From: Thornton, Kyle L, DOH
To: Lopez, Stephanie, DOH
Cc: Woodward, Chris, DOH
Subject: FW: [EXTERNAL] Draft EMS Air Medical Rule edits
Date: Thursday, June 5, 2025 3:47:22 PM
Attachments: image001.png

Hello Stephanie,

Wanted to get this to you…they sent these comments to me a couple of weeks ago. Chris wanted to assure they are included in the recorded comments.

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From: Darren A Braude <DBraude@salud.unm.edu>
Sent: Tuesday, May 13, 2025 9:39 AM
To: Thornton, Kyle L, DOH <KyleL.Thornton@doh.nm.gov>
Subject: [EXTERNAL] Draft EMS Air Medical Rule edits

I love that we have added the medic-medic option. Long overdue.

Definitions:
Critical care provider – can we add respiratory therapist? Is flight paramedic "Credential" the right terminology?

Specialty care vs critical care is very unclear throughout. Needs to be very well defined.

7.25.5.11 reporting
I know it's not knew language but on what basis/authority can the Bureau review PCRs other than for special skills?

7.27.5.13.A.
"Every service is required to remain with the patient…" I don't disagree but why is this under certification process heading?

“Additional providers may be added as necessary” is in same section as requiring special skills for medics???

“Generally” services certified to provide critical care are certified to provide ALS/BLS. Generally seems vague. Is there any example of when that would not be the case?

7.27.5.16
A.1. Air ambulance service SHALL ensure that the closest available service responds for scene request.
This is logistically impossible and sets up a legal precedent that cannot be met. Furthermore not all air ambulance services are equal for all calls. If service A has blood and service B does not, for example, then service A may be more appropriate for a bleeding patient that service B even if further away. There are also many factors besides physical distance that contribute to the time a service may arrive on scene such as weather, need to add fuel, lift time, etc.

C.6 please clarify that the bureau only needs to be notified of major incidents and even then this should not be a time sensitive notification as the agency will have many more important things to deal with should that occur. Bureau should not automatically be notified of all PAIPs.

C.8 This should clarify CRITICAL CARE PARAMEDICS ONLY now that there is the option of ALS without critical care

C.9. not sure it is appropriate to spell out all these areas of proficiency. We don’t specify all the areas of proficiency for ground personnel.

C.9.g. what the heck is “tactical patient transport” and why are we trying to load patients quickly?