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), emergency medical systems bureau (EMSB).

[7.27.2.1 NMAC - Rp, 7.27.2.1 NMAC, xx/xx/2025]

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, Rp, xx/xx/2025]

- **7.27.2.3 STATUTORY AUTHORITY:** These rules are promulgated pursuant to the following statutory authorities: 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"; 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 center for health protection, public health 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. 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. This includes use of the graphic utilized by the bureau as the state patch and emblem of New Mexico EMS. 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, Rp, xx/xx/2025]

**7.27.2.4 DURATION:** Permanent.

[7.27.2.4 NMAC - Rp, 7.27.2.4 NMAC, Rp, xx/xx/2025]

- **7.27.2.5 EFFECTIVE DATE:** xx/xx/2025, unless a later date is cited at the end of a section. [7.27.2.5 NMAC Rp, 7.27.2.5 NMAC, Rp, xx/xx/2025]
- **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, emergency medical technicians, and emergency medical services registered nurses, and to assist in the provision of a comprehensive system of emergency medical services in the state of New Mexico. [7.27.2.6 NMAC Rp, 7.27.2.6 NMAC, Rp, xx/xx/2025]

# **7.27.2.7 DEFINITIONS:**

A. Definitions beginning with "A":

- (1) "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.
- **(2) "Act"** means the Emergency Medical Services Act, Section 24-10B-1, *et seq.*, NMSA 1978.
- (3) "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.
- (4) "Advisory committee" means the statewide emergency medical services advisory committee appointed by the secretary of health.
- **(5) "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 department of transportation, 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.
- (6) "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.
- (7) "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.

# B. Definitions beginning with "B":

- (1) "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.
- (2) "Bureau" means the emergency medical systems bureau of the center for health protection of the New Mexico department of health.
- (3) "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.

### C. Definitions beginning with "C":

- (1) "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.
- (2) "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.
- (3) "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.
- (4) "Commission" means the New Mexico emergency medical services licensing commission appointed by the secretary of health.
- (5) "Continuing education" or "CE" means EMS education that is approved by the bureau and is required every two years for renewal of licensure.
- **(6) "Controlled substance"** means a controlled substance as defined in the New Mexico Controlled Substance Act, Section 30-31-2 NMSA 1978.
- (7) "Conviction" means an adjudication of guilt, and does not include a deferred adjudication that results in dismissal of a charge or an adjudication that is expunged.
- (8) "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.

# D. Definitions beginning with "D":

- (1) "Department" means the New Mexico department of health (DOH).
- (2) "Disqualifying criminal offense" means a criminal offense identified in Section 7.27.2.18 NMAC.
- (3) "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.

(4) "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.

## E. Definitions beginning with "E":

- (1) "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.
- (2) "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.
- (3) "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.
- (4) "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.
- (5) "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.
- (6) "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.
- (7) "Emergency medical services registered nurse" ("EMS-RN") means a licensed New Mexico registered nurse who has also been licensed by the department to provide patient care according to the current scope of practice for EMS-RNs, and in accordance with the nursing scope of practice as approved by the individual's medical director.
- (8) "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.
- (9) "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.
- **F. Definitions beginning with "F": "Fully licensed"** means an individual licensed to practice medical patient care at a specified level.
- G. Definitions beginning with "G": "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.
  - H. Definitions beginning with "H": [RESERVED]
  - I. Definitions beginning with "I":
- (1) "Immediate suspension" means (except in reference to summary suspension) the immediate suspension of an EMS provider license that is made pursuant to a preliminary injunction, in accordance with this rule and the Uniform Licensing Act at Subsection A of Section 61-1-25.1 NMSA 1978.
- (2) "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.
- (3) "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.
  - J. Definitions beginning with "J": [RESERVED]
  - K. Definitions beginning with "K": [RESERVED]

L. **Definitions beginning with "L": "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.

## M. Definitions beginning with "M":

- (1) "Medical control" means supervision provided by or under the direction of physicians to providers by written protocols or direct communication.
- (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.
- (3) "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.
- **(4) "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.
- (5) "Moral turpitude" means conduct contrary to justice, honesty, modesty or good morals including such acts as fraud, theft, sexual assault, and other similar behavior.
- N. **Definitions beginning with "N": "National registry"** means the national registry of emergency medical technicians based in Columbus, Ohio.

### O. Definitions beginning with "O":

- (1) "Offline medical control" means performing EMS actions or medication administration under standing orders or protocols.
  - (2) "Online medical control" means direct voice contact with a medical control physician.
- (3) "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.

## P. Definitions beginning with "P":

- (1) "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.
- (2) "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.
- (3) "Protocol" means a predetermined, written medical care plan approved by the medical director and includes standing orders.
- (4) "Provider" means a person who has been licensed by the department to provide patient care pursuant to the Emergency Medical Services Act.

## Q. Definitions beginning with "Q": [RESERVED]

# R. Definitions beginning with "R":

- (1) "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.
- (2) "Regional office" means an emergency medical services planning and development agency formally recognized and supported by the bureau.
- (3) "Re-instatement" means a process for those persons who have completed the renewal requirements but fail to renew licensure by March 31st, to have their licensure reinstated between April 1st and May 31st of the expiration year.
- (4) "Renewal" means re-licensure every two years after completion of all requirements for specified levels prior to expiration of licensure.
- (5) "Retest" means licensing examination given after failure of the applicant's initial examination.

#### S. Definitions beginning with "S":

- (1) "Secretary" means the New Mexico secretary of health.
- (2) "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.
- (3) "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.
- (4) "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.

- (5) "Summary suspension" means the immediate suspension, in accordance with this rule, of an individual's EMS provider license without a hearing when evidence in the department's possession indicates that the licensee has either been adjudged mentally incompetent by a final order or adjudication by a court of competent jurisdiction, or pled guilty or no contest (nolo contendre) to, or been found guilty of, a disqualifying criminal offense.
- T. Definitions beginning with "T": "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.
  - 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]

[7.27.2.7 NMAC - Rp, 7.27.2.7 NMAC, Rp, xx/xx/2025]

#### 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 described within the scopes of practice, unless currently licensed as an emergency medical dispatcher (EMD), emergency medical dispatcher instructor (EMD-I), EMS first responder, EMS-RN or EMT under these rules. This provision is enforceable by civil action and criminal prosecution 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, EMS-RN and EMTs in New Mexico is the emergency medical systems bureau of the center for health protection of the department of health.
- **C. Eligibility:** Initial licensure as an EMD, EMD-I, EMS first responder, EMS-RN 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: The seven classifications of fully licensed EMS providers that are recognized in the New Mexico registry of emergency medical services personnel are as shown below. 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 services registered nurse (EMS-RN)
  - (6) Emergency medical technician intermediate (EMT-I).
  - (7) 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;
- (i) 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. Out-of-state based 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 their state's EMT-basic level, or have been granted special permission by the EMS bureau;

- **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 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. When functioning as part of an EMS agency, EMS-RNs must have medical direction approval for any and all EMT and nursing scope of practice care administered. 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 seven 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 and expiration dates: The length of an EMS license varies depending on the date that an individual is licensed, but is (on average) approximately 24 months in length. The expiration date for every license is March 31 of a given year. Requirements for renewal of licensure shall be completed prior to the March 31 expiration date. License expiration dates are as follows:
- (1) Licenses issued in January through June: A license that is issued on a date in January through the end of June will expire March 31 in the second year after the year in the license was issued. For example, if an initial license is issued on February 28, 2025, the license will expire on March 31, 2027.
- (2) Licenses issued in July through December: A license that is issued on a date in July through the end of December will expire March 31 in the third year after the year in which the license was issued. For example, if an initial license is issued on October 14, 2025, the license will expire on March 31, 2028.
- N. 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.
- O. Graduate license for all non-EMS-RN EMT levels: All EMS provider licenses other than the EMS-RN license are eligible to obtain a graduate license. The function 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. A graduate license may not be upgraded to full licensure. Individuals holding a graduate license who wish to obtain full licensure must apply for and complete all aspects of an initial licensing application, including payment of fees. All applicants for graduate licensure shall:
- (1) submit a completed bureau approved license application form, including completing the criminal background check;
  - (2) provide evidence of current bureau approved CPR certification;
  - (3) provide evidence of current bureau approved ACLS certification (paramedic only);
  - provide a course completion certificate from a bureau approved EMS education program;

and

- (5) pay all licensure fees as required by these rules.
- **P.** 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.
- Q. 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;
- 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;
- an individual or agency shall provide evidence of agency medical direction, 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.

#### 7.27.2.9 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. Initial licensure may only be obtained as described in this section; initial licensure requirements are not subject to waiver.
- **B.** 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.

director;

- (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.
  - C. 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;
- have successfully completed, within the previous 12 months, an EMD-instructor education course from an EMD program which is approved by the bureau;
- provide a valid personal (i.e., non-service or business) address in the application materials; and
- (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.
- **D.** Licensed emergency medical services first responder: An applicant for licensure as an EMS first responder shall meet the following requirements:
  - (1) the applicant shall be of good character; and
- (2) the applicant shall be at least 18 years of age; or the applicant shall 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
  - (b) shall notify the bureau, in writing, of any change of service affiliation; and
  - (c) shall submit a notarized parental or guardian consent;
  - 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; the EMS bureau may, at the discretion of the EMS bureau chief, accept successful completion of the approved EMSFR course final as completion of an EMSFR licensing examination;
- (e) provide documentation of successful completion of an approved exam, which may include a copy of national registry of EMTs emergency medical responder certification card or, in approved circumstances, a copy of the course completion certificate 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.
- **E.** Emergency medical technician basic (EMT-B): An applicant for licensure as an EMT-B shall meet the following requirements:
  - (1) the applicant shall be of good character; and
  - (2) the applicant shall be at least 18 years old; or
  - (3) the applicant shall 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) provide documentation of successful completion of an approved exam, which may be a 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.
- **F. Emergency medical services registered nurse (EMS-RN):** An applicant for licensure as an EMS-RN shall:
  - (1) be fully licensed as a New Mexico registered nurse;
  - (2) be at least 18 years old, and be of good character;
  - (3) submit a completed, bureau approved license application form;
  - (4) provide evidence of current bureau approved CPR certification;
- pass the bureau approved state exam and submit to the bureau a certificate of completion of an approved and accredited EMT-basic course;
- (6) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules, including the criminal background check as determined by the bureau; and

- (7) 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) the applicant shall be at least 18 years old, and be of good character;
  - (2) the applicant shall submit a completed, bureau approved license application form;
  - (3) the applicant shall provide evidence of current bureau approved CPR certification;
  - (4) the applicant shall be fully licensed as an EMT-basic;
- the applicant shall present a certificate of completion from an approved EMT-I course completed at a bureau approved EMS education program, and accomplished within the previous 24 months;
- (6) the applicant shall 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) the applicant shall provide documentation of successful completion of an approved exam, which may include a copy of national registry of EMTs advanced emergency medical technician certification card acquired after bureau approved course and examination completion;
- (8) the applicant shall provide a valid personal (i.e., non-service or business) address in the application materials;
- (9) the applicant shall meet all other licensing requirements found in 7.27.2.8 NMAC of these rules;
  - (10) the applicant shall pay all licensure fees as required by these rules; and
- (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) the applicant shall be at least 18 years old, and be of good character;
- the applicant shall present, at a minimum, a high school diploma or general education diploma (GED);
  - (3) the applicant shall submit a completed bureau approved license application form;
  - (4) the applicant shall be fully licensed as an EMT-B or EMT I;
- (5) the applicant shall provide evidence of current bureau approved CPR certification;
- (6) the applicant shall 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);
- the applicant shall provide a valid personal (i.e., non-service or business) address in the application materials;
  - (8) the applicant shall pay all licensure fees as required by these rules;
- (9) the applicant shall 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;
- (10) the applicant shall successfully complete the bureau approved EMT-P licensing examination;
- (11) the applicant shall submit a copy of national registry of EMTs paramedic certification card acquired after bureau approved course and examination completion;
- (12) the applicant shall meet all other licensing requirements found in 7.27.2.8 NMAC of these rules; and
- (13) 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.
- I. 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 in accordance with the following:
  - (1) the provider shall be in good standing at the current level of licensure;
- (2) the provider shall meet the eligibility and renewal requirements (if doing this at the time of renewal) 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 shall meet the re-entry requirements to reacquire the original level of licensure in accordance with Subsection L of 7.27.2.11 NMAC of this rule.

[7.27.2.9 NMAC - Rp, 7.27.2.9 NMAC, Rp, xx/xx/2025]

#### **7.27.2.10 RECIPROCITY:**

- A. Individuals who are currently licensed or certified in another state or governmental jurisdiction 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 meet the following requirements:
- (1) the individual shall submit an application for the appropriate licensure level along with a copy of a current state certification/licensure card;
  - (2) the individual shall provide a copy of a current bureau approved CPR certification card;
- (3) if applying for the EMT-P level, the individual shall 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);
- the individual shall 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;
- if applying for the EMSFR, EMT-B and EMT-I level, the individual shall successfully complete a bureau approved transition course for out-of-state applicants, as determined by the EMS bureau;
- (6) if the applicant has joined an EMS agency as a volunteer or employee and this is verified by agency leadership, the agency's medical director may verify the applicant's competency in lieu of the applicant taking a bureau exam; if the applicant is not associated with an EMS agency, they must 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) the individual shall 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
    - (e) A temporary license may be issued only upon application and payment of

required fees.

the bureau;

- (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. The following requirements apply:
- (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; and
- (d) the applicant must submit a completed application with appropriate fees. [7.27.2.10 NMAC Rp, 7.27.2. 10 NMAC, Rp, xx/xx/2025]
- 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 application is incomplete, the individual shall be notified by the bureau 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 prior to licensure expiration. Required CPR and ACLS certifications and education must be current at the time of renewal. In order to pay the standard renewal fees, renewal applications must be received by the bureau by the last day of February prior to expiration of licensure. Renewal applications received after the last day of February, but before March 31, will be accepted but will be assessed a higher fee as described later in this rule.
- (1) Once the renewal period is announced to be open, the applicant may submit the completed renewal application to the bureau as soon as requirements are complete; the completed renewal application shall be submitted no later than the final month of licensure. A standard renewal fee is assessed for renewal applications submitted 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 submitted 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. Inactive or limited scope status:** A licensee who is not currently providing care through an EMS provider service and does not have a service medical director may request that the bureau designate the licensee as being on 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 by the bureau.
- G. 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 expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification must be current at the time of renewal. 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. The renewal applicant shall:
- (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.
- H. 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 prior to expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification must be current at the time of renewal. The following requirements are necessary for a person to renew their EMD-I license. The renewal applicant shall:
- (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;
  - 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.
- I. 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 prior to expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification shall be current at the time of renewal. The following requirements are necessary for a person to renew their license. The renewal applicant shall:
  - (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:
- 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 submit payment of all licensure renewal fees as required by these rules.

- J. 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 prior to expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification shall be current at the time of renewal. The following requirements are necessary for an EMT-B to renew their license; portions of a bureau approved EMT-I or EMT-P course may, within the bureau's discretion, fulfill CE requirements. The renewal applicant shall:
  - (1) submit a completed renewal application;
- 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; and
  - (5) submit payment of all licensure renewal fees as required by these rules.
- K. Emergency medical services registered nurse (EMS-RN): Renewal of the EMS-RN license is required within each licensure period. Documentation must show that all renewal requirements have been met prior to expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification shall be current at the time of renewal. The following requirements are necessary for an EMS-RN to renew their license. Applicable nursing continuing education credits may be used to satisfy EMS-RN CE requirements. The renewal applicant shall:
  - (1) submit a completed renewal application;
  - submit proof of current New Mexico RN licensure;
- (3) 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, eight hours;
  - (c) cardiovascular emergencies, six hours;
  - (d) medical emergencies, 12 hours;
  - (e) trauma emergencies, 10 hours;
  - (f) special considerations, 10 hours, five of which must consist of pediatric content.
- (4) provide evidence of current bureau approved cardiopulmonary resuscitation (CPR) education or certification:
- (5) provide a statement of verification, signed by the service medical director, that the applicant is competent in all EMS-RN skills listed in the current scopes of practice that require medical direction; and
- submit payment of all licensure renewal fees as required by 7.27.2.13 NMAC of these rules.
- L. 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 prior to expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification shall be current at the time of renewal. The following requirements are necessary for an EMT-I to renew their license; provided that portions of a bureau approved EMT-P course may, within the bureau's discretion, fulfill CE requirements. The renewal applicant shall:
  - (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, eight hours;
  - (c) cardiovascular emergencies, six hours;

- (d) medical emergencies, 12 hours;
- (e) trauma emergencies, 10 hours;
- (f) special considerations, 10 hours, five of which must consist of pediatric content.
- (3) provide evidence of current bureau approved cardiopulmonary resuscitation (CPR) education or certification; and
- 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; and
- submit payment of all licensure renewal fees as required by 7.27.2.13 NMAC of these rules.
- M. 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 expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification and advanced emergency cardiac care education/advanced cardiac life support (ACLS) certifications shall be current at the time of renewal. The following requirements are necessary for an EMT-P to renew their license. The renewal applicant shall:
  - (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, 10 hours;
  - (d) medical emergencies, 14 hours;
  - (e) trauma emergencies, 10 hours;
  - (f) special considerations, 12 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.
- 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.
- **N.** 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 but failed to renew licensure by March 31st, may apply for reinstatement 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. Applications for reinstatement submitted after March 31 will be assessed an additional late fee (see fees, 7.27.2.13 NMAC).
- Re-entry: A person whose license is expired, who does not meet the circumstances of Paragraph (1) of Subsection M of 7.27.2.11 NMAC, 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 requirements below. 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 shall complete a full licensure course at the appropriate licensure level to be eligible for NM EMS licensure. The individual shall:
- (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 five hours shall be medical subjects/skills and five 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.
- (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.
- O. 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 email address of record notifying the former licensee of expiration during the first week of April, remove the former licensee from the bureau website list of licensed personnel, and notify the national registry of EMTs if applicable.
- P. 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 online 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; and

- (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. The licensing commission may waive, or authorize the EMS bureau to waive, this maximum upon receipt of a waiver request.
- (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";

(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.
- 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, Rp, xx/xx/2025]

- **7.27.2.12 IDENTIFICATION OF EMS PERSONNEL:** Licensed EMDs, EMD- Is, EMSFRs, EMS-RNs, EMTs, and paramedics will receive one digital license certificate, and one uniform patch (if available).
- **A.** The bureau shall charge a reasonable fee for replacement of lost documents. 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 be listed as fully licensed on the bureau's list of licensed personnel, and upon demand, present proof of this listing and licensure status.
- 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 DOT or the EMS bureau that utilize 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, Rp, xx/xx/2025]

#### 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.
- (3) A candidate for EMS-RN must have completed the EMS licensure process, including the payment of all appropriate fees, prior to obtaining EMS-RN licensure.

B. Initial license fees:

DESCRIPTION	IN-STATE	DECIDDOCITY 0
DESCRIPTION		RECIPROCITY &
	APPLICATION	SEASONAL
	FEE	APPLICATION
		FEE
Licensed EMS-RN	\$20.00	Not applicable
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 EMT-basic examination fee	\$25.00 \$30.00
EMT-intermediate written/practical examination fee EMT-paramedic written/practical examination fee	\$35.00 \$40.00

D. Licensure renewal application fees:

DESCRIPTION	FEE TYPE	FEE
Licensed EMS-RN	Standard fee	\$15.00
	March renewal fee	\$45.00
Licensed EMD	standard fee	\$20.00
	March renewal fee	\$60.00
Licensed EMD-instructor	standard fee	\$25.00
	March renewal fee	\$75.00
Licensed EMS first responder	standard fee	\$20.00
	March renewal fee	\$60.00
Licensed EMT-basic	standard fee	\$30.00
	March renewal fee	\$90.00

Licensed EMT-intermediate	standard fee	\$40.00
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	March renewal fee \$120.00	
Licensed EMT-paramedic	standard fee \$50.00	
	March renewal fee \$150.00	

E. Reinstatement application fees:

DESCRIPTION	FEE
Licensed EMS-RN	\$75.00
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 EMS-RN	\$45.00
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	<del>\$10.00</del>
Bad check fee-each occurrence	\$20.00
National healthcare practitioner query fee-each occurrence as determined by the	\$15.00
bureau	
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, Rp, xx/xx/2025]

### **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.
  - **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 for any of the grounds for disciplinary action identified in this rule.
- (c) Summary suspension: The commission may authorize the bureau to summarily suspend an EMS provider's license or place a licensee on probation without a hearing if the individual has been adjudged mentally incompetent by a final order or adjudication by a court of competent jurisdiction, or if the individual has pled guilty to or been found guilty of a disqualifying criminal offense.
- (d) Preliminary injunction for immediate suspension: When the commission finds that evidence in the department's possession indicates that a licensee poses a clear and immediate danger to the public health and safety if the licensee continues to practice, the commission may authorize the bureau to seek a preliminary injunction for the immediate suspension of the individual's license. The injunction may be sought in the district court in the county in which the principal office of the licensee is located or, if the principal office is not in New Mexico, in the district court for Santa Fe county. If the injunction is granted, an expedited administrative hearing regarding the suspension of the license or probation of the licensee shall be held, in accordance with Subsection G of Section 7.27.2.14 NMAC.
- (e) 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 this rule.
  - C. Conduct of investigations: Investigations shall 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 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 NMSA 1978 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 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 other 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 of 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 and other appropriate certification or licensing entities 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 for a disqualifying criminal offense, when the conviction relates directly to the profession or the practice of emergency medical services;
- (e) a plea of guilty or no contest (nolo contendere) to a criminal charge for an offense identified in 7.27.2.18 NMAC, when the offense relates directly to the profession or the practice of emergency medical services;
  - (f) 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;
  - (g) unauthorized disclosure of medical or other confidential information;
- (h) 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;
- (i) 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;
- (j) failure to successfully complete the impaired practitioner program; or failure to meet the terms and conditions of an impaired practitioner agreement;
  - (k) failure to meet licensure requirements;
- (l) dispensing, administering, or distributing of a controlled substance, other than as authorized in the applicable scope of practice, or diversion of a controlled substance;
- (m) 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;
  - (n) misrepresentation of the level of licensure or certification;
- (o) 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;
- **(p)** 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;

- (q) 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;
- (r) inappropriate conduct or negligence by a licensed EMT who is also a registered instructor-coordinator;
- (s) 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;
- (t) 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 entry of a guilty plea or plea of nolo contendere to the same, 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, or a guilty plea or plea of nolo contendere to the same, within 10 calendar days of the conviction or entry of the plea;
- (u) intimidating, threatening, or taking any adverse action against a person for providing information to the bureau or commission, either directly or through an agent;
  - (v) impersonating an agent or employee of the bureau; and
  - (w) 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 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 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. 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. 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. 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 paragraph, 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) a person whose license is summarily suspended or immediately suspended may

request an expedited hearing before a hearing officer appointed by the secretary to contest the action, by depositing in the mail a certified return receipt letter addressed to the bureau that contains a request for a hearing within 30 days after service of either the notice of summary suspension or the court order granting a preliminary injunction for the immediate suspension (as applicable);

- (b) 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 ensure 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: in accordance with the Emergency Medical Services Act at Section 24-10B-4.1 NMSA 1978, 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. Unlicensed activity: In accordance with the Uniform Licensing Act at Section 61-1-3.2 NMSA 1978, a person who, while not holding an active NM EMT license, engages in the performance of emergency medical services in New Mexico may be subject to a civil monetary penalty imposed by the department of health, in an amount not to exceed \$10,000 for each violation. A person who is subject to a proposed monetary penalty for unlicensed activity shall be entitled to notice from the bureau and an administrative hearing, and the provisions of Section 7.27.2.15 NMAC shall apply as though the person was a licensee or applicant appealing a proposed disciplinary action.

### I. 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 an 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, Rp, xx/xx/2025]

#### **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:

- (1) A licensee or applicant may request a hearing before a hearing officer appointed by the secretary to contest a proposed action under this rule, by mailing a written request for hearing via certified letter, return receipt requested, to the bureau within 20 days after service of the notice of the contemplated action.
- (2) Exception; summary suspensions, and immediate suspensions pursuant to an injunction: a licensee may request a hearing to contest either the summary suspension of the individual's license, or the immediate suspension of the individual's license pursuant to a court-ordered preliminary injunction, by mailing a certified letter that contains a request for hearing, return receipt requested, to the bureau within either 30 days after service of the notice of the summary suspension or 30 days after service of the court order granting a preliminary injunction for immediate suspension. If a 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:

(a) 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.

**(b)** Exception for summary suspensions, and immediate suspensions pursuant to an injunction; expedited hearing: In the event that the bureau summarily suspends an individual's license or obtains a preliminary injunction immediately suspending an individual's license, the department shall afford the individual an expedited hearing within 15 days of the date of the bureau's timely receipt of the licensee's request for a hearing, except as otherwise specified in an order granting a preliminary injunction or as reasonably requested by the licensee.

### (3) Notice of hearing:

- (a) 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.
- **(b)** Exception for summary suspensions, and immediate suspensions pursuant to an injunction: In the event that the bureau summarily suspends an individual's license or obtains a preliminary injunction immediately suspending 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:

- (a) 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, or by remote video or telephonic conference.
- (b) Exception: Hearings in cases involving initial licensure shall 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 summary suspension or 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 summary suspension or 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. The parties shall also exchange exhibit lists and exhibits to be offered at hearing, by the deadline established by the hearing officer.
- **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: Hearings shall be open to the public; provided, however, that hearings may be closed in whole or 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;
  - pending matters: disposition by the hearing officer of preliminary and pending matters;
- **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, 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, and any other case in which the applicant or licensee bears the burden of proof 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 or licensee's opening statement; and then the opening statement of the department;
- (4) cases: the applicant's or licensee's case-in-chief, and then the department's case-in-chief;
  - (5) rebuttal: the applicant's or licensee's case-in-rebuttal;
- (6) **closing argument:** the applicant's or licensee'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: In accordance with the Uniform Licensing Act at Subsection B of Section 61-1-7 NMSA 1978, and except as otherwise agreed upon by the parties, 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: In accordance with the Uniform Licensing Act at Subsection B of Section 61-1-13 NMSA 1978, the secretary shall render a final decision within 90 days after the close of the hearing. 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, Rp, xx/xx/2025]

# 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 may form the basis of a denial, suspension or revocation of licensure, and other disciplinary action when the conviction relates directly to the profession or the practice of emergency medical services.

## 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. 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: If an applicant or licensee has been convicted of a felony, or if the applicant has pled guilty or nolo contendre to a felony offense, and if the criminal offense 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) or plea(s). The burden of proof shall rest with the applicant or licensee to prove that he or she has been sufficiently rehabilitated.
- (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, or the total number of guilty or no contest (nolo contendere) pleas entered;
  - (b) the time elapsed since the most recent conviction or plea;
  - (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, Rp, xx/xx/2025]

#### **7.27.2.17 REVOCATION:**

#### A. Effect of revocation of NM EMS licensure:

- (1) Any person whose New Mexico EMSFR, EMT-B, EMS-RN, 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; Rp, xx/xx/2025]

## 7.27.2.18 DISQUALIFYING CRIMINAL OFFENSES:

A. Disqualifying criminal offenses include criminal offenses in any jurisdiction (including but not limited to state and federal jurisdictions) for any of the following felonies or their equivalents, any aggravated form of the following felony offenses, and any offense whose elements would otherwise satisfy the criteria for the following felony offenses. Any such criminal offense may disqualify an applicant or licensee from receiving or retaining a license to practice as an EMS provider, in accordance with this rule.

(1)	Physica	l Harm to Others:
	(a)	Section 30-2-1 NMSA 1978, "Murder".
	<b>(b)</b>	Section 30-2-3 NMSA 1978, "Manslaughter".
	(c)	Section 30-3-1 NMSA 1978, "Assault".
	(d)	Section 30-3-4 NMSA 1978, "Battery".
	(e)	Section 30-3-7 NMSA 1978, "Injury to pregnant woman".
	<b>(f)</b>	Section 30-3-9.2 NMSA 1978, "Aggravated assault upon a health care worker".
	(g)	Section 30-3-9.2 NMSA 1978, "Battery upon a health care worker".
	(h)	Section 30-3-12 NMSA 1978, "Aggravated assault against a household
member".		
	(i)	Section 30-3-15 NMSA 1978, "Aggravated battery against a household
member".		
	<b>(j)</b>	Section 30-6-1 NMSA 1978, "Abandonment or abuse of a child".
	(k)	Section 30-4-1 NMSA 1978, "Kidnapping".
	<b>(l)</b>	Section 30-4-3 NMSA 1978, "False imprisonment".
	(m)	Section 30-9-19 NMSA 1978, "Sexual assault".
	(n)	Section 30-22-17 NMSA 1978, "Assault by prisoner".
	<b>(0)</b>	Section 30-22-22 NMSA 1978, "Aggravated assault upon a peace officer".
	<b>(p)</b>	Section 30-22-23 NMSA 1978, "Assault with intent to commit violent felony
upon a peace officer".		
	<b>(q)</b>	Section 30-22-24 NMSA 1978, "Battery upon a peace officer".
	(r)	Section 30-47-4 NMSA 1978, "Abuse of a care facility resident".
	<b>(s)</b>	Section 30-47-5 NMSA 1978, "Neglect of a care facility resident".
	<b>(t)</b>	Section 30-47-6 NMSA 1978, "Exploitation of a care facility resident".
(2)	-	ty Damage:
	(a)	Section 30-3-18 NMSA 1978, "Criminal damage to property of a household
member".		
	<b>(b)</b>	Section 30-7-5 NMSA 1978, "Dangerous use of explosives".
	(c)	Section 30-15-1 NMSA 1978, "Criminal damage to property".
	<b>(d)</b>	Section 30-15-1.1 NMSA 1978, "Unauthorized graffiti on personal or real
property.		a
	(e)	Section 30-17-5 NMSA 1978, "Arson and negligent arson".
(3)	Fraud:	2 1 20 46 63 70 50 1 40 70 WF
	(a)	Section 30-16-6 NMSA 1978, "Fraud".
	(b)	Section 7-1-73 "NMSA 1978, Tax fraud".
	(c)	Chapter 59a, Article 16c NMSA 1978, felony violations of the Insurance Fraud
Act.	( I)	0 .'
	(d)	Section 30-28-2 "NMSA 1978, "Conspiracy".
D 14.	(e)	Section 30-44-4 NMSA 1978, "Falsification of documents" under the Medicaid
Fraud Act.	<b>(</b> 0)	C 4' 20 44 5 NIMCA 1070 WE'LL 4 4 ' 1 ' 1 ' 4' - '4 4
N. 1 1E 1 A 42	<b>(f)</b>	Section 30-44-5 NMSA 1978, "Failure to retain records in connection with the
Medicaid Fraud Act".	(-)	C 4' 20 44 C NIMON 1070 ((01 4 - 4' ) C' - 4' 4' ' ' ' ' ' ' ' '
the Medicaid E 1 4 422	(g)	Section 30-44-6 NMSA 1978, "Obstruction of investigation in connection with
the Medicaid Fraud Act".	<b>(L)</b>	C4: 20 44 7 NIMCA 1070 6M-1::1 f12
	(h)	Section 30-44-7 NMSA 1978, "Medicaid fraud".
	(9)	Section 30-51-4 NMSA 1978, "Money laundering".

# (4) Theft:

- (a) Section 30-14-8 NMSA 1978, "Breaking and entering".
- **(b)** Section 30-16-1 NMSA 1978, "Larceny".
- (c) Section 30-16-2 "NMSA 1978, Robbery".
- (d) Section 30-16-3 NMSA 1978, "Burglary".
- (e) Section 30-16-20 NMSA 1978, "Shoplifting".
- (f) Section 30-16-24.1 NMSA 1978, "Theft of identity".
- (g) Section 30-16-26 NMSA 1978, "Theft of a credit card".
- (h) Section 30-16-11 NMSA 1978, "Receiving stolen property".
- (i) Section 30-47-6 NMSA 1978, "Exploitation of a care facility resident's

## property".

## (5) Financial Crimes:

- (a) Section 30-16-8 NMSA 1978, "Embezzlement".
- **(b)** Section 30-16-9 NMSA 1978, "Extortion".
- (c) Section 30-16-10 NMSA 1978, "Forgery".
- (d) Section 30-41-1 NMSA 1978, "Soliciting and receiving illegal kickbacks".
- (e) Section 30-42-4 NMSA 1978, "Racketeering".

## (6) Drug Offenses:

- (a) Section 30-31-20 NMSA 1978, "Trafficking of controlled substances".
- (b) Section 30-31-21 NMSA 1978, "Distribution to a minor".
- (c) Section 30-31-22 NMSA 1978, "Intentionally distributing or possessing with intent to distribute a controlled substance.
  - (d) Section 30-31-23 NMSA 1978, "Possession of controlled substances".
- (e) Section 30-31-24 NMSA 1978, "Violations of the administrative provisions of the Controlled Substances Act".
- (f) Section 30-31-25 "NMSA 1978, Engaging in other acts prohibited by the Controlled Substances Act".
- (g) Section 30-31-25.1 NMSA 1978, "Delivering drug paraphernalia to a person under eighteen years of age and who is at least three years the person's junior".
- **(h)** Section 30-31A-4 NMSA 1978, "Manufacturing, distributing or possessing with intent to distribute an imitation controlled substance".
- (i) Section 30-31A-5 NMSA 1978, "Intentionally selling an imitation controlled substance to a person under the age of eighteen years".
- (j) Section 30-31A-6 NMSA 1978, "Intentionally possessing an imitation controlled substance with the intent to distribute".
  - (k) Section 30-31B-12 NMSA 1978, "Certain violations of the Drug Precursor Act".
  - (I) Section 30-6-3 NMSA 1978, "Contributing to the delinquency of a minor".
  - (m) Section 30-22-13 NMAC, "Furnishing drugs or liquor to a prisoner".

# (7) Sex Crimes:

- (a) Section 30-37A-1 NMSA 1978, "Unauthorized distribution of sensitive images".
- **(b)** Section 30-37-3.2 NMSA 1978, "Child solicitation by electronic communication

### device".

- (c) Section 30-37-3.3 NMSA 1978, "Criminal sexual communication with a child".
- (d) Section, 30-52-1 NMSA 1978, "Human trafficking".
- (e) Section 30-9-11 NMSA 1978, "Criminal sexual penetration".
- (f) Section 30-9-12 NMSA 1978, "Criminal sexual contact".
- (g) Section 30-9-13 NMSA 1978, "Criminal sexual contact of a minor".
- (h) Section 30-9-14.3 NMSA 1978, "Aggravated indecent exposure".
- (i) Section 30-6A-3 NMSA 1978, "Sexual exploitation of children".
- (j) Section 30-6A-4 NMSA 1978, "Sexual exploitation of children by prostitution".
- (k) Subsection P of Section 29-11A-4 NMSA 1978, "Failure to register as required

# by sex offender registration and notification act".

**(8)** 

Abuse of animals:

(a) Section 30-18-1 NMSA 1978, "Cruelty to animals or extreme cruelty to

# animals".

**(b)** Section 30-18-3 NMSA 1978, "Unlawful branding of animals".

- (c) Section 30-18-6 NMSA 1978, "Transporting stolen livestock".
- (d) Section 30-18-9 NMSA 1978, "Dog fighting or cock fighting".
- (e) Section 30-18-12 NMSA 1978, "Injury to livestock".

## (9) Miscellaneous:

- (a) Section 30-3A-3 NMSA 1978, "Stalking".
- (b) Section 30-20-12 NMSA 1978, "Use of telephone to terrify, intimidate, threaten, harass, annoy or offend another.
- (c) Section 30-22-7 NMSA 1978, "Unlawful rescue" (defined as "intentionally, and without lawful authority, rescuing any person lawfully in [the] custody or confinement" of a law enforcement officer).
  - (d) Section 66-8-102 NMSA 1978, "Driving under the influence of intoxicating

liquor or drugs".

- (e) Section 61-6-20 NMSA 1978, "Practicing medicine without a license".
- (f) Section 61-6-25 NMSA 1978, "Making a false statement under oath or submitting a false affidavit, in connection with the Medical Practice Act".
  - (g) Section 26-1-26 NMSA 1978, "Violation of the New Mexico Drug, Device and

Cosmetic Act".

- **(h)** Section 12-10-20 NMSA 1978, "Failure to comply with proclamation of the governor made under Riot Control Act".
  - (i) Section 30-3-19 NMSA 1978, "Threatening a judge or immediate family

member of a judge".

- **(j)** Section 30-7-16 NMSA 1978, "Receipt, transport, or possession of a firearm or destructive device by certain persons".
  - (k) Section 30-16D-6 NMSA 1978, "Altering an engine number or other numbers".
  - (I) Section 30-22-4 NMSA 1978, "Harboring or aiding a felon".
  - (m) Section 30-22-5 NMSA 1978, "Tampering with evidence".
  - (n) Section 30-22-8 NMSA 1978, "Escape from jail".
  - (o) Section 30-22-9 NMSA 1978, "Escape from penitentiary".
  - (p) Section 30-22-11 NMSA, "Assisting escape".
  - (q) Section 30-22-12 NMSA, "Furnishing articles for prisoner's escape".
  - (r) Section 30-22-16 NMSA 1978, "Possession of deadly weapon or explosive by a

prisoner".

- (s) Section 30-24-1 NMSA 1978, "Bribery of a public officer or employee".
- (t) Section 30-24-2 NMSA 1978, "Demanding or receiving a bribe by a public

officer or employee".

- (u) Section 30-24-3 NMSA 1978, "Bribery or intimidation of a witness".
- (v) Section 30-24-3.1 NMSA 1978, "Acceptance of a bribe by a witness".
- (w) Sections 1-20-1 through -24 NMSA 1978, A violation of the Election Code.
- (10) Attempt, solicitation, conspiracy: Sections 30-28-1 through -3 NMSA 1978, An attempt, solicitation or conspiracy involving any offense identified in this section.
- **B.** The foregoing list of disqualifying offenses shall not limit the ability of the department to deny, suspend, revoke, or take other disciplinary action against an applicant or licensee for any other basis described in department rule. An individual may be subject to such disciplinary action irrespective of whether they were convicted of a crime for the conduct, and irrespective of whether the crime for which they were convicted is listed as a disqualifying criminal offense.

[7.27.2.18 NMAC - N, xx/xx/2025]

### **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.
- 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, (filed 11/30/2017), repealed xx/xx/2025.

### 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. 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel (filed 11/30/2017) was replaced by 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, effective xx/xx/2025.

The New Mexico Department of Health approved the repeal of its rule 7.27.2 NMAC - Licensing of Emergency Medical Services Personnel (filed 11/30/2017) and replaced it with 7.27.2 NMAC - Licensing of Emergency Medical Services Personnel adopted on xx/xx/2025, and effective xx/xx/2025.

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, 12/12/2017xx/xx/2025]

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 Rp, xx/xx/2025]

- 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 center for health protection, public health 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."

[7.27.2.3 NMAC - Rp, 7.27.2.3 NMAC, 12/12/2017 Rp, xx/xx/2025]

**7.27.2.4 DURATION:** Permanent.

[7.27.2.4 NMAC - Rp, 7.27.2.4 NMAC, <del>12/12/2017</del>Rp, xx/xx/2025]

**7.27.2.5 EFFECTIVE DATE:** December 12, 2017 xx/xx/2025, unless a later date is cited at the end of a section.

[7.27.2.5 NMAC - Rp, 7.27.2.5 NMAC, <del>12/12/2017</del>Rp, xx/xx/2025]

**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, emergency medical technicians, and emergency medical techniciansservices - registered nurses, 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: Definitions beginning with "A":** "Academy" means a separately funded emergency medical services education program (1) administered through the department of emergency medicine of the university of New Mexico school of medicine. **(2)** "Act" means the Emergency Medical Services Act, Section 24-10B-1, et seq., NMSA 1978. "Advance directive" means a written instruction, such as a living will, durable power of (3) 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. "Advisory committee" means the statewide emergency medical services advisory committee appointed by the secretary of health. "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 commissiondepartment of transportation, 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. "Applicant" means a person who has indicated an intention to gain licensure as an EMS (6) 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. "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. ₩. **Definitions beginning with "B":** "Basic emergency medical technician" or "EMT-B" means a provider who has been **(1)** licensed by the department to provide patient care according to the current scopes of practice. "Bureau" means the emergency medical systems bureau of the epidemiology and **(2)** response divisioncenter for health protection of the New Mexico department of health. "Bureau approved" means any course, form, or official document that has received the **(3)** approval of the bureau for use in an education or licensure context. C. **Definitions beginning with "C": (1)** "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. "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. "Contact hour" means a unit of measurement of 60 minutes of bureau-approved <del>M.</del> organized learning experience which is designed to meet educational objectives for continuing education. "Commission" means the New Mexico emergency medical services licensing commission appointed by the secretary of health. "Continuing education" or "CE" means EMS education that is approved by the bureau and is required every two years for renewal of licensure. **(6)** "Controlled substance" means a controlled substance as defined in the New Mexico Controlled Substance Act, Section 30-31-2 NMSA 1978. "Conviction" means an adjudication of guilt, and does not include a deferred adjudication that results in dismissal of a charge or an adjudication that is expunged.

R.D. Definitions beginning with "D":

for EMS first responder, EMT-basic, EMT-intermediate, and EMT-paramedic.

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administration (NHTSA) and approved by the joint organization on education for formal education courses required

based on the national standard curriculum for EMS as published by the national highway and traffic safety

"Curriculum" means a program of study utilizing approved minimum curricula content

"Department" means the New Mexico department of health (DOH). "Disqualifying criminal offense" means a criminal offense identified in Section 7.27.2.18 NMAC. "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. "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. **Definitions beginning with "E":** "Emergency medical dispatcher" or "EMD" means a person who is trained and **(1)** 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. "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. "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. "Emergency medical services" or "EMS" means the services rendered by licensed providers in response to an individual's individual's need for immediate medical care to prevent loss of life or aggravation of physical or psychological illness or injury. "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. "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. "Emergency medical services – registered nurse" ("EMS-RN") means a licensed New Mexico registered nurse who has also been licensed by the department to provide patient care according to the current scope of practice for EMS-RNs, and in accordance with the nursing scope of practice as approved by the individual's medical director. "Emergency medical technician" or "EMT" means a provider who has been licensed **(8)** by the department to provide patient care according to the current scopes of practice. "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. Definitions beginning with "F": "Fully licensed" means an individual F. licensed to practice medical patient care at a specified level. DD. \_\_\_\_\_ G. Definitions beginning with "G": "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. **Definitions beginning with "H": [RESERVED] Definitions beginning with "I":** "Immediate suspension" means (except in reference to summary suspension) the immediate suspension of an EMS provider license that is made pursuant to a preliminary injunction, in accordance

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EMD instructor, EMS first responder, EMT, or subsequent licensure of a previously licensed New Mexico EMT,

"Initial licensure" means the first time a person is licensed in New Mexico as an EMD,

with this rule and the Uniform Licensing Act at Subsection A of Section 61-1-25.1 NMSA 1978.

who has retaken a full curriculum or accomplished re-entry procedures to regain an expired license. "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. J. **Definitions beginning with "J": [RESERVED] Definitions** beginning with "K": [RESERVED] Definitions beginning with "L": "License" means a full, temporary or graduate license issued by L. the department to all EMDs, first responders, and EMTs pursuant to the Emergency Medical Services Act, Section 24-10B-5 NMSA 1978. <del>HH.</del> M. **Definitions beginning with "M":** "Medical control" means supervision provided by or under the direction of physicians to **(1)** providers by written protocols or direct communication. "Medical direction" means guidance or supervision provided by a physician to a **(2)** 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. "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. "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. <del>LL.</del> (5) "Moral turpitude" means conduct contrary to justice, honesty, modesty or good morals including such acts as fraud, theft, sexual assault, and other similar behavior. Definitions beginning with "N": "National registry" means the national MM. registry of emergency medical technicians based in Columbus, Ohio. NN.O. Definitions beginning with "O": "Offline medical control" means performing EMS actions or medication administration **(1)** under standing orders or protocols. "Online medical control" means direct voice contact with a medical control physician. <del>00.</del> 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. **Definitions beginning with "P":** <del>QQ.</del> "Paramedic" or "EMT-P" means a provider who has been licensed by the department **(1)** to provide patient care according to the current scopes of practice. "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. <del>SS.</del> (3) "Protocol" means a predetermined, written medical care plan approved by the medical director and includes standing orders. "Provider" means a person who has been licensed by the department to provide patient care pursuant to the Emergency Medical Services Act. **Definitions beginning with "Q": [RESERVED]** Definitions beginning with "R": "Re-entry" means a process for a person, whose license has been expired for less than **(1)** two years, to accomplish a given set of requirements to re-enter a previously held level of licensure. "Regional office" means an emergency medical services planning and development **(2)** agency formally recognized and supported by the bureau. "Re-instatement" means a process for those persons who have completed the (3) renewal requirements before the December 31st deadline, but fail to renew licensure by March 31st, to renewhave their licensure reinstated between April 1st and May 31st of the expiration year. "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

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"Secretary" means the New Mexico secretary of health.

postmarked or received by March 31 to avoid expiration or the payment of reinstatement or other higher fees prior to

**Definitions beginning with "S":** 

"Retest" means licensing examination given after failure of the applicant's initial

expiration of licensure.

YY: (5)

<del>ZZ.</del>

examination.

- "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. (3) "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.** (4) "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.
- "Summary suspension" means the immediate suspension, in **(5)** accordance with this rule, of an individual's EMS provider license without a hearing when evidence in the department's possession indicates that the licensee has either been adjudged mentally incompetent by a final order or adjudication by a court of competent jurisdiction, or pled guilty or no contest (nolo contendre) to, or been found guilty of, a disqualifying criminal offense.
- Definitions beginning with "T": "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.

U.	<b>Definitions beginning with "U": [RESERVED]</b>
V.	<b>Definitions beginning with "V": [RESERVED]</b>
W.	<b>Definitions beginning with "W": [RESERVED]</b>
Χ.	<b>Definitions beginning with "X": [RESERVED]</b>
V	Definitions beginning with "Y" · [RESERVED]

**Definitions beginning with "Z": [RESERVED]** 

[7.27.2.7 NMAC - Rp, 7.27.2.7 NMAC, <del>12/12/2017</del>Rp, xx/xx/2025]

#### 7.27.2.8 **GENERAL LICENSURE:**

- Authorizations to practice: No person shall function as, or represent themselves as an Α. emergency medical services provider or offer, whether or not for compensation, any services included in these rules described within the scopes of practice, unless currently licensed as an emergency medical dispatcher (EMD), emergency medical dispatcher instructor (EMD-I), EMS first responder, EMS-RN or EMT under these rules. This provision is enforceable by civil action and criminal prosecution as provided by state law.
- Licensing agency: As provided by law, the agency responsible for the licensure of an EMD EMD-I, EMS first responder, EMS-RN and EMTs in New Mexico is the emergency medical systems bureau of the epidemiology and response division center for health protection of the department of health.
- Eligibility: Initial licensure as an EMD, EMD-I, EMS first responder, EMS-RN 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.
- 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.
- Authorized classifications: There are sixThe seven classifications of fully licensed EMS Ε. provider providers that are recognized in the New Mexico registry of emergency medical services personnel are as shown below. 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.
  - Emergency medical dispatcher (EMD). **(1)**
  - Emergency medical dispatcher instructor (EMD-I). **(2)**
  - Emergency medical services first responder (EMSFR). **(3)**
  - Emergency medical technician basic (EMT-B). **(4)**
  - Emergency medical technician intermediate (EMT-I).services registered nurse (EMS-**(5)**

RN)

- 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 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. Out-of-state based 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 their state's EMT-basic level, or have been granted special permission by the EMS bureau;
- **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. When functioning as part of an EMS agency, EMS-RNs must have medical direction approval for any and all EMT and nursing scope of practice care administered. 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 sixseven 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. and expiration dates: The length of an EMS license varies depending on the date that an individual is licensed, but is (on average) approximately 24 months in length. The expiration date for aevery license is established as March 31 of a given year. The year of initial Requirements for renewal of licensure shall be completed prior to the March 31 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 date. License 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 dates are as follows:
- (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.
- <u>O</u> (1) <u>Licenses issued in January through June:</u> A license that is issued on a date in <u>January through the end of June will expire March 31 in the second year after the year in the license was issued. For example, if an initial license is issued on February 28, 2025, the license will expire on March 31, 2027.</u>
- (2) Licenses issued in July through December: A license that is issued on a date in July through the end of December will expire March 31 in the third year after the year in which the license was issued. For example, if an initial license is issued on October 14, 2025, the license will expire on March 31, 2028.
- 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.
- PO. Graduate license for all non-EMS-RN EMT levels: All EMS provider licenses other than the EMS-RN license are eligible to obtain a graduate license. The role function 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 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. A graduate license may not be upgraded to full licensure. Individuals holding a graduate license who wish to obtain full licensure must apply for and complete all aspects of an initial licensing application, including payment of fees. All applicants for graduate licensure shall:
- (1) submit a completed bureau approved license application form, including completing the criminal background check;
  - (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.

QP. 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.

- 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;
- 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;
- an individual or agency shall provide evidence of <u>agency medical direction</u>, 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
- 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, \frac{12/12/2017}{2017}Rp, \frac{xx/xx/2025}{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. Initial licensure may only be obtained as described in this section; initial licensure requirements are not subject to waiver.
- 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.
- 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.
  - **<u>DC.</u> 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;
- have successfully completed, within the previous 12 months, an EMD-instructor education course from an EMD program which is approved by the bureau;
- provide a valid personal (i.e., non-service or business) address in the application materials; and
- (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.
- **ED. Licensed emergency medical services first responder:** An applicant for licensure as an EMS first responder shall meet the following requirements:
  - (1) <u>the applicant shall</u> be of good character; and
  - (2) <u>the applicant shall</u> be at least 18 years of age; or
  - (3) the applicant shall 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;
- (43) 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; the EMS bureau may, at the discretion of the EMS bureau chief, accept successful completion of the approved EMSFR course final as completion of an EMSFR licensing examination;
- (e) <u>provide documentation of successful completion of an approved exam, which may include a copy of national registry of EMTs emergency medical responder certification card or, in approved circumstances, a copy of the course completion certificate acquired after bureau approved course and examination completion;</u>
  - (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.
- **FE. Emergency medical technician basic (EMT-B):** An applicant for licensure as an EMT-B shall meet the following requirements:
  - (1) the applicant shall be of good character; and
  - (2) the applicant shall be at least 18 years old; or
  - (3) the applicant shall 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) <u>provide documentation of successful completion of an approved exam, which</u> <u>may be a copy of national registry of EMTs emergency medical technician certification card acquired after bureau approved course and examination completion;</u>
- (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.
- F. Emergency medical services registered nurse (EMS-RN): An applicant for licensure as an EMS-RN shall:
  - (1) be fully licensed as a New Mexico registered nurse;
  - (2) be at least 18 years old, and be of good character;
  - (3) submit a completed, bureau approved license application form;
  - (4) provide evidence of current bureau approved CPR certification;
- <u>(5)</u> pass the bureau approved state exam and submit to the bureau a certificate of completion of an approved and accredited EMT-basic course;
- (6) meet all other licensing requirements found in 7.27.2.8 NMAC of these rules, including the criminal background check as determined by the bureau; and
  - (7) 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) bethe applicant shall be at least 18 years old, and be of good character;
  - (2) the applicant shall submit a completed, bureau approved license application form;
  - (3) <u>the applicant shall provide evidence of current bureau approved CPR certification;</u>
  - (4) the applicant shall be fully licensed as an EMT-basic;
- (5) <u>the applicant shall</u> present a certificate of completion from an <u>approved</u> EMT-I course completed at a bureau approved EMS education program, and accomplished within the previous 24 months;
- (6) the applicant shall 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 (7) the applicant shall provide documentation of successful completion of an approved exam, which may include a copy of national registry of EMTs advanced emergency medical technician certification card acquired after bureau approved course and examination completion;
- (8) <u>the applicant shall</u> provide a valid personal (i.e., non-service or business) address in the application materials;
- (9) the applicant shall meet all other licensing requirements found in 7.27.2.8 NMAC of these rules:
  - (10) the applicant shall pay all licensure fees as required by these rules; and
- (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) bethe applicant shall be at least 18 years old, and be of good character;
- (2) <u>the applicant shall present</u>, at a minimum, a high school diploma or general education diploma (GED);
  - (3) the applicant shall submit a completed bureau approved license application form;
  - the applicant shall be fully licensed as an EMT-B or EMT I;

(5) the ap	oplicant shall provide evidence of current bureau approved CPR certification;
	(5) the applicant shall present proof of current bureau approved education which
meets or excee	eds the current national standard for advanced cardiac life support (ACLS) on emergency cardiac care
(ECC);	
` //	(6) the applicant shall provide a valid personal (i.e., non-service or business)
address in the	application materials;
	(7) 8) the applicant shall pay all licensure fees as required by these rules.
T	Graduates of an approved and accredited New Mexico education program shall:
education prog	(9) the applicant shall submit a certificate of completion from the gram; successful completion of the EMT-P education program must have been accomplished within
the previous 2	4 months;
1	(2) the applicant shall successfully complete the bureau approved EMT-P licensing
examination;	(=) ==, ================================
exammation,	(11) the applicant shall submit a copy of national registry of EMTs
naramadia aar	tification card acquired after bureau approved course and examination completion;
paramedic cer	
	(4) <u>12)</u> the applicant shall meet all other licensing requirements found in 7.27.2.8
NMAC of the	
	(513) all applicants who are graduates of a bureau approved EMS education program may
apply for grad	uate licensing which allows them to work temporarily under direct supervision, as outlined in 7.27.2.
NMAC;	
	(6) be fully licensed as an EMT B or EMT I.
J	
	petition the bureau to surrender their current license and downgrade to a lower level of licensure
	nce with the following:
<del>per</del> ili accordar	
	(1) they are the provider shall be in good standing at the current level of licensure;
	(2) the <u>provider shall meet the</u> eligibility and renewal requirements (if doing this at the time
of renewal) ha	we 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 mustshall meet the re-entry requirements to reacquire the original level of licensure in
accordance wi	th Subsection L of 7.27.2.11 NMAC of these rules this rule.
	AC - Rp, 7.27.2.9 NMAC, <del>12/12/2017</del> <u>Rp, xx/xx/2025</u> ]
7.27.2.10	RECIPROCITY:
Α.	Individuals who are currently licensed or certified in another state or governmental jurisdiction
	New Mexico EMS licensure as provided in this section. Individuals holding a certification with the
national regist	ry of EMTs at any level must also be licensed/certified by a state or other recognized jurisdictional
authority to be	e eligible for reciprocity, unless otherwise approved by the bureau. The individual shall meet the
following requ	
reme wing respe	(1) the individual shall submit an application for the appropriate licensure level along with a
of a au	ent state certification/licensure card;
copy of a curr	
	(2) the individual shall provide a copy of a current bureau approved CPR certification card;
	(3) if applying for the EMT-P level, the individual shall provide a copy of current bureau
approved educ	cation which meets or exceeds the current national standard for advanced cardiac life support (ACLS)
on emergency	cardiac care (ECC);
	(4) the individual shall pay the appropriate out-of-state reciprocity fee as required by these
rules; there wi	ll 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, the individual shall successfully
complete a bu	reau approved transition course for out-of-state applicants, as determined by the EMS bureau;
complete a bu	(6) if the applicant has joined an EMS agency as a volunteer or
1	
employee and	this is verified by agency leadership, the agency's medical director may verify the applicant's

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competency in lieu of the applicant taking a bureau exam; if the applicant is not associated with an EMS agency, they must 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) <u>the individual shall</u> 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. The following requirements apply:
- (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; and
- (d) the applicant must submit a completed application with appropriate fees. [7.27.2.10 NMAC Rp, 7.27.2. 10 NMAC, \frac{12/12/2017\text{Rp, xx/xx/2025}}{12/12/2017\text{Rp, xx/xx/2025}}]
- 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 individual's renewal packetapplication 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 31s. 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 will be assessed a higher fee as described later in this rule.
- (1) The Once the renewal period is announced to be open, the applicant may submit the completecompleted renewal application to the bureau as soon as requirements are complete; the completed renewal application shall be postmarked submitted no later than the final month of licensure. A normal standard renewal fee is assessed for renewal applications postmarked submitted 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 submitted 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. Inactive or limited scope status: A licensee who is not currently providing care through an EMS provider service and does not have a service medical director may request that the bureau designate the licensee as being on 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 by the bureau.
- <u>G.</u> 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. The renewal applicant shall:
- (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.
- **GH.** 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 31st. The following requirements are necessary for a person to renew their EMD-I license. The renewal applicant shall:
- (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.
- **HI.** 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 31st. The following requirements are necessary for a person to renew their license. The renewal applicant shall:
  - (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;
- 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 submit payment of all licensure renewal fees as required by these rules.
- **I.J. 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; portions of a bureau approved EMT-I or EMT-P course may, within the bureau's discretion, fulfill CE requirements. The renewal applicant shall:
  - (1) submit a completed renewal application;
- 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-: provide evidence of current bureau approved cardiopulmonary resuscitation (CPR) **(3)** education or certification; 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; submit payment of all licensure renewal fees as required by these rules; and. **(5)** applicants who have completed a bureau approved EMT I or EMT P course or completed <del>(6)</del> appropriate sections of the EMT I or EMT P course, as determined by the bureau, may fulfill the CE requirement. Emergency medical services registered nurse (EMS-RN): Renewal of the EMS-RN license is required within each licensure period. Documentation must show that all renewal requirements have been met prior to expiration of licensure. Cardiopulmonary resuscitation (CPR) education/certification shall be current at the time of renewal. The following requirements are necessary for an EMS-RN to renew their license. Applicable nursing continuing education credits may be used to satisfy EMS-RN CE requirements. The renewal applicant shall: **(1)** submit a completed renewal application; **(2)** submit proof of current New Mexico RN licensure; (3) submit verification of a minimum of 50 contact hours of bureau approved CE activity, consisting of the following subjects and minimum hours per subject: preparatory/operations, four hours; (a) airway and ventilation, eight hours; **(b)** cardiovascular emergencies, six hours; (c) medical emergencies, 12 hours; (d) trauma emergencies, 10 hours; (e) special considerations, 10 hours, five of which must consist of pediatric content. **(f)** provide evidence of current bureau approved cardiopulmonary resuscitation (CPR) (4)education or certification; provide a statement of verification, signed by the service medical director, that the **(5)** applicant is competent in all EMS-RN skills listed in the current scopes of practice that require medical direction; and submit payment of all licensure renewal fees as required by 7.27.2.13 NMAC of these rules. 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; provided that portions of a bureau approved EMT-P course may, within the bureau's discretion, fulfill CE requirements. The renewal applicant shall:
  - (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, eight hours;
    - (c) cardiovascular emergencies, six hours;
    - (d) medical emergencies, 12 hours;
    - (e) trauma emergencies, 10 hours;
    - (f) special considerations, 10 hours, five of which must consist of pediatric content.
  - (3) provide evidence of current bureau approved cardiopulmonary resuscitation (CPR) education or certification; and
  - (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; and

- 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\_\_\_M.** 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 31st. The following requirements are necessary for an EMT-P to renew their license. The renewal applicant shall:
  - (1) submit a completed renewal application;
- 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, 10 hours;
  - (d) medical emergencies, 14 hours;
  - (e) trauma emergencies, 10 hours;
  - (f) special considerations, 12 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
- submit payment of all licensure renewal fees as required by 7.27.2.13 NMAC of these rules.
- **LN.** 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 renewapply for reinstatement 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 Applications for reinstatement submitted after March 31st31 will be assessed with an additional late fee (see fees, 7.27.2.13 NMAC).
- Re-entry: A person whose license is expired, who does not meet the circumstances of Paragraph (1) of Subsection LM 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 requirements below. 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 shall complete a full licensure course at the appropriate licensure level to be eligible for NM EMS licensure. The individual shall:
- (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 <u>5five</u> hours shall be medical subjects/skills and <u>5five</u> 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 7.2.27.2.13 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.
- MO. 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 email 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.
- **NP. 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 <a href="bureau's "notification of intent to conduct a CE program" application form available online 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; and

- (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. The licensing commission may waive, or authorize the EMS bureau to waive, this maximum upon receipt of a waiver request.
- (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 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.

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, <del>12/12/2017; A, 8/10/2021</del>Rp, xx/xx/2025]

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

**A.** The bureau shall charge a reasonable fee for replacement of lost documents. 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 be listed as fully licensed on the bureau's list of licensed personnel, and upon demand, present proof of this listing and licensure status.
- 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 PRCDOT or the EMS bureau utilizingthat utilize 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; A, 8/10/2021 Rp, xx/xx/2025]

### 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.
- (3) A candidate for EMS-RN must have completed the EMS licensure process, including the payment of all appropriate fees, prior to obtaining EMS-RN licensure.

B. Initial license fees:

DESCRIPTION	IN-STATE APPLICATION FEE	RECIPROCITY & SEASONAL APPLICATION FEE
<u>Licensed EMS-RN</u>	<u>\$20.00</u>	Not applicable
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 \$30.00
EMT-basic examination fee 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 EMS-RN	Standard fee	\$15.00
	March renewal fee	\$45.00
Licensed EMD	normalstandard fee	\$20.00
	March renewal fee	\$60.00
Licensed EMD-instructor	normalstandard fee	\$25.00
	March renewal fee	\$75.00

Licensed EMS first responder	normalstandard fee	\$20.00
	March renewal fee	\$60.00
Licensed EMT-basic	normalstandard fee	\$30.00
	March renewal fee	\$90.00
	-	•
Licensed EMT-intermediate	normalstandard fee	\$40.00
	March renewal fee	\$120.00
Licensed EMT-paramedic	normalstandard fee	\$50.00
	March renewal fee	\$150.00
E. Reinstatement application fees:		1
DESCRIPTION		FEE
Licensed EMS-RN		\$75.00
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 ren	newal fees:	
DESCRIPTION		FEE
<u>Licensed EMS-RN</u>		<u>\$45.00</u>
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	\$15.00	

- **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, 12/12/2017Rp, xx/xx/2025]

### **7.27.2.14 ENFORCEMENT:**

bureau

### A. EMS licensing commission:

Bad address fee-each occurrence, as determined by the bureau

- (1) Statutory basis: The emergency medical services licensing commission is established pursuant to Section 24-10B-5.1 NMSA 1978-of the act.
  - **Duties:** The duties of the commission are to:
    - (a) provide a forum for the receipt of public comment regarding emergency medical

\$20.00

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.
- 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 <u>person's person's</u> 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 immediatefor any of the grounds for disciplinary action, including but not limited to suspension, subject to expedited hearing rights as outlined identified 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 possiblethis rule.
- authorize the initiation of an action by the bureau regarding contemplated refusal to grant initial licensure, summarily suspend an EMS provider's license or for disciplinary action againstplace a licensee, on probation without consulting the other members of the commission. This immediate action may be used if the chair makes a good faith judgment that the hearing if the individual has been adjudged mentally incompetent by a final order or adjudication by a court of competent jurisdiction, or if the individual has pled guilty to or been found guilty of a disqualifying criminal offense.
- finds that evidence in the department's possession indicates that a licensee poses a clear and immediate danger to the public health and safety of the licensee continues to practice, the public would be jeopardized unless commission may authorize 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 to seek a preliminary injunction for the immediate suspension of the individual's license. The injunction may be sought in the bureau, district court in the bureau shall notify each commission member in writing of such action within 10 working days of county in which the initiation principal office of the action licensee is located or, if the principal office is not in New Mexico, in the district court for Santa Fe county. If the injunction is granted, an expedited administrative hearing regarding the suspension of the licensee or probation of the licensee shall be held, in accordance with Subsection G of Section 7.27.2.14 NMAC.
- (de) 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 1978this rule.
- C. Conduct of 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 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 NMSA 1978 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 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.

- **Denial, suspension, and revocation:** A license may be denied, suspended, or revoked, or may be subject to any lesserother disciplinary action, in accordance with the following:
- upon authorization by the commission, the bureau may suspend, revoke, or refuse to issue **(1)** any license, or take other disciplinary action, in accordance with the provisions of the EMS Act. Subsection B of 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;
- if final disciplinary action is taken against a licensed EMS provider by the bureau, upon **(2)** 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 and other appropriate certification or licensing entities of the disciplinary action;
  - grounds for denial, suspension, revocation or other disciplinary action are: **(3)** 
    - misconduct in obtaining licensure;
- fraud, deceit, misrepresentation in obtaining licensure, including, but not limited **(b)** to, cheating on an examination or attempting to subvert the initial or renewal licensing process;
- 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;
  - falsifying or altering patient records or personnel records; (ii)
  - (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;

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

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

> (ix) intentionally engaging in sexual contact with or toward a patient-; conviction offor a felony disqualifying criminal offense, when the conviction

relates directly to the profession or the practice of emergency medical services;

(vi)

(e) a plea of guilty or no contest (nolo contendere) to a criminal charge for an offense identified in 7.27.2.18 NMAC, when the offense relates directly to the profession or the practice of emergency medical services;

negligence in the delivery of emergency medical services to include, but not **(f)** 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-;
  - unauthorized disclosure of medical or other confidential information; (fg)
  - physical or mental incapacity which could result or has resulted in performance (gh)

of emergency medical service duties in a manner which endangers the health and safety of the patient or others; 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; failure to successfully complete the impaired practitioner program; or failure to (**ii**) meet the terms and conditions of an impaired practitioner agreement: failure to meet licensure requirements; (<u>jk</u>) (<del>k</del>l) dispensing, administering, or distributing or diversion of a controlled substances substance, other than those as authorized in the applicable scope of practice, as defined in the New Mexico Controlled Substance Act, Section 30 31 1, et seq., NMSA 1978or diversion of a controlled substance; 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; misrepresentation of the level of licensure or certification; (mn) performing duties as a licensed EMT without being licensed by the bureau to (no) perform the authorized scope of practice for a level of licensure, including practicing after expiration of a license; 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-; failure to cooperate with an investigation, including but not limited to, failure to (pq) furnish the commission or bureau with information requested, or to appear for an interview as requested; inappropriate conduct or negligence by a licensed EMT who is also a registered (qr) instructor-coordinator: failure to comply with a judgment and order for child support or a warrant (FS) 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; failure to notify the bureau in writing of the entry against the licensee or (st) applicant, at any time in any state or jurisdiction, of either a felony conviction or entry of a guilty plea or plea of nolo contendere to the same, 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, or a guilty plea or plea of nolo contendere to the same, within 10 calendar days of the conviction or entry of the plea; intimidating, threatening, or taking any adverse action against a person for providing information to the bureau or commission, either directly or through an agent; impersonating an agent or employee of the bureau; and (uv) issuing non-sufficient funds check for the payment of licensing related fees. (**₩**W) 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; procedures for enforcement of the Parental Responsibility Act: 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; 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 ÷ 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 —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;

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the bureau shall be authorized by the commission to issue a notice of contemplated action to take appropriate

\_\_\_\_\_If the licensed person fails to provide the statement of compliance,

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 paragraph, 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 <u>summarily suspended or</u> immediately suspended may request <u>an expedited</u> hearing before a hearing officer appointed by the secretary to contest the action, by <u>mailingdepositing in the mail</u> a certified return receipt letter addressed to the bureau <u>that contains a request for a hearing</u> within <u>2030</u> days after service of <u>either</u> the notice; <u>of summary suspension or the court order granting a preliminary injunction for the immediate suspension (as applicable);</u>

- (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 insureensure 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: in accordance with the Emergency Medical Services

  Act at Section 24-10B-4.1 NMSA 1978, 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. Unlicensed activity: In accordance with the Uniform Licensing Act at Section 61-1-3.2 NMSA 1978, a person who, while not holding an active NM EMT license, engages in the performance of emergency medical services in New Mexico may be subject to a civil monetary penalty imposed by the department of health, in an amount not to exceed \$10,000 for each violation. A person who is subject to a proposed monetary penalty for unlicensed activity shall be entitled to notice from the bureau and an administrative hearing, and the provisions of Section 7.27.2.15 NMAC shall apply as though the person was a licensee or applicant appealing a

# proposed disciplinary action.

### I. 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 <u>man</u> 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, <del>12/12/2017; A, 8/10/2021</del>Rp, xx/xx/2025]

### 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 written request for hearing via 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
- (2) Exception; summary suspensions, and immediate suspensions pursuant to an injunction: a licensee may request a hearing to contest either the summary suspension of the individual's license, or the immediate suspension of the individual's license pursuant to a court-ordered preliminary injunction, by mailing a certified letter that contains a request for hearing, return receipt requested, to the bureau within either 30 days after service of the notice of the summary suspension or 30 days after service of the court order granting a preliminary injunction for immediate suspension. If a 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:

- (a) 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.
- (b) Exception for summary suspensions, and immediate suspensions pursuant to an injunction; expedited hearing: In the event that the bureau summarily suspends an individual's license or obtains a preliminary injunction immediately suspending an individual's license, the department shall afford the individual an expedited hearing within 15 days of the date of the bureau's timely receipt of the licensee's request for a hearing, except as otherwise specified in an order granting a preliminary injunction or as reasonably requested by the licensee.

# (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.
- (b) Exception for <u>summary suspensions</u>, and immediate suspensions <u>pursuant to an injunction</u>: In the event that the bureau <u>summarily suspends an individual's license or obtains a preliminary injunction</u> immediately <u>suspends</u> 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:

- (b) Exception: 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 <u>summary suspension or</u> 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 <u>summary suspension or</u> 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. The parties shall also exchange exhibit lists and exhibits to be offered at hearing, by the deadline established by the hearing officer.
- **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 whole or 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.

- **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;
- cases: the department's department's case-in-chief, and then the case-in-chief of the party challenging the department's department's action;
  - - **(5) rebuttal:** the department's case-in-rebuttal;
- **(6)** closing argument: the department's 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
  - close: close of proceedings by the hearing officer.
- Order of presentation in denied application cases: The order of presentation in cases arising V. 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, and any other case in which the applicant or licensee bears the burden of proof shall be:
  - **appearances:** opening of proceeding and taking of appearances by the hearing officer; **(1)**
  - **(2) pending matters:** disposition by the hearing officer of preliminary and pending matters;
- opening statements: applicant's or licensee's opening statement; and then the **(3)** opening statement of the department;
- cases: the applicant's or licensee's case-in-chief, and then the department's case-in-chief;
  - **(5) rebuttal:** the applicant's applicant's or licensee's case-in-rebuttal;
- **(6)** closing argument: the applicant's applicant's or licensee's closing statement, which may include legal argument; and then the department's closing statement, which may include legal argument; and
  - **close:** close of proceedings by the hearing officer.
- Admissible evidence; rules of evidence not applicable: The hearing officer may admit evidence W. 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.
- **Objections:** A party may timely object to evidentiary offers by stating the objection together with X. 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.
- 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.
- 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 In accordance with the Uniform Licensing Act at Subsection B of Section 61-1-7 NMSA 1978, and except as otherwise agreed upon by the parties, 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: In accordance with the Uniform Licensing Act at Subsection B of Section 61-1-13 NMSA 1978, the secretary shall render a final decision within 45 calendar 90 days of after the submission close 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 Rp, xx/xx/2025]

#### 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 may form the basis of a denial, suspension or revocation of licensure, and other disciplinary action when the conviction relates directly to the profession or the practice of emergency medical services.

### 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. 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: If an applicant or licensee has been convicted of a felony, or if the applicant has pled guilty or nolo contendre to a felony offense, and if that conviction the criminal offense 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) or plea(s). The burden of proof shall rest with the applicant or licensee to prove that he or she has been sufficiently rehabilitated.
- (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, or the total number of guilty or no contest (nolo

### contendere) pleas entered;

- (b) the time elapsed since the most recent conviction or plea;
  - 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, <del>12/12/2017; A, 8/10/2021</del>Rp, xx/xx/2025]

### 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; Rp, xx/xx/2025]

### 7.27.2.18 DISQUALIFYING CRIMINAL OFFENSES:

A. Disqualifying criminal offenses include criminal offenses in any jurisdiction (including but not limited to state and federal jurisdictions) for any of the following felonies or their equivalents, any aggravated form of the following felony offenses, and any offense whose elements would otherwise satisfy the criteria for the following felony offenses. Any such criminal offense may disqualify an applicant or licensee from receiving or retaining a license to practice as an EMS provider, in accordance with this rule.

(1)	Physic	al Harm to Others:
	(a)	Section 30-2-1 NMSA 1978, "Murder".
	(b)	Section 30-2-3 NMSA 1978, "Manslaughter".
	(c)	Section 30-3-1 NMSA 1978, "Assault".
	(d)	Section 30-3-4 NMSA 1978, "Battery".
	(e)	Section 30-3-7 NMSA 1978, "Injury to pregnant woman".
	(f)	Section 30-3-9.2 NMSA 1978, "Aggravated assault upon a health care worker".
	(g)	Section 30-3-9.2 NMSA 1978, "Battery upon a health care worker".
	(h)	Section 30-3-12 NMSA 1978, "Aggravated assault against a household

member".		
<del></del>	(i)	Section 30-3-15 NMSA 1978, "Aggravated battery against a household
member".		
<del></del>	(i)	Section 30-6-1 NMSA 1978, "Abandonment or abuse of a child".
	(k)	Section 30-4-1 NMSA 1978, "Kidnapping".
	(l)	Section 30-4-3 NMSA 1978, "False imprisonment".
	(m)	Section 30-9-19 NMSA 1978, "Sexual assault".
	(n)	Section 30-22-17 NMSA 1978, "Assault by prisoner".
	(0)	Section 30-22-22 NMSA 1978, "Aggravated assault upon a peace officer".
	(p)	Section 30-22-23 NMSA 1978, "Assault with intent to commit violent felony
upon a peace officer".	\ <b>1</b>	
* *	(q)	Section 30-22-24 NMSA 1978, "Battery upon a peace officer".
	(r)	Section 30-47-4 NMSA 1978, "Abuse of a care facility resident".
	(s)	Section 30-47-5 NMSA 1978, "Neglect of a care facility resident".
	(t)	Section 30-47-6 NMSA 1978, "Exploitation of a care facility resident".
(2)	Proper	ty Damage:
	(a)	Section 30-3-18 NMSA 1978, "Criminal damage to property of a household
member".		
	(b)	Section 30-7-5 NMSA 1978, "Dangerous use of explosives".
	(c)	Section 30-15-1 NMSA 1978, "Criminal damage to property".
	(d)	Section 30-15-1.1 NMSA 1978, "Unauthorized graffiti on personal or real
property.		
	(e)	Section 30-17-5 NMSA 1978, "Arson and negligent arson".
(3)	Fraud:	
	(a)	Section 30-16-6 NMSA 1978, "Fraud".
	(b)	Section 7-1-73 "NMSA 1978, Tax fraud".
	(c)	Chapter 59a, Article 16c NMSA 1978, felony violations of the Insurance Fraud
Act.		-
	(d)	Section 30-28-2 "NMSA 1978, "Conspiracy".
	(e)	Section 30-44-4 NMSA 1978, "Falsification of documents" under the Medicaid
Fraud Act.		
	(f)	Section 30-44-5 NMSA 1978, "Failure to retain records in connection with the
Medicaid Fraud Act".		
	(g)	Section 30-44-6 NMSA 1978, "Obstruction of investigation in connection with
the Medicaid Fraud Act".		
	(h)	Section 30-44-7 NMSA 1978, "Medicaid fraud".
	(9)	Section 30-51-4 NMSA 1978, "Money laundering".
(4)	Theft:	
	(a)	Section 30-14-8 NMSA 1978, "Breaking and entering".
	(b)	Section 30-16-1 NMSA 1978, "Larceny".
	(c)	Section 30-16-2 "NMSA 1978, Robbery".
	(d)	Section 30-16-3 NMSA 1978, "Burglary".
	(e)	Section 30-16-20 NMSA 1978, "Shoplifting".
	<u>(f)</u>	Section 30-16-24.1 NMSA 1978, "Theft of identity".
	(g)	Section 30-16-26 NMSA 1978, "Theft of a credit card".
	(h)	Section 30-16-11 NMSA 1978, "Receiving stolen property".
	(i)	Section 30-47-6 NMSA 1978, "Exploitation of a care facility resident's
property".		
(5)	Financi	al Crimes:
	(a)	Section 30-16-8 NMSA 1978, "Embezzlement".
	(b)	Section 30-16-9 NMSA 1978, "Extortion".
	(c)	Section 30-16-10 NMSA 1978, "Forgery".
	(d)	Section 30-41-1 NMSA 1978, "Soliciting and receiving illegal kickbacks".
	(e)	Section 30-42-4 NMSA 1978, "Racketeering".
(6)	Drug O	
	(a)	Section 30-31-20 NMSA 1978, "Trafficking of controlled substances".

(b)	Section 30-31-21 NMSA 1978, "Distribution to a minor".
(c)	Section 30-31-22 NMSA 1978, "Intentionally distributing or possessing with
intent to distribute a controlled su	ibstance.
(d)	Section 30-31-23 NMSA 1978, "Possession of controlled substances".
(e)	Section 30-31-24 NMSA 1978, "Violations of the administrative provisions of
the Controlled Substances Act".	<u> </u>
(f)	Section 30-31-25 "NMSA 1978, Engaging in other acts prohibited by the
Controlled Substances Act".	Section 30 31 23 Tamora 1970; Engaging in other deta promoted by the
(g)	Section 30-31-25.1 NMSA 1978, "Delivering drug paraphernalia to a person
	who is at least three years the person's junior".
(h)	Section 30-31A-4 NMSA 1978, "Manufacturing, distributing or possessing with
intent to distribute an imitation co	
(i)	Section 30-31A-5 NMSA 1978, "Intentionally selling an imitation controlled
substance to a person under the a	
(j)	Section 30-31A-6 NMSA 1978, "Intentionally possessing an imitation
controlled substance with the inte	
(k)	Section 30-31B-12 NMSA 1978, "Certain violations of the Drug Precursor Act".
<u>(l)</u>	Section 30-6-3 NMSA 1978, "Contributing to the delinquency of a minor".
(m)	Section 30-22-13 NMAC, "Furnishing drugs or liquor to a prisoner".
(7) Sex C	<u>rimes:</u>
<u>(a)</u>	Section 30-37A-1 NMSA 1978, "Unauthorized distribution of sensitive images".
<u>(b)</u>	Section 30-37-3.2 NMSA 1978, "Child solicitation by electronic communication
device".	
(c)	Section 30-37-3.3 NMSA 1978, "Criminal sexual communication with a child".
(d)	Section, 30-52-1 NMSA 1978, "Human trafficking".
(e)	Section 30-9-11 NMSA 1978, "Criminal sexual penetration".
(f)	Section 30-9-12 NMSA 1978, "Criminal sexual contact".
(g)	Section 30-9-13 NMSA 1978, "Criminal sexual contact of a minor".
(h)	Section 30-9-14.3 NMSA 1978, "Aggravated indecent exposure".
(i)	Section 30-6A-3 NMSA 1978, "Sexual exploitation of children".
(i)	Section 30-6A-4 NMSA 1978, "Sexual exploitation of children by prostitution".
(k)	Subsection P of Section 29-11A-4 NMSA 1978, "Failure to register as required
by sex offender registration and r	
	e of animals:
(a)	Section 30-18-1 NMSA 1978, "Cruelty to animals or extreme cruelty to
animals".	Section 30 10 1 1441571 1770; Crucity to animals of extreme crucity to
(b)	Section 30-18-3 NMSA 1978, "Unlawful branding of animals".
(c)	Section 30-18-6 NMSA 1978, "Transporting stolen livestock".
(d)	Section 30-18-9 NMSA 1978, "Dog fighting or cock fighting".
	Section 30-18-9 NMSA 1978, "Injury to livestock".
(e) Wisco	
	llaneous:
(a)	Section 30-3A-3 NMSA 1978, "Stalking".
(b)	Section 30-20-12 NMSA 1978, "Use of telephone to terrify, intimidate, threaten,
harass, annoy or offend another.	C 2 20 20 7 N C 1 1070 (II 1 C 1
(c)	Section 30-22-7 NMSA 1978, "Unlawful rescue" (defined as "intentionally, and
	g any person lawfully in [the] custody or confinement" of a law enforcement
officer).	0 1 00 0 10 1 10 10 10 10 10 10 10 10 10
(d)	Section 66-8-102 NMSA 1978, "Driving under the influence of intoxicating
liquor or drugs".	
<u>(e)</u>	Section 61-6-20 NMSA 1978, "Practicing medicine without a license".
(f)	Section 61-6-25 NMSA 1978, "Making a false statement under oath or
submitting a false affidavit, in co	nnection with the Medical Practice Act".
<u>(g)</u>	Section 26-1-26 NMSA 1978, "Violation of the New Mexico Drug, Device and
Cosmetic Act".	
(h)	Section 12-10-20 NMSA 1978, "Failure to comply with proclamation of the
governor made under Riot Contro	

	(i)	Section 30-3-19 NMSA 1978, "Threatening a judge or immediate family
member of a judg	ge".	
	(j)	Section 30-7-16 NMSA 1978, "Receipt, transport, or possession of a firearm or
destructive devic	e by certain person	ons".
	(k)	Section 30-16D-6 NMSA 1978, "Altering an engine number or other numbers".
	(1)	Section 30-22-4 NMSA 1978, "Harboring or aiding a felon".
	(m)	Section 30-22-5 NMSA 1978, "Tampering with evidence".
	(n)	Section 30-22-8 NMSA 1978, "Escape from jail".
	(0)	Section 30-22-9 NMSA 1978, "Escape from penitentiary".
	(p)	Section 30-22-11 NMSA, "Assisting escape".
	(q)	Section 30-22-12 NMSA, "Furnishing articles for prisoner's escape".
	<u>(r)</u>	Section 30-22-16 NMSA 1978, "Possession of deadly weapon or explosive by a
prisoner".		
	(s)	Section 30-24-1 NMSA 1978, "Bribery of a public officer or employee".
	<u>(t)</u>	Section 30-24-2 NMSA 1978, "Demanding or receiving a bribe by a public
officer or employ	<u>yee".</u>	
	(u)	Section 30-24-3 NMSA 1978, "Bribery or intimidation of a witness".
	(v)	Section 30-24-3.1 NMSA 1978, "Acceptance of a bribe by a witness".
	(w)	Sections 1-20-1 through -24 NMSA 1978, A violation of the Election Code.
	(10) Attem	pt, solicitation, conspiracy: Sections 30-28-1 through -3 NMSA 1978, An
attempt, solicitati		involving any offense identified in this section.
В.	The foregoing li	st of disqualifying offenses shall not limit the ability of the department to deny,

B. The foregoing list of disqualifying offenses shall not limit the ability of the department to deny, suspend, revoke, or take other disciplinary action against an applicant or licensee for any other basis described in department rule. An individual may be subject to such disciplinary action irrespective of whether they were convicted of a crime for the conduct, and irrespective of whether the crime for which they were convicted is listed as a disqualifying criminal offense.

[7.27.2.18 NMAC - N, xx/xx/2025]

### **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<sub>7</sub>), repealed 12/12/2017.

7.27.2 NMAC, Licensing of Emergency Medical Services Personnel, (filed 11/30/2017), repealed xx/xx/2025.

### **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. 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel (filed 11/30/2017) was replaced by 7.27.2 NMAC, Licensing of Emergency Medical Services Personnel (filed 11/30/2017) was replaced by 7.27.2 NMAC, Licensing of Emergency

Medical Services Personnel, effective xx/xx/2025.

### **Substantive Changes in 7.27.2 NMAC Licensing Rule Proposals (Redline)**

This table summarizes all substantive changes by page in the redline version of the 7.27.2 NMAC Licensing Rule Proposals.

Page Number(s)	Substantive Changes
1	Updated effective dates; clarified scope to
	include EMS-RNs; updated statutory and
	organizational references.
2–5	Revised and reorganized definitions; added
	new terms including 'disqualifying criminal
	offense,' 'conviction,' and modes of
	education.
6–7	Expanded EMS education program
	standards; added annual reporting,
	instructor-coordinator qualifications, and
45.40	field education rules.
15–19	Rewritten renewal requirements for all
	EMS license levels; CE structure and re-
19–21	entry/reinstatement criteria added.
19-21	Clarified CE audit documentation;
	asynchronous CE limit set at 50%; detailed rules for documentation and instructor-
	delivered CE.
21–22	Clarified EMS personnel identification,
	verification by agency, and distinction from
	NREMT certification.
22-23	Restructured fee schedule by license type;
	added options for fee waivers under
	financial hardship.
23-25	Defined EMS Licensing Commission's roles
	and Open Meetings Act compliance;
	clarified meeting and appointment rules.
26-27	Overhauled due process provisions for
	disciplinary actions; standardized hearing
	and appeal timelines.
28–30	Clarified enforcement actions for education
	programs and instructors; listed program
	noncompliance offenses.
38-39	New section listing disqualifying criminal
	offenses and waiver criteria.
40	Updated regulatory history to reflect
	anticipated 2025 rule change.

TITLE 7 HEALTH

**CHAPTER 27 EMERGENCY MEDICAL SERVICES** 

PART 4 EMERGENCY MEDICAL SERVICES FUND ACT

**7.27.4.1 ISSUING AGENCY:** New Mexico department of health.

[7.27.4.1 NMAC - Rp, 7.27.4.1 NMAC, xx/xx/2025]

- **7.27.4.2 SCOPE:** The Emergency Medical Services Fund Act shall apply to requests made for funds available pursuant to the Emergency Medical Services Fund Act, Section 24-10A-1 et seq., NMSA 1978. [7.27.4.2 NMAC Rp, 7.27.4.2 NMAC, xx/xx/2025]
- **7.27.4.3 STATUTORY AUTHORITY:** This rule is promulgated pursuant to the following statutory authorities: 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", and the Emergency Medical Services Fund Act, Section 24-10A-3.1 NMSA 1978, which authorizes the department of health to adopt rules to carry out the provisions of the act.

[7.27.4.3 NMAC - Rp, 7.27.4.3 NMAC, xx/xx/2025]

**7.27.4.4 DURATION:** Permanent.

[7.27.4.4 NMAC - Rp, 7.27.4.4 NMAC, xx/xx/2025]

- **7.27.4.5 EFFECTIVE DATE:** xx/xx/2025, unless a later date is cited at the end of a section. [7.27.4.5 NMAC Rp, 7.27.4.5 NMAC, xx/xx/2025]
- 7.27.4.6 OBJECTIVE: The objective of this rule is to establish standards and procedures for regulating programs under the Emergency Medical Services Fund Act. These standards and procedures are designed for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life. This rule will inform New Mexico municipalities and counties of the procedures to access funds. The department of health, through the emergency medical systems bureau, will administer the fund pursuant to the Emergency Medical Services Fund Act and this rule.

[7.27.4.6 NMAC - Rp, 7.27.4.6 NMAC, xx/xx/2025]

### **7.27.4.7 DEFINITIONS:**

### A. Definitions beginning with "A":

- (1) "Accumulation" means the expenditure or disposition in the current fiscal year of funds distributed in the prior fiscal year. However, a municipality or county may accumulate balances to purchase vehicles or equipment if the accumulation and a purchase plan have been approved by the bureau.
- (2) "Act" means the Emergency Medical Services Fund Act, Section 24-10A-1 et seq., NMSA 1978.
- (3) "Advisory committee" means those individuals, representing specific agencies, organizations, and consumers appointed by the secretary to advise the bureau on statewide EMS policy matters.
- (4) "Ambulance service" means a publicly or privately owned entity holding a current certificate of the New Mexico public regulation commission as an emergency response ambulance service and subject to the rules of the public regulation commission or its successor agency.
- (5) "Applicant" means an incorporated municipality or county applying on behalf of a local recipient. For special funding applications (i.e., statewide and local system improvement projects), applicant may also include an EMS regional office, approved training institution or the bureau.
- (6) "Area" for purposes of pro-rata allocation of designated funds by county as described in Subsection D of 7.27.4.11 NMAC means the area, expressed in square miles, for each New Mexico county as reported by the U.S. department of commerce.
- **B. Definitions beginning with "B": "Bureau"** means the emergency medical systems bureau of the office of health emergency management, New Mexico department of health.
- C. Definitions beginning with "C": "Chief" means the chief of the emergency medical systems bureau.

- D. Definitions beginning with "D":
  - (1) "Department" means the New Mexico department of health.
  - (2) "Director" means the director of the epidemiology and response division.
  - (3) "Division" means the epidemiology and response division.
- E. Definitions beginning with "E":
- (1) "Eligible item" means a cost or item of proposed expenditure under the local EMS funding program, which is eligible for funding under the act and includes those categories listed in Subsection N of 7.27.4.11 NMAC.
- (2) "Emergency medical dispatch agency (EMDA)" means an 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.
- (3) "Emergency medical services" or "EMS" means the services rendered by emergency medical technicians, licensed emergency medical services first responders or emergency medical dispatchers 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.
- (4) "EMS regional office" means those regional planning and development agencies formally recognized and supported by the bureau.
  - F. Definitions beginning with "F":
    - (1) "Fiscal year" means the state fiscal year that runs from July 1 through June 30 each year.
- (2) "Federal fiscal year" means the federal fiscal year that runs from October 1 through September 30 each year.
  - (3) "Fund" means the emergency medical services fund.
  - G. Definitions beginning with "G": [RESERVED]
  - H. Definitions beginning with "H": [RESERVED]
  - I. Definitions beginning with "I": [RESERVED]
  - J. Definitions beginning with "J": [RESERVED]
  - K. Definitions beginning with "K": [RESERVED]
  - L. Definitions beginning with "L":
- (1) "Licensing fees" mean the licensure fees, licensure renewal fees, and travel and per-diem expenses associated with the licensing and the certification process in New Mexico required of emergency medical technicians and licensed EMS first responders under current rules governing the certification and licensing of EMS personnel.
- (2) "Local EMS personnel" means an individual who is authorized to provide pre-hospital care and is affiliated with a local recipient.
- (3) "Local emergency medical services system" means coordinated system of health care in a defined geographic area, including but not limited to community education and prevention programs, centralized access, emergency medical dispatch, law enforcement, licensed EMS personnel, fire medical rescue, ambulance, and hospital which support, respond to or provide emergency medical care in an organized fashion to the real or perceived needs of sick or injured persons in New Mexico and its border areas. For the purpose of funding, local emergency medical service system means one or more local recipients within a single EMS system.
- (4) "Local recipient" means a publicly owned or contracted ambulance or air ambulance service, medical rescue service, fire department rescue service, regionalized emergency medical service agency; or other prehospital emergency medical service care provider based in the state:
- (a) that routinely responds to an individual's need for immediate medical care in order to prevent loss of life or aggravation of physical or psychological illness or injury;
- **(b)** whose application for funding through the Emergency Medical Services Fund Act is sponsored by a municipality or county;
- (c) that meets department guidelines concerning personnel training, use of bureau-approved run forms, participation in mutual aid agreements and medical control; and
  - (d) receives funds distributed under the act and this rule.
  - M. Definitions beginning with "M":
- (1) "Medical director" means a physician currently licensed or otherwise authorized to practice in New Mexico who directs or supervises the practice of EMS personnel, or assists in the development and approval of local protocols and who participates in the development and implementation of quality assurance activities and training programs in connection with an EMS provider.
  - (2) "Medical-rescue service" means a provider that is part of the emergency medical

services system but not subject to the authority of the public regulation commission or its successor agency, under the Ambulance Standards Act (Sections 65-6-1 to 65-6-6 NMSA 1978) and which may be dispatched to the scene of an emergency to provide rescue or medical care.

- N. Definitions beginning with "N": [RESERVED]
- O. Definitions beginning with "O": [RESERVED]
- P. Definitions beginning with "P": [RESERVED]
- (1) "Population" for purposes of pro-rata allocation of designed funds by county as described in Paragraph (1) of Subsection D of 7.27.4.11 NMAC of this rule, means the population estimates for each New Mexico county as shown in the most recent population report of the U.S. department of commerce.
- (2) "Pre-hospital data base program" means the routine submission of essential pre-hospital data elements as defined by the bureau via bureau provided run forms or other methods.
- (3) "Prevention program" means a planned activity with a defined purpose, stated objectives, implementation schedule and an evaluation component that seeks to prevent or reduce illness or injury. Examples include but not limited to bicycle helmet promotion, seat belt awareness campaign, child car seat distribution program, DWI prevention and first aid training.
- Q. Definitions beginning with "Q": "Qualified instructor" means an individual who through education, training, and experience is approved by an approved EMS training program to teach local EMS personnel or by the bureau to teach continuing education.

### R. Definitions beginning with "R":

- (1) "Regionalized emergency medical service agency" means a rural or frontier emergency medical service agency composed of multiple geographic districts with response area populations of fewer than two hundred fifty people per square mile.
- (2) "Routinely responds" means the local recipient is available and may be dispatched to a medical or traumatic emergency 24 hours per day, seven days per week.
- (3) "Run" means an EMS response dispatched to an existing or potential medical event, by one or more local recipients to provide EMS assistance or transportation of a patient, regardless of the number of patients on scene.

### S. Definitions beginning with "S":

- (1) "Salaries and benefits" means regular compensation for services or work, including other payments made in accord with a salary agreement, such as insurance, retirement, leave accrual, etc.
  - (2) "Secretary" means the secretary of the New Mexico department of health.
- (3) "Statewide" for the purpose of statewide EMS system improvement projects means two or more EMS local systems, a county, a training institution, an EMS regional office or the bureau, which support, respond to or provide medical care in an organized fashion to the real or perceived needs of at risk, sick or injured persons in New Mexico and its border areas.

### T. Definitions beginning with "T":

- (1) "Training program" means a course provided by an approved EMS training program or any continuing education approved by the bureau.
- (2) "Tuition" means those charges, including fees and textbooks, for the enrollment of students in approved EMS training programs, continuing education, and conferences relevant to the education and training of local EMS personnel.
  - 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]

[7.27.4.7 NMAC - Rp, 7.27.4.7 NMAC, xx/xx/2025]

**7.27.4.8 DUTY OF THE BUREAU:** The bureau shall administer the fund and provide for the distribution of the fund pursuant to the act and this rule. The bureau shall certify the names and the amount distributed to each applicant and local recipient in accordance with the provisions of the act and this rule. To accumulate funds, municipalities or counties shall submit an accumulation and purchase plan, in writing to the bureau. The bureau shall review and approve/disapprove the plan in writing. Accumulated funds shall only be expended as outlined in the bureau approved purchase plan.

[7.27.4.8 NMAC - Rp, 7.27.4.8 NMAC, xx/xx/2025]

- **7.27.4.9 ANNUAL REPORT:** The bureau shall prepare an annual report which includes a summary of the current fiscal year distribution, the number of approved applications for the local funding program, local and statewide system support projects, the vehicle purchase program and the approved budgets for administration and the trauma support program. In addition, the report will include the dollar amounts requested, amount of appropriation, average distribution amount, the types of local recipients, total number of runs, and a breakdown of the distribution by county. The report shall be made available to public entities and the public on request. [7.27.4.9 NMAC Rp, 7.27.4.9 NMAC, xx/xx/2025]
- **7.27.4.10 EXTENSION OF TIME:** An extension of time for the filing of an application or document may be granted, if the person seeking the extension can show good cause to the satisfaction of the chief. Requests for extension of time shall be received by email in advance of the date on which the application or document is due to be filed. No extension shall exceed 10 calendar days. Extensions shall be confirmed or denied by email. [7.27.4.10 NMAC Rp 7.27.4.10 NMAC, xx/xx/2025]
- 7.27.4.11 LOCAL EMS FUNDING PROGRAM: In a fiscal year, no less than seventy-five percent of the money in the fund shall be used for the local emergency medical services funding program. The program shall provide for: the establishment or enhancement of local emergency medical services; operational costs other than salaries and benefits of local emergency medical services personnel, purchase, repair and maintenance of emergency medical services vehicles, equipment and supplies; implementation of prevention program and the training and licensing of local emergency services personnel.
- A. Assurances: The bureau shall authorize distributions from money in the fund to the extent funds are available during a fiscal year. Distribution from money in the fund shall be made only to applicants on behalf of local recipients, that:
  - (1) submit an approved online application to the bureau;
  - (2) demonstrate a need for a distribution from the fund and the amount required;
- agree to expend funds distributed from the fund only for the purposes stated in the application and approved by the bureau;
- (4) obtain authorization from the chief executive of the incorporated municipality or county on behalf of the local recipient upon vouchers issued by the treasurer or fiscal agent of each political subdivision; accountability and reporting of these funds shall be in accordance with the requirements set forth by the local government division of the New Mexico department of finance and administration; and
- (5) agree that the funds distributed under the act will not supplant other funds budgeted and designated for emergency medical service purposes by the applicant; applications for distributions of money from the fund shall be accompanied by a certified statement that the applicant shall not supplant any other public monies available for these same purposes.
- **B.** Upper funding limitation statutory requirement: No more than one percent of the amount appropriated to the local emergency medical services funding program shall be distributed from the fund to the benefit of a single local recipient in any fiscal year pursuant to the local emergency medical services funding program, with the exception of a regionalized emergency medical service agency, to ensure that appropriate emergency medical service is available statewide. The advisory committee will annually recommend maximum funding amount prior to the (November) availability of the online application.
- C. Minimum funding base established regulatory requirement: In a fiscal year, each local recipient which has been approved pursuant to this rule, may be allocated a minimum distribution based on the criteria established in this section. Approved applications requesting less than the minimum will be funded in the amount requested. For the purpose of determining funding eligibility, local EMS personnel cannot be affiliated with more than one local recipient.
- (1) Emergency medical service start-up funding level: This level is eligible to receive a one time, minimum distribution of seven thousand dollars (\$7,000) upon recommendation from the advisory committee. The minimum requirements for this level are to submit a:
  - (a) letter of commitment from the chief:
  - (b) letter of review and recommendation from the respective EMS regional office;
  - (c) letter of support from the medical director; and
  - (d) have been issued an EMS agency certification or DOT certification.
- (2) Medical rescue service entry level: This level is eligible to receive a minimum distribution of seven thousand dollars (\$7,000) if the following criteria are met and are verified by the applicant. The minimum criteria for this level are:

- (a) at least fifty percent of EMS runs covered by a licensed first responder within two years of the initial request for funding;
  - (b) the service has at least basic medical supplies and equipment;
- (c) the service has at least one written mutual aid agreement or other written cooperative plan with a transporting ambulance and will submit online a copy or copies of this agreement(s) as part of the online application;
  - (d) the service has a designated training coordinator; and
- (e) the service shall participate in the bureau's pre-hospital data collection system as determined by the bureau, by using the bureau's software, website or by submitting compatible data.
- (3) Medical rescue or ambulance service stand ready level: This level is eligible to receive a distribution of seven thousand dollars (\$7,000) if the following criteria are met and are verified by the applicant. The criteria for this level are:
- (a) the service responds to less than seven EMS runs in the previous federal fiscal year, with at least eighty percent of EMS runs covered by a licensed EMS caregiver;
  - (b) the service has at least basic medical supplies and equipment;
- (c) the service has at least one written mutual aid agreement or other written cooperative plan with a transporting ambulance and will submit online a copy or copies of this agreement(s) as part of the online application;
  - (d) the service has a designated training coordinator;
- (e) the service shall participate in the bureau's pre-hospital data collection system as determined by the bureau, by using the bureau's software, website or by submitting compatible data; and
  - (f) the service has been issued an EMS agency certification or DOT certification.
- (4) Medical rescue service first responder level: This level of service is eligible to receive a minimum distribution of ten thousand dollars (\$10,000) if the following criteria are met and are verified by the applicant. The minimum criteria for this level are:
- (a) at least eighty percent of EMS runs were covered in the prior federal fiscal year (October 1 September 30), by a licensed EMS first responder or higher licensed medical personnel and shall continue to demonstrate that EMS response level; there shall be a minimum of at least two licensed EMS first responders with the service;
  - (b) the service has at least basic medical supplies and equipment;
- (c) the service has at least one written mutual aid agreement or other written cooperative plan with a transporting ambulance and submit online a copy or copies of this agreement(s) as part of the online application; (d) the service has a designated training coordinator;
- (e) the service shall participate in the bureau's pre-hospital data collection system, as determined by the bureau, by using the bureau's software, website or by submitted compatible data;
  - (f) the service has a medical director; and
  - (g) the service has been issued a DOH EMS agency certification or DOT

certification.

- (5) Medical rescue service or ambulance basic level: This level of service is eligible to receive a minimum distribution of twenty thousand dollars (\$20,000) if the following criteria are met and are verified by the applicant. The minimum criteria for this level are:
- (a) at least eighty percent of EMS runs were covered in the prior federal fiscal year (October 1 September 30), by a licensed EMT-basic or higher level of licensed medical personnel and shall continue to demonstrate that EMS response level; there shall be a minimum of at least two licensed EMT basics with the service;
  - (b) the service has at least basic medical supplies and equipment;
- (c) the service has at least one written mutual aid agreement or other written cooperative plan with first response or transporting ambulance service(s) and submit online a copy or copies of this agreement(s) as part of the online application;
  - (d) the service has a designated training coordinator;
- (e) the service shall participate in the bureau's pre-hospital data collection system as determined by the bureau by using the bureau's software, website or by submitting compatible data;
  - (f) the service has a service medical director and appropriate medical protocols; and
- (g) the service complies with department of transportation rule 18.4.2 NMAC, if applicable, or such other rules as may be adopted by the DOT or its successor agency regarding certified ambulances or have an EMS agency certification.

- (6) Medical rescue service or ambulance advanced level: This level is eligible to receive a minimum distribution of twenty-eight thousand dollars (\$28,000) if the following criteria are met and are verified by the applicant. The minimum criteria for this level are:
- (a) at least eighty percent of EMS runs were covered in the prior federal fiscal year (October 1 September 30), by licensed EMT intermediate or paramedic level personnel; or, if an emergency medical dispatch priority reference system (EMDPRS) is utilized, at least eighty percent of all runs determined by dispatch to require an advance level response shall be covered by licensed EMT intermediate or paramedic level personnel and there shall be a least one additional licensed EMT with the service;
  - (b) the service has at least basic and advanced medical supplies and equipment;
  - (c) the service shall maintain at least one transport capable vehicle if appropriate

within the local EMS system;

- (d) the service has at least one written mutual aid agreement or other written cooperative agreement with first response or transporting ambulance service(s) and submit online a copy or copies of this agreement(s) as part of the online application;
- (e) the service shall participate in the bureau's pre-hospital data collection system as determined by the bureau by using the bureau's software, website or by submitting compatible data;
  - (f) the service has a designated training coordinator;
  - (g) the service has a service medical director and appropriate BLS and ALS medical

protocols;

- **(h)** the service routinely responds when dispatched for all medical and traumatic emergencies within its primary response area;
- (i) the service complies with department of transportation rule 18.4.2 NMAC, if applicable, or such other rules as may be adopted by the DOT or its successor agency regarding registered certificated ambulances or have an EMS bureau EMS agency certification; and
- (j) the service complies with the department's certification of air ambulance services rules where applicable.
- (7) Consecutive failure to apply for funding: Agencies that fail or are prohibited to apply for EMS Fund monies for three or more years and want to re-initiate the application process and receive funding are eligible to receive a re-entry year distribution of seven thousand dollars (\$7,000). The following criteria must be met and verified by the applicant. The minimum criteria for re-entry into the EMS Fund process are:
- (a) at least eighty percent of EMS runs covered by a licensed EMS caregiver during the application cycles that were missed;
  - (b) the service has at least basic medical supplies and equipment;
- (c) the service has at least one written mutual aid agreement or other written cooperative plan with a transporting ambulance and will submit online a copy or copies of this agreement(s) as part of the online application;
  - (d) the service has a designated training coordinator;
- (e) the service has participated in the bureau's pre-hospital data collection system during the application cycles that were missed, using the bureau's software, website or by submitting compatible data; and
  - (f) have been issued an EMS bureau EMS agency certification or DOT

certification.

- **D. Funding formula definition:** If the money available is not sufficient to meet the funding requested in the applications of all local recipients at the statutory maximum, the bureau shall allocate the funds according to the following formula.
- (1) After computation of the sum of minimum allocations pursuant to Subsection C of 7.27.4.11 NMAC, a total county share shall be determined. The balance of funds shall be divided into two equal portions. For each county, the first portion shall be prorated according to area of the county as a percentage of total state area, and the other portion shall be prorated according to population of the county as a percentage of total state population.
- (2) From the county share established above, the individual allocation to each local recipient shall be determined based on the relative number of runs in the prior federal fiscal year (October 1 through September 30) as reflected in the application of the local recipient and verified through the bureau's pre-hospital data base program.
- (3) In the event that an incorporated municipality or county supports the applications of more than one local recipient, the bureau shall determine the pro-rata share for each local recipient in the allocation of

funds based on the number of annual runs reported.

- **E.** Special conditions emergency funding: Subject to the availability of funds, the bureau will entertain applications for funding at any time based on the following criteria.
- (1) The local recipient needs some immediate financial support for first year, startup services and the local community cannot provide adequate initial funding support. Financial need shall be verified by the bureau.
- (2) The local recipient does not have financial support to continue operations due to an emergency situation. The bureau will consider an application for a one-time special financial award. The request for financial assistance will be verified by the bureau. To be eligible for emergency funding, applicant and local recipient shall provide a letter of support for the emergency funding from their respective EMS regional director and shall document the need for emergency funding based on the following criteria:
  - (a) the need for emergency funding is unanticipated;
  - (b) emergency funding is necessary to protect life, health and safety; and
  - (c) applicant and local recipient have exhausted all reasonable alternative funding

sources.

- (3) The bureau will advise the advisory committee of such distributions.
- (4) The decision is subject to the appeal provision of Subsection J of this section.
- F. Distribution method to ensure compliance with statutory limitation: To comply with the statutory limitation per local recipient, the department shall certify for distribution only funds computed and allocated according to Subsection G of this section. Individual distribution amounts computed that are in excess of the maximum amount for a local recipient shall be pro-rated in accordance with Paragraph (2) of Subsection D of this section, to all other eligible remaining local recipients in that county. If funding of all local recipients within a county is at the maximum amount set by the statewide emergency medical services advisory, and there still remains an overage in the county share, the balance shall be reallocated as described in Subsection G of this section to all other counties, and distributed to local recipients within those counties still remaining eligible, in addition to their first distribution.
- **G. Individual distribution:** Subject to Subsection F of this section, the distribution to each local recipient shall be the sum of its share as calculated under Paragraph (2) of Subsection D of this section and the minimum allocation under Subsection C of 7.27.4.11 NMAC, unless the entity's total distribution shall have been otherwise established pursuant to the exception in Subsection B of this section.
- **H. Application:** Applications will be made available online to service directors and EMS Operations officers of all counties, municipalities and local recipients.
- **I. Application cycle:** The following cycle will apply for the local emergency medical services funding program.
- (1) Application availability will be announced via email to all service directors and EMS operations officers November 15 of each year.
- (2) The local recipient and applicant shall submit to the bureau, a completed application which shall be completed online by a day chosen by the bureau during the third week of January.
- (3) The bureau shall review the applications, calculate the distribution of funds and notify the applicant and local recipients of its determination by May 1 of each year.
- **J. Procedures for appeal of determination:** Pursuant to Section 24-10A-5 NMSA 1978, an applicant (county or municipality) desiring reconsideration of the bureau's determination as to its application for funding may appeal the determination by notifying the chief.
- (1) The appeal shall be in writing and shall be received by the bureau within 10 working days after notification to the applicant of the bureau's determination.
- (2) The bureau shall refer the appeal to the advisory committee for its review and recommendation. Upon receiving the advisory committee's recommendation, the secretary shall issue a final determination and send notice of that determination to the party appealing within 15 days of receiving the appeal.
- **K. Disbursement:** The chief shall certify final determination to the state treasurer and the department of finance and administration on or before June 30 for distribution as early as possible in the next fiscal year.
- L. Reporting requirements: The bureau may require special reports from applicants or local recipients regarding the appropriate use, maintenance and disposition of any items acquired with funds distributed under this section.
  - M. Eligible items of expenditure: Items eligible for funding are:
    - (1) purchase, repair, and maintenance of ambulance or rescue vehicles;

- (2) purchase, repair, and maintenance of medical and rescue training equipment;
- purchase, installation, repair, and maintenance of communications systems for use by local EMS systems;
- (4) payment of EMS training program tuition, per-diem, and mileage for local EMS personnel to attend EMS related training and continuing education programs, either in-state or within 150 miles of New Mexico's borders; training beyond the 150-mile limit shall be justified and receive prior written approval from the bureau, in order to be an eligible expense;
- (5) payment of fees to qualified instructors and reasonable expenses associated with the development and provision of EMS related training and continuing education programs on a local or regional basis;
  - (6) payment of fees for medical direction;
  - (7) the cost of New Mexico examination, certification or licensing fees for EMS personnel;
- (8) payment of costs related to legally mandated health and safety measures for the protection of local EMS personnel, such as vaccine, chest x-rays, etc;
- (9) all other operating expenses, including rent, utilities, insurance, gas and oil, etc., except those listed in Subsection N of this section;
- (10) per-call stipends for volunteer members of recipient agencies, as well as reimbursement for such items as uniforms, cleaning expenses, meals, travel, etc. for volunteer or career members of recipient agencies when on duty; and
  - (11) expenditures associated with the implementation of a community EMS program.
  - N. Ineligible items of expenditure: Costs which are not eligible for funding include:
    - (1) land;
    - (2) buildings and construction, except as provided in Paragraph (3) of Subsection M of this

section;

section.

- (3) certification fees charged by the national registry of EMTs, unless required for New Mexico licensure;
  - (4) costs for salaries and benefits of career emergency medical services personnel; and
  - (5) medical care expenses for EMS personnel, except as provided in Subsection M of this

### O. Budget adjustments:

- (1) An applicant or a local recipient may request a budget adjustment for any of the following reasons or other good cause shown:
- (a) to permit the expenditure of any balance of funds subsequent to the purchase of an eligible item;
- **(b)** to permit expenditure on a pro-rata basis of funds allocated when the allocations are insufficient to fund the cost of the eligible item;
  - (c) to change priorities or change requested items;
- (d) to permit expenditure of all or part of a given fiscal year's distribution in the following fiscal year; the deadline to request the bureau's approval to carry over funds shall be made by email by October 31:
- (e) to allow and facilitate intra-county or geographical region re-distribution of allocations to maximize the available funding; an intra-county or geographical region re-distribution of funds shall be requested by the applicant(s) and have the written concurrence of all involved local recipients.
- (2) Each proposed budget adjustment shall be submitted by email to the bureau and shall receive the bureau's approval prior to expending or encumbering the reallocated funds.
- Budget adjustments totaling less than one thousand five hundred dollars (\$1,500) do not require bureau approval except as provided in Paragraph (2) of this subsection.
- (4) Agencies or their fiscal agent must provide expenditure reports for the previous fiscal year by December 1st of each calendar year for bureau review of local system fund expenditures and plans for any funds approved for carryover into the current fiscal year.

### P. Other considerations:

- (1) In the event a county and one or more incorporated municipalities apply on behalf of the same local recipient, only the county's application shall be accepted and certified for distribution.
- (2) Individual applications may be approved by the bureau for separate locations of a local recipient that are at least 15 miles apart from the next closest station, as measured by the driving distance using the most direct route between the two locations.
  - (3) Local recipient shall not submit multiple applications for the purpose of receiving

additional EMS Fund Act distributions, except in special situations, as approved by the bureau on a case-by-case basis.

### Q. Transition:

- (1) In the event that a local recipient ceases operations, an itemized year-to-date expenditure report of EMS Fund Act money shall be submitted to the bureau.
- (2) It is the responsibility of the applicant to inventory and redistribute all equipment purchased with the EMS Fund Act money, to other local recipients in its county or municipality, and provide a report to the bureau.

[7.27.4.11 NMAC - Rp, 7.27.4.11 NMAC, xx/xx/2025]

# 7.27.4.12 LOCAL EMS SYSTEM IMPROVEMENT PROJECTS, EMS VEHICLE PURCHASE PROJECTS, STATEWIDE EMS SYSTEM IMPROVEMENT PROJECTS AND EMD AGENCY SUPPORT PROGRAMS:

- A. Local EMS system improvement projects, EMS vehicle purchase projects, statewide EMS system improvement projects and EMD agency support programs: In a fiscal year, no more than eighteen percent of the fund may be used for local and statewide emergency medical services system improvement projects, the purchase of emergency medical services vehicles, and funding for certified emergency medical dispatch agencies. Applicants shall be funded on a competitive basis. Applications under this section shall be submitted online by incorporated municipalities or counties on behalf of local recipients, unless it is a statewide system improvement application, where applicant may be a training institution, EMS regional office or the bureau.
  - **B.** Application: The applications will be made available online to all applicants and local recipients.
- C. Application cycle: The bureau shall make applications available to service directors and EMS operations officers for local EMS system improvement projects, EMS vehicle purchase projects, statewide EMS system improvement projects, and certified EMD agencies as set forth below.
- (1) The bureau shall make these applications available to service directors and EMS operations officers by November 1.
- (2) The applicant or EMS service, with authorization from its fiscal agent, shall submit to the bureau a completed application online by January 1. Technical assistance may be provided by the EMS regional office.
- (3) The bureau shall make available digital copies of each local EMS system improvement application and EMS vehicle purchase project application to the respective EMS regional office and the statewide EMS system improvement applications to the EMS operations manager by no later than December 1 of each year.
- **D.** Review process: The EMS regional offices shall review all applications for local EMS system improvement projects and EMS vehicle purchase projects submitted by applicants within their respective regional areas. Each regional EMS advisory committee/governing board shall review the applications within its region and submit a prioritized listing of applications for funding to the advisory committee no later than March 1 of each year. EMS regional offices and the bureau shall collaboratively assign applications to the appropriate category of funding (statewide system or local system improvement) which shall not be changed unless recommended by a majority of the advisory committee. The advisory committee will review the prioritized listing and make recommendations to the bureau at their annual spring meeting. The bureau shall make its determination on projects to be funded by May 1.
- **E. Local EMS system improvement projects:** At a minimum, an application for the local EMS system improvement projects shall address the following areas:
- (1) a complete description of the existing EMS system for which the local EMS system improvement project is requested; this description should include all pertinent information which describes all local EMS components that would be affected by the project;
- (2) a complete description of the proposed local EMS system improvement project including a detailed analysis of the need and a narrative showing how the project will contribute to the enhancement or integration of the local EMS system;
- (3) a detailed proposed budget depicting all anticipated costs for implementation of the proposed project including a clear demonstration of local support via cash or in-kind participation; the demonstration of local support will be considered in the final determination;
  - (4) assurances of support and involvement from all parties involved in the project proposal;
  - (5) a one-page abstract of the proposed project summarizing the request;
  - (6) notarized signature(s) of the appropriate municipal or county officials; and
  - (7) request for vehicles (ambulance, rescue, administrative etc.) are not considered to be a

local system improvement project; requests for any type vehicle should be submitted under the EMS vehicle purchase program.

- **F. EMS vehicle purchase projects:** The following are required for the EMS vehicle purchase projects:
- (1) the county or municipality submitting the application shall commit to providing matching funds of at least twenty-five percent of the base price of purchasing the vehicle only, without regard to equipment or operation costs; there shall be no restrictions on the source of the matching funds;
- (2) a complete description of the proposed vehicle including a detailed analysis of the need and a narrative showing how the purchase will contribute to the enhancement or integration of the local EMS system;
- (3) assurances by the applicant that the local recipient is capable of operating and maintaining the requested vehicle as evidenced by a proposed budget identifying all associated costs of equipping and operating the vehicle;
- (4) the applicant shall submit online the emergency medical service vehicle assessment form, which shall be completed at the time of application;
  - (5) assurances of support from all parties involved in the project proposal;
  - (6) a one-page abstract of the proposed project summarizing the request;
  - (7) notarized signature(s) of the appropriate municipal or county officials; and
- (8) upon approval, local recipient will affix a bureau provided decal on the outside of the vehicle; the logo should always face, or be nearer to, the street side of the vehicle (i.e., left, rear left, driver side).
- G. Statewide EMS system improvement projects: No more than three percent of the fund is authorized for projects, which improve the health, safety and training of emergency medical services personnel statewide.
- (1) Applications may be submitted by applicants, local recipients, EMTs or other interested parties.
- (2) The bureau will present a prioritized listing to the advisory committee for its review and consideration. The advisory committee will make a final recommendation to the bureau at its spring meeting.
  - (3) The bureau will make a final determination by May 1.
- (4) Funds not committed for statewide EMS system improvement projects may be allocated for additional vehicle purchase or local EMS system improvement projects consistent with recommendations from the advisory committee.
- **H. EMD agency support program:** Certified EMD agencies may apply for funding for allowable operational costs as an EMS system improvement project, as determined by the bureau, when funds are available. Funding of this program shall be recommended to the bureau by the advisory committee based on the available funds.
- I. Procedures for reconsideration: Applicants desiring reconsideration of the bureau's determination as to its application for funding under this rule may appeal the determination by notifying the chief.
- (1) The request for reconsideration shall be by email and shall be received by the bureau within 10 working days after notification to the applicant of the bureau's determination.
- (2) Upon receipt of the request for reconsideration, the chief shall issue a final determination and notify all parties on or before June 15.
- **J. Disbursement:** The chief shall certify the results of final determination to the state treasurer on or before the last working day in June for distribution as early as possible in the next fiscal year.

### **K.** Reporting requirements:

- (1) All applicants that receive funding for local EMS system improvement projects, vehicle purchase projects and statewide EMS system improvement projects shall submit a final report of the project no later than 120 calendar days following project completion, or annually, whichever occurs first. Certification will be provided when the bureau provided decal is affixed to the vehicle which has been purchased with EMS Fund Act funds pursuant to Paragraph (8) of Subsection F of this section no later than 120 calendar days following delivery of vehicle.
- (2) At a minimum, this report will include the name of the county or municipality, address, phone and contact person, the date submitted, the names of the local recipients involved in the project, the year the project was awarded, a brief description of the project, a fiscal accounting or summary of expenditures, total expenditures and any funds remaining, the project achievements and any changes from the originally submitted application.
  - (3) The bureau may require a special report from an applicant funded on the appropriate use

and maintenance of any eligible item acquired with funds distributed under section for local EMS system improvement projects, EMS vehicle purchase projects or statewide EMS system improvement projects.

- **L. Budget adjustments:** For local EMS system improvement projects, EMS vehicle purchase projects and statewide EMS system improvement projects, the following will apply:
- (1) an applicant or a local recipient may request a budget adjustment for any of the following reasons or other good cause shown:
- (a) to permit the expenditure of any balance of funds subsequent to the purchase of an approved item;
  - (b) to change priorities or change requested items; and
- (c) to permit expenditure of all or part of an approved project in the following fiscal year; the deadline to request the bureau's approval to carry over funds shall be made in writing by October 31;
- (2) each proposed budget adjustment shall be stated in writing to the bureau and shall receive the bureau's approval prior to expending or encumbering the reallocated funds; and
- (3) Agencies or their fiscal agent must provide expenditure reports for any special project funds for the previous fiscal year by December 1st of each calendar year for bureau review.

  [7.27.4.12 NMAC Rp, 7.27.4.12 NMAC, xx/xx/2025]

## 7.27.4.13 STATEWIDE TRAUMA CARE SYSTEM PROGRAM AND STATEWIDE EMERGENCY MEDICAL SERVICES SYSTEM SUPPORT:

- A. Statewide trauma care system program: The statewide trauma care system program shall provide for the support, development and expansion of the statewide trauma care system in accordance with rules adopted by the department. No more than two percent will be set aside from the fund for the purpose of supporting the statewide trauma care system program.
- (1) **Program:** The program mission shall include but not be limited to the continued support of the trauma registry database, statewide trauma system leadership, and the development, implementation, expansion, monitoring and support of the statewide trauma care system.
- **Report:** The bureau will submit a final report to the advisory committee on the program by the end of the fiscal year. At a minimum the report will include current activities, improvements, evaluation of areas in need and future plans for the continued enhancement of the state trauma care program.
- **B.** Regional emergency medical services system report: No more than two percent of will be set aside for the purpose of local and statewide emergency medical systems support projects which may be completed by EMS regional offices on behalf and at the direction of the bureau.

  [7.27.4.13 NMAC Rp, 7.27.4.13 NMAC, xx/xx/2025]

### 7.27.4.14 ADMINISTRATION:

- **A. Administration:** From the fund, three percent may be used by the bureau and EMS regional offices for administrative costs, including monitoring and providing technical assistance, as set forth in this section.
- **B.** Inspection statutory requirement: Inspections, pursuant to Section 24-10A-9 NMSA 1978 are to be constructive and informative to the local recipient to insure the highest possible standards of equipment and training are instituted by the local recipient and to identify any areas which could be of danger or harmful to the health, safety and welfare of staff and the public for whom service is provided.
- (1) Applicants and local recipients shall be subject to reasonable visitation by authorized representatives of the bureau. Vehicle maintenance records, records of service under warranties, continuing education records, training certificates, and similar records shall be open for inspection, as well as tariff billings and fiscal and expenditure records relative to an area for which full or partial funding was made under the act.
- (2) Upon completion of an inspection, the findings shall be discussed with the applicant's or local recipient's representative.
- (3) If deficiencies are indicated, the applicant or local recipient shall submit a report stating how the deficiencies will be corrected and the estimated date of completion. In most cases corrections should be completed within 30 calendar days.
- C. Loss of funding eligibility statutory requirement: A municipality, county or local recipient that the bureau finds has expended money in violation of the act including misrepresentation on the EMS Fund Act application, may be ineligible to receive funding from the bureau for a period of not less than one year or more than three years; additionally, if it is found that an agency has unspent local system or special project funds from the previous fiscal year(s) that were not approved for carryover, the agency will be subject to a reduction of up to one hundred percent of local system funding or not being eligible for special project funds; this will apply to the next

fiscal year following the discovery, through the process set forth below:

- (1) When a violation is suspected, the bureau will notify the applicant or local recipient in writing identifying the concerns and requesting an explanation or response.
  - (2) The applicant or local recipient shall respond by email within 20 working days.
  - (3) The bureau may initiate a formal investigation, including a formal audit, if deemed
- (4) Based upon their findings, the bureau will notify the applicant or local recipient in writing of their determination and associated penalty, which can range from one to three years of ineligibility.
  - (5) The bureau may refer the matter to appropriate law enforcement agencies.
- **D. Oversight of mutual aid and regionalization plans:** The bureau shall encourage the development of appropriate county EMS regionalized integrated response plans and mutual aid agreements between local recipients to ensure compliance with the act and this rule.
- **E.** Coordination: The bureau shall facilitate the coordination of services between state agencies, EMS regional offices, applicants, and local recipients to execute the requirements of the act and this rule for the efficient and effective use of these funds.
- **F. Evaluation and audit of programs:** The bureau shall be responsible for the periodic evaluation of all programs and projects receiving funds under the act. This evaluation may include initiation of an objective audit, if deemed necessary.
- **G. Technical assistance:** The bureau shall be responsible to provide, as needed, technical assistance to counties, municipalities, EMS regional offices, state and local agencies and any other parties involved in any of the programs funded through the act and this rule.

[7.27.4.14 NMAC - Rp, 7.27.4.14 NMAC, xx/xx/2025]

### **History of 7.27.4 NMAC:**

necessary.

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

HED 78-9-1, Emergency Medical Services Fund Act Regulations, filed 9/29/1978.

HED 80-7 (HSD), Emergency Medical Services Fund Act Regulations, filed 10/9/1980.

HED 84-2 (HSD), Emergency Medical Services Fund Act Regulations, filed 8/8/1984.

HED 87-11 (PHD/HSD), Emergency Medical Services Fund Act Regulations, filed 10/26/1987.

DOH Regulation 94-11 (CHSD), Regulations Governing the Emergency Medical Services Fund Act for the State of New Mexico, filed 12/30/1994.

DOH Regulation 95-05 (CHSD), Regulation Governing the Emergency Medical Services Fund Act, filed 10/25/1995.

### **History of Repealed Material:**

7 NMAC 27.4, Emergency Medical Services Fund Act Program (filed 11/26/1996), repealed 7/1/2000.

7.27.4 NMAC, Emergency Medical Services Fund Act Program (filed 06/16/2000), repealed 9/13/2001.

7.27.4 NMAC, Emergency Medical Services Fund Act Program (filed 8/30/2001), repealed xx/xx/2025.

### **Other History:**

7 NMAC 27.4, Emergency Medical Services Fund Act Program (filed 11/26/1996) replaced by 7.27.4 NMAC, effective 7/1/2000.

7.27.4 NMAC, Emergency Medical Services Fund Act Program (filed 06/16/2000) replaced by 7.27.4 NMAC, Emergency Medical Services Fund Act Program, effective 9/13/2001.

7.27.4 NMAC, Emergency Medical Services Fund Act Program (filed 08/30/2001) replaced by 7.27.4 NMAC, Emergency Medical Services Fund Act, effective xx/xx/2025.

### Exhibit 6

The New Mexico Department of Health approved the repeal of its rule 7.27.4 NMAC - Emergency Medical Services Fund Act (filed 08/30/2001) and replaced it with 7.27.4 NMAC - Emergency Medical Services Fund Act adopted on xx/xx/2025, and effective xx/xx/2025.

TITLE 7 HEALTH

**CHAPTER 27 EMERGENCY MEDICAL SERVICES** 

PART 4 EMERGENCY MEDICAL SERVICES FUND ACT

**7.27.4.1 ISSUING AGENCY:** New Mexico department of health. [7.27.4.1 NMAC - Rp, 7.27.4.1 NMAC, 8/13/2004] xx/xx/2025]

- **7.27.4.2 SCOPE:** The Emergency Medical Services Fund Act shall apply to requests made for funds available pursuant to the Emergency Medical Services Fund Act, Section 24-10A-1, et seq., NMSA 1978. [7.27.4.2 NMAC Rp, 7.27.4.2 NMAC, 8/13/2004xx/xx/2025]
- 7.27.4.3 STATUTORY AUTHORITY: This rule is 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 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 Fund Act (as amended by Laws of 2001, Chapter 273), Section 24-10A-3.1., NMSA 1978, which authorizes the department of health to adopt rules to carry out the provisions of the act.

  [7.27.4.3 NMAC Rp, 7.27.4.3 NMAC, 8/13/2004xx/xx/2025]
- **7.27.4.4 DURATION:** Permanent.

[7.27.4.4 NMAC - Rp, 7.27.4.4 NMAC, 8/13/2004xx/xx/2025]

**7.27.4.5 EFFECTIVE DATE:** August 13, 2004xx/xx/2025, unless a later date is cited at the end of a section.

[7.27.4.5 NMAC - Rp, 7.27.4.5 NMAC, 8/13/2004xx/xx/2025]

**7.27.4.6 OBJECTIVE:** The objective of Part 4, of Chapter 27this rule is to establish standards and procedures for regulating programs under the Emergency Medical Services Fund Act. These standards and procedures are designed for the purpose of making funds available to municipalities and counties, in proportion to their needs, for use in the establishment and enhancement of local emergency medical services in order to reduce injury and loss of life. This rule will inform New Mexico municipalities and counties of the procedures to access funds. The department of health, through the emergency medical systems bureau, will administer the fund pursuant to the Emergency Medical Services Fund Act and this rule.

[7.27.4.6 NMAC - Rp, 7.27.4.6 NMAC, <del>8/13/2004</del>xx/xx/2025]

#### **7.27.4.7 DEFINITIONS:**

- A. Definitions beginning with "A":
- (1) "Accumulation" means the expenditure or disposition in the current fiscal year of funds distributed in the prior fiscal year. However, a municipality or county may accumulate balances to purchase vehicles or equipment if the accumulation and a purchase plan have been approved by the bureau.
- B. (2) "Act" means the Emergency Medical Services Fund Act, Section 24-10A-1; et seq., NMSA 1978 (as amended by Laws of 2001, Chapter 273).
- "Advisory committee" means those individuals, representing specific agencies, organizations, and consumers appointed by the secretary to advise the bureau on statewide EMS policy matters.
- D. (4) "Ambulance service" means a publicly or privately owned entity holding a current certificate of the New Mexico public regulation commission as an emergency response ambulance service and subject to the rules and regulations of the public regulation commission or its successor agency.
- **E.** (5) "Applicant" means an incorporated municipality or county applying on behalf of a local recipient. For special funding applications (i.e., statewide and local system improvement projects), applicant <u>may</u> also includes include an EMS regional office, approved training institution or the bureau.
- F. (6) "Area" for purposes of pro-rata allocation of designated funds by county as described in Subsection D of 7.27.4.11 NMAC, of this rule, means the area, expressed in square miles, for each New Mexico county as reported in by the U.S. department of commerce publication entitled area measurement reports, areas of New Mexico: (most recent edition).
- B. Definitions beginning with "B": -G. "Bureau" means the emergency medical systems bureau of the office of health emergency management, New Mexico department of health.

<del>H.</del>	—С.	Definitions beginning with "C": "Chief" means the chief of the emergency medical
systems bureau.		
<del></del>		Definitions beginning with "D":
	(1)	"Department" means the New Mexico department of health.
<del>J.</del>		"Director" means the director of the epidemiology and response division.
<del>K.</del>		"Division" means the epidemiology and response division.
<u>L.</u>		Definitions beginning with "E":
	(1)	"Eligible item" means a cost or item of proposed expenditure under the local EMS
funding program		is eligible for funding under the act and includes those categories listed in Subsection N of
7.27.4.11 NMA		
M.		"Emergency medical dispatch agency (EMDA)" means an organization, or a
		tions working cooperatively, that routinely accepts calls for emergency medical assistance
		medical dispatch priority reference system (EMDPRS) techniques.
and employs en	(3)	"Emergency medical services" or N.——"EMS" means the services rendered by
emergency med		nicians, licensed emergency medical services first responders or emergency medical
		o an individual's need for immediate medical care to prevent loss of life or aggravation of
		l illness or injury.
O.		"EMS regional office" means those regional planning and development agencies
		supported by the bureau.
<u>₽.</u> r.		tions beginning with "F":
	(1)	"Fiscal year" means the state fiscal year that runs from July 1 through June 30 each year.
Q		"Federal fiscal year "means the federal fiscal year that runs from October 1 through
September 30 e		
<del>R.</del>	(3)	"Fund" means the emergency medical services fund.
<u>G.</u>	D . 6° . '4	S.Definitions beginning with "G": [RESERVED]
Н.		tions beginning with "H": [RESERVED]
<u>I.</u>		tions beginning with "I": [RESERVED]
J.		tions beginning with "J": [RESERVED]
<u>K.</u>		tions beginning with "K": [RESERVED]
L.		tions beginning with "L":
	<u>(1)</u>	"Licensing fees" mean the licensure fees, licensure renewal fees, and travel and per-diem
		the licensing and the certification process in New Mexico required of emergency medical
		EMS first responders under current regulations rules governing the certification and
licensing of EM	-	
<del>T.</del>		"Local EMS personnel" means an individual who is authorized to provide pre-hospital
care and is affil	iated with	n a local recipient.
<del>U.</del>	(3)	"Local emergency medical services system" means coordinated system of health care
		area, including but not limited to community education and prevention programs,
		gency medical dispatch, law enforcement, licensed EMS personnel, fire medical rescue,
		which support, respond to and/or provide emergency medical care in an organized fashion
		eeds of sick or injured persons in New Mexico and its border areas. For the purpose of
funding, local e	mergency	y medical service system means one or more local recipients within a single EMS system.
₩.	(4)	"Local recipient" means an apublicly owned or contracted ambulance or air ambulance
service medical	l rescue s	ervice, fire department rescue service-or fire district, air ambulance, regionalized
		ce <sub>7</sub> agency; or other pre-hospital prehospital emergency medical service care provider
		ce, agency; or other <del>pre-nospital</del> prenospital emergency medical service care provider
based in the stat		
	(1	
order to prevent		ife or aggravation of physical or psychological illness or injury;
	(2	
Act is sponsore	d by a mu	unicipality or county;
	(3	
approved run fo	rms, part	icipation in mutual aid agreements and medical control; and;
	(4	(d) receives funds distributed under the act and this rule.
W	Μ.	Definitions beginning with "M":
	(1)	"Medical director" means a physician currently licensed or otherwise authorized to

7.27.4 NMAC 2 practice in New Mexico who directs or supervises the practice of EMS personnel, or assists in the development and approval of local protocols and who participates in the development and implementation of quality assurance activities and training programs in connection with an EMS provider.

- **X.** (2) "Medical-rescue service" means a provider that is part of the emergency medical services system but not subject to the authority of the public regulation commission or its successor agency, under the Ambulance Standards Act (Sections 65-6-1 to 65-6-6, NMSA 1978) and which may be dispatched to the scene of an emergency to provide rescue or medical care.
  - N. Y.Definitions beginning with "N": [RESERVED]
  - O. Definitions beginning with "O": [RESERVED]
  - P. Definitions beginning with "P": [RESERVED]
- **(1) "Population"** for purposes of pro-rata allocation of designed funds by county as described in Paragraph (1) of Subsection D of 7.27.4.11 NMAC of this rule, means the population estimates for each New Mexico county as shown in the most recent <u>population</u> report of <u>provisional figures in</u> the U.S. department of commerce <u>publication entitled population estimates</u>, "estimates of the population of New Mexico counties and metropolitan areas: (identifier)".
- "Pre-hospital data base program" means the routine submission of essential pre-hospital data elements as defined by the bureau via bureau provided run forms or other methods.
- AA. (3) "Prevention program" means a planned activity with a defined purpose, stated objectives, implementation schedule and an evaluation component that seeks to prevent or reduce illness or injury. Examples include but not limited to bicycle helmet promotion, seat belt awareness campaign, child car seat distribution program, DWI prevention and first aid training.
- BB. O. Definitions beginning with "O": "Qualified instructor" means an individual who through education, training, and experience is approved by an approved EMS training program to teach local EMS personnel or by the bureau to teach continuing education.
  - CC. R. <u>Definitions beginning with "R":</u>
- (1) "Regionalized emergency medical service agency" means a rural or frontier emergency medical service agency composed of multiple geographic districts with response area populations of fewer than two hundred fifty people per square mile.
- (2) "Routinely responds" means the local recipient is available and may be dispatched to a medical or traumatic emergency 24 hours per day, seven days per week.
- (3) "Run" means an EMS response dispatched to an existing or potential medical event, by one or more local recipients to provide EMS assistance or transportation of a patient, regardless of the number of patients on scene.
  - S. Definitions beginning with "S":
- (1) "Salaries and benefits" means regular compensation for services or work, including other payments made in accord with a salary agreement, such as insurance, retirement, leave accrual, etc.
  - **DD.** (2) "Secretary" means the secretary of the New Mexico department of health.
- (3) "Statewide" for the purpose of statewide EMS system improvement projects means two (2) or more EMS local systems, a county, a training institution, an EMS regional office or the bureau, which support, respond to and/or provide medical care in an organized fashion to the real or perceived needs of at risk, sick or injured persons in New Mexico and its border areas.
- **EE.** "Routinely responds" means the local recipient is available and may be dispatched to a medical or traumatic emergency twenty four (24) hours per day, seven (7) days per week.
- FF. "Run" means an EMS response dispatched to an existing or potential medical event, by one or more local recipients to provide EMS assistance and/or transportation of a patient, regardless of the number of patients on scene.
  - GG. "Secretary" means the secretary of the New Mexico department of health.
- (1) "Training program" means a course provided by an approved EMS training program or any continuing education approved by the bureau.
- H. (2) "Tuition" means those charges, including fees and textbooks, for the enrollment of students in approved EMS training programs, continuing education, and conferences relevant to the education and training of local EMS personnel.
  - 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]
- [7.27.4.7 NMAC Rp, 7.27.4.7 NMAC, <del>8/13/2004</del>xx/xx/2025]
- **7.27.4.8 DUTY OF THE BUREAU:** The bureau shall administer the fund and provide for the distribution of the fund pursuant to the act and this rule. The bureau shall certify the names and the amount distributed to each applicant and local recipient in accordance with the provisions of the act and this rule. To accumulate funds, municipalities or counties shall submit an accumulation and purchase plan, in writing to the bureau. The bureau shall review and approve/disapprove the plan in writing. Accumulated funds shall only be expended as outlined in the bureau approved purchase plan.

[7.27.4.8 NMAC - Rp, 7.27.4.8 NMAC, 8/13/2004xx/xx/2025]

7.27.4.9 ANNUAL REPORT: The bureau shall prepare an annual report which includes a summary of the current fiscal year distribution, the number of approved applications for the local funding program, local and statewide system support projects, the vehicle purchase program and the approved budgets for administration and the trauma support program. In addition, the report will include the dollar amounts requested, amount of appropriation, average distribution amount, the types of local recipients, total number of runs, and a break downbreakdown of the distribution by county. The report shall be made available to public entities and the public on request.

[7.27.4.9 NMAC - Rp, 7.27.4.9 NMAC, 8/13/2004xx/xx/2025]

**7.27.4.10 EXTENSION OF TIME:** An extension of time for the filing of an application or document may be granted, if the person seeking the extension can show good cause to the satisfaction of the chief. Requests for extension of time shall be received in writingby email in advance of the date on which the application or document is due to be filed. No extension shall exceed ten (10) calendar days. Extensions shall be confirmed or denied in writingby email.

[7.27.4.10 NMAC - Rp 7.27.4.10 NMAC, <u>8/13/2004xx/xx/2025</u>]

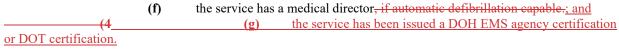
- 7.27.4.11 LOCAL EMS FUNDING PROGRAM: In a fiscal year, no less than seventy-five percent (75%) of the money in the fund shall be used for the local emergency medical services funding program. The program shall provide for: the establishment or enhancement of local emergency medical services; operational costs other than salaries and benefits of local emergency medical services personnel, purchase, repair and maintenance of emergency medical services vehicles, equipment and supplies; implementation of prevention program and the training and licensing of local emergency services personnel.
- A. Assurances: The bureau shall authorize distributions from money in the fund to the extent funds are available during a fiscal year. Distribution from money in the fund shall be made only to applicants on behalf of local recipients, that:
  - (1) submit an approved <u>online</u> application to the bureau;
  - (2) demonstrate a need for a distribution from the fund and the amount required;
- (3) agree to expend funds distributed from the fund only for the purposes stated in the application and approved by the bureau;
- (4) <u>obtain</u> authorization <u>offrom</u> the chief executive of the incorporated municipality or county on behalf of the local recipient upon vouchers issued by the treasurer <u>and/</u>or fiscal agent of each political subdivision <u>shall also be required</u>; accountability and reporting of these funds shall be in accordance with the requirements set forth by the local government division of the New Mexico department of finance and administration; and
- agree that the funds distributed under the act will not supplant other funds budgeted and designated for emergency medical service purposes by the applicant; applications for distributions of money from the fund shall be accompanied by a certified statement that the applicant shall not supplant any other public monies available for these same purposes.
- B. Upper funding limitation statutory requirement: No more than one percent (1%) mayof the amount appropriated to the local emergency medical services funding program shall be distributed from the fund through any one county or municipality to the benefit of a single local recipient in any one-fiscal year on behalf of any one local recipient whose proposal for assistance has been approved by the incorporated county or municipality-pursuant to the local emergency medical services funding program, with the exception of a regionalized emergency medical service agency, to ensure that appropriate emergency medical service is available

<u>statewide.</u> The advisory committee will annually recommend maximum funding amount prior to the (November) <u>mail out of applications availability of the online application.</u>

- **C. Minimum funding base established regulatory requirement:** In a fiscal year, each local recipient which has been approved pursuant to this rule, may be allocated a minimum distribution based on the criteria established in this section. Approved applications requesting less than the minimum will be funded in the amount requested. For the purpose of determining funding eligibility, local EMS personnel cannot be affiliated with more than (1) one local recipient.
- (1) Emergency medical service start-up funding level: This level is eligible to receive a one (1)-time, minimum distribution of one seven thousand five hundred dollars (\$1,500),7,000) upon recommendation from the advisory committee. The minimum requirements for this level are to submit a:
  - (a) letter of commitment from the chief;
  - (b) letter of review and recommendation from the respective EMS regional office;

and

- (c) letter of support from the medical director-; and
- (d) have been issued an EMS agency certification or DOT certification.
- (2) Medical-Rescue Service Entry Level: rescue service entry level: This level is eligible to receive a minimum distribution of oneseven thousand five hundred dollars (\$1,5007,000) if the following criteria are met and are verified by the applicant. The minimum criteria for this level are:
- (a) at least fifty percent (50%) of EMS runs covered by a licensed first responder within two years of the initial request for funding;
  - (b) the service has at least basic medical supplies and equipment;
- (c) the service has at least one written mutual aid agreement or other written cooperative plan with a transporting ambulance and will attach to the applicationsubmit online a copy or copies of the this agreement(s); as part of the online application;
  - (d) the service has a designated training coordinator; and
- (e) the service shall participate in the bureau's pre-hospital data collection system as determined by the bureau, by using the bureau's software, web sitewebsite or by submitting compatible data.
- (3) Medical-Rescue Service First Responder Level: rescue or ambulance service stand ready level: This level of service is eligible to receive a minimum distribution of threeseven thousand dollars (\$37,000) if the following criteria are met and are verified by the applicant. The criteria for this level are:
- (a) the service responds to less than seven EMS runs in the previous federal fiscal year, with at least eighty percent of EMS runs covered by a licensed EMS caregiver;
  - (b) the service has at least basic medical supplies and equipment;
- (c) the service has at least one written mutual aid agreement or other written cooperative plan with a transporting ambulance and will submit online a copy or copies of this agreement(s) as part of the online application;
  - (d) the service has a designated training coordinator;
- (e) the service shall participate in the bureau's pre-hospital data collection system as determined by the bureau, by using the bureau's software, website or by submitting compatible data; and
  - (f) the service has been issued an EMS agency certification or DOT certification.
- (4) Medical rescue service first responder level: This level of service is eligible to receive a minimum distribution of ten thousand dollars (\$10,000) if the following criteria are met and are verified by the applicant. The minimum criteria for this level are:
- (a) at least eighty percent (80%) of EMS runs were covered in the prior federal fiscal year (October 1 September 30), by a licensed EMS first responder or higher licensed medical personnel and shall continue to demonstrate that EMS response level; there shall be a minimum of at least two licensed EMS first responders with the service;
  - (b) the service has at least basic medical supplies and equipment;
    - (b) the service has at lease basic medical supplies and equipment;
- (c) the service has at least one written mutual aid agreement or other written cooperative plan with a transporting ambulance and will attach to the applicationsubmit online a copy or copies of the this agreement(s); as part of the online application; (d) the service has a designated training coordinator;
  - (d) the service has a designated training coordinator:
- (e) the service shall participate in the bureau's pre-hospital data collection system, as determined by the bureau, by using the bureau's software, web-sitewebsite or by submitted compatible data;



(5) Medical -rescue service or ambulance - basic level: This level of service is eligible to receive a minimum distribution of <u>fivetwenty</u> thousand dollars (\$520,000) if the following criteria are met and are verified by the applicant. The minimum criteria for this level are:

- (a) at least eighty percent (80%) of EMS runs shall be were covered in the prior federal fiscal year (October 1 September 30), by a licensed EMT-basic or higher level of licensed medical personnel and shall continue to demonstrate that EMS response level; there shall be a minimum of at least two licensed EMT basics with the service;
  - the service has at least basic medical supplies and equipment;
  - (b) the service has at least basic medical supplies and equipment;
- (c) the service has at least one written mutual aid agreement or other written cooperative plan with first response or transporting ambulance service(s) and will attach to the application submit online a copy or copies of thethis agreement(s); as part of the online application;
  - (d) the service has a designated training coordinator;
- (e) the service shall participate in the bureau's pre-hospital data collection system as determined by the bureau by using the bureau's software, web-sitewebsite or by submitting compatible data;
  - (f) the service has a service medical director and appropriate medical protocols; and
  - (g) the service complies with public regulation commission (PRC)

Regulation department of transportation rule 18.4.2 NMAC, if applicable, or such other regulations rules as may be adopted by the PRCDOT or its successor agency regarding registered medical rescue and certified ambulances and; the service complies with the department's air ambulance or have an EMS

agency certification regulations where applicable.

- (56) Medical -rescue service or ambulance advanced level: This level is eligible to receive a minimum distribution of seventwenty-eight thousand dollars (\$728,000) if the following criteria are met and are verified by the applicant. The minimum criteria for this level are:
- (a) at least eighty percent (80%) of EMS runs were covered in the prior federal fiscal year (October 1 September 30), by licensed EMT intermediate or paramedic level personnel; or, if an emergency medical dispatch priority reference system (EMDPRS) is utilized, at least 80% eighty percent of all runs determined by dispatch to require an advance level response shall be covered by licensed EMT intermediate or paramedic level personnel and there shall be a least one additional licensed EMT with the service;
  - (b) the service has at least basic and advanced medical supplies and equipment;
- (c) the service shall maintain at least one transport capable vehicle if appropriate within the local EMS system;
- (d) the service has at least one written mutual aid agreement or other written cooperative agreement with first response or transporting ambulance service(s) and will attach to the application submit online a copy or copies of thethis agreement(s); as part of the online application;
- (e) the service shall participate in the bureau's pre-hospital data collection system as determined by the bureau by using the bureau's software, web sitewebsite or by submitting compatible data;
  - (f) the service has a designated training coordinator;
  - (g) the service has a service medical director and appropriate BLS and ALS medical

protocols;

- (h) the service routinely responds when dispatched for all medical and traumatic emergencies within its primary response area;
- (i) the service complies with public regulation commission (PRC)

  Regulationdepartment of transportation rule 18.4.2 NMAC, if applicable, or such other regulations as may be adopted by the PRCDOT or its successor agency regarding registered medical rescue and certificated ambulances or have an EMS bureau EMS agency certification; and
- (j) the service complies with the department's certification of air ambulance services regulations rules where applicable.
- Consecutive failure to apply for funding: Agencies that fail or are prohibited to apply for EMS Fund monies for three or more years and want to re-initiate the application process and receive funding are eligible to receive a re-entry year distribution of seven thousand dollars (\$7,000). The following criteria must be met and verified by the applicant. The minimum criteria for re-entry into the EMS Fund process are:
  - (a) at least eighty percent of EMS runs covered by a licensed EMS caregiver during

the application cycles that were missed;

(b) the service has at least basic medical supplies and equipment;

(c) the service has at least one written mutual aid agreement or other written cooperative plan with a transporting ambulance and will submit online a copy or copies of this agreement(s) as part of the online application;

(d) the service has a designated training coordinator;

(e) the service has participated in the bureau's pre-hospital data collection system during the application cycles that were missed, using the bureau's software, website or by submitting compatible

certification.

data; and

**D.** Funding formula definition: If the money available is not sufficient to meet the funding requested in the applications of all local recipients at the statutory maximum, the bureau shall allocate the funds according to the following formula.

have been issued an EMS bureau EMS agency certification or DOT

- (1) After computation of the sum of minimum allocations pursuant to Subsection C of 7.27.4.11 NMAC, a total county share shall be determined. The balance of funds shall be divided into two equal portions. For each county, the first portion shall be prorated according to area of the county as a percentage of total state area, and the other portion shall be prorated according to population of the county as a percentage of total state population.
- (2) From the county share established above, the individual allocation to each local recipient shall be determined based on the relative number of runs in the prior federal fiscal year (October 1 through September 30) as reflected in the application of the local recipient and verified through the bureau's pre-hospital data base program.
- (3) In the event that an incorporated municipality or county supports the applications of more than one local recipient, the bureau shall determine the pro-rata share for each local recipient in the allocation of funds based on the number of annual runs reported.
- E. SPECIAL CONDITIONS EMERGENCY FUNDING: E. Special conditions emergency funding: Subject to the availability of funds, the bureau will entertain applications for funding at any time based on the following criteria.
- The local recipient needs some immediate financial support for first year, startup services and the local community cannot provide adequate initial funding support. Financial need shall be verified by the bureau.
- (2) The local recipient does not have financial support to continue operations due to an emergency situation. The bureau will consider an application for a one-time special financial award. The request for financial assistance will be verified by the bureau. To be eligible for emergency funding, applicant and local recipient shall provide a letter of support for the emergency funding from their respective EMS regional director and shall document the need for emergency funding based on the following criteria:
  - (a) the need for emergency funding is unanticipated;
  - (b) emergency funding is necessary to protect life, health and safety; and
  - (c) applicant and local recipient have exhausted all reasonable alternative funding

sources.

- (3) The bureau will advise the advisory committee of such distributions.
- (4) The decision is subject to the appeal provision of Subsection J of 7.27.4.11 NMAC, of

this rulesection.

- F. Distribution method to ensure compliance with statutory limitation: To comply with the statutory limitation per local recipient, the department shall certify for distribution only funds computed and allocated according to Subsection G of 7.27.4.11. NMAC.this section. Individual distribution amounts computed that are in excess of the maximum amount for a local recipient shall be pro-rated in accordance with Paragraph (2) of Subsection D of 7.27.4.11 NMAC.this section, to all other eligible remaining local recipients in that county. If funding of all local recipients within a county is at the statutory maximum maximum amount set by the statewide emergency medical services advisory, and there still remains an overage in the county share, the balance shall be reallocated as described in Subsection G of 7.27.4.11 NMAC.this section to all other counties, and distributed to local recipients within those counties still remaining eligible, in addition to their first distribution.
- G. Individual distribution: Subject to Subsection F of 7.27.4.11 NMACthis section, the distribution to each local recipient shall be the sum of its share as calculated under Paragraph (2) of Subsection D of 7.27.4.11 NMACthis section and the minimum allocation under Subsection C of 7.27.4.11 NMAC, unless the entity's total

distribution shall have been otherwise established pursuant to the exception in Subsection B of 7.27.4.11 NMACthis section.

- H. APPLICATION: Applicants shall request and use the most current forms for preparation of applications. Applications will be made available toonline to service directors and EMS Operations officers of all counties, municipalities and local recipients.
- **I. Application cycle:** The following cycle will apply for the local emergency medical services funding program.
- (1) <u>Applications Application availability</u> will be <u>distributed announced via email</u> to all <u>counties, municipalities service directors</u> and <u>local recipients by EMS operations of ficers</u> November <u>415</u> of each year.
- (2) The local recipient and applicant shall submit to the bureau, a completed application which shall be postmarked or hand-delivered completed online by a day chosen by the bureau during the third week of January—15.
- (3) The bureau shall review the applications, calculate the distribution of funds and notify the applicant and local recipients of its determination by May 1 of each year.
- J. Procedures for appeal of determination: Pursuant to Section 24-10A-5 NMSA 1978, an applicant (county and/or municipality) desiring reconsideration of the bureau's determination as to its application for funding may appeal the determination by notifying the chief.
- (1) The appeal shall be in writing and shall be received by the bureau within ten (10) working days after notification to the applicant of the bureau's determination.
- (2) The bureau shall refer the appeal to the advisory committee for its review and recommendation. Upon receiving the advisory committee's recommendation, the secretary shall issue a final determination and send notice of that determination to the partparty appealing on or before June within 15 of the results days of receiving the appeal.
- **K. Disbursement:** The chief shall certify final determination to the state treasurer and the department of finance and administration (DFA) on or before June 30 for distribution as early as possible in the next fiscal year.
- L. Reporting requirements: The bureau may require special reports from applicants or local recipients regarding the appropriate use, maintenance and disposition of any items acquired with funds distributed under this section.
  - M. Eligible items of expenditure: Items eligible for funding are:
    - (1) purchase, repair, and maintenance of ambulance and/or rescue vehicles;
    - (2) purchase, repair, and maintenance of medical and rescue training equipment;
- purchase, installation, repair, and maintenance of communications systems for use by local EMS systems;
- (4) payment of EMS training program tuition, per-diem, and mileage for local EMS personnel to attend EMS related training and continuing education programs, either in-state or within one hundred and fifty (150) miles of New Mexico's borders; training beyond the one hundred and fifty (150) mile limit shall be justified and receive prior written approval from the bureau, in order to be an eligible expense;
- (5) payment of fees to qualified instructors and reasonable expenses associated with the development and provision of EMS related training and continuing education programs on a local or regional basis;
  - (6) payment of fees for medical direction;
  - (7) the cost of New Mexico examination, certification and/or licensing fees for EMS
- (8) payment of costs related to legally mandated health and safety measures for the protection of local EMS personnel, such as vaccine, chest x-rays, etc;
- (9) all other operating expenses, including rent, utilities, insurance, gas and oil, etc., except those listed in Subsection N of <del>7.27.4.11 NMAC</del> this section;
- (10) <u>per-call stipends for volunteer members of recipient agencies, as well as reimbursement</u> for such items as uniforms, cleaning expenses, meals, travel, etc. <u>for volunteer or career members of recipient agencies</u> when on duty; and;
- (11) expenditures associated with the implementation of a prevention community EMS program.
  - **N. Ineligible items of expenditure:** Costs which are not eligible for funding include:
    - (1) land;

personnel;

(2) buildings and construction, except as provided in Paragraph (3) of Subsection M of 7.27.4.11 NMAC above this section;

- (3) certification fees charged by the national registry of <u>EMT'sEMTs</u>, unless required for New Mexico licensure:
  - (4) costs for salaries and benefits of local career emergency medical services personnel; and;
- (5) medical care expenses for EMS personnel, except as provided in Subsection M of 7.27.4.11 NMAC of this rulesection.

### O. Budget adjustments:

- (1) An applicant or a local recipient may request a budget adjustment for any of the following reasons or other good cause shown:
- (a) to permit the expenditure of any balance of funds subsequent to the purchase of an eligible item;
- **(b)** to permit expenditure on a pro-rata basis of funds allocated when the allocations are insufficient to fund the cost of the eligible item;
  - (c) to change priorities or change requested items;
- (d) to permit expenditure of all or part of a given fiscal year's distribution in the following fiscal year; the deadline to request the bureau's approval to carry over funds shall be made in writing by email by October 31;
- (e) to allow and facilitate intra-county or geographical region re-distribution of allocations to maximize the available funding; an intra-county or geographical region re-distribution of funds shall be requested by the applicant(s) and have the written concurrence of all involved local recipients.
- (2) Each proposed budget adjustment shall be submitted in writing by email to the bureau and shall receive the bureau's approval prior to expending or encumbering the reallocated funds.
- (3) Budget adjustments totaling less than two one thousand five hundred and fifty dollars (\$2501,500) do not require bureau approval except as provided in Paragraph (2) of Subsection O of 7.27.4.11.NMACthis subsection.
- (4) Agencies or their fiscal agent must provide expenditure reports for the previous fiscal year by December 1st of each calendar year for bureau review of local system fund expenditures and plans for any funds approved for carryover into the current fiscal year.

### P. Other considerations:

- (1) In the event a county and one or more incorporated municipalities apply on behalf of the same local recipient, only the county's application shall be accepted and certified for distribution.
- (2) Individual applications may be approved by the bureau for separate locations of a local recipient that are at least fifteen (15) miles apart from the next closest station, as measured by the driving distance using the most direct route between the two-(2) locations.
- (3) Local recipient shall not submit multiple applications for the purpose of receiving additional EMS Fund Act distributions, except in special situations, as approved by the bureau on a case\_by\_case basis.

### Q. Transition:

- (1) In the event that a local recipient ceases operations, an itemized year\_to\_date expenditure report of EMS Fund Act money shall be submitted to the bureau.
- (2) It is the responsibility of the applicant to inventory and redistribute all equipment purchased with the EMS Fund Act money, to other local recipients in its county or municipality, and provide a report to the bureau.

[7.27.4.11 NMAC - Rp, 7.27.4.11 NMAC, <del>8/13/2004</del>xx/xx/2025]

# 7.27.4.12 LOCAL EMS SYSTEM IMPROVEMENT PROJECTS, EMS VEHICLE PURCHASE PROJECTS, STATEWIDE EMS SYSTEM IMPROVEMENT PROJECTS AND EMD AGENCY SUPPORT PROGRAMS:

- A. Local EMS system improvement projects, EMS vehicle purchase projects, statewide EMS system improvement projects and EMD agency support programs: In a fiscal year, no more than eighteen percent (18%) of the fund may be used for local and statewide emergency medical services system improvement projects, the purchase of emergency medical services vehicles, and funding for certified emergency medical dispatch agencies. Applicants shall be funded on a competitive basis. Applications under this section shall be submitted online by incorporated municipalities or counties on behalf of local recipients, unless it is a statewide system improvement application, where applicant may be a training institution, EMS regional office or the bureau.
- B. APPLICATION: Applicants and local recipients shall request and use the most current forms to apply for these funds. Application: The applications will be made available online to all applicants and local

recipients.

- C. Application cycle: The bureau shall distributemake applications available to service directors and EMS operations officers for local EMS system improvement projects, EMS vehicle purchase projects, statewide EMS system improvement projects, and certified EMD agencies as set forth below.
- (1) The bureau shall issue a request formake these applications available to service directors and EMS operations officers by August 15November 1.
- (2) The applicant or EMS service, with authorization from its fiscal agent, shall submit to the bureau, a completed application which shall be postmarked or hand delivered online by November January 1. Technical assistance may be provided by the EMS regional office.
- (3) The bureau shall <u>providemake available digital</u> copies of each local EMS system improvement application and EMS vehicle purchase project application to the respective EMS regional office and the statewide EMS system improvement applications to the EMS operations manager by no later than December 01.1 of each year.
- **D. Review process:** The EMS regional offices shall review all applications for local EMS system improvement projects and EMS vehicle purchase projects submitted by applicants within their respective regional areas. Each regional EMS advisory committee/governing board shall review the applications within its region and submit a prioritized listing of applications for funding to the advisory committee no later than March 0+1 of each year. EMS regional offices and the bureau shall collaboratively assign applications to the appropriate category of funding (statewide system or local system improvement) which shall not be changed unless recommended by a majority of the advisory committee. The advisory committee will review the prioritized listing and make recommendations to the bureau at their annual spring meeting. The bureau shall make its determination on projects to be funded by May 1.
- **E. Local EMS system improvement projects:** At a minimum, an application for the local EMS system improvement projects shall address the following areas:
- (1) a complete description of the existing EMS system for which the local EMS system improvement project is requested; this description should include all pertinent information which describes all local EMS components that would be affected by the project;
- (2) a complete description of the proposed local EMS system improvement project including a detailed analysis of the need and a narrative showing how the project will contribute to the enhancement and/or integration of the local EMS system;
- (3) a detailed proposed budget depicting all anticipated costs for implementation of the proposed project including a clear demonstration of local support via cash and/or in-kind participation; the demonstration of local support will be considered in the final determination;
  - (4) assurances of support and involvement from all parties involved in the project proposal;
  - (5) a one-page abstract of the proposed project summarizing the request; and
  - (6) notarized signature(s) of the appropriate municipal and/or county officials; and
- (7) request for vehicles (ambulance, rescue, administrative etc.) are not considered to be a local system improvement project; requests for any type vehicle should be submitted under the EMS vehicle purchase program.
- **F. EMS vehicle purchase projects:** The following are required for the EMS vehicle purchase projects:
- (1) the county or municipality submitting the application shall commit to providing matching funds of at least twenty-five percent (25%) of the base price of purchasing the vehicle only, without regard to equipment or operation costs; there shall be no restrictions on the source of the matching funds;
- (2) a complete description of the proposed vehicle including a detailed analysis of the need and a narrative showing how the purchase will contribute to the enhancement and/or integration of the local EMS system;
- (3) assurances by the applicant that the local recipient is capable of operating and maintaining the requested vehicle as evidenced by a proposed budget identifying all associated costs of equipping and operating the vehicle;
- the applicant shall submit with the application on line the emergency medical service vehicle assessment form as provided by the bureau and, which shall have been be completed at the time of application;
  - (5) assurances of support from all parties involved in the project proposal;
  - (6) a one-page abstract of the proposed project summarizing the request; and
  - (7) notarized signature(s) of the appropriate municipal and/or county officials; and

- (8) upon approval, local recipient will affix a bureau provided decal on the outside of the vehicle; the logo should always face, or be nearer to, the street side of the vehicle (i.e., left, rear left, driver side).
- **G. Statewide EMS system improvement projects:** No more than three percent (3%) of the fund is authorized for projects, which improve the health, safety and training of emergency medical services personnel statewide.
- (1) Applications may be submitted by applicants, local recipients, <u>EMT'sEMTs</u> or other interested parties.
- (2) The bureau will present a prioritized listing to the advisory committee for its review and consideration. The advisory committee will make a final recommendation to the bureau at it's its spring meeting.
  - (3) The bureau will make a final determination by May 1.
- (4) Funds not committed for statewide EMS system improvement projects may be allocated for additional vehicle purchase and/or local EMS system improvement projects consistent with recommendations from the advisory committee.
- **H. EMD agency support program:** Certified EMD agencies may apply for funding for allowable operational costs as an EMS system improvement project, as determined by the bureau, when funds are available. Funding of this program shall be recommended to the bureau by the advisory committee based on the available funds.
- I. PROCEDURES FOR RECONSIDERATION: I. Procedures for reconsideration:

  Applicants desiring reconsideration of the bureau's determination as to its application for funding under of 7.27.4.12

  NMACthis rule may appeal the determination by notifying the chief.
- (1) The request for reconsideration shall be in writing by email and shall be received by the bureau within ten (10) working days after notification to the applicant of the bureau's determination.
- (2) Upon receipt of the request for reconsideration, the chief shall issue a final determination and notify all parties on or before June 15.
- **J. Disbursement:** The chief shall certify the results of final determination to the state treasurer on or before the last working day in June for distribution as early as possible in the next fiscal year.

### **K.** Reporting requirements:

- All applicants that receive funding for local EMS system improvement projects, vehicle purchase projects and statewide EMS system improvement projects shall submit a final report of the project no later than 120 calendar days following project completion, or annually, whichever occurs first. Certification will be provided when the bureau provided decal is affixed to the vehicle which has been purchased with EMS Fund Act funds pursuant to Paragraph (8) of Subsection F of 7.27.4.12 NMACthis section no later than 120 calendar days following delivery of vehicle.
- (2) At a minimum, this report will include the name of the county or municipality, address, phone and contact person, the date submitted, the names of the local recipients involved in the project, the year the project was awarded, a brief description of the project, a fiscal accounting or summary of expenditures, total expenditures and any funds remaining, the project achievements and any changes from the originally submitted application.
- (3) The bureau may require a special report from an applicant funded on the appropriate use and maintenance of any eligible item acquired with funds distributed under section for local EMS system improvement projects, EMS vehicle purchase projects or statewide EMS system improvement projects.
- **L. Budget adjustments:** For local EMS system improvement projects, EMS vehicle purchase projects and statewide EMS system improvement projects, the following will apply:
- (1) an applicant or a local recipient may request a budget adjustment for any of the following reasons or other good cause shown:
- (a) to permit the expenditure of any balance of funds subsequent to the purchase of an approved item;
  - (b) to change priorities or change requested items; and;
- (c) to permit expenditure of all or part of an approved project in the following fiscal year; the deadline to request the bureau's approval to carry over funds shall be made in writing by October 31;
- each proposed budget adjustment shall be stated in writing to the bureau and shall receive the bureau's approval prior to expending or encumbering the reallocated funds-<u>; and</u>
- Agencies or their fiscal agent must provide expenditure reports for any special project funds for the previous fiscal year by December 1st of each calendar year for bureau review.

  [7.27.4.12 NMAC Rp, 7.27.4.12 NMAC, 8/13/2004xx/xx/2025]

## 7.27.4.13 STATEWIDE TRAUMA CARE SYSTEM PROGRAM AND STATEWIDE EMERGENCY MEDICAL SERVICES SYSTEM SUPPORT:

- A. Statewide trauma care system program: The statewide trauma care system program shall provide for the support, development and expansion of the statewide trauma care system in accordance with rules adopted by the department. No more than fourtwo percent (4%) will be set aside from the fund for the purpose of supporting the statewide trauma care system program.
- **B.** (1) **Program:** The program mission shall include but not be limited to the continued support of the trauma registry database, statewide trauma system leadership, and the development, implementation, expansion, monitoring and support of the statewide trauma care system.
- C. BUDGET: Each fiscal year, the bureau, with consultation from the trauma advisory committee, a subcommittee of the advisory committee, will propose a budget for the statewide trauma care system program to the advisory committee for review no later than it's summer meeting. Following this review, the bureau will formally budget these funds. The bureau with concurrence from the advisory committee, may make budget adjustments to permit expenditure of all or part of a given fiscal year's budgeted amount for trauma in the following fiscal year.
- **D.** (2) **Report:** The bureau will submit a final report to the advisory committee on the program by the end of the fiscal year. At a minimum the report will include current activities, improvements, evaluation of areas in need and future plans for the continued enhancement of the state trauma care program.
- B. Regional emergency medical services system report: No more than two percent of will be set aside for the purpose of local and statewide emergency medical systems support projects which may be completed by EMS regional offices on behalf and at the direction of the bureau.

  [7.27.4.13 NMAC Rp, 7.27.4.13 NMAC, 8/13/2004xx/xx/2025]

### 7.27.4.14 ADMINISTRATION:

- **A.** Administration: From the fund, three percent (3%) may be used by the bureau and EMS regional offices for administrative costs, including monitoring and providing technical assistance, as set forth in this section.
- **B.** Inspection statutory requirement: Inspections, pursuant to Section 24-10A-9, NMSA 1978 are to be constructive and informative to the local recipient to insure the highest possible standards of equipment and training are instituted by the local recipient and to identify any areas which could be of danger or harmful to the health, safety and welfare of staff and the public for whom service is provided.
- (1) Applicants and local recipients shall be subject to reasonable visitation by authorized representatives of the bureau. Vehicle maintenance records, records of service under warranties, continuing education records, training certificates, and similar records shall be open for inspection, as well as tariff billings and fiscal and expenditure records relative to an area for which full or partial funding was made under the act.
- (2) Upon completion of an inspection, the findings shall be discussed with the applicant's and/or local recipient's representative.
- (3) If deficiencies are indicated, the applicant and/or local recipient shall submit a report stating how the deficiencies will be corrected and the estimated date of completion. In most cases corrections should be completed within thirty (30) calendar days.
- C. Loss of funding eligibility statutory requirement: A municipality, county or local recipient that the bureau finds has expended money in violation of the act including misrepresentation on the EMS Fund Act application, may be ineligible to receive funding from the bureau for a period of not less than one year or more than three years, through the process set forth below; additionally, if it is found that an agency has unspent local system or special project funds from the previous fiscal year(s) that were not approved for carryover, the agency will be subject to a reduction of up to one hundred percent of local system funding or not being eligible for special project funds; this will apply to the next fiscal year following the discovery, through the process set forth below:
- (1) When a violation is suspected, the bureau will notify the applicant and/or local recipient in writing identifying the concerns and requesting an explanation or response.
- (2) The applicant and/or local recipient shall respond in writing by email within twenty (20) working days.
- (3) The bureau may initiate a formal investigation, including a formal audit, if deemed necessary.
- (4) Based upon their findings, the bureau will notify the applicant and/or local recipient in writing of their determination and associated penalty, which can range from one to three years of ineligibility.
  - (5) The bureau may refer the matter to appropriate law enforcement agencies.
- **D. Oversight of mutual aid <u>and regionalization plans</u>:** The bureau shall encourage the development of appropriate <u>county EMS regionalized integrated response plans and</u> mutual aid agreements between

local recipients to ensure compliance with the act and this rule.

- **E.** Coordination: The bureau shall facilitate the coordination of services between state agencies, EMS regional offices, applicants, and local recipients to execute the requirements of the act and this rule for the efficient and effective use of these funds.
- **F. Evaluation and audit of programs:** The bureau shall be responsible for the periodic evaluation of all programs and projects receiving funds under the act. This evaluation may include initiation of an objective audit, if deemed necessary.
- **G. Technical assistance:** The bureau shall be responsible to provide, as needed, technical assistance to counties, municipalities, EMS regional offices, state and local agencies and any other parties involved in any of the programs funded through the act and this rule.

[7.27.4.14 NMAC - Rp, 7.27.4.14 NMAC, <del>8/13/2004</del>xx/xx/2025]

### **History of 7.27.4 NMAC:**

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

HED 78-9-1, Emergency Medical Services Fund Act Regulations, filed 9/29/1978.

HED 80-7 (HSD), Emergency Medical Services Fund Act Regulations, filed 10/9/1980.

HED 84-2 (HSD), Emergency Medical Services Fund Act Regulations, filed 8/8/1984.

HED 87-11 (PHD/HSD), Emergency Medical Services Fund Act Regulations, filed 10/26/1987.

DOH Regulation 94-11 (CHSD), Regulations Governing the Emergency Medical Services Fund Act for the State of New Mexico, filed 12/30/1994.

DOH Regulation 95-05 (CHSD), Regulation Governing the Emergency Medical Services Fund Act, filed 10/25/1995.

### **History of Repealed Material:**

7 NMAC 27.4, Emergency Medical Services Fund Act Program (filed 11/26/1996), repealed 7/1/2000. 7.27.4 NMAC, Emergency Medical Services Fund Act Program (filed 06-/16-/2000), repealed 9/13/2001. 7.27.4 NMAC, Emergency Medical Services Fund Act Program (filed 8/30/2001), repealed xx/xx/2025.

### **Other History:**

7 NMAC 27.4, Emergency Medical Services Fund Act Program (filed 11/26/1996) replaced by 7.27.4 NMAC, effective 7-/1-/2000.

7.27.4 NMAC, Emergency Medical Services Fund Act Program (filed 606/16/2000) replaced by 7.27.4 NMAC, Emergency Medical Services Fund Act Program, effective 9/13/2001.

7.27.4 NMAC, Emergency Medical Services Fund Act Program (filed 08/30/2001) replaced by 7.27.4 NMAC, Emergency Medical Services Fund Act, effective 8/13/2004xx/xx/2025.

### **Substantive Changes in 7.27.4 NMAC Fund Act Rule Proposals (Redline)**

This table summarizes all substantive changes by page in the redline version of the 7.27.4 NMAC Fund Act Rule Proposals.

Page Number(s)	Substantive Changes
1	Updated effective date placeholders;
	clarified scope and statutory authority;
	minor punctuation/structure
	improvements.
2–4	Major revision to definitions; included new
	and updated terms like 'local recipient',
	'EMS regional office', 'medical-rescue
	service', and clarified eligibility conditions.
5–6	Reorganized and revised EMS funding
	program levels with new eligibility
	thresholds and updated minimum funding
	amounts.
7–8	Clarified funding formulas, special
	conditions for emergency funding, and re-
	entry eligibility; updated criteria for fund
	distribution compliance.
8–9	Updated application process timeline,
	online submission protocols, and detailed
	appeal, disbursement, and reporting
	requirements.
9	Revised eligible expenditure items with
	specific examples and clarified geographic
	travel restrictions for training expenses.

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, emergency medical systems bureau. [7.27.5.1 NMAC - Rp, 7.27.5.1 NMAC 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 medical patients shall be certified in accordance with these rules. Out-of-state air ambulance services that fly into New Mexico to deliver medical patients shall be certified in 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 xx/xx/2025]

7.27.5.3 STATUTORY AUTHORITY: These rules are promulgated pursuant to the following statutory authorities: the Department of Health Act, Subsection E of Section 9-7-6 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 the Emergency Medical Services Act, Subsection H of Section 24-10B-4, 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 center for health protection, department of health.

[7.27.5.3 NMAC - Rp, 7.27.5.3 NMAC xx/xx/2025]

### **7.27.5.4 DURATION:** Permanent.

[7.27.5.4 NMAC - Rp, 7.27.5.4 NMAC xx/xx/2025]

**7.27.5.5 EFFECTIVE DATE:** 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 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; 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. The bureau shall certify an air ambulance service following review and approval of the application, a successful inspection, and payment of necessary fees and approval by the bureau.

[7.27.5.6 NMAC - Rp, 7.27.5.6 NMAC xx/xx/2025]

#### **7.27.5.7 DEFINITIONS:**

- A. Definitions beginning with "A":
- (1) "Act (EMS Act)" means the Emergency Medical Services Act, Sections 24-10B-1, et seq., NMSA 1978.
- (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.
- (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 as a clinical provider

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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 "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.
  - (6) "Aircraft type" means a particular make and model of helicopter or fixed wing aircraft.
- (7) "Aircraft operator" means the vendor or owner who operates and maintains the aircraft utilized by an air ambulance service.
- (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 NMSA 1978.

### B. Definitions beginning with "B":

- (1) "Base location" means the physical address where an air ambulance, including crew, medical equipment, and supplies, are located.
- (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 center for health protection of the department of health.

### 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.
- (2) "Combination service" means any service that has more than one type of aircraft, for example, fixed wing and rotor wing.
- (4) "Critical care air ambulance service" means an organization certified by the bureau to transport patients in an air ambulance that requires critical care.
- (5) "Critical care" means pre-hospital or inter-facility care and treatment that exceeds the advanced life support level of care, as authorized by rule.
- (6) "Critical care provider" means a provider licensed as a paramedic with a bureau approved critical care or flight paramedic credential, registered nurse, physician assistant, nurse practitioner or medical physician trained in critical care.

### D. 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": "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": "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 prehospital and inter-facility care and treatment as authorized by regulation.
  - J. Definitions beginning with "J": [RESERVED]
  - **K.** Definitions beginning with "K": [RESERVED]
- L. Definitions beginning with "L": "Level of service" means the highest level at which the air ambulance service is certified to function 24 hours a day, seven days a week.

### M. Definitions beginning with "M":

- (1) "Medical control" means supervision, provided by or under the direction of physicians to providers by written protocol or direct communication.
  - (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.

- (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.
- (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.
  - N. 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.
- (2) "Protocol" means a predetermined, written medical care plan and includes standing orders.
- (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. Definitions beginning with "R": "Regional office" means an emergency medical services planning and development agency formally recognized and supported by the bureau.
  - S. Definitions beginning with "S":
    - (1) "Secretary" means the secretary of health.
- (2) "Service" means a certified air ambulance service authorized to operate in the state of New Mexico under these rules.
- (3) "Specialty care" means care and treatment that exceeds the advanced life support level of care, as authorized by regulation.
- (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 xx/xx/2025]

7.27.5.8 USE OF TERMS AND ADVERTISING: 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 or otherwise authorized pursuant to this rule.

[7.27.5.8 NMAC - Rp, 7.27.5.8 NMAC 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 xx/xx/2025]

**7.27.5.10 FULL CERTIFICATION PERIOD:** The certification period for all air ambulance services shall be for a three-year period. The bureau may, upon the request of an air ambulance service, adjust a certification period to match the service's accreditation period.

[7.27.5.10 NMAC - Rp, 7.27.5.10 NMAC 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 within five days of the date of patient transport, or as determined by the bureau. Review of completed patient care reports may be required during initial 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 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 xx/xx/2025]

### 7.27.5.13 CERTIFICATION PROCESS AND PROCEDURES:

- A. Air ambulance certification; levels of service: Prior to beginning air ambulance operations within the state of New Mexico, air ambulance certification is required for the following authorized levels of service. 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.
- (1) Advanced life support (ALS) air ambulance service: the air medical crew shall consist of two licensed health care providers, capable of providing ALS level care (minimum licensed EMT-paramedic).
- 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 New Mexico EMT-basic level or 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 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.
- critical care air ambulance service: the critical care mission shall consist of at least one critical care provider and at least one additional 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; 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.
- (4) Specialty care air ambulance service: the specialty care mission shall consist of at least one specialty care provider and at least one additional 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 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.
- **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 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 if required. Upon successful completion, the bureau shall issue an air ambulance certificate for a period of up to three years for one of the approved levels of service.
- 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) When out-of-state travel is required of the CET, the service applying for certification shall be responsible for reimbursement of travel expenses.
- 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.
- **G.** Renewal of certification and inspection: Services shall retain state certification by renewing their certification every three years. This is accomplished by submitting the required renewal application and fee and possible CET inspection of a certified air ambulance service, as determined by the bureau.
- 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 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

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 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 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) a licensed air ambulance service from another state assisting in the response to a major disaster, mass casualty incident or other emergency; and
- (2) a licensed air ambulance service transferring patients to or from New Mexico no more than two times per month.

### **B.** Fees table:

(1) Initial certification fees: The \$1,875.00 base fee for initial certification of single aircraft type includes one aircraft or \$2,775.00 initial certification fee for combination service includes two aircraft. An additional \$300.00 fee is required for each additional assigned/operating aircraft or base, not to exceed \$6,000.00 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	\$1,875.00	\$3,375.00	\$300.00 per aircraft
Fixed wing service	\$1,875.00	\$3,375.00	\$300.00 per aircraft
Combination service	\$2,775.00	\$4,250.00	\$300.00 per aircraft

(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	\$750.00
Fixed wing service	\$750.00
Combination service	\$750.00

(3) Changes to air ambulance service after certification:

(c) Changes to an amountained service after continueation.				
Type of service	In-state fee	Out-of-state fee		
Rotor or fixed wing service to combination service	\$950.00	\$950.00		
Combination services to rotor or fixed wing service	\$950.00	\$950.00		
Adding additional aircraft after certification	\$300.00 per aircraft	\$300.00 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 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 it finds sufficient cause.
- (1) When a complaint is received by the bureau, written acknowledgement shall be made to the complainant and the staff shall decide whether 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 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 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 issued a notice of contemplated action (see right to appeal and hearing in 7.27.5.15 NMAC).
  - (5) If the bureau makes a good faith judgment that the health 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 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 that would reasonably preclude notification.
- (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, 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) failure to meet any certification or accreditation requirement of this rule;
- (2) fraud, deceit, misrepresentation in obtaining certification, including misrepresentation during the initial or renewal certification process;
  - (3) negligence in the delivery of air ambulance medical services, including but not limited to:
    - (a) malpractice or substandard medical care or treatment;
    - (b) using non-licensed personnel or personnel performing outside the standard of

care/scope of practice;

- (c) failure to have operational equipment and failure to carry the required equipment, or inappropriate use of equipment during a flight; 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) failure to report revocation, suspension, denial, or other adverse action taken in any other state or jurisdiction concerning the ability to provide air ambulance services;
- (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;
- (7) the use of any false, fraudulent, or deceptive statement in any document connected with the operation of an air ambulance service;
- (8) failure to cooperate with a bureau investigation or to furnish the bureau with requested information;
- (9) failure to submit required documentation, including patient run report data, into the New Mexico EMS tracking and reporting system (NMEMSTARS);
- (10) failure of a service to comply with the regional trauma advisory committee rotor wing response protocol, the fixed/rotor wing inter-facility transportation protocol, or any other bureau protocol or patient care-related policy as outlined in these rules;
- (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) any instance of inappropriate billing practices;
  - (13) financial insolvency of the air medical transport service;
- (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) 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) 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;
  - 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;

business;

- (27) failure to notify the bureau of any incidents or accidents occurring within the course of
- (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, or to take any other disciplinary action.
- **F.** Notice of contemplated action: When the bureau contemplates taking any action specified in 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.
- **G. Right to hearing:** The applicant or certified service may request a hearing before a hearing officer appointed by the secretary to contest 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.

- H. Hearing: Upon receipt of a timely request for a hearing, the department shall appoint a hearing officer and schedule a hearing within 45 days of the date that the request for hearing is received by the bureau. Exception: upon receipt of a timely request for hearing concerning the immediate suspension of an air ambulance's certification, a hearing will be held within 20 days of the date that the request for hearing is received by the bureau. Hearings shall be held in Santa Fe, New Mexico; or, with the agreement of the parties, may be held in another county, or be held by remote video or telephonic conference
- I. 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 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 10 days of the bureau's receipt of the request for hearing.
- **J. 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.
  - **K. 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.
- **L. Conduct of hearing:** Hearings are open to the public unless a request for closed meeting is made by either party.
- M. 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, 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's written report shall be submitted to the secretary no later than 30 days after the last submission by a party.
- N. Secretary's determination: The secretary shall render a final determination within 90 days after the 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.
- 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 xx/xx/2025]

### **7.27.5.16 STANDARDS:** Air ambulance services shall meet the following 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 an 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.
- 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) air ambulance services shall report all aviation incidents and accidents to the cooperative network call for emergency regional notification (CONCERN) network or other national accident/incident tracking 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.
  - a clinical care supervisor shall be an EMT-P or higher level of licensure.
- (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) a viation 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 xx/xx/2025]

### 7.27.5.17 RADIO COMMUNICATION FREQUENCIES:

- **A.** Radio equipment capable of transmitting and receiving medical control communications on all New Mexico emergency medical services communication (EMSCOM) system UHF medical 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. All communications equipment shall be maintained in full operating condition and good repair. [7.27.5.17 NMAC Rp, 7.27.5.17 NMAC xx/xx/2025]

# **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.** 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;
- clinical care supervisor: name, telephone, facsimile, and other contact information as applicable;
  - **H.** hours of operations: 24 hour, 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, to include:
    - (1) make of aircraft(s);
    - (2) model of aircraft(s); and
    - (3) tail number(s);
  - **N.** staffing plan, to include:
    - (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 for the service director, clinical care supervisor, medical director, and dispatch agency;
- **P.** if accredited, a certificate of accreditation from an EMS bureau-approved national or international air ambulance accrediting organization.

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

- **7.27.5.19 AIRCRAFT EQUIPMENT STANDARDS:** 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 mission of the air ambulance service. The medical equipment shall include, but is not limited to, the following:
  - (1) isolation equipment:
    - (a) isolation goggles and 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 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;
- (22) security of medications, fluids, and controlled substances maintained by 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 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;
- 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.

[7.27.5.19 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 - Repealed 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 01/01/2006.

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 8/30/2001) replaced by 7.27.5 NMAC, Certification of Air Ambulance, effective 01/01/2006. 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.

## **Exhibit 10**

The New Mexico Department of Health approved the repeal of its rule 7.27.5 NMAC - Certification of air Ambulance (filed 12/16/2005) and replaced it with 7.27.5 NMAC - Certification of air Ambulance adopted on xx/xx/2025, and effective xx/xx/2025.

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 divisioncenter 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)
seq., NMSA 1978]...

B. (2)

Medical Services Act, [Sections 24-10B-1, et "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. "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 as a higher level, or otherwiseclinical provider authorized to practice ALS. "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. 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. "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. "Aircraft type" means a particular make and model of helicopter or fixed wing aircraft. **(7)** "Aircraft operator" means the vendor and/or owner who operates and maintains the aircraft utilized by an air ambulance service. "Air medical transport advisory committee (AMTAC)" or "air transport advisory  $\mathbf{H}$ . (8) 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 **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. **(2)** "Basic life support (BLS)" means basic pre-hospital and inter-facility care and treatment as authorized by regulation; "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. 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. "Combination service" means any service that has more than one type of aircraft, for example, fixed wing and rotor wing. "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. "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. "Critical care provider" means thea 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.

services rendered by providers in response to an individual's need for immediate medical care to prevent loss of life

service being fully accredited by a bureau approved national or international accreditation service and having

"Department" means the department of health.

"Deemed status" means certification by the bureau on the basis of an air ambulance

Definitions beginning with "E": —Q. "Emergency medical services (EMS)" means the

P.Definitions beginning with "D":

otherwise satisfied the requirements of this rule.

**(2)** 

15	on of physical or psychological illness or injury.
г.	Definitions beginning with "F": R. "Federal aviation regulations (FAR)" means
	oromulgated by the federal aviation administration of the U.S. department of transportation, governing
	of all aircraft within the United States.
<u>G.</u>	Definitions beginning with "G": [RESERVED]
Н.	Definitions beginning with "H": [RESERVED]
I.	Definitions beginning with "I": "Intermediate life support (ILS)" means intermediate pre-
	inter-facility care and treatment as authorized by regulation.
K.	Definitions beginning with "J": [RESERVED]  Definitions beginning with "K": [RESERVED]
L.	S. Definitions beginning with "L": "Level of service" means the highest level a
which the air	ambulance service is certified to function on a 24 hours a day, seven days a week basis.
	M. Definitions beginning with "M":
1	
	by written protocol and/or direct communication.
	(2) "Medical direction" means guidance or supervision provided by a physician to a
	emergency medical services system and which includes authority over and responsibility for emergence
	atch, direct patient care and transport of patients, arrangements for medical control and all other aspec
_	re delivered by a provider.
	(3) "Medical direction committee" means a committee of physicians and emergency
	nicians, appointed by the secretary of health to advise the bureau on all matters relating to medical
control and a	nedical direction.
<del>W.</del>	
of patient car	re of an EMS system or EMS provider service, including providing for or ensuring the medical contro
	y medical technicians, the development, implementation, and evaluation of medical protocols, and
	ance activities.
	N. Definitions beginning with "N": [RESERVED]
	Definitions beginning with "O": [RESERVED]
	Definitions beginning with "P":
Р.	Definitions beginning with "P":  (1) "Physician" means a doctor of medicine or doctor of osteopathy who is licensed or
otherwise au	Definitions beginning with "P":  (1) "Physician" means a doctor of medicine or doctor of osteopathy who is licensed or thorized to practice medicine or osteopathic medicine in New Mexico.
otherwise au	Definitions beginning with "P":  (1) "Physician" means a doctor of medicine or doctor of osteopathy who is licensed or
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- 7.27.5.8 USE OF TERMS AND ADVERTISING: It shall be prohibited for any An air ambulance service to 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 3three-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 byto match the bureau to correspond with the CAMTS service's accreditation period.

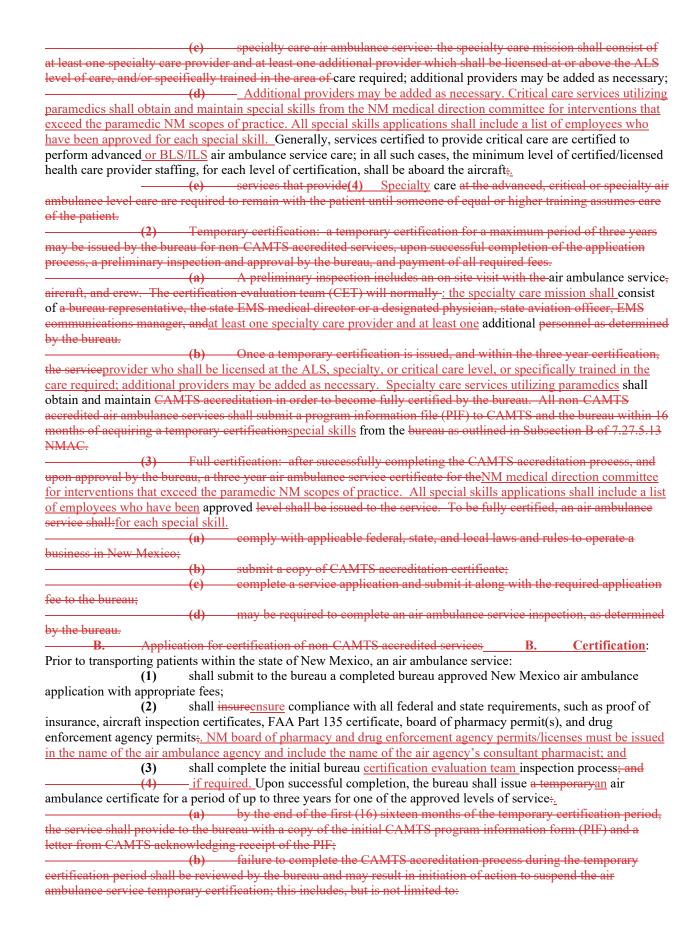
  [7.27.5.10 NMAC Rp, 7.27.5.10 NMAC, 1/1/2006 xx/xx/2025]
- 7.27.5.11 **REPORTING:** Certified air ambulance services shall complete a patient run report for each patient that is transported by air. The minimum data elements identified by the bureau shall be compiled and submitted to the bureau on a quarterly basiswithin 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.

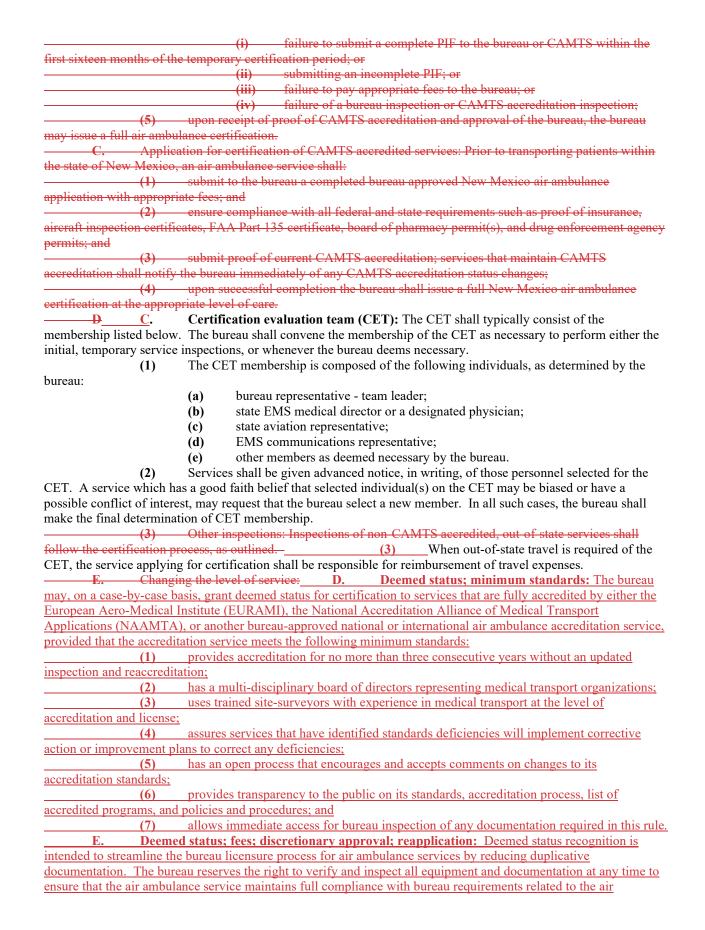
  [7.27.5.11 NMAC Rp, 7.27.5.11 NMAC, 1/1/2006 xx/xx/2025]
- **7.27.5.12 EMERGENCY INFORMATION REQUIRED:** Certified air ambulance services shall provide, during initial/renewal of certification, emergency information about the service to the bureau. This information shall be used by the bureau to provide 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 <u>authorized</u> 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 2two licensed health care providers, one capable of which, providing ALS level care (minimum licensed EMT-paramedic).
- 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 paramedieEMT-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)) Critical care air ambulance service: the critical care mission shall consist of at least one critical care provider and at least one additional provider whichwho 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;





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 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 conjunctionappropriate 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) and licensed air ambulance service transferring patients to or from New Mexico lessno 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 \$2003\_00.00\_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:

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

Fixed Wing Service	<del>\$625.00</del>	<del>\$1,125.00</del>	\$200.00 per aircraft
Combination Service	<del>\$925.00</del>	<del>\$1,425.00</del>	\$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, <del>250</del> 875.00	\$ <del>2,250</del> 3,375.00	\$200300.00 per aircraft
Fixed wing service	\$1, <del>250</del> 875.00	\$ <del>2,250</del> 3,375.00	\$200300.00 per aircraft
Combination service	\$ <del>1,250</del> 2,775.00	\$ <mark>24</mark> ,250.00	\$200300.00 per aircraft

(3) 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	\$ <del>500</del> 750.00
Fixed wing service	\$ <del>500</del> 750.00
Combination service	\$ <del>500</del> 750.00

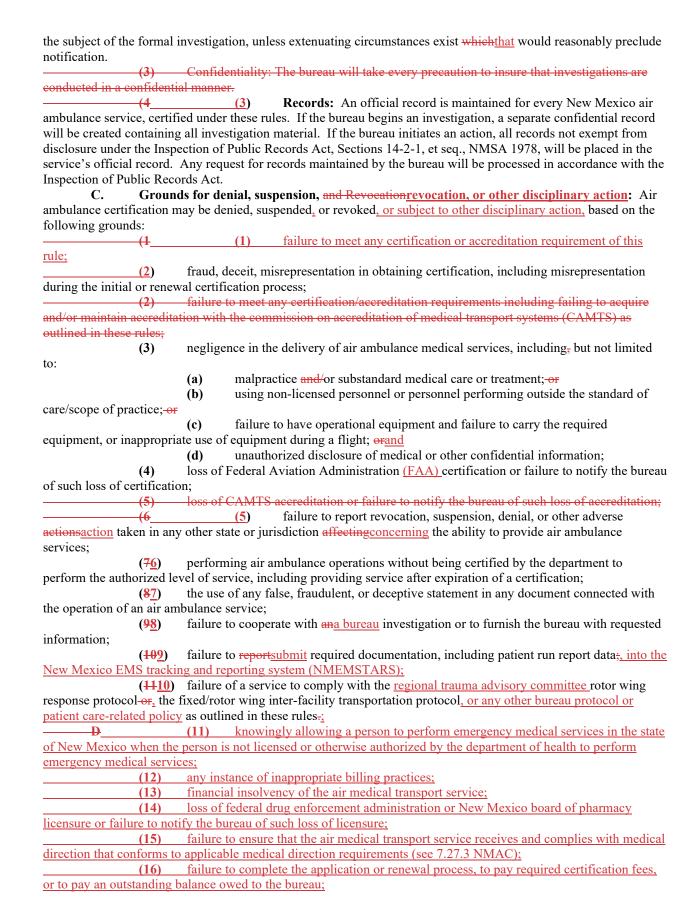
(4) Changes to air ambulance service after certification:

Type of service	In-state fee	Out-of-state fee
Rotor or fixed wing service to combination service	\$ <del>625</del> 950.00	\$ <del>625</del> 950.00
Combination services to rotor or fixed wing service	\$ <del>625</del> 950.00	\$ <del>625</del> 950.00
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	<u>\$950.00</u>

[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 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



failure to implement and maintain infection control practices; 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: intentionally providing incorrect response time information to agencies (a) requesting a scene response; 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; 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; aiding, abetting, assisting or hiring an individual that violates the EMS Act or **(b)** 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; failure to correct deficiencies identified by the bureau; (25)providing false or misleading claims or advertising to clients or the public regarding the (26)service; (27)failure to notify the bureau of any incidents or accidents occurring within the course of business; 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 failure to comply with any requirement of this rule. 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. A copy of the immediate suspension order shall be sent to the provider's listed medical **(2)** director at the addresses shown in the current records of the bureau. 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. 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. 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. Notice of contemplated action: When the bureau contemplates taking any action specified in Subsection C of 7.27.5.15 NMACthis 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.

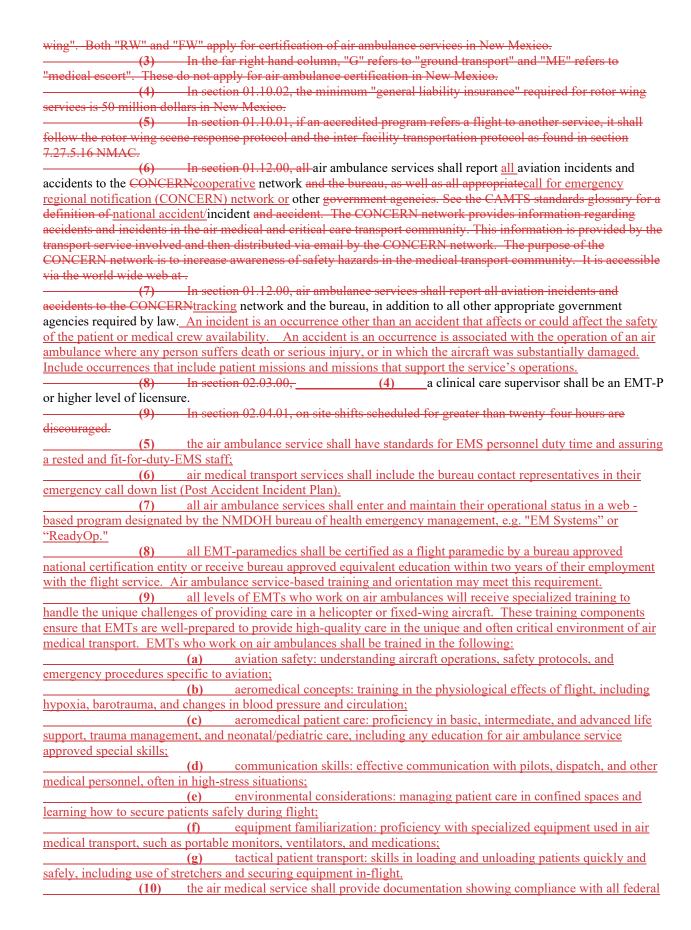
- **FG. Right to hearing:** The applicant or certified service may request a hearing before a hearing officer appointed by the secretary to contest the proposed action, by mailing a certified return receipt letter addressed to the bureau within twenty (20)a proposed action, by mailing to the bureau a 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 timelydate 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.
- 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 of written report shall be submitted to the secretary no later than 30 working days after the elose of the hearinglast submission by a party.
- MN. Secretary's determination: The secretary shall render a final determination within 10 working90 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:
- 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 <u>ann</u> 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:
- 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.
- 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.
- (1) ——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



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.
- <u>C.</u> to communicate with the New Mexico EMS system and to conduct medical communication <u>All</u> 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<del>, 01/01/06</del> 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]

7.27.5.197.27.5.18 APPLICATION FOR AIR AMBULANCE CERTIFICATION: All applications for certification as an air ambulance shall contain the following:

**A.** service name:

applicable;

- **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 <u>information</u>, to include:
  - (1) program administrator: name, telephone, facsimile, and other contact information as
- (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 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.

<b>Standards</b>	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
A' (A/A L. L C C	
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 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	
<del>Helipad</del>	14.00.00	
Refueling	15.00.00	
Community Outreach	16.00.00	
Fixed Wing Standards		
Certificate of the Aircraft Operator	<del>17.00.00</del>	
Aircraft	18.00.00	
<del>Weather</del>	19.00.00	
Pilot Personnel	20.00.00	
<del>Policies</del>	21.00.00	
Maintenance	22.00.00	
Refueling	<del>26.00.00</del>	
Refueling 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.<del>19</del>18 NMAC - Rp, 7.27.5.19 NMAC<del>, 01/01/06</del> 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	-TRAI	NING ST	FANDARDS: Standards	(1)	isolation equipment:
		(a)	isolation goggles and requir	ements are out	tlined in masks or mask/shield
combination;			•		
		(b)	isolation gowns;		
		(c)	isolation gloves;		
	(2)	high p	articulate filter washes (high e	fficiency partic	culate air (HEPA) filter or N95 mask-
assorted sizes;					
	(3)	contair	ners (bags) for infectious medi	cal waste;	
	(4)	sharps	container;		
	(5)	disinfe	ectant/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
accreditationrequired pe	diatric weight-based tape, chart or wheel. Medical directors can choose tube sizes based on
protocol and evidence ba	ased 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 mar	nufacturer recommendations and medical standards incorporated;
(22)	security of medications, fluids, and controlled substances maintained by reference, with
each air ambulance licer	see in compliance with local, state, and federal drug laws;
(23)	electrocardiogram (ECG) monitor/defibrillator and appropriate adult and infant pads,
including external pacen	naker pads (secure positioning of cardiac monitors, defibrillators, and external pacers so that
displays are visible to m	edical 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 exceptions oxygen
	ir 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
	ustable flow from 2 to 15 liters per minute. Masks and supply tubing for adult and pediatric
	inistration of variable oxygen concentrations from twenty-four percent to ninety-five percent
	. Medical oxygen shall be provided for one-hundred and fifty percent of the scheduled flight
time by a unit secured w	
(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);	
(40)	(c) tourniquets;	
(46)	blood pressure cuffs: (large adult, adult, pediatric, infant);	
(47)	penlight;	
(48)	patient hearing protection;	
(49)	assorted tape;	
(50)	exam gloves; obstetrical kit;	
$\begin{array}{c} (51) \\ (52) \end{array}$	nasogastric tubes (adult and pediatric);	
$\begin{array}{c} (52) \\ (53) \end{array}$	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	
	re 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;	
1 771 1 1	(b) shall have the head of the primary stretcher capable of being elevated up to 30	
	section shall not interfere with or require that the patient or stretcher securing straps and	
hardware be removed o		
	(c) shall be sturdy and rigid enough that it can support cardiopulmonary	
resuscitation. If a back	board or equivalent device is required to achieve this, such device will be readily available;	
diainfootod ooondin - t-	(d) shall have a pad or mattress impervious to moisture and easily cleaned and	
(29 C.F.R 1910.1030);	Occupational Safety and Health Administration (OSHA) bloodborne pathogen requirements	
(29 C.F.R 1910.1030); (65)	supply of linen for each patient; and	
$\frac{(66)}{(66)}$	survival kit for all medical crew members and patients.	
	Rp, 7.27.5.19 NMAC, xx/xx/2025]	
[//B/10/10/15/14/11/0 Tep, //B/10/15/14/11/0, ABAB/B0B5]		

7.27.5.20 [RESERVED] [7.27.5.20 NMAC<sub>7</sub> - Repealed xx/xx/2025]

### [RESERVED]

[7.27.5.21 NMAC - Rp, 7.27.5.21 NMAC, 01/01/06 Repealed 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 1/101/01/2006.

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 8/30/012001) replaced by 7.27.5 NMAC, Certification of Air Ambulance, effective 1/101/2006. 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.

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, emergency medical systems bureau. [7.27.6.1 NMAC - Rp, 7.27.6.1 NMAC, xx/xx/2025]

**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, xx/xx/2025]

7.27.6.3 STATUTORY AUTHORITY: These regulations are promulgated pursuant to 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"; and the Emergency Medical Services Act, Subsection I of Section 24-10B-4 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, xx/xx/2025]

**7.27.6.4 DURATION:** Permanent.

[7.27.6.4 NMAC - Rp, 7.27.6.4 NMAC, xx/xx/2025]

**7.27.6.5 EFFECTIVE DATE:** xx/xx/2025, unless a later date is cited at the end of a section. [7.27.6.5 NMAC - Rp, 7.27.6.5 NMAC, xx/xx/2025]

**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, xx/xx/2025]

### **7.27.6.7 DEFINITIONS:**

### A. Definitions beginning with "A":

- (1) "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.
- (2) "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.
- (3) "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.
- **B. Definitions beginning with "B": "Bureau"** means the emergency medical systems bureau of the office of health emergency management of the epidemiology and response division of the department.
- C. Definitions beginning with "C": "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.
  - D. Definitions beginning with "D":
- (1) "Designee" means a physician assistant, registered nurse or nurse practitioner, licensed or otherwise authorized to practice, who is designated by a physician to explain an EMS DNR order to a person who may execute the order.
- (2) "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

7.27.6 NMAC 1

Uniform Health-Care Decisions Act, which designates an agent or surrogate to make health care decisions for an individual.

### E. Definitions beginning with "E":

- (1) "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.
- **(2) "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.
- (3) "EMS do not resuscitate (DNR) order" means an order issued by a physician, 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.
- (4) "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.
  - F. Definitions beginning with "F": [RESERVED]
  - G. Definitions beginning with "G": [RESERVED]
  - H. Definitions beginning with "H": [RESERVED]
  - I. Definitions beginning with "I": [RESERVED]
  - J. Definitions beginning with "J": [RESERVED]
  - K. Definitions beginning with "K": [RESERVED]
  - L. Definitions beginning with "L": [RESERVED]
- M. Definitions beginning with "M": "Medical control" means supervision provided by or under the direction of physicians to EMS personnel by written protocol or direct communications.
- N. Definitions beginning with "N": "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.
  - O. Definitions beginning with "O": [RESERVED]
  - P. Definitions beginning with "P":
- (1) "Physician" means a doctor of medicine or doctor of osteopathy licensed or otherwise authorized to practice medicine or osteopathic medicine.
- (2) "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.
- (3) "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.
  - O. Definitions beginning with "O": [RESERVED]
  - R. Definitions beginning with "R": [RESERVED]
  - S. Definitions beginning with "S": [RESERVED]
  - 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]

[7.27.6.7 NMAC - Rp, 7.27.6.7 NMAC, xx/xx/2025]

### 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. Both the physician, or the physician's designee upon a verbal order from the physician, and the person for whom the order is executed, shall sign the document, as well as the physician, advanced practice nurse, or PA. A registered nurse may sign the EMS

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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.
- (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, xx/xx/2025]

#### 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;
    - **(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 this section:
- (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 this section;
- **(b)** intact EMS bracelet: if the person is wearing an EMS bracelet that is fully intact and not defaced, proceed to Subsection C of this section;

- (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 this section;
- (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 this section; 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 this section; if the EMS DNR order is not located, continue the regular resuscitation protocol and contact medical control for consultation;
- 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 this section, 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
  - (g) 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, 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 both an EMS DNR order and a MOST form or other durable power of attorney, the most recent document shall prevail for EMS treatment only.

#### 7.27.6.10 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, xx/xx/2025]

### **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 12/28/1994.

# **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 01/1/2006.

7.27.6 NMAC, Emergency Medical Services Advance Directives, (filed 11/30/2017) Repealed effective xx/xx/2025.

#### 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 01/1/2006.

7.27.6 NMAC, Emergency Medical Services Advance Directives, (filed 11/30/2017) Replaced by 7.27.6 NMAC, Emergency Medical Services Advance Directives, effective xx/xx/2025.

# Exhibit 13

The New Mexico Department of Health approved the repeal of its rule 7.27.6 NMAC - Emergency Medical Services Advance Directives (filed 11/30/2017) and replaced it with 7.27.6 NMAC - Emergency Medical Services Advance Directives adopted on xx/xx/2025, and effective xx/xx/2025.

TITLE 7 HEALTH

**CHAPTER 27 EMERGENCY MEDICAL SERVICES** 

PART 6 EMERGENCY MEDICAL SERVICES ADVANCE DIRECTIVES

ISSUING AGENCY: New Mexico department of health, (DOH) Epidemiology and Response Division, 7.27.6.1 (ERD) emergency medical systems bureau (EMSB).

[7.27.6.1 NMAC - Rp, 7.27.6.1 NMAC, 12/12/2017xx/xx/2025]

**SCOPE:** This regulation applies to all people of New Mexico who have capacity, or by a person 7.27.6.2 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, 12/12/2017xx/xx/2025]

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

the Department of Health Act, Subsection E of Section 9-7-6. ENMSA 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 the Emergency Medical Services Act (as amended by Laws, Subsection I of 2003, Chapter 243), Section 24-10B-4I4 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, xx/xx/2025]

[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, 12/12/2017xx/xx/2025]

EFFECTIVE DATE: 12/12/2017 xx/xx/2025, unless a later date is cited at the end of a section. [7.27.6.5 NMAC - Rp, 7.27.6.5 NMAC, 12/12/2017xx/xx/2025]

**OBJECTIVE:** These regulations will inform the public and New Mexico emergency medical 7.27.6.6 services providers of the procedures to authorize the use of advance directives in pre-hospital and inter-facility

[7.27.6.6 NMAC - Rp, 7.27.6.6 NMAC, 12/12/2017xx/xx/2025]

#### **DEFINITIONS:** 7.27.6.7

# "Definitions beginning with "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.
- "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.
  - ""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.
- "Definitions beginning with "B": "Bureau" means the emergency medical systems bureau of the office В. of health emergency management of the epidemiology and response division of the department.
- C. "Definitions beginning with "C": "Capacity" means an individual's 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.

# D. "Definitions beginning with "D":

- (1) "Designee" means a physician assistant, registered nurse or nurse practitioner, licensed or otherwise authorized to practice, who is designated by a physician to explain an EMS DNR order to a person who may execute the order.
- (1)(2) "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.
- A. "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.

# E. "Definitions beginning with "E":

- (2)(1) "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.

  (2) "EMS bracelet" means a bracelet, medallion or some other item of personal wear,
- "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
  - (3) <u>practice nurse, or physician's assistant, and "EMS do not resuscitate (DNR) order" means an order issued by a physician, and</u>

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.

- <u>K. ""EMS personnel"</u> 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.
- F. Definitions beginning with "F": [RESERVED]
- G. Definitions beginning with "G": [RESERVED]
- H. Definitions beginning with "H": [RESERVED]
- I. Definitions beginning with "I": [RESERVED] J. Definitions beginning with "J": [RESERVED]
- K. Definitions beginning with "K": [RESERVED]
- L. Definitions beginning with "L. ": [RESERVED]
- **K.M.** Definitions beginning with "M": "Medical control" means supervision provided by or under the direction of physicians to EMS personnel by written protocol or direct communications.
- L.N. <u>Definitions beginning with "N":</u> "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.
- O. "Definitions beginning with "O": [RESERVED]
- P. Definitions beginning with "P":
  - (1) <u>"Physician"</u> means a doctor of medicine or doctor of osteopathy licensed or otherwise authorized to practice medicine or osteopathic medicine.
  - (2) "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

"and approval from the State of New Mexico to practice as a PA in New Mexico.

- (3) "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.
- Q. Definitions beginning with "Q": [RESERVED]
- R. Definitions beginning with "R": [RESERVED]
- S. Definitions beginning with "S": [RESERVED]
- 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]

[7.27.6.7 NMAC - Rp, 7.27.6.7 NMAC, 12/12/2017xx/xx/2025]

# 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. Both the physician, or the physician's designee upon a verbal order from the physician, and 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, 12/12/2017xx/xx/2025]

## 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 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 NMACthis section:
- (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 NMACthis section;
  - (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 NMACthis section;
- (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 NMACthis section;
- (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 NMACthis section; 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 NMACthis section; if the EMS DNR order is not located, continue the regular resuscitation protocol and contact medical control for consultation.

- 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 NMACthis section, 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
- (g) 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 artificial respiration.
- (d) <u>administration of cardiac medications; and</u>
- (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 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 <u>both</u> 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, <u>7.</u>27.6.9 NMAC, <u>12/12/2017</u>xx/xx/2025]

## 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, 12/12/2017xx/xx/2025]

# **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 12/28/941994.

# **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 01/01/061/2006.

7.27.6 NMAC, Emergency Medical Services — Emergency Medical Services Advance Directives, (filed 12/16/2005, repealed 12/1211/30/2017-) Repealed effective xx/xx/2025.

# 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 01/01/061/2006.

7.27.6 NMAC, Emergency Medical Services -<u>Advance Directives</u>, (filed 11/30/2017) Replaced by 7.27.6 NMAC, Emergency Medical Services Advance Directives, effective <u>12/12/2017</u>xx/xx/2025.

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), emergency medical systems bureau (EMSB).

[7.27.11.1 NMAC - Rp, 7.27.11.1 NMAC, xx/xx/2025]

7.27.11.2 SCOPE: These rules apply to New Mexico emergency medical services (EMS), including mobile integrated health, community EMS, critical care EMS, special event, healthcare facilities, and other entities that employee and utilize New Mexico licensed EMS personnel. These rules also apply to 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, xx/xx/2025]

**7.27.11.3 STATUTORY AUTHORITY:** These rules are promulgated pursuant to the following statutory authorities: 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 the Emergency Medical Services Act, NMSA 1978, Section 24-10B-4 ("bureau; duties").

[7.27.11.3 NMAC - Rp, 7.27.11.3 NMAC, xx/xx/2025]

#### **7.27.11.4 DURATION:** Permanent.

[7.27.11.4 NMAC - Rp, 7.27.11.4 NMAC, xx/xx/2025]

**7.27.11.5 EFFECTIVE DATE:** xx/xx/2025, unless a later date is cited at the end of a section. [7.27.11.5 NMAC - Rp, 7.27.11.5 NMAC, xx/xx/2025]

**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, xx/xx/2025]

**7.27.11.7 DEFINITIONS:** Refer to 7.27.2.7 NMAC. [7.27.11.7 NMAC - Rp, 7.27.11.7 NMAC, xx/xx/2025]

# 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;

shoulder.

- (3) field clearance of the cervical-spine;
- (4) reduction of dislocations resulting from indirect force of the patella, digit, and anterior
- EMS (CEMS) and mobile integrated health (MIH) programs shall be provided by EMS caregivers who, after completing a bureau approved CEMS/MIH caregiver course, are functioning as part of a 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 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;
- 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 and facilitate telemedicine clinician contact if available 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; and
  - (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;
- 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 18.3.14.22 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) spinal motion restriction;
- (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 or subcutaneous;
    - (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, 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) 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) spinal motion restriction;
  - (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 (FiO<sub>2</sub>) 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 gastric tubes, urinary catheters, 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;
    - (v) ondansetron PO;
    - (vi) atropine and pralidoxime via IM autoinjection for treatment of

chemical or nerve agent exposure.

(vii) albuterol (including isomers), via inhaled administration;

- (viii) ibuprofen PO in pediatric or adults to treat fever or pain;
- (ix) ipratropium, via inhaled administration, in combination with or after

albuterol administration;

- (x) naloxone by SQ, IM, or IN route;
- (xi) 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) and EMS-Registered Nurse (EMS-RN):
- (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) spinal motion restriction;
  - (h) splinting;
  - (i) scene assessment, triage, scene safety;
  - (i) 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, 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;
- (v) transport of patients with gastric 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) intraosseous access for patients eight years old and older; for patients seven years old or younger, only proximal tibia and distal femur sites may be used;
  - (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) oral (PO);
    - (viii) intramuscular;
    - (ix) subcutaneous.
  - (c) allowable drugs:
    - (i) oral glucose preparations;
    - (ii) aspirin PO for adults with suspected cardiac chest pain;
    - (iii) activated charcoal PO;
    - (iv) acetaminophen;
    - (v) ibuprofen PO to pediatrics and adults for pain or fever; IV or IM

ketorolac for pain;

- (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) tranexamic acid; for patients >15 years of age with traumatic

hemorrhagic shock or post-partum bleeding; for patients 15 years of age or less, MCEP order must be obtained for approval and dosing;

- (xii) oxytocin for post-partum patients;
- (xiii) dextrose;
- (xiv) 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);

(xv) 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;

(xvi) nitroglycerin (sublingual); must have intravenous access established prior to administration or approval of online medical control if IV access is unavailable;

(xvii) morphine, fentanyl, or dilaudid for use in pain control with approval of on-line or off-line (written protocol) medical control;

(xviii) diphenhydramine for allergic reactions or dystonic reactions;

(xix) glucagon, to treat hypoglycemia in diabetic patients when intravenous

access is not obtainable;

- (xx) anti-emetic agents, for use as an anti-emetic only;
- (xxi) corticosteroids for respiratory illness or allergic reaction;
- (xxii) hydroxycobalamine;
- (xxiii) 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;
- (iii) EMS-RNs may monitor and adjust additional medications/anti-infectives with and without infusion pumps as approved by the medical director.
- **(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) spinal motion restriction;
  - (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, FiO2, 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 gastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices;
  - (iv) application and use of semi-automatic defibrillators;
  - (v) acupressure;
  - (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 gastric 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; must have online medical

control for patients under 12 years old;

- (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) oral (PO);
    - (viii) intramuscular;
    - (ix) topical;
    - (x) rectal;
    - (xi) IV drip;
    - (xii) 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) blood and blood products;
      - (x) calcium preparations;
      - (xi) corticosteroids;
      - (xii) dextrose;

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(xiv)
                                            epinephrine:
                                            furosemide:
                                   (xv)
                                            glucagon;
                                   (xvi)
                                            hydroxycobalamine;
                                   (xvii)
                                            ipratropium;
                                   (xviii)
                                            lidocaine;
                                   (xix)
                                            magnesium sulfate;
                                   (xx)
                                            naloxone;
                                   (xxi)
                                            narcotic analgesics;
                                   (xxii)
                                            nitroglycerin;
                                   (xxiii)
                                            nonsteroidal anti-inflammatory drugs (NSAIDS) to pediatric or adult
                                   (xxiv)
patients with pain or fever;
                                   (xxv)
                                            oral glucose preparations;
                                            oxytocin;
                                   (xxvi)
                                   (xxvii)
                                            phenylephrine nasal spray;
                                   (xxviii) pralidoxime, IM auto-injection for treatment of chemical and nerve
agent exposure;
                                            anti-emetic agents, for use as an anti-emetic only;
                                   (xxix)
                                            sodium bicarbonate:
                                   (xxx)
                                            thiamine;
                                   (xxxi)
                                   (xxxii) topical anesthetic ophthalmic solutions;
                                   (xxxiii) tranexamic acid for patients >15 years of age;
                                   (xxxiv) vasopressor agents;
                                   (xxxv) intravenous fluids;
                                   (xxxvi) haloperidol, droperidol, and olanzapine for chemical restraint in
agitated patients.
                          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); any titration of one of these medications outside of the predefined
dosing parameters requires online physician medical control:
                                   potassium (no infusion pump needed if concentration not greater than
                          (a)
20mEq/1000cc;
                                   anticoagulation type blood modifying agents (such as fibrolytic drugs, heparin,
                          (b)
glycoprotein IIb-IIIa inhibitors/antagonists);
                                   procainamide;
                          (c)
                                   mannitol;
                          (d)
                                   aminophylline;
                          (e)
                                   antibiotics and other anti-infective agents;
                          (f)
                                   sodium nitroprusside;
                          (g)
                                   insulin;
                          (h)
                                   terbutaline;
                          (i)
                                   octreotide;
                          (j)
                                   nutritional supplements;
                          (k)
                          (I)
                                   beta blockers;
                                   calcium channel blockers;
                          (m)
                                   dobutamine:
                          (n)
                                   nesiritide:
                          (0)
                                   propofol in patients that are intubated prior to transport;
                          (p)
                          (q)
                                   proton pump inhibitors and H2 antagonists;
```

(xiii)

diphenhydramine;

responsibility for patient care;

(s) medications not otherwise covered by scope of practice, in limited circumstances: infrequent interfacility transport situations may arise where a patient may be receiving medications

immune fab2 (equine)); either may be monitored during inter-facility transport provided the facility-initiated infusion has been running for a minimum of 30 minutes prior to the paramedic initiating the transfer and assuming

crotalidae polyvalent immune fab (ovine) ("crofab") or anavip (crotalidae

**(r)** 

not covered by scope of practice, and appropriate hospital caregivers are not available to accompany or transfer the patient. If the sending and receiving physician agree, and with the service medical director's approval, the paramedic may transfer the patient to the appropriate receiving facility, aircraft, or ground unit. The sending physician must provide the appropriate briefing on the specific medication, effects, assessment and monitoring requirements, potential adverse reactions, and rescue interventions. The paramedic has the right to refuse the transport if not adequately briefed by the sending physician or otherwise not comfortable monitoring the medication.

- (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, xx/xx/2025]

- **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 a bureau approved 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 7 approved EMS training programs. However, additional programs may attain accreditation and JOE approval prior to this rule being updated.
- **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 88003-8001, 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.
- G. Clovis community college EMS program: (417 Schepps Blvd., Clovis, NM 88101 575-769-4976). Clovis Community College 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, xx/xx/2025]

## 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. 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 process: The completed application shall be submitted via the EMS licensing management system portal no later than 30 days prior to the medical direction committee meeting. 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;
- 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: EMS program manager.
- **E.** Upon receipt, the state EMS medical director and state EMS program manager will review the application. The service will be notified if the application is found to be incomplete or to contain significant errors.
- **F.** Applications must be received at the bureau at least 30 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.
- **G.** 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.
- **H.** The medical direction committee may give an approval subject to specific conditions, limitations or restrictions. This may include a written and practical examination.
- I. Within 10 working days following the decision of the medical direction committee, the state EMS program manager shall provide a written or email response to the applicant regarding the action of the medical direction committee.
- **J.** 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.
- **K. 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 program manager for concurrence/coordination with the medical direction committee.
- L. 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.
- **M.** 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.
- **N.** 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.
- O. Reporting: During the first year, a semi-annual (six month) report shall be submitted for review by the medical direction committee; subsequent reports shall be due one year from date of initial approval, and annually on the approval anniversary date thereafter. The EMS bureau or medical direction committee may request a report at any time. The medical direction committee may excuse an agency from the yearly report based on adequate surveillance being available from the state patient care report database. If the medical direction committee determines a special skill program will not be renewed, the state EMS program manager shall provide a written notification to the service director and the service medical director within 10 working days. 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.
- **P.** Report document: The report to the medical direction committee should focus particular attention on special skill utilization and patient outcomes after this utilization; patient identifiers shall not be included; all adverse outcomes, protocol deviations, dosing errors, or quality assurance issues related to the special skill must be reported. 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; and
- (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.
- **Q.** Special skills programs will remain active until a final determination regarding renewal has been made.
- **R.** Special skills application: Special skills applications shall include, but need not be limited to, the following content:
  - (1) general section;
  - (2) EMS service name;
  - (3) address;
  - (4) service chief/director;
  - (5) contact phone number;
  - (6) physician medical director;
  - physician/medical director contact phone number;
  - (8) special skill proposed;
  - (9) level of licensure necessary for special skill(s);
  - (10) estimated number of personnel to be trained;
  - (11) estimated date of initial training;
  - (12) training/quality assurance;
  - (13) curriculum description, including learning objectives, training hours, etc.;
  - (14) lead instructor and brief summary of their qualifications, or resume;
  - (15) resumes of any new instructors;
  - (16) letter of commitment from supporting institution, if training/experience is required;
  - (17) 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; and
  - (20) signature and acknowledgement of person completing the application.

[7.27.11.10 NMAC - Rp, 7.27.11.10 NMAC,xx/xx/2025]

# 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/ EMS-RN, 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 nonemergency 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 and emergency medical services-RN: 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:

facility.

in care.

- (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
  - (4) Reassures patients and bystanders and searches for medical identification emblem to aid
- (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, enroute 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, xx/xx/2025]

# **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.

7.27.11 NMAC, Emergency Medical Services - Supplemental Licensing Provisions (filed 11/30/2017) - repealed effective xx/xx/2025.

## **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. 7.27.11 NMAC, Emergency Medical Services - Supplemental Licensing Provisions (filed 11/30/2017) was replaced by 7.27.11 NMAC, Emergency Medical Services - Supplemental Licensing Provisions, effective xx/xx/2025.

# Exhibit 16

The New Mexico Department of Health approved the repeal of its rule 7.27.11 NMAC - Supplemental Licensing Provisions (filed 11/30/2017) and replaced it with 7.27.11 NMAC - Supplemental Licensing Provisions adopted on xx/xx/2025, and effective xx/xx/2025.

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, \frac{12/12/2017xx/xx/2025}{12.27.11.1 NMAC - Rp, 7.27.11.1 NMAC, \frac{12/12/2017xx/xx/2025}{12.27.11.1 NMAC - Rp, 7.27.11.1 NMAC, \frac{12/12/2017xx/xx/2025}{12.27.11.1 NMAC - Rp, 7.27.11.1 NMAC

7.27.11.2 SCOPE: These rules apply to New Mexico emergency medical services (EMS), including mobile integrated health, community EMS, critical care EMS, special event, healthcare facilities, and other entities that employee and utilize New Mexico licensed EMS personnel. These rules also apply to 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, <del>12/12/2017; A, 8/10/2021</del>xx/xx/2025]

**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, 12/12/2017xx/xx/2025]

**7.27.11.4 DURATION:** Permanent.

[7.27.11.4 NMAC - Rp, 7.27.11.4 NMAC, 12/12/2017 xx/xx/2025]

**7.27.11.5 EFFECTIVE DATE:** December 12, 2017 xx/xx/2025, unless a later date is cited at the end of a section.

[7.27.11.5 NMAC - Rp, 7.27.11.5 NMAC, <del>12/12/2017</del><u>xx/xx/2025</u>]

**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 xx/xx/2025]

## **7.27.11.7 DEFINITIONS:**

Refer to 7.27.2.7 NMAC.

[7.27.11.7 NMAC - Rp, 7.27.11.7 NMAC, xx/xx/2025]

# 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.
- EMS (CEMS) and mobile integrated health (MIH) programs shall be provided by EMS caregivers who, after completing a bureau approved CEMS/MIH caregiver course, are functioning as part of a 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 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;

necessary;

- (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 and facilitate telemedicine clinician contact if available 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
- (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-<u>; and</u>
  - (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;
- 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 18.3.14.2422 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) spinal motion restriction;
  - **(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 or subcutaneous;
    - (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, 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) 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) spinal motion restriction;
  - (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 (FiO<sub>2</sub>) 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 gastric tubes, urinary catheters, 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;
    - (v) ondansetron PO;
    - (vi) atropine and pralidoxime via IM autoinjection for treatment of

chemical or nerve agent exposure.

(vivii) albuterol (including isomers), via inhaled administration;

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

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

albuterol administration;

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

(\*xi) 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) and EMS-Registered Nurse (EMS-RN):
- (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) spinal motion restriction;
  - (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, 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: transport of patients with gastric tubes, urinary catheters, heparin/saline (v) locks, PEG tubes, or vascular access devices intended for outpatient use; peripheral venous puncture/access; (vi) (vii) blood drawing; pediatric intraosseous tibial access; for patients eight years old and (viii) older; for patients seven years old or younger, only proximal tibia and distal femur sites may be used;; (ix) adult intraosseous access; point of care testing; examples include serum lactate values, cardiac (x) enzymes, electrolytes, and other diagnostic values; hemostatic dressings for control of bleeding. (xi) administration of approved medications via the following routes: **(b)** (i) intravenous; (ii) nasal mucosal atomization (MA); (iii) nebulized inhalation: (iv) sublingual; intradermal; (v) intraosseous: (vi) endotracheal (for administration of epinephrine only, under the direct <del>(vii)</del> supervision of an EMT paramedic, or if the EMS service has an approved special skill for endotracheal intubation); oral (PO); (vii) oral (PO); (viii) (ix) -intramuscular: subcutaneous. (xix) allowable drugs: (c) oral glucose preparations; (i) aspirin PO for adults with suspected cardiac chest pain; (ii) activated charcoal PO; (iii) (iv) acetaminophen; ibuprofen PO to pediatrics and adults for pain or fever; IV or IM (v) ketorolac for pain; IM autoinjection of the following agents for treatment of chemical or (vi) nerve agent exposure: atropine, pralidoxime;

> albuterol (including isomers) via inhaled administration; (vii)

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

albuterol administration;

naloxone: (ix)

I.V. fluid therapy (except blood or blood products); (x)

(xi)

tranexamic acid; for patients >15 (xii

years of age with traumatic hemorrhagic shock or post-partum bleeding; for patients 15 years of age or less, MCEP order must be obtained for approval and dosing;

(xii) oxytocin for post-partum patients;

(xiii) dextrose;

(xiv) 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);

(xiiixv) 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;

(xivxvi) nitroglycerin (sublingual); must have intravenous access established prior to administration or approval of online medical control if IV access is unavailable;

(xvxvii) morphine, fentanyl, or dilaudid for use in pain control with approval of on-line or off-line (written protocol) medical control;

> diphenhydramine for allergic reactions or dystonic reactions; (xvixviii)

(xviixix) glucagon, to treat hypoglycemia in diabetic patients when intravenous

access is not obtainable:

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

(xixxxi) corticosteroids for respiratory illness or allergic reaction;

(\*\*xxii) hydroxycobalamine;

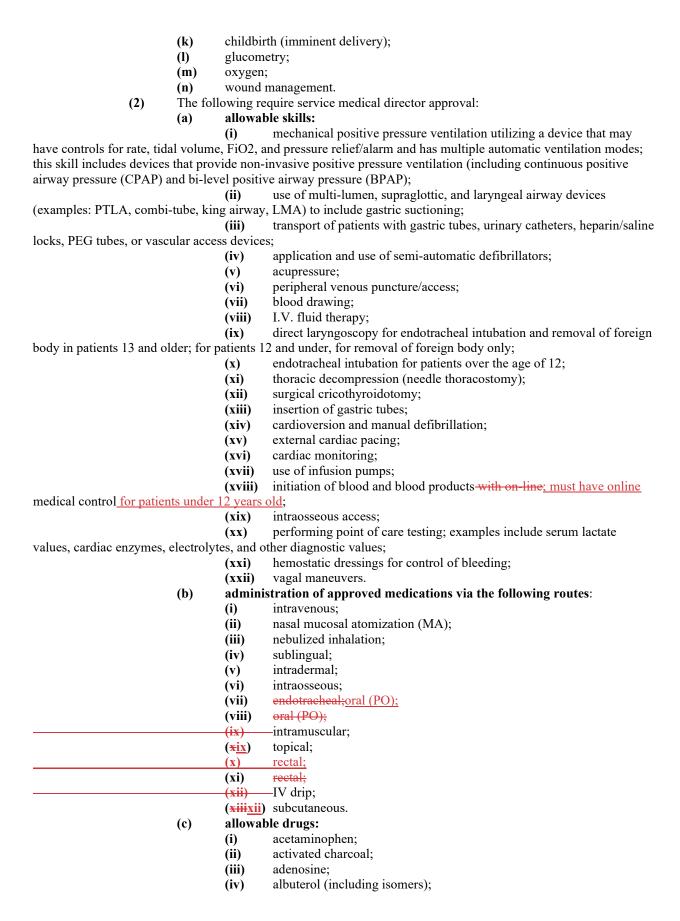
(xxixxiii) lidocaine two percent, preservative and epinephrine free for IV

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.;
- (iii) EMS-RNs may monitor and adjust additional medications/anti-infectives with and without infusion pumps as approved by the medical director.
- **(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) spinal motion restriction;
  - (h) splinting;
  - (i) scene assessment, triage, scene safety;
  - (i) use of statewide EMS communications system;



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(v)
                                            amiodarone;
                                   (vi)
                                            aspirin:
                                   (vii)
                                            atropine sulfate;
                                            benzodiazepines;
                                   (viii)
                                            blood and blood products;
                                   (ix)
                                            calcium preparations;
                                   (x)
                                            corticosteroids;
                                   (xi)
                                            dextrose:
                                   (xii)
                                            diphenhydramine;
                                   (xiii)
                                            epinephrine;
                                   (xiv)
                                            furosemide:
                                   (xv)
                                            glucagon;
                                   (xvi)
                                            hydroxycobalamine;
                                   (xvii)
                                            ipratropium;
                                   (xviii)
                                            lidocaine;
                                   (xix)
                                            magnesium sulfate;
                                   (xx)
                                   (xxi)
                                            naloxone:
                                   (xxii)
                                            narcotic analgesics;
                                   (xxiii)
                                            nitroglycerin;
                                            nonsteroidal anti-inflammatory drugs (NSAIDS) to pediatric or adult
                                   (xxiv)
patients with pain or fever;
                                            oral glucose preparations;
                                   (xxv)
                                            oxytocin;
                                   (xxvi)
                                            phenylephrine nasal spray;
                                   (xxvii)
                                   (xxviii) pralidoxime, IM auto-injection for treatment of chemical and nerve
agent exposure;
                                            anti-emetic agents, for use as an anti-emetic only;
                                   (xxix)
                                            sodium bicarbonate;
                                   (xxx)
                                   (xxxi)
                                            thiamine;
                                   (xxxii) topical anesthetic ophthalmic solutions;
                                   (xxxiii) tranexamic acid; for patients >15 years of age;
                                   (xxxiv) vasopressor agents;
                                   (xxxv) intravenous fluids-;
                                   (xxxvi) haloperidol, droperidol, and olanzapine for chemical restraint in
agitated patients.
                          Drugs allowed for monitoring during inter-facility transports: (initiated and
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administered by the sending facility with defined dosing parameters and requiring an infusion pump when given by continuous infusion unless otherwise specified); any titration of one of these medications outside of the predefined dosing parameters requires online physician medical control:

> potassium (no infusion pump needed if concentration not greater than (a)

20mEq/1000cc;

anticoagulation type blood modifying agents (such as fibrolytic drugs, heparin, **(b)** glycoprotein IIb-IIIa inhibitors/antagonists);

- procainamide; (c)
- mannitol; (d)
- (e) aminophylline;
- antibiotics and other anti-infective agents; **(f)**
- sodium nitroprusside; (g)
- insulin; (h)
- (i) terbutaline:
- octreotide; (j)
- nutritional supplements; (k)
- beta blockers: **(l)**
- calcium channel blockers; (m)
- dobutamine; (n)
- nesiritide; **(0)**

- (p) propofol in patients that are intubated prior to transport;
- (q) proton pump inhibitors and H2 antagonists;
- (r) crotalidae polyvalent immune fab (ovine) ("crofab") or anavip (crotalidae immune fab2 (equine)); either may be monitored during inter-facility transport provided the facility\_initiated infusion has been running for a minimum of 30 minutes prior to the paramedic initiating the transfer and assuming responsibility for patient care;
- (s) medications not otherwise covered by scope of practice, in limited circumstances: infrequent interfacility transport situations may arise where a patient may be receiving medications not covered by scope of practice, and appropriate hospital caregivers are not available to accompany or transfer the patient. If the sending and receiving physician agree, and with the service medical director's approval, the paramedic may transfer the patient to the appropriate receiving facility, aircraft, or ground unit. The sending physician must provide the appropriate briefing on the specific medication, effects, assessment and monitoring requirements, potential adverse reactions, and rescue interventions. The paramedic has the right to refuse the transport if not adequately briefed by the sending physician or otherwise not comfortable monitoring the medication.
- (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; A, 8/10/2021xx/xx/2025]

**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 a bureau approved 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 six7 approved EMS training programs.

## However, additional programs may attain accreditation and JOE approval prior to this rule being updated.

- 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, Fel: 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.
- G. Clovis community college EMS program: (417 Schepps Blvd., Clovis, NM 88101 575-769-4976). Clovis Community College 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; A, 8/10/2021xx/xx/2025]

#### 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 process: The <u>completed</u> application document for a special skill <u>mustshall</u> be <u>tailored</u> submitted via the EMS licensing management system portal no later than 30 days prior to the <u>level of the request, medical direction committee meeting.</u> 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;
- 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: EMS program manager.
- 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 E. Upon receipt, the state EMS medical director and state EMS program manager will review the application. The service will be notified if the application is found to be incomplete or to contain significant errors.
- GF. Applications must be received at the bureau at least 30 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.
- **HG.** 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.
- **HI.** The medical direction committee may give an approval subject to specific conditions, limitations or restrictions. This may include a written and practical examination.
- **JI.** Within 10 working days following the decision of the medical direction committee, the state EMS program manager shall provide a written or email response to the applicant regarding the action of the medical direction committee.
- **K.J.** 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.
- **LK. 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 program manager for concurrence/coordination with the medical direction committee.
- **ML.** 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.
- NM. 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.
- $\Theta$ N. 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.
- PO. Reporting: The service shall provide to the EMS program manager periodic written special skill reports. During the first year, the EMS bureau or a semi-annual (six month) report shall be submitted for review by the medical direction committee may request a semi-annual report; subsequent reports shall be due one year from date of initial approval, and annually on the approval anniversary date thereafter. The EMS bureau or medical direction committee may request a report at any time. The medical direction committee may excuse an agency from the yearly report based on adequate surveillance being available from the state patient care report database. If the medical direction committee determines a special skill program will not be renewed, the state EMS program manager shall provide a written notification to the service director and the service medical director within 10

working days. 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.

Q. Report document:

P. Report document: The report to the medical direction committee should focus particular attention on special skill utilization and patient outcomes after this utilization; patient identifiers shall not be included; all adverse outcomes, protocol deviations, dosing errors, or quality assurance issues related to the special skill must be reported. 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; and
- (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 program manager shall provide a written notification to the service director and the service medical director within 10 working days; and
- (10) QThe 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.
- **SR.** Special skills application: Special skills applications shall include, but need not be limited to, the following content:
  - (1) general section;
  - (2) EMS service name;
  - (3) address;
  - (4) service chief/director:
  - (5) contact phone number;
  - (6) physician medical director;
  - physician/medical director contact phone number;
  - (8) special skill proposed;
  - (9) level of licensure necessary for special skill;(s);
  - (10) estimated number of personnel to be trained;
  - (11) estimated date of initial training;
  - (12) training/quality assurance:
  - (13) describe or identify the curriculum description, 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 of any new instructors;
- (16) if training/experience is required, provide a letter of commitment from the supporting institution, if training/experience is required;
  - (17) describe or attach a proposed continuing education plan;
  - (18) attach a description of quality assurance plan, including periodic case reviews and

ongoing problems;

institution;

- (19) identification and steps for remedial action if necessary; and
- (20) <u>signatures; signature and acknowledgement of person completing the application, service chief/service director and medical director</u>.
- (21) submit digital copies of the application in its entirety to: EMS bureau, state EMS program manager, (1301 Siler Rd., Building F, Santa Fe, NM 87507) or as directed by the EMS bureau;
  - (22) submit one copy to the regional office.

[7.27.11.10 NMAC - Rp, 7.27.11.10 NMAC, 12/12/2017; A, 8/10/2021xx/xx/2025]

#### 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/EMS-RN, 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
- (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 nonemergency 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 <u>and emergency medical services-RN</u>: 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
- (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, enroute 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 xx/xx/2025]

#### **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.

7.27.11 NMAC, Emergency Medical Services - Supplemental Licensing Provisions (filed 11/30/2017) - repealed effective xx/xx/2025.

#### **Other History:**

facility.

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.

7.27.11 NMAC, Emergency Medical Services - Supplemental Licensing Provisions (filed 11/30/2017) was replaced by 7.27.11 NMAC, Emergency Medical Services - Supplemental Licensing Provisions, effective xx/xx/2025.

# **Substantive Changes in 7.27.11 NMAC Scope of Practice Proposals** (Redline)

This table summarizes all substantive changes by page in the redline version of the 7.27.11 NMAC Scope of Practice Proposals.

Page Number(s)	Substantive Changes		
1	Updated issuing agency, scope, statutory		
	authority, and effective date placeholders.		
2	Clarified service medical director's role and		
	documentation requirements for new		
	skills/medications; wilderness protocol		
	conditions added.		
3	Expanded community EMS and mobile		
	integrated health (CEMS/MIH) roles and		
	training requirements.		
3–4	Outlined critical care transport paramedic		
	skill use, training, scope, and authorization		
	requirements.		
4	Authorized distribution of OTC medications		
	under physician guidelines in special stand-		
	by circumstances.		
4–5	Updated dispatcher and EMS first		
	responder scopes; included new		
	medication routes and additional allowed		
	medications/devices.		
5–6	Revised EMT-Basic scope; new skills and		
	drug routes added, such as PO, MA, IM, SC;		
( 0	immunization rules clarified.		
6-8	Updated EMT-Intermediate and EMS-RN		
	scopes; significant drug and skill		
	expansions (e.g., intraosseous access,		
	point-of-care testing, more complex drug administration).		
9–10	Expanded EMT-Paramedic scope with ICU-		
7-10	level interventions, new invasive		
	procedures, and broader drug list;		
	monitoring criteria for interfacility		
	transport updated.		
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#### NOTICE OF PUBLIC HEARING

The New Mexico Department of Health will hold a public hearing on the proposed repeal and replacement of rules 7.27.2 ("Licensing of Emergency Medical Services Personnel"), 7.27.4 ("Emergency Medical Services Fund Act"), 7.27.5 ("Certification of Air Ambulance"), 7.27.6 ("Emergency Medical Services Advance Directives"), and 7.27.11 NMAC ("Supplemental Licensing Provisions"). The hearing will be held on Friday, June 6, 2025 at 9:00 a.m. via the Microsoft Teams Internet-based video conferencing system, and via telephone. Members of the public who wish to submit public comment regarding the proposed repeal and replacement of the rule will be able to do so via video conference and via telephone during the course of the hearing, and by submitting written comment.

The Department proposes to repeal and replace the entirety of rules 7.27.2, 7.27.4, 7.27.5, 7.27.6, and 7.27.11 NMAC, to incorporate various new and modified provisions to sections including but not limited to the following:

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7.27.2.7 NMAC, Definitions;
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7.27.2.8 NMAC, General Licensure;

7.27.2.9 NMAC, Initial Licensure;

7.27.2.10 NMAC, Reciprocity;

7.27.2.11 NMAC, Licensure Renewal;

7.27.2.12 NMAC, Identification of EMS Personnel;

7.27.2.13 NMAC, Fees;

7.27.2.14 NMAC, Enforcement;

7.27.2.15 NMAC, Hearings;

7.27.2.16 NMAC, Criminal History Screening;

7.27.2.17 NMAC, Revocation;

7.27.2.18 NMAC, Disqualifying Criminal Offenses (new section);

#### 7.27.4.7 NMAC, Definitions;

7.27.4.8 NMAC, Duty of the Bureau;

7.27.4.9 NMAC, Annual Report;

7.27.4.10 NMAC, Extension of Time;

7.27.4.11 NMAC, Local EMS Funding Program;

7.27.4.12 NMAC, Local EMS System Improvement Projects, EMS Vehicle Purchase Projects, Statewide EMS System Improvement Projects, and EMS Agency Support Programs;

7.27.4.13 NMAC, Statewide Trauma Care System Program and Statewide Emergency Medical Services System Support;

7.27.4.14 NMAC, Administration;

#### 7.27.5.7 NMAC, Definitions;

7.27.5.8 NMAC, Use of Terms and Advertising;

7.27.5.9 NMAC, Disclosure to the Public;

7.27.5.10 NMAC, Full Certification Period;

7.27.5.11 NMAC, Reporting;

7.27.5.12 NMAC, Emergency Information Required;

7.27.5.13 NMAC, Certification Process and Procedures;

7.27.5.14 NMAC, Fees;

7.27.5.15 NMAC, Enforcement;

7.27.5.16 NMAC, Standards;

7.27.5.17 NMAC, Radio Communication Frequencies;

7.27.5.18 NMAC, Application for Air Ambulance Certification;

7.27.5.19 NMAC, Aircraft Equipment Standards;

#### 7.27.6.7 NMAC, Definitions;

7.27.6.8 NMAC, EMS Do Not Resuscitate (DNR) Order;

7.27.6.9 NMAC, EMS Personnel and Procedures;

7.27.6.10 NMAC, Enforceability and Program Administration;

7.27.11.7 NMAC, Definitions;

7.27.11.8 NMAC, Scopes of Practice for Licensed Emergency Medical Services Personnel;

7.27.11.9 NMAC, Approved Training Programs;

7.27.11.10 NMAC, Special Skills Application and Reporting Procedures; and

7.27.11.11 NMAC, EMS Personnel Job Descriptions.

The legal authority authorizing the proposed repeal and replacement of these rules is at 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,"; the Emergency Medical Services Act, Subsection A of Section 24-10B-5 NMSA 1978, requiring the Department to adopt rules concerning licensure requirements for EMTs; Subsection H of Section 24-10B-4 NMSA 1978, requiring the Department to adopt rules for the certification of air ambulance services; Subsection I of Section 24-10B-4, requiring the Department to adopt rules pertaining to authorization of providers to honor advance directives to withhold or terminate care in certain pre-hospital or interfacility circumstances; and the Emergency Medical Services Fund Act at Section 24-10A-3.1, requiring the Department to adopt regulations to carry out the provisions of that Act.

The purpose of the proposed repeal and replacement of rules 7.27.2, 7.27.4, 7.27.5, 7.27.6, and 7.27.11 NMAC is to satisfy the Department's regulatory obligations pursuant to various sections of the Emergency Medical Services Act and Emergency Medical Services Fund Act, identified above.

A free copy of the full text of the proposed rules can be obtained online from the New Mexico Department of Health's website at http://nmhealth.org/about/asd/cmo/rules/ or by contacting the Department using the contact information below.

The public hearing will be conducted to receive public comments on the proposed rules. Any interested member of the public may attend the hearing and may submit data, views, or arguments on the proposed rule either orally or in writing during the hearing.

To access the hearing via the Internet: please go to https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting, then enter the following meeting i.d. code and passcode where indicated on the screen: meeting i.d. code 217 722 493 474 and passcode hp6cN6gp and then click the "Join a meeting" button.

To access the hearing by telephone: please call 1-505-312-4308 and enter phone conference i.d. 716 287 922#.

All comments will be recorded.

Written public comment regarding the proposed rule can be submitted either by e-mail to Stephanie Lopez at stephanie.lopez@doh.nm.gov, or U.S. postal mail to the following address:

Stephanie Lopez NMDOH OGC P.O. Box 26110 1190 St. Francis Dr., Suite N-4095 Santa Fe, NM 87502-6110

Written comments must be received by the close of the public rule hearing on June 6, 2025. All written comments will be published on the agency website at https://www.nmhealth.org/about/asd/cmo/rules/ within 3 days of receipt, and will be available at the New Mexico Department of Health for public inspection.

If you are an individual with a disability who is in need of special assistance or accommodation to attend or participate in the hearing, please contact Stephanie Lopez by telephone at (505) 690-3689. The Department requests at least ten (10) days' advance notice to provide special accommodation.

## **Affidavit of Publication**

STATE OF NEW MEXICO } SS COUNTY OF BERNALILLO }

Ad Cost:

\$326.48

Ad Number:

215620

Account Number: 1060434

Classification:

GOVERNMENT LEGALS

I, Bernadette Gonzales, the undersigned, Legal Representative of the Albuquerque Journal, on oath, state that this newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, chapter 167, Session Laws of 1937, and payment of fees has been made of assessed and a copy of which is hereto attached, was published in said publication in the daily edition, 1 time on the following date:

May 6, 2025

That said newspaper was regularly issued and circulated on those dates.

SIGNED:

Legal Representative

Subscribed to and sworn to me this 6<sup>th</sup> day of May 2025.

Notary Public

County Rerk

ID#: 1171221

My commission expires: 04-26

STATE OF NEW MEXICO
NOTARY PUBLIC
DAVID LINDSEY MONTOYA
COMMISSION NUMBER 1140229
EXPIRATION DATE 04-26-2027

NM DEPT OF HEALTH OFFICE OF GENERAL COUNSEL PO BOX 26110, SUITE N-4095 SANTA FE, NM 87502

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The Department proposes to repeal and replace the entirety of rules 7.27.2, 7.27.4, 7.27.5, 7.27.6, and 7.27.11 NMAC, to incorporate various new and modified provisions to sections including but not limited to the following:

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Journal: May 6, 2025

Your Access to Public Information

## Affidavit of Publication in New Mexico Register

I, Matthew Ortiz, certify that the agency noted on Invoice # 8145 has published legal notice of rulemaking or rules in the NEW MEXICO REGISTER, VOLUME XXXVI, that payment has been assessed for said legal notice of rulemaking or rules, which appears on the publication date and in the issue number noted on Invoice # 8145, and that Invoice # 8145 has been sent electronically to the person(s) listed/on the *Billing Information Sheet* provided by the agency.

Affiant:

Matthew Ortiz

Subscribed, sworn and acknowledged before me this

Notary Public:

My Commission Expires:

PAMELA ANNE LUJAN Y VIĞIL Notary Public State of New Mexico Comm. # 2001927 My Comm. Exp. Jan 22, 2028

#### New Mexico Register / Volume XXXVI, Issue 9 / May 6, 2025

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7.27.2.10 NMAC, Reciprocity;

7.27.2.11 NMAC, Licensure Renewal;

7.27.2.12 NMAC, Identification of EMS Personnel;

7.27.2.13 NMAC, Fees;

7.27.2.14 NMAC, Enforcement;

7.27.2.15 NMAC, Hearings;

7.27.2.16 NMAC, Criminal History Screening;

7.27.2.17 NMAC, Revocation;

7.27.2.18 NMAC, Disqualifying Criminal Offenses (new section);

## 7.27.4.7 NMAC, Definitions;

7.27.4.8 NMAC, Duty of the Bureau;

7.27.4.9 NMAC, Annual Report;

7.27.4.10 NMAC, Extension of Time;

7.27.4.11 NMAC, Local EMS Funding Program;

7.27.4.12 NMAC, Local EMS System Improvement Projects, EMS Vehicle Purchase Projects, Statewide EMS System Improvement Projects, and EMS Agency Support Programs;

7.27.4.13 NMAC, Statewide Trauma Care System Program and Statewide Emergency Medical Services System Support:

7.27.4.14 NMAC, Administration;

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7.27.5.7 NMAC, Definitions;
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7.27.5.8 NMAC, Use of Terms and Advertising;

7.27.5.9 NMAC, Disclosure to the Public;

7.27.5.10 NMAC, Full Certification Period;

7.27.5.11 NMAC, Reporting;

7.27.5.12 NMAC, Emergency Information Required;

7.27.5.13 NMAC, Certification Process and Procedures;

7.27.5.14 NMAC, Fees;

7.27.5.15 NMAC, Enforcement;

7.27.5.16 NMAC, Standards;

7.27.5.17 NMAC, Radio Communication Frequencies;

7.27.5.18 NMAC, Application for Air Ambulance Certification; 7.27.5.19 NMAC, Aircraft Equipment Standards;

7.27.6.7 NMAC, Definitions;

7.27.6.8 NMAC, EMS Do Not Resuscitate (DNR) Order;

7.27.6.9 NMAC, EMS Personnel and Procedures;

7.27.6.10 NMAC, Enforceability and Program Administration;

7.27.11.7 NMAC, Definitions;

7.27.11.8 NMAC, Scopes of Practice for Licensed Emergency Medical Services Personnel;

7.27.11.9 NMAC, Approved Training Programs;

7.27.11.10 NMAC, Special Skills Application and Reporting Procedures; and

7.27.11.11 NMAC, EMS Personnel Job Descriptions.

The legal authority authorizing the proposed repeal and replacement of these rules is at 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,"; the Emergency Medical Services Act, Subsection A of Section 24-10B-5 NMSA 1978, requiring the Department to adopt rules concerning licensure requirements for EMTs; Subsection H of Section 24-10B-4 NMSA 1978, requiring the Department to adopt rules for the certification of air ambulance services; Subsection I of Section 24-10B-4, requiring the Department to adopt rules pertaining to authorization of providers to honor advance directives to withhold or terminate care in certain pre-hospital or interfacility circumstances; and the Emergency Medical Services Fund Act at Section 24-10A-3.1, requiring the Department to adopt regulations to carry out the provisions of that Act.

The purpose of the proposed repeal and replacement of rules 7.27.2, 7.27.4, 7.27.5, 7.27.6, and 7.27.11 NMAC is to satisfy the Department's regulatory obligations pursuant to various sections of the Emergency Medical Services Act and Emergency Medical Services Fund Act, identified above.

A free copy of the full text of the proposed rules can be obtained online from the New Mexico Department of Health's website at http://nmhealth.org/about/asd/cmo/rules/ or by contacting the Department using the contact information below.

The public hearing will be conducted to receive public comments on the proposed rules. Any interested member of the public may attend the hearing and may submit data, views, or arguments on the proposed rule either orally or in writing during the hearing.

To access the hearing via the Internet: please go to https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting, then enter the following meeting i.d. code and passcode where indicated on the screen: meeting i.d. code 217 722 493 474 and passcode hp6cN6gp and then click the "Join a meeting" button.

To access the hearing by telephone: please call 1-505-312-4308 and enter phone conference i.d. 716 287 922#.

All comments will be recorded.

Written public comment regarding the proposed rule can be submitted either by e-mail to Stephanie Lopez at stephanie.lopez@doh.nm.gov, or U.S. postal mail to the following address:

Stephanie Lopez NMDOH OGC P.O. Box 26110 1190 St. Francis Dr., Suite N-4095 Santa Fe, NM 87502-6110 Written comments must be received by the close of the public rule hearing on June 6, 2025. All written comments will be published on the agency website at https://www.nmhealth.org/about/asd/cmo/rules/ within 3 days of receipt, and will be available at the New Mexico Department of Health for public inspection.

If you are an individual with a disability who is in need of special assistance or accommodation to attend or participate in the hearing, please contact Stephanie Lopez by telephone at (505) 690-3689. The Department requests at least ten (10) days' advance notice to provide special accommodation.



Michelle Lujan Grisham Governor Gina DeBlassie Cabinet Secretary

New Mexico Department of Health

Exhibit 22

Via Electronic Mail

April 14, 2025

Jared D. Najjar, Esq. Virtue & Najjar, PC 2204 Brothers Rd. Santa Fe, New Mexico 87505

Re: Appointment Letter, Public Rulemaking Hearing on Proposed Repeal and Replacement of Rules 7.27.2 ("Licensing of Emergency Medical Services Personnel"), 7.27.4 ("Emergency Medical Services Fund Act"), 7.27.5 ("Certification of Air Ambulance"), 7.27.6 ("Emergency Medical Services Advance Directives"), and 7.27.11 NMAC ("Supplemental Licensing Provisions")

Dear Mr. Najjar:

Pursuant to NMSA 1978, § 9-7-6(E), I hereby appoint you to serve as the hearing officer to preside at the Department of Health's public hearing June 6, 2025. This rulemaking hearing is scheduled for 9:00 a.m. and will be conducted via the Microsoft Teams web conference platform and via telephone, per the attached Notice of Public Hearing.

The hearing will be conducted to receive public comment regarding the Proposed Repeal and Replacement of Rules 7.27.2 ("Licensing of Emergency Medical Services Personnel"), 7.27.4 ("Emergency Medical Services Fund Act"), 7.27.5 ("Certification of Air Ambulance"), 7.27.6 ("Emergency Medical Services Advance Directives"), and 7.27.11 NMAC ("Supplemental Licensing Provisions"). An exhibit binder will be provided to you prior to the date of the hearing.

Thank you for accepting this appointment.

Sincerely,	
Signed by:	
Gina DeBlassie	Apr 14, 2025   1:24 PM MDT
2B5F58D60AD7441	
Gina DeBlassie	Date
Cabinet Secretary	

cc: Christopher D. Woodward, Acting General Counsel

#### Affidavit of Notice to the Public

I, Stephanie Lopez, the undersigned, on oath, swear and affirm that the Notice of the Public Hearing for the proposed repeal and replacement of rules 7.27.2 ("Licensing of Emergency Medical Services Personnel"), 7.27.4 ("Emergency Medical Services Fund Act"), 7.27.5 ("Certification of Air Ambulance"), 7.27.6 ("Emergency Medical Services Advance Directives"), and 7.27.11 NMAC ("Supplemental Licensing Provisions"), was provided to the public as identified below:

- 1. On May 5, 2025, I verified that the Notice of Public Hearing was electronically posted on the New Mexico Department of Health agency website at <a href="https://www.nmhealth.org/about/asd/cmo/rules/">https://www.nmhealth.org/about/asd/cmo/rules/</a>, in accordance with the State Rules Act at NMSA 1978, § 14-4-5.2.
- 2. On May 5, 2025, I verified that the Notice of Public Hearing was posted on the New Mexico Sunshine Portal website, in accordance with the State Rules Act at NMSA 1978, § 14-4-5.2.
- 3. On May 7, 2025, I verified that a corrected version of the Proposed Replacement for Rule 7.27.6 NMAC and Comparison the Existing Rule was electronically posted on the New Mexico Department of Health agency website at <a href="https://www.nmhealth.org/about/asd/cmo/rules/">https://www.nmhealth.org/about/asd/cmo/rules/</a> and the New Mexico Sunshine Portal website.
- 4. On May 5, 2025, I emailed the Notice of Public Hearing to persons who have made a written request for notice from the agency of announcements addressing the subject of rulemakings and who have provided the agency an electronic mail address, in accordance with the State Rules Act at NMSA 1978, § 14-4-5.2. The list of persons who requested notice includes the following persons:

Tim Gardner	tgardner@drnm.org
Lucy Galaviz	lgalaviz@drnm.org
Rachel S. Gudgel	rachel.gudgel@nmlegis.gov

- 5. No persons have provided a postal address to request written notice by postal mail.
- 6. On May 5, 2025, I emailed the Notice of Public hearing to the New Mexico Legislative Council Service, at lcs@nmlegis.gov, in accordance with the State Rules Act at NMSA 1978, § 14-4-5.2.
- 7. On May 5, 2025, I emailed the Notice of Public Hearing to Kim Sewell of the New Mexico Small Business Regulatory Advisory Commission, the identified contact person for the receipt of proposed rule changes, at Kim.Sewell@edd.nm.gov, pursuant to the Small Business Regulatory Relief Act at NMSA 1978, § 14-4A-4.

- 8. On May 5, 2025, I was informed that the Notice of Public Hearing was posted publicly on the exterior doors at the Emergency Medical Services Bureau, located at 1301 Siler Rd, Santa Fe, NM 87507.
- 9. On May 5, 2025, I ensured that the Notice of Public Hearing was posted publicly on the exterior doors at the Harold Runnels Building, Department of Health, 1190 S. St. Francis Drive, Santa Fe, NM 87505.

FURTHER AFFIANT SAYETH NAUGHT.

Stephanie Lopez, Affian	7
Stephanie Lopez, Affian	
STATE OF NEW MEXICO COUNTY OF SANTA FE	}

SWORN TO and SUBSCRIBED before me on the \_\_\_\_\_\_ day of May, 2025 by Stephanie Lopez.

Layla morie Dabaldyn
Notarial Officer

My Commission Expires:

10/11	12026	