

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

7.27.2.1 ISSUING AGENCY: New Mexico Department of Health (DOH), Epidemiology and Response Division (ERD), Emergency Medical Systems Bureau (EMSB).
[7.27.2.1 NMAC - Rp, 7.27.2.1 NMAC, 12/12/2017]

7.27.2.2 SCOPE: These rules apply to New Mexico emergency medical services, including the service directors and medical directors of those services; approved New Mexico EMS education programs and graduates of approved New Mexico EMS education programs; New Mexico licensed EMS personnel including those previously licensed; persons trained, certified, or licensed in another state or territory seeking to acquire licensure in New Mexico; EMS licensing commission; individuals certified with the national registry of emergency medical technicians; and any other entity associated with the licensing of emergency medical services personnel in New Mexico.
[7.27.2.2 NMAC - Rp, 7.27.2.2 NMAC, 12/12/2017]

7.27.2.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to the following statutory authorities: 1) the New Mexico Department of Health Act, Subsection E of Section 9-7-6 NMSA 1978, which authorizes the secretary of the department of health to “make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions;” and; 2) the Emergency Medical Services Act, Subsection A of Section 24-10B-5 NMSA 1978, which authorizes the department to adopt and enforce licensure requirements by regulation, and Paragraph (3) of Subsection B of Section 24-10B-5 NMSA 1978, which authorizes the department to establish a schedule of reasonable fees for application, examination, licensure and regular renewal thereof.

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

B. Guidelines: In the absence of specific direction in the law or these rules as to the standard of practice, the current national standard for emergency cardiac care (ECC), the national highway traffic safety administration of the United States department of transportation standard curriculum, and the EMT code of ethics, as adopted in 1978 by the national association of emergency medical technicians, shall serve as guidelines.

C. Other law and regulations: These rules are subject to the provisions of the department of health’s 7.1.3 NMAC, “*health records.*”

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

[7.27.2.3 NMAC - Rp, 7.27.2.3 NMAC, 12/12/2017]

7.27.2.4 DURATION: Permanent.

[7.27.2.4 NMAC - Rp, 7.27.2.4 NMAC, 12/12/2017]

7.27.2.5 EFFECTIVE DATE: December 12, 2017, unless a later date is cited at the end of a section.

[7.27.2.5 NMAC - Rp, 7.27.2.5 NMAC, 12/12/2017]

7.27.2.6 OBJECTIVE: These rules will inform the emergency medical services community of licensure requirements for emergency medical services personnel. It is the purpose of these rules to provide for the licensure of emergency medical dispatchers, emergency medical dispatch-instructors, emergency medical services first responders, and emergency medical technicians, and to assist in the provision of a comprehensive system of emergency medical services in the state of New Mexico.

7.27.2.7 DEFINITIONS:

- A.** “**Academy**” means a separately funded emergency medical services education program administered through the department of emergency medicine of the university of New Mexico school of medicine.
- B.** “**Act**” means the Emergency Medical Services Act, Section 24-10B-1, *et seq.*, NMSA 1978.
- C.** “**Advance directive**” means a written instruction, such as a living will, durable power of attorney for health care, or emergency medical services do not resuscitate form recognizable under state law and relating to the provision of health care when an individual is incapacitated.
- D.** “**Advisory committee**” means the statewide emergency medical services advisory committee appointed by the secretary of health.
- E.** “**Ambulance service**” means any provider of ambulance service subject to the jurisdiction of the department of health pursuant to and subject to the jurisdiction of the New Mexico public regulation commission, pursuant to the Ambulance Standards Act, Section 65-6-1, *et seq.*, NMSA 1978, Article XI of the New Mexico Constitution, the Municipal Transit Law Section 3-52-1, *et seq.*, NMSA 1978, and other laws.
- F.** “**Applicant**” means a person who has indicated an intention to gain licensure as an EMS first responder, emergency medical dispatcher, emergency medical dispatcher instructor, or an EMT in the state of New Mexico, as evidenced by submission of the proper fees, documentation, and bureau approved application form.
- G.** “**Approved emergency medical services education program**” means an emergency medical services education program that is sponsored by a post-secondary educational institution, accredited by a national educational accrediting organization for emergency medical services or active in the accreditation process and is approved by the joint organization on education committee and participates in the joint organization on education committee.
- H.** “**Basic emergency medical technician**” or “**EMT-B**” means a provider who has been licensed by the department to provide patient care according to the current scopes of practice.
- I.** “**Bureau**” means the emergency medical systems bureau of the epidemiology and response division of the New Mexico department of health.
- J.** “**Bureau approved**” means any course, form, or official document that has received the approval of the bureau for use in an education or licensure context.
- K.** “**Cardio-pulmonary resuscitation (CPR)**” means training required for licensure that meets the intent of the current national emergency cardiac care (ECC) guidelines for professional rescuers, as approved by the bureau.
- L.** “**Certified emergency medical service**” means an organization that meets minimum standards to provide emergency services and is approved by the bureau, including emergency medical dispatch agencies, pre-hospital or inter-facility care services, and special event services organized to provide emergency medical services.
- M.** “**Contact hour**” means a unit of measurement of 60 minutes of bureau-approved organized learning experience which is designed to meet educational objectives for continuing education.
- N.** “**Commission**” means the New Mexico emergency medical services licensing commission appointed by the secretary of health.
- O.** “**Continuing education**” or “**CE**” means EMS education that is approved by the bureau and is required every two years for renewal of licensure.
- P.** “**Conviction**” means an adjudication of guilt, and does not include a deferred adjudication that results in dismissal of a charge.
- Q.** “**Curriculum**” means a program of study utilizing approved minimum curricula content based on the national standard curriculum for EMS as published by the national highway and traffic safety administration (NHTSA) and approved by the joint organization on education for formal education courses required for EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic.
- R.** “**Department**” means the New Mexico department of health (DOH).
- S.** “**Distance Education - Asynchronous**”, also known as **distributive education** means a method of delivering training and education that does not require an educator and student to interact in real time. This may include computer-based-training and education, self-study modules, recorded broadcasts via satellite, internet, or other media, and other methods of out-of-classroom didactic education that includes an evaluation component.
- T.** “**Distance Education - Synchronous**” means a method of delivering training and education via electronic media that links an educator and students, allowing them to interact in real time despite being in different places. This includes live, instructor interactive satellite broadcasts, or webcasts that allow for live video, audio, or other immediate feedback, and communication between the instructor and the students.

U. “Emergency medical dispatcher” or “EMD” means a person who is trained and licensed pursuant to Subsection G of Section 24-10B-4 NMSA 1978 to receive calls for emergency medical assistance, provide pre-arrival medical instructions, dispatch emergency medical assistance and coordinate its response.

V. “Emergency medical dispatch agency” or “EMDA” means any organization, or a combination of organizations working cooperatively, that routinely accepts calls for emergency medical assistance and employs emergency medical dispatch priority reference system (EMDPRS) techniques.

W. “Emergency medical dispatch priority reference system” or “EMDPRS” means a medically approved reference system used by an emergency medical dispatch agency (EMDA) to dispatch aid to medical emergencies, which includes systematized caller interrogation; systematized pre-arrival instructions to the caller based upon protocols matching the dispatcher’s evaluation of injury or illness severity; and prioritized vehicle response.

X. “Emergency medical services” or “EMS” means the services rendered by licensed providers in response to an individual’s need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury.

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

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

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

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

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

DD. “Graduate license” means a license issued to graduates of a bureau approved EMS education program used for performing EMS duties under supervision and direct observation prior to full licensure. The graduate license shall be valid for a period of up to six months from the date of course completion or until failure of any part of the bureau approved licensing examination.

EE. “Initial licensure” means the first time a person is licensed in New Mexico as an EMD, EMD instructor, EMS first responder, EMT, or subsequent licensure of a previously licensed New Mexico EMT, who has retaken a full curriculum or accomplished re-entry procedures to regain an expired license.

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

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

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

II. “Medical direction” means guidance or supervision provided by a physician to a provider or emergency medical services system and which includes authority over and responsibility for emergency medical dispatch, direct patient care and transport of patients, arrangements for medical control and all other aspects of patient care delivered by a provider.

JJ. “Medical direction committee” means a committee of physicians and EMTs, appointed by the secretary of health to advise the bureau on all matters relating to medical control and medical direction.

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

LL. “Moral turpitude” means conduct contrary to justice, honesty, modesty or good morals including such acts as fraud, theft, sexual assault, and other similar behavior.

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

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

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

PP. “Out-of-state transition course” means a standardized education course required and approved by the bureau for an out-of-state EMT applicant seeking licensure in New Mexico.

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

RR. “**Physician**” means a doctor of medicine or doctor of osteopathy who is licensed or otherwise authorized to practice medicine or osteopathic medicine in New Mexico.

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

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

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

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

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

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

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

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

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

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

CCC. “**State emergency medical services medical director**” means a physician designated by the department to provide overall medical direction to the statewide emergency medical services system, whose duties include serving as a liaison to the medical community and chairing the medical direction committee.

DDD. “**Temporary license**” means a license issued by the department to applicants that are fully licensed in another state or certified with the national registry of EMTs, as determined by the bureau. The temporary license shall be valid for a period of up to six months from the date issued, or until failure of any part of the licensing examination.

[7.27.2.7 NMAC - Rp, 7.27.2.7 NMAC, 12/12/2017]

7.27.2.8 GENERAL LICENSURE:

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

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

C. Eligibility: Initial licensure as an EMD, EMD-I, EMS first responder, or EMT is open to all persons who have met the requirements prescribed in these rules, whether or not they are affiliated with an ambulance service, fire department, rescue service, or other emergency medical service in New Mexico, and irrespective of their monetary remuneration for such service. Applicants for licensure must complete the criminal history background screening process as described at Section 24-10B-5.2 NMSA 1978.

D. The New Mexico registry of emergency medical services personnel: The New Mexico registry of emergency medical services personnel is established and maintained at the bureau. The registry is a database containing contact and other relevant licensure information for all licensed New Mexico EMS licensees.

E. Authorized classifications: There are six classifications of fully licensed EMS provider that are recognized in the New Mexico registry of emergency medical services personnel. The most recently attained level of provider licensure will be shown on the person’s certificate and licensure card. This section does not apply to a

graduate license.

- (1) Emergency medical dispatcher (EMD).
- (2) Emergency medical dispatcher instructor (EMD-I).
- (3) Emergency medical services first responder (EMSFR).
- (4) Emergency medical technician - basic (EMT-B).
- (5) Emergency medical technician - intermediate (EMT-I).
- (6) Emergency medical technician - paramedic (EMT-P).

F. General education standards: New Mexico EMS education programs shall meet the education standards for approval by the joint organization on education and EMS bureau. The joint organization on education and EMS bureau shall periodically evaluate the education standards in each approved EMS education program, which may include an on-site inspection and review for compliance with the standards outlined in this section. Failure to maintain compliance with these standards may result in the loss of the approved program status, as determined by the joint organization on education. The joint organization on education and EMS bureau approved New Mexico EMS education program shall:

- (1) when requested by the bureau or joint organization on education, submit a report to the joint organization on education and the EMS bureau that contains the following elements:
 - (a) number of courses that were instructed by the education program by level of education, i.e., EMS first responder, EMT-basic, EMT-intermediate, EMT-paramedic, EMS instructor-coordinator;
 - (b) pass/fail rate of each course of instruction where students are enrolled to receive course completion certificates, including the name of the course and the name of the instructor-coordinator;
 - (c) aggregate pass/fail rate of each level of EMS instruction where students are enrolled to receive course completion certificates;
 - (d) list of current instructor-coordinators employed with the bureau approved education program;
 - (e) list of new instructor-coordinators employed with the education program over the time period of the report;
 - (f) any changes in the status of any instructor-coordinator;
 - (g) any changes to the EMS curriculum at any level of instruction;
 - (h) summary of any quality improvement activities accomplished during the time period of the report;
 - (i) list of clinical skills required for course completion by level, if applicable;
 - (j) list of satellite campuses; and
 - (k) contact information of key staff with the education program;
- (2) be accredited by a national education accrediting organization for emergency medical services;
- (3) utilize approved minimum curricula content based on the national standard curriculum for EMS as published by the national highway and traffic safety administration (NHTSA) and approved by the joint organization for education committee (JOE);
- (4) have, at a minimum, an administrative director, an EMS medical director, and a lead instructor-coordinator for each EMS licensing or refresher course;
- (5) ensure that an instructor-coordinator is in attendance at all didactic and practical education sessions, with substitution permissible as approved by the joint organization;
- (6) inform the bureau if an instructor/coordinator is terminated due to inappropriate conduct or negligence; the bureau shall be notified by the education program of the termination within 10 working days;
- (7) develop and utilize an instructional quality assurance program to review course and instructor effectiveness; a copy of the quality assurance program shall be provided to the joint organization on education and the EMS bureau; complaints, reports, or course trends may indicate the need for a quality assurance review by the joint organization on education and the EMS bureau;
- (8) submit to the bureau for approval, refresher course curricula that follow the New Mexico refresher course blueprints as outlined in 7.27.2.11 NMAC of these rules, whether the course is conducted by the education program or through a service education agreement, which has been approved by the education program;
- (9) use distributive and distance education for initial formal education courses as deemed necessary by the approved EMS education program, based on the education guidelines provided by the joint organization on education committee;
- (10) review and approve any formal EMS courses and course content that will allow graduates to apply for EMS licensure in the state of New Mexico, prior to delivery by an instructor-coordinator;

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

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

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

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

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

(d) students from approved New Mexico EMS education programs may participate in a field education environment (which includes both clinical and internship experience) within the state of New Mexico; EMS educational programs based out of state must be nationally accredited by an EMS bureau approved accrediting organization, and obtain permission from the EMS bureau and JOE for their students to participate in a field education environment within the state of New Mexico.

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

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

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

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

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

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

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

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

K. Special skills: Special skills, which are all considered advanced life support, are skills outside the usual scope of practice for a level of licensure. EMS services or systems that wish to apply for special skills authorization shall submit a written application as set forth in 7.27.11.10 NMAC. Services or systems may apply for any skill at any level. Personnel who successfully complete a special skills program shall be authorized to utilize advanced skills and drugs only with medical director approval and under the medical control of the EMS system that received the program approval.

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

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

N. Expiration dates: The expiration date for a license is established as March 31 of a given year. The year of initial expiration will depend on what month during the year a person was originally licensed.

(1) The initial licensure period shall begin on January 1 for persons who are licensed during the first six months of a given year. The expiration date for this license will be 27 months later or March 31. All subsequent renewal periods will be for a full 27 month period running from January 1 for twenty-seven months, and ending in March.

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

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

(1) The initial licensing examination shall be completed within twelve months based from the date of course completion. Successful completion of the licensing examination process that results in the issuance of a license shall be completed within 24 months based from the date of course completion. Should a candidate fail to become licensed within 24 months, not complete the initial licensing examination attempt within twelve months of course completion, or fail to successfully complete the bureau approved licensing examination within six attempts, the candidate must complete a new initial education course. The EMS bureau chief or designee may approve an initial licensing testing extension on a case by case basis.

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

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

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

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

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

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

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

and

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

Q. Americans with Disabilities Act: When requested by an applicant who otherwise meets the minimum qualifications, the department shall reasonably accommodate the qualified person with disabilities in the licensure process, in accordance with the Americans with Disabilities Act and other applicable state and federal laws. Persons requiring accommodations must make an advance request at least 30 calendar days prior to the EMS bureau scheduled activity. The request for accommodation shall be forwarded to the bureau for consideration of such an accommodation, to include supporting documentation from the applicant's health care provider and a medical or professional diagnosis.

R. Recognition of out-of-state licensure for emergency incidents and other short term and mission specific situations: During emergency situations and other short term and mission specific situations, the bureau may waive initial licensure requirements for out-of-state EMS personnel based on the following:

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

- (2) an individual or agency shall contact the EMS bureau prior to beginning EMS operations in New Mexico;
 - (3) the individual or agency shall provide evidence (copies) of individual certification or licensure from another state or the national registry;
 - (4) if wildland fire, an individual or agency shall provide a national wildland fire “request for recognition” form;
 - (5) an individual or agency shall provide evidence of written medical protocols and scope of practice; the bureau may restrict the provided scope of practice;
 - (6) the individual or agency shall contact the local EMS system for coordination of services; and
 - (7) the maximum approved time for out-of-state licensure for a specific emergency incident is 30 days and may be renewed on a case by case basis.
- [7.27.2.8 NMAC - Rp, 7.27.2.8 NMAC, 12/12/2017]

7.27.2.9 INITIAL LICENSURE:

A. General: This section specifies requirements for initial licensure. This section applies to all applicants who are graduates of bureau approved EMS education programs. Any person applying for New Mexico licensure from out-of-state, other programs, or with national registry certification shall meet the requirements for licensure described in Section 7.27.2.10 NMAC. Specific time periods apply for EMS licensing examinations, according to Subsection O of 7.27.2.8 NMAC.

B. Recognition: The bureau may legally recognize other states, programs, or the national registry of emergency medical technicians requirements, where accreditation, EMS scope of practice, education standards, certification or licensure standards meet or exceed those of New Mexico.

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

- (1) An applicant for licensure as an EMD shall:
 - (a) be 18 years of age, and be of good character;
 - (b) provide evidence of a current bureau approved CPR certification; or, if physically unable to be CPR certified, provide written documentation of current knowledge and practical applications of CPR, as defined in these rules;
 - (c) successfully complete an EMD education course, which has been approved by the bureau, that meets or exceeds the U.S. department of transportation (USDOT) standards for EMD, within the previous 12 months;
 - (d) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;
 - (e) submit the required application and licensure fees as required by these rules; and
 - (f) provide a valid personal (i.e., non-service or business) address in the application materials.

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

- (3) Upon recognition by the bureau, the person may be fully licensed as an EMD.
- D. Licensed EMD-instructor:** An applicant for licensure as an EMD-instructor shall:
- (1) be a licensed EMT-basic, or higher level of licensure; or, if physically unable to be licensed as an EMT-basic, provide verification of successful course completion from an EMT-B education program;
 - (2) have graduated from high school or possess a general education diploma (GED);
 - (3) be 18 years of age, and be of good character;
 - (4) provide evidence of a current bureau approved CPR certification; or, if physically unable to be certified for CPR, provide written documentation of current knowledge and practical applications of CPR, as defined by these regulations;
 - (5) be currently licensed as an EMD;
 - (6) have successfully completed, within the previous 12 months, an EMD-instructor education course from an EMD program which is approved by the bureau;
 - (7) provide a valid personal (i.e., non-service or business) address in the application

materials;

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

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

- (1) be of good character; and
- (2) be at least 18 years of age; or
- (3) be at least 16 years of age and meet the following requirements:
 - (a) be affiliated with a service, and shall submit a letter of support from the service director;
 - (b) shall notify the bureau, in writing, of any change of service affiliation; and
 - (c) shall submit a notarized parental or guardian consent;
- (4) all applicants shall meet the following requirements:
 - (a) submit a completed, bureau approved license application form;
 - (b) provide evidence of current bureau approved CPR certification;
 - (c) present a certificate of completion from an EMSFR course completed within the previous 24 months at a bureau approved EMS education program;
 - (d) successfully complete the bureau approved EMSFR licensing examination within six attempts; the initial licensing examination shall be completed within twelve months from the date of course completion; successful completion of the licensing examination process that results in the issuance of a license shall be completed within 24 months from the date of course completion;
 - (e) copy of national registry of EMTs emergency medical responder certification card acquired after bureau approved course and examination completion;
 - (f) provide a valid personal (i.e., non-service or business) address in the application materials;
 - (g) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; and
 - (h) pay all licensure fees as required by these rules.

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

- (1) shall be of good character; and
- (2) be at least 18 years old; or
- (3) be at least 17 years of age and meet the following requirements:
 - (a) be affiliated with an EMS service, and shall submit a letter of support from the service director;
 - (b) shall notify the bureau, in writing, of any change of service affiliation; and
 - (c) shall submit a notarized parental or guardian consent;
- (4) all applicants who are graduates of a bureau approved EMS education program may apply for graduate licensing, which allows them to work temporarily under direct supervision, as outlined in 7.27.2.8 NMAC of these rules;
- (5) all applicants applying to be licensed, shall meet the following requirements:
 - (a) submit a completed, bureau approved license application form;
 - (b) provide evidence of current bureau approved CPR certification;
 - (c) present a certificate of completion from an EMT-B course completed at a bureau approved EMS education program, and accomplished within the previous 24 months;
 - (d) successfully complete the bureau approved EMT-B licensing examination within six attempts; the initial licensing examination shall be completed within twelve months based on the date of course completion; successful completion of the licensing examination process that results in the issuance of a license shall be completed within 24 months based on the date of course completion;
 - (e) copy of national registry of EMTs emergency medical technician certification card acquired after bureau approved course and examination completion;
 - (f) provide a valid personal (i.e., non-service or business) address in the application materials;
 - (g) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;
 - (h) pay all licensure fees as required by these rules.

G. Emergency medical technician-intermediate (EMT-I): An applicant for licensure as an EMT-I

shall meet the following requirements:

- (1) be 18 years old, and be of good character;
- (2) submit a completed, bureau approved license application form;
- (3) provide evidence of current bureau approved CPR certification;
- (4) be fully licensed as an EMT-basic;
- (5) present a certificate of completion from an EMT-I course completed at a bureau approved

EMS education program, and accomplished within the previous 24 months;

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

(7) submit a copy of national registry of EMTs advanced emergency medical technician certification card acquired after bureau approved course and examination completion;

(8) provide a valid personal (i.e., non-service or business) address in the application materials;

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

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

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

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

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

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

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

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

(5) present proof of current bureau approved education which meets or exceeds the current national standard for advanced cardiac life support (ACLS) on emergency cardiac care (ECC);

(6) provide a valid personal (i.e., non-service or business) address in the application materials;

(7) pay all licensure fees as required by these rules.

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

(1) submit a certificate of completion from the education program; successful completion of the EMT-P education program must have been accomplished within the previous 24 months;

(2) successfully complete the bureau approved EMT-P licensing examination;

(3) copy of national registry of EMTs paramedic certification card acquired after bureau approved course and examination completion;

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

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

(6) be fully licensed as an EMT-B or EMT I.

J. Surrendering a license in order to downgrade to a lower level of licensure: EMS personnel may petition the bureau to surrender their current license and downgrade to a lower level of licensure per the following:

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

(2) the eligibility and renewal requirements (if doing this at the time of renewal) have been met for the lower EMS level (i.e., CE, CPR, criminal background check, etc.); and

(3) if the provider requests that the downgraded license be upgraded to the original level of licensure, the provider must meet the re-entry requirements to reacquire the original level of licensure in accordance with Subsection L of 7.27.2.11 NMAC of these rules.

[7.27.2.9 NMAC - Rp, 7.27.2.9 NMAC, 12/12/2017]

7.27.2.10 RECIPROCITY:

A. Individuals who are currently licensed or certified in another state may apply for New Mexico EMS licensure as provided in this section. Individuals holding a certification with the national registry of EMTs at

any level must also be licensed/certified by a state or other recognized jurisdictional authority to be eligible for reciprocity, unless otherwise approved by the bureau. The individual shall:

- (1) submit an application for the appropriate licensure level along with a copy of a current state certification/licensure card;
- (2) provide a copy of a current bureau approved CPR certification card;
- (3) if applying for the EMT-P level, provide a copy of current bureau approved education which meets or exceeds the current national standard for advanced cardiac life support (ACLS) on emergency cardiac care (ECC);
- (4) pay the appropriate out-of-state reciprocity fee as required by these rules; there will be no refund of fees, except in unusual circumstances; as determined by the bureau;
- (5) if applying for the EMSFR, EMT-B and EMT-I level, successfully complete a bureau approved transition course for out-of-state applicants, as determined by the EMS bureau;
- (6) successfully complete the New Mexico reciprocity written examination at the appropriate licensure level within three attempts and if, requested by the EMS bureau, successfully demonstrate appropriate practical skills proficiency; the initial state reciprocity examination shall be completed within nine months from the date the application was received at the EMS bureau; successful completion of the examination process that results in the issuance of a NM EMS license shall be complete within 12 months from the date the application was received at the EMS bureau; and
- (7) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules.

B. Additional provisions:

- (1) **Frequency:** an out-of-state reciprocity application for an individual will only be accepted once in a 12 month time period.
- (2) **Temporary licensure:** a reciprocity applicant may be granted a temporary license to practice at the appropriate licensure level for a period of up to six months or until failure of any part of the reciprocity examination, whichever occurs first.
 - (a) while under a temporary license, those applicants seeking full New Mexico licensure at the EMSFR, EMT-B, or EMT-I level shall complete a bureau approved out-of-state transition course and complete the New Mexico reciprocity examination; applicants applying at the EMT-P level shall complete the New Mexico paramedic reciprocity examination;
 - (b) applicants holding a temporary license shall be fully licensed when they have successfully completed New Mexico EMS reciprocity examination at the appropriate licensure level and remit payments of required fees, all applicants are required to keep their out-of-state license or certification current until the New Mexico reciprocity process is successfully completed;
 - (c) temporary licenses issued to out-of-state reciprocity candidates shall only be issued once during a 12 month period;
 - (d) temporary licensure commences on the issue date of the temporary license from the bureau;
 - (e) a temporary license may be issued only upon application and payment of required fees.
- (3) **Seasonal licensure:** an out-of-state EMS caregiver may apply for a seasonal license. A seasonal license will allow the caregiver to provide care at a scope of practice approved by the bureau, not to exceed the New Mexico scope of practice:
 - (a) seasonal licenses issued to applicants for a seasonal license shall be issued once in a 12 month period, unless otherwise determined by the bureau for good cause; the seasonal license is valid for three months from the date of issue, except as otherwise approved by the bureau;
 - (b) the applicant must provide proof of licensure from another state, unless otherwise determined by the bureau;
 - (c) applicants for a seasonal license must show proof of New Mexico medical direction provided by a medical director in accordance with 7.27.3 NMAC, and provide the bureau with the medical director approved protocols;
 - (d) the applicant must submit a completed application with appropriate fees.

[7.27.2.10 NMAC - Rp, 7.27.2. 10 NMAC, 12/12/2017]

7.27.2.11 LICENSURE RENEWAL: All licensed New Mexico EMS providers are required to renew their license every two years. Current renewal documents and information may be obtained from the bureau, website, or by requesting them from the bureau. Individuals renewing their New Mexico EMS provider's license shall submit

verification of the required number of continuing education (CE) hours, as described for each licensure level. Required certification or education, such as *advanced cardiac life support* (ACLS) or cardiopulmonary resuscitation (CPR), may each be used once to fulfill a portion of the CE hour requirement during each two year renewal period. Additional cards may not be used for additional CEs. New Mexico license renewal requirements may not match those of national registry or other states; it is the individual's responsibility to assure their completed CE meets the requirements of other states or the national registry if they want to renew those certifications and licensures. A maximum of one-half of the required number of CEs necessary for renewal for each level may come from asynchronous distance/distributive learning programs as defined later in this rule. This may differ from the requirement for maintaining national registry certification.

A. Receipt of licensure renewal from the EMS bureau: Licensing renewal is the responsibility of each individual licensee. A renewal applicant shall provide a valid personal (i.e., non-service or business) address in the application materials. If an individual licensee fails to notify the bureau of a change of address within one-year from the date of relocation, as determined by the bureau, a bad address fee may be assessed by the bureau. For individuals who have submitted their complete licensure renewal packet to the bureau in a timely manner, the bureau will review the renewal requests in the order they are received.

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

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

(b) they receive their license from the bureau or the bureau website lists the individual as licensed.

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

(3) If an individual licensee is notified that a renewal problem exists with their license, and the license has expired, the individual shall not remain licensed, and their name will be removed from the list of those licensed on the bureau website.

B. Renewal deadlines: Specific renewal requirements must be completed no later than the December 31st that occurs prior to licensure expiration. Required CPR and ACLS certifications and education are exempt from the December 31st deadline and must be current at the time of renewal, unless the renewal applicant is also using the ACLS or CPR certification(s) for CE, at which time the course(s) must have been completed prior to December 31. In order to pay the standard renewal fees, renewal applications must be postmarked or received by the bureau by the last day of February prior to expiration of licensure. Renewal applications postmarked or received after the last day of February, but before March 31, will be accepted but require a higher fee as described later in this rule.

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

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

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

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

D. Audits: The bureau may require full documentation of continuing education, including copies of certification cards, course completion certificates, and any other relevant documents from any individual applying for renewal of their license.

E. Waivers: The licensing commission may, for good cause shown, waive portions of these rules pertaining to licensure renewal pursuant to 7.27.2.14 NMAC of these rules. Persons requesting waivers for licensure renewal shall submit requests in writing to the EMS licensing commission, in care of the bureau.

F. Licensed emergency medical dispatcher (EMD): Renewal for a licensed EMD is required within each licensure period. Documentation must show that all renewal requirements have been completed before the December 31st that occurs prior to expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification is exempt from the December 31st deadline and must be current at the time of renewal, unless the renewal applicant is also using the CPR certification for CE, at which time the course must have been

completed prior to December 31. If the EMD is concurrently licensed as an EMT-B, EMT-I, or EMT-P, the renewal dates for EMD licensure may be adjusted by the bureau to match the renewal dates for the EMT-B, EMT-I, or EMT-P license. The following requirements are necessary for a person to renew their EMD license:

(1) submit copies of course completion certificates or verification showing a minimum of 20 contact hours of CE activity; of which at least 10 hours shall be medical subjects/skills of bureau approved CE activity and 10 hours of dispatch related subjects/skills, unless the EMD is also licensed at the EMT-B, EMT-I, or EMT-P level; the EMD may then use those contact hours of CE activity obtained during the renewal period for the EMT-B, EMT-I, or EMT-P licensure toward the medical renewal requirements;

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

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

G. Licensed emergency medical dispatcher-instructor: Renewal of a licensed EMD-instructor is required within each licensure period. Documentation must show that all renewal requirements have been completed before the December 31st that occurs prior to expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification is exempt from the December 31st deadline and must be current at the time of renewal, unless the renewal applicant is also using the CPR certification for CE, at which time the course must have been completed prior to December 31. The following requirements are necessary for a person to renew their EMD-I license:

(1) submit verification from a bureau approved EMD education program showing that the EMD- instructor is current and in good standing with the approved EMD education program;

(2) submit verification of completion of all EMD CE renewal requirements;

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

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

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

H. Emergency medical services first responder: Renewal of the EMSFR license is required within each licensure period. Documentation must show that all renewal requirements have been completed on or before the December 31st that occurs prior to expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification is exempt from the December 31st deadline and shall be current at the time of renewal, unless the renewal applicant is also using the CPR certification for CE, at which time the course must have been completed prior to December 31. The following requirements are necessary for a person to renew their license:

(1) submit a completed renewal application;

(2) submit verification of a minimum of twenty contact hours of bureau approved CE activity consisting of the following subjects and minimum hours per subject:

(a) preparatory/operations, two hours;

(b) airway and ventilation, three hours;

(c) cardiovascular emergencies, two hours;

(d) medical emergencies, four hours;

(e) trauma emergencies, four hours;

(f) special considerations, five hours, two of which must consist of pediatric content.

(3) provide evidence of current bureau approved cardiopulmonary resuscitation education or certification;

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

(5) submit payment of all licensure renewal fees as required by these rules.

I. Emergency medical technician basic (EMT-B): Renewal of the EMT-B license is required within each licensure period. Documentation must show that all renewal requirements have been completed on or before the December 31st that occurs prior to expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification is exempt from the December 31st deadline and shall be current at the time of renewal, unless the renewal applicant is also using the CPR certification for CE, at which time the course must have been completed prior to December 31. The following requirements are necessary for an EMT-B to renew their license:

- (1) submit a completed renewal application;
- (2) submit verification of a minimum of 40 contact hours of bureau approved CE activity, consisting of the following subjects and minimum hours per subject:
 - (a) preparatory/operations, four hours;
 - (b) airway and ventilation, six hours;
 - (c) cardiovascular emergencies, six hours;
 - (d) medical emergencies, eight hours;
 - (e) trauma emergencies, eight hours;
 - (f) special considerations, eight hours, four of which must consist of pediatric content.
- (3) provide evidence of current bureau approved cardiopulmonary resuscitation (CPR) education or certification;
- (4) provide a statement of verification, signed by the service medical director, that the applicant is competent in all EMT-basic skills listed in the current scopes of practice that require medical direction;
- (5) submit payment of all licensure renewal fees as required by these rules; and
- (6) applicants who have completed a bureau approved EMT-I or EMT-P course or completed appropriate sections of the EMT-I or EMT-P course, as determined by the bureau, may fulfill the CE requirement.

J. Emergency medical technician intermediate (EMT-I): Renewal of the EMT-I license is required within each licensure period. Documentation must show that all renewal requirements have been met on or before the December 31st that occurs prior to expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification is exempt from the December 31st deadline and shall be current at the time of renewal, unless the renewal applicant is also using the CPR certification for CE, at which time the course must have been completed prior to December 31. The following requirements are necessary for an EMT-I to renew their license:

- (1) submit a completed renewal application;
- (2) submit verification of a minimum of 50 contact hours of bureau approved CE activity, consisting of the following subjects and minimum hours per subject:
 - (a) preparatory/operations, four hours;
 - (b) airway and ventilation, six hours;
 - (c) cardiovascular emergencies, six hours;
 - (d) medical emergencies, twelve hours;
 - (e) trauma emergencies, twelve hours;
 - (f) special considerations, ten hours, five of which must consist of pediatric content.
- (3) provide evidence of current bureau approved cardiopulmonary resuscitation (CPR) education or certification;
- (4) provide a statement of verification, signed by the service medical director, that the applicant is competent in all EMT-intermediate skills listed in the current scopes of practice that require medical direction. Persons who are not currently providing care through an EMS provider service and do not have a service medical director may for good cause petition the bureau for designation of inactive status, which will remain in effect until the bureau is notified of the applicant obtaining medical direction. No patient care should be performed until the inactive status is removed;
- (5) submit payment of all licensure renewal fees as required by 7.27.2.13 NMAC of these rules; and
- (6) applicants who have completed a bureau approved EMT-P course or completed appropriate sections of the EMT-P course, as determined by the bureau, may fulfill the continuing education requirement.

K. Emergency medical technician paramedic (EMT-P): Renewal of the EMT-P license is required within each licensure period. Documentation must show that all renewal requirements have been completed on or before the December 31st that occurs prior to the expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification and advanced emergency cardiac care education/advanced cardiac life support (ACLS) certifications are exempt from the December 31st deadline and shall be current at the time of renewal, unless the renewal applicant is also using the ACLS or CPR certification(s) for CE, at which time the course(s) must have been completed prior to December 31. The following requirements are necessary for an EMT-P to renew their license:

- (1) submit a completed renewal application;
- (2) submit verification of a minimum of 60 contact hours of bureau approved CE activity at any level, consisting of the following subjects and minimum hours per subject:

- (a) preparatory/operations, six hours;
- (b) airway and ventilation, eight hours;
- (c) cardiovascular emergencies, ten hours;
- (d) medical emergencies, fourteen hours;
- (e) trauma emergencies, ten hours;
- (f) special considerations, twelve hours, six of which must consist of pediatric

content.

(3) provide a statement of verification, signed by the service medical director, that the applicant is competent in all EMT-paramedic skills listed in the current scopes of practice that require medical direction. Persons who are not currently providing care through an EMS provider service and do not have a service medical director may for good cause petition the bureau for designation of inactive status, which will remain in effect until the bureau is notified of the applicant obtaining medical direction. No patient care should be performed until the inactive status is removed;

(4) submit proof of current bureau approved education which meets or exceeds the current national standards for advanced emergency cardiac care education, or advanced cardiac life support (ACLS) certification;

(5) provide evidence of current bureau approved cardiopulmonary resuscitation (CPR) education or certification; and

(6) submit payment of all licensure renewal fees as required by 7.27.2.13 NMAC of these rules.

L. Re-attaining a license after expiration for all categories: The bureau provides three methods for expired licensees to regain their licensure; reinstatement, re-entry, and re-licensure.

(1) **Reinstatement:** Those persons who have completed the renewal requirements on or before the December 31st cutoff, but failed to renew licensure by March 31st, may renew between April 1st and May 31st of the expiration year. A complete renewal application for reinstatement must be received at the bureau by May 31st. Paperwork postmarked after March 31st will be assessed with an additional late fee (see fees, 7.27.2.13 NMAC).

(2) **Re-entry:** A person whose license is expired, who does not meet the circumstances of Paragraph (1) of Subsection L of 7.27.2.11 NMAC above, but whose date of expiration of the previously held license is less than two years, may re-enter EMS at the previously held or lower level if the person left EMS in good standing and successfully completes the following:

(a) for basic, intermediate and paramedic, complete a minimum of half of the number of hours of bureau approved continuing education at the appropriate level within the twelve months preceding the date of application for re-entry; the number and subjects of CEs must equal a minimum of half of the requirements for renewal of the level for which the individual is applying for, as described herein;

(b) for first responder, complete a minimum of 10 hours of bureau approved continuing education within the twelve months preceding the request for re-entry; the number and subjects of CEs must equal a minimum of half of the requirements for renewal of the first responder level as described herein;

(c) provide evidence of current bureau approved cardiopulmonary resuscitation (CPR) education or education, which may not be used as part of the CE hour requirement;

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

(e) if EMD or EMD-I applicant, provide verification of a minimum of 10 contact hours of bureau approved CE activity, of which 5 hours shall be medical subjects/skills and 5 hours shall be dispatch related subjects/skills of bureau approved CE activity;

(f) if an EMT-P applicant, provide evidence of bureau approved advanced emergency cardiac care education/advanced cardiac life support (ACLS) certification education which may not be used as part of the CE hour requirement; and

(g) submit required application and payment of licensure fees as identified for the appropriate level in 7.27.2.13 NMAC of these rules;

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

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

the requirements of 7.27.2.9 NMAC of these rules.

M. Expiration of licensure: All New Mexico EMS personnel, whose licensure expires on March 31st of any given year, will receive notification of EMS license expiration, and that they are no longer authorized to perform patient care. The bureau will send this notice to the address of record notifying the former licensee of expiration during the first week of April, will remove the former licensee from the bureau website list of licensed personnel, and will notify the national registry of EMTs if applicable.

N. Bureau approved continuing education: Continuing education (CE) credit may be granted for any education that has been approved in advance by the bureau. All individuals or EMS services wishing to grant CE credit to licensed EMDs, EMD-Is, EMSFRs, EMTs, and paramedics in New Mexico shall submit the appropriate documentation to the bureau at least 30 days in advance. Bureau approved CEs must include information that addresses the New Mexico scope of practice. CEs submitted to the bureau for approval after education has been completed may be denied, and will be reviewed for approval or disapproval on a case-by-case basis. Application for CE approval shall be made utilizing the bureau's "notification of intent to conduct a CE program" application form available from the bureau. Information regarding CEs may be found on the bureau website.

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

- (a) to provide exposure to new and current trends in the area of patient care;
- (b) to review areas of patient assessment and management that are not used on a

frequent basis;

- (c) to meet licensure renewal requirements.

(2) **Continuing education categories:** The EMS bureau has adopted the CE category designations similar to those published by many states and national EMS organizations. A more detailed explanation of these categories can be found in the "EMS CE user's guide" available from the bureau. The CE categories are:

(a) preparatory and operations topics: preparatory topics include roles and responsibilities, well-being of the EMT, injury prevention, medical/legal issues, ethics, anatomy/physiology, principles of pathophysiology, principles of pharmacology, IV therapy and medication administration, therapeutic communications; operations topics include ambulance operations, medical incident command, rescue awareness and operations, hazardous materials incidents, crime scene awareness;

(b) airway and ventilation;

(c) cardiovascular emergencies: general topics include treatment of cardiac arrest, post resuscitation care, congestive heart failure, ventricle assist devices, acute coronary syndrome, multi-lead ECG, myocardial infarction, general cardiology, stroke (stroke may also be considered neurology/medical emergency);

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

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

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

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

(a) Classroom instruction: Standard instructor-student relationship in the classroom or field setting.

(b) Pre-approved courses: A list of national and statewide recognized certification courses that are pre-approved for CE credit is found in the CE guide available online and from the bureau. Individuals completing any of these courses need only to submit their course completion certificate or card when renewing their licenses. Courses that are approved by a bureau approved nationally recognized CE course approval entity are, at the discretion of the bureau, pre-approved for credit in New Mexico.

(c) EMS related college courses: Credit may be awarded to individuals who are attending college courses relevant to EMS. Individuals who are interested in receiving credit should submit a copy of their unofficial student transcript and course syllabus. The EMS bureau will determine relevance and the number of CE hours allowed.

(d) Teaching bureau approved courses: Licensed individuals who teach bureau approved courses may receive the same number of CE hours as students who are taking the program; refer to the

"EMS CE user's guide" for a more complete description.

(e) Field or clinical preceptorship: A maximum of 20 hours of CE may be allowed for EMS preceptor activities; documentation of preceptor activities must be on letterhead from an approved New Mexico EMS education institution or EMS service director.

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

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

(h) EMS agency/fire department medical director courses: The medical director may conduct CE courses without a bureau approved CE number. All other requirements for conducting an EMS CE course must be followed, and records must be maintained by the agency/department CE coordinator, including class roster and teaching outlines. CEs submitted as medical director courses must include the physician's signature.

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

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

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

(4) **Record keeping:** Once approval of a CE program is obtained and the course is presented, records of attendance must be maintained. The bureau may audit the CE records of an approved CE program. Attendance records with original signatures of course participants and a copy of any course presentation material must be kept for a minimum of 36 months by the service, for bureau audit purposes.

(a) In order for participating EMS personnel to receive credit, each individual shall be given a certificate, letter of attendance/completion, or copy of course attendance roster and advised to retain it until their licensure renewal. Many EMD Agencies (EMDA) and EMS services have computerized records of their personnel concerning CE. The EMS bureau will recognize CE summary documentation, on letterhead, from EMDA or EMS service directors, education coordinators, medical directors, or CE coordinators with appropriate original signatures.

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

- (i) location and date of the CE program;
- (ii) title and short description of the class or course;
- (iii) number of actual contact hours (half hour increments are acceptable);
- (iv) CE category;
- (v) name of participant;
- (vi) CE coordinator's name with designation "CE coordinator" placed after the name;
- (vii) signature of CE coordinator;
- (viii) the statement: "reviewed and approved by the New Mexico EMS bureau for CE"; and
- (ix) method of delivery (classroom, asynchronous, or synchronous distance program); and
- (x) EMS bureau approval number.

(5) **CE audits for EMS services and personnel:** The bureau may periodically perform

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

- (a) **CE course audit:** this audit evaluates the actual class or course being conducted; the purpose of this audit is to provide written feedback to the instructor on presentation, content, and participant evaluations conducted at the end of the class; this audit is usually unannounced;
- (b) **CE recordkeeping audit:** this audit evaluates the CE program sponsor recordkeeping process; records of prior classes or courses conducted are inspected for completeness and feedback is provided to the CE program sponsor that identify areas for improvement; CE program sponsors will be given at least five days advance notification of these audits; records that will be inspected include:
 - (i) original copies of attendance rosters with the signatures of course participants;
 - (ii) course presentation materials/outlines or learning objectives;
 - (iii) handouts that were given to participants;
 - (iv) any evaluation tools, including written exams or practical skill forms;and
 - (v) CE approval letter or approval numbers;
- (c) **CE complaint audit:** this audit is a preliminary investigation conducted by the EMS bureau based on a complaint concerning falsification of the CE process.

(6) **Refreshers:** The EMS bureau does not require a refresher certificate for renewal, but refresher certificates from approved New Mexico EMS education institutions may be used to satisfy an equivalent number of hours for the CE requirement. The refresher documentation submitted must describe the number of CE hours for each CE category, and the number of synchronous and asynchronous hours that were delivered in the class. If a portion of the refresher was completed in an online or other asynchronous distance/distributive education format, the CE hours will be categorized as asynchronous CE by the bureau, and will count towards the maximum number of asynchronous education. For a formal refresher certificate from entities other than New Mexico approved institutions to be accepted for CEs, the course curriculum must be approved prior to an applicant completing the refresher.

[7.27.2.11 NMAC - Rp, 7.27.2.11 NMAC, 12/12/2017]

7.27.2.12 IDENTIFICATION OF EMS PERSONNEL: Licensed EMDs, EMD- Is, EMSFRs, EMTs, and paramedics will be issued: one license certificate, one license wallet card, and one uniform patch (if available).

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

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

C. Licensed EMDs, EMD-Is, EMSFRs, EMTs, and paramedics shall promptly notify the bureau of any changes of name, address or EMS employment/affiliation status.

D. All volunteer, paid, and career EMS agencies regulated by the PRC or the EMS bureau utilizing EMS caregivers to perform patient care are required to verify the license of any volunteer or career EMS caregiver via direct contact with the EMS bureau or by accessing the bureau's license verification list. National Registry certification does not constitute licensure. Any other organization, business, or individual that employs or otherwise utilizes licensed EMS caregivers to provide medical care utilizing emergency medical dispatchers or emergency medical technicians including paramedics is strongly advised to verify the New Mexico license of the emergency medical dispatchers or emergency medical technicians via direct contact with the bureau or by accessing the bureau's license verification list.

[7.27.2.12 NMAC - Rp, 7.27.2.12 NMAC, 12/12/2017]

7.27.2.13 FEES:

A. Examination, licensure, renewal and assorted fees: The bureau shall charge reasonable fees for the examination, licensure, and renewal of licensed EMS providers in New Mexico, according to the following schedule.

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

(2) Reciprocity and seasonal licensure application fees will apply to individuals applying for

licensure through the reciprocity and seasonal process education.

B. Initial license fees:

DESCRIPTION	IN-STATE APPLICATION FEE	RECIPROCITY & SEASONAL APPLICATION FEE
Licensed EMD	\$25.00	\$50.00
Licensed EMD-instructor	\$35.00	\$70.00
Licensed EMS first responder	\$25.00	\$50.00
Licensed EMT-basic	\$65.00	\$130.00
Licensed EMT-intermediate	\$75.00	\$150.00
Licensed EMT-paramedic	\$85.00	\$170.00

C. Reciprocity & re-entry examination re-test fees:

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

D. Licensure renewal application fees:

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

E. Reinstatement application fees:

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

F. Re-entry application fees-same as March renewal fees:

DESCRIPTION	FEE
Licensed EMD	\$60.00
Licensed EMD-instructor	\$75.00
Licensed EMS first responder	\$60.00
Licensed EMT-basic	\$90.00

Licensed EMT-intermediate	\$120.00
Licensed EMT-paramedic	\$150.00

G. Miscellaneous fees:

DESCRIPTION	FEE
Additional patches-each	Bureau Cost
Replacement licensure card-each occurrence	\$10.00
Bad check fee-each occurrence	\$20.00
National healthcare practitioner query fee-each occurrence as determined by the bureau	\$15.00
Bad address fee-each occurrence, as determined by the bureau	\$20.00

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

I. Payment of fees: State fees shall be made payable to the bureau by check, money order or other bureau approved method of payment. Licensure and examination fees are due and payable at the time of licensure application. Licensure applications will not be processed until payment of the required fees.

J. Waiver of fees: Applicants for licensure under these rules who, for good cause, are unable to pay the licensure fees may petition the bureau for a waiver. Applications for fee waiver under these rules shall be submitted to the bureau in the form of a written letter, and shall document the exact nature of the applicant's inability to pay. Waiver requests shall be submitted to the EMS bureau chief or designee for approval. [7.27.2.13 NMAC - Rp, 7.27.2.13 NMAC, 12/12/2017]

7.27.2.14 ENFORCEMENT:

A. EMS licensing commission:

(1) **Statutory basis:** The emergency medical services licensing commission is established pursuant to Section 24-10B-5.1 NMSA 1978 of the act.

(2) **Duties:** The duties of the commission are to:

(a) provide a forum for the receipt of public comment regarding emergency medical services licensing matters;

(b) oversee the bureau's licensing and enforcement functions;

(c) receive complaints, direct investigations, and authorize the initiation of actions by the bureau regarding contemplated refusal to grant initial licensure and for disciplinary actions against licensees; and

(d) grant waivers, for good cause shown, of regulations pertaining to licensure renewal.

(3) **Organization:** Members of the commission are appointed by the secretary as provided by law.

(a) Commission members shall serve until their successors have been appointed by the secretary.

(b) In the event of a vacancy on the commission by resignation or removal, the bureau shall immediately notify the secretary so as to expedite the appointment of a new commission member. The secretary shall appoint such vacancies.

(c) The commission may recommend to the secretary removal of any commission member for the following reasons:

(i) failing to attend or otherwise participate in two consecutive meetings without a valid reason; or

(ii) any other good cause.

(d) The commission shall elect a chair and vice-chair annually. The term of office begins with the meeting at which the officer is elected.

(e) The bureau shall serve as staff for the commission.

(4) **Commission meetings:** The commission shall meet as needed, but not less than semi-annually.

(a) Commission meetings for receipt of public comment regarding emergency medical services licensing functions and oversight of the bureau's licensure function shall be subject to the Open Meetings Act, Section 10-15-1, *et seq.*, NMSA 1978.

(b) Meetings pertaining to the issuance, suspension, renewal or revocation of a

license, or other personnel matters, are closed meetings as provided by the Open Meetings Act.

(c) A meeting notice resolution, consistent with the provisions of the Open Meetings Act, shall be adopted by the commission and shall be reviewed in November of each year at a regularly scheduled meeting of the commission.

(d) Minutes of meetings shall be taken and maintained in accordance with the Open Meetings Act.

(e) A commission member may attend a meeting of the commission via telephone or other teleconferencing technology, if it otherwise difficult or impossible for the member to attend in person.

(5) **Receipt of public comment:** There shall be an opportunity for receipt of public comment regarding licensure matters, in writing or orally, at each open commission meeting.

(a) Written public comment intended for consideration by the commission shall be mailed to the bureau. The comments must include the person's name, address, and telephone number, if available. Unidentified comments may or may not be considered by the commission.

(b) The commission, upon receipt of public comments, may make an appropriate recommendation to the bureau to take action based on those comments.

(6) **Oversight:** During each regularly scheduled meeting, the bureau will provide a report of its licensure functions to the commission. Commission members may, at any time, request information about licensure functions from the bureau.

B. Complaint/incident procedures: Any person may communicate a written complaint or knowledge of an incident to the bureau or the commission.

(1) When the bureau has knowledge of a complaint that may affect a person's license, it shall notify the chair of the commission as soon as practicable.

(2) Similarly, when the commission has knowledge of a complaint or incident affecting licensure, it shall notify the bureau.

(3) Other complaints, which would not affect licensure, will be directed to, and examined by the bureau.

(4) The bureau shall communicate to the chair or designee its opinion as to whether or not an investigation of the complaint should be initiated.

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

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

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

(a) At the conclusion of the bureau's investigation, the bureau shall report its findings to the commission in a closed meeting at which a majority of commission members participate, either in person or by means of a conference telephone or other similar communications equipment.

(b) The commission, after consideration of the bureau's report, may authorize the initiation of an action by the bureau regarding contemplated refusal to grant initial licensure, or for disciplinary action against a licensee, by a majority vote of commission members participating in the closed meeting. The commission may immediately authorize a cease and desist order or other immediate action, including but not limited to suspension, subject to expedited hearing rights as outlined in Paragraph (5) of Subsection G of 7.27.2.14 NMAC, if it determines that the health and safety of the public would be jeopardized unless the bureau takes action as soon as possible.

(c) The chair of the commission may immediately authorize the initiation of an action by the bureau regarding contemplated refusal to grant initial licensure, or for disciplinary action against a licensee, without consulting the other members of the commission. This immediate action may be used if the chair makes a good faith judgment that the health and safety of the public would be jeopardized unless the bureau takes action as soon as possible. Actions may include cease and desist orders or immediate suspension, subject to expedited hearing rights pursuant to Paragraph (5) of Subsection G of 7.27.2.14 NMAC of these rules. If the chair authorizes the initiation of an action by the bureau, the bureau shall notify each commission member in writing of such action within 10 working days of the initiation of the action.

(d) Upon receipt of authorization from the commission to initiate an action, the bureau may deny, suspend or revoke licensure or take other disciplinary action, in accordance with the provisions of the act, Paragraph (2) of Subsection B of Section 24-10B-5 NMSA 1978 and the Uniform Licensing Act, Sections

61-1-1, *et seq.*, NMSA 1978.

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

(1) **Preliminary investigations:** When the bureau receives information that might form the basis for disciplinary action against a person, it shall begin a preliminary investigation. This is a fact finding, information gathering investigation that will attempt to determine for the commission whether justification exists for the commission to authorize the bureau to initiate an action or to conduct a formal investigation. The results of the preliminary investigation will be presented to the commission.

(2) **Formal investigations:** Formal investigations are authorized by the commission for the purpose of obtaining additional information to allow the commission to determine if it will authorize the bureau to initiate an action. The results of the formal investigation will be presented to the commission. Notice will be given to the person who is the subject of the formal investigation unless extenuating circumstances exist which would reasonably preclude notification.

D. Subpoena authority: In accordance with Subsection C of Section 24-10B-5. 1 NMSA 1978 of the EMS Act and Subsection A of Section 61-1-4 of the Uniform Licensing Act, the EMS licensing commission or the bureau, pursuant to the commissions authorization may, subject to the rules of privilege and confidentiality recognized by law, require the furnishing of information, the attendance of witnesses, and the production of books, records, papers or other objects necessary and proper for the purposes before it, and may take sworn statements of witnesses, including parties.

E. Waivers: The commission, upon good cause or for extenuating circumstances shown by a licensee, may grant a waiver of a specific regulation or regulations pertaining to licensure renewal for that licensee.

(1) A licensee shall demonstrate good cause to the commission by submitting written justification that identifies any extenuating circumstances, to the bureau. The licensee shall include any reasonable supporting documentation to relevant to the request.

(2) The bureau shall distribute the submitted written justification and supporting documentation to the members of the commission prior to their next meeting.

(3) The commission, as soon as practicable, shall determine if good cause exists to grant a waiver by a majority vote of commission members meeting in a closed meeting. To accomplish this, the commission shall evaluate the documentation and, if necessary, review other pertinent documentation requested from the licensee.

(4) The commission may also meet with the licensee at a closed meeting of the commission prior to rendering its decision as to whether good cause exists to grant a waiver.

(5) If the commission grants the waiver to the licensee, it shall direct the bureau to take appropriate action to implement the terms and conditions of the waiver.

(6) A licensee applying for a waiver shall be notified by the bureau of the commission's decision in writing within 20 calendar days of receipt of the commission's decision.

(7) The chair or his designee, with a recommendation from the bureau, may authorize a temporary waiver for licensure renewal, where they feel it may be justified, i.e., loss of employment, pecuniary interests, etc., subject to subsequent commission review and approval.

F. Impaired practitioner program: An EMT who voluntarily self-identifies to the bureau or the impaired practitioner committee that he is experiencing a physical or mental impairment shall be considered for the impaired practitioner program ("diversion program"). Consideration may not result in participation in the diversion program. Also, any impaired-EMT who the bureau, with the advice of the commission, determines may benefit from the impaired practitioner program may be compelled to attend the impaired practitioner committee.

(1) The bureau, with the advice of the commission, may appoint an impaired-EMT rehabilitation committee to organize and administer a program that will:

(a) serve as a diversion program to which the bureau may refer licensees in lieu of, or in addition to, other disciplinary action taken by the bureau under these regulations; and

(b) be a source of referral for EMTs who, on a voluntary basis, desire to avail themselves of treatment for behavioral health based or chemical-dependence impairments.

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

(a) one bureau staff member;

(b) one commission member;

(c) one mental health specialist; and

(d) one physician.

(3) The impaired practitioner committee shall:

(a) arrange evaluations for EMTs who request participation in the diversion

program;

(b) review and designate treatment facilities and services to which EMTs in the diversion program may be referred;

(c) receive and review information concerning the status and progress of participants in the diversion program;

(d) publicize the diversion program in coordination with EMS professional organizations and the bureau; and

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

(4) Each EMT entering the diversion program shall be informed of the procedures applicable to the diversion program, of the rights and responsibilities associated with participation in the diversion program and of the possible consequences of failure to participate in the diversion program. Failure to comply with any treatment requirement of the diversion program may result in termination of the diversion program participation. The bureau shall report termination of diversion program participation to the commission. Participation in the diversion program shall not be a defense against, but may be considered in mitigating any disciplinary action authorized by the commission and taken by the bureau. The commission is not precluded from authorizing the bureau to commence a disciplinary action against an EMT who is participating in the diversion program or has been terminated from the diversion program.

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

(1) upon authorization by the commission, the bureau may suspend, revoke, or refuse to issue any license, or take other disciplinary action, in accordance with the provisions of the EMS Act, Subsection B, Section 24-10B-5, NMSA 1978 and the Uniform Licensing Act, Section 61-1-1, *et seq.*, NMSA 1978, for any of the reasons outlined below;

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

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

(a) misconduct in obtaining licensure;

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

(c) unprofessional conduct, whether committed while on duty or off duty, to include but not limited to, the following:

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

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

(iii) misappropriation of money, drugs or property;

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

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

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

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

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

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

(d) conviction of a felony or a misdemeanor involving moral turpitude, as shown by a record of the court conviction;

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

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

(ii) malpractice;

(iii) incompetence, in performance of pre-hospital emergency medical functions, whether direct patient care or the administration or management of that care. An EMS provider is under

legal duty to possess and to apply the knowledge, skill and care that is ordinarily possessed and exercised by other EMS providers of the same licensure status and required by the generally accepted standards of the profession; the failure to possess or to apply to a substantial degree such knowledge, skill and care constitutes incompetence for purposes of disciplinary proceedings. It shall not be necessary to show that actual harm resulted from the act or omission or series of acts or omissions, so long as the conduct is of such a character that harm could have resulted to the patient or to the public;

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

(f) unauthorized disclosure of medical or other confidential information;
(g) physical or mental incapacity which could result or has resulted in performance of emergency medical service duties in a manner which endangers the health and safety of the patient or others;

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

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

(j) failure to meet licensure requirements;

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

(l) failure to report revocation, suspension, denial, or other adverse actions taken in any other state or jurisdiction affecting the ability to practice emergency medical services;

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

(n) performing duties as a licensed EMT without being licensed by the bureau to perform the authorized scope of practice for a level of licensure, including practicing after expiration of a license;

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

(i) initial licensure;

(ii) renewal licensure;

(iii) licensure certificates, wallet cards; or

(iv) continuing education.

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

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

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

(s) failure to notify the bureau in writing of the entry against the licensee or applicant, at any time in any state or jurisdiction, of either a felony conviction, or a misdemeanor conviction involving the use, dispensation, administration or distribution of a drug, the use of alcohol, sexual contact, or the possession or use of a weapon, within 10 calendar days of the conviction;

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

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

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

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

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

(a) the New Mexico human services department (HSD) shall issue to the bureau a certified list of obligors (meaning persons who have been ordered to pay child support pursuant to a judgment and order for support issued by a district or tribal court) not in compliance with their judgment and order of support;

(b) upon determination by the bureau that the name and social security number of an applicant for licensure, a licensed person, or licensee, appears on the certified list, the bureau shall require that applicants for licensure:

(i) provide a statement of compliance from HSD to the bureau no later than 48 hours prior to scheduled attendance at a state EMS examination site; or
(ii) provide a statement of compliance from HSD to the bureau no later than the close of business, 60 days from the date of the letter of notification; or
(iii) if the applicant fails to provide a statement of compliance, the bureau shall be authorized by the commission to issue a notice of contemplated action to deny the application;
(iv) that persons currently licensed shall provide the bureau with a statement of compliance from HSD by the earlier of the application for licensure renewal or a specified date not to exceed 60 days;

(v) if the licensed person fails to provide the statement of compliance, the bureau shall be authorized by the commission to issue a notice of contemplated action to take appropriate action.

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

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

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

(ii) when an action is taken against an applicant or licensee solely because the applicant or licensed person is not in compliance with a judgment and order for support, the order shall state that the application, license shall be reinstated upon presentation to the bureau of a subsequent statement of compliance.

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

(6) **right to a hearing:** in accordance with the provisions of the Uniform Licensing Act, Sections 61- 1-1, *et seq.*, NMSA 1978, every applicant or person licensed, shall be afforded notice and opportunity for a hearing, before the department shall have authority to take action, the effect of which would be to deny permission to take an examination for licensure for which application has been duly made, or to deny, suspend, or revoke a certification or license, or take other disciplinary action; exception:

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

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

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

(a) **confidentiality:** the commission and the bureau will take every precaution to insure that preliminary and formal investigations are conducted in a confidential manner; if the commission authorizes the bureau to initiate an action, all records not exempt from disclosure under the Inspection of Public Records Act, Sections 14-2-1, *et seq.*, NMSA 1978, will be placed in the licensee's licensing record, if one exists;

(b) **records confidentiality:** any files or records in the possession of the bureau, a regional office or a provider containing identifying information about individuals requesting or receiving treatment or other health services and any unsubstantiated complaints received by the bureau regarding any provider shall be confidential and not subject to public inspection; such files, records and complaints may be subject to subpoena for use in any pending cause, in any administrative proceeding, or in any of the courts of this state, unless otherwise provided by state or federal law.

H. Enforcement of education standards:

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

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

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

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

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

(2) **Complaint/incident procedures:** Any person may communicate a complaint or knowledge of an incident to the bureau. Complaints shall be submitted in signed written form to the bureau. The bureau may begin an investigation if there is sufficient cause.

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

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

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

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

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

(a) **Preliminary investigations:** When the bureau receives information that forms the basis for an enforcement action, it shall begin a preliminary investigation. This is a fact finding, information gathering investigation that will attempt to determine for the bureau whether justification exists to initiate an action or to conduct a formal investigation.

(b) **Formal investigations:** Formal investigations are for the purpose of obtaining additional information to allow the bureau to determine if it will initiate an action. Notice will be given of the formal investigation, unless extenuating circumstances exist which would reasonably preclude notification.

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

(d) **Records:** An official record is maintained for every approved New Mexico EMS education program. If the bureau begins a preliminary or formal investigation, a separate confidential record will be created containing all investigation material. If the bureau initiates an action, all records not exempt from disclosure under the Inspection of Public Records Act, Sections 14-2-1, *et seq.*, NMSA 1978, will be placed in the education program's official record. Any request for records maintained by the bureau will be processed in accordance with the Inspection of Public Records Act.

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

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

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

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

(d) under 7.27.2.14 NMAC, a licensing action may be initiated against an instructor-coordinator when the bureau determines that there may be inappropriate conduct or negligence; grounds for enforcement actions include, but are not limited to the following:

(i) failure to comply with law or rules including but not limited to the failure to properly educate students on the licensure process; failure to comply with the education standards or non-compliance with a education standard found in these rules;

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

(iii) failure to cooperate with an investigation to include failure to furnish

the bureau with requested information, as provided by law;

(iv) failure of students or instructors to function within the approved New Mexico scopes of practice, New Mexico treatment guidelines and the drug formulary, as approved by the medical direction committee;

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

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

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

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

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

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

(10) **Hearing officer duties:** The hearing officer shall preside over the hearing, administer oaths, take evidence, decide evidentiary objections, and rule on any motions or other matters that arise prior to the hearing.

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

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

(13) **Hearing officer written report and recommendation(s):** The hearing officer shall make a written report and recommendation(s) to the secretary containing a statement of the issues raised at the hearing proposed findings of fact and conclusions of law, and a recommended determination. The hearing officer or designee shall record the hearing by means of a mechanical sound recording device provided by the department for a record of the hearing. The hearing officer written report shall be submitted to the secretary no later than 30 working days after the close of the hearing.

(14) **Secretary's determination:** The secretary shall render a final determination within 45 calendar days of the submission of the hearing officer's written report. A copy of the final decision shall be mailed to the appealing party by certified mail, return receipt requested. A copy shall be provided to legal counsel for the bureau.

[7.27.2.14 NMAC - Rp, 7.27.2.14 NMAC, 12/12/2017]

7.27.2.15 HEARINGS:

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

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

C. Scheduling the hearing:

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

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

unless the individual waives this provision.

(3) Notice of hearing: The department shall notify the licensee or applicant of the date, time, and place of the hearing and the identity of the hearing officer, and shall identify the statute(s) and regulation(s) authorizing the department to take the contemplated action (unless previously disclosed), within 20 days of the bureau's timely receipt of the request for hearing. **Exception for immediate suspensions:** In the event that the bureau immediately suspends an individual's license, the department shall notify the individual of the expedited hearing not less than seven days prior to the scheduled date of the expedited hearing.

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

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

E. Excusal of the hearing officer:

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

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

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

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

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

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

J. Minimum discovery; witnesses: The parties shall each disclose to each other and to the hearing

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

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

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

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

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

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

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

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

R. Legal representation: A licensee or applicant may be represented by an attorney licensed to practice in New Mexico, or by a licensed EMT, or both. The department may be represented by a department employee or an attorney licensed to practice in New Mexico, or both.

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

T. Burden of proof: Except as otherwise provided in this rule, the department has the burden of proving by a preponderance of the evidence the basis for the proposed action. Exception in denied application cases: in cases arising from the denial of permission to take a licensing examination for which application has been properly made, denial of a license for any cause other than failure to pass an examination, or denial of a license for which application has been properly made on the basis of reciprocity or endorsement or acceptance of a national certificate of qualification, the applicant shall bear the initial burden of proving by a preponderance of the evidence the applicant's qualifications.

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

- (1) **appearances:** opening of proceeding and taking of appearances by the hearing officer;
- (2) **pending matters:** disposition by the hearing officer of preliminary and pending matters;
- (3) **opening statements:** the opening statement of the department; and then the opening statement of the party challenging the department's action or proposed action;
- (4) **cases:** the department's case-in-chief, and then the case-in-chief of the party challenging the department's action;
- (5) **rebuttal:** the department's case-in-rebuttal;
- (6) **closing argument:** the department's closing statement, which may include legal argument; and then the closing statement of the party opposing the department's action or proposed action, which may include legal argument; and
- (7) **close:** close of proceedings by the hearing officer.

V. Order of presentation in denied application cases: The order of presentation in cases arising from the denial of permission to take a licensing examination for which application has been properly made, denial

of a license for any cause other than failure to pass an examination, or denial of a license for which application has been properly made on the basis of reciprocity or endorsement or acceptance of a national certificate of qualification shall be:

- (1) **appearances:** opening of proceeding and taking of appearances by the hearing officer;
- (2) **pending matters:** disposition by the hearing officer of preliminary and pending matters;
- (3) **opening statements:** applicant's opening statement; and then the opening statement of the department;
- (4) **cases:** the applicant's case-in-chief, and then the department's case-in-chief;
- (5) **rebuttal:** the applicant's case-in-rebuttal;
- (6) **closing argument:** the applicant's closing statement, which may include legal argument; and then the department's closing statement, which may include legal argument; and
- (7) **close:** close of proceedings by the hearing officer.

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

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

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

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

AA Written evidence from witnesses: The hearing officer may admit evidence in the form of a written statement made by a witness, when doing so will serve to expedite the hearing and will not substantially prejudice the interests of the parties.

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

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

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

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

FF. Right to judicial review: Pursuant to Section 39-3-1.1 NMSA 1978, a licensee or applicant who is entitled to a hearing under this rule and who is aggrieved by an adverse final decision may obtain a judicial review of the decision by filing in state district court a notice of appeal within 30 days of the entry of the final decision by the secretary.

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

[7.27.2.15 NMAC - Rp, 7.27.2.15 NMAC, 12/12/2017]

7.27.2.16 CRIMINAL HISTORY SCREENING:

A. Authority; use of criminal history information: The emergency medical services (EMS) bureau is authorized to obtain the criminal history records of applicants and licensees, and to exchange fingerprint data directly with the federal bureau of investigation, department of public safety (DPS) and any other law enforcement agency or organization. The EMS bureau shall require fingerprinting of applicants and licensees for the purposes of this section. Information regarding felonies and misdemeanors involving moral turpitude may form the basis of a denial, suspension or revocation of licensure, and other disciplinary action.

B. Procedure for applicants and licensees:

(1) If an applicant or licensee otherwise meets the application and eligibility requirements, then the bureau shall require the applicant or licensee to submit a request to the federal bureau of investigation, DPS or a DPS designated vendor for a current criminal history screening through the national crime information center ("NCIC"). The applicant or licensee shall undergo the criminal history screening when first applying for either initial or renewal licensure after the effective date of this rule, and every four years thereafter.

(2) The department shall provide applicants and licensees with the department's originating agency identification (ORI) number for the purposes of criminal history screening.

(3) An applicant or licensee shall provide to DPS or a DPS designated vendor a criminal background screening request, fingerprints, and supporting documentation including an authorization for release of information to the department in accordance with the procedures of DPS or the DPS designated vendor.

(4) DPS or the DPS designated vendor will review state records and also transmit the fingerprints to the federal bureau of investigation for a national screening. The results of the screening will be made available to the department for review.

(5) Applicants and licensees shall bear any costs associated with ordering or conducting criminal history screening. Fees are determined by and payable to DPS or a DPS designated vendor. Fees cannot be waived by the department.

(6) The EMS bureau may, within its discretion, waive the criminal history screening requirements of this section for an applicant or licensee who has submitted to, and provided proof of, an equivalent criminal history screening through DPS or through the DPS designated vendor within the previous nine months and was found to have no criminal convictions.

(7) The EMS bureau shall comply with applicable confidentiality requirements of the DPS and the federal bureau of investigation regarding the handling and dissemination of criminal history information.

C. EMS bureau review of criminal history screening information:

(1) The EMS bureau shall conduct a review of applicants and licensees with an associated history of felonies or misdemeanors involving moral turpitude. The bureau may require the submission of additional information in writing from the applicant or licensee in order to determine whether to pursue disciplinary action. Such information may include (but not be limited to) evidence of acquittal or dismissal, information concerning conviction of a lesser included crime, or evidence of rehabilitation.

(2) The Criminal Offender Employment Act, Section 28-2-1 *et seq.*, NMSA 1978 shall govern any consideration of criminal records required or permitted by this section. In accordance with Section 28-2-4 NMSA 1978 of that act, the following provisions shall apply:

(a) **For convictions directly relating to the EMS profession or practice:** If an applicant or licensee has been convicted of a felony or misdemeanor involving moral turpitude, and if that conviction relates directly to the profession or the practice of emergency medical services, the department may deny, suspend, or revoke licensure, or take other disciplinary action, on the basis of the conviction(s). The burden of proof shall rest with the applicant or licensee to prove that he or she has been sufficiently rehabilitated.

(b) **For convictions not directly relating to the EMS profession or practice:** If an applicant or licensee has been convicted of a felony or misdemeanor involving moral turpitude, and if that conviction does not relate directly to the profession or the practice of emergency medical services, the department

may deny, suspend, or revoke licensure, or take other disciplinary action, if the person so convicted has not been sufficiently rehabilitated to warrant the public trust. For purposes of this provision: the burden of proof shall rest with the department to demonstrate non-rehabilitation; and there shall be a rebuttable presumption of sufficient rehabilitation if the applicant or licensee has completed probation or parole supervision, or a period of at least three years has lapsed after final discharge or release from any term of imprisonment without subsequent conviction.

(3) Factors that may be considered by the EMS bureau in determining whether to pursue disciplinary action against a licensee or applicant on the basis of the individual's criminal history may include, but shall not be limited to:

- (a) the total number of convictions;
- (b) the time elapsed since the most recent conviction;
- (c) the circumstances and severity of the crime(s), including whether drugs or violence were involved;
- (d) activities evidencing rehabilitation, including but not limited to completion of probation and completion of drug or alcohol rehabilitation programs;
- (e) any false or misleading statements made by the applicant or licensee in an application or other materials; and
- (f) evidence concerning whether an applicant or licensee poses a risk of harm to the health and safety of patients or the public.

(4) An applicant or licensee whose license is denied, suspended, or revoked, or who is otherwise made the subject of a contemplated disciplinary action based on information obtained in a criminal history background screening, shall be entitled to review the information obtained pursuant to this section and to appeal the decision pursuant to the Uniform Licensing Act, Section 61-1-1 *et seq.*, NMSA 1978, in accordance with department rules.

[7.27.2.16 NMAC - Rp, 7.27.2.16 NMAC, 12/12/2017]

7.27.2.17 REVOCATION

A. Effect of revocation of NM EMS licensure:

(1) Any person whose New Mexico EMSFR, EMT-B, EMT-I, or EMT-P licensure was revoked shall be ineligible to apply for EMSFR, EMT-B, EMT-I, or EMT-P licensure, except as otherwise permitted by this rule section.

(2) Any person whose New Mexico EMD or EMD-I licensure was revoked shall be ineligible to apply for EMD or EMD-I licensure, except as otherwise permitted by this rule section.

(3) A person whose NM EMS licensure was previously revoked cannot utilize the re-entry or reciprocity processes to become relicensed.

B. Application for preliminary approval for licensure after revocation:

(1) A person whose New Mexico licensure was revoked no less than five years ago and whose application for relicensure is prohibited as stated above (hereafter, a "revoked individual") may request preliminary approval for licensure at the first responder, EMT basic or EMD level by submitting a preliminary approval application to the EMS bureau.

(2) A revoked individual who applies for preliminary approval for licensure shall submit all documentation that they wish to be considered in support of the request, including any records to demonstrate rehabilitation. Records that demonstrate rehabilitation are materials that demonstrate that it is likely that the revoked individual will not engage in conduct that is the same or similar to that which resulted in the revocation, and which demonstrate that the revoked individual warrants the public trust.

(3) At all times in this licensure process, the burden shall rest solely with the revoked individual to demonstrate their rehabilitation and their fitness to practice emergency medicine.

(4) The EMS Bureau's receipt of an application for preliminary approval for licensure of an individual whose license was previously revoked shall in no way guarantee that the application will be granted or that the revoked individual will be permitted to apply for licensure.

C. Final decision on application for preliminary approval for licensure after revocation:

(1) The EMS bureau shall review the application for preliminary approval and shall submit that application and any attached materials to the licensing commission for its consideration in the closed session of a regularly scheduled meeting of the commission. The EMS bureau shall make a recommendation to the licensing commission to grant or deny the application, and the commission shall review the application, during a closed meeting at which a majority of commission members participate, either in person or by means of a conference telephone or similar communications equipment. The licensing commission shall authorize the EMS bureau to grant

or deny the application for preliminary approval for licensure by a majority vote of the commission members in attendance.

(2) Upon receiving authorization from the commission to grant or deny an application for preliminary approval for licensure, the bureau may render the final decision via written notice to the applicant.

(3) The bureau's grant or denial of an application for preliminary approval for licensure constitutes the final administrative action on that application, and, except as otherwise provided by law, that decision shall not be subject to any further proceeding or appeal. Nothing in this rule section conveys a right of action to any person with respect to a final decision concerning licensure after revocation, and nothing in this rule generates a right of judicial appeal with respect to that decision.

(4) A revoked individual whose application for preliminary approval for licensure is denied shall be prohibited from applying for licensure, and may not thereafter reapply for preliminary approval for licensure, until the passage of at least three years from the date of the denial.

(5) A revoked individual whose application for preliminary approval for licensure is granted may apply for licensure, and shall complete all applicable requirements of the rule in order to become licensed at this initial level and all subsequent levels of desired licensure.

D. Effect of licensure after revocation: The licensure after revocation process enables a revoked individual to again obtain NM EMS licensure. This licensure does not constitute reinstatement, revival or renewal of a license that was previously issued or revoked. The record of a revoked individual's prior revocation shall remain a part of their EMS licensing file, and shall remain a matter of public record, without regard to the outcome of the preliminary approval process.

[7.27.2.17 NMAC - N, 12/12/2017]

History of 7.27.2 NMAC:

Pre-NMAC History:

Material in this part was derived from that previously filed with the commission of public records - state records center and archives as:

DOH Regulation 9/5/2004 (CHSD), Regulations Governing the Certification and Licensing of Emergency Services Personnel, filed 10/25/1995.

History of Repealed Material: 7 NMAC 27.2, Certification and Licensing of Emergency Medical Services Personnel (filed 11/26/1996) repealed 09/13/2001.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 08/30/2001) repealed 01/01/2006.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 12/16/2005) repealed 12/15/2008.

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

7.27.2 NMAC, Licensing of Emergency Medical Services Personnel (filed 10/15/2012) repealed 8/15/2004.

7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, filed 7/28/2014, repealed 12/12/2017.

Other History:

DOH Regulation 9/5/2004 (CHSD), Regulations Governing The Certification and Licensing of Emergency Medical Services Personnel (filed 10/25/1995), was renumbered and reformatted to and replaced by 7 NMAC 27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel, effective 01/01/1997.

7 NMAC 27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 11/26/1996) was replaced by 7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel, effective 09/13/2001.

7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 08/30/2001) was replaced by 7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel, effective 01/01/2006. 7.27.2 NMAC, Certification and Licensing of Emergency Medical Services Personnel (filed 12/16/2005) was replaced by 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, effective 12/15/2008.

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

7.27.2 NMAC, Licensing of Emergency Medical Services Personnel (filed 10/15/2012) was replaced by 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, effective 8/15/2014.

7.27.2 NMAC, Licensing of Emergency Medical Services Personnel (filed 7/28/2014) was replaced by 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, effective 12/12/2017.

TITLE 7 HEALTH
CHAPTER 27 EMERGENCY MEDICAL SERVICES
PART 6 EMERGENCY MEDICAL SERVICES ADVANCE DIRECTIVES

7.27.6.1 ISSUING AGENCY: New Mexico Department of Health (DOH), Epidemiology and Response Division (ERD), Emergency Medical Systems Bureau (EMSB).
[7.27.6.1 NMAC - Rp, 7.27.6.1 NMAC, 12/12/2017]

7.27.6.2 SCOPE: This regulation applies to all people of New Mexico who have capacity, or by a person duly appointed under a durable power of attorney for health care, physicians, advanced practice nurses, or physician assistants, and emergency medical services personnel.
[7.27.6.2 NMAC - Rp, 7.27.6.2 NMAC, 12/12/2017]

7.27.6.3 STATUTORY AUTHORITY: These regulations are promulgated pursuant to the following statutory authorities:

A. the Department of Health Act, Section 9-7-6. E NMSA 1978, which authorizes the secretary of the department of health to make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions"; and

B. the Emergency Medical Services Act (as amended by Laws of 2003, Chapter 243), Section 24-10B-4I NMSA 1978, which authorizes the department of health to adopt "regulations pertaining to authorization of providers to honor advance directives to withhold or terminate care in certain pre-hospital or inter-facility circumstances, as guided by local medical protocols".

[7.27.6.3 NMAC - Rp, 7.27.6.3 NMAC, 12/12/2017]

7.27.6.4 DURATION: Permanent.
[7.27.6.4 NMAC - Rp, 7.27.6.4 NMAC, 12/12/2017]

7.27.6.5 EFFECTIVE DATE: December 12, 2017, unless a later date is cited at the end of a section.
[7.27.6.5 NMAC - Rp, 7.27.6.5 NMAC, 12/12/2017]

7.27.6.6 OBJECTIVE: These regulations will inform the public and New Mexico emergency medical services providers of the procedures to authorize the use of advance directives in pre-hospital and inter-facility settings.
[7.27.6.6 NMAC - Rp, 7.27.6.6 NMAC, 12/12/2017]

7.27.6.7 DEFINITIONS:

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

B. "**Advanced Practice Nurse**" means a registered nurse who has completed the required education and training and received state of New Mexico approval to practice as a certified nurse midwife or advanced practice registered nurse.

C. "**Authorized health care decision maker**" means a person authorized under a durable power of attorney to make health care decisions on behalf of another, a court-appointed guardian or the parent of a minor or any other person authorized by law to make health care decisions for another.

D. "**Bureau**" means the emergency medical systems bureau of the epidemiology and response division of the department.

E. "**Capacity**" means an individual's ability to understand and appreciate the nature and consequences of proposed health care, including its significant benefits, risks and alternatives to proposed health care and to make and communicate an informed health-care decision.

F. "**Designee**" means a registered nurse, social worker, or other person who is designated and authorized by a physician, advanced practice nurse, or physician assistant to explain an EMS DNR order to a person who may execute the order.

G. "Durable power of attorney" means a document executed according to the provisions of Sections 45-5-501 through 45-5-502 NMSA 1978 of the New Mexico Probate Code, which designates an individual to make health care decisions for the person executing the document, or an advance health-care directive executed according to the provisions of Sections 24-7A-1 through 24-7A-18 NMSA 1978 of the New Mexico Uniform Health-Care Decisions Act, which designates an agent or surrogate to make health care decisions for an individual.

H. "Emergency medical services (EMS)" means the services rendered by emergency medical technicians or certified emergency medical services first responders in response to an individual's need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury.

I. "EMS bracelet" means a bracelet, medallion or some other item of personal wear, approved by the bureau for indicating in a standard, readily-recognizable manner that the person has executed an EMS DNR order.

J. "EMS do not resuscitate (DNR) order" means an order issued by a physician, advanced practice nurse, or physician's assistant, and signed by the person or authorized health care decision maker, on a form approved by the bureau, indicating that resuscitative measures should not be performed.

K. "EMS personnel" means persons currently licensed or certified by the bureau to practice as emergency medical technicians (EMTs) or emergency medical services first responders in New Mexico.

L. "Medical control" means supervision provided by or under the direction of physicians to EMS personnel by written protocol or direct communications.

M. "New Mexico Medical Orders for Scope of Treatment (MOST) form" is a bureau approved advanced healthcare directive/healthcare decision that may be used either in conjunction with or as an alternative to the EMS DNR order; it must be signed by a physician, advanced practice nurse, or physician's assistant and by the patient or patient's healthcare decision maker.

N. "Physician" means a doctor of medicine or doctor of osteopathy licensed or otherwise authorized to practice medicine or osteopathic medicine.

O. "Physician's Assistant (PA)" means a person who has received the education, training and approval from the State of New Mexico to practice as a PA in New Mexico

P. "Pre-hospital setting" means any setting outside of a hospital where EMS personnel are called for assistance, including but not limited to long term care facilities, private homes or during transport.

[7.27.6.7 NMAC - Rp, 7.27.6.7 NMAC, 12/12/2017]

7.27.6.8 EMS DO NOT RESUSCITATE (DNR) ORDER:

A. Execution and duration of an EMS DNR order, including Section A of the MOST form.

(1) Any physician, advanced practice nurse, or PA may execute an EMS DNR order on behalf of any person with capacity, with the person's informed consent. The physician, advanced practice nurse, or PA or designee shall explain to the person the full meaning of the order, the available alternatives, how the order may be revoked, and answer any questions the person may have about the order. The person for whom the order is being executed shall sign the document, as well as the physician, advanced practice nurse, or PA. A registered nurse may sign the EMS DNR or MOST if a verbal order for the EMS DNR or MOST has been received from a physician, advanced practice nurse, or PA; the name of the physician, advanced practice nurse, or PA must be printed beneath the signature.

(2) If the person for whom an EMS DNR order is contemplated has appointed an agent under a durable power of attorney, and the person for whom the DNR order is contemplated lacks capacity, the physician, advanced practice nurse, or PA or designee may discuss the situation with the person's authorized health care decision maker, if any. The physician, advanced practice nurse, PA, or designee shall explain to the authorized health care decision maker the full meaning of the order, the available alternatives, how the order may be revoked, and answer any questions the authorized health care decision maker may have about the order. If the authorized health care decision maker gives informed consent to the order, the decision maker will sign the EMS DNR or MOST, as will the physician, advanced practice nurse, or PA. A registered nurse may sign the EMS DNR or MOST if a verbal order for the EMS DNR or MOST has been received from a physician, advanced practice nurse, or PA; the name of the physician, advanced practice nurse, or PA must be printed beneath the signature.

(3) An EMS DNR or MOST order shall remain in effect indefinitely unless revoked or unless an expiration date is specified in the document.

(4) An EMS DNR or MOST order shall be periodically reviewed by the person for whom the EMS DNR order is executed or by the authorized health care decision maker.

(5) A person for whom an EMS DNR order is executed may choose to wear an optional EMS bracelet indicating the existence of the order.

- B.** Revocation of an EMS DNR or MOST order.
 - (1) An EMS DNR or MOST order may be revoked at any time orally, by executing a subsequent order, or by performing an act which indicates an attempt to revoke the order, such as by burning, tearing, canceling, obliterating or destroying the order or any part of it, by the person on whose behalf it was executed or by the person's authorized health care decision maker.
 - (2) If an EMS DNR or MOST order is revoked, EMS personnel shall initiate appropriate resuscitation measures.
 - C.** Execution and duration of a durable power of attorney.
 - (1) Any adult with decisional capacity may execute a durable power of attorney.
 - (2) A durable power of attorney shall remain in effect indefinitely unless revoked or unless an expiration date is specified in the document.
 - D.** Revocation of a durable power of attorney: a durable power of attorney may be revoked at any time by executing a subsequent durable power of attorney or by performing an act which indicates an attempt to revoke the durable power of attorney, such as by burning, tearing, canceling, obliterating or destroying the document, or any part of it, by the person who executed it. It may also be revoked by an oral statement by the person who executed it.
- [7.27.6.8 NMAC - Rp, 7.27.6.8 NMAC, 12/12/2017]

7.27.6.9 EMS PERSONNEL AND PROCEDURES:

- A.** Authorization of EMS personnel: EMS personnel shall follow EMS DNR orders, MOST form instructions or durable powers of attorney when encountering persons in pre-hospital settings in accordance with these regulations and local EMS medical protocols.
- B.** EMS procedures for verifying EMS DNR orders: EMS personnel shall comply with the following procedures when encountering a possible EMS DNR order:
 - (1) primary assessment - perform initial primary assessment, i.e., assess airway, breathing and carotid pulse;
 - (2) verification of identification - verify by:
 - (a) using a driver's license or other signed photo identification; or
 - (b) identification by a family member; or
 - (c) positive third party identification by someone who knows the person;
 - (3) verification of existence of the appropriately completed MOST form by the steps in Subsection D of 7.27.6.9 NMAC;
 - (4) verification of EMS DNR or MOST order - verify the existence of an EMS DNR or MOST order for the person, using the following indicators:
 - (a) EMS DNR order only: if a valid EMS DNR order is immediately accessible, proceed to Subsection C of 7.27.6.9 NMAC;
 - (b) intact EMS bracelet: if the person is wearing an EMS bracelet that is fully intact and not defaced, proceed to Subsection C of 7.27.6.9 NMAC;
 - (c) non-intact or defaced EMS bracelet with an EMS DNR order: if the person is wearing an EMS bracelet that is not fully intact or is defaced, but an EMS DNR order is immediately accessible, proceed to Subsection C of 7.27.6.9 NMAC;
 - (d) non-intact or defaced EMS bracelet without an EMS DNR order: follow the regular resuscitation protocol and ask family member(s) or others present to locate the EMS DNR order; if the EMS DNR order is located, proceed to Subsection C of 7.27.6.9 NMAC; if the EMS DNR order is not located, continue the regular resuscitation protocol and contact medical control for consultation;
 - (e) no EMS bracelet and no EMS DNR order: if the person is not wearing an EMS bracelet but there are other indications that the person is on DNR status, follow the regular resuscitation protocol and ask family member(s) or others present to locate the EMS DNR order; if the EMS DNR order is located, proceed to Subsection C of 7.27.6.9 NMAC; if the EMS DNR order is not located, continue the regular resuscitation protocol and contact medical control for consultation.
 - (5) if there is any question about the validity of an EMS DNR order or MOST form, or there is any indication of an attempted homicide, initiate resuscitation until such time that the questions have been answered; if possible, contact medical control for consultation.
- C.** EMS procedures for implementing EMS DNR orders or MOST form instructions: if a person has a valid EMS DNR order or MOST form as evidenced by the steps in Subsection B of 7.27.6.9 NMAC, proceed as follows:

(1) for all persons: the following procedures may be initiated for the comfort of the person if they have not been refused by the person or by the authorized health care decision maker:

- (a) administering oxygen by mask or cannula;
- (b) suctioning;
- (c) managing airways except intubation and other advanced airway maneuvers;
- (d) administering analgesics, as authorized by the New Mexico scopes of practice;
- (e) controlling bleeding;
- (f) other care indicated on MOST form if utilized;
- (g) making patient comfortable; and
- (h) comforting family.

(2) for all persons in cardiac or respiratory arrest: - the following procedures shall be withheld:

- (a) external cardiac compressions;
- (b) artificial ventilations, intubation or other advanced airway maneuvers;
- (c) defibrillation/external cardiac pacing;
- (d) administration of cardiac medications; and
- (e) artificial respiration.

(3) if there is any question about the validity of an EMS DNR order, or there is evidence of an attempted homicide or suicide, initiate resuscitation until such time that the questions have been answered; if possible, contact medical control for consultation.

D. EMS procedures for implementing the instructions on the MOST form or other durable powers of attorney:

(1) EMS personnel shall comply with the following procedures when encountering a MOST form, a DNR or advance directive form from any other source, or other durable power of attorney:

- (a) primary assessment - perform initial primary assessment, i.e., assess airway, breathing and carotid pulse;
- (b) verification of identification - verify, using a driver's license or other signed photo identification, by family member's positive identification, or identification by a person who knows the person, that the person is the one who executed the durable power of attorney; verify the identification of the person identified in the durable power of attorney as the authorized health care decision maker; if needed, contact medical control for consultation and then follow that person's instructions as authorized by the MOST form, other DNR form, other advance directive, or durable power of attorney.

(2) if there is any question about the validity of a MOST form, other DNR form, or other durable power of attorney, initiate resuscitation until such time that the questions have been answered; if possible, contact medical control for consultation.

E. Relationship of EMS DNR orders to durable powers of attorney: Where a person has an EMS DNR order and a MOST form or other durable power of attorney, the most recent document shall prevail for EMS treatment only.

[7.27.6.9 NMAC - Rp, 7.27.6.9 NMAC, 12/12/2017]

7.27.6.10 ENFORCEABILITY AND PROGRAM ADMINISTRATION:

A. Enforceability of DNR orders and durable powers of attorney from other states: EMS personnel may honor DNR orders and durable powers of attorney that are executed in another state or jurisdiction in compliance with the laws of that state or jurisdiction, or in compliance with the laws of New Mexico, to the extent the document is not inconsistent with the public policy of New Mexico.

B. Program administration: the bureau shall distribute, or arrange for the distribution of, EMS DNR order forms and relevant information to interested citizens and appropriate health care providers. These materials shall include specific guidance on how to obtain additional forms and the EMS bracelet.

[7.27.6.10 NMAC - Rp, 7.27.6.10 NMAC, 12/12/2017]

HISTORY OF 7.27.6 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the state records center: DOH Regulation 94-10 (CHSD), Regulations Governing EMS Advance Directives For The State Of New Mexico, filed 12/28/94.

History of Repealed Material:

DOH Regulation 94-10 (CHSD), Regulations Governing EMS Advance Directives For The State Of New Mexico (filed 12/28/94) repealed 01/01/06.

7.27.6 NMAC, Emergency Medical Services - Emergency Medical Services Advance Directives, filed 12/16/2005 - repealed effective 12/12/2017.

Other History:

DOH Regulation 94-10 (CHSD), Regulations Governing EMS Advance Directives For The State Of New Mexico (filed 12/28/94) was renumbered, reformatted and replaced by 7.27.6 NMAC, Emergency Medical Services Advance Directives, effective 01/01/06.

7.27.6 NMAC, Emergency Medical Services - Emergency Medical Services Advance Directives (filed 12/16/2005) was replaced by 7.27.6 NMAC, Emergency Medical Services - Emergency Medical Services Advance Directives, effective 12/12/2017.

TITLE 7 HEALTH
CHAPTER 27 EMERGENCY MEDICAL SERVICES
PART 8 CARDIAC ARREST TARGETED RESPONSE PROGRAM

7.27.8.1 ISSUING AGENCY: New Mexico Department of Health (DOH), Epidemiology and Response Division (ERD), Emergency Medical Systems Bureau (EMSB).
[7.27.8.1 NMAC - Rp, 7.27.8.1 NMAC, 12/12/2017]

7.27.8.2 SCOPE: These regulations are applicable to all persons or entities operating an automated external defibrillator (AED) program within the state of New Mexico. The regulations also apply to all AED training organizations, trainers, and trained targeted responders affiliated with an AED Program.

Exemptions: Certain individuals and agencies are exempted from this regulation, as described below:

A. Individuals authorized by physicians: As stated in the Cardiac Arrest Response Act, 24-10C-1 NMSA 1978, nothing precludes a physician or a physician assistant, advanced practice registered nurse or certified nurse-midwife working within that person's scope of practice from prescribing an automated external defibrillator to a patient for use by the patient's caregiver on an individual patient, and the use does not require the individual to function in an approved program.

B. Health care professionals: EMS personnel or other health care professionals, who are authorized by other laws, regulations, and scopes of practice to use and perform defibrillation in the out-of-hospital environment, while performing official duties or within the scope of their employment.

C. Military services, other federal entities, and AED programs on tribal land: The United States department of defense, other federal agencies, AED programs on tribal lands, and the New Mexico department of military affairs are exempt from this rule.

[7.27.8.2 NMAC - Rp, 7.27.8.2 NMAC, 12/12/2017]

7.27.8.3 STATUTORY AUTHORITY: These regulations are promulgated pursuant to the following statutory authorities:

A. The Department of Health Act, Subsection E of Section 9-7-6 NMSA 1978, which authorizes the secretary of the department of health to "make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions".

B. The Cardiac Arrest Response Act, Subsection B of Section 24-10C-4 NMSA 1978, which authorizes the department of health to approve training programs; and.

C. The Emergency Medical Services Act, Subsection M of Section 24-10B-4 NMSA 1978, which authorizes the department of health to adopt "rules to establish a cardiac arrest targeted response program pursuant to the Cardiac Arrest Response Act."

[7.27.8.3 NMAC - Rp, 7.27.8.3 NMAC, 12/12/2017]

7.27.8.4 DURATION: Permanent.

[7.27.8.4 NMAC - Rp, 7.27.8.4 NMAC, 12/12/2017]

7.27.8.5 EFFECTIVE DATE: December 12, 2017, unless a later date is cited at the end of a section.

[7.27.8.5 NMAC - Rp, 7.27.8.5 NMAC, 12/12/2017]

7.27.8.6 OBJECTIVE: The purpose of these regulations is to outline requirements for the New Mexico cardiac arrest targeted response program including: Establishment of a cardiac arrest targeted response program, AED program registration, medical direction, training, notification of local EMS services and public safety answering points, reporting, fees, and bureau responsibilities.

[7.27.8.6 NMAC - Rp, 7.27.8.6 NMAC, 12/12/2017]

7.27.8.7 DEFINITIONS:

A. "Act" means the Cardiac Arrest Response Act, Section 24-10C-1 NMSA 1978.

B. "Advanced life support (ALS)" means advanced pre-hospital and inter-facility care and treatment, including basic and intermediate life support, as prescribed by regulation, which may be performed only

by a person licensed by the bureau and operating under medical control.

C. “AED program” means a program of trained targeted responders that is registered with the department.

D. “Basic life support (BLS)” means pre-hospital and inter-facility care and treatment, as prescribed by regulation, which can be performed by all licensed emergency medical technicians.

E. “Bureau” means the emergency medical systems bureau of the epidemiology and response division of the New Mexico department of health.

F. “Cardiopulmonary resuscitation (CPR)” means the manual application of chest compressions and ventilations to patients in cardiac arrest.

G. “Defibrillation” means the administration of a controlled electrical charge to the heart to restore a viable cardiac rhythm.

H. “Department (DOH)” means the New Mexico department of health.

I. “Emergency Medical Service (EMS)” means the services rendered by licensed emergency medical technicians, emergency medical services first responders or emergency medical dispatchers in response to a person’s need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury.

J. “Protocols” means predetermined, written medical care plans and includes standing orders.

K. “Provider” means a person or entity delivering emergency medical services in New Mexico.

L. “Semi-automated external defibrillation (AED)” means a medical device heart monitor and defibrillator that:

(1) has received approval of its pre-market modification filed pursuant to United States Code, Title 21, Section 360(k), from the United States food and drug administration;

(2) is capable of recognizing cardiac arrest that will respond to defibrillation, ventricular fibrillation or rapid ventricular tachycardia, and is capable of determining whether defibrillation should be performed; and,

(3) upon determining that defibrillation should be performed, automatically charges and is capable of delivering an electrical impulse to an individual’s heart upon activation by the equipment user.

N. “Trained targeted responder” means a person who has completed an authorized AED training program and who uses an AED. A designated trained targeted responder will be responsible for guidance or supervision for the AED program including overseeing all aspects of the defibrillation program. This includes training, emergency medical services coordination, protocol approval, AED deployment strategies, quality assurance and reporting.

[7.27.8.7 NMAC - Rp, 7.27.8.7 NMAC, 12/12/2017]

7.27.8.8 Establishment of an AED program:

A. Purpose: The primary reason for establishing an AED program is to improve response to cardiac defibrillation of a person suffering from sudden cardiac arrest.

B. AED program locations: cardiac arrest targeted response programs may be initiated in any environment where members of the public are encountered.

[7.27.8.8 NMAC - Rp, 7.27.8.8 NMAC, 12/12/2017]

7.27.8.9 AED program requirements: Prior to submitting an application for registration, the designated supervising trained targeted responder shall ensure that the AED program incorporates the following requirements:

A. AED program supervising trained targeted responder shall:

(1) Oversee the AED program, assuming responsibility for how the AED program is planned and conducted.

(2) Select and identify other participating persons as trained targeted responders.

(3) Maintain AED training records for all trained targeted responders while they are active in the program, and for at least three years thereafter.

(4) Maintain AED program records including AED maintenance records, trained targeted responder training records, and AED usage records.

(5) Ensure that all trained targeted responders are trained using a training program which has been approved by the department.

(6) Provide evidence of coordination of the AED program with local EMS services and emergency dispatch agencies, including 911 dispatch agencies.

(7) Register the AED program with the department and pay registration fees, as detailed in

this regulation.

- (8) Report all operational uses of the AED to the department.
- (9) Perform quality assurance review of all operational defibrillations; and.
- (10) Ensure AED equipment is maintained in accordance with the manufacturer's guidelines.

B. Trained targeted responders: Individuals selected by the supervising trained targeted responder that are trained in CPR and use of an AED and understand how to activate the local emergency medical system for any sudden collapse or cardiac arrest victim:

- (1) Prior to participating in an AED program, trained targeted responders shall complete an initial AED training course from a Department approved training program. The course shall include both cardiopulmonary resuscitation (CPR) and AED training.
- (2) At least every two years, trained targeted responders shall recertify in CPR and AED training, by successfully completing a department approved AED training course.
- (3) Activate the emergency medical system during any operational response to a victim of cardiac arrest, and advise that AED is being used.
- (4) Comply with program protocols for operational response to victims of cardiac arrest.
- (5) Report all operational responses to victims of cardiac arrest to the supervising trained targeted responder and complete a defibrillation report. A copy of the report shall be submitted to the department within 20 calendar days.
- (6) Ensure AED's are maintained and used in accordance with the manufacturer's guidelines, and inspect AED equipment at least monthly.

C. Registration: All AED programs shall be registered with the department:

- (1) Initial registration: The initial registration period shall be for a period of four years. The supervising trained targeted responder for the AED program shall complete the application provided by the bureau and submit it to the department, along with the appropriate fees.
- (2) Renewal: AED programs shall renew the AED program every four years, with a renewal application provided by the bureau submitted to the department, along with the appropriate fees.
- (3) Notification of changes in registration: The department shall be notified when there is a:
 - (a) change in AED supervising trained targeted responder;
 - (b) change in physical address or telephone number; or
 - (c) stoppage or cancellation of the AED program.

D. Fees: The bureau shall establish a fee schedule for AED programs. Seventy-five (\$75) dollars shall be paid by the AED program to the department for initial registration. For renewal, AED programs shall pay a fee of fifty (\$50) dollars to the department.

E. Notification: Local EMS services and emergency dispatch agencies shall be notified of the activation and existence of the AED program. The notification shall include the name of the AED program supervising trained targeted responder, location of the program, telephone number, a copy of the program protocols, location of the placement of AED(s), and the operational area where the AED(s) will be used. The local emergency services and dispatch agencies shall also be notified if an existing AED program stops or cancels the AED program.

F. AED Selection and Maintenance:

- (1) AED Selection: AED programs shall acquire and use semi-automated cardiac defibrillators. These devices require the responder to deliver the shock by pushing the shock button. AED programs that want a fully automated defibrillator (analyzes and shocks without operator input) may petition the bureau for a waiver to use an automated defibrillator.
- (2) Maintenance: AED programs shall maintain the AED(s) and associated supplies and batteries in accordance with the manufacturer's suggested guidelines.

G. Record Keeping: Establish and maintain a record keeping system. Include the following information:

- (1) List of trained targeted responders.
- (2) Dates of training for trained Targeted Responders including CPR training and AED training.
- (3) Copy of program protocols.
- (4) Copy of registration and EMS service notification forms.
- (5) AED usage reports/Data collection forms; examples may be obtained from the bureau.
- (6) Quality assurance review documentation.
- (7) AED equipment purchase and maintenance records.

[7.27.8.9 NMAC - Rp, 7.27.8.9 NMAC, 12/12/2017]

7.27.8.10 [RESERVED]

7.27.8.11 Limited Immunity Protections: Limited immunity protections are provided for persons or entities associated with an AED program, as described in the Cardiac Arrest Response Act, 24-10C-7 NMSA 1978. These protections are provided when the AED program is established and operated in accordance with that statute and these regulations.

[7.27.8.11 NMAC - Rp, 7.27.8.11 NMAC, 12/12/2017]

7.27.8.12-15 [RESERVED]

History of 7.27.8 NMAC:

History of Repealed Material:

7.27.8 NMAC, Emergency Medical Services - Cardiac Arrest Targeted Response Program filed 6/16/2000 - repealed effective 12/12/2017.

Other History:

7.27.8 NMAC, Emergency Medical Services - Cardiac Arrest Targeted Response Program (filed 6/16/2000) was replaced by 7.27.8 NMAC, Emergency Medical Services - Cardiac Arrest Targeted Response Program, effective 12/12/2017.

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

7.27.11.1 ISSUING AGENCY: New Mexico Department of Health (DOH), Epidemiology and Response Division (ERD), Emergency Medical Systems Bureau (EMSB).
[7.27.11.1 NMAC - Rp, 7.27.11.1 NMAC, 12/12/2017]

7.27.11.2 SCOPE: These rules apply to New Mexico emergency medical services, including the service directors and medical directors of those services; approved New Mexico emergency medical service (EMS) training programs and graduates of approved New Mexico EMS training programs; New Mexico licensed EMS personnel including those previously licensed; persons trained, certified or licensed in another state or territory, or certified by the national registry of emergency medical technicians, seeking to acquire licensure in New Mexico; EMS licensing commission; and any other entity associated with the licensing of emergency medical services personnel in New Mexico. In the event of a public health emergency that stresses the emergency medical service system and disrupts delivery of medical services, the New Mexico department of health, working with the emergency medical systems bureau, may limit or expand these rules, and may institute certain crisis standards of care, through emergency rulemaking.
[7.27.11.2 NMAC - Rp, 7.27.11.2 NMAC, 12/12/2017]

7.27.11.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to the following statutory authorities: 1) the New Mexico Department of Health Act, Subsection E of Section 9-7-6 NMSA 1978, which authorizes the secretary of the department of health to “make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions,” and; 2) the Emergency Medical Services Act, NMSA 1978, Section 24-10B-4 (“bureau; duties”).
[7.27.11.3 NMAC - Rp, 7.27.11.3 NMAC, 12/12/2017]

7.27.11.4 DURATION: Permanent.
[7.27.11.4 NMAC - Rp, 7.27.11.4 NMAC, 12/12/2017]

7.27.11.5 EFFECTIVE DATE: December 12, 2017, unless a later date is cited at the end of a section.
[7.27.11.5 NMAC - Rp, 7.27.11.5 NMAC, 12/12/2017]

7.27.11.6 OBJECTIVE: These rules are intended to supplement the emergency medical services licensure requirements for emergency medical services personnel, to provide supplemental and additional standards for the licensure of emergency medical dispatchers, emergency medical dispatch-instructors, emergency medical services first responders and emergency medical technicians, and to assist in the provision of a comprehensive system of emergency medical services in the state of New Mexico.
[7.27.11.6 NMAC - Rp, 7.27.11.6 NMAC, 12/12/2017]

7.27.11.7 DEFINITIONS:
[Refer to 7.27.2.7 NMAC]

7.27.11.8 SCOPES OF PRACTICE FOR LICENSED EMERGENCY MEDICAL SERVICES PERSONNEL:

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

B. Prior to approving a new skill, technique, medication, or procedure, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, techniques, medications, or procedures.

C. Service medical director approved: All service medical director approved skills, techniques, medications, or procedures are considered advanced life support. Prior to utilizing any skill, technique, medication

or procedure designated as service medical director approved, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to administer the medications or perform the skills, techniques, medications or procedures. Additionally, each EMS provider must have a signed authorization from the service's medical director on file at the EMS service's headquarters or administrative offices.

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

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

- (1) minor wound cleaning and management;
- (2) cessation of CPR;
- (3) field clearance of the cervical-spine;
- (4) reduction of dislocations resulting from indirect force of the patella, digit, and anterior

shoulder.

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

- (1) education of patients in self-medication administration, and assessment of compliance with physician recommendations for health conditions;
- (2) assessments for preventing falls and other sources of injury by identifying risks in patient homes;
- (3) provide education on disease prevention;
- (4) administering immunizations;
- (5) in collaboration with a healthcare team, assist in developing a care plan, and educate the patient in following the care plan;
- (6) perform in home patient assessments commensurate with level of education and licensure in order to provide information to a care team as to the progress or condition of a patient receiving therapies for medical conditions;
- (7) provide assistance in locating and contacting appropriate providers of needed social services;
- (8) treat discovered acute healthcare issues, transporting to emergency department if necessary;
- (9) for chronic and non-acute issues, confirmed with online medical direction and agreed to by the patient, options other than EMS transport may be considered, including:
 - (a) arrange for non-emergent and non-EMS transportation to and care at an appropriate facility, such as a physician's office or urgent care center;
 - (b) provide referral information and arrange for follow up by appropriate care team members or social service personnel.
- (10) assist with ongoing prescribed wound care.

G. Critical Care Transport services skills: Paramedic critical care transport skills shall be used only by paramedic providers who have successfully completed a bureau approved critical care transport paramedic or critical care flight paramedic course. Subsequent to completing the approved course, the critical care paramedic must successfully complete a bureau administered or approved third party exam within one year. Additionally, the paramedics shall be functioning as part of a ground or air EMS agency with an approved critical care transport special skill and authorized by the agency medical director to utilize these skills. Critical care transport program skills are only authorized for use during inter-facility critical care transport activities, with the exception of air

ambulance agencies providing emergency scene response; or ground critical care agencies requested to a scene by the local authorized and certified 911 response and transport agencies. Critical care transport special skills and medications that may be administered include, but are not limited to any of the below skills and medications; service specific skills and medication requests must be listed on the EMS agency critical care transport special skill application completed per 7.27.11.10 NMAC:

(1) monitoring of infusions including but not limited to anti-arrhythmics, nitrates, vasopressors, blood products, thrombolytics, sedation, pain management and antihypertensive medications that have required titration within the past two hours and may need to have their dosages adjusted during transport;

(2) performance of skills not listed in the paramedic scope of practice, such as but not limited to escharotomy, fasciotomy, insertion of chest tubes, pericardiocentesis, blood administration, and nerve blocks; administration of medications, initiation of infusions, and utilization of routes, not listed on the paramedic scope but requested in the EMS agency's special skill application and approved by the medical direction committee and EMS bureau;

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

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

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

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

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

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

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

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

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

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

(4) OTC medications/products are distributed for the patient's self-administration and use.

EMS caregivers will not administer OTC medications/products, unless approved elsewhere in the scope of practice for specific EMS patient care situations.

J. Licensed emergency medical dispatcher: (EMD).

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

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

(a) Process calls for medical assistance in a standardized manner, eliciting required information for evaluating, advising, and treating sick or injured individuals, and dispatching an appropriate EMS response.

(b) Provide pre-arrival instructions to the patient through the caller when possible and appropriate to do so while functioning in compliance with an emergency medical dispatch priority reference system (EMDPRS).

K. EMS first responders (EMSFR):

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

(a) basic airway management;

(b) use of basic adjunctive airway equipment;

(c) suctioning;

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

(e) obstructed airway management;

(f) bleeding control via direct pressure and appropriate tourniquet use;

(g) spine immobilization;

(h) splinting (does not include femoral traction splinting);

(i) scene assessment, triage, scene safety;

(j) use of statewide EMS communications system;

(k) emergency childbirth;

(l) glucometry;

(m) oxygen;

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

United States Department of Transportation curricula.

(2) **The following require service medical director approval:**

(a) allowable skills:

(i) mechanical positive pressure ventilation utilizing a device that may have controls for rate, tidal volume, FiO₂, and pressure relief/alarm and does not have multiple automatic ventilation modes; this skill includes devices that provide non-invasive positive pressure ventilation via continuous positive airway pressure (CPAP);

(ii) application and use of semi-automatic defibrillators, including cardiac rhythm acquisition for ALS caregiver interpretation or transmission to a care facility; this includes multi-lead documentation;

(iii) hemostatic dressings for control of bleeding;

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

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

(i) nebulized inhalation;

(ii) nasal mucosal atomization (MA);

(iii) intramuscular;

(iv) oral (PO).

(c) allowable drugs:

(i) oral glucose preparations;

(ii) aspirin PO for adults with suspected cardiac chest pain;

(iii) atropine and pralidoxime via IM auto-injection for treatment of chemical or nerve agent exposure;

(iv) albuterol (including isomers) via inhaled administration;

(v) naloxone via nasal mucosal atomizer;

(vi) epinephrine via auto-injection device.

- (d) patient's own medication that may be administered:
 - (i) bronchodilators using pre-measured or metered dose inhalation device;
 - (ii) naloxone, if provided with a nasal MA or IM delivery system.

L. EMT-BASIC (EMT-B):

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

- (a) basic airway management;
- (b) use of basic adjunctive airway equipment;
- (c) suctioning;
- (d) cardiopulmonary resuscitation, according to current ECC guidelines;
- (e) obstructed airway management;
- (f) bleeding control to include appropriate tourniquet usage;
- (g) spine immobilization;
- (h) splinting;
- (i) scene assessment, triage, scene safety;
- (j) use of statewide EMS communications system;
- (k) childbirth (imminent delivery);
- (l) glucometry;
- (m) oxygen;
- (n) other non-invasive procedures as taught in EMT-B courses adhering to DOT

curricula;

- (o) wound management.

(2) The following require service medical director approval:

(a) allowable skills:

- (i) mechanical positive pressure ventilation utilizing a device that may have controls for rate, tidal volume, fraction of inspired oxygen (FiO₂) and pressure relief/alarm and does not have multiple automatic ventilation modes; this skill includes devices that provide non-invasive positive pressure ventilation via continuous positive airway pressure (CPAP);
- (ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA) to include gastric suctioning;
- (iii) application and use of semi-automatic defibrillators, including cardiac rhythm acquisition for ALS caregiver interpretation or transmission to a care facility; this includes multi-lead documentation;

- (iv) acupressure;

heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;

(vi) performing point of care testing; examples include serum lactate values, cardiac enzymes, electrolytes, and other diagnostic values;

- (vii) hemostatic dressings for control of bleeding.

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

- (i) nebulized inhalation;

- (ii) subcutaneous;

- (iii) intramuscular;

- (iv) nasal mucosal atomization (MA);

- (v) oral (PO);

- (vi) intradermal.

(c) allowable drugs:

- (i) oral glucose preparations;

- (ii) aspirin PO for adults with suspected cardiac chest pain;

- (iii) activated charcoal PO;

- (iv) acetaminophen PO in pediatric patients with fever;

- (v) atropine and pralidoxime via IM autoinjection for treatment of

chemical or nerve agent exposure.

- (vi) albuterol (including isomers), via inhaled administration;

- (vii) ibuprofen PO in pediatric or adults to treat fever or pain;

- (viii) ipratropium, via inhaled administration, in combination with or after

albuterol administration;

(ix) naloxone by SQ, IM, or IN route;

(x) epinephrine, 1:1000, no single dose greater than 0.3 ml, subcutaneous or intramuscular injection with a pre-measured syringe (including autoinjector) or 0.3 ml TB syringe for anaphylaxis or status asthmaticus refractory to other treatments.

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

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

(ii) sublingual nitroglycerin for unrelieved chest pain, with on line medical

control only;

(iii) situations may arise involving patients with uncommon conditions

requiring specific out of hospital administered medications or procedures; family members or the designated caregiver trained and knowledgeable of the special needs of the patient should be recognized as the expert regarding the care of the patient; EMS can offer assistance in airway management appropriate to their level of licensure, and administer the patient's prescribed medications where appropriate only if the medication is in the EMS provider's scope of practice; EMS services are not expected to provide the prescribed medications for these special needs patients.

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

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

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

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

M. EMT-INTERMEDIATE (EMT-I):

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

(a) basic airway management;

(b) use of basic adjunctive airway equipment;

(c) suctioning;

(d) cardiopulmonary resuscitation, according to ECC guidelines;

(e) obstructed airway management;

(f) bleeding control including appropriate use of tourniquet;

(g) spine immobilization;

(h) splinting;

(i) scene assessment, triage, scene safety;

(j) use of statewide EMS communications system;

(k) childbirth (imminent delivery);

(l) glucometry;

(m) oxygen;

(n) wound management.

(2) **The following require service medical director approval:**

(a) allowable skills:

(i) mechanical positive pressure ventilation utilizing a device that may have controls for rate, tidal volume, F_{iO_2} , and pressure relief/alarm and does not have multiple automatic ventilation modes; this skill includes devices that provide non-invasive positive pressure ventilation via continuous positive airway pressure (CPAP);

(ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA) to include gastric suctioning;

(iii) application and use of semi-automatic defibrillators, including cardiac rhythm acquisition for ALS caregiver interpretation or transmission to a care facility; this includes multi-lead documentation;

(iv) acupressure;

(v) transport of patients with nasogastric tubes, urinary catheters,

heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;

- (vi) peripheral venous puncture/access;
- (vii) blood drawing;
- (viii) pediatric intraosseous tibial access;
- (ix) adult intraosseous access;
- (x) point of care testing; examples include serum lactate values, cardiac

enzymes, electrolytes, and other diagnostic values;

- (xi) hemostatic dressings for control of bleeding.

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

- (i) intravenous;
- (ii) nasal mucosal atomization (MA);
- (iii) nebulized inhalation;
- (iv) sublingual;
- (v) intradermal;
- (vi) intraosseous;
- (vii) endotracheal (for administration of epinephrine only, under the direct supervision of an EMT-paramedic, or if the EMS service has an approved special skill for endotracheal intubation);
- (viii) oral (PO);
- (ix) intramuscular;
- (x) subcutaneous.

(c) allowable drugs:

- (i) oral glucose preparations;
- (ii) aspirin PO for adults with suspected cardiac chest pain;
- (iii) activated charcoal PO;
- (iv) acetaminophen PO in pediatric patients with fever;
- (v) ibuprofen PO to pediatrics and adults for pain or fever; IV or IM with

online medical direction only.

- (vi) IM autoinjection of the following agents for treatment of chemical or

nerve agent exposure: atropine, pralidoxime;

- (vii) albuterol (including isomers) via inhaled administration;
- (viii) ipratropium, via inhaled administration in combination with or after

albuterol administration;

- (ix) naloxone;
- (x) I.V. fluid therapy (except blood or blood products);
- (xi) dextrose;
- (xii) epinephrine (1:1000), SQ or IM (including autoinjector) for

anaphylaxis and known asthmatics in severe respiratory distress (no single dose greater than 0.3 cc);

- (xiii) epinephrine (1:10,000) in pulseless cardiac arrest for both adult and

pediatric patients; epinephrine may be administered via the endotracheal tube in accordance with most current ACLS and PALS guidelines;

- (xiv) nitroglycerin (sublingual); must have intravenous access established

prior to administration or approval of online medical control if IV access is unavailable;

- (xv) morphine, fentanyl, or dilaudid for use in pain control with approval of

on-line medical control;

- (xvi) diphenhydramine for allergic reactions or dystonic reactions;
- (xvii) glucagon, to treat hypoglycemia in diabetic patients when intravenous

access is not obtainable;

- (xviii) anti-emetic agents, for use as an anti-emetic only;

- (xix) corticosteroids for respiratory illness or allergic reaction;

- (xx) hydroxycobalamine;

- (xxi) lidocaine two percent, preservative and epinephrine free for IV use) for

administration into the intraosseous space on pain responsive adult patients while receiving intraosseous fluids or medications.

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

- (i) bronchodilators using pre-measured or metered dose inhalation device;
- (ii) sublingual nitroglycerin for unrelieved chest pain; must have

intravenous access established prior to administration or approval of online medical control if IV access is unavailable;

(iii) glucagon;

(iv) situations may arise involving patients with uncommon conditions

requiring specific out of hospital administered medications or procedures; family members or the designated caregiver trained and knowledgeable of the special needs of the patient should be recognized as the expert regarding the care of the patient; EMS can offer assistance in airway management appropriate to their level of licensure, IV access, and the administration of the patient's prescribed medications where appropriate only if the medication is in the EMS provider's scope of practice; online (direct contact) medical control communication must be established with the medical control physician approving the intervention; EMS services are not expected to provide the prescribed medications for these special needs patients.

(e) drugs allowed for monitoring during interfacility transport:

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

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

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

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

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

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

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

N. EMT-PARAMEDIC (EMT-P):

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

(a) basic airway management;

(b) use of basic adjunctive airway equipment;

(c) suctioning;

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

(e) obstructed airway management;

(f) bleeding control including the appropriate use of tourniquet;

(g) spine immobilization;

(h) splinting;

(i) scene assessment, triage, scene safety;

(j) use of statewide EMS communications system;

(k) childbirth (imminent delivery);

(l) glucometry;

(m) oxygen;

(n) wound management.

(2) The following require service medical director approval:

(a) **allowable skills:**

(i) mechanical positive pressure ventilation utilizing a device that may have controls for rate, tidal volume, F_{IO_2} , and pressure relief/alarm and has multiple automatic ventilation modes; this skill includes devices that provide non-invasive positive pressure ventilation (including continuous positive airway pressure (CPAP) and bi-level positive airway pressure (BPAP));

(ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA) to include gastric suctioning;

(iii) transport of patients with nasogastric tubes, urinary catheters,

- heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;
- (iv) application and use of semi-automatic defibrillators;
 - (v) acupuncture;
 - (vi) peripheral venous puncture/access;
 - (vii) blood drawing;
 - (viii) I.V. fluid therapy;
 - (ix) direct laryngoscopy for endotracheal intubation and removal of foreign body in patients 13 and older; for patients 12 and under, for removal of foreign body only;
 - (x) endotracheal intubation for patients over the age of 12;
 - (xi) thoracic decompression (needle thoracostomy);
 - (xii) surgical cricothyroidotomy;
 - (xiii) insertion of nasogastric tubes;
 - (xiv) cardioversion and manual defibrillation;
 - (xv) external cardiac pacing;
 - (xvi) cardiac monitoring;
 - (xvii) use of infusion pumps;
 - (xviii) initiation of blood and blood products with on-line medical control;
 - (xix) intraosseous access;
 - (xx) performing point of care testing; examples include serum lactate values, cardiac enzymes, electrolytes, and other diagnostic values;
 - (xxi) hemostatic dressings for control of bleeding;
 - (xxii) vagal maneuvers.
- (b) **administration of approved medications via the following routes:**
- (i) intravenous;
 - (ii) nasal mucosal atomization (MA);
 - (iii) nebulized inhalation;
 - (iv) sublingual;
 - (v) intradermal;
 - (vi) intraosseous;
 - (vii) endotracheal;
 - (viii) oral (PO);
 - (ix) intramuscular;
 - (x) topical;
 - (xi) rectal;
 - (xii) IV drip;
 - (xiii) subcutaneous.
- (c) **allowable drugs:**
- (i) acetaminophen;
 - (ii) activated charcoal;
 - (iii) adenosine;
 - (iv) albuterol (including isomers);
 - (v) amiodarone;
 - (vi) aspirin;
 - (vii) atropine sulfate;
 - (viii) benzodiazepines;
 - (ix) calcium preparations;
 - (x) corticosteroids;
 - (xi) dextrose;
 - (xiii) diphenhydramine;
 - (xiv) epinephrine;
 - (xv) furosemide;
 - (xvi) glucagon;
 - (xvii) hydroxycobalamin;
 - (xviii) ipratropium;
 - (xix) lidocaine;
 - (xx) magnesium sulfate;

- (xxi) naloxone;
- (xxii) narcotic analgesics;
- (xxiii) nitroglycerin;
- (xxiv) nonsteroidal anti-inflammatory drugs (NSAIDS) to pediatric or adult patients with pain or fever;
- (xxv) oral glucose preparations;
- (xxvi) oxytocin;
- (xxvii) phenylephrine nasal spray;
- (xxviii) pralidoxime, IM auto-injection for treatment of chemical and nerve agent exposure;
- (xxix) anti-emetic agents, for use as an anti-emetic only;
- (xxx) sodium bicarbonate;
- (xxxi) thiamine;
- (xxxii) topical anesthetic ophthalmic solutions;
- (xxxiii) vasopressor agents;
- (xxxiv) intravenous fluids.

(3) **Drugs allowed for monitoring during inter-facility transports** (initiated and administered by the sending facility with defined dosing parameters and requiring an infusion pump when given by continuous infusion unless otherwise specified); the infusion may be terminated by the paramedic if appropriate, but if further adjustments are anticipated, appropriate hospital personnel should accompany the patient, or a critical care transport unit should be utilized:

- (a) potassium (no infusion pump needed if concentration not greater than 20mEq/1000cc;
- (b) anticoagulation type blood modifying agents (such as fibrolytic drugs, heparin, glycoprotein IIb-IIIa inhibitors/antagonists);
- (c) tranexamic acid (txa);
- (d) procainamide;
- (e) mannitol;
- (f) blood and blood products (no pump required);
- (g) aminophylline;
- (h) antibiotics and other anti-infective agents;
- (i) sodium nitroprusside;
- (j) insulin;
- (k) terbutaline;
- (l) octreotide;
- (m) nutritional supplements;
- (n) beta blockers;
- (o) calcium channel blockers;
- (p) nesiritide;
- (q) propofol in patients that are intubated prior to transport;
- (r) proton pump inhibitors and H2 antagonists;
- (s) crotalidae polyvalent immune fab (ovine) (“crofab”) crofab may be monitored

during inter-facility transport provided the physician initiated crofab infusion has been running for a minimum of 30 minutes prior to the paramedic initiating the transfer and assuming responsibility for patient care.

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

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

(5) **Skills approved for monitoring in transport:**

- (a) internal cardiac pacing;
- (b) chest tubes.
- (6) **Medications for administration during patient transfer:**
 - (a) retavase (second dose only);
 - (b) protamine sulfate;
 - (c) non-depolarizing neuromuscular blocking agents in patients that are intubated

prior to transport;

- (d) acetylcysteine.
- (7) **Patient's own medication that may be administered:**
 - (a) epoprostenol sodium, treprostinil sodium, or other medications utilized for certain types of pulmonary hypertension;
 - (b) bronchodilators using pre-measured or metered dose inhalation device;
 - (c) sublingual nitroglycerin for unrelieved chest pain; must have intravenous access established prior to administration;
 - (d) glucagon;
 - (e) situations may arise involving patients with uncommon conditions requiring

specific out of hospital administered medications or procedures; family members or the designated caregiver trained and knowledgeable of the special needs of the patient should be recognized as the expert regarding the care of the patient; EMS can offer assistance in airway management appropriate to their level of licensure, IV access, and the administration of the patient's prescribed medications where appropriate only if the medication is in the EMS provider's scope of practice; online (direct contact) medical control communication must be established with the medical control physician approving the intervention; EMS services are not expected to provide the prescribed medications for these special needs patients.

[7.27.11.8 NMAC - Rp, 7.27.11.8 NMAC, 12/12/2017]

7.27.11.9 APPROVED TRAINING PROGRAMS: "Approved emergency medical services training program" means a New Mexico emergency medical services training program that is sponsored by a post-secondary educational institution, is accredited by the national accrediting organization for emergency medical services or active in the accreditation process, and is approved by the joint organization on education (JOE) and participates in the joint organization on education. Currently, there are five approved EMS training programs.

A. Emergency medical services academy. University of New Mexico, (700 Camino De Salud NE., Albuquerque, New Mexico 87106, Tel: 505-272-5757). The EMS academy is designated as the lead training agency for providers in New Mexico as stated in Section 24-10B-12 NMSA 1978. The EMS academy teaches formal EMS education courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic.

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

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

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

E. San Juan college EMS program. (4601 College Blvd; Farmington, NM 87402; 505-566-3857). San Juan College conducts formal EMS education courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic.

F. Santa Fe community college. EMS Program, (6401 Richards Ave, Santa Fe, NM 87508, 505-428-1820) SFCC conducts formal EMS education courses including EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic.

[7.27.11.9 NMAC - Rp, 7.27.11.9 NMAC, 12/12/2017]

7.27.11.10 SPECIAL SKILLS APPLICATION AND REPORTING PROCEDURES:

A. Purpose: Special skills are those skills, procedures, and medications that are requested by an EMS service to enhance emergency treatment capabilities beyond the normal scope of practice, as defined in the Emergency Medical Services Act. Use the enclosed procedures for application, reporting and renewal for special skills. Applications are reviewed and approved or disapproved by the medical direction committee, and once

approved, become a legally recognized addition to the service capabilities.

B. General: All levels of EMS personnel, including licensed EMS first responders and all levels of licensed EMTs are eligible for special skills consideration for any procedure, skill or medication.

C. Application procedure: The EMS service medical director, or his designee, shall coordinate with the EMS service director, and shall apply for special skills to the EMS medical direction committee.

D. Application document: The application document for a special skill must be tailored to the level of the request. While the degree of detail in each section may vary to match the nature of the skill requested, all applications should include the following elements, in order:

(1) application cover page: titled to state the requested special skill, date of application, name of service, service director name and medical director name;

(2) contact information page: must include address and contact information for the service, service director and medical director;

(3) letters of support: must include individual letters of support from the service director and medical director; additional letters of support from the local medical community or evidence of notification of the local medical community may be required; the need for letters of notification and support from the local medical community and who provides the letters must be adjusted to match the nature of the special skill requested;

(4) service description: provide a concise description of the EMS service; this includes such items as basic call demographics relevant to the applicant, level of licensure of providers and names and locations of the primary receiving medical facilities;

(5) description of the special skill: provide a description of the procedure, medication or requested skill; include information on risks, benefits, indications and contraindications;

(6) justification and statement of need: provide a statement explaining why the special skill is needed; this should include a description of the current medical intervention or alternative practice to the special skill and a risk or benefit analysis that supports the special skill requested; the estimated number of potential interventions per year, other relevant statistical data and a statement indicating the level of current scientific information/studies to support the requested special skill; the level of scientific justification can be adjusted to match the level of the special skill requested;

(7) protocol: provide a copy of the treatment protocol; include other operational protocols relevant to the special skill, if applicable;

(8) training: provide a training syllabus; this must include learning objectives and the training hours for initial and continuing education; this section should also include a description of the instructors, how training will be completed, and a description of the method used to initially evaluate the skill; once initial training is completed, a list of trained and approved personnel shall be provided to the medical direction committee; these special skill authorized licensed EMS personnel must appear on the service's personnel list on the *New Mexico EMS tracking and reporting system database*.

(9) QA/QI program: provide a description of the QA/QI process for the special skill, including frequency of evaluation, names and qualifications of the personnel involved in the process; include a copy of the evaluation tool or forms that will be used, if applicable; and

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

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

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

G. Applications must be received at the bureau at least 45 days prior to the next regularly scheduled medical direction committee meeting to be placed on the agenda of that meeting for consideration by the medical direction committee.

H. The medical direction committee shall take action on all special skills applications on the agenda at their regularly scheduled meeting. The medical direction committee may take the following actions on the application: approved with limitations or restrictions, denied or tabled with a request for a formal presentation or additional information by the requesting service medical director or their designee.

I. The medical direction committee may give an approval subject to specific conditions, limitations or restrictions. This may include a written and practical examination.

J. Within 10 working days following the decision of the medical direction committee, the state EMS training coordinator shall provide a written response to the applicant regarding the action of the medical direction

committee.

K. Special skills may not be utilized until receipt of the special skill approval letter from the bureau any specific conditions or limitations will be evidenced in the approval letter from the bureau.

L. Monitoring: It is expected that EMS services with approved special skills will continuously comply with the requirements of their application and approval letter. This includes, but is not limited to, such items as training curricula, approved instructors, quality assurance, protocols and data collection. Any changes to the approved application shall be sent to the state EMS training coordinator for concurrence/coordination with the medical direction committee.

M. The medical direction committee may immediately suspend or revoke special skill privileges for an individual or service that loses medical direction, or fails to comply with the stated requirements, or for any other reason to protect the health and welfare of the people of New Mexico.

N. If a new medical director assumes control of a service with an active special skill program, the bureau shall receive a letter of support from the new medical director within 30 days or the special skill approval may be withdrawn.

O. The service shall maintain a current list of all providers trained and approved to utilize the special skill. This list must be provided to the bureau upon request.

P. Reporting: The service shall provide to the state EMS training coordinator periodic written special skill reports. During the first year, the report shall be due semi-annually, occurring on June 1 and December 1. Subsequent reports shall be due annually on June 1.

Q. Report document: The written special skill report shall include the following minimum elements:

(1) report cover page: titled to state the special skill reported, date, name of service, service director and medical director;

(2) contact information page: shall include address and contact information for the service, service director and medical director;

(3) letters of support: must include individual letters of continued support from the service director and service medical director;

(4) statistics and outcome data: provide data on the utilization and patient outcomes involving the special skill; do not include patient identifiers; all adverse outcomes related to the special skill must be reported;

(5) continuing education: provide evidence of the continuing education program and refresher program;

(6) personnel list: provide a list of all personnel authorized to perform the special skill; these special skill authorized licensed EMS personnel must appear on the service's personnel list required for the *New Mexico EMS tracking and reporting system database*.

(7) QA/QI program: provide evidence of the ongoing QA/QI program;

(8) renewal: during a regularly scheduled meeting, the medical direction committee shall review all ongoing individual special skills programs on their three year anniversary and make a determination on renewal;

(9) if the medical direction committee determines not to provide automatic renewal on an ongoing special skill program, the state EMS training coordinator shall provide a written notification to the service director and the service medical director within 10 working days; and

(10) the special skills program will be placed on the agenda of the next, or subsequent, regularly scheduled meeting of the medical direction committee and final determination regarding renewal will be made.

R. Special skills programs will remain active until a final determination regarding renewal has been made.

S. Special skills application:

(1) general section;

(2) EMS service name;

(3) address;

(4) service chief/director;

(5) contact phone number;

(6) physician medical director;

(7) physician/medical director contact phone number;

(8) special skill proposed;

- (9) level of licensure necessary for special skill;
 - (10) estimated number of personnel to be trained;
 - (11) estimated date of initial training;
 - (12) training/quality assurance;
 - (13) describe or identify the curriculum, including learning objectives, training hours, etc.;
 - (14) please identify the lead instructor and provide a brief summary of their qualifications or attach a resume;
 - (15) resumes required for new instructors;
 - (16) if training/experience is required, provide a letter of commitment from the supporting institution;
 - (17) describe or attach a proposed continuing education plan;
 - (18) attach a description of quality assurance plan, including periodic case reviews and ongoing problems;
 - (19) identification and steps for remedial action if necessary;
 - (20) signatures: person completing the application, service chief/service director and medical director;
 - (21) submit 10 copies of the application in its entirety to: EMS bureau, state EMS training coordinator, (1301 Siler Rd., Building F, Santa Fe, NM 87507);
 - (22) submit one copy to the regional office.
- [7.27.11.10 NMAC - Rp, 7.27.11.10 NMAC, 12/12/2017]

7.27.11.11 EMS PERSONNEL JOB DESCRIPTIONS:

A. Introduction: The bureau is providing the following general position description for the New Mexico EMS provider positions for first responder, EMT-basic, EMT-intermediate, and EMT-paramedic. It is the ultimate responsibility of an employer to define specific job descriptions within each EMS service.

- B. Qualifications:**
- (1) successfully complete a recognized training course from an approved EMS training institution;
 - (2) possess a valid course completion certificate, and accomplish all state licensure examination application requirements;
 - (3) additionally, applicants shall meet all established requirements for initial licensing as identified by the current EMS licensure regulations;
 - (4) a copy of these regulations is available through the EMS bureau;
 - (5) generally, the knowledge and skills required demonstrate the need for a high school education or equivalent;
 - (6) ability to communicate verbally; via telephone and radio equipment;
 - (7) ability to lift, carry, and balance up to 125 pounds (250 pounds with assistance);
 - (8) ability to interpret written, oral, and diagnostic form instructions;
 - (9) ability to use good judgment and to remain calm in high-stress situations;
 - (10) ability to work effectively in an environment with loud noises and flashing lights;
 - (11) ability to function efficiently throughout an entire work shift;
 - (12) ability to calculate weight and volume ratios and read small English print, both under life threatening time constraints;
 - (13) ability to read and understand English language manuals and road maps;
 - (14) accurately discern street signs and address numbers;
 - (15) ability to interview patient, family members, and bystanders;
 - (16) ability to document, in writing, all relevant information in a prescribed format;
 - (17) ability to converse orally and in written form in English with coworkers and hospital staff as to status of patient;
 - (18) good manual dexterity, with ability to perform all tasks related to the highest quality of patient care;
 - (19) ability to assume a variety of postural positions to carry out emergency and non-emergency patient care, including light extrication; from crawling, kneeling, squatting, twisting, turning, bending, to climbing stairs and ladders, and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture; and
 - (20) ability to work in low light, confined spaces and other dangerous environments.

C. Competency areas:

(1) **Licensed EMS first responder:** Must demonstrate competency handling emergencies utilizing all basic life support equipment and skills in accordance with all behavioral objectives of the approved New Mexico curriculum of first responder, to include the ability to demonstrate competency for all skills and procedures currently approved for the first responder, as identified by the current scope of practice document.

(2) **Emergency medical technician-basic:** Must demonstrate competency handling emergencies utilizing all basic life support equipment and skills in accordance with all behavioral objectives of the approved New Mexico curriculum of EMT-basic, and to include the ability to demonstrate competency for all skills and procedures currently approved for the EMT-basic, as identified by the current scope of practice document.

(3) **Emergency medical technician-intermediate:** Must demonstrate competency handling emergencies utilizing all basic life support and intermediate life support equipment and skills in accordance with all behavioral objectives of the approved New Mexico curriculum of EMT-intermediate, and to include the ability to demonstrate competency for all skills and procedures currently approved for the EMT-intermediate, as identified by the current scope of practice document.

(4) **Emergency medical technician-paramedic:** Must demonstrate competency handling emergencies utilizing all basic life support and advanced life support equipment and skills in accordance with all behavioral objectives of an approved New Mexico curriculum of EMT-paramedic, and to include the ability to demonstrate competency for all skills and procedures currently approved for the EMT-paramedic, as identified by the current scope of practice document.

D. Description of tasks for all EMS levels:

(1) Receives call from dispatcher, responds verbally to emergency calls, reads maps, may drive emergency vehicle to emergency site, uses most expeditious route, and observes traffic ordinances and regulations.

(2) May use equipment and other devices and procedures as authorized by level of licensure and scope of practice.

(3) Assists in lifting, carrying, and transporting patient to an ambulance and to a medical facility.

(4) Reassures patients and bystanders and searches for medical identification emblem to aid in care.

(5) Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radio dispatcher for additional assistance or services, provides light rescue service if required and trained, provides additional emergency care following service established protocols.

(6) Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene.

(7) Determines appropriate facility to which patient will be transported, report nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department staff.

(8) Observes patient in route and administers care as directed by physician or service-established protocols.

(9) Identifies diagnostic signs that require communication with facility.

(10) Assists in removing patient(s) from ambulance and into emergency facility.

(11) Reports verbally, and in writing, observations about and care of patient at the scene, en-route to facility, and to the receiving facility. Written reports shall be completed for all patient interactions, which include any visual, verbal, or physical patient contact, by the most appropriate EMS caregiver, whether or not the patient was transported to a facility, including patient refusals.

(12) Provides assistance to emergency department staff as required.

(13) Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure, maintains familiarity with all specialized equipment.

[7.27.11.11 NMAC - Rp, 7.27.11.11 NMAC, 12/12/2017]

HISTORY OF 7.27.11 NMAC: [RESERVED]

History of Repealed Material:

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

7.27.11 NMAC, Emergency Medical Services - Supplemental Licensing Provisions filed 7/28/2014 - repealed

effective 12/12/2017.

Other History:

7.27.11 NMAC, Emergency Medical Services - Supplemental Licensing Provisions (filed 7/28/2014) was replaced by 7.27.11 NMAC, Emergency Medical Services - Supplemental Licensing Provisions, effective 12/12/2017.

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

7.27.13.1 ISSUING AGENCY: New Mexico Department of Health (DOH), Epidemiology and Response Division (ERD), Emergency Medical Systems Bureau (EMSB).
[7.27.13.1 NMAC - Rp, 7.27.13.1 NMAC, 12/12/2017]

7.27.13.2 SCOPE: These rules apply to New Mexico acute care hospitals that seek to be accredited or become accredited as an acute stroke capable center, primary stroke center, or comprehensive stroke center by the joint commission or another nationally recognized accrediting body.
[7.27.13.2 NMAC - Rp, 7.27.13.2 NMAC, 12/12/2017]

7.27.13.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to the following statutory authorities: 1) the New Mexico Department of Health Act, Subsection E of Section 9-7-6 NMSA 1978, which authorizes the secretary of the department of health to “make and adopt such reasonable and procedural rules and regulations as may be necessary to carry out the duties of the department and its divisions,” and; 2) the Public Health Act, Section 24-1-34 NMSA 1978 (“primary stroke centers; comprehensive stroke centers; acute stroke capable centers; department certification; rulemaking”).
[7.27.13.3 NMAC - Rp, 7.27.13.3 NMAC, 12/12/2017]

7.27.13.4 DURATION: Permanent.
[7.27.13.4 NMAC - Rp, 7.27.13.4 NMAC, 12/12/2017]

7.27.13.5 EFFECTIVE DATE: December 12, 2017, unless a later date is cited at the end of a section.
[7.27.13.5 NMAC - Rp, 7.27.13.5 NMAC, 12/12/2017]

7.27.13.6 OBJECTIVE: These rules are intended to establish the requirements necessary for acute care hospitals to be certified by the department as an acute stroke capable center, primary stroke center, or comprehensive stroke center. Additionally, the rule intends to identify incentives for participation in a stroke registry, as well as assist and encourage stroke centers to enter into coordinated care agreements with other health care facilities throughout the state to provide appropriate access to care for stroke patients.
[7.27.13.6 NMAC - Rp, 7.27.13.6 NMAC, 12/12/2017]

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

A. “Accredited” means a process of validation by the joint commission or any other nationally recognized accrediting body recognized by the department.

B. “Accrediting body” means an independent, not-for-profit entity, recognized nationally and by the DOH, that evaluates hospitals for, and addresses crucial elements in, operations regarding patient care and related aspects.

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

D. “Bureau” means the emergency medical systems bureau of the epidemiology and response division of the New Mexico department of health.

E. “Certified” means a formal determination by the department that an acute care facility has met the standards necessary for joint commission or any other nationally recognized accrediting body accreditation, including functioning in a stroke care system, and capable of providing special resources and care as an acute stroke capable, primary, or comprehensive center.

F. “Department (DOH)” means the New Mexico department of health.

G. “Emergency Medical Service (EMS)” means the services rendered by licensed emergency medical technicians, emergency medical services first responders or emergency medical dispatchers in response to a

person's need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury.

H. "Recognized" means written acknowledgement by the bureau.

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

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

K. "Stroke center" means an acute care hospital with a group of medical caregivers that have specific education and resources to diagnose and treat stroke; three levels of stroke centers - acute stroke capable, primary, and comprehensive - are accredited by the joint commission or any other nationally recognized accrediting body based on the capability of stroke care by the acute care hospital.

[7.27.13.7 NMAC - Rp, 7.27.13.7 NMAC, 12/12/2017]

7.27.13.8 STROKE REGISTRY:

A. Funding for data submission:

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

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

B. Data platform: The department of health shall approve a single data platform, to which data is submitted by each hospital, and maintain a statewide stroke database that compiles information and statistics on stroke care through this data platform.

[7.27.13.8 NMAC - Rp, 7.27.13.8 NMAC, 12/12/2017]

7.27.13.9 ACUTE STROKE CAPABLE, PRIMARY, OR COMPREHENSIVE STROKE CENTER CERTIFICATION: The department shall certify an acute care hospital as a primary stroke center, comprehensive stroke center, or acute stroke capable center if that hospital has been accredited as an acute stroke capable center, primary stroke center, or comprehensive stroke center. The department shall post information regarding certification on the department's web site. If a hospital loses its national accreditation as a stroke center, the secretary shall revoke the hospital's certification.

[7.27.13.9 NMAC - Rp, 7.27.13.9 NMAC, 12/12/2017]

7.27.13.10 STROKE SYSTEM DEVELOPMENT AND IMPROVEMENT: To every extent possible, the department of health emergency medical systems bureau will:

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

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

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

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

(3) assuring that data reported under Section 7.27.13.8 NMAC shall be made available to requesting entities that have responsibility for the management and administration of services that provide prehospital and acute hospital care of stroke patients.

C. Work in coordination with all local and regional emergency medical services authorities statewide on the development of pre-hospitalization protocols related to the assessment, treatment and transport of stroke patients by licensed emergency medical services providers. These protocols shall include, at a minimum, plans for the triage and transport of stroke patients to the closest comprehensive or primary stroke center or, when

appropriate, to an acute stroke capable center.
[7.27.13.10 NMAC - Rp, 7.27.13.10 NMAC, 12/12/2017]

HISTORY OF 7.27.13 NMAC: [RESERVED]

History of Repealed Material:

7.27.13 NMAC, Emergency Medical Services - Certification of Stroke Centers filed 7/28/2014 - Repealed effective 12/12/2017.

Other History:

7.27.13 NMAC, Emergency Medical Services - Certification of Stroke Centers (filed 7/28/2014) was replaced by 7.27.13 NMAC, Emergency Medical Services - Certification of Stroke Centers, effective 12/12/2017.

Transmittal Form

Volume: Issue: Publication Date: Number of pages: (ALD Use Only) Sequence No.

Issuing agency name and address: Agency DFA code:

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Type of rule action: New Amendment Repeal Repeal/Replace Renummer Emergency (ALD Use Only) Most Recent Filing Date:

Title number: Title name:

Chapter number: Chapter name:

Part number: Part name:

Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment):

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Notice date(s): Hearing date(s): Rule Adoption date: Rule Effective date:

Specific statutory or other authority authorizing rulemaking:

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Page number ___ of ___ for Findings required for rulemaking adoption.

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Your agency must complete the following:

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Provide the total number of pages of the paper version of the new rule, amendment, repeal or repeal and replacement document. [Note: Do **not** include transmittal form, billing sheet, PO, etc.](#)

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[Chapter 30](#) [Wildlife Administration](#)

[Part 14](#) [Aquatic Invasive Species.](#)

Description of Amendment: (if amending) [Example: "Amending three sections".](#)

Amendment's NMAC citation: (if amending) [Example: Sections 9 and 18 of 7.1.13 NMAC.](#)

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Title number: Title name:

Chapter number: Chapter name:

Part number: Part name:

Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment):

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[Title 19](#) [Natural Resources and Wildlife](#)
[Chapter 30](#) [Wildlife Administration](#)
[Part 14](#) [Aquatic Invasive Species.](#)

Description of Amendment: (if amending) [Example: "Amending three sections".](#)

Amendment's NMAC citation: (if amending) [Example: Sections 9 and 18 of 7.1.13 NMAC.](#)

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Contact person's Name, Phone number, E-mail address.

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[Part 14](#) [Aquatic Invasive Species.](#)

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Amendment's NMAC citation: (if amending) [Example: Sections 9 and 18 of 7.1.13 NMAC.](#)

Are any materials incorporated by reference? [Check: Yes or No. If yes, please list attachments or provide Internet site.](#)

If incorporated, has copyright permission been granted? [Check Yes or No or check if document is in the public domain.](#)

Concise Explanatory Statement for rulemaking adoption:

Provide your Notice date(s): Hearing date(s): Rule adoption date: Rule effective date: [Please note, that there must be at least 30 days between the **Notice date** and **Hearing date**. Also, your agency must file your rule within 15 days from **Rule adoption date**. Lastly, unless your rule is an emergency filing, the **Rule effective date** cannot be any earlier than the publication date in the New Mexico Register. If there is any discrepancy as to any of these dates, your rulemaking WILL NOT be accepted for filing and will be REJECTED.](#)

Your agency's specific statutory or other authority authorizing rulemaking: [Check with your agency general counsel office to determine the correct citation\(s\) authorizing your agency to make rules.](#)

Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary: [Please check with your agency general counsel office regarding these findings or if additional pages need to be attached. Examples: "This rule amendment has been amended to include public comments received at public hearing."; or, "This rulemaking was begun and has been adopted under the old version of the State Rules Act, prior to July 1, 2017."; or, "This rulemaking was undertaken as a result to changes to federal regulations, 7 CFR Part 225."](#)

Issuing Authority: Name, Title Date signed and original Signature of issuing authority or their delegate in black ink: [Note: If authority has been delegated, this box shall be checked. A letter of delegation must be on file with the State Records Center and Archives, Administrative Law Division.](#)

**STATE OF NEW MEXICO
BEFORE THE SECRETARY OF HEALTH**

**IN THE MATTER OF PROPOSED
REPEAL AND REPLACEMENT OF
DEPARTMENT RULE PARTS
7.27.2, 7.27.6, 7.27.8, 7.27.11, and
7.27.13 NMAC**

**STATEMENT OF REASONS
FOR ADOPTION OF PROPOSED
REPEAL AND REPLACEMENTS OF CERTAIN
EMS PROGRAM RULES**

Lynn Gallagher, Secretary for the New Mexico Department of Health, following a public hearing conducted on October 26, 2017 on the proposed repeal and replacement of EMS rule parts 7.27.2, 7.27.6, 7.27.8, 7.27.11, and 7.27.13 NMAC, hereby adopts the proposed rules, as revised after the hearing in response to public comments received. This decision is based on the entire record in this matter, which includes a recording of the hearing and the Report and Recommendation of the Hearing Officer, Craig T. Erickson, Esq., dated November 14, 2017.

In further support of this action the Secretary finds the following:

1. The Department of Health is authorized to promulgate regulations as may be necessary to carry out the duties of the Department and its divisions. NMSA 1978, Section 9-7-6(E).
2. In accordance with NMSA 1978, Section 14-4-5.2, notice of the public hearing for the proposed rule changes was published in the New Mexico Register, the official publication for notices of all rulemaking in New Mexico, on September 26, 2017.

3. In accordance with NMSA 1978, Section 9-7-6(E), notice of the public hearing for the proposed rule changes was also published in the Albuquerque Journal newspaper on September 15, 2017.

4. In accordance with NMSA 1978, Section 14-4-5.2, prior to the date of the rule hearing, notice of the public hearing for the proposed rule changes was also posted to the agency website at <http://www.nmhealth.org>, as well as to the NM Sunshine Portal at <http://www.newmexico.gov>, and was also posted at the EMS Bureau's primary office and each of the EMS regional offices.

5. By a letter dated September 14, 2017, the Secretary designated Mr. Erickson to serve as hearing officer for the purpose of conducting the hearing and submitting a recommendation regarding the proposed rules.

6. A public rule hearing was held in Santa Fe, New Mexico on October 26, 2017 pursuant to NMSA 1978, Section 9-7-6(E).

7. Members of the public were afforded an opportunity to comment on the proposed rules at the hearing, and in writing prior to the hearing.

8. No written comments were received; however, oral comments from members of the public were received at the rule hearing, and additional oral comments regarding the proposed rule text were also received from Department staff at that time, and those comments are described in the report of the Hearing Officer.

9. The Secretary finds that the Hearing Officer has appropriately considered the comments received, and finds that the recommendations of the Hearing Officer are appropriate.

10. The final rules incorporate revisions made after the public hearing based on the comments received, and in consideration of the Hearing Officer's recommendations.

11. The Secretary finds that the revisions to the proposed rule text that have been made after the hearing are consistent with the Hearing Officer's recommendations and are appropriate.

12. The Secretary further finds that the proposed rules, including the revisions made after the hearing, are a logical outgrowth of the notice given and comment received, and that commenters were afforded a fair opportunity to present their views on the contents of the final plan. *See* N.M. Att'y Gen. Op. 87-59 (1987) (*citing* *BASF Wyandotte Corp. v. Costle*, 598 F.2d 637, 642 (1st Cir. 1979)); *see also* *Wylie Bros. Contracting Co. v. Albuquerque-Bernalillo Cty. Air Quality Control Bd.*, 1969-NMCA-089, ¶ 39, 80 N.M. 633, 642.

13. Certain text that was originally proposed as 7.27.11.11(D)(2) NMAC has been removed from the final version of Part 11, based in part on concerns raised by members of the public at the rule hearing.

14. The purpose of the proposed rule 7.27.2 NMAC is to establish standards for licensing of Emergency Medical Services (EMS) personnel.

15. The purpose of the proposed rule 7.27.6 NMAC is to establish standards for EMS advanced directives.

16. The purpose of the proposed rule 7.27.8 NMAC is to establish standards for cardiac arrest targeted response programs in the state.

17. The purpose of the proposed rule 7.27.11 NMAC is to adopt supplemental licensing provisions for EMS personnel, including primarily the EMS Scopes of Practice.

18. The purpose of the proposed rule 7.27.2.13 NMAC is to establish standards for the certification of stroke centers in New Mexico.

19. The Secretary finds that the proposed rules 7.27.2, 7.27.6, 7.27.8, 7.27.11, and 7.27.13 NMAC, as revised, are appropriate and consistent with the authorizing law, and the proposed rules are hereby adopted.

NEW MEXICO DEPARTMENT OF HEALTH



Lynn Gallagher, Cabinet Secretary

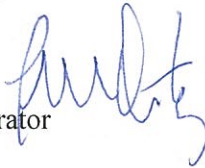
11/29/17
Date

NOTIFICATION OF MINOR, NON-SUBSTANTIVE CORRECTION

December 13, 2017

To: Lynn Gallagher, Health Department Secretary,
c/o Charles Schroeder, Policy Administrator

From: Matthew Ortiz, Administrative Law Division
by designation for the State Records Administrator



Re: **7.27.8 NMAC, Cardiac Arrest Targeted Response Program
filed on November 30, 2017, published and effective on December 12, 2017**

Pursuant to the authority granted under State Rules Act, Paragraph D of Section 14-4-5 NMSA, please note that the following minor, non-substantive corrections to spelling, grammar and format have been made to all published and electronic copies of the above rule:

- 1) Removed subsection A in Section 2 – SCOPE, since there was not subsection B and re-numbered former paragraphs (1) through (3) as subsections A through C;
- 2) Re-numbered subsections E through H as subsections D through G in Section 9 – AED program requirements.

A copy of this *Notification* will be filed with the official version of the above rule.

1205 Camino Carlos Rey | Santa Fe, NM 87507 | nmcpr.state.nm.us

Robert J. Tórréz
Historian/Chair

Hon. Hector Balderas
Attorney General

Hon. Tim Keller
State Auditor

Hon. Maggie Toulouse Oliver
Secretary of State

Jeff Pappas
Department of Cultural Affairs

Edwynn Burckle
General Services Department

Lynne S. Rhys
State Law Librarian