TITLE 18 TRANSPORTATION AND HIGHWAYS
CHAPTER 3 MOTOR CARRIER GENERAL PROVISIONS
PART 14 AMBULANCE SERVICES

18.3.14.1 ISSUING AGENCY: New Mexico Department of Transportation.
[18.3.14.1 NMAC - Rp, 18.3.14.1 NMAC, 7/1/2024]

18.3.14.2 SCOPE:

A. This rule applies to all ambulance services subject to the jurisdiction of the department.

B. In addition to the exemptions stated in 65-2A-38 and 65-6-6 NMSA 1978, this rule does not apply to:

(1) agencies of the United States government or

(2) ambulance services authorized in another state or country that are engaged in interstate transportation of patients into or out of New Mexico.

[18.3.14.2 NMAC - Rp, 18.3.14.2 NMAC, 7/1/2024]

18.3.14.3 STATUTORY AUTHORITY: Sections 65-2A-4 and 65-6-4 NMSA 1978, and 2023 N.M. Laws, Chapter 100, Section 81.
[18.3.14.3 NMAC - Rp, 18.3.14.3 NMAC, 7/1/2024]

18.3.14.4 DURATION: Permanent.
[18.3.14.4 NMAC - Rp, 18.3.14.4 NMAC, 7/1/2024]

18.3.14.5 EFFECTIVE DATE: July 1, 2024, unless a later date is cited within a section.
[18.3.14.5 NMAC - Rp, 18.3.14.5 NMAC, 7/1/2024]

18.3.14.6 OBJECTIVE: The purpose of this rule is to establish requirements for ambulance vehicles, equipment, operations, drivers and attendant services.
[18.3.14.6 NMAC - Rp, 18.3.14.6 NMAC, 7/1/2024]

18.3.14.7 DEFINITIONS: In addition to the definitions in 7.27.2 NMAC, as used in this rule:

A. **advanced level** means emergency medical services above the New Mexico Emergency Medical Technician (EMT) basic level including EMT intermediate, EMT paramedic, and special skills which include enhanced emergency medical services and critical care transport;

B. **critical care transport (CCT)** means the inter-facility ambulance transportation of patients requiring critical care and medical interventions or equipment ordered by a licensed physician. CCT may be provided only by an ambulance agency that has received special skill approval by the department of health (DOH) emergency medical services (EMS) bureau and EMS medical direction committee for CCT. Critical care includes the use of specialized ventilators, multiple medications being monitored via intravenous (IV) pumps, intra-aortic balloon pumps, and external pacemakers.

C. **emergency medical technician basic (EMT basic)** means the pre-hospital and inter-facility care and treatment identified in the EMS scope of practice rules issued by the department of health for application by all licensed emergency medical technicians;

D. **emergency medical technician intermediate (EMT intermediate)** means certain advanced pre-hospital and inter-facility care and treatment identified in the EMS scope of practice rules issued by the department of health for application by licensed EMT intermediates operating pursuant to physician directives;

E. **emergency medical technician paramedic (EMT paramedic)** means advanced pre-hospital assessment, and inter-facility care and treatment identified in the EMS scope of practice rules issued by the department of health for application by a licensed EMT paramedic operating pursuant to physician directive;

F. **emergency** means the sudden occurrence or onset of what reasonably appears to be a traumatic or medical condition that manifests itself by symptoms of sufficient severity, which may include severe pain, that the absence of immediate medical attention could reasonably be expected by a lay person to result in;

(1) jeopardy of the person’s physical and or mental health;

(2) serious impairment of bodily functions;

(3) serious dysfunction of any bodily organ or part; or

(4) disfigurement to the person.

G. **EMS** means emergency medical services.

H. **EMS bureau** is the emergency medical systems bureau in the New Mexico department of health.

I. **inter-facility transport** means the transportation of a person between health care facilities under the directive of a sending and a receiving physician;

J. **mutual aid agreement** means a written agreement between one municipality, county or emergency medical service and other municipalities, counties or emergency medical services for the purpose of ensuring adequate coverage of emergency medical services in their respective authorized territories;

K. **NEMSIS** means the national emergency medical services information system, the federal EMS data collection system administered by the United State department of transportation national highway traffic safety administration (NHTSA).

L. **NMEMSTARS** means the New Mexico EMS tracking and reporting system of pre-hospital data, and includes any subsequent contractor of these services by the department of health's EMS bureau.

M. **patient catchment area** means an area outside the territory authorized by the operating authority issued by the commission that an ambulance service is permitted to serve in emergencies or pursuant to mutual aid agreements;

N. **pre-hospital response time** means the period in minutes that measures from the time a dispatch agency has the necessary information to dispatch an ambulance service until the time an EMS crew arrives at the scene of the emergency;

O. **special event ambulance means** an ambulance staffed with a minimum of two licensed EMT's, working under agreement or contract within its authorized territory or pursuant to a grant of temporary authority in dedicated stand-by status at a special event such as a football game, concert, wildland fire event, rodeo, community festival or movie set.

[18.3.14.7 NMAC - Rp, 18.3.14.7 NMAC, 7/1/2024]

18.3.14.8 DUTY TO PROVIDE SERVICE:

A. It shall be unlawful for an ambulance service, or any of its personnel or agents, to refuse to provide service to a willing person in need of emergency medical treatment or transportation, or to require advance payment prior to rendering such service. A responding ambulance service may comply with a written refusal of treatment or transport from a patient or guardian who has been informed of the potential medical consequences of such a refusal. All written refusals must be maintained as an ambulance service record.

B. When ambulance transport is requested and is determined to be necessary upon review by an ambulance service, the patient shall be delivered to the closest appropriate facility capable of providing definitive care and treatment, as determined by the service's medical director through local EMS system protocol.

C. An ambulance service shall give priority to emergency response calls.

D. An ambulance service shall be available24 hours a day, every day of the year.

[18.3.14.8 NMAC - Rp, 18.3.14.8 NMAC, 7/1/2024]

18.3.14.9 MUTUAL AID: Ambulance services shall develop mutual aid agreements with all appropriate entities that may be implemented anytime an ambulance service cannot respond to a call or if a disaster or mass casualty situation occurs. Mutual aid may be provided pursuant to an established written agreement or when requested by state or local authorities, including law enforcement.

[18.3.14.9 NMAC - Rp, 18.3.14.9 NMAC, 7/1/2024]

18.3.14.10 OPERATIONS PLAN: Each ambulance service shall have a written operations plan setting forth its policies and procedures. The plan shall be periodically updated and shall be available for inspection by the department at all times. The plan shall include:

A. all operational guidelines and medical protocols;

B. a quality assurance plan;

C. personnel policies for drug and alcohol testing of employees who present as impaired while on duty or are suspected of impairment related to a work related accident or event;

D. all mutual aid agreements;

E. a disaster and mass casualty plan;

F. infection control procedures;

G. a description of emergency medical dispatch capabilities;

H. work schedule standards to ensure staff are rested and fit-for-duty; and

I. anticipated pre-hospital response times in the ambulance service's territory or patient catchment

area, and a description of factors that could cause delays to those response times. Factors may include:

(1) topography of service territory;

(2) staffing issues (ex. volunteers, remote residency, high turnover);

(3) density or specific challenges presented by population served (ex. industrial risk, socio-economic factors, behavioral health needs, language barriers);

(4) stationing points for ambulances and crews; and

(5) variance in weather conditions.

[18.3.14.10 NMAC - Rp, 18.3.14.10 NMAC, 7/1/2024]

18.3.14.11 MINIMUM PERSONNEL REQUIREMENTS:

A. Ambulances:

(1) A minimum of two licensed EMTs from the ambulance service shall be present at the scene of the emergency, except that two EMTs need not be present at the scene for prearranged transfers of a stable patient or in those situations where there are overlapping calls, disasters, or similar circumstances which result in an insufficient number of EMTs being available.

(2) A minimum of one EMT shall be in the patient compartment during patient care and transport.

B. Exceptions:

(1) An EMT is required to be aboard the ambulance but is not required in the patient compartment, when a member of a neonatal intensive care team is attending a patient in a self- contained newborn intensive care isolette.

(2) Subject to the policies of the service, additional non-EMT medical personnel, functioning within the scope of their licensure and the scope of skills and medications approved for the service by the EMS Bureau and EMS medical direction committee, may accompany a patient in an ambulance patient compartment, as long as one EMT is also present in the patient compartment.

(3) For ambulances with approval as critical care units, one special skill critical care certified paramedic must be in the patient compartment along with at least one advanced provider who is:

(a) a special skill critical care paramedic; or

(b) a nurse trained and approved by the EMS agency medical director for the scope of skills and medications listed in the critical care special skills application; or

(c) other advanced care provider, such as a physician, certified nurse practitioner, physician assistant, respiratory therapist, or other specially trained caregiver appropriate for the advanced care needed, as determined by the ambulance service's medical director.

(4) For EMS bureau approved community EMS or advanced paramedic practice programs, at least one caregiver trained and certified as required by the EMS bureau, and approved by the ambulance service's medical director, must attend and assess the patient.

C. Training coordinator required: Each ambulance service shall designate a coordinator of appropriate training and continuing education required for all ambulance service personnel.

D. Medical director required: Each ambulance service shall designate a medical director, working under agreement or contract, who meets the department of health requirements prescribed in 7.27.3 NMAC. If an ambulance service is temporarily without a medical director, it shall establish temporary medical direction services with a local, regional or state EMS medical director.

[18.3.14.11 NMAC - Rp, 18.3.14.11 NMAC, 7/1/2024]

18.3.14.12 VEHICLE LIST:

A. Each ambulance service shall maintain a current list of ambulances used in its authorized operations. The list shall identify each ambulance by type (I, II, III), manufacturer, serial number, registration number, and other descriptive information sufficient for identification, and shall state whether the ambulance is leased or owned.

B. An ambulance service may only use ambulances on the vehicle list, unless the service is temporarily utilizing a borrowed vehicle from another EMS agency due to unusual and unforeseen circumstances (repair of vehicles or other situations). The department shall be notified in writing if this temporary situation persists longer than seven consecutive days.

C. An ambulance service shall submit an updated vehicle list to the department within 10 days of the date an ambulance unit is either put into service or taken out of service.

[18.3.14.12 NMAC - Rp, 18.3.14.12 NMAC, 7/1/2024]

18.3.14.13 VEHICLE STANDARDS: All ambulances purchased, acquired, or placed into service by an authorized EMS service shall meet or exceed the general services administration (GSA) standards for operation, crash performance and safety.
[18.3.14.13 NMAC - Rp, 18.3.14.13 NMAC, 7/1/2024]

18.3.14.14 REQUIRED EQUIPMENT: When an ambulance is dispatched, it shall carry and have readily available equipment in good working order, including:

A. one semi-automatic defibrillator for EMT basic and EMT intermediate use or one semi-automatic/manual defibrillator monitor for paramedic use, as specified in the EMS scopes of practice and local medical protocol;

B. suction systems, which include:

(1) on-board suction unit that meets GSA standards;

(2) portable, manual or battery powered suction unit;

C. oxygen delivery and patient ventilation devices, which include:

(1) fixed, on-board oxygen supply which meets GSA specifications;

(2) portable oxygen devices which are capable of delivering at least 60 minutes of oxygen at a flow rate of 10 liters per minute or, at a minimum, two D cylinders; at least one cylinder shall be designated as primary and configured with a yoke type regulator, liter control and contents supply gauge;

(3) ventilation devices including manual, self-filling, bag-valve-mask (BVM) ventilation devices, in adult, child, infant and neonatal sizes; the BVM shall be equipped with a sufficient supply of see through adult, child, infant, and neonatal masks; electronic or colormetric end tidal carbon dioxide detection equipment for adults and pediatric patients are also required;

D. Splints, including as a minimum:

(1) one adult traction splint with limb supporting slings, padded ankle hitch and traction device;

(2) two sets of rigid splinting devises, or equivalents, suitable for the immobilization of upper or lower extremities, in adult, child and infant sizes;

E. spine immobilization devices, one half-body device and two full-body devices, with suitable strapping, and head immobilization devices; commercial devices that stabilize head, neck, and back as one unit, may be substituted;

F. one commercially available obstetrical kit, or equivalent;

G. one sphygmomanometer in adult, child and infant sizes, or one sphygmomanometer capable of accepting various sizes of cuffs (adult, child, and infant); in the latter case, a sufficient supply of cuffs in each of the identified sizes shall be available;

H. one stethoscope;

I. two double D-cell, or equivalent, functioning flashlights;

J. one all-purpose multi-level ambulance stretcher, with safety straps and crash-resistant locking/securing mechanism; the locking mechanism in the vehicle shall be the mechanism designed for the stretcher being used; locking mechanisms for other stretchers or locally produced mechanisms are not allowed; in addition, the mattress shall be fluid impervious;

K. one minimum 10-pound, or two minimum five-pound 1A20BC, or equivalent, fire extinguisher; a current inspection tag will be displayed on all fire extinguishers;

L. one two-way mobile radio capable of direct communication between the EMT and the receiving medical facility, on ultra-high frequency, on federal communications commission-designated emergency medical radio service (EMRS) frequencies, and which is compatible with the state emergency medical services radio communications system (EMSCOM), and is approved by the emergency medical services bureau (EMSB) and a copy of the EMSB/DOH "EMS communications system (EMSCOM) manual;"

M. scene safety protective equipment including:

(1) six highly visible lighted electric or chemical warning devices suitable for nighttime use;

(2) reflective apparel meeting American National standards institute standards for all personnel;

(3) a current edition of the "North American emergency response guidebook," a guidebook for first responders during the initial phase of a hazardous materials/dangerous goods incident;

N. uniforms or other apparel or means of identification of a distinct design or fashion to be worn by ambulance service personnel when on duty to identify them as EMS providers and to identify the level of EMS care

for which the providers are licensed.
[18.3.14.14 NMAC - Rp, 18.3.14.14 NMAC, 7/1/2024]

18.3.14.15 REQUIRED SUPPLIES: When an ambulance is dispatched, it shall carry adequate quantities of readily available supplies to ensure the level of care described in the ambulance service protocols signed by the physician medical director, including but not limited to:

A. 12 sterile bandages, soft roller, self-adhering type, or equivalent to a total length of 24 yards;

B. six triangular bandages or equivalent product or substitute;

C. one box adhesive bandages;

D. one pair trauma shears and one penlight (either in the ambulance or on the EMT's person);

E. one pair sterile scissors used for cutting the umbilical cord during a delivery; commercially available sterile cutting devices may be substituted;

F. six sterile trauma dressings in large and small sizes;

G. 50, or adequate supply, sterile 4" x 4", or larger, sponges;

H. four rolls of adhesive tape;

I. four cold packs and four heat packs;

J. two sterile burn sheets, individually wrapped;

K. four sterile burn dressings;

L. two sets of oropharyngeal airways in sizes zero through five (infant through adult), and one set of nasopharyngeal airways (28FR, 32FR, 34FR, and 36FR, all for adult use);

M. three sterile suitable occlusive dressings;

N. two sets of rigid cervical collars of plastic, not foam, construction in various sizes for adult, child and infant; commercially available immobilization devices are allowed;

O. a sufficient quantity of appropriate airborne and blood-borne infection control supplies, as recommended by the centers for disease control and prevention, including gloves, masks, gowns, caps, eye protection, sharps containers, and other equipment to protect all patient care providers dispatched with the ambulance; in addition, appropriate hand-washing supplies and disinfectant shall be available on the vehicle;

P. at least two disposable high-concentration oxygen masks and two disposable nasal cannulas in adult and child sizes and at least two packages of oxygen supply tubing;

Q. appropriate large and small bore tip suction catheters (6f-14f), rigid tip suction catheter, and hoses;

R. one bulb suction device;

S. one emesis basin or large plastic bag;

T. two liters of sterile water, normal saline, or other appropriate irrigation solution; and

U. two clean sets of linen, including at least two blankets and pillows (or suitable pillow substitutes) at all times.

[18.3.14.15 NMAC - Rp, 18.3.14.15 NMAC, 7/1/2024]

18.3.14.16 MEDICATIONS: An ambulance service shall adhere to the appropriate EMS scopes of practice for EMS personnel regarding approved medications, provided the medications are listed in the service's treatment guidelines or protocols and approved by the physician medical director for use by the ambulance service. In some cases the medical direction committee may authorize special skills that allow unique medications not found in the scopes of practice. In such cases, these medications are allowed on the vehicle for use by the authorized personnel, as specified by the special skills approval letter provided by the EMS medical direction committee or the EMS bureau. In all cases, medications shall only be administered under medical direction, as specified in the scopes of practice and any special skills approval letters.

[18.3.14.16 NMAC - Rp, 18.3.14.16 NMAC, 7/1/2024]

18.3.14.17 PORTABLE MEDICAL KITS: In addition to the required equipment and supplies, every ambulance shall carry at least one portable medical kit containing the following items, or their appropriate equivalent:

A. one sphygmomanometer in adult, child and infant sizes, or one sphygmomanometer capable of accepting various sizes of cuffs (adult, child, and infant). In the latter case, a sufficient supply of cuff in each of the identified sizes shall be available.

B. one stethoscope;

C. four soft roller, self-adhering type bandages;

D. three triangular bandages or equivalent product/substitute;

E. two trauma dressings;

F. 10 size 4" x 4" gauze sponges;

G. one roll adhesive tape;

H. one pair of trauma shears (either in the ambulance or on the EMT's person);

I. one penlight (either in the ambulance or on the EMT's person);

J. two sterile burn dressings;

K. one adult-size bag-valve-mask (BVM) ventilation device. Neonate, infant and child BVM must be incorporated in the kit or readily available aboard the vehicle;

L. one set of oropharyngeal airways, sizes 0 through 6 (neonatal through adult);

M. two sterile, petroleum gel-impregnated gauze dressings, or other suitable occlusive dressings;

N. multiple pairs of disposable treatment gloves;

[18.3.14.17 NMAC - Rp, 18.3.14.17 NMAC, 7/1/2024]

18.3.14.18 ADVANCED LEVEL AMBULANCE SERVICES:

A. Service requirements: An ambulance service shall meet the following requirements before it provides any advanced level treatments or procedures, including special skills:

(1) If an ambulance service represents itself or labels its vehicles as a provider of service at any level above EMT basic, that advanced level of care and treatment shall be provided 24 hours a day, every day of the year, except in those unusual situations where there are overlapping calls, disasters, or similar unforeseen circumstances.

(2) At least one trained and licensed advanced provider must respond to a call and accompany the patient in the patient compartment of the ambulance.

B. Additional supplies and equipment requirements: The following additional items are required for advanced level ambulance services:

(1) one semi-automatic monitor-defibrillator for EMT intermediate or manual/semi automatic monitor - defibrillator for EMT paramedic, as specified in the EMS scopes of practice and local medical protocol; (note: these devices require specific training and medical director approval prior to use);

(2) assorted arm boards in infant, child and adult sizes;

(3) assorted intravenous catheters in sizes 14-24 gauge;

(4) assorted macro-drip IV devices to infuse intravenous fluids into adults (15 drops per cc or better);

(5) assorted micro-drip IV devices to manage IV administration to infants and children; thesemay be burettes, micro-drip tubing or in-line volume controllers;

(6) two intra-osseous access devices;

(7) one pediatric drug dosage chart or tape; this may include charts listing the drug dosages in milliliters or milligrams per kilogram, pre-calculated doses based on weight, or a tape that generates appropriate equipment sizes and drug doses based on the patient's height or weight;

(8) assorted intravenous (IV) fluids that comply with the EMS scopes of practice; these fluids shall be stored within the manufacturers recommended temperature range at all times until use;

(9) one laryngoscope with straight or curved blades in infant, child and adult sizes; spare bulbs and batteries shall be readily available;

(10) two adult stylets for endotracheal tubes; if service has special skill approval for pediatric (under age 12) intubation, two pediatric stylets must be in stock;

(11) one each pediatric and adult magill forceps;

(12) assorted endotracheal tubes in sizes: uncuffed 2.5-6.0 if service has special skill approval for pediatric (under age 12) intubation and cuffed 6.0-8.0;

(13) assorted medications and resuscitation medications that are allowed in the EMS scopes of practice and local medical protocol; these medications shall be stored within the manufacturer's recommended temperature range at all times;

(14) adult and pediatric sized supraglottic/laryngeal airways, and multi-lumen airways as approved by the service's medical director.

[18.3.14.18 NMAC - Rp, 18.3.14.19 NMAC, 7/1/2024]

18.3.14.19 NON-EMERGENCY AND INTERFACILITY TRANSPORT: An ambulance service may provide scheduled pre-hospital or inter-facility transport of patients, including physically or mentally impaired patients or non-ambulatory patients, who require the attending care and monitoring of qualified medical personnel.

Only certified ambulances shall transport recumbent patients requiring medical monitoring. An ambulance service providing such service shall:

A. provide at least one EMT of the appropriate service level and one qualified driver; the EMT shall be in the patient compartment attending the patient whenever a patient is being cared for or transported.

B. Stretcher or wheelchair vans: A stretcher or wheelchair van may be used to transport a person who is:

(1) Non-ambulatory and requires non-emergency medical transportation and does not require medical monitoring or treatment during transport.

(2) An inpatient who requires transportation to another facility for diagnostic tests and a physician authorizes the use of a stretcher van.

C. A stretcher van or wheelchair van shall not transport a person who:

(1) Is being administered intravenous fluids;

(2) Needs oxygen, unless that person's physician has prescribed oxygen as a self-administered therapy;

(3) Needs suctioning;

(4) Has a visible injury not yet evaluated by a medical professional;

(5) Is experiencing an acute condition or the exacerbation of a chronic condition;

(6) Needs to be transported from one hospital to another hospital if the destination hospital is the same level or a higher level as the hospital of origin.

(7) Is being medically monitored at the sending facility and will continue to be medically monitored at the destination facility.

[18.3.14.19 NMAC - Rp, 18.3.14.20 NMAC, 7/1/2024]

18.3.14.20 SPECIAL EVENT AMBULANCE: Emergency transports for special events are not inter-facility transfers unless that definition is met. Dedicated stand-by status ambulances shall not respond to emergency calls off site of the event except in cases of disaster, mass casualty or other unusual medical circumstance.

[18.3.14.20 NMAC - Rp, 18.3.14.21 NMAC, 7/1/2024]

18.3.14.21 MAINTENANCE, PRESERVATION, AND RETENTION OF RECORDS: In addition to the record requirements for motor carriers, every ambulance service shall maintain accurate and separate records of its services in New Mexico, including:

A. driver records with current licenses, history of department of transportation (DOT) physical examinations, approved firefighter fitness exam certification or other approved physician certifications, and emergency vehicle operator training history;

B. EMS personnel licensure;

C. statement of employment or volunteer status, including start and stop dates;

D. records of equipment to include inspection, repair and maintenance records, equipment lists, vehicle title and registration certificates;

E. organized records of all ambulance runs, including a copy of the patient care record.

[18.3.14.21 NMAC - Rp, 18.3.14.23 NMAC, 7/1/2024]

18.3.14.22 QUALITY ASSURANCE: Each ambulance service shall have a written quality assurance program, which shall provide for.

A. patient care records retention: an ambulance service shall retain pre-hospital patient care records for seven years, as approved by local medical protocol;

B. reporting: ambulance services shall complete a **patient run report** for each patient contacted during an emergency response or inter-facility transport; the minimum data elements from these reports, as identified by the EMS bureau, shall be compiled to the extent possible and submitted to the pre- hospital data collection system at the EMS bureau as prescribed in 7.27.4 NMAC, Emergency Medical Services Fund Act;

C. minimum patient information required upon patient delivery to the destination facility: pursuant to ambulance service protocol, an ambulance service shall communicate, electronically or in writing, clinical patient information to the intercepting ambulance or receiving facility at the time of patient transfer or delivery, if available:

(1) ambulance unit number, EMT name and level of licensure;

(2) patient age and sex;

(3) patient's chief complaint or EMT's primary impression;

(4) a brief history of the present illness, including scene assessment and mechanism of injury;

(5) major past illnesses;

(6) patient's mental status;

(7) patient's baseline vital signs;

(8) pertinent findings of the physical examination;

(9) description of emergency medical care that has been provided for the patient, including that provided by any first response units; and

(10) the patient's response to the emergency medical care received.

D. completed patient care records: an ambulance service shall deliver an electronic or written copy of the completed pre-hospital patient care record to the receiving facility emergency department for inclusion in the patient's permanent medical record upon delivery of the patient to the hospital; in the event the unit is dispatched on another call, the patient care record shall be delivered as soon as possible after that call, but not later than the end of a shift or twenty four (24) hours after the transportation and treatment of the patient;

E. medical protocols and operational guidelines: the ambulance service medical director shall develop and approve medical protocols and operational guidelines which should include procedures for obtaining on-line medical direction; service medical protocols shall not exceed the New Mexico EMS scope of practice, unless a special skill has been granted; medical protocols and operational guidelines should be developed in collaboration with receiving hospitals and EMS agencies within the territory or patient catchment area; adult and pediatric patient protocols shall be on the unit at all times, in electronic or hard copy form;

F. medical director review of patient care: an ambulance service medical director shall review patient care records at least quarterly to determine whether appropriate medical care is being provided; the medical director shall document the steps taken during the review; subsequent reviews will include an evaluation of whether appropriate follow-up has been accomplished; receiving hospitals and other EMS agencies within the patient catchment area should be invited to participate in these reviews when appropriate;

G. confidentiality of medical records: an ambulance service may only release patient care records as provided by state and federal law, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA).

[18.3.14.22 NMAC - Rp, 18.13.14.24 NMAC, 7/1/2024]

18.3.14.23 - 18.3.14.26 [RESERVED]

HISTORY OF 18.3.14 NMAC:

Pre-NMAC history: The material in this rule was previously filed with the state records center as: SCC 68-16, NM Motor Carrier Act, Rules and Regulations, Effective Sept. 1, 1967, filed 3-14-68; SCC 68-50, General Order No. 38, filed 6/13/1968;
SCC 71-3, General Order No. 40, Docket No. 532, filed 5/24/1971;
SCC 71-5, General Suspension Order No. 41, Docket No. 540, filed 8/20/1971;
SCC 71-6, NM Motor Carrier Act, Rules and Regulations, Effective July 1, 1971, filed 9/21/1971; SCC-72-13, NM Ambulance Tariff No. 3-B Issued May 8, 1972, filed 10/2/1972;
SCC 73-1, NM Motor Carrier Act, Rules and Regulations, filed 6/14/1973;
SCC 74-1, NM Motor Carrier Act, Rules and Regulations, Effective July 1, 1973, filed 2-5-74; SCC 75-1, NM Motor Carrier Act, Rules and Regulations, Effective Jan. 1, 1975, filed 4/17/1975;
SCC 75-2, Second Revised General Order No. 35, In the Matter of Standards for Ambulance Operators, filed 7/11/1975;
SCC 75-3, NM Motor Carrier Act, Rules and Regulations (Rev.), Effective Jan. 1, 1975, filed 9/19/1975; SCC 76-1, NM Motor Carrier Act, Rules and Regulations, Effective April 1, 1976, filed 4/15/1976;
SCC 77-1, NM Motor Carrier Act, Rules and Regulations, Effective Jan. 1, 1977, filed 1/25/1977; SCC-77-4, NM Ambulance Tariff No. 3-B Issued May 8, 1972, (Reissue), filed 6/6/1977;
SCC 78-1, Third Revised General Order No. 35, In the Matter of Standards for Ambulance Operators, filed 9/5/1978;
SCCMC Rule No. 45, Ambulance Operators are Authorized to Provide the Following Service Notwithstanding Territorial Restrictions Contained in their Certificates, filed 3/5/1982;
SCCMC Rule No. 49, Ambulance Services - Duty to Provide Service, filed 3/5/1982;
SCC 84-5-TD, Standards for Ambulance Operators - Seventh Revised General Order No. 35, filed 6/28/1984; SCC 92-5-TR, Ambulance Standards Rule, filed 8/18/1992;

SCC Rule 252, Ambulance Standard, filed 1/5/1993; SCC Rule 252, Ambulance Standards, filed 10/27/1993.

HISTORY OF REPEALED MATERIAL:
SCC 68-16, NM Motor Carrier Act, Rules and Regulations, Effective Sept. 1, 1967 (filed 3/14/1968); SCC 68-50, General Order No. 38(filed 6/13/1968);
SCC 71-3, General Order No. 40, Docket No. 532 (filed 5/24/1971);
SCC 71-5, General Suspension Order No. 41, Docket No. 540 (filed 8/20/1971);
SCC 71-6, NM Motor Carrier Act, Rules and Regulations, Effective July 1, 1971 (filed 9/21/1971); SCC-72-13, NM Ambulance Tariff No. 3-B Issued May 8, 1972 (filed 10/2/1972);
SCC 73-1, NM Motor Carrier Act, Rules and Regulations (filed 6/14/1973);
SCC 74-1, NM Motor Carrier Act, Rules and Regulations, Effective July 1, 1973 (filed 2/5/1974); SCC 75-1, NM Motor Carrier Act, Rules and Regulations, Effective Jan. 1, 1975 (filed 4/17/1975);
SCC 75-2, Second Revised General Order No. 35, In the Matter of Standards for Ambulance Operators (filed 7/11/1975);
SCC 75-3, NM Motor Carrier Act, Rules and Regulations (Rev.), Effective Jan. 1, 1975 (filed 9/19/1975); SCC 76-1, NM Motor Carrier Act, Rules and Regulations, Effective April 1, 1976 (filed 4/15/1976);
SCC 77-1, NM Motor Carrier Act, Rules and Regulations, Effective Jan. 1, 1977 (filed 1/25/1977); SCC-77-4, NM Ambulance Tariff No. 3-B Issued May 8, 1972, (Reissue) (filed 6/6/1977);
SCC 78-1, Third Revised General Order No. 35, In the Matter of Standards for Ambulance Operators (filed 9/5/1978);
SCCMC Rule No. 45, Ambulance Operators are Authorized to Provide the Following Service Notwithstanding Territorial Restrictions Contained in their Certificates (filed 3/5/1982);
SCCMC Rule No. 49, Ambulance Services - Duty to Provide Service (filed 3/5/1982);
SCC 84-5-TD, Standards for Ambulance Operators - Seventh Revised General Order No. 35 (filed 6/28/1984); SCC 92-5-TR, Ambulance Standards Rule (filed 8/18/1992);
SCC Rule 252, Ambulance Standard (filed 1-5-93); SCC Rule 252, Ambulance Standards (filed 10/27/1993);
18 NMAC 4.2, Ambulance and Medical Rescue Services (filed 12/16/1997) repealed 1/5/2005.
18.3.14 NMAC, Motor Carrier General Provisions - Ambulance Services, filed 12/16/2004, repealed 2/13/2015.
18.3.14 NMAC, Motor Carrier General Provisions - Ambulance Services, filed 1/28/2015, repealed 7/1/2024.

Other history:
SCC Rule 252, Ambulance Standards (filed 10/27/1993) renumbered, reformatted and replaced by 18 NMAC 4.2, Ambulance and Medical Rescue Services, effective 1/1/1998;
18 NMAC 4.2, Ambulance and Medical Rescue Services (filed 12/16/1997) renumbered, reformatted and replaced by 18.3.14 NMAC, Ambulance Services, effective 1/1/2005.
18.3.14 NMAC, Ambulance and Medical Rescue Services (filed 1/28/2015) replaced by 18.3.14 NMAC, Ambulance Services, effective 7/1/2024.