

NEW MEXICO   
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# New Mexico Register

The official publication for all official notices of rulemaking  
and filing of proposed, adopted and emergency rules.

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## **The New Mexico Register**

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# New Mexico Register

Volume XXXI, Issue 6

March 24, 2020

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## Notices of Rulemaking and Proposed Rules

### CHILDREN, YOUTH AND FAMILIES DEPARTMENT EARLY CHILDHOOD SERVICES

#### POSTPONEMENT OF NOTICE OF PUBLIC RULE HEARING

**Due to Executive Order 2020-004  
Issued by Governor Michelle Lujan  
Grisham**

The New Mexico Children, Youth and Families Department hereby gives notice as required under Section 14 - 4 - 5.2 NMSA 1978 and 1.24.25.11 NMAC that it proposes to adopt amendments to the following rules regarding CHILDREN, YOUTH AND FAMILIES GENERAL PROVISIONS GOVERNING BACKGROUND CHECKS AND EMPLOYMENT HISTORY VERIFICATION as authorized by Section 9-2A-7 NMSA 1978:

8.8.3.6 NMAC - OBJECTIVE  
8.8.3.10 NMAC - COMPLIANCE

No technical scientific information was consulted in drafting these proposed rules.

**Purpose of proposed rules:** The purpose of the rules is to amend the background check requirements under 8.8.3 NMAC to comply with federal regulations for applicants required to obtain background checks pursuant to 8.16.2 NMAC and 8.17.2 NMAC. All prospective and existing staff (hired after October 1, 2016) will be required to obtain an inter-state criminal repository check in states where they resided during the preceding five years. In addition, language is added in 8.8.3.10 NMAC Compliance to clarify the requirement of both a screen of abuse and neglect (currently listed under 8.8.3.6 NMAC Objective) and an inter-state criminal repository check in each state where the applicant resided during the preceding five years.

Copies of the proposed rules may be found at end of this notice and at CYFD's website at <https://www.newmexicokids.org/>

[newmexicokids.org/](https://www.newmexicokids.org/) or may be obtained from the Early Childhood Education Care Department's Office, 1120 Paseo De Peralta Room 205, Santa Fe, New Mexico, 30 days prior to the Public Hearing.

#### **Notice of public rule hearing:**

CYFD is postponing the public rule hearing set for Tuesday, March 17, 2020 at 1:00 p.m. in Apodaca Hall, 1120 Paseo de Peralta, Santa Fe, New Mexico 87502. The public hearing will be conducted in a fair and equitable manner by a CYFD agency representative or hearing officer and shall be recorded. Any interested member of the public may attend the hearing and will be provided a reasonable opportunity to offer public comment, either orally or in writing, including presentation of data, views, or arguments, on the proposed rules during the hearing. Individuals with disabilities who need any form of auxiliary aid to attend or participate in the public hearing are asked to contact Debra Gonzales at [debra.gonzales@state.nm.us](mailto:debra.gonzales@state.nm.us). CYFD will make every effort to accommodate all reasonable requests, but cannot guarantee accommodation of a request that is not received at least ten calendar days before the scheduled hearing.

#### **Notice of acceptance of written**

**public comment:** Written public comment, including presentation of data, views, or arguments about the proposed rules, from any interested member of the public, may also be submitted via email to CYFD-ECS-PublicComment@state.nm.us with the subject line "8.8.3 NMAC Public Comment," via first class mail to P.O. Drawer 5160, Santa Fe, New Mexico 87502 – 5160 or by hand delivery to Kimberly Brown, Child Care Services Bureau, Children, Youth and Families Department. The comment period ends at the conclusion of the public hearing on March 17, 2020

### PUBLIC RECORDS, COMMISSION OF

#### NOTICE OF REGULAR MEETING AND OF RULEMAKING

The New Mexico Commission of Public Records (CPR) has scheduled a regular meeting and rule hearing for Tuesday, May 26, 2020, at 10:00 A.M. at the New Mexico State Records Center and Archives, which is an accessible facility, at 1205 Camino Carlos Rey, Santa Fe, NM. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any form of auxiliary aid or service to attend or participate in the meeting, please contact Amanda Griego at 476-7913 by May 8, 2020, or as soon as possible. Public documents, including the agenda and minutes, can be provided in various accessible formats.

The Commission of Public Records ("CPR") and State Records Administrator ("SRA") may consider the following items of rulemaking at the meeting:

#### **Amend:**

1.13.5 NMAC, New Mexico Historical Records Grant Program Guidelines (CPR and SRA Rule).  
Synopsis:  
The proposed amendment of 1.31.5 NMAC consists of the following modifications:  
Section 7 - is being amended to add "**Legal Custody**" means either legal ownership of the documents or collection(s) wherewith one proposes to work or written permission to work with the documents or collection(s) in question (the letter establishing written permission must be made available to the NMHRAB upon request, for purpose of verification).

Section 8 - Adding or website print out to Subparagraph (b) of Paragraph (2) of Subsection A of 1.13.5.8 NMAC.

Deleting Subsection D and re-letter Subsection E to Subsection D.

Section 9 - Deleting Paragraph (2) and renumbering Paragraph (3) through (4) and deleting Paragraph (6).

Section 13 - Deleting Subparagraph (d) of Paragraph (9) of Subsection B and re-letter Subparagraphs (e) through (h).

A summary of the proposed revisions and copies of the full text of the proposed rules may be accessed at the Commission's website ([www.nmcp.state.nm.us](http://www.nmcp.state.nm.us)), or by contacting Rick Hendricks at [Rick.Hendricks@state.nm.us](mailto:Rick.Hendricks@state.nm.us), or via regular mail at 1205 Camino Carlos Rey, Santa Fe, New Mexico 87505 or 476-7955.

At the hearing the CPR and Administrator will take oral and written comments related to the rulemaking actions listed below and during the meeting consider approving these rulemaking actions. The Commission may vote on the proposed rules during the meeting on May 26, 2020. The State Records Administrator may take action on those rules at the close of the public rulemaking hearing.

Interested persons may submit comments on the proposed rules at the rule hearing or may submit written comments via email at [rmd.cpr@state.nm.us](mailto:rmd.cpr@state.nm.us). Written comments must be received no later than 5 p.m. on May 8, 2020. If submitting written comments by email, please indicate in the subject line the number of each rule(s) for which you are providing comments. Persons offering written comments at the hearing must have eight (8) copies for the Commission and Administrator to review. Oral comments will also be accepted at the rule hearing, subject to time limitations.

A copy of the agenda for the combined regular meeting and rule hearing is also available on the Commission website and at the office of the State Records Administrator

located at the State Records Center and Archives at 1205 Camino Carlos Rey, Santa Fe, NM. The agenda is subject to change up to 72 hours prior to the meeting. Legal authority for this rulemaking can be found in the Public Records Act, Section 14-3-1, et seq. and in the State Rules Act, Section 14-4-1, et seq. NMSA 1978.

## **CULTURAL AFFAIRS, DEPARTMENT OF**

### **NOTICE OF TERMINATION OF PROPOSED RULEMAKING**

The Cultural Properties Review Committee (CPRC) gives notice that it is terminating rulemaking for 4.10.17 NMAC, Standards for Monitoring as published in NM Register, Vol. 31, No. 5, March 10, 2020, pursuant to Subsection C of Section 14-4-5 NMSA 1978.

## **GAME AND FISH DEPARTMENT**

### **STATE GAME COMMISSION MEETING AND RULE MAKING NOTICE**

The New Mexico State Game Commission ("Commission") has scheduled a regular meeting and rule hearing for Thursday April 30, 2020 beginning at 9:00 a.m. at the Grant County Administration Center, 1400 Highway 180 East, Silver City, NM 88061, to hear and consider action as appropriate on the following: presentation of proposed changes to the Hunting and Fishing - Manner and Method of Taking rule.

#### **Synopsis:**

The proposal is to amend the Hunting and Fishing - Manner and Method of Taking rule, 19.31.10 NMAC, which will become effective May 19, 2020. The current Hunting and Fishing - Manner and Method of Taking rule is a permanent rule.

The proposed new rule no longer allows traps and foot snares as a

method of sport harvest for cougar. This proposed deletion is necessary to align with the recently approved Bear and Cougar rule, 19.31.11 NMAC. A full text of changes will be available on the Department's website at: [www.wildlife.state.nm.us](http://www.wildlife.state.nm.us).

Interested persons may submit comments on the proposed changes to the Hunting and Fishing - Manner and Method of Taking rule at: [DGF-Manner-and-Method-Rule@state.nm.us](mailto:DGF-Manner-and-Method-Rule@state.nm.us), or individuals may submit written comments to the physical address below. Comments are due by 1:00 p.m. on April 28, 2020. The final proposed rule will be voted on by the Commission during a public meeting on April 30, 2020. Interested persons may also provide data, views or arguments, orally or in writing, at the public rule hearing to be held on April 30, 2020.

Full copies of text of the proposed new rule, technical information related to proposed rule changes, and the agenda can be obtained from the Office of the Director, New Mexico Department of Game and Fish, 1 Wildlife Way, Santa Fe, New Mexico 87507, or from the Department's website at [www.wildlife.state.nm.us/commission/proposals-under-consideration/](http://www.wildlife.state.nm.us/commission/proposals-under-consideration/). This agenda is subject to change up to 72 hours prior to the meeting. Please contact the Director's Office at (505) 476-8000, or the Department's website at [www.wildlife.state.nm.us](http://www.wildlife.state.nm.us) for updated information.

If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing or meeting, please contact the Department at (505) 476-8000 at least one week prior to the meeting or as soon as possible. Public documents, including the agenda and minutes, can be provided in various accessible formats. Please contact the Department at 505-476-8000 if a summary or other type of accessible format is needed.

Legal authority for this rulemaking can be found in the General Powers and Duties of the State Game Commission 17-1-14, et seq. NMSA 1978; Commission's Power to establish rules and regulations 17-1-26, et seq. NMSA 1978.

## HEALTH, DEPARTMENT OF

### NOTICE OF PUBLIC HEARING

The New Mexico Department of Health will hold a public hearing on the proposed repeal and replacement of rule, 7.9.2 NMAC, "Requirements for Long Term Care Facilities". The public hearing will be held on May 6, 2020 at 9:00 am via Cisco Webex online, via telephone, and, comments will be received via email through the day of the hearing until 5:00 pm.

The hearing is being held via internet, email and telephonic means due to the concerns surrounding Coronavirus and in accord with Governor Michelle Lujan Grisham's Executive Order 2020-004, Declaration of a Public Health Emergency, and the March 12, 2020 Public Health Emergency Order to Limit Mass Gatherings Due to COVID-19. This hearing will be conducted to receive public comment regarding the proposed repeal and replacement of the current rule concerning the services for long term care facility residents provided on a continuing twenty-four (24) hour basis and which shall maintain or improve physical, mental and psychosocial well-being under a plan of care developed by a physician or other licensed health professional which shall be reviewed and revised based on assessment. All facilities licensed as nursing homes pursuant to Section 24-1-5 (A) NMSA 1978, are subject to all provisions of these regulations.

The hearing will be conducted to receive public comments regarding the proposed repeal and replacement of the rule, 7.9.2 NMAC, including the following rule parts:

Amended Subsection A of 7.9.2.27 NMAC-Requirements for Long Term Care Facilities: change to Subsection A to lower the age of employment to provide direct care to residents to sixteen (16) years of age.

The legal authority authorizing the proposed repeal and the adoption of the replacement rule by the Department is at Subsection E of Section 9-7-6, Subsection F of Section 24-1-2, Subsection J of Section 24-1-3 and Subsection B of Section 24-1-5 NMSA 1978. A free copy of the full text of the proposed rule can be obtained from the Department's website at <https://nmhealth.org/publication/regulation/>

Any interested member of the public may attend the hearing and offer public comments on the proposed rule during the hearing. To access the hearing by telephone: please call 1-408-418-9388. Your telephone comments will be recorded. To access the hearing via internet: please go to [Webex.com](http://Webex.com); click the "Join" button; click the "Join a meeting" button; enter the following meeting number and password where indicated on screen—Meeting number (access code): 960 448 920 #, Meeting password: Xgvr9FFJN59; click the "OK" button. You may also provide comment via Chat during the live streaming.

Written public comments may also be submitted to the mailing address and email address shown below prior to the date of the hearing. Please submit any written comments regarding the proposed rule to the attention of:

Christopher Burmeister  
Division Director, Health  
Improvement  
New Mexico Department of Health  
2040 S. Pacheco,  
Santa Fe, NM 87505  
[Christopher.Burmeis@state.nm.us](mailto:Christopher.Burmeis@state.nm.us)  
505-476-9074

All written comments must be received by 5 pm MST on April 29, 2020. All written comments will

be published on the agency website at <https://nmhealth.org/publication/regulation/> within 3 days of receipt, and will be available at the New Mexico Department of Health Office of General Counsel for public inspection.

If you are an individual with a disability who is in need of special assistance or accommodations to attend or participate in the hearing, please contact Sheila Apodaca by telephone at (505) 827-2997. The Department requests at least ten (10) days advance notice to provide requested special accommodations

## SUPERINTENDENT OF INSURANCE, OFFICE OF

### NOTICE OF PROPOSED RULEMAKING

**NOTICE IS HEREBY GIVEN** that the Superintendent of Insurance (Superintendent), upon the Superintendent's own motion, proceeding pursuant to the Insurance Code, Section 59A-1-1 et seq. NMSA 1978 ("Insurance Code") and 13.1.4 NMAC, proposes to permanently adopt the emergency rule promulgated on March 12, 2020 of 13.10.13 NMAC, Section 12, COST SHARING.

**PURPOSE AND SUMMARY OF THE PROPOSED RULE:** The purpose of this rule is to establish requirements regarding cost sharing by insurers and managed healthcare plans.

**STATUTORY AUTHORITY:** NMSA 1978, Sections 59A-1-1 et seq., Section 14-4-5.6(A)(1) NMSA 1978, and Section 12-8-4(B) NMSA 1978

Copies of the Notice of Proposed Rulemaking and proposed rules are available by electronic download from the OSI website (<https://www.osi.state.nm.us/index.php/legal/>) or the New Mexico Sunshine portal, or by requesting a copy in person at



the NM Office of Superintendent of Insurance, 1120 Paseo de Peralta, Santa Fe, NM 87501.

OSI will hold a public hearing on the rule on April 23, 2020 at 10:00 a.m., PRC Hearing Room, 4<sup>th</sup> Floor of the Old PERA Building, 1120 Paseo De Peralta, Santa Fe, NM 87501. The Superintendent designates R. Alfred Walker to act as the hearing officer for this rulemaking. Oral comments will be accepted at the public hearing from members of the public and any interested parties.

Written comments and proposals will be accepted through 4:00 pm on the day of the public hearing, or the last day of the public hearing if the public hearing extends for more than one day. Responses to written comments or oral comments will be accepted through 4:00 pm on May 4, 2020. Comments may be submitted via email to OSI-docketfiling@state.nm.us or may be filed by sending original copies to:

OSI Records and Docketing, NM Office of Superintendent of Insurance 1120 Paseo de Peralta, P.O. Box 1689, Santa Fe, NM 87504-1689

**Docket No.: 20-00018-RULE-LH**  
IN THE MATTER OF  
PERMANENTLY ADOPTING  
EMERGENCY RULE 13.10.13  
NMAC, SECTION 12, COST  
SHARING

Only signed statements, proposals or comments will be accepted. Scanned or facsimile signatures or electronic signatures conforming to federal and state court requirements will be accepted with the understanding that if there is any dispute regarding a signature, OSI reserves the right to require that original signatures be provided to verify the electronic or facsimile signature. All filings must be received between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday except on state holidays. Any filings after 4:00 will be filed to the docket the next business day.

**SPECIAL NEEDS:** Any person with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or other auxiliary aid or service to attend or participate in the hearing should contact Melissa Gutierrez at 505-476-0333 ten (10) business days prior to the hearing.

The Superintendent will consider all oral comments, and will review all timely submitted written comments and responses.

DONE AND ORDERED this 24th day of March 2020  
/S/RUSSELL TOAL

## VETERINARY MEDICINE, BOARD OF

### NOTICE OF RULEMAKING

The New Mexico Board of Veterinary Medicine (NMBVM) will hold a Rules Hearing on Friday, April 24, 2020. Following the Rules Hearing, the Board of Veterinary Medicine will convene a regular meeting to adopt the rules and take care of regular business. The Board of Veterinary Medicine Rules Hearing will begin at 9:00 a.m. and the regular meeting will convene following the Rules Hearing. The Rules Hearing and regular meeting will be held at the New Mexico Gaming Control Board Hearing Room located at 4900 Alameda Boulevard, N.E., Albuquerque, New Mexico 87113.

Copies of the proposed rules may be obtained in person from Frances R. Sowers, Executive Director, New Mexico Board of Veterinary Medicine, 7301 Jefferson Street, N.E., Suite H, Albuquerque, New Mexico 87109-4363, by calling (505) 553-7021 or by downloading from the Board's web site: www.NMBVM.org. Interested persons may submit their comments on the proposed rules in writing to Frances R. Sowers, Executive Director, New Mexico Board of Veterinary Medicine, 7301 Jefferson Street, N.E., Suite H, Albuquerque, New Mexico

87109-4363 or by email to director@NMBVM.org or by participating in the rules hearing.

The New Mexico Board of Veterinary Medicine, is adopting the following rules that are part of the New Mexico Administrative Code (NMAC): 16.24.7 – Minimum Standards – Animal Shelters.

Section 61-14-5. F. NMSA 1978, authorizes the Board to promulgate rules and regulations that may be necessary to carry out the duties of the Board.

Notice Date: March 24, 2020  
Hearing Date: April 24, 2020  
Adoption Date: Proposed as May 01, 2020

Technical Citations: HB219

The Board is establishing rules as mandated by state legislation contained in House Bill (HB) 219. HB219 states, "The Board shall provide for inspections of animal shelters and euthanasia agencies and adopt, promulgate and revise rules necessary to carry out the provisions of the Animal Sheltering Act."

The Board through these rules promulgations is implementing minimum standards for animal shelters.

**The Board is proposing to adopt the rules as follows:**

#### 16.24.7.8 SHELTERING CAPACITY STANDARDS:

**A.** The delivery of sheltering services shall be provided in a competent and humane matter.

**B.** Sheltering services shall be performed in a manner ensuring the health and well-being of animals while in the care of sheltering providers. The recommended standard of care is 15 minutes per animal per day.

**C.** Sheltering providers shall practice active population management within the balance of decisions and practices that support the overall population of the shelter.  
[16.24.7.8 NMAC - N, xx/xx/xxxx]

**16.24.7.9 PREMISES**  
**- STRUCTURAL:** All exterior structures and fencing should:  
**A.** be constructed of building materials that will ensure a sound physical structure;  
**B.** be maintained in good repair;  
**C.** protect animals from injury and ensure containment within shelter;  
**D.** prevent the entry of outside animals and unauthorized persons;  
**E.** include four solid walls for animal weather protection  
**F.** include fencing sufficiently constructed to prevent animals from jumping, climbing or digging to escape.  
 [16.24.7.9 NMAC - N, xx/xx/xxxx]

**16.24.7.10 FACILITY STANDARDS:**  
**A.** Animal housing areas should be physically apart from areas where food and drink for human consumption are prepared, served or stored.  
**B.** Interior building surfaces should be constructed and maintained to be water resistant to moisture and easily cleaned.  
**C.** Animal food storage and equipment cleaning areas should be physically apart from animal housing.  
**D.** Reliable, adequate electric power or gas should be provided for lighting, air circulation, heating, and cooling.  
**E.** Reliable and adequate potable water shall be provided. Back flow preventers may be installed on any threaded faucets with attached hoses for the purpose of cleaning the facility, or on the main water line serving the facility.  
**F.** Noise control should be considered for the well-being of animals as well as visitors. Noise mitigation may include:  
**(1)** Housing cats away from the sound of dogs.  
**(2)** Facility modifications to minimize or contain barking.  
**(3)** Training staff to minimize slamming doors.

**(4)** Using music to reduce animal stress.  
**G.** Readily accessible washrooms or sinks should be provided to maintain personal hygiene of animal caretakers.  
**(1)** A two-compartment sink in good repair should be provided for washing and sanitizing equipment used for animal care and feeding.  
**(2)** A tub or low-pressure hose should be available to wash any animal that becomes soiled to avoid the use of high-pressure hoses for cleaning animals.  
**H.** Indoor housing for animals shall be sufficiently heated or cooled to protect animals from extreme temperatures. The ambient temperature shall be consistent with the requirements of the specific species.  
**I.** Indoor housing for animals should be adequately ventilated with fresh air to minimize odors and moisture and to provide for the health of the animals.  
**J.** Water supply should allow for hose hook up to readily reach all parts of animal housing. Water pressure shall be adequate for cleaning of animal housing areas.  
**K.** A suitable method to rapidly eliminate excess water from animal housing areas should be provided. Drains shall be properly constructed and maintained in good repair. If closed drainage systems are used, wastewater shall be disposed of by connection to a sanitary sewer or approved sewage disposal system.  
 [16.24.7.10 NMAC - N, xx/xx/xxxx]

**16.24.7.11 ANIMAL ENCLOSURE AND HOUSING STANDARDS:**  
**A.** General Indoor Enclosures.  
**(1)** Primary enclosures shall provide sufficient space to allow each animal to make normal postural adjustments to:  
**(a)** Turn freely.  
**(b)** Easily stand.  
**(c)** Sit.

**(d)** Stretch.  
**(e)** Move their head without touching the top or sides of the enclosure.  
**(f)** Lie in a comfortable position with limbs extended.  
**(g)** Move about and assume a comfortable posture for feeding, drinking, urinating, and defecating.  
**(h)** Dogs and cats shall be able to hold their tails erect when in a normal standing position.  
**(2)** Primary enclosures may allow animals to be able to see out while avoiding visual contact.  
**(3)** Animals housed shall be confined to a primary enclosure at all times unless under the direct supervision of shelter personnel or a designee.  
**(4)** Primary enclosures shall be structurally sound and maintained in good repair and sanitary condition to protect the animals from injury and disease.  
**(a)** Primary enclosures shall be constructed and maintained to enable the animals to remain dry and clean and to provide convenient access to food and clean water.  
**(b)** Latches shall be secure and in good working order so that animals cannot escape.  
**(5)** Floors of primary enclosures shall be constructed to prevent injury to animals, ensure adequate draining and prevent pooling of fluids. Wire mesh or slatted floors in cages shall not be used.  
**(6)** Guillotine or doors separating two enclosure section shall be in working order.  
**(7)** Animals shall not be able to escape from their primary enclosure.  
**(8)** When housing aggressive, under quarantine or protective custody animals, condition of all enclosures shall be monitored daily with various types of locks considered.

(9) Primary enclosures may house one animal; if compatible, two altered animals per enclosure with the exceptions of litters housed with their dams or colony housing. Animals shall not be randomly housed in groups. Animals that fight shall not be grouped with other animals.

(10) Isolation areas shall be provided for animals with infectious diseases. Ten percent of the total housing may be designated for this purpose. The isolation housing should be double-sided to facilitate cleaning without removing the animal. Handwashing stations should be available at all isolation areas. Isolation areas should have separate cleaning tools personal protective equipment.

(11) Dogs shall not be tethered except in the short term to facilitate cleaning primary enclosure or in the event of a fire or flood emergency. In emergency situations, short term tethering of dogs shall be used only until transport to another facility can be made. The safety of the dog shall be ensured while tethered. Cats shall not be tethered.

(12) Animals placed in crates or carriers, even for a short time, shall have ample space to stand up, turn around and lie down. Crates and carriers shall be disinfected and dried after each use and before another animal is placed in the crate or carrier. Crates and carriers may not be used as primary enclosures.

**B. Outdoor Primary Enclosures.** It is not recommended that primary enclosures be exclusively outdoors and not for very young, old, sick, or injured animals.

(1) Structurally sound, weatherproof enclosures should be made accessible to animals housed exclusively outdoors. Water resistant and windproof structure of suitable size shall be provided so animals stay warm and dry during cold weather; shaded and cool during hot weather. The structure may have a water-resistant door covering or offset

doorway to minimize drafts, provide proper ventilation and made of durable materials with the floor raised off the ground to prevent water entry.

(2) A shaded area should be provided to all animals housed in an outdoor primary enclosure. An animal shall be able to rest in the shade, outside of the interior structure, but within the fencing or run.

(3) Sufficient clean, absorbent bedding material in addition to other means of protection from weather should be provided for the health and safety of the animals and may prevent strong odors from forming if replaced regularly.

(4) Floors of outdoor enclosures may be constructed of gravel, sand or soil; a solid material such as concrete is preferable. It is not possible to sanitize or disinfect gravel, sand or soil.

#### **C. Enclosure Requirements for Cats**

(1) Cats shall be able to assume normal postures in primary enclosures. Space should be large enough to accommodate bedding, food and water dishes and a litter box. When there is more than one cat occupying a cage, additional floor and vertical space should be provided.

(2) Primary enclosures should be made of stainless steel, fiberglass, or other impervious material that is water-resistant and can be cleaned and sanitized. Chicken wire, barbed wire and wood shall not be used.

(3) Feral cat boxes, which allow for hiding places within the cage, reduce stress for all cats.

(4) Cats should be housed in a separate building or in a separate room far removed from rooms containing dog runs.

**D. Enclosure Requirements for Dogs.** Dogs shall be able to assume normal postures and engage in normal behaviors playing and moving freely without encountering another dog.

Space should be large enough to accommodate bedding, food and water bowls.

(1) Enclosure height should be a minimum of one and one-half times the height of the dog at the shoulder.

(2) Floors in dog runs may slope to drain liquid out of runs to prevent pooling or puddling in runs or walkways. Slope may be one-quarter to one-half inch per linear foot.

(3) To prevent water and waste material from flowing from run to run, there should be solid walls between dog runs. Height of walls should be sufficient to prevent nose-to-nose contact of dogs between runs.

(4) Fencing or other materials that allow for airflow should be used, horizontally and vertically, above the solid walls providing a protective barrier at least six feet high between runs to prevent dogs from jumping over.

(5) All solid surfaces of dog runs should be constructed of water-resistant concrete, stone, cement block, brick, metal, or non-porous synthetic material which can be cleaned and sanitized. Sealed floors can be cleaned and disinfected most effectively. Fencing materials may be water resistant which can be easily cleaned and sanitized. Fencing materials shall be gauged and spaced to avoid escape by or injury to dogs. Chicken wire, barbed wire and wood shall not be used.

(6) If more than one dog occupies the same primary enclosure, additional floor and vertical space should be provided.

**E. Enclosure Requirements for Other Species.** Species other than dogs and cats shall have special requirements for housing and care.

(1) Stray livestock. The New Mexico Livestock Board shall be contacted to help facilitate the identification and ownership.

(2) Exotic animals. A veterinarian or someone

with expertise in handling and caring for the species may be contacted for guidance.

(3) Wild animals. The appropriate agency shall be contacted to take possession of the animal.

(a) Wild birds. The U.S. Fish and Wildlife Service shall be contacted.

(b) For any other wild animals, N.M. Department of Game and Fish shall be contacted.

**F. Foster Housing Standards.**

(1) Potential foster homes should go through an application process with background checks and home inspections.

(2) Guidelines addressing the following may be established:

(a) Vaccination and altered status of foster home animals.

(b) Maximum number of animals allowed.

(c) Housing and care standards.

(d) Maximum length of foster stay.

(3) Foster parents should be trained or educated on standards of care and potential health and wellness issues; emergency contact information may be provided.

(4) Care capacity within foster home should be considered before sending animals into the homes.

(5) Foster animals should be altered and have current vaccinations unless under the care of a veterinarian.

(6) Tag or microchip identification for foster animals should be provided to foster homes.

**G. Colony/Group Housing Standards - Dogs.** Dogs housed in the same primary enclosure may be maintained in compatible groups with the following restrictions:

(1) Primary enclosures may house one, or two, altered compatible dogs per enclosure.

Litters should be housed with their dams.

(2) A female dog in season shall not be housed in the same primary enclosure with a male dog.

(3) An unaltered male dog shall not be housed in the same primary enclosure with an unaltered female other than under breeding age litter mates.

(4) An aggressive dog shall be housed individually in a primary enclosure; for protection of shelter personnel the enclosure shall be marked accordingly.

(5) Nursing mothers and their puppies should be removed from other animals. Removal will allow privacy, protection from unwanted intrusion and noise, alleviates fear/aggression, and to promote general well-being.

(6) Dogs shall not be housed in the same primary enclosure as cats.

(7) Dogs shall not be housed in the same primary enclosure with any other species of animals.

**H. Colony/Group Housing Standards – Cats.** When housing cats in colony rooms, the following guidelines should be followed:

(1) Cats should have at least 18 square feet of floor space per cat to maintain a distance of three to ten feet between cats; non-inclusive of perches or walkways. In temperate climates, can include outdoor access with 24-hour access to indoors.

(2) Cats with unknown vaccination history should be evaluated for health and behavior, vaccinated, isolated, and observed for at least 24 hours before being placed in cat colony rooms.

(3) Unsterilized males shall be separated from females. A female in season shall not be housed in the same primary enclosure as a male.

(4) Nursing mothers and their kittens should not be housed with other cats.

(5) One 12” x 8” cat litter pan for every three cats or five kittens should be provided.

(6) Water and dry food should be available at all times.

(7) Colony rooms may be equipped with shelves, resting boxes and hiding boxes.

(8) Stainless steel, fiberglass or other materials that are water resistant and can be cleaned and sanitized should be used. Wood shall not be used.

(9) Any cat exhibiting aggressive behavior shall be housed individually in its primary enclosure; for the protection of shelter personnel the enclosure should be marked accordingly.

[16.24.7.11 NMAC - N, xx/xx/xxxx]

**16.24.7.12 SANITATION STANDARDS:**

**A.** Written sanitation protocols shall be developed to provide consistent and thorough sanitation of the facilities. Protocols may be reviewed periodically in consultation with a veterinarian. Protocols may be updated for best practices. During an outbreak, sanitation protocols should be revised as needed to address specific pathogens.

**B.** Animal housing units or kennels shall be cleaned once daily at minimum and shall be thoroughly cleaned and disinfected once an animal no longer occupies the unit or kennel.

**C.** Animal waste shall be removed from primary enclosures daily or more often to prevent contamination of animals and to reduce disease hazards and odors. Waste shall be disposed of in accordance with local ordinance.

**D.** Cages, kennels, containers, equipment, and other items shall be cleaned at least once daily to maintain sanitary conditions.

**E.** Kennels and cages shall not be hosed down while animals are inside the kennels and cages.

**F.** To minimize stress for an animal remaining in an

enclosure, spot cleaning may be used as appropriate. The enclosure shall be thoroughly cleaned and disinfected once an animal leaves an enclosure.

**G.** Cleaning may be carried out in the following order: from first to last to minimize the spread of disease.

(1) Healthy puppies and kittens; healthy, nursing bitches and queens.

(2) Healthy adult animals.

(3) Unhealthy animals.

**H.** To minimize the spread of disease, water and food containers and all other utensils shall be cleaned and sanitized using generally accepted methods such as the use of heat and chemical sanitizing solution. Containers shall be cleaned and sanitized as often as necessary to maintain sanitary conditions; food pans and bowls shall be cleaned between each use. If sinks are the method for cleaning, water and food pans or bowls shall be soaked and washed separately from litter pans with water and disinfectant changed between water and food pans or bowls and litter pans.

**I.** Product manufacturer instructions shall be followed precisely when cleaning, sanitizing and disinfecting. Chemicals shall not be mixed. Pine products and fumes are extremely toxic to cats and birds and shall not be used near them or to clean cat enclosures, pans, bowls etc.

**J.** Mopping should be avoided to reduce the spread of pathogens. If hosing is not possible and mopping must be used, disinfectant solution shall not be used from one housing area to another.

**K.** Water and food pans or bowls may be made of metal or be disposable. Plastic should not be used because it may be chewed and ingested and may retain contaminants.

**L.** Litter boxes shall be provided for cats in their primary enclosures with soiled litter disposed of on an as needed basis, a minimum of once a day. Litter boxes may be disposable or reusable if they

are cleaned daily and sanitized before used by another cat. The use of plastic litter boxes is not recommended because they cannot be sufficiently disinfected and may be a source of disease.

**M.** Animal and food waste, soiled bedding, debris, and other organic waste should be stored in closed containers and disposed of on an as needed basis to avoid vermin infestation, odors, disease, and nuisances. Waste should be removed at least weekly from the facility. All reusable trash containers should be regularly sanitized and disinfected. All clothing and bedding shall be laundered and thoroughly dried before reuse.

**N.** To maintain sanitary conditions, pens and runs with absorbent or loose flooring i.e., sand, gravel or soil soiled with urine and/or fecal matter shall have such materials replaced as necessary. These types of organic materials cannot be sanitized or disinfected when the surface is muddy, water puddled or when odors and vermin are present.

**O.** Buildings and grounds shall be kept clean, in good repair and free of trash.

**P.** Weeds may be mowed or cut down where animals are kept or exercised.

**Q.** An effective program shall be maintained for the control of insects, fleas, avian, and mammalian pests.

**R.** Opened food supplies should be stored separately in closed waterproof containers. Unopened supplies of food should be stored off of the floor and adequately protected against contamination or infestation by vermin.

**S.** Animal bedding should be stored off of the floor and adequately protected against contamination or infestation.

**T.** Dead animals shall be stored and disposed of in strict compliance with state laws and local ordinances to avoid disease hazard or nuisance.

[16.24.7.12 NMAC - N, xx/xx/xxxx]

### 16.24.7.13 ANIMAL CARE AND HANDLING STANDARDS:

#### A. Food and Water (1) Animals

should be fed twice daily except in cases of veterinary treatment or malnutrition. The food shall be free of contamination, palatable and of sufficient quality and nutritive value to meet normal daily requirements for the condition, size and age of the animal. Refrigeration should be provided for perishable food.

(2) Uneaten food shall be discarded after 24 hours. Food offered to an animal remaining uneaten shall not be fed to other animals.

(3) Care shall be taken not to underfeed or overfeed animals.

(4) Special consideration regarding types of food and frequency of feeding shall be given to puppies, kittens, older animals, and nursing dams.

(5) Malnourished or emaciated animals may need an increased food intake; introduction of food shall be regulated and increased gradually preferably with veterinary guidance.

(6) Animals shall be provided potable water at all times.

(7) Food and water containers shall be accessible and located to minimize contamination by excrement or other material. Food and water containers shall be cleaned daily; disposable food containers may be used only if discarded after each use.

(8) Food and water containers should be of a size to ensure accessibility based on the size of the animal.

(9) Spoiled, moldy food or food contaminated with feces, droppings or insects shall never be used. Food left in food bowls from the previous day shall be disposed of, disposable bowls discarded and non-disposable bowls cleaned.

**B.** Enrichment  
(1) Enrichment means improving the environment and behavioral care for confined

animals. Enrichment reduces stress and improves well-being by providing physical and mental stimulation and encouraging species-typical behaviors. Enrichment shall not be considered optional.

(2) If the recommended space requirements for dogs cannot be met due to shelter configuration, dogs may be exercised twice daily. For dogs requiring an opportunity to exercise, a written plan may be on file with each exercise session noted.

(3) Behavioral health and care of each animal as well as the conditions experienced by the entire population shall be a consideration of the shelter.

C. Quarantine and Isolation

(1) Animals that have bitten a human shall be quarantined pursuant to New Mexico State Law, local municipal or county ordinances.

(2) A veterinarian should be consulted.

(3) Animals under quarantine for observation of rabies symptoms after a bite incident shall be physically separated from all other animals and shall never be housed with animals under treatment for a communicable disease.

(4) Quarantine areas may have a separate ventilation system and should only be accessible to shelter personnel or owners accompanied by shelter personnel.

(5) Animals diagnosed and/or under treatment for a communicable disease should be isolated from healthy animals to minimize spread of disease. Areas may have a separate ventilation system. If isolation is impossible or inadequate to control the spread of pathogens, shelter shall weigh consequences of exposure to general population and the alternative, euthanasia.

D. Other Care Considerations

(1) Shelter animals shall always be handled safely and humanely to prevent injury, distress and spread of disease both to animals and personnel.

(2) Adequate animal handling equipment such as transfer cages, nets, catch poles, syringe poles shall be available, kept clean and in good repair to ensure the safety of personnel and animals.

(3) Shelter personnel should be trained in current humane and sanitary animal handling techniques.

(4) Long term confinement, including feral and aggressive animals, who cannot be provided with basic care, daily enrichment and exercise without inducing stress shall not be considered.

(5) The minimal amount of physical restraint needed without injury to people or animals shall be used.

(6) The use of catch poles for routine restraint of cats, including carrying or lifting, is inhumane and poses significant risk of injury to the animal and shall not be used. Humane traps, boxes or nets designed for restraint shall be used for handling fractious cats or cats who appear to be unaccustomed to handling.

(7) When cats are moved from one location to another, it is recommended to cover the carrier with a towel or sheet to reduce stress and susceptibility to disease.

(8) Cats should be provided with clean bedding in each cage. Bedding shall be replaced when soiled or wet and when a new animal is introduced to the enclosure.

(9) Bedding or platforms may be provided to dogs on an as needed basis. Clean bedding should be provided to old, young, ill, or injured dogs. Bedding shall be replaced when soiled or wet and when a new animal is introduced to the enclosure. Only single layer bedding should be used for puppies and kittens to prevent accidental suffocation.

(10) Nursing dams may be provided with a whelping box. If a shelter is unable to provide a whelping box, the shelter shall ensure nursing dams

have adequate bedding, warmth and cleanliness. Bedding shall be provided in the whelping box and replaced when soiled or wet.

(11) Nursing mothers and their babies should be removed from other animals to allow for privacy, protect them from unwanted intrusion and noise, to alleviate fear/aggression, and to promote their general well-being.

(12) Animals may be cleaned and groomed on an as needed basis.

(13) Medical issues should be treated; matted coats can cause pain, skin or eye irritation, or trap fecal matter. Bathing may be necessary to prevent or treat parasites and/or insects.

(14) No animal shall be allowed to suffer while in the care of the shelter.

(15) Care shall be taken to ensure that animals are not squirted or hosed with water, not put in contact with chemicals and not placed back in wet or damp enclosures.

[16.24.7.13 NMAC - N, xx/xx/xxxx]

**16.24.7.14 DISEASE CONTROL, HEALTH AND VETERINARY CARE STANDARDS:**

A. No animal shall be allowed to suffer due to lack of veterinary care.

B. Shelters shall not fail to provide treatment for pain.

C. Shelters shall ensure compliance with all federal, state and local laws concerning reportable diseases.

D. Animals should be examined for injury and signs of disease at the time of impound under the guidance of a veterinarian, if possible, and treated immediately if animal is in pain or distress. If injured or sick animals cannot be provided veterinary care in a timely manner to stop their pain and suffering, the animal shall be humanely euthanized.

E. Common signs of illness, injury or parasitic infestation in dogs and cats that warrant veterinary care:

(1) Eyes  
are watery, appear swollen or show discharge.

(2) Ears are  
red or inflamed, show discharge or have a foul odor.

(3) Nose  
shows mucous, blood or pus discharge, or is crusty, congested or blocked.

(4) Gums are  
swollen or inflamed, teeth are loose or brown, or mouth has a foul odor.

(5) Animal is  
sneezing, coughing or wheezing.

(6) Animal has  
fleas or ticks; skin shows swelling or lesions.

(7) Animal  
limps or does not place weight on a limb.

(8) Animal is  
thin or obese.

(9) Animal has  
wounds, abscesses, cuts, or abrasions.

(10) Body  
temperature is abnormal.

(11) Animal is  
vomiting or has diarrhea.

**F.** Shelter should have a trained and experienced staff member, a veterinary technician or a veterinarian available to check animals and to provide care. Symptoms of possible illness shall be noted, recorded and brought to a supervisor's attention immediately.

**G.** Animals should be observed daily for signs of disease or distress. An animal suspected of having an infectious disease may be physically separated from other susceptible animals until the animal is determined to be non-infectious.

**H.** A system should be in place to care for injured and sick animals brought to the shelter after normal working hours. Shelters may enter into a written contract with a local veterinarian to be available on call for treatment after hours.

**I.** Animals with obvious signs of serious disease, injury or distress that cannot be addressed, as well as aggressive animals, shall be humanely euthanized.

**J.** For humane reasons, it may be necessary to euthanize an animal despite the holding time requirements not having been met. An animal shall not be allowed to suffer while in the shelter's care.

**K.** Dogs and cats may be dipped or sprayed, top spotted or given oral treatment for fleas, ticks or internal parasites, as necessary. Methods shall be used according to the season, region of state and according to manufacturer's instructions concerning treatment strengths depending on size, age or health of animal.

[16.24.7.14 NMAC - N, xx/xx/xxxx]

#### **16.24.7.15 VACCINATIONS STANDARDS:**

**A.** All dogs and cats should be vaccinated upon initial impound. A veterinarian or trained staff member may administer the following core vaccines:

(1) Dogs:  
(a)

DA2PP or DHPP vaccine to provide protection against distemper, adenovirus-2, parvovirus, parainfluenza. Adult dogs may be vaccinated upon intake. Puppies may be vaccinated starting at 4-6 weeks of age and re-vaccinated every 2-4 weeks until 16-18 weeks of age.

(b)

Bordetella bronchiseptica vaccine to protect against kennel cough for puppies and adult dogs.

(2) Cats:

FVRCP vaccine to provide protection against feline herpesvirus, feline viral rhinotracheitis, feline calicivirus, and feline panleukopenia. Adult cats may be vaccinated once upon intake. Kittens may be vaccinated starting at 4-6 weeks of age and re-vaccinated every 2-4 weeks until 18 weeks of age. A modified live vaccine is recommended.

**B.** All animals shall be considered unvaccinated unless a documented medical record exists. Special consideration shall be given to animals with medical conditions, pregnant animals and animals less than 4 weeks old.

**C.** Core vaccines should be administered at the time of intake for optimum disease control.

**D.** Rabies vaccinations may be given at the time of adoption or by the adopter's veterinarian depending on local municipal or county ordinance.

**E.** Rabies vaccinations shall be administered pursuant to Section 77-1-3 NMSA 1978.

[16.24.7.15 NMAC - N, xx/xx/xxxx]

#### **16.24.7.16 RECORD KEEPING STANDARDS:**

**A.** Records shall be kept for each animal impounded, for each animal accepted as an owner-surrender, for each animal brought to the shelter by a member of the public as a stray, and for each animal that is otherwise acquired.

**B.** Records shall include:

(1) Date of acquisition and manner of acquisition: animal control officer, public intake, owner surrender etc.

(2) Description and identifying characteristics including: species, breed, color, age, weight, gender, and any background information.

(3) Tag and/or microchip information.

(4) Reason for impoundment or relinquishment.

(5) Veterinary care.

(6) Disposition of the animal.

(7) Date of redemption of adoption, transfer of ownership or euthanasia.

(8) Name, address and telephone number of receiving person or entity.

**C.** Statistics should include monthly intake and outcomes by type for each species.

**D.** Collars, tags or other potential identification should be kept on the animal or in the animal's file during the impound time.

**E.** Each animal shall be identifiable by use of cage/run cards and/or identifying collars.

**F.** Photographs should

be taken of each animal, maintained with the animal's records and posted on its cage to minimize the possibility of a mistaken euthanasia.

**G.** Shelters shall maintain records for a minimum of two years from the date of an animal's final disposition.

[16.24.7.16 NMAC - N, xx/xx/xxxx]

**16.24.7.17 COMMUNITY ACCESS AND SERVICE STANDARDS:**

**A.** Shelters should be accessible to the public seeking to reclaim their animal or adopt an animal.

(1) Hours open to the public shall be clearly marked on the facility.

(2) The shelter's telephone number and address shall be listed in local telephone directories.

(3) The shelter should have internet presence with all pertinent information as well as listings of lost or found animals and animals available for adoption.

(4) Shelters should be open to the public at least one weekend day or two days until 6:00 p.m.

**B.** Shelters may have provisions for animals dropped off after hours. Care shall be taken so that animals are protected from injury, theft and the elements. Unattended drop boxes are not recommended. Provisions should be made for after hours entry, impoundment and treatment procedures for animal control officers to follow. Sick or injured animals shall be attended to by trained personnel immediately due to potential for unalleviated suffering of the animal as well as liability to the shelter.

**C.** When an animal has visible identification or a microchip upon impound, shelter personnel shall make every attempt to contact the owner. Each animal shall be scanned for a microchip and the number entered into the animal's record. If the owner surrenders a microchipped animal, the shelter shall determine if the surrendering owner

matches the name on the microchip to ensure the animal is not stolen. In the case of stray animals, the shelter shall promptly attempt to contact the owner to whom the microchip is registered by telephone. In the event no contact can be made via telephone, then the shelter may send a letter to the address listed on the microchip registration. Attempts to trace microchip information and contact attempts with the registered owner shall be documented.

**D.** In addition to being scanned at intake, animals shall be re-scanned prior to final disposition. If the final disposition is by euthanasia, scanning shall be done pursuant to Board of Veterinary Medicine rule 16.24.3.8 B Duties of Licensee and Certificate Holders.

**E.** Shelters shall refer to local, municipal or county ordinance which address the minimum stray holding time. Stray animals without identification should be held long enough to give owner sufficient time to reclaim the animal. Stray animals with identification i.e. tag, tattoo, and/or microchip should be held long enough to allow the shelter sufficient time for notification and owner reclaim.

**F.** Animals in law enforcement protective custody shall be in locked areas with appropriate signage that meet standards and are inaccessible to the public. Depending on the case type, owner may be allowed to visit the animal or animals. [16.24.7.17 NMAC - N, xx/xx/xxxx]

**16.24.7.18 SHELTER PERSONNEL STANDARDS:**

**A.** The shelter shall maintain compliance with federal and state occupational safety regulations for chemical, biological and physical hazards in the workplace.

**B.** All shelter personnel should be trained in all aspects of their responsibilities. Training topics may be, at minimum:

- (1) Animal health and disease control.
- (2) Humane care and treatment of animals.
- (3) Control of

animals in an animal shelter.

- (4) Transportation of animals.
- (5) Disease recognition.
- (6) Animal breed identification and behavior.
- (7) Pre-adoption evaluation and temperament testing.
- (8) Adoption policies and procedures.
- (9) Handling, capture and restraint techniques.
- (10) Personnel safety and use of equipment.
- (11) Euthanasia.
- (12)

Compassion fatigue and self-care.

**C.** Shelter personnel should be provided with a comprehensive standard operating procedures (SOP) manual. The SOP should outline all shelter policies and procedures and the duties for each position.

**D.** Shelter personnel shall adhere to New Mexico's anti-cruelty law at all times. See 30-18-1 *et seq.* NMSA 1978.

**E.** Protective gear and appropriate animal handling equipment shall be readily available to personnel.

**F.** Shelter personnel should wash their hands frequently to protect themselves and the animals. Hand sanitizers, first aid kits and eye wash stations may be made available to all employees, volunteers and visitors.

[16.24.7.18 NMAC - N, xx/xx/xxxx]

**16.24.7.19 ADOPTION STANDARDS:**

**A.** Shelters should establish adoption fees. An adoption program may be developed and implemented. If the shelter waives specific adoption fees, the shelter guidelines shall not be waived.

**B.** Shelters should develop criteria for potential adopters and unsuitable adopters. Adopters may sign a contract under which they agree to provide a specified level of care.



C. Shelters should learn temperament testing procedures to ensure that animals are fit for adoption and to facilitate the best possible match between adopters and animals.

D. An adoption screening program may include discussion of suitability of adopter and animal.

E. When adopting out a sick animal or animal that is receiving medical treatment, full disclosure should be made to the person or organization receiving the animal.

F. In the event shelters offer animals for adoption that have not been sterilized, the shelter shall comply with New Mexico State law 77-1-20 A-F NMSA 1978.

G. Policies should be developed to avoid adopting out or releasing unaltered animals.

H. Shelters should consider a program to microchip all adopted animals.

I. Reasonable care shall be taken to adopt out or transfer only those animals free of disease and untreatable injury.

J. Animals believed to be dangerous, potentially dangerous or have caused a serious injury resulting in same species or human death shall not be re-homed. Chapter 77 Section 1A NMSA 1978.

K. Shelters, in their due diligence, shall make every effort to place animals with recognized rescue organizations and responsible sanctuaries. Shelters should thoroughly research rescue organizations and sanctuaries prior to placement to avoid possible hoarding situations.

[16.24.7.19 NMAC - N, xx/xx/xxxx]

**16.24.7.20 SHELTER  
TRANSPORT STANDARD:**

A. Transport vehicles and equipment shall be cleaned and sanitized prior to transport.

B. Animals shall not be transported unrestrained in open beds of trucks.

C. Temperature extremes, below 45 degrees and

above 80 degrees, during transport shall be avoided.

D. Compliance with state and local laws shall be followed for source and destination shelters.

E. Health certificates shall accompany animals crossing state lines as required.

F. Unfamiliar animals shall not be transported together in same enclosure.

G. Animals should be vaccinated and treated for internal and external parasites prior to transport.

H. Transport space should be adequate to allow the animal to turn around and lie down.

I. Transports anticipated longer than eight hours in duration should accommodate safe animal exercise and relief.

[16.24.7.20 NMAC - N, xx/xx/xxxx]

**HISTORY OF 16.24.7 NMAC:  
[RESERVED]**

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 Board of Veterinary Medicine t 505-553-7021. The Board requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

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

**End of Notices of  
Rulemaking and  
Proposed Rules**

## Adopted Rules

### 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 in the State Rules Act. Unless a later date is otherwise provided by law, the effective date of the rule shall be the date of publication in the New Mexico Register. Section 14-4-5 NMSA 1978.

### MEDICAL BOARD

The New Mexico Medical Board reviewed, at its 2/21/2020 hearing, to repeal its rule 16.10.9 NMAC, Fees (filed 6/8/2001) and replace it with 16.10.9 NMAC, Fees, adopted 2/21/2020 and effective 3/24/2020.

### MEDICAL BOARD

**TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING  
CHAPTER 10 MEDICINE AND SURGERY PRACTITIONERS  
PART 9 FEES**

**16.10.9.1 ISSUING**

**AGENCY:** New Mexico Medical Board, hereafter called the board.  
[16.10.9.1 NMAC - Rp 16.10.9.1 NMAC, 3/24/2020]

**16.10.9.2 SCOPE:** This part applies to applicants and licensees.

[16.10.9.2 NMAC - Rp 16.10.9.2 NMAC, 3/24/2020]

**16.10.9.3 STATUTORY AUTHORITY:**

This part is promulgated pursuant to and in accordance with the Medical Practice Act, Sections 61-6-1 through 61-6-35 NMSA 1978.

[16.10.9.3 NMAC - Rp 16.10.9.3 NMAC, 3/24/2020]

**16.10.9.4 DURATION:**

Permanent.

[16.10.9.4 NMAC - Rp 16.10.9.4 NMAC, 3/24/2020]

**16.10.9.5 EFFECTIVE DATE:**

March 24, 2020 unless a later date is cited at the end of a section.

[16.10.9.5 NMAC - Rp 16.10.9.5 NMAC, 3/24/2020]

**16.10.9.6 OBJECTIVE:**

This part sets fees for physicians, physician assistants, anesthesiologists assistants and individuals requesting selected public information.

[16.10.9.6 NMAC - Rp 16.10.9.6 NMAC, 3/24/2020]

**16.10.9.7 DEFINITIONS:**

**A. "FCVS"** means the federation credential verification service of the federation of state medical boards.

**B. "HSC"** means the hospital services corporation, a New Mexico corporation, and a certified credential verification organization serving hospitals and health plans located in New Mexico.

[16.10.9.7 NMAC - Rp 16.10.9.7 NMAC, 3/24/2020]

**16.10.9.8 PHYSICIAN FEES:**

**A.** Application fee of \$400.

**B.** Triennial license renewal fee of \$450 plus a triennial fee to support the impaired physicians program of \$150.

**C.** Temporary license fee for a temporary camp or school license of \$50.

**D.** Temporary license fee for a temporary teaching/research license of \$100.

**E.** Processing fee of \$25 for placing a license on inactive status.

**F.** Late fee of \$100 for all physicians who renew their license to active status, or provide required documentation after June 30 but no later than August 15 of the year of expiration.

**G.** Late fee of \$200 for physicians who renew their licenses to active status, or provide required documentation between August 16 and October 1 of the year of expiration.

**H.** Reinstatement fee of \$400, for reinstatement of a suspended license, which shall be in addition to the triennial license renewal, impaired physicians program fee; and if required, nationwide criminal history screening fee.

**I.** Reinstatement fee of \$200 to reactivate from inactive status, which shall be in addition to the triennial license renewal, impaired physicians program fee; and if required, nationwide criminal history screening fee.

**J.** Postgraduate training license fee of \$10.

**K.** Public service license fee of \$50 annually.

**L.** Telemedicine initial licensing and triennial renewal fee of \$400.

**M.** Nationwide criminal history screening fee equal to the current federal bureau of investigation and department of public safety fee.

**N.** Statewide criminal history fee equal to the current department of public safety fee.  
[16.10.9.8 NMAC - Rp 16.10.9.8 NMAC, 3/24/2020]

**16.10.9.9 PHYSICIAN ASSISTANT FEES:**

**A.** Application fee of \$150.

**B.** Biennial renewal of licensure fee of \$150.

**C.** Change of primary supervising physician fee of \$25.

**D.** Late fee of \$50 for physician assistants who renew their license, or provide required documentation, after March 1 but by April 15 of the renewal year.

**E.** Late fee of \$75 for physician assistants who renew their license, or provide required documentation, between April 15 and May 30 of the renewal year.

**F.** Fee of \$25 for

placing a physician assistants license on inactive status.

**G.** Fee of \$100 for reinstatement of a physician assistants license.

**H.** Nationwide criminal history screening fee equal to the current federal bureau of investigation and department of public safety fee.

**I.** Statewide criminal history fee equal to the current department of public safety fee. [16.10.9.9 NMAC - Rp 16.10.9.9 NMAC, 3/24/2020]

**16.10.9.10 ANESTHESIOLOGIST ASSISTANT FEES:**

**A.** Application fee of \$100.

**B.** Biennial renewal fee of \$100.

**C.** Change in supervision fee of \$25.

**D.** Late fee of \$25 for failure to renew license or provide required documentation by July 1 of the renewal year.

[16.10.9.10 NMAC - Rp 16.10.9.10 NMAC, 3/24/2020]

**16.10.9.11 GENETIC COUNSELOR FEES:**

**A.** Application fee of \$150; includes temporary license while certification is pending.

**B.** Biennial renewal fee of \$150.

**C.** Reinstatement fee of \$100.

**D.** Temporary teaching or assisting license fee of \$150.

**E.** Temporary license renewal fee of \$50; for applicants renewing a temporary license while certification is pending.

**F.** Late fee of \$50 for failure to renew license or provide required documentation by March 1 of the renewal year.

[16.10.9.11 NMAC - Rp 16.10.9.11 NMAC, 3/24/2020]

**16.10.9.12 POLYSOMNOGRAPHY TECHNOLOGIST FEES:**

**A.** Application fee of \$150; includes temporary permit

while certification is pending.

**B.** Biennial renewal fee of \$150.

**C.** Reinstatement fee of \$100.

**D.** Temporary permit renewal fee of \$50.

**E.** Late fee of \$50 for failure to renew license or provide required documentation by March 1 of the renewal year.

[16.10.9.12 NMAC - Rp 16.10.9.12 NMAC, 3/24/2020]

**16.10.9.13 PHYSICIANS SUPERVISING PHARMACIST CLINICIANS:**

**A.** Registration application fee of \$100.

**B.** Biennial renewal fee of \$100.

**C.** Change of supervising physician fee of \$25, with no change in scope of practice or protocol.

**D.** Late fee of \$25 for failure to renew registration or provide required documentation by July 1 of the renewal year.

[16.10.9.13 NMAC - Rp 16.10.9.13 NMAC, 3/24/2020]

**16.10.9.14 MISCELLANEOUS FEES:**

**A.** Copying fee of up to \$1.00 per page for public records.

**B.** License verification fee of \$30 per license for a letter of good standing to confirm the verification.

**C.** License verification fee of \$5 per license with a minimum charge of \$15 for verification of a list of licenses when the list contains the license numbers and physicians' names. No letters of good standing shall be issued for verifications from a list of this kind and notations regarding each verification shall be made on the list provided.

**D.** Fee of \$20 per copy for annual directory of physicians.

**E.** Returned check fee of \$25.

**F.** List of licensees on CD - \$100.

**G.** Physician mailing labels - \$250, physician assistant mailing labels - \$50.

**H.** Administrative reprocessing fee - no greater than current initial licensing fee.

**I.** Waiver. The board may waive or reduce miscellaneous fees but only for good cause shown and documented. The NMMS, NMAPA, and UNMHSC will each be given one free list or CD annually. [16.10.9.14 NMAC - Rp 16.10.9.14 NMAC, 3/24/2020]

**HISTORY OF 16.10.9 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:

85-1, Fee for Late Registration, 10/2/1985.

Rule 7, Fees, 9/1/1989.

BME Rule 6, Fees, 12/19/1989.

BME Rule 6, Fees, 4/4/1991.

Rule 6, Fees and Change of Name, 6/21/1993.

Rule 6, Fees and Change of Name, 10/26/1994.

**NMAC History:**

16 NMAC 10.9, Fees, 3/5/1997.

**History of the Repealed Material:**

16 NMAC 10.9, Fees, filed 3/5/1997 - Repealed, 7/15/2001.

16.10.9 NMAC, Fees, filed 6/8/2001 - Repealed, 3/24/2020.

**Other History:**

16 NMAC 10.9, Fees filed 3/5/1997 replaced by 16.10.9 NMAC - Fees, effective 7/15/2001.

16.10.9 NMAC, Fees filed 6/8/2001 replaced by 16.10.9 NMAC - Fees, effective 3/24/2020.

**MEDICAL BOARD**

**TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING**

**CHAPTER 10 MEDICINE AND SURGERY PRACTITIONERS PART 22 NATUROPATHIC**

**DOCTORS: LICENSURE AND PRACTICE REQUIREMENTS**

**16.10.22.1 ISSUING**  
**AGENCY:** New Mexico Medical Board hereafter called the board, with the recommendations of the naturopathic doctor’s advisory council, hereafter called the council.  
 [16.10.22.1 NMAC - N, 3/24/2020]

**16.10.22.2 SCOPE:** This part applies to naturopathic doctors and their licensure and practice requirements.  
 [16.10.22.2 NMAC - N, 3/24/2020]

**16.10.22.3 STATUTORY AUTHORITY:** This part establishes the rules of practice and procedure governing the practice of naturopathic medicine in New Mexico and are promulgated pursuant to and in accordance with the Naturopathic Doctor’s Practice Act, Chapter 61, Article 12G-4 NMSA 1978 and the Medical Practice Act Chapter 61, Article 6 NMSA 1978.  
 [16.10.22.3 NMAC - N, 3/24/2020]

**16.10.22.4 DURATION:** Permanent.  
 [16.10.22.4 NMAC - N, 3/24/2020]

**16.10.22.5 EFFECTIVE DATE:** March 24, 2020, unless a later date is cited at the end of a section.  
 [16.10.22.5 NMAC - N, 3/24/2020]

**16.10.22.6 OBJECTIVE:** This part regulates the licensing and practice of naturopathic doctors.  
 [16.10.22.6 NMAC - N, 3/24/2020]

**16.10.22.7 DEFINITIONS:**  
**A. Definitions**  
**beginning with “A”:**  
**(1) Approved naturopathic medical educational program** means a naturopathic educational program accredited by the council of naturopathic medical education and approved by the board with recommendation of the council, pursuant to Chapter 61, Article 12G-4 NMSA 1978 of the Naturopathic Doctors’ Practice Act.  
**(2)**  
**“Association”** means an entity that is approved by the American association

of naturopathic physicians, which entity represents the interests of naturopathic doctors in the state.

**B. Definitions**  
**beginning with “B”:** **Board** means the New Mexico medical board established pursuant to the Medical Practice Act Chapter 61, Article 6 NMSA 1978.

**C. Definitions**  
**beginning with “C”:**  
**(1)**  
**“Clinical laboratory procedure”** means the use of commonly used diagnostic modalities consistent with naturopathic practice including venipuncture, ordering of radiographic diagnostics and following guidance of radiologist interpretation of diagnostic imaging techniques including but not limited to ultrasounds, MRI’s and CT scans and examination of body orifices, excluding endoscopy and colonoscopy.  
**(2)**  
**“Collaboration”** means the process by which a licensed physician and a naturopathic doctor jointly contribute to the health care and treatment of patients; provided that:

- (a)** each collaborator performs actions that the collaborator is licensed or otherwise authorized to perform; and
- (b)** collaboration shall not be construed to require the physical presence of the licensed physician at the time and place services are rendered by the collaborating naturopathic doctor.

**(3)**  
**“Controlled substance”** means a drug, substance or immediate precursor enumerated in Schedules I through V of the Controlled Substances Act Chapter 30, Article 31 NMSA 1978.

**(4) “Council”** means the naturopathic doctors’ advisory council;

**(5) “Criminal history record”** means information concerning a person’s arrests, indictments, or other formal criminal charges and any dispositions arising there from, including convictions, dismissals, acquittals, sentencing and

correctional supervision, collected by state or federal criminal justice agencies or their political subdivisions and stored in the computerized databases of the federal bureau of investigation, the national law enforcement telecommunications systems, the department of public safety or the repositories of criminal history information in other states or their political subdivisions.

**(6) “Criminal history screening”** means a criminal history background investigation of an applicant for a naturopathic doctor license, or a licensee applying for licensure renewal, through the use of fingerprints reviewed by the department of public safety and submitted to the federal bureau of investigation, resulting in the generation of a nationwide criminal history record for that applicant.

**D. Definitions**  
**beginning with “D”:**  
**(1)**  
**“Dangerous drug”** has the same meaning as set forth in Section 26-1-2 NMSA 1978.

**(2) “Drug”** has the same meaning as set forth in Section 26-1-2 NMSA 1978.

**E. Definitions**  
**beginning with “E”:** **“Expired”** means a license was not renewed by the triennial renewal date of March 1 or at the end of the grace period of May 1, and licensee is not eligible to practice within the state of New Mexico after the grace period ends.

**F. Definitions**  
**beginning with “F”:** **[RESERVED]**

**G. Definitions**  
**beginning with “G”:** **“Grace period”** means the 60 day period granted after the triennial licensing term has expired on March 1, during which time the status of the licensee shall remain in effect as long as the renewal payment and late fee is made during the grace period, and all other renewal requirements are met on or before May 1. A licensee may continue to practice as long as the payment of the required renewal fee and the late fee are received, and all other renewal requirements are met on or before May 1 of the triennial period.

**H. Definitions**  
**beginning with “H”:**  
 (1)  
**“Homeopathic medicine”** means a system of medicine based on the use of infinitesimal doses of substances capable of producing symptoms similar to those of the disease treated, as listed in the homeopathic pharmacopoeia of the United States.  
 (2) **“Hygiene”** means the use of preventive techniques, including personal hygiene, asepsis, public health and safety.

**I. Definitions**  
**beginning with “I”:** [RESERVED]  
**J. Definitions**  
**beginning with “J”:** [RESERVED]  
**K. Definitions**  
**beginning with “K”:** [RESERVED]  
**L. Definitions**  
**beginning with “L”:** [RESERVED]  
 (1)

**“Laboratory examination”** means:  
 (a) phlebotomy;  
 (b) a clinical laboratory procedure;  
 (c) an orifical examination;  
 (d) a physiological function test; or  
 (e) a screening or test that the board has authorized naturopathic doctors to perform, when indicated, which results are interpreted by the naturopathic doctor;

(2) **“Legend drug”** means an FDA approved prescription drug including an unscheduled dangerous drug.

(3) **“License”** means a license issued by the board to an individual pursuant to the Naturopathic Doctors’ Practice Act and board rules authorizing that individual to practice naturopathic medicine in the state;  
 (4)

**“Licensee”** means a naturopathic doctor licensed by the board to practice naturopathic medicine in the state;

**M. Definitions**  
**beginning with “M”:**

(1) **“Military service member”** means a person who is serving in the armed forces of the United States or in a reserve component of the armed forces of the United States, including the National Guard.

(2) **“Minor office procedure”** means minor surgical care and procedures, including:

(a) surgical care incidental to superficial laceration, lesion or abrasion, excluding surgical care to treat a lesion suspected of malignancy;

(b) the removal of foreign bodies located in superficial structures, excluding the globe of the eye;

(c) trigger point therapy on myofascial trigger points including manual techniques, insertion of filiform needles or trigger point injections directly in the trigger point; excluding deep muscle bodies, visceral, and distal acupuncture meridian therapy;

(d) dermal stimulation;

(e) allergy testing and treatment;

(f) the use of antiseptics and topical or local anesthetics;

(g) wound care;

(h) diabetic foot care; and

(i) injections as referenced in Subparagraph (h) of Paragraph (2) of Subsection A of 16.10.22.11 NMAC.

**N. Definitions**  
**beginning with “N”:**

(1) **“Naturopathic doctor”** means an individual licensed pursuant to the Naturopathic Doctors’ Practice Act as a naturopathic doctor to practice naturopathic medicine in the state;

(2) **“Naturopathic medicine”** means:  
 (a) a system of health care for the prevention, diagnosis and treatment of human health conditions, injury and disease;

(b) the promotion or restoration of health; and

(c) the support and stimulation of a patient’s inherent self-healing processes through patient education and the use of naturopathic therapies and therapeutic substances;

(3) **“Naturopathic physical medicine”** means the use of one or more of the following physical agents in a manner consistent with naturopathic medical practice on a part or the whole of the body, by hand or by mechanical means, in the resolution of a human ailment or conditions:

(a) air;

(b) water;

(c) heat;

(d) cold;

(e) sound;

(f) light;

(g) electromagnetism;

(h) colon hydrotherapy;

(i) soft tissue therapy;

(j) joint mobilization;

(k) therapeutic exercise; or

(l) naturopathic manipulation within the scope of the naturopathic doctor’s education;

(4) **“Naturopathic therapy”** means the use of:

(a) naturopathic physical medicine;

(b) suggestion;

(c) hygiene;

(d) a therapeutic substance;

(e) a legend drug;

(f) nutrition and food science;

(g) homeopathic medicine;  
 (h) a clinical laboratory procedure;  
 (i) a minor office procedure; or  
 (j) mental health and substance use screening and referral.

(5) **“Nutrition and food science”** means the prevention and treatment of disease or other human conditions through the use of food, water, herbs, roots, bark or natural food elements;

**O. Definitions**  
**beginning with “O”:** [RESERVED]

**P. Definitions**  
**beginning with “P”:**

(1) **“Prescription”** has the same meaning as set forth in Section 26-1-2 NMSA 1978;

(2) **“Primary care”** means health care provided by a healthcare provider who typically acts as the first contact and principal point of continuing care for patients and coordinates other specialist care or services that the patient may require. Primary care providers are trained in non-specialty internal medicine and pediatrics, family medicine, general internal medicine, geriatrics (gerontology), general obstetrics and gynecology and general pediatrics, and refer to specialists when those services are warranted.

(3) **“Professional examination”** means a competency- based national naturopathic doctor licensing examination administered by the North American board of naturopathic examiners (NABNE), whose board has been nationally recognized to administer a naturopathic examination that represents federal standards of education and training;

**Q. Definitions**  
**beginning with “Q”:** [RESERVED]

**R. Definitions**  
**beginning with “R”:**

(1) **“Renewal date”** means the deadline date upon which the license shall be made valid again for another period of time without a penalty fee.

(2) **“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 applies for a naturopathic doctor license pursuant to 16.10.22.20 NMAC. The veteran shall submit a copy of Form DD214, or its equivalent, as part of the application process.

**S. Definitions**  
**beginning with “S”:** **“Suggestions”** means counseling techniques using:  
 (1) biofeedback, (2) hypnosis, (3) health education, (4) health counseling; or (5) therapeutic lifestyle changes.

**T. Definitions**  
**beginning with “T”:** **“Therapeutic substance”** means any of the following exemplified in a standard naturopathic medical text, journal or pharmacopeia: (1) a vitamin, (2) a mineral, (3) a nutraceutical, (4) a botanical medicine, (5) oxygen, (6) a homeopathic medicine, (7) a hormone, (8) a hormonal or pharmaceutical contraceptive device; or, (9) other physiologic substance. [16.10.22.7 NMAC- N, 3/24/2020]

**16.10.22.8 COUNCIL DUTIES:** The council shall develop guidelines for the board to consider for rulemaking with regard to:

**A.** regulating the licensure of naturopathic doctors and determining the hours of continuing education units required for maintaining licensure as a naturopathic doctor;

**B.** prescribing the manner in which records of examinations and treatments shall be kept and maintained;

**C.** establishing standards for professional responsibility and conduct;

**D.** identifying disciplinary actions and circumstances that require disciplinary action;

**E.** developing a means to provide information to all licensees in the state;

**F.** providing for the investigation of complaints against licensees or persons holding

themselves out as naturopathic doctors in the state;

**G.** providing for the publication of information for the public about licensees and the practice of naturopathic medicine in the state;

**H.** providing for an orderly process for reinstatement of a license;

**I.** establishing criteria for advertising or promotional materials;

**J.** establishing by rule, in accordance with the Naturopathic Doctors’ Practice Act:

(1) continuing education hours and content;

(2) standards for the state jurisprudence examination;

(3) schedules for providing licensing examinations and for the issuance of examination results;

(4) procedures and standards for reviewing licensing examination scores; and

(5) procedures for reviewing transcripts demonstrating completion of the approved naturopathic medical educational program;

**K.** the requirements for issuance and renewal of licenses; and

**L.** any other matter necessary to implement the Naturopathic Doctors’ Practice Act. [16.10.22.8 NMAC - N, 3/24/2020]

**16.10.22.9 QUALIFICATIONS FOR LICENSURE AS A NATUROPATHIC DOCTOR:**

**A.** Graduation from an approved naturopathic medical educational program; an approved program shall offer graduate-level, full time didactic and supervised clinical training; be accredited , or shall have achieved candidacy status for accreditation, by the council on naturopathic medical education or an equivalent federally recognized accrediting body for naturopathic medical programs that is also recognized by the board; and be conducted by an institution, or division of an institution of higher

education, that is accredited or is a candidate for accreditation by a regional or national institutional accrediting agency recognized by the United States secretary of education or meets equivalent standards for recognition of accreditation established in rules of the board for medical education programs offered in Canada.

**B.** passed NPLEX Part I (biomedical science examination), NPLEX Part II (core clinical science examination) and NPLEX clinical elective examination in minor surgery and pharmacology;

**C.** passed a state jurisprudence examination;

**D.** demonstrate 20 moral and professional character;

**E.** possess professional liability insurance, 1 million per single claim and 3 million per policy period;

**F.** be physically and mentally capable of safely practicing naturopathic medicine with or without reasonable accommodation;

**G.** has not had a license to practice naturopathic medicine or other healthcare license registration or certificate refused, revoked or suspended by any other jurisdiction for reasons that relate to the applicant’s ability to skillfully and safely practice naturopathic medicine unless that license, registration or certification has been restored to good standing by that jurisdiction; and

**H.** any other proof of competency as may be requested by the board.

[16.10.22.9 NMAC - N, 3/24/2020]

**16.10.22.10 LICENSURE**

**PROCESS:** Each applicant for a license as a naturopathic doctor shall submit the required fees and following documentation:

**A.** A completed application for which the applicant has supplied all information and correspondence requested by the board on forms and in a manner acceptable to the board. Applications are valid for one year from the date of receipt.

**B.** Two letters of recommendation from a naturopathic

doctor or physician licensed to practice medicine in the United States, who have personal knowledge of the applicant’s moral character and competence to practice.

**C.** Verification of licensure in all states where the applicant holds or has held a license to practice as a naturopathic doctor, or other health care profession. Verification must be sent directly to the board from the other state board(s).

**D.** Verification of all work experience in the last two years, if applicable, provided directly to the board.

**E.** Naturopathic medical education verification from an approved program must be provided directly to the board from the degree granting institution.

**F.** Verification of passage of board approved professional examinations must be provided directly to the board from NABNE.

**G.** Verification of passage of a board approved state jurisprudence examination.

**H.** Verification of professional liability insurance.

**I.** All applicants for initial licensure as a naturopathic doctor are subject to a state and national criminal history screening at the applicant’s expense.

**(1)** Applications for licensure will not be processed until receipt of the criminal history screening.

**(2)** If the criminal background screening reveals a criminal arrest or charge, the applicant/licensee will be notified to submit copies of legal documents and other related information to the board. Failure to report a criminal arrest or charge is a violation of the Medical Practice Act.

[16.10.22.10 NMAC - N, 3/24/2020]

**16.10.22.11 SCOPE OF PRACTICE:**

**A.** A licensee may practice naturopathic medicine to provide primary care, as “primary care” is defined in rules of the board, as follows:

**(1)** in collaboration with a physician licensed pursuant to the Medical Practice Act Chapter 61, Article 6 NMSA 1978 or the Osteopathic Medicine Act Chapter 61, Article 10 NMSA 1978; and

**(2)** in alignment with naturopathic medical education to:

- (a)** perform physical examinations;
- (b)** order laboratory examinations;
- (c)** order diagnostic imaging studies;
- (d)** interpret the results of laboratory examinations for diagnostic purposes;
- (e)** order and, based on a radiologist’s report, take action on diagnostic imaging studies in a manner consistent with naturopathic training;

**(f)** prescribe, administer, dispense and order the class of drugs that excludes the natural derivatives of opium, which are morphine and codeine, and related synthetic and semi-synthetic compounds that act upon opioid receptors;

**(g)** after passing a pharmacy examination authorized by rules of the board, prescribe, administer, dispense and order:

- (i)** all legend drugs; and
- (ii)** testosterone products and all drugs within Schedules III, IV and V of the Controlled Substances Act Chapter 30, Article 31 NMSA 1978, excluding all benzodiazepines, opioids and opioid derivatives;

**(h)** administer intramuscular, intravenous, subcutaneous, intra-articular and intradermal injections of substances appropriate to naturopathic medicine;

**(i)** use routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, intra-articular and intramuscular consistent with

the education and training of the naturopathic doctor;

(j) perform naturopathic physical medicine;

(k) employ the use of naturopathic therapy; and

(l) use and prescribe therapeutic devices, barrier contraception, intrauterine devices, hormonal and pharmaceutical contraception and durable medical equipment.

**B.** This does not imply that supervision by a physician is required, rather that professional communication and collaboration is required between all healthcare providers for continuity of care in accordance with HIPAA regulations. [16.10.22.11 NMAC - N, 3/24/2020]

**16.10.22.12 PRACTICE LIMITATIONS:** A licensee shall not:

**A.** provide care outside of the scope of primary care, as that term is defined in rules of the board;

**B.** perform surgery outside of the scope of minor office procedures permitted in the employment of naturopathic therapy;

**C.** use general or spinal anesthetics;

**D.** administer ionizing radioactive substances for therapeutic purposes;

**E.** perform a surgical procedure using a laser device;

**F.** perform a surgical procedure involving any of the following areas of the body that extend beyond superficial tissue:

- (1) eye;
- (2) ear;
- (3) tendon;
- (4) nerves;
- (5) veins; or
- (6) artery;

**G.** perform a surgical abortion;

**H.** treat any lesion suspected of malignancy or requiring surgical removal; or

**I.** perform acupuncture, unless licensed, certified

or registered under other laws of this state. [16.10.22.12 NMAC - N, 3/24/2020]

**16.10.22.13 DISCIPLINARY ACTION**

**A.** Any violation of these rules may subject the licensee to disciplinary action by the board utilizing the guidelines recommended by the naturopathic advisory council.

**B.** Any violation of 61-6-15 NMSA 1978 of the Medical Practice Act may subject the licensee to disciplinary action by the board. [16.10.22.13 NMAC - N, 3/24/2020]

**16.10.22.14 LICENSE EXPIRATION, RENEWAL, CHANGE OF STATUS:**

**A.** Naturopathic doctor's licenses expire on March 1 three years following initial licensure or last renewal. To avoid additional penalty fees, a completed renewal application, accompanied by the required fees, proof of continuing medical education, and other documentation must be submitted via electronic means, post-marked or hand-delivered on or before March 1 of the expiration year. A New Mexico naturopathic doctor's license that has not been renewed by March 1 of the renewal year will remain temporarily active with respect to medical practice until May 1 of the renewal year at which time, the license is automatically administratively suspended for non-renewal and the status shall be changed to lapsed.

**B.** The board assumes no responsibility for renewal applications not received by the licensee for any reason. It is the licensee's responsibility to assure the board has accurate address information and to make a timely request for the renewal application if one has not been received prior to license expiration.

**C.** Renewal applications postmarked or hand-delivered after March 1 but prior to April 15 must be accompanied by the completed renewal application, proof of continuing medical education, the renewal fee and late fee indicated in 16.10.9 NMAC.

**D.** Renewal applications postmarked or hand-delivered on or after April 16 but prior to May 1 must be accompanied by the completed renewal application, proof of continuing medical education, the renewal fee and late fee indicated in 16.10.9 NMAC.

**E.** A naturopathic doctor who has not completed the required continuing medical education, prior to the date of license expiration may apply to the board for an emergency deferral of the requirement. A designee of the board may grant deferrals of up to 60 days.

(1) A naturopathic doctor who is granted an emergency deferral shall pay the renewal fee and additional late fee indicated in 16.10.9 NMAC.

(2) The license of a naturopathic doctor who is granted an emergency deferral shall expire three years after the original renewal date, regardless of the duration of the emergency deferral.

**F.** The board shall suspend for non-renewal and change the status to lapsed on May 2 of the renewal year, the license of any naturopathic doctor who has failed within 60 days after the license renewal date to renew their license, or to change the license status, or to pay all required fees, or to comply with the boards continuing medical education requirements, or to provide required documentation, or to request an emergency deferral.

**G.** At the time of license renewal a naturopathic doctor may request a status change.

(1) A license that is placed on inactive status requires payment of a fee as defined in 16.10.9 NMAC. A license in inactive status is not valid for practice in New Mexico but may be reinstated in accordance with the provisions in Subsection H of 16.10.22.14 NMAC and Subsection I of 16.10.22.14 NMAC.

(2) On request, a license may be placed on retired status. There is no charge for this change in status. A retired



license is not valid for practice in New Mexico and such license may not subsequently be reinstated. A naturopathic doctor with a retired license who chooses to return to medical practice must re-apply as a new applicant.

**(3)** A naturopathic doctor who does not wish to renew the active license in New Mexico and will voluntarily allow the license to lapse may inform the board of the wish not to renew. A voluntarily lapsed license is not valid for practice in New Mexico but may be reinstated in accordance with the provisions of Subsection H of 16.10.22.14 NMAC and Subsection I of 16.10.22.14 NMAC.

**H.** Reinstatement within two years. An inactive, lapsed, voluntarily lapsed or administratively suspended license may be placed on active status upon completion of a renewal application in which the applicant has supplied all required fees and proof of continuing medical education.

**I.** Reinstatement after two years. An inactive, lapsed, voluntarily lapsed or administratively suspended license may be placed on active status upon completion of a reinstatement application for which the applicant has supplied all required fees, information and correspondence requested by the board on forms and in a manner acceptable to the board.

**J.** Reinstatement applications will be subject to a one-time nationwide and statewide criminal history screening, at the applicant's expense.

**(1)** Reinstatement applications will not be processed until receipt of the criminal background check.

**(2)** If the nationwide or statewide criminal background screening reveals a felony or a violation of the Medical Practice Act, the licensee will be notified to submit copies of legal documents and other related information to the board which will make the determination if the applicant is eligible for licensure or if disciplinary action will be taken. [16.10.22.14 NMAC - N, 3/24/2020]

**16.10.22.15 CONTINUING MEDICAL EDUCATION HOURS REQUIRED:**

**A.** 75 hours of continuing medical education (CME) are required for all naturopathic doctor licensees during each triennial renewal cycle. CME may be earned at any time during the licensing period, immediately preceding the triennial renewal date. The 75 hours of CME must include:

**(1)** One hour of required CME must be earned by reviewing the naturopathic doctor practice act and these board rules. Naturopathic doctors must certify that they have completed this review at the time they submit their triennial renewal application.

**(2)** Five hours of CME in pain management are required as set forth in Subsections A and B of 16.10.14.11 NMAC and may apply toward the 75 hours required in Subsection A of this section and may be included as part of the required CME hours in either the triennial cycle in which these hours are completed, or the triennial cycle immediately thereafter. Each subsequent triennial renewal cycle shall include five hours of CME in pain management.

**(3)** 10 hours of CME in pharmacology are required and may be applied toward the 75 hours required in Subsection A of this section.

**B.** 10 hours of CME are required annually to maintain an inactive license.

**C.** The board accepts one credit hour for every clock hour of participation in a CME activity. CME credit will be rounded to the nearest quarter hour.

[16.10.22.15 NMAC - N, 3/24/2020]

**16.10.22.16 ALLOWED COURSES AND PROVIDERS:**

**A.** The board recognizes any CME course that has been certified by the AMA, AOA, NMOMA, ACCME, ACPE, FNMRA, AANP and NMANP.

**B. POST GRADUATE EDUCATION:** A maximum of 75 credit hours in any three-year reporting period are allowed for participation in a council on naturopathic medical education (CNME) approved postgraduate education program. This category includes CNME approved residencies and fellowships.

**C. ADVANCED DEGREES:** 40 credit hours are allowed for each full academic year of study toward an advanced degree in a medical field or a medically related field as approved by the board.

**D. TEACHING:** One credit hour is allowed for each hour of teaching naturopathic medical students or naturopathic doctors in a CNME approved residency or for teaching in other programs approved by the board for a maximum of 40 credit hours in any three-year reporting period.

**E. PRECEPTORS:** A maximum of 30 hours of credit during a three-year reporting period is acceptable for licensed naturopathic doctors who are acting as preceptors for students enrolled in a naturopathic medical school or as preceptors for students enrolled in a licensed healthcare professional degree program.

**F. PAPERS AND PUBLICATIONS:** 10 hours of credit are allowed for each original medical paper or publication written by a licensee. For acceptance, papers must have been presented to a recognized national, international, regional or state society or organization whose membership is primarily healthcare providers; or must have been published in a recognized medical or medically related journal. Material used in a paper or publication may be given credit one time. A maximum of 30 hours credit may be claimed during each three-year reporting period.

**G. ADVANCED LIFE SUPPORT:** Credit may be claimed during each three-year reporting period for successful completion of ACLS (advanced cardiac life support), PALS (pediatric advanced

life support), ATLS advanced trauma life support, NALS (neonatal advanced life support), and (advanced life support in obstetrics) courses.

**H. EXPERT**

REVIEW: Credit may be claimed by naturopathic doctors who provide expert services by reviewing investigation cases for the board. A maximum of 10 credit hours in any three-year reporting period are allowed for providing expert review.

**I. NPLEX:**

One credit hour for every clock hour will be given for participating in the naturopathic physicians licensing examination committees for the development and writing of NPLEX examinations.

**J. RESEARCH:**

Credit may be given for a maximum of 40 hours of CME in each three year reporting period for research related to the advancement of naturopathic medicine for a recognized educational or medical institution or organization.

**K. PRESENTATIONS:**

Credit may be given for a maximum of 20 hours of CME in a three year reporting period for professional level, health related presentations offered to the public with an emphasis on disease self management and preventive behaviors.

[16.10.22.16 NMAC - N, 3/24/2020]

**16.10.22.17 VERIFICATION OF CME:**

**A.** Each naturopathic doctor renewing a license shall attest that they have obtained the required hours of CME. The board shall select renewal applications for audit to verify completion of acceptable CME. The board may audit CME records at any time. Licensees must maintain full and accurate CME records, including verification of attendance, for a period of at least six years.

**B.** The board, or a designee of the board, may offer any naturopathic doctor who is unable to provide required documentation upon request a settlement in lieu of initiating disciplinary action. Settlements may include a letter of reprimand and a \$500 fine, reportable to the healthcare integrity and protection data bank.

**C.** Any naturopathic doctor who fails to respond to a CME audit constitutes unprofessional and dishonorable conduct for failure to provide the board with information requested by the board. Potential sanctions include fines, letters of reprimand, or license suspension or revocation.

[16.10.22.17 NMAC - N, 3/24/2020]

**16.10.22.18 ACCEPTABLE DOCUMENTATION OF CME INCLUDES:**

**A.** Photocopies of original certificates or official letters from course sponsors or online providers.

**B.** Resident and fellowship CME hours must be documented and attested to either by the dean of the medical school, the course director, or an equivalent authority.

**C.** Advanced degree studies must be documented and attested to either by the dean of the medical school, the course director, or an equivalent authority.

**D.** Teaching hours must be documented and attested to either by the dean of the school, the course director, or an equivalent authority.

**E.** Preceptor hours must be documented and attested to either by the dean of the professional school, the course director, or an equivalent authority.

**F.** Papers or publications must be documented with a copy.

**G.** Research verification documentation must include the type of research conducted, purpose and summary of research, dates of participation and disclosure of any fiduciary relationships.

**H.** Presentation credit is determined by actual presentation hours for an initial course or initial seminar offering, and up to three hours for preparation for each hour of the presentation.

[16.10.22.18 NMAC - N, 3/24/2020]

**16.10.22.19 CONTINUING MEDICAL EDUCATION APPROVAL:**

**A.** CME providers are any organization or individual offering CME to naturopathic doctors. CME approval requests must consist of educational activities that serve to maintain, develop or increase the knowledge, skills and professional performance and relationships of naturopathic doctors in services for patients, the public and the profession. CME must offer education and skills recognized and accepted by the profession in areas pertaining to research, basic medical sciences, clinical practice, or public health care.

**B.** CME approval submissions will not be considered for programs that:

(1) misrepresent or mislead the end result or skill obtained by the education or training offered;

(2) are proprietary in nature, promoting exclusive services, companies or products;

(3) are community service oriented in nature;

(4) are nonprofessional health related programs presented by a lay person(s);

(5) are nonprofessional health related programs directed to the lay public;

(6) are not relevant to the scope of practice of naturopathic medicine.

(7) pertain to personal-growth/ personal-help;

(8) pertain to practice building; or

(9) pertain to medical or insurance billing;

**C.** CME Providers (CMEP) must complete and submit a CME approval request prior to advertising or promoting the event.

(1) CMEP approval requests must be received by the board at least 12 weeks before the event offering.

(2) CMEP approval requests must be submitted

on an application form provided by the Board and contain the following:

- (a) title of the program;
  - (b) syllabus or course outline for all offerings in the program;
  - (c) pharmacology and pain management hours must be delineated in each request with supporting documentation;
  - (d) date(s);
  - (e) start and end time for individual presentations;
  - (f) total hours for entire program;
  - (g) location(s) of presentation;
  - (h) each presenter must be a naturopathic doctor, other licensed physician, or other professionally recognized health care provider with expertise in the subject matter; and
  - (i) presenter must disclose to the board and at the beginning of each presentation any fiduciary or other conflict of interests.
- (3) CMEP must maintain attendance records for all approved presentations for a period of six years.
- (4) Any changes to an already approved program, including but not limited to, presenter, content, and length of program or sponsorship must be submitted for approval by the board within two weeks of the changes. Any submission received after this time may be retroactively denied approval.
- (5) The board reserves the right to decline for consideration programs that are not submitted with adequate documentation.
- (6) Approved CMEP's are valid for three years, if there are no substantive changes to the program.
- (7) It is the CMEP's responsibility to make a new application on a triennial basis from the date of original approval.

(8) A CMEP that has been submitted to the Board with inaccurate or misleading information may retroactively lose CME approval for the program, even if the program has already occurred.

(9) At its discretion, the board may appoint a member of the board or other designee to audit, by attendance, any program in order to verify appropriateness for approval of CME hours.

(10) If a program has been denied approval, the provider may submit a request for review by the Board with additional substantiating documentation.  
[16.10.22.19 NMAC - N, 3/24/2020]

#### 16.10.22.20 EMERGENCY

**DEFERRAL:** A naturopathic doctor unable to fulfill the CME requirements prior to the date of license expiration may apply to the board for an emergency deferral of the requirements by submitting a request in writing no later than March 1 of the renewal year. A designee of the board may grant a deferral of up to 60 days. In case of illness or other documented circumstances, the board may grant an additional extension of time in which the necessary credits may be earned. The request must be made in writing prior to the end of the emergency deferral and must be approved by the board.

[16.10.22.20 NMAC - N, 3/24/2020]

#### 16.10.22.21 EXPEDITED MEDICAL LICENSURE FOR MILITARY AND SPOUSES LICENSED IN ANOTHER JURISDICTION:

If a military service member, the spouse of a military service member, or a recent veteran submits an application for a naturopathic doctor license and is a qualified applicant pursuant to this part, the board shall expedite the processing of such application and issue the appropriate license as soon as practicable. Any qualified applicant seeking expedited consideration pursuant to this section shall submit a copy of form DD214 or its equivalent or verification of active military status with their application.

[16.10.22.21 NMAC - N, 3/24/2020]

#### 16.10.22.22 EXEMPTION

**FROM LICENSURE:** Nothing in the Naturopathic Doctors' Practice Act shall be construed to prohibit or to restrict:

A. the practice of a health care profession by an individual who is licensed, certified or registered under other laws of this state and who is performing services within the individual's authorized scope of practice;

B. the practice of naturopathic medicine by a student enrolled in an approved naturopathic medical educational program; provided that the practice of naturopathic medicine by a student is performed pursuant to a course of instruction or an assignment from an instructor and under the direct supervision of the instructor who is a licensee or a duly licensed professional in the instructed field;

C. any person that sells a vitamin or herb from providing information about the vitamin or herb;

D. the practice of naturopathic medicine by persons who are licensed to practice in any other state or district in the United States and who enter this state to consult with a naturopathic doctor of this state; provided that the consultation is limited to examination, recommendation or testimony in litigation; or

E. any person or practitioner who is not licensed as a naturopathic doctor from recommending ayurvedic medicine, herbal remedies, nutritional advice, homeopathy or other therapy that is within the scope of practice of the Unlicensed Health Care Practice Act 61-35-1 through 61-35-8 NMSA 1978; provided that the person or practitioner shall not:

(1) use a title protected pursuant to 61-12G-10 NMSA 1978 of the Naturopathic Doctors' Practice Act;

(2) represent or assume the character or appearance of a licensee; or

(3) otherwise use a name, title or other designation that indicates or implies that the

person is a licensee.

[16.10.22.22 NMAC - N, 3/24/2020]

**16.10.22.23 OTHER NEW MEXICO MEDICAL BOARD RULES THAT PERTAIN TO THE LICENSURE OF NATUROPATHIC DOCTORS:**

**A.** Title 16, Chapter 10, Part 5 - Disciplinary Power of the Board.

**B.** Title 16, Chapter 10, Part 6 - Complaint Procedure & Institution of Disciplinary Action.

**C.** Title 16, Chapter 10, Part 8 - Medical Ethics.

**D.** Title 16, Chapter 10, Part 9 – Fees.

**E.** Title 16, Chapter 10, Part 10 - Report of Settlements, Judgements, Adverse Actions & Credentialing Discrepancies.

**F.** Title 16, Chapter 10, Part 13 – Delegated Use of Devices and Procedures by Medical Assistants; Cosmetic Injections.

**G.** Title 16, Chapter 10, Part 14 – Management of Chronic Pain with Controlled Substances.

**H.** Title 16, Chapter 10, Part 17 – Management of Medical Records.

[16.10.22.23 NMAC - N, 3/24/2020]

**HISTORY: [RESERVED]**

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**MEDICAL BOARD**

**This is an amendment to 16.10.14 NMAC, Section 7 and add a new Section 13, effective 3/24/2020.**

**Statute citations were changed throughout the rule to conform to correct legislative style.**

**16.10.14.7 DEFINITIONS:**

**A. “Acute pain”** means the normal, predicted physiological response to a noxious chemical or thermal or mechanical stimulus, typically associated with invasive procedures, trauma or disease and is generally time-limited.

**B. “Addiction”** is a neurobehavioral syndrome with genetic and environmental influences

that results in psychological dependence on the use of substances for their psychic effects. It is characterized by behaviors that include one or more of the following: impaired control over drug use; compulsive use; continued use despite harm; and, craving. Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not by themselves be considered addiction.

**C. “Benzodiazepine”** means any controlled substance referenced at Subsection A of 16.19.20.68 NMAC, as may be amended from time to time.

**D. “Chronic pain”** means pain that persists after reasonable medical efforts have been made to relieve the pain or its cause and that continues, either continuously or episodically, for longer than three consecutive months. “Chronic pain” does not, for purpose of the Pain Relief Act requirements, include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.

**E. “Clinical expert”** means a person who, by reason of specialized education or substantial relevant experience in pain management, has knowledge regarding current standards, practices and guidelines.

**F. “Controlled Substance”** means a drug or substance listed in schedules I through V of the Controlled Substances Act or regulations adopted thereto.

**G. “Delegate”** means a person designated by a practitioner pursuant to 16.19.29.9 NMAC for the purpose of requesting and receiving prescription monitoring program (PMP) reports for that practitioner.

**H. “Opioid”** means the class of drugs that includes the natural derivatives of opium, which are morphine and codeine, and related synthetic and semi-synthetic compounds that act upon opioid receptors.

**I. “Opioid antagonist”** means a drug approved by the federal food and drug administration that when administered negates or neutralizes in whole or in part the pharmacological effects of an opioid analgesic in the body, including naloxone and such other medications approved by the board of pharmacy for the reversal of opioid analgesic overdoses.

~~[F.]~~ **J. “Pain”** means acute or chronic pain or both.

~~[F.]~~ **K. “Physical dependence”** means a state of adaptation that is manifested by a drug-specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, administration of an antagonist, or a combination of these.

~~[K.]~~ **L. “Practitioner”** means a New Mexico medical board licensee maintaining licensure pursuant to state law that allows that individual to prescribe, order, administer or dispense controlled substances to patients (see 16.19.29.7 NMAC).

~~[F.]~~ **M. “Prescription monitoring program”** means a centralized system to collect, monitor, and analyze electronically, for controlled substances, prescribing and dispensing data submitted by pharmacies and dispensing practitioners. The data are used to support efforts in education, research, enforcement and abuse prevention.

~~[M.]~~ **N. “Schedule II-V”** refers to any controlled substance listed in schedule II, III, IV, or V of the Controlled Substances Act found at Chapter 30, Article 31 NMSA 1978, regulations promulgated by the New Mexico board of pharmacy found at 16.19.20 NMAC, or federal controlled substances regulations promulgated pursuant to 21 U.S.C. 812.

~~[N.]~~ **O. “Stimulant”** means any controlled substance referenced in Subsection C of 16.19.20.66 NMAC, Subsection A of 16.19.20.67 NMAC, Subsection D of 16.19.20.68 NMAC, or Subsection B of 16.19.20.69 NMAC, as may be amended from time to time.

**[Ø:] P. “Therapeutic purpose”** means the use of pharmaceutical and non-pharmaceutical medical treatment that conforms substantially to accepted guidelines for pain management and other conditions.

**[P:] Q “Tolerance”** means a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug’s effects over time. [16.10.14.7 NMAC - N, 1/20/2003; A, 9/28/2012; A, 11/30/2016; A, 3/24/2020]

**16.10.14.13 REQUIREMENTS FOR LICENSEES OF THE NEW MEXICO MEDICAL BOARD WHO PRESCRIBE, DISTRIBUTE OR DISPENSE OPIOID ANALGESICS.**

**A.** A health care provider who prescribes, distributes or dispenses an opioid analgesic for the first time to a patient shall advise the patient on the risks of overdose and inform the patient of the availability of an opioid antagonist. With respect to a patient to whom an opioid analgesic has previously been prescribed, distributed or dispensed by the health care provider, the health care provider shall advise the patient on the risks of overdose and inform the patient of the availability of an opioid antagonist on the first occasion that the health care provider prescribes, distributes or dispenses an opioid analgesic each calendar year.

**B.** A health care provider who prescribes an opioid analgesic for a patient shall co-prescribe an opioid antagonist if the amount of opioid analgesic being prescribed is at least a five-day supply. The prescription for the opioid antagonist shall be accompanied by written information regarding the temporary effects of the opioid antagonist and techniques for administering the opioid antagonist. That written information shall contain a warning that a person administering

the opioid antagonist should call 911 immediately after administering the opioid antagonist. [16.10.14.13 NMAC - N, 3/24/2020]

**MEDICAL BOARD**

**This is an amendment to 16.10.16 NMAC, Section 2, effective 3/24/2020.**

**16.10.16.2 SCOPE:** This part applies to physician assistants. [~~and their supervising physicians.~~] [16.10.16.2 NMAC - 16.10.16.2 NMAC, 9/10/2019; A, 3/24/2020]

**SUPERINTENDENT OF INSURANCE, OFFICE OF**

**This is an emergency amendment to 13.10.13 NMAC, Section 12, effective 3/12/2020.**

**13.10.13.12 [COPAYMENTS] COST SHARING:**

**A.** All [copayments] cost sharing (including copayments, deductibles, co-insurance, or similar charges) required of covered persons by the health care insurer or managed health care plan for the provision of health care services shall be reasonable and shall include any applicable state and federal taxes.

**B.** Any cost sharing requirement for the provision of testing and delivery of health care services for COVID-19, pneumonia, influenza, or any disease or condition which is the cause of, or subject of, a declared public health emergency is presumptively unreasonable and is prohibited. For purpose of this rule, a public health emergency exists when declared by the state or federal government, or by order of the superintendent.

**[B] C.** [Copayment] Cost sharing requirements, including any variations in contribution requirements based on the type of health care service rendered or provider used, shall be disclosed to covered persons in MHCP contracts, enrollment materials, and in the

evidence of coverage.

**[E] D.** No female covered person shall be assessed a higher [copayment] cost sharing requirement, over and above the [copayment] cost sharing required of all covered persons to be seen by a primary care physician, for choosing a women’s health care provider as her primary care physician

**E.** Health care services for any disease or condition for which cost sharing is prohibited, under Paragraph B of this section shall be subject to the Surprise Billing Protection Act, Section 59A-57A-1 through 13, NMSA 1978. [13.10.13.12 NMAC - Rp, 13.10.13.27 NMAC, 09/01/2009; A/E, 3/12/2020]

**End of Adopted Rules**

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**Other Material Related to Administrative Law**


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**ENVIRONMENT  
DEPARTMENT  
WATER QUALITY CONTROL  
COMMISSION**
**NOTICE OF MINOR,  
NONSUBSTANTIVE  
CORRECTION**

The New Mexico Environment Department gives Notice of a Minor, Nonsubstantive Correction to 20.7.6 NMAC.

Pursuant to the authority granted under State Rules Act, Subsection D of Section 14-4-3 NMSA 1978, please note that the following minor, non-substantive corrections to spelling, grammar and format have been made to all electronic copies of the above rule:

Subsection A of 20.7.6.14 NMAC was deleted (due to lack of a subsection B) and the section was properly re-formatted.

Subsection D of 20.7.6.16 NMAC was renumbered to subsection C.

A copy of this Notification will be filed with the official version of each of the above rules.

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**STATE RECORDS  
ADMINISTRATOR  
RULE FILING  
ANNOUNCEMENT**

In light of the governor's executive order 2020-004 declaring a public health emergency and in the interest of the health and safety of our staff and rule filers, all rule filings will take place on **submittal deadline dates only**, until further notice. See, <http://www.srca.nm.gov/nmac/nmregister/pdf/2020-schedule.pdf>. If your agency needs to file on a different date, pursuant to Subsection D of Section 14-4-5 or Section 4-14-5.6 NMSA 1978, alternate arrangements can be made on a case by case basis. If you need to file anytime other than on a submittal deadline date, please send your request to Matthew Ortiz at 505-476-7941 ([matt.ortiz@state.nm.us](mailto:matt.ortiz@state.nm.us)). To review any historic version of any administrative rule, please send all rule research requests to [StateRecords@state.nm.us](mailto:StateRecords@state.nm.us).

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**GOVERNOR,  
OFFICE OF THE  
EXECUTIVE ORDER  
2020-004**
**ORDER DECLARING A  
STATE OF PUBLIC HEALTH  
EMERGENCY AND INVOKING  
THE POWERS PROVIDED  
BY THE ALL HAZARD  
EMERGENCY MANAGEMENT  
ACT AND THE EMERGENCY  
LICENSING ACT**

On December 31, 2019, several cases of pneumonia with an unknown cause were detected in Wuhan City, Hubei Province, China and reported to the World Health Organization. The underlying virus giving rise to those reported instances of respiratory illness was later identified as a novel coronavirus disease named COVID-19.

Since it was first identified and reported, COVID-19 has spread globally. Over 100 countries have confirmed cases of COVID-19 and more than 100,000 people have been infected.

The incidence of COVID-19 within the United States has similarly increased. The first domestic report of COVID-19 occurred on January 21, 2020, in Washington State. To date, there have been more than 1,000 reported domestic cases of COVID-19 in 39 states.

Several public health organizations have implemented emergency measures intended to slow the spread of the disease. For example, on January 20, 2020, the United States Centers for Disease Control and Prevention activated its Emergency Operations Center in response to the COVID-19 outbreak. The WHO similarly declared a Public Health Emergency of International Concern shortly thereafter. At least twelve of our sister states, including California, Colorado, Florida, Kentucky, Maryland, Massachusetts, New Jersey, New York, North Carolina, Oregon, Utah, and Washington,

have also implemented emergency protocols intended to mitigate the transmission of COVID-19.

My administration has been proactive in its approach to the COVID-19 epidemic. Over the last several weeks, I have been in direct and frequent contact with officials overseeing the federal response to the COVID-19 outbreak. Further, my office has worked with the New Mexico Secretary of Health and other State emergency services to develop plans to provide a swift and effective response when the inevitability of COVID-19 in New Mexico ultimately materialized.

On March 11, 2020, the first confirmed cases of COVID-19 were reported in New Mexico. For this reason, it is necessary for all branches of State government to take immediate action to minimize the spread of COVID-19 and to minimize the attendant physical and economic harms.

THEREFORE, for the reasons addressed above, I, Michelle Lujan Grisham, Governor of the State of New Mexico, by virtue of the authority vested in me by the Constitution and the laws of the State of New Mexico, do hereby ORDER and DIRECT:

1. I hereby invoke and exercise all powers vested in my office under the All Hazard Emergency Management Act, NMSA 1978, §§ 12-10-1 through 12-10-10. All branches of State government shall cooperate with federal authorities, other states, and private agencies to provide resources and services necessary to minimize physical and economic harm and assist in the provision of lodging, shelter, health care, food, transportation, or shipping necessary to protect lives or public property. Further, all political subdivisions within New Mexico shall adhere to Section 12-10-10, which mandates compliance with and enforcement of this Order.

2. I further proclaim a public health emergency in accordance with NMSA 1978, 12-10A-5 of the Public Health Emergency Response Act. This

proclamation is necessary to minimize the spread and adverse impacts of the COVID-19 in our State. All political subdivisions and geographic areas within the State of New Mexico are affected by the COVID-19 outbreak and, to the extent permitted by law, they are subject to the provisions of this Order. The temporal scope of this emergency is for a period of 30 days and shall remain in effect until further notice. If necessary, after consultation with the Department of Health Secretary, this Order will be renewed and extended. See NMSA 1978, § 12-10A-5 (2003). All public health officials, including those employed by the Department of Health, Human Services Department, and Aging and Long-Term Service Department, are required to assist in the implementation of this Order.

3. The Department of Health and the Department of Homeland Security and Emergency Management shall collaborate to provide an effective and coordinated response to this public health emergency and shall consult with my office regarding all matters germane to this Order.

4. All cabinets, departments, and agencies shall comply with the directives in this Order and any instruction given by the Department of Health.

5. Pursuant to NMSA 1978, § 13-1-127 (2019), I direct the General Services Department Secretary and the Department of Finance and Administration to assist in the emergency purchase of all goods and services necessary to contain, respond, and mitigate the spread of COVID-19 in New Mexico.

6. The Department of Health and the Department of Homeland Security and Emergency Management shall credential out-of-state professionals who can render aid and necessary services during the pendency of this Order. NMSA 1978, §§ 12-10-10.1 through 12-10-13. (2007).

7. The Office of the Superintendent of Insurance shall promulgate emergency regulations maximizing the available insurance

coverage for New Mexicans suffering from COVID-19, pneumonia, or influenza, while simultaneously ensuring that medical costs do not create barriers to testing and treatment.

8. The Secretary of the New Mexico Department of Workforce Solutions shall adopt such emergency rules, regulations, or declarations as necessary to ensure that individuals who are experiencing a temporary lay-off or furlough status due to forced absences from work because of COVID-19 are eligible to receive unemployment benefits. I direct the Department of Workforce Solutions Secretary to promulgate emergency rules allowing temporary waivers of claims requirements for affected individuals under NMSA 1978, Section 51-1-5(A)(2) & (3) and any other relevant provisions of law. The emergency waiver provisions should be similar to those already provided by 11.3.300.320(E) & (F) NMAC.

9. I direct the Adjutant General to order into service any elements of the New Mexico National Guard that may be needed to support to civil authorities in response to this public emergency. Such assistance shall be provided during the pendency of this Order at the discretion of the Governor. NMSA 1978, §§ 20-1-1 through 20-1-8; NMSA 1978, §§ 20-4-1- through 20-4-14.

10. In accordance with NMSA 1978, §§ 12-11-23 through 12-11-25 and § 12-10-4(B) (3), the Department of Finance and Administration shall make available emergency financial resources on a continuing basis as necessary to address this emergency to the Department of Health. NMSA 1978, § 12-11-25 (2005). The funds shall be expended to protect the public health, safety, and welfare; to provide those resources and services necessary to avoid or minimize economic or physical harm on a temporary, emergency basis. The funds shall be paid out only in an amount specified by warrants drawn by the Secretary of the Department of Finance and Administration upon vouchers

approved by the Governor or the Department of Health.

11. This Order may be supplemented or amended.

THIS ORDER supersedes any other previous orders, proclamations, or directives in conflict. This Executive Order shall take effect immediately and shall remain in effect until the Governor rescinds it.

**DONE AT THE EXECUTIVE OFFICE  
THIS 11TH DAY OF MARCH  
2020**

**WITNESS MY HAND AND THE GREAT SEAL OF THE STATE OF NEW MEXICO**

**ATTEST:  
/S/MAGGIE TOULOUSE  
OLIVER  
SECRETARY OF STATE**

**/S/MICHELL LUJAN GRISHAM  
GOVERNOR**

**HEALTH,  
DEPARTMENT OF  
AMENDED PUBLIC HEALTH  
ORDER**

**CABINET SECRETARY  
KATHYLEEN M. KUNKEL**

**MARCH 16, 2020**

**Public Health Emergency Order  
Limiting Mass Gatherings and  
Implementing Other Restrictions  
Due to COVID-19**

**WHEREAS**, on January 30, 2020, the World Health Organization (WHO) announced the emergence of a novel Corona virus Disease 2019 (referred to as "COVID-19") that had not previously circulated in humans, but has been found to have adapted to humans such that it is contagious and easily spread from one person to another and one country to another;

**WHEREAS**, on January 31, 2020, the United States Department of Health and Human Services (HHS) Secretary declared a public

health emergency as a precautionary tool to facilitate preparation and availability of resources to assure that the federal government had appropriate resources to combat the spread of the COVID-19 virus in our nation through its support of state and community-led preparedness and response is;

**WHEREAS**, as of March 15, 2020, the New Mexico Department of Health has confirmed thirteen (13) cases of individuals infected with COVID-19 in New Mexico;

**WHEREAS**, on March 11, 2020, Michelle Lujan Grisham, the Governor of the State of New Mexico, declared in Executive Order 2020-004 ("EO 2020-004") that a Public Health Emergency exists in New Mexico under the Public Health Emergency Response Act, and invoked the All Hazards Emergency Management Act by directing all cabinets, departments and agencies to comply with the directives of the declaration and the further instructions of the Department of Health;

**WHEREAS**, as of March 12, 2020, I issued a Public Health Emergency Order to Limit Mass Gatherings Due to COVID-19, which limited certain public gatherings;

**WHEREAS**, the further spread of COVID-19 in the State of New Mexico poses a threat to the health, safety, wellbeing and property of the residents in the State due to, among other things, illness from COVID-19, illness-related absenteeism from employment (particularly among public safety and law enforcement personnel and persons engaged in activities and businesses critical to the economy and infrastructure of the State), and potential closures of schools or other places of public gathering; and

**WHEREAS**, the New Mexico Department of Health possesses legal authority pursuant to the Public Health Act, NMSA 1978,

Sections 24-1-1 to -40, the Public Health Emergency Response Act, NMSA 1978, Sections 12-1 OA-1 to -10, the Department of Health Act, NMSA 1978, Sections 9-7-1 to -18, the authority granted in EO 2020-004, and in any inherent constitutional police powers of the New Mexico state government, to preserve and promote public health and safety, to adopt isolation and quarantine, and to close public places and forbid gatherings of people when deemed necessary by the Department for the protection of public health.

**NOW, THEREFORE, I, Kathyleen M. Kunkel, Cabinet Secretary of the New Mexico Department of Health, in accordance with the authority vested in me by the Constitution and the Laws of the State of New Mexico, do hereby declare the current outbreak of COVID-19 a condition of public health importance as defined in the New Mexico Public Health Act, NMSA 1978, Section 24-1-2(A) as an infection, a disease, a syndrome, a symptom, an injury or other threat that is identifiable on an individual or community level and can reasonably be expected to lead to adverse health effects in the community, and that poses an imminent threat of substantial harm to the population of New Mexico.**

The following definitions are adopted for the purposes of this Order:

Definitions: As used in this Public Health Order, the following terms shall have the meaning given to them, except where the context clearly requires otherwise:

(1) "Condition of public health importance" means an infection, a disease, a syndrome, a symptom, an injury or other threat that is identifiable on an individual or community level and can reasonably be expected to lead to adverse health effects in the community.

(2) "Disease" means an illness, including those caused by infectious agents or their toxic products which may be transmitted to a susceptible host.



(3) "Individuals" means natural persons.

(4) "Gathering" means any grouping together of individuals in a single connected location.

(5) "Mass gathering" means any public or private gathering that brings together one hundred (100) or more individuals in a single room or connected space in close proximity to one another, such as an auditorium, stadium, arena, large conference room, meeting hall, theaters, or any other confined indoor or outdoor space, but does not include normal operations at airports, or other spaces where 100 or more individuals may be in transit. "Mass gathering" also does not include family gatherings such as weddings or funerals, shelters, retail stores or grocery stores, typical office environments, courthouses, correctional and detention facilities, schools and educational institutions, hospitals, clinics, nursing homes, and other health care and congregate care facilities, and places of worship operating during "normal business hours".

(6) "Normal business hours" means the normal workday or typical time of operation for a "typical office environment".

(7) "Secretary" or "Secretary of Health" means the Cabinet Secretary of the Department of Health.

(8) "Typical office environments" includes private entities, governmental organizations, political subdivisions, or other entities engaged in commercial, industrial, or professional activities. "Typical office environments" does not include restaurants, bars, breweries, eateries, and other similar service establishments.

**I HEREBY DIRECT AS FOLLOWS:**

(1) All Mass Gatherings are hereby prohibited under the powers and authority set forth in the New Mexico Public Health Act, and all regulations promulgated pursuant thereto.

(2) All restaurants, bars, breweries, eateries, and other food service establishments shall operate at no greater than fifty percent of maximum occupancy, and no greater than fifty percent of seating capacity. Individual tables and booths may not seat more than six people, and all occupied tables and booths must be separated by at least six feet. Patrons may not be seated at bars and standing patrons shall not be served.

(3) All casinos and horse racing facilities, and attendant restaurant or bar operations shall close during the pendency of this Order. This directive excludes those casinos operating on Tribal lands.

**I FURTHER DIRECT** as follows:

(1) This Order shall be broadly disseminated in English, Spanish and other appropriate languages to the citizens of the State of New Mexico.

(2) This Order declaring restrictions based upon the existence of a condition of public health importance shall not abrogate any disease-reporting requirements set forth in the New Mexico Public Health Act.

(3) This Order shall remain in effect for the duration of Executive Order 2020-004. This Order may be renewed consistent with any direction from the Governor.

**I FURTHER ADVISE** the public to take the following preventive precautions:

**- New Mexico citizens are strongly advised to stay at home and undertake only those outings absolutely necessary for their health, safety, or welfare.**

- Avoid contact with people who are sick.  
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place. If soap and water are not available, use a hand sanitizer

that contains at least 60% alcohol.

- To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.

- Avoid touching your face, nose, eyes, etc.

- Clean and disinfect your home to remove germs: practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks & cell phones).

- Avoid crowds, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.

- Avoid all non-essential travel including plane trips and cruise ships.

**THIS ORDER** amends the Public Health Emergency Order to Limit Mass Gatherings Due to COVID-19 issued on March 12, 2020, supersedes any other previous orders, proclamations, or directives in conflict. This Order shall take effect immediately and shall remain in effect until otherwise rescinded

ATTEST:

DONE AT THE EXECUTIVE OFFICE

THIS 16TH DAY OF MARCH 2020

WITNESS MY HAND AND THE GREAT SEAL OF THE STATE OF NEW MEXICO

/ S / MAGGIE TOULOUSE OLIVER  
SECRETARY OF STATE

/ S / KATHYLEEN M. KUNKEL  
SECRETARY OF THE STATE OF  
NEW MEXICO  
DEPARTMENT OF HEALTH

**HEALTH,  
DEPARTMENT OF  
AMENDED PUBLIC HEALTH  
ORDER**

**CABINET SECRETARY  
KATHYLEEN M. KUNKEL**

**MARCH 19, 2020**

**Public Health Emergency Order  
Limiting Mass Gatherings and  
Implementing Other Restrictions  
Due to COVID-19**

**PREFACE**

The intent of this Order is to ensure that our State's citizens are self-isolating to the maximum extent possible in order to minimize the transmission of the novel Coronavirus Disease 2019 (referred to as "COVID-19"). The core directive underlying this Order is that New Mexicans should not leave their homes unless absolutely necessary or to access essential services. This Order should be interpreted consistent with that purpose and exceptions should be narrowly construed. Failure to comply with the mandates set out herein constitutes a threat to our State's health, welfare, and economy.

**ORDER**

**WHEREAS**, on January 30, 2020, the World Health Organization (WHO) announced the emergence of a novel Corona virus Disease 2019 (referred to as "COVID-19") that had not previously circulated in humans, but has been found to have adapted to humans such that it is contagious and easily spread from one person to another and one country to another;

**WHEREAS**, on January 31, 2020, the United States Department of Health and Human Services (HHS) Secretary declared a public health emergency as a precautionary tool to facilitate preparation and availability of resources to assure that the federal government had

appropriate resources to combat the spread of the COVID-19 virus in our nation through its support of state and community-led preparedness and response is;

**WHEREAS**, the COVID-19 virus continues to spread in New Mexico;

**WHEREAS**, on March 11, 2020, Michelle Lujan Grisham, the Governor of the State of New Mexico, declared in Executive Order 2020-004 ("EO 2020-004") that a Public Health Emergency exists in New Mexico under the Public Health Emergency Response Act, and invoked the All Hazards Emergency Management Act by directing all cabinets, departments and agencies to comply with the directives of the declaration and the further instructions of the Department of Health;

**WHEREAS**, as of March 12, 2020, I issued a Public Health Emergency Order to Limit Mass Gatherings Due to COVID-19, which limited certain public gatherings, and on March 16, 2020, I issued an amended Public Health Emergency Order Limiting Mass Gatherings and Implementing Other Restrictions Due to COVID-19, which provided further restrictions on certain public gatherings;

**WHEREAS**, the further spread of COVID-19 in the State of New Mexico poses a threat to the health, safety, wellbeing and property of the residents in the State due to, among other things, illness from COVID-19, illness-related absenteeism from employment (particularly among public safety and law enforcement personnel and persons engaged in activities and businesses critical to the economy and infrastructure of the State), and potential closures of schools or other places of public gathering; and

**WHEREAS**, the New Mexico Department of Health possesses legal authority pursuant to the Public Health Act, NMSA 1978,

Sections 24-1-1 to -40, the Public Health Emergency Response Act, NMSA 1978, Sections 12-1 OA-1 to -10, the Department of Health Act, NMSA 1978, Sections 9-7-1 to -18, the authority granted in EO 2020-004, and in any inherent constitutional police powers of the New Mexico state government, to preserve and promote public health and safety, to adopt isolation and quarantine, and to close public places and forbid gatherings of people when deemed necessary by the Department for the protection of public health.

**NOW, THEREFORE, I, Kathyleen M. Kunkel, Cabinet Secretary of the New Mexico Department of Health, in accordance with the authority vested in me by the Constitution and the Laws of the State of New Mexico, do hereby declare the current outbreak of COVID-19 a condition of public health importance as defined in the New Mexico Public Health Act, NMSA 1978, Section 24-1-2(A) as an infection, a disease, a syndrome, a symptom, an injury or other threat that is identifiable on an individual or community level and can reasonably be expected to lead to adverse health effects in the community, and that poses an imminent threat of substantial harm to the population of New Mexico.**

The following definitions are adopted for the purposes of this Order:

Definitions: As used in this Public Health Order, the following terms shall have the meaning given to them, except where the context clearly requires otherwise:

(1) "Condition of public health importance" means an infection, a disease, a syndrome, a symptom, an injury or other threat that is identifiable on an individual or community level and can reasonably be expected to lead to adverse health effects in the community.

(2) "Disease" means an illness, including those caused by infectious agents or their toxic products which may be transmitted to a susceptible host.

(3) "Essential service" includes the provision of goods and services necessary to sustain and promote public health and welfare including airports, transportation facilities, shelters, grocery stores and pharmacies, local food vendors, courthouses, correctional and detention facilities, banks, schools and educational institutions, hospitals, clinics, nursing homes, intermediate care facilities for individuals with intellectual disabilities, other health care and congregate care facilities, and places of worship operating during "normal business hours".

(4) "Individuals" means natural persons.

(5) "Gathering" means any grouping together of individuals in a single connected location.

(6) "Mass gathering" means any public or private gathering that brings together ten (10) or more individuals in a single room or connected space but does not include a "typical business environment" and does not include the presence of ten (10) or more individuals in a residence where those individuals regularly reside.

(7) "Normal business hours" means the normal workday or typical time of operation for a "typical business environment".

(8) "Secretary" or "Secretary of Health" means the Cabinet Secretary of the Department of Health.

(9) "Typical business environments" includes businesses, governmental organizations, political subdivisions, or other entities engaged in commercial, industrial, charitable, or professional activities.

**I HEREBY DIRECT AS FOLLOWS:**

(1) All Mass Gatherings are hereby prohibited under the powers and authority set forth in the New Mexico Public Health Act, and all regulations promulgated pursuant thereto.

(2) All restaurants, bars, breweries, eateries, and other food service establishments are limited to providing take-out service and home delivery only.

(3) Indoor shopping malls, recreational facilities, health clubs, resort spas, athletic facilities, theaters including movie theaters, and flea markets are directed to close for the duration of this Order. Restaurants situated in shopping malls with exterior entrances may provide take-out or delivery services.

(4) Typical business environments that are not engaged in the provision of an essential service should limit operations to the greatest extent possible and minimize employee contact.

(5) All casinos and horse racing facilities, and attendant restaurant or bar operations shall close during the pendency of this Order. This directive excludes those casinos operating on Tribal lands.

(6) Hotels, motels, and other places of lodging shall not operate at more than fifty percent of maximum occupancy. This restriction does not apply to operations providing lodging to health care workers who are engaged in the provision of care to New Mexico residents or those businesses providing temporary housing to individuals employed and working in New Mexico.

(7) The New Mexico Department of Public Safety, the New Mexico Department of Homeland Security and Emergency Management, the Department of the Environment, Regulation and Licensing Department, and all other State departments and agencies are authorized to take all appropriate steps to ensure compliance with this Order.

(8) All public and private employers are required to comply with this Order and any instructions provided by State departments or agencies regarding COVID-19.

(9) In order to minimize the shortage of health care supplies and other necessary goods, grocery stores and other retailers are hereby directed to limit the sale of over-the-counter medications, durable medical equipment, baby formula, diapers, sanitary care products, and hygiene products to three packaged items per individual. NMSA 1978, § 12-10A-6 (2012). This provision is not intended to limit the provision of prescription medications by pharmacies.

**I FURTHER DIRECT** as follows:

(1) This Order shall be broadly disseminated in English, Spanish and other appropriate languages to the citizens of the State of New Mexico.

(2) This Order declaring restrictions based upon the existence of a condition of public health importance shall not abrogate any disease-reporting requirements set forth in the New Mexico Public Health Act.

(3) This Order shall remain in effect for the duration of Executive Order 2020-004. This Order may be renewed consistent with any direction from the Governor.

**I FURTHER ADVISE** the public to take the following preventive precautions:

**- New Mexico citizens are strongly advised to stay at home and undertake only those outings absolutely necessary for their health, safety, or welfare.**

- Avoid contact with people who are sick.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.

- To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your

sleeve to cover your hand or finger if you must touch something.

- Avoid touching your face, nose, eyes, etc.
- Clean and disinfect your home to remove germs: practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks & cell phones).
- Avoid crowds, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.
- Avoid all non-essential travel including plane trips and cruise ships.

**THIS ORDER** amends the Public Health Emergency Order to Limit Mass Gatherings Due to COVID-19 issued on March 12, 2020 and the Public Health Emergency Order Limiting Mass Gatherings and Implementing Other Restrictions Due to COVID-19 issued on March 16, 2020. This Order supersedes any other previous orders, proclamations, or directives in conflict.

This Order shall take effect immediately and shall remain in effect for the duration indicated in the Order unless otherwise rescinded.

ATTEST:  
DONE AT THE EXECUTIVE  
OFFICE  
THIS 19TH DAY OF MARCH 2020

WITNESS MY HAND AND THE  
GREAT SEAL OF THE STATE OF  
NEW MEXICO

/ S / MAGGIE TOULOUSE OLIVER  
SECRETARY OF STATE

/ S / KATHYLEEN M. KUNKEL  
SECRETARY OF THE STATE OF  
NEW MEXICO  
DEPARTMENT OF HEALTH

**End of Other Material  
Related to Administrative  
Law**

# 2020 New Mexico Register

## Submittal Deadlines and Publication Dates

### Volume XXXI, Issues 1-24

Issue	Submittal Deadline	Publication Date
Issue 1	January 6	January 14
Issue 2	January 16	January 28
Issue 3	January 30	February 11
Issue 4	February 13	February 25
Issue 5	February 27	March 10
Issue 6	March 12	March 24
Issue 7	March 26	April 7
Issue 8	April 9	April 21
Issue 9	April 23	May 5
Issue 10	May 7	May 19
Issue 11	May 28	June 9
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Issue 13	July 6	July 14
Issue 14	July 16	July 28
Issue 15	July 30	August 11
Issue 16	August 13	August 25
Issue 17	August 27	September 15
Issue 18	September 17	September 29
Issue 19	October 1	October 13
Issue 20	October 15	October 27
Issue 21	October 29	November 10
Issue 22	November 13	November 24
Issue 23	December 3	December 15
Issue 24	December 17	December 29

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