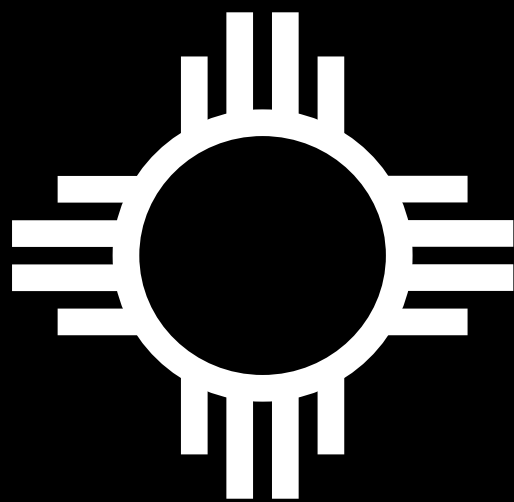


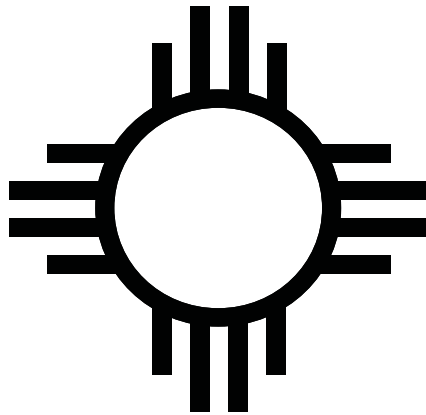
**NEW
MEXICO
REGISTER**



Volume XXIII
Issue Number 20
October 30, 2012

New Mexico Register

**Volume XXIII, Issue Number 20
October 30, 2012**



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

The Commission of Public Records
Administrative Law Division
Santa Fe, New Mexico
2012

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New Mexico Register

Volume XXIII, Number 20

October 30, 2012

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Rules published in this issue of the New Mexico Register are effective on the publication date of this issue unless otherwise specified. "No rule shall be valid or enforceable until it is filed with the records center and published in the New Mexico register as provided by the State Rules Act. Unless a later date is otherwise provided by law, the effective date of a rule shall be the date of publication in the New Mexico register." Section 14-4-5 NMSA 1978.

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The *New Mexico Register* is available free at <http://www.nmcpr.state.nm.us/nmregister>

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Notices of Rulemaking and Proposed Rules

NEW MEXICO PUBLIC ACCOUNTANCY BOARD

Public Accountancy Board
Notice of Proposed Rulemaking

The New Mexico Public Accountancy Board (“Board”) will convene a public hearing and regular Board meeting on Tuesday, December 11, 2012. The hearing and meeting will be held at 9:00 a.m. in the Conference Room of the Regulation and Licensing Department Building, 5200 Oakland NE, Albuquerque, New Mexico. Notice of the meeting is given in accordance with the Board’s Open Meetings Policy. The hearing will be held for the purpose of affording members of the public the opportunity to offer comments on proposed amendments to existing Board rules.

The Board’s Rules Committee will recommend that the Board adopt amendments to the following rules:

NMAC NUMBER	RULE NAME
16.60.1 NMAC	General Provisions
16.60.2 NMAC	Certified Public Accountant (CPA) Examination Requirements
16.60.3 NMAC	Licensure and Continuing Professional Education Requirements
16.60.4 NMAC	Firm Permit, Peer Review Requirements, and Business Name Prohibitions
16.60.5 NMAC	Code of Professional Conduct

Notice of the hearing and Board meeting has been published in the New Mexico Register and in the Albuquerque Journal. Interested parties may access the proposed amendments on the Board’s website at www.rld.state.nm.us/accountancy. Copies may also be obtained by contacting the Board office at (505) 222-9853. Written comments regarding the proposed amendments should be directed to Ms. Marie Aragon, Licensing Manager, Public Accountancy Board, 5200 Oakland NE, Suite D, Albuquerque, New Mexico 87113; faxed to (505) 222-9855; or sent via e-mail to Juanita.Aragon@state.nm.us. Comments must be received by 5:00 p.m. on Friday, December 7, 2012; however the submission of written comments as soon as possible is encouraged.

Individuals with disabilities who require this information in an alternative format or need any form of auxiliary aid to attend or participate in this meeting should contact the Board office at (505) 222-9852 by 5:00 p.m. on Tuesday, December 4, 2012.

NEW MEXICO MEDICAL BOARD

NEW MEXICO MEDICAL BOARD

Notice

The New Mexico Medical Board will convene a regular Board Meeting on Thursday, November 8, 2012 at 8:30 a.m. and Friday, November 9, 2012 at 9:00 a.m. in the Conference Room, 2055 S. Pacheco, Building 400, Santa Fe, New Mexico. A Public Rule Hearing will be held on Friday, November 9, 2012 at 9:00 a.m. The Board will reconvene after the Hearing to take action on the proposed rules. The Board may enter into Executive Session during the meeting to discuss licensing or limited personnel issues.

The purpose of the Rule Hearing is to consider amendments to the following rules:

- 16.10.4 NMAC - Continuing Medical Education;
- 16.10.5 NMAC - Disciplinary Power of the Board;
- 16.10.10 NMAC - Report of Settlements, Judgments, Adverse Actions and Credentialing Discrepancies;
- 16.10.14 NMAC - Management of Pain with Controlled Substances; and
- 16.10.15 NMAC - Physician Assistants: Licensure and Practice Requirements.

Copies of the proposed rules are available on request from the Board office at the address listed above, by phone (505) 476-7220, or on the Internet at www.nmmb@state.nm.us.

Persons desiring to present their views on the proposed amendments may appear in person at said time and place or may submit written comments no later than 5:00 p.m., November 2, 2012, to the Board office, 2055 S. Pacheco, Building 400, Santa Fe, NM, 87505.

If you are an individual with

a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service in order to attend or participate in the hearing, please contact the Board Office at 2055 S. Pacheco, Building 400, Santa Fe, NM at least one week prior to the meeting. Public documents, including the agenda and minutes, can be provided in various accessible formats.

NEW MEXICO BOARD OF NURSING

Public Rules Hearing

The New Mexico Board of Nursing will hold a Rules Hearing on Friday, December 7, 2012. The Rules Hearing will begin at 9:00 a.m. The rules hearing will be held at the New Mexico Board of Nursing, 6301 Indian School RD NE, Suite 710, Albuquerque NM 87110.

The purpose of the rules hearing is to hear public testimony and comments regarding the proposed amendments to the Board's rules and regulations: 16.12 NMAC: Part 3 Nursing Educational Programs..

Persons desiring to present their views on the proposed amendments to the rules may download them from www.bon.state.nm.us.

In order for the Board members to review the comments prior to the hearing, persons wishing to submit written comments regarding the proposed rules should submit them to the Board office in writing no later than November 21, 2012. Persons wishing to present written comments at the hearing are asked to provide (10) copies of any comments or proposed changes for distribution to the Board and staff. In addition, persons may present their comments orally at the hearing.

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 (9505) 827-3600 or do so within 10 days of the Public Hearing.

If you have questions, or if you are an individual with a disability who wishes to attend the hearing or meeting, please call the Board office at (505) 841-8340 at least two weeks prior to the hearing or as soon as possible.

NEW MEXICO COMMISSION OF PUBLIC RECORDS

NOTICE OF REGULAR MEETING

The New Mexico Commission of Public Records has scheduled a regular meeting for Tuesday, November 27, 2012, at 9:30 A.M. During the meeting, the Commission will also hold a Rule Hearing to take public comment regarding the following proposed rulemaking actions:

Amendment
1.15.6 NMAC

GRRDS,

1.15.7 NMAC
1.17.218 NMAC
1.17.230 NMAC
1.18.305 NMAC
1.18.420 NMAC
1.18.521 NMAC
1.18.705 NMAC

General Personnel Records
GRRDS, General Personnel Records (INTERPRETIVE)
JRRDS, New Mexico Magistrate Courts
JRRDS, New Mexico District Courts
ERRDS, Office of the Attorney General
ERRDS, Regulation and Licensing Department
ERRDS, Energy Mineral and Natural Resources Department
ERRDS, Department of Military Affairs

A copy of the agenda and proposed rules are available at the Office of the State Records Administrator, 1205 Camino Carlos Rey, Santa Fe, NM 87507 and on the Commission website at: www.nmcpr.state.nm.us/index.htm. The agenda is subject to change up to 24 hours prior to the meeting.

The meeting will be held at the NM State Records Center and Archives, which is an accessible facility, at 1205 Camino Carlos Rey, Santa Fe, NM. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any form of auxiliary aid or service to attend or participate in the hearing, please contact Antoinette L. Solano at 476-7902. Public documents, including the agenda and minutes, can be provided in various accessible formats. The Commission requests at least five (5) business days advance notice to provide requested special accommodations and alternative formats.

NEW MEXICO PUBLIC REGULATION COMMISSION

BEFORE THE NEW MEXICO PUBLIC REGULATION COMMISSION

Case No. 11-00480-FM

IN THE MATTER OF THE ADOPTION OF PROPOSED AMENDMENTS TO THE RULES GOVERNING THE FIRE PROTECTION FUND, 10.25.10 NMAC, INCLUDING THE ADDITION OF CERTAIN RULES PERTAINING TO THE FIREFIGHTING QUALIFICATION SYSTEM CURRENTLY FOUND AT 10.25.11 NMAC, AND THE REPEAL OF THE REMAINDER OF 10.25.11 NMAC

NOTICE OF PROPOSED RULEMAKING

NOTICE IS HEREBY GIVEN that the New Mexico Public Regulation Commission (the "Commission") proposes to revise existing rule 10.25.10 NMAC concerning the Fire Protection Fund Rules by, *inter alia*, inserting certain rules pertaining to the Firefighting Qualification System currently found at 10.25.11 NMAC and repealing the remainder of 10.25.11 NMAC. This matter comes before on Commission on the Motion to Initiate Rulemaking filed by the staff of the Fire Marshall Division ("Staff"). The Commission, having reviewed the Motion and being advised in the premises,

FINDS AND CONCLUDES:

1) The proposed revisions to 10.25.10 and 10.25.11 NMAC seek to simplify the certification process with the intended goal of making skill level and the requisite preparation for the certification examination more easily verifiable.

2) The proposed revisions to 10.25.10 NMAC also seek to incorporate recent law changes making municipalities and counties eligible for Fire Protection Funds for servicing areas adjacent and contiguous to their jurisdictional limits.

3) The proposed rulemaking is authorized by the Commission's general rulemaking authority provided by NMSA 1978, Section 8-8-4(B) (10) and the rulemaking authority under NMSA 1978, Sections 59A-53-12, 59A-52-6, 59A-52-8, 59A-52-10, 59A-52-15, 59A-52-16(A) & (B), 59A-52-18 of the Fire Protection Fund Act.

A copy of the proposed replacement rule is attached hereto as Exhibit A.

IT IS THEREFORE ORDERED:

A. The New Mexico Public Regulation Commission is commencing a rulemaking proceeding for the purpose of revising existing rule 10.25.10 NMAC concerning the Fire Protection Fund Rules by, *inter alia*, inserting certain rules pertaining to the Firefighting Qualification System currently found at 10.25.11 NMAC and repealing the remainder of 10.25.11 NMAC based on all or part of the language included with this order as Exhibit A.

B. As is the Commission's practice, the Commission will consider alternative approaches to any of the language in the Exhibit A, made via comments to this NOPR.

C. Persons wishing to provide public comment and/or participate in this

rulemaking are encouraged to provide specific comment on the proposed rule and any topic that may be relevant to this rulemaking. Any interested person wishing to comment on the Commission's Proposed Rule Amendment may do so by submitting written comments no later than **October 30, 2012**. All response comments shall be filed no later than **November 15, 2012**. Comments suggesting changes to the Commission's Proposed Rulemaking shall state and discuss the particular reasons for the suggested changes and shall include all specific language necessary or appropriate to effectuate the changes being suggested. Specific proposed language changes to the draft rule shall be provided in legislative format. All pleadings, including comments and suggested changes to the proposed rules, shall bear the caption and docket number set forth at the top of this notice.

D. The Commission will review all timely submitted written comments and a public hearing to receive oral comment and to clarify or supplement the written comments will begin at **1:00 P.M. on Friday, November 30, 2012** at the offices of the Commission, at the following location:

**4th Floor Hearing
Room
1120 Paseo de Peralta
Santa Fe, NM 87501
Tel. 505-827-4366**

E. Unless the Commission or presiding officer rules otherwise, the record in this rulemaking shall close thirty (30) days after the conclusion of the public hearing in accordance with 1.2.3.7(B) NMAC or **December 31, 2012**. Commission Rule 1.2.3.7(B) NMAC distinguishes communications occurring before the record has been closed from communications occurring after the record has been closed and defines only the latter as "ex parte communications." The setting of this record closure date will permit Commissioners and Commission Counsel to conduct follow-up discussions with parties who have submitted initial or response comments to the Commission's Proposed Rule or responses to any bench requests. However, this action should not be interpreted as extending the time during which parties may file comments or response comments, or as allowing the filing of other types of documents in this case.

F. Interested persons should contact the Commission to confirm the date, time, and place of any public hearing, because hearings are occasionally rescheduled. Any person with a disability requiring special assistance in order to participate in the hearing should contact Ms. Cecilia Rios at (505) 827-4501 at least

48 hours prior to the commencement of the hearing.

G. At least thirty days prior to the hearing date, this *Notice of Proposed Rulemaking*, including Exhibit A, shall be mailed to all persons who have made a written request for advance notice and shall be published without Exhibit A in at least two newspapers of general circulation in New Mexico and in the NEW MEXICO REGISTER in accordance with 14.4.7.1(B) (1). Affidavits attesting to the publication of this *Notice of Proposed Rulemaking* as described above shall be filed in this Docket.

H. Copies of this *Notice of Proposed Rulemaking*, including Attachment A, shall be e-mailed to all persons listed on the attached Certificate of Service if their email addresses are known, and otherwise shall be served via regular mail.

I. This *Notice of Proposed Rulemaking* shall be posted on the Commission's official Web site.

J. Copies of any forthcoming final order in this rulemaking proceeding shall be mailed, along with copies of any resulting final rule, to all persons and entities appearing on the Certificate of Service as it exists at the time of issuance of the final order in this Docket, to all commenters in this case, and to all individuals requesting such copies.

K. This *Notice of Proposed Rulemaking* constitutes due and lawful notice to all potentially interested persons and is effective immediately.

ISSUED under the Seal of the Commission at Santa Fe, New Mexico, this 2nd day of October, 2012.

**NEW MEXICO PUBLIC REGULATION
COMMISSION**

**PATRICK H. LYONS, CHAIRMAN
THERESA BECENTI-AGUILAR, VICE
CHAIR**

**JASON A. MARKS, COMMISSIONER
DOUGLAS J. HOWE, COMMISSIONER
BEN L. HALL, COMMISSIONER**

**NEW MEXICO RACING
COMMISSION**

**NEW MEXICO RACING
COMMISSION
NOTICE OF RULEMAKING AND
PUBLIC HEARING**

**NOTICE IS HEREBY
GIVEN** that the New Mexico Racing Commission will hold a Regular Meeting and Rule Hearing on November 15, 2012. The hearing will be held during the Commission's regular business meeting, beginning at 8:30 a.m. with executive session. Public session will begin at 10:30 a.m. The meeting will be held in the

Boardroom at 4900 Alameda Blvd. NE, Albuquerque, NM.

The purpose of the Rule Hearing is to consider adoption of the proposed amendments and additions to the following Rules Governing Horse Racing in New Mexico No. 15.2.1 NMAC; 15.2.2 NMAC; 15.2.3 NMAC; 15.2.4 NMAC; 15.2.5 NMAC; 15.2.6 NMAC; 15.2.7 NMAC and 16.47.1 NMAC. The comments submitted and discussion heard during the Rule Hearing will be considered and discussed by the Commission during the open meeting following the Rule Hearing. The Commission will vote on the proposed rules during the meeting.

Copies of the proposed rules may be obtained from Vince Mares, Agency Director, New Mexico Racing Commission, 4900 Alameda Blvd NE, Albuquerque, New Mexico 87113, (505) 222-0700. Interested persons may submit their views on the proposed rules to the commission at the above address and/or may appear at the scheduled meeting and make a brief verbal presentation of their view.

Anyone who requires special accommodations is requested to notify the commission of such needs at least five days prior to the meeting.

Vince Mares
Agency Director

Dated: October 11, 2012

**NEW MEXICO WATER
QUALITY CONTROL
COMMISSION**

**NEW MEXICO WATER QUALITY
CONTROL COMMISSION
NOTICE OF PUBLIC HEARING
TO CONSIDER PROPOSED
AMENDMENTS
TO 20.6.6 NMAC (DAIRY RULE) AND
REQUEST FOR HEARING**

The New Mexico Water Quality Control Commission will hold a public hearing beginning at 9:00 a.m. on December 11, 2012 at the New Mexico State Capitol Building, Room 307, 409 Old Santa Fe Trail, Santa Fe, New Mexico to consider proposed amendments to the Commission's Dairy Rule, 20.6.6 NMAC, proposed in WQCC Docket Number 12-09 (R) by the New Mexico Environment Department (NMED), the Dairy Industry Group for a Clean Environment (DIGCE).

The proposed rule changes would (1) allow

alternative backflow prevention devices from those specified in the Dairy Rule; (2) eliminate the requirement to conduct field calibration of flow meters; and (3) modify the Nutrient Management Plan requirements to focus on ground water protection.

The proposed changes may be reviewed during regular business hours at the Commission Administrator's office located in the Harold Runnels Building, 1190 St. Francis Drive, Room N-2150 Santa Fe, New Mexico, 87502. In addition, copies of the proposed amendments are posted on the NMED website at <http://www.nmenv.state.nm.us>.

The hearing will be conducted in accordance with the Guidelines for Water Quality Control Commission Regulation Hearings, the Water Quality Act, Section 74-6-6 NMSA 1978, and other applicable procedures and procedural orders. Written comments regarding the proposed revisions may be addressed to Pam Castañeda, Commission Administrator, at the above address; reference docket number WQCC 12-09 (R).

All interested persons will be given reasonable opportunity at the hearing to submit relevant evidence, data, views and arguments, orally or in writing, to introduce exhibits, and to examine witnesses. Any person who wishes to submit a non-technical written statement for the record in lieu of oral testimony must file such statement prior to the close of hearing.

Persons wishing to present technical testimony must file with the Commission a written notice of intent to do so. The requirements for a notice of intent can be found in the Commission's Guidelines for Regulation Hearings and have been modified by a procedural order entered in this matter, which may be obtained from the Administrator. Notices of intent for the hearing must be received by in the Office of the Commission Administrator by 5:00 pm on November 19, 2012, and should reference the name of the regulation, the date of the hearing, and docket number WQCC 12-09 (R).

If you are an individual with a disability and you require assistance or an auxiliary aid, e.g. sign language interpreter, to participate in any aspect of this process, please contact the Personnel Services Bureau by November 19, 2012. The Bureau can be reached at the New Mexico Environment Department, 1190 St. Francis Drive, P.O. Box 5469, Santa Fe, NM 87502-5469, and (505) 827-9872. TDD or TDY users may access this number via the New Mexico Relay Network (Albuquerque TDD users: (505) 275-7333; outside of Albuquerque: 1-800-659-1779.)

The Commission may make a decision on the proposed regulatory changes at the conclusion of the hearing, or may convene a meeting after the hearing to consider action on the proposal.

NUEVO MÉXICO CONTROL DE LA CALIDAD DEL AGUA COMUNICACIÓN DE LA COMISIÓN DE AUDIENCIA PÚBLICA PARA EXAMINAR LAS ENMIENDAS PROPUESTAS A 20.6.6 NMAC (PRODUCTOS LÁCTEOS REGLA) Y SOLICITUD DE AUDIENCIA

El Nuevo México Control de la calidad del agua Comisión realizará una audiencia pública comenzando a las 9:00 a.m. el 11 de diciembre, 2012 en el Capitolio del Estado de Nuevo México Edificio, habitación 307, 409 antiguo Camino de Santa Fe, Santa Fe, Nuevo México, para examinar las enmiendas propuestas a la Comisión de los lácteos Regla, 20.6.6 NMAC, propuesta en WQCC docket número 12-09 (R) por el Departamento del Medio Ambiente de Nuevo México (NMED), la industria de los Productos Lácteos grupo para un medio ambiente limpio (DIGCE).

La regla propuesta los cambios que (1) permitir que dispositivos antirretorno alternativa de los especificados en la Regla Lácteos; (2) eliminar el requisito de llevar a cabo la calibración de medidores de flujo; y (3) modificar el nutriente necesidades del Plan de Gestión para concentrarse en protección de aguas subterráneas.

Los cambios propuestos pueden ser examinados durante el horario normal de oficina en el Administrador de la Comisión de oficina ubicada en el Edificio Harold Arroyos, 1190 St. Francis Drive, Habitación N-2150 Santa Fe, Nuevo México, 87502. Además, las copias de las propuestas de enmiendas, se publicarán en la página web de NMED <http://www.nmenv.state.nm.us>.

La audiencia se realizará de conformidad con las directrices para el Control de la calidad del agua Comisión Reglamento audiencias, la calidad del agua Ley, sección 74-6-6 MNSA 1978, y otros procedimientos aplicables y a las providencias de trámite. Comentarios por escrito con respecto al proyecto de revisiones pueden ser destinatarios de Pam Castañeda, administrador de la Comisión, en la dirección de arriba; referencia docket número WQCC 12-09 (R).

Todas las personas interesadas se dará oportunidad razonable en la audiencia para presentar las pruebas pertinentes, datos, opiniones y argumentos, verbalmente o por escrito, a presentar exposiciones, y a los testigos. Cualquier persona que desea presentar un no-técnico declaración por

escrito en relación con el registro en lugar de testimonio oral debe presentar dicha declaración antes del cierre de audiencia.

Las personas que deseen presentar testimonio técnica deberá presentar a la Comisión una notificación por escrito de su intención de hacerlo. Los requisitos para un aviso de intención se puede encontrar en las Directrices de la Comisión de Reglamento y las audiencias han sido modificados por un orden de procedimiento consignados en el presente asunto, que puede obtenerse en el Administrador. Los avisos de intenciones para la audiencia debe ser recibida por en la Oficina del Administrador de la Comisión de 5:00 pm el 19 de noviembre de 2012, y debe hacer referencia al nombre del reglamento, la fecha de la audiencia, y docket WQCC número 12-09 (R).

Si usted es una persona con una discapacidad y necesita ayuda o una ayuda auxiliar, p. ej. intérprete de lengua de signos, a participar en cualquier aspecto de este proceso, póngase en contacto con la Oficina de Servicios de Personal Noviembre 19, 2012. La mesa puede ser alcanzado en el Departamento del Medio Ambiente de Nuevo México, 1190 St. Francis Drive, P. O. Box 5469, Santa Fe, NM Mexico 87502-5469, (505) 827-9872. TDD o TDY los usuarios pueden acceder a este número a través de la red de relevos de Nuevo México, en Albuquerque TDD usuarios: (505) 275-7333; fuera de Albuquerque: 1-800-659-1779.)

La Comisión podrá tomar una decisión sobre el proyecto los cambios regulatorios en la conclusión de la audiencia, o podrá convocar una reunión después de la audiencia para considerar medidas sobre la propuesta.

NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION

NOTICE OF PUBLIC HEARING

Notice is hereby given that on Thursday, November 8, 2012, commencing at 1:30 p.m., the New Mexico Workers' Compensation Administration will conduct a public hearing on the changes to the medical fee schedule and WCA Rules, including updates to Part 3, Payment of Claims and Conduct of Parties, Part 4, Claims Resolution, and Part 7, Payments for Health Care Services.

The hearing will be conducted at the Workers' Compensation Administration, 2410 Centre Avenue S.E., Albuquerque, NM. Copies of the changes to the proposed fee schedule and rule amendments will be available by October 18, 2012. You may obtain a copy of the proposed rules at the

WCA website at: <http://www.workerscomp.state.nm.us/> or contact the WCA General Counsel Office at 841-6083 for a copy via e-mail. If you would like to receive a copy by mail, please submit a postage paid, self-addressed envelope with your request.

Comments made in writing and at the public hearing will be taken into consideration. Written comments pertaining to these issues will be accepted until the close of business on November 26, 2012. Oral comments will be limited to five (5) minutes per speaker.

If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any form of auxiliary aide or service to attend or participate in the hearing or meetings, please contact the General Counsel Office at (505) 841-6083. Or you may inquire about assistance through the New Mexico relay network at 1-800-659-8331.

**End of Notices and Proposed
Rules Section**

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Adopted Rules

ALBUQUERQUE- BERNALILLO COUNTY AIR QUALITY CONTROL BOARD

20.11.48 NMAC, Greenhouse Gas Emissions Reporting, filed 11/30/07 is hereby repealed, effective 11/12/12. The Albuquerque - Bernalillo County Air Quality Control Board adopted this change during their October 10, 2012 regular meeting.

ALBUQUERQUE- BERNALILLO COUNTY AIR QUALITY CONTROL BOARD

This is an amendment to 20.11.47 NMAC, Sections 6, 7, 14 and 15, effective 11/12/12.

20.11.47.6 OBJECTIVE: [The objective of 20.11.47 NMAC is] To establish requirements [both] for [submitting inventories of air contaminants] the submission of certain relevant information to ensure that the regulations and standards under the Air Quality Control Act and the federal act will not be violated [and to require submission of data to quantify greenhouse gas emissions in Bernalillo county]. [20.11.47.6 NMAC - N, 5/1/08; A, 11/12/12]

20.11.47.7 DEFINITIONS: In addition to the definitions in 20.11.47 NMAC, the definitions in 20.11.1 NMAC apply unless there is a conflict between definitions, in which case the definition in 20.11.47 NMAC shall govern.

A. "Actual emissions" means the quantified emissions of a regulated air [contaminant] pollutant from a stationary source for every 12-month period. Valid continuous emission monitoring data or source test data shall be preferentially used to determine actual emissions. In the absence of valid continuous emissions monitoring data or source test data, the basis for determining actual emissions shall be quantified using actual operating hours, production rates, throughputs of process materials, throughputs of materials stored, usage of materials, data provided in manufacturer's product specifications, material volatile organic compound (VOC) content reports, laboratory analyses, or any other technically acceptable data as approved by the department in advance and in writing. All calculations of actual emissions shall use USEPA or department approved methods including emission factors and assumptions.

B. "Air pollution

control equipment" means any device, equipment, process or combination thereof the operation of which would limit, capture, reduce, confine, or otherwise control [air contaminants] regulated air pollutants or convert for the purposes of control any [air-contaminant] regulated air pollutant to another form, another chemical or another physical state.

C. [~~"California climate action registry"~~] means the voluntary registry for greenhouse gas emissions established pursuant to California Health and Safety Code D. 26, Pt. 4, Ch. 6, as amended.] Reserved

D. [~~"Carbon dioxide"~~] means the chemical compound containing one atom of carbon and two atoms of oxygen.] Reserved

E. "Commencement" or "commence" means that an owner or operator has undertaken a continuous program of construction or modification.

F. "Construction" means fabrication, erection, installation or relocation of a stationary source, including temporary installations and portable stationary sources.

G. "Emissions report" or "emissions inventory" means a listing, by source, of the amount of [air contaminants and greenhouse gas emissions] regulated air pollutants discharged into the atmosphere.

H. "Fuel carbon content" means the mass of carbon per unit of heat content of a fuel.

I. "Fugitive emissions" are those emissions that could not reasonably pass through a stack, chimney, vent, or other functionally-equivalent opening.

J. [~~"Greenhouse gas"~~] means any of the following: carbon dioxide; methane; nitrous oxide; hydrofluorocarbons; perfluorocarbons or sulfur hexafluoride.] Reserved

K. [~~"Greenhouse gas emissions reporting year"~~] means the calendar year in which greenhouse gas emissions required to be reported under 20.11.47 NMAC occurred.] Reserved

L. [~~"Hydrofluorocarbons"~~] means gaseous chemical compounds containing only hydrogen, carbon, and fluorine atoms.] Reserved

M. [~~"Methane"~~] means the chemical compound containing one atom of carbon and four atoms of hydrogen.] Reserved

N. "Modification" means any physical change in, or change in the method of operation of, a stationary source that results in an increase in the potential emission rate of any regulated

air [contaminant] pollutant emitted by the source or that results in the emission of any regulated air [contaminant] pollutant not previously emitted, but does not include:

(1) a change in ownership of the source;

(2) routine maintenance, repair or replacement;

(3) installation of air pollution control equipment, and all related process equipment and materials necessary for its operation, undertaken for the purpose of complying with regulations adopted by the board or pursuant to the federal Clean Air Act; or

(4) unless previously limited by enforceable permit conditions:

(a) an increase in the production rate, if the increase does not exceed the operating design capacity of the source;

(b) an increase in the hours of operation; or

(c) use of an alternative fuel or raw material if, prior to January 6, 1975, the source was capable of accommodating such fuel or raw material, or if use of an alternate fuel or raw material is caused by a natural gas curtailment or emergency allocation or any other lack of supply of natural gas.

O. [~~"Nitrous oxide"~~] means the chemical compound containing two atoms of nitrogen and one atom of oxygen.] Reserved

P. "Nonattainment area" means, for any regulated air pollutant, an area that has been designated as a nonattainment area under Section 107 of the federal act.

Q. "Operator" means the person or persons responsible for the overall operation of a facility.

R. "Owner" means the person or persons who own a facility or part of a facility.

S. [~~"Perfluorocarbons"~~] means gaseous chemical compounds containing only carbon and fluorine atoms.] Reserved

T. "Portable stationary source" means a source that can be relocated to another operating site with limited dismantling and reassembly, including as an example, moveable sand and gravel processing operations and asphalt plants.

U. "Potential emission rate" means the emission rate of a source at its maximum capacity to emit a regulated air [contaminant] pollutant under its physical and operational design, provided a physical or operational limitation on the capacity of the source to emit a regulated air [contaminant] pollutant, including air pollution control equipment and restrictions on hours of operation or on the type or amount of material combusted, stored or

processed, shall be treated as part of its physical and operational design only if the limitation or the effect it would have on emissions is enforceable by the department pursuant to the Air Quality Control Act or the federal act.

V. "Potential to emit" means the maximum capacity of a stationary source to emit [an air contaminant] a regulated air pollutant under its physical and operational design, except that a physical or operational limitation on the capacity of a source to emit [an air contaminant] a regulated air pollutant, including air pollution control equipment and restrictions on hours of operation or on the type or amount of material combusted, stored, or processed, shall be treated as part of its design if the limitation is federally enforceable; however, the potential to emit for nitrogen dioxide shall be based on total oxides of nitrogen.

W. ["Regulated air contaminant"] means an air contaminant, the emission or ambient concentration of which is regulated pursuant to the New Mexico Air Quality Control Act or the federal act. **"Regulated air pollutant"** means the following:

(1) any pollutant for which a national, state, or local ambient air quality standard has been promulgated;

(2) any pollutant that is subject to any standard promulgated under Section 111 of the federal act;

(3) any Class I or II substance subject to any standard promulgated under or established by Title VI of the federal act; or

(4) any pollutant subject to a standard promulgated under Section 112 or any other requirements established under Section 112 of the federal act; but

(5) excluding greenhouse gases as defined in Subsection CC of 20.11.1.7 NMAC.

X. "Responsible person" or "responsible official" means the person designated in a permit or source registration, who is responsible for complying with the permit, or source registration and 20.11.47 NMAC.

Y. "Shutdown" means the cessation of operation of air pollution control equipment, process equipment or process for any purpose, except routine phasing out of batch process units.

Z. "Stationary source" or "source" means a structure, building, equipment, facility, installation (including temporary installations), operation or portable stationary source that emits or may emit [an air contaminant] a regulated air pollutant; a research facility may group its sources for the purpose of 20.11.47 NMAC with the prior written approval of the director of the department.

AA. ["Sulfur hexafluoride"]

~~means the chemical compound containing one atom of sulfur and six atoms of fluorine.~~

Reserved

BB. "Sulfur oxides" means compounds containing sulfur and oxygen, including sulfur dioxide (SO₂).

CC. ["The climate registry"] ~~means the nonprofit corporation entitled "the climate registry" that is incorporated pursuant to the District of Columbia nonprofit corporation act for the purpose of creating and operating a multi-state greenhouse gas emissions registry.~~ Reserved

DD. "Western backstop sulfur dioxide trading program" means 20.11.46 NMAC, if triggered as a backstop in accordance with the provisions of the *section 309 regional haze state implementation plan element for Albuquerque-Bernalillo county, New Mexico*, to reduce regional sulfur dioxide emissions.

[20.11.47.7 NMAC - N, 5/1/08; A, 11/12/12]

20.11.47.14 EMISSIONS INVENTORY REQUIREMENTS:

A. Applicability: 20.11.47.14 NMAC applies to the owner or operator of every stationary source, located within Bernalillo county that:

(1) has an active permit issued pursuant to 20.11.41 NMAC, *Authority to Construct*, or 20.11.42 NMAC, *Operating Permits*; or

(2) is required to file a source registration pursuant to 20.11.40 NMAC, *Source Registration*.

B. Reporting requirements:

(1) A source that meets requirements under Paragraph (1) of Subsection A of 20.11.47.14 NMAC shall submit an emissions report annually. A source is not required to submit an emissions report more frequently than annually.

(2) A source that meets requirements under Paragraph (2) of Subsection A of 20.11.47.14 NMAC shall submit an emissions report if required by the department. A source is not required to submit an emissions report more frequently than annually.

(3) The department will provide a complete copy of an owner or operator's submitted emissions report when requested in writing by the owner or operator.

(4) The owner or operator shall submit to the department a complete, correct and current emissions report in the format specified by the department; the report shall state accurately the emissions of all regulated air pollutants included in the permit requested for any specified calendar year.

(5) Except as provided in Paragraph (6) of Subsection B of 20.11.47.14 NMAC, if the owner or operator is required to submit an emissions report to the department, the

owner or operator shall submit the report by March 15 for the previous calendar year or any other calendar year.

(6) Sources required by a permit to submit an annual emissions report on a specific date shall submit the report on the specified date.

C. Content of emissions reports: Emissions report contents for reports required by Subsection B of 20.11.47.14 NMAC shall include:

(1) the air quality stationary source permit number or source registration number;

(2) the name, address, if any, and physical location of the stationary source;

(3) the name and telephone number of the person to contact regarding the emissions report;

(4) a certification signed by the owner, or operator, or a responsible official or designated representative, attesting that the statements and information contained in the emissions report are true and accurate to the best knowledge and belief of the certifying official, and including the full name, title, signature, date of signature, and telephone number of the certifying official; for sources subject to 20.11.42 NMAC, the certification shall be made as required by 20.11.42 NMAC;

(5) for each emission point, in the format required by the department:

(a) stack and exhaust gas parameters and location information;

(b) type of control equipment and estimated control efficiency;

(c) schedule of operation;

(d) annual process or fuel combustion rates;

(e) fuel heat, sulfur, and ash content;

(f) actual emissions estimate in pounds per year of total suspended particulate, PM₁₀, PM_{2.5}, ammonia, sulfur oxides, nitrogen oxides, carbon monoxide, volatile organic compounds, and lead, including fugitive emissions and emissions occurring during maintenance, start-ups, shutdowns, upsets, and downtime;

(g) speciated hazardous air pollutants, if requested by the department; and

(h) a description of the methods utilized to make the estimates, including calculations;

(6) for smelters, an annual report of sulfur input stated in tons per year; and

(7) all information required by 40 CFR Part 51, Subpart A, *Emissions Inventory Reporting Requirements*, as amended.

D. Additional content for emissions reports from sources in ozone nonattainment areas: In addition to the contents required by Subsection C of 20.11.47.14 NMAC, emissions reports from sources located in ozone nonattainment

areas that emit nitrogen oxides and volatile organic compounds shall also include the following information:

(1) typical daily process rate during the peak ozone season, where the peak ozone season is specified by the department;

(2) actual emissions estimate of nitrogen oxides and volatile organic compounds in pounds per day for a typical day during the peak ozone season for:

(a) each emissions point; and

(b) for each process and fuel type contributing to emissions from each point.

E. Waiver of reporting requirements for insignificant emissions:

The department may waive the requirements of Paragraph (5) of Subsection C of 20.11.47.14 NMAC for emissions that the department determines to be insignificant pursuant to 20.11.42 NMAC, except the following shall not be waived:

(1) for sources in nonattainment areas, reporting of emissions of pollutants for which the area is in nonattainment; and

(2) emissions reporting required by the federal act.

F. Emission tracking requirements for sulfur dioxide emission inventories:

In addition to complying with the requirements of Subsections A through E of 20.11.47.14 NMAC, an owner may be subject to 20.11.46 NMAC, *Sulfur Dioxide Emissions Inventory Requirements; Western Backstop Sulfur Dioxide Trading Program*. [20.11.47.14 NMAC - N, 5/1/08; A, 11/16/09; A, 11/12/12]

20.11.47.15 [GREENHOUSE GAS EMISSIONS INVENTORY REQUIREMENTS:

A. Applicability:

20.11.47.15 NMAC applies to the owner or operator of every stationary source, located within Bernalillo county that emits a greenhouse gas as defined in Subsection J of 20.11.47.7 NMAC and:

(1) has an active permit issued pursuant to 20.11.41 NMAC, *Authority to Construct*, or 20.11.42 NMAC, *Operating Permits*; or

(2) is required to file a source registration pursuant to 20.11.40 NMAC, *Source Registration*.

B. Reporting requirements:

(1) Any stationary source subject to 20.11.47.15 NMAC, if requested by the department, shall:

(a) submit a greenhouse gas emissions inventory by the deadline and as required by the greenhouse gas emissions reporting procedures established by the department, but not more often than annually; or

(b) report greenhouse gas emissions from the stationary source in accordance with 20.11.48 NMAC; or

(c) provide the department with access to the requested information for the greenhouse gas emissions reporting year registered in either the climate registry or the California climate action registry;

(2) When the department determines the deadlines for submitting greenhouse gas emissions reports and reporting procedures, the department shall provide an opportunity for public comment; and shall consider:

(a) public comments regarding the schedule of the reports and greenhouse gas emissions reporting procedures;

(b) emissions quantification standards and best practices approved or recommended by federal and state agencies; by greenhouse gas emissions registries; and by non-governmental bodies having expertise in greenhouse gas emissions quantification;

(c) whether, considering the amount and chemical composition of the emissions, greenhouse gas emissions from a particular source or source type are expected to be insignificant relative to emissions from other sources or source types; and

(d) whether, considering the amount and chemical composition of the emissions, emissions of a particular greenhouse gas from a source or source type are expected to be insignificant relative to the total greenhouse gas emissions from that source or source type.

C. Content of greenhouse gas emissions reports:

If a greenhouse gas emissions report is required by Subparagraph (a) of Paragraph (1) of Subsection B of 20.11.47.15 NMAC, then the report shall contain the same information required by Paragraphs (1) through (4) of Subsection C of 20.11.47.14 NMAC as well as the following information: for each emission point, as required by the department under the greenhouse gas emissions reporting procedures or other methodologies and procedures approved by the department in advance and in writing, the actual emissions estimate of greenhouse gases in pounds per year, including fugitive emissions and emissions occurring during maintenance, start-ups, shutdowns, upsets and downtime.] Reserved

[20.11.47.15 NMAC - N, 5/1/08; A, 11/16/09; Repealed, 11/12/12]

NEW MEXICO DEPARTMENT OF HEALTH

7 NMAC 30.3, Children's Medical Services and Adult Cystic Fibrosis (filed 10/18/96) repealed 10/30/12 and replaced by 7.30.3 NMAC, Children's Medical Services and Adult Cystic Fibrosis, effective 10/30/12.

7 NMAC 30.6, Newborn Genetic Screening Program (filed 10/18/96) repealed 10/30/12

and replaced by 7.30.6 NMAC, Newborn Genetic Screening Program, effective 10/30/12.

NEW MEXICO DEPARTMENT OF HEALTH

7.27.2 NMAC, Licensing of Emergency Medical Services Personnel (filed 12/2/2008) repealed 10/30/2012 and replaced by 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, effective 10/30/2012.

NEW MEXICO DEPARTMENT OF HEALTH

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

7.27.2.1 ISSUING AGENCY: New Mexico Department of Health, Epidemiology and Response Division, Emergency Medical Services Bureau. [7.27.2.1 NMAC - Rp, 7.27.2.1 NMAC, 10/30/2012]

7.27.2.2 SCOPE: These rules apply to New Mexico emergency medical services, including the service directors and medical directors of those services; approved New Mexico EMS training programs and graduates of approved New Mexico EMS training programs; New Mexico licensed EMS personnel including those previously licensed; persons trained, certified or licensed in another state or territory seeking to acquire licensure in New Mexico; EMS licensing commission; national registry of emergency medical technicians; and any other entity associated with the licensing of emergency medical services personnel in New Mexico. [7.27.2.2 NMAC - Rp, 7.27.2.2 NMAC, 10/30/2012]

7.27.2.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to the following statutory authorities: 1) the New Mexico Department of Health Act, Subsection E of Section 9-7-6 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, Subsection A of Section 24-10B-5 NMSA 1978, which authorizes the department to adopt and enforce licensure requirements by

regulation, and Paragraph (3) of Subsection B of Section 24-1 0B-5 NMSA 1978 which authorizes the department to establish a schedule of reasonable fees for application, examination, licensure and regular renewal thereof.

A. Administration:

Administration and enforcement of these rules is the responsibility of the emergency medical systems bureau of the epidemiology and response division, department of health.

B. Guidelines: In the absence of specific direction in the law or these rules as to the standard of practice, the current national standard for emergency cardiac care (ECC), the national highway traffic safety administration of the United States department of transportation 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 rules are subject to the provisions of the department of health's 7.1.3 NMAC, "Health Records."

D. Use of certain terms prohibited: The use of "licensed emergency medical dispatchers", "licensed emergency medical dispatch instructors", "licensed emergency medical services first responder", "licensed emergency medical technician (EMT)-basic", "licensed EMT-intermediate", or "licensed EMT-paramedic", or display of the "star of life" except as allowed in the United States department of transportation (US-DOT) trademark specifications, or similar terms or emblems connoting expertise in basic or advanced life support by any person not licensed hereunder is hereby prohibited. See Emergency Medical Services Act, Paragraph (1) of Subsection C of 24-10B-5 NMSA 1978.

[7.27.2.3 NMAC - Rp, 7.27.2.3 NMAC, 10/30/2012]

7.27.2.4 DURATION:

Permanent.

[7.27.2.4 NMAC - Rp, 7.27.2.4 NMAC, 10/30/2012]

7.27.2.5 EFFECTIVE DATE:

October 30, 2012, unless a later date is cited at the end of a section

[7.27.2.5 NMAC - Rp, 7.27.2.5 NMAC, 10/30/2012]

7.27.2.6 OBJECTIVE:

These rules will inform the emergency medical services community of licensure requirements for emergency medical services personnel. It is the purpose of these rules to provide for the licensure of emergency medical dispatchers, emergency medical dispatch-instructors, emergency medical services first responders and

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, 7.27.2.6 NMAC, 10/30/2012]

7.27.2.7 DEFINITIONS:

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, Section 24-1 0B-1, et seq., NMSA 1978.

C. "Advance directive" means a written instruction, such as a living will, durable power of attorney for health care, or emergency medical services do not resuscitate form recognizable under state law and relating to the provision of health care when an individual is incapacitated.

D. "Advisory committee" means the statewide emergency medical services advisory committee appointed by the secretary of health.

E. "Ambulance service" means any provider of ambulance service subject to the jurisdiction of the department of health pursuant to and 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 New Mexico Constitution, the Municipal Transit Law Section 3-52-1, et seq., NMSA 1978, and other laws.

F. "Applicant" means a person who has indicated an intention to gain licensure as an EMS first responder, emergency medical dispatcher, emergency medical dispatcher instructor or 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 an emergency medical services training program that is sponsored by a post-secondary educational institution, accredited by a national educational accrediting organization for emergency medical services or active in the accreditation process and is approved by the joint organization on education committee and participates in the joint organization on education committee.

H. "Basic emergency medical technician" or "EMT-B" means a provider who has been licensed by the department to provide patient care according to the current scopes of practice.

I. "Bureau" means the emergency medical systems bureau of the epidemiology and response division of the New Mexico department of health.

J. "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.

K. "Cardio-pulmonary resuscitation (CPR)" means training required for licensure that meets the intent of the current national emergency cardiac care (ECC) guidelines for professional rescuers, as approved by the bureau.

L. "Certified emergency medical service" means an organization that meets minimum standards to provide emergency services and is approved by the bureau, including emergency medical dispatch agencies, pre-hospital or inter-facility care services and special event services organized to provide emergency medical services.

M. "Contact hour" means a unit of measurement of between 50 and 60 minutes of bureau-approved organized learning experience which is designed to meet educational objectives for continuing education.

N. "Commission" means the New Mexico emergency medical services licensing commission appointed by the secretary of health.

O. "Continuing education" or "CE" means EMS training that is approved by the bureau and is required every two years for renewal of licensure.

P. "Conviction" means a plea or adjudication of guilt, a plea of nobo contendere, an Alford plea, or any plea or adjudication that results in a conditional discharge order or a suspended or deferred conviction.

Q. "Curriculum" means a program of study utilizing approved minimum curricula content based on the national standard curriculum for EMS as published by the national highway and traffic safety administration (NHTSA) and approved by the joint organization on education for formal training courses required for EMS first responder, EMT-basic, EMT-intermediate and EMT-paramedic.

R. "Department" means the New Mexico department of health.

S. "Distributive education" means training and education accomplished outside the classroom though computer-based-training, self study modules, web-casts via the internet and other methods of out-of-classroom didactic education that includes an evaluation component. Distributive education is synonymous with distance education.

T. "Emergency medical dispatcher" or "EMD" means a person who is trained and licensed pursuant to Subsection G of Section 24-1 0B-4 NMSA 1978 to receive calls for emergency medical assistance, provide pre-arrival medical instructions, dispatch emergency medical

assistance and coordinate its response.

U. “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 (EMDPRS) techniques.

V. “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.

W. “Emergency medical services” or “EMS” means the services rendered by licensed providers 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.

X. “Emergency medical services first responder” or “EMSFR” means a person who is licensed by the department, and who functions within the emergency medical services system to provide initial emergency aid according to the current scopes of practice.

Y. “Emergency medical services instructor/coordinator” or “EMT-I/C” means an individual approved by an EMS training institution and registered by the bureau to conduct and instruct EMS education programs.

Z. “Emergency medical technician” or “EMT” means a provider who has been licensed by the department to provide patient care according to the current scopes of practice.

AA. “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.

BB. “Examination attempt” means an attempt to successfully complete the New Mexico EMT licensing examination. An attempt constitutes taking a written or practical examination. Retests of either a written or practical examination are considered an examination attempt.

CC. “Fully licensed” means an individual licensed to practice medical patient care at a specified level.

DD. “Graduate license” means a license issued to in-state and out-of-state graduates of a bureau approved EMS training program used for performing EMS duties under supervision and direct observation prior to full licensure. The graduate license shall be valid for a period

of up to six months from the date of course completion or until failure of any part of the licensing examination.

EE. “Initial licensure” means the first time a person is licensed in New Mexico as an EMD, EMD instructor, EMS first responder, 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.

FF. “Intermediate emergency medical technician” or “EMT-I” means a provider who has been licensed by the department to provide patient care according to the current scopes of practice.

GG. “License” means a full, temporary or graduate license issued by the department to all EMD’s, first responders, and EMT’s pursuant to the Emergency Medical Services Act, Section 24-10B-5 NMSA 1978.

HH. “Medical control” means supervision provided by or under the direction of physicians to providers by written protocols or direct communication.

II. “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.

JJ. “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.

KK. “Medical director” means a physician who is responsible for all aspects of patient care provided by an EMS system or EMS provider service, in accordance with 7.27.3 NMAC.

LL. “Moral turpitude” means conduct contrary to justice, honesty, modesty or good morals including such acts as domestic abuse, drunk driving or other similar convictions.

MM. “National registry” means the national registry of emergency medical technicians based in Columbus, Ohio.

NN. “Offline medical control” means performing EMS actions or medication administration under standing orders or protocols.

OO. “Online medical control” means direct voice contact with a medical control physician.

PP. “Out-of-state transition course” means a standardized training course required and approved by

the bureau for an out-of-state EMT applicant seeking licensure in New Mexico.

QQ. “Paramedic” or “EMT-P” means a provider who has been licensed by the department to provide patient care according to the current scopes of practice.

RR. “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.

SS. “Protocol” means a predetermined, written medical care plan approved by the medical director and includes standing orders.

TT. “Provider” means a person who has been licensed by the department to provide patient care pursuant to the Emergency Medical Services Act.

UU. “Re-entry” means a process for a person, whose license has been expired for less than two years, to accomplish a given set of requirements to re-enter a previously held level of licensure.

VV. “Regional office” means an emergency medical services planning and development agency formally recognized and supported by the bureau.

WW. “Re-instatement” means a process for those persons who have completed the renewal requirements before the December 31st deadline, but fail to renew licensure by March 31st, to renew licensure between April 1st and May 31st of the expiration year.

XX. “Renewal” means re-licensure every two years, including completion of all requirements for specified levels by December 31st that occurs prior to expiration of licensure. Renewal applications shall be received by the bureau by the last day of February prior to expiration of licensure and may be postmarked and submitted by March 31 prior to expiration of licensure for a higher fee.

YY. “Retest” means licensing examination given after failure of the applicant’s initial examination.

ZZ. “Secretary” means the New Mexico secretary of health.

AAA. “Special skills” means a set of procedures or therapies that are beyond the usual scope of practice of a given level of licensure and that have been approved by the medical direction committee for use by a specified provider.

BBB. “Standing orders” means strictly defined written orders for actions, techniques or drug administration, signed by the medical director, to be utilized when communication has not been made with an on-line medical control physician.

CCC. “State emergency medical services medical director” means a physician designated by the department to provide overall medical direction to

the statewide emergency medical services system, whose duties include serving as a liaison to the medical community and chairing the medical direction committee.

DDD. "Temporary license" means a license issued by the department to applicants that are fully licensed in another state or certified with the national registry of EMTs, as determined by the bureau. 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 the licensing examination.

[7.27.2.7 NMAC - Rp, 7.27.2.7 NMAC, 10/30/2012]

7.27.2.8 G E N E R A L LICENSURE:

A. Authorizations to practice: No person shall function as, or represent themselves as an emergency medical services provider or offer, whether or not for compensation, any services included in these rules, unless currently licensed as an emergency medical dispatcher (EMD), emergency medical dispatcher instructor (EMD-I), EMS first responder or EMT under these rules. This provision is enforceable by civil action as provided by state law.

B. Licensing agency: As provided by law, the agency responsible for the licensure of an EMD, EMD-I, EMS first responder and EMT's in New Mexico is the emergency medical systems bureau of the epidemiology and response division of the department of health.

C. Eligibility: Initial licensure as an EMD, EMD-I, EMS first responder or EMT is open to all persons who have met the requirements prescribed in these rules, whether or not they are affiliated with an ambulance service, fire department, rescue service, 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 licensure as an EMS provider as prescribed by these rules.

E. Authorized classifications: There are six classifications of fully licensed EMS provider that are recognized in the New Mexico registry of emergency medical services personnel. Generally, licensure as an emergency medical dispatcher-instructor shall also include licensure as an 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 licensure will be shown on the person's certificate and licensure card. This section does not apply to a graduate license.

(1) Emergency medical dispatcher (EMD).

(2) Emergency medical dispatcher instructor (EMD-I).

(3) Emergency medical services first responder (EMSFR).

(4) Emergency medical technician - basic (EMT-B).

(5) Emergency medical technician - intermediate (EMT-I).

(6) Emergency medical technician - paramedic (EMT-P).

F. General training standards: New Mexico EMS training programs shall meet the training standards for approval by the joint organization on education and EMS bureau. The bureau shall provide an aggregate report on pass/fail rates of graduates that complete a state EMS licensing examination. The bureau shall distribute this report in May and November of each year to each bureau approved New Mexico EMS training program. The joint organization on education and EMS bureau shall periodically evaluate the training standards in each approved EMS training program, which may include an on-site inspection and review for compliance with the standards outlined in this section. The joint organization on education and EMS bureau approved New Mexico EMS training program shall:

(1) submit an annual report to the EMS bureau that provides the information listed below no later than February 1 of any given year and on request of the EMS bureau:

(a) list of current instructor-coordinators employed with the bureau approved training program;

(b) any changes in the status of any instructor-coordinator;

(c) contact information of key staff members of training program; and

(d) additional information requested by the EMS bureau relating to instructor-coordinators.

(2) when requested by the joint organization on education, submit a report to the joint organization on education and the EMS bureau that contains the following elements:

(a) number of courses that were instructed by the training program by level of education, i.e. EMS first responder, EMT-basic, EMT-intermediate, EMT-paramedic, EMS instructor-coordinator;

(b) pass/fail rate of each course of instruction where students are enrolled to receive course completion certificates, including the name of the course and the name of the instructor-coordinator;

(c) aggregate pass/fail rate of each

level of EMS instruction where students are enrolled to receive course completion certificates;

(d) list of current instructor-coordinators employed with the bureau approved training program;

(e) list of new instructor-coordinators employed with the training program over the time period of the report;

(f) any changes in the status of any instructor-coordinator;

(g) any changes to the EMS curriculum at any level of instruction;

(h) summary of any quality improvement activities accomplished during the time period of the report;

(i) list of clinical skills required for course completion by level, if applicable;

(j) list of satellite campuses; and

(k) contact information of key staff with the training program;

(3) be accredited by a national education accrediting organization for emergency medical services;

(4) utilize approved minimum curricula content based on the national standard curriculum for EMS as published by the national highway and traffic safety administration (NHTSA) and approved by the joint organization for education committee (JOE);

(5) have, at a minimum, an administrative director, an EMS medical director, and a lead instructor-coordinator for each EMS licensing or refresher course;

(6) ensure that an instructor-coordinator is in attendance at all didactic and practical training sessions, with substitution permissible as approved by the joint organization;

(7) inform the bureau if an instructor/coordinator is terminated due to inappropriate conduct or negligence; the bureau shall be notified by the training program of the termination within 10 working days;

(8) develop and utilize an instructional quality assurance program to review course and instructor effectiveness; a copy of the quality assurance program shall be provided to the joint organization on education and the EMS bureau; complaints, reports, or course trends may indicate the need for a quality assurance review by the joint organization on education and the EMS bureau;

(9) submit to the bureau for approval, refresher course curricula that follow the New Mexico refresher course blueprints as outlined in 7.27.2.10 NMAC of these rules, whether the course is conducted by the training program or through a service training agreement, which has been approved by the training program;

(10) use distributive education for initial formal training courses as deemed necessary by the approved EMS training

program, based on the distributive education guidelines provided by the joint organization on education committee;

(11) review and approve any formal EMS courses and course content that will allow graduates to apply for EMS licensure in the state of New Mexico or with the national registry of EMTs, prior to delivery by an instructor-coordinator;

(12) submit a bureau approved course registration form, along with completed license application forms for all students enrolled in an initial course of instruction; course registration and license application forms shall be submitted to the bureau for processing within 30 days from the start of the course;

(13) ensure that all affiliated instructor-coordinators are approved by the joint organization on education and registered with the bureau on the appropriate form;

(14) notify the bureau within ten working days if an instructor-coordinator resigns or is terminated due to inappropriate conduct or negligence;

(15) ensure that a formal preceptor program is developed and utilized for all field and clinical training; the preceptor program shall include the following standards:

(a) EMS providers functioning as preceptors within an EMS service have written approval from the EMS service director, the EMS service medical director, the training program service director and the training program medical director; preceptors shall be licensed as a provider at or above the student's level of training; preceptors shall ensure that only approved skills, commensurate with the student's scope of training, are performed by the student under direct observation by the approved preceptor;

(b) students practicing in a field training environment shall function under a formal field preceptorship agreement between the EMS service and the training program;

(c) students performing field or clinical skills as part of a bureau approved EMT-intermediate or EMT-paramedic training program must be fully licensed at the New Mexico EMT-basic level, or have been granted special permission by the EMS bureau; and

(d) only students from approved New Mexico or CoAEMSP (committee on accreditation of educational programs for the EMS professions) accredited training programs may participate in a field training environment within the state of New Mexico.

G. Training program instructor-coordinator standards: Approved New Mexico EMS training programs shall maintain instructor-coordinator standards to ensure quality of instruction. Instructor-coordinators shall:

(1) be affiliated with an approved EMS training program;

(2) be registered with the bureau by the training program;

(3) successfully complete an instructor-coordinator training course that meets or exceeds the national standard curriculum for EMS instructor-coordinators as published by NHTSA and approved by the joint organization on education and the EMS bureau;

(4) be currently licensed as a New Mexico EMS provider or higher, medical professional level; and

(5) shall meet the qualifications for instructor-coordinators as established by the joint organization on education committee.

H. Scope of practice: The scope of practice for each level of licensure is found in 7.27.11.2 NMAC, and shall be updated at least annually and issued by the bureau in accordance with the EMS Act, Section 24-10B-7 C(4) NMSA 1978. Licensed EMD's, EMSFR's and EMT's shall only perform those skills, techniques, medications, and procedures found within the New Mexico scope of practice and as authorized by the service medical director (also see EMS medical direction rule 7.27.3 NMAC).

I. Training required: As outlined in the New Mexico scopes of practice, prior to utilizing any new skill, technique, medication, or procedure designated as "service medical director approved", it shall be documented by the service director, medical director, or bureau approved EMS training program that the EMS provider has been appropriately trained to administer the medications or perform the skills, techniques, medications, or procedures. Additionally, each EMS provider must have a signed authorization from the services medical director on file at the EMS services headquarters or administrative offices.

J. Medical direction approval/control required: Medical control is required for certain skills and medications use at all levels of EMS as outlined in the New Mexico scopes of practice. Those EMS personnel who function without medical direction shall only perform those skills, techniques and procedures that do not require medical director approval. Any person who is issued a temporary or graduate license shall only administer the medications or perform the skills, techniques, medications, and procedures for the approved level, as established by the medical direction committee and found in the applicable scope of practice.

K. Special skills: Special skills, which are all considered advanced life support, are skills outside the usual scope of practice for a level of licensure. EMS services or systems that wish to apply for special

skills authorization shall submit a written application as set forth in 7.27.11.3 NMAC. 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 with medical director approval and under the medical control of the EMS system that received the program approval.

L. Licensing application procedures: Persons seeking New Mexico licensure in any of the six classifications shall apply using the appropriate forms as provided by the bureau and present the required documentation, which shall remain in the person's licensure file. Applications and forms can be obtained from the bureau.

M. Licensure periods: Licensure periods are 27 months in length except for the initial period, which varies according to the date of the initial license. The second or subsequent period of licensure will be for a full 27 month period, regardless of the date of application for renewal, or the date for processing of the renewal license. This period will begin on January 1 of the renewal year. Requirements for renewal of licensure shall be completed by the December 31st that occurs prior to expiration of licensure.

N. Expiration dates: The expiration date for a license 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 licensed.

(1) The initial licensure period shall begin on January 1 for persons who are licensed during the first six months of a given year. The expiration date for this license will be 27 months later or March 31. For example: a person is licensed by the bureau on February 10, 2006. The person's expiration date will be March 31, 2008. All subsequent renewal periods will be for a full 27 month period running from January 1 for twenty-seven months, and ending on March.

(2) For persons who are initially licensed during the last six months of a given year, the expiration date shall be counted from January 1 of the following year. For example: A person is licensed on August 10, 2011. The person's expiration date will be March 31, 2014. All subsequent renewal periods will be for a full 27 month period, running from January 1 and ending on March 31.

O. New Mexico state licensing examinations: All EMS candidates must successfully complete the state of New Mexico licensing examination.

(1) The initial state licensing examination shall be completed within nine months based from the date of course completion. Successful completion of the licensing examination process that results in the issuance of a license shall be completed within twenty-four months based from

the date of course completion. Should a candidate fail to become licensed within twenty-four months or complete the initial licensing examination attempt within nine months of course completion, the candidate must complete a new EMSFR or EMT initial training course. The EMS bureau chief or designee may approve an initial licensing testing extension on a case by case basis.

(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 the "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. Applications must be received by the bureau 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 rules, shall be allowed a maximum of three examination attempts at the level for which the applicant has applied. A person that fails three times shall complete the entire training program again before any other testing is allowed at that level. If a person has an unexcused absence from a scheduled examination, as determined by the bureau, it shall count as one examination attempt.

(5) Any applicant who has failed the state licensing examination at an advanced life support level as described in these rules 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 examination at a lower level of licensure no more than two times. Further examinations shall not be allowed until successful completion of an approved EMS training course 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 shall be submitted to the bureau with the retest application. See 7.27.2.12 NMAC for a complete description of licensing and examination fees.

(7) There will be no refund of fees, except in unusual circumstances as determined by the bureau.

(8) An examination candidate who fails to attend a scheduled test site or does not provide a written or verbal notice of cancellation at least 48 hours from the scheduled test date, shall forfeit one

examination retest attempt. Future requests for a retest attempt must be accompanied by a retest application and appropriate retest fee.

P. Graduate license for all EMT levels: The role of the EMS graduate license is to grant graduates of a bureau approved EMS training program authorization to practice skills commensurate with their scope of training in the field setting under the direct observation and supervision of an EMS provider licensed at or above the graduate's training program level. The graduate license shall only be used under approved medical direction. The EMS service director and the EMS service medical director shall identify and maintain a list of approved preceptors. The graduate licensee shall be fully supervised by the preceptor when performing patient care. The preceptor will be responsible for all patient care including patient care activities in the patient compartment when transporting to a medical facility. This will necessitate a vehicle driver in addition to the licensed EMT preceptor and the graduate licensee. During a mass casualty incident, the graduate licensee shall only provide assessment and treatment at the level for which the graduate licensee is fully licensed; if the graduate licensee is not fully licensed at a lower level, they shall only provide non-medical assistance. The EMS graduate license shall remain in effect for a period of six months after the course completion date or until failure of any portion of the state or national licensing examination. All applicants for graduate licensure shall:

(1) submit a completed bureau approved license application form;

(2) provide evidence of current bureau approved CPR certification;

(3) provide evidence of current bureau approved ACLS certification (paramedic only);

(4) provide a course completion certificate from a bureau approved EMS training program; and

(5) pay all examination and licensure fees as required by these rules.

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 accommodations must make an advance request at least 30 calendar days prior to the requested EMS bureau scheduled test site. The request for accommodation shall be forwarded 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.

R. Recognition of out-of-state licensure for emergency incidents: During emergency situations, the secretary may waive initial licensure requirements for out-of-state EMS personnel based on the following:

(1) an individual or agency must be responding to a specific emergency incident;

(2) an individual or agency shall contact the EMS bureau prior to beginning EMS operations in New Mexico;

(3) the individual or agency shall provide evidence (copies) of individual certification or licensure from another state or the national registry;

(4) if wildland fire, an individual or agency shall provide a national wildland fire "request for recognition" form;

(5) an individual or agency shall provide evidence of written medical protocols and scope of practice; the bureau may restrict the provided scope of practice;

(6) the individual or agency shall contact the local EMS system for coordination of services; and

(7) the maximum approved time for out-of-state licensure for a specific emergency incident is 30 days and may be renewed on a case by case basis.

[7.27.2.8 NMAC - Rp, 7.27.2.8 NMAC, 10/30/2012]

7.27.2.9 I N I T I A L LICENSURE:

A. General: This section specifies requirements for initial licensure. This section applies to all applicants who are graduates of bureau approved EMS training programs. Any person applying for New Mexico licensure from out-of-state, other programs, or with national registry certification shall be considered for licensure under this section. Specific time periods apply for EMS licensing examinations, according to Subsection O of 7.27.2.8 NMAC.

B. Recognition: Each out-of-state applicant shall be assessed on a case-by-case basis for recognition of initial licensure requirements. The bureau may legally recognize other states, programs, or the national registry of emergency medical technicians requirements, where accreditation, EMS scope of practice, training standards, certification or licensure standards meet or exceed those of New Mexico.

C. Licensed emergency medical dispatcher (EMD): Licensure as an emergency medical dispatcher in New Mexico is mandatory for all persons who provide pre-arrival medical instructions to the emergency and non-emergency caller.

(1) An applicant for licensure as an EMD shall:

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

(b) provide evidence of a current bureau approved CPR certification; or, if physically unable to be CPR certified, provide written documentation of current knowledge and practical applications of CPR, as defined in these rules;

(c) successfully complete an EMD training course, which has been approved by the bureau, that meets or exceeds the U.S. department of transportation (USDOT) standards for EMD, within the previous 12 months;

(d) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; and

(e) submit the required application and licensure fees as required by these rules.

(2) Persons who do not have a certificate of completion from a New Mexico approved EMD training program but are currently certified or licensed in another state as an EMD, or have successfully completed an equivalent out-of-state EMD training course as determined by the bureau, within the previous 12 months, may apply for licensure by submitting an application along with documentation of current out-of-state certification or licensure, or an out-of-state EMD course completion certificate.

(3) Upon recognition by the bureau, the person may be fully licensed as an EMD.

D. Licensed EMD-instructor: An applicant for licensure 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;

(2) have graduated from high school or possess a GED;

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

(4) provide evidence of a current bureau approved CPR certification; or, if physically unable to be certified for CPR, provide written documentation of current knowledge and practical applications of CPR, as defined by these regulations;

(5) be currently licensed as an EMD;

(6) have successfully completed an EMD-instructor training course from an EMD program which is approved by the bureau;

(7) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; and submit the required application and licensure fees as required by these rules.

E. Licensed emergency medical services first responder: An applicant for licensure as an EMS first

responder shall:

(1) be of good character; and

(2) be at least 18 years of age; or

(3) be at least 16 years of age and meet the following requirements:

(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; and

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

(4) all applicants shall meet the following requirements:

(a) submit a completed, bureau approved license application form;

(b) provide evidence of current bureau approved CPR certification;

(c) present a certificate of completion from an EMSFR course completed at a bureau approved EMS training program;

(d) successfully complete the New Mexico EMSFR licensing examination; the initial state licensing examination shall be completed within nine months from the date of course completion; successful completion of the licensing examination process that results in the issuance of a license shall be completed within 24 months from the date of course completion;

(e) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; and

(f) pay all examination and licensure fees as required by these rules;

(5) all persons who do not have a certificate of completion from a New Mexico approved EMSFR training program, but are currently certified or 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 12 months, may apply to the bureau in writing for New Mexico licensure in accordance with Subsection B of this section.

F. Emergency medical technician basic (EMT-B): An applicant for licensure as an EMT-B shall meet the following requirements:

(1) shall be of good character; and

(2) be at least 18 years old; or

(3) be at least 17 years of age and meet the following requirements:

(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; and

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

(4) all applicants who are graduates of a bureau approved EMS training program

may apply for graduate licensing, which allows them to work temporarily under supervision, as outlined in 7.27.2.8 NMAC of these rules;

(5) all applicants applying to be licensed, shall meet the following requirements:

(a) submit a completed, bureau approved license application form;

(b) provide evidence of current bureau approved CPR certification;

(c) present a certificate of completion from an EMT-B course completed at a bureau approved EMS training program, and accomplished within the previous nine months;

(d) successfully complete the New Mexico EMT-B licensing examination; the initial state licensing examination shall be completed within nine months based on the date of course completion; successful completion of the licensing examination process that results in the issuance of a license shall be completed within 24 months based on the date of course completion;

(e) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;

(f) pay all examination and licensure fees as required by these rules;

(g) all applicants who are graduates of a bureau approved EMS training program may apply for graduate licensing which allows them to work temporarily under supervision, as outlined in 7.27.2.8 NMAC of these rules;

(6) persons who do not have a certificate of completion from a bureau approved EMT-B training program, but are currently licensed or certified in another state or certified with the national registry at the EMT-B level, may apply for New Mexico licensure as provided below:

(a) submit an application along with documentation of current out-of-state certification or licensure, or national registry certification;

(b) provide evidence of current bureau approved CPR certification;

(c) pay all examination and licensure fees as required by these rules;

(d) successfully complete a bureau approved out-of-state transition course, as determined by the bureau;

(e) successfully complete the New Mexico EMT-B licensing examination and, if requested by the EMS bureau, successfully demonstrate appropriate practical skills proficiency; the initial state licensing examination shall be completed within nine months based on the date of application; successful completion of the licensing examination process that results in the issuance of a license shall be completed within 24 months based on the date of course application;

(f) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;

(g) upon approval by the bureau, the person may be fully licensed as an EMT-B for the remainder of the previous certification/licensing authority's certification/licensure period, as determined by the bureau;

(h) the person may be granted a temporary license to practice as an EMT-B for a period of up to six months or until failure of an EMT-B licensure examination, whichever occurs first; while under a temporary 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 temporary license also facilitates licensure of an out-of-state seasonal EMT-B and shall only be issued once in a 12 month period, as determined by the bureau; in this case, the seasonal license is valid for six months from the date of issue and may be issued again, but only once in every subsequent twelve month period;

(i) temporary licensure commences on the issue date of the temporary license from the bureau;

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

(7) persons holding a temporary license shall be fully licensed when they have: successfully completed the New Mexico EMT-B licensure examination; and remit payment of all required fees.

G. Emergency medical technician-intermediate (EMT-I): An applicant for licensure as an EMT-I shall meet the following requirements:

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

(2) submit a completed, bureau approved license application form;

(3) provide evidence of current bureau approved CPR certification;

(4) be fully licensed as an EMT-basic;

(5) present a certificate of completion from an EMT-I course completed at a bureau approved EMS training program, and accomplished within the previous nine months;

(6) successfully complete the New Mexico EMT-I licensing examination; the initial state licensing examination shall be completed within nine months based on the date of course completion; successful completion of the licensing examination process that results in the issuance of a license shall be completed within 24 months based on the date of course completion;

(7) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;

(8) pay all examination and licensure fees as required by these rules;

(9) all applicants who are graduates of a bureau approved EMS training program may apply for graduate licensing which allows them to work temporarily under supervision, as outlined in 7.27.2.8 NMAC;

(10) persons who do not have a certificate of completion from a bureau approved EMT-I training program, but are currently certified or licensed in another state or certified with the national registry at the EMT-I level, may apply for licensure as provided below:

(a) submit an application along with documentation of current out-of-state certification/license or national registry certification;

(b) provide evidence of current bureau approved CPR certification;

(c) pay all examination and licensure fees as required by these rules;

(d) successfully complete a bureau approved out-of-state transition course, as determined by the bureau;

(e) successfully complete the New Mexico EMT-I licensing examination and, as determined by the EMS bureau, successfully demonstrate appropriate practical skills proficiency; the initial state licensing examination shall be completed within nine months based on the date of application; successful completion of the licensing examination process that results in the issuance of a license shall be completed within 24 months based on the date of application;

(f) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;

(g) upon approval by the bureau, the person may be fully licensed as an EMT-I for the remainder of the previous certification/licensure authority's certification/licensure period, as determined by the bureau;

(h) the person may be granted a temporary license to practice as an EMT-I for a period of up to six months or until failure of an EMT-I licensure examination, whichever occurs first; while under a temporary 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 temporary license also facilitates licensure of an out-of-state seasonal EMT-I and shall only be issued once in a 12 month period, as determined by the bureau; in this case, the seasonal license is valid for six months from the date of issue and may be issued again, but only once in every subsequent 12 month period;

(i) temporary licensure commences on the issue date of the temporary license from the bureau;

(ii) a temporary license

may be issued only upon application and payment of required fees;

(11) persons holding a temporary license shall be fully licensed when they have:

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

(b) remit payment of all required fees;

(12) upon failure of the initial state EMT-I examination or the expiration of the graduate or temporary licensure period, the applicant:

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

(b) during this time the applicant may apply for full EMT-B licensure and will be evaluated based upon their credentials according to these rules; the application must be in writing; and

(c) 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.

H. Emergency medical technician paramedic (EMT-P): All applicants applying to be licensed at the EMT-P level shall meet the following requirements:

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

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

(3) submit a completed bureau approved license application form;

(4) provide evidence of current bureau approved CPR certification;

(5) 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);

(6) pay all examination and licensure fees as required by these rules;

(7) graduates of an accredited training program: applicants who have graduated from a bureau approved, CoAEMSP (committee on accreditation of educational programs for the EMS professions) accredited in-state or out-of-state EMS training program shall:

(a) submit a certificate of completion from the training program; successful completion of the EMT-P training program must be accomplished within the previous twenty-four (24) months;

(b) successfully complete the New Mexico EMT-P licensing examination;

(c) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; and

(d) all applicants who are graduates

of a bureau approved EMS training program may apply for graduate licensing which allows them to work temporarily under supervision, as outlined in 7.27.2.8 NMAC;

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

(8) graduates of a non-accredited training program: applicants who have graduated from a nonCoAEMSP accredited EMS training program shall:

(a) submit a certificate of completion from the EMS training program; successful completion of the EMT-P training program must be accomplished within the previous 24 months;

(b) successfully complete the New Mexico EMT-P licensing examination and other examinations as determined by the bureau;

(c) meet all other general licensing requirements found in 7.27.2.8 NMAC of these rules;

(d) upon approval by the bureau, the person may be fully licensed as an EMT-P for the remainder of the previous certification/licensure authority's certification/licensure period, as determined by the bureau; or

(e) the person may be granted a temporary license to practice as an EMT-P for a period of up to six months from the date of application or until failure of an EMT-P equivalency examination, whichever occurs first;

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

(9) applicants licensed or certified in another state or who are certified with the national registry of EMTs may apply for licensure as follows:

(a) applicants shall submit documentation of current out-of-state certification or licensure, or national registry certification;

(b) submit a copy of the initial paramedic course completion certificate, if available, or identify the EMS training program where the individual graduated along with the date of graduation; the training program will be evaluated for recognition in accordance with Subsection B of 7.27.2.9 NMAC of these rules;

(c) successfully complete the New Mexico EMT-P licensing examination and other applicable examinations, as determined by the bureau;

(d) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;

(e) upon approval by the bureau, the person may be fully licensed as an EMT-P for a maximum of the standard licensure period, as determined by the bureau; or

(f) the person may be granted a temporary license to practice as an EMT-P for a period of up to six months or until failure of the New Mexico EMT-P licensing

examination, if applicable;

(10) upon failure of the New Mexico EMT-P examination or equivalency exam, or upon expiration of the temporary or graduate license period, the following condition will apply:

(a) if previously New Mexico state licensed, the licensee shall maintain the original level of licensure (EMT-B or EMT-I), and the applicant may practice at that level until expiration of licensure; or

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

(i) during this time the applicant may apply for full EMT-B or EMT-I licensure in accordance with these rules;

(ii) at the end of the 60 days, the applicant will no longer be licensed at any level.

[7.27.2.9 NMAC - Rp, 7.27.2.9 NMAC, 10/30/2012]

7.27.2.10 LICENSURE

RENEWAL: New licensing renewal fees, as outlined in 7.27.2.12 NMAC, shall be effective July 1, 2006. Individuals renewing their New Mexico EMS provider's license shall submit a bureau approved refresher course completion certificate from an in-state or out-of-state training institution that is equivalent to the refresher course blueprints found in this section; or, use the alternative to a refresher course as outlined for each level of EMSFR and EMT in this section. Carded courses, such as ACLS or PALS, received as part of a bureau approved refresher course shall not be used to fulfill any CE hour requirements.

A. Receipt of licensure renewal from the EMS bureau: Licensing renewal is the responsibility of each individual licensee. If an individual licensee fails to notify the bureau of a change of address within one year from the date of relocation, as determined by the bureau, a bad address fee may be assessed by the bureau. For individuals who have submitted their complete licensure renewal packet to the bureau in a timely manner, the bureau will review the renewal requests in the order they are received.

(1) If there is a delay in notification from the bureau about the status of the licensure renewal beyond the expiration of the license, the individual shall remain licensed until:

(a) notified by the bureau that the license application has been denied or the license expired without renewal; or

(b) they receive their license from the bureau.

(2) If an individual's renewal packet is incomplete, the individual shall be notified by the bureau by U.S. postal mail or by electronic mail.

(3) If an individual licensee is notified that a renewal problem exists with their license, and the license has expired, the individual shall not remain licensed.

B. Renewal deadlines: Specific renewal requirements must be completed no later than the December 31 that occurs prior to licensure expiration. CPR and ACLS certifications are exempt from the December 31 deadline and must be current at the time of renewal. Renewal applications must be received by the bureau by the last day of February prior to expiration of licensure but may be postmarked and submitted by March 31 prior to expiration of licensure for a higher fee.

(1) The applicant may submit the complete renewal application to the bureau as soon as requirements are complete, but the complete renewal application shall be postmarked no later than the final month of licensure. A normal renewal fee is assessed for renewal applications postmarked prior to the final month of licensure.

(2) Renewal applications received during the final month of licensure will be accepted, but will be assessed a higher renewal fee due to the requirement for speedier processing.

(3) Applications for renewal of licensure shall be postmarked no later than the last day of licensure (March 31).

C. Mandatory updates: The bureau may require mandatory updates to training in any given year of licensure. Mandatory updates may include required content hours during refresher courses, required continuing education, or mandatory classes.

D. Downgrading to a lower level of licensure: EMS personnel may petition the bureau to downgrade to a lower level of licensure if:

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

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

(3) if the provider requests that the downgraded license be upgraded to the original or EMT-intermediate level of licensure, the provider must meet the re-entry or re-licensure requirements to upgrade to the original level of licensure in accordance with Subsection L of 7.27.2.10 NMAC of these rules.

E. Waivers: The licensing commission may, for good cause shown, waive portions of these rules pertaining to licensure renewal pursuant to 7.27.2.13 NMAC of these rules. Persons requesting waivers for licensure renewal shall submit requests in writing to the EMS licensing

commission, in care of the bureau.

F. Licensed emergency medical dispatcher (EMD): Renewal for a licensed EMD 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. CPR certification is exempt from the December 31 deadline and must be current at the time of renewal. If the EMD is concurrently licensed as an EMT-B, EMT-I or EMT-P, the renewal dates for EMD licensure 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 EMD license:

(1) submit copies of course completion certificates or verification showing a minimum of 24 contact hours of continuing education activity; of which at least 12 hours shall be medical subjects/skills of bureau approved continuing education activity and 12 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 the medical renewal requirements;

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

(3) submit required application and payment of all license renewal fees as required by 7.27.2.12 NMAC of these rules.

G. Licensed emergency medical dispatcher-instructor: Renewal of a licensed EMD-instructor 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. CPR certification is exempt from the December 31 deadline and must be current at the time of renewal. The following requirements are necessary for a person to renew their EMD-I license:

(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;

(2) submit documentation showing completion of all EMD continuing education renewal requirements;

(3) submit a copy of current licensure at the EMT-B or higher level;

(4) provide evidence of current bureau approved CPR certification; or, if physically unable to be certified for CPR, provide written documentation of current

knowledge and practical applications of CPR; and

(5) submit the required application and payment of all licensure renewal fees as required by 7.27.2.12 NMAC of these rules.

H. Emergency medical services first responder: Renewal of the EMSFR license is required within each licensure period. Documentation must show that all renewal requirements have been completed on or before the December 31 that occurs prior to expiration of licensure. CPR certification is exempt from the December 31 deadline and shall be current at the time of renewal. The following requirements are necessary for a person to renew their license:

(1) submit a completed renewal application;

(2) submit documentation showing a minimum of eight contact hours of bureau approved continuing education activity, of which two contact hours shall consist of pediatric content;

(3) submit a copy of a course completion certificate from a bureau approved EMSFR refresher course that includes a minimum of 16 contact hours, as outlined in the refresher course blueprint below; or

(a) preparatory, one hour
(b) airway and ventilation, two hours

(c) patient assessment, two hours
(d) medical emergencies, four hours

(e) trauma emergencies, four hours

(f) special considerations, two hours

(g) operations, one hour
(4) as an alternative to a formal

refresher course, submit a total of 16 contact hours of additional bureau approved CE that adheres to the refresher course blueprint above; the medical content shall be at the basic life support level;

(5) provide evidence of current bureau approved CPR certification;

(6) provide a statement of verification, signed by the service medical director, that the applicant is competent in all EMSFR skills listed in 7.27.2.14 NMAC, current scopes of practice, that require medical direction; and

(7) submit payment of all licensure renewal fees as required by 7.27.2.12 NMAC of these rules.

I. 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 on or before the December 31 that occurs prior to expiration of licensure. CPR certification is exempt from the December 31 deadline and shall be current at the time of renewal. The following requirements

are necessary for an EMT-B to renew their license:

(1) submit a completed renewal application;

(2) submit documentation showing a minimum of 24 contact hours of bureau approved continuing education activity, of which four contact hours shall consist of pediatric content;

(3) submit a copy of a course completion certificate from a bureau approved EMT-basic refresher course that includes a minimum of 24 contact hours, as outlined in the refresher course blueprint below; or

(a) preparatory, one hour
(b) airway and ventilation, two hours

(c) patient assessment, three hours
(d) medical emergencies, six hours
(e) trauma emergencies, six hours

(f) special considerations, four hours

(g) operations, two hours

(4) as an alternative to a formal refresher course, submit a total of 24 contact hours of bureau approved CE that adheres to the refresher course blueprint above; the medical content shall be at the basic life support level;

(5) provide evidence of current bureau approved CPR certification;

(6) provide a statement of verification, signed by the service medical director, that the applicant is competent in all EMT-basic skills listed in 7.27.2.14 NMAC, current scopes of practice, that require medical direction;

(7) submit payment of all licensure renewal fees as required by 7.27.2.12 NMAC of these rules; and

(8) applicants who have completed a bureau approved EMT-I or EMT-P course or completed appropriate sections of the EMT-I or EMT-P course, as determined by the bureau, may fulfill the refresher and continuing education requirement.

J. 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 on or before the December 31 that occurs prior to expiration of licensure. CPR certification is exempt from the December 31 deadline and shall be current at the time of renewal. The following requirements are necessary for an EMT-I to renew their license:

(1) submit a completed renewal application;

(2) submit documentation showing a minimum of 30 contact hours of bureau approved continuing education activity, of which five contact hours shall consist of pediatric content;

(3) submit a copy of a course

completion certificate from a bureau approved EMT-intermediate refresher course that includes a minimum of 24 contact hours, as outlined in the refresher course blueprint below; or

- (a) preparatory, one hour
- (b) airway and ventilation, two

hours

- (c) patient assessment, three hours
- (d) medical emergencies, six hours
- (e) trauma emergencies, six hours
- (f) special considerations, four

hours

- (g) operations, two hours
- (4) as an alternative to a formal

refresher course, submit a total of 24 contact hours of bureau approved CE that adheres to the refresher course blueprint above; the medical content shall be at the advanced life support level;

(5) provide evidence of current bureau approved CPR certification;

(6) provide a statement of verification, signed by the service medical director, that the applicant is competent in all EMT-intermediate skills listed in 7.27.2.14 NMAC, current scopes of practice, that require medical direction; 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 bureau for an exception of this requirement;

(7) submit payment of all licensure renewal fees as required by 7.27.2.12 NMAC of these rules; and

(8) applicants who have completed a bureau approved EMT-P course or completed appropriate sections of the EMT-P course, as determined by the bureau, may fulfill the refresher and continuing education requirement.

K. 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 on or before the December 31 that occurs prior to the expiration of licensure. CPR and ACLS certifications are exempt from the December 31 deadline and shall be current at the time of renewal. The following requirements are necessary for an EMT-P to renew their license:

(1) submit a completed renewal application;

(2) submit documentation showing a minimum of 24 contact hours of bureau approved continuing education activity at any level, of which six contact hours shall consist of pediatric content;

(3) submit a copy of a course completion certificate from a bureau approved EMT-paramedic refresher course that includes a minimum of 48 contact hours, as outlined in the refresher course blueprint below; or

(a) preparatory, three hours
(b) airway and ventilation, four hours

(c) patient assessment, four hours
(d) medical emergencies, 18 hours
(e) trauma emergencies, 10 hours
(f) special considerations, six

hours

(g) operations, three hours
(4) as an alternative to a formal

refresher course, submit a total of 48 contact hours of bureau approved CE that adheres to the refresher course blueprint above; the medical content shall be at the advanced life support level;

(5) provide a statement of verification, signed by the service medical director, that the applicant is competent in all EMT-paramedic skills listed in 7.27.2.14 NMAC, current scopes of practice, that require medical direction; 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 bureau for an exception of this requirement;

(6) submit proof of current 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;

(7) provide evidence of current bureau approved CPR certification; and

(8) submit payment of all licensure renewal fees as required by 7.27.2.12 NMAC of these rules.

L. Late renewal for all categories: The bureau provides three methods for expired licensees to regain their licensure; reinstatement, re-entry, and re-licensure.

(1) **Reinstatement:** Those persons who have completed the renewal requirements on or before the December 31 cutoff, but failed to renew licensure by March 31, may renew between April 1 and May 31 of the expiration year. A complete renewal application for reinstatement must be received at the bureau by May 31. Paperwork postmarked after March 31 will be assessed with an additional late fee. See Fees, 7.27.2.12 NMAC of these rules.

(2) **Re-entry:** A person whose license is expired, who does not meet the circumstances of Paragraph (1) of Subsection L of 7.27.2.10 NMAC above, but whose date of expiration of the previously held license is less than two years, may re-enter EMS at the previously held or lower level if the person left EMS in good standing and successfully completes the following:

(a) complete a bureau approved refresher training course at the appropriate level (except EMD or EMD-I); the refresher must have been completed within the last 15 months;

(b) provide evidence of current bureau approved BLS CPR training;

(c) successfully complete the New Mexico licensing examination and other examinations, as determined by the bureau, at the appropriate provider licensure level (maximum of two examination attempts allowed), if applicable;

(d) if EMD or EMD-I applicant, provide verification of a minimum of 24 contact hours of bureau approved continuing education activity, of which 12 hours shall be medical subjects/skills and 12 hours shall be dispatch related subjects/skills of bureau approved continuing education activity;

(e) if an EMT-P applicant, provide evidence of current advanced cardiac life support training; and

(f) submit required application and payment of licensure fees as identified for the appropriate level in 7.2.27.12 NMAC of these rules.

(3) Re-licensure: A person whose license has been expired for more than two years from the date of expiration shall be considered an initial licensure applicant. To become licensed, a person must complete the requirements of 7.27.2.9 NMAC of these rules.

M. Expiration of licensure: All New Mexico EMS personnel, whose licensure expires on March 31 of any given year, shall be removed from the New Mexico active registry of emergency medical services personnel on the first business day of April of that given year. The bureau will send a notice to the address of record notifying the former licensee of removal from the New Mexico registry of EMS personnel, and notify *national registry* if applicable.

N. Continuing education: Continuing education (CE) credit may be granted for any training that has been approved in advance by the bureau. All individuals or EMS services wishing to grant continuing education credit to licensed EMD's, EMD-I's, EMSFRs and EMT's in New Mexico shall submit the appropriate documentation to the bureau at least 30 days in advance. CE's submitted to the bureau after training has been completed is discouraged and will be reviewed for approval or disapproval on a case-by-case basis. Application for continuing education approval shall be made utilizing the bureau's "notification of intent to conduct a continuing education program" application form available from the bureau. More detailed information about New Mexico's EMS continuing education program may be found in the "EMS continuing education user's guide", available from the bureau.

(1) **Purpose:** Continuing education is designed to meet three main objectives:

(a) to provide exposure to new and

current trends in the area of patient care;

(b) to review areas of patient assessment and management that are not used on a frequent basis; and

(c) to meet licensure renewal requirements.

(2) **Continuing education categories:** The EMS bureau has adopted the CE category designations published by the national highway and traffic safety administration (NHTSA) and utilized by many states and national EMS organizations. A more detailed explanation of these categories can be found in the "EMS continuing education user's guide" available from the bureau. These categories apply only to formal and alternative refresher courses. The CE categories are:

(a) preparatory topics: general topics include roles and responsibilities, well-being of the EMT, injury prevention, medical/legal issues, ethics, anatomy/physiology, principles of pathophysiology, principles of pharmacology, IV therapy and medication administration, therapeutic communications;

(b) airway and ventilation;

(c) patient assessment: general topics include history taking, techniques of the physical examination, patient assessment, clinical decision making, EMS communications, documentation;

(d) medical emergencies: general topics include pulmonary, cardiology, neurology, endocrinology, allergies and anaphylaxis, gastroenterology, urology/renal, toxicology, hematology, environmental conditions, infectious and communicable diseases, behavioral and psychiatric disorders, gynecology, obstetrics;

(e) trauma emergencies: general topics include kinematics, blunt trauma, penetrating trauma, hemorrhage and shock, soft tissue trauma, burns, head and facial trauma, spinal trauma, thoracic trauma, abdominal trauma, musculoskeletal trauma;

(f) special considerations: general topics include neonatology, pediatrics, geriatrics, abuse and neglect, patients with special challenges, acute interventions for the home health care patient; and

(g) operations: general topics include ambulance operations, medical incident command, rescue awareness and operations, hazardous materials incidents, crime scene awareness.

(3) **Forms of continuing education:** The following forms of continuing education are currently recognized by the bureau. The bureau reserves the right to approve additional forms of continuing education as necessary. More detailed information may be found in the "EMS continuing education user's guide" available from the bureau.

(a) Classroom instruction: Standard instructor-student relationship in

the classroom or field setting.

(b) Pre-approved courses: This list of national and statewide recognized courses are pre-approved for CE credit. Individuals completing any of these courses need only to submit their course completion certificate or card when renewing their licenses. Courses that are approved by CECBEMS are pre-approved for credit in New Mexico.

(c) EMS related college courses: Credit may be awarded to individuals who are attending college courses relevant to EMS. Individuals who are interested in receiving credit should submit a copy of their unofficial student transcript and course syllabus. A maximum of 12 hours of CE credit may come from EMS-related college courses.

(d) EMS video presentations: EMS video presentations may be used for continuing education. In order to do so, the "notification of intent to conduct a continuing education program" application form must be submitted, along with a list of the videos intended for presentation with their corresponding copyright dates. A maximum of 12 hours of CE credit may come from EMS video presentations.

(e) State skill evaluator participation: A maximum of 12 hours of CE credit may come from skill evaluator participation; these credits cannot be applied toward refresher course blueprint requirements.

(f) Teaching bureau approved courses: Licensed individuals who teach bureau approved courses may receive the same number of CE hours as students who are taking the program; refer to the "EMS continuing education user's guide" for a more complete description.

(g) Field or clinical preceptorship: A maximum of 12 hours of additional CE may be allowed for EMS preceptor activities; documentation of preceptor activities must be on letterhead from an approved New Mexico EMS training institution or EMS service director; these credits cannot be applied toward refresher course blueprint requirements.

(h) Distributive learning programs: Refer to the "EMS continuing education user's guide" for a definition of distributed learning programs. A maximum of 12 hours of CE credit may come from distributive learning programs.

(i) Distance learning programs: Refer to the "EMS continuing education user's guide" for a definition of distance learning programs.

(4) **Record keeping:** Once approval of a CE program is obtained and the course is presented, records of attendance must be maintained. The bureau may audit the CE records of an approved CE program. Attendance records with original signatures of course participants and a copy of any

course presentation material must be kept for a minimum of 36 months by the service, for bureau audit purposes.

(a) In order for participating EMS personnel to receive credit, each individual shall be given a certificate, letter of attendance/completion, or copy of course attendance roster and advised to retain it until their 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.

(b) Course completion letters, certificates and course rosters shall contain the following information:

(i) location and date of the CE program;

(ii) title of the class or course;

(iii) number of actual contact hours (half hour increments are acceptable);

(iv) CE category;

(v) name of participant;

(vi) CE coordinator's name with designation "CE coordinator" placed after the name;

(vii) signature of CE coordinator;

(viii) the statement: "reviewed and approved by the New Mexico EMS bureau for continuing education"; and

(ix) EMS bureau approval number.

(5) **CE audits for EMS services and personnel:** The bureau may periodically perform audits of CE programs. These audits are usually provided as a way for services to evaluate their current program, identify areas in which the program excels, as well as areas that may be problematic. The following types of CE audits may be conducted by the bureau:

(a) **CE course audit:** this audit evaluates the actual class or course being conducted; the purpose of this audit is to provide written feedback to the instructor on presentation, content and participant evaluations conducted at the end of the class; this audit is usually unannounced;

(b) **CE recordkeeping audit:** this audit evaluates the CE program sponsor recordkeeping process; the bureau may audit refresher course certificates for compliance with the refresher course blueprint; records of prior classes or courses conducted are inspected for completeness and feedback is provided to the CE program sponsor that identify areas for improvement; CE program sponsors will be given at least five days advance notification of these audits; records that will be inspected include:

- (i) original copies of attendance rosters with the signatures of course participants;
- (ii) course presentation materials/outlines or learning objectives;
- (iii) handouts that were given to participants;
- (iv) any evaluation tools, including written exams or practical skill forms; and
- (v) CE approval letter or approval numbers;

(c) CE complaint audit: this audit is a preliminary investigation conducted by the EMS bureau based on a complaint concerning falsification of the CE process.

[7.27.2.10 NMAC - Rp, 7.27.2.10 NMAC, 10/30/2012]

7.27.2.11 IDENTIFICATION OF EMS PERSONNEL: Licensed EMD's, EMD- I's, EMSFR's, and EMT's will be issued: one license certificate, one license wallet card, and one uniform patch (if available).

A. The bureau shall charge a reasonable fee for replacement of lost cards or certificates. The bureau shall also charge a reasonable fee for additional uniform patches, pursuant to 7.27.2.12 NMAC of these rules.

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

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

[7.27.2.11 NMAC - Rp, 7.27.2.11 NMAC, 10/30/2012]

7.27.2.12 FEES:

A. Examination, licensure, renewal and assorted fees: The bureau shall charge reasonable fees for the examination, licensure, and renewal of licensed EMS providers in New Mexico, according to the following schedule. For persons taking national registry examinations, additional fees will be required.

(1) In-state application fees will apply to individuals who have completed an EMS licensing course through a bureau approved New Mexico EMS training program.

(2) Out of state application fees will apply to individuals who have graduated from an out of state or non-approved EMS training program and individuals who possess out of state licenses or national registry certification applying for licensure.

B. Initial license fees (testing and re-license):

DESCRIPTION	IN-STATE APPLICATION FEE	OUT-OF-STATE APPLICATION FEE
licensed EMD	\$25.00	\$50.00
licensed EMD-instructor	\$35.00	\$70.00
licensed EMS first responder	\$25.00	\$50.00
licensed EMT-basic	\$65.00	\$130.00
licensed EMT-intermediate	\$75.00	\$150.00
licensed EMT-paramedic	\$85.00	\$170.00

C. National registry (additional state examination fee):

DESCRIPTION	IN-STATE APPLICATION FEE	OUT-OF-STATE APPLICATION FEE
first responder examination fee	\$10.00	\$50.00
EMT-basic examination fee	\$25.00	\$75.00
EMT-intermediate examination fee	\$75.00	\$150.00
EMT-paramedic examination fee	\$100.00	\$200.00

D. Examination re-test fees:

DESCRIPTION	IN-STATE APPLICATION FEE	OUT-OF-STATE APPLICATION FEE
first responder examination retest fee	\$25.00	\$25.00
EMT-basic examination retest fee	\$30.00	\$30.00
EMT-intermediate written/practical retest examination fee	\$35.00	\$35.00
EMT-paramedic written/practical retest examination fee	\$40.00	\$40.00

E. Licensure renewal fees:

DESCRIPTION	FEE TYPE	FEE
licensed EMD	normal fee	\$20.00

	March renewal fee	\$60.00
licensed EMD-instructor	normal fee	\$25.00
	March renewal fee	\$75.00
licensed EMS first responder	normal fee	\$20.00
	March renewal fee	\$60.00
licensed EMT-basic	normal fee	\$30.00
	March renewal fee	\$90.00
licensed EMT-intermediate	normal fee	\$40.00
	March renewal fee	\$120.00
licensed EMT-paramedic	normal fee	\$50.00
	March renewal fee	\$150.00

F. Reinstatement fees:

DESCRIPTION	FEE
licensed EMD	\$120.00
licensed EMD-instructor	\$150.00
licensed EMS first responder	\$120.00
licensed EMT-basic	\$180.00
licensed EMT-intermediate	\$240.00
licensed EMT-paramedic	\$300.00

G. Re-entry fees-same as March renewal fees:

DESCRIPTION	FEE
licensed EMD	\$60.00
licensed EMD-instructor	\$75.00
licensed EMS first responder	\$60.00
licensed EMT-basic	\$90.00
licensed EMT-intermediate	\$120.00
licensed EMT-paramedic	\$150.00

H. Miscellaneous fees:

DESCRIPTION	FEE
additional patches-each	\$3.00
replacement licensure card-each occurrence	\$10.00
bad check fee-each occurrence	\$20.00
national healthcare practitioner query fee-each occurrence as determined by the bureau	\$15.00
bad address fee-each occurrence, as determined by the bureau	\$20.00

I. Use of fees: Fees collected by the bureau under these rules shall be used expressly for licensing operations. This includes but is not limited to payment of approved EMS skill evaluators, for their participation at state licensing examinations; examination and licensing supplies and equipment, including processing equipment; facility rental costs associated with the examination and licensing process; processing and handling of licenses; operation of examination sites; expenses encountered in the enforcement of these rules.

J. Payment of fees: State fees shall be made payable to the bureau by check, money order or other bureau approved method of payment. 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.

K. Waiver of fees: Applicants for licensure under these rules who, for good cause, are unable to pay the licensure fees may petition the bureau for a waiver. Applications for fee waiver under these rules 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. Waiver requests shall be submitted to the EMS program manager or designee for approval.

[7.27.2.12 NMAC - Rp, 7.27.2.12 NMAC, 10/30/2012]

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 and enforcement 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 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 functions 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 in November of each year 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, at any time, 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 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) The bureau shall communicate to the chair or designee its opinion as to whether or not an investigation of the complaint should be initiated.

(5) Upon knowledge of a complaint, the chair, or designee, after consultation with other members of the commission, as feasible, shall authorize that an investigation be conducted.

(6) The chair or designee shall direct the course of the investigation through periodic communication with the bureau as necessary.

(7) If an investigation indicates that the complaint may affect a person's license, the licensee shall be notified that the bureau is conducting an investigation, unless extenuating circumstances reasonably preclude notification.

(a) At the conclusion of the bureau's 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. The commission may immediately authorize a cease and desist order or immediate suspension of license, subject to expedited hearing rights as outlined in Paragraph (5) of Subsection G of 7.27.2.13 NMAC, if it determines that the health and safety of the public would be jeopardized unless the bureau takes action as soon as possible.

(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. Actions may include cease and desist orders or immediate suspension, subject to expedited hearing rights pursuant to Paragraph (5) of Subsection G of 7.27.2.13 NMAC of these rules. If the chair authorizes the initiation of an action by the bureau, the bureau shall notify each commission member in writing of such action within 10 working days of the initiation of the action.

(d) 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 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.

C. Conduct of investigations: Investigations shall normally be conducted by 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.

D. Subpoena authority:

In accordance with Subsection C of Section 24-10B-5.1 NMSA 1978 of the EMS Act and Subsection A of Section 61-1-4 of the Uniform Licensing Act, the EMS licensing commission or the bureau, pursuant to the commissions authorization may, subject to the rules of privilege and confidentiality recognized by law, require the furnishing of information, the attendance of witnesses, and the production of books, records, papers or other objects necessary and proper for the purposes before it, and may take sworn statements of witnesses, including parties.

E. Waivers:

The commission, upon good cause 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 20 calendar days of receipt of the commission's decision.

(7) The chair or his designee, 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., subject to subsequent commission review and approval.

F. Impaired practitioner program: An EMT who voluntarily self-identifies to the bureau or the impaired practitioner committee that he 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 compelled to attend the impaired practitioner 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 behavioral health based or chemical-dependence impairments.

(2) The impaired practitioner committee shall be composed as a minimum of:

- (a) one bureau staff member;
- (b) one commission member;
- (c) one mental health specialist;

and

- (d) one physician.

(3) The impaired practitioner 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; and

(e) prepare and provide reports as needed to the bureau and the commission.

(4) 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 bureau shall report termination of diversion program participation to 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.

G. Denial, suspension, and revocation: A license may be denied, suspended, or revoked, or may be subject to any lesser disciplinary action, in accordance with the following:

(1) 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 EMS Act, Subsection B, Section 24-10B-5, NMSA 1978 and the Uniform Licensing Act, Section 61-1-1, et seq., NMSA 1978, for any of the reasons outlined below;

(2) if final disciplinary action is taken against a licensed EMS provider by the bureau, upon authorization from the commission, the bureau may publish the action in a periodical or other medium that has statewide distribution;

(3) grounds for denial, suspension, revocation or other disciplinary action are:

(a) misconduct in obtaining licensure;

(b) fraud, deceit, misrepresentation in obtaining licensure, including, but not limited to, cheating on an examination or attempting to subvert the initial or renewal licensing process;

(c) unprofessional conduct, to include but not limited to, the following:

(i) dissemination of a patient's health information to individuals not entitled to such information and where such information is protected by law from disclosure;

(ii) falsifying or altering patient records or personnel records;

(iii) misappropriation of money, drugs or property;

(iv) obtaining or attempting to obtain any fee for patient services for one's self or for another through fraud, misrepresentation, or deceit;

(v) aiding, abetting, assisting or hiring an individual to violate the EMS Act or these duly promulgated rules;

(vi) failure to follow established procedure and documentation regarding controlled substances;

(vii) failure to make or keep accurate, intelligible entries in records as required by law, policy and standards for the practice of pre-hospital emergency care;

(viii) failure to report an EMS provider who is suspected of violating the New Mexico Emergency Medical Services Act or these rules;

(ix) intentionally engaging in sexual contact with or toward a patient;

(d) conviction of a felony or misdemeanor as shown by a record of the

court conviction;

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

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

(ii) malpractice;

(iii) incompetence, in performing pre-hospital emergency medical functions, whether direct patient care or the administration/management of that care, an EMS provider is under legal duty to possess and to apply the knowledge, skill and care that is ordinarily possessed and exercised by other EMS providers of the same licensure status and required by the generally accepted standards of the profession; the failure to possess or to apply to a substantial degree such knowledge, skill and care constitutes incompetence for purposes of disciplinary proceedings; it shall not be necessary to show that actual harm resulted from the act or omission or series of acts or omissions, so long as the conduct is of such a character that harm could have resulted to the patient or to the public;

(iv) patient abandonment: patient abandonment occurs when the EMS provider has accepted the patient assignment thus establishing a provider-patient relationship and then severs the relationship without giving reasonable notice to a qualified person who can make arrangements for the continuation of care;

(f) unauthorized disclosure of medical or other confidential information;

(g) 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;

(h) any demonstrated pattern of alcohol or other substance abuse; or any single instance of alcohol or substance abuse in the performance of emergency medical services duties;

(i) failure to successfully complete the impaired practitioner program; or failure to meet the terms and conditions of an impaired practitioner agreement;

(j) failure to meet licensure requirements;

(k) dispensing, administering, distributing or diversion of controlled substances, other than those authorized in the scope of practice, as defined in the New Mexico Controlled Substance Act, Section 30-31-1, et seq., NMSA 1978;

(l) 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;

(m) misrepresentation of the level of licensure or certification;

(n) 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;

(o) any false, fraudulent, or deceptive statement in any document connected with the practice of emergency medical services, including, but not limited to, documents associated with:

(i) initial licensure;

(ii) renewal licensure;

(iii) licensure certificates, wallet cards; or

(iv) continuing education;

(p) failure to cooperate with an investigation, including but not limited to, failure to furnish the commission or bureau with information requested, or to appear for an interview as requested;

(q) inappropriate conduct or negligence by a licensed EMT who is also a registered instructor coordinator;

(r) failure to comply with a judgment and order for child support or a warrant relating to paternity or child support proceedings issued by a district or tribal court, as provided in the Parental Responsibility Act, NMSA 1978, Section 40-5A-1 et seq.;

(s) failure to notify the bureau in writing of:

(i) the filing of a criminal complaint against the licensee or applicant in any state or jurisdiction, within 10 calendar days of service of the complaint; or

(ii) the entry against the licensee or applicant, at any time in any state or jurisdiction, of either a felony conviction, or a misdemeanor conviction involving the use, dispensation, administration or distribution of a drug, the use of alcohol, sexual contact, or the possession or use of a weapon, within 10 calendar days of the conviction, or within 30 calendar days of the promulgation of this rule, whichever is later;

(t) intimidating, threatening, or taking any adverse action against a person for providing information to the bureau or commission, either directly or through an agent; and

(u) impersonating an agent or employee of the bureau; and

(v) issuing non-sufficient funds check for the payment of licensing related fees;

(4) 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 obligors (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 licensure, a licensed person, or licensee, appears on the certified list, the bureau shall require that applicants for licensure:

(i) provide a statement of compliance from HSD to the bureau no later than 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, 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 licensed shall provide the bureau with a statement of compliance from HSD by the earlier of the application for licensure renewal or a specified date not to exceed 60 days;

(v) if the 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 concerning violation of the Parental Enforcement Act, the bureau shall serve upon an applicant for licensure or licensee a notice of contemplated action in accordance with the Uniform Licensing Act stating that the bureau has grounds to take such action, and that the bureau shall take such action unless the applicant or licensed person mails a letter (certified mail, return receipt requested) within 20 days after service of the notice requesting a hearing, or provides the bureau, within 30 days of receipt of the notice of contemplated action, a statement of compliance from HSD; if the applicant or licensed person disagrees with the determination of non-compliance, or wishes to come into compliance, the applicant or licensed person shall contact the HSD child support enforcement division;

(d) in any hearing under this subparagraph, the following standards shall apply:

(i) a statement of non-compliance is conclusive evidence that requires the bureau to take appropriate action, unless the applicant or licensee provides the bureau with a subsequent statement of compliance, which shall preclude the bureau from taking any further action under this section;

(ii) when an action is taken against an applicant or licensee solely because the applicant or licensed person is not in compliance with a judgment and order

for support, the order shall state that the application, license shall be reinstated upon presentation to the bureau of a subsequent statement of compliance;

(e) the secretary may also include in the order any other conditions necessary to comply with requirements for reapplication and re-issuance of licensure, including, but not limited to, requiring a surcharge fee of \$50, in addition to any other applicable fees;

(5) **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 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 licensure for which application has been duly made, or to deny, suspend, or revoke a certification or license, or take other disciplinary action; exception:

(a) right to expedited hearing for an immediate suspension of a persons license: the person whose license is immediately suspended may request a hearing before a hearing officer appointed by the secretary to contest the action, by mailing a certified return receipt letter addressed to the bureau within 20 days after service of the notice;

(b) expedited hearing for a person whose license has been immediately suspended: upon receipt of a timely request for a hearing, the department shall appoint a hearing officer and schedule a hearing, in accordance with the hearings portion of this rule (see 7.27.2.19 NMAC);

(6) **records management:** a licensing record is maintained for every licensed EMT in New Mexico; any request for records maintained by the bureau will be processed in accordance with the Inspection of Public Records Act; if the bureau begins a preliminary or formal investigation, a separate confidential record will be created containing all investigatory material;

(a) **confidentiality:** the commission and the bureau will take every precaution to insure that preliminary and formal investigations are conducted in a confidential manner; 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;

(b) **records confidentiality:** any files or records in the possession of the bureau, a regional office or a provider containing identifying information about individuals requesting or receiving treatment or other health services and any unsubstantiated complaints received by the bureau regarding any provider shall be confidential and not subject to public inspection; such files,

records and complaints may be subject to subpoena for use in any pending cause, in any administrative proceeding, or in any of the courts of this state, unless otherwise provided by state or federal law.

H. Enforcement of training standards.

(1) **Process for non-compliance:** The bureau will make every attempt to resolve non-compliance of training standards at the lowest level possible. The following process shall be utilized:

(a) the bureau will notify the approved New Mexico training program, in writing, of any suspected or reported non-compliance of training standards received by complaint, report or course trends;

(b) the approved New Mexico training program will provide a plan to correct items of noncompliance and will submit the plan to the bureau in writing within 30 days;

(c) the bureau will re-evaluate the plan and progress reports for compliance of the training standards in three (3) month increments until the problem is resolved; and

(d) if the bureau determines that non-compliance has not been adequately resolved, the bureau may initiate an enforcement action against the training program or the licensed EMT who is an instructor-coordinator.

(2) **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 bureau. The bureau may begin an investigation if there is sufficient cause.

(a) When a complaint is received by the bureau, written acknowledgment shall be made within 10 working days and the bureau staff shall decide whether or not a preliminary or formal investigation of the complaint shall be initiated.

(b) Approved New Mexico EMS training programs being formally investigated shall receive written notification within 10 working days after a decision is made to begin a formal investigation.

(c) At the conclusion of the bureau's formal investigation, the bureau may report its findings to the investigated training program in written form. If the bureau investigation warrants an enforcement action, the training program will be given a notice of contemplated action.

(d) If no investigation is warranted, the training program or person filing a complaint will be notified, as determined by the bureau.

(3) **Investigations:** The bureau shall normally conduct preliminary and formal investigations.

(a) **Preliminary investigations:** When the bureau receives information that forms the basis for an enforcement action,

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.

(b) **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 of the formal investigation, unless extenuating circumstances exist which would reasonably preclude notification.

(c) **Confidentiality:** The bureau will take every precaution to insure that preliminary and formal investigations are conducted in a confidential manner.

(d) **Records:** An official record is maintained for every approved New Mexico EMS training program. 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 training program's official record. Any request for records maintained by the bureau will be processed in accordance with the Inspection of Public Records Act.

(4) **Grounds for enforcement actions:** Enforcement actions may result in an action taken against an approved New Mexico EMS training program or an instructor-coordinator affiliated with the training program. These enforcement actions may result in the following actions:

(a) probation or suspension of the training program for a specified period of time;

(b) non-recognition of a training program course;

(c) withdrawal of approval status of a training program by the bureau;

(d) under 7.27.2.13 NMAC, a licensing action may be initiated against an instructor-coordinator when the bureau determines that there may be inappropriate conduct or negligence; grounds for enforcement actions include, but are not limited to the following:

(i) failure to comply with law or rules; failure to comply with the training standards or non-compliance with a training standard found in these rules;

(ii) falsifying documents to include use of any false, fraudulent, or deceptive statement in any document;

(iii) failure to cooperate with an investigation to include failure to furnish the bureau with requested information, as provided by law;

(iv) failure of students or instructors to function within the approved New Mexico scopes of practice,

New Mexico treatment guidelines and the training medicine formulary, as approved by the medical direction committee;

(v) failure to report required documentation including patient care data and annual training reports.

(5) Right to appeal: Any approved New Mexico EMS training program may appeal a decision by the bureau to take an enforcement action.

(6) Notice of contemplated action: When the bureau contemplates taking any action specified in this section, it shall serve upon the approved New Mexico EMS training program a written notice containing a statement of the grounds or subject upon which the proposed action is based and the rule(s) violated.

(7) Right to hearing: The approved New Mexico EMS training program may request a hearing before a hearing officer appointed by the secretary to contest the proposed enforcement action, by mailing a certified return receipt letter addressed to the bureau within 20 days after service of the notice.

(8) Hearing: Upon receipt of a timely request for a hearing, the department of health shall appoint a hearing officer and schedule a hearing, to be held in Santa Fe, New Mexico, within 45 working days of receipt of the timely request for a hearing.

(9) Notice of hearing: The department shall notify the approved New Mexico EMS training program of the date, time, and place of the hearing, the identity of the hearing officer, and the subject matter of the hearing, not less than 30 days prior to the date of the hearing.

(10) 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.

(11) Discovery: Upon written request to another party, any party is entitled to: obtain the names and addresses of witnesses who will or may be called by the other party to testify at the hearing; and inspect and copy any documents or items, which the other party will or may introduce in evidence at the hearing.

(12) Conduct of hearing: Hearings are open to the public unless either party makes a request for closed meeting.

(13) 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.

(14) Secretary's determination: The secretary shall render a final determination within 45 calendar 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. [7.27.2.13 NMAC - Rp, 7.27.2.13 NMAC, 10/30/2012]

7.27.2.14 HEARINGS:

A. Right to appeal: A licensee or applicant may appeal a decision by the department to take a disciplinary action against the licensee or applicant under this rule.

B. Right to hearing: A licensee or applicant may request a hearing before a hearing officer appointed by the secretary to contest a proposed action or immediate suspension under this rule, by mailing a certified letter, return receipt requested, to the bureau within 20 days after service of the notice of the contemplated action or immediate suspension. If the licensee or applicant fails to request a hearing in the time and manner required by this section, the licensee or applicant shall forfeit the right to a hearing, and the proposed action shall become final and not subject to judicial review.

C. Scheduling the hearing:

(1) Appointment of hearing officer: Upon the bureau's receipt of a timely request for a hearing, the department shall appoint a hearing officer and schedule a hearing.

(2) Hearing date: The hearing shall be held not more than 60 days and not less than 15 days from the date of service of the notice of the hearing. **Exception for immediate suspensions; expedited hearing:** In the event that the bureau immediately suspends an individual's license, the department shall afford the individual an expedited hearing within 20 days of the date of the bureau's timely receipt of the licensee's request for a hearing, unless the individual waives this provision.

(3) Notice of hearing: The department shall notify the licensee or applicant of the date, time, and place of the hearing and the identity of the hearing officer, and shall identify the statute(s) and regulation(s) authorizing the department to take the contemplated action (unless previously disclosed), within 20 days of the bureau's timely receipt of the request for hearing. **Exception for immediate suspensions:** In the event that the bureau immediately suspends an individual's

license, the department shall notify the individual of the expedited hearing not less than seven days prior to the scheduled date of the expedited hearing.

(4) Hearing venue: The hearing shall be held in the county in which the person whose license is involved maintains his residence, or at the election of the hearing officer, in any county in which the acts complained of occurred. In any case, the hearing officer may, with the agreement of the parties, hold the hearing in some other county. **Exceptions; expedited hearings and cases involving initial licensure:** Expedited hearings shall be held in Santa Fe, N.M. Hearings in cases involving initial licensure shall also be held in Santa Fe, N.M.

D. Method of service: Any notice or decision required to be served under this section may be served either personally or by certified mail, return receipt requested, directed to the licensee or applicant at the last known mailing address (or, if service is made personally, by the last known physical address) shown by the records of the bureau. If the notice or decision is served personally, service shall be made in the same manner allowed by the rules of civil procedure for the state district courts of New Mexico. Where the notice or decision is served by certified mail, it shall be deemed to have been served on the date borne by the return receipt showing delivery, or the date of the last attempted delivery of the notice or decision, or the date of the addressee's refusal to accept delivery.

E. Excusal of the hearing officer:

(1) Peremptory excusal: A party shall have the ability to excuse one hearing officer. The party may request the peremptory excusal by submitting to the secretary a motion for peremptory excusal at least 20 days prior to the date of the hearing, or at least five days prior to the date of an expedited hearing concerning the immediate suspension of an individual's license.

(2) Excusal for good cause shown: A party may request that a hearing officer be excused for good cause shown by submitting to the secretary a motion of excusal for good cause at least 20 days prior to the date of the hearing, or at least five days prior to an expedited hearing concerning the immediate suspension of an individual's license.

F. Hearing officer duties: The hearing officer shall conduct the hearing, rule on any motions or other matters that arise prior to the hearing, and issue a written report and recommendation(s) to the secretary following the close of the hearing.

G. Official file: Upon appointment, the hearing officer shall establish an official file which shall contain all notices, hearing requests, pleadings, motions, written stipulations, evidence,

briefs, and correspondence received in the case. The official file shall also contain proffered items not admitted into evidence, which shall be so identified and shall be separately maintained. Upon conclusion of the proceeding and following issuance of the final decision, the hearing officer shall tender the complete official file to the department for its retention as an official record of the proceedings.

H. Powers of hearing officer: The hearing officer shall have all the powers necessary to conduct a hearing and to take all necessary action to avoid delay, maintain order, and assure development of a clear and complete record, including but not limited to the power to: administer oaths or affirmations; schedule continuances; direct discovery; examine witnesses and direct witnesses to testify; subpoena witnesses and relevant books, papers, documents, and other evidence; limit repetitious and cumulative testimony; set reasonable limits on the amount of time a witness may testify; decide objections to the admissibility of evidence or receive the evidence subject to later ruling; receive offers of proof for the record; take notice of judicially cognizable facts or take notice of general, technical, or scientific facts within the hearing officer's specialized knowledge (provided that the hearing officer notifies the parties beforehand and offers the parties an opportunity to contest the fact so noticed); direct parties to appear and confer for the settlement or simplification of issues, and otherwise conduct pre-hearing conferences; impose appropriate evidentiary sanctions against a party who fails to provide discovery or who fails to comply with a subpoena; dispose of procedural requests or similar matters; and enter proposed findings of fact and conclusions of law, orders, reports and recommendations. The hearing officer may utilize his or her experience, technical competence or specialized knowledge in the evaluation of evidence presented.

I. Minimum discovery; inspection and copying of documents: Upon written request to another party, any party shall have access to documents in the possession of the other party that are relevant to the subject matter of the appeal, except confidential or privileged documents.

J. Minimum discovery; witnesses: The parties shall each disclose to each other and to the hearing officer, either orally or in writing, the names of witnesses to be called, together with a brief summary of the testimony of each witness. In situations where written statements will be offered into evidence in lieu of a witness's oral testimony, the names of the persons making the statements and a brief summary of the statements shall be disclosed.

K. Additional discovery: At the hearing officer's discretion, upon a written request by a party that explains

why additional discovery is needed, further discovery in the form of production and review of documents and other tangible things, interviews, depositions or written interrogatories may be ordered. In exercising his authority to determine whether further discovery is necessary or desirable, the hearing officer should consider whether the complexity of fact or law reasonably requires further discovery to ensure a fair opportunity to prepare for the hearing, and whether such request will result in unnecessary hardship, cost, or delay in holding the hearing. Depositions shall not be allowed, except by order of the hearing officer upon a showing that the deposition is necessary to preserve the testimony of persons who are sick or elderly, or who will not be able to attend the hearing.

L. Subpoena limits; service: Geographical limits upon the subpoena power shall be the same as if the hearing officer were a district court sitting at the location at which the hearing or discovery proceeding is to take place. The method of service shall be the same as that under the Rules of Civil Procedure for the district courts, except that rules requiring the tendering of fees shall not apply to the department.

M. Pre-hearing disposition: The subject matter of any hearing may be disposed of by stipulation, settlement or consent order, unless otherwise precluded by law. Any stipulation, settlement or consent order reached between the parties shall be written and shall be signed by the hearing officer and the parties or their attorneys.

N. Postponement or continuance: The hearing officer, at his or her discretion, may postpone or continue a hearing upon his or her own motion, or upon the motion of a party, for good cause shown. Notice of any postponement or continuance shall be given in person, by telephone, or by mail to all parties within a reasonable time in advance of the previously scheduled hearing date.

O. Conduct of hearing: Pursuant to the NM Open Meetings Act, NMSA 1978, Section 10-15-1 et seq., hearings shall be open to the public; provided, however, that hearings may be closed in part to prevent the disclosure of confidential information, including but not limited to health information protected by state and federal laws.

P. Telephonic testimony: Upon timely notice to the opposing party and the hearing officer, and with the approval of the hearing officer, the parties may present witnesses by telephone or live video (if available).

Q. Legal representation: The department and EMS agencies or applicants may appear by an officer or

employee, or may be represented by an attorney licensed to practice in New Mexico.

R. Recording: The hearing officer or a designee shall record the hearing by means of a mechanical sound recording device provided by the department for a record of the hearing. Such recording need not be transcribed, unless requested by a party who shall arrange and pay for the transcription.

S. Burden of proof: Except as otherwise provided in this rule, the department has the burden of proving by a preponderance of the evidence the basis for the proposed action. Exception in denied application cases: in cases arising from the denial of permission to take a licensing examination for which application has been properly made, denial of a license for any cause other than failure to pass an examination, or denial of a license for which application has been properly made on the basis of reciprocity or endorsement or acceptance of a national certificate of qualification, the applicant shall bear the initial burden of proving by a preponderance of the evidence the applicant's qualifications.

T. Order of presentation; general rule: Except as provided in this rule, the order of presentation for hearings in all cases shall be:

(1) **appearances:** opening of proceeding and taking of appearances by the hearing officer;

(2) **pending matters:** disposition by the hearing officer of preliminary and pending matters;

(3) **opening statements:** the opening statement of the department; and then the opening statement of the party challenging the department's action or proposed action;

(4) **cases:** the department's case-in-chief, and then the case-in-chief of the party challenging the department's action;

(5) **rebuttal:** the department's case-in-rebuttal;

(6) **closing argument:** the department's closing statement, which may include legal argument; and then the closing statement of the party opposing the department's action or proposed action, which may include legal argument; and

(7) **close:** close of proceedings by the hearing officer.

U. Order of presentation in denied application cases: The order of presentation in cases arising from the denial of permission to take a licensing examination for which application has been properly made, denial of a license for any cause other than failure to pass an examination, or denial of a license for which application has been properly made on the basis of reciprocity or endorsement or acceptance of a national certificate of qualification shall be:

(1) **appearances:** opening of

proceeding and taking of appearances by the hearing officer;

(2) **pending matters:** disposition by the hearing officer of preliminary and pending matters;

(3) **opening statements:** applicant's opening statement; and then the opening statement of the department;

(4) **cases:** the applicant's case-in-chief, and then the department's case-in-chief;

(5) **rebuttal:** the applicant's case-in-rebuttal;

(6) **closing argument:** the applicant's closing statement, which may include legal argument; and then the department's closing statement, which may include legal argument; and

(7) **close:** close of proceedings by the hearing officer.

V. Admissible evidence; rules of evidence not applicable: The hearing officer may admit evidence and may give probative effect to evidence that is of a kind commonly relied on by reasonably prudent persons in the conduct of serious affairs. Rules of evidence, such as the New Mexico Rules of Evidence for the district courts, shall not apply but may be considered in determining the weight to be given any item of evidence. The hearing officer may at his or her discretion, upon his or her motion or the motion of a party or a party's representative, exclude incompetent, irrelevant, immaterial or unduly repetitious evidence, including testimony, and may exclude confidential or privileged evidence.

W. Objections: A party may timely object to evidentiary offers by stating the objection together with a succinct statement of the grounds for the objection. The hearing officer may rule on the admissibility of evidence at the time an objection is made or may receive the evidence subject to later ruling.

X. Official notice: The hearing officer may take notice of any facts of which judicial notice may be taken, and may take notice of general, technical or scientific facts within his or her specialized knowledge. When the hearing officer takes notice of a fact, the parties shall be notified either before or during the hearing of the fact so noticed and its source, and the parties shall be afforded an opportunity to contest the fact so noticed.

Y. Record content: The record of a hearing shall include all documents contained in the official file maintained by the hearing officer, including all evidence received during the course of the hearing, proposed findings of fact and conclusions of law, the recommendations of the hearing officer, and the final decision of the secretary.

Z. Written evidence from witnesses: The hearing officer may admit

evidence in the form of a written statement made by a witness, when doing so will serve to expedite the hearing and will not substantially prejudice the interests of the parties.

AA. Failure to appear: If a party who has requested a hearing or a party's representative fails to appear on the date, time or location announced for a hearing, and if no continuance was previously granted, the hearing officer may proceed to hear the evidence of such witnesses as may have appeared or may accept offers of proof regarding anticipated testimony and other evidence, and the hearing officer may further proceed to consider the matter and issue his report and recommendation(s) based on the evidence presented; and the secretary may subsequently render a final decision. Where a person fails to appear at a hearing because of accident, sickness or other cause, the person may within a reasonable time apply to the hearing officer to reopen the proceeding, and the hearing officer may, upon finding sufficient cause, fix a time and place for a hearing and give notice to the parties.

BB. Hearing officer written report and recommendation(s): The hearing officer shall submit a written report and recommendation(s) to the secretary that contains a statement of the issues raised at the hearing, proposed findings of fact and conclusions of law, and a recommended determination. Proposed findings of fact shall be based upon the evidence presented at the hearing or known to all parties, including matters officially noticed by the hearing officer. The hearing officer's recommended decision is a recommendation to the secretary of the New Mexico department of health and is not a final order.

CC. Submission for final decision: The hearing officer's report and recommendation(s) shall be submitted together with the complete official file to the secretary of the New Mexico department of health for a final decision no later than 30 days after the hearing.

DD. Secretary's final decision: The secretary shall render a final decision within 45 calendar days of the submission of the hearing officer's written report. The final decision shall contain a statement informing the applicant or licensee of their right to judicial review and the time within which such review must be brought (see below). A copy of the final decision shall be mailed to the appealing party by certified mail, return receipt requested, within 15 days after the final decision is rendered and signed. A copy shall be provided to legal counsel for the bureau.

EE. Right to judicial review: Pursuant to NMSA 1978, Section 39-3-1.1, a licensee or applicant that is entitled to a hearing under this rule and that is aggrieved by an adverse final decision

may obtain a judicial review of the decision by filing in state district court a notice of appeal within 30 days of the entry of the final decision by the secretary.

FF. Court-ordered stay: Filing for judicial review shall not itself stay enforcement of the final decision. Any party may petition the court whose jurisdiction has been properly invoked for an order staying enforcement.

[7.27.2.14 NMAC - Rp, 7.27.2.19 NMAC, 10/30/2012]

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 09/13/01.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 08/30/01) repealed 01/01/06.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 12/16/05) repealed 12/15/2008.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 12/2/08) repealed 10/30/2012.

Other History:

DOH Regulation 95-04 (CHSD), Regulations Governing The Certification and Licensing of Emergency Medical Services Personnel (filed 10-25-95), was renumbered and reformatted to and replaced by 7 NMAC 27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel, effective 01/01/97.

7 NMAC 27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 11-26-96) was replaced by 7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel, effective 09/13/01.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 08/30/01) was replaced by 7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel, effective 01/01/06.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 12/16/05) was replaced by 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, effective 12/15/2008.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 12/2/08) was replaced by 7.27.2

NMAC, Licensing of Emergency Medical Services Personnel, effective 10/30/2012.

NEW MEXICO DEPARTMENT OF HEALTH

TITLE 7 HEALTH CHAPTER 27 EMERGENCY MEDICAL SERVICES PART 11 SUPPLEMENTAL LICENSING PROVISIONS

7.27.11.1 ISSUING AGENCY:
New Mexico Department of Health, Division of Epidemiology and Response, Emergency Medical Systems Bureau.
[7.27.11.1 NMAC - N, 10/30/2012]

7.27.11.2 SCOPE: These rules apply to New Mexico emergency medical services, including the service directors and medical directors of those services; approved New Mexico EMS training programs and graduates of approved New Mexico EMS training programs; New Mexico licensed EMS personnel including those previously licensed; persons trained, certified or licensed in another state or territory seeking to acquire licensure in New Mexico; EMS licensing commission; national registry of emergency medical technicians; and any other entity associated with the licensing of emergency medical services personnel in New Mexico.
[7.27.11.2 NMAC - N, 10/30/2012]

7.27.11.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to the following statutory authorities: 1) the New Mexico Department of Health Act, Subsection E of Section 9-7-6 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, NMSA 1978, Section 24-10B-4 ("Bureau; duties").
[7.27.11.3 NMAC - N, 10/30/2012]

7.27.11.4 DURATION:
Permanent.
[7.27.11.4 NMAC - N, 10/30/2012]

7.27.11.5 EFFECTIVE DATE:
October 30, 2012, unless a later date is cited at the end of a section.
[7.27.11.5 NMAC - N, 10/30/2012]

7.27.11.6 OBJECTIVE: These rules are intended to supplement the emergency medical services licensure requirements for emergency medical services personnel, to provide supplemental

and additional standards for the licensure of emergency medical dispatchers, emergency medical dispatch-instructors, emergency medical services first responders and emergency medical technicians, and to assist in the provision of a comprehensive system of emergency medical services in the state of New Mexico.

[7.27.11.6 NMAC - N, 10/30/2012]

7.27.11.7 DEFINITIONS:
[Refer to 7.27.2.7 NMAC]

7.27.11.8 SCOPES OF PRACTICE FOR LICENSED EMERGENCY MEDICAL SERVICES PERSONNEL:

A. Medical director means a physician functioning as the service EMS medical director as defined and described in 7.27.3 NMAC, Medical Direction for Emergency Medical Services. Medical control means supervision provided by or under the direction of a physician.

B. Prior to approving 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. Service medical director approved: All service medical director approved skills, techniques, medications, or procedures are considered advanced life support. Prior to utilizing any skill, technique, medication or procedure designated as service medical director approved, 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 the skills, techniques, medications or procedures. Additionally, each EMS provider must have a signed authorization from the service's medical director on file at the EMS service's headquarters or administrative offices

D. Any device in an EMS agency's treatment guideline/protocol designed and utilized to facilitate successful completion of a skill or other treatment modality, including but not limited to CPR devices, intraosseous placement devices, and positive pressure ventilation devices, must be approved by the service medical director.

E. Wilderness protocols. The following skills shall only be used by providers who have a current wilderness certification from a bureau approved wilderness caregiver course, who are functioning in a wilderness environment as a wilderness provider (an environment in which time to a hospital is expected to exceed two hours, except in the case of an anaphylactic reaction, in which no

minimum transport time is required), and are authorized by their medical director to provide the treatment:

(1) minor wound cleaning and management;

(2) cessation of CPR;

(3) field clearance of the cervical-spine;

(4) reduction of dislocations resulting from indirect force of the patella, digit, and anterior shoulder.

F. Utilization of pharmacological agents for the primary purpose of sedation, induction, or muscle relaxation to facilitate placement of an advanced airway requires medical direction committee special skills approval.

G. Licensed emergency medical dispatcher (EMD).

(1) Medical direction is required for all items in the EMD scope of practice.

(2) The following allowable skills may be performed by EMDs who are licensed by the EMS bureau and functioning with an EMS bureau certified New Mexico emergency medical dispatch agency utilizing protocols and any EMD priority reference system approved by the EMS bureau and service medical director.

(a) Process calls for medical assistance in a standardized manner, eliciting 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 an emergency medical dispatch priority reference system (EMDPRS).

H. EMS first responders (EMSFR):

(1) The following allowed skills, procedures, and drugs may be performed without medical direction:

(a) basic airway management;

(b) use of basic adjunctive airway equipment;

(c) suctioning;

(d) cardiopulmonary resuscitation, according to current ECC guidelines;

(e) obstructed airway management;

(f) bleeding control via direct pressure;

(g) spine immobilization;

(h) splinting (medical direction required for femoral traction splinting);

(i) scene assessment, triage, scene safety;

(j) use of statewide EMS communications system;

(k) emergency childbirth;

(l) glucometry;

(m) oxygen;

(n) other non-invasive procedures as taught in first responder courses adhering

to DOT curricula.

(2) The following require service medical director approval:

- (a) allowable skills:
- (i) mechanical positive pressure ventilation;
 - (ii) femoral traction splinting;
 - (iii) application and use of semi-automatic defibrillators, including cardiac rhythm acquisition for ALS caregiver interpretation or transmission to a care facility; this includes multi-lead documentation;
 - (iv) insertion of laryngeal and supraglottic airway devices (examples: king airway, LMA), excluding multi-lumen airways);
 - (v) acupressure;
- (b) administration of approved medications via the following routes:
- (i) nebulized inhalation;
 - (ii) subcutaneous;
 - (iii) intramuscular;
 - (iv) oral (PO);
- (c) allowable drugs:
- (i) oral glucose preparations;
 - (ii) aspirin PO for adults with suspected cardiac chest pain;
 - (iii) IM autoinjection of the following agents for treatment of chemical or nerve agent exposure: atropine, pralidoxime;
 - (iv) albuterol (including isomers) via inhaled administration;
 - (v) ipratropium via inhaled administration, in combination with or after albuterol administration;
 - (vi) epinephrine via auto-injection device;
 - (d) patient's own medication that may be administered: bronchodilators using pre-measured or metered dose inhalation device.

I. E M T - B A S I C (EMT-B):

- (1) The following allowed skills, procedures, and drugs may be performed without medical direction:
- (a) basic airway management;
 - (b) use of basic adjunctive airway equipment;
 - (c) suctioning;
 - (d) cardiopulmonary resuscitation, according to current ECC guidelines;
 - (e) obstructed airway management;
 - (f) bleeding control;
 - (g) spine immobilization;
 - (h) splinting;
 - (i) scene assessment, triage, scene safety;
 - (j) use of statewide EMS communications system;
 - (k) childbirth (imminent delivery);
 - (l) glucometry;

- (m) oxygen;
 - (n) other non-invasive procedures as taught in EMT-B courses adhering to DOT curricula;
 - (o) wound management.
- (2) The following require service medical director approval:
- (a) allowable skills:
- (i) mechanical positive pressure ventilation;
 - (ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA) to include gastric suctioning;
 - (iii) pneumatic anti-shock garment;
 - (iv) application and use of semi-automatic defibrillators, including cardiac rhythm acquisition for ALS caregiver interpretation or transmission to a care facility; this includes multi-lead documentation;
 - (v) acupressure;
 - (vi) transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;
- (b) administration of approved medications via the following routes:
- (i) nebulized inhalation;
 - (ii) subcutaneous;
 - (iii) intramuscular;
 - (iv) intranasal;
 - (v) oral (PO);
 - (vi) intradermal;
- (c) allowable drugs:
- (i) oral glucose preparations;
 - (ii) aspirin PO for adults with suspected cardiac chest pain;
 - (iii) activated charcoal PO;
 - (iv) acetaminophen PO in pediatric patients with fever;
 - (v) IM autoinjection of the following agents for treatment of chemical and/or nerve agent exposure: atropine, pralidoxime;
 - (vi) albuterol (including isomers), via inhaled administration;
 - (vii) ipratropium, via inhaled administration, in combination with or after albuterol administration;
 - (viii) epinephrine via auto-injection device;
 - (ix) administration of naloxone by SQ, IM, or IN route;
 - (x) administration of epinephrine, 1:1000, no single dose greater than 0.3 ml, subcutaneous or intramuscular injection with a pre-measured syringe or 0.3 ml TB syringe for anaphylaxis or status asthmaticus refractory to other treatments;
- (d) patient's own medication that may be administered:**
- (i) bronchodilators using pre-measured or metered dose inhalation

device;

- (ii) sublingual nitroglycerine for unrelieved chest pain, with on line medical control only;
- (iii) situations may arise involving patients with uncommon conditions requiring specific out of hospital administered medications or procedures; family members or the designated caregiver trained and knowledgeable of the special needs of the patient should be recognized as the expert regarding the care of the patient; EMS can offer assistance in airway management appropriate to their level of licensure, and administer the patient's prescribed medications where appropriate only if the medication is in the EMS provider's scope of practice; EMS services are not expected to provide the prescribed medications for these special needs patients.

(3) Immunizations and biologicals: administration of immunizations, vaccines, biologicals, and TB skin testing is authorized under the following circumstances:

- (a) to the general public as part of a department of health initiative or emergency response, utilizing department of health protocols; the administration of immunizations is to be under the supervision of a physician, nurse, or other authorized health provider;
- (b) TB skin tests may be applied and interpreted if the licensed provider has successfully completed required department of health training;
- (c) in the event of a disaster or emergency, the state EMS medical director or chief medical officer of the department of health may temporarily authorize the administration of pharmaceuticals or tests not listed above.

J. E M T - INTERMEDIATE (EMT-I):

- (1) The following allowed skills, procedures, and drugs may be performed without medical direction:
- (a) basic airway management;
 - (b) use of basic adjunctive airway equipment;
 - (c) suctioning;
 - (d) cardiopulmonary resuscitation, according to ECC guidelines;
 - (e) obstructed airway management;
 - (f) bleeding control;
 - (g) spine immobilization;
 - (h) splinting;
 - (i) scene assessment, triage, scene safety;
 - (j) use of statewide EMS communications system;
 - (k) childbirth (imminent delivery);
 - (l) glucometry;
 - (m) oxygen;
 - (n) wound management.
- (2) **The following require service medical director approval:**

(a) allowable skills:

- (i) mechanical positive pressure ventilation;
- (ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA) to include gastric suctioning;
- (iii) pneumatic anti-shock garment;
- (iv) application and use of semi-automatic defibrillators, including cardiac rhythm acquisition for ALS caregiver interpretation or transmission to a care facility; this includes multi-lead documentation;
- (v) acupressure;
- (vi) transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;
- (vii) peripheral venous puncture/access;
- (viii) blood drawing;
- (ix) pediatric intraosseous tibial access;
- (x) adult intraosseous access;

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

- (i) intravenous;
- (ii) intranasal;
- (iii) nebulized inhalation;
- (iv) sublingual;
- (v) intradermal;
- (vi) intraosseous;
- (vii) endotracheal (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);
- (viii) oral (PO);
- (ix) intramuscular;
- (x) subcutaneous;

(c) allowable drugs:

- (i) oral glucose preparations;
- (ii) aspirin PO for adults with suspected cardiac chest pain;
- (iii) activated charcoal PO;
- (iv) acetaminophen PO in pediatric patients with fever;
- (v) IM autoinjection of the following agents for treatment of chemical or nerve agent exposure: atropine, pralidoxime;
- (vi) albuterol (including isomers) via inhaled administration;
- (vii) ipratropium, via inhaled administration in combination with or after albuterol administration;
- (viii) naloxone;
- (ix) I.V. fluid therapy (except blood or blood products);
- (x) dextrose;
- (xi) epinephrine via

auto-injection device;

- (xii) epinephrine (1:1000), SQ or IM for anaphylaxis and known asthmatics in severe respiratory distress (no single dose greater than 0.3 cc);
- (xiii) epinephrine (1:10,000) in pulseless cardiac arrest for both adult and pediatric patients; epinephrine may be administered via the endotracheal tube in accordance with ACLS and PALS guidelines;
- (xiv) nitroglycerin (sublingual) for chest pain associated with suspected acute coronary syndromes; must have intravenous access established prior to administration or approval of online medical control if IV access is unavailable;
- (xv) morphine, fentanyl, or dilaudid for use in pain control with approval of on-line medical control;
- (xvi) diphenhydramine for allergic reactions or dystonic reactions;
- (xvii) glucagon, to treat hypoglycemia in diabetic patients when intravenous access is not obtainable;
- (xviii) anti-emetic agents, for use as an anti-emetic only;
- (xix) methylprednisolone for reactive airway disease/acute asthma exacerbation;
- (xx) hydroxycobalamine;
- (xxi) lidocaine (2%, preservative and epinephrine free for IV use) for administration into the intraosseous space on pain responsive adult patients while receiving intraosseous fluids or medications;

(d) patient's own medication that may be administered:

- (i) bronchodilators using pre-measured or metered dose inhalation device;
- (ii) sublingual nitroglycerine for unrelieved chest pain; must have intravenous access established prior to administration or approval of online medical control if IV access is unavailable;
- (iii) glucagon;
- (iv) situations may arise involving patients with uncommon conditions requiring specific out of hospital administered medications or procedures; family members or the designated caregiver trained and knowledgeable of the special needs of the patient should be recognized as the expert regarding the care of the patient; EMS can offer assistance in airway management appropriate to their level of licensure, IV access, and the administration of the patient's prescribed medications where appropriate only if the medication is in the EMS provider's scope of practice; online (direct contact) medical control communication must be established with the medical control physician approving the intervention; EMS services are not expected to provide the prescribed medications for these special needs patients.

(e) drugs allowed for monitoring during transport: monitoring IV solutions that contain potassium during transport (not to exceed 20 mEq/1000cc or more than 10 mEq/hour);

(f) immunizations and biologicals: administration of immunizations, vaccines, biologicals, and TB skin testing is authorized under the following circumstances:

- (i) to the general public as part of a department of health initiative or emergency response, utilizing department of health protocols; the administration of immunizations is to be under the supervision of a physician, nurse, or other authorized health provider;

- (ii) administer vaccines to EMS and public safety personnel;

- (iii) TB skin tests may be applied and interpreted if the licensed provider has successfully completed required department of health training;

- (iv) in the event of a disaster or emergency, the state EMS medical director or chief medical officer of the department of health may temporarily authorize the administration of pharmaceuticals or tests not listed above.

K. EMT-PARAMEDIC (EMT-P):

(1) The following allowed skills, procedures, and drugs may be performed without medical direction:

- (a) basic airway management;
- (b) use of basic adjunctive airway equipment;
- (c) suctioning;
- (d) cardiopulmonary resuscitation, according to current ECC guidelines;
- (e) obstructed airway management;
- (f) bleeding control;
- (g) spine immobilization;
- (h) splinting;
- (i) scene assessment, triage, scene safety;

- (j) use of statewide EMS communications system;
- (k) childbirth (imminent delivery);
- (l) glucometry;
- (m) oxygen;
- (n) wound management.

(2) The following require service medical director approval:

(a) allowable skills:

- (i) mechanical positive pressure ventilation;
- (ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA) to include gastric suctioning;
- (iii) pneumatic anti-shock garment;
- (iv) transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular

access devices intended for outpatient use;
 (v) application and use of semi-automatic defibrillators;
 (vi) acupuncture;
 (vii) peripheral venous puncture/access;
 (viii) blood drawing;
 (ix) I.V. fluid therapy;
 (x) direct laryngoscopy;
 (xi) endotracheal intubation;
 (xii) thoracic decompression (needle thoracostomy);
 (xiii) surgical cricothyroidotomy;
 (xiv) insertion of nasogastric tubes;
 (xv) cardioversion and manual defibrillation;
 (xvi) external cardiac pacing;
 (xvii) cardiac monitoring;
 (xviii) use of infusion pumps;
 (xix) initiation of blood and blood products with on-line medical control;
 (xx) intraosseous access;
 (b) administration of approved medications via the following routes:
 (i) intravenous;
 (ii) intranasal;
 (iii) nebulized inhalation;
 (iv) sublingual;
 (v) intradermal;
 (vi) intraosseous;
 (vii) endotracheal;
 (viii) oral (PO);
 (ix) intramuscular;
 (x) topical;
 (xi) rectal;
 (xii) IV drip;
 (xiii) subcutaneous;
 (c) allowable drugs:
 (i) acetaminophen;
 (ii) activated charcoal;
 (iii) adenosine;
 (iv) albuterol (including isomers);
 (v) amiodarone;
 (vi) aspirin;
 (vii) atropine sulfate;
 (viii) benzodiazepines;
 (ix) calcium preparations;
 (x) corticosteroids;
 (xi) dextrose;
 (xii) diphenhydramine;
 (x i i i) d o p a m i n e hydrochloride;
 (xiv) epinephrine;
 (xv) furosemide;
 (xvi) glucagon;
 (xvii)

hydroxycobalamine;
 (viii) ipratropium;
 (ix) lidocaine;
 (xx) magnesium sulfate;
 (xxi) naloxone;
 (xxii) narcotic analgesics;
 (xxiii) nitroglycerine;
 (xxiv) oral glucose preparations;
 (xxv) oxytocin;
 (xxvi) phenylephrine nasal spray;
 (xxvii) pralidoxime, IM auto-injection for treatment of chemical and nerve agent exposure;
 (xxviii) anti-emetic agents, for use as an anti-emetic only;
 (xxix) sodium bicarbonate;
 (xxx) thiamine;
 (xxxi) topical anesthetic ophthalmic solutions;
 (xxxii) vasopressin;
 (xxxiii) intravenous fluids.
(3) Drugs allowed for monitoring in transport (requires an infusion pump when given by continuous infusion unless otherwise specified):
 (a) potassium (no infusion pump needed if concentration not greater than 20mEq/1000cc;
 (b) anticoagulation type blood modifying agents (such as fibrolytic drugs, heparin, glycoprotein IIb-IIIa inhibitors/antagonists);
 (c) procainamide;
 (d) mannitol;
 (e) blood and blood products (no pump required);
 (f) aminophylline;
 (g) antibiotics and other anti-infective agents;
 (h) dobutamine;
 (i) sodium nitroprusside;
 (j) insulin;
 (k) terbutaline;
 (l) norepinephrine;
 (m) octreotide;
 (n) nutritional supplements;
 (o) beta blockers;
 (p) calcium channel blockers
 (q) nesiritide;
 (r) propofol in patients that are intubated prior to transport;
 (s) proton pump inhibitors and H2 antagonists.
(4) Immunizations and biologicals: administration of immunizations, vaccines, biologicals, and TB skin testing is authorized under the following circumstances:
 (a) to the general public as part of a department of health initiative or emergency response, utilizing department of health protocols; the administration of

immunizations is to be under the supervision of a physician, nurse, or other authorized health provider;
 (b) administer vaccines to EMS and public safety personnel;
 (c) TB skin tests may be applied and interpreted if the licensed provider has successfully completed required department of health training;
 (d) in the event of a disaster or emergency, the state EMS medical director or chief medical officer of the department of health may temporarily authorize the administration of other pharmaceuticals or tests not listed above.
(5) Skills approved for monitoring in transport:
 (a) internal cardiac pacing;
 (b) chest tubes.
(6) Medications for administration during patient transfer:
 (a) retavase (second dose only);
 (b) protamine sulfate;
 (c) non-depolarizing neuromuscular blocking agents in patients that are intubated prior to transport;
 (d) acetylcysteine.
(7) Patient's own medication that may be administered:
 (a) epoprostenol sodium;
 (b) bronchodilators using pre-measured or metered dose inhalation device;
 (c) sublingual nitroglycerine for unrelieved chest pain; must have intravenous access established prior to administration;
 (d) glucagon;
 (e) situations may arise involving patients with uncommon conditions requiring specific out of hospital administered medications or procedures; family members or the designated caregiver trained and knowledgeable of the special needs of the patient should be recognized as the expert regarding the care of the patient; EMS can offer assistance in airway management appropriate to their level of licensure, IV access, and the administration of the patient's prescribed medications where appropriate only if the medication is in the EMS provider's scope of practice; online (direct contact) medical control communication must be established with the medical control physician approving the intervention; EMS services are not expected to provide the prescribed medications for these special needs patients.
 [7.27.11.8 NMAC - Rp, 7.27.2.14 NMAC, 10/30/2012]
7.27.11.9 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 national accrediting organization for

emergency medical services or active in the accreditation process, and is approved by the joint organization on education (JOE) and participates in the joint organization on education. Currently, there are five approved EMS training programs.

A. Emergency medical services academy. University of New Mexico, [2700 Yale SE., Albuquerque, New Mexico 87106, Tel: 505-272-5757]. The EMS academy is designated as the lead training agency for providers in New Mexico as stated in Section 24-10B-12 NMSA 1978. The EMS academy teaches formal EMS training courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic courses.

B. Dona Ana branch community college. New Mexico state university, [Box 30001, Las Cruces, NM 88003-0001, Tel: 505-527-7530]. Dona Ana branch community college teaches formal EMS training courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic courses.

C. Eastern New Mexico university. EMS program, [Box 6000, Roswell, NM 88202-6000, Tel: 505-624-7000]. The eastern New Mexico university teaches formal EMS training courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic courses.

D. Santa Fe community college. EMS program, [6401 Richards Ave., Santa Fe, NM 87508-4887, Tel: 505-428-1000]. Santa Fe community college teaches formal EMS training courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic courses.

E. Central New Mexico community college. EMS program, [5600 Eagle Rock Ave. NE, Albuquerque, NM 87113, Tel: 505-224-5200]. Central New Mexico community college teaches formal EMS training courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic courses. [7.27.11.9 NMAC - Rp, 7.27.2.15 NMAC, 10/30/2012]

7.27.11.10 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 Emergency Medical Services Act. Use the enclosed procedures for application, reporting and renewal for special skills. Applications are reviewed and approved or 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 licensed 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 designee, shall coordinate with the EMS service director, and shall apply 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 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 or 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; and

(10) the application and all supporting documentation shall be submitted to the EMS bureau, attn: state EMS training coordinator.

E. Applicants may involve the EMS regional offices when preparing a special skill request and include a letter evidencing regional review. Applicants shall forward a copy of their application to their EMS regional office when completed.

F. Upon receipt, the state EMS medical director and state EMS training coordinator will review the application. The service will be notified if the application is found to be incomplete or to contain significant errors.

G. Applications must be received at the bureau at least 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 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 practical examination.

J. Within 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 these 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 shall be sent to the state EMS training 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 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 EMS training 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 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 state EMS training coordinator shall provide a written notification to the service director and the service medical director within 10 working days; and

(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 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 10 copies of the application in its entirety to: EMS bureau, state EMS training coordinator, [1301 Siler Rd., Building F, Santa Fe, NM 87507];

(22) submit one copy to the regional office.

[7.27.11.10 NMAC - Rp, 7.27.2.16 NMAC, 10/30/2012]

7.27.11.11

L I C E N S I N G

APPLICATION:

A. Section I- initial application for licensure: General:

To apply for licensure as an emergency medical dispatcher (EMD), EMD-instructor, EMS first responder, EMT-basic, EMT-intermediate, or EMT-paramedic, the licensure application form shall be used. The instructions for this form are included in the application packet, which is available at the EMS bureau. The EMS levels currently authorized for licensure in New Mexico are emergency medical dispatcher (EMD), EMD-instructor, EMS first responder, EMT-basic, EMT-intermediate and EMT-paramedic. State examinations are not required for licensure of EMD or EMD-instructor.

B. Registration for training and licensure application:

(1) **Purpose:** The form has been developed by the EMS bureau as part of the statewide EMS information management system. It serves three primary purposes towards applying for 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 licensure has expired within the past two (2) years to re-enter the EMS field at the same level; or

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

(2) This form is used to establish a person's record in the EMS registry as a candidate for 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) To request a complete licensure application package, including the licensure application form, call the EMS bureau at [505-476-8200 or write the EMS bureau at: EMS bureau, attn: operations section, 1301 Siler Rd., Building F, Santa Fe, New Mexico 87507].

(4) A package will be sent to applicant in the mail containing all forms required.

(5) Original forms will only be accepted at the EMS bureau, as an optical scanner scans these forms.

C. Test request application form:

(1) **Purpose:** This form is used to apply for a state examination site. It is used by EMS course graduates who have already completed the registration for training and licensure application form and who are listed as a candidate in the New Mexico registry of EMS personnel. EMS course graduates will

have already completed the registration for training or licensing application during their course. If, for some reason, the application was not filled out, call the bureau and an application will be mailed out.

(2) In all cases of licensure, the registration for training or 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 EMS bureau. To request a complete test request application package, please contact the EMS bureau.

[7.27.11.11 NMAC - Rp, 7.27.2.17 NMAC, 10/30/2012]

7.27.11.12 EMS PERSONNEL JOB DESCRIPTIONS:

A. Introduction: The bureau is providing the following general position description for the New Mexico EMS provider positions for 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 an approved EMS training institution;

(2) possess a valid course completion certificate, and accomplish all state 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; and

(20) ability to work in low light, confined spaces and other dangerous environments.

C. Competency areas:

(1) **Licensed 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.

[7.27.11.12 NMAC - Rp, 7.27.2.18 NMAC, 10/30/2012]

HISTORY OF 7.27.11 NMAC:
[RESERVED]

NEW MEXICO DEPARTMENT OF HEALTH

TITLE 7 HEALTH CHAPTER 30 FAMILY AND CHILDREN HEALTH CARE SERVICES PART 3 CHILDREN'S MEDICAL SERVICES AND ADULT CYSTIC FIBROSIS

7.30.3.1 ISSUING AGENCY:
The Department of Health, Public Health Division.

[7.30.3.1 NMAC - Rp, 7 NMAC 30.3.1, 10/30/12]

7.30.3.2 SCOPE: General public.

[7.30.3.2 NMAC - 7 NMAC 30.3.2, 10/30/12]

7.30.3.3 STATUTORY AUTHORITY: The regulations set forth herein are promulgated by the secretary of department of health by authority of Subsections E and F of Section 9-7-6 NMSA 1978 and Section 24-2-1 NMSA 1978. Administration and enforcement of these regulations is the responsibility of the public health division of the department of health.

[7.30.3.3 NMAC - Rp, 7 NMAC 30.3.3, 10/30/12]

7.30.3.4 DURATION: Permanent.

[7.30.3.4 NMAC - 7 NMAC 30.3.4, 10/30/12]

7.30.3.5 EFFECTIVE DATE: October 30, 2012, unless a later date is cited at the end of a section.

[7.30.3.5 NMAC - Rp, 7 NMAC 30.3.5, 10/30/12]

7.30.3.6 OBJECTIVE: The objective is to establish criteria for eligibility and application of services from the children's medical services program, to delineate client and provider responsibilities as well as an appeals procedure, and to set forth an index of eligible conditions.

[7.30.3.6 NMAC - Rp, 7 NMAC 30.3.6, 10/30/12]

7.30.3.7 DEFINITIONS:

A. "Application" means the written request, on forms prescribed by the division, for enrollment, and provision of supportive documentation of residence,

income, age, and medical diagnosis for eligibility determination under children's medical services program.

B. "Assets" means savings accounts, stocks and bonds, checking accounts, accessible trust funds, and real property. Assets do not include loans which need to be repaid, or homestead acreage used for the production of income if this is the primary source of income, or personal property that is used in the production of income if related to the primary source of income.

C. "Care coordination" means coordination of resources across agency and professional lines to develop and attain the client's service plan with optimal client/family participation.

D. "Care coordinator" means the person employed by the children's medical services program to assist the family in planning, implementing, evaluating and coordinating with other health care professionals to establish and carry out a service plan for the client.

E. "Child" means a person below the age of 18.

F. "Children's medical services ("CMS") means a unit of the public health division in the New Mexico (NM) department of health that engages in:

(1) identification of children and youth with, or at risk for having, special health care needs (CYSHCN);

(2) provision of preventive, diagnostic, and treatment services and care coordination toward the attainment of maximum health for children with special health care needs, and adults with cystic fibrosis;

(3) promotion of the development of quality health care and outcome measures for this population (children and youth with special health care needs and adults with cystic fibrosis);

(4) monitoring these outcomes and the impact of changes in the health care system for this population;

(5) technical assistance and training for individuals serving this population; and

(6) administration of the universal newborn hearing screening program and the newborn genetic screening program, and other necessary administrative services to assess the needs of this population, facilitating access to care, and providing services.

G. "Client" means the individual who is applying for or receiving services from the children's medical services program and includes the person with legal authority to consent to medical care.

H. "Consultant" means a professional licensed by the appropriate specialty board, such as audiology, ophthalmology, orthodontia, speech or

psychology, who provides statements of eligibility and approves care plans within the specialty area.

I. "Date of referral" means the calendar date a child or adult in need of services first requested services by telephone, mail, written referral, or application to a representative of the children's medical services program.

J. "Department" means the NM department of health.

K. "Diagnostic services" means the provision of professional services to determine whether or not the client has a diagnosis within the medical diagnostic categories established in the medical index.

L. "Division" means the public health division of the NM department of health, Post Office Box 26110, Santa Fe, New Mexico 87502.

M. "Eligible individual" means an individual below the age of 21 who is a resident of NM and has or is at increased risk for chronic medical conditions and who requires health and related services of a type or amount beyond that required by children generally; or an adult with cystic fibrosis; or an individual of any age who requires metabolic clinic services or genetic testing.

N. "Eligibility for clinic only" means eligibility only for services at any specialty clinics sponsored by the children's medical services program.

O. "Eligibility for medical management" means eligibility for purchase of health care services approved by the children's medical services program and payment of expenses related to medical care such as lodging, meals, and transportation as outlined in the service plan and approved by the children's medical services program.

P. "Eligibility for care coordination only" means eligibility only for care coordination services.

Q. "Enrollment" means a statement, on forms prescribed by the division, and signed by the client accepting services, and acknowledging that acceptance of these services does not restrict eligibility for any other benefits or services.

R. "Expenditure" means authorization of funds and payment for services to healthcare professionals, institutions, and others.

S. "Financial eligibility" means a household income below 200% of the federal poverty guidelines which are published annually. CMS is always the payor of last resort. Any and all third party payments must be fully utilized before CMS payments are made. Clients who have two or more other payor sources such as insurance, medicare, etc., do not meet financial eligibility for payment by the children's medical services program.

T. "Health" means a state of physical and mental well-being, not

merely the absence of disease.

U. "Household" means those who dwell under the same roof and are related by blood or marriage, excluding those who constitute separate economic units as determined by the service coordinator and documented in the case record.

V. "Income" means earned and non-earned gross income of all persons who reside in the household of the client, and have financial responsibility for the client, and any contributions to the household from non-household members with financial responsibility. Irregular and unpredictable contributions in insignificant amounts are not considered income for the purposes of these regulations.

W. "Medicaid" means medical assistance eligibility, pursuant to Title XIX of the Social Security Act, by the medical assistance division of the NM human services department.

X. "Medical director" means a pediatrician certified by the American board of pediatrics, licensed to practice medicine in the state of NM, who assists the program manager in the determination of medical eligibility for the children's medical services program and approves service plans and payment for eligible children and adults.

Y. "Medical index" means a listing of medical diagnoses for which an eligible individual may receive coverage by the children's medical services program.

Z. "Medical report" means the written report of a provider giving the diagnosis of the individual and the treatment recommended and provided.

AA. "Prior approval" means the requirement of approval for expenditure of funds for services before the service is rendered by a provider.

BB. "Program manager" means the person or delegate responsible for the provision of services through the children's medical services program.

CC. "Provider" means any individual or entity furnishing health care under a provider agreement with the children's medical services program.

DD. "Residence" means place where client lives with the intent to make the place his permanent and principal home.

EE. "Service plan" means a statement, developed in partnership with the family/parent/guardian, of the identified health needs of the client, how they will be met, by whom, and within a specified time frame.

FF. "Third party" means any person or entity that is liable to pay all or part of the medical cost of injury, disease, or disability of a children's medical services client.

GG. "Youth" means a person

at least 18 years of age and less than 21 years of age.

[7.30.3.7 NMAC - Rp, 7 NMAC 30.3.7, 10/30/12]

7.30.3.8 ELIGIBILITY:

A. Medical management eligibility: To be eligible for medical management through CMS an applicant must meet all of the following requirements:

(1) the applicant must be a resident of NM;

(2) the applicant must be financially eligible; (income below 200% of the federal poverty level). CMS is always the payor of last resort; any and all third party payments must be fully utilized before CMS payments are made; clients who have two or more other payor sources such as insurance, medicare, etc., do not meet financial eligibility for payment by the children's medical services program; and

(3) the applicant must be medically eligible as defined in the medical index and the treatment protocols and guidelines adopted by the children's medical services program, and as determined by the medical director.

B. Adult cystic fibrosis eligibility: To be eligible for medical coverage and care coordination services through the adult cystic fibrosis program, an applicant must meet all of the following requirements:

(1) the applicant must be 21 years of age or older;

(2) the applicant must be diagnosed as having cystic fibrosis by pilocarpine iontophoresis or by genetic studies;

(3) the applicant must be a resident of NM; and

(4) the applicant must meet financial eligibility criteria (income below 200% of the federal poverty level); CMS is always the payor of last resort; any and all third party payments must be fully utilized before CMS payments are made; clients who have two or more other payor sources such as insurance, medicare, etc., do not meet financial eligibility for payment by the children's medical services program.

C. Clinic only eligibility: To be eligible for clinic services, an applicant must meet the following requirements:

(1) the applicant must be under 21 years of age, except for metabolic clinics where applicant may be any age;

(2) the applicant must be a resident of NM; and

(3) the applicant must be referred by a physician, physician's assistant, or pediatric nurse practitioner;

D. No fee for clinic: There is no charge for the children's medical service sponsored clinic, however, there may be a charge for tests ordered by physicians and completed outside of the clinics. Third

party payment will be sought if available.

E. Care coordination only eligibility: To the extent resources are available, care coordination shall be provided for any child with special health care needs, adult with cystic fibrosis, or individual at risk of having a child with special needs, regardless of income.

[7.30.3.8 NMAC - Rp, 7 NMAC 30.3.8, 10/30/12]

7.30.3.9 APPLICATION, ENROLLMENT AND REFERRAL:

Application for CMS services must be made in person, by telephone, or by letter from the client or another referral source to any children's medical services office, located in most counties in NM, generally in the public health division's county health offices.

A. If an application is submitted within 30 days of referral, eligibility begins on the date of referral. If the application is submitted after the 30-day time limit has expired, eligibility begins on the date the application was submitted.

B. The application shall include medical and financial information, as appropriate. Medical records and documentation of income and resources such as income tax returns, insurance policies, checks, check stubs, or deeds to real property may be required before the application will be deemed complete.

C. The care coordinator shall assist in obtaining medical and financial documentation insofar as she/he will define for the client what information is necessary to complete the application. The care coordinator may deny any application pending more than 30 days which has not been completed. Individuals whose application is denied may reapply at any time.

D. Upon receipt of a completed application, including medical records and documentation of income and assets, the division shall have 20 working days to determine eligibility for children with special health care needs or adults with cystic fibrosis. Written notification of application approval or denial will be sent to the client no later than 20 working days after receipt of a completed application.

[7.30.3.9 NMAC - Rp, 7 NMAC 30.3.9, 10/30/12]

7.30.3.10 RESIDENCY: To be eligible for any program under children's medical services, applicant/recipients must be living in NM on the date of application or determination of eligibility and have demonstrated intent to remain in NM.

A. Establishing residence: Residence in NM is established by living in the state and carrying out the types of activities normally associated with everyday life, such as occupying a home, enrolling

child(ren) in school, getting a driver's license, or renting a post office box. An applicant/recipient who is homeless is considered to have met residency requirements if he intends to remain in the state.

B. Abandonment of residence: Residence is not abandoned by temporary absences from the state. Temporary absences occur when recipients leave NM for specific purposes with time-limited goals. If a client will be absent from NM for more than 30 days, he must notify the care coordinator of his intent to maintain residency and eligibility for CMS services. Residence is considered abandoned when any of the following occur:

(1) applicant/recipient leaves NM and indicates that he intends to establish residence in another state;

(2) applicant/recipient leaves NM for no specific purpose with no clear intention of returning;

(3) applicant/recipient leaves the state and applies for financial, food, or medical assistance in another state that makes residence a condition of eligibility; or

(4) applicant/recipient has been absent from NM for more than 30 days without notifying the care coordinator of departure and intention of returning.
[7.30.3.10 NMAC - N, 10/30/12]

7.30.3.11 CLIENT RESPONSIBILITIES:

A. Clients are responsible for providing the division with accurate information concerning their financial and medical eligibility when requested by the children's medical services program.

B. Clients must apply for and inform the service coordinator of insurance, medicaid or other possible source of payment for medical expenses. Clients who meet eligibility criteria for medicaid must apply.

C. Clients must report the following changes to their care coordinator within 10 working days of the date the client becomes aware of the change: changes in income exceeding \$100.00 per month; changes in household composition, insurance or medicaid coverage; or change of address or telephone number.

D. Private donations, if regular and predictable, will be considered income. If irregular or unpredictable, private donations for the care of the child must be reported to the service coordinator within ten working days of receipt of the donation if it exceeds \$1,000.00.

E. Third party tort liability: The client must notify the care coordinator within 30 working days of knowledge of potential liability if a third party may be liable for medical expenses. The client must advise the care coordinator of the name of the potentially liable third party, and the names

of all attorneys representing the client.

(1) Any funds received from a third party because of liability for injuries to a client for whom the division is making medical payments must be used to repay the division for money expended on behalf of the client.

(2) Clients must assign to the division any right to recover or cause of action against a liable third party and all proceeds recovered from liable third parties to the extent that the division has made payment on behalf of the client.

(3) Failure to assign any right to recover or cause of action, or proceeds described above shall be grounds for denial of application or termination of payment for services by division for a period not to exceed six months.

(4) Failure to advise the division of anticipated court action as described above shall be grounds for termination of payment for services for a period not to exceed six months, and client shall be liable to the division for any sums expended by the division for which the client receives compensation from a third party.

F. Failure to provide correct and complete information necessary to determine eligibility and failure to report changes, third party resources, including insurance recoveries, potential liability or private donations as required above may result in termination of benefits under these regulations and disqualification from receipt of benefits for a period not to exceed six months, or civil action to recover benefits wrongfully received.

G. Eligibility review: The client receiving benefits must have his/her eligibility reviewed annually. If the client does not respond to a request for review, services may be denied, and the case may be closed 30 days after the first letter of request is sent. Closure date may be extended in certain circumstances at the discretion of the CMS program manager or medical director.

H. If a client does not follow treatment recommendations or directions made by a CMS care coordinator, consultant or provider, services may be terminated and the children's medical services program manager or medical director may refuse to pay for services because of the failure to follow treatment recommendations or directions. Prior to termination of services or failure to pay for services due to failure to follow treatment recommendations or directions, a client may request a consult to review treatment recommendations or directions he does not wish to follow.

[7.30.3.11 NMAC - Rp, 7 NMAC 30.3.10, 10/30/12]

7.30.3.12 PROVIDER RESPONSIBILITIES:

A. Any person wishing to

provide health care in the children's medical services program must be a medicaid provider and shall operate under a provider agreement with CMS.

B. Failure to comply with the terms of the provider agreement may result in termination of provider status and immediate cessation of payment for services rendered to the client.

C. Providers must submit legible and complete medical records for each service or set of related services authorized by the program to the care coordinator. Failure to submit medical reports may result in termination of the provider agreement. Medical reports submitted to the program are the property of the program. The program shall follow applicable federal and state laws regarding release of these reports.

D. Providers must meet standards of care established by appropriate licensing boards, certifying bodies and standards as may be established by the CMS services program manager.

E. Providers must seek and obtain prior approval for all services other than routine primary care. Prior approval is obtained through the client's CMS care coordinator and may require review of the CMS medical director.

F. Providers must submit legible and complete medical reports for each service or set of related services authorized by the program to the service coordinator. Failure to submit medical reports may result in termination of the provider agreement.

G. Violations: Sanctions may be imposed by CMS against a provider for any one or more of the following reasons.

(1) Knowingly and willfully making or causing to be made any false statement or misrepresentation of a material fact by:

(a) presenting or causing to be presented for payment under children's medical services any false or fraudulent claim for services or merchandise;

(b) submitting or causing to be submitted false information for the purpose of obtaining greater compensation than that to which the provider is legally entitled;

(c) submitting or causing to be submitted false information for the purpose of meeting prior approval status; and

(d) submission of a false or fraudulent application for provider status.

(2) Failure to disclose or make available to the department or its authorized agent records of services provided to children's medical services clients and records of payments for those services.

(3) Failure to provide and maintain quality services which meet professionally recognized standards of care.

(4) Engaging in a course of conduct or performing an act that is unreasonably improper or abusive of the children's

medical services program, or continuing such conduct following notification that said conduct should cease.

(5) Breach of the terms of the provider agreement.

(6) Over utilizing the children's medical services program by inducing, furnishing or otherwise causing a recipient to receive service(s) or merchandise substantially in excess of the needs of the recipient.

(7) Rebating or accepting a fee or portion of a fee or charge for a children's medical services patient referral.

(8) Violating any provision of state or federal statutes or any rule or regulation promulgated pursuant thereto.

(9) Violating any laws, regulations, or code of ethics governing the conduct of occupations or professions or regulated industries directly relating to children's medical services.

(10) Conviction of a criminal offense relating to performance of a provider agreement with the state or for negligent or abusive practice resulting in death or injury to patients.

(11) Failure to meet standards required by state or federal law for participation, as a given type of provider (e.g., licensure or certification).

(12) Soliciting, charging, or accepting payments from recipients for services for which the provider has billed the children's medical services program.

(13) Failure to correct deficiencies in provider operations within time limits specified by program guidelines after receiving written notice of these deficiencies from the human services department.

(14) Formal reprimand or censure by a professional association of the provider's peers for unethical practices or malpractice.

(15) Suspension or termination from participation in another governmental medical program such as, but not limited to, worker's compensation, medicaid, rehabilitation services, and medicare.

(16) Indictment for fraudulent billing practices, or negligent practice resulting in physical, emotional or psychological injury or death to the provider's patients.

(17) Failure to repay or make arrangements for the repayment of identified overpayments or otherwise erroneous payments.

H. Sanctions: One or more of the following sanctions may be invoked against a provider:

(1) termination from participation in the children's medical services program;

(2) suspension of participation in the children's medical services program;

(3) suspension or withholding of payments to a provider;

(4) referral to peer review;

(5) one-hundred percent review of the provider's claims prior to payment; and

(6) referral to the appropriate state licensing board or other appropriate authority for investigation.

I. A provider found by the division to have committed a violation shall be given notice and an opportunity for hearing in accordance with this rule.

[7.30.3.12 NMAC - Rp, 7 NMAC 30.3.11, 10/30/12]

7.30.3.13 PROVIDER BILLING:

A. Providers must seek payment from insurance, medicaid, and other sources, if known, prior to billing the children's medical services program. This includes billing the medicaid program using the child's recipient medicaid identification number and not the CMS billing number.

B. Inpatient care shall be paid at the negotiated per diem rate and under the term established by the provider participation agreement. For other services covered under the program; including approved inpatient days, providers must agree to accept as payment in full the amounts established by the division.

C. If a provider receives a payment from a source other than the program which is equal to or exceeds the amount of the program fee schedule for the authorized services rendered, the provider is prohibited from seeking additional payment from either the client or the division.

D. Providers must submit all bills to the fiscal agent for payment on forms prescribed by the program and within the billing time limits established by the program. Unless the provider receives a waiver of the time limit from the program manager and medical director, failure to comply with the time limits may result in denial of claim. Providers may not hold clients responsible for bills denied because of failure to meet time limits. Providers must also follow all billing instructions in submitting claims for payment to the fiscal agent. If claims are denied due to not following instructions, providers may not hold clients responsible for payment of these bills.

[7.30.3.13 NMAC - N, 10/30/12]

7.30.3.14 EXPENDITURE OF FUNDS:

A. Expenditure of children's medical services program funds are based on the availability of funds, the eligibility of the client for services, and the receipt of prior approval by the provider for the services, if required.

B. Emergency services may be paid for if:

(1) the care coordinator is notified

of the services rendered and the necessity of the services before the end of the fifth working day after the emergency expense is incurred; or

(2) the medical director determines that the services were consistent with the service plan, if applicable, are eligible for payment, and were rendered in an emergency.

C. Limit on yearly expenditure of funds:

(1) children's medical services program shall not expend more than \$15,000.00 per client per year for medical management; or

(2) the CMS program manager in concurrence with the medical director may raise the \$15,000.00 financial limit to provide additional coverage for good cause when monies are available.

D. Purchase of services related to educational activities is excluded under these regulations.

E. Purchase of services related to psychiatric disorders is excluded under these regulations except for psychological problems specifically related to an eligible condition, and with approval from the psychological consultant or medical director.

F. Children's medical services program shall be the last resource after other available sources of payment, such as insurance, medicaid, tortfeasors, the UNM care plan, and the NM department of education.

G. Children's medical services program shall not pay for any eligible services provided more than five working days before the date of referral.

H. Clients who have two or more other payor sources, such as insurance, medicare, or medicaid are not eligible for payment by CMS.

[7.30.3.14 NMAC - Rp, 7 NMAC 30.3.12, 10/30/12]

7.30.3.15 OUT-OF-STATE PROVIDER POLICY: Services must be purchased within the state of NM, unless the need to purchase services elsewhere is documented and approved by the CMS medical director.

A. Services may be purchased outside the state of NM when:

(1) the specific service is not available in NM; or

(2) an eligible client is temporarily out of state and does not qualify for medical assistance in the state of temporary residence, and the health of the client would be endangered if services were postponed until return to NM or by travel to NM; or

(3) excessive time, distance, and expense would be involved in order to obtain outpatient services in NM. Inpatient services are eligible out of state if urgent or

emergency hospitalization is needed when distance is excessive or in-state tertiary centers are full.

B. Services may not, under any circumstances, be purchased out of state without approval of the medical director or designee.

C. Out-of-state providers are subject to the same fee schedule, time limitations, standards, and requirements, including operating under a provider agreement, as in-state providers. [7.30.3.15 NMAC - Rp, 7 NMAC 30.3.13, 10/30/12]

7.30.3.16 CONFIDENTIALITY: Information shall be released by the program only as permissible per state and federal law. [7.30.3.16 NMAC - Rp, 7 NMAC 30.3.14, 10/30/12]

7.30.3.17 NOTICE AND APPEALS PROCEDURE:

A. Record review. All applicants whose application for services from CMS has been denied and all clients who have been denied requested services by the program may request a record review from CMS.

B. Procedure for requesting informal administrative review.

(1) The applicant or client may submit a written request for a record review. To be effective, the written request shall:

(a) be made within 30 calendar days, as determined by the postmark, from the date of the notice of action issued by CMS;

(b) be properly addressed to CMS;

(c) state the applicant's name, address, and telephone numbers; and

(d) provide a brief narrative rebutting the circumstances of the denial.

(2) If the applicant or client wishes to submit additional documentation for consideration, such additional documentation must be included with the request for a record review.

C. Record review proceeding. The review proceeding is intended to be an informal, non-adversarial administrative review of written documentation. It shall be conducted by an administrative review committee designated for that purpose by CMS. In cases where the administrative review committee finds the need for additional or clarifying information, the review committee shall request that the applicant or client supply such additional information within the time set forth in the committee's request.

D. Final determination.

(1) **Content:** the administrative review committee shall render, sign, and enter a written decision within 60 days setting forth the reasons for the decision

and the evidence upon which the decision is based.

(2) **Effect:** the decision of the administrative review committee is the final decision of the informal administrative review proceeding.

(3) **Notice:** a copy of the decision shall be mailed by registered or certified mail to the applicant.

E. Judicial review.

Judicial review of the administrative review committee's final decision is permitted to the extent provided by law. The party requesting the appeal shall bear the cost of such appeal. [7.30.3.17 NMAC - Rp, 7 NMAC 30.3.15, 10/30/12]

7.30.3.18 ELIGIBLE MEDICAL CONDITIONS: The division shall periodically issue an index of conditions which identifies eligible medical conditions. The index shall be reviewed at least annually and revised as necessary. Coverage may change dependent upon available funds. Coverage is provided subject to the further guidelines in the index of children's medical services eligible conditions and treatment protocols. Conditions that are similar in course and outcome to those in the index may be eligible pending review by the medical director. The current index of children's medical services eligible conditions is attached hereto as attachment A.

[7.30.3.18 NMAC - Rp, 7 NMAC 30.3.19, 10/30/12]

7.30.3.19 PEDIATRIC SUBSPECIALISTS: For children age 18 years and under with chronic, complex cardiac, endocrine, neurology, and pulmonary conditions, the CMS program will authorize payment for consultation and follow up services only to board certified pediatric subspecialists when they are available within the state.

[7.30.3.19 NMAC - Rp, 7 NMAC 30.3.20, 10/30/12]

7.30.3.20 VOLUNTEERS: The children's medical services program may use volunteers as allowed by program, division, and department guidelines.

[7.30.3.20 NMAC - Rp, 7 NMAC 30.3.22, 10/30/12]

7.30.3.21 SEVERABILITY: If any part or application of the children's medical services program regulations is held invalid, the remainder, or its application to other situations or persons, shall not be affected.

[7.30.3.21 NMAC - Rp, 7 NMAC 30.3.23, 10/30/12]

HISTORY OF 7.30.3 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed

with the State Records Center:

HSSD 76-5, Regulations Governing Crippled Children's Services, 9/14/76.

HSSD 77-9, Regulations Governing Crippled Children's Services, 12/5/77.

HED-79-7 (HSD), Regulations Governing the Crippled Children's Services Program, 1/11/80.

HED-81-1 (HSD), Regulations Governing the Crippled Children's Services Program, 4/17/81.

HED-82-9 (HSD), Regulations Governing the Children's Medical Services, 8/30/82.

HED 86-8 (HSD), Regulations Governing the Children's Medical Services, 7/18/86.

HED-81-8 (HSD), Regulations Governing the Adult Cystic Fibrosis Program, 11/17/81.

History of Repealed Material:

7 NMAC 30.3, Children's Medical Services and Adult Cystic Fibrosis, filed 10/18/1996 - Repealed effective 10/30/2012.

NEW MEXICO DEPARTMENT OF HEALTH

**TITLE 7 HEALTH
CHAPTER 30 FAMILY AND CHILDREN HEALTH CARE SERVICES
PART 6 NEWBORN GENETIC SCREENING PROGRAM**

7.30.6.1 ISSUING AGENCY: New Mexico Department of Health.

[7.30.6.1 NMAC - Rp, 7 NMAC 30.6.1, 10/30/12]

7.30.6.2 SCOPE: Universal screening of all infants born in New Mexico (NM) for the congenital conditions listed and defined herein shall be done through a statewide screening program established through the public health division. The department shall institute and carry on such laboratory services or may contract with another agency or entity to provide such services as are necessary to detect the presence of congenital disorders.

[7.30.6.2 NMAC - Rp, 7 NMAC 30.6.2, 10/30/12]

7.30.6.3 STATUTORY AUTHORITY: The statutory authority for these regulations is contained in Section 9-7-6 NMSA 1978 and Section 24-1-6 NMSA 1978 as amended Laws 1981, Chapter 95, Sec. 1.

[7.30.6.3 NMAC - Rp, 7 NMAC 30.6.3, 10/30/12]

7.30.6.4 DURATION: Permanent.

[7.30.6.4 NMAC - Rp, 7 NMAC 30.6.4, 10/30/12]

7.30.6.5 EFFECTIVE DATE:

October 30, 2012, unless a later date is cited at the end of a section.

[7.30.6.5 NMAC - Rp, 7 NMAC 30.6.5, 10/30/12]

7.30.6.6 OBJECTIVE: The purpose of these regulations is to establish standards and procedures to assure congenital metabolic conditions and other genetic disorders which can cause significant mental or physical retardation or significant morbidity or mortality can be detected by screening newborn infants. Early detection and prompt referral for treatment may help prevent death and alleviate the effects of these disorders. These rules provide for screening tests to be performed on every newborn except where, in accordance with these rules, the parents or guardians waive this requirement in writing.

[7.30.6.6 NMAC - Rp, 7 NMAC 30.6.6, 10/30/12]

7.30.6.7 DEFINITIONS:

A. "Children's medical service" ("CMS") is a unit of the public health division in the NM department of health that engages in:

(1) identification of children and youth with, or at risk for having, special health care needs (CYSHCN);

(2) provision of preventive, diagnostic, treatment services and care coordination toward the attainment of maximum health for children with special health care needs, and adults with cystic fibrosis;

(3) promotion of the development of quality health care and outcome measures for this population (children and youth with special health care needs);

(4) monitoring these outcomes and the impact of changes in the health care system for this population;

(5) technical assistance and training for individuals serving this population; and

(6) administration of the universal newborn hearing screening program and the newborn genetic screening program, and other necessary administrative services to assess the needs of this population, facilitating access to care, and providing services.

B. "Hospital" means a hospital or other institution having facilities for childbirth.

C. "Neonatal intensive care unit" ("NICU") means an intensive care unit specializing in the care of ill or premature newborn infants.

D. "Newborn genetic screening program" means a unit of the public health division under children's medical services department that engages in:

(1) surveillance, assurance and policy development;

(2) public and provider education;

(3) follow-up (both short-term and long-term) to assure quality of care for infants who have abnormal results on screening; and

(4) provision of efficient service coordination between families and their infants, between the contracted laboratory and other involved entities.

E. "Primary care physician" ("PCP") means a family practitioner, pediatrician, physicians assistant, nurse practitioner, general practitioner, or midwife that will be assuming the continuing care of the infant after discharge from the birth facility or after homebirth.

F. "Parents or guardians" means persons with legal decision making authority for the child.

[7.30.6.7 NMAC - Rp, 7 NMAC 30.6.7, 10/30/12]

7.30.6.8 DISORDERS:

A. Disorders for which screening shall be performed include the following:

(1) 3-methylcrotonyl-CoA deficiency;

(2) 3-OH 3-CH₃ glutaric aciduria;

(3) argininosuccinic acidemia;

(4) mitochondrial acetoacetyl-CoA;

(5) biotinidase deficiency;

(6) carnitine uptake defect;

(7) citrullinemia;

(8) congenital adrenal hyperplasia;

(9) congenital hypothyroidism;

(10) cystic fibrosis;

(11) galactosemia;

(12) glutaric acidemia type I;

(13) Hb S/beta-thalassemia;

(14) hearing deficiency;

(15) homocystinuria;

(16) isovaleric acidemia;

(17) long-chain L-3-OH acyl-CoA dehydrogenase deficiency;

(18) maple syrup urine disease;

(19) medium chain acyl-CoA dehydrogenase deficiency;

(20) methylmalonic acidemia;

(21) multiple carboxylase deficiency;

(22) phenylketonuria;

(23) propanoic acidemia;

(24) sickle cell anemia;

(25) trifunctional protein deficiency;

(26) tyrosinemia type I; and

(27) very long-chain acyl-CoA dehydrogenase deficiency.

[7.30.6.8 NMAC - N, 10/30/12]

7.30.6.9 NEWBORN BLOOD SAMPLE COLLECTION:

A. Every newborn infant, whether born in a hospital, birthing center, or

at home shall receive tests on two newborn screening blood samples; unless the parents or guardians, after being informed of the reasons for the tests, waive the requirements for the tests in writing.

(1) The first blood sample shall be obtained, between 24-48 hours of age.

(2) The second blood sample shall be obtained between the 10th and 14th day after birth.

(3) Second screens may be taken at a hospital, outpatient medical clinic and facility, outpatient laboratory, primary care provider's office or by a midwife.

B. All birthing facilities, and midwives, in NM are required to practice uniform discharge screening regardless of the age or feeding status of the newborn.

C. Prematurity and transfusion status will be noted on the collection form in the space provided. Newborns who require any anticipated blood transfusion shall have a blood sample taken before the procedure. In those rare events where a screen was obtained after a transfusion, the facility is still required to submit the specimen for screening.

D. All birthing hospitals, birthing centers, and midwives will inform the parents of the requirement for a second screen prior to discharge. The PCP, birthing hospital, midwives, nurses, nurse practitioner or physician shall give the parents educational brochures supplied by program, and shall advise them where the test may be obtained.

E. In the case of inter-hospital transfer of an infant, the transferring hospital shall provide written notification to the receiving hospital indicating whether or not a specimen has been taken prior to transfer.

(1) Infants who are transferred to another facility within 48 hours of birth shall be tested by the receiving facility.

(2) If a newborn screening kit has been issued by the birth hospital to the infant, it shall be sent with the infant ensuring that both facilities are notified of the results.

(3) Following transfer, the receiving hospital shall assume responsibility for collection of the specimen in accordance with these rules.

[7.30.6.9 NMAC - Rp, 7 NMAC 30.6.8, 10/30/12]

[7.30.6.9 NMAC - Rp, 7 NMAC 30.6.8, 10/30/12]

7.30.6.10 WAIVER:

A. Pursuant to Section 24-1-6 NMSA 1978, parents or guardians may waive the requirements for newborn screening tests in writing.

B. The department's newborn screening program will provide the hospital, birthing centers, and midwives with forms for waiver.

C. The infant's PCP, midwife, or nurse shall provide parents

or guardians with both written and oral explanations before the parents or guardians may sign a waiver for newborn screening test. The decision to waive screening will be acknowledged by signature of the parents or guardian on the form provided by the department. The document of waiver shall be placed in the child's hospital medical record and a copy shall be sent to the children's medical services newborn screening program and a copy to the parent(s).

D. The waiver will not be used for the purpose of changing the times of the screening or for submitting only a single screen; it is used to waive the newborn screening tests in their entirety. No modifications can be placed on the form. [7.30.6.10 NMAC - Rp, 7 NMAC 30.6.9, 10/30/12]

7.30.6.11 COLLECTION AND SCREENING PROCEDURES:

A. Newborn screening collection kits shall only be purchased from the NM department of health's children's medical services newborn screening program.

B. The department of health's newborn screening program shall set the rate for newborn screening kits. The fees collected from purchase of the kits shall be utilized by the program for testing, quality assurance, and follow up of newborn screening conditions.

C. Each newborn screening kit shall be completely filled out for each blood sample. The following is required to be completed on each newborn screening kit:

(1) demographic area. All contact information for mother must be completed as well as additional contact information for the mother or a relative;

(2) name and phone number of PCP or provider who will be following the newborn after discharge;

(3) specimen date and time; and

(4) name and signature of person collecting specimen.

D. Types of kits that can be used.

(1) Hospitals, birthing centers, and midwives may only purchase newborn screening double kits.

(2) NICUs, outpatient laboratories, clinics, and PCP offices may purchase a limited number of newborn screening single kits at a time.

(3) NICUs in NM shall purchase triple kits to be used in their units only, and they shall be used in accordance with clinical and laboratory standards institute guidelines for collection of newborn screening for pre-term, low birth weight, and sick newborns.

(4) Newborn screening single kits are only to be used in NICUs for additional screening, or only in the event a parent

misplaces kits, or the birthing facility does not give the kit to the parent at discharge.

(5) Each newborn screening double kit is for one newborn and is not to be split between two newborns.

(6) A limited number of single kits will be placed at public health offices across the state as a safety net for parents to obtain kits in the event they misplace, lose a kit, or the birthing facility in error does not send the second half of the double kit home with the parent.

E. All first newborn screens will be shipped by overnight courier assigned by the department of health newborn genetic screening program. Specimens will be shipped to the address indicated on the collection form within 24 hours of the time that the sample is taken. [7.30.6.11 NMAC - N, 10/30/12]

7.30.6.12 FOLLOW - UP PROCEDURES:

A. All results will be reported to the hospital and infants PCP for placement in the child's medical record.

B. In the event of positive or questionable screening test results, the department of health's children's medical services newborn screening program and or contracted outreach lab short-term follow-up program will immediately contact and inform the PCP of the need for further testing. The primary care physician will be responsible for contacting and informing the parents or guardians of the need for further testing.

C. In the event no PCP is named on the newborn screening form the newborn screening program will pursue follow-up with the parents or guardians directly. [7.30.6.12 NMAC - N, 10/30/12]

7.30.6.13 STORAGE OF NEWBORN SCREENING SPECIMENS:

A. The newborn screening program of the department of health or contracted laboratory may store the blood samples of newborns collected for the screening of genetic disorders for up to one year. After that time, the blood samples shall be destroyed.

B. The newborn screening program may change the length and conditions of storage if the program determines that such a change is necessary.

C. Bloodspot cards shall not be disseminated after blood spot testing for any purpose unrelated to newborn screening, except to parents or guardians who may request them in writing during the retention period. [7.30.6.13 NMAC - N, 10/30/12]

[7.30.6.13 NMAC - N, 10/30/12]

HISTORY OF 7.30.6 NMAC:

Pre-NMAC History: The material in this

part was derived from that previously filed with the State Records Center:

HSSD 77-2, Regulations On Phenylketonuria, 5/4/77.

HED 79-HSD-1, Newborn Screening Program Regulations, 6/28/79.

HED 89-8 (PHD), Newborn Screening Program Regulations, 9/12/89.

DOH 92-02 (PHD), Newborn Screening Program Regulations, 10/5/92.

History of Repealed Material:

7 NMAC 30.6, Newborn Genetic Screening Program, filed 10/18/1996 - Repealed effective 10/30/2012.

NEW MEXICO STATE PERSONNEL BOARD

This is an amendment to 1.7.8 NMAC, Section 7, effective 10/30/2012.

1.7.8.7 DEFINITIONS:

A. "Alcohol" means all consumable non-prescription substances which contain alcohol, specifically including, without limitation, spirits, wine, malt beverages, and intoxicating liquors.

B. "Aliquot" means a portion of a urine specimen used for testing.

C. "Chain of custody" refers to procedures to account for the integrity of each specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen. In any dispute regarding chain of custody, the identity and integrity of the sample at issue may be established by a preponderance of the evidence.

D. "Confirmatory test" means a second analytical procedure to identify the presence of a specific drug or metabolite in a urine specimen by gas chromatography/mass spectrometry (GC/MS).

E. "Drug" means marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines; a metabolite of those drugs; or any non-prescription substance containing those drugs.

F. "Initial test" means an immunoassay screen which meets the requirements of the food and drug administration to eliminate negative specimens from further consideration.

G. "Medical review officer" means a New Mexico based and licensed physician knowledgeable in the medical use of prescription drugs and alcohol and the pharmacology and toxicology of illicit drugs and alcohol.

H. "Non-prescription" refers to all substances other than a substance prescribed by a doctor or licensed health professional to the employee or particular candidate.

I. “On duty” means any time during an employee’s regular workday or other period during which the employee is required or permitted to work by the employer, including overtime, lunch and other breaks, and anytime while operating or riding in a state vehicle.

J. “Possession” means to knowingly have, own, or have on oneself the drug, the alcohol or both.

K. “Random selection basis” means a system for selecting employees or groups of employees for drug testing in a statistically random system based on a neutral criterion, such as employment or position numbers, without individualized suspicion that a particular employee is using drugs.

L. “Reasonable suspicion” means a belief drawn from specific objective and articulable facts and the reasonable inferences drawn from those facts.

M. “Safety-sensitive position” is a position approved as such by the board, including a supervisory or managerial position in which impairment by drug or alcohol use would constitute an immediate and direct threat to public health or safety and includes, but is not limited to, health care providers, peace officers, pilots, correctional officers, employees who are required to regularly carry a firearm, employees who regularly transport other people as their principal job; and positions involving use of equipment that could pose a risk to public health or safety.

[1.7.8.7 NMAC - Rp, 1.7.8.7 NMAC, 02/12/2010; A, 10/30/2012]

End of Adopted Rules Section

Other Material Related to Administrative Law

NEW MEXICO ENVIRONMENTAL IMPROVEMENT BOARD

NEW MEXICO ENVIRONMENTAL IMPROVEMENT BOARD NOTICE OF PUBLIC MEETING AND STATE IMPLEMENTATION PLAN REVISION

The New Mexico Environmental Improvement Board ("Board") will hold a public hearing on January 7, 2013 at 9:00 a.m. in Room 307 at the State Capital in Santa Fe, New Mexico. The purpose of the hearing is to consider the matter of EIB 12-04 (R), proposed revisions to the New Mexico State Implementation Plan (SIP) under Section 110(a)(2) of the Federal Clean Air Act (CAA) for the revised National Ambient Air Quality Standard (NAAQS) for nitrogen dioxide.

The proponent of this regulatory adoption and revision is the New Mexico Environment Department ("NMED").

The purpose of the public hearing is to consider and take possible action on a petition from NMED regarding implementation of the federally promulgated revisions to the NAAQS for nitrogen dioxide that were adopted by the U.S. Environmental Protection Agency (EPA) in January of 2010. Section 110(a)(2) of the CAA requires states to submit to the EPA Administrator an "Infrastructure SIP" that addresses the requirements of sections 110(a)(2)(A)-(M) of the CAA within 3 years after the promulgation of a NAAQS. This SIP is a compilation of elements that demonstrates how the State of New Mexico will implement, maintain and enforce the revised nitrogen dioxide NAAQS. The NMED will host an informational open house on the proposed nitrogen dioxide Infrastructure SIP at the NMED Air Quality Bureau Office, 1301 Siler Rd, Building B, Santa Fe, New Mexico 87507, from 1:00p.m.-4:00p.m. on December 6, 2012.

The proposed nitrogen dioxide Infrastructure SIP revision may be reviewed during regular business hours at the NMED Air Quality Bureau office, 1301 Siler Road, Building B, Santa Fe, New Mexico. Full text of NMED's proposed SIP revision is available on NMED's web site at www.nmenv.state.nm.us, or by contacting Michael Baca at (575) 524-6300 or michael.baca1@state.nm.us.

The hearing will be conducted in accordance

with 20.1.1 NMAC (Rulemaking Procedures – Environmental Improvement Board), the Environmental Improvement Act, Section 74-1-9 NMSA 1978, the Air Quality Control Act, Section 74-2-6 NMSA 1978, and other applicable procedures.

All interested persons will be given reasonable opportunity at the hearing to submit relevant evidence, data, views and arguments, orally or in writing, to introduce exhibits, and to examine witnesses. Persons wishing to present technical testimony must file with the Board a written notice of intent to do so. The notice of intent shall:

- (1) identify the person for whom the witness(es) will testify;
- (2) identify each technical witness that the person intends to present and state the qualifications of the witness, including a description of their education and work background;
- (3) include a copy of the direct testimony of each technical witness and state the anticipated duration of the testimony of that witness;
- (4) list and attach each exhibit anticipated to be offered by that person at the hearing; and
- (5) attach the text of any recommended modifications to the proposed new and revised regulations.

Notices of intent for the hearing must be received in the Office of the Board not later than 5:00 pm on December 18, 2012, and should reference the docket number, EIB 12-04 (R), and the date of the hearing. Notices of intent to present technical testimony should be submitted to:

Pam Castaneda, Administrator for Boards and Commissions
Office of the Environmental Improvement Board
Harold Runnels Building
1190 St. Francis Dr., Room N-2150
Santa Fe, NM 87502
Phone: (505) 827-0339, Fax (505) 827-0310

Any member of the general public may testify at the hearing. No prior notification is required to present non-technical testimony at the hearing. Any such member may also offer exhibits in connection with his testimony, so long as the exhibit is not unduly repetitious of the testimony.

A member of the general public who wishes to submit a written statement for the record, in lieu of providing oral testimony at the hearing, shall file the written statement prior to the hearing, or submit it at the hearing.

Persons having a disability and needing help in being a part of this hearing process should contact the Personnel Services Bureau ("PSB") by December 21, 2012. The PSB can be reached at the NMED, P.O. Box 5469, 1190 St. Francis Drive, Santa Fe, New Mexico, 87502, telephone (505) 827-9872. TDY users please access the PSB number via the New Mexico Relay Network at 1-800-659-8331.

The Board may make a decision on the proposed Infrastructure SIP at the conclusion of the hearing, or the Board may convene a meeting at a later date to consider action on the proposal.

End of Other Related Material Section

Submittal Deadlines and Publication Dates 2012

Volume XXIII	Submittal Deadline	Publication Date
Issue Number 19	October 1	October 15
Issue Number 20	October 16	October 30
Issue Number 21	November 1	November 15
Issue Number 22	November 16	November 30
Issue Number 23	December 3	December 14
Issue Number 24	December 17	December 31

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Volume XXIV	Submittal Deadline	Publication Date
Issue Number 1	January 2	January 15
Issue Number 2	January 16	January 31
Issue Number 3	February 1	February 14
Issue Number 4	February 15	February 28
Issue Number 5	March 1	March 15
Issue Number 6	March 18	March 29
Issue Number 7	April 1	April 15
Issue Number 8	April 16	April 30
Issue Number 9	May 1	May 15
Issue Number 10	May 16	May 31
Issue Number 11	June 3	June 14
Issue Number 12	June 17	June 28
Issue Number 13	July 1	July 15
Issue Number 14	July 16	July 31
Issue Number 15	August 1	August 15
Issue Number 16	August 16	August 30
Issue Number 17	September 3	September 16
Issue Number 18	September 17	September 30
Issue Number 19	October 1	October 15
Issue Number 20	October 16	October 31
Issue Number 21	November 1	November 14
Issue Number 22	November 15	November 27
Issue Number 23	December 2	December 13
Issue Number 24	December 16	December 30

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For further information, call 505-476-7907.