NMAC Transmittal Form



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2017 DEC 14 PM 4 25

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Volume: XXVIII	Issue: 24 Publi	ication Date	12/26/1986	Number o	f pages:		LD Use Only) equence No.	
Issuing agency na	me and address:							Agency DFA code:
Epidemiology and Response Division						665		
Contact person's n	ame:		Phone number:		E-mai	address:		
Victoria Dirmyer 505-476-3572 victoria.dirmyer@state.nm.u					S			
Type of rule action	ı:							Use Only) cent Filing Date:
New Amend	ment Repeal	Repeal/F	Replace Re	number	Emerg	ency	MOSERE	cent ruing Date.
Title number:	Title name:							
7	Health							* 5
Chapter number:	Chapter name:							
1	Health General Provisions							
Part number:	Part name:							
29	Health Information S	ystem Publi	ic Access Websit	е				
Amendment Descr	ription (If filing an Ame	ndment):		Amendme	nt's NMAC	Citation (If filing an A	mendment):
		L'						
Are there any mat	erials incorporated by r	eference?	Please list atta	chments or I	nternet s	ites if appl	icable.	
Yes No	1		7.4					
L L	•				_			
If materials are at	tached, has copyright p	ermission b	een received?	Yes	N	o	Public do	main
Concise Exp	lanatory Statem	nent for	rulemaking	adoptio	n:			
Notice date(s):		Hearing d	ate(s):			Rule Adopti	ion date:	Rule Effective date:
October 17, 2017	7	Novembe	er 20, 2017			12/14/2017	7	12/26/2017
Specific statutory	or other authority auth	orizing rule	making:	-				1- 7 21
The legal authori	ty authorizing the propo	osed rule an	d the adoption of	the rule by	the Depar	tment is at	Sections 9-7	'-6 (E) and 24-6A-6
Findings required	for rulemaking adoptio	n. Please at	ttach and sign ad	lditional pag	e(s) if ne	cessary.		
Please see attach	ed Hearing Officer's red	commendati	ion and the Depa	rtment's Stat	ement of	Reasons.		
Issuing authority	(If delegated, authority	v letter mus	t be on file with /	ALD):				
Name:						Chec	k if authority	has been delegated
Lynn Gallagher			··					
Title: Cabinet Secretary								
Signature: / (BLA								Date signed:
1/9		1///	?					12/1/-
KM	m Jali	alu						(//4 //)
7/13/2017		\mathcal{O}						

Date signed:

Concise Explan	atory Statement for rulemaking adoption DEC 4	PH at the Records Center and Archives Your Access to Public Information
Issuing authority (If	delegated, authority letter must be on file with	
ALD): Name:		heck if authority has been delegate
Title:		

Signature: (BLACK ink only)