**NMAC Transmittal Form**

**Volume:** XXXI  **Issue:** 10  **Publication date:** 05/19/2020  **Number of pages:** 32  **Sequence No.**

**Issuing agency name and address:**
Department of Health, Division of Health Improvement, PO Box 28110, Santa Fe, NM 87502

**Contact person's name:** Christopher Burmeister  **Phone number:** 505-252-4492  **E-mail address:** Christopher.Burmeister@state.nm.us

**Type of rule action:**
- New [x]
- Amendment [x]
- Repeal [x]
- Emergency [x]
- Renumber [x]

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

**Chapter number:** 8  **Chapter name:** Residential Health Facilities

**Part number:** 4  **Part name:** General Requirements for Boarding Homes

**Amendment description (If filing an amendment):**

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

**Are there any materials incorporated by reference?** No [x]

**Specific statutory or other authority authorizing rulemaking:**
The regulation set forth herein is promulgated by the secretary of the New Mexico Department of Health, pursuant to the general authority granted under Subsection E of Section 9-7-6, NMSA 1978; and the authority granted under Subsection D of Section 24-1-2, Subsection I of Section 24-1-3 and Section 24-1-5, NMSA 1978.

**Notice date(s):** Feb. 9 and 11, 2020  **Hearing date(s):** March 24, 2020

**Rule adoption date:** May 6, 2020  **Rule effective date:** June 3, 2020
Concise Explanatory Statement For Rulemaking Adoption:

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.

Please see attached Statement of Reasons for Adoption of Proposed General Requirements for Boarding Homes Rule 7.8.4 NMAC.

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

Name: Kathleen M. Kunkel
Title: Cabinet Secretary
Signature: (BLACK Ink only)

Check if authority has been delegated

Date signed: 05/06/2020