eighteen (18) years of age shall follow the following criteria:

(a) be affiliated with a service, and shall submit a letter of support from the Service Director.

(b) shall notify the Bureau, in writing, of any change of service affiliation.

(c) shall submit a notarized parental or guardian consent.

(d) shall submit letter(s) of support from co-workers.

(e) provide evidence of current Basic Life Support CPR certification and completion of state EMSFR written examination and,

(f) successfully complete a New Mexico approved EMSFR course from a New Mexico approved EMS training program, within the previous twelve (12) months and submit certification fees as required by these Regulations.

(3) all applicants who are eighteen (18) years of age or older shall follow the following criteria:

(a) provide evidence of current Basic Life Support CPR certification and completion of state EMSFR written examination; and

(b) successfully complete a New Mexico approved EMSFR course from a New Mexico approved EMS training program, within the previous twelve (12) months and submit certification fees as required by these Regulations.

(4) all persons who do not have a certificate of completion from a New Mexico approved EMS training program, but are currently licensed in another state at the First Responder level, or have successfully completed an approved equivalent out-of-state EMS First Responder course as determined by the Bureau, within the previous twelve (12) months, may apply to the Bureau in writing for New Mexico certification.

(5) for those applying based upon out-of-state licensure, or equivalent

out-of-state course completion, the applicant shall be licensed by submitting the appropriate documentation and payment of licensure fees as required by these Regulations, providing that:

(a) the Scope of Practice, training course, and/or previous licensure is found to be equivalent to the New Mexico Licensed EMSFR Program; and

(b) the person completed the initial or a refresher course within the previous twelve (12) months.

(6) upon successful certification, a licensed EMSFR may perform those skills and techniques approved by the Medical Direction Committee and listed in the Scope of Practice. A list of these skills is provided in Appendix A, Section 7.27.2.14 of these Regulations.

(7) The Bureau will provide a two (2) year grace period to applicants in order to become certified as Emergency Medical First Responders. The following criteria shall be met prior to certification:

(a) submit a copy of course completion certificate from the initial course or a recent refresher course.

(b) if the refresher or initial course was completed within the past two (2) years, it will be considered current.

(c) if the initial or refresher course is more than two (2) years old, the person shall attend a current refresher course offered by one of the approved EMS Training Programs in New Mexico.

(d) provide evidence of current BLS CPR certification.

E. Emergency Medical Technician Basic (EMT-B): An applicant for licensure as an EMT-B must:

(1) be eighteen (18) years old; or, seventeen (17) years of age, and be of good character.

(2) all applicants who are seventeen (17) years of age shall follow the following criteria:

(a) be affiliated with a service, and shall submit a letter of support from the Service Director

(b) shall notify the Bureau, in writing, of any change of service affiliation.

(c) shall submit a notarized parental or guardian consent.

(d) shall submit letter(s) of support from co-workers.

(e) provide evidence of current Basic Life Support CPR certification; and

(f) present a certificate of completion from an EMT-B course completed at a New Mexico approved EMS training program, and accomplished within the previous twelve (12) months; and

(g) successfully complete the New Mexico EMT-B licensing examination, and pay all examination and licensure fees as required by these Regulations.

(3) all applicants who are eighteen (18) years of age or older shall follow the following criteria:

(a) provide evidence of current Basic Life Support CPR certification; and

(b) present a certificate of completion from an EMT-B course completed at a New Mexico approved EMS training program, and accomplished within the previous twelve (12) months; and

(c) successfully complete the New Mexico EMT-B licensing examination, and pay all examination and licensure fees as required by these Regulations.

(4) all persons applying for New Mexico licensure based upon successful completion of an approved New Mexico EMS training program will, after successful completion of the application process, be granted provisional licensure for a period of up to six (6) months or until failure of the state examination, whichever comes first. Provisional licensure commences on the issue date of the provisional license by the Bureau, and shall end no later than six (6) months following course completion.

(5) persons who do not have a certificate of completion from a New Mexico approved training program, but are currently certified/licensed in another state or certified with the National Registry at the EMT-B level, or have successfully completed an equivalent out-of-state EMT-Basic training course as determined by the Bureau, within the previous twelve (12) months may apply for licensure as provided below:

(a) submit an application along with documentation of current out-of-state certification or license, National Registry certification, or an out-of-state EMT-B course completion certificate; and

(b) certify that there is no current out-of-state certification or licensing examination failure; and

(c) meet all other licensing requirements found in Section 7.27.2.9 of these Regulations; and

(d) upon approval by the Bureau and given legal recognition, the person may be fully licensed as an EMT-B for the remainder of the previous certification/licensing authority's certification/licensure period; or

(e) given equivalen-

cy, the person may be granted a limited license to practice as an EMT-B for a period of up to six (6) months or until failure of an EMT-B licensure examination, whichever occurs first. While under a limited license, those applicants seeking full New Mexico licensure shall complete an out-of-state transition course approved by the Bureau and complete the New Mexico EMT-B licensure examination. The limited license also facilitates licensure of an out-of-state seasonal EMT-B and shall only be issued once in a twelve (12) month period, as determined by the Bureau. In this case, the limited license may be issued again, but only once in every subsequent twelve (12) month period. Exception: Those persons who apply based on out-of-state course completion shall be given a limited license only during the six (6) month window immediately following course completion.

(i) limited licensure commences on the issue date of the limited license from the Bureau.

(ii) a limited license may be issued only upon application and payment of required fees.

(iii) any person who is issued a limited license shall only perform a set of core EMT-B skills, techniques, medications, and procedures for the approved level, as established by the Medical Direction Committee. A list of these core skills for limited licensure may be found in Appendix G, Section 7.27.2.19 of these Regulations.

(6) persons holding a limited license shall be fully licensed when they have:

(a) successfully completed the New Mexico EMT-B licensure written and practical examination; and

(b) remit payment of all required fees.

(7) Upon successful licensure, an EMT-Basic may perform those skills and techniques established for the EMT-B Scope of Practice. A complete list of these skills is found in Appendix A, Section 7.27.2.14 of these Regulations.

F. Emergency Medical Technician - Intermediate (EMT-I): An applicant for licensure as an EMT-I must:

(1) be eighteen (18) years old, and be of good character; and

(2) be fully licensed as a New Mexico EMT-Basic; and

(3) provide evidence of current Basic Life Support CPR certification; and

(4) present a certificate of completion from an EMT-I course completed at a New Mexico approved EMS training program, and accomplished within the previous twelve (12) months; and

(5) successfully complete the New Mexico EMT-I Licensing Examination and pay all examination and licensure fees as required by these Regulations.

(6) Persons applying for New Mexico licensure based upon successful completion of an approved EMS training program will, after successful completion of the application process, be granted provisional licensure for a period of up to six (6) months or until failure of the state examination, whichever comes first. Provisional licensure commences on the issue date of the provisional license by the Bureau, and shall end no later than six (6) months following course completion.

(7) Persons who do not have a certificate of completion from an approved New Mexico EMT-I training program, but are currently certified/licensed in another state or with the National Registry at the EMT-I level, or have successfully completed an equivalent out-of-state EMT-I training course within the previous twelve (12) months, may apply for licensure as provided below:

(a) submit an application along with documentation of current out-of-state certification or license, National Registry certification, or an out-of-state EMT-I course completion certificate; and

(b) certify that there is no current out-of-state certification or licensing examination failure; and

(c) meet all other licensing requirements found in Section 7.27.2.9 of these Regulations; and

(d) upon approval by the Bureau and given legal recognition, the person may be fully licensed as an EMT-I for the remainder of the previous certification/licensure authority's certification/licensure period.

(e) given equivalency, the person may be granted a limited license to practice as an EMT-I for a period of up to six (6) months or until failure of an EMT-I licensure examination, whichever occurs first. While under a limited license, those applicants seeking full New Mexico licensure may be required to complete an out-of-state transition course approved by the Bureau and complete the New Mexico EMT-I licensure examination. The limited license also facilitates licensure of an out-of-state seasonal EMT-I and shall only be issued once in a twelve (12) month period, as determined by the Bureau. In this case, the limited license may be issued again, but only once in every subsequent twelve (12) month period. Exception: Those persons who apply based on an out-of-state course completion shall be given a limited license only during the six (6) month window

immediately following course completion.

(i) limited licensure commences on the issue date of the limited license from the Bureau.

(ii) a limited license may be issued only upon application and payment of required fees.

(iii) any person who is issued a limited license shall only perform a set of core EMT-I skills, techniques, medications, and procedures for the approved level, as established by the Medical Direction Committee. A list of these core skills for limited licensure may be found in Appendix G, Section 7.27.2.19 of these Regulations.

(8) Persons holding a limited license shall be fully licensed when they have:

(a) successfully completed the New Mexico EMT-I licensure written examination; and

(b) if required, successfully completed either portions or all of the New Mexico EMT-I licensure practical examination, as deemed necessary by the Bureau; and

(c) remit payment of all required fees.

(9) Upon failure of the initial state EMT-I examination or the expiration of the six (6) month provisional/limited licensure period, the applicant:

(a) if previously state licensed, shall revert back to the original level of licensure of EMT-B, and may practice at that level until expiration of licensure; or

(b) if from out-of-state, may apply to the Bureau in writing for a limited license at the EMT-B level for up to sixty (60) days, provided the applicant is qualified to be licensed as an EMT-B in New Mexico.

(c) during this time the applicant may make application for full EMT-B licensure and will be evaluated based upon their credentials according to these Regulations. Application must be in writing.

(d) at the end of the 60 days, the applicant will no longer be licensed at any level unless evidence of meeting the requirements at some level has been submitted and approved.

(e) upon successful licensure, an EMT-I may perform those procedures established for the EMT-B and EMT-I Scope of Practices. A complete list of these skills is found in Appendix A, Section 7.27.2.14 of these Regulations.

G. Emergency Medical Technician Paramedic (EMT-P): An applicant for licensure as an EMT-P must:

(1) be eighteen (18) years

old, and be of good character; and

(2) present, at a minimum, a high school diploma or GED; and

(3) be fully licensed as an EMT-B or EMT-I; and

(4) present proof of current Bureau approved training which meets or exceeds the current National standard for Advanced Cardiac Life Support (ACLS) on Emergency Cardiac Care (ECC); and

(5) present a certificate of completion from an EMT-P course completed at an approved New Mexico EMS training program, and accomplished within the previous twelve (12) months; and

(6) successfully complete the New Mexico EMT-P licensing examination and pay all examination and licensure fees as required by these Regulations.

(7) persons applying for New Mexico licensure based upon successful completion of an approved New Mexico EMS training program will, after successful completion of the application process, be granted provisional licensure for a period of up to six (6) months, or until failure of the state examination, whichever comes first. Provisional licensure commences on the issue date of the provisional license by the Bureau, and shall end no later than six (6) months following course completion.

(8) persons who do not have a certificate of completion from an accredited New Mexico EMS training program, but are currently certified/licensed in another state or with the National Registry at the EMT-P level, or have successfully completed a nationally accredited equivalent out-of-state EMT-P training program as determined by the Bureau, i.e., a post-secondary or hospital affiliated educational institution, within the past twelve (12) months, may apply for licensure as provided below:

(a) submit an application along with documentation of current out-of-state certification or license, National Registry certification, an out-of-state EMT-P course completion certificate; and

(b) certify that there is no current out-of-state certification or licensing examination failure; and

(c) meet all other licensing requirements found in Section 7.27.2.9 of these Regulations; and

(9) upon approval by the Bureau and given legal recognition, the person may be fully licensed as an EMT-P for the remainder of the previous certification/licensure authority's certification/licensure period; or

(a) given equivalency, the person may be granted a limited license to practice as an EMT-P for a period of up to six (6) months or until failure of an

EMT-P equivalency examination, whichever occurs first.

(b) While under a limited license, those applicants seeking full New Mexico licensure may be required to complete an out-of-state transition course approved by the Bureau and complete the New Mexico EMT-P licensure examination.

(c) The limited license also facilitates licensure of an out-of-state seasonal EMT-P and shall only be issued once in a twelve (12) month period, as determined by the Bureau.

(d) In this case, the limited license may be issued again, but only once in every subsequent twelve (12) month period.

(e) Exception: Those persons who apply based on out-of-state course completion shall be given a limited license only during the six (6) month window immediately following course completion.

(i) limited licensure commences on the issue date of the limited license from the Bureau.

(ii) a limited license may be issued only upon application and payment of required fees.

(iii) any person who is issued a limited license shall only perform a set of core EMT-P skills, techniques, medications, and procedures for the approved level, as established by the Medical Direction Committee. A list of these core skills for limited licensure may be found in Appendix G, Section 7.27.2.19 of these Regulations.

(10) persons holding a limited license shall be fully licensed when they have:

(a) presented proof of training which is equivalent to or exceeds the national standards for Advanced Cardiac Life Support (ACLS) certification on Emergency Cardiac Care; and

(b) successfully completed the New Mexico EMT-P licensure written examination; and,

(c) if required, successfully completed either portions or all of the New Mexico EMT-P licensure practical examination, as deemed necessary by the Bureau; and

(d) remit payment of all required fees.

(11) EMT-P Interns from out of state must:

(a) be eighteen (18) years of age, and be of good character, and

(b) present, at a minimum, a high school diploma or GED; and

(c) be fully licensed as an EMT-I; and

(d) present proof of

Bureau approved training which meets or exceeds the current national standard for Advanced Cardiac Life Support (ACLS) on Emergency Cardiac Care (ECC).

(e) EMT-P Interns from out of state shall apply for a limited license at the level of EMT-I prior to engaging in an internship program in New Mexico.

(f) interns shall submit to the Bureau a copy of the internship agreement between the sponsoring service, educational institution, and student (intern).

(12) upon failure of the New Mexico state EMT-P examination or out-of-state EMT-P examination or expiration of the six (6) month provisional/limited period, the EMT-P applicant:

(a) if previously New Mexico state licensed, will revert back to the original level of licensure (EMT-B or EMT-I), and may practice at that level until expiration of licensure; or

(b) if from out-of-state, may apply to the Bureau in writing for limited licensure at a lower level (EMT-B), for up to sixty (60) days, provided that the applicant is qualified to be licensed as an EMT-B or EMT-I in New Mexico.

(c) during this time the applicant may make application for full EMT-B licensure and will be evaluated based upon their credentials according to these Regulations. Application must be in writing.

(d) at the end of the sixty (60) days, the applicant will no longer be licensed at any level unless evidence of meeting the requirements at some level has been submitted and approved.

(e) upon successful licensure, an EMT-P may perform those skills and techniques established for the EMT-B, EMT-I, and EMT-P Scope of Practice. A complete list of these skills is found in Appendix A, Section 7.27.2.14 of these Regulations.

H. Legal Recognition and Equivalency: Each out-of-state applicant shall be assessed on a case-by-case basis for either legal recognition or equivalency.

(1) legal recognition: The Bureau may legally recognize other states, programs, and the National Registry of Emergency Medical Technicians, whose EMS Scope of Practice, training and certification/licensure standards meet or exceed those of New Mexico. Applicants from these states or programs may be licensed with no examination required.

(2) equivalency: Out-of-state applicants who are not legally recognized for any reason shall be considered for equivalency. The applicant's previous training and certification/licensing requirements shall be considered in determining

eligibility for New Mexico licensure. If deemed equivalent, the applicant may be required to complete all or part of the licensing examination, prior to being fully licensed. If the applicant is judged to not be equivalent, they shall be required to complete the initial course for the level requested.

(a) those persons whose application is approved based on equivalency shall be given a limited license to practice for a period of up to six (6) months.

(b) Exception: Those persons who apply based on out-of-state course completion shall be given a limited license only during the six (6) month window immediately following course completion.

(c) During this period the person shall complete the New Mexico licensure written examination and may be required to complete the New Mexico licensure practical examination, as determined by the Bureau.

(d) Those persons issued a limited license may only perform those core skills, techniques, medications, and procedures for the approved level, as outlined by the Bureau, until such time as the person is fully certified/licensed. See Appendix G, Section 7.27.2.19 of these Regulations for a list of these skills for each level.

(3) New Mexico certification and licensure based upon legal recognition or equivalency under this Section shall be for the same period of time, to the nearest March 31, as the approved out-of-state or National Registry of EMT's certification or licensure, but shall not exceed twenty-seven (27) months from the date of last certification or license given by the originating licensing authority.

(4) applicants for New Mexico licensure based upon legal recognition or equivalency under this Section shall pay initial certification or licensure fees as required in Section 7.27.2.12 of these Regulations.

I. Receipt of Certification/Licensure Renewal From the IPEMS Bureau: For individuals who have submitted their complete certification/licensure renewal packed to the Bureau in a timely manner, the Bureau will review the renewal requests in the order they are received.

(1) should there be a delay in notification from the Bureau about the status of the certification/licensure renewal beyond the expiration of the certificate/license, the individual shall remain certified until:

(a) notified by the Bureau by Certified, Return Receipt

Requested mail; or

(b) they receive their certificate/license from the Bureau.

(2) should an individual's renewal packet not be complete, the individual shall be notified by the Bureau by Certified, Return Receipt Requested mail.

(3) exception to (1) and (2) above is if an individual certification/licensee fails to notify the Bureau of an address change.

(4) once notified by Certified mail that a problem exists with a certificate/license, and the certification/license has expired, the individual shall not remain certified/licensed.

[7.27.2.9 NMAC - Rp 7 NMAC 27.2.9, 9/13/01]

7.27.2.10 CERTIFICATION AND LICENSURE RENEWAL:

A. Renewal Deadlines: Specific renewal requirements must be completed no later than the December 31 that occurs prior to certification or licensure expiration. A Renewal application may be submitted to the Bureau anytime after renewal requirements have been completed, up to and including, the final month of certification or licensure (March).

(1) the applicant should submit renewal paperwork to the Bureau as soon as requirements are complete, but must be postmarked no later than March 31, the final month of certification/licensure. A normal renewal fee is assessed for renewal applications postmarked anytime prior to the final month of certification/licensure.

(2) the final month of certification/licensure is historically when the Bureau processes the majority of renewal applications. Applications received during the final month of certification or licensure (March) will be assessed a higher renewal fee due to the requirement for speedier processing.

(3) applications for renewal of certification/licensure must be postmarked no later than the last day of licensure (March 31).

(4) National Registry renewals are not accepted by the Bureau for renewal of any New Mexico certification/licensure level.

B. Downgrading to a Lower Level of Certification or Licensure: EMS Personnel may petition the Bureau to downgrade to a lower level of certification or licensure if:

(a) they are in good standing at the current level of licensure; and

(b) the eligibility requirements have been met for the lower EMS level, i.e., current refresher course, CE, CPR, etc.

C. Waivers:

The Licensing Commission may, for good cause shown, waive portions of this Regulation pertaining to licensure renewal pursuant to Section 7.27.2.13 of this Regulation. Persons requesting waivers for licensure renewal shall submit requests in writing to the Commission at the following address: New Mexico EMS Licensing Commission, IP & EMS Bureau, 2500 Cerrillos Rd., Santa Fe, New Mexico, 87505, Attention: Licensing Planner

D. Certified Emergency Medical Dispatcher (EMD): Renewal for a Certified EMD is required within each certification period. Documentation must show that all renewal requirements have been completed before the December 31 that occurs prior to expiration of certification. If the EMD is concurrently licensed as an EMT-B, EMT-I or EMT-P, the renewal dates for EMD certification may be adjusted by the Bureau to match the renewal dates for the EMT-B, EMT-I, or EMT-P license. The following requirements are necessary for a person to renew their certification:

(1) submit copies of course completion certificates or verification from an EMDA showing a minimum of sixteen (16) contact hours of continuing education activity; of which, at least eight (8) hours shall be medical subjects/skills of Bureau approved continuing education activity and eight (8) hours of dispatch related subjects/skills, unless the EMD is also licensed at the EMT-B, EMT-I or EMT-P level; the EMD may then use those contact hours of continuing education activity obtained during the renewal period for the EMT-B, EMT-I or EMT-P licensure toward renewal of the EMD certificate, as noted in Section 7.27.2.10; and

(2) provide evidence of current BLS CPR certification; or, if physically unable to be certified for BLS CPR, provide written documentation of current knowledge and practical applications of BLS CPR; and

(3) submit required application and payment of all certification renewal fees as required by Section 7.27.2.12 of these Regulations.

E. Certified Emergency Medical Dispatcher- Instructor: Renewal of a certified EMD- Instructor is required within each certification period. Documentation must show that all renewal requirements have been completed before the December 31 that occurs prior to expiration of certification. The following requirements are necessary for a person to renew their certification:

(1) submit verification from a Bureau approved EMD Training Program showing that the EMD- Instructor is current

and in good standing with the approved EMD Training Program; and

(2) submit a copy of current licensure at the EMT-B or EMT-I or EMT-P level; and

(3) provide evidence of current Basic Life Support CPR certification; or, if physically unable to be certified for BLS CPR, provide written documentation of current knowledge and practical applications of BLS CPR; and

(4) submit the required application and payment of all certification renewal fees as required by Section 7.27.2.12 of these Regulations.

F. Emergency Medical Services First Responder: Renewal of the EMSFR license is required within each certification period. Documentation must show that all renewal requirements have been completed before the December 31 that occurs prior to expiration of certification. The following requirements are necessary for a person to renew their certification:

(1) submit a completed renewal application; and

(2) submit a copy of an EMSFR refresher course completion certificate from a New Mexico approved EMS training program; and

(3) submit a copy of the course completion certificate or verification from an EMS provider service showing a minimum of eight (8) contact hours of BLS medical subjects/skills of Bureau approved continuing education activity as noted in Section 7.27.2.10; and

(4) provide evidence of current Basic Life Support CPR certification; and

(5) submit payment of all certification renewal fees as required by Section 7.27.2.12 of these Regulations.

G. Emergency Medical Technician Basic (EMT-B): Renewal of the EMT-B license is required within each licensure period. Documentation must show that all renewal requirements have been completed before the December 31 that occurs prior to expiration of licensure. The following requirements are necessary for an EMT-B to renew their license:

(1) submit a completed renewal application; and

(2) submit a copy of an EMT-B refresher course completion certificate from a New Mexico approved EMS training program; and

(3) submit a copy of the continuing education certificates or verification from an EMS provider service showing a minimum of twenty four (24) contact hours of Bureau approved continuing education activity. A minimum of twelve (12) hours

of this requirement must be concentrated on BLS medical subjects/skills, as approved by the Bureau as noted in section 7.27.2.10; and the remaining twelve (12) hours shall be any form of approved CE (BLS Medical, ILS/ALS Medical or Non-medical); and

(4) provide evidence of current Basic Life Support CPR certification; and

(5) provide a statement of verification, signed by the service Medical Director, that the applicant is competent in all skills listed in Appendix A, Section 7.27.2.14 that require Medical Direction and

(6) submit payment of all licensure renewal fees as required by Section 7.27.2.12 of these Regulations.

H. Emergency Medical Technician Intermediate (EMT-I): Renewal of the EMT-I license is required within each licensure period. Documentation must show that all renewal requirements have been met prior to the December 31 that occurs prior to expiration of licensure. The following requirements are necessary for an EMT-I to renew their license:

(1) submit a completed renewal application; and

(2) submit a copy of an EMT-I refresher course completion certificate from a New Mexico approved EMS training program; or, successfully complete a New Mexico approved EMT-P training program; or complete appropriate sections of the EMT-P training program that meet the intent of the EMT-I refresher course, as determined by the Bureau, within the past twelve (12) months; and

(3) submit a copy of continuing education certificates or verification from an EMS provider service showing a minimum of thirty (30) contact hours of Bureau approved continuing education activity. At a minimum, ten (10) hours of this requirement must be ILS/ALS medical subjects/skills, as approved by the Bureau as noted in Section 7.27.2.10; and, the remaining twenty (20) hours shall be any form of approved CE (BLS Medical, ILS/ALS Medical or Non-medical); and

(4) provide evidence of current Basic Life Support CPR certification; and,

(5) provide a statement of verification, signed by the service medical director, that the applicant is competent in all required skills. Persons who are not currently providing care through an EMS provider service and do not have a service medical director, may for good cause, petition the Commission, through the Bureau, in writing, for waiver of this requirement (see section 7.27.2.13); and

(6) submit payment of all licensure renewal fees as required by Section 7.27.2.12 of these Regulations.

I. Emergency Medical Technician Paramedic (EMT-P): Renewal of the EMT-P license is required within each licensure period. Documentation must show that all renewal requirements have been completed before the December 31 that occurs prior to the expiration of licensure. The following requirements are necessary for an EMT-P to renew their license:

(1) submit a completed renewal application; and

(2) submit a copy of an EMT-P refresher course completion certificate from a New Mexico approved EMS training program; and

(3) submit proof of Bureau approved training which meets or exceeds the current National standards for Advanced training which is equivalent to or exceeds the Advanced Cardiac Life Support (ACLS) certification on Emergency Cardiac Care; and

(4) submit a copy of the course certificates or verification from an EMS provider service showing a minimum of forty eight (48) contact hours of Bureau approved continuing education activity, to include Bureau approved pediatric advanced life support training, i.e., PALS, PEPP or Neonatal Resuscitation Program (NRP). At a minimum, twenty-four (24) hours of this requirement must be ILS/ALS medical subjects/skills, as approved by the Bureau; and, the remaining twenty-four (24) hours shall be any form of approved CE (BLS Medical, ILS/ALS Medical or Non-medical); and

(5) provide a statement of verification, signed by the service Medical Director, that the applicant is competent in all required skills; and

(6) submit payment of all licensure renewal fees as required by Section 7.27.2.12 of these Regulations.

J. Late Renewal for all Categories: All expired New Mexico EMS personnel shall be removed from the New Mexico Registry of Emergency Medical Services Personnel on April 1, following expiration, if they failed to meet the renewal requirements in their category before the December 31 that occurs prior to expiration of certification/licensure; or, if they failed to postmark and submit renewal paperwork to the Bureau by the March 31 deadline, expiration of certification/licensure. The Bureau provides two (2) methods for expired EMD's, EMD- Instructor's, EMSFR's and EMT's to regain their certification/licensure. These are Reinstatement and Re-entry.

K. Reinstatement: Those

persons who have completed the renewal requirements before the December 31 cut-off, but failed to renew certification or licensure by March 31, may renew between April 1 and May 31 of the expiration year. Renewal paperwork for reinstatement must be received at the Bureau by May 31. An increased fee will be assessed for reinstatement. See Fees, Section 7.27.2.12 of these Regulations.

L. Re-entry: A person whose certification or license is expired, and does not meet the circumstances of Section K above, and expiration of the previously held certification or license is less than three (3) years old, may re-enter EMS at the previously held level if the person left EMS in good standing; and, successfully completes the following:

(1) complete a New Mexico approved refresher training course at the appropriate level, and any other training requirements required by the Bureau at that time; and

(2) if an EMSFR, EMT-B or EMT-I applicant provide evidence of current BLS CPR training; and,

(3) if an EMT-P applicant, provide evidence of current training in advanced courses including cardiac care, pediatric care, pre-hospital care and advanced cardiac life support; and

(4) successfully complete the New Mexico State licensing examination, at the appropriate level (maximum of two (2) examination attempts allowed), if applicable; and

(5) if EMD or EMD-I applicant, provide evidence of current BLS CPR certification; and

provide verification of a minimum of sixteen (16) hours of continuing education activity, of which eight (8) hours shall be medical subjects/skills and eight (8) hours shall be dispatch related subjects/skills of Bureau approved continuing education activity.

(6) if EMD-I applicant, provide evidence of current EMT-B licensure; and

(7) submit required application and payment of certification and licensure fees as identified for the appropriate level in Section 7.2.27.12 of these Regulations.

M. Expiration of License for Greater than Three (3) Years: A person whose certification or license has been expired for more than three (3) years from the date of expiration shall be considered an initial certification/licensure applicant. To become certified or licensed, a person must complete the requirements of Section 7.27.2.9 of these Regulations.

N. Continuing

Education: Continuing Education (CE) credit may be granted for any training that has been approved in advance by the State ALS Coordinator. All programs wishing to grant Continuing Education to certified EMD's, EMD-I's, EMSFRs and licensed EMT's in New Mexico shall submit the appropriate documentation to the Bureau, regardless of any National Registry review process, at least thirty (30) days in advance. There will be no approval of CE's acquired after training except in extenuating circumstances. CE's are awarded for education accomplished after certification or licensure for those EMS personnel being certified or licensed through Equivalency or National Registry. Applications for Continuing Education approval shall be made upon the currently approved forms for CE application, and may be subject to review by the appropriate Regional EMS Office

(1) any subject that is found by the Bureau to be relevant to the education of Certified EMSFR's or EMD's and licensed EMT's may be approved by the Bureau upon submission of a complete course synopsis to the Bureau's State ALS Coordinator. This includes any outlines of annual CE training programs.

(2) CE's may be awarded for EMS articles written by EMS personnel for newspapers, magazines, journals, and other periodicals. EMS personnel shall submit a CE application form with the article attached to the State ALS Coordinator for consideration of award of appropriate CE's.

(3) Continuing Education shall be of five (5) types:

(a) Basic Life Support (BLS) Medical CE: shall be granted for those subjects which are primarily targeted at basic medical subjects/skills; and

(b) Intermediate Life Support/Advanced Life Support (ILS/ALS) Medical CE: shall be granted for those subjects which are primarily targeted toward advanced medical subjects/skills; and

(c) combination BLS and ILS/ALS medical CE: shall be granted for those subjects whose goals and objectives provide the student with additional knowledge and/or review in emergency medical skills, and is pertinent to the approved curriculum for each classification of EMS provider. These programs may include conferences, seminars, workshops or organized in-service training programs that are medical in content and apply to all levels as approved on a case-by-case basis by the State ALS Coordinator.

(d) non-Medical CE: shall be those CE's granted for any EMS related subjects/skills that are not BLS or ILS/ALS medical CE's, including subjects that are relevant to the education of EMS

personnel, but are not primarily medical in content. All non-medical CE shall be approved by the State ALS Coordinator.

(e) targeted EMD CE's: shall be those CE's that specifically pertain to EMD functions. All targeted EMD CE's shall be approved by the State ALS Coordinator.

(4) a maximum of four (4) hours of BLS medical CE may be awarded for BLS CPR training during the renewal period for EMD, EMT-B and EMT-I personnel when BLS CPR has been accomplished on more than one (1) occasion during the two (2) year renewal period. Also, a maximum of eight (8) hours of ILS/ALS medical CE may be granted for ACLS refresher training during the renewal period of EMT-P personnel when taken on more than one (1) occasion during the two (2) year renewal period.

(5) A maximum of twelve (12) hours of BLS medical CE may be allowed for licensing examination skill evaluator activities.

(6) EMT's or EMD's who teach Bureau approved continuing education programs or curriculum may be credited the same number of CE hours as the students who are taking the program.

(7) A maximum of twelve (12) hours of ILS/ALS medical CE may be allowed for Paramedic preceptor activities. These CE's may only be awarded by an approved New Mexico Training Program upon approval by the State ALS Coordinator. Paramedic programs wishing to award CE credit need to apply for an approval number as outlined in Appendix E, Section 7.27.2.14 of these Regulations.

O. Non-Medical CE: Non-Medical CE shall be any EMS related subjects/skills that are not BLS or ILS/ALS medical CE's including:

(1) subjects relevant to the education of EMS personnel, but are not primarily medical in content. In general, Firefighter training may not be considered EMS related. The State ALS Coordinator shall determine those subjects that will be credited for non-medical.

(2) participation in special projects involving health promotion and/or injury prevention may be approved for non-medical CE credit. The project coordinator shall obtain pre-approval.

P. Record Keeping: Once approval of a CE program is obtained and the course is presented, records of attendance must be maintained. The EMS Bureau reserves the right to audit the records of approved CE programs, therefore it is required that records be kept for a minimum of thirty-six (36) months by the service.

(1) in order for participating EMS personnel to receive credit, each individual shall be given a certificate or letter of attendance/completion and advised to retain it until their certification or licensure renewal. Many EMD Agencies (EMDA) and EMS services have computerized records of their personnel concerning CE. The EMS Bureau will recognize CE summary documentation (on letterhead) from EMDA or EMS Service Directors, Training Coordinators, Medical Directors, or CE Coordinators with appropriate original signatures.

(2) course completion letters or certificates shall contain the following minimum information:

- (a) location and date of the CE program
- (b) title of the program
- (c) number of actual contact hours
- (d) type of CE
- (e) name of participant
- (f) name and level of certification/licensure of CE Instructor
- (g) signature of CE Coordinator
- (h) the statement: "Reviewed and Approved by the New Mexico EMS Bureau for Continuing Education"
- (i) EMS Bureau Approval Number

Q. Receipt of Certification/Licensure Renewal from the Bureau: for individuals who have submitted their complete certification/licensure renewal packet to the Bureau in a timely manner, the Bureau shall review the renewal packet in the order they are received as follows:

(1) should there be a delay in notification from the Bureau about the status of the certification/licensure renewal beyond the expiration of the certificate/license, the individual shall remain certified/licensed until:

(a) notified by the Bureau by Certified, Return Receipt Requested mail, or

(b) they receive their certificate/license from the Bureau;

(2) should an individual's renewal packet not be complete, the individual shall be notified by the Bureau via Certified, Return Receipt Requested mail; and

(3) An exception to (1) and (2) above is if an individual certified/licensed fails to notify the Bureau of an address change.

(4) Once notified by Certified mail that a problem exists with a certifica-

tion/license, and the certification/license has expired, the individual shall not remain certified/licensed.

[7.27.2.10 NMAC – Rp 7 NMAC 27.2.10, 9/13/01]

7.27.2.11 IDENTIFICATION OF EMS PERSONNEL: Identification

Requirements for Certificates and Licenses: Certified EMD's, EMD-Instructor's, EMSFR's and licensed EMT's will be issued: one certification or license certificate, one certification or license I. D. card, and one uniform patch (if available).

A. The Bureau shall charge a reasonable fee for replacement of lost cards and/or certificates. The Bureau shall also charge a reasonable fee for additional uniform patches. See Fees, Section 7.27.2.12 of these Regulations.

B. Certified EMD's, EMD-I's, EMSFR's and licensed EMT's shall carry their current New Mexico State certification or license I.D. card, or Bureau approved equivalent form of identification, while participating in a patient care situation. All EMS personnel must present upon demand, proof of certification or licensure.

C. Certified EMD's, EMD-I's, EMSFR's and EMT's shall promptly notify the Bureau of any changes of name or address or EMS employment/affiliation status.

[7.27.2.11 NMAC – Rp 7 NMAC 27.2.11, 9/13/01]

7.27.2.12 FEES:

A. Examination, Certification, Licensure, Renewal and Assorted Fees: The Bureau shall charge reasonable fees for the examination, certification, licensure, and renewal of Certified Emergency Medical Dispatchers, Certified Emergency Medical Dispatch-Instructors, Certified Emergency Medical First Responders and Licensed EMT's in New Mexico, according to the following schedule. For persons taking National Registry examinations, additional fees shall be required.

B. Testing, Certification or Licensure Fees:

- (1) Certified EMD \$20.00
- (2) Certified EMD-Instructors \$20.00
- (3) Certified EMS First Responder \$20.00
- (4) Licensed EMT-Basic \$50.00
- (5) Licensed EMT-Intermediate \$55.00
- (6) Licensed EMT-Paramedic \$55.00

C. Examination Re-test

Fees:

- (1) Certified EMS First Responder Applicant \$20.00
- (2) EMT-Basic Applicant \$20.00
- (3) EMT-Intermediate Applicant \$25.00
- (4) EMT-Paramedic Applicant \$35.00

D. A higher fee will be assessed in the last month of certification/licensure renewal due to the requirement for speedier processing.

E. Certification or Licensure Renewal Fees:

- (1) Certified EMD
 - (a) normal renewal fee \$10.00
 - (b) March renewal fee \$30.00
- (2) Certified EMD-Instructor
 - (a) normal renewal fee \$10.00
 - (b) March renewal fee \$30.00
- (3) Certified EMS First Responder
 - (a) normal renewal fee \$10.00
 - (b) March renewal fee \$30.00
- (4) Licensed EMT-Basic
 - (a) normal renewal fee \$20.00
 - (b) March renewal fee \$60.00
- (5) Licensed EMT-Intermediate
 - (a) normal renewal fee \$30.00
 - (b) March renewal fee \$90.00
- (6) Licensed EMT-Paramedic
 - (a) normal renewal fee \$35.00
 - (b) March renewal fee \$105.00

F. Reinstatement Fee: Allows for reinstatement if the person has completed all renewal requirements before June 1 of the expiration year, but failed to renew. A higher penalty fee will be assessed as an incentive to renew prior to the last month of certification or licensure.

G. Expired certification/licensure Fees: Reinstatement fees:

- (1) Certified EMD \$60.00
- (2) Certified EMD-Instructor \$60.00
- (3) Certified EMS First Responder \$60.00
- (4) Licensed EMT-Basic \$120.00
- (5) Licensed EMT-Intermediate \$180.00

(6) Licensed EMT-Paramedic \$210.00

H. Re-entry fees: Allow for re-entry at the previously held level if expiration of certification or licensure is less than three (3) years, without completing the full EMS training program. Also includes those who did not complete renewal requirements prior to December 31, and could not renew within the renewal period. Requires, at a minimum, refresher course and state examinations. Fees will be assessed at the same level as initial certification or licensure. Re-entry fees:

- (1) Certified EMD \$20.00
- (2) Certified EMD-Instructor \$20.00
- (3) Certified EMS First Responder \$20.00
- (4) Licensed EMT-Basic \$50.00
- (5) Licensed EMT-Intermediate \$55.00
- (6) Licensed EMT-Paramedic \$55.00

I. Miscellaneous Fees:

- (1) additional patches \$2.00 each
- (2) replacement certification or licensure identification card \$10.00 each occurrence

J. Fees collected by the Bureau under these Regulations shall be used expressly for payment of approved EMS Skill Evaluators, for their participation at state licensing examinations; examination and certification/licensing supplies and equipment, including processing equipment; facility rental costs associated with the examination and licensing process; processing and handling of certifications and licenses; operation of examination sites; and, expenses encountered in the enforcement of these Regulations. Refunds will not be issued.

K. State fees shall be made payable to the EMS Bureau by check, money order or purchase order only.

L. Certification fees are due and payable upon submission of an initial/renewal certification application. Certification applications will not be processed until payment of the required fees.

M. Licensure and examination fees are due and payable at the time of licensure application. Licensure applications will not be processed until payment of the required fees.

N. Applications for certification or licensure under these Regulations who, for good cause, are unable to pay the certification or licensure fees may petition the Bureau for exemption from pay-

ment of the fee.

O. Applications for fee exemptions under these Regulations shall be submitted to the Bureau in the form of a written letter, and shall document the exact nature of the applicant's inability to pay.

P. Exemption requests shall be submitted to the EMS Licensing Planner, and shall contain a letter of support for such exemption from the appropriate EMS Regional Office, an EMS provider organization, or other appropriate party.

Q. Requests for fee exemption under these Regulations shall be approved/disapproved by the EMS Licensing Commission or their designee. [7.27.2.12 NMAC - Rp 7 NMAC 27.2.12, 9/13/01]

7.27.2.13 ENFORCEMENT:

A. EMS Licensing Commission:

(1) **Statutory Basis:** The Emergency Medical Services Licensing Commission is established pursuant to Section 24-10B-5.1 NMSA 1978 of the Act.

(2) **Duties:** The duties of the Commission are to:

- (a) provide a forum for the receipt of public comment regarding emergency medical services licensing matters;
- (b) oversee the Bureau's licensing functions;
- (c) receive complaints, direct investigations and authorize the initiation of actions by the Bureau regarding contemplated refusal to grant initial licensure and for disciplinary actions against licensees; and
- (d) grant waivers, for good cause shown, of regulations pertaining to licensure renewal.

(3) **Organization:** Members of the Commission are appointed by the Secretary as provided by law.

(a) Commission members shall serve until their successors have been appointed by the Secretary.

(b) in the event of a vacancy on the Commission by resignation or removal, the Bureau shall immediately notify the Secretary so as to expedite the appointment of a new Commission member. The Secretary shall appoint such vacancies.

(c) The Commission may recommend to the Secretary removal of any Commission member for the following reasons:

- (i) failing to attend or otherwise participate in two (2) consecutive meetings without a valid reason; or
- (ii) any other good cause.

(d) the Commission shall elect a Chair and Vice-Chair annually. The term of office begins with the meeting at which the officer is elected.

(e) the Bureau shall serve as staff for the Commission.

(4) **Commission meetings:** The Commission shall meet as needed, but not less than semi-annually.

(a) Commission meetings for receipt of public comment regarding emergency medical services licensing matters and oversight of the Bureau's licensure function shall be subject to the Open Meetings Act, Section 10-15-1, et seq., NMSA 1978.

(b) meetings pertaining to the issuance, suspension, renewal or revocation of a license, or other personnel matters, are closed meetings as provided by the Open Meetings Act.

(c) a Meeting Notice Resolution, consistent with the provisions of the Open Meetings Act, shall be adopted by the Commission and shall be reviewed annually at a regularly scheduled meeting of the Commission.

(d) minutes of meetings shall be taken and maintained in accordance with the Open Meetings Act.

(5) **receipt of public comment:** There shall be an opportunity for receipt of public comment regarding licensure matters, in writing or orally, at each open Commission meeting.

(a) written public comment intended for consideration by the Commission shall be mailed to the Bureau. The comments must include the person's name, address, and telephone number, if available. Unidentified comments may or may not be considered by the Commission.

(b) the Commission, upon receipt of public comments, may make an appropriate recommendation to the Bureau to take action based on those comments.

(6) **oversight:** during each regularly scheduled meeting, the Bureau will provide a report of its licensure functions to the Commission. Commission members may, through the Commission Chair, request information about licensure functions from the Bureau.

B. Complaint/incident procedures: Any person may communicate a written complaint or knowledge of an incident to the Bureau and/or the Commission.

(1) when the Bureau has knowledge of a complaint that may affect a person's license, it shall notify the Chair of the Commission as soon as practicable.

(2) similarly, when the Commission has knowledge of a complaint

or incident affecting licensure, it shall notify the Bureau.

(3) other complaints, which would not affect licensure, will be directed to, and examined by the Bureau.

(4) if the complaint is received by the Bureau, it shall also communicate to the Chair its opinion as to whether or not a formal investigation of the complaint should be initiated.

(5) upon knowledge of a complaint, the Chair, or his/her designee, after consultation with other members of the Commission, as feasible, shall authorize that a formal investigation be conducted.

(6) further, the Chair or his designee shall direct the course of the formal investigation through periodic communication with the Licensing Planner, EMS Program Director, or his/her designee as necessary.

(7) the affected licensee shall be notified that the Bureau is conducting a formal investigation, unless extenuating circumstances reasonably preclude notification.

(a) at the conclusion of the Bureau's formal investigation, the Bureau shall report its findings to the Commission in a closed meeting at which a majority of Commission members participate, either in person or by means of a conference telephone or other similar communications equipment.

(b) the Commission, after consideration of the Bureau's report, may authorize the initiation of an action by the Bureau regarding contemplated refusal to grant initial licensure, or for disciplinary action against a licensee, by a majority vote of Commission members participating in the closed meeting.

(c) the Chair of the Commission may immediately authorize the initiation of an action by the Bureau regarding contemplated refusal to grant initial licensure, or for disciplinary action against a licensee, without consulting the other members of the Commission. This immediate action may be used if the Chair makes a good faith judgment that the health and safety of the public would be jeopardized, unless the Bureau takes action as soon as possible.

(d) if the Chair authorizes the initiation of an action by the Bureau as set forth in Section (d) above, the Bureau shall notify each Commission member in writing of such action within ten (10) working days of the initiation of the action.

(e) upon receipt of authorization from the Commission to initiate an action, the Bureau may deny, suspend or revoke licensure or take other disciplinary action, in accordance with the provi-

sions of the Act, Section 24-10B-5.B.(2), NMSA 1978 and the Uniform Licensing Act, Sections 61-1-1, et seq., NMSA 1978.

C. Investigations:

Preliminary and formal investigations shall normally be conducted by the Licensing Planner of the Bureau.

(1) preliminary investigations: When the Bureau receives information that might form the basis for disciplinary action against a person, it shall begin a preliminary investigation. This is a fact finding/information gathering investigation that will attempt to determine for the Commission whether justification exists for the Commission to authorize the Bureau to initiate an action or to conduct a formal investigation. The results of the preliminary investigation will be presented to the Commission.

(2) formal investigations: Formal investigations are authorized by the Commission for the purpose of obtaining additional information to allow the Commission to determine if it will authorize the Bureau to initiate an action. The results of the formal investigation will be presented to the Commission. Notice will be given to the person who is the subject of the formal investigation unless extenuating circumstances exist which would reasonably preclude notification.

(3) confidentiality: The Commission and the Bureau will take every precaution to insure that preliminary and formal investigations are conducted in a confidential manner.

(4) records: A licensing record is maintained for every licensed EMT in New Mexico. If the Bureau begins a preliminary or formal investigation, a separate confidential record will be created containing all investigatory material. If the Commission authorizes the Bureau to initiate an action, all records not exempt from disclosure under the Inspection of Public Records Act, Sections 14-2-1, et seq., NMSA 1978, will be placed in the licensee's licensing record, if one exists. Any request for records maintained by the Bureau will be processed in accordance with the Inspection of Public Records Act.

D. Waivers:

The Commission, upon good cause and/or for extenuating circumstances shown by a licensee, may grant a waiver of a specific regulation or regulations pertaining to licensure renewal for that licensee.

(1) a licensee shall demonstrate good cause to the Commission by submitting written justification that identifies any extenuating circumstances, to the Bureau. The licensee shall include any reasonable supporting documentation to relevant to the request.

(2) the Bureau shall distribute the submitted written justification and supporting documentation to the members of the Commission prior to their next meeting.

(3) the Commission, as soon as practicable, shall determine if good cause exists to grant a waiver by a majority vote of Commission members meeting in a closed meeting. To accomplish this, the Commission shall evaluate the documentation and, if necessary, review other pertinent documentation requested from the licensee.

(4) the Commission may also meet with the licensee at a closed meeting of the Commission prior to rendering its decision as to whether good cause exists to grant a waiver.

(5) if the Commission grants the waiver to the licensee, it shall direct the Bureau to take appropriate action to implement the terms and conditions of the waiver.

(6) a licensee applying for a waiver shall be notified by the Bureau of the Commission's decision in writing within ten (10) calendar days of receipt of the Commission's decision.

(7) the Chair or Vice-Chair of the Commission, with a recommendation from the Bureau, may authorize a temporary waiver for licensure renewal, where they feel it may be justified, i.e., loss of employment, pecuniary interests, etc. The temporary waiver shall only be in effect until the next full meeting of the Commission.

E. Impaired Practitioner

Program: An EMT who voluntarily self-identifies to the Bureau or the Impaired-EMT Rehabilitation Committee that he/she is experiencing a physical or mental impairment shall be considered for the Impaired Practitioner Program ("diversion program"). Consideration may not result in participation in the diversion program. Also, any impaired-EMT who the Bureau, with the advice of the Commission, determines may benefit from the Impaired Practitioner Program may be referred to the Impaired-EMT Rehabilitation Committee.

(1) the Bureau, with the advice of the Commission, may appoint an Impaired-EMT Rehabilitation Committee to organize and administer a program that will:

(a) serve as a diversion program to which the Bureau may refer licensees in lieu of, or in addition to, other disciplinary action taken by the Bureau under these Regulations; and

(b) be a source of referral for EMT's who, on a voluntary basis, desire to avail themselves of treatment for emotionally-based or chemical-dependence

impairments.

(2) The Impaired-EMT Rehabilitation Committee shall be composed as a minimum of:

(a) one Bureau Staff Member.

(b) one Regional Director, on a case by case basis, from the same region as the affected EMT, unless a conflict of interest exists.

(c) one Commission member.

(d) one Mental Health Specialist.

(e) one Physician.

(3) The Impaired-EMT Rehabilitation Committee shall:

(a) arrange evaluations for EMT's who request participation in the diversion program;

(b) review and designate treatment facilities and services to which EMT's in the diversion program may be referred;

(c) receive and review information concerning the status and progress of participants in the diversion program;

(d) publicize the diversion program in coordination with EMS professional organizations and the Bureau.

(e) prepare and provide reports as needed to the Bureau and the Commission.

(f) each EMT entering the diversion program shall be informed of the procedures applicable to the diversion program, of the rights and responsibilities associated with participation in the diversion program and of the possible consequences of failure to participate in the diversion program. Failure to comply with any treatment requirement of the diversion program may result in termination of the diversion program participation. The Licensing Planner shall report termination of diversion program participation to the Bureau and the Commission. Participation in the diversion program shall not be a defense against, but may be considered in mitigating, any disciplinary action authorized by the Commission and taken by the Bureau. The Commission is not precluded from authorizing the Bureau to commence a disciplinary action against an EMT who is participating in the diversion program or has been terminated from the diversion program.

F. Denial, Suspension, and Revocation: A certification and/or license may be denied, suspended, or revoked in accordance with the following:

(1) the Bureau may suspend, revoke, or refuse to issue any certification, or take other disciplinary action, in accor-

dance with the provisions of the Act, Section 24-10B-5.B.(2), NMSA 1978 and the Uniform Licensing Act, Sections 61-1-1, et seq., NMSA 1978, for any of the reasons outlined in Section (21) below.

(2) upon authorization by the Commission, the Bureau may suspend, revoke, or refuse to issue any license, or take other disciplinary action, in accordance with the provisions of the Act, Section 24-10B-5.B.(2), NMSA 1978 and the Uniform Licensing Act, Sections 61-1-1, et seq., NMSA 1978, for any of the reasons outlined in Section (21) below.

(3) if action is taken against a certified or licensed EMS provider by the Bureau, through authorization from the Commission, the Bureau may publish the action in a periodical that has statewide distribution.

(4) grounds for denial, suspension, and revocation are:

(a) misconduct in obtaining certification/ licensure

(b) fraud, deceit, misrepresentation in obtaining certification and/or licensure, including cheating on an examination or attempting to subvert the initial and/or renewal licensing process.

(c) other misconduct: any conduct unbecoming an EMSFR, EMD, EMD Instructor, or EMT as it relates to the performance of EMS duties and the responsibilities of EMS personnel.

(d) felony conviction: Conviction of a felony, as shown by a certified copy of the record of the court conviction.

(e) Negligence: Negligence in the delivery of emergency medical services, including, but not limited to:

(i) practicing outside the standard of care, scope of licensure or without appropriate medical direction; or

(ii) malpractice; or

(iii) incompetence; or

(iv) abandonment; or

(v) unauthorized disclosure of medical or other confidential information.

(f) incapacity: Physical or mental incapacity which could result or has resulted in performance of emergency medical service duties in a manner which endangers the health and safety of the patient or others.

(g) substance abuse: Any demonstrated pattern of alcohol or other substance abuse at the time of licensure application and/or renewal, or in the

performance of emergency medical services duties.

(h) failure to comply with law or regulations: Failure to meet any licensure requirements.

(i) controlled Substances: Dispensing, administering, or distributing controlled substances, other than those authorized in the Scope of Practice, as defined in the New Mexico Controlled Substance Act, Sections 30-31-1, et seq., NMSA 1978.

(j) loss of licensure in another state: Failure to report revocation, suspension, denial, or other adverse actions taken in any other state or jurisdiction affecting the ability to practice emergency medical services.

(k) impersonation: Engaging in activity prohibited by Section 24-10B-5B.(1), NMSA 1978, regarding misrepresentation of the level of licensure or certification.

(l) aiding another in an unauthorized practice: Knowingly aiding or abetting the practice of emergency medical services by another person not duly licensed, certified, or authorized by these Regulations.

(m) practicing without a license: performing duties as a licensed EMT without being licensed by the Bureau to perform the authorized Scope of Practice for a level of licensure, including practicing after expiration of a license.

(n) falsifying documents: The use of any false, fraudulent, or deceptive statement in any document connected with the practice of emergency medical services, including documents associated with:

(i) initial certification/licensure; or

(ii) renewal certification/licensure; or

(iii) certification/licensure certificates or wallet cards; or

(iv) continuing education.

(o) failure to cooperate with an investigation: Failure to furnish the Commission or Bureau with information requested.

(p) parental responsibility for child support: Failure to comply with a judgment and order for child support issued by a District or Tribal Court as defined in the Parental Responsibility Act (Laws of 1995, Chapter 25).

(5) procedures for enforcement of the Parental Responsibility Act:

(a) the New Mexico Human Services Department (HSD) shall issue to the Bureau a certified list of obligor's (meaning persons who have been

ordered to pay child support pursuant to a judgment and order for support issued by a District or Tribal Court not in compliance with their judgment and order of support.

(b) upon determination by the Bureau that the name and social security number of an applicant for certification or licensure, a certified person, or licensee, appears on the certified list, the Bureau shall require that applicants for certification or licensure:

(i) provide a Statement of Compliance from HSD to the Bureau no later than forty eight (48) hours prior to scheduled attendance at a state EMS examination site; or

(ii) provide a Statement of Compliance from HSD to the Bureau no later than the close of business, sixty (60) days from the date of the letter of notification; or

(iii) if the applicant fails to provide a Statement of Compliance, the Bureau shall be authorized by the Commission to issue a Notice of Contemplated Action to deny the application.

(iv) that persons currently certified or licensed shall provide the Bureau with a Statement of Compliance from HSD by the earlier of the application for certification or licensure renewal or a specified date not to exceed sixty (60) days.

(v) if the certified or licensed person fails to provide the Statement of Compliance, the Bureau shall be authorized by the Commission to issue a Notice of Contemplated Action to take appropriate action.

(c) upon authorization by the Commission to issue a Notice of Contemplated Action, the Bureau shall serve upon an applicant for certification or licensure, certified person or licensee a Notice of Contemplated Action in accordance with the Uniform Licensing Act stating that:

(i) the Bureau has grounds to take such action, and that the Bureau shall take such action unless the applicant or certified or licensed person:

(ii) mails a letter (certified mail, return receipt requested) within 20 days after service of the notice requesting a hearing; or

(iii) provides the Bureau, within thirty (30) days of receipt of the Notice of Contemplated Action, a Statement of Compliance from HSD; and

(iv) if the applicant or certified or licensed person disagrees with the determination of non-compliance, or wishes to come into compliance,

the applicant or certified or licensed person should contact the HSD Child Support Enforcement Division.

(6) in any hearing under this section, relevant evidence is limited to the following:

(a) a statement of non-compliance is conclusive evidence that requires the Bureau to take appropriate action, unless:

(b) the applicant, certified person or licensee provides the Bureau with a subsequent Statement of Compliance, which shall preclude the Bureau from taking any further action under this section.

(c) when an action is taken against an applicant or certified person or licensee solely because the applicant or certified or licensed person is not in compliance with a judgment and order for support, the order shall state that the application, certification or license shall be reinstated upon presentation to the Bureau of a subsequent Statement of Compliance.

(7) the Bureau may also include any other conditions necessary to comply with its requirements for reapplication or re-issuance of lapsed certification or licensure, including, but not limited to the following: requiring a surcharge fee of fifty dollars (\$50), in addition to the issuance or re-issuance fee, to deny, suspend, or revoke a certification or license pursuant to a Notice of Contemplated Action.

(8) Right to a Hearing: In accordance with the provisions of the Uniform Licensing Act, Sections 61-1-1, *et seq.*, NMSA 1978, every applicant or person, certified or licensed, shall be afforded notice and opportunity for a hearing, before the Department shall have authority to take action, the effect of which would be to deny permission to take an examination for certification or licensure for which application has been duly made, or to deny, suspend, or revoke a certification or license, or take other disciplinary action.

[7.217.2.13 NMAC – Rp 7 NMAC 27.2.13, 9/13/01]

7.27.2.14 APPENDIX A: SCOPES OF PRACTICE FOR FULLY CERTIFIED/LICENSED EMERGENCY MEDICAL SERVICES PERSONNEL

A. Certified Emergency Medical Dispatcher (EMD):

(1) allowable skills: EMD's who are educated in an EMD training program which has been approved by the Bureau; and, who are currently certified by the Bureau; and, who function with a New Mexico Emergency Medical Dispatch Agency (EMDA) that uses the Emergency Medical Dispatch Priority Reference

System (EMDPRS), may perform the following in compliance with the protocols established by the EMDA Medical Director:

(a) process calls for medical assistance in a standardized manner, using the approved EMDPRS protocol to elicit required information for evaluating, advising, and treating sick or injured individuals, and dispatching an appropriate EMS response.*

(b) provide pre-arrival instructions to the patient through the caller when possible and appropriate to do so while functioning in compliance with the Emergency Medical Dispatch Priority Reference System (EMDPRS).*

(2) * UNDER MEDICAL DIRECTION

(3) note 1: Prior to accomplishing a new skill, technique, medication, or procedure, it shall be documented by the service director, or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, techniques, medications, or procedures.

B. Certified EMS First Responder (EMSFR):

(1) allowable skills:

(a) basic airway management

(b) use of basic adjunctive airway equipment

(c) positive pressure oxygen delivery inhalation devices

(d) suctioning

(e) cardiopulmonary resuscitation

(f) obstructed airway management

(g) bleeding control via direct pressure

(h) spine immobilization; basic splinting

(i) administration of oral glucose in conscious patient*

(j) scene assessment, triage, scene safety

(k) use of statewide EMS communications systems

(l) semi-automatic defibrillation (including rhythm documentation of cardiac activity)* **

(m) emergency childbirth (normal presentation)

(2) allowable drugs:

(a) oxygen

(b) oral glucose preparation *

(3) *UNDER MEDICAL CONTROL: "Supervision, provided by or under the direction of physicians to providers by written protocols or on-line medical control, which is direct communication with a medical doctor."

(4) Prior to utilizing this skill, each certified EMS First Responder must receive didactic and practical skills training on their local service's semi-automatic defibrillation equipment. Additionally, each EMSFR must have a signed authorization from the service medical director to perform semi-automatic defibrillation. This authorization shall be retained on file at the EMS service's headquarters or administrative offices.

(5) note 1: Prior to accomplishing a new skill, technique, medication, or procedure, it shall be documented by the service director, or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, techniques, medications, or procedures.

C. EMT-BASIC (EMT-B)

(1) allowable skills:
 (a) all certified EMS First Responder skills
 (b) emergency procedures as taught in standard EMT-B courses
 (c) use of multi-lumen airways (examples: PTLA and Combi-tube)*

(d) splinting
 (e) wound management
 (f) pneumatic anti-shock garment*

(g) monitoring of blood glucose with automated glucometry
 (h) emergency childbirth

(i) administration of approved medications via the following routes:

(i) PO (by mouth)
 (ii) Subcutaneous for administration of epinephrine in anaphylaxis only, (see 2c below)

(j) administer a patient's own medication under on-line medical control, when available.

(k) when on-line medical control is unavailable, administering is allowed under off-line medical control, if the EMT-B is working under medical direction using approved written medical protocols. The allowed medications are: *

(i) pre-measured inhalation devices*
 (ii) pre-measured epinephrine devices* **

(2) allowable drugs:
 (a) all allowable certified EMS First Responder medications*
 (b) activated charcoal*
 (c) acetylsalicylic acid, for adults with chest pain suggestive of car-

diac problems*

(d) acetaminophen, for children with fever during long transports*

(e) epinephrine, pre-measured (1:1000, no single dose greater than .3cc) subcutaneous for anaphylaxis only, under on-line medical control, when available. When on-line medical control is unavailable, administration is allowed under off-line medical control, if the EMT-Basic is working under medical direction, with approved written medical protocols.* **

(3) *UNDER MEDICAL CONTROL: "Supervision, provided by or under the direction of physicians to providers by written protocols or on-line medical control, which is direct communication with a medical doctor."

(4) **prior to utilizing any new skill, technique, medications or procedures, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, techniques, medications or procedures on the equipment provided by their local service. Additionally, each EMT-B shall have a signed authorization from the service's medical director to perform semi-automatic defibrillation or administration of epinephrine. This authorization shall be retained on file at the EMS service's headquarters or administrative offices.

D. EMT-INTERMEDIATE (EMT-I)

(1) allowable skills:
 (a) all EMT-Basic skills
 (b) peripheral venous puncture

(c) blood drawing
 (d) I.V. fluid therapy (except blood or blood products)

(e) use of multi-lumen airways (examples: PTLA and Combi-tube)

(f) administration of approved medications via the following routes:

(i) intravenous
 (ii) subcutaneous

(iii) nebulized inhalation

(iv) sublingual
 (v) intraosseous tibial infusions in pediatric patients. (May be used only after two (2)

peripheral intravenous attempts have failed or if there is no reasonable possibility of securing peripheral intravenous access. Limited to one (1) attempt, unless second (2nd) attempt authorized by on-line medical control at the receiving institution)

(vi) endotra-

cheal (for administration of epinephrine only, under the direct supervision of an EMT-Paramedic, or if the EMS service has an approved special skill for endotracheal intubation).

(vii) Intramuscular injections, limited to deltoid and thigh sites only.

(g) monitoring I.V. solutions during transport which contain potassium (not to exceed 20mEq/1000cc or more than 10 mEq/hour).

(2) allowable drugs:

(a) all allowable EMT-Basic medications*

(b) 50% Dextrose-intravenous*

(c) Naloxone (Narcan)*
 (d) Epinephrine (1:1000), subcutaneous for anaphylaxis and known asthmatics in severe

Respiratory distress (no single dose greater than 0.3cc). It may be administered from pre-measured devices (such as an EpiPen)*

(e) Epinephrine (1:10,000), in pulseless cardiac arrest for both adult and pediatric patients. In pediatric patients, may be given IO and in 1:1000 concentration per PALS protocols. Epinephrine may be administered via the endotracheal tube in accordance with ACLS and PALS guidelines.*

(f) Albuterol via inhaled administration.*

(g) Nitroglycerin (sublingual) for chest pain associated with suspected acute coronary syndromes. Must have intravenous access established prior to administration.*

(h) Morphine, for use in pain control with approval of on-line medical control.*

(i) Diphenhydramine (Benadryl) for allergic reactions.*

(j) Glucagon, to treat hypoglycemia in diabetic patients when intravenous access is not obtainable.*

(k) Immunizations and Biologicals (see Note 2)

(3) *UNDER MEDICAL CONTROL: "Supervision, provided by or under the direction of physicians to providers by written protocols or on-line medical control, which is direct communication with a medical doctor."

(4) **prior to utilizing any new skill, technique, medication or procedure, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, techniques, medications or procedures on the equipment provided by their local service. Additionally, each EMT-

I shall have a signed authorization from the service's medical director to perform semi-automatic defibrillation or administration of epinephrine. This authorization shall be retained on file at the EMS service's headquarters or administrative offices.

(5) administration of immunizations and biologicals are only authorized under the following circumstances:

(a) immunizations are an integral part of general health maintenance. For EMT's to administer immunizations to the general public, the activity must be part of an official public health maintenance program, utilizing public health protocols, under the auspices of a district health officer. The administration of immunizations is to be under the direct supervision of a public health physician, nurse or other authorized public health provider. Individuals who receive immunizations from the EMT's must have or be referred to a primary care provider. The intent is that individuals should not receive sequential vaccinations without a primary care evaluation, unless specifically authorized by the local public health officer, in those cases the public health officer will work to arrange primary care for that individual.

(b) EMT-Intermediates (and EMT-Paramedics) may, under direct supervision, assist public health officials in the event of outbreaks or epidemics by administering immunizations or biologicals to affected populations. Examples of this include administering globulin during a Hepatitis A outbreak, or influenza vaccine during a flu epidemic.

(c) EMT-Intermediates (and EMT-Paramedics) may administer vaccines such as Hepatitis B, or apply and interpret TB skin tests (if they have completed appropriate training, see below), to fellow EMS and public safety personnel under the guidance of medical control.

(d) EMT-Intermediates (and EMT-Paramedics) may administer immunizations and biologicals, which are listed in the CDC Guidelines for Childhood and Adult Immunizations. TB skin tests may be applied and interpreted if the individual has successfully completed the Department of Health training course, "Principles and Techniques of Mantoux Skin Testing".

(e) in the event of disaster or emergency, the State EMS Medical Director may temporarily authorize the administration of other immunizations and biologicals not listed above. Legal basis: "The legal basis allowing the above expansion of the scope of practice for EMT's, and thereby avoiding the unauthorized practice of medicine, is found in the New Mexico Medical Practice Act. Section 61-6-17 H.

(1) NMSA 1978 states that as an exception to the Act, certain tasks and procedures may be delegated. These are "any act, task or function of laboratory technicians or technologists, x-ray technicians, nurse practitioners, medical or surgical assistants or other technicians or qualified persons permitted by law or established by custom as part of the duties delegated to them by: (1) a licensed physician or a hospital, clinic or institution licensed or approved by the Public Health Division of the Department of Health or an agency of the federal government; or (2) a health care program operated or financed by an agency of the state or federal government".

E. EMT-PARAMEDIC

(EMT-P):

- (1) allowable skills:
 - (a) all EMT-B and EMT-I skills
 - (b) direct laryngoscopy
 - (c) endotracheal intubation
 - (d) thoracic decompression (needle thoracostomy)
 - (e) surgical cricothyroidotomy
 - (f) venous cannulation
 - (g) cardioversion and defibrillation
 - (h) external cardiac pacing
 - (i) cardiac monitoring
 - (j) intravenous and intraosseous infusions of approved fluids
 - (k) administration of approved medications via the following routes:
 - (i) intravenous
 - (ii) intraosseous
 - (iii) intramuscular
 - (iv) subcutaneous
 - (v) nebulized aerosol
 - (vi) topical
 - (vii) endotracheal
 - (viii) rectal
 - (ix) intradermal
 - (x) sublingual
 - (l) use of infusion pumps
 - (m) initiation of blood and blood products with on-line medical control
- (2) allowable drugs:
 - (a) all EMT-Intermediate medications
 - (b) Adenosine (Adenocard)
 - (c) Albuterol
 - (d) Amioderone (Cordarone)
 - (e) Atropine Sulfate
 - (f) Benzodiazepines

- (injectable Diazepam [Valium], Lorazepam [Ativan], Midazolam [Versed]) (Rectal Diazepam)
- (g) Bretylium Tosylate (Bretylol)
- (h) Calcium preparations
- (i) Diphenhydramine
- HCL (Benadryl)
- (j) Dopamine Hydrochloride
- (k) Epinephrine
- (l) Furosemide (Lasix)
- (m) Glucagon
- (n) Lidocaine
- (o) Magnesium Sulfate
- (p) Narcotic analgesics (Meperidine [Demerol] and Morphine Sulfate)
- (q) Nitroglycerine
- (r) Oxytocin
- (s) Sodium Bicarbonate
- (t) Topical anesthetic ophthalmic solutions
- (3) drugs allowed for monitoring by Paramedics in transport:
 - (a) Potassium (no infusion pump needed if concentration not greater than 20mEq/1000cc)***
 - (b) Fibrolytic drugs (i.e., tPA, streptokinase, etc)***
 - (c) Procainamide***
 - (d) Heparin and Protamine Sulfate***
 - (e) Mannitol***
 - (f) Blood and blood products
 - (g) Aminophylline***
 - (h) Antibiotics
 - (i) Dobutamine (Dobutrex)***
 - (j) Sodium Nitroprusside (Nipride)***
 - (k) Insulin***
 - (l) Terbutaline***
 - (m) Norepinephrine (Levophed)***
 - (n) Methylprednisolone***
 - (o) Diltiazem***
 - (p) Glycoprotein IIb/IIIa inhibitors/antagonists***
 - (4) skills approved for monitoring by Paramedics in transport: internal cardiac pacing
 - (5) medications for administration during patient transfer: Retavase (second dose only)
 - (6) ***requires an infusion pump, when given by continuous infusion
 - (7) note 1: prior to accomplishing a new skill, technique, medication or procedure, it shall be documented by the service director, medical director, or approved EMS training institution that the

EMS provider has been appropriately trained to perform those new skills, techniques, medications or procedures.

[7.27.2.14 NMAC – Rp 7 NMAC 27.2.14, 9/13/01]

7.27.2.15 APPENDIX B: LEGAL RECOGNITION OF CERTIFICATION/LICENSURE IN OTHER STATES - RESERVED

[7.27.2.15 NMAC – Rp 7 NMAC 27.2.15, 9/13/01]

7.27.2.16 APPENDIX C: APPROVED TRAINING PROGRAMS - "Approved emergency medical services training program"

means a New Mexico emergency medical services training program that is sponsored by a post-secondary educational institution, is accredited by the Joint Review Committee on educational programs or active in the accreditation process, as verified by the chair of the Joint Review Committee on educational programs, or is approved by the Joint Organization on Education (JOE) and participates in the Joint Organization on Education. Currently, there are three approved EMS training programs:

A. Emergency Medical Services Academy
University of New Mexico, 2700 Yale SE., Albuquerque, New Mexico 87106, Tel: 505-277-5757. The EMS Academy is designated as the lead training agency for providers in New Mexico in Section 24-10B-12 NMSA 1978. The EMS Academy offers a full range of EMS training programs including EMS First Responder, EMT-Basic, EMT-Intermediate, and EMT-Paramedic courses.

B. Dona Ana Branch Community College, New Mexico State University, Box30001Dept3DA, Las Cruces, NM 88003-0001, Tel: 505-527-7733, Fax: 505-527-7515. DABCC currently offers a full range of Certified EMS First Responder, EMT-Basic, EMT-Intermediate and EMT-Paramedic programs.

C. Eastern New Mexico University, EMS Program, Box 6000, Roswell, NM 88202-6000, Tel: 505-624-7239. ENMU currently offers EMSFR, EMT-B, EMT-Intermediate and EMT-Paramedic programs.

[7.27.2.16 NMAC – Rp 7 NMAC 27.2.16, 9/13/01]

7.27.2.17 APPENDIX D: SPECIAL SKILLS APPLICATION AND REPORTING PROCEDURES

A. Purpose: Special Skills are those skills, procedures, and medications that are requested by an EMS service

to enhance emergency treatment capabilities beyond the normal Scope of Practice, as defined in the EMS Act. Use the enclosed procedures for application, reporting and renewal for Special Skills. Applications are reviewed and approved/disapproved by the Medical Direction Committee, and once approved, become a legally recognized addition to the service capabilities.

B. General: All levels of EMS personnel, including Certified EMS First Responders and all levels of licensed EMTs are eligible for Special Skills consideration for any procedure, skill or medication.

C. Application Procedure: The EMS Service Medical Director, or his/her designee, shall coordinate with the EMS Service Director, and shall make application for Special Skills to the EMS Medical Direction Committee.

D. Application Document: The application document for a special skill must be tailored to the level of the request. While the degree of detail in each section may vary to match the nature of the skill requested, all applications should include the following elements, in order:

(1) application cover page: Titled to state the requested special skill, date of application, name of service, Service Director name and Medical Director name.

(2) contact information page: Must include address and contact information for the service, Service Director and Medical Director

(3) letters of support: Must include individual letters of support from the Service Director and Medical Director. Additional letters of support from the local medical community and/or evidence of notification of the local medical community may be required. The need for letters of notification and support from the local medical community and who provides the letters must be adjusted to match the nature of the special skill requested.

(4) service description: Provide a concise description of the EMS service. This includes such items as basic call demographics relevant to the applicant, level of licensure of providers and names and locations of the primary receiving medical facilities.

(5) description of the special skill: Provide a description of the procedure, medication or requested skill. Include information on risks, benefits, indications and contraindications.

(6) justification and statement of need: Provide a statement explaining why the special skill is needed. This should include a description of the current medical intervention or alternative practice to the

special skill and a risk/benefit analysis that supports the special skill requested. The estimated number of potential interventions per year, other relevant statistical data and a statement indicating the level of current scientific information/studies to support the requested special skill. The level of scientific justification can be adjusted to match the level of the special skill requested.

(7) protocol: Provide a copy of the treatment protocol. Include other operational protocols relevant to the special skill, if applicable.

(8) training: Provide a training syllabus. This must include learning objectives and the training hours for initial and continuing education. This section should also include a description of the instructors, how training will be completed, and a description of the method used to initially evaluate the skill.

(9) QA/QI Program: Provide a description of the QA/QI process for the special skill, including frequency of evaluation, names and qualifications of the personnel involved in the process. Include a copy of the evaluation tool or forms that will be used, if applicable.

(10) the application and all supporting documentation shall be submitted to: IPEMS Bureau
State ALS Coordinator, Injury Prevention and EMS Bureau, 2500 Cerrillos Road, Santa Fe, NM 87505.

E. Applicants may involve the EMS Regional Offices when preparing a Special Skill request and include a letter evidencing Regional review. Applicants shall also forward a copy of their application to their EMS Regional Office when completed.

F. Upon receipt, the State EMS Medical Director and Advance Life Support Coordinator will review the application. The service will be notified if the application is found to be incomplete or to contain significant errors. Within ten (10) working days of receipt, completed applications will be forwarded to the members of the Medical Direction Committee.

G. Applications must be received at the Bureau at least forty-five (45) days prior to the next regularly scheduled Medical Direction Committee meeting to be placed on the agenda of that meeting for consideration by the Medical Direction Committee.

H. The Medical Direction Committee shall take action on all Special Skills applications on the agenda at their regularly scheduled meeting. The Medical Direction Committee may take the following actions on the application: Approved, approved with limitations or restrictions, denied or tabled with a request for a formal

presentation or additional information by the requesting Service Medical Director or their designee.

I. The Medical Direction Committee may give an approval subject to specific conditions, limitations or restrictions. This may include a written and/or practical examination.

J. Within ten (10) working days following the decision of the Medical Direction Committee, the State EMS Training Coordinator shall provide a written response to the applicant regarding the action of the Medical Direction Committee.

K. Special skills may not be utilized until receipt of the Special Skill approval letter from the Bureau. Any specific conditions or limitations will be evidenced in the approval letter from the Bureau.

L. Monitoring: It is expected that EMS services with approved special skills will continuously comply with the requirements of their application and approval letter. This includes, but is not limited to, such items as training curricula, approved instructors, quality assurance, protocols and data collection. Any changes to the approved application must be sent to the Advanced Life Support Coordinator for concurrence/coordination with the Medical Direction Committee.

M. The Medical Direction Committee may immediately suspend or revoke special skill privileges for an individual or service that loses medical direction, or fails to comply with the stated requirements, or for any other reason to protect the health and welfare of the people of New Mexico.

N. If a new Medical Director assumes control of a service with an active special skill program, the Bureau shall receive a letter of support from the new Medical Director within thirty (30) days or the special skill approval may be withdrawn.

O. The service shall maintain a current list of all providers trained and approved to utilize the special skill. This list must be provided to the Bureau upon request.

P. Reporting: The service shall provide to the State Advanced Life Support Coordinator periodic written special skill reports. During the first year, the report shall be due semi-annually, occurring on June 1 and December 1. Subsequent reports shall be due annually, on June 1.

Q. Report Document: The written special skill report shall include the following minimum elements:

(1) report cover page: Titled to state the special skill reported, date, name

of service, Service Director and Medical Director.

(2) contact information page: Shall include address and contact information for the service, Service Director and Medical Director.

(3) letters of support: Must include individual letters of continued support from the Service Director and service Medical Director.

(4) statistics and outcome data: Provide data on the utilization and patient outcomes involving the special skill. Do not include patient identifiers. ALL adverse outcomes related to the special skill must be reported.

(5) continuing education: Provide evidence of the continuing education program and refresher program.

(6) personnel list: Provide a list of all personnel authorized to perform the special skill.

(7) QA/QI Program: Provide evidence of the ongoing QA/QI program.

(8) renewal: During a regularly scheduled meeting, the Medical Direction Committee shall review all ongoing individual special skills programs on their three- (3) year anniversary and make a determination on renewal.

(9) if the Medical Direction Committee determines not to provide automatic renewal on an ongoing special skill program, the Advanced Life Support Coordinator shall provide a written notification to the Service Director and the service Medical Director within ten (10) working days.

(10) the special skills program will be placed on the agenda of the next, or subsequent, regularly scheduled meeting of the Medical Direction Committee and final determination regarding renewal will be made.

R. Special skills programs will remain active until a final determination regarding renewal has been made.

S. Special skills application:

- (1) general section
- (2) EMS service name
- (3) address
- (4) service chief/director
- (5) contact phone number
- (6) physician medical director

(7) physician/medical director contact phone number

(8) special skill proposed

(9) level of certification/licensure necessary for special skill

(10) estimated number of personnel to be trained

(11) estimated date of initial training

(12) training/quality assurance

(13) describe or identify the curriculum, including learning objectives, training hours, etc.

(14) please identify the lead instructor and provide a brief summary of their qualifications or attach a resume.

(15) resumes required for new instructors.

(16) if training/experience is required, provide a letter of commitment from the supporting institution.

(17) describe or attach a proposed Continuing Education Plan

(18) attach a description of Quality Assurance plan, including periodic case reviews, ongoing problem

(19) identification and steps for remedial action if necessary.

(20) signatures; person completing the application, service chief/service director and medical director.

(21) submit two (2) copies of the application in its entirety to: IPEMS Bureau, State ALS Coordinator, 2500 Cerrillos Rd., Santa Fe, NM 87505

(22) Submit one copy to the Regional Office.

[7.27.2.17 NMAC – Rp 7 NMAC 27.2.17, 9/13/01]

7.27.2.18 APPENDIX E: CERTIFICATION AND LICENSING APPLICATION

A. Section I- Initial Application for Certification or Licensure

(1) General: To apply for certification as an Emergency Medical Dispatcher (EMD), EMD- Instructor, or EMS First Responder, or licensure as an EMT-Basic, Intermediate, or Paramedic, the Certification/Licensure Application Form shall be used. The instructions for this form are included in the Application Packet, which is available at the EMS Bureau.

(2) the EMS levels currently authorized in New Mexico are Certified EMS First Responder, Certified Emergency Medical Dispatcher (EMD) and EMD-Instructor, Licensed EMT-Basic, EMT-Intermediate and EMT-Paramedic. State examinations are not required for Certified EMD, EMD-Instructor.

B. Registration for Training and/or Certification/Licensure

(1) Purpose: The form has been developed by the EMS Bureau as part of the new statewide EMS information management system. It serves three primary purposes towards applying for certification or licensure. These are:

(a) to register in-state

candidates for training with a New Mexico Approved EMS Training Program and the EMS Bureau, thus establishing an EMS candidate record at the beginning of EMS instruction; or,

(b) for use by former EMS personnel whose certification or licensure has expired within the past three (3) years to Re-enter the EMS field at the same level; or

(c) for use by out-of-state candidates to apply for testing, certification or licensure.

(2) this form is used to establish a person's record in the EMS Registry as a candidate for certification/licensure. Normally, for in-state EMT courses, the form is completed during the course, with the assistance of the course Instructor. It is used by the approved EMS Training Program and the EMS Bureau to register persons for training and establish them as a licensure candidate, respectively.

(3) for those individuals applying for certification as an EMD, EMD-Instructor, the Initial Application for Certification or Licensure shall be used. The application may be requested at the phone number or address listed below.

(4) for those individuals Re-entering the EMS field or for those applying from out-of-State, this form is necessary for instructions.

(5) to request a complete Certification/Licensure Application Package, including the Certification/Licensure Application Form, call the IPEMS Bureau at 505-476-7701 or write the IPEMS Bureau at: IP&EMS Bureau, Attn: Operations Section, 2500 Cerrillos Road, Santa Fe, New Mexico 87505

(6) a package will be sent to in the mail containing all forms required.

(7) original forms will only be accepted at the EMS Bureau, as an optical scanner scans these forms.

C. General: The Test Request Application Form is used by in-state EMS First Responder, EMT Basic, Intermediate, and Paramedic course graduates to request an examination site and to forward their certification/licensure documentation to the IP & EMS Bureau. It allows the Bureau, in most cases, to effectively schedule candidates for the examination site of their choice. It is not used to certify as an EMD, EMD Instructor. This form is only used by in-State personnel applying for an EMT licensure examination.

D. Test Request Application

(1) Purpose: This form is used to apply for a State examination site. It is used by in-state EMS course graduates who

have already completed the Registration for Training and Certification/ Licensure Application form and who are listed as a candidate in the New Mexico Registry of EMS Personnel.

In-state EMS course graduates will have already completed the Registration for Training and/or Certification/Licensing Application during their course. If, for some reason, the application was not filled out, call the Bureau at the number below and an application will be mailed out.

(2) in all cases of certification/ licensure (EMSFR, EMT-B, EMT-I, and EMT-P), the Registration for Training and/or Certification/Licensure Application is required to be scanned into the Bureau's computer system prior to the Test Request Application Form.

(3) only original forms will be accepted at the IP & EMS Bureau. To request a complete Test Request Application Package call the EMS Bureau at 505-476-7701 or write to the Bureau at: EMS Bureau, Attn: Operations Section, 2500 Cerrillos Road, Santa Fe, New Mexico 87505

(4) a Test Request Application Package will be sent in the mail.

E. Certified EMS First Responder

(1) Certified EMS First Responder Refresher Course Completion Certificate

(2) current CPR Card

(3) documentation of eight (8) hours of Bureau approved BLS medical subjects/skills continuing education

F. Certified EMD

(1) current CPR card, or if physically unable to be certified for BLS CPR, provide written documentation of current knowledge and practical applications of BLS CPR

(2) eight (8) hours of Bureau-approved medical subjects/skills

(3) eight (8) hours of Bureau-approved dispatch related subjects/skills

(4) if currently licensed as an EMT-B, EMT-I or EMT-P, may use CE's obtained toward renewal of EMT-B, EMT-I or EMT-P renewal for renewal of EMD certification

G. Certified EMD-Instructor

(1) current CPR card, or if physically unable to be certified for BLS CPR, provide written documentation of current knowledge and practical applications of BLS CPR.

(2) current licensure as an EMT-B or higher. May use CE's obtained toward renewal of EMT-B, EMT-I or EMT-P toward EMD-I renewal of EMD-Instructor renewal

H. EMT-Basic

(1) EMT-Basic Refresher Course Completion Certificate

(2) current BLS CPR card

(3) documentation of twenty four (24) hours of Bureau approved continuing education, including:

(a) twelve (12) hours of Bureau approved BLS medical subjects/skills

(b) twelve (12) hours of any form of Bureau approved CE's (BLS medical, ILS/ALA medical, combination BLS/ILS/ALS medical, non-medical)

I. EMT-Intermediate

(1) EMT-Intermediate Refresher Course Completion Certificate

(2) current CPR card

(3) documentation of thirty (30) hours of Bureau approved continuing education, including:

(a) ten (10) hours of Bureau approved ILS/ALS medical subjects/skills

(b) twenty (20) hours of any form of Bureau approved CE's (BLS medical, ILS/ALS

medical, combination BLS/ILS/ALS medical, non-medical)

(c) statement of skills competency from medical director

J. EMT-Paramedic

(1) EMT-Paramedic Refresher Course Completion Certificate

(2) current ACLS card

(3) documentation of forty eight (48) hours of Bureau approved CE's, including:

(a) twenty four (24) hours of Bureau approved ILS/ALS medical subjects/skills

(b) twenty four (24) hours of Bureau approved CE's (BLS medical, ILS/ALS

medical, combination BLS/ILS/ALS medical, non-medical)

(c) statement of skills competency from medical director

K. Note: Renewal requirements must be met prior to midnight of the December 31 that

occurs prior to the expiration date. Original forms will only be accepted at the IPEMS Bureau. To request a complete Renewal Application Package, call the IPEMS Bureau at 505-467-7701, or write the IPEMS Bureau at:

IPEMS Bureau, Attn: Operations Section, 2500 Cerrillos Rd., Santa Fe, NM 87505. A Renewal Application Package will be sent in the mail

L. Section III - Continuing Education (CE) Guidelines

(1) Background: This packet has been developed for New Mexico EMS

Service/System training coordinators, directors, medical directors and EMS educators. Its purpose is to assist in the design, approval and record keeping process for educational programs designed to provide CE opportunities to certified Emergency Medical Dispatchers, EMS First Responders and licensed EMTs. Due to the increasing number of CE programs being offered statewide as well as nationally, the standardization of CE application procedures is essential.

(2) Purpose: Continuing Education means EMS training that is pre-approved by the EMS Bureau and which is required biennially for renewal of certification or licensure. CE's are awarded in the following four categories: BLS Medical, ILS/ALS Medical, Non-Medical and All-Level. CE is considered to be any form of formal training that relates to the current Scope of Practice as defined by the State EMS Medical Direction Committee, or training which relates to the national standard curricula. CE subject matter is not limited to specific areas of defined licensure. Simply stated, EMS services and personnel are now encouraged to further their education in the manner that they deem most appropriate for their needs.

(3) General: All levels of EMS personnel including: Certified EMD and EMD-I, Certified EMS First Responder, EMT-Basic, EMT-Intermediate, and EMT-Paramedic are required to complete a specified number of hours of CE that has been approved by the IP&EMS Bureau. All CE programs must be reviewed and pre-approved by the State EMS Training Coordinator prior to presentation of the course. CE programs will be disapproved if not submitted in this manner. In order to insure sufficient time for review and processing, at least thirty (30) workdays should be allowed prior to presentation of the program. The applicant will be notified in writing of the approval or disapproval of the request. Please complete the application in full, and please type or print legibly. If additional space is needed for course objectives, attach additional pages to the application. Please feel free to copy the form as needed.

(4) Annual Service Approval: EMD Agency's (EMDA) and EMS services may use a single application for up to twenty-four (24) months of in-service classes. The application must provide an outline of the training subjects to be considered, the service approval number and the licensure level of all instructors. EMDA and EMS service approval numbers may be used repeatedly if the program is presented in different areas. All EMDA and EMS service approval numbers will be recognized only if

the pre-identified EMS service CE Coordinator(s) signature appears on the CE certificate. Each EMDA and EMS service may identify a maximum of two CE Coordinators. CE Coordinators do not need to be instructors, nor are they required to physically teach all courses. CE Coordinators are expected to provide the leadership and coordination necessary for successful EMS training. CE Coordinators are also responsible for insuring the quality and integrity of the offerings.

(5) Record Keeping: Once approval of a CE program is obtained and the course is presented, records of attendance must be maintained at the service headquarters or administrative offices. The EMS Bureau reserves the right to audit the records of approved CE programs, therefore it is required that records be kept for a minimum of thirty-six (36) months by the CE Coordinator at the service headquarters or administrative offices.

In order for participating EMS personnel to receive credit, each individual should be given a certificate or letter of attendance/completion and advised to retain it until their certification or licensure renewal. Many EMDA and EMS services have computerized records of their personnel concerning CE. The Bureau will recognize CE summary documentation (on letterhead) from EMDA or EMS Service Directors, Training Coordinators, Medical Directors, or CE Coordinators. Individual certificates received by the Bureau outside of licensure renewal packets will be returned. Do not send in attendance records or copies of completion for each CE program.

Customized documentation is allowed as long as it is on agency letterhead and contains the following elements:

- (a) location and date of the CE program
- (b) title of the program
- (c) number of actual contact hours
- (d) type of CE
- (e) name of participant
- (f) name and licensure level of CE Instructor
- (g) signature of CE Coordinator
- (h) the statement: "Reviewed and Approved by the New Mexico EMS Bureau for Continuing Education"

(i) EMS Bureau Approval Number

(6) CE Categorization (Five Types):

(a) Basic Life Support (BLS) Medical CE are those subjects which are primarily targeted at medical subjects

and/or skills contained in the EMT-Basic curriculum and Scope of Practice.

(b) Intermediate Life Support/Advanced Life Support (ILS/ALS) Medical CE are those subjects which are primarily targeted toward advanced medical subjects and skills as covered in the EMT-Intermediate and EMT-Paramedic curriculum and Scope of Practice.

(c) BLS and ILS/ALS medical CE are those subjects whose goals and objectives provide the students with additional knowledge and/or review in emergency medical skills. These programs may include conferences, seminars, workshops or courses.

(d) Non-Medical CE: Non-Medical CE shall be any EMS related subjects or skills that are not clearly medical in nature including:

(e) EMD targeted CE: CE's that are targeted primarily towards EMD functions and shall be pre-approved by the State ALS Coordinator.

(7) approval numbers and types: Approval numbers will be issued upon approval by the Bureau. CE Numbers shall not be used for any CE workshop other than those previously reviewed and approved.

(8) non-eligible requests: The EMS Bureau will not accept conference registration forms as evidence of CE participation. The EMS Bureau reserves the right to deny any program that is not pre-approved prior to attendance. Handwritten notes about courses attended or telephone calls from instructors will not be accepted.

(9) conference approval requests: Conference Coordinators may apply for CE approval of their Conference. Generally, the more information provided, the quicker the approval. Photocopies of Conference brochures, outlines, lecture objectives, and specified contact time will all assist in the prompt response of your request. Conferences may be approved by either an approval number, or by a response letter that may be distributed to applicants. If a response letter is used, attendees must also submit a Conference certificate for approval.

(10) authorship approval: The Bureau supports the study and research of pre-hospital issues in emergency medicine. As such, Continuing Education may be awarded for EMS articles written by EMS personnel for newspapers, magazines, journals, and other periodicals. EMS personnel shall submit a CE application form with the article attached, for consideration of award of CEs. The article in question must be written and submitted during the current licensure or certification period. The State EMS Training Coordinator will determine

the specific award and notify the applicant. In no case shall more than twelve (12) hours towards renewal come from authorship.

(11) standing approval: Continuing education programs that are endorsed/approved by the following agencies will be given direct equivalency approval:

(a) Regional EMS CE workshops

(b) Regional EMS conferences & mini-conferences

(c) C.E.C.B.EMS national approval

(d) National JEMS EMS Today Annual Conference

(e) Colorado Annual Symposium on Emergency Care (Durango)

(f) Formalized EMS Professional Journal/Magazine CE Program

(g) NASAR Wilderness EMT and First Responder & First Responder programs

(h) AED programs

(i) "Saving Our Own"

(12) approved EMS Training Programs course completion certificates for specialized courses including, but not limited to:

(a) Pediatric Advanced Life Support (PALS) (PEP)

(b) Neonatal Resuscitation Program (NRP)

(c) Advanced Cardiac Life Support (ACLS)

(d) BLS Cardio-Pulmonary Resuscitation (CPR)

(e) Pre-hospital Trauma Life Support (PHTLS)

(f) Bureau approved Emergency Medical Dispatcher/Update/Refresher

(g) DPS Dispatch Training Course

(13) additional courses may be reviewed and approved by the Bureau. Contact the EMS Bureau for an up-to-date listing of courses that have been granted standing approval.

(14) EMS Related College Courses: Anyone interested in receiving credit for college courses will need to include a copy of their transcripts, a brief justification for the request, relevance to EMS, and the CE application. No more than one half of the required CE hours for a given EMS level may be awarded.

(15) EMS Video Presentations: Usually the manufacturers of these video tapes will have already applied for an approval number. Please check with them prior to applying for an approval. Videos from EMS publishers are not automatically approved. Currently the only approved EMS Video presentations are:

(a) Pulse EMS/Rescue Video Series (shall be submitted through the service CE coordinator)

(b) Lifeguard One Helicopter Training Video

(c) Mobile Interactive Video Series on Pediatric Emergencies

(d) C.I.S.D./Stress Management Training Videos

(e) EMS Region III Video Training Program

(16) Please direct any comments, questions or concerns regarding Continuing Education to: State EMS Training Coordinator, IP&EMS Bureau, 2500 Cerrillos, Santa Fe, New Mexico 87505, telephone 505-476-7701, fax 505-476-7010

[7.27.2.18 NMAC – Rp 7 NMAC 27.2.18, 9/13/01]

7.27.2.19 APPENDIX F: EMS PERSONNEL JOB DESCRIPTIONS

A. Introduction: The Bureau is providing the following general position description for the New Mexico EMS provider positions of First Responder, EMT-Basic, EMT-Intermediate, and EMT-Paramedic. It is the ultimate responsibility of an employer to define specific job descriptions within each EMS service.

B. Qualifications:

(1) successfully complete a recognized training course from a New Mexico approved EMS training institution.

(2) possess a valid course completion certificate, and accomplish all state certification/licensure examination application requirements.

(3) additionally applicants shall meet all established requirements for initial licensing as identified by the current EMS licensure regulations.

(4) a copy of these regulations is available through the EMS Bureau.

(5) generally, the knowledge and skills required demonstrate the need for a high school education or equivalent.

(6) ability to communicate verbally; via telephone and radio equipment

(7) ability to lift, carry, and balance up to 125 pounds (250 pounds with assistance);

(8) ability to interpret written, oral, and diagnostic form instructions;

(9) ability to use good judgment and to remain calm in high-stress situations;

(10) ability to work effectively in an environment with loud

noises and flashing lights;

(11) ability to function efficiently throughout an entire work shift;

(12) ability to calculate weight and volume ratios and read small English print, both under life threatening time constraints;

(13) ability to read and understand English language manuals and road maps;

(14) accurately discern street signs and address numbers;

(15) ability to interview patient, family members, and bystanders;

(16) ability to document, in writing, all relevant information in a prescribed format;

(17) ability to converse orally and in written form in English with coworkers and hospital staff as to status of patient.

(18) good manual dexterity, with ability to perform all tasks related to the highest quality of patient care.

(19) ability to assume a variety of postural positions to carry out emergency and non-emergency patient care, including light extrication; from crawling, kneeling, squatting, twisting, turning, bending, to climbing (stairs and ladders), and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture.

(20) ability to work in low light, confined spaces and other dangerous environments.

C. Competency Areas:

(1) Certified EMS First Responder: Must demonstrate competency handling emergencies utilizing all Basic Life Support equipment and skills in accordance with all behavioral objectives of the approved New Mexico curriculum of First Responder, to include the ability to demonstrate competency for all skills and procedures currently approved for the First Responder, as identified by the current Scope of Practice document.

(2) Emergency Medical Technician-Basic: Must demonstrate competency handling emergencies utilizing all Basic Life Support equipment and skills in accordance with all behavioral objectives of the approved New Mexico curriculum of EMT-Basic, and to include the ability to demonstrate competency for all skills and procedures currently approved for the EMT-Basic, as identified by the current Scope of Practice document.

(3) Emergency Medical Technician-Intermediate: Must demonstrate competency handling emergencies utilizing all Basic Life Support and Intermediate Life

Support equipment and skills in accordance with all behavioral objectives of the approved New Mexico curriculum of EMT-Intermediate, and to include the ability to demonstrate competency for all skills and procedures currently approved for the EMT-Intermediate, as identified by the current Scope of Practice document.

(4) Emergency Medical Technician-Paramedic: Must demonstrate competency handling emergencies utilizing all Basic Life Support and Advanced Life Support equipment and skills in accordance with all behavioral objectives of an approved New Mexico curriculum of EMT-Paramedic, and to include the ability to demonstrate competency for all skills and procedures currently approved for the EMT-Paramedic, as identified by the current Scope of Practice document.

D. Description of Tasks
(For all EMS levels):

(1) receives call from dispatcher, responds verbally to emergency calls, reads maps, may drive emergency vehicle to emergency site, uses most expeditious route, and observes traffic ordinances and regulations.

(2) determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultate breath sounds, makes determination regarding patient status, establishes priority for emergency care, may administer intravenous drugs or fluid replacement as authorized by level of licensure and scope of practice.

(3) may use equipment and other devices and procedures as authorized by level of licensure and scope of practice.

(4) assists in lifting, carrying, and transporting patient to an ambulance and to a medical facility.

(5) reassures patients and bystanders and searches for medical identification emblem to aid in care.

(6) extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radio dispatcher for additional assistance or services, provides light rescue service if required and trained, provides additional emergency care following service established protocols.

(7) complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene.

(8) determines appropriate facility to which patient will be transported, report nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department staff.

(9) observes patient in route

and administers care as directed by physician or service-established protocols.

(10) identifies diagnostic signs that require communication with facility.

(11) assists in removing patient/s from ambulance and into emergency facility.

(12) reports verbally, and in writing, observations about and care of patient at the scene, en-route to facility, and to the receiving facility,

(13) provides assistance to emergency department staff as required.

(14) replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure, maintains familiarity with all specialized equipment.

[7.27.2.19 NMAC – Rp 7 NMAC 27.2.19, 9/13/01]

7.27.2.20 APPENDIX G: CORE SCOPES OF PRACTICE FOR EMS PERSONNEL WITH A TEMPORARY LIMITED LICENSE

A. Certified Emergency Medical Dispatcher (EMD): Allowable Skills: EMD's who are educated in an EMD training program which has been approved by the Bureau; and, who are currently certified by the Bureau; and, who function with a New Mexico Emergency Medical Dispatch Agency (EMDA) that uses the Emergency Medical Dispatch Priority Reference System (EMDPRS), may perform the following in compliance with the protocols established by the EMDA Medical Director:

(1) process calls for medical assistance in a standardized manner, using the approved EMDPRS protocol to elicit required information for evaluating, advising, and treating sick or injured individuals, and dispatching an appropriate EMS response.*

(2) provide pre-arrival instructions to the patient through the caller when possible and appropriate to do so while functioning in compliance with the EMDPRS.*

(3) *UNDER MEDICAL DIRECTION

(4) note: Prior to accomplishing a new skill, technique, medication, or procedure, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, techniques, medications, or procedures.

B. Certified EMS First Responders:

(1) Allowable Skills:
(a) basic Airway Management.

(b) use of basic adjunctive airway equipment.

(c) suctioning

(d) cardiopulmonary resuscitation

(e) obstructed airway management

(f) bleeding control via direct pressure

(g) spine immobilization; basic splinting.

(h) scene assessment, triage, scene safety.

(i) use of statewide EMS communications system.

(j) emergency child-birth (normal presentation).

(2) allowable drugs: Oxygen
(3) note: prior to accomplishing a new skill, technique, medication, or procedure, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, techniques, medications, or procedures.

C. EMT-Basic:

(1) allowable skills:
(a) all Core (temporary limited) Scope of Practice Skills for Certified EMS First Responders

(b) use of airway adjunctive equipment

(c) cardiopulmonary resuscitation

(d) splinting

(e) wound management

(f) use of statewide EMS communications system

(g) pneumatic anti-shock trousers*

(h) use of pulse oximetry

(i) emergency child-birth (normal and abnormal presentation)

(j) use of pulse oximetry

(k) emergency child-birth (normal and abnormal presentation)

(2) allowable drugs: oxygen
(3) *UNDER MEDICAL DIRECTION

(4) note: Prior to accomplishing a new skill, technique, medication or procedure, it shall be documented by the service director, medical director or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, tech-

niques, medications or procedures.

D. EMT-Intermediate

- (1) allowable skills:
- (a) all core (temporary limited) scope of practice skills for an EMT-Basic
 - (b) peripheral venous puncture
 - (c) blood drawing
 - (d) I.V. fluid therapy (except blood or blood products)
 - (e) use of multi-lumen airways (examples: PTLA and Combitube)
- (2) allowable drugs:
- (a) all allowable core scope of practice medications for the EMT-Basic
 - (b) 50% Dextrose-intravenous*
 - (c) Naloxone (Narcan)-intravenous and subcutaneous*
- (3) *UNDER MEDICAL CONTROL

(4) note: Prior to accomplishing a new skill, technique, medication or procedure, it shall be documented by the service director, medical director or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, techniques, medications or procedures.

E. EMT-Paramedic

- (1) allowable skills:
- (a) all core (temporary limited) scope of practice skills for an EMT-Basic and EMT-Intermediate
 - (b) direct laryngoscopy
 - (c) endotracheal intubation
 - (d) thoracic decompression (needle thoracostomy)
 - (e) surgical cricothyroidotomy
 - (f) transtracheal jet insufflation
 - (g) venous cannulation
 - (h) cardioversion and defibrillation
 - (i) external cardiac pacing
 - (j) cardiac monitoring
 - (k) intravenous and intraosseous infusions of approved fluids
- (2) administration of approved medications via the following routes:
- (a) intravenous
 - (b) intraosseous
 - (c) intramuscular
 - (d) subcutaneous
 - (e) nebulized aerosol
 - (f) topical
 - (g) endotracheal

[7.27.2.20 NMAC – 7 NMAC 27.2.20, 9/13/0]

History of 7.27.2 NMAC:

Pre-NMAC History:

Material in this part was derived from that previously filed with the commission of public records - state records center and archives as:

DOH Regulation 95-04 (CHSD), Regulations Governing The Certification and Licensing of Emergency Services Personnel, filed 10-25-95.

History of Repealed Material: 7 NMAC 27.2, Certification and Licensing of Emergency Medical Services Personnel, filed 11-26-96 repealed, effective 9-13-01

Other History:

DOH Regulation 95-04 (CHSD), Regulations Governing The Certification and Licensing of Emergency Medical Services Personnel, filed 10-25-95, renumbered and reformatted to and replaced by 7 NMAC 27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel, filed 11-26-96.

**NEW MEXICO
DEPARTMENT OF HEALTH**

PUBLIC HEALTH DIVISION

TITLE 7 HEALTH

CHAPTER 27 EMERGENCY MEDICAL SERVICES

PART 4 EMERGENCY MEDICAL SERVICES FUND ACT

7.27.4.1 ISSUING AGENCY:

New Mexico Department of Health

[7.27.4.1 NMAC – Rp 7.27.4.1 NMAC, 9/13/2001]

7.27.4.2 SCOPE: The Emergency Medical Services Fund Act shall apply to requests made for funds available pursuant to the Emergency Medical Services Fund Act, Section 24-10A-1, et seq., NMSA 1978.

[7.27.4.2 NMAC – Rp 7.27.4.2 NMAC, 9/13/2001]

7.27.4.3 STATUTORY

AUTHORITY: These rules are promulgated pursuant to the following statutory authorities: 1) the Department of Health Act, Section 9-7-6.E., NMSA 1978, which authorizes the Secretary of the Department of Health to “. . . make and adopt such reasonable and procedural rules and regula-

tions as may be necessary to carry out the duties of the department and its divisions”, and; 2) the Emergency Medical Services Fund Act (as amended by Laws of 2001, Chapter 273), Section 24-10A-3.1., NMSA 1978, which authorizes the Department of Health to adopt rules to carry out the provisions of the Act.

[7.27.4.3 NMAC – Rp 7.27.4.3 NMAC, 9/13/2001]

7.27.4.4 DURATION:

Permanent.

[7.27.4.4 NMAC – Rp 7.27.4.4 NMAC, 9/13/2001]

7.27.4.5 EFFECTIVE DATE:

September 13, 2001, unless a later date is cited at the end of a section.

[7.27.4.5 NMAC – Rp 7.27.4.5 NMAC, 9/13/2001]

7.27.4.6 OBJECTIVE:

The objective of Part 4, of Chapter 27 is to establish standards and procedures for regulating programs under the Emergency Medical Services Fund Act. These standards and procedures are designed for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life. These rules will inform New Mexico municipalities and counties of the procedures to access funds. The Department of Health, through the Injury Prevention and Emergency Medical Services Bureau, will administer the fund pursuant to the Emergency Medical Services Fund Act and these rules.

[7.27.4.6 NMAC – Rp 7.27.4.6 NMAC, 9/13/2001]

7.27.4.7 DEFINITIONS:

A. “Accumulation” means the expenditure or disposition in any current fiscal year of funds distributed in any prior fiscal year. However, a municipality or county may accumulate balances to purchase vehicles or equipment if the accumulation and a purchase plan have been approved by the bureau.

B. “Act” means the Emergency Medical Services Fund Act, Section 24-10A-1, et seq., NMSA 1978 (as amended by Laws of 2001, Chapter 273).

C. “Advisory Committee” means those individuals, representing specific agencies, organizations, and consumers appointed by the Secretary to advise the Bureau on statewide EMS policy matters.

D. “Ambulance Service”

means any publicly or privately owned entity holding a current certificate of the New Mexico Public Regulation Commission as an emergency response ambulance service and subject to the rules and regulations of the Public Regulation Commission or its successor agency.

E. "Applicant" means any incorporated municipality or county applying on behalf of a local recipient. For special funding applications (i.e., Statewide and Local System Improvement Projects), Applicant also includes EMS Regional Office, approved Training Institution or the Bureau.

F. "Area" for purposes of pro-rata allocation of designated funds by county as described in Subsection D of 7.27.4.11 NMAC, of these rules, means the area, expressed in square miles, for each New Mexico county as reported in the U.S. Department of Commerce publication entitled Area Measurement Reports, Areas of New Mexico: (most recent edition).

G. "Bureau" means the Injury Prevention and Emergency Medical Services Bureau of the Public Health Division, New Mexico Department of Health.

H. "Chief" means the Chief of the Injury Prevention and Emergency Medical Services Bureau.

I. "Department" means the New Mexico Department of Health.

J. "Director" means the Director, Public Health Division.

K. "Division" means the Public Health Division.

L. "Eligible item" means a cost or item of proposed expenditure under the Local EMS Funding Program which is eligible for funding under the Act and includes those categories listed in Subsection N of 7.27.4.11 NMAC of these rules.

M. "Emergency Medical Dispatch Agency (EMDA)" means any organization, or a combination of organizations working cooperatively, that routinely accepts calls for emergency medical assistance and employs Emergency Medical Dispatch Priority Reference System (EMD-PRS) techniques.

N. "EMS" means the services rendered by emergency medical technicians, certified emergency medical services first responders or emergency medical dispatchers in response to an individual's need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury.

O. "EMS Regional Office" means those regional planning and development agencies formally

recognized and supported by the Bureau.

P. "Fiscal Year" means the State fiscal year that runs from July 1 through June 30 each year.

Q. "Federal Fiscal Year" means the federal fiscal year that runs from October 1 through September 30 each year.

R. "Fund" means the Emergency Medical Services Fund.

S. "Licensing Fees" mean the licensure fees, licensure renewal fees, and travel and per-diem expenses associated with the licensing and the certification process in New Mexico required of Emergency Medical Technicians and Certified EMS First Responders under current regulations governing the Certification and Licensing of EMS Personnel.

T. "Local EMS personnel" means any individual who is authorized to provide pre-hospital care and is affiliated with a local recipient.

U. "Local Emergency Medical Services System" means coordinated system of health care in a defined geographic area, including but not limited to community education and prevention programs, centralized access, emergency medical dispatch, law enforcement, certified/licensed EMS personnel, fire medical rescue, ambulance, and hospital which support, respond to and/or provide emergency medical care in an organized fashion to the real or perceived needs of sick or injured persons in New Mexico and its border areas. For the purpose of funding, Local Emergency Medical Service System means one or more local recipients within a single EMS System.

V. "Local recipient" means an ambulance service, medical rescue service, fire department rescue service or fire district, air ambulance service, or other pre-hospital care provider:

(1) that routinely responds to an individual's need for immediate medical care in order to prevent loss of life or aggravation of physical or psychological illness or injury;

(2) whose application for funding through the Emergency Medical Services Fund Act is sponsored by a municipality or county;

(3) that meets Department guidelines concerning personnel training, use of Bureau-approved run forms, participation in mutual aid agreements and medical control and;

(4) receives funds distributed under the Act and these Rules.

W. "Medical Director" means a physician currently licensed or otherwise authorized to practice in

New Mexico who directs or supervises the practice of EMS personnel, or assists in the development and approval of local protocols and who participates in the development and implementation of quality assurance activities and training programs in connection with an EMS provider.

X. "Medical-rescue service" means a provider that is part of the emergency medical services system but not subject to the authority of the Public Regulation Commission or its successor agency, under the Ambulance Standards Act (Sections 65-6-1 to 65-6-6, NMSA 1978) and which may be dispatched to the scene of an emergency to provide rescue or medical care.

Y. "Population" for purposes of pro-rata allocation of designed funds by county as described in Subsection D, Paragraph (1) 7.27.4.11 NMAC of these rules, means the population estimates for each New Mexico county as shown in the most recent report of provisional figures in the U.S. Department of Commerce publication entitled Population Estimates, "Estimates of the Population of New Mexico Counties and Metropolitan Areas: (Identifier)".

Z. "Pre-hospital Data Base Program" means the routine submission of essential pre-hospital data elements as defined by the Bureau via Bureau provided run forms or other methods.

AA. "Prevention Program" means a planned activity with a defined purpose, stated objectives, implementation schedule and an evaluation component that seeks to prevent or reduce illness or injury. Examples include but not limited to bicycle helmet promotion, seat belt awareness campaign, child car seat distribution program, DWI prevention and first aid training.

BB. "Qualified Instructor" means any individual who through education, training, and experience is approved by an Approved EMS Training Program to teach local EMS personnel or by the Bureau to teach continuing education.

CC. "Salaries and benefits" means regular compensation for services or work, including other payments made in accord with a salary agreement, such as insurance, retirement, leave accrual, etc.

DD. "Statewide" for the purpose of Statewide EMS System Improvement Projects means two (2) or more EMS local systems, counties, training Institutions, an EMS Regional Office or the Bureau, which support, respond to and/or provide medical care in an organized fash-

ion to the real or perceived needs of at risk, sick or injured persons in New Mexico and its border areas.

EE. "Routinely responds" means that the local recipient is available and may be dispatched to a medical or traumatic emergency twenty-four (24) hours per day, seven (7) days per week.

FF. "Run" means an EMS response dispatched to an existing or potential medical event, by one or more local recipients to provide EMS assistance and/or transportation of a patient, regardless of the number of patients on scene.

GG. "Secretary" means the Secretary of the New Mexico Department of Health.

HH. "Training program" means any course provided by an Approved EMS Training Program or any continuing education approved by the Bureau.

II. "Tuition" means those charges, including fees and text books, for the enrollment of students in approved EMS Training Programs, continuing education, and conferences relevant to the education and training of local EMS personnel.

[7.27.4.7 NMAC – Rp 7.27.4.7 NMAC, 9/13/2001]

7.27.4.8 DUTY OF THE BUREAU:

The Bureau shall administer the Fund and provide for the distribution of the Fund pursuant to the Act and these rules. The Bureau shall certify the names and the amount distributed to each applicant and local recipient in accordance with the provisions of the Act and these Rules. To accumulate funds, municipalities or counties shall submit an accumulation and purchase plan, in writing to the bureau. The bureau shall review and approve/disapprove the plan in writing. Accumulated funds shall only be expended as outlined in the bureau approved purchase plan.

[7.27.4.8 NMAC – Rp 7.27.4.8 NMAC, 9/13/2001]

7.27.4.9 ANNUAL REPORT:

The Bureau shall prepare an annual report which includes a summary of the current fiscal year distribution, the number of approved applications for the Local Funding Program, Local and Statewide System Support Projects, the Vehicle Purchase Program and the approved budgets for administration and the Trauma Support Program. In addition, the report will include the dollar amounts requested, amount of appropriation, average distribution amount, the types of local recipients,

total number of runs, and a break down of the distribution by county. The report shall be made available to public entities and the public on request.

[7.27.4.9 NMAC – Rp 7.27.4.9 NMAC, 9/13/2001]

7.27.4.10 EXTENSION OF TIME:

Extension of time for the filing of any application or document may be granted, if the person seeking the extension can show good cause to the satisfaction of the Chief. Requests for extension of time shall be received in writing in advance of the date on which the application or document is due to

be filed. No extension shall exceed ten (10) calendar days. Extensions shall be confirmed or denied in writing.

[7.27.4.10 NMAC – Rp 7.27.4.10 NMAC, 9/13/2001]

7.27.4.11 LOCAL EMS FUNDING PROGRAM:

In any fiscal year, no less than seventy-five percent

(75%) of the money in the Fund shall be used for the Local Emergency Medical Services Funding Program. The Program shall provide for: the establishment or enhancement of local emergency medical services; operational costs other than salaries and benefits of local emergency medical services personnel, purchase, repair and maintenance of emergency medical services vehicles, equipment and supplies; implementation of prevention program and the training and licensing of local emergency services personnel.

A. ASSURANCES: The Bureau shall authorize distributions from money in the Fund to the extent

Funds are available during any fiscal year. Distribution from money in the Fund shall be made only to applicants on behalf of local recipients, that:

(1) submit an approved application to the Bureau;

(2) demonstrate a need for a distribution from the Fund and the amount required;

(3) agree to expend funds distributed from the Fund only for the purposes stated in the application and approved by the Bureau.

(4) authorization of the chief executive of the incorporated municipality or county on behalf of the local recipient upon vouchers issued by the treasurer and/or fiscal agent of each political subdivision shall also be required. Accountability and reporting of these funds shall be in accordance with the requirements set forth by the Local Government Division of the New Mexico Department of Finance and Administration; and

(5) agree that the funds distributed under the Act will not supplant other funds budgeted and designated for emergency medical service purposes by the applicant. Applications for distributions of money from the Fund shall be accompanied by a certified statement that the applicant shall not supplant any other public monies available for these same purposes.

B. UPPER FUNDING LIMITATION - STATUTORY REQUIREMENT:

No more than one percent (1%) may be distributed from the Fund through any one county or municipality in any one fiscal year on behalf of any one local recipient whose proposal for assistance has been approved by the incorporated county or municipality. The Advisory Committee will annually recommend maximum funding amount prior to the (November) mail out of applications.

C. MINIMUM FUNDING BASE ESTABLISHED - REGULATORY REQUIREMENT:

In any fiscal year, each local recipient which has been approved pursuant to these rules, may be allocated a minimum distribution based on the criteria established in this Section. Approved applications requesting less than the minimum will be funded in the amount requested.

(1) EMERGENCY MEDICAL SERVICE - START-UP FUNDING LEVEL:

This level is eligible to receive a one (1) time, minimum distribution of one thousand five hundred dollars (\$1,500), upon recommendation from the Advisory Committee. The minimum requirements for this level are to submit a:

(a) letter of commitment from the Chief;

(b) letter of review and recommendation from the respective EMS Regional Office; and

(c) letter of support from the medical director.

(2) MEDICAL-RESCUE SERVICE - ENTRY LEVEL:

This level is eligible to receive a minimum distribution of one thousand five hundred dollars (\$1,500) if the following criteria are met and are verified by the applicant. The minimum criteria for this level are:

(a) at least fifty percent (50%) of runs covered by a trained first responder within two years of the initial request for funding;

(b) the service has at least basic medical supplies and equipment;

(c) the service has at least one written mutual aid agreement or other written cooperative plan with a transporting ambulance and will attach to the application a copy of the agreement(s);

(d) the service has a

designated training coordinator; and

(e) the service shall participate in the Bureau's Pre-hospital Data Collection System by January 1, 2004, by using the Bureau's software, web-site or by submitting compatible data.

(3) MEDICAL-RESCUE SERVICE - FIRST RESPONDER LEVEL: This level of service is eligible to receive a minimum distribution of three thousand dollars (\$3,000) if the following criteria are met and are verified by the applicant. The minimum criteria for this level are:

(a) at least eighty percent (80%) of all runs shall be covered by a certified EMS first responder or higher licensed medical personnel and there must be a minimum of at least two such personnel with the service;

(b) the service has at least basic medical supplies and equipment;

(c) the service has at least one written mutual aid agreement or other written cooperative plan with a transporting ambulance and will attach to the application a copy of the agreement(s);

(d) the service has a designated training coordinator;

(e) the service shall participate in the Bureau's Pre-hospital Data Collection System by January 1, 2004, by using the Bureau's software, web-site or by submitting compatible data; and

(f) the service has a medical director, if automatic defibrillation capable.

(4) MEDICAL-RESCUE SERVICE OR AMBULANCE - BASIC LEVEL: This level of service is eligible to receive a minimum distribution of five thousand dollars (\$5,000) if the following criteria are met and are verified by the applicant. The minimum criteria for this level are:

(a) at least eighty percent (80%) of all runs shall be covered by a licensed EMT-Basic or higher level of licensed medical personnel and there must be a minimum of at least two such personnel with the service;

(b) the service has at least basic medical supplies and equipment;

(c) the service has at least one written mutual aid agreement or other written cooperative plan with first response or transporting ambulance service(s) and will attach to the application a copy of the agreement(s);

(d) the service has a designated training coordinator;

(e) the service shall participate in the Bureau's Pre-hospital

Data Collection System by January 1, 2004, by using the Bureau's software, web-site or by submitting compatible data;

(f) the service has a service medical director and appropriate medical protocols;

(g) the service complies with Public Regulation Commission (PRC) Regulation 18.4.2 NMAC, if applicable, or such other regulations as may be adopted by the PRC or its successor agency regarding registered medical rescue and certified ambulances; and

(h) the service complies with the Department's Air Ambulance Certification regulations where applicable.

(5) MEDICAL-RESCUE SERVICE OR AMBULANCE - ADVANCED LEVEL: This level is eligible to receive a minimum distribution of seven thousand dollars (\$7,000) if the following criteria are met and are verified by the applicant. The minimum criteria for this level are:

(a) at least eighty percent (80%) of all runs shall be covered by licensed Intermediate or Paramedic level personnel; or, if an Emergency Medical Dispatch Priority Reference System (EMD-PRS) is utilized, at least 80% of all runs determined by dispatch to require an advance level response must be covered by licensed intermediate or paramedic level personnel and there must be a least one additional licensed EMT with the service.

(b) the service has at least basic and advanced medical supplies and equipment;

(c) the service shall maintain at least one transport capable vehicle if appropriate within the local EMS system;

(d) the service has at least one written mutual aid agreement or other written cooperative agreement with first response or transporting ambulance service(s) and will attach to the application a copy of the agreement(s);

(e) the service shall participate in the Bureau's Pre-hospital Data Collection System by January 1, 2004, by using the Bureau's software, web-site or by submitting compatible data;

(f) the service has a designated training coordinator;

(g) the service has a service medical director and appropriate BLS and ALS medical protocols;

(h) the service routinely responds when dispatched for all medical and traumatic emergencies within its primary response area;

(i) the service complies with Public Regulation Commission (PRC) Regulation 18.4.2 NMAC, if appli-

cable, or such other regulations as may be adopted by the PRC or its successor agency regarding registered medical - rescue and certificated ambulances; and

(j) the service complies with the Department's Certification of Air Ambulance Services regulations where applicable.

D. FUNDING FORMULA DEFINITION: If the monies available are not sufficient to meet the funding requested in the applications of all local recipients at the statutory maximum, the Bureau shall allocate the funds according to the following formula:

(1) After computation of the sum of minimum allocations pursuant to Subsection C of 7.27.4.11

NMAC, a total county share shall be determined. The balance of funds shall be divided into two equal portions.

For each county, the first portion shall be prorated according to area of the county as a percentage of total state area, and the other portion shall be prorated according to population of the county as a percentage of total state population.

(2) From the county share established above, the individual allocation to each local recipient shall be determined based on the relative number of runs in the prior federal fiscal year (October 1 through September 30) as reflected in the application of the local recipient and verified through the Bureau's Pre-hospital Data Base Program.

(3) In the event that an incorporated municipality or county supports the applications of more than one local recipient, the Bureau shall determine the pro-rata share for each local recipient in the allocation of funds based on the number of annual runs reported.

E. SPECIAL CONDITIONS: Subject to the availability of funds, the Bureau will entertain applications for additional funding at any time based on the following;

(1) The local recipient needs some immediate financial support for first year, startup services and the local community cannot provide adequate initial funding support. Financial need shall be verified by the Bureau.

(2) The local recipient does not have financial support to continue operations due to an emergency situation. The Bureau will consider an application for a one-time special financial award. The request for financial assistance will be verified by the Bureau.

(3) The Bureau will present all such special requests to the Advisory Committee for review and recommendation to the Chief for decision.

(4) The decision is subject to the appeal provision of Subsection J of 7.27.4.11 NMAC, of this regulation.

F. DISTRIBUTION METHOD TO ENSURE COMPLIANCE WITH STATUTORY LIMITATION: To comply with the statutory limitation per local recipient, the Department shall certify for distribution only funds computed and allocated according to Subsection G of 7.27.4.11. NMAC. Individual distribution amounts computed that are in excess of the maximum amount for any local recipient shall be pro-rated in accordance with Subsection D, Paragraph 2 of 7.27.4.11 NMAC, to all other eligible remaining local recipients in that county. If funding of all local recipients within a county is at the statutory maximum, and there still remains an overage in the county share, the balance shall be reallocated as described in Subsection G of 7.27.4.11 NMAC to all other counties, and distributed to local recipients within those counties still remaining eligible, in addition to their first distribution.

G. INDIVIDUAL DISTRIBUTION: Subject to Subsection F of 7.27.4.11 NMAC, the distribution to each local recipient shall be the sum of its share as calculated under Subsection D Paragraph 2 of 7.27.4.11 NMAC and the minimum allocation under Subsection C of 7.27.4.11 NMAC, unless the entity's total distribution shall have been otherwise established pursuant to the exception in Subsection B of 7.27.4.11 NMAC.

H. APPLICATION: Applicants shall request and use the most current forms for preparation of applications. Applications will be made available to all counties, municipalities and local recipients.

I. APPLICATION CYCLE: The following cycle will apply for the Local Emergency Medical Services Funding Program.

(1) Applications will be distributed to all counties, municipalities and local recipients by November 1 of each year;

(2) The local recipient and applicant shall submit to the Bureau, a completed application which must be post-marked or hand-delivered by January 15.

(3) The Bureau shall review the applications, calculate the distribution of funds and notify the applicant and local recipients of its determination by May 1 of each year.

J. PROCEDURES FOR APPEAL OF DETERMINATION: Pursuant to Section 24-10A-5 NMSA 1978, any applicant (county and/or municipality) desiring reconsideration of the Bureau's

determination as to its application for funding may appeal the determination by notifying the Chief.

(1) The appeal shall be in writing and shall be received by the Bureau within ten (10) working days after notification of the applicant of the Bureau's determination.

(2) The Bureau shall refer the appeal to the Advisory Committee for its review and recommendation.

Upon receiving the Advisory Committee's recommendation, the Secretary shall issue a final determination and send notice to the part appealing on or before June 15 of the results of the appeal.

K. DISBURSEMENT: The Chief shall certify final determination to the State Treasurer and the Department of Finance and Administration (DFA) on or before June 30 for distribution as early as possible in the next Fiscal Year.

L. REPORTING REQUIREMENTS: The Bureau may require special reports from applicants or local recipients regarding the appropriate use, maintenance and disposition of any items acquired with funds distributed under this Section.

M. ELIGIBLE ITEMS OF EXPENDITURE: Items eligible for funding are:

(1) Purchase, repair, and maintenance of ambulance and/or rescue vehicles;

(2) Purchase, repair, and maintenance of medical and rescue training equipment;

(3) Purchase, installation, repair, and maintenance of communications systems for use by local EMS systems;

(4) Payment of EMS training program tuition, per-diem, and mileage for local EMS personnel to attend EMS related training and continuing education programs, either in-state or within one hundred and fifty (150) miles of New Mexico's borders. Training beyond the one hundred and fifty (150) mile limit shall be justified and receive prior written approval from the Bureau, in order to be an eligible expense;

(5) Payment of fees to qualified instructors and reasonable expenses associated with the development and provision of EMS related training and continuing education programs on a local or regional basis;

(6) Payment of fees for medical direction;

(7) The cost of New Mexico examination, certification and/or licensing fees for EMS personnel;

(8) Payment of costs related to legally mandated health and safety measures for the protection of local EMS

personnel, such as vaccine, chest x-rays, etc;

(9) All other operating expenses, including rent, utilities, insurance, gas and oil, etc., except those listed in Subsection N of 7.27.4.11 NMAC;

(10) Reimbursement for such items as uniforms, cleaning expenses, meals, travel, etc. when on duty, and;

(11) Expenditures associated with the implementation of a prevention program.

N. INELIGIBLE ITEMS OF EXPENDITURE: Costs which are not eligible for funding include:

(1) Land;

(2) Buildings and construction, except as provided in Subsection M, Paragraph (3) of 7.27.4.11 NMAC above;

(3) Certification fees charged by the National Registry of EMT's, unless required for New Mexico licensure;

(4) Costs for salaries and benefits of local emergency medical services personnel and;

(5) Medical care expenses for EMS personnel, except as provided in Subsection M of 7.27.4.11 NMAC of this regulation.

O. BUDGET ADJUSTMENTS:

(1) An applicant or a local recipient may request a budget adjustment for any of the following reasons or other good cause shown:

(a) To permit the expenditure of any balance of funds subsequent to the purchase of an eligible item;

(b) To permit expenditure on a pro-rata basis of funds allocated when the allocations are insufficient to fund the cost of the eligible item;

(c) To change priorities or change requested items;

(d) To permit expenditure of all or part of a given fiscal year's distribution in the following fiscal year; and

(e) To allow and facilitate intra-county or geographical region re-distribution of allocations to maximize the available funding. Any intra-county or geographical region re-distribution of funds shall be requested by the applicant(s) and have the written concurrence of all involved local recipients.

(2) Each proposed budget adjustment shall be submitted in writing to the Bureau and shall receive the Bureau's approval prior to expending or encumbering the reallocated funds.

(3) Budget adjustments totaling less than two hundred and fifty dollars (\$250) do not require Bureau approval except as provided in Subsection O, Paragraph (2) of 7.27.4.11.NMAC.

P. OTHER CONSIDERATIONS:

(1) In the event a county and one or more incorporated municipalities apply on behalf of the same local recipient, only the county's application shall be accepted and certified for distribution.

(2) Individual applications may be approved by the Bureau for separate locations of a local recipient that are at least fifteen (15) miles apart from the next closest station, as measured by the driving distance using the most direct route between the two (2) locations.

(3) Local recipient shall not submit multiple applications for the purpose of receiving additional EMS Fund Act distributions, except in special situations, as approved by the Bureau on a case by case basis.

[7.27.4.11 NMAC – Rp 7.27.4.11 NMAC, 9/13/2001]

7.27.4.12 LOCAL EMS SYSTEM IMPROVEMENT PROJECTS, EMS VEHICLE PURCHASE PROJECTS, STATEWIDE EMS SYSTEM IMPROVEMENT PROJECTS AND EMD AGENCY SUPPORT PROGRAMS

A. LOCAL EMS SYSTEM IMPROVEMENT PROJECTS, EMS VEHICLE PURCHASE PROJECTS, STATEWIDE EMS SYSTEM IMPROVEMENT PROJECTS AND EMD AGENCY SUPPORT PROGRAMS:

In any fiscal year, no more than eighteen percent (18%) of the Fund may be used for local and statewide emergency medical services system improvement projects, the purchase of emergency medical services vehicles, and funding for certified emergency medical dispatch agencies. Applicants shall be funded on a competitive basis. Applications under this Section shall be submitted by incorporated municipalities or counties on behalf of local recipients.

B. APPLICATION:

Applicants and local recipients shall request and use the most current forms to apply for these funds. The applications will be made available to all applicants and local recipients.

C. APPLICATION CYCLE:

The Bureau shall distribute applications for Local EMS System Improvement Projects, EMS Vehicle Purchase Projects, Statewide EMS System Improvement Projects, and Certified EMD Agencies as set forth below.

(1) The Bureau shall issue a request for applications by August 15.

(2) The Applicant or EMS Service, with authorization from its fiscal

agent, shall submit to the Bureau, a completed application which must be post-marked or hand-delivered by November 1, for Local EMS System Improvement Projects or EMS Vehicle Purchase Projects. Technical assistance may be provided by the EMS Regional Office.

(3) The Bureau shall provide copies of each application to the respective EMS Regional Office by no later than December 01, of each year.

(4) The Applicant or EMS Service, with authorization from its fiscal agent, shall submit to the Bureau, a completed application which must be postmarked or hand-delivered by March 1, for Statewide EMS Systems Improvement Projects. Technical assistance may be provided by the EMS Regional Office.

D. REVIEW PROCESS:

The EMS Regional Offices shall review all applications for Local EMS System Improvement Projects and EMS Vehicle Purchase Projects submitted by applicants within their respective regional areas. Each Regional EMS Advisory Committee/Governing Board shall review the applications within its region and submit a prioritized listing of applications for funding to the Advisory Committee no later than March 01 of each year. EMS Regional Offices and the Bureau shall collaboratively assign applications to the appropriate category of funding (Statewide Improvement or Local System Improvement) which shall not be changed unless recommended by a majority of the Advisory Committee. The Advisory Committee will review the prioritized listing and make recommendations to the Bureau at their annual spring meeting. The Bureau shall make its determination on projects to be funded by May 1.

E. LOCAL EMS SYSTEM IMPROVEMENT PROJECTS:

At a minimum, an application for the Local EMS System Improvement Projects shall address the following areas:

(1) A complete description of the existing EMS system for which the Local EMS System Improvement Project is requested. This description should include all pertinent information which describes all local EMS components that would be affected by the Project;

(2) A complete description of the proposed Local EMS System Improvement Project including a detailed analysis of the need and a narrative showing how the Project will contribute to the enhancement and/or integration of the local EMS system;

(3) A detailed proposed budget depicting all anticipated costs for imple-

mentation of the proposed Project including a clear demonstration of local support via cash and/or in-kind participation. The demonstration of local support will be considered in the final determination;

(4) Assurances of support and involvement from all parties involved in the Project proposal;

(5) A one page abstract of the proposed Project summarizing the request; and

(6) Notarized signature(s) of the appropriate municipal and/or county officials.

(7) Request for vehicles (Ambulance, Rescue, Administrative etc.) are not considered to be a Local System Improvement Project. Any requests for any type vehicle should be submitted under the EMS Vehicle Purchase Program.

F. EMS VEHICLE PURCHASE PROJECTS:

The following are required for the EMS Vehicle Purchase Projects:

(1) The county or municipality submitting the application shall commit to providing matching funds of at least twenty-five percent (25%) of the base price of purchasing the vehicle only, without regard to equipment or operation costs. There shall be no restrictions on the source of the matching funds;

(2) A complete description of the proposed vehicle including a detailed analysis of the need and a narrative showing how the purchase will contribute to the enhancement and/or integration of the local EMS system;

(3) Assurances by the applicant that the local recipient is capable of operating and maintaining the requested vehicle as evidenced by a proposed budget identifying all associated costs of equipping and operating the vehicle;

(4) The applicant shall submit with the application the Emergency Medical Service Vehicle Assessment Form as provided by the Bureau and must have been completed at the time of application;

(5) Assurances of support from all parties involved in the Project proposal;

(6) A one page abstract of the proposed Project summarizing the request; and

(7) Notarized signature(s) of the appropriate municipal and/or county officials.

(8) Upon approval, Local Recipient will affix a Bureau provided decal on the outside of the vehicle. The logo should always face, or be nearer to, the street side of the vehicle (i.e., left, rear left, driver side).

G. STATEWIDE EMS SYSTEM IMPROVEMENT PROJECTS: No more than three percent (3%) of the Fund is authorized for projects which improve the health, safety and training of emergency medical services personnel statewide.

(1) **PROJECT SUGGESTIONS:** The Bureau shall provide a form on which suggestions for Statewide EMS System Improvement Projects may be submitted. Suggestions may be submitted by applicants, local recipients, EMTs or other interested parties.

(2) The Bureau will present all suggestions to the Advisory Committee for its review and consideration. The Advisory Committee will make a final recommendation to the Bureau at its spring meeting.

(3) The Bureau will make a final determination by May 1.

(4) Any funds not committed for Statewide EMS System Improvement Projects may be allocated for additional vehicle purchase and/or local EMS system improvement projects consistent with recommendations from the Advisory Committee.

H. EMD AGENCY SUPPORT PROGRAM: Certified EMD Agencies may apply for funding for allowable operational costs as an EMS System Improvement Project, as determined by the Bureau, when funds are available. Funding of this program shall be recommended to the Bureau by the Advisory Committee based on the available funds.

I. PROCEDURES FOR RECONSIDERATION: Applicants desiring reconsideration of the Bureau's determination as to its application for funding under Section 12 of 7.27.4 NMAC may appeal the determination by notifying the Chief.

(1) The request for reconsideration shall be in writing and shall be received by the Bureau within ten (10) working days after notification to the applicant of the Bureau's determination.

(2) Upon receipt of the request for reconsideration, the Chief shall issue a final determination and notify all parties on or before June 15.

J. DISBURSEMENT: The Chief shall certify the results of final determination to the State Treasurer on or before the last working day in June for distribution as early as possible in the next fiscal year.

K. REPORTING REQUIREMENTS:

(1) All applicants that receive funding for Local EMS System Improvement Projects, Vehicle Purchase Projects and Statewide EMS System

Improvement Project shall submit a final report of the Project no later than 120 calendar days following project completion, or annually, whichever occurs first. Certification will be provided when the Bureau provided decal is affixed to the vehicle which has been purchased with EMS Fund Act Funds pursuant to Subsection F, Paragraph 8, 7.27.4.12 NMAC no later than 120 calendar days following delivery of vehicle.

(2) At a minimum, this report will include the name of the county or municipality, address, phone and contact person, the date submitted, the names of the local recipients involved in the project, the year the project was awarded, a brief description of the project, a fiscal accounting or summary of expenditures, total expenditures and any funds remaining, the project achievements and any changes from the originally submitted application.

(3) The Bureau may require a special report from any applicant funded on the appropriate use and maintenance of any eligible item acquired with funds distributed under section for local EMS System Improvement Projects, EMS Vehicle Purchase Projects or Statewide EMS System Improvement Projects.

L. BUDGET ADJUSTMENTS: For both Local EMS System Improvement Projects and EMS Vehicle Purchase Projects, the following will apply:

(1) An applicant or a local recipient may request a budget adjustment for any of the following reasons or other good cause shown:

(a) To permit the expenditure of any balance of funds subsequent to the purchase of an approved item;

(b) To change priorities or change requested items and;

(c) To permit expenditure of all or part of an approved Project in the following fiscal year.

(2) Each proposed budget adjustment shall be stated in writing to the Bureau and shall receive the Bureau's approval prior to expending or encumbering the reallocated funds.

[7.27.4.12 NMAC – Rp 7.27.4.12 NMAC, 9/13/2001]

7.27.4.13 STATEWIDE TRAUMA CARE SYSTEM PROGRAM

A. STATEWIDE TRAUMA CARE SYSTEM PROGRAM: The Statewide Trauma Care System Program shall provide for the support, development and expansion of the statewide trauma care system in accordance with rules adopted by the Department. No more than four percent (4%) will be set aside from the Fund for the purpose of supporting the Statewide Trauma

Care System Program.

B. PROGRAM: The program mission shall include but not be limited to the continued support of the Trauma Registry Data Base, statewide trauma system leadership, and the development, implementation, expansion, monitoring and support of the Statewide Trauma Care System.

C. BUDGET: Each fiscal year, the Bureau, with consultation from the Trauma Advisory Committee, a subcommittee of the Advisory Committee, will propose a budget for the Statewide Trauma Care System Program to the Advisory Committee for review no later than its Summer meeting. Following this review, the Bureau will formally budget these funds. The Bureau with concurrence from the Advisory Committee, may make budget adjustments to permit expenditure of all or part of a given fiscal year's budgeted amount for trauma in the following fiscal year.

D. REPORT: The Bureau will submit a final report to the Advisory Committee on the Program by the end of the fiscal year. At a minimum the report will include current activities, improvements, evaluation of areas in need and future plans for the continued enhancement of the State Trauma Care Program.

[7.27.4.13 NMAC – Rp 7.27.4.13 NMAC, 9/13/2001]

7.27.4.14 ADMINISTRATION

A. ADMINISTRATION: From the Fund, three percent (3%) may be used by the Bureau and EMS Regional Offices for administrative costs, including monitoring and providing technical assistance, as set forth in this section.

B. INSPECTION - STATUTORY REQUIREMENT: Inspections, pursuant to Section 24-10A-9, NMSA 1978 are to be constructive and informative to the local recipient to insure the highest possible standards of equipment and training are instituted by the local recipient and to identify any areas which could be of danger or harmful to the health, safety and welfare of staff and the public for whom service is provided.

(1) Applicants and local recipients shall be subject to reasonable visitation by authorized representatives of the Bureau. Vehicle maintenance records, records of service under warranties, continuing education records, training certificates, and similar records shall be open for inspection, as well as tariff billings and fiscal and expenditure records relative to any area for which full or partial funding was made under the Act.

(2) Upon completion of an

inspection, the findings shall be discussed with the applicant's and/or local recipient's representative.

(3) If deficiencies are indicated, the applicant and/or local recipient shall submit a report stating how the deficiencies will be corrected and the estimated date of completion. In most cases corrections should be completed within thirty (30) calendar days.

C. LOSS OF FUNDING ELIGIBILITY - STATUTORY REQUIREMENT:

A municipality, county or local recipient that the Bureau finds has expended money in violation of the Act including misrepresentation on the EMS Fund Act application, may be ineligible to receive funding from the Bureau for a period of not less than one year or more than three years, through the process set forth below.

(1) When a violation is suspected, the Bureau will notify the applicant and/or local recipient in writing identifying the concerns and requesting an explanation or response.

(2) The applicant and/or local recipient shall respond in writing within twenty (20) working days.

(3) The Bureau may initiate a formal investigation, including a formal audit, if deemed necessary.

(4) Based upon their findings, the Bureau will notify the applicant and/or local recipient in writing of their determination and associated penalty, which can range from one to three years of ineligibility.

(5) The Bureau may refer the matter to appropriate law enforcement agencies.

D. OVERSIGHT OF MUTUAL AID: The Bureau shall encourage the development of appropriate mutual aid agreements between local recipients to ensure compliance with the Act and these Rules.

E. COORDINATION: The Bureau shall facilitate the coordination of services between State agencies, EMS Regional Offices, applicants, and local recipients to execute the requirements of the Act and these Rules for the efficient and effective use of these funds.

F. EVALUATION AND AUDIT OF PROGRAMS: The Bureau shall be responsible for the periodic evaluation of all Programs and Projects receiving funds under the Act. This evaluation may include initiation of an objective audit, if deemed necessary.

G. TECHNICAL ASSISTANCE: The Bureau shall be responsible to provide, as needed, technical assistance to counties, municipalities, EMS regional

offices, state and local agencies and any other parties involved in any of the programs funded through the Act and these Rules.

[7.27.4.14 NMAC - Rp 7.27.4.14 NMAC, 9/13/2001]

History of 7.27.4 NMAC:

Pre NMAC: The material in this part was derived from that previously filed with the commission of public records - state records center and archives:

HED 78-9-1, Emergency Medical Services Fund Act Regulations, 9-29-78

HED 80-7 (HSD), Emergency Medical Services Fund Act Regulations, 10-9-80

HED 84-2 (HSD), Emergency Medical Services Fund Act Regulations, 8-8-84

HED 87-11 (PHD/HSD), Emergency Medical Services Fund Act Regulations, 10-26-87

DOH Regulation 94-11 (CHSD), Regulations Governing the Emergency Medical Services Fund Act for the State of New Mexico, 12-30-94

DOH Regulation 95-05 (CHSD), Regulation Governing the Emergency Medical Services Fund Act, 10-25-95

History of repealed material:

7 NMAC 27.4, Emergency Medical Services Fund Act Program, repealed effective 7-1-2000, re-promulgated as 7.27.4 NMAC, effective 7-1-2000.

7.24.74 NMAC, Emergency Medical Services Fund Act Program, filed 06-16-2000, repealed effective 9/13/2001.

Other History:

7.24.74 NMAC, Emergency Medical Services Fund Act Program, filed 06-16-2000 replaced by 7.27.4 NMAC, Emergency Medical Services Fund Act Program, effective 9/13/2001.

**NEW MEXICO
DEPARTMENT OF HEALTH**

PUBLIC HEALTH DIVISION

**TITLE 7 HEALTH
CHAPTER 27 EMERGENCY
MEDICAL SERVICES
PART 5 CERTIFICATION
OF AIR AMBULANCE**

7.27.5.1 ISSUING AGENCY:
New Mexico Department of Health, Public Health Division, Injury Prevention and Emergency Medical Services Bureau.
[7.27.5.1 NMAC - Rp 7 NMAC 27.5.1,

9/13/01]

7.27.5.2 SCOPE: This regulation applies to any air service within New Mexico that transports persons requiring medical care including Basic Life Support (BLS), Intermediate Life Support (ILS), Advanced Life Support (ALS), or critical/specialized medical care. Out-of-state services that fly into New Mexico to pick up and/or deliver medical patients shall also be certified in accordance with these regulations, or through reciprocity in accordance with these regulations. The United States Department of Defense and the New Mexico Department of Military Affairs are exempt from this rule when conducting official military operations.

[7.27.5.2 NMAC - Rp 7 NMAC 27.5.2, 9/13/01]

7.27.5.3 STATUTORY AUTHORITY:

A. These regulations are promulgated pursuant to the following statutory authorities: 1) the Department of Health Act, Section 9-7-6.E. NMSA 1978, which authorizes the Secretary of the Department to "... make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the Department and its divisions," and; 2) the Emergency Medical Services Act, Section 24-10B-4.I. NMSA 1978, which authorizes the Department to adopt regulations for the certification of Air Medical Transport. Administration and enforcement of these regulations is the responsibility of the Injury Prevention and Emergency Medical Services Bureau of the Public Health Division, Department of Health.

B. Other Laws and Regulations: These regulations are subject to the provisions of the department's "Regulations Governing the Promulgation of Regulations" and "Regulations Governing Public Access to Department Records." When mandatory applicable federal law and regulations are inconsistent with the provisions of these regulations, compliance with federal law or regulations shall be compliance with these regulations.
[7.27.5.3 NMAC - Rp 7 NMAC 27.5.3, 9/13/01]

7.27.5.4 DURATION:
Permanent.
[7.27.5.4 NMAC - Rp 7 NMAC 27.5.4, 9/13/01]

7.27.5.5 EFFECTIVE DATE:
September 13, 2001, unless a later date is cited at the end of a section.
[7.27.5.5 NMAC - Rp 7 NMAC 27.5.5,

9/13/01]

7.27.5.6 OBJECTIVE: The purpose of this document is to inform the public and Air Ambulance Services about the requirements for the certification of Air Ambulance Services operating within New Mexico, and the process and procedures to become certified as specified below.

A. These regulations provide the minimum criteria and process for the certification of both fixed and rotor wing Air Ambulance Services that operate within the State of New Mexico, based upon the recommendations of the Air Medical Transport Advisory Committee; to provide minimum standards for certified services to abide by; and, to assist in the provision of a comprehensive system of emergency medical services in the State of New Mexico.

B. These regulations are designed to assist Air Ambulance Services in preparing for, achieving, and maintaining certification as a Certified Air Ambulance Service in the State of New Mexico. In the absence of specific direction in the law or these regulations as to the minimum standards of care, the current standards established by the Association of Air Medical Services (AAMS), and the U. S. Department of Transportation (Federal Aviation Administration) shall apply. Air medical services that have and maintain the Commission on Accreditation of Air Medical Transport Services (CAMTS) certification, already meet the requirements for certification in the State of New Mexico, and shall be certified upon application and payment of necessary fees.

[7.27.5.6 NMAC - Rp 7 NMAC 27.5.6, 9/13/01]

7.27.5.7 DEFINITIONS:

A. **“act”** means the Emergency Medical Services Act, [Sections 24-10B-1, *et seq.*, NMSA 1978].

B. **“advanced air ambulance service”** means an organization certified by the bureau to transport in an air ambulance patient(s) who require Advanced Life Support (ALS) care.

C. **“advanced life support” (ALS)** means advanced pre-hospital and inter-facility care and treatment, and includes basic and intermediate life support, as authorized by regulation, which may be performed only by a person licensed by the Department as an Emergency Medical Technician - Paramedic (EMT-P), or licensed by State at a higher level, or otherwise authorized to practice ALS.

D. **“air ambulance”** means any governmental or private service that provides air transportation specifically designed to accommodate the medical

needs of a person who is ill, injured or otherwise mentally or physically incapacitated and who requires in-flight medical supervision.

E. **“air ambulance certificate”** means a document issued by the Department as evidence that an air ambulance service meets the requirements for certification at the Basic Life Support, Advanced Life Support, or Critical/Specialty Care level, as found in these regulations.

F. **“aircraft type”** means a particular make and model of helicopter or fixed wing aircraft.

G. **“aircraft operator”** means the vendor and/or owner who operates and maintains the aircraft utilized by an air ambulance service.

H. **“approved emergency medical services training program”** means a New Mexico emergency medical services training program that is sponsored by a post-secondary educational institution, is accredited by the Committee on Accreditation of EMS Programs, (COEP), or active in the accreditation process, as verified by the chair of the COEP, or is approved by the Joint Organization on Education (JOE) and participates in the JOE.

I. **“air transport advisory committee”** means a subcommittee of the statewide EMS advisory committee as authorized by Section 24-10B-7, NMSA 1978. The term “air medical transport advisory committee” as used throughout these regulations is synonymous with “air transport advisory committee.”

J. **“basic air ambulance service”** means an organization certified by the bureau to transport patients in an air ambulance who require basic life support (BLS) care.

K. **“basic life support (BLS)”** means basic pre-hospital and inter-facility care and treatment, as authorized by regulation, which may be performed only by a person licensed by the department at or above the level of emergency medical technician - basic (EMT-B), or licensed by the state at a higher level, or otherwise authorized to practice.

L. **“bureau”** means the Injury Prevention and Emergency Medical Services Bureau of the Public Health Division of the New Mexico Department of Health.

M. **“certification evaluation team”** means a team appointed by the bureau, for the purpose of performing an initial or subsequent inspection of air medical services seeking certification, or of those already certified.

N. **“combination service”**

means any service that has more than one type of aircraft, for example, fixed wing and rotor wing.

O. **“critical/specialty care air ambulance service”** means an organization certified by the bureau to transport patients in an air ambulance who require critical care or specialty care.

P. **“critical/specialty care”** means pre-hospital or inter-facility care and treatment, respectively, that exceeds the advanced life support level of care, as authorized by regulation. The critical/ specialty care primary provider shall consist of at least one registered nurse, physician assistant, nurse practitioner, or medical physician trained in the area of care required; and, at least one additional provider which shall be licensed at or above the ALS level of care, and specifically trained in the area of care required; and, who are either certified and licensed by the state at a higher level, or otherwise authorized. Additional providers may be added as necessary.

Q. **“department”** means the New Mexico Department of Health.

R. **“emergency medical services (EMS)”** means the services rendered in response to a persons need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness/injury.

S. **“federal aviation regulations”** means regulations promulgated by the Federal Aviation Administration of the U.S. Department of Transportation, governing the operation of all aircraft within the United States.

T. **“level of service”** means the highest level at which the air ambulance service is certified to function (either basic, advanced, or critical/specialty care) on a 24 hours a day, seven days a week basis.

U. **“medical control”** means supervision, provided by or under the direction of physicians to providers by written protocol and/or direct communication.

V. **“medical direction”** means guidance or supervision provided by a physician to a provider or emergency medical services system and which includes authority over and responsibility for emergency medical dispatch, direct patient care and transport of patients, arrangements for medical control and all other aspects of patient care delivered by a provider.

W. **“medical direction committee”** means a committee of physicians and EMT's, appointed by the secretary of Health to advise the Bureau on all matters relating to medical control and medical direction.

X. "medical director" means a physician who is responsible for all aspects of patient care of an EMS system or EMS provider service, including providing for or ensuring the medical control of EMT's, the development, implementation, and evaluation of medical protocols, and oversight of quality assurance activities.

Y. "physician" means a doctor of medicine or doctor of osteopathy who is licensed or otherwise authorized to practice medicine or osteopathic medicine in New Mexico.

Z. "protocol" means a predetermined, written medical care plan and includes standing orders as approved by the medical director who authorizes the care of the patient.

AA. "provider" means a person or entity delivering emergency medical services in New Mexico.

BB. "regional office" means a regional emergency medical services planning and development office formally recognized and supported by the Bureau.

CC. "Santa Fe control" means the state of New Mexico's radio control center, operated by the Radio Communications Bureau of the General Services Department.

DD. "secretary" means the New Mexico secretary of health.

EE. "service" means a certified air ambulance service authorized to operate in the state of New Mexico under these regulations.

FF. "special skills" means a set of procedures or therapies that are beyond the usual scope of practice of a given level of life support and that have been approved by the medical direction committee for use by a specified system, within a specified EMS service.

[7.27.5.7 NMAC - Rp 7 NMAC 27.5.7, 9/13/01]

7.27.5.8 USE OF TERMS AND ADVERTISING: It shall be prohibited for any air ambulance service to advertise or perform air ambulance services, or use the title "certified air ambulance service," in New Mexico, unless it is certified under these regulations.

[7.27.5.8 NMAC - Rp 7 NMAC 27.5.8, 9/13/01]

7.27.5.9 DISCLOSURE TO THE PUBLIC: At the initiation of contact with a potential client, patient or the public, the certified air ambulance service shall disclose the current level of state of New Mexico certification and what level of service can be provided.

[7.27.5.9 NMAC - Rp 7 NMAC 27.5.9,

9/13/01]

7.27.5.10 FULL CERTIFICATION

PERIOD: The certification period for all Air Ambulance Services shall be for a 3-year period. The certification period shall begin on January 1 and end on December 31.

A. If initial certification is approved during the first 6 months of the year, then the certification period shall begin on January 1 of that year and last for 36 months, ending on December 31.

B. If initial certification is approved during the last 6 months of the year, then the certification period shall begin on January 1 of the following year. In this case, the service shall be considered certified from the date of approval, but the certification period shall begin on the following January 1 and last for 36 months, ending on December 31. In this situation, it is possible to be initially certified for up to 42 months.

[7.27.5.10 NMAC - Rp 7 NMAC 27.5.10, 9/13/01]

7.27.5.11 REPORTING: Certified New Mexico based services shall complete a patient run report for each patient that is transported by air. The minimum data elements identified by the Bureau shall be compiled and submitted to the Bureau on a quarterly basis. Certified services based outside of New Mexico shall provide as a minimum an annual number of runs of patients picked up in New Mexico including location and patient complaint. Review of completed run reports may be required during initial and/or subsequent inspections.

[7.27.5.11 NMAC - Rp 7 NMAC 27.5.11, 9/13/01]

7.27.5.12 EMERGENCY INFORMATION REQUIRED:

Certified Air Ambulance Services shall provide during initial/renewal of certification, an emergency information form to the Bureau (Appendix E). This form will be used by the Bureau to provide effective communications and resource management in the event of a statewide or localized disaster/emergency situation. The form is included in the initial/renewal application for certification of air ambulance services.

[7.27.5.12 NMAC - Rp 7 NMAC 27.5.12, 9/13/01]

7.27.5.13 CERTIFICATION PROCESS AND PROCEDURES:

A. Application for Certification: Prior to transporting medical patients within the state of New Mexico, an air ambulance service shall acquire a basic, advanced, or critical/specialty care service

certification from the Bureau. A temporary air ambulance certificate may be granted for a period of up to two years if an applicant meets the initial application requirements, including successful completion of a preliminary inspection, for one of the approved levels of service (either basic, advanced, or critical/specialty care). While operating with the temporary certificate, applicants shall seek full state certification within the 2-year period. Certification may be granted by the Bureau following a recommendation by the Certification Evaluation Team (CET). Applicant services shall insure compliance with all federal and state requirements such as proof of insurance, aircraft inspection certificates, FAA Part 135 certificate, board of pharmacy license, etc.

B. Authorized levels of Service: The following levels of service are authorized in New Mexico:

(1) Basic Air Ambulance Service: The air medical crew shall at all times consist of at least one health care provider licensed at the Basic Life Support (BLS) level or above.

(2) Advanced Air Ambulance Service: The air medical crew shall at all times consist of at least 2 licensed health care providers, one of which shall be licensed at the advanced life support (ALS) level or above (minimum EMT-Paramedic or above).

(3) Critical/Specialty Care Air Ambulance Service: The air medical crew shall at all times consist of:

(a) at least one registered nurse, physician assistant, nurse practitioner, or medical physician trained in the area of care required as the primary care provider; and,

(b) at least one additional team member licensed at or above the advanced level of care, and specifically trained in the area of care required.

(c) for specialty care missions, the specialty health care providers shall be added as necessary.

(4) Generally, services certified to provide critical/specialty care are certified to perform basic and advanced air ambulance care; and, advanced air ambulance services are authorized to perform basic air ambulance care. In all such cases, the minimum level of certified/licensed health care provider staffing, for each level of certification, shall be aboard the aircraft.

(5) Services that provide care at the advanced life support or critical/specialty level are required to remain with the patient until someone of equal or higher training assumes care of the patient.

C. CERTIFICATION: Prior to beginning air ambulance operations

within the state of New Mexico, either a temporary or full air ambulance certification is required, as outlined below:

(1) Temporary Certification:

A temporary certification for a maximum period of two years may be issued by the Bureau upon successful completion of the application process, a preliminary inspection by the Bureau, and payment of all required fees.

(a) A preliminary

inspection includes an on-site visit with the air ambulance service, aircraft, and crew. The preliminary inspection team will normally consist of a Bureau representative, the state EMS Medical Director or their designee and a state Aviation Officer. During the inspection, policies and procedures, operations, aircraft and supplies and equipment will be reviewed.

(b) Once a temporary

certification is issued, and within the 2-year certification period, the Bureau will schedule and conduct a full certification evaluation. A certification evaluation team shall be selected and a date for the evaluation scheduled.

(2) Full Certification:

After completing the initial certification and inspection requirements outlined in section 7.27.5.13 NMAC and upon approval by the Bureau, a three year air ambulance service certificate for the approved level shall be issued to the service. To become a fully certified air ambulance service, the service shall:

(a) comply with applicable federal, state, and local laws and regulations to operate a business in New Mexico;

(b) complete an application and submit it along with the required application fee to the Bureau (see 7.27.5.14 NMAC). In addition,

(c) certify service compliance in accordance with section 7.27.5.16 NMAC, including requirements for having a mission statement, scope of care statement, Quality Improvement plan, and evidence of medical direction;

(d) submit copies of the service's written policy and procedure manual, and operational/medical protocols; and,

(e) successfully pass an on-site inspection, verifying compliance with these regulations, by the Certification Evaluation Team. Normally, exceptions for the on-site inspection include applicants who maintain national accreditation according to the standards of the Commission on Accreditation of Air Medical Transport Services (CAMTS). These services may not require an initial state inspection, but shall meet all other requirements. Services

that maintain CAMTS certification shall notify the Bureau immediately if the CAMTS certification is suspended or revoked.

D. Certification

Evaluation Team (CET): The CET shall typically consist of the membership listed below. The Bureau shall convene the membership of the CET as necessary to perform either initial or renewal service inspections, or whenever necessary.

(1) The CET membership is:

(a) Bureau Representative - Team Leader

(b) State EMS Medical Director or designee

(c) State Aviation Representative

(d) Air Ambulance Administrator

(e) Fixed/Rotor Wing Air Ambulance Health Care Provider

(f) Other members as deemed necessary by the Bureau

(2) Services shall be notified in writing in advance of those personnel selected for the CET. A service which has a good faith belief that selected individual(s) on the CET may be biased or have a possible conflict of interest, may request that the Bureau select a new member. In all such cases, the Bureau shall make the final determination of CET membership.

E. Reciprocity:

Services who are based outside the State, but operate within the State by picking up and/or delivering patients, are required to be certified. This certification is provided either through reciprocity or through certification with CAMTS.

(1) Services certified in another State may apply for certification in New Mexico and will be evaluated on a case-by-case basis for reciprocity. This evaluation will be based on the out-of-state requirements for certification.

(2) Services certified by CAMTS may apply for certification based upon their CAMTS certification. The service shall submit current CAMTS documentation along with the application and certification fee.

(3) Other Inspections: Inspections of out-of-state services may be required at the Bureau's discretion. When travel out-of-state is required of the CET, the out-of-state service shall be responsible for reimbursement of out-of-state travel expenses.

F. Upgrading Level of Service:

Upgrading a level of service to a higher level shall require the service to submit an initial application for that level of service, along with certification fees. Changing from a rotor/fixed wing service to

a combination service will also require a new application and fee.

G. Renewal of

Certification and Inspection: Services shall retain State certification by renewing their certification every three years. This is accomplished by submitting the required renewal application and fee. Applications for renewal shall be received by the Bureau no later than December 31, of the expiration year, to continue certification.

(1) A renewal inspection may

be required by the Bureau to assure program compliance. The inspection may be scheduled or unscheduled.

(2) Normally, the certification

for air ambulance services that maintain national accreditation according to the standards of the Commission on Accreditation of Air Medical Transport Services (CAMTS) will not require a renewal inspection by the Bureau to maintain certification, but, shall meet all other requirements, including the submission of a renewal application and payment of fees. However, to assure program compliance CAMTS services may also be inspected by the Bureau, as necessary.

[7.27.5.13 NMAC - Rp 7 NMAC 27.5.13, 9/13/01]

7.27.5.14 FEES:

A. A fee shall be assessed

by the Bureau for certification to operate an Air Ambulance in the State of New Mexico. The Bureau, with the advice of the Air Medical Transport Advisory Committee and the Statewide EMS Advisory Committee, shall set the amount of the fee. Exceptions: fees shall not apply to:

(1) An air ambulance service

from another state assisting in the response to a major catastrophe, mass casualty incident or other emergency.

(2) An air ambulance service

operating from a point outside New Mexico and crossing the state border in order to transport a patient to a point outside of New Mexico.

(3) An air ambulance service

transferring patients to or from New Mexico less than two times per month.

B. Fees for upgrading the

level of service will be the same fee that is required for initial application. Fees for changing from fixed wing or rotor wing to a combination service will be the same as for a new service.

C. Fees Table:

(1) Initial Certification Fees:

	Type of Service
In-State/Out-of-State Fee	
ROTOR WING SERVICE	\$400.00 - \$1,000.00(a)(b)
FIXED WING SERVICE	

\$400.00 - \$1,000.00(a)(b)
COMBINATION SERVICE
 \$400.00 - \$1,000.00(a)(b)
 (a) The \$400.00 base fee for initial certification includes the first aircraft. An additional \$100.00 is required for each additional assigned/operating aircraft, not to exceed \$1,000.00 per service.
 (b) Additional fees may be assessed if additional travel is required to accommodate out-of-state applicants.

(2) **Renewal Certification Fees**

	Type of Service
In-State/Out-of-State Fee	
ROTOR WING SERVICE	
\$200.00 - \$500.00(a)(b)	
FIXED WING SERVICE	
\$200.00 - \$500.00(a)(b)	
COMBINATION SERVICE	
\$200.00 - \$500.00(a)(b)	

(a) The \$200.00 base fee for renewal of certification includes the first aircraft. An additional \$50.00 is required for each assigned/operating aircraft, not to exceed \$500.00 per service.

(b) Additional fees may be assessed if additional travel is required to accommodate out-of-state applicants.
 [7.27.5.14 NMAC - Rp 7 NMAC 27.5.14, 9/13/01]

7.27.5.15 ENFORCEMENT:

A. Complaint/Incident

Procedures: Any person may communicate a complaint or knowledge of an incident to the Bureau. Complaints shall be submitted in signed written form to the EMS Operations Manager or the Advanced Life Support Coordinator of the Bureau, as soon as practicable. The Bureau may begin an investigation without a signed written complaint if there is sufficient cause.

(1) When a complaint is received by the Bureau, staff shall decide whether or not a preliminary or formal investigation of the complaint shall be initiated.

(2) Service's being formally investigated shall receive written notification within 10 working days after a decision is made to begin a formal investigation.

(3) At the conclusion of the Bureau's formal investigation, the Bureau shall report its findings to the service in written form. If the Bureau investigation warrants disciplinary action against a service, the service will be given a Notice of Contemplated Action (see right to appeal and hearing, below).

(4) If the Bureau makes a good faith judgment that the health and safety of the public would be jeopardized, it

may take immediate legal action to prevent a service from operating within New Mexico.

B. Investigations:

Preliminary and formal investigations shall normally be conducted by the Operations Section of the Bureau.

(1) **Preliminary Investigations:** When the Bureau receives information that might form the basis for disciplinary action against a service, it shall begin a preliminary investigation. This is a fact finding/information gathering investigation that will attempt to determine for the Bureau whether justification exists to initiate an action or to conduct a formal investigation.

(2) **Formal Investigations:** Formal investigations are for the purpose of obtaining additional information to allow the Bureau to determine if it will initiate an action. Notice will be given to the service that is the subject of the formal investigation, unless extenuating circumstances exist which would reasonably preclude notification.

(3) **Confidentiality:** The Bureau will take every precaution to insure that preliminary and formal investigations are conducted in a confidential manner.

(4) **Records:** An official record is maintained for every New Mexico certified Air Ambulance Service, certified under these rules. If the Bureau begins a preliminary or formal investigation, a separate confidential record will be created containing all investigation material. If the Bureau initiates an action, all records not exempt from disclosure under the Inspection of Public Records Act, Sections 14-2-1, *et seq.*, NMSA 1978, will be placed in the service's official record. Any request for records maintained by the Bureau will be processed in accordance with the Inspection of Public Records Act.

C. Grounds For Denial, Suspension, and Revocation: Air Ambulance certification may be denied, suspended or revoked based on the following grounds:

(1) **Misconduct in Obtaining Certification:** Fraud, deceit, misrepresentation in obtaining certification, including misrepresentation during the initial or renewal certification process.

(2) **Negligence:** Negligence in the delivery of Air Medical Services, including, but not limited to:

(a) loss of Federal Aviation Administration certification, or failure to notify the Bureau of such loss of certification; or,

(b) malpractice and/or substandard medical care or treatment; or,

(c) using non-

licensed/non-certified personnel or personnel performing outside the standard of care/scope of practice; or,

(d) failure to have operational equipment and failure to carry the required equipment, or inappropriate use of equipment during a flight; or,

(e) unauthorized disclosure of medical or other confidential information.

(3) **Failure to Comply with Law or Regulations:** Failure to meet any certification requirements.

(4) **Loss of Certification in Another State:** Failure to report revocation, suspension, denial, or other adverse actions taken in any other State or jurisdiction affecting the ability to provide Air Ambulance Services.

(5) **Providing Air Ambulance Operations Without a Current Certification:** Performing air ambulance operations without being certified by the Department to perform the authorized level of service, including providing service after expiration of a certification.

(6) **Falsifying Documents:** The use of any false, fraudulent, or deceptive statement in any document connected with the operation of an air ambulance service.

(7) **Failure to Cooperate with an Investigation:** Failure to furnish the Bureau with information requested.

(8) **Failure to Report Required Documentation:** Failure to report required documentation, including patient run report data.

D. Right to Appeal: Any service may appeal a decision by the Department to deny, suspend or revoke air ambulance certification as provided below:

(1) **Denial of Initial Certification:** Any air ambulance service applying for certification may appeal to the Department a denial of an application for certification.

(2) **Suspension or Revocation of an Existing Certification:** Any certified air ambulance service may appeal to the Department the proposed suspension or revocation of certification.

(3) **Denial for Renewal of Certification:** Any certified air ambulance service may appeal to the Department the denial of a renewal application for certification.

E. Notice of Contemplated Action: When the Bureau contemplates taking any action specified in Subsection C of 7.27.5.15, it shall serve upon the applicant or certified service a written notice containing a statement of the grounds or subject upon which the proposed action is based, and regulation(s) violated.

F. Right to Hearing: The applicant or certified service may request a hearing before a hearing officer appointed by the Secretary to contest the proposed action, by mailing a certified return receipt letter addressed to the Bureau within twenty (20) days after service of the notice.

G. Hearing: Upon receipt of a timely request for a hearing, the Department shall appoint a hearing Officer and schedule a hearing, to be held in Santa Fe, New Mexico, within forty five (45) working days of receipt of the timely request for a hearing.

H. Notice of Hearing: The Department shall notify the applicant or certified service of the date, time, and place of the hearing, identity of the Hearing Officer, and subject matter of the hearing, not less than thirty (30) days prior to the date of the hearing.

I. Hearing Officer Duties: The Hearing Officer shall preside over the hearing, administer oaths, take evidence and decide evidentiary objections and rule on any motions or other matters that arise prior to the hearing.

J. Discovery: Upon written request to another party, any party is entitled to:

(1) obtain the names and addresses of witnesses who will or may be called by the other party to testify at the hearing; and,

(2) inspect and copy any documents or items which the other party will or may introduce in evidence at the hearing.

K. Conduct of Hearing: Hearings are open to the public unless a request for closed meeting is made by either party.

L. Hearing Officer Written Report and Recommendation(s): The Hearing Officer shall make a written report and recommendation(s) to the Secretary containing a statement of the issues raised at the hearing, proposed findings of fact, and conclusions of law, and a recommended determination. The Hearing Officer or designee shall record the hearing by means of a mechanical sound recording device provided by the Department for a record of the hearing. The hearing officer written report shall be submitted to the Secretary no later than 30 working days after the close of the hearing.

M. Secretary's Determination: The Secretary shall render a final determination within 10 working days of the submission of the Hearing Officer's written report. A copy of the final decision shall be mailed to the appealing party by certified mail, return receipt requested. A copy shall be provided to legal counsel for the Bureau.

[7.27.5.15 NMAC - Rp 7 NMAC 27.5.16, 9/13/01]

7.27.5.16 GENERAL STANDARDS

A. All New Mexico certified air ambulance services shall adhere to the standards outlined below:

(1) Services shall have written policies and procedures specifying the mission statement and scope of practice to be provided. The scope of practice should be commensurate with the type of care provided by the sponsoring hospital. In cases where a service is not sponsored by a hospital, the scope of practice will be commensurate with the level of education and training of the service's air medical crew. For EMT's, the scope of practice is authorized by the Medical Direction Committee pursuant to the EMS Act.

(2) Provide evidence of medical direction and written medical protocols.

(3) Services shall have documented knowledge of the capabilities and resources of receiving facilities and will transport patients to appropriate facilities within the service region.

(4) Services shall accept air transport requests without discrimination due to race, creed, sex, sexual orientation, color, age, religion, national origin, ancestry, or handicap. Those requests involving patients with potentially life threatening illness or injury, that require transportation and intervention at a location within the defined service area and within the state of New Mexico shall be accepted without pre-screening for the ability to pay.

(5) Services shall integrate and communicate with other public safety agencies, including ground emergency service providers. This may include participation in regional quality assurance reviews, regional disaster planning and mass casualty incident drills.

(6) Services shall clearly communicate to the public or consumer the level of service that they are certified to provide to the patient. Notations on marketing materials will also demonstrate this. Advertising beyond the level of certification is prohibited.

(7) Services shall provide an infection control plan in accordance with federal and state Occupational Safety and Health Administration (OSHA) requirements.

(8) Services that utilize cellular phones must comply with FCC regulations.

(a) For aircraft, cellular phones must be shut off whenever the aircraft leaves the ground and the following notice should be posted in the aircraft: "The use of cellular phones when the aircraft is

airborne is prohibited by FCC rules. Violation of this rule could result in suspension of service and/or a fine. The use of cellular phones while the aircraft is on the ground is subject to FCC regulations."

(b) Services that are required to transmit biomedical telemetry, by their medical director, may utilize the cellular telephone system for such communications. Other communications equipment, such as cellular phones, is in addition to and not in place of the radio equipment and should not be used in the presence of pacemakers or other equipment sensitive to interference.

B. Medical Direction and Organization: The air medical director is responsible for supervising and evaluating the quality of patient care provided by the air medical personnel, determining the duty readiness of same, and determining the appropriate transport of patients according to patient acuity and scope of practice of the air medical personnel. The air medical director is also responsible, to the extent possible, for the education and training of the on-line Medical Control Emergency Physician (MCEP).

(1) Direct on-line medical direction and control shall be provided by a physician experienced in patient care consistent with the service's mission statement and protocols, normally the MCEP.

(2) The MCEP should have experience in aero medical operations and training as described in these regulations.

(3) The Medical Director shall follow all requirements for Medical Direction as contained in 7.27.3 NMAC, Medical Direction for Emergency Medical Services.

C. Air Medical Personnel Training Requirements:

(1) All training and experience requirements shall be commensurate with the airborne environment. Training requirements shall be documented and approved by the Air Medical Director and be included in the service's policy and procedure manual.

(2) Orientation/Training Program: A planned, structured flight-training program shall be required for all air medical personnel. The training program shall be of sufficient duration and substance to cover all patient care and air medical personnel responsibilities in accordance with the service's mission statement.

(3) Training shall be specific to the airborne and pre-hospital environment including flight/air medical physiology, training in the current state approved scope of practice, EMS communications, aircraft, patient care, flight and scene safety, ground/water survival training, and the use

of all patient care and emergency equipment carried on board the aircraft.

D. Continuing

Education: Competency and currency shall be ensured through relevant continuing education programs and shall include, at least, annual skill/competency evaluations and education program(s).

E. Quality Management:

The quality and appropriateness of patient care provided by the air medical service must be continuously reviewed, evaluated and assured through the establishment of a quality management program. The service medical director must review standing orders, quality management plan, and patient care guidelines annually. Periodic review for the quality and appropriateness of care delivered shall be done in a timely fashion, or at least monthly. This review shall include, but not be limited to:

- (1) Reason and appropriateness for transport.
- (2) Mechanism of injury or illness.
- (3) Interventions performed or maintained.
- (4) Outcome of patients transported.
- (5) Timeliness of transport.
- (6) The Air Medical Director shall be responsible for ensuring this timely review, utilizing the medical record and pre-established criteria.

(7) A patient run report shall be maintained documenting patient care rendered by the air medical personnel and the disposition of the patient at the receiving institution, and kept on file for a period of time that reflects the local statute of limitations. A copy of this record shall be provided to the receiving institution in order to promote continuity of patient care.

(8) If a complete patient run report is not available when the patient is released to the receiving institution, a record containing minimal information including, but not limited to, vital signs, medications given and any changes in the patient status during the transfer shall be left with the receiving institution.

(9) Services shall provide a mechanism for reviewing operational safety concerns whenever they arise, or at least on a quarterly basis.

F. Relationships With

Other Agencies: An air medical service shall strive for full integration into existing emergency medical systems and inter-hospital transfer networks.

G. Hazardous Materials:

A structured program for responding to patient(s) involved in a hazardous materials incident shall be in place, with policies and procedures clearly outlined and information

available for the pilot and air medical personnel prior to lift off. All air medical personnel shall be trained to evaluate the potential for hazardous materials, safety hazards, and respond appropriately, as well as meet the medical need of the patient when it is determined safe to do so. Services performing in a first response capacity shall be trained to hazardous materials awareness level or equivalent (normally rotor wing services). Services normally providing a secondary response capability shall provide written procedures for dealing with a hazardous materials response (normally fixed wing services).

H. Aircraft Standards:

All aircraft shall:

(1) provide an entry that allows loading and unloading without excessive maneuvering of the patient, and does not compromise functioning of monitoring systems, intravenous lines, or provider-enhanced ventilation.

(2) be climate controlled to prevent temperature extremes that would adversely affect patient care.

(3) be configured in such a way that the air medical personnel have access to the patient in order to begin and maintain either basic, advanced or critical/specialty care life support.

(4) provide interior lighting to ensure adequate observation and care of the patient. The cockpit shall be capable of being shielded from light in the patient care area during night operations.

(5) provide exterior lighting to insure the safe handling of the patient during night ground operations.

(6) allow for the pilot to be sufficiently isolated from the patient care area to minimize in-flight distractions and interference.

(7) provide equipment, stretchers, and seating to be arranged so as not to block movement by personnel, passengers or patient(s).

(8) secure all patient equipment and supplies inside the aircraft prior to taxi or take off in accordance with Federal Aviation Regulations, e.g., securing neonates inside isolettes, securing patients to litters with the required minimum number of restraints, etc.

(9) provide a medical oxygen-delivery system.

(10) services involved with hot refueling or hot loading/unloading shall have protocols and training in-place to insure safety of personnel.

(11) provide safety and survival equipment appropriate for the service area.

(12) provide a safe cabin environment with consideration for the patient's

diagnosis, condition, and destination.

(13) provide radio communications equipment capable of transmitting and receiving on EMSCOM frequencies and contacting on-line medical direction.

I. Flight Operations

Management/Communications Center:

An organized and structured plan shall be developed to access the air medical service, provide flight following, initiate overdue aircraft procedures, and communicate pertinent data between referring facilities, pertinent agencies, the airborne flight teams and the receiving facilities.

(1) A designated person (dispatcher or flight operations person) shall be assigned to receive and coordinate all requests for air medical services and be charged with the responsibility of relaying information between the air medical personnel, requesting agencies, and referring and receiving facilities while maintaining flight following protocols.

(2) The dispatcher or flight operations personnel shall be accessible during any and all phases of the transport.

(3) Training shall be commensurate with the scope of responsibility of the communications center. A minimum EMT-Basic certification or equivalent is recommended, along with knowledge/training in flight operations.

(4) Each service shall maintain a protocol that provides for flight following or coordination.

(5) An emergency plan shall be part of the flight following protocols, so that appropriate search and rescue efforts may be initiated in the event the aircraft is overdue, radio communications cannot be established, nor its location verified.

(6) Training for communications center personnel shall be commensurate with their scope of responsibility. Competency and skills maintenance shall be ensured through relevant in-service and continuing education programs.

[7.27.5.16 NMAC - Rp 7 NMAC 27.5.15, 9/13/01]

7.27.5.17 RADIO COMMUNICATIONS

FREQUENCIES: The following UHF medical frequencies are required, as a minimum, to conduct medical communication in the State of New Mexico:

- A. Tx 463.000 Rx 468.000
- B. Tx 463.235 Rx 468.025
- C. Tx 463.050 Rx 468.050
- D. Tx 463.075 Rx 468.075
- E. Tx 463.100 Rx 468.100
- F. Tx 463.125 Rx 468.125
- G. Tx 463.150 Rx 468.150
- H. Tx 463.175 Rx 468.175
- I. Tx 462.950 Rx 467.950
- J. Tx 462.975 Rx 467.975

[7.27.5.17 NMAC - Rp 7 NMAC 27.5.19.7, 9/13/01]

7.27.5.18 STANDARDS AND REQUIREMENTS CHECKLIST

A. INSTRUCTIONS:

The information provided below are standards and requirements that shall be included on or attached to your application. The application package shall be organized in a three ring binder with a table of contents and index tabs to allow easy access to needed information. The application and attachments shall be mailed, along with the application fees, to: IPEMS Bureau, Attn: Air Ambulance Coordinator, 2500 Cerrillos Rd. Santa Fe, New Mexico 87505

B. Completed application form with non-refundable fee.

C. Medical program policies and procedures including:

- (1) mission statement
- (2) scope of practice
- (3) patient transport policies

D. Copy of Part 135 FAA certificate, tail numbers, and proof of insurance.

E. Copy of medical director's license and a statement signed by the medical director agreeing to provide medical direction for the service.

F. Proof of medically configured aircraft

G. QA/CQI/Quality management plan:

(1) can include minutes of meetings showing that the services reviews flight missions with the medical director.

(2) the review should also show how the flight missions are evaluated in relation to the operational policies.

H. Medical protocols consistent with level of care provided:

(1) protocols are not considered current unless reviewed, dated, and signed within 90 days of initial application, then annually thereafter.

(2) all medical protocols shall have original signature of medical director on the cover sheet of each copy.

I. Copies of policies regarding aircraft operations in the following areas:

(1) patient loading and unloading procedures.

(2) specific policies concerning circumstances for hot loading or unloading.(RW)

(3) refueling with air medical personnel or patient(s) on board.

(4) specific policy to address combative patient.

(5) specific policy regarding hazardous materials response.

J. Copies of license to

operate in other states and CAAMS certification, if available.

K. Policies in infection control according to OSHA and state requirements.

L. Operations policies related to general aero medical service including:

- (1) mission initiation procedure
- (2) aircraft operation including operating minimums
- (3) aircraft safety
- (4) policy for securing equipment
- (5) personnel safety
- (6) for Rotor Wing services

provide description of service area and attach map

M. Sample patient report form.

N. Communications policies, i.e.:

- (1) flight following
- (2) emergency procedures.
- (3) medical control.

O. Plan for multiple casualty incidents, disasters, and emergencies.

[7.27.5.18 NMAC - Rp 7 NMAC 27.5.18, 9/13/01]

7.27.5.19 APPLICATION FOR AIR AMBULANCE CERTIFICATION: All applications for certification as an air ambulance shall contain the following:

A. Service Name

B. Ownership Structure: Sole proprietor, partnership, corporation, etc._

C. Service Mailing Address

D. Physical Location of Facilities: Use additional sheets as necessary.

E. Communications

- (1) Business telephone
- (2) Facsimile number
- (3) Dispatch center telephone
- (4) Emergency point of contact

(5) Operations telephone

(6) Cellular telephone

(7) Pager number

F. Communications

Center: Physical location of the communications center.

G. Medical Service

Management Personnel:

(1) Program Administrator: Name, telephone, facsimile, and other contact information as applicable.

(2) Medical Director: Name, license number, telephone, facsimile, and other contact information as applicable.

(3) Clinical Care Supervisor:

Name, telephone, facsimile, and other contact information as applicable.

H. Hours of Operations:

24 hour, 7 days a week, other (Please Explain)

I. Type of Air

Ambulance certificate requested:

- (1) Fixed wing only
- (2) Rotor wing only
- (3) Combination Service_

J. Level of Service

Requested:

- (1) Basic Life Support
- (2) Advanced Life Support_
- (3) Critical/Specialty Care

K. Service Affiliation:

Private, public service, hospital based, police based, independent, municipal, or government._

L. Aircraft Certificate

Holder:

- (1) Service name
- (2) Contact person
- (3) Address
- (4) Business telephone
- (5) Facsimile
- (6) Certificate number

M. Type of Aircraft: For

fixed and rotor wing, the following information is required;

- (1) Make of aircraft(s)
- (2) Model of aircraft(s)
- (3) Tail number(s)

N. Level of Staffing: For

both fixed and rotor wing, please attach a copy of your staffing plan to include the following;

(1) EMS personnel: EMT-B, I, or P and the number of each.

(2) Nursing personnel: Number and type.

(3) Physician(s): Number and type.

(4) Other personnel: Number and type.

[7.27.5.19 NMAC - Rp 7 NMAC 27.5.19, 9/13/01]

7.27.5.20 AIRCRAFT EQUIPMENT STANDARDS:

A. Medical

Configuration and Equipment: The aircraft shall be configured in such a way that the air medical personnel have access to the patient in order to begin and maintain basic and advanced life support treatment. The aircraft shall be equipped with medical supplies and equipment consistent with the service's mission statement and scope of care. Also, required equipment shall be on the aircraft or may be immediately available, if indicated below.

(1) General: Services shall insure that required equipment and supplies are readily available for each mission and

validated by documented equipment checks.

(2) Airway: Services shall:

(a) provide sufficient access and necessary space to insure the patient's airway is maintained and to provide adequate ventilatory support from the secured, seat-belted position of the air medical personnel.

(b) provide the following advanced airway and ventilatory support equipment:

(c) laryngoscope and tracheal intubation supplies, including laryngoscope blades, bag-valve-mask and oxygen supplies, including peep valves; appropriate for ages and potential needs of patients transported.

(d) a mechanical ventilator shall be readily available as a carry on item for critical/specialty care missions, as pertinent to the scope of care of the air medical service.

(e) mechanical suction (as part of installed equipment) as well as a portable unit.

(3) Medical Oxygen: Services shall:

(a) insure that adequate amounts of oxygen are available for every mission.

(b) provide a capability for stopping the oxygen flow at or near the oxygen source, inside the aircraft.

(c) ensure that a variety of oxygen delivery devices are available on the aircraft consistent with the service's scope of care.

(d) insure the following gauges and indicators are accessible to air medical personnel while in flight:

(i) quantity of oxygen remaining.

(ii) measurement of liter flow.

(iii) provide a backup source of oxygen (of sufficient quantity to get safely to the ground for replacements) in the event the main system fails (e.g., portable tank).

(e) insure that oxygen flow meters and outlets are padded, flush mounted, or so located to prevent injury to air medical personnel.

(4) IV Fluids: services shall:

(a) insure that IV supplies and fluids are readily available.

(b) insure that hangers/hooks are available that secure IV solutions in place and a mechanism to provide high flow fluids if needed.

(c) insure all IV hooks are padded, flush mounted, or so located to prevent head trauma to the air medical personnel in the event of a hard landing or

emergency with the aircraft.

(d) insure that glass IV containers are not used unless required by medication specifications.

(5) Medications: services shall:

(a) insure medications are easily accessible, and that controlled substances are maintained in a locked system or kept in a manner consistent with State and Federal Law.

(b) provide for temperature-controlled storage of medications that insures protection from extreme temperature changes.

(6) Cardiac Monitoring (for Critical/Specialty/ALS services): services shall:

(a) insure that cardiac monitors, defibrillator and external pacers are secured and positioned so that displays are readily visible.

(b) provide an alternative battery or power source for cardiac monitor/defibrillator or external pacemaker.

(c) insure the aircraft is configured for effective CPR.

(7) Defibrillator: services shall:

(a) insure positioning and securing of defibrillator for easy accessibility.

(b) provide a semi-automatic defibrillator for BLS level of care, and insure appropriate Medical Direction.

(c) provide a manual defibrillator for critical/specialty/ALS level of care, and insure appropriate medical direction.

(d) provide pediatric paddles, as a carry on item, if applicable to the scope of care of the air medical service.

(e) provide an adequate supply of spare batteries and/or an alternative electric power source.

(8) External Cardiac Pacemaker (for Critical/Specialty/ALS services): services shall insure the external cardiac pacemaker is positioned and secured on board the aircraft, or is immediately available as a carry on item.

(9) Other Equipment: services shall provide the following equipment as indicated:

(a) pulse oximetry on board or immediately available.

(b) end tidal CO2 monitoring capability on board or immediately available.

(c) ACLS Medications on board for ALS or critical/specialty care missions.

(d) automatic blood pressure device, doppler or arterial line on

board or immediately available.

(e) devices for decompressing a pneumothorax and performing an emergency cricothyroidotomy on board for ALS and critical/specialty care missions.

B. The aircraft design and configuration shall not compromise patient stability in loading, unloading, or in-flight operations. The aircraft shall have an entry that allows loading and unloading without excessive maneuvering of the patient, and does not compromise functioning of monitoring systems, intravenous lines, or manual or mechanical ventilation. Medical equipment will be functional without interfering with the avionics nor should avionics interfere with function or medical equipment.

C. Aircraft Standards:

Aircraft shall have an interior medical configuration that is installed according to FAA criteria, (including oxygen and suction). At a minimum, the following shall be addressed:

(1) air medical personnel assure that all medical equipment is in working order through checklists.

(2) all equipment (including specialized equipment) and supplies shall be secured according to fixed- air rotors.

(3) personnel shall be in seat belts (and shoulder harnesses if installed) in accordance with federal aviation regulations.

(4) patients are restrained with straps that shall comply with FAA regulations.

(5) a policy should address refusal to transport patients by air if they are considered to be a threat to the safety of the flight and/or air medical personnel.

(6) patients under 60 pounds (27 Kg.), excluding transport isolette patients, shall be provided with an appropriately sized restraining device (for a patient's height and weight) which is further secured by a locking device.

(7) the pilot, flight controls, throttles (rotor-wing) and radios are physically protected from any intended or accidental interference by the patient, air medical personnel or equipment and supplies.

(8) a minimum of one stretcher shall be provided that can be carried to the patient.

(a) the stretcher and the means of securing it for flight shall be consistent with fixed-air rotors.

(b) the stretcher shall be large enough to carry the ninety-fifth percentile adult American patient, full length in the supine position (The ninety-fifth percentile adult American male).

(c) the stretcher shall be sturdy and rigid enough that it can sup-

port cardiopulmonary resuscitation. If a backboard or equivalent device is required to achieve this, such device will be readily available.

(d) the head of the stretcher is capable of being elevated at least 30 degrees for patient care and comfort.

(9) supplemental lighting system will be installed in the aircraft in which standard lighting is insufficient for patient care.

(a) a self contained lighting system powered by a battery pack or a portable light with a battery source shall be available.

(b) a means of protecting the cockpit from light in the patient care area shall be provided for night operations or use of red lighting (if not able to isolate the patient care area) to restrict light intensity.

(10) electric power outlet (with a minimum of 750-voltage amperage capacity) is provided, 28 volt DC and/or 115 AC, with sufficient output to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft equipment.

(11) "No Smoking" signs are prominently displayed inside the cabin.

(12) the air medical personnel "head strike envelope" is clear of all obstructions, or helmets are provided to caregivers.

(13) the aircraft shall be equipped with a 180 degree controllable searchlight of at least 400,000 candle power.(RW)

(14) Radio Capabilities: radios (as range permits) shall be capable of transmitting and receiving:

(a) Medical Direction.
(b) flight operations center.

(c) Air Traffic Control.
(d) EMS and law enforcement agencies (RW).

(e) pilot is able to control and override radio transmissions from the cockpit in the event of an emergency situation.

(f) flight team is able to communicate internally.

(g) services that utilize cellular phones must comply with FCC regulation (Code of Regulations #47, Parts 20-39, Section 22.925; October 1, 1996).

(15) The aircraft shall be equipped with a functioning emergency locator transmitter (ELT) in compliance with the applicable fixed-air rotors.

(16) The aircraft shall be equipped with survival gear appropriate to

the coverage area and the number of occupants. It will be maintained appropriately per policy.

(17) A fire extinguisher shall be accessible to air medical personnel and pilots in compliance with applicable fixed-air rotors.

[7.27.5.20 NMAC - Rp 7 NMAC 27.5.20, 9/13/01]

7.27.5.21 TRAINING STANDARDS

A. Aircraft Training Standards: Service shall establish specific policies and procedures regarding aircraft operations and evidence of training in the following areas:

(1) written patient loading and unloading procedures.

(2) specific policies concerning circumstances for hot loading or unloading if practiced. Refueling with the engine running, rotor turning, and/or passengers on board is not recommended, although emergency situations of this type can arise. Specific and rigid procedures should be developed by the operator to handle these occurrences. Such "hot refueling" procedures will be covered by the operator's training program in accordance with the certificate holder's FAA Part 135 operator specifications. Refueling policies address:

(a) refueling with engine(s) running or shut down.

(b) refueling with air medical personnel or patient(s) on board.

(3) Specific policy to govern mission limitations for night time "scene" landings if searchlight not functioning.(rotor-wing)

(4) Specific policy to address the combative patient. Additional physical and/or chemical restraints should be available and used for combative patients who may potentially endanger self, the staff or the aircraft.

B. Critical/Specialty Care and ALS Services Training: Critical/Specialty Care services and ALS services shall provide documentation showing successful completion of a comprehensive training program or show proof of recent training/experience in the categories listed below:

(1) Didactic Training: The training plan shall include a didactic component that is specific for the mission statement and the scope of practice you are performing, including:

(a) advanced airway management.

(b) altitude physiology, gas laws, and stressors of flight.

(c) anatomy, physiology, and assessment for adult, pediatric, and

neonatal patients.

(d) aviation/aircraft orientation and safety and in-flight procedures/general aircraft safety including depressurization procedures for fixed wing (as appropriate).

(e) cardiac emergencies and advanced cardiac critical care.

(f) disaster and triage.

(g) EMS radio communications.

(h) environmental emergencies.

(i) hazardous materials awareness training.

(j) high risk obstetric emergencies including bleeding, medical, trauma.

(k) infection control.

(l) metabolic/endocrine emergencies.

(m) multi-trauma to include chest, abdomen, and facial injuries.

(n) neonatal emergencies (respiratory, surgical, cardiac).

(o) oxygen therapy in the air medical environment - mechanical ventilation and respiratory physiology for adult, pediatric and neonatal patient as appropriate for mission statement and scope of care of the air medical service.

(p) pediatric emergencies.

(q) pharmacology.

(r) quality assurance/continuous quality improvement - didactic education that supports air medical service mission statement and scope of care.

(s) respiratory emergencies.

(t) scene management/rescue/extrication. (rotor-wing)

(u) stress recognition and management.

(v) survival training.

(w) thermal, chemical and electrical burns.

(x) toxicology.

(2) Clinical Training: The training plan shall include, but not be limited to the following (experiences should be specific and appropriate for the mission statement and scope of care of the air medical service):

(a) critical care.

(b) emergency care.

(c) invasive procedures or manikin equivalent for practicing invasive procedures.

(d) neonatal intensive care.

(e) obstetrics.

(f) pediatric critical care.

(g) pre-hospital care

(rotor wing only).

(3) Continuing Education/Staff Development: The training plan shall include a continuing education and staff development component for critical/specialty care and ALS providers. These shall be specific and appropriate to the mission statement and scope of care of the air medical service, including didactic, clinical and laboratory continuing education as outlined below:

- (a) aviation safety issues.
- (b) altitude physiology.
- (c) critical intensive care courses.
- (d) emergency care courses.
- (e) hazardous material awareness training.
- (f) infection control.
- (g) stress management - mechanism or resource available for management of acute and/or chronic stress.
- (h) survival training.
- (i) emergency/trauma room rotations.
- (j) intensive care rotations (adult, pediatric, neonatal).
- (k) invasive procedure labs.
- (l) labor and delivery rotations.
- (m) pre-hospital experience.
- (n) skills maintenance program documented to comply with number of skills required in a set period of time according to policy of the air medical service (i.e., endotracheal intubation, chest tubes). For endotracheal intubation, each critical/specialty care and ALS provider shall accomplish a minimum of one successful intubation per quarter. Both actual live intubation and mannequin intubation may be counted and should be focused toward the age group of the transported patient population (i.e.: birth to 12 months, 12 months to 6 years, and 6 years and older.)

(4) Overall Clinical Competency: The training plan shall include how providers maintain currency in training required by the air medical service, including clinical competency as specified below:

- (a) Basic Life Support (BLS) currency - documented evidence of current BLS verification according to the American Heart Association (AHA) or equivalent education.
- (b) Advanced Cardiac Life Support (ACLS) currency - documented evidence of current ACLS verification

according to the AHA or equivalent education.

(c) document verification of Advanced Trauma Life Support (ATLS) currency - according to the American College of Surgeons - ATLS audit; or Flight Nurse Advanced Trauma Course (FNATC); or Trauma Nurse Specialist (TNS), as required.

(d) Pediatric Advanced Life Support (PALS) currency - documented evidence of currency PALS verification - according to AHA, or equivalent education.

(e) Neonatal Resuscitation Certification Program (NRCP) certification documented evidence of NRCP verification according to the AHA - or equivalent education.

C. BLS Services
Training: The BLS provider shall successfully complete a comprehensive training program or show proof of recent experience/training in the areas listed below prior to assuming independent responsibility. The appropriate training and continuing education program will be specific to the air medical service's mission statement, scope of care and medical direction.

(1) Didactic Training: The training plan shall be specific and appropriate for the mission statement and scope of care of the air medical service, including:

- (a) altitude physiology.
- (b) aviation/aircraft orientation and safety and in-flight procedures/safety including emergency procedures for pressurization and depressurization. (fixed-wing)
- (c) Basic Trauma Life Support (BTLS) or equivalent education.
- (d) care of cardiac, medical, trauma, pediatric, obstetric, neonatal emergencies.

(e) EMS radio communications system.

(f) hazardous materials awareness training.

(g) infection control.

(h) quality assurance/continuous quality improvement.

(i) stress management - mechanism or resource for education and management of acute and chronic stress.

(j) survival training.

(2) Clinical Training: The training plan shall include, but not be limited to, emergency care and pre-hospital care, and be specific and appropriate for the mission statement and scope of care of the air medical service.

(3) Continuing Education: The continuing education training plan shall be provided and documented for BLS providers and shall be specific and appro-

priate to the mission statement and scope of care of the air medical service. Didactic and clinical continuing education shall include:

- (a) altitude - physiology.
- (b) aviation - safety issues.
- (c) BTLS or equivalent education to address the initial care of the trauma patient.
- (d) emergency care courses - basic level.
- (e) hazardous materials awareness training.
- (f) infection control.
- (g) mechanism or resource available for management of acute or chronic stress.
- (h) survival training.
- (i) emergency trauma
- (j) pre-hospital experience.

(4) Clinical competency shall be maintained by currency training required by the air medical service as established by job description.

(a) Basic Life Support (BLS) currency - documented evidence of current BLS training according to the AHA or equivalent education.

(b) BTLS or equivalent education to address the initial care of trauma victims.

D. Education Specific To The Air Medical In-Flight Environment (For All Air Medical Providers): Completion of all the following training/educational components should be documented for each member of the staff. These components should be included in the initial education as well as reviewed on at least an annual basis with all regularly scheduled, part-time or temporarily scheduled air medical personnel.

(1) air medical patient transport considerations (assessment/treatment/preparation/handling/ equipment).

(2) day and night flying protocols.

(3) EMS communications (radios) and familiarization of EMS system.

(4) extrication devices and rescue operations (ranging from familiarity to explicit training depending on the service's mission statement). (rotor-wing)

(5) general aircraft safety annually to include:

(a) aircraft evacuation procedures (exits and emergency release mechanisms).

(b) communications during an emergency situation and knowledge of emergency communications frequency.

(c) In-flight and ground

fire suppression procedures (use of fire extinguisher).

(d) In-flight and emergency landing procedures (e.g., position, oxygen, securing equipment).

(e) safety in and around the aircraft including FAA rules and regulations pertinent to safety for air medical team members, patient(s), and lay individuals.

(f) specific capabilities, limitations, and safety measures for each aircraft used.

(g) use of emergency locator transmitter (ELT).

(6) Ground Operations (rotor-wing):

(a) on-scene requirements and hospital landing site changes or special needs reviews for landing sites.

(b) patient loading and unloading - policy for hot loading, hot unloading procedures.

(c) refueling policy for normal and emergency situations.

[7.27.5.21 NMAC - Rp 7 NMAC 27.5.21, 9/13/01]

7.27.5.22 HELICOPTER LANDING ZONE GUIDELINES:

A. General: The helicopter-landing zone guidelines are provided to assist receiving medical facilities in developing landing zone plans. These guidelines do not supplant FAA Advisory Circular titled "Heliport Design Advisory Circular," #AC 150/5390-2-x. In all cases, federal and state aviation regulations shall apply.

B. General Configuration: In general, helicopter landing zones should have the following:

(1) be marked with an "H" or similar landing designation.

(2) be lighted for night operations.

(3) have a device to identify wind velocity and direction such as a windsock or other acceptable device.

(4) meet FAA Advisory Circular "Heliport Design Advisory Circular," #AC 150/5390-2-x, requirements for unobstructed approach.

(5) have adequate fire suppression equipment and access to fire services.

(6) be only a limited distance from the helipad to the hospital so that patient monitoring is uninterrupted and that emergent interventions can still be performed.

(7) have a documented, ongoing safety program for those personnel responsible for loading and unloading patients, or working around the helicopter.

(8) provide adequate security during take-off and landing operations.

(9) provide hearing protection equipment for those personnel working on or near an operating aircraft.

(10) provide evidence of a system to communicate changes that may be made to the helipad to all users. This may be a pilot's memo book located in the Communications Center.

C. Occasional Use Helipads: These helipads should be reviewed at least annually by user services for:

(1) identification and removal of obstructions.

(2) appropriate lighting (permanent or temporary lighting).

(3) helicopter approach and departure obstacles.

(4) adequate security: A minimum of one person to prevent any bystanders from approaching the aircraft as it lands or takes off.

(5) evidence of safety programs offered to personnel responsible for operations at the landing site and availability of appropriate fire retardant chemicals.

(6) evidence of a system to communicate changes that may be made to the helipad.

D. Temporary Scene Landings: These landings shall be:

(1) secured.

(2) have perimeter lighting by some reliable method, such as hand-held floodlights, emergency vehicles or other lighting sources to define the designated landing area at night.

(3) free of obstructions and ground debris.

(4) appropriate size for the type of aircraft.

(5) training should be provided to all local public safety and law enforcement personnel including:

(a) identifying and designating an appropriate landing zone.

(b) helicopter safety.

(c) two-way communications between the helicopter and the ground personnel.

[7.27.5.22 NMAC - Rp 7 NMAC 27.5.23, 9/13/01]

HISTORY of 7.27.5 NMAC:

Pre NMAC History: The material in this part was derived from that previously filed with the commission of public records - state records center and archives:

DOH Regulation 94-09 (CHSD), Regulations Governing The Certification Of Air Ambulance Services For The State Of New Mexico, filed 12-30-94.

History of repealed material:

7 NMAC 27.5, Certification of Air

Ambulance Services, repealed effective 9/13/2001.

Other History:

DOH Regulation 94-09 (CHSD), Regulations Governing The Certification Of Air Ambulance Services For The State Of New Mexico, filed 12-30-94, renumbered and reformatted to and replaced by 7 NMAC .27.5 NMAC, Certification of Air Ambulance Services, filed 11-26-96.

7 NMAC .27.5 NMAC, Certification of Air Ambulance Services, filed 11-26-96 replaced by 7.27.2 NMAC, Certification of Air Ambulance, effective 9/13/2001.

NEW MEXICO DEPARTMENT OF HEALTH

PUBLIC HEALTH DIVISION

TITLE 7 HEALTH

CHAPTER 32 ALCOHOL AND DRUG ABUSE

PART 7 AUTHORIZATION TO ADMINISTER OPIOID ANTAGONISTS

7.32.7.1 ISSUING AGENCY: Department of Health; Public Health Division; Infectious Disease Prevention and Control Bureau.

[7.32.7.1 NMAC - Rp 7.32.7.1 NMAC, 9/13/2001]

7.32.7.2 SCOPE: This rule applies to all persons other than a licensed health care professional permitted by law to administer an opioid antagonist to another person and including Opioid Antagonist Administration Programs.

[7.32.7.2 NMAC - Rp 7.32.7.2 NMAC, 9/13/2001]

7.32.7.3 STATUTORY

AUTHORITY: The statutory authority for adopting these rules is found in Section 9-7-6.E., NMSA 1978 of the Department of Health Act, which authorizes the Secretary of Health to "adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department" and in Laws of 2001, Chapter 228, Section 1., which allows a person "authorized by federal, state or local government regulations, other than a licensed health care professional permitted by law to administer an opioid antagonist" to administer an opioid antagonist to another person under certain circumstances.

[7.32.7.3 NMAC - Rp 7.32.7.3 NMAC, 9/13/2001]

7.32.7.4

DURATION:

Permanent.

[7.32.7.4 NMAC - Rp 7.32.7.4 NMAC, 9/13/2001]

7.32.7.5 EFFECTIVE DATE: September 13, 2001, unless a later date is cited at the end of a section.

[7.32.7.5 NMAC - Rp 7.32.7.5 NMAC, 9/13/2001]

7.32.7.6 OBJECTIVE: The objective is to authorize persons, other than a licensed health care professional permitted by law to administer an opioid antagonist, to administer an opioid antagonist to another person if: (1) he, in good faith, believes the other person is experiencing an opioid drug overdose; and (2) he acts with reasonable care in administering the drug to the other person. Further, this regulation shall provide recommended guidelines to prevent opioid overdose death.

[7.32.7.6 NMAC - Rp 7.32.7.6 NMAC, 9/13/2001]

7.32.7.7 DEFINITIONS:

A. "Administration of Opioid Antagonist" means the administration of an opioid antagonist by a person authorized pursuant to this regulation.

B. "Department" means the New Mexico Department of Health.

C. "Emergency Medical Service (EMS)" means the services rendered by licensed Emergency Medical Technicians, certified Emergency Medical Services First Responders or Emergency Medical Dispatchers in response to a person's need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury.

D. "Medical Direction" means guidance or supervision for trained targeted responders provided by a physician for the administration of opioid antagonists. This includes overseeing training, emergency medical services coordination, protocol approval, quality assurance and reporting.

E. "Opioid" means containing or derived from opium, including but not limited to morphine and heroin.

F. "Opioid antagonist" means a drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist is limited to naloxone or other medications approved by the Department, unless otherwise stated in this regulation and is limited to doses less than or equal to 1.0mg by subcutaneous injection or intramuscular injection, not to exceed a total overall dose of 2.0mg.

G. "Opioid Antagonist Administration Program" means an organized program to administer an opioid

antagonist in accordance with these regulations.

H. "Opioid Antagonist Training Program" means a training program which prepares a person to administer an opioid antagonist as shown by best practices or recommended by the Department for an Opioid Antagonist Administration Program.

I. "Person" means any individual other than a licensed health care professional permitted by law to administer an opioid antagonist, including, but not limited to, private individuals, law enforcement personnel, and first responders who are not certified by the Department.

J. "Physician" means a doctor of medicine or doctor of osteopathy who is licensed or otherwise authorized to practice medicine or osteopathic medicine in New Mexico.

K. "Physician Medical Director" means a physician who is responsible for oversight of an Opioid Antagonist Administration Program, including providing for or ensuring the medical control of trained targeted responders; the development, implementation, and evaluation of medical protocols; oversight of quality assurance activities, and compliance with the New Mexico Board of Pharmacy requirements.

L. "Protocols" means predetermined, written medical care plans and includes standing orders.

M. "Provider" means a person or entity delivering emergency medical services in New Mexico.

N. "Trained Targeted Responder" means a person who has completed an authorized opioid antagonist training program and who administers opioid antagonists.

[7.32.7.7 NMAC - Rp 7.32.7.7 NMAC, 9/13/2001]

7.32.7.8 INDIVIDUAL AUTHORIZATION TO ADMINISTER OPIOID ANTAGONIST:

Persons, other than a licensed health care professional permitted by law to administer an opioid antagonist, are authorized to administer an opioid antagonist to another person if he, in good faith, believes the other person is experiencing an opioid drug overdose and he acts with reasonable care in administering the drug to the other person. It is strongly recommended that any person administering an opioid antagonist to another person immediately call for Emergency Medical Services.

[7.32.7.8 NMAC - Rp 7.32.7.8 NMAC, 9/13/2001]

7.32.7.9 ESTABLISHMENT

OF AN OPIOID ANTAGONIST ADMINISTRATION PROGRAM: The primary reason for establishing an Opioid Antagonist Administration Program by trained targeted responders is to improve response to drug overdose, which may prevent unnecessary loss of life. While opioid antagonist administration does not automatically guarantee to reverse the effects of overdose due to substance abuse, it is the only definitive care currently available for reversing the effects of opioid substances. Therefore, persons suffering from an overdose, when an opioid is a suspected substance, should be administered an opioid antagonist as quickly as possible.

[7.32.7.9 NMAC - N, 9/13/2001]

7.32.7.10 OPIOID ANTAGONIST ADMINISTRATION PROGRAM GUIDELINES:

It is recommended that an Opioid Antagonist Administration Program adhere to the following guidelines:

A. Opioid Antagonist Administration Program

Director: A Program Director shall be identified who manages the Opioid Antagonist Administration Program. The Program Director shall:

(1) Identify a Physician Medical Director to oversee the Opioid Antagonist Administration Program;

(2) Select and identify persons as Trained Targeted Responders;

(3) Maintain Opioid Antagonist administration training records for all Trained Targeted Responders while they are active in the program, and for at least three (3) years thereafter;

(4) Maintain Opioid Antagonist Administration Program records including opioid antagonist inventory records, Trained Targeted Responder training records, and Opioid Antagonist Administration Program usage records;

(5) Ensure that all Trained Targeted Responders are trained using an Opioid Antagonist Training Program, which may be recommended by the Department;

(6) Provide evidence of coordination of the Opioid Antagonist Administration Program with local EMS services and emergency dispatch agencies, including 911 dispatch agencies;

(7) Register the Opioid Antagonist Administration Program with the Department using the application format outlined in Appendix A;

(8) Report all administrations of an opioid antagonist to the Department using the reporting format outlined in Appendix B;

(9) Assist the Physician Medical Director with quality assurance

review of all opioid antagonist administrations; and,

(10) Ensure that the opioid antagonist is maintained and stored in accordance with the manufacturer's guidelines.

B. Physician

Medical Director: Each Opioid Antagonist Administration Program shall have a Physician Medical Director who provides oversight of the Opioid Antagonist Administration Program in accordance with the requirements of the New Mexico Board of Pharmacy. The selected physician shall:

(1) Provide medical leadership, expertise, and oversee the program;

(2) Serve as an advocate and spokesperson for the Opioid Antagonist Administration Program;

(3) Ensure that all Trained Targeted Responders are properly trained and their skills are maintained;

(4) Develop and approve medical protocols for the Opioid Antagonist Administration Program;

(5) Ensure quality assurance review for all administrations of an opioid antagonist;

(6) Assume overall responsibility for how the Opioid Antagonist Administration Program is planned and conducted; and,

(7) Ensure compliance with the New Mexico Board of Pharmacy requirements for the issuance, control and storage of medications.

C. Trained

Targeted Responders: Each Trained Targeted Responder should:

(1) Complete an initial Opioid Antagonist Administration Training Program, which may be recommended by the Department.

(2) At least every two (2) years, Trained Targeted Responders should complete a refresher Opioid Antagonist Administration training course from a Department recommended training program.

(3) Activate the emergency medical system using pre-established methods (contact E-911 public safety answering point or local emergency number) during any response to a victim of suspected drug overdose, and advise that opioid antagonist being used.

(4) Comply with Physician Medical Director protocols for response to victims of suspected drug overdose.

(5) Report all responses to victims of suspected drug overdose to the Opioid Antagonist Administration Program Director and Physician Medical Director and complete a

report as listed in Appendix B. A copy of the report shall be submitted to the Department within twenty (20) calendar days.

(6) Ensure that the opioid antagonist drugs and other supplies are maintained and used in accordance with the manufacturer's guidelines, and inspect the opioid antagonist drug expiration date at least monthly.

D. Notification:

Local EMS services and emergency dispatch agencies shall be notified of the activation and existence of the Opioid Antagonist Administration Program. The notification shall include the name of the Opioid Antagonist Administration Program Director, Physician Medical Director, location of the program, telephone number, and a copy of medical director approved protocols. The local emergency services and dispatch agencies shall also be notified if an existing Opioid Antagonist Administration Program stops or cancels the Opioid Antagonist Administration Program.

E. Opioid Antagonist Selection, Supplies, and Medication Storage/Control:

(1) Opioid Antagonist Selection: Opioid Antagonist Administration Programs shall use naloxone, or other medications approved by the Department, as the opioid antagonist. The Physician Medical Director shall select the specific injection device. It is recommended that single dose, pre-filled syringes with attached safety needles be used.

(2) Response Supplies: Opioid Antagonist Administration Programs shall provide and maintain at least the following minimum response equipment as selected by the Physician Medical Director:

(a) Medical exam gloves.

(b) Container approved for sharp medical waste.

(c) Mask or other barrier for use during rescue breathing.

(d) Agent to prepare skin before injection.

(3) Medication Storage and Control: Medication storage and control shall be in accordance with the New Mexico Board of Pharmacy and Federal Food and Drug Administration rules and regulations.

[7.32.7.10 NMAC - N, 9/13/2001]

7.32.7.11 Record Keeping: The Opioid Antagonist Administration Program shall establish and maintain a record keeping system that is available for audit. It shall include the following information:

A. List of Trained Targeted Responders;

B. Dates of training for Trained Targeted Responders.

C. Copy of medical director approved medical protocols;

D. Copy of the medical director contract/agreement;

E. Copy of registration and EMS service notification forms;

F. Opioid Antagonist Administration usage reports/Data collection forms (Appendix B);

G. Quality assurance review documentation; and,

H. Opioid antagonist purchase and maintenance records.

[7.32.7.11 NMAC - N, 9/13/2001]

7.32.7.12 Appendix A: Registration of an Opioid Antagonist Administration Program: Prior to beginning an Opioid Antagonist Administration Program, the Program Director shall submit an application for registration to the Department using the format outlined below.

A. Application Date

B. Program Start-up Date

C. Program Name

D. Program Director

Name

E. Program Mailing

Address

F. Program Physical

Location

G. Program Telephone

Number

H. Physician Medical

Director Name

I. Physician Medical

Director Mailing Address

J. Physician Medical

Director Telephone Number

K. Physician Medical

Director New Mexico License Number

L. Notified and

Coordinated with Local EMS Service(s),

Provide Date

M. Notified and

Coordinated with local 911 Dispatch

Agency

N. Name of Consulting

Pharmacist

O. Address of Consulting

Pharmacist

P. Telephone Number of

Consulting Pharmacist

[7.32.7.12 NMAC - N, 9/13/2001]

7.32.7.13 Appendix B: Report of Opioid Antagonist Administration: Any administration of Opioid Antagonist to another person by a Trained Targeted Responder affiliated with an Opioid Antagonist Administration Program, shall be reported to the Department. Any Trained Targeted Responder who has knowledge of the

administration of Opioid Antagonist by a non-Trained Targeted Responder, shall also report such administration to the Department. As a minimum, the report shall contain the information listed below:

- A. Name of Opioid Antagonist Administration Program;
- B. Name of Trained Targeted Responder submitting report;
- C. Name of Person to whom Opioid Antagonist was administered;
- D. Address of Person to whom Opioid Antagonist was administered;
- E. Telephone number of Person to whom Opioid Antagonist was administered;
- F. Amount of Opioid Antagonist administered;
- G. If known, list the type of overdose drugs (other than opioids) taken by the person to whom the Opioid Antagonist was administered; and,
- I. Circumstances relating to overdose (if known):
- J. Date of overdose.
- K. Signs and symptoms indicating overdose.
- L. Was Emergency Medical Services called?
- M. Was the person transported to a clinical facility?
- N. Was rescue breathing performed on the person who overdosed.
- O. Distance from nearest emergency department (in road miles).
- P. Location of injection site on the overdose person's body.
- Q. Clinical disposition of overdose incident (if known).

[7.32.7.13 NMAC - N, 9/13/2001]

History of 7.32.7 NMAC:

Pre - NMAC History: None.

History of Repealed Material:

7.32.7 NMAC, Authorization To Administer Opioid Antagonists, filed 06/01/2001.

NEW MEXICO HUMAN SERVICES DEPARTMENT

INCOME SUPPORT DIVISION

This is an amendment to 8.102.500 NMAC, Section 8.

8.102.500.8 GENERAL REQUIREMENTS

A. Need Determination Process: Eligibility for NMW or Refugee

cash assistance based on need requires a finding that:

- (1) The benefit group's countable gross monthly income does not exceed the gross income limit for the size of the benefit group;
- (2) The benefit group's countable net income after all allowable deductions does not equal or exceed the standard of need for the size of the benefit group;
- (3) The countable resources owned by and available to the benefit group do not exceed the \$1500 liquid and \$2000 non-liquid resource limits;
- (4) The benefit group is eligible for a cash assistance payment after subtracting from the standard of need the benefit group's countable income, and any payment sanctions or recoupments.

B. GA Program Need Determination: Eligibility for the GA program requires a finding that the benefit group's countable gross earned and unearned income does not equal or exceed the standard of need for the size of the benefit group.

C. Gross Income Limits: The total countable gross earned and unearned income of the benefit group cannot exceed eighty-five percent of the federal poverty guidelines for the size of the benefit group.

- (1) Income eligibility limits are revised and adjusted each year in October.
- (2) The gross income limit for the size of the benefit group is as follows:
 - (a) One person.....\$ [~~594~~] 609
 - (b) Two persons.....\$ [~~797~~] 823
 - (c) Three persons.....\$ [~~1002~~] 1,037
 - (d) Four persons.....\$ [~~1208~~] 1,250
 - (e) Five persons.....\$ [~~1413~~] 1,465
 - (f) Six persons.....\$ [~~1619~~] 1,679
 - (g) Seven persons.....\$ [~~1824~~] 1,892
 - (h) Eight persons.....\$ [~~2029~~] 2,106
 - (i) Nine persons.....\$ [~~2235~~] 2,320
 - (j) Ten persons.....\$ [~~2440~~] 2,654
 - (k) For more than ten persons, add [~~\$206~~] \$214 for each additional person.

D. Standard of Need:

- (1) The standard of need is based on the number of individuals included in the benefit group and allows for a financial standard and basic needs.

- (2) Basic needs include food, clothing, shelter, utilities, personal requirements and the individual's share of benefit group supplies.

- (3) The financial standard includes approximately \$79 per month for each individual in the benefit group.

- (4) The standard of need for the NMW, GA, and Refugee cash assistance benefit group is:

- (a) One person \$ 231
- (b) Two persons 310
- (c) Three persons 389
- (d) Four persons 469
- (e) Five persons 548
- (f) Six persons 627
- (g) Seven persons 706
- (h) Eight persons 802
- (i) Nine persons 881
- (j) Ten persons 960
- (k) For more than 10 persons, add \$79 for each additional person.

E. Special Needs:
(1) Special Clothing Allowance:

In order to assist in preparing a child for school, a special clothing allowance is made each year in the amount of \$44 for the month of August only.

- (a) For purposes of determining eligibility for the clothing allowance, a child is considered to be of school age if the child is six years of age or older and less than age 19 by the end of August.

- (b) The clothing allowance shall be allowed for each school-age child who is included in the NMW, GA, or Refugee cash assistance benefit group for the month of August.

- (c) The clothing allowance is not allowed in determining eligibility for NMW, GA, or Refugee cash assistance.

- (2) **Layette:** A one-time layette allowance of \$25 is allowed upon the birth of a child who is or will be included in the benefit group. The allowance shall be authorized by no later than the end of the month following the month in which the child is born.

F. Shelter Home Care: A cash payment may be made to a GA or an SSI recipient when the recipient resides in a licensed shelter care home because the recipient needs help with personal care, such as bathing, dressing, eating or taking prescribed medication.

- (1) The payment shall be allowed only if the GA or SSI recipient is living in a residential shelter care facility that is licensed by the New Mexico Department of Health.

- (2) **Eligibility and Payment Standard for GA Recipients:** The payment for a GA recipient living in a licensed residential shelter care facility is equal to the cash assistance payment plus \$100.

- (3) **Payment to an SSI Recipient:** The payment made to an SSI recipient living in a licensed residential shelter care facility is \$100 per month. [8.102.500.8 NMAC - Rp 8.102.500.8 NMAC, 07/01/2001; A, 10/01/2001]

NEW MEXICO HUMAN SERVICES DEPARTMENT

INCOME SUPPORT DIVISION

This is an amendment to 8.139.500 NMAC, Section 8.

8.139.500.8 BASIS OF ISSUANCE

A. Income Standards: Determination of need in the Food Stamp Program is based on federal guidelines. Participation in the Program is limited to households whose income is determined to be a substantial limiting factor in permitting them to obtain a nutritious diet. The net and gross income eligibility standards are based on the federal income poverty levels established in the Community Services Block Grant Act [42 USC 9902(2)].

B. Gross Income Standards: The gross income eligibility standards for the 48 contiguous states, District of Columbia, Guam and the Virgin Islands is 130 percent (130%) of the federal income poverty levels for the 48 states and the District of Columbia. One hundred thirty percent (130%) of the annual income poverty guidelines is divided by 12 to determine monthly gross income standards, rounding the results upward as necessary. For households larger than eight, the increment in the federal income poverty guidelines is multiplied by 130%, divided by 12, and the results rounded upward if necessary.

C. Net Income Standards: The net income eligibility standards for the 48 contiguous states, District of Columbia, Guam and the Virgin Islands are the federal income poverty levels for the 48 contiguous states and the District of Columbia. The annual income poverty guidelines are divided by 12 to determine monthly net income eligibility standards, (results rounded upward if necessary). For households larger than eight, the increment in the federal income poverty guidelines is divided by 12, and the results rounded upward if necessary.

D. Yearly Adjustment: Income eligibility limits are revised each October 1st to reflect the annual adjustment to the federal income poverty guidelines for the 48 states and the District of Columbia.

E. Issuance Table: The issuance table lists applicable income guidelines used to determine food stamp (FS) eligibility based on household size. Some amounts are increased to meet the needs of certain categorically eligible households. Some of the net income amounts listed are higher than the income limits for some household sizes. Households not categorically eligible for FS benefits must have income below the appropriate gross income limit for household size.

Household Size	Maximum Gross Monthly Income Elderly/Disabled Separate Status at 165% of Poverty	Maximum Gross Monthly Income At 130% of Poverty	Maximum Net Monthly Income At 100% of Poverty	Maximum Allotment (benefit amount)
1	[\$1,149] <u>\$1,182</u>	[\$905] <u>\$931</u>	[\$696] <u>\$716</u>	[\$130] <u>\$135</u>
2	[1,547] <u>\$1,597</u>	[1,219] <u>\$1,258</u>	[938] <u>\$968</u>	[238] <u>\$248</u>
3	[1,946] <u>\$2,012</u>	[1,533] <u>\$1,585</u>	[1,180] <u>\$1,220</u>	[341] <u>\$356</u>
4	[2,345] <u>\$2,427</u>	[1,848] <u>\$1,913</u>	[1,421] <u>\$1,471</u>	[434] <u>\$452</u>
5	[2,744] <u>\$2,843</u>	[2,162] <u>\$2,240</u>	[1,663] <u>\$1,723</u>	[515] <u>\$537</u>
6	[3,142] <u>\$3,258</u>	[2,476] <u>\$2,567</u>	[1,905] <u>\$1,975</u>	[618] <u>\$644</u>
7	[3,541] <u>\$3,673</u>	[3,541] <u>\$2,894</u>	[2,146] <u>\$2,226</u>	[683] <u>\$712</u>
8	[3,940] <u>\$4,088</u>	[3,104] <u>\$3,221</u>	[2,388] <u>\$2,478</u>	[781] <u>\$814</u>
Each Additional Member	+ [399] <u>416</u>	+ [315] <u>328</u>	+ [242] <u>252</u>	+ [98] <u>102</u>

F. Deductions and Standards:

(1) **Determination:** Expense and standard deduction amounts are determined by federal guidelines and may be adjusted each year. Households eligible based on income and resource guidelines, and other relevant eligibility factors, are allowed certain deductions to determine countable income.

(2) **Yearly Adjustment:** The expense and standard deductions may change each year. If federal guidelines mandate a change, it is effective each October 1st.

(3) **Expense Deductions and Standards Table:**

Standard Deduction	\$134.00
Earned Income Deduction (EID)	20%
Dependent Care Deduction Limit (per dependent)	
Under age 2	\$ 200.00
All others including elderly dependent	\$ 175.00
Standard Utility Allowance (SUA)	[\$184.00] <u>\$185.00</u>
Excess Shelter Cost Deduction Limit for Non-Elderly/Disabled Households	[\$ 340.00] <u>\$354.00</u>
Homeless Household Shelter Standard	\$ 143.00
Minimum Allotment for Eligible One-and Two-Person Households	\$ 10.00

**NEW MEXICO
DEPARTMENT OF LABOR**

JOB TRAINING DIVISION

**TITLE 11 LABOR AND
WORKERS' COMPENSATION
CHAPTER 2 JOB TRAINING
PART 30 W O R K F O R C E
INVESTMENT ACT (WIA) POLICY
REGARDING DISABILITY NONDIS-
CRIMINATION**

11.2.30.1 ISSUING AGENCY: New Mexico Department of Labor.
[11.2.30.1 NMAC – N, 9/13/01]

11.2.30.2 SCOPE: The State Administrative Entity (SAE), State Workforce Development Board (WDB), New Mexico Workforce Development Areas/Local Workforce Development Boards (NMWDAs/LWDBs), and other State WIA subrecipients.
[11.2.30.2 NMAC – N, 9/13/01]

11.2.30.3 STATUTORY AUTHORITY: The Workforce Investment Act of 1998 at Section 188 and the Federal Register, Volume 65, Number 156 dated August 11, 2000 and any amendments thereto, Section 506(c), Pub. L. 105-220; 20 U.S.C. 9276(c), and the New Mexico Workforce Development Act, New Mexico House Bill 740, Chapter 260, Laws of 1999, Forty-fourth Legislature.
[11.2.30.3 NMAC – N, 9/13/01]

11.2.30.4 DURATION: Permanent.
[11.2.30.4 NMAC – N, 9/13/01]

11.2.30.5 EFFECTIVE DATE: September 13, 2001 unless a later date is cited at the end of a section.
[11.2.30.5 NMAC – N, 9/13/01]

11.2.30.6 OBJECTIVE: To outline the authority and responsibilities of the State and Local Workforce Development Board (WDB) in the implementation of the Nondiscrimination and Equal Opportunity Provisions set forth in Section 188 of the Workforce Investment Act (WIA) and other civil rights statutes which requires that no person on the grounds of disability may be excluded from participation in, denied the benefits of, subject to discrimination under, or denied employment in the administration of or in connection with any WIA Title I-funded program activity. Under Section 188 of the WIA, all New Mexico State and Local Workforce Development Board activities and information will be fully accessible programmatically, architecturally, and com-

municatively to individuals with disabilities in accordance with the U.S. Department of Labor's implementation of Section 188 of WIA 1998 Final Rule (29 CFR Part 37) and with other applicable laws and regulations. The State and Local WDBs will carry out the responsibilities and activities identified in the New Mexico WIA Five-Year State Plan and the responsibilities and activities delegated by the Governor in a manner that is fully accessible and nondiscriminatory toward individuals with disabilities.
[11.2.30.6 NMAC – N, 9/13/01]

11.2.30.7 DEFINITIONS:

A. Aid, benefits, services or training means WIA Title I financially-assisted services, financial or other aid, or benefits provided by or through a recipient or its employees, or by other through contact or other arrangements with the recipient. Aid, benefits, services, or training includes, but is not limited to:

(1) Core and intensive services;

(2) Education and training;

(3) Health, welfare, housing social service rehabilitation or other supportive services;

(4) Work opportunities, and

(5) Cash, loans, or other financial assistance to individuals. As used in this part, the term includes any aid, benefits, services or training provided in or through a facility that has been constructed, expanded, altered, leased, rented, or otherwise obtained, in whole or in part, with Federal financial assistance under Title I of WIA.

B. Applicant means an individual who is interested in being considered for WIA Title I financially-assisted aid, benefits, services or training by a recipient, and who has signified that interest by submitting personal information in response to a request by the recipient. See also the definitions "applications for benefits," "eligible applicant/registrant," "participant," "participation," and "recipient" in this section.

C. Applicant for employment means a person or persons who make(s) application for employment with a recipient of Federal financial assistance under WIA Title I.

D. Application for assistance means the process by which required documentation is provided to the Governor, recipient, or Department before and as a condition of receiving WIA Title I financial assistance (including both new and continuing assistance).

E. Application for benefits means the process by which information, including but not limited to a complet-

ed application form, is provided by applicants or eligible applicants before and as a condition of receiving WIA Title I financially-assisted aid, benefits, services, or training from a recipient.

F. Assistant Attorney General means the Assistant Attorney General, Civil Rights Division, United States Department of Justice.

G. Assistant Secretary means the Assistant Secretary for Administration and Management, United States Department of Labor.

H. Auxiliary aids or services includes:

(1) Qualified interpreters, notetakers, transcription services, written materials, telephone handset amplifiers, assistive listening systems telephones compatible with hearing aids, closed captioning, telecommunications devices for deaf persons (TDD's/TTY's), videotext displays, or other effective means of making aurally delivered material available to individuals with hearing impairments;

(2) Qualified readers, taped texts, audit recording, Braille materials, large print materials, or other effective means of making visually delivered materials available to individuals with visual impairments;

(3) Acquisition or modification of equipment or devices; and,

(4) Other similar services and actions.

I. Beneficiary means the individual or individuals intended by Congress to receive aid, benefits, services, or training from a recipient.

J. CRC means the Civil Rights Center, Office of the Assistance Secretary for Administration and Management, U.S. Department of Labor.

K. Department means the U.S. Department of Labor (DOL).

L. Departmental grant-making agency means a grant-making agency within the U.S. Department of Labor.

M. Director means the Director, Civil Rights Center (CRC), Office of the Assistant Secretary for Administration and Management, U.S. Department of Labor, or a designee authorized to act for the Director.

N. Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such a impairment; or being regarded as having such an impairment.

O. The phrase **physical or mental impairment** means:

(1) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine; and,

(2) Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

(a) The phrase **physical or mental impairment** includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism. The phrase "physical or mental impairment" does not include homosexuality or bisexuality.

(b) The phrase **major life activities** means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

(c) The phrase **has a record of such an impairment** means has a history of, or has been classified as having, a mental or physical impairment that substantially limits one or more major life activities.

(d) The phrase **regarded as having an impairment** means:

(i) Has a physical or mental impairment that does not substantially limit major life activities, but that is treated by the recipient as being such a limitation;

(ii) Has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such an impairment; or,

(iii) Has none of the impairments defined above, but is treated by the recipient as having such an impairment.

P. Discrimination on the ground of citizenship means a denial of participation in programs or activities financially assisted in whole or in part under Title I of WIA to individuals on the basis of their status as citizens or nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, or other immigrants authorized by the Attorney General to work in the United States.

Q. Eligible applicant/registrant means an individual who has been determined eligible to participate in one or more WIA Title I financially-assisted programs or activities.

R. Employment Practices means a recipient's practices related to employment, including but not limited to:

(1) Recruitment or recruitment advertising;

(2) Selection, placement, lay-off or termination of employees;

(3) Upgrading, promotion, demotion or transfer of employees;

(4) Training, including employment-related training;

(5) Participation in upward mobility programs;

(6) Deciding rates of pay or other forms of compensation;

(7) Use of facilities; or,

(8) Deciding other terms, conditions, benefits and/or privileges of employment.

S. Employment-related training means training that allows or enables an individual to obtain employment.

T. Entity means any person, corporation, partnership, joint venture, sole proprietorship, unincorporated association, consortium, Indian tribe or tribal organization, Native Hawaiian organization, and/or entity authorized by State or local law; any State or local government; and/or any agency, instrumentality or subdivision of such a government.

U. Facility means all or any portion of buildings, structures, sites, complexes, equipment, roads, walks, passageways, parking lots, rolling stock or other conveyances, or other real or personal property or interest in such property, including the site where the building, property, structure, or equipment is located. The phrase "real or personal property" in the preceding sentence includes indoor constructs that may or may not be permanently attached to a building or structure. Such constructs include, but are not limited to, office cubicles, computer kiosks, and similar constructs.

V. Federal grant-making agency means a Federal agency that provides financial assistance under any Federal statute.

W. Financial assistance means any of the following:

(1) Any grant, subgrant, loan, or advance of funds, including funds extended to any entity for payment to or on behalf of participants admitted to that entity for training, or extended directly to such participants for payment to that entity;

(2) Provision of the services of grant-making agency personnel, or of other personnel at the grantmaking agency's expense;

(3) A grant or donation of real or personal property or any interest in or use of such property, including:

(a) Transfers or leases or property for less than fair market value or for reduced consideration;

(b) Proceeds from a subsequent sale, transfer, or lease of such property, if the grantmaking agency's share of the fair market value of the property is not returned to the grant-making agency;

(c) The sale, lease, or license of, and/the permission to use (other than on casual or transient basis), such property or any interest in such property, either:

(i) Without consideration;

(ii) At a nominal consideration; or

(iii) At a consideration that is reduced waived either for the purpose of assisting the recipient, or in recognition the public interest to be served by such sale or lease to or use by the recipient;

(iv) Waiver of charges that would normally be made for the furnishing of services by the grantmaking agency; and,

(v) Any other agreement, arrangement, contract or sub-contract (other than a procurement contract or a contract of insurance or guaranty), or other instrument that has as one of its purposes the provision of assistance or benefits under the statute or policy that authorizes assistance by the grantmaking agency.

X. Financial assistance under Title I of WIA means any of the following, when authorized or extended under WIA Title I:

(1) Any grant, subgrant, loan, or advance of Federal funds, including funds extended to any entity for payment to or on behalf of participants admitted to that entity for training, or extended directly to such participants payment to that entity;

(2) Provision of the services of Federal personnel, or of other personnel at Federal expense;

(3) A grant or donation of Federal real personal property or any interest in use of such property, including:

(a) Transfers or leases of property for less than fair market value or for reduced consideration;

(b) Proceeds from a subsequent sale, transfer, or lease of such property, if the Federal share of the Federal Government; and,

(c) The sale, lease, or license of, and/the permission to use (other than on casual or transient basis), such property or any interest in such property, either:

(i) Without consideration;

(ii) At a nominal consideration; or,

(iii) At a consideration that is reduced waived either for the purpose of assisting the recipient, or in recognition the public interest to be served by such sale or lease to or use by the recipient.

(d) Waiver of charges that would normally be made for the furnishing of Government services; and,

(e) Any other agreement, arrangement, contract or subcontract (other than a Federal procurement contract or a contract of insurance or guaranty), or other instrument that has as one of its purposes the provision of assistance or benefits under WIA Title I.

Y. Fundamental alteration means:

(1) A change in the essential nature of a program or activity as defined in this part, including but not limited to an aid, service, benefit, or training; or

(2) A cost that a recipient can demonstrate would result in an undue burden. Factors to be considered in making the determination whether the cost of a modification would result in such a burden include:

(a) The nature and net cost of the modification needed, taking into consideration the availability of tax credits and deductions, and/or outside financial assistance, for the modification;

(b) The overall financial resources of the facility or facilities involved in the provision of the modification, including;

(i) The number of persons aided, benefited, served, or trained by, or employed at, the facility or facilities; and

(ii) The effect the modification would have on the expenses and resources of the facility or facilities;

(c) The overall financial resources of the recipient including:

(i) The overall size of the recipient;

(ii) The number of persons aided, benefited, served, trained, or employed by the recipient; and,

(iii) The number, type and location of the recipient's facilities;

(d) The type of operation or operations of the recipient, includ-

ing:

(i) The geographic separateness and administrative or fiscal relationship of the facility or facilities in question to the recipient; and,

(ii) Where the modification sought is employment-related, the composition, structure and functions of the recipient's workforce; and

(e) The impact of the modification upon the operation of the facility or facilities, including:

(i) The impact on the ability of other participants to receive aid, benefits, services, or training, or of other employees to perform their duties; and

(ii) The impact on the facility's ability to carry out its mission.

Z. Governor means the chief elected official of any State or his or her designee.

AA. Grant applicant means an entity that submits the required documentation to the Governor, recipient, or Department, before and as a condition of receiving financial assistance under Title I of WIA.

BB. Grant-making agency means an entity that provides Federal financial assistance.

CC. Guideline means written informational material supplementing an agency's regulations and provided to grant applicants and recipients to provide program-specific interpretations of their responsibilities under the regulations.

DD. Illegal use of drugs means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act, as amended (21 U.S.C. 812). "Illegal use of drugs" does not include the use of a drug taken under the supervision of a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provisions of Federal law.

EE. Individual with a disability means a person who has a disability, as defined in this section.

(1) The term "individual with a disability" does not include an individual on the basis of:

(a) Transvestitism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders;

(b) Compulsive gambling, kleptomania, or pyromania; or

(c) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

(2) **The term "individual with a disability" also does not include an**

individual who is currently engaging in the illegal use of drugs, when a recipient acts on the basis of such use. This limitation does not exclude an individual with a disability who:

(a) Has successfully completed a supervised drug rehabilitation program and is no longer engaging in the illegal use of drugs, or has otherwise been rehabilitated successfully and is no longer engaging in such use;

(b) Is participating in a supervised rehabilitation program and is no longer engaging in such use; or

(c) Is erroneously regarded as engaging in such use, but is not engaging in such use, except that it is not a violation of the nondiscrimination and equal opportunity provisions of WIA or this part for a recipient to adopt or administer reasonable policies or procedures, including but not limited to drug testing, designed to ensure that an individual described above in this definition is no longer engaging in the illegal use of drugs.

(3) **With regard to employment, the term "individual with a disability" does not include any individual who:**

(a) Is an alcoholic:
(i) Whose current use of alcohol prevents such individual from performing the duties of the job in question, or

(ii) Whose employment, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others; or

(b) Has a currently contagious disease infection, if:

(i) That disease or infection prevents him or her from performing the duties the job in question, or

(ii) His or her employment, because of that disease or infection, would constitute a direct threat to the health and safety of others.

FF. Labor market area means an economically integrated geographic area within which individuals can reside and find employment within a reasonable distance or can readily change employment without changing their place of residence. Such an area must be identified in accordance with either criteria used by the Bureau of Labor Statistics of the Department of Labor in defining such areas, or similar criteria established by a Governor.

GG. LWIA (Local Workforce Investment Area) grant recipient means the entity that receives WIA Title I financial assistance for a Local Workforce Investment Area directly from the Governor and disburses those funds for workforce investment activities.

HH. Methods of Administration means the written document and supporting documentation developed under 37.54 of Section 188.

II. National Programs means:

(1) Job Corps; and

(2) Programs receiving Federal funds under Title I, Subtitle D of WIA directly from the Department. Such programs include, but are not limited to, the Migrant and Seasonal Workers Programs, Native American Programs, and Veterans' Workforce Investment programs.

JJ. Noncompliance means a failure of a grant applicant or recipient to comply with any of the applicable requirements the nondiscrimination and equal opportunity provisions of WIA or this part.

KK. On-the-Job Training (OJT) means training by an employer that is provided a paid participant while the participant is engaged in productive work that:

(1) Provides knowledge or skills essential to the full and adequate performance of the job;

(2) Provides reimbursement to the employer of up to 50 percent of the wage rate of the participant, for the extraordinary costs of providing the training and additional supervision related to the training; and

(3) Is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant, as appropriate.

LL. One-Stop partners, as defined in section 121(b) of WIA, are treated as "recipients," and are subject to the nondiscrimination and equal opportunity requirements of this part, to the extent that they participate in the One-Stop delivery system.

MM. Participant means an individual who has been determined to be eligible to participate in and who is receiving aid, benefits, services or training under, a program or activity funded in whole or in part under Title I of WIA. "Participant" includes, but is not limited to, applicants receiving any service(s) under state Employment Service programs, and claimants receiving any service(s) under state Unemployment Insurance programs.

NN. Participation is considered to commence on the first day, following determination of eligibility, on which the participant began receiving subsidized aid, benefits, services, or training provided under Title I of WIA.

OO. Parties to a hearing means the Department and the grant appli-

cant(s), recipient(s), or Governor. Population eligible to be served means the total population of adults and eligible youth who reside within the labor market area that is served by a particular recipient, and who are eligible to seek WIA Title I financially-assisted aid, benefits, services or training from that recipient. See the definition of "labor market area" in this section.

PP. Program or activity: See "WIA Title I financially-assisted program or activity" in this section.

QQ. Prohibited ground means any basis upon which it is illegal to discriminate under the nondiscrimination and equal opportunity provisions of WIA or this part, i.e. race, color, religion, sex, national origin, age, disability, political affiliation or belief, and, for beneficiaries only, citizenship or participation in a WIA Title I financially-assisted program or activity.

RR. Public entity means:

(1) Any State or local government; and

(2) Any department, agency, special purpose district, workforce investment board, or other instrumentality of a State or States or local government.

SS. Qualified individual with a disability means:

(1) With respect to employment, an individual with a disability who, with or without reasonable accommodation, is capable of performing the essential functions of the job in question;

(2) With respect to aid, benefits, services, or training, an individual with a disability who, with or without reasonable accommodation and/or reasonable modification, meets the essential eligibility requirements for receipt of such aid, benefits, services, training.

TT. Qualified interpreter means an interpreter who is able to interpret effectively, accurately, and impartially, for individuals with disabilities. The interpreter must be able to interpret both receptively and expressively, using any necessary specialized vocabulary.

UU. Reasonable accommodation means:

(1) Modifications or adjustments to application/registration process that enables a qualified applicant/registrant with a disability to be considered for aid, benefits, services, training, or employment that the qualified applicant/registrant desires; or

(2) Modifications or adjustments that enable a qualified individual with a disability to perform the essential functions of a job, or to receive aid, benefits, services, or training equal to that provided to qualified individuals without dis-

abilities. These modifications or adjustments may be made to:

(a) The environment where work performed or aid, benefits, services, training are given; or

(b) The customary manner in which, or circumstances under which, a job performed or aid, benefits, services, training are given; or

(c) Modifications or adjustments enable a qualified individual with a disability to enjoy the same benefits privileges of the aid, benefits, services, training, or employment as are enjoyed by other similarly situated individuals without disabilities.

(3) Reasonable accommodation includes, but is not limited to:

(a) Making existing facilities used applicants, registrants, eligible applicants/registrants, participants, applicants for employment, and employees readily accessible to and usable by individuals with disabilities; and

(b) Restructuring of a job or a service of the way in which aid, benefits, training is/are provided; part-time or modified work or training schedules; acquisition or modification of equipment or devices; appropriate adjustment or modifications of examinations, training materials, or policies, the provision of readers or interpreters; and other similar accommodations for individuals with disabilities.

(4) To determine the appropriate reasonable accommodation, it may be necessary for the recipient to initiate an informal, interactive process with the qualified individual with a disability in need of the accommodation. This process should identify the precise limitations resulting from the disability and potential reasonable accommodations that could overcome those limitations.

VV. Recipient means any entity to which financial assistance under WIA Title I is extended, either directly from the Department or through the Governor or another recipient (including any successor, assignee, or transferee of a recipient), but excluding the ultimate beneficiaries of the WIA Title I funded program or activity. In instances in which Governor operates a program or activity, either directly or through a State agency, using discretionary funds apportioned to him or her under WIA Title I (rather than disbursing the funds to another recipient), the **Governor is also a recipient**. "Recipient" includes, but is not limited to:

(1) State-level agencies that administer, or are financed in whole or in part with, WIA Title I funds;

(2) State Employment Security Agencies;

(3) State and local Workforce Investment Boards;

(4) LWIA grant recipients;

(5) One-Stop operators;

(6) Service providers, including eligible training providers;

(7) On-the-Job Training (OJT) employers;

(8) Job Corps contractors and center operators, excluding the operators of federally-operated Job Corps centers;

(9) Job Corps national training contractors;

(10) Outreach and admissions agencies, including Job Corps contractors that perform these functions;

(11) Placement agencies, including Job Corps contractors that perform these functions; and

(12) Other National Program recipients.

WW. Registrant means the same as "applicant" for purposes of this part. See also the definitions of "application for benefits," "eligible applicant/registrant," "participant," "participation," and "recipient" in this section.

XX. Respondent means a grant applicant or recipient (including a Governor) against which a complaint has been filed under the nondiscrimination and equal opportunity provisions of WIA or this part.

YY. Secretary means the Secretary of Labor, U.S. Department of Labor, or his or her designee.

ZZ. Section 504 means Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended, which forbids discrimination against qualified individuals with disabilities in federally-financed and conducted programs and activities.

AAA. Service provider means:

(1) Any operator of, or provider of aid, benefits, services, or training to:

(a) Any WIA Title I funded program or activity that receives financial assistance from or through any State or LWIA grant recipient; or

(b) Any participant through that participant's Individual Training Account (ITA); or

(2) Any entity that is selected and/or certified as an eligible provider of training services to participants.

BBB. Small recipient means a recipient who:

(1) Serves a total of fewer than 15 beneficiaries during the entire grant year, and

(2) Employs fewer than 15 employees on any given day during the grant year.

CCC. Solicitor means the Solicitor of Labor, U.S. Department of Labor, or his or her designee.

DDD. State Employment Security Agency (SESA) means the State agency that, under the State Administrator, contains both State agencies with responsibility for administering programs authorized under the Wagner-Peyser Act, and unemployment insurance programs authorized under Title III of the Social Security Act.

EEE. State Programs means programs financially assisted in whole or in part under Title I of WIA in which either:

(1) The Governor and/or State receives and disburses the grant to or through LWDB grant recipients; or

(2) The Governor retains the grant funds and operates the programs, either directly or through a State agency. "State programs" also includes State Employment Security Agencies, State Employment Service agencies, and/or State unemployment compensation agencies.

FFF. Supportive services means services, such as transportation, child care, dependent care, housing, and needs-related payments, that are necessary to enable an individual to participate in WIA Title I financially-assisted programs and activities, as consistent with the provisions of WIA.

GGG. Terminee means a participant whose participation in the program terminates, voluntarily or involuntarily, during the applicable program year.

HHH. Title VI means Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, et seq., as amended, which forbids recipients of Federal financial assistance from discriminating on the basis of race, color, or national origin.

III. Transferee means a person or entity to whom real or personal property, or an interest in such property, is transferred.

JJJ. Ultimate beneficiary. See the definition of beneficiary in this section.

KKK. Undue hardship means significant difficulty or expense incurred by a recipient, when considered in light of the factors set forth below. Factors to be considered in determining whether an accommodation would impose an undue hardship on a recipient include:

(1) The nature and net cost of the accommodation needed, taking into consideration the availability of tax credits and deductions, and/or outside funding, for the accommodation.

(2) The overall financial resources of the facility or facilities involved in the provision of the reasonable

accommodation, including:

(a) The number of persons aided, benefited, served, or trained by, or employed at, the facility or facilities, and

(b) The effect the accommodation would have on the expenses and resources of the facility or facilities;

(3) The overall financial resources of the recipient, including:

(a) The overall size of the recipient,

(b) The number of persons aided benefited, served, trained, or employee the recipient, and

(c) The number, type and location of the recipient's facilities;

(4) The type of operation of operations of the recipient, including:

(a) The geographic separateness and administrative or fiscal relationship of the facility or facilities in question to the recipient, and

(b) Where the individual is seeking employment-related accommodation, the composition, structure and functions of the recipient's workforce; and

(5) The impact of the accommodation upon the operation of the facility or facilities, including:

(a) The impact on the ability of other participants to receive aid, benefits, services, or training, or of other employees to perform their duties, and

(b) The impact on the facility's ability to carry out its mission.

LLL. WIA Title I financial assistance. See the definition of "Federal financial assistance under Title I of WIA" in this section.

MMM. WIA Title I-funded program or activity means:

(1) A program or activity, operated recipient and funded, in whole or in part, under Title I of WIA, that provides either:

(a) Any aid, benefits, services, or training to individuals; or

(b) Facilities for furnishing any aid, benefits, services, or training to individuals;

(2) Aid, benefits, services, or training provided in facilities that are being or were constructed with the aid of Federal financial assistance under WIA Title I;

(3) Aid, benefits, services, or training provided with the aid of any non-WIA Title I funds, property, or other resources that are required to be expended or made available in order for the program to meet matching requirements or other conditions which must be met in order to receive the WIA Title I financial assistance. See the definition of "aid, benefits, services, or training" in this section.

[11.2.30.7 NMAC – N, 9/13/01]

11.2.30.8 ACTION: The State and Local Workforce Development Boards, and/or their Subrecipients will comply with the following nondiscrimination provisions of the Workforce Investment Act:

A. Inclusion of applicants and qualified individuals with disabilities to participate in or benefit from the aid, benefits, services, or training.

(1) The State and Local Workforce Development Board meetings will be fully accessible programmatically, architecturally, and communicatively to any individual with a disability.

(2) All information or publications generated by the State and Local Workforce Development Boards will be available in accessible formats upon request of any individual with a disability.

B. Affording opportunities to individuals with disabilities that are equal to that afforded to others to obtain the same result, to gain the same benefit, or to reach the same level of achievement as that provided to other participants.

C. Administration of the WIA Title I financially-assisted programs and activities in the most integrated setting appropriate to the needs of qualified individuals:

(1) Programs and activities, when viewed in its entirety must be readily accessible to qualified individuals with disabilities (program access).

(2) Compliance with the provision of architectural access standards.

(3) Prohibition of providing different, segregated, or separate opportunity to individuals with disabilities or any class of individuals with disabilities, unless providing a separate opportunity is necessary and appropriately applied to provide qualified individuals with disabilities with an opportunity that is an effective as that provided to others.

(4) Prohibition of denying a qualified individual with a disability the opportunity to participate in WIA Title I financially-assisted programs or activities despite the existence of separate or different programs or activities available for individuals with disabilities.

(5) Prohibition of limiting qualified individuals with disabilities in enjoyment of any other right, privilege, advantage, or opportunity enjoyed by others participating in any WIA Title I program or activity.

(6) Prohibition of directly or through contract or other arrangement, use standards, procedures, criteria, or administrative methods that have the purpose or effect of subjecting qualified individuals

with disabilities to discrimination.

(7) Prohibition of imposing eligibility criteria that screen out or tend to screen out an individual with a disability or any class of individuals with disabilities from fully and equally enjoying any aid, benefit, service, training, program, or activity being offered.

(8) Provision of Reasonable Accommodation, with due process for aggrieved individuals, to qualified individuals with disabilities who are applicants, registrants, participants, employees (or applicants for employment) with regard to aid, benefits, services, training, unless providing the accommodation would cause undue hardship.

(9) Reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination unless making modifications would fundamentally alter the nature of the service, program or activity.

(10) Appropriate steps in ensuring that communication with beneficiaries, registrants, applicants, participants and members of the public who are individuals with disabilities (giving primary consideration to the individual's specific request) are as effective as with others:

(a) Furnishing appropriate auxiliary aid and services.

(b) Electronic access and related interfaces such as computers.

(c) Appropriately applying the defense of fundamental alteration to the nature of services, program or activities as reason for not providing auxiliary aid and services.

(11) Required due process for aggrieved individuals with disabilities including the designation of an equal opportunity officer for small and large recipients.

(12) The provision of initial and continuing disability nondiscriminatory notice to registrants, applicants, participants, employees, and others.

(13) Requirements of record keeping regarding disability status (when known) of applicants, registrants, displaced workers, applicants for employment, and employees.

(14) Responsibilities regarding the provision of universal access to WIA Title I financially-assisted core services through public outreach.

[11.2.30.8 NMAC – N, 9/13/01]

11.2.30.9 RESCISSIONS: None.

[11.2.30.9 NMAC – N, 9/13/01]

11.2.30.10 CONTACT ENTITY: Inquiries regarding this policy should be directed to the Job Training Division in Santa Fe at (505) 827-6827.

[11.2.30.10 NMAC – N, 9/13/01]

11.2.30.11 DISTRIBUTION: NM State and Local WDB Chairpersons, SAE NMDOL Legal Counsel, SAE NMDOL EO Officer, NMWDAs/ LWDAs Administrative Staff, State WIA Subrecipients, USDOL Federal Representative, and New Mexico Records Center and Archives.

[11.2.30.11 NMAC – N, 9/13/01]

11.2.30.12 ATTACHMENTS: None.

[11.2.30.12 NMAC – N, 9/13/01]

NEW MEXICO COMMISSION OF PUBLIC RECORDS

1 NMAC 3.2.94.900, Local Records Retention and Disposition Schedule for Municipalities, is being repealed and being reformatted and replaced with the new part 1.19.8 NMAC Local Records Retention and Disposition Schedule, Municipalities to conform with current NMAC requirements, effective 9-28-2001.

NEW MEXICO COMMISSION OF PUBLIC RECORDS

August 28, 2001

Donald L. Padilla
Records Management Division Director
State Records Center and Archives
1205 Camino Carlos Rey
Santa Fe, New Mexico 87507

Dear Mr. Padilla:

You recently requested to publish a synopsis in lieu of publishing the full content of the following listed rules:

· 1.19.8 General Schedule for Municipalities

A review of these rules shows that their most impact is limited to the individual agencies to which they pertain, and they are "unduly cumbersome, expensive or otherwise inexpedient" to publish. Therefore, your request to publish synopsis for each is approved.

Sincerely,

L. Elaine Olah
State Records Administrator
JRH/pmf

SYNOPSIS 1.19.8 NMAC: LOCAL GOVERNMENT RECORDS RETENTION AND DISPOSITION SCHEDULE (LGRDRS), NEW MEXICO MUNICIPALITIES

1. Subject Matter: 1.19.8 NMAC. Local Government Records Retention and Disposition Schedule for New Mexico Municipalities. Nine new items consisting of the obligatory sections are being introduced to bring the reformatted LGRDRS for New Mexico Municipalities into the current New Mexico Administrative Code format. The retention and disposition requirements on this schedule are based on the legal and use requirements of the records and on their administrative, legal, fiscal and archival values. This records retention and disposition schedule was developed by the Records Management Division of the State Records Center and Archives (NM Commission of Public Records), and approved by the State Records Administrator.

2. Persons Affected: Record producing and keeping personnel of New Mexico Municipalities. Persons and entities normally subject to the rules and regulations of New Mexico Municipalities may also be directly or indirectly affected by this rule.

3. Interests of persons affected: Corporations, individuals, and employees of New Mexico Municipalities.

4. Geographical applicability: Areas within the State of New Mexico covered by New Mexico Municipalities and any person and entity outside the covered geographical area that conducts business with New Mexico Municipalities.

5. Commercially published material incorporated: New Mexico Statutes Annotated 1978 and the Code of Federal Regulations were used as a reference in the development of this rule; however, they are not a substantial portion of this rule.

6. Telephone number and address of issuing agency: New Mexico State Records Center and Archives, 1205 Camino Carlos Rey, Santa Fe, New Mexico 87505, telephone number: (505) 476-7900.

7. Effective date of this rule: September 28, 2001

Certification

As counsel for the State Records Center and Archives, I certify that this synopsis provides adequate notice of the content of the

LGRDRS, New Mexico Municipalities.

Roberta D. Joe Date
Assistant Attorney General

NEW MEXICO COMMISSION OF PUBLIC RECORDS

This is an amendment to the existing 1.18.394 NMAC, section 149 & 173.

1.18.394.149 STATE TREASURER'S DEPOSIT FORM:

A. Program: ~~operations~~ cash management

B. Maintenance: ~~[RESERVED]chronon-numeric by date and validation number~~

C. Description: hardcopy record concerning agency deposits with state treasurer's office and the tracking of appropriate line items. Form may ~~[show]~~ contain agency name, agency department of finance and administration code, parties that prepared deposit, [CFRAS codes], telephone number, date prepared, budget fiscal year, fund code, organization code, revenue source code, balance sheet account, vendor code, amount deposited etc.

D. Retention:
~~(1) white copy (operations treasurer's reconciliation, accounting and cashiering bureau): until audit report released for year in which record created~~
~~(2) green copy (department of finance and administration) see department of finance and administration records retention and disposition schedule~~

~~(3) yellow copy: (cash management): six years after close of federal fiscal year in which created~~

(1) cash management copy: six years after close of federal fiscal year in which created

(2) DFA copy: see department of finance and administration record retention and disposition schedule

(3) agency copy: see general financial record retention and disposition schedule

[1.18.394.149 NMAC - Rn 1.18.394.173 NMAC & A, 9/28/2001]

1.18.394.173 [RESERVED]

[1.18.394.173 NMAC - Rp 1 NMAC 3.2.93.394.04.111, 12/15/2000; Rn to 1.18.394.149 NMAC, 9/28/2001]

NEW MEXICO COMMISSION OF PUBLIC RECORDS

This is an amendment to 1.18.632 NMAC, adding Sections 801, 802, and 803.

1.18.632.754-800 [RESERVED]

1.18.632.801 LIMITED LIABILITY AFFIRMATIVE ELECTION FORM (WC CB A-IV)

A. Program: compliance
B. Maintenance system: chrononumeric alphabetical by receipt date, bates numbering, and employer name

C. Description: record of executive employees belonging to limited liability companies who exempt themselves from carrying workers compensation insurance. Record may contain name of executive limited liability company member, employer unemployment insurance number, federal employer identification number, etc.

D. Retention: until reinstated or until retirement of individual

E. Confidentiality: confidential per Section 52-5-21 NMSA 1978 [1.18.632.801 NMAC - N, 9/28/2001]

1.18.632.802 CONTACT LOG

A. Program: safety
B. Maintenance system: chronological by month

C. Description: record of contacts made by safety consultants with employer. Record may contain name of firm, name of contact, telephone number, general information on the employer, etc.

D. Retention: two years from date of contact

E. Confidentiality: confidential per Section 52-5-21 NMSA 1978 [1.18.632.802 NMAC - N, 9/28/2001]

1.18.632.803 ACCIDENT INVESTIGATION FILE

A. Program: safety
B. Maintenance system: chronological by calendar year and employer name

C. Description: record of information pertaining to work related accidents. File may contain date, locations, names of employers, names of employees, addresses, telephone numbers, description of accidents, cause and effects of accidents, recommendations, etc.

D. Retention: six years from the close of the investigation

E. Confidentiality: confidential per Section 52-5-21 NMSA 1978 [1.18.632.803 NMAC - N, 9/28/2001]

**NEW MEXICO
COMMISSION OF PUBLIC
RECORDS**

State Records Center and Archives

NOTICE OF RENUMBER

On August 28, 2001, at a regular meeting of the Commission of Public Records, the Commission renumbered the following Executive Record Retention and Disposition Schedules. Effective date of the renumber is September 28, 2001 for the following rules:

1.18.505 NMAC Executive Records Retention and Disposition Schedule, Office of Cultural Affairs

1.18.464 NMAC Executive Records Retention and Disposition Schedule, Professional Engineers and Land Surveyors

1.18.479 NMAC Executive Records Retention and Disposition Schedule, Veterinary Examiners Board

1.18.355 NMAC Executive Records Retention and Disposition Schedule, Public Defenders

1.16.112 NMAC Legislative Records Retention and Disposition Schedule, Legislative Finance Committee

**NEW MEXICO
DEPARTMENT OF
PUBLIC SAFETY**

**TITLE 10 PUBLIC SAFETY
AND LAW ENFORCEMENT
CHAPTER 8 WEAPONS AND
EXPLOSIVES
PART 2 CARRYING CONCEALED
HANDGUNS**

10.8.2.1 ISSUING AGENCY:
Department of Public Safety.
[10.8.2.1 NMAC - N, 9-13-01]

10.8.2.2 SCOPE: This rule applies to all persons who wish to carry a concealed handgun or to become an approved instructor in New Mexico. The requirements in this rule are in addition to the requirements in the Act.
[10.8.2.2 NMAC - N, 9-13-01]

**10.8.2.3 STATUTORY
AUTHORITY:** NMSA 1978 Section 29-18-11.
[10.8.2.3 NMAC - N, 9-13-01]

10.8.2.4 DURATION:
Permanent.

[10.8.2.4 NMAC - N, 9-13-01]

10.8.2.5 EFFECTIVE DATE:
September 13, 2001, unless a later date is cited at the end of a section.

[10.8.2.5 NMAC - N, 9-13-01]

10.8.2.6 OBJECTIVE: The purpose of this rule is to implement the Act by establishing requirements and procedures for licensure and approval of instructors.

[10.8.2.6 NMAC - N, 9-13-01]

10.8.2.7 DEFINITIONS: In addition to the definitions in NMSA 1978 Section 29-18-2, unless the context clearly indicates otherwise, as used in this rule:

A. Act means the Concealed Handgun Carry Act, NMSA 1978 Sections 29-18-1 et seq.

B. approved instructor means a person who has been certified as a firearms instructor by a department-approved firearms instructor training program and approved by the department to conduct the firearms training course described in 10.8.2.18 NMAC.

C. controlled substance has the meaning given in the New Mexico Controlled Substances Act or a similar act of any other jurisdiction.

D. conviction, when used in connection with a violation of the DWI provisions of the Motor Vehicle Code, has the meaning given in NMSA 1978 Section 66-8-102;

E. court means any federal, state, municipal, or tribal court;

F. instructor applicant means a person seeking to become an approved instructor.

G. MVD means the Motor Vehicle Division of the Taxation and Revenue Department.

H. peace officer has the meaning given in NMSA 1978 Section 30-1-12.

I. Secretary means the Secretary of the Department of Public Safety or his designee.
[10.8.2.7 NMAC - N, 9-13-01]

10.8.2.8 FILINGS AND CORRESPONDENCE:

A. To the department.
(1) A person shall address all filings and correspondence relating to hearings to the New Mexico Department of Public Safety, Post Office Box 1628, Santa Fe, New Mexico 87504-1628, Attention: Office of Legal Affairs-Concealed Handgun Section.

(2) A person shall address all filings and correspondence relating to

licenses, instructor approval, and all other matters to the New Mexico Department of Public Safety, Concealed Handgun Licensing Unit, P.O. Box 3007, Albuquerque, New Mexico 87190-3007.

B. From the department.
The department will send all legal notices and orders required by the Act and this rule by certified mail to the last address reported to the department by an applicant, instructor applicant, licensee, or approved instructor; the department will send all other correspondence by regular mail. If a legal notice or order is returned to the department as undeliverable, the department may publish the legal notice or order once in a newspaper of general circulation in the state. The department may take the action proposed in the legal notice or order on the 31st day after the date legal notice is published.
[10.8.2.8 NMAC - N, 9-13-01]

10.8.2.9 INCOMPLETE FILINGS: The department may refuse to consider an incomplete filing. A filing will be considered incomplete if:

A. it is unsigned;
B. it is not notarized or certified and notarization or certification is required;

C. it omits any information required by law or department rule, form, or order;

D. it is not filed on a department-prescribed form and a form exists for that purpose; or

E. the required fee is not filed with the filing or is not in the form of a check or money order.
[10.8.2.9 NMAC - N, 9-13-01]

10.8.2.10 DEPARTMENT-PRESCRIBED FORMS:

A. Use required. The department has prescribed forms to carry out certain requirements of this rule. The most current version of a department form must be used when a form exists for that purpose, unless the department waives this requirement.

B. How to obtain.
Department-prescribed forms may be obtained:

(1) by writing to the department;

(2) at New Mexico State Police offices throughout the state; and

(3) from the department's website at www.dps.nm.org.

[10.8.2.10 NMAC - N, 9-13-01]

10.8.2.11 APPLICATION REQUIREMENTS:

A. Filing. An applicant or instructor applicant must file an application

for a license or instructor approval with the department in person or by mail.

B. Notarization. All applications shall be subscribed and sworn before a notary public.

C. Fees. All fees required by this rule to be paid to the department shall be in the form of a check or money order made payable to the New Mexico Department of Public Safety. The department will not accept cash.

D. Completeness. All applications must be complete and legible.

(1) If an application is incomplete, the department will return the application and a letter outlining the deficiencies in the application to the applicant or instructor applicant by regular mail. The applicant or instructor applicant will have 20 calendar days from the date the letter is postmarked to cure the deficiencies. If the applicant or instructor applicant fails to return the application to the department within 20 calendar days from the date the letter was postmarked, the application will be deemed abandoned, the application file will be closed, and all fees paid will be forfeited to the state.

(2) If the applicant or instructor applicant returns the application to the department within 20 calendar days from the date the initial letter was postmarked but the application is still deficient, the department will return the application and a second letter outlining the deficiencies in the application to the applicant or instructor applicant by regular mail. The applicant or instructor applicant will have 20 calendar days from the date the second letter is postmarked to cure the deficiencies. If the applicant or instructor applicant fails to return the application to the department within 20 calendar days from the date the second letter was postmarked, or returns the application but it is still deficient, the application will be deemed abandoned, the application file will be closed, and all fees paid will be forfeited to the state.

[10.8.2.11 NMAC - N, 9-13-01]

10.8.2.12 OTHER REQUIRED DOCUMENTS: In addition to the application form, each applicant or instructor applicant shall file copies of other documents required by NMSA 1978 Section 29-18-5 or this rule with the department. The copies must clearly show the name of the applicant or instructor applicant and all signatures and pertinent information. The department will not accept copies that are too dark, too light, blurry, or otherwise unreadable. An applicant or instructor applicant should not file, and the department will not return, original documents.

A. Proof of citizenship.

An applicant or instructor applicant may prove United States citizenship as provided in NMSA 1978 Section 29-18-5.

B. Proof of residency. An applicant or instructor applicant may prove residency in New Mexico by filing a notarized copy of one of the following:

(1) a valid New Mexico driver's license or personal identification card issued by MVD. Possession by an applicant or instructor applicant of a driver's license issued by another state constitutes prima facie evidence of residency in such other state;

(2) proof that the applicant or instructor applicant is registered to vote in this state;

(3) a New Mexico income tax return filed within the last year;

(4) a United States Armed Force identification card and orders of permanent duty station in New Mexico; or

(5) other proof acceptable to the department.

C. Proof of age. An applicant or instructor applicant may prove that he or she is 21 or more years of age by filing:

(1) a notarized copy of a valid government-issued identification card stating the person's age, or

(2) a certified copy of his or her birth certificate.

D. Proof of handgun competency. An applicant shall prove that he or she can competently and safely fire a handgun by filing a notarized copy of a handgun competency certificate that was issued by an approved instructor not more than 90 calendar days prior to the date the application is filed.

E. Photographs. Instead of the two passport photographs required by NMSA 1978 Section 29-18-5, the department will take digital color photographs of an applicant upon approval of an application.

F. Application fee. An applicant shall file a non-refundable application fee of \$100.00.

[10.8.2.12 NMAC - N, 9-13-01]

10.8.2.13 LICENSE APPLICATION REVIEW AND ISSUANCE:

A. Time period for review. The department shall review the application, conduct a background check of each applicant, and make a determination within 60 days of the date the department receives a complete application.

B. Determination by department.

(1) **Approval.** If the department finds that the applicant meets the requirements in the Act and this rule for

issuance of a license, the department shall issue a letter of license approval. The applicant shall take the letter of license approval to a designated New Mexico State Police Office to have his or her digital photograph taken. The department shall issue the license within 10 working days of the date the digital photograph is taken.

(2) **Denial.** If the department finds that the applicant does not meet the requirements for issuance of a license, the department shall issue an order of denial in accordance with 10.8.2.20 NMAC. The order of denial shall cite the particular requirements of the Act or this rule that the applicant has failed to meet.

C. Information on license. In addition to the information required by subsection C of NMSA 1978 Section 29-18-6, a license to carry a concealed handgun may include:

(1) a physical description of the licensee, including his or her race or national origin, sex, hair color, eye color, height, and weight;

(2) the state seal; and

(3) instructions to the licensee.

D. Effective date and term of license. Original and renewed licenses are effective for one year from the date of issuance by the department. Replacement licenses shall expire on the date the replaced license would have expired.

E. Dual licenses prohibited. A licensee may not own or possess more than one New Mexico license to carry a concealed handgun. A license to carry a concealed handgun shall indicate all categories and calibers of handguns the licensee is authorized to carry concealed in New Mexico.

[10.8.2.13 NMAC - N, 9-13-01]

10.8.2.14 DEPARTMENT APPROVAL OF FIREARMS INSTRUCTORS:

A. Application required. Any person seeking to become an approved instructor shall file an application with the department. Application shall be made on the form prescribed by the department, and shall be typewritten or legibly handwritten in ink.

B. Requirements for approval. An instructor applicant must:

(1) be a citizen of the United States;

(2) agree to be subject to New Mexico jurisdiction for the limited purpose of enforcing the Act and this rule;

(3) be 21 years of age or over;

(4) maintain \$1,000,000 of professional liability insurance; and

(5) possess a current certificate of completion of a firearms instructor training program approved by the department.

C. Time period for review. The department shall review the application of each instructor applicant and make a determination within 60 days of the date the department receives a complete application.

D. Determination by the Department.

(1) **Approval.** If the department finds that the instructor applicant meets the requirements specified in subsection B of this section, the department shall issue a letter of instructor approval that shall be valid for the shorter of two years or until expiration of the instructor applicant's certificate of completion of a firearms instructor training program approved by the department. The letter of instructor approval shall include the approved instructor's name, business address, and date of birth and the expiration date of the letter of instructor approval.

(2) **Denial.** If the department finds that the instructor applicant does not meet the requirements specified in subsection B of this section, the department shall issue an order of denial in accordance with 10.8.2.20 NMAC. The order of denial shall cite the particular requirements of the Act or this rule that the instructor applicant has failed to meet.

E. Renewal. An approved instructor seeking to renew his letter of instructor approval shall file with the department no earlier than 60 calendar days before and no later than 60 calendar days after the date his letter of instructor approval expires:

(1) an application for renewal on the form prescribed by the department;

(2) a copy of a current firearms instructor certification from a department-approved firearms instructor training program; and

(3) proof of \$1,000,000 of professional liability insurance.

F. No authority to carry. An approved instructor is not authorized to carry a concealed handgun unless the approved instructor obtains a license from the department.

G. List of approved instructors. The department shall maintain and make available to the public a list of approved instructors. An approved instructor may request to be removed from the list, but shall remain subject to a request for inspection of public records pursuant to NMSA 1978, chapter 14, article 2.

[10.8.2.14 NMAC - N, 9-13-01]

10.8.2.15 RESPONSIBILITIES OF APPROVED INSTRUCTORS:

A. Department approved firearms training course. Approved instructors must annually file for the prior approval of the department, not less than 30 calendar days before using them for the first time, a curriculum and course materials that meet the requirements set forth in the Act and this rule. The department shall approve or disapprove the curriculum and course materials in writing. The department's approval shall remain in effect for the shorter of one year or until the approved instructor changes the program or the requirements in the Act or this rule are changed.

B. Approval of video and guest instruction. An approved instructor may use video as a training component or guest instructors who are not approved instructors only with the prior written approval of the department. An approved instructor must file a request for approval for video or guest instruction to the department at least 30 days prior to the date the approved instructor will use the video or guest instructor for the first time each year.

C. Monitoring by the department. The department may monitor all aspects of firearms training courses. Approved instructors shall cooperate with the department in its efforts to monitor the training of applicants.

D. Handgun competency certificates. An approved instructor shall issue a handgun competency certificate to each applicant who demonstrates competency in the safe use of the categories and calibers of handguns for which he or she seeks licensure. The certificate shall include the name and date of birth of the applicant, the printed name and signature of the approved instructor who witnessed the competency demonstration, the date the applicant completed the firearms training course, and all categories and calibers of handguns for which the applicant demonstrated competency.

E. Reports. An approved instructor shall file the following information with the department within 5 working days after the end of each firearms training course on the form prescribed by the department:

(1) the name and date of birth of each applicant who attended the course;

(2) for each applicant, how many of the 50 rounds fired by the applicant during the handgun competency demonstration hit the target, missed the target, or malfunctioned; and

(3) for each applicant, whether or not the approved instructor issued a handgun competency certificate.

F. Records. An approved

instructor shall maintain the records required by this subsection for a period of three years from the date of completion of each firearms training course. The records shall be stored in a safe and secure place and shall be available for inspection by the department upon request. An approved instructor shall maintain:

(1) a record of each handgun competency certificate issued;

(2) a record of the name and date of birth of each applicant who attended each course and, for each applicant, an indication of how many of the 50 rounds fired by the applicant during the handgun competency demonstration hit the target, missed the target, or malfunctioned; and an indication of whether or not the approved instructor issued a handgun competency certificate to that applicant;

(3) a record of the dates and number of hours of each firearms training course;

(4) a record of the curriculum and course materials used in each course; and

(5) copies of documents and correspondence filed with the department.

[10.8.2.15 NMAC - N, 9-13-01]

10.8.2.16 BACKGROUND INVESTIGATIONS OF APPLICANTS:

A. Central office. The department shall conduct a state and national criminal records check, and a court records check for protective orders, of each applicant for an original or renewed license. The department may require certain applicants to provide information or execute documents to enable the department to obtain criminal history records of disposition of charges. The department may conduct such other investigation of an applicant as the department deems necessary to determine an applicant's suitability for a license.

B. In the field. The department may assign an agent to conduct a field background investigation of an applicant. Upon completion of the investigation, the agent shall prepare a report of the results of the investigation.

[10.8.2.16 NMAC - N, 9-13-01]

10.8.2.17 FINGERPRINTING OF APPLICANTS: An applicant shall submit two complete sets of fingerprints. The department may refuse to accept fingerprints it determines are not legible and classifiable.

A. Responsibilities of applicant. The applicant must present the following documents to the person recording his or her fingerprints:

(1) a valid government-issued photographic identification card; and

(2) the two blank fingerprint cards and instruction page supplied by the department.

B. Responsibilities of person recording the fingerprints. The person who records the applicant's fingerprints shall:

(1) verify that the government-issued photographic identification card is of the person being fingerprinted;

(2) either complete or verify the accuracy of the non-fingerprint data being filed on the card;

(3) record the individual's fingerprints on the card, in a manner consistent with that normally required for an arrest fingerprint card, including the simultaneous impressions;

(4) obtain the signature of the applicant on both fingerprint cards;

(5) sign the fingerprint card; and

(6) return all documents to the applicant who shall forward them to the department.

[10.8.2.17 NMAC - N, 9-13-01]

10.8.2.18 FIREARMS TRAINING FOR APPLICANTS:

A. Department approved course and instructor. An applicant shall be required to satisfactorily complete a firearms training course approved by the department and taught by an approved instructor.

B. Minimum hours and curriculum for instruction.

(1) An initial firearms training course must include at least 15 hours of classroom and firing range instruction on the subjects specified in subsection A of NMSA 1978 Section 29-18-7.

(2) A refresher firearms training course must include at least 4 hours of classroom and firing range instruction on the subjects specified in subsection A of NMSA 1978 Section 29-18-7.

C. Competency demonstration. An applicant shall demonstrate competency in the safe use of each category and caliber of handgun for which he or she seeks an original or renewed license by firing a handgun with live ammunition at a target no larger than twelve inches wide and eighteen inches high. An applicant shall fire 20 rounds from three yards, 20 rounds from seven yards, and 10 rounds from 15 yards. An approved instructor shall determine whether or not to issue a handgun competency certificate based on the applicant's performance of the competency demonstration.

[10.8.2.18 NMAC - N, 9-13-01]

10.8.2.19 TERMS AND CONDITIONS

OF LICENSE:

A. Carrying only handguns listed on license. No person shall carry a concealed handgun of a different category or caliber than is indicated on a license issued by the department.

B. Carrying while impaired. No person shall carry a concealed handgun while impaired by the use of alcohol, controlled substances, or over-the-counter or prescribed medications.

C. Display of license on demand. A licensee carrying a concealed handgun on or about his person in public shall, upon demand by a peace officer, display his license to carry a concealed handgun.

D. Prohibited acts. A licensee shall not deface, alter, mutilate, reproduce, lend, transfer, or sell a license.

E. Carrying prohibited in certain places. In addition to limitations stated in the Act, a licensee may not carry a concealed handgun on or about his person:

(1) on private property that has signs posted prohibiting the carrying of concealed weapons; or

(2) in municipalities and counties that have adopted lawful ordinances and posted signs prohibiting the carrying of concealed handguns.

F. Notice of change in circumstances. A licensee shall, within 10 calendar days, notify the department in writing of any of the following:

(1) adjudication of mental incompetence;

(2) commitment to a facility for the treatment of mental illness;

(3) commitment to a facility for treatment of addiction to alcohol, controlled substances, or other drugs;

(4) issuance of an order of protection by a court; or

(5) indictment for or charge with a disqualifying offense as provided in NMSA 1978 Section 29-18-4.

[10.8.2.19 NMAC - N, 9-13-01]

10.8.2.20 HEARING PROCEDURES:

A. Written notice required. The department shall mail an order of denial, suspension, or revocation and instructions for requesting a hearing to the applicant, instructor applicant, approved instructor, or licensee's last known address. The order shall become final on the 35th day after the date the notice was postmarked unless the department receives a request for a hearing, or the notice is returned to the department as undeliverable, before that date.

B. Request for hearing. An applicant, instructor applicant, approved instructor, or licensee who seeks reconsider-

ation of an order of denial, suspension, or revocation shall file a request for hearing. The request for hearing shall:

(1) be in writing

(2) be received by the department within 35 days of the date the notice is postmarked;

(3) state with specificity the basis for challenging the order; and

(4) provide any additional documentation to support the challenge.

C. Hearing date. Within 30 days of receipt of a request for hearing, the department will mail a notice of hearing to the applicant, instructor applicant, approved instructor, or licensee. The hearing shall be held within a reasonable period of time, but in no case sooner than 20 days after the notice is postmarked or later than 90 days from the date the department receives the request for hearing. The department may extend the time for a hearing one time for up to an additional 60 days. The department shall not unreasonably deny a request for postponement of the hearing made by an applicant, instructor applicant, approved instructor, or licensee.

D. Contents of notice.

The notice shall include:

(1) the date, time, place, and nature of the hearing;

(2) a statement of the legal authority and jurisdiction pursuant to which the hearing is being held;

(3) reference to the particular sections of the Act or this rule that were cited as the basis for the denial, suspension, or revocation;

(4) a statement of the matters or issues involved; and

(5) a statement of the rights specified in subsection I of this section.

E. Nature of hearing.

The hearing shall be conducted in an informal manner. The hearing may be conducted in person or by telephone conference call, video conferencing, or other appropriate technology at the department's expense.

F. Hearing examiner.

The department shall designate a hearing examiner who shall regulate the proceedings and perform all acts and take all measures necessary or proper for the efficient conduct of the hearing. The hearing examiner may:

(1) administer oaths;

(2) issue subpoenas for the attendance of witnesses and the production of relevant books, documents, and records;

(3) exclude any irrelevant, immaterial, or unduly repetitious evidence;

(4) take notice of judicially cognizable facts and of recognized technical or scientific facts within the department's specialized knowledge;

(5) hear evidence from the applicant, instructor applicant, approved instructor, licensee, and the department. The department may introduce into evidence copies of government records needed to establish the existence of certain facts which could result in denial, suspension, or revocation of a license or letter of instructor approval, including but not limited to records regarding convictions, judgments regarding mental competency or chemical dependency, or other matters that may be established by government records;

(6) call and examine the applicant, instructor applicant, approved instructor, licensee, or other witnesses; and

(7) utilize the department's experience, technical competence, and specialized knowledge in evaluating the evidence.

G. Testimony. Testimony at the hearing shall be taken under oath.

H. Record of hearing. The hearing shall be stenographically or tape recorded at the department's expense. In addition, the department shall make a written record of:

(1) the style of the proceedings;

(2) the nature of the proceedings including copies of the affidavit of violation, the order of denial, suspension, or revocation, and the notice of hearing;

(3) the place, date, and time of the hearing and all continuances or recesses of the hearing;

(4) the appearance or non-appearance of the applicant, instructor applicant, licensee, or approved instructor;

(5) if the applicant, instructor applicant, licensee, or approved instructor appears with an attorney or other representative, the name and address of the attorney or representative;

(6) all evidence and testimony and a copy of all exhibits introduced into evidence;

(7) the findings of fact, conclusions of law, and recommended decision of the hearing examiner; and

(8) the decision of the Secretary.

I. Rights of applicant, instructor applicant, approved instructor, or licensee. The applicant, instructor applicant, approved instructor, or licensee has the right to:

(1) attend the hearing;

(2) file evidence in open hearing;

(3) recuse a hearing examiner for cause;

(4) be assisted or represented by an attorney or other person at his own expense; and

(5) call, examine and cross-examine witnesses.

J. Stipulation. The applicant, instructor applicant, approved instructor, or licensee shall stipulate in writing on a form prescribed by the department that the hearing examiner shall be released from civil liability for all communications, findings, opinions, and conclusions made in the course and scope of the hearing. Failure to so stipulate shall result in termination of the hearing and continuation of the order issued by the department.

K. Deliberation. At the close of the hearing, the hearing examiner shall review and consider the entire record, prepare findings of fact, conclusions of law, and a recommended decision, and submit them to the Secretary not later than 20 calendar days after the close of the hearing. The hearing examiner shall make a finding on each ground for denial, suspension, or revocation alleged. The recommended decision shall be based upon substantial, competent, and relevant evidence and testimony appearing in the record of hearing.

L. Final order. Within 20 calendar days of receipt of the recommended decision, the Secretary shall review the records of the hearing and issue a final order affirming the denial of an application for, or suspension or revocation of a license or letter of instructor approval or reversing the denial, suspension, or revocation and authorizing issuance or reinstatement of a license or letter of instructor approval. The department shall mail a copy of the final order to the applicant, instructor applicant, approved instructor, or licensee. The final order shall be based upon substantial, competent, and relevant evidence and testimony appearing in the record of hearing.

M. Appeals. An applicant, instructor applicant, approved instructor, or licensee adversely affected by a final order of the department may, pursuant to Rule 1-075 of the Rules of Civil Procedure for the District Courts, file a petition for a writ of certiorari in the district court in Santa Fe County within 30 days of the date the final order was postmarked. The appellant shall bear the costs of the appeal.

[10.8.2.20 NMAC - N, 9-13-01]

10.8.2.21 LICENSE RENEWAL, MODIFICATION, AND TRANSFER:

A. When application required. A licensee may file an application for a renewed license on the form prescribed by the department to:

(1) renew a license. The licensee may file the application any time between 60 calendar days before the license expires to 60 calendar days after the license expires. If the license has expired, a licens-

ee shall not carry a concealed handgun until he receives his renewed license. The licensee shall complete a refresher firearms training course prior to filing the application.

(2) modify a license to permit the concealed carrying of an additional category or caliber of handgun. Prior to filing the application, the licensee shall demonstrate competency as provided in subsection C of 10.8.2.18 NMAC in the category and caliber of handgun to be added to the license. A licensee shall not carry the additional category or caliber of concealed handgun until he receives his renewed license.

(3) transfer a license from another state. An applicant shall not carry a concealed handgun in New Mexico until he receives a New Mexico renewed license.

(a) In addition to the filings required by paragraph 2 of subsection B of this section, the applicant shall file:

(i) proof of citizenship as required by NMSA 1978 Section 29-18-5;

(ii) proof of age and residency as provided in 10.8.2.12 NMAC; and

(iii) 2 sets of fingerprints as required by the Act and 10.8.2.17 NMAC.

(b) The applicant shall complete:

(i) a refresher firearms training course if the firearms training required by the other state meets or exceeds New Mexico firearms training requirements and the licensee completed firearms training not more than 1 year prior to filing the application; or

(ii) an initial firearms training course if the firearms training required by the other state does not meet New Mexico firearms training requirements or the licensee completed firearms training more than 1 year prior to filing the application.

(c) The applicant must meet all other requirements for obtaining a license in New Mexico by showing either that:

(i) the requirements for licensure in the other state meet or exceed the requirements for issuance of a license in New Mexico; or

(ii) the applicant or instructor applicant has satisfactorily completed the requirements for issuance of a license in New Mexico that were not applicable in the other state.

B. Requirements for a renewed license. To obtain a renewed license, a licensee must:

(1) complete the refresher

firearms training course required to renew a license, the initial or refresher firearms training course required to transfer a license from another state, or the handgun competency demonstration required to modify a license; and

- (2) file with the department:
 - (a) a completed application form for a renewed license;
 - (b) a notarized copy of a handgun competency certificate issued not more than 90 days prior to the date the application is filed; and
 - (c) a nonrefundable \$50.00 renewal fee.

C. Time period for review. The department shall review the application for a renewed license, conduct a background check of each applicant for a renewed license, and make a determination within 60 days of the date the department receives a complete application.

D. Determination by department.

(1) **Approval.** If the department finds that the applicant for a renewed license meets the requirements in the Act and this rule for a renewed license, the department shall issue a letter of license approval. The applicant shall take the letter of license approval to a designated New Mexico State Police Office to have his or her digital photograph taken. The department shall issue the renewed license within 10 working days of the date the digital photograph is taken.

(2) **Denial.** If the department finds that the applicant does not meet the requirements for a renewed license, the department shall issue an order of denial in accordance with 10.8.2.20 NMAC. The order of denial shall cite the particular requirements of the Act or this rule that the applicant has failed to meet.
[10.8.2.21 NMAC - N, 9-13-01]

10.8.2.22 REPLACEMENT LICENSE:

A. Change of name or address.

- (1) A licensee who changes his or her name or address shall file:
 - (a) an application for a replacement license on the form prescribed by the department; and
 - (b) if applicable, a certified copy of a legal document proving the change of name.
- (2) The department will issue a replacement license.

B. Loss, theft, or destruction of license: A licensee who loses his license or whose license is stolen or destroyed shall file a police report within 7 working days of the date the licensee discovers the loss, theft, or destruction of the license. The licensee shall not carry a con-

cealed handgun until he obtains a replacement license. A licensee who seeks to replace a license that is lost, stolen, or destroyed shall file with the department:

- (1) an application for a replacement license on the form prescribed by the department;
- (2) a copy of the police report;
- (3) a notarized statement made under oath that the license was lost, stolen or destroyed; and
- (4) a nonrefundable \$25.00 replacement license fee.
[10.8.2.22 NMAC - N, 9-13-01]

10.8.2.23 ENFORCEMENT:

A. Authority to disarm.

A peace officer acting in the lawful discharge of his official duties is authorized to disarm a licensee at any time the peace officer reasonably believes it to be necessary for the protection of the licensee, peace officer or other individual. The peace officer shall return the handgun to the licensee before dismissing the licensee from the scene when the peace officer has determined that the licensee is not a threat to himself, the peace officer, or other individuals, provided that the licensee has not violated any provision of the Act or this rule, or committed any other violation which could result in arrest of the licensee.

B. Authority to confiscate license. A peace officer may confiscate a license if the licensee has violated any provision of the Act or this rule, or committed any other violation that could result in arrest of the licensee. If the licensee has committed a violation of the Act or rule warranting suspension or revocation of the license, the officer shall file an affidavit of violation as provided in subsection B of 10.8.2.24 NMAC.
[10.8.2.23 NMAC - N, 9-13-01]

10.8.2.24 SUSPENSION AND REVOCATION OF A LICENSE OR DEPARTMENT APPROVAL OF AN INSTRUCTOR:

A. Grounds. The department may suspend or revoke a license or letter of instructor approval if the licensee or approved instructor is:

- (1) convicted of a violation of any provision of the Criminal Code, NMSA 1978 chapter 30;
- (2) convicted of a violation of any provision of the Liquor Control Act, NMSA 1978 chapter 60, articles 3A through 8A;
- (3) convicted of a violation of the Implied Consent or DWI provisions of the Motor Vehicle Code, NMSA 1978 Sections 66-8-102 and 66-8-105;
- (4) under a valid protective

order issued by a court; or

(5) found to have violated any provision of the Act or this rule.

B. Affidavit of violation by a licensee. If a peace officer believes there is probable cause to suspend or revoke a license, the peace officer shall prepare an affidavit on a form prescribed by the department. The affidavit shall cite the provision of law that was violated. The peace officer shall file the affidavit and any other reports or information relating to the licensee available to the officer with the department within 10 working days of the date the peace officer learns of the violation.

C. Notice of suspension or revocation and surrender of license.

The department shall review the affidavit and attachments, and, if the department finds probable cause to suspend or revoke the license or letter of instructor approval, may issue an order of suspension or revocation to the licensee or approved instructor advising the licensee or approved instructor of his right to a hearing in accordance with 10.8.2.20 NMAC. If the licensee or approved instructor elects not to request a hearing, the licensee or approved instructor shall surrender his license or letter of instructor approval to the department within 15 calendar days of the expiration of the period for requesting a hearing.

D. Term of suspension or revocation and reapplication. The department may suspend or revoke a license for up to one year or letter of instructor approval for up to two years. The licensee or approved instructor may file an application to renew the license or letter of instructor approval upon expiration of the term of suspension or revocation.
[10.8.2.24 NMAC - N, 9-13-01]

10.8.2.25 PROHIBITING THE CARRYING OF CONCEALED HANDGUNS:

A. On private property. Pursuant to NMSA 1978 Section 29-18-11, any person may prohibit the carrying of concealed handguns on his private property by posting notice in accordance with NMSA 1978 Section 30-14-6 or verbally notifying persons entering upon the property.

B. In municipalities and counties.

(1) **By ordinance.** Pursuant to NMSA 1978 Section 29-18-11, a municipality or county may pass an ordinance prohibiting the carrying of concealed handguns within its territorial limits. The municipality or county shall send a copy of such lawfully enacted ordinance to the department at least 10 days before the effective date of the ordinance.

(2) Notice to the public.

The municipality or county shall provide adequate notice to the public that carrying a concealed handgun is prohibited within its territorial limits by posting appropriate signs at each roadway and other apparent means of access, by posting notice on its website, and by publishing notice in newspapers of general circulation in the state.

[10.8.2.25 NMAC - N, 9-13-01]

10.8.2.26 SEQUENTIAL NUMBERING

SYSTEM: The department shall create a sequential numbering system for licenses.

[10.8.2.26 NMAC - N, 9-13-01]

10.8.2.27 DEPARTMENTAL IMMUNI-

TY: The department, or an employee of the department, shall not be criminally or civilly liable for acts:

A. performed by the department or employee in good faith based on information available to the department or employee at the time the act was performed;

B. committed by a licensee unless the department or employee had actual knowledge at the time the license was issued that the licensee was prohibited by law from being issued a license; or

C. committed by a person approved by the department or employee to offer a firearms training course.

[10.8.2.27 NMAC - N, 9-13-01]

HISTORY OF 10.8.2 NMAC: [Reserved.]

**End of Adopted Rules
and Regulations Section**

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SUBMITTAL DEADLINES AND PUBLICATION DATES

Vol. XI	Submittal Deadline	Publication Date
No. 1	January 4	January 15
No. 2	January 16	January 31
No. 3	February 1	February 14
No. 4	February 15	February 28
No. 5	March 1	March 14
No. 6	March 15	March 30
No. 7	April 2	April 13
No. 8	April 16	April 30
No. 9	May 1	May 15
No. 10	May 16	May 31
No. 11	June 1	June 14
No. 12	June 15	June 29
No. 13	July 2	July 16
No. 14	July 17	July 31
No. 15	August 1	August 15
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No. 17	September 4	September 13
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No. 19	October 1	October 15
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No. 21	November 1	November 15
No. 22	November 16	November 30
No. 23	December 3	December 14
No. 24	December 17	December 28

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