## NMAC Transmittal Form





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Volume: XXXIII	Issue: 21	Publication date:	11/08/2022	Number of p	pages: 13	(ALD Use Only) Sequence No.			
Issuing agency name and address: Agency DFA code									
Department of Health, Public Health Division, Family Health Bureau 66500									
Contact person's na	ime:		Phone number		E-mail add	ress:			
Abigail Reese (505) 476-8866 Abigail.Reese@doh.nm.gov									
Type of rule action: (ALD Use) Recent filing date:									
New Amendment Repeal Emergency Renumber									
Title number: Title name:									
7	Health								
Chapter number: Chapter name:									
4	Disease Control [Epidemiology]								
Part number:	Part number: Part name:								
8	Maternal Mortality and Severe Maternal Morbidity Review								
Amendment descr	iption (If filing a	n amendment):	Г	Amendment	's NMAC cita	ation (If filing an am	endment):		
		- 1							
Are there any materials incorporated by reference? Please list attachments or Internet sites if applicable.									
Yes No	X								
If materials are att	ached, has copy	right permission be	en received?	Yes	No	Public dor	nain 🗌		
Specific stat	utory or ot	her authority	authorizir	o rulemaki	ina:				
The regular	tions set fort the authorit	h herein are p	romulgated er Subsecti	by the New on E of NMS	Mexico I SA 1978,	Department of Section 9-7-6, 32-5.			
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				-	*				
Notice date(s):	He	earing date(s):		Rule adoption d	ate:	Rule effec	tive date:		
June 21, 202	22	July 26, 2022		10/25/2022		11/08/2	022		

## FILED WITH NEW MEXICO STATE RECORDS CENTER

## **Concise Explanatory Statement For Rulemaking Adoption:**

Findings required for rulemaking adoption:

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Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

Please see the attached Statement of Reasons for Adoption of Proposed Ru Maternal Mortality and Severe Morbidity Review.	ule 7.4.8 NMAC,
Issuing authority (If delegated, authority letter must be on file with ALD):  Name:  Check i	if authority has been delegated
Chris Wasdumd	<u>1</u>
Title:	
Assistant Garal Comel	
Signature: (BLACK ink only OR Digital Signature)	Date signed:
ch./- C/	
	10/25/22