

June 6, 2025

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Sent via: Stephanie Lopez at stephanie.lopez@doh.nm.gov,

RE; Recommended Revisions to 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”)

To Stephanie Lopez:

On behalf of Air Methods, who operates 13 aircraft, rotor and fixed wing aircraft doing business as Native Air, Tri-State Care Flight, and San Juan Regional Air Care, I am writing to provide comments and recommend revisions to 7.27.5 NMAC - Certification of Air Ambulance.

7.27.5.13.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.

Comment: We believe CAMTS should be specifically cited as it is the most common agency and most widely recognized certifying agency within the air medical industry.

7.27.5.15.B.19(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;

Comment: We believe this unduly vague and could lead to selective enforcement; For example, what is defined as repeated delay? Does annual volume apply? Who or what determines critical or lifesaving interventions vs. transport delays?

7.27.5.15.D.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.

Comment: This is vague and could be used as retaliatory. Most statutory provisions or regulatory action has a knowingly clause – which provides for some protections against actions that are being committed by teammates with any knowledge of management or the air ambulance service, especially if done in a manner to injure the service and its reputation.

7.27.5.15.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

N. Secretary's determination Allows for an additional 15 days for the secretary to respond to hearing officer reports.

Comment: 20-35 (or more) days without the ability to operate would be irrevocably damaging to the organization, and negatively impact public health by withholding lifesaving access. Should there be a tiering of violations and allowance of operations?

7.27.5.16.C.7 General Standards

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."

Comment: These are new and would require policy and practice changes within our organization

7.27.5.16.C.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.

Comment: This seems vague. For example, is this during initial licensing, an inspection, do we self-report or resolve the issue, how would we show resolution, or do we have to wait for any federal action of approval and notification of compliance, and what is deemed as unsafe for patient care. For example, is a broken air conditioner is a patient safety issue, who defines this issue and would we be in violation if we didn't report but fixed the issue?

Thank you and please do not hesitate to reach out with any questions.

Sincerely,

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(New Mexico Based)
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