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Issuing agency name and address:

Agency DFA code:

Contact person's name:

Phone number:

E-mail address:

Type of rule action:

(ALD Use) Recent filing date:

New ☐ Amendment ☐ Repeal ☒ Emergency ☐ Renumber ☐

Title number:

Title name:

Chapter number:

Chapter name:

Part number:

Part name:

Amendment description (If filing an amendment):

Amendment's NMAC citation (If filing an amendment):

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Please list attachments or Internet sites if applicable.

Yes ☐ No ☒

If materials are attached, has copyright permission been received?

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**Specific statutory or other authority authorizing rulemaking:**

Notice date(s):

Hearing date(s):

Rule adoption date:

Rule effective date:

# Concise Explanatory Statement For Rulemaking Adoption:

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## Findings required for rulemaking adoption:

Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

See Statement of Reasons for Adoption, attached.

Issuing authority (If delegated, authority letter must be on file with ALD):

Name:

Christopher D Woodward

Check if authority has been delegated

☒

Title:

Assistant General Counsel

Signature: (BLACK ink only OR Digital Signature)

Christopher  
Woodward

Digitally signed by Christopher  
Woodward  
Date: 2025.08.28 11:51:06  
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Date signed:

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**STATE OF NEW MEXICO  
BEFORE THE SECRETARY OF HEALTH**

**IN THE MATTER OF PROPOSED  
REPEAL AND REPLACEMENT OF  
7.27.2, 7.27.4, 7.27.5, 7.27.6, AND  
7.27.11 NMAC**

**STATEMENT OF REASONS  
FOR ADOPTION OF PROPOSED  
REPEAL AND REPLACEMENT OF 7.27.2,  
7.27.4, 7.27.5, 7.27.6, AND 7.27.11 NMAC**

The Cabinet Secretary for the New Mexico Department of Health, Gina DeBlassie (“Secretary”), adopts the proposed repeal and replacement of parts 7.27.2, 7.27.4, 7.27.5, 7.27.6, and 7.27.11 NMAC, for the reasons stated below. This decision is based on the rulemaking record in this matter, which includes Exhibits 1 through 24, the recording of the hearing, and the Report and Recommendation of the Hearing Officer, Jared Najjar, dated July 14, 2025.

In support of this action, the Secretary finds the following:

1. The Department of Health (“Department”) is authorized to promulgate regulations as may be necessary to carry out the duties of the Department and its divisions. NMSA 1978, Section 9-7-6(E).
2. Pursuant to the Emergency Medical Services Act (EMS Act) at NMSA 1978, § 24-10B-5, the Department is responsible for adopting licensing requirements for all persons who provide emergency medical services within the state of New Mexico, irrespective of whether the services are remunerated.
3. Pursuant to the EMS Act at NMSA 1978, § 24-10B-4, the Department is also responsible for: adoption of rules for emergency medical services medical direction upon the recommendation of the medical direction committee; approval of continuing

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education programs for emergency medical services personnel; adoption of rules pertaining to the training and licensure of emergency medical dispatchers and their instructors; adoption of rules, based upon the recommendations of the air transport advisory committee, for the certification of air ambulance services; and adoption of rules pertaining to authorization of providers to honor advance directives, such as emergency medical services do not resuscitate forms, to withhold or terminate care in certain pre-hospital or interfacility circumstances.

4. By letter dated April 14, 2025, the Secretary designated Mr. Najjar to serve as hearing officer for the purpose of conducting the hearing and submitting a recommendation regarding the proposed rule. Exhibit 22.

5. The purpose of the proposed repeal and replacement of rules 7.27.2, 7.27.5, 7.27.6, and 7.27.11 NMAC is to implement the EMS Act, NMSA 1978, § 24-10B-1 *et seq.*, by adopting rules concerning licensing of emergency medical services personnel (7.27.2 NMAC) and their scopes of practice (7.27.11 NMAC); rules concerning the certification of air ambulance services (7.27.5 NMAC); and rules concerning EMS advance directives (7.27.6 NMAC).

6. The purpose of the proposed repeal and replacement of rule 7.27.4 NMAC is to implement the purpose of the EMS Fund Act, NMSA 24-10A-1 *et seq.*, by adopting rules regulating programs under that statute.

7. Notice of the June 6, 2025 hearing concerning the proposed rule replacements was provided to the public in accordance with the Department of Health Act at NMSA 1978, Section 9-7-6(E), and the State Rules Act at NMSA 1978, § 14-4-5.2, which included publication in the Albuquerque Journal newspaper on May 6, 2025, and

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publication in the New Mexico Register on May 6, 2025. *See* Exhibit 20 (Affidavit of Publication in the Albuquerque Journal); Exhibit 21 (Affidavit of Publication in the NM Register).

8. The proposed rule was posted on the New Mexico Sunshine Portal website at [http://statenm.secure.force.com/public/SSP\\_RuleHearingSearchPublic](http://statenm.secure.force.com/public/SSP_RuleHearingSearchPublic) in accordance with NMSA 1978, § 14-4-5.4(A). *See* Exhibit 23 (Affidavit of Notice to the Public).

9. The proposed rule was also posted on the Department of Health website at <http://www.nmhealth.org/about/asd/cmo/rules/>, and an Internet link to that website was included within the published notice of rulemaking in accordance with NMSA 1978, § 14-4-5.2(C). *See* Exhibit 23 (Affidavit of Notice to the Public).

10. A public rule hearing was held via the Internet-based video conference platform Microsoft Teams on June 6, 2025 in accordance with NMSA 1978, Section 9-7-6(E).

11. Members of the public were afforded the opportunity to submit data, views, and arguments on the proposed rule orally and in writing, in accordance with NMSA 1978, Section 14-4-5.3, and those comments were received by the Hearing Officer until the close of the rule hearing.

12. Oral comments were received from the public during the hearing, and written comments from the public were entered into the record of the hearing as Exhibit 24.

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13. The following substantive modifications were made to the proposed rule text after the rule hearing, based on public comments:

Rule (NMAC)	Location	Edit/Adjustment	Justification
7.27.2; Licensing of EMS Personnel; 7.27.11; Supplemental Provisions (Scope)	Throughout	Deleted all references to an EMS-RN level of licensure	Public comments requested that the proposed creation of an EMS-RN license designation be struck from the rules
7.27.5; Air Ambulance	7.27.5.7(C)(4)	Expanded definition of Critical Care, and included "respiratory therapist" as an example of a provider "specifically trained in the area of care required"	Several public comments requested a clearer definition of critical care, and one comment requested that the definition of "critical care provider" include "respiratory therapist"
7.27.5; Air Ambulance	7.27.5.7(C)(5)	Clarified definition of Critical Care Provider	Public comment requested clarification of definition of "critical care provider"
7.27.5; Air Ambulance	7.27.5.7(S)(3)	Expanded definition of Specialty Care	Public comment requested clearer definition of Specialty Care
7.27.5; Air Ambulance	7.27.5.7(S)(4)	Clarified definition of Specialty Care Provider	Public comment requested clarification of Specialty Care Provider
7.27.5; Air Ambulance	7.27.5.13(A)(3)	Expanded description of Critical Care Ambulance Service	Public comment requested that expanded Critical Care definition be matched with better, clearer description of critical care ambulance

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			2015 JUL 28 PM 12:37 Public comment requested that expanded Specialty Care definition be matched with better, clearer description of critical care ambulance capabilities
7.27.5; Air Ambulance	7.27.5.13(A)(4)	Expanded description of Specialty Care Ambulance Service	Public comment requested that expanded Specialty Care definition be matched with better, clearer description of critical care ambulance capabilities
7.27.5; Air Ambulance	7.27.5.13(D)	Added CAMTS to list of examples of bureau-approved accreditation services	Public comment requested inclusion of CAMTS
7.27.5; Air Ambulance	7.27.5.15(C)(10)	Clarified who may develop protocols to include the air ambulance advisory, and removed reference to the regional trauma advisory committee	Public comments from Air Advisory Committee and others
7.27.5; Air Ambulance	7.27.5.15(C)(27)	Clarified the EMS Bureau notification requirements, noting that accidents and "major" incidents are the requirement	Air advisory public comment that every "incident" would be overly burdensome
7.27.5; Air Ambulance	7.27.5.16(C)(3)(a-g)	Clarified who must be notified along with the CONCERN network about incidents, repeating that the EMS Bureau notification is for "major" incidents – not every incident. Identified those incidents that constitute "major incidents"	Public comment requested clarification regarding what constitutes a "major incident"
7.27.5; Air Ambulance	7.27.5.16 C(9)(g)	Removed word "tactical", leaving only the word	Public comment that the term "tactical" has different

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		"processes"	2025 Amendment intended by this usage	2025-09-28 PM 12:37
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14. The Department received a comment on behalf of the EMS Medical Direction Committee that recommended against the amendment to the Reciprocity rule 7.27.2.10(A) NMAC, which will allow an individual licensed in another state to apply for reciprocity if they meet the requirement (among various others) that, “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”.

15. The Department believes that this amendment is appropriate, and that it could prove beneficial to EMS services and reciprocity applicants. The text was proposed by the Statewide Emergency Medical Services Advisory Committee to expedite the reciprocity application process. Although concerns were raised regarding potential liability or legal issues that might arise, this text would not *require* medical directors to verify an applicant’s competency, but would instead allow them to do so. A medical director who is uncomfortable verifying an applicant’s competency may opt against it.

16. The Department received a comment regarding 7.27.5.7 NMAC, proposing that the definition of “critical care provider” be revised to include “respiratory therapists”. To address this, and rather than editing the definition of “critical care provider”, the Department revised the definition of “critical care” at 7.27.5.7 NMAC to include respiratory therapist as an example of an “additional provider licensed at or above the ALS level of care or specifically trained in the area of care required”.



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17. The Department received multiple public comments regarding 7.27.5.15(C)(10) NMAC, proposing that the Air Medical Transport Advisory Committee (AMTAC) make recommendations on standards for the Regional Trauma Advisory Councils (RETRACs) concerning air ambulance protocols, or proposing that the AMTAC should exclusively evaluate instances of alleged noncompliance by air ambulance services, rather than RETRACs.

18. In response, the Department revised 7.27.2.15(C)(10) NMAC to state, “Air ambulance certification may be denied, suspended, or revoked, or subject to other disciplinary action, based on the following grounds: ... (10) failure of a service to comply with a rotor wing response protocol or the fixed/rotor wing inter-facility transportation protocol *developed by the air medical transport advisory committee and implemented by a regional trauma advisory committee*, or any other bureau protocol or patient care-related policy as outlined in these rules”. (Emphasis added.) This text was included to acknowledge the respective roles of AMTAC and the RETRACs.

19. The Department received various public comments asserting that portions of the air ambulance enforcement rule section 7.27.5.15 NMAC were either too vague, too broad, or left too much discretion to the agency. However, the Department drafted those rule provisions broadly, to provide sufficient discretion to the agency to render case-by-case determinations.

20. For example, whether the conduct of air medical transport personnel constitutes a “significant threat to the health or safety of individuals receiving emergency care”, pursuant to 7.27.5.15(C)(19) NMAC, will vary depending on the facts and circumstances of each case. The Department cannot specify in the rule every scenario that could

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reasonably necessitate intervention by the EMS Bureau; and accordingly, the text of the rule must be broad to enable the agency sufficient discretion.

21. Similarly, whether repeated delays in transport of critical patients by an air medical transport provider warrants enforcement action under 7.27.5.15(B)(19)(b) NMAC will vary depending on individual facts and circumstances. The text as written provides NMDOH discretion to assess each incident according to individual facts and circumstances.

22. The Department received public comment regarding 7.27.5.15(D)(3) NMAC, requesting that the Department not deem air ambulance services ultimately responsible for the actions of their staff. Here again, the agency has discretion in determining whether to pursue disciplinary action in each case; but the Department believes that it is important that it be able to hold air ambulance services accountable for the actions of their staff.

23. The Department received public comment regarding the air ambulance hearings rule section 7.27.5.15(H) NMAC, expressing concern that a delay of up to 20 days leading up to a hearing on an immediate suspension would be harmful to licensees. While the Department understands the concern raised, it believes that the 20-day period is reasonable, and that a hearing conducted within 20 days would be sufficiently prompt.

24. This public comment included a request that the air ambulance service be allowed to continue its operations pending the outcome of a hearing. However, allowing continued operations in this situation would mean that the Department could never immediately suspend an air ambulance service's license. The Department must reserve the ability to immediately suspend a license if circumstances warrant it, particularly when

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an air ambulance service's continued operation would present a threat to the health and safety of the public.

25. The Department received public comments from the AMTAC and others, suggesting that the AMTAC could establish a Performance Improvement Committee (PIC) to play a role in evaluating the performance of a licensed air medical transport service. The Department did not include any revisions to the rule based on these proposals, firstly because the Department does not agree that the RETRAC should be divested of its role in evaluating the performance of air medical transport providers; but also because any such subcommittee of the RETRAC may be created outside of the rule.

26. The Department received comments concerning the Air Ambulance Licensing rule 7.27.5 NMAC, alleging that portions of the rule are preempted by the federal Airline Deregulation Act (ADA) of 1978, 49 U.S.C. 41713 *et seq.* The Department disagrees with those comments.

27. The ADA at 49 U.S.C. 41713 states in pertinent part that "a State, political subdivision of a State, or political authority of at least 2 States may not enact or enforce a law, regulation, or other provision having the force and effect of law related to a price, route, or service of an air carrier that may provide air transportation under this subpart."

28. The provisions of 7.27.5 NMAC do not "relate[]" to a price, route, or service of an air carrier" within the terms of 49 U.S.C. 41713, because they do not purport to regulate prices, routes, or types of services that may be offered by an air ambulance service. For this reason, the rule is not preempted.

29. The Secretary finds that the finished rules fall within the scope of the rulemaking proceeding, are a logical outgrowth of the notice given and comment received, and that

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members of the public were afforded a fair opportunity to present their views on the contents of the final plans. See 1.24.25.14(C) NMAC; see also N.M. Att'y Gen. Op. 87-59 (1987) (citing *BASF Wyandotte Corp. v. Costle*, 598 F.2d 637, 642 (1st Cir. 1979)); see also *Wylie Bros. Contracting Co. v. Albuquerque-Bernalillo Cty. Air Quality Control Bd.*, 1969-NMCA-089, ¶ 39, 80 N.M. 633, 642.

30. The Secretary finds that the Hearing Officer has appropriately considered the proposed rules and the public comments received, and finds that the recommendations of the Hearing Officer are reasonable and appropriate; and the Secretary adopts the Hearing Officer's recommendations and incorporates the Hearing Officer's Report and Recommendation by this reference.

31. The Secretary finds that the proposed rules are consistent with the statutory purposes of the New Mexico Department of Health, including but not limited to those expressed in the Department of Health Act, NMSA 1978, Section 9-7-3; the Emergency Medical Services Act, NMSA 1978, Section 24-10B-1 through -13; and the EMS Fund Act, NMSA 1978, Section 24-10A-1 through -10.

32. The Secretary further finds that the rule promulgation process satisfied the requirements of the State Rules Act, NMSA 14-4-1 through -11 and the New Mexico Attorney General's Default Procedural Rule for Rulemaking at 1.24.25 NMAC.

33. The Secretary has familiarized herself with the rulemaking record, and finds that the proposed rules are appropriate and consistent with the authorizing law; and 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 hereby adopted.

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NEW MEXICO DEPARTMENT OF HEALTH

Signed by:  
*Gina DeBlassie*  
2B5F58D80AD7441...  
Gina DeBlassie  
Cabinet Secretary  
Aug 26, 2025 | 9:46 AM MDT  
Date

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 8/26/2025, and effective 9/9/2025.

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Type of rule action:

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New ☒ Amendment ☐ Repeal ☐ Emergency ☐ Renumber ☐

Title number:

Title name:

Chapter number:

Chapter name:

Part number:

Part name:

Amendment description (If filing an amendment):

Amendment's NMAC citation (If filing an amendment):

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# Concise Explanatory Statement For Rulemaking Adoption:

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## Findings required for rulemaking adoption:

Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

See Statement of Reasons for Adoption, attached.

Issuing authority (If delegated, authority letter must be on file with ALD):  
Name:

Christopher D Woodward

Check if authority has been delegated



Title:

Assistant General Counsel

Signature: (BLACK ink only OR Digital Signature)

Christopher  
Woodward

Digitally signed by Christopher  
Woodward  
Date: 2025.08.28 11:50:26 -06'00'

Date signed:

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**STATE OF NEW MEXICO  
BEFORE THE SECRETARY OF HEALTH**

**IN THE MATTER OF PROPOSED  
REPEAL AND REPLACEMENT OF  
7.27.2, 7.27.4, 7.27.5, 7.27.6, AND  
7.27.11 NMAC**

**STATEMENT OF REASONS  
FOR ADOPTION OF PROPOSED  
REPEAL AND REPLACEMENT OF 7.27.2,  
7.27.4, 7.27.5, 7.27.6, AND 7.27.11 NMAC**

The Cabinet Secretary for the New Mexico Department of Health, Gina DeBlassie (“Secretary”), adopts the proposed repeal and replacement of parts 7.27.2, 7.27.4, 7.27.5, 7.27.6, and 7.27.11 NMAC, for the reasons stated below. This decision is based on the rulemaking record in this matter, which includes Exhibits 1 through 24, the recording of the hearing, and the Report and Recommendation of the Hearing Officer, Jared Najjar, dated July 14, 2025.

In support of this action, the Secretary finds the following:

1. The Department of Health (“Department”) is authorized to promulgate regulations as may be necessary to carry out the duties of the Department and its divisions. NMSA 1978, Section 9-7-6(E).
2. Pursuant to the Emergency Medical Services Act (EMS Act) at NMSA 1978, § 24-10B-5, the Department is responsible for adopting licensing requirements for all persons who provide emergency medical services within the state of New Mexico, irrespective of whether the services are remunerated.
3. Pursuant to the EMS Act at NMSA 1978, § 24-10B-4, the Department is also responsible for: adoption of rules for emergency medical services medical direction upon the recommendation of the medical direction committee; approval of continuing

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education programs for emergency medical services personnel; adoption of rules pertaining to the training and licensure of emergency medical dispatchers and their instructors; adoption of rules, based upon the recommendations of the air transport advisory committee, for the certification of air ambulance services; and adoption of rules pertaining to authorization of providers to honor advance directives, such as emergency medical services do not resuscitate forms, to withhold or terminate care in certain pre-hospital or interfacility circumstances.

4. By letter dated April 14, 2025, the Secretary designated Mr. Najjar to serve as hearing officer for the purpose of conducting the hearing and submitting a recommendation regarding the proposed rule. Exhibit 22.

5. The purpose of the proposed repeal and replacement of rules 7.27.2, 7.27.5, 7.27.6, and 7.27.11 NMAC is to implement the EMS Act, NMSA 1978, § 24-10B-1 *et seq.*, by adopting rules concerning licensing of emergency medical services personnel (7.27.2 NMAC) and their scopes of practice (7.27.11 NMAC); rules concerning the certification of air ambulance services (7.27.5 NMAC); and rules concerning EMS advance directives (7.27.6 NMAC).

6. The purpose of the proposed repeal and replacement of rule 7.27.4 NMAC is to implement the purpose of the EMS Fund Act, NMSA 24-10A-1 *et seq.*, by adopting rules regulating programs under that statute.

7. Notice of the June 6, 2025 hearing concerning the proposed rule replacements was provided to the public in accordance with the Department of Health Act at NMSA 1978, Section 9-7-6(E), and the State Rules Act at NMSA 1978, § 14-4-5.2, which included publication in the Albuquerque Journal newspaper on May 6, 2025, and

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publication in the New Mexico Register on May 6, 2025. <sup>2025 AUG 28 PM 3:38</sup> See Exhibit 20 (Affidavit of Publication in the Albuquerque Journal); Exhibit 21 (Affidavit of Publication in the NM Register).

8. The proposed rule was posted on the New Mexico Sunshine Portal website at [http://statenm.secure.force.com/public/SSP\\_RuleHearingSearchPublic](http://statenm.secure.force.com/public/SSP_RuleHearingSearchPublic) in accordance with NMSA 1978, § 14-4-5.4(A). See Exhibit 23 (Affidavit of Notice to the Public).

9. The proposed rule was also posted on the Department of Health website at <http://www.nmhealth.org/about/asd/cmo/rules/>, and an Internet link to that website was included within the published notice of rulemaking in accordance with NMSA 1978, § 14-4-5.2(C). See Exhibit 23 (Affidavit of Notice to the Public).

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Rule (NMAC)	Location	Edit/Adjustment	Justification
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7.27.5; Air Ambulance	7.27.5.16 C(9)(g)	Removed word "tactical", leaving only the word	Public comment that the term "tactical" has different

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		"processes"	2025 AUG 28 PM 12:08 connotation than intended by this usage
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17. The Department received multiple public comments regarding 7.27.5.15(C)(19) NMAC, proposing that the Air Medical Transport Advisory Committee (AMTAC) make recommendations on standards for the Regional Trauma Advisory Councils (RETRACs) concerning air ambulance protocols, or proposing that the AMTAC should exclusively evaluate instances of alleged noncompliance by air ambulance services, rather than RETRACs.

18. In response, the Department revised 7.27.2.15(C)(10) NMAC to state, “Air ambulance certification may be denied, suspended, or revoked, or subject to other disciplinary action, based on the following grounds: ... (10) failure of a service to comply with a rotor wing response protocol or the fixed/rotor wing inter-facility transportation protocol *developed by the air medical transport advisory committee and implemented by a regional trauma advisory committee*, or any other bureau protocol or patient care-related policy as outlined in these rules”. (Emphasis added.) This text was included to acknowledge the respective roles of AMTAC and the RETRACs.

19. The Department received various public comments asserting that portions of the air ambulance enforcement rule section 7.27.5.15 NMAC were either too vague, too broad, or left too much discretion to the agency. However, the Department drafted those rule provisions broadly, to provide sufficient discretion to the agency to render case-by-case determinations.

20. For example, whether the conduct of air medical transport personnel constitutes a “significant threat to the health or safety of individuals receiving emergency care”, pursuant to 7.27.5.15(C)(19) NMAC, will vary depending on the facts and circumstances of each case. The Department cannot specify in the rule every scenario that could

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reasonably necessitate intervention by the EMS Bureau; and accordingly, the text of the rule must be broad to enable the agency sufficient discretion.

21. Similarly, whether repeated delays in transport of critical patients by an air medical transport provider warrants enforcement action under 7.27.5.15(B)(19)(b) NMAC will vary depending on individual facts and circumstances. The text as written provides NMDOH discretion to assess each incident according to individual facts and circumstances.

22. The Department received public comment regarding 7.27.5.15(D)(3) NMAC, requesting that the Department not deem air ambulance services ultimately responsible for the actions of their staff. Here again, the agency has discretion in determining whether to pursue disciplinary action in each case; but the Department believes that it is important that it be able to hold air ambulance services accountable for the actions of their staff.

23. The Department received public comment regarding the air ambulance hearings rule section 7.27.5.15(H) NMAC, expressing concern that a delay of up to 20 days leading up to a hearing on an immediate suspension would be harmful to licensees. While the Department understands the concern raised, it believes that the 20-day period is reasonable, and that a hearing conducted within 20 days would be sufficiently prompt.

24. This public comment included a request that the air ambulance service be allowed to continue its operations pending the outcome of a hearing. However, allowing continued operations in this situation would mean that the Department could never immediately suspend an air ambulance service's license. The Department must reserve the ability to immediately suspend a license if circumstances warrant it, particularly when



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an air ambulance service's continued operation would present a threat to the health and safety of the public.

25. The Department received public comments from the AMTAC and others, suggesting that the AMTAC could establish a Performance Improvement Committee (PIC) to play a role in evaluating the performance of a licensed air medical transport service. The Department did not include any revisions to the rule based on these proposals, firstly because the Department does not agree that the RETRAC should be divested of its role in evaluating the performance of air medical transport providers; but also because any such subcommittee of the RETRAC may be created outside of the rule.

26. The Department received comments concerning the Air Ambulance Licensing rule 7.27.5 NMAC, alleging that portions of the rule are preempted by the federal Airline Deregulation Act (ADA) of 1978, 49 U.S.C. 41713 *et seq.* The Department disagrees with those comments.

27. The ADA at 49 U.S.C. 41713 states in pertinent part that “a State, political subdivision of a State, or political authority of at least 2 States may not enact or enforce a law, regulation, or other provision having the force and effect of law related to a price, route, or service of an air carrier that may provide air transportation under this subpart.”

28. The provisions of 7.27.5 NMAC do not “relate[] to a price, route, or service of an air carrier” within the terms of 49 U.S.C. 41713, because they do not purport to regulate prices, routes, or types of services that may be offered by an air ambulance service. For this reason, the rule is not preempted.

29. The Secretary finds that the finished rules fall within the scope of the rulemaking proceeding, are a logical outgrowth of the notice given and comment received, and that

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members of the public were afforded a fair opportunity to present their views on the contents of the final plans. *See* 1.24.25.14(C) NMAC; *see also* N.M. Att’y Gen. Op. 87-59 (1987) (*citing* *BASF Wyandotte Corp. v. Costle*, 598 F.2d 637, 642 (1st Cir. 1979)); *see also* *Wylie Bros. Contracting Co. v. Albuquerque-Bernalillo Cty. Air Quality Control Bd.*, 1969-NMCA-089, ¶ 39, 80 N.M. 633, 642.

30. The Secretary finds that the Hearing Officer has appropriately considered the proposed rules and the public comments received, and finds that the recommendations of the Hearing Officer are reasonable and appropriate; and the Secretary adopts the Hearing Officer’s recommendations and incorporates the Hearing Officer’s Report and Recommendation by this reference.

31. The Secretary finds that the proposed rules are consistent with the statutory purposes of the New Mexico Department of Health, including but not limited to those expressed in the Department of Health Act, NMSA 1978, Section 9-7-3; the Emergency Medical Services Act, NMSA 1978, Section 24-10B-1 through -13; and the EMS Fund Act, NMSA 1978, Section 24-10A-1 through -10.

32. The Secretary further finds that the rule promulgation process satisfied the requirements of the State Rules Act, NMSA 14-4-1 through -11 and the New Mexico Attorney General’s Default Procedural Rule for Rulemaking at 1.24.25 NMAC.

33. The Secretary has familiarized herself with the rulemaking record, and finds that the proposed rules are appropriate and consistent with the authorizing law; and 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 hereby adopted.

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NEW MEXICO DEPARTMENT OF HEALTH

Signed by:  
*Gina DeBlassie*  
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Gina DeBlassie  
Cabinet Secretary  
Aug 26, 2025 | 9:46 AM MDT  
Date

**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, 9/9/2025]

**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, 9/9/2025]

**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, 9/9/2025]

**7.27.5.4 DURATION:** Permanent.  
[7.27.5.4 NMAC - Rp, 7.27.5.4 NMAC, 9/9/2025]

**7.27.5.5 EFFECTIVE DATE:** September 9, 2025, unless a later date is cited at the end of a section.  
[7.27.5.5 NMAC - Rp, 7.27.5.5 NMAC, 9/9/2025]

**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, 9/9/2025]

**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

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.

(3) **"Critical care"** means interfacility care and treatment that exceeds the advanced life support (ALS) level, as authorized by regulation. Critical care involves patients whose conditions require medical interventions beyond the routine scope of practice of a standard paramedic or registered nurse, including but not limited to continuous and invasive monitoring, mechanical ventilation, administration of multiple vasoactive or sedative agents, advanced airway management, blood product administration, or other therapies typically provided in an intensive care unit (ICU). The critical care mission shall consist of at least one critical care provider and at least one additional provider licensed at or above the ALS level of care or specifically trained in the area of care required, such as a respiratory therapist. Additional providers may be added as necessary.

(4) **"Critical care air ambulance service"** means an organization certified by the bureau to transport patients that require critical care in an air ambulance.

(5) **"Critical care provider"** means a licensed paramedic with a bureau-approved critical care or flight paramedic credential, a registered nurse, physician assistant, nurse practitioner, or physician, who has training and experience in the delivery of critical care transport.

**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 pre-hospital and inter-facility care and treatment as authorized by regulation.

**J. Definitions beginning with "J":** [RESERVED]

**K. Definitions beginning with "K":** [RESERVED]

L. 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 interfacility care and treatment that exceeds the scope of standard critical care transport, and requires condition-specific knowledge, equipment, or personnel. Specialty care transport is provided by a team with specialized clinical training or experience in managing patients with complex diagnoses, therapies, or technologies. This includes but is not limited to: neonatal or pediatric intensive care, extracorporeal membrane oxygenation (ECMO), advanced obstetrical monitoring including fetal heart monitoring, psychiatric stabilization involving specialized providers, use of pulmonary vasodilators, advanced ventilator modes, or other condition-specific interventions typically delivered by a dedicated specialty team. The specialty care mission shall consist of at least one specialty care provider and one additional provider licensed at or above the ALS level of care or specifically trained in the area of care required. Additional providers may be added as necessary.

(4) "Specialty care provider" means a caregiver appropriately trained and licensed to provide condition-specific patient care as defined by the specialty care mission. Specialty care providers may include, but are not limited to: neonatal or pediatric specialists, respiratory therapists, physicians, advanced practice providers, or other personnel with documented expertise in the relevant area.

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, 9/9/2025]

**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

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certified or otherwise authorized pursuant to this rule.  
[7.27.5.8 NMAC - Rp, 7.27.5.8 NMAC, 9/9/2025]

**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, 9/9/2025]

**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, 9/9/2025]

**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, 9/9/2025]

**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, 9/9/2025]

**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).

(2) Basic life support (BLS) or intermediate life support (ILS) air ambulance service: the air medical crew shall consist of at least two licensed health care providers who shall at a minimum be licensed at the 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), 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 intermediate (EMT-I), paramedic (EMT-P), or otherwise licensed by the state as a clinical provider authorized to practice ILS.

(3) Critical care air ambulance service: conducts interfacility transports of patients whose conditions require care beyond the ALS level, as defined by bureau rule. The mission shall consist of at least one critical care provider and at least one additional provider who is licensed at or above the ALS level or specifically trained in the area of care required. Additional personnel may be added as necessary based on the patient's condition. Critical care air ambulance services must be capable of delivering ICU-level interventions, including but not limited to invasive monitoring, mechanical ventilation, administration of vasoactive or sedative agents, or blood product administration, in accordance with bureau-approved protocols.

(4) Specialty care air ambulance services are certified to conduct interfacility transports of patients whose conditions require condition-specific medical care beyond the scope of standard critical care transport. The mission shall consist of at least one specialty care provider and at least one additional provider who is licensed at or above the ALS level or specifically trained in the required specialty care. Additional providers may be added as necessary. Specialty care air ambulance services shall be equipped and staffed to provide specialized interventions, which may include but are not limited to neonatal or pediatric intensive care, ECMO support, high-risk obstetric monitoring, or psychiatric stabilization. Critical or 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. Generally, services certified to provide critical care are certified to perform advanced or BLS/ILS air ambulance service care; certification at the critical care or specialty care level does not obligate a service to provide every possible intervention described. 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), the commission on accreditation of medical transport systems (CAMTS), 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 application 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, 9/9/2025]

#### 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:		2025 AUG 28 PM 12:39
<b>Type of service</b>	<b>In-state fee</b>	<b>Out-of-state fee</b>
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, 9/9/2025]

#### 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 a rotor wing response protocol or the fixed/rotor wing inter-facility transportation protocol developed by the air medical transport advisory committee and implemented by a regional trauma advisory committee, 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;
- (24) operation within the state of New Mexico without certification required by this rule;
- (25) failure to correct deficiencies identified by the bureau;
- (26) providing false or misleading claims or advertising to clients or the public regarding the service;
- (27) failure to notify the bureau of any accidents or major incidents occurring within the course of business as defined in this rule;
- (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

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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.

(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, 9/9/2025]

**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.

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

(3) 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 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. The air agency is required to notify, at its earliest opportunity, the EMS Bureau of accidents and major incidents that affect patient missions and missions that support the service's operations. Major incidents include but are not limited to:

- (a) A fatality or serious injury to a crew member, patient, or ground personnel;
- (b) Substantial damage to the aircraft or essential medical equipment;
- (c) An unplanned aircraft emergency landing due to mechanical failure or in-flight emergency;
- (d) Interruption of flight due to fire, smoke, or suspected hazardous material exposure;
- (e) A patient safety event requiring hospital admission that was directly caused by the actions or inactions of the air medical crew during transport;
- (f) Any event requiring notification to the National Transportation Safety Board (NTSB) under 49 CFR §830; or
- (g) Any situation declared a "major incident" by the medical director, safety officer, or accountable manager due to potential systemic risk or public interest.

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

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

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

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

(e) environmental considerations: managing patient care in confined spaces and

learning how to secure patients safely during flight;

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

(g) processes of 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, 9/9/2025]

#### 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, 9/9/2025]

#### 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) e-mail address;
  - (3) dispatch center telephone;
  - (4) emergency point of contact;
  - (5) operations telephone; and
  - (6) cellular telephone.
- 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;
  - (3) 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, 9/9/2025]

**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 state scope 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 (commensurate with the applicable scopes of practice for the air ambulance service's staff) include, but not be 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;



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- (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;

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- (54) pediatric restraining system;
- (55) intravenous equipment;
- (56) alcohol, chlorhexidine, or betadine skin cleanser (preferably prep pads);
- (57) intravenous (IV) administration sets;
- (58) IV infusion pump tubing;
- (59) IV catheters and butterfly needles, assorted sizes 24-14;
- (60) intraosseous needles;
- (61) needles, assorted sizes;
- (62) IV solutions, per protocol;
- (63) associated adjunct equipment:
  - (a) invasive line set-up;
  - (b) pressure bags.
- (64) one or more cots/stretchers capable of being secured in the aircraft which:
  - (a) can accommodate an adult of a height and weight appropriate for the capacity of the air ambulance. There shall be restraining devices or additional appliances available to provide adequate restraint of all patients including those under 60 pounds or 36 inches in height;
  - (b) shall have the head of the primary stretcher capable of being elevated up to 30 degrees. The elevating section shall not interfere with or require that the patient or stretcher securing straps and hardware be removed or loosened;
  - (c) shall be sturdy and rigid enough that it can support cardiopulmonary resuscitation. If a backboard or equivalent device is required to achieve this, such device will be readily available;
  - (d) shall have a pad or mattress impervious to moisture and easily cleaned and disinfected according to Occupational Safety and Health Administration (OSHA) bloodborne pathogen requirements (29 C.F.R 1910.1030).
- (65) supply of linen for each patient; and
- (66) survival kit for all medical crew members and patients.

[7.27.5.19 NMAC - Rp, 7.27.5.20 NMAC, , Rp, 9/9/2025]

**7.27.5.20 [RESERVED]**

[7.27.5.20 NMAC - Repealed, 9/9/2025]

**7.27.5.21 [RESERVED]**

[7.27.5.21 NMAC - Repealed, 9/9/2025]

**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 9/9/2025.

**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, 9/9/2025.