

TITLE 7 HEALTH
CHAPTER 27 EMERGENCY MEDICAL SERVICES
PART 5 CERTIFICATION OF AIR AMBULANCE

7.27.5.1 ISSUING AGENCY: New Mexico department of health, ~~Epidemiology and Response Division,~~
emergency medical systems bureau.

[7.27.5.1 NMAC - Rp, 7.27.5.1 NMAC, ~~1/1/2006~~ xx/xx/2025]

7.27.5.2 SCOPE: This regulation applies to any air ambulance service within New Mexico that transports persons requiring medical care including, but not limited to: basic life support (BLS), advanced life support (ALS), critical care, or specialty care. Out-of-state air ambulance services that fly into New Mexico to pick up ~~and/or deliver~~ medical patients shall ~~also~~ be certified in accordance with these rules, ~~or through reciprocity. Out-of-state air ambulance services that fly into New Mexico to deliver medical patients shall be certified in accordance with these rules; their originating state and are obligated to perform to the same medical standards of care required of other EMS air ambulance services certified in New Mexico.~~ The United States department of defense and the New Mexico department of military affairs are exempt from this rule when conducting official military operations. Governmental public safety agencies that routinely provide air ambulance services shall be certified.

[7.27.5.2 NMAC - Rp, 7.27.5.2 NMAC, ~~1/1/2006~~ xx/xx/2025]

7.27.5.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to the following statutory authorities: ~~1-~~ the Department of Health Act, Subsection E of Section 9-7-6-~~E~~, NMSA 1978, which authorizes the secretary of the department to "... make and adopt such reasonable and procedural rules and rules as may be necessary to carry out the duties of the department and its divisions," and ~~2-~~ the Emergency Medical Services Act, Subsection H of Section 24-10B-4-~~H~~, NMSA 1978, which authorizes the department to adopt regulations for the certification of air medical transport. Administration and enforcement of these regulations is the responsibility of the emergency medical systems bureau of the ~~epidemiology and response division~~ center for health protection, department of health.

[7.27.5.3 NMAC - Rp, 7.27.5.3 NMAC, ~~1/1/2006~~ xx/xx/2025]

7.27.5.4 DURATION: Permanent.

[7.27.5.4 NMAC - Rp, 7.27.5.4 NMAC, ~~1/1/2006~~ xx/xx/2025]

7.27.5.5 EFFECTIVE DATE: ~~January 1, 2006~~ xx/xx/2025, unless a later date is cited at the end of a section.

[7.27.5.5 NMAC - Rp, 7.27.5.5 NMAC, ~~1/1/2006~~ xx/xx/2025]

7.27.5.6 OBJECTIVE: The purpose of this document is to inform the public and air ambulance services about the requirements and standards for the certification of air ambulance services operating within New Mexico, and the process and procedures to become certified as specified below.

A. These rules provide the minimum criteria and process for the certification of both fixed and rotor wing air ambulance services that operate within the state of New Mexico, ~~based upon the recommendations of the air medical transport advisory committee; to,~~ provide minimum standards for certified services to abide by; and, to assist in the provision of a comprehensive system of emergency medical services in the state of New Mexico.

B. These rules are designed to assist air ambulance services in preparing for, achieving, and maintaining certification as a certified air ambulance service in the state of New Mexico. ~~Air ambulance services that have and maintain the commission on accreditation of medical transport systems (CAMTS) accreditation meet the standards for air ambulance certification in the state of New Mexico.~~ The bureau shall certify an air ambulance service ~~with CAMTS accreditation~~ following review and approval of the application ~~and, a successful~~ inspection, ~~if necessary, as determined by the bureau,~~ and payment of necessary fees and approval by the bureau.

[7.27.5.6 NMAC - Rp, 7.27.5.6 NMAC, ~~1/1/2006~~ xx/xx/2025]

7.27.5.7 DEFINITIONS:

~~A.~~ A. **Definitions beginning with "A":**

(1) "Act (EMS Act)" means the Emergency Medical Services Act, [Sections 24-10B-1, et seq., NMSA 1978];

~~B.~~ (2) "Advanced life support air ambulance service" means an organization, certified by the

bureau, to transport in an air ambulance, patient(s) who require basic life support (BLS) or advanced life support (ALS) care.

~~C.~~ **(3) “Advanced life support (ALS)”** means advanced pre-hospital and inter-facility care and treatment, as authorized by regulation, which may be performed only by a person licensed by the department as an emergency medical technician - paramedic (EMT-P), or otherwise licensed by the state ~~at a higher level, or otherwise~~ clinical provider authorized to practice ALS.

~~(4) “Air ambulance certificate”~~ means a document issued by the department as evidence that an air ambulance service meets the requirements for certification at the advanced life support, critical or specialty care level, as found in these rules.

~~(5) “Air ambulance service”~~ or ~~“D. “Air ambulance service”~~ means any governmental or private service that provides air transportation specifically designed to accommodate the medical needs of a person who is ill, injured or otherwise mentally or physically incapacitated and who requires in-flight medical supervision.

~~E. “Air ambulance certificate”~~ means a document issued by the department as evidence that an air ambulance service meets the requirements for certification at the advanced life support, critical or specialty care level, as found in these rules.

~~F.~~ **(6) “Aircraft type”** means a particular make and model of helicopter or fixed wing aircraft.

~~G.~~ **(7) “Aircraft operator”** means the vendor ~~and~~/or owner who operates and maintains the aircraft utilized by an air ambulance service.

~~H.~~ **(8) “Air medical transport advisory committee (AMTAC)”** or **“air transport advisory committee”** means a subcommittee of the statewide EMS advisory committee as authorized by the EMS Act, at Subsection A of Section 24-10B-7-A, NMSA 1978. ~~The term “air~~

B. Definitions beginning with “B”:

~~(1) “Base location”~~ means the physical address where an air ambulance, including crew, medical transport advisory committee” as used throughout these rules is synonymous with “air transport advisory committee”. equipment, and supplies, are located.

~~I.~~ **(2) “Basic life support (BLS)”** means basic pre-hospital and inter-facility care and treatment as authorized by regulation;

~~(3) “Bureau”~~ means the emergency medical systems bureau of the ~~epidemiology and response division, of the department of center for health~~ protection of the department of health.

~~J.~~ **C. Definitions beginning with “C”:**

~~(1) “Certification evaluation team”~~ means a team appointed by the bureau for the purpose of performing an initial or subsequent inspection of air medical services seeking certification, or of those already certified.

~~K.~~ **(2) “Combination service”** means any service that has more than one type of aircraft, for example, fixed wing and rotor wing.

~~(4) “L. “Commission on the accreditation of medical transport systems (CAMTS)”~~ means a national accrediting organization that evaluates air ambulance services based on air ambulance industry standards established by CAMTS.

~~M.~~ **“Critical care air ambulance service”** means an organization certified by the bureau to transport patients in an air ambulance that requires critical care.

~~N.~~ **(5) “Critical care”** means pre-hospital or inter-facility care and treatment, ~~respectively,~~ that exceeds the advanced life support level of care, as authorized by rule. ~~The critical care mission shall consist of at least one critical care provider and at least one additional provider which shall be licensed at or above the ALS level of care, and/or specifically trained in the area of care required. Additional providers may be added as necessary.~~

~~O.~~ **(6) “Critical care provider”** means ~~the~~ provider licensed as a paramedic with a bureau approved critical care primary provider shall consist of at least one or flight paramedic credential, registered nurse, physician assistant, nurse practitioner ~~and/or~~ medical physician trained in ~~the area of~~ critical care.

~~D.~~ **P. Definitions beginning with “D”:**

~~(1) “Deemed status”~~ means certification by the bureau on the basis of an air ambulance service being fully accredited by a bureau approved national or international accreditation service and having otherwise satisfied the requirements of this rule.

~~(2) “Department”~~ means the department of health.

~~E.~~ **Definitions beginning with “E”:** ~~Q.~~ **“Emergency medical services (EMS)”** means the services rendered by 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.

~~F.~~ **Definitions beginning with “F”:** ~~R.~~ **“Federal aviation regulations (FAR)”** means regulations promulgated by the federal aviation administration of the U.S. department of transportation, governing the operation of all aircraft within the United States.

~~G.~~ **Definitions beginning with “G”:** ~~[RESERVED]~~

~~H.~~ **Definitions beginning with “H”:** ~~[RESERVED]~~

~~I.~~ **Definitions beginning with “I”:** **“Intermediate life support (ILS)”** means intermediate pre-hospital and inter-facility care and treatment as authorized by regulation.

~~J.~~ **Definitions beginning with “J”:** ~~[RESERVED]~~

~~K.~~ **Definitions beginning with “K”:** ~~[RESERVED]~~

~~L.~~ ~~S.~~ **Definitions beginning with “L”:** **“Level of service”** means the highest level at which the air ambulance service is certified to function on a 24 hours a day, seven days a week basis.

~~T.~~ **Definitions beginning with “M”:**

~~(1)~~ **“Medical control”** means supervision, provided by or under the direction of physicians to providers by written protocol and/or direct communication.

~~U.~~ ~~(2)~~ **“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.

~~V.~~ ~~(3)~~ **“Medical direction committee”** means a committee of physicians and emergency medical technicians, appointed by the secretary of health to advise the bureau on all matters relating to medical control and medical direction.

~~W.~~ ~~(4)~~ **“Medical director”** means a physician who has the responsibility for oversight of patient care of an EMS system or EMS provider service, including providing for or ensuring the medical control of emergency medical technicians, the development, implementation, and evaluation of medical protocols, and quality assurance activities.

~~X.~~ **Definitions beginning with “N”:** ~~[RESERVED]~~

~~O.~~ **Definitions beginning with “O”:** ~~[RESERVED]~~

~~P.~~ **Definitions beginning with “P”:**

~~(1)~~ **“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.

~~Y.~~ ~~(2)~~ **“Protocol”** means a predetermined, written medical care plan and includes standing orders.

~~Z.~~ ~~(3)~~ **“Provider”** means a person who has been licensed by the appropriate agency to provide patient care at the ALS, critical or specialty care level.

~~Q.~~ **Definitions beginning with “Q”:** ~~[RESERVED]~~

~~R.~~ ~~AA.~~ **Definitions beginning with “R”:** **“Regional office”** means an emergency medical services planning and development agency formally recognized and supported by the bureau.

~~BB.S.~~ **Definitions beginning with “S”:**

~~(1)~~ **“Secretary”** means the secretary of health.

~~CC.~~ ~~(2)~~ **“Service”** means a certified air ambulance service authorized to operate in the state of New Mexico under these rules.

~~DD.~~ ~~(3)~~ **“Specialty care”** means care and treatment that exceeds the advanced life support level of care, as authorized by regulation. ~~The specialty care mission shall consist of at least one specialty care provider and at least one additional provider which shall be licensed at or above the ALS level of care, and/or specifically trained in the area of care required. Additional providers may be added as necessary.~~

~~EE.~~ ~~(4)~~ **“Specialty care provider”** means a caregiver appropriately trained and licensed to provide patient care as defined by the mission.

~~T.~~ **Definitions beginning with “T”:** ~~[RESERVED]~~

~~U.~~ **Definitions beginning with “U”:** ~~[RESERVED]~~

~~V.~~ **Definitions beginning with “V”:** ~~[RESERVED]~~

~~W.~~ **Definitions beginning with “W”:** ~~[RESERVED]~~

~~X.~~ **Definitions beginning with “X”:** ~~[RESERVED]~~

~~Y.~~ **Definitions beginning with “Y”:** ~~[RESERVED]~~

~~Z.~~ **Definitions beginning with “Z”:** ~~[RESERVED]~~

[7.27.5.7 NMAC - Rp, 7.27.5.7 NMAC, 1/1/2006 xx/xx/2025]

7.27.5.8 USE OF TERMS AND ADVERTISING: ~~It shall be prohibited for any~~An air ambulance service ~~shall not~~ advertise or perform air ambulance services, or use the title “certified air ambulance service,” in New Mexico, unless it is certified ~~under these rules or otherwise authorized pursuant to this rule.~~
[7.27.5.8 NMAC - Rp, 7.27.5.8 NMAC, ~~1/1/2006~~ xx/xx/2025]

7.27.5.9 DISCLOSURE TO THE PUBLIC: At the initiation of contact with a potential client, patient or the public, the certified air ambulance service shall disclose the current level of state of New Mexico certification and what level of service can be provided.
[7.27.5.9 NMAC - Rp, 7.27.5.9 NMAC, ~~1/1/2006~~ xx/xx/2025]

7.27.5.10 FULL CERTIFICATION PERIOD: The certification period for all air ambulance services shall be for a ~~3~~three-year period. ~~Once a certified~~The bureau may, upon the request of an air ambulance service ~~becomes accredited by CAMTS, the, adjust a~~ certification period ~~shall be adjusted by to match~~ the ~~bureau to correspond with the CAMTS service’s~~ accreditation period.
[7.27.5.10 NMAC - Rp, 7.27.5.10 NMAC, ~~1/1/2006~~ xx/xx/2025]

7.27.5.11 REPORTING: Certified air ambulance services shall complete a patient run report for each patient that is transported by air. The minimum data elements identified by the bureau shall be compiled and submitted to the bureau ~~on a quarterly basis within five days of the date of patient transport,~~ or as determined by the bureau. ~~Certified services shall provide as a minimum, an annual number of runs of patients picked up in New Mexico including location and patient complaint.~~ Review of completed patient care reports may be required during initial ~~and/or~~ subsequent inspections. An air ambulance’s certification may be suspended by the bureau if the air ambulance service’s data submission is not functioning, incomplete, or not current.
[7.27.5.11 NMAC - Rp, 7.27.5.11 NMAC, ~~1/1/2006~~ xx/xx/2025]

7.27.5.12 EMERGENCY INFORMATION REQUIRED: Certified air ambulance services shall provide, during initial/renewal of certification, emergency information about the service to the bureau. This information shall be used by the bureau to provide effective communications and resource management, in the event of a statewide or localized disaster/emergency situation. The information is included in the initial/renewal application for certification of air ambulance services, and any changes shall be updated in the licensing management system.
[7.27.5.12 NMAC - Rp, 7.27.5.12 NMAC, ~~1/1/2006~~ xx/xx/2025]

7.27.5.13 CERTIFICATION PROCESS AND PROCEDURES:

A. General ~~Air ambulance certification; levels of service:~~ Prior to beginning air ambulance operations within the state of New Mexico, ~~either a temporary or full~~ air ambulance certification is required for the ~~levels of service, as outlined below.~~

~~(1) Levels of service: the following authorized levels of service are authorized in New Mexico. Every service is required to remain with the patient until licensed caregivers capable of continuing the level of care assume care of and responsibility for the patient.~~

~~(a) advanced-~~ **(1) Advanced life support (ALS) air ambulance service:** the air medical crew shall ~~at all times~~ consist of ~~at least 2~~two licensed health care providers, ~~one capable of which providing ALS level care (minimum licensed EMT-paramedic).~~

(2) Basic life support (BLS) or intermediate life support (ILS) air ambulance service: the air medical crew shall consist of at least two licensed health care providers who shall at a minimum be licensed at the ~~advanced life support (ALS) New Mexico EMT-basic level or above (minimum licensed EMT-paramedic EMT-intermediate level.~~ Basic life support may be performed only by a person licensed by the department as an emergency medical technician - basic (EMT-B), registered nurse (EMT-RN), intermediate (EMT-I), paramedic (EMT-P), or above; otherwise licensed by the state as a clinical provider authorized to practice BLS. Intermediate life support may be performed only by a person licensed by the department as an emergency medical technician – registered nurse (EMT-RN), intermediate (EMT-I), paramedic (EMT-P), or otherwise licensed by the state as a clinical provider authorized to practice ILS.

~~(b)(3)~~ **(3) Critical care air ambulance service:** the critical care mission shall consist of at least one critical care provider and at least one additional provider ~~which who~~ shall be licensed at ~~or above~~ the ALS ~~level of care, and/, specialty, or critical care level, or~~ specifically trained in the ~~area of care required; additional providers may be added as necessary;~~

~~_____ (e) _____ specialty care air ambulance service: the specialty care mission shall consist of at least one specialty care provider and at least one additional provider which shall be licensed at or above the ALS level of care, and/or specifically trained in the area of care required; additional providers may be added as necessary;~~

~~_____ (d) _____ Additional providers may be added as necessary. Critical care services utilizing paramedics shall obtain and maintain special skills from the NM medical direction committee for interventions that exceed the paramedic NM scopes of practice. All special skills applications shall include a list of employees who have been approved for each special skill. Generally, services certified to provide critical care are certified to perform advanced or BLS/ILS air ambulance service care; in all such cases, the minimum level of certified/licensed health care provider staffing, for each level of certification, shall be aboard the aircraft;~~

~~_____ (e) _____ services that provide (4) Specialty care at the advanced, critical or specialty air ambulance level care are required to remain with the patient until someone of equal or higher training assumes care of the patient.~~

~~_____ (2) _____ Temporary certification: a temporary certification for a maximum period of three years may be issued by the bureau for non CAMTS accredited services, upon successful completion of the application process, a preliminary inspection and approval by the bureau, and payment of all required fees.~~

~~_____ (a) _____ A preliminary inspection includes an on-site visit with the air ambulance service, aircraft, and crew. The certification evaluation team (CET) will normally: the specialty care mission shall consist of a bureau representative, the state EMS medical director or a designated physician, state aviation officer, EMS communications manager, and at least one specialty care provider and at least one additional personnel as determined by the bureau.~~

~~_____ (b) _____ Once a temporary certification is issued, and within the three year certification, the service provider who shall be licensed at the ALS, specialty, or critical care level, or specifically trained in the care required; additional providers may be added as necessary. Specialty care services utilizing paramedics shall obtain and maintain CAMTS accreditation in order to become fully certified by the bureau. All non CAMTS accredited air ambulance services shall submit a program information file (PIF) to CAMTS and the bureau within 16 months of acquiring a temporary certification special skills from the bureau as outlined in Subsection B of 7.27.5.13 NMAC.~~

~~_____ (3) _____ Full certification: after successfully completing the CAMTS accreditation process, and upon approval by the bureau, a three year air ambulance service certificate for the NM medical direction committee for interventions that exceed the paramedic NM scopes of practice. All special skills applications shall include a list of employees who have been approved level shall be issued to the service. To be fully certified, an air ambulance service shall: for each special skill.~~

~~_____ (a) _____ comply with applicable federal, state, and local laws and rules to operate a business in New Mexico;~~

~~_____ (b) _____ submit a copy of CAMTS accreditation certificate;~~

~~_____ (c) _____ complete a service application and submit it along with the required application fee to the bureau;~~

~~_____ (d) _____ may be required to complete an air ambulance service inspection, as determined by the bureau.~~

~~**B.** _____ Application for certification of non CAMTS accredited services **B. Certification:** Prior to transporting patients within the state of New Mexico, an air ambulance service:~~

~~(1) shall submit to the bureau a completed bureau approved New Mexico air ambulance application with appropriate fees;~~

~~(2) shall insure ensure compliance with all federal and state requirements, such as proof of insurance, aircraft inspection certificates, FAA Part 135 certificate, board of pharmacy permit(s), and drug enforcement agency permits; NM board of pharmacy and drug enforcement agency permits/licenses must be issued in the name of the air ambulance agency and include the name of the air agency's consultant pharmacist; and~~

~~(3) shall complete the initial bureau certification evaluation team inspection process; and~~

~~(4) if required. Upon successful completion, the bureau shall issue a temporary an air ambulance certificate for a period of up to three years for one of the approved levels of service;~~

~~(a) by the end of the first (16) sixteen months of the temporary certification period, the service shall provide to the bureau with a copy of the initial CAMTS program information form (PIF) and a letter from CAMTS acknowledging receipt of the PIF;~~

~~(b) failure to complete the CAMTS accreditation process during the temporary certification period shall be reviewed by the bureau and may result in initiation of action to suspend the air ambulance service temporary certification; this includes, but is not limited to:~~

~~(i) failure to submit a complete PIF to the bureau or CAMTS within the first sixteen months of the temporary certification period; or~~

~~(ii) submitting an incomplete PIF; or~~

~~(iii) failure to pay appropriate fees to the bureau; or~~

~~(iv) failure of a bureau inspection or CAMTS accreditation inspection;~~

~~(5) upon receipt of proof of CAMTS accreditation and approval of the bureau, the bureau may issue a full air ambulance certification.~~

~~C. Application for certification of CAMTS accredited services: Prior to transporting patients within the state of New Mexico, an air ambulance service shall:~~

~~(1) submit to the bureau a completed bureau approved New Mexico air ambulance application with appropriate fees; and~~

~~(2) ensure compliance with all federal and state requirements such as proof of insurance, aircraft inspection certificates, FAA Part 135 certificate, board of pharmacy permit(s), and drug enforcement agency permits; and~~

~~(3) submit proof of current CAMTS accreditation; services that maintain CAMTS accreditation shall notify the bureau immediately of any CAMTS accreditation status changes;~~

~~(4) upon successful completion the bureau shall issue a full New Mexico air ambulance certification at the appropriate level of care.~~

~~D. C. Certification evaluation team (CET):~~ The CET shall typically consist of the membership listed below. The bureau shall convene the membership of the CET as necessary to perform either the initial, temporary service inspections, or whenever the bureau deems necessary.

(1) The CET membership is composed of the following individuals, as determined by the bureau:

(a) bureau representative - team leader;

(b) state EMS medical director or a designated physician;

(c) state aviation representative;

(d) EMS communications representative;

(e) other members as deemed necessary by the bureau.

(2) Services shall be given advanced notice, in writing, of those personnel selected for the CET. A service which has a good faith belief that selected individual(s) on the CET may be biased or have a possible conflict of interest, may request that the bureau select a new member. In all such cases, the bureau shall make the final determination of CET membership.

~~(3) Other inspections: Inspections of non-CAMTS accredited, out of state services shall follow the certification process, as outlined.~~ (3) When out-of-state travel is required of the CET, the service applying for certification shall be responsible for reimbursement of travel expenses.

~~E. Changing the level of service:~~ **D. Deemed status; minimum standards:** The bureau may, on a case-by-case basis, grant deemed status for certification to services that are fully accredited by either the European Aero-Medical Institute (EURAMI), the National Accreditation Alliance of Medical Transport Applications (NAAMTA), or another bureau-approved national or international air ambulance accreditation service, provided that the accreditation service meets the following minimum standards:

(1) provides accreditation for no more than three consecutive years without an updated inspection and reaccreditation;

(2) has a multi-disciplinary board of directors representing medical transport organizations;

(3) uses trained site-surveyors with experience in medical transport at the level of accreditation and license;

(4) assures services that have identified standards deficiencies will implement corrective action or improvement plans to correct any deficiencies;

(5) has an open process that encourages and accepts comments on changes to its accreditation standards;

(6) provides transparency to the public on its standards, accreditation process, list of accredited programs, and policies and procedures; and

(7) allows immediate access for bureau inspection of any documentation required in this rule.

E. Deemed status; fees; discretionary approval; reapplication: Deemed status recognition is intended to streamline the bureau licensure process for air ambulance services by reducing duplicative documentation. The bureau reserves the right to verify and inspect all equipment and documentation at any time to ensure that the air ambulance service maintains full compliance with bureau requirements related to the air

ambulance service licensure.

(1) Services that seek or hold deemed status are subject to the same fees that apply to other services.

(2) Deemed status is granted at the discretion of the bureau and is not guaranteed regardless of the accreditation status of a service applying for certification.

(3) A service certified through deemed status that subsequently loses its accreditation status shall apply for certification as described in this rule.

F. Changing the level of service: Changing a level of service shall require the service to submit an initial application for that level of service, along with certification fees. Changing from a rotor or fixed wing service to a combination service will also require a new application and fee. Changing from a combined rotor wing and fixed wing service to a single type of aircraft service will require a new application and fee for the service(s) involved.

FG. Renewal of certification and inspection: Services shall retain state certification by renewing their certification every three years, ~~concurrent with CAMTS accreditation.~~ This is accomplished by submitting the required renewal application, ~~fee, and proof of current CAMTS accreditation.~~ Normally, the certification for air ambulance services that maintain national accreditation according to the standards of the CAMTS do not require a renewal inspection by the bureau to maintain certification, but, shall meet all other requirements, including the ~~submission of a renewal application~~ fee and payment of fees. The bureau may perform an ~~possible~~ possible CET inspection of a certified air ambulance service, as determined by the bureau. ~~The renewal application contains general~~

H. Base locations: The bureau may conduct announced and unannounced inspections at any location of a licensed or certified air medical service that operates at any time, including nights or weekends, to determine compliance with these rules and regulations. Each base location must maintain security measures in place that protect medical supplies and equipment onboard the air ambulance ~~service information and from tampering and unauthorized access, including scheduled drugs and other pharmaceuticals.~~

I. Inspection checklists: Each air ambulance operator shall ensure that all medical equipment is ~~used in conjunction~~ appropriate to the air medical service's scope and mission and maintained in working order according to the manufacturer's recommendations. Medical equipment shall be available on the aircraft to meet the local/state protocols for EMS providers in which the service intends to operate and in line with the initial certification application standards when applying for renewal to update the bureau on the mission of the air ambulance service. Inspection standards and requirements for medical equipment, EMS training and licensing documents, protocol and special skill documents and other required items are listed by and available from the bureau, and shall be posted on the bureau's website.

[7.27.5.13 NMAC - Rp, 7.27.5.13 NMAC, ~~1/1/2006~~ xx/xx/2025]

7.27.5.14 FEES:

A. A fee shall be assessed by the bureau for certification to operate an air ambulance in the state of New Mexico. The bureau, with the advice of the air medical transport advisory committee and the statewide EMS advisory committee, shall set the amount of the fee. Exceptions: fees shall not apply to:

(1) ~~ana licensed~~ air ambulance service from another state assisting in the response to a major disaster, mass casualty incident or other emergency; and

(2) ~~ana licensed~~ air ambulance service transferring patients to or from New Mexico ~~less no~~ more than two times per month.

~~**B.** Fees for upgrading the level of service will be the same fee that is required for initial application. Fees for changing from fixed wing or rotor wing to a combination service will be the same as for a new service. Fees for changing from a combination rotor wing and fixed wing service to a single type of service will be the same as a new service.~~

~~**C.** Fees Table:~~

~~**B.** Fees table:~~

(1) Initial certification fees ~~for CAMTS accredited services:~~ The ~~\$625~~ \$1,875.00 base fee for initial certification of single aircraft type includes one aircraft or ~~\$925~~ \$2,775.00 initial certification fee for combination service includes two aircraft. An additional ~~\$200~~ \$300.00 fee is required for each additional assigned/operating aircraft and/or base, not to exceed \$1825.00 per service.. ~~Additional fees may be assessed if additional travel is required to accommodate out-of-state applicants:~~

Type of Service	In-State Fee	Out-of-State Fee	Additional Aircraft Fee
Rotor Wing Service	\$625.00	\$1,125.00	\$200.00 per aircraft

Fixed Wing Service	\$625.00	\$1,125.00	\$200.00 per aircraft
Combination Service	\$925.00	\$1,425.00	\$200.00 per aircraft

~~(2)~~ Initial Certification Fees for Non-CAMTS Accredited Services: The \$1250.00 base fee for initial certification of single aircraft type includes one aircraft or \$1850.00 initial certification fee for combination service includes two aircraft. An additional \$200.00 fee is required for each additional assigned/operating aircraft and/or base, not to exceed \$3,2506,000.00 per service. Additional fees may be assessed if additional travel is required to accommodate out-of-state applicants.

Type of service	In-state fee	Out-of-state fee	Additional aircraft fee
Rotor wing service	\$1,250875.00	\$2,2503,375.00	\$200300.00 per aircraft
Fixed wing service	\$1,250875.00	\$2,2503,375.00	\$200300.00 per aircraft
Combination service	\$1,2502,775.00	\$24,250.00	\$200300.00 per aircraft

~~(3)~~ (2) Renewal certification fees: The following fees are to be submitted along with the air ambulance service renewal application whether based in-state or out-of-state:

Type of service	Fee
Rotor wing service	\$500750.00
Fixed wing service	\$500750.00
Combination service	\$500750.00

~~(4)~~ (3) Changes to air ambulance service after certification:

Type of service	In-state fee	Out-of-state fee
Rotor or fixed wing service to combination service	\$625950.00	\$625950.00
Combination services to rotor or fixed wing service	\$625950.00	\$625950.00
Adding additional aircraft after certification	\$200300.00 per aircraft	\$200300.00 per aircraft
Changing level of service (e.g. ALS to critical care)	\$950.00	\$950.00

[7.27.5.14 NMAC - Rp, 7.27.5.14 NMAC, ~~01/01/06~~ xx/xx/2025]

7.27.5.15 ENFORCEMENT:

A. **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 as soon as practical. The bureau may begin an investigation if ~~there is it finds~~ sufficient cause.

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

(2) If ~~the bureau determines that~~ no investigation is warranted, the service or person filing the complaint will be notified, as determined by the bureau.

(3) Services being formally investigated shall receive written notification within ~~ten~~ (10) working days after a decision is made to begin a formal investigation, unless extenuating circumstances exist which would reasonably preclude notification.

(4) At the conclusion of the bureau's ~~formal~~ investigation, the bureau may report its findings to the investigated service in written form. If the bureau investigation warrants disciplinary action against a service, the service will be ~~given~~ issued a notice of contemplated action (see right to appeal and hearing in 7.27.5.15-D NMAC).

(5) If the bureau makes a good faith judgment that the health ~~and~~ or safety of the public would be jeopardized, it may take immediate action to suspend an air ambulance service's certification to prevent a service from operating within New Mexico. The suspended service shall be afforded an expedited appeal and hearing process.

B. **Investigations:** Investigations shall ~~normally~~ be conducted by the bureau, ~~or its agent(s).~~

(1) **Preliminary investigations:** When the bureau receives information that might form the basis for disciplinary action against a service, 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.

(2) **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 to the service that is

the subject of the formal investigation, unless extenuating circumstances exist ~~which~~that would reasonably preclude notification.

~~(3) Confidentiality: The bureau will take every precaution to insure that investigations are conducted in a confidential manner.~~

~~(4)~~ **(3) Records:** An official record is maintained for every New Mexico air ambulance service, certified under these rules. If the bureau begins an 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 service's official record. Any request for records maintained by the bureau will be processed in accordance with the Inspection of Public Records Act.

C. Grounds for denial, suspension, ~~and Revocation~~revocation, or other disciplinary action: Air ambulance certification may be denied, suspended, or revoked, or subject to other disciplinary action, based on the following grounds:

~~(1)~~ **(1)** failure to meet any certification or accreditation requirement of this rule;

~~(2)~~ **(2)** fraud, deceit, misrepresentation in obtaining certification, including misrepresentation during the initial or renewal certification process;

~~(2)~~ **(2)** failure to meet any certification/accreditation requirements including failing to acquire and/or maintain accreditation with the commission on accreditation of medical transport systems (CAMTS) as outlined in these rules;

(3) negligence in the delivery of air ambulance medical services, including, but not limited to:

(a) malpractice ~~and/or~~ substandard medical care or treatment; ~~or~~
(b) using non-licensed personnel or personnel performing outside the standard of care/scope of practice; ~~or~~

(c) failure to have operational equipment and failure to carry the required equipment, or inappropriate use of equipment during a flight; ~~or and~~

(d) unauthorized disclosure of medical or other confidential information;

(4) loss of Federal Aviation Administration (FAA) certification or failure to notify the bureau of such loss of certification;

~~(5)~~ **(5)** loss of CAMTS accreditation or failure to notify the bureau of such loss of accreditation;

~~(6)~~ **(5)** failure to report revocation, suspension, denial, or other adverse actions taken in any other state or jurisdiction affecting the ability to provide air ambulance services;

~~(7)~~ **(6)** performing air ambulance operations without being certified by the department to perform the authorized level of service, including providing service after expiration of a certification;

~~(8)~~ **(7)** the use of any false, fraudulent, or deceptive statement in any document connected with the operation of an air ambulance service;

~~(9)~~ **(8)** failure to cooperate with ~~an~~ a bureau investigation or to furnish the bureau with requested information;

~~(10)~~ **(9)** failure to ~~report~~ submit required documentation, including patient run report data, into the New Mexico EMS tracking and reporting system (NMEMSTARS);

~~(11)~~ **(10)** failure of a service to comply with the regional trauma advisory committee rotor wing response protocol ~~or~~ the fixed/rotor wing inter-facility transportation protocol, or any other bureau protocol or patient care-related policy as outlined in these rules;

~~D~~ **(11)** knowingly allowing a person to perform emergency medical services in the state of New Mexico when the person is not licensed or otherwise authorized by the department of health to perform emergency medical services;

~~(12)~~ **(12)** any instance of inappropriate billing practices;

~~(13)~~ **(13)** financial insolvency of the air medical transport service;

~~(14)~~ **(14)** loss of federal drug enforcement administration or New Mexico board of pharmacy licensure or failure to notify the bureau of such loss of licensure;

~~(15)~~ **(15)** failure to ensure that the air medical transport service receives and complies with medical direction that conforms to applicable medical direction requirements (see 7.27.3 NMAC);

~~(16)~~ **(16)** failure to complete the application or renewal process, to pay required certification fees, or to pay an outstanding balance owed to the bureau;

- (17) failure to implement and maintain infection control practices;
- (18) failure of an air medical transport service to notify the bureau upon learning that a flight crew member has been convicted of a felony or misdemeanor while employed by the air medical transport service;
- (19) conduct on the part of air medical transport service personnel that constitutes a significant threat to the health or safety of individuals receiving emergency care, including but not limited to the following:
- (a) intentionally providing incorrect response time information to agencies requesting a scene response;
- (b) repeated delay of transport of critical patients from scene responses for completion of patient care tasks when rapid evacuation to definitive care at an appropriate hospital is critical;
- (20) unprofessional conduct on the part of the air medical transport service personnel, including but not limited to the following:
- (a) falsification or alteration of patient care records or air medical transport service records;
- (b) aiding, abetting, assisting or hiring an individual that violates the EMS Act or these duly promulgated rules; and
- (c) failure to follow established procedure and documentation regarding controlled substances;
- (21) failure to demonstrate that the air ambulance service is compliant with federal rules;
- (22) the entry or pendency of a sanction or disciplinary action by the department or by any local, state, or federal agency against an owner or manager of an air ambulance service;
- (23) operating an air ambulance service while the service's certificate is under suspension;
- (24) operation within the state of New Mexico without certification required by this rule;
- (25) failure to correct deficiencies identified by the bureau;
- (26) providing false or misleading claims or advertising to clients or the public regarding the service;
- (27) failure to notify the bureau of any incidents or accidents occurring within the course of business;
- (28) having been found in violation of any local, state, or federal code or rule pertaining to EMS operations or business practices; or violating any rule or standard that could jeopardize the health or safety of any person; and
- (29) failure to comply with any requirement of this rule.

D. Immediate suspension: The EMS bureau may issue an immediate suspension order to any certified air ambulance service if the bureau has reasonable cause to believe that the continued operation of the air ambulance service would create an imminent danger to public health or safety.

(1) An immediate suspension issued by the bureau is effective immediately without a prior hearing. Notice to the license holder shall be deemed established upon the issuance of the signed immediate suspension order to the individual listed as the administrator of the service at the address shown in the current records of the department.

(2) A copy of the immediate suspension order shall be sent to the provider's listed medical director at the addresses shown in the current records of the bureau.

(3) An air ambulance service holds ultimate responsibility for the operation of its service. A certified air ambulance service may be subject to disciplinary action when any of its staff members, acting with or without the consent or knowledge of the air ambulance service or its management, commits a violation described in this section.

E. Right to appeal: Any service may appeal a decision by the department to deny, suspend or revoke air ambulance certification ~~as provided below~~, or to take any other disciplinary action.

~~(1) denial of initial certification: any air ambulance service applying for certification may appeal to the department a denial of an application for certification;~~

~~(2) suspension or revocation of an existing certification: any certified air ambulance service may appeal to the department the proposed suspension or revocation of certification;~~

~~(3) denial for renewal of certification: any certified air ambulance service may appeal to the department the denial of a renewal application for certification.~~

FF. Notice of contemplated action: When the bureau contemplates taking any action specified in ~~Subsection C of 7.27.5.15 NMAC~~ this section, it shall serve upon the applicant or certified service a written notice containing a statement of the grounds or subject upon which the proposed action is based, and identifying the rule(s) violated.

FG. Right to hearing: The applicant or certified service may request a hearing before a hearing officer appointed by the secretary to contest ~~the proposed action, by mailing a certified return receipt letter addressed to the bureau within twenty (20)~~ a proposed action, by mailing to the bureau a written request for hearing via certified U.S. postal mail, return receipt requested, within 20 days after service of the notice. A service whose certification is immediately suspended may request a hearing before a hearing officer appointed by the secretary to contest the immediate suspension, by mailing to the bureau a written request for hearing via certified U.S. postal mail, return receipt requested, within 15 days after service of the notice.

GH. Hearing: Upon receipt of a timely request for a hearing, the department shall appoint a hearing officer and schedule a hearing, ~~to be held in Santa Fe, New Mexico, within forty five (45) working days of receipt of the timely date that the request for a hearing is received by the bureau.~~ Exception: ~~in the event of an upon receipt of a timely request for hearing concerning the immediate suspension by the bureau to protect the safety and health of the public, the of an air ambulance service~~ ambulance's certification, a hearing will be afforded an expedited hearing held within ~~twenty (20)~~ days of the date ~~of that the request for hearing is received by the bureau.~~ Hearings shall be held in Santa Fe, New Mexico; or, with the receipt of appeal agreement of the parties, may be held in another county, or be held by remote video or telephonic conference

HI. Notice of hearing: The department shall notify the applicant or certified service 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 ~~thirty (30)~~ days prior to the date of the hearing. Exception: in the event of an immediate suspension to protect the safety and health of the public, notice will be provided of an expedited hearing within ~~ten (10)~~ days of ~~the bureau's~~ receipt of ~~appeal~~ the request for hearing.

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

JK. Discovery: Upon written request to another party, any party is entitled to:

- (1) obtain the names and addresses of witnesses who will or may be called by the other party to testify at the hearing; and
- (2) inspect and copy any documents or items which the other party will or may introduce in evidence at the hearing.

KL. Conduct of hearing: Hearings are open to the public unless a request for closed meeting is made by either party.

LM. 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~~ officer's written report shall be submitted to the secretary no later than 30 ~~working~~ days after the ~~close of the hearing~~ last submission by a party.

MN. Secretary's determination: The secretary shall render a final determination within ~~10 working~~ 90 days ~~of after the submission~~ secretary's receipt of the hearing officer's written report. Exception: the secretary's decision regarding the immediate suspension of an air ambulance certificate shall be rendered within 15 days after the secretary's receipt 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.

O. Re-application after revocation, voluntary surrender during pendency of proposed disciplinary action, or expiration during suspension:

(1) An air ambulance service may petition the department in writing for re-application for certification either two years after either the revocation of a certificate or the voluntary surrender of a certificate while a proposed disciplinary action is pending. Expiration of a certificate during the suspension period shall not affect the two-year waiting period required before a petition can be submitted.

(2) The petitioner shall bear the burden of proving fitness for re-certification.

(3) The bureau may allow an application for certification if there is proof that the health, safety, and confidence of the public will be protected.

(4) The bureau may deny a petitioner if, in the judgment of the bureau, the reason for the original action continues to exist or if the petitioner has failed to offer sufficient proof that there is no longer a threat to public health, safety, or confidence.

(5) A service whose certificate expires during a suspension period shall not reapply for certification until the end of the suspension period.

(6) **Surrender of a certification:** Surrender of a certificate shall not deprive the bureau of jurisdiction regarding disciplinary action against the certificate holder. A service who wishes to surrender their

certificate prior to the expiration of the license may do so by:

(a) completing a surrender of certification statement; and
(b) if a notice of contemplated action is issued to an air ambulance service, and if the affected service surrenders its certificate prior to the action proposed in the notice of contemplated action becoming final, the surrender of the certificate by the service shall constitute an admission to the allegations of the notice of contemplated action, and the action proposed in the notice of contemplated action shall become effective and shall be deemed a final action not subject to judicial review.

(7) Notification of disposition: An order of final disposition of any disciplinary action shall be sent to the certificate holder at the address shown in the current records of the department. A copy of the order shall also be sent to the service's medical director at the address shown in the current records of the department.
[7.27.5.15 NMAC - Rp, 7.27.5.15 NMAC, 01/01/06 xx/xx/2025]

7.27.5.16 STANDARDS: ~~The most recent standards for air ambulance services published by the CAMTS are incorporated by reference, with the written permission of CAMTS. Air ambulance~~ Air ambulance services shall meet the ~~standards outlined in the CAMTS accreditation standards, with following exceptions~~ standards:

A. Rotor wing scene response protocol (rotor wing): All rotor wing air ambulance services certified to operate in the state of New Mexico shall adhere to the response and transportation policy outlined below. Failure to adhere to the response protocol policy may be investigated by the department and may result in disciplinary action against the service(s) involved in the non-compliance. The department recognizes that air ambulance services may need to occasionally deviate from this policy in the best interest of patient care.

(1) Response: When a request from ~~aan~~ EMS provider, law enforcement officer, or the incident commander for a rotor wing air ambulance is received by telephone or radio at a dispatch center to respond to a scene, the dispatcher or air ambulance service shall ensure that the closest available service shall respond, ~~and that a realistic response time is provided.~~ If another rotor wing service is closer to the scene and their aircraft is available to respond, the request shall be transferred and communicated to that service, without delay.

(2) Transportation: All patients shall be transported by the rotor wing air ambulance service to the closest appropriate facility. For trauma patients ~~and other patients with time-critical conditions,~~ the regional or local trauma transportation protocols/guidelines should guide the destination decision, ~~with rapid transport being a priority.~~ Regional or EMS system transportation protocols/guidelines shall also guide transportation decisions.

B. Inter-facility transportation protocol (rotor wing and fixed wing): The department follows the federal Emergency Medical Treatment and Labor Act (EMTALA) for inter-facility transfers.

(1) For inter-facility transfers, it is the responsibility of the physician at the sending facility to arrange an "appropriate transfer" under the EMTALA requirements. The EMTALA requirements include as part of arranging an "appropriate transfer" that the sending physician secure an appropriate method of transportation that is consistent with the patient's needs. (It is recommended that the sending physician and the receiving physician consult when making the decision about the appropriate method of transportation.)

(2) Physicians arranging inter-facility transfers must remain current on available EMS transportation options within their area. In New Mexico, the following options are available in many geographical areas; Regular ground ambulance (BLS and ALS), critical care ground ambulance, fixed wing air ambulances (BLS, ALS, and critical care), and rotor wing air ambulances (critical care).

C. General standards: Compliance with the following standards must be documented before an applicant will be licensed:

(1) applicants for licensure must demonstrate liability coverage for injuries to persons and for loss or property damages resulting from negligence by the service or medical crew. A license holder should immediately notify the department/agency and cease operations if the coverage required by this section is cancelled or suspended.

(2) the applicant must show evidence of medical professional liability insurance that requires the insurer to compensate for injuries to persons or unintentional damage to property. Applicants should provide a copy of the current certificates of insurance demonstrating coverage for each air ambulance medical crew member that demonstrates, at a minimum, aggregate limits of \$1,000,000 per claim made and a total of \$3,000,000 for all claims made against the provider during the policy year.

~~(3) Specific Exceptions to the CAMTS Accreditation Standards:~~

~~(1) Throughout the standards, the words "should be" means "shall" for the purpose of certification in New Mexico.~~

~~(2) In the far right hand column, "RW" applies to "rotor wing" and "FW" applies to "fixed~~

wing". Both "RW" and "FW" apply for certification of air ambulance services in New Mexico.

~~(3) In the far right hand column, "G" refers to "ground transport" and "ME" refers to "medical escort". These do not apply for air ambulance certification in New Mexico.~~

~~(4) In section 01.10.02, the minimum "general liability insurance" required for rotor wing services is 50 million dollars in New Mexico.~~

~~(5) In section 01.10.01, if an accredited program refers a flight to another service, it shall follow the rotor wing scene response protocol and the inter facility transportation protocol as found in section 7.27.5.16 NMAC.~~

~~(6) In section 01.12.00, all air ambulance services shall report all aviation incidents and accidents to the CONCERNcooperative network and the bureau, as well as all appropriatecall for emergency regional notification (CONCERN) network or other government agencies. See the CAMTS standards glossary for a definition of national accident/incident and accident. The CONCERN network provides information regarding accidents and incidents in the air medical and critical care transport community. This information is provided by the transport service involved and then distributed via email by the CONCERN network. The purpose of the CONCERN network is to increase awareness of safety hazards in the medical transport community. It is accessible via the world wide web at .~~

~~(7) In section 01.12.00, air ambulance services shall report all aviation incidents and accidents to the CONCERNtracking network and the bureau, in addition to all other appropriate government agencies required by law. An incident is an occurrence other than an accident that affects or could affect the safety of the patient or medical crew availability. An accident is an occurrence is associated with the operation of an air ambulance where any person suffers death or serious injury, or in which the aircraft was substantially damaged. Include occurrences that include patient missions and missions that support the service's operations.~~

~~(8) In section 02.03.00, (4) a clinical care supervisor shall be an EMT-P or higher level of licensure.~~

~~(9) In section 02.04.01, on-site shifts scheduled for greater than twenty-four hours are discouraged.~~

~~(5) the air ambulance service shall have standards for EMS personnel duty time and assuring a rested and fit-for-duty-EMS staff;~~

~~(6) air medical transport services shall include the bureau contact representatives in their emergency call down list (Post Accident Incident Plan).~~

~~(7) all air ambulance services shall enter and maintain their operational status in a web-based program designated by the NMDOH bureau of health emergency management, e.g. "EM Systems" or "ReadyOp."~~

~~(8) all EMT-paramedics shall be certified as a flight paramedic by a bureau approved national certification entity or receive bureau approved equivalent education within two years of their employment with the flight service. Air ambulance service-based training and orientation may meet this requirement.~~

~~(9) all levels of EMTs who work on air ambulances will receive specialized training to handle the unique challenges of providing care in a helicopter or fixed-wing aircraft. These training components ensure that EMTs are well-prepared to provide high-quality care in the unique and often critical environment of air medical transport. EMTs who work on air ambulances shall be trained in the following:~~

~~(a) aviation safety: understanding aircraft operations, safety protocols, and emergency procedures specific to aviation;~~

~~(b) aeromedical concepts: training in the physiological effects of flight, including hypoxia, barotrauma, and changes in blood pressure and circulation;~~

~~(c) aeromedical patient care: proficiency in basic, intermediate, and advanced life support, trauma management, and neonatal/pediatric care, including any education for air ambulance service approved special skills;~~

~~(d) communication skills: effective communication with pilots, dispatch, and other medical personnel, often in high-stress situations;~~

~~(e) environmental considerations: managing patient care in confined spaces and learning how to secure patients safely during flight;~~

~~(f) equipment familiarization: proficiency with specialized equipment used in air medical transport, such as portable monitors, ventilators, and medications;~~

~~(g) tactical patient transport: skills in loading and unloading patients quickly and safely, including use of stretchers and securing equipment in-flight.~~

~~(10) the air medical service shall provide documentation showing compliance with all federal~~

regulations pursuant to patient safety during transport. The bureau will require proof of compliance with federal regulations from the appropriate federal agencies;

(11) any issues identified with aircraft that have the potential to be unsafe for patient care and safety will be referred to the appropriate federal authorities. If warranted, certification shall be withheld or suspended until federal approval and notification of compliance is provided to the bureau.

[7.27.5.16 NMAC - Rp, 7.27.5.16 NMAC, ~~01/01/06~~ xx/xx/2025]

7.27.5.17 RADIO COMMUNICATION FREQUENCIES:

A. ~~The following~~ Radio equipment capable of transmitting and receiving medical control communications on all New Mexico emergency medical services communication (EMSCOM) system UHF medical frequencies ~~are channels is~~ required in all air ambulance vehicles ~~(fixed and rotor wing).~~

B. ~~The ability to have communications with ground-based EMS, public safety, and other resources is required. This may be via additional equipment such as a cell or satellite phone, or supplementary radio frequencies and channels.~~

C. ~~to communicate with the New Mexico EMS system and to conduct medical communication~~ All communications equipment shall be maintained in the state of New Mexico ~~full operating condition and good repair.~~

- ~~(1) Transmit 463.000, receive 468.000.~~
- ~~(2) Transmit 463.235, receive 468.025.~~
- ~~(3) Transmit 463.050, receive 468.050.~~
- ~~(4) Transmit 463.075, receive 468.075.~~
- ~~(5) Transmit 463.100, receive 468.100.~~
- ~~(6) Transmit 463.125, receive 468.125.~~
- ~~(7) Transmit 463.150, receive 468.150.~~
- ~~(8) Transmit 463.175, receive 468.175.~~
- ~~(9) Transmit 462.950, receive 467.950.~~
- ~~(10) Transmit 462.975, receive 467.975.~~

[7.27.5.17 NMAC - Rp, 7.27.5.17 NMAC, ~~01/01/06~~ xx/xx/2025]

~~**7.27.5.18 STANDARDS AND REQUIREMENTS CHECKLISTS:** Standards and requirements are outlined in the CAMTS accreditation standards incorporated by reference, with the written permission of CAMTS, with the noted exceptions in section 7.27.5.16 NMAC.~~

~~[7.27.5.18 - Rp, 7.27.5.18 NMAC, 01/01/06]~~

~~**7.27.5.19**~~ **7.27.5.18 APPLICATION FOR AIR AMBULANCE CERTIFICATION:** All applications for certification as an air ambulance shall contain the following:

- A.** service name;
- B.** ownership structure: sole proprietor, partnership, corporation, etc.;
- C.** service mailing address;
- D.** physical location of facilities: use additional sheets as necessary;
- E.** communications; information, to include:
 - (1) business telephone;
 - (2) facsimile number;
 - (3) dispatch center telephone;
 - (4) emergency point of contact;
 - (5) operations telephone;
 - (6) cellular telephone;
 - (7) pager number;
- F.** ~~communications center~~; physical location of the communications center;
- G.** medical service management personnel information, to include:
 - (1) program administrator: name, telephone, facsimile, and other contact information as applicable;
 - (2) medical director: name, license number, telephone, facsimile, and other contact information as applicable;
 - (3) clinical care supervisor: name, telephone, facsimile, and other contact information as applicable;
- H.** hours of operations: 24 hour, ~~7~~seven days a week, or other (please explain);

- I. type of air ambulance certificate requested:
- (1) fixed wing only;
 - (2) rotor wing only; or
 - (3) combination service;
- J. level of service requested:
- (1) advanced life support;
 - (2) critical care; or
 - (3) specialty care;
- K. service affiliation:
- (1) private or government service; or
 - (2) hospital, police, independent, or municipal;
- L. aircraft certificate holder information, to include:
- (1) service name;
 - (2) contact person;
 - (3) address;
 - (4) business telephone;
 - (5) facsimile; number; and
 - (6) certificate number;
- M. type of aircraft: ~~for fixed and rotor wing, the following information is required, to include:~~
- (1) make of aircraft(s);
 - (2) model of aircraft(s); and
 - (3) tail number(s);
- N. ~~level of staffing: For both fixed and rotor wing, please attach a copy of your staffing plan, to include the following:~~
- (1) EMS personnel: EMT-P and the number of each;
 - (2) nursing personnel: number and type;
 - (3) physician(s): number and type; and
 - (4) other personnel: number and type;
- O. emergency information: to include emergency contact information ~~shall be provided~~ for the service director, clinical care supervisor, medical director, and dispatch agency;
- P. ~~all applicants shall meet the CAMTS accreditation standards for the level of service of the air ambulance service; some CAMTS accreditation standards may be waived by the bureau for initial certification since new start up air ambulance services cannot achieve CAMTS accreditation without being in service for a period of time; some CAMTS accreditation standards have exceptions that are listed in 7.27.5.16 NMAC; in general the initial application for air ambulance certification shall include the following: if accredited, a certificate of accreditation from an EMS bureau-approved national or international air ambulance accrediting organization.~~

Standards	Reference Number
Medical Section	
Capabilities and Resources of the Medical Transport Service and receiving hospitals	01.00.00
Medical Personnel	02.00.00
Medical Director	02.01.00
Medical Control Physician	02.02.00
Clinical Care Supervisor	02.03.00
Staffing	02.04.00
Mission Types	02.05.00
Training and Continuing Education	02.06.00
Aircraft/Ambulance Section	
Medical Configuration	03.00.00
Operational Issues	04.00.00
Aircraft/Ambulance Equipment	05.00.00
Communications	06.00.00
Management and Administrative Responsibilities	

Standards	Reference Number
Management Policies	07.00.00
Utilization Review	07.01.08
Quality Management	08.00.00
Infection Control	09.00.00
Rotor Wing Standards	
Certificate of the Aircraft Operator	10.00.00
Weather and Weather Minimums	11.00.00
Pilot Personnel	12.00.00
Maintenance	13.00.00
Helipad	14.00.00
Refueling	15.00.00
Community Outreach	16.00.00
Fixed Wing Standards	
Certificate of the Aircraft Operator	17.00.00
Aircraft	18.00.00
Weather	19.00.00
Pilot Personnel	20.00.00
Policies	21.00.00
Maintenance	22.00.00
Refueling	26.00.00
Community Outreach	27.00.00
Ground Inter-facility Standards: Not Applicable.	N/A
Addendums	
Addendum A—Rationale for Change—Critical Care Alternative	
Addendum B—Education Matrix	
ALS-BLS Ground Standards: Not Applicable	N/A
Medical Escort Standards: Not Applicable	N/A

[7.27.5.1918 NMAC - Rp, 7.27.5.19 NMAC, ~~01/01/06~~ xx/xx/2025]

7.27.5.2019 AIRCRAFT EQUIPMENT STANDARDS: ~~Standards and requirements are outlined in the CAMTS accreditation standards incorporated by reference. Each air ambulance operator shall ensure that all medical equipment is appropriate to the air medical service's scope and mission and maintained in working order according to the manufacturer's recommendations.~~

A. ~~Medical equipment shall be available on the aircraft that meets the local/state protocols for EMS providers for the area in which the service intends to operate, and in line with the noted exceptions in section 7.27.5.16 NMAC, mission of the air ambulance service. The medical equipment shall include, but is not limited to, the following:~~

~~[7.27.5.20 NMAC—Rp, 7.27.5.20 NMAC, 01/01/06]~~

7.27.5.21 TRAINING STANDARDS: Standards (1) isolation equipment;
(a) isolation goggles and requirements are outlined in masks or mask/shield combination;
(b) isolation gowns;
(c) isolation gloves;
(2) high particulate filter washes (high efficiency particulate air (HEPA) filter or N95 mask-assorted sizes;
(3) containers (bags) for infectious medical waste;
(4) sharps container;
(5) disinfectant/germicidal;

- (6) waterless hand cleaner;
- (7) airway equipment:
 - (a) complete set of oropharyngeal airway devices: adult, pediatric, and infant;
 - (b) complete set of nasopharyngeal airway devices: adult, pediatric, and infant;
 - (c) complete set of intubation equipment-adult, pediatric, and infant;
- (8) extra batteries and bulbs;
- (9) syringes, assorted sizes;
- (10) stylets (adult, pediatric and infant);
- (11) magill forceps (adult and pediatric);
- (12) booted hemostat or device appropriate clamp;
- (13) adult endotracheal tubes;
- (14) pediatric/infant endotracheal tubes a. 2 sizes of each tube that corresponds to the CAMTS accreditation required pediatric weight-based tape, chart or wheel. Medical directors can choose tube sizes based on protocol and evidence based guidelines;
- (15) pediatric weight based drug tape, chart or wheel;
- (16) water soluble lubricant;
- (17) laryngoscope handle;
- (18) laryngoscope blades, curved and straight, sizes 0-1-2-3;
- (19) end-tidal carbon dioxide (CO2) monitor;
- (20) advanced airway procedure kit, as applicable;
- (21) approved medications, including blood or blood products, with equipment to maintain temperatures within manufacturer recommendations and medical standards incorporated;
- (22) security of medications, fluids, and controlled substances maintained by reference, with each air ambulance licensee in compliance with local, state, and federal drug laws;
- (23) electrocardiogram (ECG) monitor/defibrillator and appropriate adult and infant pads, including external pacemaker pads (secure positioning of cardiac monitors, defibrillators, and external pacers so that displays are visible to medical personnel);
- (24) pulse oximeter (adult and pediatric);
- (25) spare batteries as appropriate for powered medical devices;
- (26) ventilator as approved by medical director;
- (27) bleeding/burns equipment;
- (28) gauze pads;
- (29) universal trauma dressings;
- (30) suction equipment including tubing:
 - (a) wall mounted suction unit;
 - (b) portable suction unit powered or hand operated;
- (31) hard tip suction;
- (32) soft tip suction catheters set:
 - (a) adult sizes;
 - (b) pediatric sizes;
- (33) suction bags (package) or equivalent;
- (34) french suction catheters;
- (35) sterile gloves;
- (36) oxygen equipment (oxygen flow capable of being stopped at the noted exception oxygen source from inside the air ambulance and measurement of the liter flow and quantity of oxygen remaining is accessible to air medical personnel while in flight):
 - (a) main oxygen source;
 - (b) wall mounted oxygen gauge 0-15 L/min. minimum. Oxygen equipment shall be furnished capable of adjustable flow from 2 to 15 liters per minute. Masks and supply tubing for adult and pediatric patients shall allow administration of variable oxygen concentrations from twenty-four percent to ninety-five percent fraction inspired oxygen. Medical oxygen shall be provided for one-hundred and fifty percent of the scheduled flight time by a unit secured within the air ambulance;
- (37) compressed air as appropriate (each gas outlet clearly marked for identification);
- (38) portable oxygen unit;
- (39) portable variable flow regulator 0-15 liters per minute minimum;
- (40) bag-valve-mask with reservoir one hundred percent oxygen flow (adult, pediatric, and

infant);

(41) transparent oxygen masks, simple and non-rebreather (adult, pediatric, and infant oxygen mask);

(42) nasal cannulas (adult and pediatric);

(43) oxygen connective tubing and appropriate adapters;

(44) oxygen humidifier/nebulizer and appropriate connecting tubing;

(45) adjunct equipment, to include:

(a) trauma shears;

(b) stethoscope (adult and pediatric);

(c) tourniquets;

(46) blood pressure cuffs: (large adult, adult, pediatric, infant);

(47) penlight;

(48) patient hearing protection;

(49) assorted tape;

(50) exam gloves;

(51) obstetrical kit;

(52) nasogastric tubes (adult and pediatric);

(53) patient restraints;

(54) pediatric restraining system;

(55) intravenous equipment;

(56) alcohol, chlorhexidine, or betadine skin cleanser (preferably prep pads);

(57) intravenous (IV) administration sets;

(58) IV infusion pump tubing;

(59) IV catheters and butterfly needles, assorted sizes 24-14;

(60) intraosseous needles;

(61) needles, assorted sizes;

(62) IV solutions, per protocol;

(63) associated adjunct equipment:

(a) invasive line set-up;

(b) pressure bags;

(64) one or more cots/stretchers capable of being secured in the aircraft which:

(a) can accommodate an adult of a height and weight appropriate for the capacity of the air ambulance. There shall be restraining devices or additional appliances available to provide adequate restraint of all patients including those under 60 pounds or 36 inches in height;

(b) shall have the head of the primary stretcher capable of being elevated up to 30 degrees. The elevating section shall not interfere with or require that the patient or stretcher securing straps and hardware be removed or loosened;

(c) shall be sturdy and rigid enough that it can support cardiopulmonary resuscitation. If a backboard or equivalent device is required to achieve this, such device will be readily available;

(d) shall have a pad or mattress impervious to moisture and easily cleaned and disinfected according to Occupational Safety and Health Administration (OSHA) bloodborne pathogen requirements (29 C.F.R 1910.1030);

(65) supply of linen for each patient; and

(66) survival kit for all medical crew members and patients.

[7.27.5.4619 NMAC - Rp, 7.27.5.19 NMAC, xx/xx/2025]

7.27.5.20 [RESERVED]

[7.27.5.20 NMAC - Repealed xx/xx/2025]

7.27.5.21 [RESERVED]

[7.27.5.21 NMAC - Rp, 7.27.5.21 NMAC, 01/01/06Repealed xx/xx/2025]

HISTORY of 7.27.5 NMAC:

Pre NMAC History: The material in this part was derived from that previously filed with the commission of public records - state records center and archives:

DOH Regulation 94-09 (CHSD), Regulations Governing The Certification Of Air Ambulance Services For The state

Of New Mexico, filed 12/30/1994.

History of repealed material:

7 NMAC 27.5, Certification of Air Ambulance Services, repealed 9/13/2001.

7.27.5 NMAC, Certification of Air Ambulance, repealed ~~4/401/01~~/2006.

7.27.5 NMAC, Certification of Air Ambulance, (filed 12/16/2005) Repealed xx/xx/xxxx.

Other History:

DOH Regulation 94-09 (CHSD), Regulations Governing The Certification Of Air Ambulance Services For The State of New Mexico (filed 12/30/1994), renumbered and reformatted to and replaced by 7 NMAC 27.5 NMAC, Certification of Air Ambulance Services, effective 9/13/2001.

7 NMAC 27.5 NMAC, Certification of Air Ambulance Services (filed 11/26/1996) replaced by 7.27.5 NMAC, Certification of Air Ambulance, effective 9/13/2001.

7.27.5 NMAC, Certification of Air Ambulance (filed 8/30/~~01~~2001) replaced by 7.27.5 NMAC, Certification of Air Ambulance, effective ~~4/401/01~~/2006. 7.27.5 NMAC, Certification of Air Ambulance (filed 12/16/2005) replaced by 7.27.5 NMAC, Certification of Air Ambulance, effective xx/xx/2025.