REPORT AND RECOMMENDATION OF HEARING OFFICER

Public Hearing: Department of Health Emergency Medical Systems Bureau

Actions in Question: Rule Promulgation Hearing for Parts 7.27.2 NMAC ("Licensing of Emergency Medical Personnel"), 7.27.6 ("Emergency Medical Services Advance Directives"), 7.27.8 ("Cardiac Arrest Targeted Response Program"), 7.27.11 ("Supplemental Licensing Provisions"), and 7.27.13 NMAC ("Certification of Stroke Centers").

Hearing Date: October 26, 2017

Report Date: November 14, 2017

REPORT OF HEARING OFFICER

A public hearing was held on Thursday, October 26, 2017 at 9:10 a.m. at the Harold Runnels Building Auditorium in Santa Fe, NM for the purpose of considering the Department of Health's (DOH) proposed repeal and replacement of Parts 7.27.2 NMAC ("Licensing of Emergency Medical Personnel"), 7.27.6 ("Emergency Medical Services Advance Directives"), 7.27.8 ("Cardiac Arrest Targeted Response Program"), 7.27.11 ("Supplemental Licensing Provisions"), and 7.27.13 NMAC ("Certification of Stroke Centers"). Craig T. Erickson presided as Hearing Officer. The DOH was represented by Chris Woodward, Assistant General Counsel; and Kyle Thornton, Emergency Medical Systems ("EMS") Bureau Chief.

Other individuals who were present at the Public Hearing were:

1. Marc Sandoval, Rio Rancho Fire Department
2. Chance Chenault, Clovis Fire Department
3. Donnie Roberts, EMS Region III
4. Benito Gomez, NM DOH Office of General Counsel (OGC) (paralegal)

The sign-in sheet for the hearing is provided with this Report, and marked as DOH Exhibit No. 15.

The proceeding was electronically recorded, and the recording was monitored by Chris Woodward. The recording is in the possession of the DOH, Office of General Counsel.

The Hearing Officer opened the proceeding by introducing himself and the others on the podium, Mr. Woodward and Mr. Thornton.

The proceeding progressed as follows: Mr. Thornton summarized the proposed changes to the rules, Part by Part. Questions from the audience were allowed during Mr. Thornton's presentation.

Mr. Thornton began his summary of the proposed changes to the EMS Rules by stating that he is always pleased to see people present at rulemaking hearings, and to have them provide testimony if they choose to do so.

Mr. Thornton stated that there are five rules which the DOH proposes to change. These changes begin with 7.27.2 NMAC, which is the Licensing rule. Its full title is "Licensing of Emergency Medical Services Personnel." The second rule is 7.27.6 ("Emergency Medical Services Advance Directives"). The third rule for the hearing is 7.27.8 ("Cardiac Arrest Targeted Response Program"); the fourth rule is 7.27.11 which encompasses scope of practice ("Supplemental Licensing Provisions"), and the fifth rule is 7.27.13 NMAC ("Certification of Stroke Centers").

PART 2 OF THE PROPOSED RULES

Mr. Thornton stated that the longest proposed rule is Part 2, or 7.27.2 NMAC, related to Licensing of EMS Personnel. DOH Exhibit No. 6 is a red-lined version of that rule, which shows the proposed changes to the rule.

Mr. Thornton started with page 1[1] of Rule 7.27.2 at the top of the page, which makes some nomenclature changes.[2] He also noted that the term "training" is being replaced with the word "education" throughout the rule. He stated that the term "education" encompasses much more of what EMS professionals experience, "rather than being trained like a dog."

Mr. Thornton next referred to page 4, where the EMS bureau clarified the definition of "renewal." He stated that the proposed rule clarifies information about due dates in the licensing process and how to avoid higher fees and the application of reinstatement fees. He also noted on page 4 that they added information about a criminal history background screening process, which previously existed in practice, but added language in the rule the requirement of undergoing this process, which already existed in a statute.

At page 5 of DOH Exhibit No. 6, Mr. Thornton noted that a line was added to make sure that schools know that failure to maintain compliance with these rules may result in the loss of approved program status. He stated that is a significant change. He said this requirement was always possible, but now expressed in this rule.

Mr. Thornton then turned to page 6 at the top of the page, which expresses the change that the EMS bureau no longer will ask for registration forms from courses, so they removed that requirement. He also noted on page 6, under the Subsection 7.27.2.8F(12)(d) NMAC, that language was added to clarify what out-of-state programs must do before their participants are allowed to do clinical internships within the state of New Mexico.

On page 7, at Subsection 7.27.2.8O NMAC, the initial licensing examination time has changed from nine months to 12 months from the date of course completion. This is more in line

[1] The references to page numbers in this section of the Report all relate to DOH Exhibit No. 6.
[2] There are many nomenclature and other similar changes in the proposed rules. For the most part, they are not summarized in this Report, but they are redlined in the exhibits referred to in this Report.

with the entity they use for testing, which is the National Registry. Also, they removed a process under Subsection 7.27.2.8O(2) NMAC, on page 7, because that process is no longer applicable.

Mr. Thornton then turned to page 8 of DOH Exhibit No. 6. He noted a change that there are certain situations in which out-of-state licensure will be recognized, but that would occur on a short-term basis only.

At page 8, he stated that the language was strengthened at Subsection 7.27.2.9A NMAC to indicate that a person applying for a New Mexico license from out-of-state or other programs or with national registry certification would be required to meet the requirements for licensure in section 10.

Mr. Thornton noted, as seen in Subsection 7.27.2.9C(1)(f) NMAC on page 8, that there is a misplacement of a close parentheses that needs to be changed throughout the proposed rules. Instead of the phrase "provide a valid personal (i.e. non-service or business address)" it should read "provide a valid personal (i.e. non-service or business) address." The Hearing Officer recommends that change should be made throughout the new rule.

On page 11, a new change was added which describes the process of surrendering a license. It is language that was moved from the renewal section to Subsection 7.27.2.9J NMAC. It was moved because it would have better visibility here.

Under "Reciprocity" at page 11, Mr. Thornton noted the addition of the language "[i]ndividuals holding a certification with the National Registry of EMTs at any level must also be licensed/certified by a state or other recognized jurisdictional authority to be eligible for reciprocity, unless otherwise approved by the bureau." He stated that the idea is that someone coming into the state with a National Registry card is no longer eligible for reciprocity based upon that card alone. If they have trained in another state, and received National Registry certification, they need to be licensed in that state. Reciprocity is recognition of another license, not a certification.

A question was raised at that point in the hearing by Chance Chenault, from the Clovis Fire Department. He asked about a situation that occurs with his department being on the eastern side of the state. He asked if EMS providers from Texas who want to practice in New Mexico who are licensed in Texas, but are not National Registry certified, would have to come into New Mexico obtain certification from the National Registry as well, paying fees in both states. Mr. Thornton stated that there is an out, which related to the language "unless otherwise approved by the bureau in Subsection 7.27.2.10A NMAC." Mr. Thornton stated that there are situations, like the situation described by Mr. Chenault, where this should be considered. Mr. Thornton noted that there are situations where people are taking on-line classes in Massachusetts—a program that is not approved in Massachusetts—and then coming to New Mexico saying they have finished their paramedic program and would like a license based on a national registry. Mr. Thornton stated that the rule allows for situations, particularly in border programs, where they may have an argument that they should not have to meet the requirements of this process.

Mr. Thornton also noted at page 11 that the word "transition" referring to the reciprocity exam has been replaced with the word "reciprocity." That change occurs multiple times throughout the rest of the rule.

Turning to page 12, he noted that some language was added to define seasonal licensure as opposed to temporary licensure. This was because the prior language was confusing about whether a temporary license could be used as a seasonal license. They wanted to make sure that those are really two separate types of licenses.

Mr. Thornton said that "Licensure Renewal" on page 12 at Subsection 11 begins one of the biggest changes in the rules in more than 30 years. Mr. Thornton stated that the new rule simplifies the renewal process. It also dovetails the national registry process. The initial paragraph is designed to clarify some of the information on required "carded courses," such as Advanced Cardiac Life Support and Cardiopulmonary Resuscitation. Clarification is also made to indicate the number of continuing hours that may be acquired from asynchronous methods, meaning on-line, articles, and other continuing education that does not involve a live instructor interacting with students.

Continuing on page 12, Mr. Thornton highlighted the fact that under the new rules, listing of an individual's name on the bureau website is considered proof of licensure. Subsection 7.27.2.11A(1)(b) NMAC on page 12 is the first place that requirement is referenced. Further, when the bureau removes someone from that list, they are no longer licensed, whether they still have a wallet card or not.

On page 13, renewal deadlines are clarified in the new rule. Also, on page 13, language is added to indicate that during the license renewal process, the bureau may conduct an audit of the applicant to require full documentation of continuing education and other materials.

Mr. Thornton stated that the requirements for each level of licensure begin at the bottom of page 13, and continuing through page 16. Each level is listed with all of the requirements for each level of licensure. He noted that the bureau has lectured on these changes for the last two years. Some new language was added to clarify the process for obtaining a license after expiration. It's not really renewal, but the rule explains the process for re-instating an expired license. Refreshers are no longer required for continuing education or reentry.

Bureau continuing education is defined beginning at page 17 in Subsection 7.27.2.11N NMAC. There are no huge changes, Mr. Thornton noted, but some language has been clarified.

The top of page 20 explains how refresher courses with be applied to the new continuing educations hours requirements. Also on page 20, under Subsection 7.27.2.12D NMAC, a new paragraph has been added to address problems with imposters who have forged licenses. The new rule requires that any entity that is regulated by the PRC or by the EMS bureau by rule should be checking the bureau's list, not the wallet card, to assure licensure for their caregivers.

At page 22, under Subsection 7.27.2.14A(4)(3) NMAC, Mr. Thornton noted a change provided that licensing commission member may attend licensing commission meetings by telephone or other teleconferencing technology.

At page 25, the new rule clarifies that unprofessional conduct can be committed while on or off duty. That can be a basis for an investigation of a license of an EMS caregiver.

Mr. Thornton noted the new requirement on page 28 that students be taught about the licensure process by EMS education program providers.

Mr. Thornton noted that the "Revocation" section, at Subsection 7.27.2.17 NMAC, on page 34, is a significant addition. This is a new version of the rule. It addresses the consequences and requirements for coming back following the revocation of a license. After much discussion with the Licensing Commission, this rule was proposed by the Office of General Counsel.

Marc Sandoval, the battalion chief for the Rio Rancho Fire Department, raised a question at that time. He noted the reference to EMT-I for "Intermediate" in the rules, and wondered if there would be a change for EMT-Advanced. Mr. Sandoval said there would not be a change. He stated that the national scope for advanced EMTs is not the New Mexico scope. They felt it was more important to maintain the term for Intermediate to differentiate it from A-EMT. Even though they use that licensing exam as proof of base level competence, they trust the schools to teach that additional scope of practice that makes them a New Mexico Intermediate rather than a national A-EMT. The believe that New Mexico Intermediate are better prepared to assist and provided care than an A-EMT would be.

PART 6 OF THE PROPOSED RULES

Mr. Thornton next summarized Part 6, "Emergency Medical Services Advance Directives, found in DOH Exhibit No. 8.

Mr. Thornton stated that the main change in Part 6 is that the bureau is adding a medical services licensing and treatment form to the rules, and the form is added to EMS DNR as an option.

Starting at page 1[3] of DOH Exhibit No. 8, Mr. Thornton noted that advanced practice nurses, physician assistants, and emergency medical services personnel were added to the rule describing the scope of Part 6. In addition, a new definition, to define "advanced practice nurse," was added. On page 2, the definition of "designee" was changed to add social workers, and others such as advanced practice nurses and physicians' assistants, who can explain EMS DNR. This is an important change—it used to refer to physicians only. Those additions recur throughout the new rule.

On page 2, the new rule adds a definition for New Mexico Medical Order for Scope of Treatment "MOST" form." There is also a new definition for physician's assistant.

[3] The page numbers in this section refer only to DOH Exhibit No. 8.

Also on page 2, at 7.27.6.8A(1) NMAC, Mr. Thornton highlighted the language that states that a registered nurse may sign the EMS DNR or MOST if a verbal order for it has been received from a physician, advanced practice nurse, or PA, and the name of such individual must be printed beneath the signature. He stated that the reason for the foregoing requirement relates to the fact that there have been situations where a verbal order was given, but it was not entirely clear that had occurred. Subsection 7.27.6.8A(2) NMAC of the rule makes similar changes. Mr. Thornton noted that the reference to the MOST form is added throughout the rule with the references to EMS DNR.

On page 3, Mr. Thornton noted that DNR verification steps now include the MOST form. At the bottom of the page, Mr. Thornton noted that the new Subsection 7.27.6.9A(5) NMAC removes the word "suicide" from the rule which states that if there is a question about the validity of an EMS DNR order or MOST form, or any indication of an attempted homicide or suicide, resuscitation should be continued until such time that the question has been answered. "Suicide" no longer applies in that context. This change returns to rule to its original language.

On page 4, Mr. Thornton noted the continuing addition of references to the MOST form.

There were no questions or comments on Part 6 of the proposed rules.

PART 8 OF THE PROPOSED RULES

Mr. Thornton next summarized the proposed changes to Part 8 of the proposed rules. These are found in DOH Exhibit No. 10.[4] Part 8 governs the Cardiac Response Program.

Mr. Thornton noted that the major change in this Part is that medical direction is no longer required for a civilian AED (automated external defibrillator) program. That change is already in the statute, and is already enforceable. On page 1, Mr. Thornton noted that he thinks that 7.27.8.2A(3) NMAC, which exempts military services, other federal entities, and AED programs on tribal land from this rule, appears to be repetitious or redundant, and should be fixed.

Mr. Thornton stated that the significant change on page 2 is found in the definition of "medical direction" has removed, as indicated by his earlier comments, as was the definition for "physician." These definitions were removed because this Part no longer refers to them, because medical direction is no longer required.

Mr. Thornton noted the change at the bottom of page 2 in the definition of "trained targeted responder," which includes the new requirement that a designated trained targeted responder will be responsible for guidance or supervision for the AED program including overseeing all aspects of the defibrillation program.

Mr. Thornton highlighted the change at the top of page 3, which provides that cardiac arrest programs may be initiated in any environment where members of the public are encountered. This change greatly simplifies this rule.

[4] The references to page numbers in this section of the Report are to DOH Exhibit No. 10 only.

On page 4, Mr. Thornton noted the change to the rule providing that allows for a petition for use of an automated defibrillator. The previous rule precluded the use of a fully automated AED. Now, a request can be made to the bureau to do that. Page 5 simplifies the immunity language, basically referring back to the statue. This language was revised by Dr. Barry Ramo. The rest of the rule has been deleted. That change allows the bureau to make changes to the application for the AED, without going through the rulemaking process.

There were no comments or questions related to Part of the proposed rules.

PART 11 OF THE PROPOSED RULES

Mr. Thornton next addressed the proposed changes to Part 11 of the proposed rules. These changes are found in DOH Exhibit No. 12.[5] This Part addresses Supplemental Licensing Provisions.

On page 1, in the first subsection, Mr. Thornton noted a grammatical error in the reference to the EMS Bureau becoming the EMS Board. The reference should be to "bureau," not "Board." Mr. Schroeder also noted that the reference to "EDR" should be "ERD," at the end of page 1.

Continuing on page 1, Mr. Thornton referred to new language in the "Scope" section at the top of the page, as follows: "In the event of a public health emergency that stresses the emergency medical service system and disrupts delivery of medical services, the New Mexico department of health, working with the emergency medical systems bureau, may limit or expand these rules, and may institute certain crisis standards of care, through emergency rulemaking." Mr. Thornton stated that "crisis standards of care" is a term that is common around the country to make sure that departments of health can assist their states in times of duress by increasing or changing scopes, recommendations, and standards during major responses. This is important, because at some point it might be necessary, for example, to transport patients in the back of pickup trucks, and to allow that activity.

On page 4, under the first responder scope of practice, "allowable skills," language was added, with respect to mechanical positive pressure ventilation, that "this skill includes devices that provide non-invasive positive pressure ventilation via continuous positive airway pressure (CPAP)." He said that CPAP was never intended to be removed from the first responder level. It is back in the rule with this proposed change.

Mr. Thornton highlighted a change at the bottom of the page on page 5, under EMT-Basic allowable skills. Administration of ibuprofen PO has been added to the scope of practice for Basics, for pediatric patients or adults, and for treating pain or fever. He noted that this is a significant change.

Turning to page 7, Mr. Thornton noted that administration of ibuprofen PO to pediatrics and adults for pain or fever, IV or IM with online medical direction only, has been added to the scope of practice for EMT-Intermediates. Also on page 7, nitroglycerin has been expanded for use by Intermediates by removing restrictive language related to chest pain associated coronary

[5] The page numbers in this section of the Report refer to pages in DOH Exhibit 12 only.

syndromes. Thus, Intermediates can treat conditions such as congestive heart failure with nitroglycerin, with or without pain. Also on page 7, methylprednisolone was removed from the list of allowable drugs, and replaced with corticosteroids for respiratory illness or allergic reaction.

At this point in the hearing, Donnie Roberts from EMS Region III asked a question regarding Hydroxycobalamine at the bottom of page 7. He asked whether it is a corticosteroid. Mr. Thornton stated that it is not. He clarified that Hydroxycobalamine, which had been at Subsection 7.27.11.8M(2)(xix) NMAC was moved down to 7.27.11.8M(2) (xx) NMAC.

Mr. Thornton next noted that nonsteroidal anti-inflammatory drugs (NSAIDs) have been added as a class to allowable drugs for administration by Paramedics, for pediatric or adult patients with pain or fever, on page 10. Paramedics will no longer be limited to ibuprofen. This is a significant change. There are 43 NSAIDs that can now be administered by Paramedics, with the approval of a medical director.

Continuing on page 10, Mr. Thornton noted that tranexamic acid has been added to drugs allowed for monitoring during inter-facility transports as a type of anti-coagulant. Also on page 10, dobutamine was removed from the drugs that are allowed for monitoring, because vasopressors as a class are already in the scope for Paramedics. The same applies to norepinephrine on page 10.

At the bottom of page 11, Mr. Thornton noted the addition in the rule of Santa Fe Community College as an approved program. In practice, he stated, it has been approved for some time.

Turning to page 15, clarifying language has been added to 7.27.11.11D(2) NMAC. New language has been added about who is in charge. The new language provides that

> [t]he EMS caregiver with the highest level of licensure during the call is the most responsible for the care the patient will receive, and is generally designated as the team leader. If multiple caregivers of the same licensure level present, a team leader shall be designated by the agency or system guidelines per physician medical direction. The team leader may assign another licensee to be the caregiver for primary patient contact and treatment within that licensee's scope of practice. The team leader remains the most responsible for the care provided to the patient.

Chief Marc Sandoval of Rio Rancho Fire Department asked a question regarding the team leader as most responsible person. He asked whether a paramedic who is on the scene, and determines that a paramedic is not necessary, and hands the care down to an EMT-Intermediate, is the paramedic required to do a patient care report, with the documentation that they transferred the patient care to the EMT-Intermediate? Mr. Thornton asked whether the situation described was intended to be in a transport situation. Chief Sandoval stated that he is referring to a situation where a higher provided is on the scene, a decision is made that transport is necessary, but that the lower level licensee can handle the transport. Mr. Thornton stated that his initial reaction is that in the situation described, the EMT-Intermediate would become the team leader, because they would become the highest person on scene, as the higher-level licensee has departed. As long as

things go well, it would be fine. If en route during transport the patient developed a situation that should have been recognized before they left the scene, and something bad happens, that might not "work so well." Mr. Thornton added that the rule is intentionally ambiguous, because the bureau knows, from a common-sense perspective, that situation occurs. It would not be precluded from happening by rule, but someone needs to be confident of the skills and their caregiver colleagues.

Chance Chenault asked a question about a paramedic who is a battalion chief, who responds as a paramedic on a team to a motor vehicle accident. He noted that while the paramedic is present, that individual will not be involved in patient care because he or she is going to be in command of the entire scene as battalion chief. Assuming an EMT-Intermediate is there, and the paramedic is not involved in any patient care at the scene, how does the rule apply? Mr. Thornton stated that in that situation, the rule allows for designation of team leader by local protocol. He said that would need to be well delineated and explain in the local protocols. In that situation, the team leader would be the highest level of person engaged in patient care on the rescue at that time.

Chris Woodward asked Mr. Thornton whether, in the foregoing situation, he would think of the battalion chief as an EMS caregiver. Mr. Thornton said the battalion chief would likely be an EMS caregiver in that situation. Mr. Woodward noted that the text of the rule refers to the highest level of EMS caregiver at the scene; the battalion chief is a paramedic who is not involved in care at the scene would not be considered an EMS caregiver in that situation.

Mr. Chenault stated that he wanted to make sure that is in their SOP, (presumably "standard operating procedure.")

Charles Schroeder, EMS Program Manager, recommended that the language include language be made more mission specific to address what the mission on the call is for an individual who may be, for example, a paramedic and a battalion chief. Are they assigned for medical purpose, or fire purposes, or overall scene authority?

Mr. Woodward asked whether it would be something to clarify the reference to "EMS caregiver." Mr. Schroeder responded in the affirmative. It should be someone who is actually performing medical services during the call. There appeared to be agreement that language could be crafted to address that issue.

PART 13 OF THE PROPOSED RULES

Mr. Thornton next summarized Part 13 of the proposed rules, found at DOH Exhibit No. 14.[6] Part 13 is the Certification of Stroke Center rule. He noted the mistake at the top of page 1 where refence is made to the EMS "Board"; it should be "bureau." Mr. Schroeder noted that the reference to "EDR" should be "ERD."

Continuing on page 1, Mr. Thornton noted that the statue referred only to the joint commission as an accrediting agency. There are other accrediting agencies, so the statue was changed, and the rule is changed with this proposed rule. Other nationally accredited bodies that

[6] The page references in the section of the Report refer to pages in DOH Exhibit No. 14 only.

accredit stroke centers will now be recognized. He noted that in the Definition section on page 1, "accrediting body" is defined. He also noted that the definition of "bureau" is changed to refer to the EMS bureau at the "injury prevention and emergency medical systems bureau," which, he said, "we are not." He recommended that this addition be rejected and the language returned to the original language.

On page two, Mr. Thornton noted that the reference to "tissuesattributed" should revert to the former wording—"tissues attributed."

Finally, the last substantive change noted by Mr. Thornton is found at the bottom of page 2, referring to the requirement under Stroke System Development, that work in coordination with EMS authorities on the development of pre-hospitalization protocols must include plans for the triage and transport of stroke patients. This is the first time that the bureau has been charged with developing protocols. They will be attempting to develop a stroke protocol that applies to the whole state.

There were no other public comments or questions on Part 13.

There were no additional oral comments at the public hearing, and no written comments were submitted from the public.

At the completion of Mr. Thornton's comments, Mr. Woodward summarized the exhibits that the DOH was introducing at hearing, which include the following:

DOH Exhibit No. 1: Notice of Public Hearing

DOH Exhibit No. 2: Affidavit of Publication and Proof of Publication in the New Mexico Register

DOH Exhibit No. 3: Affidavit of Publication and Proof of Publication in the Albuquerque Journal

DOH Exhibit No. 4: Hearing Officer Appointment Letter

DOH Exhibit No. 5: Proposed Rule—7.27.2 NMAC ("Licensing of Emergency Medical Services Personnel")

DOH Exhibit No. 6: Comparison of Current Rule and Proposed Rule—7.27.2 NMAC ("Licensing of Emergency Medical Services Personnel")

DOH Exhibit No. 7: Proposed Rule—7.27.6 NMAC ("Emergency Medical Services Advanced Directives")

DOH Exhibit No. 8: Comparison of Current Rule and Proposed Rule—7.27.6 NMAC ("Emergency Medical Services Advanced Directives")

DOH Exhibit No. 9: Proposed Rule –7.27.8 NMAC ("Cardiac Arrest Targeted Response Program")

DOH Exhibit No. 10: Comparison of Current Rule and Proposed Rule –7.27.8 NMAC ("Cardiac Arrest Targeted Response Program")

DOH Exhibit No. 11: Proposed Rule—7.27.11 NMAC ("Supplemental Licensing Provisions")

DOH Exhibit No. 12: Comparison of Current Rule and Proposed Rule—7.27.11 NMAC ("Supplemental Licensing Provisions")

DOH Exhibit No. 13: Proposed Rule—7.27. 13 ("Certification of Stroke Centers")

DOH Exhibit No. 14: Comparison of Current Rule and Proposed Rule—7.27.13 ("Certification of Stroke Centers")

DOH Exhibit No. 15: DOH Public Hearing Sign-In Sheet for October 26, 2017 Public Hearing

DOH Exhibit No. 16: The electronic recording of the public hearing, which is in the DOH's possession.

The foregoing exhibits were admitted into and made part of the record for this Public Hearing.

HEARING OFFICER'S RECOMMENDATION

As indicated above, the public comments support the proposed changes to the rules. There was no opposition to the proposed changes in the rules. The support offered for the proposed repeal and replacement for the rules at issue was well-founded. The Hearing Officer recommends that the Secretary approve the proposed repeal of Parts 7.27.2 NMAC ("Licensing of Emergency Medical Personnel"), 7.27.6 ("Emergency Medical Services Advance Directives"), 7.27.8 NMAC ("Cardiac Arrest Targeted Response Program"), 7.27.11 NMAC ("Supplemental Licensing Provisions"), and 7.27.13 NMAC ("Certification of Stroke Centers") and replace the foregoing with the proposed rules found in DOH Exhibit Nos. 5, 7, 9, 11 and 13, with revisions, as discussed above in the Hearing Officer's Recommendation.

Craig T. Erickson

11/14/17

Craig T. Erickson

Date