**Transmittal Form**

**Issuing agency name and address:**
NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau

**Contact person’s name:** Charles Schroeder
**Phone number:** 505-476-8246
**E-mail address:** charles.schroeder@state.nm.us

**Type of rule action:**
- New ✓
- Amendment □
- Repeal □
- Repeal/Replace □
- Renumber □
- Emergency □

**Title number:** 7
**Title name:** Health

**Chapter number:** 27
**Chapter name:** Emergency Medical Services

**Part number:** 8
**Part name:** Cardiac Arrest Targeted Response Program

**Amendment Description (If filing an Amendment):**

**Amendment’s NMAC Citation (If filing an Amendment):**

**Are there any materials incorporated by reference?** Yes □ No ✓
**Please list attachments or Internet sites if applicable:**

**If materials are attached, has copyright permission been received?** Yes □ No □ Public domain □

**Concise Explanatory Statement for rulemaking adoption:**

**Notice date(s):** 9/15/2017
**Hearing date(s):** 10/26/2017
**Rule Adoption date:** 11/29/2017
**Rule Effective date:** 12/12/2017

**Specific statutory or other authority authorizing rulemaking:**
Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1

**Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary.**

Please see the attached Hearing Officer’s recommendation.

**Issuing authority (If delegated, authority letter must be on file with ALD):**
**Name:** Lynn Gallagher
**Title:** Cabinet Secretary
**Signature:**

**Date signed:** 12/18/17

7/13/2017
Concise Explanatory Statement for rulemaking adoption:

Page number ___ of ___ for Findings required for rulemaking adoption.

Issuing authority (If delegated, authority letter must be on file with ALD): Name: ____________________________  
Title: ____________________________  
Signature: (BLACK ink only) ____________________________  
Date signed: ____________________________

Check if authority has been delegated  

7/13/2017
Instructions for Completing the NMAC TRANSMITTAL FORM

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Sequence number is for ALD use only.

Issuing agency’s name and mailing address.

Agency’s 3-digit DFA code. Example: 123.

Contact person’s Name, Phone number, E-mail address.

Check one type of rule action: New, Amendment, Repeal, Repeal & Replace, Renumber, or Emergency.

Most Recent Filing Date of the Part for ALD use only.

Identify NMAC Title, Chapter and Part numbers and identify the NMAC Title, Chapter and Part names. Example:
Title 19 Natural Resources and Wildlife
Chapter 30 Wildlife Administration
Part 14 Aquatic Invasive Species.

Description of Amendment: (if amending) Example: “Amending three sections”.

Amendment’s NMAC citation: (if amending) Example: Sections 9 and 18 of 7.1.13 NMAC.

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Issuing Authority: Name, Title Date signed and original Signature of Issuing authority or their delegate in black ink: Note: If authority has been delegated, this box shall be checked. A letter of delegation must be on file with the State Records Center and Archives, Administrative Law Division.

CPR - ALD 7/13/2017
Transmittal Form

Volume: XXVIII  Issue: 23  Publication Date: 12/12/2017  Number of pages: 1  (ALD Use Only) Sequence No. 2.4

Issuing agency name and address:
NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau

Contact person's name: Charles Schroeder  Phone number: 505-476-8246  E-mail address: charles.schroeder@state.nm.us

Type of rule action: Repeal  (ALD Use Only) Most Recent Filing Date: 12/16/2005

Title number: 7  Title name: Health

Chapter number: 27  Chapter name: Emergency Medical Services

Part number: 6  Part name: Emergency Medical Services Advance Directives

Amendment Description (If filing an Amendment):  Amendment's NMAC Citation (If filing an Amendment):

Are there any materials incorporated by reference? Yes  No  ✓ Please list attachments or Internet sites if applicable.

If materials are attached, has copyright permission been received? Yes  No  Public domain

Concise Explanatory Statement for rulemaking adoption:

Notice date(s): 9/15/2017  Hearing date(s): 10/26/2017  Rule Adoption date: 11/29/2017  Rule Effective date: 12/12/2017

Specific statutory or other authority authorizing rulemaking:
Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1

Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary.

Please see the attached Hearing Officer's recommendation.

Issuing authority (If delegated, authority letter must be on file with ALD):
Name: Lynn Gallagher  Check if authority has been delegated
Title: Cabinet Secretary
Signature: (BLACK ink only)  Date signed: 12/18/10

7/13/2017
Concise Explanatory Statement for rulemaking adoption:

Page number ___ of ___ for Findings required for rulemaking adoption.

Issuing authority (If delegated, authority letter must be on file with ALD): Name: __________________________ Check if authority has been delegated [ ]

Title: __________________________

Signature: (BLACK ink only) __________________________ Date signed: __________________________

7/13/2017
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CPR - ALD 7/13/2017
Transmittal Form

NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau

Contact person's name: Charles Schroeder
Phone number: 505-476-8246
E-mail address: charles.schroeder@state.nm.us

Type of rule action: Repeal

Title number: 7
Title name: Health
Chapter number: 27
Chapter name: Emergency Medical Services
Part number: 8
Part name: Cardiac Arrest Targeted Response Program

Amendment Description (If filing an Amendment): 

Amendment's NMAC Citation (If filing an Amendment): 

Are there any materials incorporated by reference? Yes □ No √

If materials are attached, has copyright permission been received? Yes □ No □ Public domain □

Concise Explanatory Statement for rulemaking adoption:

Specific statutory or other authority authorizing rulemaking:
Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1

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Please see the attached Hearing Officer's recommendation.

Issuing authority (If delegated, authority letter must be on file with ALD):
Name: Lynn Gallagher
Title: Cabinet Secretary
Signature: (BLACK ink only) [Signature]

Date signed: 12/18/17

7/13/2017
Concise Explanatory Statement for rulemaking adoption:

Page number ___ of ___ for Findings required for rulemaking adoption.

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

Title: ____________________________

Signature: _________________________ (BLACK ink only)

Check if authority has been delegated ___ Date signed: ____________

7/13/2017
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Agency's 3-digit DFA code. Example: 123.

Contact person's Name, Phone number, E-mail address.

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Most Recent Filing Date of the Part for ALD use only.

Identify NMAC Title, Chapter and Part numbers and identify the NMAC Title, Chapter and Part names. Example:

| Title 9 | Natural Resources and Wildlife |
| Chapter 30 | Wildlife Administration |
| Part 14 | Aquatic Invasive Species |

Description of Amendment: (if amending) Example: "Amending three sections".

Amendment's NMAC citation: (if amending) Example: Sections 9 and 18 of 7.1.13 NMAC.

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CPR - ALD 7/13/2017
NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau

Charles Schroeder  
505-476-8246  
charles.schroeder@state.nm.us

New ☑ Amendment ☐ Repeal ☐ Repeal/Replace ☑ Renumber ☐ Emergency ☐

Title number: 7
Title name: Health

Chapter number: 27
Chapter name: Emergency Medical Services

Part number: 11
Part name: Supplemental Licensing Provisions

Amendment Description (If filing an Amendment):

Amendment’s NMAC Citation (If filing an Amendment):

Are there any materials incorporated by reference?  Yes ☐ No ☑

Please list attachments or Internet sites if applicable.

If materials are attached, has copyright permission been received?  Yes ☐ No ☐ Public domain ☑

Notice date(s): 9/15/2017  10/26/2017
Hearing date(s):  
Rule Adoption date: 11/29/2017  
Rule Effective date: 12/12/2017

Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1

Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary.

Please see the attached Hearing Officer’s recommendation.

Issuing authority (If delegated, authority letter must be on file with ALD):
Name: Lynn Gallagher
Title: Cabinet Secretary
Signature: [Signature]
Date signed: 12/18/17

7/13/2017
Instructions for Completing the NMAC TRANSMITTAL FORM

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Sequence number is for ALD use only.

Issuing agency's name and mailing address.

Agency's 3-digit DFA code. Example: 123.

Contact person’s Name, Phone number, E-mail address.

Check one type of rule action: New, Amendment, Repeal, Repeal & Replace, Renumber, or Emergency.

Most Recent Filing Date of the Part for ALD use only.

Identify NMAC Title, Chapter and Part numbers and identify the NMAC Title, Chapter and Part names. Example:
Title 19 Natural Resources and Wildlife
Chapter 30 Wildlife Administration
Part 14 Aquatic Invasive Species.

Description of Amendment: (if amending) Example: "Amending three sections".

Amendment's NMAC citation: (if amending) Example: Sections 9 and 18 of 7.1.13 NMAC.

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CPR - ALD 7/13/2017
NMAC Transmittal Form

Volume: XXVIII Issue: 23 Publication Date: 12/12/2017 Number of pages: 1

Issuing agency name and address:
NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau

Contact person's name: Charles Schroeder
Phone number: 505-476-8246
E-mail address: charles.schroeder@state.nm.us

Type of rule action:
New ☐ Amendment ☐ Repeal ☑ Repeal/Replace ☐ Renumber ☐ Emergency ☐ Most Recent Filing Date: 7/28/2014

Title number: 7
Title name: Health

Chapter number: 27
Chapter name: Emergency Medical Services

Part number: 11
Part name: Supplemental Licensing Provisions

Amendment Description (If filing an Amendment):

Amendment's NMAC Citation (If filing an Amendment):

Are there any materials incorporated by reference? Yes ☐ No ☑

If materials are attached, has copyright permission been received? Yes ☐ No ☑ Public domain ☐

Concise Explanatory Statement for rulemaking adoption:

Notice date(s): 9/15/2017
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Rule Adoption date: 11/29/2017
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Specific statutory or other authority authorizing rulemaking:
Section 9-7-6.G, NMSA 1978, Laws 2001, Chapter 228, Section 1

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Please see the attached Hearing Officer's recommendation.

Issuing authority (If delegated, authority letter must be on file with ALD):
Name: Lynn Gallagher
Title: Cabinet Secretary

Signature: [Signature] Date signed: 12/18/17

7/13/2017
Concise Explanatory Statement for rulemaking adoption:

Page number ___ of ___ for Findings required for rulemaking adoption.

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

Title:

Signature: (BLACK ink only) Date signed:

7/13/2017
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NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau

Charles Schroeder
505-476-8246
charles.schroeder@state.nm.us

New [ ] Amendment [ ] Repeal [ ] Repeal/Replace [✓] Renumber [ ] Emergency [ ]

Title number: 7
Title name: Health

Chapter number: 27
Chapter name: Emergency Medical Services

Part number: 13
Part name: Certification of Stroke Centers

Amendment Description (If filing an Amendment):
Amendment’s NMAC Citation (If filing an Amendment):

Are there any materials incorporated by reference? Yes [ ] No [✓] Please list attachments or Internet sites if applicable.

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Issuing authority (If delegated, authority letter must be on file with ALD):
Name: Lynn Gallagher
Title: Cabinet Secretary
Signature: [BLACK ink only]

Check if authority has been delegated

Date signed: 12/18/17

7/13/2017
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Contact person's Name, Phone number, E-mail address.

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NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau

Contact person's name: Charles Schroeder  Phone number: 505-476-8246  E-mail address: charles.schroeder@state.nm.us

Type of rule action: Repeal/Replace

Title number: 7  Title name: Health

Chapter number: 27  Chapter name: Emergency Medical Services

Part number: 13  Part name: Certification of Stroke Centers

Amendment Description (If filing an Amendment):

Are there any materials incorporated by reference? Yes ☐ No ☑

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

Name: Lynn Gallagher
Title: Cabinet Secretary

Date signed: 12/18/17

7/13/2017
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Page number ___ of ___ for Findings required for rulemaking adoption.

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

Title:

Signature: (BLACK ink only)  

Check if authority has been delegated

Date signed:

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CPR - ALD 7/13/2017
NM Department of Health / Epidemiology and Response / Emergency Medical Systems Bureau

Charles Schroeder  
505-476-8246  
charles.schroeder@state.nm.us

New ✓ Amendment □ Repeal □ Repeal/Replace ✓  
Reorder □ Emergency □

Title number: 7  
Chapter number: 27  
Part number: 6  
Title name: Health  
Chapter name: Emergency Medical Services  
Part name: Emergency Medical Services Advance Directives

Amendment Description (If filing an Amendment):  
Amendment's NMAC Citation (If filing an Amendment):  
Are there any materials incorporated by reference?  
Yes □ No ✓

If materials are attached, has copyright permission been received?  
Yes □ No □ Public domain □

Concise Explanatory Statement for rulemaking adoption:

Notice date(s): 9/15/2017  
Hearing date(s): 10/26/2017  
Rule Adoption date: 11/29/2017  
Rule Effective date: 12/12/2017

Specific statutory or other authority authorizing rulemaking:

Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1

Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary.

Please see the attached Hearing Officer's recommendation.

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

Name: Lynn Gallagher  
Title: Cabinet Secretary

Signature: (BLACK ink only)  
Date signed: 12/18/17

7/13/2017
Concise Explanatory Statement for rulemaking adoption:
Page number ___ of ___ for Findings required for rulemaking adoption.

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

Title: 

Signature:  (BLACK ink only)  

Check if authority has been delegated  

Date signed:  

7/13/2017
Instructions for Completing the NMAC TRANSMITTAL FORM

Your agency must complete the following:


Provide the total number of pages of the paper version of the new rule, amendment, repeal or repeal and replacement document. Note: Do not include transmittal form, billing sheet, PO, etc.

Sequence number is for ALD use only.

Issuing agency's name and mailing address.

Agency's 3-digit DFA code. Example: 123.

Contact person's Name, Phone number, E-mail address.

Check one type of rule action: New, Amendment, Repeal, Repeal & Replace, Renummer, or Emergency.

Most Recent Filing Date of the Part for ALD use only.

Identify NMAC Title, Chapter and Part numbers and identify the NMAC Title, Chapter and Part names. Example:

Title 19 Natural Resources and Wildlife
Chapter 30 Wildlife Administration
Part 14 Aquatic Invasive Species.

Description of Amendment: (if amending) Example: "Amending three sections".

Amendment's NMAC citation: (if amending) Example: Sections 9 and 18 of 7.1.13 NMAC.

Are any materials incorporated by reference? Check: Yes or No. If yes, please list attachments or provide Internet site.

If incorporated, has copyright permission been granted? Check Yes or No or check if document is in the public domain.

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Your agency's specific statutory or other authority authorizing rulemaking: Check with your agency general counsel office to determine the correct citation(s) authorizing your agency to make rules.

Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary: Please check with your agency general counsel office regarding these findings or if additional pages need to be attached. Examples: "This rule amendment has been amended to include public comments received at public hearing.", or, "This rulemaking was begun and has been adopted under the old version of the State Rules Act, prior to July 1, 2017.", or, "This rulemaking was undertaken as a result to changes to federal regulations, 7 CFR Part 225.

Issuing Authority: Name, Title Date signed and original Signature of issuing authority or their delegate in black ink: Note: If authority has been delegated, this box shall be checked. A letter of delegation must be on file with the State Records Center and Archives, Administrative Law Division.

CPR - ALD 7/13/2017
NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau

Contact person’s name: Charles Schroeder
Phone number: 505-476-8246
E-mail address: charles.schroeder@state.nm.us

Type of rule action: Repeal/Replace

Title number: 7
Title name: Health

Chapter number: 27
Chapter name: Emergency Medical Services

Part number: 2
Part name: Licensing of Emergency Medical Services Personnel

Amendment Description (If filing an Amendment): 

Are there any materials incorporated by reference? Yes

If materials are attached, has copyright permission been received? Yes

Concise Explanatory Statement for rulemaking adoption:

Specific statutory or other authority authorizing rulemaking:

Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1

Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary.

Issuing authority (If delegated, authority letter must be on file with ALD):
Name: Lynn Gallagher
Title: Cabinet Secretary
Signature: (BLACK ink only)
Date signed: 12/18/17

7/13/2017
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Issuing agency’s name and mailing address.

Agency’s 3-digit DFA code. Example: 123.

Contact person’s Name, Phone number, E-mail address.

Check one type of rule action: New, Amendment, Repeal, Repeal & Replace, Renumber, or Emergency.

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Title 19, Natural Resources and Wildlife
Chapter 30, Wildlife Administration
Part 14, Aquatic Invasive Species.

Description of Amendment: (if amending) Example: "Amending three sections”.

Amendment’s NMAC citation: (if amending) Example: Sections 9 and 18 of 7.1.13 NMAC.

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NM Department of Health/ Epidemiology and Response/ Emergency Medical Systems Bureau

Charles Schroeder  505-476-8246  charles.schroeder@state.nm.us

Type of rule action: Repeal/Replace

Title number: 7

Chapter number: 27

Part number: 2

Amendment Description (If filing an Amendment):

Amendment's NMAC Citation (If filing an Amendment):

Are there any materials incorporated by reference? No

If materials are attached, has copyright permission been received? No Public domain

Concise Explanatory Statement for rulemaking adoption:

Notice date(s): 9/15/2017  Hearing date(s): 10/26/2017  Rule Adoption date: 11/29/2017  Rule Effective date: 12/12/2017

Specific statutory or other authority authorizing rulemaking:

Section 9-7-6.E, NMSA 1978, Laws 2001, Chapter 228, Section 1

Findings required for rulemaking adoption. Please attach and sign additional page(s) if necessary.

Please see the attached Hearing Officer's recommendation.

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

Name: Lynn Gallagher

Title: Cabinet Secretary

Signature: (BLACK ink only) Date signed: 12/18/17

7/13/2017
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CPR - ALD 7/13/2017