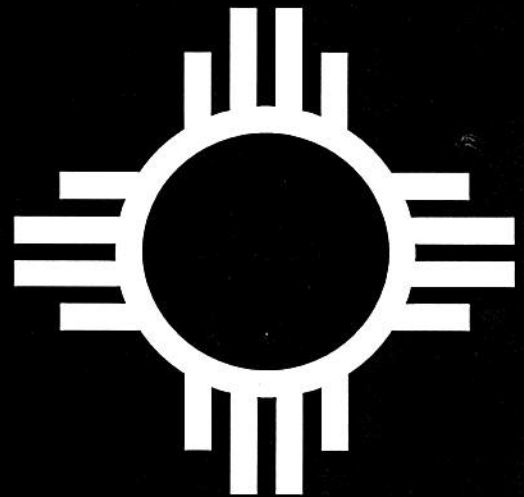


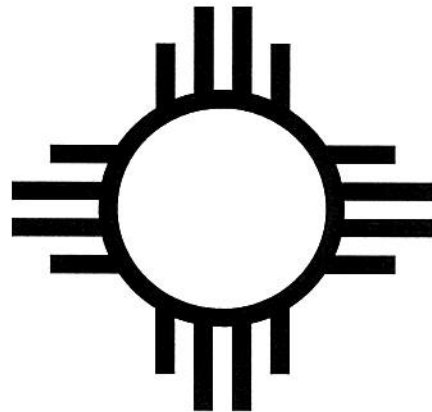
**NEW  
MEXICO  
REGISTER**



Volume XXV  
Issue Number 15  
August 15, 2014

# **New Mexico Register**

**Volume XXV, Issue Number 15**  
**August 15, 2014**



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

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2014

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# New Mexico Register

Volume XXV, Number 15

August 15, 2014

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#### Effective Date and Validity of Rule Filings

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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## Notices of Rulemaking and Proposed Rules

### NEW MEXICO HUMAN SERVICES DEPARTMENT MEDICAL ASSISTANCE DIVISION

The Human Services Department (the Department), Medical Assistance Division (MAD), is proposing a new rule, 8.310.12, to the New Mexico Administrative Code (NMAC) specific to Indian Health Services (IHS) and Tribal 638 facilities that contains provider enrollment and reimbursement processes that are unique to them. The register for this proposed rule will be available August 15, 2014 on the HSD web site at: <http://www.hsd.state.nm.us/LookingForInformation/registers.aspx>. If you do not have Internet access, a copy of the proposed rule may be requested by contacting MAD at (505) 827-3118.

A public hearing to receive testimony on this proposed rule will be held in the Rio Grande Conference Room, Toney Anaya Building, 2550 Cerrillos Road Santa Fe, New Mexico on September 15, 2014 at 1:30p.m. Mountain Daytime Time (MDT).

Interested parties may submit written comments directly to Sidonie Squier, Secretary, Human Services Department, P.O. Box 2348, Santa Fe, New Mexico 87504-2348. Recorded comments may be left by calling (505) 827-3118. Electronic comments may be submitted to [JenniferL.Chavez1@state.nm.us](mailto:JenniferL.Chavez1@state.nm.us). Written, electronic and recorded comments will be given the same consideration as oral testimony made at the public hearing. All comments must be received no later than 5:00 p.m. MDT, September 15, 2014.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact MAD toll-free at 1-888-997-2583 and ask for extension 7-3118. In Santa Fe call 827-3118. The Department's TDD system may be accessed toll-free at 1-800-659-8331 or in Santa Fe by calling 827-3184. The Department requests at least ten (10) working days advance notice to provide requested alternative formats and special accommodations.

Copies of all comments will be made available by the MAD upon request by providing copies directly to a requestor or by making them available on the MAD website or at a location within the county of the requestor.

### NEW MEXICO PUBLIC REGULATION COMMISSION

#### BEFORE THE NEW MEXICO PUBLIC REGULATION COMMISSION

#### **IN THE MATTER OF THE ADOPTION OF PROPOSED AMENDMENTS TO THE RULES GOVERNING PIPELINE SAFETY EXCAVATION DAMAGE PREVENTION, 18.60.5 NMAC, AND ONE CALL NOTIFICATION SYSTEMS REQUIREMENTS FOR 811 SERVICES, 18.60.6 NMAC**

Case No. 14-00157-PL

#### NOTICE OF PROPOSED RULEMAKING

**NOTICE IS HEREBY GIVEN** that the New Mexico Public Regulation Commission ("NMPRC" or "Commission") proposes to amend the Rules Governing Pipeline Safety Excavation Damage Prevention, codified at 18.60.5 of the New Mexico Administrative Code ("NMAC"), and the One Call Notification Systems Requirements for 811 Services, codified at 18.60.6 NMAC. Copies of the Order Initiating Proposed Rulemaking containing additional information and filing instructions may be downloaded from the Proposed Rulemaking section of the Commission's website at <http://www.nmprc.state.nm.us> under Case No. **14-00157-PL** or by calling the Commission's Records Management Bureau at (505) 827-4366.

Written Initial Comments and written Response Comments shall be filed by the deadlines below with the NMPRC Records Management Bureau at P.O. Box 1269, Santa Fe, NM 87504-1269 or by hand delivery to the NMPRC Records Management Bureau at 1120 Paseo de Peralta, Room 406, Santa Fe, NM 87501 as follows: Written Initial Comments not later than **August 15, 2014** and written Response Comments not later than **September 10, 2014**. Comments shall refer to Case No. **14-00157-PL**.

A public hearing shall be held on **September 24, 2014**, at the offices of the Commission located in the 4<sup>th</sup> Floor Hearing Room of the old PERA Building, at 1120 Paseo de Peralta, in Santa Fe. The purpose of the hearing is to receive oral comments and to clarify or supplement the written comments. No testimony or other evidence will be taken at the hearing as this is a rulemaking proceeding. The

Commission may limit the time for each oral presentation.

The record of this case will close on **October 15, 2014**.

Interested persons should contact the Commission to confirm the date, time, and place of this 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.

The proposed rulemaking is undertaken pursuant to the New Mexico Constitution, Article XI, Section 2 (1996); NMSA 1978, Section 8-8-4(B)(10)(1998); NMSA 1978, Section 62-14-10; and NMSA 1978, 70-3-13.

### NEW MEXICO DEPARTMENT OF PUBLIC SAFETY LAW ENFORCEMENT ACADEMY

On Wednesday September 3, 2014 at 9:00 a.m., the New Mexico Law Enforcement Academy Board will hold a Regular Board Meeting.

The NMLEA Board Meeting will be held at the Ruidoso Convention Center, 111 Sierra Blanca Dr. Ruidoso, NM 88345

Copies of the Regular Board Meeting Agenda's may be obtained by accessing our website at [www.dps.nm.org/training](http://www.dps.nm.org/training) or by calling Monique Lopez at (505) 827-9255.

### NEW MEXICO RACING COMMISSION

#### NEW MEXICO RACING COMMISSION AMENDED 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 August 21, 2014. 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, 15.2.7 NMAC, 15.2.6 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, Executive 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  
Executive Director

Dated: July 30, 2014

**NEW MEXICO  
REGULATION AND  
LICENSING DEPARTMENT  
CONSTRUCTION INDUSTRIES  
DIVISION**

**NOTICE OF PUBLIC HEARING**

The Construction Industries Commission will convene a public hearing on proposed changes to Subsections G and H of 14.5.2.8 NMAC - Permits and Rule 14.5.9 NMAC - Code Bond Determination, before its designated hearing officer, at which any interested person is invited submit data, views or arguments on the proposed changes, either orally or in writing, and to examine witnesses testifying at the hearing. The public hearing is scheduled as follows:

9:00 a.m. – 11:00 a.m., September 2, 2014 at the NM Regulation and Licensing Department (Main Conference Room), located at 5200 Oakland Avenue NE, in Albuquerque, NM.

Please Note: All persons wishing to participate in the public hearing remotely

may do so telephonically dialing into:

Dial-in Number: (712) 432-1212

Meeting ID: 788-223-117

Interested persons may secure copies of the proposed changes by accessing the CID website ([www.rld.state.nm.us/construction](http://www.rld.state.nm.us/construction)) or by request from the Santa Fe CID Office - Toney Anaya Building, 2550 Cerrillos Road, Santa Fe, NM 87505. If you cannot attend the hearing, you may send your written comments to: Construction Industries Division, 2550 Cerrillos Road, Santa Fe, New Mexico 87505, Attention: Public Comments. Written comments may also be faxed to (505) 476-4702. All comments must be received no later than 5:00 p.m., on September 3, 2014. If you require special accommodations to attend the hearing, please notify CID by phone, email, or fax, of such needs no later than August 28, 2014. Telephone: 505-476-4700 (option "0"). Email: [james.hunt@state.nm.us](mailto:james.hunt@state.nm.us); Fax No. (505) 476-4702.

**NEW MEXICO  
DEPARTMENT OF  
WORKFORCE SOLUTIONS**

The New Mexico Department of Workforce Solutions ("Department") hereby gives notice that the Department will conduct a public hearing in the auditorium of the State Personnel Office located at 2600 Cerrillos Road, Santa Fe, New Mexico on September 19, 2014 from 2:00 P.M. until 4:00 P.M. The purpose of the public hearing will be to obtain input on the amendments to 11.3.400 NMAC.

Interested individuals may testify at the public hearing or submit written comments to State of New Mexico Department of Workforce Solutions, 401 Broadway NE, P.O. Box 1928, Albuquerque, N.M., 87103, Attention Attorney Rudolph Arnold. Written comments must be received no later than 5 p.m. on September 19, 2014. However, the submission of written comments as soon as possible is encouraged.

Copies of the proposed rule for repeal and the proposed rule for adoption may be accessed on the Department's website <http://www.dws.state.nm.us> or obtained from Attorney Rudolph Arnold Tel.: (505) 841-8672 [rudolph.arnold@state.nm.us](mailto:rudolph.arnold@state.nm.us). The proposed amendments to the rule will be made available at least thirty days prior to the hearings.

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 are asked to contact Attorney Rudolph Arnold as soon as possible. The Department requests at least ten (10) days advance notice to provide requested special accommodations.

**End of Notices and Proposed  
Rules Section**

## Adopted Rules

### NEW MEXICO ENVIRONMENTAL IMPROVEMENT BOARD

20.2.12 NMAC, Air Quality (Statewide) - Cement Kilns (filed 10/16/2002) repealed, effective 8/18/14.

### NEW MEXICO ENVIRONMENTAL IMPROVEMENT BOARD

This is an amendment to 20.2.74 NMAC, Sections 303 and 503 effective 8/18/14.

#### 20.2.74.303 AMBIENT IMPACT REQUIREMENTS:

**A.** The requirements of this section shall apply to each pollutant emitted by a new major stationary source or major modification in amounts equal to or greater than those in Table 2 of this Part (20.2.74.502 NMAC). For  $PM_{10}$ , the source will only be required to perform ambient impact analysis for  $PM_{10}$  when the source has the potential to emit significant amounts of  $PM_{10}$  (Table 2, 20.2.74.502 NMAC). ~~[For  $PM_{2.5}$ , the demonstration required in Subsection B of 20.2.74.303 NMAC is deemed to have been made if the emissions increase from the new stationary source alone or from the modification alone would cause, in all areas, air quality impacts less than 0.06 micrograms per cubic meter (annual average) and 0.07 micrograms per cubic meter (24-hour average) for Class I federal areas and 0.3 micrograms per cubic meter (annual average) and 1.2 micrograms per cubic meter (24-hour average) for Class II and Class III federal areas.]~~

**B.** The allowable emission increases from the proposed source or modification, including secondary emissions, in conjunction with all other applicable emissions increases or reductions, including secondary emissions, shall not cause or contribute to air pollution in violation of:

- (1) any national ambient air quality standard in any location; or
- (2) any applicable maximum allowable increase as shown in Table 4 of this Part (20.2.74.504 NMAC) over the baseline concentrations in any area;

(3) the owner or operator of the proposed major stationary source or major modification shall demonstrate that neither Paragraph (1) nor Paragraph (2) of 20.2.74.303 NMAC will occur.

[07/20/95; 20.2.74.303 NMAC - Rn, 20 NMAC 2.74.303, 10/31/02; A, 6/3/11; A, 8/18/14]

#### 20.2.74.503 TABLE 3 - SIGNIFICANT MONITORING CONCENTRATIONS.

POLLUTANT	AIR QUALITY CONCENTRATION micrograms per cubic meter	AVERAGING TIME
Carbon monoxide	575	8 hours
Fluorides	0.25	24 hours
Lead	0.1	3 months
Nitrogen dioxide	14	Annual
Ozone	b	
$PM_{10}$	10	24 hours
$PM_{2.5}$	[4] 0 <sup>c</sup>	[24 hours]
Sulfur compounds		
Hydrogen sulfide (H2S)	0.20	1 hour
Reduced sulfur compounds (incl. H2S)	10	1 hour
Sulfur dioxide	13	24 hours
Sulfuric acid mist	a	
Total reduced sulfur (incl. H2S)	10	1 hour
a - No acceptable monitoring techniques available at this time. Therefore, monitoring is not required until acceptable techniques are available.		
b - No de minimis air quality level is provided for ozone. However, any net increase of 100 tons per year or more of volatile organic compounds or nitrogen oxides subject to PSD would be required to perform an ambient impact analysis, including the gathering of ambient air quality data.		
c - In accordance with <i>Sierra Club v. EPA</i> , 706 F.3d 428 (DC Cir. 2013), no exemption is available with regard to $PM_{2.5}$ .		

[07/20/95; 20.2.74.503 NMAC - Rn, 20 NMAC 2.74 Table 3, 10/31/02; A, 1/22/06; A, 8/31/09; A, 6/3/11; 8/18/14]

### NEW MEXICO ENVIRONMENTAL IMPROVEMENT BOARD

Explanatory paragraph: This is an amendment to 20.7.3 NMAC, Section 2, 7, 201, 302, 502, 603, and 701, effective September 15, 2014.



In 20.7.3.7 NMAC, Subsection A and B, D through K and M through Z were not published as there were no changes. In 20.7.3.201 NMAC, Subsection A through N and Subsection P through R were not published as there were no changes.

### 20.7.3.2 SCOPE:

A. This part, 20.7.3 NMAC, applies to on-site liquid waste systems, and effluent from such systems, that receive [~~two thousand (2,000)~~] 5,000 gallons or less of liquid waste per day, and that do not generate discharges that require a discharge plan pursuant to 20.6.2 NMAC or a national pollutant discharge elimination system (NPDES) permit.

B. 20.7.3.306 and 808 NMAC apply to the disposal of on-site seepage and holding tank wastes. [20.7.3.2 NMAC - Rp, 20.7.3.2 NMAC, 9/1/13; A, 9/15/14]

### 20.7.3.7 DEFINITIONS: As used in 20.7.3 NMAC.

\*\*\*

C. Terms starting with the letter 'C' are defined as follows:

(1) "canal" means a man-made ditch or channel that carries water for purposes other than domestic consumption;

(2) "certificate of registration" means a permit to operate an unpermitted liquid waste system installed prior to February 1, 2002 after an evaluation is conducted pursuant to Subsection J of 20.7.3.401 NMAC;

(3) "cesspool" means an excavation or non-water tight unit that receives untreated water-carried liquid waste allowing direct discharge to the soil;

(4) "clay" means:  
(a) a soil separate consisting of particles less than 0.002 millimeters in diameter; or

(b) the textural class name of any soil that contains 40% or more clay, less than 45% sand and less than 30% silt;

(5) "clearance" means the vertical thickness of suitable soil between the lowest point of a liquid waste disposal system and the seasonal high groundwater table, bedrock or other limiting layer;

(6) "cluster system" means a wastewater system that serves more than one unit and treats [~~2,000~~] 5,000 gallons per day or less of wastewater;

(7) "coarse sand" means soil comprised of 25% or more of soil particles 0.5 to 2.0 mm in diameter and less than 50% of any other grade of sand;

(8) "commercial unit" means a structure that is not a residential unit but which has sewage producing fixtures such as sinks, baths, showers, toilets, urinals,

dish- and clothes-washers or floor drains for receiving liquid waste including but not limited to uses included in Table 201.1;

(9) "conditional approval" means the approval of an on-site treatment or dispersal product that has been reviewed by the wastewater technical advisory committee and granted permission by the department to install the product or products on a limited number of sites for the purpose of verifying performance of the product;

(10) "conventional disposal" means a subsurface soil absorption system with gravity distribution of the effluent, with or without a lift station, constructed in accordance with the standards set forth in this regulation, including trenches, absorption beds and seepage pits;

(11) "conventional treatment" means a septic tank where primary treatment occurs; and

(12) "conventional treatment system" means an on-site liquid waste system utilizing both conventional treatment and conventional disposal, including privies, holding tanks and vaults.

\*\*\*

L. Terms starting with the letter 'L' are defined as follows:

(1) "lateral" means a secondary water or wastewater pipeline branching directly from a central supply pipeline or manifold leading to an irrigation site;

(2) "limiting layer" means an impervious formation, bedrock or the seasonal high groundwater table;

(3) "liner" means a manufactured or naturally occurring substance that restricts seepage to no more than  $10^{-7}$  cm/sec. over the design service life of the lined unit; manufactured liners must have a minimum single-ply thickness of 20 mils and have no leaks;

(4) "liquid capacity" means the volume of liquid that is contained in a septic tank or treatment unit measured from the invert of the outlet; "liquid capacity" shall be calculated by multiplying the inside length by the inside width by the depth measured from the invert of the outlet to the unit's floor and converting the result of this calculation to gallons;

(5) "liquid waste" means wastewater generated from any residential or commercial unit where the total wastewater received by a liquid waste system is [~~2000~~] 5,000 gallons per day or less; liquid waste includes without limitation human excreta and water carried waste from plumbing fixtures, including, but not limited to, wastes from toilets, sinks, showers, baths, clothes- and dish-washing machines and floor drains; "liquid waste" also includes non-water carried wastes discharged into holding tanks, privies

and vaults; specifically excluded from the definition of "liquid waste" are industrial process wastewaters, roof drainage, mine or mill tailings or wastes;

(6) "liquid waste system" means a liquid waste treatment unit or units and associated disposal systems, or parts thereof, serving a residential or commercial unit; "liquid waste systems" include enclosed systems, holding tanks, vaults and privies but do not include systems or facilities designed to receive or treat mine or mill tailings or wastes;

(7) "liquid waste treatment unit" means a component of the on-site liquid waste system where removal, reduction or alteration of the objectionable contaminants of wastewater is designed to occur; it may include a holding component but does not include soil;

(8) "load" or "loading" means:

(a) in the context of the biological or chemical load received by an on-site liquid waste system, the amount of material applied to an on-site system liquid waste component per unit area or unit volume;

(b) in the context of the structural load applied to an on-site liquid waste structural component, the structural force applied to a liquid waste system component per surface area; and

(9) "lot" means a unified parcel legally recorded or validated by other means, including any contiguous parcel subject to a legally recorded perpetual easement that dedicates the servient parcel for the disposal of liquid waste generated on the dominant parcel.

\*\*\*

[20.7.3.7 NMAC - Rp, 20.7.3.7 NMAC, 9/1/13; A, 9/1/13; A, 9/15/14]

### 20.7.3.201 PROCEDURES; GENERAL REQUIREMENTS:

\*\*\*

O. Eligibility for permitting under 20.7.3.2 NMAC, which restricts effluent flow to [~~2000~~] 5,000 gallons per day or less, shall be determined as follows:

(1) Wastewater flows from residential sources shall be calculated at 80% of the design flow as determined according to Subsection P of 20.7.3.201 NMAC. Multiple families dwelling unit wastewater flows shall be calculated as the sum of wastewater flows for each single family unit included.

(2) Wastewater flows from residential and nonresidential sources shall be based on Table 201.1 or generally accepted references, such as the New Mexico plumbing code or the EPA design

manuals for on-site wastewater treatment and disposal.

(3) Wastewater flows for residential and nonresidential sources also may be based on:

(a) professional engineering design calculations that bear the seal and signature of a professional engineer licensed in New Mexico, pursuant to the New Mexico engineering and surveying practice act and the rules promulgated under that authority; such calculations shall be reviewed by a department engineer, as appropriate; or

(b) the submittal of actual metered water use or effluent flow meter data; to use actual meter data to establish wastewater flow, the applicant must present at least one year of existing meter data collected within the previous five years; calculate the daily wastewater flow according to the following formula:  $A \div B = Q$ , where **A** = highest quarterly totalized meter reading in gallons for the minimum one year period; **B** = total number of days in highest metered quarter; **Q** = daily wastewater flow in gallons per day.

(c) Meter data or certification by a professional engineer shall not be used to determine wastewater flow on exclusively residential properties consisting of less than five residential units.

(d) If meter data is not representative of the actual wastewater discharge, as determined by the department, the applicant may be required to submit additional meter data or the department may disallow the use of meter data where its use would result in a gross misrepresentation of the wastewater discharge.

(e) The department may require a calibration of the meter used for determining water or wastewater flow and may disallow the use of inaccurate meter data. Applicants may be required to make future records of metered flow available for inspection by the department.

(f) If a permit is issued and there are meter records for any quarter that indicate the daily wastewater flow exceeds [2000] 5,000 gallons per day, quarterly meter records for the following two quarters shall be submitted to the department within 30 days of becoming available to the permittee. If meter data or other information available to department indicates the average daily wastewater flow has exceeded [2000] 5,000 gallons per day, the department may void the permit and refer the facility to the ground water quality bureau. The department may require a tamper-proof type meter be installed to verify that future wastewater flows do not exceed [2000] 5,000 gallons per day.

\*\*\*

[20.7.3.201 NMAC - Rp, 20.7.3.201 NMAC, 9/1/13; A, 9/1/13; A, 9/15/14]

**20.7.3.302 STANDARDS; SETBACK REQUIREMENTS:**

A. On-site liquid waste systems shall be located to meet setback distances, in feet, specified in the following Table 302.1. Setback distances apply to any part of the on-site liquid waste system.

**Table 302.1: Minimum setback and clearance requirements**

From:	To:	Building Sewer	Treatment Unit*	Disposal Field	Seepage Pit
Property lines		clear	5 ft.	5 ft.	8 ft.
Building or structure		2 ft.	5 ft.	8 ft.	8 ft.
Distribution box		--	--	5 ft.	5 ft.
Disposal field		--	10 ft.*****	4 ft.****	10 ft.
Seepage pit		--	10 ft.	10 ft.	12 ft.
Drinking water line*****:					
- private		1 ft.	10 ft.	10 ft.	10 ft.
- public		10 ft.	10 ft.	10 ft.	10 ft.
Drinking water source/well:					
- private		50 ft.	50 ft.	100 ft.	100 ft.
- public		50 ft.	100 ft.	200 ft.	200 ft.
Irrigation well		50 ft.	50 ft.	100 ft.	100 ft.
Lined canals		--	10 ft.**	10 ft.**	10 ft.**
Unlined canals, drainage ditches		--	15 ft.**	25 ft.**	25 ft.**
Arroyos		--	15 ft.**	25 ft.**	25 ft.**
Other watercourses,					
Waters of the state		--	50 ft.	100 ft.	100 ft.
Retention/detention area or flood irrigation areas		--	15 ft.	15 ft.	15 ft.
Seasonal high water table, bedrock and other impervious layers***		--	--	4 ft. to bottom of system	4 ft. to bottom of system

(1) \* Applies to privy pits, enclosed systems, other liquid waste treatment units.

(2) \*\* Plus depth of channel.

(3) \*\*\* Unlined privy pits shall provide clearance of at least four feet.

(4) \*\*\*\* Plus two feet for each additional foot of depth below the invert of the distribution pipe.

(5) \*\*\*\*\* May be five feet when Schedule 40 PVC/DWV pipe is used.

(6) \*\*\*\*\*Or applicable plumbing code.

B. Setback distances to watercourses, canals and arroyos shall be measured from the edge of the defined bank to the on-site liquid waste system component. Setback distances to artificially controlled lakes or reservoirs shall be measured from the closest projected shoreline at the maximum controlled water level.

C. Multiple liquid waste systems, each with an actual design flow of [2000] 5,000 gallons per day (gpd) or less, may be

permitted by the department even if they are located on a single lot provided that the disposal systems are set back from each other by a distance equal to the sum of two radii of adjacent circular areas, each circular area representing certain boundaries of a disposal system. The center of each circle is located at a point nearest to the outer boundary of each adjacent liquid waste disposal system. The radius for each circle may be calculated utilizing Table 302.2 below based on the number of bedrooms, or by using the following formula:  $r = \sqrt{(A/\pi)}$  or  $r^2 = A/\pi$ , where:

- (1) "r" means radius of the circular area measured in feet;
- (2) " $\sqrt{\quad}$ " means square root;
- (3) "A" means the area of a circle in square feet, calculated as follows:
  - (a)  $A = (\text{design flow, gpd}) \times (1 \text{ acre}/500 \text{ gpd}) \times (43,560 \text{ square feet/acre})$ ; or
  - (b)  $A = (\text{design flow, gpd}) \times 87.12$ ; and
- (4)  $\pi$  (pi) = 3.1416.

D. Table 302.2 below provides examples of radii for design flows based on number of bedrooms only. Radii for other design flows shall be calculated with the formula above. Separation distances to facilities permitted by other entities, such as the ground water quality bureau, may be considered on a case by case basis.

**Table 302.2: Radii for calculating minimum distance between systems on a large parcel**

No. of bedrooms	Actual flow, gpd	Minimum acreage	Radius of A, feet
1	150	0.75	102.0
2	300	0.75	102.0
3	375	0.75	102.0
4	440	0.88	110.5
5	500	1.0	117.8
6	550	1.1	123.5

E. In order to meet the criteria of this section, the disposal system may be moved to meet the minimum separation distance. This may require the use of an effluent pump system. Alternatively, if the minimum separation distance cannot be achieved, tertiary treatment may be installed. Other methods of providing equal protection will be considered on a case by case basis by the department.

F. Lots with existing liquid waste systems totaling less than ~~2000~~ 5,000 gallons per day may be permitted to add additional liquid waste systems provided the individual systems do not exceed ~~2000~~ 5,000 gallons per day, meet the setback requirements to the existing systems as allowed above and meet lot size requirements in Subsection C of 20.7.3.301 NMAC.

G. If the department discovers that a private drinking water well has been drilled at a location that is not set back from an existing liquid waste system by the distance required in Table 302.1, the department shall:

- (1) send a certified letter to the owners of the water well and liquid waste system that identifies the subject water well and liquid waste system, and describes the potential hazards created by insufficient setback;
- (2) provide the office of the state engineer with a copy of the letter; and
- (3) not administer the water well setback requirements in Table 302.1 pertaining to the subject well provided that the liquid waste system remains in compliance with 20.7.3 NMAC, and is not modified.

[20.7.3.302 NMAC - Rp, 20.7.3.302 NMAC, 9/1/13; A, 9/1/13; A, 9/15/14]

### 20.7.3.502 DESIGN; CONVENTIONAL TREATMENT UNITS; CONSTRUCTION STANDARDS:

A. All conventional treatment units, regardless of material or method of construction and unless otherwise specified in this part, shall be designed to produce a clarified effluent and shall provide adequate space for sludge and scum accumulations based on a minimum hydraulic retention time of 24 hours at maximum sludge depth and scum accumulation.

B. Septic tanks shall have a minimum of two compartments. The inlet compartment of a septic tank shall be 2/3 of the total liquid capacity of the tank, but not less than 500 gallons liquid capacity, and shall be at least three feet in width and five feet in length. Liquid depth shall be not less than two feet and six inches nor more than six feet. The second compartment of a septic tank shall have a liquid capacity of 1/3 of the total capacity of such tank. In septic tanks having over 1500 gallons capacity, the second compartment may not be less than three feet in length.

C. Multiple tanks installed in series may be allowed with department approval provided the total tank volume is at least 2.5 times the system design flow. Minimum tank sizes are as follows:

- (1) for flows up to 1000 gpd, the capacity of each tank must be at a minimum 900 gallons; and
- (2) for flows between 1000 and ~~2000~~ 5,000 gpd, the capacity of each tank must be a minimum of 1200 gallons.

D. Access to each septic tank shall be provided by at least two access openings, each of which shall be at least 20 inches in minimum dimension. One access opening shall be placed over the inlet and one access opening shall be placed over the outlet. Whenever a first compartment exceeds 12 feet in length, an additional access opening shall be provided over the baffle wall. Each access opening shall be extended to the surface of the ground with a secure lid. These access risers shall be 24 inches in diameter for depths of zero to three feet and for depths greater than three feet shall be at least 30 inches in diameter. If the access risers are made of concrete, they shall be coated with a coating approved by the department. "Wet-or-dry" coatings and mastics, or other water-based materials are not acceptable. Access risers shall be constructed of precast concrete, premanufactured plastic made for risers, culvert or double wall high density polyethylene or equivalent plastic with proper covers or lids. Rain barrels, trash cans or 55-gallon drums or other inappropriate materials are not acceptable access riser material.

E. The inlet and outlet pipe openings shall be not less in size than the connecting sewer pipe and shall have a watertight seal approved by the department. The vertical leg of round inlet and outlet fittings shall not be less in size than the connecting sewer pipe nor less than four inches. A baffle type fitting shall have the equivalent cross-sectional area of the connecting sewer pipe and not less than

a four inch horizontal dimension when measured at the inlet and outlet pipe inverts, unless it is a pumped system.

F. The inlet and outlet pipe or baffle shall extend at least four inches above and at least 12 inches below the water surface. The invert of the inlet pipe shall be at a level not less than two inches above the invert of the outlet pipe. Inlet and outlet pipe or baffles shall be, at a minimum, schedule 40 PVC, ABS or cast-in-place concrete.

G. Inlet and outlet pipe fittings or baffles and compartment partitions shall have a free vent area equal to the required cross-sectional area of the building sewer or private sewer discharging into the septic tank to provide free ventilation above the water surface from the disposal field or seepage pit through the septic tank, building sewer and stack to the outer air.

H. All septic tanks shall include an effluent filter approved by the department, installed on the outlet of the tank before final discharge, with an access riser installed to grade, and with a handle extending to within six inches of the top of the riser.

I. The sidewalls, except on cylindrical tanks, shall extend at least nine inches above the liquid depth. The cover of the septic tank shall be at least two inches above the back vent openings.

J. Partitions or baffles between compartments shall be of solid, non-corrosive, durable material and shall extend at least four inches above the water level. Metal or wooden baffles are prohibited.

(1) An inverted fitting equivalent in size to the tank inlet, but in no case less than four inches in size, shall be installed in the inlet compartment side of the baffle with the bottom of the fitting placed midway in the depth of the liquid.

(2) If a horizontal slot is used, the slot shall extend the width of the tank, be no more than six inches in height and located midway in the depth of the liquid.

K. Fiberglass or reinforced plastic tanks shall be certified to current IAPMO standards.

(1) Each access and inspection hole cover shall have approved fasteners not subject to deterioration by liquid or gases normally present in septic tank systems to assure that the covers will remain in place. All covers shall overlap the hole by a minimum of two inches in all directions.

(2) Each tank shall be free from visual defects such as foreign inclusions, dry spots, air bubbles, pimples and delamination. The inner and outer surfaces shall have a smooth, continuous finish with no exposed fibers. Both the inner and outer surfaces shall have a continuous resin rich

surface and no fibers shall be exposed either directly from cracks, porosity or holes, or indirectly through bubbles that may break and expose fibers.

[20.7.3.502 NMAC - Rp, 20.7.3.502 NMAC, 9/1/13; A, 9/15/14]

### 20.7.3.603 DESIGN; TERTIARY TREATMENT STANDARDS:

A. Tertiary treatment systems shall provide total nitrogen (TN) removal in addition to secondary treatment.

B. For lots that exceed the allowable hydraulic loading pursuant to Subsection C of 20.7.3.301 NMAC, a department approved tertiary treatment unit may be installed. The treatment unit must be capable of removing TN to a concentration equal to or less than the concentration limit calculated pursuant to Subsection C 20.7.3.603 NMAC.

C. Utilizing the standard loading equation, (flow (gpd) X conc. (mg/l) X 8.34 lbs./gal. X 365 days/yr) / 1,000,000 = lbs./yr/ac., and assuming an average of 60 mg/l of TN in the septic tank effluent and a maximum flow of 500 gpd/ac, the following simplified equation shall be used for determining the required TN concentration allowed for a specific lot size: total nitrogen concentration (in mg/l) = [lot size (in acres) / design flow (in gpd)] x 30,000.

D. The treatment unit shall be operated in accordance with the manufacturer's specifications and department approval conditions.

E. Total nitrogen effluent testing, when required pursuant to Subsection C of 20.7.3.901 NMAC, shall meet the concentration limit calculated pursuant to Subsection C of 20.7.3.603 NMAC. [~~The concentration limit shall be based on a 6 sample rolling average with no single sample exceeding twice the concentration limit.~~]

[20.7.3.603 NMAC - Rp, 20.7.3.603 NMAC, 9/1/13; A, 9/1/13; A, 9/15/14]

### 20.7.3.701 DESIGN; CONVENTIONAL DISPOSAL FIELD; DESIGN AND CONSTRUCTION:

A. Disposal trenches shall conform to the following:

(1) the trench width shall be no less than one foot or no more than three feet;

(2) a minimum of six inches of aggregate shall be placed below the invert of the distribution pipe; and

(3) up to a maximum of three feet of aggregate may be placed below the distribution pipe.

B. Absorption beds shall conform to the following:

(1) a minimum of six inches of aggregate shall be placed below the invert

of the distribution pipes; and

(2) up to an additional one foot of aggregate may be placed below the distribution pipes.

C. For conventional disposal trenches and absorption beds, the distribution lines shall have an inside diameter of no less than four inches. Perforated pipe shall have two rows of holes and a minimum perforated area of one and one-half square inches per linear foot. Perforations shall be located not less than 30 degrees or more than 60 degrees from the vertical on either side of the center line of the bottom of the pipe. All plastic pipe and fittings shall conform to the current and appropriate ASTM standards. End caps shall be installed on all distribution lines.

D. Before placing aggregate or drain lines in a prepared excavation, all smeared or compacted surfaces shall be removed from trenches by raking to a depth of one inch and the loose material removed. Aggregate shall be placed in the trench to the depth and grade required. Drain lines shall be placed on the aggregate. The drain lines shall then be covered with aggregate to a minimum depth of two inches and then covered with untreated building paper, straw or similar porous material to prevent closure of voids with earth backfill. When geotextile fabric is utilized, no aggregate cover of the drainlines is required. No earth backfill shall be placed over the aggregate cover until authorized by the department.

E. The department shall allow drainfields for proprietary systems to be sized in accordance with recommendations by the wastewater technical advisory committee that have been approved by the secretary. The wastewater technical advisory committee shall make its recommendations upon standardized, objective evaluations in accordance with Section 9-7A-15 NMSA 1978. Drainfields for proprietary systems shall not be reduced in size by more than 30% in comparison to a conventional system.

F. Capped inspection ports shall be constructed, at a minimum, of four inch diameter, SDR 35 or better pipe installed at the end of each trench, provide inspection access to the bottom of the trench and terminate at finished ground level. Inspection ports may be installed below grade if located in a protective enclosure and locatable with GPS coordinates or a metal detector.

G. If seepage pits are used in combination with disposal fields, the aggregate in the trenches shall terminate at least 10 feet from the pit excavation and the line extending from such points to the seepage pit shall be constructed of approved pipe with watertight joints.

H. Where two or more

drain lines are installed, an approved distribution box of sufficient size to receive lateral lines shall be installed at the head of each disposal field. The inverts of all outlets shall be level and the invert of the inlet shall be at least one inch above the outlets. Distribution boxes shall be designed to ensure equal flow and shall be installed on a level base in natural undisturbed or compacted soil or on a concrete footing. Access to the distribution box shall be provided at the ground surface. However, the installer, after approval by the department, may install in lieu of a distribution box a tee fitting and a distribution header to multiple trenches provided that the tee and header pipe are level.

(1) Concrete distribution boxes shall be coated on the inside with bituminous coating or other approved method acceptable to the department.

(2) All laterals from a distribution box to the disposal field shall be approved pipe with watertight joints. Multiple disposal field laterals, wherever practicable, shall be of uniform length.

(3) Connections between a septic tank and distribution box or drainfield shall be laid with approved pipe with watertight joints on natural ground or compacted fill or appropriate bedding material. Such approved pipe shall be SDR 35 or better.

I. When more than 500 lineal feet of distribution line is required, a low-pressure dosed system shall be used.

J. Disposal fields shall be constructed as follows:

	MINIMUM	MAXIMUM
Number of drain lines	1 per field	
Length of each line	--	160 ft.
Bottom width of trench	12 in.	36 in.
Depth of earth cover of lines	9 in.	--
Grade of lines	level	3 inch/100 ft.
Aggregate under drain lines	6 in.	3 ft.
Aggregate over drain lines with:		
geotextile fabric	0 in.	--
other material	2 in.	--

K. Minimum spacing between trenches or absorption beds shall be four feet plus two feet for each additional foot of depth [~~in excess of one foot~~] below the [~~bottom~~] invert of the [~~drain~~] distribution line. Distribution drain lines in absorption beds shall not be more than six feet apart on centers and no part of the perimeter of the bed shall be more than three feet from a distribution drain line.

L. When necessary to prevent line slope in excess of three inches per 100 feet, absorption trenches or beds shall be stepped. The lines between each horizontal section shall be made with watertight joints and shall be designed so each horizontal trench or bed shall be utilized to the maximum capacity before the effluent shall pass to the next lower trench or bed. The lines between each horizontal absorption section shall be made with approved watertight joints and installed on natural or unfilled ground.

M. Sites with type Ia or type IV soils may use soil replacement. Sites with failed disposal systems may also use soil replacement. In addition to other design, setback and clearance requirements of 20.7.3 NMAC, the following conditions are required:

(1) The replacement soil shall be type Ib, or a higher level, as described in Table 703.1.

(2) Replacement soil shall be placed to a depth of at least 48 inches below the bottom of each trench.

(3) Replacement soil is placed to a width of at least 24 inches on both sides and ends of each trench.

(4) The application rate used for design of the trench shall be 2.00 square feet per gallon per day.

N. Disposal systems, including both conventional and alternative disposal, shall not be paved over or covered by concrete or any material that can reduce or inhibit any possible evaporation of effluent. Disposal systems shall not be subjected to vehicular traffic of any kind.

[20.7.3.701 NMAC - Rp, 20.7.3.701 NMAC, 9/1/13; A, 9/1/13; A, 9/15/14]

[For specifications for drainfield pipe, see the most recent versions of the ASTM standards: For Type PSM Poly (Vinyl Chloride)(PVC) Sewer Pipe and Fittings, for Poly (Vinyl Chloride)(PVC) Pipe and Fittings, for Corrugated Polyethylene (PE) Tubing and Fittings, and for Smoothwall Polyethylene (PE) Pipe for Use in Drainage and Waste Disposal Absorption Fields]

## NEW MEXICO DEPARTMENT OF HEALTH

7.27.2 NMAC Licensing of Emergency Medical Services Personnel (filed 10/15/12) repealed and replaced by 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, effective 8/15/14.

## NEW MEXICO DEPARTMENT OF HEALTH

7.27.11 NMAC, Supplemental Licensing Provisions (filed 12/17/12) repealed and replaced by 7.27.11 NMAC, Supplemental Licensing Provisions, effective 8/15/14.

**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 Systems Bureau.  
[7.27.2.1 NMAC - Rp, 7.27.2.1 NMAC,  
8/15/14]

**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,  
8/15/14]

**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 24-10B-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 dispatcher", "licensed emergency medical dispatch instructor", "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,  
8/15/14]

**7.27.2.4           DURATION:**  
Permanent.  
[7.27.2.4 NMAC - Rp, 7.27.2.4 NMAC,  
8/15/14]

**7.27.2.5           EFFECTIVE DATE:**  
August 15, 2014, unless a later date is cited at the end of a section.  
[7.27.2.5 NMAC - Rp, 7.27.2.5 NMAC,  
8/15/14]

**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,  
8/15/14]

**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 24-10B-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 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 an adjudication of guilt, and does not include a deferred adjudication that results in dismissal of a charge.

**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. “Distance Education - Synchronous”** means a method of delivering training and education via electronic media that links an educator and students, allowing them to interact in real time despite being in different places. This includes live, instructor interactive satellite broadcasts, or webcasts that allow for live video, audio, or other immediate feedback, and communication between the instructor and the students.

**T. “Distance Education - Asynchronous”, also known as distributive education** means a method of delivering training and education that does not require an educator and student to interact in real time. This may include computer-based-training, self-study modules, recorded broadcasts via satellite, internet, or other media, and other methods of out-of-classroom didactic education that includes an evaluation component.

**U. “Emergency medical dispatcher”** or **“EMD”** means a person who is trained and licensed pursuant to Subsection G of Section 24-10B-4 NMSA 1978 to receive calls for emergency medical

assistance, provide pre-arrival medical instructions, dispatch emergency medical assistance and coordinate its response.

**V. “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.

**W. “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.

**X. “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.

**Y. “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.

**Z. “Emergency medical services instructor/coordinator”** or **“EMT-I/C”** means an individual who has met the qualifications of the joint organization on education and has been approved by an EMS training institution to conduct and instruct EMS education programs.

**AA. “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.

**BB. “Examination attempt”** means an attempt to successfully complete the bureau approved EMS 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 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 bureau approved 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 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 fraud, theft, sexual assault, and other similar behavior.

**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, 8/15/14]

#### 7.27.2.8 GENERAL 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. 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 a database containing contact and other relevant licensure information for all licensed New Mexico EMS licensees.

**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. The most recently attained 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 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) when requested by the bureau or 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;

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

(3) 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);

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

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

(6) 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;

(7) 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;

(8) submit to the bureau for approval, refresher course curricula that follow the New Mexico refresher course blueprints as outlined in 7.27.2.11 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;

(9) use distributive and distance education for initial formal training courses as deemed necessary by the approved EMS training program, based on the education guidelines provided by the joint organization on education committee;

(10) 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;

(11) 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;

(12) ensure that all affiliated instructor-coordinators are approved by the joint organization on education;

(13) 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) 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;

(3) be currently licensed as a New Mexico EMS provider; and

(4) 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 Paragraph 4 of Subsection C of Section 24-10B-7 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. All subsequent renewal periods will be for a full 27 month period running from January 1 for twenty-seven months, and ending in March.

(2) For persons who are initially licensed during the last six months of a given year, the expiration date shall be calculated from January 1 of the following year.

**O.** New Mexico EMS bureau approved licensing examinations: All EMS candidates must successfully complete the bureau approved licensing examination.

(1) The initial 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 24 months based from the date of course completion. Should a candidate fail to become licensed within 24 months, not complete the initial licensing examination attempt within nine months of course completion, or fail to successfully complete the bureau approved licensing examination within three attempts, 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) 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.

(3) Applicants for state licensure shall pay the appropriate licensing fee upon submission of application to the bureau. See 7.27.2.13 NMAC for a complete description of licensing fees.

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

**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 a New Mexico 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 bureau approved 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 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 licensure 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 EMS bureau scheduled activity. 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, 8/15/14]

#### **7.27.2.9 INITIAL 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 section 7.27.2.10 NMAC. Specific time periods apply for EMS licensing examinations, according to Subsection O of 7.27.2.8 NMAC.

**B. Recognition:** 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, within the previous 12 months, 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 within the previous 24 months at a bureau approved EMS training program;

(d) successfully complete the bureau approved EMSFR licensing examination within three attempts; the initial 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) copy of national registry of EMT's emergency medical responder certification card acquired after bureau approved course and examination completion;

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

(g) pay all licensure fees as required by these rules;

**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 an EMS 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 direct 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 24 months;

(d) successfully complete the bureau approved EMT-B licensing examination within three attempts; the initial 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) copy of national registry of EMT's emergency medical technician certification card acquired after bureau approved course and examination completion;

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

(g) pay all licensure fees as required by these rules;

**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 24 months;

(6) successfully complete the bureau approved EMT-I licensing examination within three attempts; 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) copy of national registry of EMT's advanced emergency medical technician certification card acquired after bureau approved course and examination completion;

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

(9) pay all licensure fees as required by these rules;

(10) 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.

**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 licensure fees as required by these rules;

**I. Graduates of an approved and accredited New Mexico training program shall:**

- (1) submit a certificate of completion from the training program; successful completion of the EMT-P training program must have been accomplished within the previous 24 months;
- (2) successfully complete the bureau approved EMT-P licensing examination;
- (3) copy of national registry of EMT's paramedic certification card acquired after bureau approved course and examination completion;
- (4) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; and
- (5) all applicants who are graduates of a bureau approved EMS training program may apply for graduate licensing which allows them to work temporarily under direct supervision, as outlined in 7.27.2.8 NMAC;
- (6) be fully licensed as an EMT-B or EMT-I.  
[7.27.2.9 NMAC - Rp, 7.27.2.9 NMAC, 8/15/14]

**7.27.2.10 RECIPROCITY:**

**A.** Individuals who are currently licensed or certified in another state or certified with the National Registry of EMT's at any EMS licensure level, may apply for New Mexico EMS licensure as provided in this section. The individual shall:

- (1) submit an application for the appropriate licensure level along with a copy of a current out-of-state certification or licensure card, or national registry certification card;
- (2) provide a copy of a current bureau approved CPR certification card;
- (3) if applying for the EMT-P

level, provide a copy of current bureau approved training which meets or exceeds the current national standard for advanced cardiac life support (ACLS) on emergency cardiac care (ECC);

(4) pay the appropriate out-of-state reciprocity fee as required by these rules; there will be no refund of fees, except in unusual circumstances; as determined by the bureau;

(5) if applying for the EMSFR, EMT-B and EMT-I level, successfully complete a bureau approved transition course for out-of-state applicants, as determined by the EMS bureau;

(6) successfully complete the New Mexico transition written examination at the appropriate licensure level within three attempts and if, requested by the EMS bureau, successfully demonstrate appropriate practical skills proficiency; the initial state transition examination shall be completed within nine months from the date the application was received at the EMS bureau; successful completion of the examination process that results in the issuance of a NM EMS license shall be complete within 12 months from the date the application was received at the EMS bureau; and

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

**B. Additional provisions:**

(1) **Frequency:** an out-of-state reciprocity application for an individual will only be accepted once in a 12 month time period;

(2) **Temporary licensure:** a reciprocity applicant may be granted a temporary license to practice at the appropriate licensure level for a period of up to six months or until failure of any part of the transition examination, whichever occurs first.

(a) while under a temporary license, those applicants seeking full New Mexico licensure at the EMSFR, EMT-B, or EMT-I level shall complete a bureau approved out-of-state transition course and complete the New Mexico transition examination; applicants applying at the EMT-P level shall complete the New Mexico paramedic transition examination;

(b) applicants holding a temporary license shall be fully licensed when they have successfully completed New Mexico EMS transition examination at the appropriate licensure level and remit payments of required fees, all applicants are required to keep their out-of-state license or certification current until the New Mexico reciprocity process is successfully completed;

(c) temporary licenses issued to out-of-state reciprocity candidates shall only be issued once during a 12 month

period;

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

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

(f) the temporary license may also be used to facilitate licensure of an out-of-state seasonal EMS caregiver; temporary licenses issued to applicants for a seasonal license shall be issued once in a 12 month period, unless otherwise determined by the bureau for good cause; the temporary license is valid for six months from the date of issue; applicants for a seasonal temporary license must show proof of New Mexico medical direction provided by a medical director in accordance with 7.27.3 NMAC, as well as agree to provide care that does not exceed the New Mexico scope of practice for their level and that is approved by their medical director; the applicant must submit a completed application with appropriate fees.

[7.27.2.10 NMAC - Rp, 7.27.2.10 NMAC, 8/15/14]

**7.27.2.11 LICENSURE**

**RENEWAL:** All licensed New Mexico EMS providers are required to renew their license every two years. Current renewal documents and information may be obtained from the bureau, website, or by requesting them from the bureau. 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. New Mexico license renewal requirements may not match those of national registry or other states; it is the individual's responsibility to assure their completed CE meets the requirements of other states or the national registry if they want to renew those certifications and licensures.

**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 31st that occurs prior to licensure expiration. CPR and ACLS certifications are exempt from the December 31st 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 31st 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 expedited processing.

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

#### **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 level of licensure, the provider must meet the re-entry requirements to upgrade to the original level of licensure in accordance with Subsection L of 7.27.2.11 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 7.27.2.14 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 31st that occurs prior to expiration of licensure. CPR certification is exempt from the December 31st 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 CE activity; of which at least 12 hours shall be medical subjects/skills of bureau approved CE 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 CE 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 7.27.2.13 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 31st that occurs prior to expiration of licensure. CPR certification is exempt from the December 31st 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 CE renewal requirements;

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

(4) submit the required application and payment of all licensure renewal fees as required by 7.27.2.13 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 31st that occurs prior to expiration of licensure. CPR certification is exempt from the December 31st 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 CE 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, consisting of the following subjects and minimum hours per subject:

- (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 7.27.11 NMAC, current scopes of practice, that require medical direction; and

(7) submit payment of all licensure renewal fees as required by 7.27.2.13 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 31st that occurs prior to expiration of licensure. CPR certification is exempt from the December 31st 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 CE 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, consisting of the following subjects and minimum hours per subject:
  - (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 7.27.11 NMAC, current scopes of practice, that require medical direction;

(7) submit payment of all licensure renewal fees as required by 7.27.2.13 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 CE 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 31st that occurs prior to expiration of licensure. CPR certification is exempt from the December 31st 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 CE 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, consisting of the following subjects and minimum hours per subject:

- (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 7.27.11 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 designation of inactive status; this inactive status will remain in effect until the bureau is notified of the applicant obtaining medical direction. No patient care should be performed until the inactive status is removed;

(7) submit payment of all licensure renewal fees as required by 7.27.2.13 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 31st that occurs prior to the expiration of licensure. CPR and ACLS certifications are exempt from the December 31st 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 CE 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 7.27.11 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 designation of inactive status; this inactive status will remain in effect until the bureau is notified of the applicant obtaining medical direction. No patient care should be performed until the inactive status is removed;

(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 7.27.2.13 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 31st cutoff, but failed to renew licensure by March 31st, may renew between April 1st and May 31st of the expiration year. A complete renewal application for reinstatement must be received at the bureau by May 31st. Paperwork postmarked after March 31st will be assessed with an additional late fee. See Fees, 7.27.2.13 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 7.27.2.11 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 12 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 CE activity, of which 12 hours shall be medical subjects/skills and 12 hours shall be dispatch related subjects/skills of bureau approved CE 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 7.27.2.13 NMAC of these rules;

**(g)** the re-entry process may only be attempted once; if a candidate for re-entry does not successfully complete the exam within two testing attempts, the re-entry candidate must complete a full licensure course at the appropriate licensure level to be eligible for NM EMS licensure.

**(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 31st of any given year, will receive notification of EMS license expiration, and that they are no longer authorized to perform patient care. The bureau will send this notice to the address of record notifying the former licensee of expiration during the first week of April, and will notify the national registry of EMT's if applicable.

**N. Continuing education and approved refreshers:** 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 CE credit to licensed EMD's, EMD-I's, EMSFR's, EMT's, and paramedics 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 are discouraged and will be reviewed for approval or disapproval on a case-by-case basis. Application for CE approval shall be made utilizing the bureau's "notification of intent to conduct a CE program" application form available from the bureau. Information regarding CE's may be found on the bureau website.

**(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;

**(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 CE 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 CE:** The following forms of CE are currently recognized by the bureau. The bureau reserves the right to approve additional forms of CE as necessary. More detailed information may be found in the "EMS CE 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.

**(d) 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 CE user's guide" for a more complete description.

**(e) Field or clinical preceptorship:** A maximum of 20 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.

**(f) Asynchronous distance education learning programs, also known**

as distributive education: This is a method of delivering training and education that does not require an educator and student to interact in real time. This may include EMS videos, computer-based-training, self-study modules, recorded broadcasts via satellite, internet, or other media, and other methods of out-of-classroom didactic education that includes an evaluation component. A maximum of one-half of the required number of CE's necessary for renewal for each level may come from asynchronous distance, or distributive learning programs. Please note, this may differ from the requirement for maintaining national registry certification.

**(g) Synchronous distance education learning programs:** This is a method of delivering training and education via electronic media that links an educator and students, allowing them to interact in real time despite being in different places. This includes live, instructor interactive satellite broadcasts or webcasts that allow for live video, audio, or other immediate feedback and communication between the instructor and the students. There is no limit to the number of CE hours a licensed individual may obtain through this method. The CE documentation must document that the offering was provided and completed via a live broadcast.

**(h) EMS Agency/Fire Department Medical Director courses:** The medical director may conduct CE courses without a bureau approved CE number. All requirements for conducting an EMS CE course must be followed, and records must be maintained by the agency/department CE coordinator, including class roster and teaching outlines.

**(i) On-the-Job training/Staff meetings:** A maximum of 10 hours of CE will be accepted for agency/department staff meetings, job orientation classes, take home work sheets, etc., for each renewal period.

**(j) Meetings/Committees:** A maximum of 10 hours of CE will be accepted for attending EMS related committees/meetings for each renewal period.

**(k) Unacceptable CE:** CE's obtained for completing evaluations for any EMS classes or conferences, participating in EMS related surveys, etc., will not be accepted.

**(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 and short description 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 CE"; and

**(ix)** method of delivery (classroom, asynchronous/distributive, or synchronous distance program); and

**(x)** 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.

**(6) Approved refreshers:** For a formal refresher certificate to be accepted for renewal purposes, the course must be approved prior to an applicant completing the refresher. The EMS bureau will review formal refresher course curriculum developed by the approved New Mexico EMS educational institutions, as well as other institutions on request, and publicize the approved courses for each year on the bureau website. Formal refresher courses must contain a live, face-to-face, in-person classroom component to allow for practical skills performance and other interaction opportunities. The required length of this portion of the refresher will be determined by the EMS Bureau, and published in the CE guide. Refresher courses that do not have this component will not be approved. [7.27.2.11 NMAC - Rp, 7.27.2.10 NMAC, 8/15/14]

**7.27.2.12 IDENTIFICATION OF EMS PERSONNEL:** Licensed EMD's, EMD- I's, EMSFR's, EMT's, and paramedics 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, EMT's, and paramedics 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, EMT's, and paramedics shall promptly notify the bureau of any changes of name, address or EMS employment/ affiliation status. [7.27.2.12 NMAC - Rp, 7.27.2.11 NMAC, 8/15/14]



**7.27.2.13 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.

(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 EMS training program and individuals who possess out of state licenses or national registry certification applying for licensure.

**B. Initial license fees:**

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. Examination re-test (including retest of initial, reciprocity, or re-entry) fees:**

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

**D. 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

**E. 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

**F. 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

**G. Miscellaneous fees:**

DESCRIPTION	FEE
Additional patches-each	Bureau Cost
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

**H. Use of fees:** Fees collected by the bureau under these rules shall be used expressly for licensing related operations.

**I. 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.

**J. 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 bureau chief or designee for approval.  
[7.27.2.13 NMAC - Rp, 7.27.2.12 NMAC, 8/15/14]

**7.27.2.14 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 7.27.2.14 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 7.27.2.14 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, Paragraph 2 of Subsection B of Section 24-10B-5 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, and will notify the national registry of EMT's of the disciplinary action;

(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 a misdemeanor involving moral turpitude, 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 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;

(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;

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

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

(4) the provisions of the New Mexico Criminal Offender Employment Act, Section 28-2-1 et seq., NMSA 1978, shall apply to disciplinary actions proposed pursuant to this rule.

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

(a) the New Mexico human services department (HSD) shall issue to the bureau a certified list of 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;

(6) **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 person's 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 7.27.2.15 NMAC);

(7) **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 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 7.27.2.14 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, 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.

[7.27.2.14 NMAC - Rp, 7.27.2.13 NMAC, 8/15/14]

#### 7.27.2.15 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, New Mexico. Hearings in cases involving initial licensure shall also be held in Santa Fe, New Mexico.

**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. Depositions:**

Depositions may be taken by any party after service of notice in accordance with the Rules of Civil Procedure for the district courts. Depositions may be used as in proceedings governed by those rules.

**L. Subpoenas:**

A party may have subpoenas and subpoenas duces tecum (to compel discovery and the attendance of witnesses and the production of relevant books, papers, documents and other evidence) issued as of right prior to the commencement of a hearing upon making written request therefor to the hearing officer. The issuance of such subpoenas after the commencement of the hearing rests in the discretion of the hearing officer.

**M. 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.

**N. 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.

**O. 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.

**P. Conduct of hearing:**

Pursuant to the NM Open Meetings Act, Section 10-15-1, et seq., NMSA 1978, 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.

**Q. 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).

**R. Legal representation:**

A licensee or applicant may be represented by an attorney licensed to practice in New

Mexico, or by a licensed EMT, or both.

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

**S. 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.

**T. 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.

**U. 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 Section 39-3-1.1 NMSA 1978, a licensee or applicant who is entitled to a hearing under this rule and who 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. [7.27.2.15 NMAC - Rp. 7.27.2.14 NMAC, 8/15/14]

**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 9 5-04 (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.  
7.27.2 NMAC, Licensing of Emergency Medical Services Personnel (filed 10/15/12) repealed 7/15/14.

**Other History:**  
DOH Regulation 9 5-04 (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.  
7.27.2 NMAC, Licensing of Emergency Medical Services Personnel (filed 10/15/12) was replaced by 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, effective 7/15/14.

**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,  
Epidemiology and Response Division,  
Emergency Medical Systems Bureau.  
[7.27.11.1 NMAC - Rp. 7.27.11.1 NMAC,  
8/15/14]

**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 - Rp. 7.27.11.2 NMAC,  
8/15/14]

**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 - Rp, 7.27.11.3 NMAC, 8/15/14]

**7.27.11.4 DURATION:**

Permanent.

[7.27.11.4 NMAC - Rp, 7.27.11.4 NMAC, 8/15/14]

**7.27.11.5 EFFECTIVE DATE:**

August 15, 2014, unless a later date is cited at the end of a section.

[7.27.11.5 NMAC - Rp, 7.27.11.5 NMAC, 8/15/14]

**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 - Rp, 7.27.11.6 NMAC, 8/15/14]

**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 administer the medications or

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. Community emergency medical services programs:**

Community EMS programs shall be provided by EMS caregivers who, after completing a bureau approved community EMS caregiver course, are functioning as part of a community emergency medical services program that has been reviewed and approved by the EMS bureau. The providers must be authorized by their medical director to perform the skills listed in their application as part of the community EMS program. These programs may include referrals that involve transport to non-hospital locations, and for non-transport decisions. Skills and interventions may include any of the approved skills and interventions for the appropriate level; any skill that exceeds the scope of practice must be approved through the special skill process. Skills may include, but are not limited to:

- (1) education of patients in self-medication administration, and assessment of compliance with physician recommendations for health conditions;
- (2) assessments for preventing falls and other sources of injury by identifying risks in patient homes;
- (3) provide education on disease prevention;

(4) administering immunizations;

(5) in collaboration with a healthcare team, assist in developing a care plan, and educate the patient in following the care plan;

(6) perform in home patient assessments commensurate with level of education and licensure in order to provide information to a care team as to the progress or condition of a patient receiving therapies for medical conditions;

(7) provide assistance in locating and contacting appropriate providers of needed social services;

(8) treat discovered acute healthcare issues, transporting to emergency department if necessary;

(9) for chronic and non-acute issues, confirmed with online medical direction and agreed to by the patient, options other than EMS transport may be considered, including:

(a) arrange for non-emergent and non-EMS transportation to and care at an appropriate facility, such as a physician's office or urgent care center;

(b) provide referral information and arrange for follow up by appropriate care team members and/or social service personnel;

(10) assist with ongoing prescribed wound care.

**G. Critical Care**

**Transport services skills:** Paramedic critical care transport skills shall be used only by paramedic providers who have successfully completed a bureau approved critical care transport paramedic or critical care flight paramedic course. Subsequent to completing the approved course, the critical care paramedic must successfully complete a bureau administered or approved third party exam within one year. Additionally, the paramedics shall be functioning as part of a ground or air EMS agency with an approved critical care transport special skill and authorized by the agency medical director to utilize these skills. Critical care transport program skills are only authorized for use during inter-facility critical care transport activities, with the exception of air ambulance agencies providing emergency scene response; or ground critical care agencies requested to a scene by the local authorized and certified 911 response and transport agencies. Critical care transport special skills and medications that may be administered include, but are not limited to any of the below skills and medications; service specific skills and medication requests must be listed on the EMS agency critical care transport special skill application completed per 7.27.11.10 NMAC:

(1) monitoring of infusions including but not limited to anti-arrhythmics, nitrates, vasopressors,

blood products, thrombolytics, sedation, pain management and antihypertensive medications that have required titration within the past two hours and may need to have their dosages adjusted during transport:

(2) performance of skills not listed in the paramedic scope of practice, such as but not limited to escharotomy, fasciotomy, insertion of chest tubes, pericardiocentesis, blood administration, and nerve blocks;

(3) administration of medications, initiation of infusions, and utilization of routes, not listed on the paramedic scope but requested in the EMS agency's special skill application and approved by the medical direction committee and EMS bureau;

(4) utilization of advanced patient monitoring, such as invasive hemodynamic monitoring via monitoring of central venous pressure, pulmonary artery pressure, intracranial pressure monitoring, Swan-Ganz catheters, arterial lines, fetal monitoring, point of care lab values, and other monitoring or tests not listed in the paramedic scope, but requested in the EMS agency's special skill application and approved by the medical direction committee and EMS Bureau;

(5) utilization of ICU level ventilator support, to include ventilators delivering positive end expiratory pressure, with multiple adjustable mode and setting parameters that include inspiratory plateau pressures, pressure regulated volume control, pressure support ventilation, pressure control ventilation, airway pressure release ventilation and others; also, any ventilator delivering a mixture of nitric oxide or other beneficial gas mixtures;

(6) transport of patients with intra-aortic balloon pump, temporary internal cardiac pacing, left ventricular assist device or a bi-ventricular assist device and other appropriate devices to address hemodynamic instability as requested in the EMS agency's special skill application and approved by the medical direction committee and EMS bureau;

(7) administer paralytics and sedatives to maintain airway control previously initiated, and administer and perform rapid sequence airway pharmacology and techniques in order to secure an airway in response to patient condition, as requested in the EMS agency's special skill application and approved by the medical direction committee and EMS bureau;

(8) pediatric intubation or endotracheal tube management as requested in the EMS agency's special skill application and approved by the medical direction committee and EMS bureau.

#### H. 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.

#### I. Over the counter

**(OTC) medications and products.** A physician medical director may approve a list of over the counter (OTC) medications and products (i.e. NSAID's, antihistamines, anti-diarrheal, laxatives, antacids, vitamin supplements, hygiene products and other products) for distribution by an EMS caregiver working under medical direction to a requesting individual during scheduled stand-by situations. Examples are long-term wildfire responses, public events (concerts, rodeos, etc), various industry situations such as movie production & ski patrol, long-term construction & manufacturing projects, long-term search and rescue or tactical operations, and other situations where scheduled stand-by EMS is provided.

(1) The OTC medication/product must be properly labeled in individual dose packaging when distributed to the patient. Distribution from a bulk or multi-dose container is not permitted by this scope of practice, as well as other state and federal laws and regulations; medications will be distributed per manufacturer recommendations and labeling directions.

(2) The agency/EMS caregiver will maintain a written guideline that contains the list of physician approved OTC medications/products and the conditions for which they may be distributed. Specific dosing information and indications for pediatric patients must be included.

(3) The EMS agency/EMS caregiver must develop a method of documentation for the appropriate distribution of the OTC medications/products. This documentation shall include the OTC medication documentation and appropriate patient care report, per 7.27.10.12 NMAC (Records and Data Collection) and 7.27.11.11 NMAC. PRC certified ambulance agencies shall complete patient care documentation per 18.3.14.24 NMAC.

(4) OTC medications/products are distributed for the patient's self-administration and use. EMS caregivers will not administer OTC medications/products, unless approved elsewhere in the scope of practice for specific EMS patient care situations.

#### J. 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).

#### K. EMS first responders (EMSFR).

**(1) The following allowed drugs may be administered and skills and procedures 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 and appropriate tourniquet use;

(g) spine immobilization;

(h) splinting (does not include 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 utilizing a device that may have controls for rate, tidal volume, FIO<sub>2</sub>, and pressure relief/alarm and does not have multiple automatic ventilation modes;

(ii) 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;

(iii) hemostatic dressings for control of bleeding;

(iv) insertion of laryngeal and supraglottic airway devices (examples: king airway, LMA), excluding multi-lumen airways);

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

- (i) nebulized inhalation;
- (ii) nasal mucosal atomization (MA);
- (iii) intramuscular;
- (iv) oral (PO);

(c) allowable drugs:

- (i) oral glucose preparations;
- (ii) aspirin PO for adults with suspected cardiac chest pain;
- (iii) atropine and pralidoxime via IM auto-injection for treatment of chemical or nerve agent exposure;
- (iv) albuterol (including isomers) via inhaled administration;
- (v) naloxone via nasal mucosal atomizer;
- (vi) epinephrine via auto-injection device;

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

- (i) bronchodilators using pre-measured or metered dose inhalation device;
- (ii) naloxone, if provided with a nasal MA or IM delivery system.

#### L. EMT-BASIC (EMT-B):

**(1) The following allowed drugs may be administered and skills and procedures 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 to include appropriate tourniquet usage;
- (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 utilizing a device that may have controls for rate, tidal volume,

FiO<sub>2</sub> and pressure relief/alarm and does not have multiple automatic ventilation modes; this skill includes devices that provide non-invasive positive pressure ventilation via continuous positive airway pressure (CPAP);

- (ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA) to include gastric suctioning;
- (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) acupressure;
- (v) transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;
- (vi) performing point of care testing; examples include serum lactate values, cardiac enzymes, electrolytes, and other diagnostic values;

- (vii) hemostatic dressings for control of bleeding;

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

- (i) nebulized inhalation;
- (ii) subcutaneous;
- (iii) intramuscular;
- (iv) nasal mucosal atomization (MA);

- (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) atropine and pralidoxime via IM autoinjection for treatment of chemical and/or nerve agent exposure;

- (vi) albuterol (including isomers), via inhaled administration;
- (vii) ipratropium, via inhaled administration, in combination with or after albuterol administration;
- (viii) naloxone by SQ, IM, or IN route;

- (ix) epinephrine, 1:1000, no single dose greater than 0.3 ml, subcutaneous or intramuscular injection with a pre-measured syringe (including autoinjector) 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 nitroglycerin 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.

#### M. EMT-INTERMEDIATE (EMT-I):

**(1) The following allowed drugs may be administered and skills and procedures 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 including appropriate use of tourniquet;
- (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 utilizing a device that may have controls for rate, tidal volume,  $FiO_2$  and pressure relief/alarm and does not have multiple automatic ventilation modes; this skill includes devices that provide non-invasive positive pressure ventilation via continuous positive airway pressure (CPAP);  
 (ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA) to include gastric suctioning;  
 (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) acupressure;  
 (v) transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;  
 (vi) peripheral venous puncture/access;  
 (vii) blood drawing;  
 (viii) pediatric intraosseous tibial access;  
 (ix) adult intraosseous access;  
 (x) point of care testing; examples include serum lactate values, cardiac enzymes, electrolytes, and other diagnostic values;  
 (xi) hemostatic dressings for control of bleeding;  
 (b) administration of approved medications via the following routes:  
 (i) intravenous;  
 (ii) nasal mucosal atomization (MA);  
 (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 (1:1000), SQ or IM (including autoinjector) for anaphylaxis and known asthmatics in severe respiratory distress (no single dose greater than 0.3 cc);  
 (xii) 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 most current ACLS and PALS guidelines;  
 (xiii) 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;  
 (xiv) morphine, fentanyl, or dilaudid for use in pain control with approval of on-line medical control;  
 (xv) diphenhydramine for allergic reactions or dystonic reactions;  
 (xvi) glucagon, to treat hypoglycemia in diabetic patients when intravenous access is not obtainable;  
 (xvii) anti-emetic agents, for use as an anti-emetic only;  
 (xviii) methylprednisolone for reactive airway disease/acute asthma exacerbation;  
 (xix) Hydroxycobalamin;  
 (xx) 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 nitroglycerin 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 interfacility transport:

(i) potassium; intermediate EMT's may monitor IV solutions that contain potassium during transport (not to exceed 20 mEq/1000cc or more than 10 mEq/hour);

(ii) antibiotics and other anti-infectives utilizing an infusion pump; intermediate EMT's may monitor antibiotic or other anti-infective agents, provided a hospital initiated infusion has been running for a minimum of 30 minutes prior to the intermediate initiating the transfer, and the intermediate EMT is aware of reactions for which to monitor and the appropriate action to take before assuming responsibility for patient care;

(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.

N. EMT-PARAMEDIC (EMT-P):

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

(a) basic airway management;

(b) use of basic adjunctive airway equipment;	monitoring:	(xxviii) anti-emetic agents, for use as an anti-emetic only;
(c) suctioning;	pumps:	(xxix) sodium bicarbonate;
(d) cardiopulmonary resuscitation, according to current ECC guidelines;	(xvii) use of infusion blood and blood products with on-line medical control;	(xxx) thiamine;
(e) obstructed airway management;	(xviii) initiation of blood and blood products with on-line medical control;	(xxxi) topical anesthetic ophthalmic solutions;
(f) bleeding control including the appropriate use of tourniquet;	(xix) intraosseous access;	(xxxii) vasopressor agents;
(g) spine immobilization;	(xx) performing point of care testing; examples include serum lactate values, cardiac enzymes, electrolytes, and other diagnostic values;	(xxxiii) intravenous fluids
(h) splinting;	(xxi) hemostatic dressings for control of bleeding;	
(i) scene assessment, triage, scene safety;	(xxii) vagal maneuvers.	
(j) use of statewide EMS communications system;	<b>(b) administration of approved medications via the following routes:</b>	<b>(3) Drugs allowed for monitoring during inter-facility transports</b> (initiated and administered by the sending facility with defined dosing parameters and requiring an infusion pump when given by continuous infusion unless otherwise specified); the infusion may be terminated by the paramedic if appropriate, but if further adjustments are anticipated, appropriate hospital personnel should accompany the patient, or a critical care transport unit should be utilized:
(k) childbirth (imminent delivery);	(i) intravenous;	(a) potassium (no infusion pump needed if concentration not greater than 20mEq/1000cc;
(l) glucometry;	(ii) nasal mucosal atomization (MA);	(b) anticoagulation type blood modifying agents (such as fibrolytic drugs, heparin, glycoprotein IIb-IIIa inhibitors/antagonists);
(m) oxygen;	(iii) nebulized inhalation;	(c) procainamide;
(n) wound management.	(iv) sublingual;	(d) mannitol;
(2) The following require service medical director approval:	(v) intradermal;	(e) blood and blood products (no pump required);
(a) allowable skills:	(vi) intraosseous;	(f) aminophylline;
(i) mechanical positive pressure ventilation utilizing a device that may have controls for rate, tidal volume, FiO <sub>2</sub> , and pressure relief/alarm and has multiple automatic ventilation modes; this skill includes devices that provide non-invasive positive pressure ventilation (including continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BPAP);	(vii) endotracheal;	(g) antibiotics and other anti-infective agents;
(ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA) to include gastric suctioning;	(viii) oral (PO);	(h) dobutamine;
(iii) transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;	(ix) intramuscular;	(i) sodium nitroprusside;
(iv) application and use of semi-automatic defibrillators;	(x) topical;	(j) insulin;
(v) acupressure;	(xi) rectal;	(k) terbutaline;
(vi) peripheral venous puncture/access;	(xii) IV drip;	(l) norepinephrine;
(vii) blood drawing;	(xiii) subcutaneous;	(m) octreotide;
(viii) I.V. fluid therapy;	<b>(c) allowable drugs:</b>	(n) nutritional supplements;
(ix) direct laryngoscopy for endotracheal intubation and removal of foreign body in patients 13 and older; for patients 12 and under, for removal of foreign body only;	(i) acetaminophen;	(o) beta blockers;
(x) endotracheal intubation for patients over the age of 12;	(ii) activated charcoal;	(p) calcium channel blockers;
(xi) thoracic decompression (needle thoracostomy);	(iii) adenosine;	(q) nesiritide;
(xii) surgical cricothyroidotomy;	(iv) albuterol (including isomers);	(r) propofol in patients that are intubated prior to transport;
(xiii) insertion of nasogastric tubes;	(v) amiodarone;	(s) proton pump inhibitors and H2 antagonists;
(xiv) cardioversion and manual defibrillation;	(vi) aspirin;	(t) crotalidae polyvalent immune fab (ovine) ("crofab") crofab may be monitored during inter-facility transport provided the physician initiated crofab infusion has been running for a minimum of 30 minutes prior to the paramedic initiating the transfer and assuming responsibility for patient care.
(xv) external cardiac pacing;	(vii) atropine sulfate;	
(xvi) cardiac	(viii) benzodiazepines;	<b>(4) Immunizations and biologicals:</b> administration of immunizations, vaccines, biologicals, and TB skin testing is authorized under the following circumstances:
	(ix) calcium preparations;	(a) to the general public as part of a department of health initiative or emergency response, utilizing department
	(x) corticosteroids;	
	(xi) dextrose;	
	(xii) diphenhydramine;	
	(xiii) hydroxycobalamin;	
	(xiv) epinephrine;	
	(xv) furosemide;	
	(xvi) glucagon;	
	(xvii) analgesics;	
	(xviii) ipratropium;	
	(xix) lidocaine;	
	(xx) magnesium sulfate;	
	(xxi) naloxone;	
	(xxii) narcotic preparations;	
	(xxiii) nitroglycerin;	
	(xxiv) oral glucose nasal spray;	
	(xxv) oxytocin;	
	(xxvi) phenylephrine auto-injection for treatment of chemical and nerve agent exposure;	
	(xxvii) pralidoxime, IM	

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, treprostini sodium, or other medications utilized for certain types of pulmonary hypertension;

(b) bronchodilators using pre-measured or metered dose inhalation device;

(c) sublingual nitroglycerin 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, 7.27.11.8 NMAC, 8/15/14]

**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, (700 Camino De Salud NE., 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 education courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic.

**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 education courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic.

**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 education courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic.

**D. Central New Mexico community college.** EMS program, (525 Buena Vista Rd. SE, Albuquerque, NM 87106, Tel: 505-224-4000). Central New Mexico community college teaches formal EMS education courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic.

**E. San Juan college EMS Program.** (4601 College Blvd: Farmington, NM 87402; 505-566-3857). San Juan College conducts formal EMS education courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic. [7.27.11.9 NMAC - Rp, 7.27.11.9 NMAC, 8/15/14]

**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; once initial training is completed, a list of trained and approved personnel shall be provided to the medical direction committee; these special skill authorized licensed EMS personnel must appear on the service's personnel list on the *New Mexico EMS tracking and reporting system database*.

(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 the special skill approval letter from the bureau. Any specific conditions or limitations will be evidenced in the approval letter from the bureau.

**L. Monitoring:** It is expected that EMS services with approved special skills will continuously comply with the requirements of their application and approval letter. This includes, but is not limited to, such items as training curricula, approved instructors, quality assurance, protocols and data collection. Any changes to the approved application 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; these special skill authorized licensed EMS personnel must appear on the service's personnel list required for the *New Mexico EMS tracking and reporting system database*.

(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 and ongoing problems;

(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, 7.27.11.10 NMAC, 8/15/14]

### 7.27.11.11 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. Written reports shall be completed for all patient interactions, which include any visual, verbal, or physical patient contact, by the most appropriate EMS caregiver, whether or

not the patient was transported to a facility, including patient refusals.

(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.

[7.27.11.11 NMAC - Rp, 7.27.11.12 NMAC, 8/15/14]

#### HISTORY OF 7.27.11 NMAC:

##### History of Repealed Material:

7.27.11 NMAC, Supplemental Licensing Provisions (filed 12/17/2012) repealed 8/15/14.

## NEW MEXICO DEPARTMENT OF HEALTH

### TITLE 7 HEALTH CHAPTER 27 EMERGENCY MEDICAL SERVICES PART 12 CERTIFICATION OF S-T SEGMENT EVALUATION MYOCARDIAL INFARCTION (STEMI) RECEIVING AND REFERRING CENTERS

#### 7.27.12.1 ISSUING AGENCY:

New Mexico Department of Health, Epidemiology and Response Division, Emergency Medical Systems Bureau.  
[7.27.12.1 NMAC - N, 8/15/14]

**7.27.12.2 SCOPE:** These rules apply to New Mexico acute care hospitals that seek to be accredited or become accredited as a STEMI receiving or referring center by the society of cardiovascular patient care or another nationally recognized and Department of Health approved organization that provides such accreditation.

[7.27.12.2 NMAC - N, 8/15/14]

#### 7.27.12.3 STATUTORY

**AUTHORITY:** These rules are promulgated pursuant to the following statutory authorities: 1) the New Mexico Department of Health Act, Subsection E of NMSA 1978, Section 9-7-6, 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 ("Certification of STEMI receiving and referring centers").  
[7.27.12.3 NMAC - N, 8/15/14]

#### 7.27.12.4 DURATION:

Permanent.  
[7.27.12.4 NMAC - N, 8/15/14]

**7.27.12.5 EFFECTIVE DATE:** August 15, 2014, unless a later date is cited at the end of a section.

[7.27.12.5 NMAC - N, 8/15/14]

#### 7.27.12.6 OBJECTIVE:

These rules are intended to establish the requirements necessary for acute care hospitals to be certified as STEMI receiving or referring centers. Additionally, the rule intends to identify incentives for participation in a STEMI registry, as well as assist and encourage STEMI receiving centers to enter into coordinated care agreements with STEMI referring centers and other health care facilities throughout the state to provide appropriate access to care for acute heart attack patients.

[7.27.12.6 NMAC - N, 8/15/14]

#### 7.27.12.7 DEFINITIONS:

Unless a different meaning is plainly required by the context, the following words and phrases used in these regulations shall have the meanings indicated.

**A. "Accredited"** means a process of validation by an organization recognized by the department.

**B. "Acute care hospital"** means a facility with an emergency department and physicians(s) available, licensed under state statute, or a comparable facility operated by the federal government or located and licensed by another state.

**C. "Bureau"** means the EMS bureau of the epidemiology and response division of the department of health.

**D. "Certified"** means a formal determination by the department that an acute care facility has met the standards necessary for national accreditation, including functioning in a STEMI and other heart attack care system, and capable of providing special resources and care as a STEMI receiving or STEMI referring center.

**E. "Department"** means the New Mexico department of health.

**F. "Recognized"** means written acknowledgement by the bureau.

**G. "Registry"** means a bureau approved database which documents and integrates medical and system information related to the provision of STEMI and other heart attack care by acute care hospital facilities.

**H. "STEMI"** means ST

segment elevation myocardial infarction, a common type of heart attack caused by a blocked artery that supplies blood to the heart muscle.

[7.27.12.7 NMAC - N, 8/15/14]

#### 7.27.12.8 STEMI AND OTHER HEART ATTACK REGISTRY:

**A. Funding for data submission:** The department will, depending on availability of funds and based on guidelines approved by the department and administered by the bureau, provide limited financial assistance to acute care hospitals providing STEMI and other heart attack care data to the approved registry data platform, and allowing department access to that data. This funding is provided to defray licensing costs associated with the submission of data to the approved data platform. Participation in data submission to the registry is required to be eligible for funds. Acute care hospitals designated or seeking designation as STEMI receiving or referring centers must report data to the department approved data platform that is consistent with nationally recognized guidelines on the treatment of individuals with confirmed STEMI or other heart attack.

**B. Data platform:** The department of health shall approve a single data platform, to which data is submitted by each hospital, and maintain a statewide STEMI heart attack database that compiles information and statistics on heart attack care through this data platform.  
[7.27.12.8 NMAC - N, 8/15/14]

**7.27.12.9 STEMI receiving or referring center certification:** The department shall certify an acute care hospital as a STEMI receiving center or STEMI referring center if that hospital has been accredited as a STEMI receiving center or STEMI referring center by the society of cardiovascular patient care or another nationally recognized organization approved by the department of health that provides STEMI receiving or referring accreditation. The department shall post information regarding certification on the department's web site. If a hospital loses its national accreditation as a STEMI receiving center or STEMI referring center, the secretary shall revoke the hospital's certification.

[7.27.12.9 NMAC - N, 8/15/14]

**7.27.12.10 STEMI Heart attack system development and improvement:** To every extent possible, the department of health will:

**A.** Facilitate the communication and analysis of information and data between the department, acute care hospitals, emergency medical services,

and other care providers regarding ways to improve the quality of care for heart attack patients.

**B.** Establish a STEMI and heart attack data oversight process, and implement a plan for continuous quality improvement in the quality of care provided to heart attack patients statewide based on STEMI and other data sources, which will include:

(1) analyzing data generated by the registry on STEMI heart attack response and treatment;

(2) identifying potential interventions to improve STEMI heart attack care in the prehospital and acute care hospital settings throughout the state, and based on guidelines approved by the department and administered by the bureau, provide limited financial assistance depending on availability of funds; and

(3) assuring that data reported under section 7.27.12.8 NMAC shall be made available to requesting entities that have responsibility for the management and administration of services that provide prehospital and acute hospital care of heart attack patients.

[7.27.12.10 NMAC - N, 8/15/14]

**HISTORY OF 7.27.12 NMAC:**  
[RESERVED]

**NEW MEXICO  
DEPARTMENT OF HEALTH**

**TITLE 7 HEALTH  
CHAPTER 27 EMERGENCY  
MEDICAL SERVICES  
PART 13 CERTIFICATION OF  
STROKE CENTERS**

**7.27.13.1 ISSUING AGENCY:**  
New Mexico Department of Health,  
Epidemiology and Response Division,  
Emergency Medical Systems Bureau.  
[7.27.13.1 NMAC - N, 8/15/14]

**7.27.13.2 SCOPE:** These rules apply to New Mexico acute care hospitals that seek to be accredited or become accredited as an acute stroke capable center, primary stroke center, or comprehensive stroke center by the joint commission.  
[7.27.13.2 NMAC - N, 8/15/14]

**7.27.13.3 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 Public Health Act, Section 24-1-34 NMSA 1978 ("Primary stroke centers; comprehensive stroke centers; acute stroke capable centers; department certification; rulemaking").  
[7.27.13.3 NMAC - N, 8/15/14]

**7.27.13.4 DURATION:**  
Permanent.  
[7.27.13.4 NMAC - N, 8/15/14]

**7.27.13.5 EFFECTIVE DATE:**  
August 15, 2014, unless a later date is cited at the end of a section.  
[7.27.13.5 NMAC - N, 8/15/14]

**7.27.13.6 OBJECTIVE:**  
These rules are intended to establish the requirements necessary for acute care hospitals to be certified by the department as an acute stroke capable center, primary stroke center, or comprehensive stroke center. Additionally, the rule intends to identify incentives for participation in a stroke registry, as well as assist and encourage stroke centers to enter into coordinated care agreements with other health care facilities throughout the state to provide appropriate access to care for stroke patients.  
[7.27.13.6 NMAC - N, 8/15/14]

**7.27.13.7 DEFINITIONS:**  
Unless a different meaning is plainly required by the context, the following words and phrases used in these regulations shall have the meanings indicated.

**A. "Accredited"** means a process of validation by the joint commission recognized by the department.

**B. "Acute care hospital"** means a facility with an emergency department and physician(s) available, licensed under state statute, or a comparable facility operated by the federal government or located and licensed by another state.

**C. "Bureau"** means the EMS bureau of the epidemiology and response division of the department of health.

**D. "Certified"** means a formal determination by the department that an acute care facility has met the standards necessary for joint commission accreditation, including functioning in a stroke care system, and capable of providing special resources and care as an acute stroke capable, primary, or comprehensive center.

**E. "Department"** means the New Mexico department of health.

**F. "Joint commission"** means an independent, not-for-profit group in the United States that administers accreditation programs that address crucial

elements of operations, such as patient care, for hospitals and other healthcare-related organizations

**G. "Recognized"** means written acknowledgement by the bureau.

**H. "Registry"** means a bureau approved database which documents and integrates medical and system information related to the provision of stroke care by acute care hospital facilities.

**I. "Stroke"** is a term that broadly describes the death of central nervous system cells and tissues attributed to an insufficient supply of blood to the central nervous system. It includes conditions caused by ischemic stroke, intracerebral hemorrhage and subarachnoid hemorrhage.

**J. "Stroke center"** means an acute care hospital with a group of medical caregivers that have specific education and resources to diagnose and treat stroke; three levels of stroke centers - acute stroke capable, primary, and comprehensive - are accredited by the joint commission based on the capability of stroke care by the acute care hospital.  
[7.27.13.7 NMAC - N, 8/15/14]

**7.27.13.8 STROKE REGISTRY:**

**A. Funding for data submission:**

(1) The department shall, depending on availability of funds and based on guidelines approved by the department and administered by the bureau, provide limited financial assistance to acute care hospitals providing stroke data to the approved registry data platform, and allowing department access to that data. This funding is provided to defray licensing costs associated with the submission of data to the approved data platform. Participation in data submission to the registry is required to be eligible for funds.

(2) Acute care hospitals designated or seeking designation as acute stroke capable, primary, or comprehensive centers must report data to the department approved data platform that is consistent with nationally recognized guidelines on the treatment of individuals with confirmed stroke.

**B. Data platform:** The department of health shall approve a single data platform, to which data is submitted by each hospital, and maintain a statewide stroke database that compiles information and statistics on stroke care through this data platform.  
[7.27.13.8 NMAC - N, 8/15/14]

**7.27.13.9 ACUTE STROKE CAPABLE, PRIMARY, OR COMPREHENSIVE STROKE CENTER CERTIFICATION:** The department

shall certify an acute care hospital as a primary stroke center, comprehensive stroke center, or acute stroke capable center if that hospital has been accredited as an acute stroke capable center, primary stroke center, or comprehensive stroke center. The department shall post information regarding certification on the department's web site. If a hospital loses its national accreditation as a stroke center, the secretary shall revoke the hospital's certification.  
[7.27.13.9 NMAC - N, 8/15/14]

**7.27.13.10 STROKE SYSTEM DEVELOPMENT AND IMPROVEMENT:** To every extent possible, the department of health will:

**A.** Facilitate the communication and analysis of information and data between the department, acute care hospitals, emergency medical services, and other care providers regarding ways to improve the quality of care for stroke patients.

**B.** Establish a stroke data oversight process, and implement a plan for continuous quality improvement in the quality of care provided to stroke patients statewide based on stroke and other data sources. This will include:

(1) analyzing data generated by the registry on stroke response and treatment;

(2) identifying potential interventions to improve stroke care in the prehospital and acute care hospital settings throughout the state, and based on guidelines approved by the department and administered by the bureau, provide limited financial assistance depending on availability of funds;

(3) assuring that data reported under section 7.27.13.8 NMAC shall be made available to requesting entities that have responsibility for the management and administration of services that provide prehospital and acute hospital care of stroke patients.  
[7.27.13.10 NMAC - N, 8/15/14]

**HISTORY OF 7.27.13 NMAC:**  
[RESERVED]

**NEW MEXICO HIGHER EDUCATION DEPARTMENT**

5.7.20 NMAC, LEGISLATIVE LOTTERY SCHOLARSHIP PROGRAM (filed 8/1/00) repealed and replaced by 5.7.20 NMAC, LEGISLATIVE LOTTERY SCHOLARSHIP PROGRAM, effective 08/15/14.

**NEW MEXICO HIGHER EDUCATION DEPARTMENT**

**TITLE 5 POST-SECONDARY EDUCATION  
CHAPTER 7 TUITION AND FINANCIAL AID  
PART 20 LEGISLATIVE LOTTERY SCHOLARSHIP PROGRAM**

**5.7.20.1 ISSUING AGENCY:**  
State of New Mexico Higher Education Department.  
[5.7.20.1 NMAC - Rp, 5.7.20.1 NMAC, 08/15/2014]

**5.7.20.2 SCOPE:** Provisions of 5.7.20 NMAC apply to all state public post-secondary institutions in the state of New Mexico.  
[5.7.20.2 NMAC - Rp, 5.7.20.2 NMAC, 08/15/2014]

**5.7.20.3 STATUTORY AUTHORITY:** Sections 6-24-23 NMSA 1978.  
[5.7.20.3 NMAC - Rp, 5.7.20.3 NMAC, 08/15/2014]

**5.7.20.4 DURATION:**  
Permanent.  
[5.7.20.4 NMAC - Rp, 5.7.20.4 NMAC, 08/15/2014]

**5.7.20.5 EFFECTIVE DATE:**  
August 15, 2014, unless a later date is cited at the end of a section.  
[5.7.20.5 NMAC - Rp, 5.7.20.5 NMAC, 08/15/2014]

**5.7.20.6 OBJECTIVE:**  
**A.** The objective of 5.7.20 NMAC is to provide a level of financial support to New Mexico students who have obtained a New Mexico diploma of excellence from a New Mexico high school or a New Mexico high school equivalency credential and are enrolled full-time at an eligible New Mexico public college or university. This level of financial support is intended to help defray the cost of tuition at the public post-secondary educational institution where the student is enrolled.

**B.** A further purpose of 5.7.20 NMAC is to encourage New Mexico high school students who pursue a post-secondary education in New Mexico to complete a first four-year degree within a maximum of eight semesters or two-year degree within a maximum of four semesters (the number of semesters is so determined as the initial award is not made until the second semester of college enrollment).

**C.** As it applies to students with disabilities who may require special accommodations, the department, in

consultation with the student and the office at the public post-secondary educational institution that serves students with disabilities, shall review both the definition of "full-time" and the maximum number of consecutive semesters of eligibility and adjust either or both as deemed reasonable and appropriate, based on the student's disability needs. In no case shall "full-time" mean fewer than six credit hours per semester and in no case shall eligibility extend beyond 14 consecutive semesters at a four-year institution and seven consecutive semesters at a two-year institution.  
[5.7.20.6 NMAC - Rp, 5.7.20.6 NMAC, 08/15/2014]

**5.7.20.7 DEFINITIONS:**  
**A. "Academic year"**

means any consecutive period of two semesters (or three semesters for accelerated programs), three quarters or other comparable units commencing with the fall term each year.

**B. "Accelerated program"** means one in which a summer semester is a program requirement and not a student choice; a cohort that requires sequence of courses taken in summer semester.

**C. "Consortium"** means a written agreement between a home institution and one or more host institutions for consideration of combined enrollment for eligibility:

(1) home institution is the institution where the student is enrolled in a degree or certificate seeking program and is receiving lottery scholarship funds;

(2) host institution is the secondary institution where the student is taking part of their program requirements.

**D. "Department"** means the New Mexico higher education department (NMHED).

**E. "Full-time"** means 15 or more credit hours each program semester of the regular academic year at a research institution or comprehensive institution; or 12 or more credit hours for each program semester at community colleges; or through a consortium agreement between the home and host institutions, or for legacy students in any program semester. For students enrolled through a consortium agreement the minimum credit hour eligibility requirement shall be based on the student's home institution.

**F. "GPA"** means grade point average.

**G. "Immediately upon graduation"** means enrollment anytime within the first academic semester following high school completion.

**H. "Legacy student"** means a full time resident student who has

received three or more program awards by the end of fiscal year 2014.

**I. "Legislative lottery scholarship"** means a scholarship awarded from proceeds of the New Mexico lottery tuition fund, to defray all or part of the cost of tuition.

**J. "Non-enrollment"** means a student is not enrolled in a public post-secondary educational institution.

**K. "Probation"** means a period of time that a student fails to meet continuing eligibility for exceptional mitigating circumstances as determined by the financial aid director at the institution; as described in Subsection C of 5.7.20.8 NMAC.

**L. "Public post-secondary educational institution"** means a research or comprehensive institution, as defined in Article XII, Section 11 of the New Mexico constitution, and branch community colleges or community college or technical and vocational institute as defined by Section 21-13, 14, and 16 NMSA 1978.

**M. "Qualified student"** means a full-time student who graduated from a public or accredited private New Mexico high school or who received a high school equivalency credential while maintaining residency in New Mexico and who either:

(1) immediately upon graduation or receipt of a credential was accepted for entrance to and attended a public post-secondary educational institution; or

(2) within 120 days of completion of a high school curriculum or receipt of a high school equivalency credential began service in the United States armed forces and within one year of completion of honorable service or medical discharge from the service, attended a public post-secondary educational institution; and

(3) successfully completed the first semester at a public post-secondary educational institution with a grade point average of 2.5 or higher on a 4.0 scale during the first semester of full time enrollment.

**N. "Summer semester"** means a semester equal to fall and spring semester in duration and intensity that is required as part of an accelerated program.

**O. "Tuition scholarship"** means the scholarship that provides tuition assistance per semester for qualified students.

[5.7.20.7 NMAC - Rp, 5.7.20.7 NMAC, 08/15/2014]

## 5.7.20.8 STUDENT ELIGIBILITY:

**A.** A scholarship may be awarded to a student in their second semester who has met first semester

eligibility requirements as follows:

(1) has established New Mexico residency as defined in 5.7.18.9 NMAC or is eligible for a nondiscrimination waiver as defined in Subsection K of 5.7.18.10 NMAC;

(2) has received a New Mexico diploma of excellence from a New Mexico high school or a New Mexico high school equivalency credential;

(3) has met the requirements in Section E of 5.7.20.7 NMAC and Section M of 5.7.20.7 NMAC;

(4) has met requirements in Paragraphs (1) through (3) of Subsection A of 5.7.20.8 NMAC or students with exceptional mitigating circumstances as determined by the institution's financial aid director; students who are incapable of meeting the requirements specified in Paragraphs (1) through (3) of Subsection A of 5.7.20.8 NMAC due to a documented exceptional mitigating circumstance do not forfeit eligibility for the legislative lottery scholarship; however, the following requirements shall apply:

(a) the student shall provide documents certifying the nature of the students exceptional mitigating circumstance to the institution's financial aid director at the post-secondary educational institution at which the student is enrolling or will enroll; the institution's financial aid director shall exercise professional judgment to determine whether the exceptional mitigating circumstance is beyond the student's control and precludes the student from meeting the requirements specified in Paragraphs (1) through (3) of Subsection A of 5.7.20.8 NMAC;

(b) if, in the professional judgment of the institution's financial aid director, the student's exceptional mitigating circumstance is recognized as a valid reason for the student's inability to meet the requirements specified in Paragraphs (1) through (3) of Subsection A of 5.7.20.8 NMAC the student's initial eligibility for the legislative lottery scholarship shall be suspended or deferred unless and until such time that the student is capable of meeting the requirements of Paragraph (4) of Subsection A of 5.7.20.8 NMAC;

(5) has not been awarded a New Mexico scholars' scholarships or other state scholarships which are designated for 100% tuition; and

(6) students with disabilities shall obtain a referral from the student services division of the post-secondary educational institution where the student is enrolled that oversees students with special needs' requests to reduce the credit hours to be considered full semester for scholarship eligibility; referrals and any sufficient documentation shall be received within

30 days of the start of the student's first semester;

(7) students are encouraged, but are not required, to complete a free application for student aid (FAFSA) for lottery scholarship eligibility.

### **B. Continuing eligibility.**

Upon satisfaction of the qualifying semester eligibility requirements, the scholarship will be awarded to the student beginning with their second semester of enrollment. A student's continuing eligibility shall be determined on a semester basis.

(1) A legislative lottery scholarship award may be re-awarded to a student who:

(a) maintains a minimum of a 2.5 cumulative GPA; a student has the right to request use of the student's cumulative GPA earned at all New Mexico institutions; and

(b) maintains full time enrollment as provided in Subsection E of 5.7.20.7 NMAC; when a qualified student transfers after completion of the first semester from a two year institution to a four year institution for enrollment during the second or subsequent semester, a student will have met eligibility requirements, but said student must enroll in 15 credit hours upon transfer to maintain eligibility;

(i) receipt of a transfer transcript for sufficient documentation for eligibility;

(ii) student transfers shall defer to the receiving institution to determine eligibility.

(2) Students with disabilities may be re-awarded the legislative scholarship under the following conditions:

(a) a referral is obtained for each semester in which a reduction in credit hours is requested;

(b) maintains a minimum of a 2.5 cumulative GPA; and

(c) in no case shall eligibility extend beyond 14 consecutive semesters at a four year institution and six consecutive semesters at a two year institution.

(3) An eligible student that transfers shall continue to be eligible at the receiving institution after receipt of the student's transfer transcript containing eligibility confirmation.

**C. Probation.** Students who have been determined eligible and subsequently have exceptional mitigating circumstances as determined by the institution's financial aid director may be placed on a probationary status under the following conditions:

(1) the student shall provide documents certifying the nature of their exceptional mitigating circumstance to the financial aid director at the post-secondary institution at which the student is enrolling or will enroll;

(2) the financial aid director shall

exercise professional judgment to determine whether the exceptional mitigating circumstance is beyond the student's control and precludes the student from meeting the requirements specified in Paragraph (5) of Subsection A of 5.7.20.8 NMAC;

(3) the student shall maintain enrollment at the public post-secondary educational institution where eligibility was lost, if applicable;

(4) under no circumstances shall the student receive program awards in excess of those prescribed in Subsections A and B of 5.7.20.9 NMAC less the regular semester(s) of probation.

[5.7.20.8 NMAC -Rp, 5.7.20.8 NMAC, 08/15/2014]

#### 5.7.20.9 DURATION OF SCHOLARSHIP:

A. Upon qualification, the student's initial scholarship shall begin with the second semester of enrollment at a post-secondary educational institution. Thereafter, each scholarship is for a period of one semester subject to revocation for failure to maintain eligibility. The scholarship may be renewed on a semester basis until the award recipient has received three semesters of awards at a community college or seven semesters at a research and comprehensive institution of scholarship awards, or until the student graduates with a bachelor's degree from an eligible institution, whichever is sooner.

B. An award recipient may use the award at an eligible two-year post-secondary educational institution until the student receives three semesters of scholarship awards or an associate's degree and can continue to use the award at an eligible New Mexico four-year post-secondary educational institution if the student transfers to a four-year post-secondary educational institution without a break in attendance or the semester following receipt of the associate's degree. In no case shall a student receive more than seven semesters of the award with the exception of legacy students or students with disabilities.

C. A student may transfer from a four-year post-secondary educational institution to a two-year post-secondary educational institution, but in no case shall a student receive more than three semesters of awards at the two-year institution (including those awarded at the prior post-secondary educational institution) or until the student graduates with an associate's degree, whichever is sooner.

D. A student who has been previously eligible may request a leave of absence for cooperative education, military obligations, participation in a study abroad program through the home institution, or other exceptional mitigating circumstances.

E. The student's institutional financial aid director may approve a leave of absence for a period of up to one year if in the director's professional judgment the student has provided sufficient documentation to justify the leave of absence. Subsequent requests for an additional leave of absence by a student may be considered by the institution's financial aid director in increments not to exceed one year.

F. The financial aid director shall, in turn, ensure that the student does not receive program awards in excess of those prescribed in Subsections A and B of 5.7.20.9 NMAC and shall exclude the semesters of "non-enrollment" from the determination of eligible award semesters.

G. If a student becomes ineligible for a different state scholarship that is designated for 100% tuition, but satisfies the first semester eligibility requirements and thereafter is eligible for the legislative lottery scholarship, the student may begin receiving the legislative lottery scholarship for the remaining number of semesters of enrollment, not to exceed those prescribed in Subsections A and B of 5.7.20.9 NMAC.

[5.7.20.9 NMAC -Rp, 5.7.20.9 NMAC, 08/15/2014]

#### 5.7.20.10 AMOUNT OF SCHOLARSHIP:

A. To the extent that funds are made available from the fund, the board of regents or governing bodies of public postsecondary educational institutions shall award tuition scholarship in department approved amounts to qualified students and legacy students.

B. The method the department will use for calculating the tuition scholarship is as follows:

(1) estimate the total amount available in the lottery tuition fund, based on past lottery fund transfers, current year balances, and additional funds made available through legislation;

(2) estimate the number of lottery scholarship recipients for each institution, based on department endorsed institutional projections;

(3) calculate the un-weighted average tuition for each sector (research, comprehensive, and community college) in accordance with 2014 Bill Text NM S.B. 347;

(4) calculate the total amount needed to pay full average tuition to all estimated recipients;

(5) compute the uniform percentage of the sector average tuition rates that can be paid that keeps the fund solvent and ensures that the fund will not be overspent;

(6) determine the maximum

award per recipient for each institution (uniform percentage times average sector tuition for the sector of each institution);

(7) notify institutions.

C. In no case shall a student receive scholarship awards exceeding the total amount of tuition charged.

[5.7.20.10 NMAC -Rp, 5.7.20.10 NMAC, 08/15/2014]

#### 5.7.20.11 ADMINISTRATION OF THE LEGISLATIVE LOTTERY SCHOLARSHIP:

A. Eligible post-secondary educational institutions shall:

(1) notify students of their possible eligibility, during their first regular semester of enrollment including transfer students who had the legislative lottery scholarship at previous institutions;

(2) designate their institution's financial aid director to be responsible for determining initial and continuing student eligibility for the legislative lottery scholarship under the terms of these rules and regulations;

(3) maintain a listing of each participating student to include but not be limited to:

(a) social security number;

(b) cumulative GPA and completed enrollment hours in prior semesters;

(c) proof of initial and continuing enrollment;

(d) award semester; and

(e) other data fields deemed important by the department;

(4) draw-down files should be submitted to the department for eligible students as defined in Section 5.7.20.10 NMAC per semester; all fiscal year draw-downs shall be for eligible students enrolled during the same fiscal year;

(5) for students that satisfied the first semester eligibility requirements and seek continuing eligibility consideration, use professional judgment to determine that exceptional mitigating circumstances beyond the students control, for which documentation exists in the student's file; the institutions shall defer to their institutional satisfactory academic progress policy when considering circumstances which include, but are not limited to, consideration for falling below the cumulative GPA requirement or successfully maintain full time enrollment as defined in Section E of 5.7.20.7NMAC;

(6) provide to the department by April 15 each year the projected enrollment and tuition rates for the following academic year for their appropriate institution as follows: comprehensive, research institution in their second through eighth semester including qualified students in their fifth

through eighth semesters who transferred from a community college; projected enrollment at each community college at each community college in their second through fourth semesters;

(7) publish the probation policy as defined in Subsection C of 5.7.20.8 NMAC;

(8) encourage consortium agreements, as defined in the code of federal regulations, 34 CFR 6685, in order to facilitate the enrollment of students and to facilitate the student's participation in this program;

(9) ensure that all available state scholarships including merit based 3% scholarship and New Mexico scholars are awarded before granting legislative lottery scholarships; the intent of this provision is that tuition costs shall be paid first for those students eligible for merit-based aid packages funded by 3% scholarships; in those instances when tuition is not fully covered by the merit-based aid package, said student is eligible for the tuition cost differential to be funded by the legislative lottery scholarship program; nothing in this section requires a public postsecondary educational institution to award a scholarship inconsistent with the criteria established or such scholarship; refer to Subsection G of 5.7.20.9 NMAC for additional provisions;

**B. The department shall:**

(1) determine a uniform percentage of the average of in-state tuition costs by sector by which to calculate tuition scholarships; all eligible institutions will be notified prior to June 1 annually;

(2) conduct audits to ascertain compliance with rules and regulations, if, during the audit process, evidence indicates that a student should not have received a legislative lottery scholarship, the department will provide guidance to the institutions for appropriate action;

(3) make available to the legislative finance committee and department of finance and administration, by November 1, the following information:

(a) the status of the fund;

(b) tuition scholarship program participation data aggregated for each public postsecondary education institution to show:

(i) the number of qualified students and legacy students who received tuition scholarships and in the prior twelve month period;

(ii) the total number of students, including qualified students and legacy students, enrolled in the prior twelve-month period;

(iii) the amount of tuition scholarships funded by semester and the amount of tuition costs that were not offset by the tuition scholarship by semester; and

(iv) the number of qualified students and legacy students who graduated with a degree and, for each qualified student, the number of consecutive semesters and nonconsecutive semesters attended prior to graduation. [5.7.20.11 NMAC -Rp, 5.7.20.11 NMAC, 08/15/2014]

**5.7.20.12 TERMINATION**

**OF SCHOLARSHIPS:** A scholarship is terminated upon noncompliance by the award recipient with the legislative lottery scholarship rules, regulations or procedures as promulgated by the department.

[5.7.20.12 NMAC -Rp, 5.7.20.12 NMAC, 08/15/2014]

**HISTORY OF 5.7.20 NMAC:**

**History of Repealed Material:**

5.7.20 NMAC, Legislative Lottery Scholarship Program, filed 8/1/2000, Repealed 08/15/2014.

**NEW MEXICO RACING COMMISSION**

Explanatory paragraph: This is an amendment to 15.2.1 NMAC, Section 7, effective August 15, 2014. In 15.2.1.7 NMAC Subsections A through L and Subsections N through Z were not published as there were no changes.

**15.2.1.7 DEFINITIONS:**

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**M. DEFINITIONS BEGINNING WITH THE LETTER "M":**

(1) "**Maiden**" is a horse, which shows in the *daily racing form* or the *American quarter horse chart book* as never having won a race at a recognized meeting. A maiden, which has been disqualified after finishing first in a race, is still a maiden.

(2) "**Maiden race**" is a race restricted to maidens.

(3) "**Match race**" is a race between two (2) horses under conditions agreed to by their owners.

(4) "**Meeting**" is the specified period and dates each year during which an association is authorized to conduct racing by approval of the commission. For purposes of this rule, the meeting begins on the first date prior to actual racing that entries are accepted by the racing secretary. Entries shall be accepted no sooner than ~~[five]~~ seven (7) days before racing commences.

(5) "**Minus pool**" occurs when the payout is in excess of the net pool.

(6) "**Month**" is a calendar month.

(7) "**Mutuel field**" refers to two (2) or more contestants in a contest that are treated as a single betting interest for pari-mutuel wagering purposes because the number of betting interests exceeds the number that can be handled individually by the pari-mutuel system.

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[15.2.1.7 NMAC - Rp, 15 NMAC 2.1.7, 03/15/2001; A, 02/14/2002; A, 08/30/2007; A, 12/01/2010; A, 01/01/2013; A, 05/01/2013; A, 08/15/2014]

**NEW MEXICO RACING COMMISSION**

Explanatory paragraph: This is an amendment to 15.2.6 NMAC, Section 9, effective August 15, 2014. Subsections A through D were not published as there were no changes.

**15.2.6.9 MEDICATIONS AND PROHIBITED SUBSTANCES:**

The "uniform classification guidelines for foreign substances and recommended penalties and model rule", [~~December 2013, version 6.0 and "rei controlled therapeutic medication schedule", version 1.0 adopted April 2, 2013~~] January 2014, version 7.0 and "arci controlled therapeutic medication schedule", version 2.1 revised April 17, 2014 (furosemide has been modified in the "arci controlled therapeutic medication schedule, refer to Subsection E of 15.2.6.9 NMAC for current rule) as issued by the association of racing commissioners international, are incorporated by reference. Upon a finding of a violation of any medication and prohibited substances rule, which includes the possession of contraband as listed in 15.2.6.9 NMAC, the stewards shall consider the classification level of the violation as listed at the time of the violation by the uniform classification guidelines of foreign substances as promulgated by the association of racing commissioners international and impose penalties and disciplinary measures as determined by the New Mexico racing commission.

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~~[E. — NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs): The use of one of three approved NSAIDs shall be permitted under the following conditions:~~

~~(1) **Phenylbutazone:** The use of phenylbutazone shall be permitted under the following conditions: Any horse to which phenylbutazone has been administered shall be subject to having a blood and/or~~

urine sample(s) taken at the direction of the official veterinarian to determine the quantitative phenylbutazone level(s) and/or the presence of other drugs which may be present in the blood or urine sample(s). The permitted quantitative test level of phenylbutazone or oxyphenbutazone shall be administered in such dosage amount that the official test sample shall not exceed 2 micrograms per milliliter of plasma:

~~(2) Flunixin: In addition to phenylbutazone and furosemide, flunixin may be administered in such dosage amount that the official test sample shall not exceed 20 nanograms per milliliter of the drug substance, its metabolites, or analogs, per milliliter of blood plasma:~~

~~(3) Ketoprofen: In addition to phenylbutazone and furosemide, ketoprofen may be administered in such dosage amount that the official test sample shall not exceed 10 nanograms per milliliter of the drug substance, its metabolites, or analogs, per milliliter of plasma:~~

~~(4) These or any other NSAIDs are prohibited to be administered within the 24 hours before post time for the race in which the horse is entered:~~

~~(5) The presence of more than one of the three approved NSAIDs, with the exception of phenylbutazone in a concentration below 2 micrograms per milliliter of serum or plasma or any unapproved NSAID in the post-race serum or plasma sample is not permitted. The use of all but one of the approved NSAIDs shall be discontinued at least 48 hours before the post time for the race in which the horse is entered.]~~

~~[F] (E.) FUROSEMIDE:~~

~~(1) Furosemide (Salix) may be administered intravenously to a horse, which is entered to compete in a race. Except under the instructions of the official veterinarian for the purpose of removing a horse from the veterinarian's list or to facilitate the collection of a post-race urine sample, furosemide (Salix) shall be permitted only after the trainer enters the horse on the bleeder list by so declaring it as a bleeder on the entry card.~~

~~(2) The use of furosemide (Salix) shall be permitted under the following circumstances on association grounds where a detention barn is utilized: furosemide (Salix) shall be administered no less than three hours prior to post time for a quarter horse race for which the horse is entered and no less than four hours prior to post time for a thoroughbred race for which a horse is entered. A horse qualified for a furosemide (Salix) administration must be brought to the detention barn one hour prior to the three-hour or four-hour administration requirement specified above. After treatment, the horse shall be required by the commission to remain~~

in the detention barn in the care, custody and control of its trainer or the trainer's designated representative under association or commission security supervision until called to the saddling paddock.

~~(3) The use of furosemide (Salix) shall be permitted under the following circumstances on association grounds where a detention barn is not utilized: furosemide (Salix) shall be administered no less than three hours prior to post time for a quarter horse race for which the horse is entered and no less than four hours prior to post time for a thoroughbred race for which a horse is entered; the horse must be logged in at the stable gate with time and location no less than one hour prior to administration; the furosemide (Salix) dosage administered shall not exceed 250 milligrams nor be less than 100 milligrams for horses entered in a quarter horse race and the furosemide (Salix) dosage administered shall not exceed 500 milligrams nor be less than 150 milligrams for horses entered in a thoroughbred race; the trainer of the treated horse shall cause to be delivered to the official veterinarian or his/her designee no later than one hour prior to post time for the race for which the horse is entered the following information under oath on a form provided by the commission: the racetrack name, the date and time the furosemide (Salix) was administered to the entered horse; the dosage amount of furosemide (Salix) administered to the entered horse; the printed name and signature of the attending licensed veterinarian who administered the furosemide (Salix).~~

~~(4) The specific gravity of post race urine samples may be measured to ensure that samples are sufficiently concentrated for proper chemical analysis. The specific gravity shall not be below 1.010. If the specific gravity of the urine is found to be below 1.010 or if a urine sample is unavailable for testing, quantitation of furosemide in serum or plasma shall be performed.~~

~~(5) Quantitation of furosemide in serum or plasma shall be performed when specific gravity of the corresponding urine sample is not measured or if measured below 1.010. Concentrations may not exceed 100 nanograms of furosemide per milliliter of serum or plasma.~~

~~[G] (E.) BLEEDER LIST:~~

~~(1) The official veterinarian shall maintain a bleeder list of all horses, which have been certified as bleeder horses. Such certified horses must have been entered by the trainer as a bleeder to obtain certification.~~

~~(2) The confirmation of a bleeder horse must be certified in writing by the official veterinarian or the racing veterinarian and entered on the bleeder list. Copies of the certification shall be issued~~

to the owner of the horse or the owner's designee upon request. A copy of the bleeder certificate shall be attached to the horse's certificate of registration.

~~(3) Every confirmed bleeder, regardless of age, shall be placed on the bleeder list.~~

~~(4) A horse may be removed from the bleeder list only upon the direction of the official veterinarian, who shall certify in writing to the stewards the recommendation for removal and only after remaining on the bleeder list for a minimum of 60 days.~~

~~(5) A horse, which has been placed on a bleeder list in another jurisdiction, may be placed on a bleeder list in this jurisdiction by entering the horse into a race by so declaring it on the entry card as a bleeder in another jurisdiction.~~

~~[H] (G.) PERMISSIBLE MEDICATIONS WITH ACCEPTABLE LEVELS: The official urine test sample may contain one of the following drug substances listed below or the drugs listed on "rei controlled therapeutic medication schedule", their metabolites or analogs, in any amount that does not exceed the specified levels.~~

~~[I] (H.) Albuterol: The use of albuterol shall be permitted under the following conditions: any horse to which albuterol has been administered shall be subject to having a blood and urine sample(s) taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted quantitative test level of albuterol shall not exceed 1 nanogram per milliliter of urine, or its blood equivalent. If albuterol is detected in the urine, it must be confirmed in the blood to be a violation.]~~

~~[J] (I.) Atropine: The use of atropine shall be permitted under the following conditions: any horse to which atropine has been administered shall be subject to having a blood sample or a urine sample or both taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted quantitative test level of atropine shall not exceed 10 nanograms per milliliter of urine [or its blood equivalent].~~

~~[K] (J.) Benzocaine: The use of benzocaine shall be permitted under the following conditions: any horse to which benzocaine has been administered shall be subject to having a blood sample or a urine sample or both taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted quantitative test level of benzocaine shall not exceed~~



50 nanograms per milliliter of urine~~[-or its blood equivalent].~~

~~[(4)] (3) Procaine:~~ The use of procaine shall be permitted under the following conditions: any horse to which procaine has been administered shall be subject to having a blood sample or a urine sample or both taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted quantitative test level of procaine shall not exceed 50 nanograms per milliliter of urine~~[-or its blood equivalent].~~

~~[(5)] (4) Promazine:~~ The use of promazine shall be permitted under the following conditions: any horse to which promazine has been administered shall be subject to having a blood sample or a urine sample or both taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted quantitative test level of promazine shall not exceed 25 nanograms per milliliter of urine~~[-or its blood equivalent].~~

~~[(6)] (5) Salicylates:~~ The use of salicylates shall be permitted under the following conditions: any horse to which salicylates have been administered shall be subject to having a blood sample or a urine sample or both taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted quantitative test level of salicylates shall not exceed 750 micrograms per milliliter of urine~~[-or its blood equivalent].~~

~~[(7)] (6) Dipyrone:~~ The use of dipyrone shall be permitted under the following conditions: any horse to which dipyrone has been administered shall be subject to having a blood sample or a urine sample or both taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted quantitative test level of dipyrone shall be administered in such dosage amount that the official test sample shall not exceed 1000 nanograms per milliliter of urine~~[-or its blood equivalent].~~

~~[(8)] (7) [Flucort:]~~

**Flumethasone:** The use of flumethasone shall be permitted under the following conditions: any horse to which ~~[flucort]~~ **flumethasone** has been administered shall be subject to having a blood sample or a urine sample or both taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted

quantitative test level of flumethasone shall be administered in such dosage amount that the official test sample shall not exceed 10 nanograms per milliliter of urine~~[-or its blood equivalent].~~

~~[(9)] (8) Isoxsuprine:~~ The use of isoxsuprine shall be permitted under the following conditions: any horse to which isoxsuprine has been administered shall be subject to having a blood sample or a urine sample or both taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted quantitative test level of isoxsuprine shall be administered in such dosage amount that the official test sample shall not exceed 1000 nanograms per milliliter of urine~~[-or its blood equivalent].~~

~~[(10)] (9) Naproxen:~~ The use of naproxen shall be permitted under the following conditions: any horse to which naproxen has been administered shall be subject to having a blood sample or a urine sample or both taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted quantitative test level of naproxen shall be administered in such dosage amount that the official test sample shall not exceed 5000 nanograms per milliliter of urine~~[-or its blood equivalent].~~

~~[(11)] (10) Pentoxifylline:~~ The use of pentoxifylline shall be permitted under the following conditions: any horse to which pentoxifylline has been administered shall be subject to having a blood sample or a urine sample or both taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted quantitative test level of pentoxifylline shall be administered in such dosage amount that the official test sample shall not exceed 50 nanograms per milliliter of urine~~[-or its blood equivalent].~~

~~[(12)] (11) Pyrilamine:~~ The use of pyrilamine shall be permitted under the following conditions: any horse to which pyrilamine has been administered shall be subject to having a blood sample or a urine sample or both taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted quantitative test level of pyrilamine shall be administered in such dosage amount that the official test sample shall not exceed 50 nanograms per milliliter of urine~~[-or its blood equivalent].~~

~~[(13) Triamcinalone:~~ The use of triamcinalone shall be permitted under the

following conditions: any horse to which triamcinalone has been administered shall be subject to having a blood sample or a urine sample or both taken at the direction of the official veterinarian to determine the quantitative level(s) or the presence of other drugs, which may be present in the blood or urine sample. The permitted quantitative test level of triamcinalone shall be administered in such dosage amount that the official test sample shall not exceed 2 nanograms per milliliter of urine, or its blood equivalent.]

~~[(14)] (12) Ulcer medications,~~ i.e., **cimetidine, sucralfate, ranitidine:** The use of ulcer medications shall be permitted until further notice.

~~[(15)] (H.) ANDROGENIC-ANABOLIC STEROIDS:~~

(1) No AAS shall be permitted in test sample collected from racing horses except for residues of the major metabolite of **nandrolone**, and the naturally occurring substances **boldenone** and testosterone at concentrations less than the indicated thresholds.

(2) Concentrations of these AAS shall not exceed the following urine threshold concentrations for total (i.e., free drug or metabolite and drug or metabolite liberated from its conjugates):

(a) **boldenone** (Equipoise ® is the undecylenate ester of boldenone) in male horses other than geldings - 15 ng/ml in urine; no boldenone shall be permitted in geldings or female horses;

(b) **nandrolone** (Durabolin ® is the phenylpropionate ester and Deca-Durabolin ® is the decanoate ester) (in geldings - 1 ng/ml in urine, in fillies and mares - 1 ng/ml in urine); in male horses other than geldings-45 ng/ml of metabolite, 5 alpha oestrane-3 beta, 17 alpha - diol in urine;

(c) **testosterone** (in geldings - 20 ng/ml in urine, in fillies and mares - 55 ng/ml in urine).

(3) Any other anabolic steroids are prohibited in racing horses.

(4) The presence of more than one of the three AAS identified in Paragraph (2) of this subsection at concentrations greater than the individual thresholds indicated above shall not be permitted.

(5) Post-race urine samples collected from intact males must be identified to the laboratory.

(6) Any horse to which an anabolic steroid has been administered in order to assist in the recovery from illness or injury may be placed on the veterinarian's list in order to monitor the concentration of the drug or metabolite in urine. After the concentration has fallen below the designated threshold for the administered AAS, the horse is eligible to be removed from the list.

**[F:] (L) MEDICAL LABELING:**

(1) No person on association grounds where horses are lodged or kept, excluding licensed veterinarians, shall have in that person's care, custody or control, a drug, medication, chemical, foreign substance or other substance that is prohibited in a horse on a race day unless the product is labeled in accordance with this subsection. This restriction includes, but is not limited to, locations on the association grounds where that person occupies, in that person's personal property, effects or vehicle.

(2) Any drug or medication which is used or kept on association grounds and which, by federal or state law, requires a prescription must have been validly prescribed by a duly licensed veterinarian, and in compliance with the applicable state statutes. All such allowable medications must have a prescription label which is securely attached and clearly ascribed to show the following: the name of the product; the name, address and telephone number of the veterinarian prescribing or dispensing the product; the name of each patient (horse) for whom the product is intended/prescribed; the dose, dosage, duration of treatment and expiration date of the prescribed/dispensed product; the name of the person (trainer) to whom the product was dispensed.

**[H:] (J) ALKALINIZING SUBSTANCES:** The use of agents that elevate the horses TCO<sub>2</sub> or base excess level above those existing naturally in the untreated horse at normal physiological concentrations is prohibited. The following levels also apply to blood gas analysis:

(1) the regulatory threshold for TCO<sub>2</sub> is 37.0 millimoles per liter of plasma/serum plus the measurement uncertainty of the laboratory analyzing the sample, or a base excess level of 10.4 millimoles per liter of plasma/serum;

(2) the decision level to be used for the regulation of TCO<sub>2</sub> is 37.0 millimoles per liter of plasma/serum plus the measurement uncertainty of the laboratory analyzing the sample, or a base excess level of 10.4 millimoles per liter of plasma/serum;

(3) such violation is that of a class 4 drug and shall be the maximum penalty - 60 days suspension, \$1,000 fine and loss of purse.

**[I:] (K) OUT OF COMPETITION TESTING:**

(1) A horse may be subject to out of competition testing without advance notice if the horse is:

(a) on the grounds of a racetrack or training center under the jurisdiction of the commission;

(b) under the care or control

of a trainer or owner licensed by the commission; or

(c) any horse whose papers are filed in the racing office; or

(d) has been nominated to a stakes race.

(2) This rule applies to prohibited substances, practices and procedures are as follows:

(a) class 1, class II and class III drugs as listed with the New Mexico racing commission;

(b) blood doping agents including, but not limited to, erythropoietin (EP), darbepoetin, oxylglobin, hempure, aranasep or any substance that abnormally enhances the oxygenation of body tissues; and

(c) gene doping agents or the non-therapeutic use of genes, genetic elements, or cells that have the capacity to enhance athletic performance or produce analgesia.

(3) The permitted quantitative test level of clenbuterol for out of competition horses shall be administered in such dosage amount that the official test sample shall not exceed 300 picograms per milliliter of serum or plasma.

(4) Horses to be tested may be selected at random, with probable cause or as determined by the commission or an agent of the commission.

(5) The commission veterinarian, or any licensed veterinarian or licensed veterinary technician authorized by the commission, may at any time take a urine, blood or hair sample from a horse for this purpose.

(6) Split samples shall be collected in accordance with Subsection B of 15.2.6.10 NMAC and shall be secured and made available for further testing in accordance with Subsection D of 15.2.6.10 NMAC.

(7) All horses selected for testing must report to the test barn within 24 hours, unless the trainer or owner provides verification of an extenuating circumstance that makes it impossible.

(8) Any licensee who does not comply with the rule or the commission veterinarian for a sample may be subject to disciplinary action.

(9) Cooperation with the commission veterinarian, or any licensed veterinarian or licensed veterinary technician authorized by the commission, includes:

(a) assisting in the immediate location and identification of the horse selected for out of competition testing; and

(b) assisting the veterinarian in properly procuring the samples.

(10) Out of competition samples will be sent to the official laboratory of the commission, or another laboratory as designated by the commission, with reports

made in accordance with the provisions of the medication rules and the penalty provisions therefore.

**[M:] (L) OUT OF COMPETITION PENALTY RECOMMENDATIONS:**

(1) The penalty for any horse not presented for testing at the association's test barn within 24 hours of notification is a maximum suspension of 120 days.

(2) The penalty for the trainer of a horse not presented for testing at the association's test barn within 24 hours of notification is a maximum suspension of 180 days.

(3) The penalty for any horse with a positive test is a maximum suspension of 120 days and the horse's papers will be removed from the racing office.

(4) The penalty for the trainer of a horse with a positive test is a maximum \$1,500 fine and a maximum suspension of 180 days.

**[N:] (M) CONTRABAND:**

(1) No person on association grounds where horses are lodged or kept, excluding licensed veterinarians, shall have in that person's care, custody or control, a drug, medication, chemical, foreign substance or other substance that is prohibited in a horse on a race day unless the product is labeled in accordance with Subsection J of 15.2.6.9 NMAC. This restriction includes, but is not limited to, locations on the association grounds where that person occupies, in that person's personal property, effects or vehicle.

(2) The New Mexico racing commission may confiscate any contraband named in Subsection J of 15.2.6.9 NMAC and any drug or illegal substance that is found on association premises which a licensed trainer occupies or has the right to occupy, or in that trainer's personal property, effects or vehicle in that trainer's care, custody or control.

(3) Upon finding a violation of this subsection the stewards shall consider the classification level of the violation as it is listed in the uniform classification guidelines and recommended penalties of foreign substances as promulgated by the association of racing commissioners international and impose penalties and disciplinary measures adopted by the New Mexico racing commission.

(4) If the contraband is required to be tested by the official laboratory, payment of all costs for testing shall be borne by the licensee upon final decision by the stewards that the substance is prohibited pursuant to these rules.

**[O:] (N) ENVIRONMENTAL SUBSTANCES:**

Although the following environmental contaminants or substances may be found in the horse, no sample or specimen

shall exceed the following levels when tested: benzoylcegonine - 150 nanograms per milliliter in urine; caffeine - 100 nanograms per milliliter in plasma/serum; cathinone - 10 nanograms per milliliter in urine; hydrocortisone - 1000 nanograms per milliliter in urine; [~~hydrocortisone - 50 nanograms per milliliter in urine;~~] morphine/morphine glucuronides - 100 nanograms per milliliter in urine; scopolamine - 75 nanograms per milliliter in urine; strychnine - 100 nanograms per milliliter in urine; theobromine - 2000 nanograms per milliliter in urine; and, theophylline - 400 nanograms per milliliter in urine.

**[P.] (O.) SUSPENSION OF AUTHORIZED MEDICATION:**

(1) After a public meeting that has been noticed in accordance with the Open Meetings Act, Sections 10-15-1 through 10-15-4 NMSA, 1978, the commission may, for any cause, temporarily suspend the authorized administration to a horse entered to race of any drug, substance or medication that is otherwise permitted under the commission rules.

(2) The temporary suspension of the authorized administration of a drug, substance or medication may be for a race, breed, or race meeting, provided all horses in the same race compete under the same conditions.

(3) The commission shall notify in writing the racing association, the trainer's organization, and licensed veterinarians of any temporary suspension of authorization to administer a drug, substance or medication to a horse entered to race. The written notification shall at minimum:

(a) state the authorized medication whose use is temporarily suspended,

(b) the period of time for which the use of the authorized medication is temporarily suspended, and

(c) whether the temporary suspension is for a specific breed or a race meeting.

(4) A suspension of authorization to administer a drug, substance or medication to a horse entered to race shall not exceed 12 months.

[15.2.6.9 NMAC - Rp, 15 NMAC 2.6.9, 04/13/2001; A, 08/30/2001; A, 07/15/2002; A, 08/15/2002; A, 09/29/2006; A, 10/31/2006; A, 08/30/2007; A, 01/31/2008; A, 03/01/2009; A, 06/15/2009; A, 06/30/2009; A, 09/15/2009; A, 12/15/2009; A, 03/16/2010; A, 07/05/2010; A, 09/01/2010; A, 12/01/2010; A, 11/01/2011; A, 02/15/2012; A, 04/30/2012; A, 07/31/2012; A, 12/14/2012; A, 05/01/2013; A/E, 05/02/2013; A, 09/30/2013; A, 04/01/2014; A, 05/16/2014; A, 08/15/2014]

**NEW MEXICO  
REGULATION AND  
LICENSING DEPARTMENT  
INTERIOR DESIGN BOARD**

This is an amendment to 16.42.1 NMAC, Sections 1, 10, and 12, effective, August 15, 2014.

**16.42.1.1 ISSUING AGENCY:**  
Regulation and Licensing Department, New Mexico Interior Design Board [~~P.O. Box 25101, Santa Fe, New Mexico 87504~~]. [11/10/97; 16.42.1.1 NMAC - Rn, 16 NMAC 42.1.1, 10/26/2002; A, 11/14/2009; A, 08/15/2014]

**16.42.1.10 ADMINISTRATION:**  
A. The president shall, when present, preside at all meetings, appoint all committees subject to confirmation by vote of the board [~~sign with one other member all licenses that are issued;~~] and perform all other duties ordinarily pertaining to the office of president.

B. The vice-president will in the absence of the president, preside at the meetings and execute the duties of the president.

C. The secretary-treasurer shall oversee and report to the board the activities of the administrative staff including all financial matters.

D. Committees: Subject to the board's confirmation, the presiding officer at any meeting of the board is authorized to appoint special and standing committees from the membership of the board. The duties of such committees shall be assigned at the time the committee is appointed.

[11/10/97; 16.42.1.10 NMAC - Rn, 16 NMAC 42.1.10, 10/26/2002; A, 08/15/2014]

**16.42.1.12 ADVERTISING:**  
A. Each licensed interior designer (LID), shall include their name, state and license number in any newspaper, telephone directory, or any other advertising medium used by the LID. A sole proprietorship, corporation, limited liability company or partnership advertising interior design services is required to display the name, state and license number of [a] at least one LID employed by or working within that business entity.

B. Definition:  
(1) When using the words "licensed interior designer" or "licensed interior design" in any advertising medium, LIDs shall include their position, job description, or title and include the state and license number. A license number is not required unless the individual is a LID and

using the terms "licensed interior design" or "licensed interior designer".

(2) The term "newspaper, telephone directory, or other advertising medium" as used in Subsection A, shall mean any of the following when paid for or produced by or for a licensed interior designer (LID) (telephone business directory listings are deemed to be produced for a LID notwithstanding whether the listings are paid for):

- (a) telephone directory listings;
- (b) construction site signs;
- (c) airwave transmissions;
- (d) handbills;
- (e) all billboards, on or off site;
- (f) shopping and service guides;
- (g) magazine advertisements (including trade association publications);
- (h) classified advertisements;
- (i) signs on vehicles;
- (j) promotional materials such as video tapes, flyers, brochures;

(k) business [~~stationary~~] stationery: when using business [~~stationary~~] stationery as an advertising medium, the LID shall include name or signature, position, job description or title of the individual and shall include the state and license number;

- (l) business cards;
- (m) television advertisement;
- (n) internet advertisement;
- (o) compact disc (CD) or digital video disk (DVD).

(3) The term shall not apply to the following:

- (a) on-site signage used for identification, i.e., on facade, front door, or location of business;
- (b) information identifying a charitable donation to any organization exempt from federal income tax;
- (c) telephone directory listings for professional interior design organizations.
- (4) Effective date of this rule is November 10, 1997.

**C. Seal:**

(1) The official seal of the board shall be as follows: an embossed circular seal two inches in diameter consisting of two concentric circles; the annular space between the two circles shall contain the seal of the state of New Mexico.

(2) The board authorizes a seal or stamp for use by licensed interior designers. The seal shall attest that the documents were prepared and reviewed by the licensed interior designer (LID). When an LID signs, stamps or seals a document containing the work of others, the LID represents that the entire document has been prepared by them under their responsible control, unless they include a written statement adjacent to their signature, stamp or seal identifying the portion of the document that was prepared by them or prepared

under their responsible control. A LID who signs, stamps or seals a document which was not prepared by them but was prepared under their responsible control is subject to disciplinary proceedings as if they prepared it themselves.

(3) The seal/stamp will bear the LID's name and license number and the legend "Licensed Interior Designer State of New Mexico." All plans, specifications and reports issued by a LID shall have the LID's signature placed across the seal/stamp.  
[11/10/97; 16.42.1.12 NMAC - Rn, 16 NMAC 42.1.12, 10/26/2002; A, 11/14/2009; A, 08/15/2014]

## NEW MEXICO REGULATION AND LICENSING DEPARTMENT INTERIOR DESIGN BOARD

This is an amendment to 16.42.2 NMAC, Section 1, effective August 15, 2014.

**16.42.2.1 ISSUING AGENCY:**  
Regulation and Licensing Department, New Mexico Interior Design Board [~~P.O. Box 25101, Santa Fe, New Mexico 87504~~].  
[11/10/97; 16.42.2.1 NMAC - Rn, 16 NMAC 42.2.1, 10/26/2002; A, 11/14/2009; A, 08/15/2014]

## NEW MEXICO REGULATION AND LICENSING DEPARTMENT INTERIOR DESIGN BOARD

This is an amendment to 16.42.3 NMAC, Sections 1, 7, 8, 9, 10, 11, 12, 14, 15 and 16, effective August 15, 2014.

**16.42.3.1 ISSUING AGENCY:**  
Regulation and Licensing Department, New Mexico Interior Design Board [~~P.O. Box 25101, Santa Fe, New Mexico 87504~~].  
[11/10/97; 16.42.3.1 NMAC - Rn, 16 NMAC 42.3.1, 10/26/2002; A, 11/14/2009; A, 08/15/2014]

**16.42.3.7 DEFINITIONS:**  
A. "Accredited institution" means a school, college, university, or other institution of higher education that is accredited by a national or regional independent educational institution accrediting body or by a state department of education or similar state agency. The accrediting body evaluates institutions and recognizes institutions as meeting acceptable levels of quality and performance according to a prescribed standard. If the school, college, university,

or other institution of higher education is not listed in the accredited institutions of postsecondary education, a directory published by the American council on education (ACE) for the council for higher education accreditation (CHEA), the applicant shall provide evidence of accreditation status from the appropriate accrediting body that is satisfactory to the board. The board may verify the accreditation status of a specific institution from the appropriate accrediting body.

**B. "Electronic signature"**  
means an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.

~~[B:]~~ **C. "Interior design program"** means a program that meets one of the following criteria:

(1) is a program offered in an accredited institution that is clearly identified and labeled as an interior design program; such program must specify in institutional catalogues and brochures its intent to educate and train professional interior designers, must maintain a recognizable organizational entity within the institution, must have a curriculum with an integrated, organized sequence of study, and must have an identifiable faculty; or

(2) is an interior design program accredited by the council for interior design accreditation (CIDA); or

(3) is a design curriculum program.

**D. "Military service member"** means a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States including the national guard.

**E. "Recent veteran"** means a person who has received an honorable discharge or separation from military service within two years immediately preceding the date the person applied for an occupational or professional license pursuant Section 61-1-34, NMSA 1978.  
[16.42.3.7 NMAC - N, 11/14/2009; A, 08/15/2014]

### **16.42.3.8 LICENSURE:**

A. License required:  
Effective June 16, 1989, no person shall represent themselves as a licensed interior designer unless they are licensed pursuant to the Interior Design Act.

B. Applications and qualifications for licensure: Any person desiring licensure as an interior designer shall apply as indicated in 16.42.3.9 NMAC, licensure by examination, or 16.42.3.10 NMAC, licensure by credentials. Electronic signatures will be acceptable for applications submitted pursuant to 14-16-1 through 14-16-19, NMSA 1978.

C. To be eligible for consideration as a design curriculum program, the applicant's post secondary course of study shall contain interior design or design related course hours earned at an accredited institution that include or cover the topics or subject matter described in Subsection F of 16.42.3.8 NMAC. The board will evaluate the applicant's transcript(s) and the course topic or subject matter shall be verified by official course descriptions from the institution's catalogues or brochures in force at the beginning of the term in which the course was taken or the hours earned or course descriptions from other official institutional source. The board may consider evidence other than official institutional sources if it is impossible to verify course descriptions from an official institutional source. The applicant shall be responsible for providing to the board the official course description. The applicant shall have the burden to prove to the board that courses claimed as eligible for design curriculum program hours are bona fide courses that include or cover the topic or subject matter described in Subsection F of 16.42.3.8 NMAC. The board will not investigate the course topic or subject matter or contact the institution or any person on behalf of the applicant. The applicant shall have the sole responsibility to provide sufficient evidence satisfactory to the board that the course includes or covers the allowable topic or subject matter. A particular course will be counted in only one topic or subject matter category, but more than one course may be included under a particular topic or subject matter category.

D. A graduate of a five, four, or two year program that is either clearly identified and labeled an interior design program as defined above or is accredited or approved by ~~[FHDER]~~ CIDA meets the educational requirements of Section 61-24C-8 (A), (B) or (D), NMSA 1978 respectively.

E. A design curriculum program shall be calculated as follows.

(1) A graduate of a five (5) year program must have completed at least 90 semester hours or 135 quarter hours of which must be in the area of interior design or design related courses.

(2) A graduate of a four (4) year program must have completed at least 60 semester hours or 90 quarter hours must be in the area of interior design or design related courses.

(3) An applicant of a three (3) year program must have completed at least 60 semester hours or 90 quarter hours in the area of interior design or design related courses.

(4) A graduate of a two (2) year program must have completed at least

40 semester hours or 60 quarter hours of interior design or design related course.

F. In order for the board to consider whether an applicant's post secondary course of study qualifies as a design curriculum program, the applicant shall complete supplemental application form(s) provided by the board and submit official course descriptions or other documentation satisfactory to the board of the interior design or design related course. To qualify as an allowable interior design or design related course for the design curriculum program, the course must include or cover one of the topic or subject matter categories described below as verified by the institution's official course description.

(1) Basic and creative arts: An understanding of studio based achievements in two and three dimensional design fundamentals.

(2) Theory: An understanding of the elements of design and composition, color theory, human environment, proxemics, behavior, design theories and spatial composition.

(3) Interior design: An understanding of design process, programming, conceptualization, problem solving and evaluation, space planning, furniture layout and selection and design attributes of materials, lighting, furniture, textiles and color; an awareness of design for special concerns such as environment and ecology and competency in human factors such as anthropometrics and ergonomics; an understanding of special populations such as the disabled, elderly, children, low income and special purposes such as the historic preservation and adaptive reuse.

(4) Technical knowledge: An understanding of detailing furniture, cabinetry and interiors and materials such as surfaces and structural materials, soft goods and textiles and laws related to building codes and ordinances, life safety and fire; an understanding of structure and construction, building systems, HVAC, electrical plumbing, acoustics, energy conservation, passive solar energy.

(5) Communication skills: An understanding of presentation skills such as sketching, delineation, rendering, models and photography and presentation skills such as written and oral, graphic, signage, lettering, drafting and working drawings; an awareness of computer systems such as ~~CADD~~ computer aided design (CAD) and word processors.

(6) Profession: An understanding of the interior design profession and organizations, ethics and related professions, business practices, specifications, industry, product safety

standards and estimating and business management or architecture and drawing or an understanding.

(7) History: An understanding of interiors, furniture and accessories and history of art or architecture.

(8) Electives: Includes any of the foregoing categories or an awareness of theories and methods of research related to experimental, survey, literature search and observation.

G. The experience requirement of Section 61-24C-8, NMSA 1978 shall be evaluated as follows:

"Diversified interior design experience" shall mean that the applicant has been engaged in three (3) or more of the following activities of enhancing the function and quality of interior space:

(1) analysis of a client's needs, goals, and life safety requirements for the interior space of a structure;

(2) integration of findings with knowledge of interior design;

(3) formulation of preliminary design concepts that are appropriate, functional, and aesthetic;

(4) development and presentation of final design recommendations through presentation media;

(5) preparation of working drawings and specifications for non-load bearing interior construction, materials, finishes, space planning, furnishing, fixtures, and equipment;

(6) collaboration with professional services of other licensed practitioners in the technical areas of mechanical, electrical, and load-bearing design required for regulatory approval;

(7) preparation and administration of bids and contract documents as the client's agent; and

(8) review and evaluation of design solutions during implementation and upon completion.

H. An applicant shall have worked at least one thousand six hundred hours (1,600) hours in a calendar year to obtain credit for a year's worth of diversified interior design experience.

I. Diversified interior design experience shall be demonstrated to the board by the applicant who shall furnish the following:

(1) an affidavit by the applicant attesting that the applicant has engaged in the practice of interior design for the number of years for which the applicant is claiming experience; and

(2) three (3) references, on forms provided by the board, certifying that the applicant has provided interior design services for the period of experience claimed by the applicant;

(3) if the applicant was self employed, (out of state applicants only)

applicant must send documentation to prove a legitimate business for each year of experience needed with application; send copies of three (3) of the following:

- (a) business license;
- (b) resale tax certificate;
- (c) voided business check;
- (d) corporation papers;
- (e) business advertisement.

[11/10/97, 7/8/98; 16.42.3.8 NMAC - Rn, 16 NMAC 42.3.8, 10/26/2002; A, 11/14/2009; A, 08/15/2014]

#### 16.42.3.9 LICENSURE BY

**EXAMINATION:** Any person desiring licensure by examination as an interior designer shall apply to the board on a form prescribed by the board, pay the required application fee, and furnish evidence to the board documenting that the applicant meets the requirement for licensure. The following are the requirements for licensure.

A. Completed application form, ~~prescribed~~ provided by the board.

All areas of the form must be filled out and the application must be signed ~~and notarized~~. Application must be accompanied by application fee.

B. Official transcripts from all colleges or universities attended; must be received directly from the certifying institution. Courses indicated must satisfy the educational requirements for licensure. The official transcript must be certified with a school seal.

C. Three letters of reference must be submitted to the board office, certifying that the applicant has provided interior design services for the period of experience claimed by the applicant. Reference letters must be from employers or clients.

D. Candidate experience form must be completed and submitted to the board office.

E. Verification of passing the NCIDQ examination must be submitted to the board office.

[11/10/97, 7/8/98; 16.42.3.9 NMAC - Rn, 16 NMAC 42.3.9, 10/26/2002, A, 11/14/2009; A, 08/15/2014]

#### 16.42.3.10 LICENSURE BY

**CREDENTIALS:** Any person desiring licensure by credentials as an interior designer shall apply to the board on a form prescribed by the board, pay the required application fee, and furnish evidence to the board documenting that the applicant meets the requirement for licensure. The following are the requirements for licensure.

A. Completed application form, prescribed by the board. All areas of the form must be filled out and the

application must be signed [~~and notarized~~]. Application must be accompanied by application fee.

B Verification of passing the NCIDQ examination must be submitted to the board office.

C Verification of having a current license in another state or country must be submitted [~~to the board office~~] directly from the licensing state or country to our board office.  
[11/10/97; 16.42.3.10 NMAC - Rn, 16 NMAC 42.3.10, 10/26/2002; A, 11/14/2009; A, 08/15/2014]

#### 16.42.3.11 PROVISIONS FOR EMERGENCY LICENSURE:

A. Interior designers currently licensed and in good standing, or otherwise meeting the requirements for New Mexico licensure in a state in which a federal disaster has been declared, may be licensed in New Mexico during the four months following the declared disaster at no cost upon satisfying the following requirements:

(1) receipt by the interior design board of a completed application which has been signed [~~and notarized~~] and which is accompanied by proof of identity, which may include a copy of a driver's license, passport or other photo identification issued by a governmental entity;

(2) requirements have been met as set forth in 16.42.3.8 NMAC, 16.42.3.9 NMAC, and 16.42.3.10 NMAC;

(3) applicant shall provide a sworn affidavit that provides the name, address, years of employment and supervisors name;

(4) sworn affidavit that the applicant was personally and/or professionally affected by the disaster;

(5) verification of employment will be accepted from co-worker when it is impossible to obtain it from the employer;

(6) nothing in this section shall constitute a waiver of qualifications of the requirements for licensure contained in 16.42.3 NMAC.

B. The board may waive the application fees only.

C. The board may waive the specific forms required under 16.42.3.8 NMAC only if the applicant is unable to obtain documentation from the federal declared disaster areas.

D. Emergency provisional license shall expire one (1) year from date of issue. Application for permanent license shall be made on or before expiration of the temporary license following the date of issue of the emergency provisional license.

E. The board reserves the right to request additional documentation, including but not limited to, recommendation forms and work

experience verification forms prior to approving the permanent license.

[16.42.3.11 NMAC - N/E, 12/12/2005; A, 08/15/2014]

#### 16.42.3.14 EXPIRED LICENSE:

In the event a licensee fails to renew [~~his~~] their license by the expiration date, the board may reinstate the license upon payment of a [~~renewal~~] reinstatement fee of two hundred fifty dollars (\$250.00) per year of expiration, a late fee of one hundred dollars (\$100.00) per year of expiration [~~and any outstanding fees;~~] proof of compliance with all other requirements [~~and in additions;~~]. The board may require the former licensee to appear before the board [~~or successfully pass an examination approved by the board~~] prior to reinstating the license.

[16.42.3.14 NMAC - N, 11/14/2009; A, 08/15/2014]

#### 16.42.3.15 INACTIVE STATUS:

A. A license in good standing may be transferred to inactive status upon written request to the board. Such request shall be made prior to the expiration of the license.

~~\_\_\_\_\_ (1) No license will automatically be placed on inactive status by failure of the licensee to renew his license:~~

~~\_\_\_\_\_ (2) No license shall be placed on inactive status if the licensee is under investigation or if disciplinary proceedings have been initiated.]~~

\_\_\_\_\_ (1) The licensee shall submit their license to the board along with a written request to be placed on inactive status. The licensee is deemed to be on inactive status at the time of the request and license are stamped and received at the board office. In the event the license is lost or otherwise unavailable for delivery, inactivation of the license will take place at the time the board receives and marks them at the board office.

\_\_\_\_\_ (2) After three years of inactive status a licensee is required to re-apply for licensure.

\_\_\_\_\_ (3) No licensee will automatically be placed on inactive status by failure of the licensee to renew their license or to pay the annual inactive status fee.

\_\_\_\_\_ (4) No licensee shall be placed on inactive status if the licensee is under investigation or if disciplinary proceedings have been initiated.

\_\_\_\_\_ (5) The voluntary inactivation of a license will not prevent the commission from taking disciplinary action against the licensee.

B. An annual inactive status fee must be submitted to the board office by October 1<sup>st</sup> of each year. Failure to pay the inactive fee will result in the license being deemed expired.

C. Any person who desires

to reinstate his license must notify the board of his desire to reinstate the inactive license. Upon receipt of such notice, the board office will send the inactive licensee an application for reinstatement.

D. The inactive licensee shall submit the application for reinstatement together with the applicable fee(s) and proof of no less than eight continuing education hours for [~~the year of reinstatement~~] each year of inactive status, as defined in [~~16.42.6.8 NMAC~~] 16.42.6 NMAC.

[16.42.3.15 NMAC - N, 11/14/2009; A, 08/15/2014]

#### 16.42.3.16 LICENSURE FOR MILITARY SERVICE MEMBERS, SPOUSES AND VETERANS:

Application procedures to expedite licensure for military members, spouses and veterans. Applications for registration shall be completed on a form provided by the board office and shall include:

\_\_\_\_\_ A. Completed application and fee.

\_\_\_\_\_ B. Satisfactory evidence that the applicant holds a license that is current and in good standing, issued by another jurisdiction, including a branch of armed forces of the United States, and has met the minimal licensing requirements that are substantially equivalent to the licensing requirements for the occupational or professional license the applicant applies for pursuant to Chapter 61, Article 24C, NMSA 1978.

\_\_\_\_\_ C. Electronic signatures will be acceptable for application submitted pursuant to Section 14-16-1 through Sections 14-16-19, NMSA 1978.

\_\_\_\_\_ D. Fees:  
(1) The fee for application registration is \$200.00 as defined in 16.42.5 NMAC.

(2) The fees for renewal of registration is \$250.00 as defined in 16.42.5 NMAC.

\_\_\_\_\_ E. Renewal requirements:  
(1) A licensee pursuant to this section shall not be renewed unless the licensee meets requirements for licensure and for the renewal of a license pursuant to Chapter 61, Articles 2 through 34, NMSA 1978.

(2) Meets all licensing requirements as defined in 16.42.3.10 NMAC.

(3) Original and renewal registrations shall be valid for a period of not more than one year.

(4) Prior to the expiration of the license; licensee shall apply for registration renewal and pay the renewal fee as set forth in 16.42.3.13 NMAC.

[16.42.3.16 NMAC - N, 08/15/2014]

**NEW MEXICO  
REGULATION AND  
LICENSING DEPARTMENT  
INTERIOR DESIGN BOARD**

This is an amendment to 16.42.4 NMAC, Sections 1, effective August 15, 2014.

**16.42.4.1 ISSUING AGENCY:** Regulation and Licensing Department, New Mexico Interior Design Board [~~P.O. Box 25101, Santa Fe, New Mexico 87504~~]. [11/10/97; 16.42.4.1 NMAC - Rn, 16 NMAC 42.4.1, 10/26/2002; A, 11/14/2009; A, 08/15/2014]

**NEW MEXICO  
REGULATION AND  
LICENSING DEPARTMENT  
INTERIOR DESIGN BOARD**

This is an amendment to 16.42.5 NMAC, Sections 1 and 8, effective August 15, 2014

**16.42.5.1 ISSUING AGENCY:** Regulation and Licensing Department, New Mexico Interior Design Board [~~P.O. Box 25101, Santa Fe, New Mexico, 87504~~]. [11/10/97; 16.42.5.1 NMAC - Rn, 16 NMAC 42.5.1, 10/26/2002; A, 11/14/2009; A, 08/15/2014]

**16.42.5.8 FEES:** All fees are non-refundable.

A. An applicant for licensure may request an application packet from the board. The application must be accompanied by one hundred dollars (\$100.00) non-refundable administrative application fee.

B. The initial certificate of licensure shall be two hundred dollars (\$200.00).

C. The renewal fee shall be two hundred fifty dollars (\$250.00).

D. The late fee shall be one hundred dollars (\$100.00).

E. The fee for a duplicate [original certificate of licensure to replace a lost certificate of licensure, or a replacement certificate of licensure with a new name, or for a board-verified copy of a certificate of licensure] or replacement license shall be twenty-five dollars (\$25.00).

F. The reinstatement fee shall be two hundred dollars (\$200.00).

G. The fee for inactive status shall be fifty dollars (\$50.00) due annually by October 1<sup>st</sup> each year.

H. The fee for printable labels of licensees shall be twenty-five dollars (\$25.00).

I. The fee for electronic list of licensees shall be fifteen dollars (\$15.00).

J. The fee for each CEU course application shall be seventy-five dollars (\$75.00).

K. The fee for a verification of licensure shall be fifteen dollars (\$15.00).

[11/10/97; 16.42.5.8 NMAC - Rn & A, 16 NMAC 42.5.8, 10/26/2002; A, 11/14/2009; A, 08/15/2014]

**NEW MEXICO  
REGULATION AND  
LICENSING DEPARTMENT  
INTERIOR DESIGN BOARD**

This is an amendment to 16.42.6 NMAC, Sections 1, 7, and 8, effective August 15, 2014

**16.42.6.1 ISSUING AGENCY:** Regulation and Licensing Department, New Mexico Board of Interior Design. [~~P.O. Box 25101, Santa Fe, New Mexico 87504~~]. [11/10/97; 16.42.6.1 NMAC - Rn, 16 NMAC 42.6.1, 10/26/2002; A, 08/15/2014]

**16.42.6.7 DEFINITIONS:** [RESERVED]

A. "Continuing Education Unit (CEU)" means a point awarded to a professional person by a professional organization for having attended an educational program relevant to the goals of the organization. A value is established for the course and that number of points is given.

B. "Continuing Education (CE)" means educational opportunities for professionals.

[16.42.6.7 NMAC - Rn, 16 NMAC 42.6.7, 10/26/2002; A, 08/15/2014]

**16.42.6.8 CONTINUING EDUCATION; [GUIDELINES:** Interior designers in New Mexico shall be required to reestablish their professional knowledge and competency in conformity with this rule by completion of continuing professional education programs approved by the board.

A. Organization and administration: There is created the interior design committee on continuing education appointed by the board of interior design. The committee shall be comprised of one board member and five licensed interior designers. Subject to the approval of the board, said committee shall:

(1) evaluate and recommend, either prospectively, or retrospectively, whether specific courses, programs of education, and training qualify as formal

programs if learning which contribute directly to the professional competency of an interior designer; the committee shall recommend to the board the appropriate number of hours to be granted for each course offering submitted; the licensee takes the risk that courses which have not been pre-approved by the board may not fulfill the requirements;

(2) determine in individual cases whether the professional knowledge and competency has been advanced by virtue of the completion of such programs; the committee may review and validate course attendance documentation when the committee deems such a review is appropriate;

(3) audit the continuing education professional education records of licensees as deemed necessary;

B. Criteria for approval of courses:

(1) In any given renewal period, each interior designer must have completed eight (.8 CEU) board-approved hours of educational instruction or training in interior design subjects or courses of study, as defined hereinafter.

(2) Educational instruction or training in interior design or courses of study is defined as formal programs of learning which build upon the basic knowledge of interior design.

(3) Such programs are intended to meet the following criteria:

(a) enhance the quality of technical knowledge;

(b) enhance overall comprehensive professional education;

(c) provide knowledge in new technical areas;

(d) provide practical applications on issues which impact the public health, safety and welfare;

C. Approved subject areas:

(1) Unless otherwise approved by the board, subjects or courses of study accepted for the purposes of this rule shall be limited to the following:

(a) Enhance the quality technical knowledge:

(i) Health and safety planning: 1) life safety requirements, 2) barrier free requirements, 3) codes and ordinances, 4) interior products and finishes;

(ii) Business: 1) contracts and agreements, 2) accounting, 3) business law, 4) project management, 5) ethics;

(iii) Design: 1) computer aided drafting and design (CADD), 2) space planning and programming, 3) product performance, 4) documents and specs, 5) advancement in specialized field, 6) interior detailing, 7) historical preservation.

\_\_\_\_\_ (b) Related course work:

\_\_\_\_\_ (i) Mechanical, plumbing, and electrical system: 1) principles and design, 2) new equipment and control systems, 3) energy conservation.

\_\_\_\_\_ (ii) Building systems: 1) acoustics, 2) basic building systems, 3) lighting.

\_\_\_\_\_ (2) Additional methods of obtaining CE requirements:

\_\_\_\_\_ (a) Unless otherwise approved by the board and subject to the formalities and further requirements of this rule, additional methods of learning shall be limited to the following:

\_\_\_\_\_ (i) institutions of higher education;

\_\_\_\_\_ (ii) professional associations;

\_\_\_\_\_ (iii) education organizations;

\_\_\_\_\_ (iv) other qualified individual providers;

\_\_\_\_\_ (v) formal correspondence or other individual study programs; and

\_\_\_\_\_ (vi) documented professional or civic projects (eg, grant projects, out of country studies, exhibition design, etc.) which fulfill some aspect of the criteria required; credits for these projects will only be granted on the basis of sufficient documentation; although pre-approved is not mandatory, it is highly recommended.

\_\_\_\_\_ (b) Participation in professional and civic activities (eg, professional association membership or membership in civic organizations, etc.) will not be considered as a substitute for continuing education courses.

\_\_\_\_\_ (c) It is the responsibility of the attendee to provide sufficient documentation to the board to prove that the alternative method of obtaining CEU credit meets the criteria in Subsection B of 16.42.6.8 NMAC; Paragraph (1) of Subsection C of 16.42.6.8 NMAC; Paragraph (1) of Subsection D of 16.42.6.8 NMAC; and Subparagraph (b) of Paragraph (2) of Subsection D of 16.42.6.8 NMAC. It is also the responsibility of the attendee to provide proof of attendance.

\_\_\_\_\_ (d) Although pre-approval of alternative methods of obtaining CEU credit is not mandatory, it is highly recommended.

\_\_\_\_\_ (3) In order for a licensee to receive credit for programs of learning, as defined above, the following formalities and further requirements must be met:

\_\_\_\_\_ (a) Higher education credit courses shall be credited for continuing education purposes at the rate of fifteen (15) hours for each semester or credit hour. A copy of institution course completion must be submitted as proof of compliance.

\_\_\_\_\_ (b) Higher non-credit courses shall be credited for continuing education purposes equivalent to the actual number of classroom hours. A copy of institution course completion must be submitted as proof of compliance.

\_\_\_\_\_ (c) Continuing professional education credit for instructing a higher education course shall be twice the credit which would have been granted for the first presentation of a specific course or program, the same as the credit granted a participant for the second presentation and none thereafter.

\_\_\_\_\_ (d) No continuing professional education credit shall be permitted for attending interior design courses which do not build upon the basic knowledge of interior design.

\_\_\_\_\_ D. Criteria for approval of providers of continuing education

\_\_\_\_\_ (1) The board sets forth the following criteria to be used in approving course providers:

\_\_\_\_\_ (a) Proof of competence and expertise is required of the provider and the instructor (s), and experience and ability in preparing written instructional materials and testing must be demonstrated.

\_\_\_\_\_ (b) Provider shall not advertise course as board approved unless said approval has been granted.

\_\_\_\_\_ (2) Course review requirements for providers:

\_\_\_\_\_ (a) Course meets topic area guidelines as set forth in Paragraph (1) of Subsection C of 16.42.6.8 NMAC.

\_\_\_\_\_ (b) Length of course must be a minimum of two (.2 CEU) instructional hours in the classroom. Each instructional hour shall include at least fifty minutes of continuous actual instruction by the instructor, excluding panel discussion. (Panel discussion, within the board's discretion, may be eligible for either full or partial credit.)

\_\_\_\_\_ (c) For course approval, providers must complete the board approved continuing education program review form which may be retained from the board office.

\_\_\_\_\_ (d) Provider must submit course materials to the board for approval as set forth on the review form.

\_\_\_\_\_ (e) Previously approved courses shall be re-reviewed by the committee and the board if any of the following circumstances occur:

\_\_\_\_\_ (i) course instructor changed;

\_\_\_\_\_ (ii) course content changed;

\_\_\_\_\_ (iii) course received evaluation results from attendees, indicating that the course did not meet the approval criteria outlined in Paragraph (3) of Subsection B of 16.42.6.8 NMAC.

Subparagraph (a) of Paragraph (1) of Subsection D of 16.42.6.8 NMAC and Subparagraph (b) of Paragraph (2) of Subsection D of 16.42.6.8 NMAC;

\_\_\_\_\_ (iv) course documentation not submitted by the provider as required by Subparagraph (a) of Paragraph (4) of Subsection D of 16.42.6.8 NMAC;

\_\_\_\_\_ (v) changes in the number of CEU units;

\_\_\_\_\_ (vi) course documentation incomplete or irregularities exist;

\_\_\_\_\_ (vii) course is advertised as board approved when no such approval has been granted;

\_\_\_\_\_ (viii) if any of these conditions exist, a previously approved course shall not be considered approved by the board; the provider is responsible for resubmitting previously approved courses for re-approval if required by the above criteria:

\_\_\_\_\_ (f) Courses which do not build upon the basic knowledge of interior design will not receive board approval.

\_\_\_\_\_ (3) Suggested methods of instruction

\_\_\_\_\_ (a) In-person presentation

\_\_\_\_\_ (i) pre-course instruction book

\_\_\_\_\_ (ii) course presentation and materials

\_\_\_\_\_ (iii) question and answer

\_\_\_\_\_ (iv) evaluation

\_\_\_\_\_ (b) Self-study correspondence/ video-tape

\_\_\_\_\_ (i) pre-course instruction book

\_\_\_\_\_ (ii) lecture

\_\_\_\_\_ (ii) question and answer

\_\_\_\_\_ (iv) evaluation

\_\_\_\_\_ (v) testing

\_\_\_\_\_ (c) Other methods of instruction may be considered for approval by the board:

\_\_\_\_\_ (4) Additional requirements

\_\_\_\_\_ (a) Proof of attendance certificate: At the completion of the course, the provider must furnish proof of attendance certificates to all who satisfactorily complete the course. A copy of the attendance certification shall be maintained by the instructor for a two-year period. Said certificate shall contain the following items of information:

\_\_\_\_\_ (i) name of the provider;

\_\_\_\_\_ (ii) name of the attendee and license number;

\_\_\_\_\_ (iii) name of the instructor;

\_\_\_\_\_ (iv) title of course and number of CEU credits;

\_\_\_\_\_ (v) New Mexico board



of interior design approval number;

\_\_\_\_\_ (vi) date and location of presentation;

\_\_\_\_\_ (vii) length of course, excluding breaks (eg. time); and

\_\_\_\_\_ (viii) provider's signature as verification of attendee satisfactory completion of the course;

\_\_\_\_\_ (ix) the attendee shall submit a copy of the proof of attendance with other documentation:

\_\_\_\_\_ (b) Proof of attendance list

\_\_\_\_\_ (i) Within five (5) calendar days after the completion of the course, the provider must furnish a proof of attendance list to the board:

\_\_\_\_\_ (ii) The proof of attendance list shall include, at a minimum, the following information: 1) name of provider, 2) names of attendees, 3) signatures of attendees, 4) title of course and NM board of interior design approval number, 5) date and location of course, and 6) number of CEU credits:

\_\_\_\_\_ (c) Course evaluation forms

\_\_\_\_\_ (i) The provider must also furnish each attendee with a current copy of the board provided course evaluation form which every attendee shall complete and sign in ink at the conclusion of the course. The provider shall collect the course evaluation forms and submit the original forms to the board within five (5) calendar days of course completion:

\_\_\_\_\_ (ii) The names and number of attendees on the proof of attendance list must match the names and number of the evaluation forms:

\_\_\_\_\_ (iii) A current copy of the board provided course evaluation form shall be obtained from the board office for duplication by the provider:

\_\_\_\_\_ (d) The New Mexico board of interior design reserves the right to have a member of the continuing education committee or a member of the board audit the presentation of any course approved by the board as meeting the continuing education requirements for interior designers as required by the Interior Designers Act, (Section 61-24C-1 to Section 61-24C-16 NMSA 1978). The audit may be done without prior notification to the provider; however, the provider is not required to furnish materials and services associated with the course to the auditor without prior notice and compensation.] Interior designers in New Mexico shall be required to develop their professional knowledge and competency in conformity with this rule by completion of continuing education approved by the board.

A. Each interior designer must annually complete eight (8) CEUs in interior design subjects or courses of study approved by the New Mexico interior design board (NMIDB) or interior design

continuing education council (IDCEC).

B. Organization and administration: The board shall:

\_\_\_\_\_ (1) evaluate and approve either prospectively, or retrospectively, specific courses, programs of education, and training as formal programs of learning which contribute directly to the professional competency of an interior designer, and shall determine the appropriate number of CEU hours to be granted for each course offering submitted;

\_\_\_\_\_ (2) determine in individual cases whether the professional knowledge and competency has been advanced by virtue of the completion of such programs; and review and validate course attendance documentation when the committee deems such a review is appropriate;

\_\_\_\_\_ (3) audit the continuing education professional education records of licensees as deemed necessary; and

\_\_\_\_\_ (4) approve courses that have received IDCEC approval.

C. Minimum requirements of approved courses: Formal programs of learning which build upon the basic knowledge of interior design shall meet the following criteria:

\_\_\_\_\_ (1) enhance the quality of technical knowledge;

\_\_\_\_\_ (2) enhance overall comprehensive professional education;

\_\_\_\_\_ (3) provide knowledge in new technical areas; or

\_\_\_\_\_ (4) provide practical applications on issues which impact the public health, safety and welfare.

D. Approved subject areas:

\_\_\_\_\_ (1) Unless otherwise approved by the board, subjects or courses of study accepted for the purposes of this rule shall be limited to the following:

\_\_\_\_\_ (a) Design:

\_\_\_\_\_ (i) computer aided drafting and design (CAD);

\_\_\_\_\_ (ii) space planning and programming;

\_\_\_\_\_ (iii) product performance;

\_\_\_\_\_ (iv) document and specs;

\_\_\_\_\_ (v) advancement in specialized field;

\_\_\_\_\_ (vi) interior detailing; and

\_\_\_\_\_ (vii) historic preservation.

\_\_\_\_\_ (b) Health and safety planning:

\_\_\_\_\_ (i) life safety requirements;

\_\_\_\_\_ (ii) barrier free requirements;

\_\_\_\_\_ (iii) codes and ordinances; and

\_\_\_\_\_ (iv) interior products and finishes.

\_\_\_\_\_ (c) Mechanical, plumbing, and electrical systems:

\_\_\_\_\_ (i) principles and design;

\_\_\_\_\_ (ii) new equipment and control systems; and

\_\_\_\_\_ (iii) energy conservation.

\_\_\_\_\_ (d) Building systems:

\_\_\_\_\_ (i) acoustics;

\_\_\_\_\_ (ii) basic building systems; and

\_\_\_\_\_ (iii) lighting.

\_\_\_\_\_ (e) Business:

\_\_\_\_\_ (i) contracts and agreements;

\_\_\_\_\_ (ii) accounting;

\_\_\_\_\_ (iii) business law; and

\_\_\_\_\_ (iv) project

management.

\_\_\_\_\_ (f) Ethics.

\_\_\_\_\_ (2) Additional methods for meeting CEU requirements:

\_\_\_\_\_ (a) Unless otherwise approved by the board and subject to the formalities and further requirements of this rule, alternative methods for earning CEUs shall be limited to the following:

\_\_\_\_\_ (i) active service

as either an officer or board member of an interior design-related professional association or organization;

\_\_\_\_\_ (ii) service as an instructor at a college or university level course of an interior design related course;

\_\_\_\_\_ (iii) authoring or co-authoring a published professional interior design related paper, article, book or presentation.

\_\_\_\_\_ (b) It is the responsibility of the licensee to provide sufficient documentation and proof of the specific service or activity to the board to prove that the alternative method of obtaining CE credit meets the criteria in 6.42.6.8(E) NMAC; it is also the responsibility of the attendee to provide proof of attendance.

\_\_\_\_\_ (c) Pre-approval of alternative methods of obtaining CE credit is not mandatory but, is highly recommended.

E. In order for a licensee to receive credit for programs of learning, as defined above, the following formalities and further requirements must be met:

\_\_\_\_\_ (1) Higher education credit courses shall be credited for continuing education purposes at the rate of fifteen (15) hours for each semester or credit hour. A copy of a transcript documenting course completion must be submitted as proof of compliance.

\_\_\_\_\_ (2) Higher education non-credit courses shall be credited for continuing education purposes equivalent to the actual number of classroom hours. A copy of transcript documenting course completion must be submitted as proof of compliance.

(3) Continuing professional education credit for teaching a higher education course shall be credited with twice the number of credits awarded for attending the course for the first presentation of the course or program, the same number of credits granted a participant for the second presentation of the course, and none thereafter. A letter from education institution must be submitted as proof of completion.

**F. Criteria for approval of providers of continuing education:**

(1) The board sets forth the following criteria to be used in approving course providers:

(a) Proof of competence and expertise of the instructors is required.

(b) A provider shall not advertise course as board approved unless board approval has been obtained.

(2) General requirements for course approval shall include:

(a) Course meets topic area guidelines as set forth in Paragraph (1) of Subsection D of 16.42.6.8 NMAC.

(b) Length of course must be a minimum of one (1.0 CEU) instructional hours. Each instructional hour shall include at least fifty minutes of continuous actual instruction.

(c) For course approval, providers must complete the board-approved continuing education program review form which may be obtained from the board office.

(d) Provider must submit course materials to the board on the review form, form can be obtained from board office or website.

(e) Previously approved courses shall be re-reviewed by the committee and the board if any of the following circumstances occur:

(i) course instructor changed;

(ii) course content changed;

(iii) course received evaluation results from attendees,

indicating that the course did not meet the approval criteria outlined in Paragraph (3) of Subsection B of 16.42.6.8 NMAC, Subparagraph (a) of Paragraph (1) of Subsection D of 16.42.6.8 NMAC and Subparagraph (b) of Paragraph (2) of Subsection D of 16.42.6.8 NMAC;

(iv) course documentation not submitted by the provider as required by Subparagraph (a) of Paragraph (4) of Subsection D of 16.42.6.8 NMAC;

(v) changes in the number of CEUs;

(vi) course documentation incomplete or irregularities exist;

(vii) course is advertised as board approved when no such approval has been granted; and

(viii) if any of these conditions exist, a previously approved course shall not be considered approved by the board. The provider is responsible for resubmitting previously approved courses for re-approval if required by the above criteria.

(f) Pay application fees.

(g) Proof of attendance certificate: At the completion of the course, the provider must furnish proof of attendance certificates to all who satisfactorily complete the course. A copy of the attendance certification shall be maintained by the instructor for a two-year period. Said certificate shall contain the following items of information:

(i) name of the provider;

(ii) name of the attendee and license number;

(iii) name of the instructor;

(iv) title of course and number of CEU credits;

(v) New Mexico interior design board approval number;

(vi) date and location of presentation;

(vii) length of course, excluding breaks (e.g. time); and

(viii) provider's signature as verification of attendee satisfactory completion of the course.

(h) the attendee shall submit a copy of the proof of attendance with other documentation.

(3) Proof of attendance list:

(a) Within 30 calendar days after the completion of the course, the provider must furnish a proof of attendance list to the board. The proof of attendance list shall include the following information:

(i) name of provider;

(ii) names of attendees;

(iii) signatures of attendees

(iv) title of course and NM board of interior design approval number;

(v) date and location of course,

(vi) number of CEU credits; and

(vii) course evaluation forms.

(b) The provider must also furnish each attendee with a current copy of the board-provided course evaluation form which every attendee shall complete and sign in ink at the conclusion of the course. The provider shall collect the course evaluation forms and submit the original forms to the board within 30 calendar days

of course completion.

(c) The names and number of attendees on the proof of attendance list must match the names and number of the evaluation forms.

(d) A current copy of the board-provided course evaluation form shall be obtained from the board office for duplication by the provider.

(e) The board reserves the right to audit the presentation of any course it has approved. The audit may be done without prior notification to the provider; however, the provider is not required to furnish materials and services associated with the course to the auditor without prior notice and compensation.

[E-] G. Reporting of continuing education hours: Licensed interior designers shall submit to the board with their renewal application and fee, the required proof of attendance [documentation] of board-approved [continuing education] or IDCEC approved CEUs completed during the applicable renewal period. The board office shall verify credit hours earned prior to renewing the license.

[11/10/97; 16.42.6.8 NMAC - Rn, 16 NMAC 42.6.8, 10/26/2002; A, 08/15/2014]

**NEW MEXICO  
REGULATION AND  
LICENSING DEPARTMENT  
SOCIAL WORK EXAMINERS  
BOARD**

**TITLE 16 OCCUPATIONAL  
AND PROFESSIONAL  
LICENSING  
CHAPTER 63 SOCIAL  
WORKERS  
PART 18 LICENSURE FOR  
MILITARY SERVICE MEMBERS,  
SPOUSES AND VETERANS**

**16.63.18.1 ISSUING AGENCY:**  
New Mexico Regulation and Licensing  
Department.  
[16.63.18.1 NMAC; N, 09/01/14]

**16.63.18.2 SCOPE:** This part sets  
forth application procedures to expedite  
licensure for military service members,  
spouses and veterans  
[16.63.18.2 NMAC; N, 09/01/14]

**16.63.18.3 STATUTORY  
AUTHORITY:** These rules are  
promulgated pursuant to the Social Work  
Practice Act, Section 61-31-8A, 14-2-1, 61-  
31-19 NMSA 1978.  
[16.63.18.3 NMAC; N, 09/01/14]

**16.63.18.4 DURATION:**

Permanent.

[16.63.18.4 NMAC; N, 09/01/14]

**16.63.21.5 EFFECTIVE DATE:**

September 1, 2014 unless a later date is cited at the end of a section.

[16.63.18.5 NMAC; N, 09/01/14]

**16.63.18.6 OBJECTIVE:** The purpose of this part is to expedite licensure for military service members, spouses and veterans pursuant to Chapter 61, Articles 2 through 34 NMSA 1978.

[16.63.18.6 NMAC; N, 09/01/14]

**16.63.18.7 DEFINITIONS:**

A. **Military service member:** means a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard.

B. **Recent veteran:** means a person who has received an honorable discharge or separation from military service within the two years immediately preceding the date the person applied for an occupational or professional license pursuant to this section.

[16.63.18.7 NMAC; N, 09/01/14]

**16.63.18.8 APPLICATION REQUIREMENTS:**

A. Applications for registration shall be completed on a form provided by the board.

B. The information shall include:

(1) Completed application and fee pursuant to 16.63.3 NMAC.

(2) Satisfactory evidence that the applicant holds a license that is current and in good standing, issued by another jurisdiction, including a branch of armed forces of the United States, that has met the minimal licensing requirements that are substantially equivalent to the licensing requirements for the occupational or professional license the applicant applies for pursuant to Chapter 61, Article 31, NMSA 1978.

(2) Proof of honorable discharge (DD214) or military ID card or accepted proof of military spouse status.

[16.63.18.8 NMAC; N, 09/01/14]

**16.63.18.9 RENEWAL REQUIREMENTS:**

A. A license issued pursuant to this section shall not be renewed unless the license holder satisfies the requirements for the issuance set forth in 16.63.3 NMAC and for the renewal of a license set forth in 16.63.10 NMAC pursuant to Chapter 61, Article 31, NMSA 1978.

[16.63.18.9 NMAC; N, 09/01/14]

**HISTORY OF 16.63.18 NMAC:**

[RESERVED]

**NEW MEXICO  
REGULATION AND  
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SOCIAL WORK EXAMINERS  
BOARD**

This is an amendment to 16.63.1 NMAC, Sections 2 and 7, effective 09/01/2014.

**16.63.1.2 SCOPE:** All baccalaureate social workers, master social workers, and independent/clinical social workers.

[9/8/96; 16.63.1.2 NMAC - Rn, 16 NMAC 63.1.2, 06/19/02; A, 09/01/14]

**16.63.1.7 DEFINITIONS:**

A. **Appropriate supervision:**

(1) ~~Supervision, for the purposes of licensure, shall be provided by an individual qualified by the board of social work examiners. For licensed masters social workers aspiring to achieve licensure at an independent level (LISW), supervision shall be provided by a licensed independent social worker (LISW). For those licensed independent social workers aspiring to add a specialty to their license, supervision shall be provided by a licensed independent social worker licensed in that specialty. The relationship between the supervisor and supervisee must be designed to promote the development of professional social work skills for the delivery of social work services. These skills include the integration of theory and practice, the development and application of intervention techniques, the development and constant improvement of social work standards and ethics, and the continued acquisition of professional knowledge.] Supervision shall be provided by an individual qualified by the board of social work examiners. Applicants and supervisors will engage in the process of supervision in accordance with the guidelines established by the board.~~

(2) ~~Supervision for master level social workers practicing clinical social work not aspiring to achieve licensure at the independent level (LISW), supervision shall be provided by a licensed independent social worker or other supervision approved by the board.] Supervision for licensed masters level social workers aspiring to achieve licensure at an independent clinical level shall be provided by an independent social worker licensed at the LISW or~~

LCSW level who is engaged in direct clinical practice or by a licensed clinical professional approved by the board.

(3) ~~Supervisors shall evaluate and oversee the manner in which the above skills development is reflected in the supervisee's practice. The supervisor's responsibility insures that the supervisee acquires the necessary skills required for advanced and professional social work practice.] Supervision for master level social workers practicing clinical social work, not aspiring to achieve licensure at the clinical independent level, shall be provided by an independent social worker licensed at the LISW or LCSW level who is engaged in direct clinical practice, or other supervision approved by the board.~~

(4) ~~Applicant for licensure at the independent level must document 3,600 hours of licensed masters level social work experience which has been accumulated over no more than a 60 month period. Applicants for licensure must document 90 hours of supervision during this 3,600 hour period. One (1) hour of supervision must be documented for every 40 hours worked. No more than 60% of the 90 hours of supervision may be group supervision. No more than 25% of the 90 hours of supervision may be non face-to-face. The supervised contact may include live video teleconferencing which would be equal to face-face supervision. Teleconferencing can be included as supervision. Individual or group supervision will be accepted. Group supervision means supervision rendered to not more than four (4) individuals at one time. Applicants and supervisors will engage the process of supervision in accordance with the guidelines established by the board of social work examiners.] The relationship between the supervisor and supervisee must be designed to promote the development of professional social work skills for the delivery of social work services. These skills include the integration of theory and practice, the development and application of intervention techniques, the development and constant improvement of social work standards and ethics, and the continued acquisition of professional knowledge. Within the limits set forth by the board, teleconferencing and group supervision will be accepted.~~

(5) ~~Supervisors shall evaluate and oversee the manner in which the above skills development is reflected in the supervisee's practice. The supervisor's responsibility insures that the supervisee acquires the necessary skills required for advanced and professional social work practice. Supervisors shall immediately notify the board if there is a problem in the supervisory process or if the supervisor sees the applicant as unsuitable for this highest level of licensure.~~

(6) Supervisors who are overseeing supervision of individuals licensed as masters social workers (LMSW) after May 1, 2015 and aspiring to achieve licensure at the independent clinical level must comply with the board's supervisory requirements as follows:

(a) Complete a three (3) hour administrative course on supervision that may be used as continuing education;

(b) Submit an application that includes a curriculum vitae (resume) to the board for approval, prior to commencing supervision of the applicant; and

(c) Submit a plan for supervision to the board to include the frequency of supervision and the type of supervision i.e., individual, group, teleconferencing that will be employed throughout the supervisory period.

(7) Direct supervision: means face to face supervision, which may include video-teleconferencing. At least 70 of the 90 required hours must be obtained through direct supervision.

(8) Group Supervision: means supervision rendered to no more than six (6) individuals per group at a time. No more than 20 hours of the 90 required hours may be obtained through group supervision.

(9) Interdisciplinary Supervision: upon a written request and a showing of extraordinary circumstances, the board may accept supervision by other licensed clinical professionals to include, clinical psychologists, psychiatrists and professional clinical counselors. The supervising individual must be in good standing with their own professional licensing board. Board approval must be received prior to the commencement of supervision and no more than 30 hours of the required 90 hours may be obtained through non LISW/LCSW supervision.

(10) When a LCSW applicant seeks board approval for supervision from either an LCSW at the place of employment or from an outside supervisor who is not employed at the same agency as the LMSW seeking licensure, a signed agreement must be made between all parties. The agreement must include a statement that all client information is to be confidential and recognize that the decisions regarding clinical care rests with the agency/ organization. The employing agency shall be kept informed of any changes in the supervisory process.

B. [Licensed clinical social worker: an independent social worker with a clinical specialty is equivalent to a licensed clinical social worker (LCSW).] Licensed Clinical Social Worker: an independent social worker with a clinical specialty is equivalent to an independent clinical social worker (LCSW). The LCSW title captures the intent of being able to

practice "independently" in providing clinical services.

C. Qualified applicants:

(1) Means graduates from those programs having received accreditation by CSWE and those programs having candidacy status, conditional status, or under review status with CSWE.

(2) For those applicants who graduated from an institution of higher education before CSWE began to accredit programs (prior to 1974), the New Mexico board of social work examiners will require:

(a) a letter from the university's registrar's office stating that the applicant's course of study culminated in a degree which was the equivalent of an emphasis or major in social work;

(b) demonstrated social work experience;

(c) documentation of social work licensure in a previous state; and

(d) concurrence among the majority of professional members of the board that the transcripts reflect sufficient coursework in social work.

D. CSWE (council on social work education) accreditation: means those programs having received accreditation by CSWE and those programs having candidacy status or under review status with CSWE.

[1/1/90, 5/15/91, 6/22/92, 1/5/95, 5/1/99; 16.63.1.7 NMAC - Rn, 16 NMAC 63.1.7, 06/19/02; A, 04/24/06; A, 01/17/08; A, 12/31/08; A, 09/01/14]

## NEW MEXICO REGULATION AND LICENSING DEPARTMENT SOCIAL WORK EXAMINERS BOARD

This is an amendment to 16.63.3 NMAC, Section 10, effective 09/01/14

### 16.63.3.10 INITIAL LICENSE/ RENEWAL OF LICENSE:

A. Initial license.

(1) Initial licenses issued between January 1 and June 30 shall expire on July 1 of the next calendar year.

(2) Initial licenses issued between July 1 and December 31 shall expire on July 1 of the second calendar year following the date of issuance.

B. No license will be issued for longer than 24 months.

C. Renewal of license.

(1) Each licensed social worker shall apply for license renewal and pay the renewal fee as set forth in Part 8

(2) Licenses that expire July 1,

2007 will renew according to the following schedule.

(a) If the last digit of the license number ends in an even number the license will expire on July 1, 2008 and biennially thereafter. The renewal fee will be prorated.

(b) If the last digit of the license number ends in an odd number the license will expire on July 1, 2009 and biennially thereafter.

D. A 30-day grace period, running from July 1 - July 30, of the renewal year allows the social worker to submit a renewal without a late penalty fee. However the social worker's license shall be considered expired and the social worker will refrain from practicing.

E. From July 31 to September 29 of the renewal year the social worker may renew the license, however a penalty fee will be assessed (16.63.8.17 NMAC).

F. [After September 29 the social worker's license will be considered ~~revoked~~.] If revoked for non-renewal, [then] the licensee will be required to pay previous penalties, complete a new application and pay another application fee. [~~The applicant will also have to take an exam prescribed by the board.~~] Licensees revoked for non-renewal may be reinstated if revocation was due to extenuating circumstances. These extenuating circumstances include serious, physician-verified illness and military service. The extenuating circumstances must be presented in writing for the board's consideration and will be handled on a case-by-case basis. Licenses will only be reinstated if licensees are up to date with all current continuing education requirements and pass an exam prescribed by the board.

G. Electronic signatures shall be accepted on all applications. [5/15/91, 6/22/92, 1/5/95; 5/1/99, 16.63.3.10 NMAC - Rn, 16 NMAC 63.3.10, 06/19/02; A, 04/24/06; A, 11/30/06; A, 01/17/08; A, 12/31/08; A, 09/01/14]

## NEW MEXICO REGULATION AND LICENSING DEPARTMENT SOCIAL WORK EXAMINERS BOARD

This is an amendment to 16.63.6 NMAC, Section 8, effective 09/01/14

**16.63.6.8 QUALIFICATION FOR LICENSURE:** A person seeking reciprocity in the state of New Mexico shall meet the minimum requirements necessary for licensure in our state. The board shall have the discretion to license individuals who seek licensure by reciprocity based on

their credentials. Applicants for licensure by credentials ~~[must]~~ should possess the following:

A. a current valid social work license issued by an appropriate examining board under the laws of any other state or territory of the United States or the District of Columbia or any sovereign nation at the level of licensure being sought for a minimum of five years;

B. a passing test score from the association of social work boards for licensure level sought;

C. a baccalaureate degree in social work from a CSWE accredited program, if applying for the LBSW;

D. a master's degree in social work from a CSWE accredited program, if applying for the LMSW or LISW or LCSW;

E. verification the applicant has completed one of the following:

(1) a three credit hour course in New Mexico cultures listed on the applicants transcripts;

(2) a board approved course, workshop or seminar in New Mexico cultures;

(3) proof of previously passing the New Mexico cultural examination.

F. have presented to the New Mexico board documentation as required by the New Mexico board that any other license granted to the applicant by any other state has not been suspended, revoked, voluntarily surrendered or otherwise restricted for any reason except non-renewal or for the failure to obtain the required continuing education credits;

G. proof of passing the jurisprudence examination with a grade of no less than 70%.

[1/1/90, 5/15/91, 6/22/92, 5/1/99; 16.63.6.8 NMAC - Rn & A, 16 NMAC 63.6.8, 06/19/02; A, 11/30/06; A, 01/17/08; A, 12/31/08; A, 09/01/14]

## NEW MEXICO REGULATION AND LICENSING DEPARTMENT SOCIAL WORK EXAMINERS BOARD

This is an amendment to 16.63.8 NMAC, Section 8, effective 09/01/14

### 16.63.8.8 EXAMINATIONS:

A. ~~The fee for the association of social work boards (ASWB) examinations at any level of licensure is [one hundred and seventy five dollars (\$175.00).] determined and collected by ASWB.~~

B. ~~The fee for the New Mexico board of social work examiners-cultural awareness examination is thirty dollars (\$30.00).]~~

[1/1/90, 9/13/90, 5/15/91, 6/22/92, 5/1/99; 16.63.8.8 NMAC - Rn. & A, 16 NMAC 63.8.8, 06/19/02; A, 09/01/14]

## NEW MEXICO REGULATION AND LICENSING DEPARTMENT SOCIAL WORK EXAMINERS BOARD

This is an amendment to 16.63.11 NMAC, Part name and Sections 7, 9 & 10, effective 09/01/14

### TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING CHAPTER 63 SOCIAL WORKERS PART 11 INDEPENDENT CLINICAL SOCIAL WORKER

#### 16.63.11.7 DEFINITIONS:

Licensed Clinical Social Worker "LCSW":  
A licensed independent social worker who has demonstrated to the board's satisfaction, sufficient experience and expertise in the practice of clinical social work by meeting the qualifications as outlined in 16.63.11.8 NMAC.

[16.63.11.7 NMAC; 09/01/14]

#### 16.63.11.8 QUALIFICATION

**FOR LICENSURE:** Applicants for licensure as independent/clinical social workers must:

A. be at least eighteen (18) years of age;

B. possess ~~[at least a master's degree in social work]~~ an LMSW license [from a graduate program of social work accredited by the council on social work education];

C. complete not less than two years of post-graduate ~~[social work experience (employed or volunteer), under appropriate supervision; as defined in 16.63.1.7 NMAC for the purposes of this part, 3600 hours of post graduate social work practice is required under appropriate supervision; applicants and supervisors will engage the process of supervision in accordance with the guidelines established by the board of social work examiners.]~~ direct/ clinical social work experience under appropriate supervision; as defined in 16.63.1.7 NMAC. Applicants and supervisors will engage the process of supervision in accordance with the guidelines established by the board of social work examiners;

D. documents completion

of the required course in New Mexico cultures; and

E. successfully pass the association of social work board examination, clinical or advanced, as determined by the board and the jurisprudence examination.

F. Individuals licensed as masters social workers (LMSW) and aspiring to achieve licensure at the independent clinical level must complete and document 3,600 hours of licensed masters level social work experience which has been accumulated over no more than a 60 month period.

G. Applicants for licensure must document 90 hours of supervision during this 3,600 hour period.

(1) One (1) hour of supervision must be documented for every 40 hours worked.

(2) At least 70 of the 90 required hours must be obtained through direct supervision.

(3) No more than 20 hours of the 90 required hours may be obtained through group supervision and there shall be no more than six (6) individuals per group at a time, and

(4) No more than 30 hours of the required 90 hours may be obtained through interdisciplinary supervision.

[1/1/90, 9/13/90, 5/15/91, 6/22/92, 1/5/95; 5/1/99, 16.63.11.8 NMAC - Rn & A, 16 NMAC 63.11.8, 06/19/02; A, 04/24/06; A, 11/30/06; A, 01/17/08; A, 12/31/08; A, 09/01/14]

#### 16.63.11.9 PARAMETERS OF

**PRACTICE:** This is the highest level of licensure. The licensed clinical independent social worker (LCSW) / (LISW) is to function independently and demonstrate specialized knowledge and skills. The LISW must exercise independent judgment. The LCSW / LISW should be able to demonstrate skill and interventions directly related to individuals, couples, families, groups, communities or organizations. In at least one of these client groups, the LCSW / LISW shall demonstrate in-depth knowledge and skills. The LCSW / LISW should be able to employ practice theory and research findings in all aspects of their practice. The LCSW / LISW may supervise LBSWs, LMSWs and other LCSWs / LISWs.

[1/1/90, 9/13/90, 5/15/91, 6/22/92, 1/5/95; 16.63.11.9 NMAC - Rn, 16 NMAC 63.11.9, 06/19/02; A, 04/24/06; A, 09/01/14]

#### 16.63.11.10 AREAS OF

**SPECIALIZATION:** ~~[The areas of specialization recognized by the board for the licensed independent social worker include but are not limited to: clinical social work practice, school social work, medical~~

~~social work, social work research practice, social work community organization, university social work faculty, and social work administration. Areas are designated by the board at the time of application.~~

~~A. Licensure in the specialty/specialties requested will be granted only if applicant documents a minimum of two years of supervised experience (3600 hours) in each specialty area indicated on the application.~~

~~B. After initial licensure, a licensed independent social worker may add new areas of specialty by submitting a request to the board of social work examiners and accompanying documentation of a minimum of two years of supervised experience (3600 hours) in that specialty. The licensed independent social worker may obtain a revised license reflecting the added specialty by submitting the required duplicate license fee. Scores from the appropriate level of the ASWB examination will be required.] Applicants for specialization will be handled by the board on a case by case basis.~~

~~[1/1/90, 9/13/90, 5/15/91, 6/22/92, 1/5/95, 5/1/99; 16.63.11.10 NMAC - Rn & A, 16 NMAC 63.11.10, 06/19/02; A, 09/01/14]~~

**NEW MEXICO  
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This is an amendment to 16.63.14 NMAC, Section 8, effective 09/01/14

**16.63.14.8 PROCEDURE**

A. Any person licensed under the Social Work Practice Act (NMSA 1978 Sections 61-31-1 to 61-31-24) who wishes to assume inactive status in the practice of social work shall notify the board's administrator in writing postmarked on or before July [30<sup>th</sup>] 1<sup>st</sup> of the year the license expires. As part of the written request for inactive status, the licensee must show proof of having completed the required continuing education hours defined in Part 12 of these rules. If the licensee has not met the continuing education requirements, inactive status may be granted but the licensee will be subject to all rules related to continuing education if reinstatement of license is requested.

B. Upon approval by the board, the licensee shall assume inactive status. Any license in inactive status will be subject to an annual fee of fifteen dollars (\$15.00) for LBSW, twenty dollars (\$20.00) for LMSW and twenty-five dollars (\$25.00) for LISW.

C. The practice of social work in New Mexico under an inactive license is strictly prohibited.

D. Any person licensed under the Social Work Practice Act who has assumed inactive status as provided in this section, may notify the board, in writing, of his desire to resume active practice.

E. Upon receipt of the notice required in Subsection D of 16.63.14.8 NMAC, the administrator shall send to the licensee an application for reinstatement of license.

F. The fee for reinstatement of a license shall be in accordance with 16.63.8 NMAC, Sections 8, 9, 10 & 11.

G. The applicant must, in addition, provide satisfactory proof of:

(1) completion of no less than ten (10) hours of continuing education for each year of inactive status; such continuing education to be accumulated in accordance with Part 12.

(2) completion of all continuing education requirements determined to have been unmet at the time inactive status was granted.

H. If the board finds the application in order and is satisfied that the applicant has fulfilled his continuing education requirements as outlined in Subsection G of 16.63.14.8 NMAC, the board shall reinstate the applicant's license.

I. No person licensed under the Social Work Practice Act who has assumed inactive status shall reactivate his practice until he receives notification from the board that his license is active.

J. The board will not accept applications for inactive status from licensees who are under investigation for violations of the Social Work Practice Act or who have an active complaint pending with the board.

K. The board will accept applications under this section from any social worker who is impaired as further defined in this section and who is participating in a rehabilitation plan approved by the board.

(1) For purposes of this section, impaired means inability to practice social work with reasonable skill or safety to clients by reason of one or more of the following:

(2) mental illness;  
(3) habitual or excessive use or abuse of drugs, as defined in the Controlled Substances Act (NMSA Sections 30-31-1 to 30-31-40) or alcohol.

L. The board may, in its discretion, require that an applicant for reinstatement take and pass a written or oral examination as prescribed by the board. [6/22/92, 1/5/95, 5/1/99; 16.63.14.8 NMAC - Rn & A, 16 NMAC 63.14.8, 06/19/02; A,

4/24/06; A, 09/01/14]

**NEW MEXICO  
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This is an amendment to 16.63.16 NMAC, Section 8, effective 09/01/14

**16.63.16.8 SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO CLIENTS:**

A. Commitment to clients. Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients shall be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

B. Self-determination. Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

C. Professional disclosure statement. A social worker shall effectively communicate through handout or other means as appropriate for all clients and may display at the social worker's primary place of practice a statement that the client has the right to the following:

(1) to expect that the social worker has met the minimal qualifications of education, training, and experience required by the law;

(2) to examine public records maintained by the board which contain the social worker's qualifications and credentials;

(3) to be given a copy of the standards of practice upon request;

(4) to report a complaint about the social worker's practice to the board;

(5) to be informed of the cost of professional services before receiving the services;

(6) to privacy as allowed by law, and to be informed of the limits of confidentiality;

(7) limited access to client information; a social worker shall make reasonable efforts to limit access to client

information in a social worker's agency to appropriate agency staff whose duties require access:

(8) supervision or consultation; a social worker receiving supervision shall inform the client that the social worker may be reviewing the client's case with the social worker's supervisor or consultant; upon request, the social worker shall provide the name of the supervisor and the supervisor's contact information;

(9) to be free from being the object of discrimination while receiving social work services; and

(10) to have access to records as allowed by law including retention and notification requirements in Paragraphs (4) and (5) of Subsection D of 16.63.16.10 NMAC.

#### D. Informed consent.

(1) Social workers shall provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(2) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers shall take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(3) In instances when clients lack the capacity to provide informed consent, social workers shall protect clients' interests by seeking consent from an appropriate third party, informing clients consistent with the clients' level of understanding. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

(4) In instances when clients are receiving services involuntarily, social workers shall provide information about the nature and extent of services and about the extent of clients' right to refuse service.

(5) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) shall inform recipients of the limitations and risks associated with such services.

(6) Social workers shall obtain clients' informed consent before audiotaping or videotaping clients or permitting observation of services to clients by a third party. The written informed

consent shall explain to the client the purpose of the taping or recording and how the taping or recording will be used, how it will be stored and when it will be destroyed.

(7) If the client, the legal guardian, or other authorized representative does not consent, the social worker shall discuss with the client that a referral to other resources may be in the client's best interest.

#### E. Competence.

(1) Social workers shall provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(2) Social workers shall provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, or supervision from people who are competent in those interventions or techniques.

(3) When generally recognized standards do not exist with respect to an emerging area of practice, social workers shall exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

#### F. Cultural competence and social diversity.

(1) Social workers shall understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(2) Social workers shall have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

(3) Social workers shall obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

#### G. Conflicts of interest.

(1) Social workers shall be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers shall inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(2) Social workers shall not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(3) Social workers shall not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers shall take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(4) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers shall clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) shall clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

#### H. Privacy and confidentiality.

(1) Social workers shall respect clients' right to privacy. Social workers shall not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(2) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(3) Social workers shall protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers shall disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the

purpose for which the disclosure is made shall be revealed.

(4) Social workers shall inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(5) Social workers shall discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers shall review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion shall occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

(6) When social workers provide counseling services to families, couples, or groups, social workers shall seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers shall inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(7) Social workers shall inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.

(8) Social workers shall not disclose confidential information to third-party payers unless clients have authorized such disclosure.

(9) Social workers shall not discuss confidential information in any setting unless privacy can be ensured. Social workers shall not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(10) Social workers shall protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers shall request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(11) Social workers shall protect the confidentiality of clients when responding to requests from members of the

media.

(12) Social workers shall protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers shall take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

(13) Social workers shall take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information shall be avoided whenever possible.

(14) Social workers shall transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and social work licensure.

(15) Social workers shall take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

(16) Social workers shall not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(17) Social workers shall not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(18) Social workers shall protect the confidentiality of deceased clients consistent with the preceding standards.

#### **I. Access to records.**

(1) Social workers shall provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client shall provide assistance in interpreting the records and consultation with the client regarding the records. Social workers shall limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients' requests and the rationale for withholding some or all of the record shall be documented in clients' files.

(2) When providing clients with access to their records, social workers shall take steps to protect the confidentiality of other individuals identified or discussed in such records.

#### **J. Sexual relationships.**

(1) Social workers shall under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(2) Social workers shall not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers--not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship--assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(3) Social workers shall not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers--not their clients--who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(4) Social workers shall not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

**K. Physical contact.** Social workers shall not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

**L. Sexual harassment.** Social workers shall not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

**M. Derogatory language.** Social workers shall not use derogatory language in their written or verbal communications to or about clients. Social workers shall use accurate and respectful



language in all communications to and about clients.

**N. Payment for services.**

(1) A social worker who provides a service for fee shall inform a client of the fee at the initial session or meeting with the client. Payment must be arranged at the beginning of the professional relationship, and the payment arrangement must be provided to a client in writing. A social worker shall provide, upon request from a client, a client's legal guardian, or other authorized representative, a written explanation of the charges for any services rendered.

(2) When setting fees, social workers shall ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients' ability to pay.

(3) Social workers shall avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. Social workers shall explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(4) Social workers shall not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers' employer or agency.

**O. Clients who lack decision-making capacity.** When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers shall take reasonable steps to safeguard the interests and rights of those clients.

**P. Interruption of services.** Social workers shall make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

**Q. Termination of services.**

(1) Social workers shall terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or

interests.

(2) Social workers shall take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(3) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

(4) Social workers shall not terminate services to pursue a social, financial, or sexual relationship with a client.

(5) Social workers who anticipate the termination or interruption of services to clients shall notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

(6) Social workers who are leaving an employment setting shall inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

[16.63.16.8 NMAC - Rp, 16.63.16.9 NMAC, 4/24/06; A, 12/31/08; A, 06/01/09; A, 09/01/14]

## NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE

**This is an amendment to 13.14.9 NMAC, Sections 1, 18, 39 and 40, effective 8-15-14.**

**13.14.9.1 ISSUING AGENCY:**  
[~~Public Regulation Commission, Insurance Division, Title Insurance Bureau;~~ Office of Superintendent of Insurance, Title Insurance Bureau.

[4-1-96; 13.14.9.1 NMAC - Rn & A, 13 NMAC 14.9.1, 5-15-00; A, 8-15-14]

**13.14.9.18 PREMIUM RATES FOR ORIGINAL OWNER'S POLICIES:** The following schedule of premium rates for original owner's policies shall be in effect from ~~August 1, 2009~~ the effective date of this rate rule until modified by the superintendent:

**Continued on next page.**

Liability Charge Up to:	Total Charge:	Liability Charge Up to:	Total Charge:	Liability Charge Up to:	Total Charge:
10,000	195	24,000	320	38,000	429
11,000	203	25,000	327	39,000	436
12,000	213	26,000	336	40,000	444
13,000	222	27,000	344	41,000	450
14,000	232	28,000	354	42,000	457
15,000	241	29,000	361	43,000	465
16,000	251	30,000	369	44,000	473
17,000	260	31,000	378	45,000	480
18,000	270	32,000	384	46,000	486
19,000	278	33,000	393	47,000	494
20,000	287	34,000	399	48,000	502
21,000	293	35,000	407	49,000	508
22,000	302	36,000	415	50,000	517
23,000	311	37,000	421		

For amounts of insurance (in thousands)	Portion of rate (per thousand) subject to agent commission, add	Agent retention percentage	Additional rate per \$1000 to be collected on policy amounts in excess of \$10 million (solely for underwriter)	Total Charged to Consumer
over \$50 to \$100	\$6.28	80%		\$6.28
over \$100 to \$500	\$4.94	80%		\$4.94
over \$500 to \$2,000	\$3.87	80%		\$3.87
over \$2,000 to \$5,000	\$3.12	75%		\$3.12
over \$5,000 to \$10,000	\$2.59	70%		\$2.59
over \$10,000 to \$25,000	\$2.22	65%	\$0.25	\$2.47
over \$25,000 to \$50,000	\$1.94	60%	\$0.25	\$2.19
over \$50,000	\$1.55	50%	\$0.25	\$1.80

[6-16-86...4-3-95; A, 5-1-99; 13.14.9.18 NMAC - Rn, 13 NMAC 14.9.8.11 & A, 5-15-00; A, 5-31-00; A, 8-1-00; A, 3-1-02; A, 7-1-03; A, 7-1-04; A, 7-1-05; A, 7-1-06; A, 9-1-07; A, 7-1-08; A, 8-1-09; A, 10-1-12; A, 8-15-14]

**13.14.9.39 SUBSTITUTION RATE ON LOANS TO TAKE UP, RENEW, EXTEND OR SATISFY AN EXISTING INSURED LOAN:**

~~A. On a mortgagee policy issued on a first mortgage loan to fully take up, renew, extend or satisfy a lien(s) already covered by a mortgagee policy, the new policy being in the amount of the new mortgage, the premium for the new policy shall be as follows:~~

- ~~(1) 40% of the basic premium rate for the amount of the unpaid balance of any original indebtedness renewed within two (2) years from the date of the original indebtedness;~~
- ~~(2) 45% of the premium for the amount of the unpaid balance of any original indebtedness renewed more than two (2) years but less than three (3) years from the date of the original indebtedness;~~
- ~~(3) 50% of the premium for the amount of the unpaid balance of any original indebtedness renewed more than three (3) years but less than four (4) years from the date of the original indebtedness;~~
- ~~(4) 55% of the premium for the amount of the unpaid balance of any original indebtedness renewed more than four (4) years but less than five (5) years from the date of the original indebtedness;~~
- ~~(5) 60% of the premium for the amount of the unpaid balance of any original indebtedness renewed more than five (5) years but less than six (6) years from the date of the original indebtedness;~~
- ~~(6) 65% of the premium for the amount of the unpaid balance of any original indebtedness renewed more than six (6) years but less than seven (7) years from the date of the original indebtedness; and~~
- ~~(7) 70% of the premium for the amount of the unpaid balance of any original indebtedness renewed more than seven (7) years but less than eight (8) years from the date of the original indebtedness;~~
- ~~(8) 75% of the premium for the amount of the unpaid balance of any original indebtedness renewed more than eight (8) years but less than nine (9) years from the date of the original indebtedness;~~
- ~~(9) 80% of the premium for the amount of the unpaid balance of any original indebtedness renewed more than nine (9) years but~~

less than ten (10) years from the date of the original indebtedness; and

(10) After the lapse of ten (10) years from the date of original indebtedness, the original first mortgage rate shall apply.

B. The reduction in rate as herein prescribed shall not apply in any case where any additional property not covered by the original policy is included in the policy to be issued.

C. The premium for all liability above the amount of the unpaid balance of any original indebtedness shall be ninety percent (90%) of the current basic premium rates by brackets. In no event shall the premium collected be less than the regular minimum promulgated rate for a mortgagee policy.

D. This rule may not be applied in connection with the issuance of a series of mortgagee policies issued by reason of notes being apportioned to individual units in connection with a master policy covering the aggregate indebtedness, including improvements. Individual mortgagee policies must be issued at the original first mortgage rate.]

A. On a mortgagee policy issued on a first mortgage loan to fully take up, renew, extend or satisfy an outstanding loan with a remaining balance already covered by a mortgagee policy, the new policy being in the amount of the new mortgage showing title vested in the same borrower and covering the same property, the premium for the new policy shall be as follows:

(1) 40% of the current basic premium rate for the new policy amount but not to exceed the initial principal amount of any original indebtedness as shown on the recorded prior mortgage if renewed within three (3) years from the date of the original indebtedness;

(2) 50% of the current basic premium rate for the new policy amount but not to exceed the initial principal amount of any original indebtedness as shown on the recorded prior mortgage if renewed more than three (3) years but less than five (5) years from the date of the original indebtedness;

(3) 60% of the current basic premium rate for the new policy amount but not to exceed the initial principal amount of any original indebtedness as shown on the recorded prior mortgage if renewed more than five (5) years but less than ten (10) years from the date of the original indebtedness;

(4) 80% of the current basic premium rate for the new policy amount not to exceed the initial principal amount of any original indebtedness as shown on the recorded prior mortgage if renewed more than ten (10) years but less than twenty (20) years from the date of the original

indebtedness; and

(5) After the lapse of twenty (20) years from the date of original indebtedness, the applicable rate for original first mortgages shall apply.

B. The reduction in rate as herein prescribed shall not apply in any case where any additional property not covered by the original policy is included in the policy to be issued.

C. The premium for all liability above the initial principal amount of any original indebtedness as shown on the recorded prior mortgage shall be ninety percent (90%) of the current basic premium rates by brackets. In no event shall the premium collected be less than the regular minimum promulgated rate for a mortgagee policy.

D. This rule may not be applied in connection with the issuance of a series of mortgagee policies issued by reason of notes being apportioned to individual units in connection with a master policy covering the aggregate indebtedness, including improvements. Individual mortgagee policies must be issued at the original first mortgage rate.

[4-3-95; 13.14.9.39 NMAC - Rn, 13 NMAC 14.9.12.5, 5-15-00; A, 7-1-05; A, 8-15-14]

#### **13.14.9.40 INSURING CONSTRUCTION LOANS AND DELETING STANDARD EXCEPTION 4 IN STANDARD LOAN POLICIES:**

A. [Extension-endorsement rates. A construction loan policy may be extended beyond its initial two (2) year term pursuant to 13.14.7.18 NMAC for an additional premium of twenty-five dollars (\$25.00) per six (6) month endorsement.] Loan policy with two-year (2) claims made limitation. A loan policy may be issued to insure a construction loan mortgage or deed of trust for a premium of thirty dollars (\$30.00) plus one (\$1) dollar per thousand calculated upon the face amount of the construction mortgage if the loan policy contains the following two-year (2) claims made limitation: "Notwithstanding any other provision of this policy, the company shall be liable only for such loss or damage insured against by this policy which is actually sustained by the insured and reported to the company as provided in the conditions and stipulations on or before two (2) years after the recording of the mortgage described in schedule A. (Upon payment to the company of the required full loan policy premium prior to the expiration of said policy, the term limitation may be deleted from this policy)."

B. Extension endorsement rates. A construction loan policy or a loan policy containing the two-year (2) claims made limitations pursuant

to Subsection A of 13.14.9.40 NMAC may be extended beyond its initial two (2) year term pursuant to 13.14.7.18 NMAC for an additional premium of twenty-five dollars (\$25.00) per six (6) month endorsement.

[B] C. No subsequent credit on substitution loan. [The issuance of a construction loan policy may not be used as a basis for claiming a credit or discount on a substitution loan pursuant to 13.14.9.36 NMAC.] The issuance of a construction loan policy may not be used as a basis for claiming a credit or discount on a statutory refinanced property premium pursuant to Section 59A-30-6.1 NMSA 1978, subsequent issue loan pursuant to 13.14.9.36 NMAC or substitution issue loan pursuant to 13.14.9.39 NMAC.

[C] D. Endorsement "A" rates. An "A" endorsement may be issued at the same time as and attached to a construction loan policy pursuant to 13.14.7.14 NMAC for an additional extra hazard risk premium of five dollars (\$5.00) per thousand of the face amount of the policy. At the time of each subsequent disbursement and upon a date down of the title having been made to the date thereof, an additional endorsement "A" may be issued pursuant to 13.14.7.17 NMAC at an additional premium of twenty-five dollars (\$25.00) per endorsement.

[D] E. Mechanics' and materialmen's lien coverage in standard loan policy. The standard exception numbered 4 in 13.14.5.9 NMAC may be deleted from a [standard] loan policy [or a standard loan policy insuring a construction loan] pursuant to 13.14.7.14 NMAC. The premium for deletion of the exception shall be twenty-five dollars (\$25.00) when the insurer's underwriting requirements for evidence of priority have been met or five dollars (\$5.00) per thousand of the face amount of the policy if said requirements have not been met as provided in 13.14.7.14 NMAC. [If the loan policy insures a construction loan the issuing agent or underwriter shall attach either the NM form 83 construction loan endorsement or the NM 83-1 construction loan - direct payment endorsement.]

[6-16-86...4-1-94; 6-1-97; 6-1-98; 13.14.9.40 NMAC - Rn, 13 NMAC 14.9.13, 5-15-00; A, 3-1-02; A, 9-1-07; A, 10-1-12; A, 8-15-14]

### **NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE**

This is an amendment to 13.14.10 NMAC, Sections 8, 9, 11, 12, 14, 15, 17, 18, 20, 22, 23, 24, 30, 32, 33, 36, 37, 38, 40, 41, 43, 44, 49, 50, 51, 52, 53, 54, 55, 56, 57,

58 and 59, effective 8-15-14.

### 13.14.10.8 ASSIGNMENTS

**OF MORTGAGES:** When a mortgage upon which a loan policy has been issued is assigned, each successive assignee may obtain an assignment endorsement, NM form 24, or an assignment and date down endorsement, NM form 24.1 from the insuring company certifying the title to include the date of recording the assignment, for a premium of ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) if issued within six (6) months of the date of the policy or date of the last endorsement reflecting an earlier assignment, or a premium of sixty-five dollars (\$65.00) if issued more than six (6) months from the date of the policy or last endorsement reflecting an earlier assignment, if any, whichever is later.

[6-16-86, 2-16-87, 6-1-98; 13.14.10.8 NMAC - Rn, 13 NMAC 14.10.8, 5-15-00; A, 5-31-00; A, 8-17-09; A, 10-1-12; A, 7-31-14; A, 8-15-14]

### 13.14.10.9 MECHANICS' LIEN COVERAGE IN OWNER'S POLICY (PERIOD NOT EXPIRED):

Owner's policies may be issued with no exception to possible unfiled mechanics' or materialmen's liens upon compliance with 13.14.6.15 NMAC and payment of the following additional premium:

**A.** When all improvements have been fully completed and the statutory period for filing mechanics' or materialmen's liens has expired, this endorsement shall be issued for a premium of ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) and,

**B.** When new construction is involved, construction of the improvements has been fully completed and accepted by the insured owner and the period for filing mechanics' or materialmen's liens has not expired, this endorsement shall be issued for an extra hazard premium of three dollars (\$3.00) per thousand calculated on the face amount of the owner's policy.

[6-16-86...4-1-94; 6-1-98; 13.14.10.9 NMAC - Rn, 13 NMAC 14.10.9, 5-15-00; A, 5-31-00; A, 7-31-14; A, 8-15-14]

### 13.14.10.11 ADDITIONAL ADVANCES UNDER OPEN END MORTGAGES:

A loan policy may be endorsed to insure the validity and priority of the lien of the additional advance upon payment of an endorsement premium of ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) plus an additional premium calculated by determining the difference between the charge for a loan policy in the amount of the unpaid principal balance due to the lender before the advance is made

and the charge for a loan policy in the amount of the principal balance due after the advance has been made utilizing the appropriate brackets in the schedule of basic premium rates in effect as of the date of the endorsement. The minimum combined charge for this endorsement is fifty dollars (\$50.00).

[6-16-86, 2-16-87, 6-1-98; 13.14.10.11 NMAC - Rn, 13 NMAC 14.10.11, 5-15-00; A, 5-31-00; A, 7-31-14; A, 8-15-14]

### 13.14.10.12 VARIABLE RATE, NEGATIVE AMORTIZATION AND REVOLVING CREDIT LOAN ENDORSEMENTS:

The premium for the issuance of either a variable rate mortgage endorsement, negative amortization endorsement or a revolving credit loan endorsement, when such endorsement is issued at the same time as and attached to its loan policy, the charge shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) for each such endorsement issued. Should any such endorsement be issued at the request of the insured subsequent to the issuance of the loan policy, the premium for each endorsement issued is fifty dollars (\$50.00).

[6-16-86, 2-16-87, 6-1-98; 13.14.10.12 NMAC - Rn, 13 NMAC 14.10.12, 5-15-00; A, 5-31-00; A, 7-31-14; A, 8-15-14]

### 13.14.10.14 CONDOMINIUM ENDORSEMENT:

A condominium endorsement may be issued at the same time as and attached to an owner's or a loan policy for a premium of ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00). Paragraph 3 of NM form 30 may be deleted at the option of the insurer. Each insurer shall establish its written underwriting requirements for such deletion and shall furnish its agent(s) written instructions relating thereto.

[6-16-86, 2-16-87, 6-1-98; 13.14.10.14 NMAC - Rn, 13 NMAC 14.10.14, 5-15-00; A, 5-31-00; A, 8-17-09; A, 7-31-14; A, 8-15-14]

### 13.14.10.15 PLANNED UNIT DEVELOPMENT (PUD) ENDORSEMENT:

A planned unit development endorsement, NM form 13, and the planned unit development (unpaid assessments) NM form 13.1 may be issued at the same time [as] and attached to a policy for a premium of ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00).

[6-16-86, 2-16-87, 6-1-98; 13.14.10.15 NMAC - Rn, 13 NMAC 14.10.15, 5-15-00; A, 5-31-00; A, 8-17-09; A, 7-31-14; A, 8-15-14]

### 13.14.10.17 CORRECTION

**ENDORSEMENT:** There is no charge for the issuance of an endorsement correcting a

commitment, binder or policy containing an error or omission not caused by the insured. If the correction results in additional liability for which the correct premium has not already been charged, the premium for the endorsement shall be the premium due and payable for the additional liability. Likewise, if the correction results in the application of a different or additional rate regulation(s) than was applied to the policy or its endorsements, the premium due and payable for this endorsement shall be the balance of premium unpaid after application of the appropriate rate regulation(s) following the correction. In addition, if the correction is caused by the insured (i.e., inaccurate loan closing instructions), an additional premium of ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) shall be collected for this endorsement.

[6-16-86, 2-16-87, 6-1-98; 13.14.10.17 NMAC - Rn, 13 NMAC 14.10.17, 5-15-00; A, 5-31-00; A, 7-31-14; A, 8-15-14]

### 13.14.10.18 DOWN DATE

**ENDORSEMENT:** Any down date (or date down) endorsement to a standard loan policy containing a two-year (2) claims made limitation to a construction loan policy, or to a foreclosure title insurance policy including the NM 84 disbursement endorsement, shall be issued for a premium of ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00).

[6-16-86...4-3-95; 6-1-98; 13.14.10.18 NMAC - Rn, 13 NMAC 14.10.18, 5-15-00; A, 5-31-00; A, 09-15-10; A, 7-31-14; A, 8-15-14]

### 13.14.10.20 RENEWAL, EXTENSION AND PARTIAL RELEASE

**ENDORSEMENT:** Upon request of the named insured and the proper recording of all necessary documents at the expense of the insured, the insuring company or its agent may endorse its loan policy to reflect the renewal, extension, reinstatement, modification, partial release, release of additional collateral or release from personal liability of an insured lien in the manner prescribed by Subsection D of 13.14.8.8 NMAC for a premium of ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) if issued within six (6) months from the date of the policy or date of the last endorsement reflecting an earlier assignment, renewal, etc., or a premium of sixty-five dollars (\$65.00) if issued more than six (6) months from the date of the policy or last such endorsement, if any, whichever is later.

[6-16-86, 2-16-87, 6-1-98; 13.14.10.20 NMAC - Rn, 13 NMAC 14.10.20, 5-15-00; A, 5-31-00; A, 10-1-12; A, 7-31-14; A, 8-15-14]

### 13.14.10.22 ENVIRONMENTAL

**PROTECTION LIEN ENDORSEMENT:**

Upon request of an insured lender or its assignee, the company may issue an environmental protection lien endorsement (NM form 29) for a premium of [~~fifty dollars (\$50.00)~~] twenty-five dollars (\$25.00).

[5-1-88...4-3-95; 6-1-98; 13.14.10.22 NMAC - Rn, 13 NMAC 14.10.22, 5-15-00; A, 5-31-00; A, 7-31-14; A, 8-15-14]

**13.14.10.23 PENDING IMPROVEMENTS ENDORSEMENT:**

When a pending improvements endorsement (NM form 23) is issued pursuant to 13.14.6.8 NMAC - the premium for the endorsement shall be [~~fifty dollars (\$50.00)~~] twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[3-1-89, 6-1-98; 13.14.10.23 NMAC - Rn, 13 NMAC 14.10.23, 5-15-00; A, 5-31-00; A, 7-31-14; A, 8-15-14]

**13.14.10.24 CONDOMINIUM ENDORSEMENT TO OWNER'S POLICY:**

Upon request, the insuring company or its agent may issue condominium endorsement to owner's policy, NM form 30 for a premium of [~~fifty dollars (\$50.00)~~] twenty-five dollars (\$25.00). Paragraph 3 of NM form 30 may be deleted at the option of the insurer. Each insurer shall establish its written underwriting requirements for such deletion and shall furnish its agent(s) written instructions relating thereto.

[3-1-89, 6-1-98; 13.14.10.24 NMAC - Rn, 13 NMAC 14.10.24, 5-15-00; A, 5-31-00; A, 7-31-14; A, 8-15-14]

**13.14.10.30 REVOLVING CREDIT - INCREASED CREDIT LIMIT ENDORSEMENT:**

A loan policy insuring a revolving loan may be endorsed to increase the amount of insurance (provided the original mortgage complies with Section 48-7-9 NMSA 1978, and a modification of mortgage - modification agreement is properly executed and recorded) upon payment of an endorsement premium of [~~fifty dollars (\$50.00)~~] twenty-five dollars (\$25.00) plus an additional premium calculated by determining the difference between the charge for a loan policy in the amount of the current amount of insurance before the credit limit is increased, and the charge for a loan policy in the amount of the increased credit limit utilizing the appropriate brackets in the schedule of basic premium rates in effect as of the date of the endorsement. The minimum combined charge for this endorsement is fifty dollars (\$50.00).

[4-1-96, 6-1-98; 13.14.10.30 NMAC - Rn, 13 NMAC 14.10.30, 5-15-00; A, 5-31-00; A, 7-31-14; A, 8-15-14]

**13.14.10.32 DOWN DATE ENDORSEMENT TO RESIDENTIAL LIMITED COVERAGE JUNIOR LOAN POLICY:**

A. The down date endorsement to residential limited coverage junior loan policy, NM form 46, may be issued one or more times after issuance of an ALTA residential limited coverage junior loan policy (NM form 45). The premium for the issuance of each NM form 46 endorsement is [~~fifty dollars (\$50.00)~~] twenty-five dollars (\$25.00). NM form 46 may not be issued more than one year after the date of policy stated in the ALTA residential limited coverage junior loan policy (NM form 45).

B. Paragraph B of NM form 46 shall describe the insured mortgage setting forth the date of recording of the insured's mortgage. This endorsement may also be issued solely for update purposes, prior to recordation of the insured mortgage by inserting the word "None" at the end of Paragraph B and by deleting the phrase "date of endorsement is the date shown above or the date of recording of the insured's mortgage, whichever is later" (if it appears on the NM form 46 endorsement after "date of endorsement").

C. Upon request of the named insured and the proper recording of all necessary documents meeting insurer's underwriting standards, the amount of the loan secured by the insured's mortgage insurance previously stated in the ALTA residential limited coverage junior loan policy (NM form 45) may be increased by adding a Paragraph D. It shall read as follows: "D. The amount of insurance of the policy is hereby amended to be \$\_\_\_\_," subject to the payment of the applicable premium for the additional insurance. The additional premium (in addition to the premium for the NM form 46) shall be the difference between the premium from the amount of insurance stated in the ALTA residential limited coverage junior loan policy (NM form 45) and the amount of insurance stated in Paragraph D of NM form 46, calculated pursuant to 13.14.9.29 NMAC.

[6-1-98; 13.14.10.32 NMAC - Rn, 13 NMAC 14.10.32, 5-15-00; A, 5-31-00; A, 7-31-14; A, 8-15-14]

**13.14.10.33 REVOLVING CREDIT/VARIABLE RATE ENDORSEMENT TO RESIDENTIAL LIMITED COVERAGE JUNIOR LOAN POLICY:**

The revolving credit/variable rate endorsement to residential limited coverage junior loan policy, NM form 47, may be issued when NM form 46 is issued. It may also be issued when it is incorporated in NM form 46 by describing

the insured's mortgage in paragraph B and checking the appropriate box in paragraph C. The premium for the issuance of NM form 47, or its incorporation into NM form 46, is [~~fifty dollars (\$50.00)~~] twenty-five dollars (\$25.00).

6-1-98; 13.14.10.33 NMAC - Rn, 13 NMAC 14.10.33, 5-15-00; A, 5-31-00; A, 7-31-14; A, 8-15-14]

**13.14.10.36 LAND ABUTS STREET ENDORSEMENT:** When a "land abuts street" endorsement, NM form 51, is issued pursuant to 13.14.8.17 NMAC on either owner's policies or loan policies, the premium for each endorsement shall be [~~fifty dollars (\$50.00)~~] twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.36 NMAC - N, 5-15-00; A, 5-31-00; A, 7-31-14; A, 8-15-14]

**13.14.10.37 LOCATION ENDORSEMENT:** When a "location" endorsement, NM form 52, is issued pursuant to 13.14.8.18 NMAC, the premium for each endorsement shall be [~~fifty dollars (\$50.00)~~] twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.37 NMAC - N, 5-15-00; A, 5-31-00; A, 9-15-09; A, 7-31-14; A, 8-15-14]

**13.14.10.38 SAME AS SURVEY ENDORSEMENT:** When a "same as survey" endorsement, NM form 78, or a "same as portion of survey" endorsement, NM form 79, is issued pursuant to 13.14.8.19 NMAC, the premium for each endorsement shall be [~~fifty dollars (\$50.00)~~] twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.38 NMAC - N, 5-15-00; A, 5-31-00; A, 09-15-10; A, 7-31-14; A, 8-15-14]

**13.14.10.40 NAMED INSURED ENDORSEMENT:** When a named insured endorsement, NM form 55, is requested for an owner's policy or leasehold owner's policy issued on or after August 15, 2001, there shall be no charge for the endorsement. When a named insured endorsement, NM form 55, is issued or requested for an owner's policy or leasehold owner's policy issued prior to August 15, 2001, the premium charge for issuance of the endorsement shall be [~~fifty dollars (\$50.00)~~] twenty-five dollars (\$25.00).

[13.14.10.40 NMAC - N, 8-1-01; A, 3-1-02; A, 8-17-09; A, 7-31-14; A, 8-15-14]

**13.14.10.41 FIRST LOSS - MULTIPLE PARCEL TRANSACTIONS ENDORSEMENT:**

When a first loss - multiple parcel transactions endorsement, NM form 58, is issued pursuant to 13.14.8.21 NMAC, the

premium for each endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.41 NMAC - N, 7-1-03; A, 10-1-12; A, 7-31-14; A, 8-15-14]

#### 13.14.10.43 AGGREGATION

**ENDORSEMENT:** When an aggregation endorsement, NM form 60 or NM form 60.1, is issued pursuant to 13.14.8.23 NMAC, the premium for each endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.43 NMAC - N, 7-1-03; A, 10-1-12; A, 7-31-14; A, 8-15-14]

#### 13.14.10.44 FOUNDATION

**ENDORSEMENT:** When a foundation endorsement, NM form 61, is issued pursuant to 13.14.8.24 NMAC, the premium for each endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) for one-to-four family residential policies and fifty dollars (\$50.00) for commercial policies in addition to the premium charged for the policy.

[13.14.10.44 NMAC - N, 7-1-04; A, 7-31-14; A, 8-15-14]

#### 13.14.10.49 ACCESS AND

**ENTRY ENDORSEMENT:** When an access and entry endorsement, NM form 67, is issued pursuant to 13.14.8.28 NMAC, the premium for the endorsement for each street, road, or highway shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00).

[13.14.10.49 NMAC - N, 7-1-06; A, 7-31-14; A, 8-15-14]

#### 13.14.10.50 INDIRECT ACCESS

**AND ENTRY ENDORSEMENT:** When an "indirect access and entry" endorsement, NM form 68, is issued pursuant to 13.14.8.29 NMAC on either owner's policies or loan policies, the premium for each endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.50 NMAC - N, 09-15-10; A, 7-31-14; A, 8-15-14]

#### 13.14.10.51 UTILITY ACCESS

**ENDORSEMENT:** When a "utility access" endorsement, NM form 69, is issued pursuant to 13.14.8.30 NMAC on either owner's policies or loan policies, the premium for each endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.51 NMAC - N, 09-15-10; A, 7-31-14; A, 8-15-14]

#### 13.14.10.52 COMMERCIAL ENVIRONMENTAL PROTECTION

**LIEN ENDORSEMENT:** When a "commercial environmental protection lien" endorsement, NM form 70, is issued pursuant to 13.14.8.31 NMAC on either owner's policies or loan policies, the premium for each endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.52 NMAC - N, 09-15-10; A, 7-31-14; A, 8-15-14]

#### 13.14.10.53 REVERSE

**MORTGAGE ENDORSEMENT:** When a reverse mortgage endorsement (NM form 71) is issued pursuant to 13.14.8.32 NMAC, the premium for the endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.53 NMAC - N, 09-15-10; A, 7-31-14; A, 8-15-14]

#### 13.14.10.54 SINGLE TAX

**PARCEL ENDORSEMENT:** When a "single tax parcel" endorsement, NM form 72, is issued pursuant to 13.14.8.33 NMAC on either owner's policies or loan policies, the premium for each endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.54 NMAC - N, 09-15-10; A, 7-31-14; A, 8-15-14]

#### 13.14.10.55 MULTIPLE TAX

**PARCEL ENDORSEMENT:** When a "multiple tax parcel" endorsement, NM form 73, is issued pursuant to 13.14.8.34 NMAC on either owner's policies or loan policies, the premium for each endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.55 NMAC - N, 09-15-10; A, 7-31-14; A, 8-15-14]

#### 13.14.10.56 DOING BUSINESS

**ENDORSEMENT:** When a "doing business" endorsement, NM form 74, is issued pursuant to 13.14.8.35 NMAC on loan policies, the premium for each endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.56 NMAC - N, 09-15-10; A, 7-31-14; A, 8-15-14]

#### 13.14.10.57 SUBDIVISION

**ENDORSEMENT:** When a "subdivision" endorsement, NM form 75, is issued pursuant to 13.14.8.36 NMAC on either owner's policies or loan policies, the premium for each endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars

(\$25.00) in addition to the premium charged for the policy.

[13.14.10.57 NMAC - N, 09-15-10; A, 7-31-14; A, 8-15-14]

#### 13.14.10.58 EASEMENT - DAMAGE OR ENFORCED REMOVAL

**ENDORSEMENT:** When a "easement-damage or forced removal" endorsement, NM form 76, is issued pursuant to 13.14.8.37 NMAC on either owner's policies or loan policies, the premium for each endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.58 NMAC - N, 09-15-10; A, 7-31-14; A, 8-15-14]

#### 13.14.10.59 CO-INSURANCE - SINGLE POLICY ENDORSEMENT:

When a "co-insurance single policy" endorsement, NM form 77, is issued pursuant to 13.14.8.38 NMAC on either owner's policies or loan policies, the premium for each endorsement shall be ~~[fifty dollars (\$50.00)]~~ twenty-five dollars (\$25.00) in addition to the premium charged for the policy.

[13.14.10.59 NMAC - N, 09-15-10; A, 7-31-14; A, 8-15-14]

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## End of Adopted Rules Section

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**NEW MEXICO HUMAN  
SERVICES DEPARTMENT  
MEDICAL ASSISTANCE DIVISION**

The New Mexico Human Services Department Medical Assistance Division is providing this notice for the purpose of receiving comments on Behavioral Health service rates proposed to be implemented effective with dates of service August 1, 2014. A more complete description may be found at <http://www.hsd.state.nm.us/public-notices-proposed-rule-and-waiver-changes-and-opportunities-to-comment.aspx>

The proposed change is to increase the rates for several behavioral health codes by 7.5% above the existing rates for some specific services including diagnostic interviews, individual and family psychotherapy, intensive outpatient, assertive community therapy, and some psychosocial rehabilitation services. The complete list of services and the proposed fee schedule amounts may be found on the above website. The increase in expenditures to the Medicaid Program is anticipated to be \$10.3 million, including costs under managed care plans, of which approximately \$2.5 million will come from federal matching funds.

This change is being made following a review of the adequacy of current reimbursement. Should the Department revise the proposed increase based on comments received, the Department will make retroactive payment adjustments as appropriate.

Written comments, as well as requests for copies of all comments received, may be sent to Cedric Chavez-Medicaid Assistance Division-HSD, PO Box 2348, Santa Fe, New Mexico, 87504-2348, or by email to [cedric.chavez@state.nm.us](mailto:cedric.chavez@state.nm.us). If you are a person with a disability and you require this information in an alternative format, please contact MAD toll-free at 1-888-997-2583 and ask for extension 7-7743. In Santa Fe call 827-7743. The Department's TDD system may be accessed toll-free at 1-800-659-8331 or in Santa Fe by calling 827-3184. All comments must be received no later than 5:00 p.m. Mountain Daylight Time, August 28, 2014.

**NEW MEXICO HUMAN  
SERVICES DEPARTMENT  
INCOME SUPPORT DIVISION**

NOTICE OF PUBLIC HEARING

At this time, the Human Services Department is cancelling the public hearing

scheduled on August 29, 2014 at 9:00am for the New Mexico State Plan for Low Income Home Energy Assistance Program (LIHEAP). A future public hearing will be published.

If you have questions, please contact:

JoAnn Lapington  
Human Services Department  
P.O. Box 2348, Pollon Plaza  
Santa Fe, NM 87504-2348  
[JoAnn.Lapington@state.nm.us](mailto:JoAnn.Lapington@state.nm.us)

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**End of Other Related  
Material Section**

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## Submittal Deadlines and Publication Dates 2014

Volume XXV	Submittal Deadline	Publication Date
Issue Number 1	January 2	January 15
Issue Number 2	January 16	January 31
Issue Number 3	February 3	February 14
Issue Number 4	February 17	February 28
Issue Number 5	March 3	March 14
Issue Number 6	March 17	March 31
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 30
Issue Number 11	June 2	June 13
Issue Number 12	June 16	June 30
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 18	August 29
Issue Number 17	September 2	September 15
Issue Number 18	September 16	September 30
Issue Number 19	October 1	October 15
Issue Number 20	October 16	October 30
Issue Number 21	October 31	November 13
Issue Number 22	November 14	November 26
Issue Number 23	December 1	December 15
Issue Number 24	December 16	December 30

The *New Mexico Register* is the official publication for all notices of rule making, proposed rules, adopted rules, emergency rules, and other material related to administrative law. The Commission of Public Records, Administrative Law Division publishes the *New Mexico Register* twice a month pursuant to Section 14-4-7.1 NMSA 1978.

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

For further information, call (505) 476-7907.