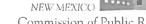


Your Access to Public Information **Issue:** | 23 Number of pages: (ALD Use Only) Volume: XXVIII **Publication Date:** 10.2 12/12/2017 Sequence No. Issuing agency name and address: Agency DFA code: 66500 NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau Contact person's name: Phone number: E-mail address: Charles Schroeder 505-476-8246 charles.schroeder@state.nm.us (ALD Use Only) Type of rule action: **Most Recent Filing Date: Amendment** Repeal Repeal/Replace Renumber **Emergency** New 6/16/2000 Title number: Title name: Health Chapter number: **Chapter name:** 27 Emergency Medical Services Part number: Part name: 8 Cardiac Arrest Targeted Response Program Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment): Please list attachments or Internet sites if applicable. Are there any materials incorporated by reference? No Yes If materials are attached, has copyright permission been received? Yes No **Public domain Concise Explanatory Statement for rulemaking adoption:** Notice date(s): Hearing date(s): Rule Adoption date: **Rule Effective date:** 9/15/2017 10/26/2017 11/29/2017 12/12/2017 Specific statutory or other authority authorizing rulemaking: Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1 Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. Please see the attached Hearing Officer's recommendation. Issuing authority (If delegated, authority letter must be on file with ALD): Check if authority has been delegated Name: Lynn Gallagher Title: Cabinet Secretary Signature: / Date signed:



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Commission of	Public	Records

at the State Records Center and Archives

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<u>NMAC</u> <u>Transmittal Form</u>



| Issue: | 23 Number of pages: (ALD Use Only) 2.4 Volume: XXVIII **Publication Date:** 12/12/2017 Sequence No. Issuing agency name and address: Agency DFA code: NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau 66500 Contact person's name: **Phone number:** E-mail address: 505-476-8246 Charles Schroeder charles.schroeder@state.nm.us (ALD Use Only) Type of rule action: **Most Recent Filing Date: Amendment** Repeal Repeal/Replace Renumber **Emergency** New 12/16/2005 Title number: Title name: Health Chapter number: **Chapter name:** 27 **Emergency Medical Services** Part number: Part name: **Emergency Medical Services Advance Directives** 6 Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment): Are there any materials incorporated by reference? Please list attachments or Internet sites if applicable. No **Public domain** If materials are attached, has copyright permission been received? Yes Nο **Concise Explanatory Statement for rulemaking adoption:** Notice date(s): Hearing date(s): Rule Adoption date: **Rule Effective date:** 9/15/2017 11/29/2017 10/26/2017 12/12/2017 Specific statutory or other authority authorizing rulemaking: Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1 Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. Please see the attached Hearing Officer's recommendation. Issuing authority (If delegated, authority letter must be on file with ALD): Check if authority has been delegated Name: Lynn Gallagher Title: Cabinet Secretary Signature:/ (BLACK ink only) Date signed: allaga



Concise Explanatory Statement for rulemaking adoption: Commission of Public Records at the State Records Center and Archives Page number ____ of ____ for Findings required for rulemaking adoption. Your Access to Public Information

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Title:	
Signature: (BLACK ink only)	Date signed:
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Part 14

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Number of pages: (ALD Use Only) 10.1 Volume: XXVIII | Issue: 23 **Publication Date:** 12/12/2017 Sequence No. Agency DFA code: Issuing agency name and address: NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau 66500 E-mail address: Contact person's name: Phone number: charles.schroeder@state.nm.us 505-476-8246 Charles Schroeder (ALD Use Only) Type of rule action: **Most Recent Filing Date: Amendment** Repeal Repeal/Replace Renumber **Emergency** New 6/16/2000 Title number: Title name: 7 Health **Chapter name:** Chapter number: Emergency Medical Services 27 Part number: Part name: Cardiac Arrest Targeted Response Program 8 Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment): Please list attachments or Internet sites if applicable. Are there any materials incorporated by reference? Yes No No **Public domain** If materials are attached, has copyright permission been received? Yes Concise Explanatory Statement for rulemaking adoption: **Rule Effective date:** Rule Adoption date: Notice date(s): Hearing date(s): 11/29/2017 12/12/2017 9/15/2017 10/26/2017 Specific statutory or other authority authorizing rulemaking: Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1 Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. Please see the attached Hearing Officer's recommendation. Issuing authority (If delegated, authority letter must be on file with ALD): Check if authority has been delegated Name: Lynn Gallagher Title: Cabinet Secretary Date signed: Signature:, (BLACK ink only) relaper



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Volume: XXVIII Issue: 23 Publication Date: 12/12/2017 Number of pages: 16 (ALD Use Only) 103.6

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Issuing agency na		LD	V.D.	M - 11 - 1 C 4	D			Agency DFA code:
NM Department of	of Health/ Epidemiology	y and Resp	onse/ Emergency	Medical System	ns Bureau			66500
Contact person's n	ame:		Phone number:		E-mail add	dress:		
Charles Schroede	r		505-476-8246		charles.s	chroeder	@state.nm.	us
Type of rule action	:							Use Only) cent Filing Date:
New Amend	ment Repeal	Repeal/	Replace Re	number	Emergency	'	7/28/201	
Title number:	Title name:							
7	Health							
Chapter number:	Chapter name:							
27	Emergency Medical	Services						
Part number:	Part name:							
11	Supplemental Licens	ing Provisi	ons					
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103.5 Volume: XXVIII **Issue:** | 23 **Publication Date:** Number of pages: (ALD Use Only) 12/12/2017 Sequence No. Issuing agency name and address: Agency DFA code: NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau 66500 Contact person's name: Phone number: E-mail address: Charles Schroeder 505-476-8246 charles.schroeder@state.nm.us Type of rule action: (ALD Use Only) **Most Recent Filing Date: Amendment** Repeal Repeal/Replace Renumber **Emergency** 7/28/2014 Title number: Title name: Health Chapter number: Chapter name: 27 Emergency Medical Services Part number: Part name: 11 Supplemental Licensing Provisions Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment): Are there any materials incorporated by reference? Please list attachments or Internet sites if applicable. Yes No If materials are attached, has copyright permission been received? **Public domain** Concise Explanatory Statement for rulemaking adoption: Notice date(s): Hearing date(s): Rule Adoption date: **Rule Effective date:** 9/15/2017 10/26/2017 11/29/2017 12/12/2017 Specific statutory or other authority authorizing rulemaking: Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1 Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. Please see the attached Hearing Officer's recommendation. Issuing authority (If delegated, authority letter must be on file with ALD): Name: Check if authority has been delegated Lynn Gallagher Title: Cabinet Secretary Signature: (BLACK ink only) Date signed: Paghe



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Volume: XXVIII Issue: 23 Publication Date: 12/12/2017 Number of pages: 1 (ALD Use Only) 106.1

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Charles Schroede	r			505-476-82	46		charles.s	schroed	ler@state.	.nm.us	3
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Volume: XXVIII	Issue: 23 Publ	ication Date	12/12/2017	Number of	pages:		LD Use Or equence N	
Issuing agency name	e and address:							Agency DFA code:
NM Department of	Health/ Epidemiolog	y and Respo	onse/ Emergency	Medical Syste	ms Bu	reau		66500
Contact person's nar	ne:		Phone number:		E-mai	il address:		
Charles Schroeder			505-476-8246		char	les.schroede	er@state.n	ım.us
Type of rule action:							(4	LD Use Only)
New Amendm	ent Repeal	Repeal/	Replace Re	number	Emerg	jency	Most 7/28/2	Recent Filing Date:
Title number: T	itle name:	_						
7	Health							
Chapter number: C	Chapter name:							
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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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<u>NMAC</u> Transmittal Form



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Issue: | 23 (ALD Use Only) 2.5 Volume: XXVIII **Publication Date:** Number of pages: 12/12/2017 Sequence No. Agency DFA code: Issuing agency name and address: NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau 66500 Contact person's name: Phone number: E-mail address: 505-476-8246 charles.schroeder@state.nm.us Charles Schroeder Type of rule action: (ALD Use Only) Most Recent Filing Date: **Amendment** Renumber Repeal Repeal/Replace **Emergency** 12/16/2005 Title number: Title name: 7 Health Chapter number: **Chapter name:** 27 Emergency Medical Services Part number: Part name: **Emergency Medical Services Advance Directives** Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment): Please list attachments or Internet sites if applicable. Are there any materials incorporated by reference? No **Public domain** If materials are attached, has copyright permission been received? Concise Explanatory Statement for rulemaking adoption: Rule Adoption date: **Rule Effective date:** Notice date(s): Hearing date(s): 9/15/2017 11/29/2017 10/26/2017 12/12/2017 Specific statutory or other authority authorizing rulemaking: Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1 Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. Please see the attached Hearing Officer's recommendation. Issuing authority (If delegated, authority letter must be on file with ALD): Check if authority has been delegated Name: Lynn Gallagher Title: Cabinet Secretary Signature: (BLACK ink only) Date signed: Tallaghe



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84.12 **Issue:** | 23 (ALD Use Only) Volume: XXVIII Number of pages: **Publication Date:** 12/12/2017 Sequence No. Issuing agency name and address: Agency DFA code: NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau 66500 Phone number: E-mail address: Contact person's name: 505-476-8246 Charles Schroeder charles.schroeder@state.nm.us (ALD Use Only) Type of rule action: **Most Recent Filing Date:** New Amendment Repeal Repeal/Replace Renumber Emergency 7/28/2014 Title number: Title name: 7 Health Chapter number: **Chapter name:** 27 Emergency Medical Services Part number: Part name: 2 Licensing of Emergency Medical Services Personnel Amendment Description (If filing an Amendment): Amendment's NMAC Citation (If filing an Amendment): Please list attachments or Internet sites if applicable. Are there any materials incorporated by reference? No Yes If materials are attached, has copyright permission been received? No **Public domain Concise Explanatory Statement for rulemaking adoption:** Hearing date(s): Rule Adoption date: **Rule Effective date:** Notice date(s): 9/15/2017 10/26/2017 11/29/2017 12/12/2017 Specific statutory or other authority authorizing rulemaking: Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1 Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary. Please see the attached Hearing Officer's recommendation. Issuing authority (If delegated, authority letter must be on file with ALD): Check if authority has been delegated Name: Lynn Gallagher Title: Cabinet Secretary Signature: Date signed: (BLACK ink only)



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Volume: XXVIII Issue: 23 Publication Date: 12/12/2017 Number of pages: 34 (ALD Use Only) 84.13

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	of Health/ Epidemiology and Re	sponse/ Emergency Medical S	Systems Bureau	66500	
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Charles Schroeder		505-476-8246	charles.schroeder@state.i	nm.us	
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New Amend	ment Repeal Repea	al/Replace Renumber		2014	
Title number:	Title name:				
7	Health				
Chapter number:	Chapter name:				
27	Emergency Medical Services				
Part number:	Part name:				
2	Licensing of Emergency Med	ical Services Personnel			
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Lynn Gallagher					
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