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New Mexico Register

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July 14, 2026

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Notices of Rulemaking and Proposed Rules

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
FORESTRY DIVISION

NOTICE OF PROPOSED RULEMAKING

The State of New Mexico, Energy, Minerals and Natural Resources Department (EMNRD), Forestry Division hereby gives notice of the following proposed rulemaking. EMNRD proposes to adopt rule 19.20.7 NMAC, Timber Grading Certification Program.

Purpose of Rule. EMNRD proposes this rule to create the Timber Grading Certification Program, as directed by the Timber Grading Act, NMSA 1978, Sections 68-6-1 through 68-6-4. The rule establishes a statewide system through which sawmill owners and sawmill employees may receive certification to grade and label structural timber milled in New Mexico. The program is designed to allow NM-graded timber to be used in residential and commercial construction statewide, consistent with New Mexico building codes. The proposed rule establishes: (a) requirements for certification; (b) training components of the program; (c) qualification standards for program instructors; (d) a state-specific grading and labeling system for structural timber; and (e) grounds and processes for the suspension or revocation of certificates.

Legal Authority. EMNRD proposes the rule under the authority of the Timber Grading Act, Sections 68-6-1 through 68-6-4 NMSA 1978, and Subsection E of Section 9-1-5 NMSA 1978, which authorize the Forestry Division to promulgate rules necessary to implement the Act.

The full text of the proposed rule is available from Erin McElroy at (505) 490-7378 or erin.mcelroy@emnrd.nm.gov or can be viewed on the EMNRD, Forestry Division's website at https://www.emnrd.nm.gov/sfd/public-meetings-hearings/ or at the Forestry Division office at 1220 South St. Francis Drive, Santa Fe, NM 87505 or at its offices in Chama, Cimarron, Las Vegas, Rio Rancho, Socorro, Capitan, and Silver City. An electronic copy can be viewed here: electronically here: https://www.emnrd.nm.gov/sfd/wp-content/uploads/sites/4/19.20.7_Timber_Grading_Certificate_Program_Proposed.pdf

Public Hearing and Comment. EMNRD will hold a public hearing on the proposed rule at 9:00 a.m. on August 14, 2026, at the Wendell Chino Building, Pecos Hall, 1220 South St. Francis Drive, Santa Fe, NM 87505. Those wishing to attend and participate virtually may join using one of the following:

Microsoft Teams meeting
Join from the meeting link**:** https://teams.microsoft.com/meet/24129514234687?p=JQ9N9PeGTVcYjjodJt
Meeting ID: 241 295 142 346 87
Passcode: nQ3m28MJ

Dial in by phone
+1 505-312-4308
Phone conference ID: 380 578 692#

Those wishing to comment on the proposed rule may make oral comments or submit information at the hearing or may submit written comments by August 13, 2026, at 1:30 p.m. by mail or email. Please mail written comments to Erin McElroy, EMNRD, Forestry Division, 1220 South St. Francis Drive, Santa Fe, NM 87505 or submit comments by email to erin.mcelroy@emnrd.nm.gov.

Technical Information that served as a basis for the proposed rule include:
Timber Grading Act, Sections 68-6-1 through 68-6-4 NMSA 1978.

Copies of the technical information can be obtained from Erin McElroy at (505) 490-7378 or by email at erin.mcelroy@emnrd.nm.gov or can be viewed on the EMNRD, Forestry Division's website at https://www.emnrd.nm.gov/sfd/public-meetings-hearings/.

If you are an individual with a disability who needs a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact Erin McElroy at (505) 490-7378 or through the New Mexico Relay Network at 1-800-659-1779 at least two weeks prior to the hearing. Public documents can be provided in various accessible formats. Please contact Erin McElroy at (505) 490-7378 or by email at erin.mcelroy@emnrd.nm.gov if a summary or other accessible format is needed.

HEALTH CARE AUTHORITY
INCOME SUPPORT DIVISION

NOTICE OF PUBLIC HEARING

I. DEPARTMENT

New Mexico Health Care Authority

II. SUBJECT

Low Income Home Energy Assistance (LIHEAP) Program State Plan

III. PROGRAMS AFFECTED

Low Income Home Energy Assistance Program (LIHEAP)

IV. ACTION

Proposed LIHEAP State Plan

V. BACKGROUND SUMMARY

The New Mexico Health Care Authority (HCA) is required by Federal Law to file a State Plan that describes how the Authority will administer the State's Low Income

Home Energy Assistance Program (LIHEAP). The State Plan must be submitted every year to the United States Department of Health and Human Services (DHHS), Administration for Children and Families (ACF). The Authority is required to offer a 30-day comment period and conduct a public hearing for the LIHEAP State Plan that includes Weatherization prior to submittal.

VI. PROPOSED STATE PLAN

The Authority proposes the New Mexico LIHEAP State Plan covering the period of October 1, 2026, to September 30, 2027. All comments received will be considered for the New Mexico LIHEAP State Plan.

The register and proposed LIHEAP State Plan is available on HCA's website at: https://www.hca.nm.gov/lookingforinformation/income-support-division-registers-2/ . If you don't have internet access, a copy of the Proposed LIHEAP state plan may be requested by contacting the Income Support Division/LIHEAP unit at (505) 709-5391. You may also send a request to:

Health Care Authority Income Support Division Attn: LIHEAP Unit
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

VII. PUBLICATION DATE

July 14, 2026

VIII. EFFECTIVE DATE

Federal Fiscal Year 2027

IX. PUBLIC HEARING

A hybrid public hearing to receive testimony on this proposed plan will be held on August 14th, 2026, from 9:00 a.m. to 10:00 a.m. You may join in person, virtually, or by phone.

You may join in person at:
HCA Income Support Division Santa Fe County Office at 39-B Plaza La Prensa, Santa Fe, NM 87507 in the Conference Room.
You may join virtually from your computer, tablet or smartphone:

Microsoft Teams meeting
Join: https://teams.microsoft.com/meet/22905330671773?p=YDslZLmjtMVLU78svD Meeting ID: 229 053 306 717 73
Passcode: cw9Bs2Lr
Dial in by phone
+1 505-312-4308,,408663208# United States, Albuquerque Find a local number
Phone conference ID: 408 663 208#

If you are a person with a disability and you require this information in an alternative format, or you require a special accommodation to participate in any HCA public hearing, program, or service, please contact the American Disabilities Act Coordinator at the office of General Counsel, at 505-827-7701 or through the New Mexico Relay system, toll free at 1-800-659-1779. The Department requests at least a 10-day advance notice to provide requested alternative formats and special accommodations.

Individuals who do not wish to attend the hearing may submit written or recorded comments in the following ways:

- Drop of at HCA Income Support Division, Santa Fe County Office Attn: Freddie Sandoval at 39-B Plaza La Prensa, Santa Fe, NM 87507
- Call: (505) 790-5747.
- Mailing comments to: Income Support Division: Attn, Freddie Sandoval at P.O. Box 2348, Santa Fe, NM 87504-2348.
- Emailed electronically to: HCA-isdrules@hca.nm.gov.

Written or recorded comments must be received by 5:00 p.m. on the date of the hearing, August 14, 2026. Written and recorded comments will be given the same consideration as oral testimony made at the public hearing.

All written comments will be posted on the agency website at Income Support Division Registers - New Mexico Health Care Authority within 3 days of receipt.

X. PUBLICATIONS

DocuSigned by:
kari Armijo
1BA9EB5EAD00499...Publication of this report approved on by:

KARI ARMIJO, CABINET SECRETARY HEALTH CARE AUTHORITY

PUBLIC SAFETY, DEPARTMENT OF
LAW ENFORCEMENT STANDARDS AND TRAINING COUNCIL

NOTICE OF PUBLIC HEARING ON PROPOSED PERMANENT RULES

Public Notice. The New Mexico Law Enforcement Standards and Training Council ["NMLESTC"] gives notice that it will hold a public hearing at DPS's Law Enforcement Academy, Auditorium, at 4491 Cerrillos Rd, Santa Fe, NM 87507, and via Zoom, on Tuesday through Thursday, August 25–27, 2026, from 9:00 a.m. to 2:00 p.m. on the proposed repeal of TITLE 10, CHAPTER 29, PARTS 2-5, 7-10 NMAC PUBLIC SAFETY AND LAW ENFORCEMENT ACADEMY, and new TITLE 10 CHAPTER 28 PART 1 GENERAL PROVISIONS; PART 2 DEFINITIONS; PART 3 FACILITIES; PART 4 REGIONAL SATELLITE ACADEMIES; PART 5 QUALIFICATIONS FOR ADMISSION TO THE ACADEMY; PART 6 COURSE ACCREDITATION PROCEDURES; PART 7 INSTRUCTOR CREDENTIALING; PART 8 LAW ENFORCEMENT TRAINING; PART 9 TELECOMMUNICATOR TRAINING. The public may attend via DPS or Zoom on a computer, mobile device, or telephone. The

videoconference's Meeting ID and Password, videoconference link, and telephone number are:

Join the Zoom Meeting on Your Computer or Mobile App:
https://tinyurl.com/classifyingrule
Meeting ID: 847 8284 9192
Passcode:115412
Meeting chat link: https://us06web.zoom.us/launch/jc/84782849192
One tap mobile:
+17193594580,,84782849192#,,,,*115412# US
+17207072699,,84782849192#,,,,*115412# US (Denver)
Join by SIP: 84782849192@zoomcrc.com
Join instructions: https://us06web.zoom.us/meetings/84782849192/invitations?signature=kRV49vb_IYExH4cG8i6j8rFQRpkzwul0YnkLRqiwBk

Purpose of the Rule: The purpose of the rule is to enable the New Mexico Law Enforcement Standards and Training Council (NMLESTC) to update, establish, and implement requirements governing law enforcement training and telecommunicator training, instructor credentialing, and related processes.

Copies of the Rule. Copies of the rule may be viewed at the NMLEA website at Council Members and Staff - LEA, and through the sunshine portal at https://statenm.my.salesforce-sites.com/public/SSP_RuleHearingSearchPublic.

Statutory Authorization. The statutory authorization for this rulemaking is set forth in NMSA 1978, Sections 29-7-3 and 29-7-4(E).

Permanent Rule. The proposed rule will be a permanent rule.

Comment on the Rule. Interested persons may comment on the proposed permanent rule either at the hearing, by submitting written statements to Jessica Arballo, DPS Law Enforcement Academy at 4491 Cerillos Rd., P.O. Box 1628, 87504-1628, or by email at jessica.arballo@dps.nm.gov. All mailed statements must be received by August 24, 2026. Early submission of written statements is encouraged. Interested persons may also comment in writing at the public hearing.

Reasonable Accommodation. Individuals with disabilities who need any form of auxiliary aid to attend or participate in the public hearing, including a reader, amplifier, qualified sign language interpreter, or any form of auxiliary aid or service, are asked to contact Jessica Arballo by email at jessica.arballo@dps.nm.gov as soon as possible and no later than August 15, 2026. DPS requires at least ten calendar days' advance notice to provide special accommodations.

STATE PERSONNEL BOARD

NOTICE OF PROPOSED RULEMAKING

Public Notice: The New Mexico State Personnel Board will hold a public hearing on Thursday, August 13, 2026, at 9:00 a.m. The meeting will be held in person in the Willie Ortiz Auditorium, 2600 Cerrillos Road, Santa Fe, NM 87505.

Purpose of Rule Hearing: The purpose of the public hearing is to receive public input on the proposed amendments to 1.7.1 NMAC – General Provisions; 1.7.4 NMAC – Pay; 1.7.5 NMAC – Recruitment, Assessment, Selection; 1.7.6 - General Working Conditions; 1.7.7 - Absence and Leave.

Statutory Authority: Personnel Act, Sections 10-9-10 and 10-9-12 NMSA 1978.

Purpose of the Proposed Amendments: The purpose of these changes is to provide greater benefits to employees, align the rules with current practices, and to ensure uniform application of the rules.

Summary of Proposed Changes to 1.7.1 NMAC General Provisions: The section being substantively amended is *Section 1.7.1.12,* clarifying that former and current employees have access to review their own personnel file.

Summary of Proposed Changes to 1.7.4 NMAC Pay: The sections being substantively amended are *Section 1.7.4.13,* adding a pay differential for temporary licensure or certifications; *Section 1.7.4.14,* removing language that would allow an employee to appeal their Fair Labor Standard Act (FLSA) determination to the State Personnel Office Director; *Section 1.7.4.16,* eliminating the requirement that agencies file their on-call compensation policy with the State Personnel Office; and *Section 1.7.4.18,* changing the process for issuing and administering guidelines for submitting proposed cost saving incentive awards to the State Personnel Board by removing the requirement that the secretary of the department of finance and administration participate in the process.

Summary of Proposed Changes to 1.7.5 NMAC Recruitment, Assessment, Selection: The sections being substantively amended are *Section 1.7.5.7,* adding a definition for Rapid Hire Event; *Section 1.7.5.10,* defining when the State Personnel Office director may approve an exception to normal recruitment and establishing a process for recruitment waivers related to demotions; and *Section 1.7.5.13,* removing the requirement that agencies follow procedures approved by the State Personnel Office director related to selection.

Summary of Proposed Changes to 1.7.6 NMAC General Working Conditions: The section being substantively amended is *Section 1.7.6.13,* removing language allowing appeals to the State Personnel Office director when a complaint pertains to interpretation of the State Personnel Board rules.

Summary of Proposed Changes to 1.7.7 NMAC Absence and Leave: The sections being substantively amended are *Section 1.7.7.8,* allowing employees to request annual leave before it is accrued; *Section 1.7.7.15,* clarifying that an employee may be required to reimburse the agency for any tuition, expenses, or costs paid by the agency on behalf of the employee if they leave the employ of the agency within one year of the conclusion of education leave; and *Section 1.7.7.21,* adding Paid Parental Leave for classified employees.

How to Comment on the Proposed Rules: Public comment addressing the proposed rule changes can be made in person using the Public Comment sign-in sheet, by mail to Denise Forlizzi, State Personnel Office, 2600 Cerrillos Rd., Santa Fe, New Mexico 87505 or by emailing your comment to DeniseM.Forlizzi@spo.nm.gov by 5:00 p.m. Thursday, August 27, 2026. Email comments must include the subject line, "Rule Changes to 1.7.1 NMAC; 1.7.4 NMAC; 1.7.5 NMAC; 1.7.6 NMAC and/or 1.7.7 NMAC", the commenter's name and contact information.

Copies of Proposed Rules: Copies of the proposed rules are available for download on the State Personnel Office's website at www.spo.state.nm.us. A copy of the proposed rules may also be requested by contacting Denise Forlizzi by phone at (505)365-3691 or by email DeniseM.Forlizzi@spo.nm.gov .

Special Needs: Individuals who require this information in an alternative format or need any form of auxiliary aid to attend or participate in the public hearing are asked to contact Denise Forlizzi at (505)365-3691 as soon as possible to allow adequate time to provide the requested accommodation(s).

WILDLIFE, DEPARTMENT OF

STATE WILDLIFE COMMISSION MEETING AND RULE MAKING NOTICE

The New Mexico State Wildlife Commission ("Commission") will be hosting a meeting and rule hearing on Friday, August 21, 2026 beginning at 9:00 a.m. at New Mexico Highlands University Student Center, 800 National Ave., Las Vegas, NM 87701. Please check the Department's website for any updates at https://wildlife.dgf.nm.gov/commission/meeting-agendas/. The purpose of this meeting is to hear and consider action as appropriate on the proposed changes to the: 1) Bighorn Sheep Rule; 2) Pronghorn Antelope Rule; 3) Deer Rule; and 4) Elk Rule.

Synopsis:

Bighorn Sheep Rule
The proposal is to amend the Bighorn Sheep Rule 19.31.17 NMAC which will become effective April 1, 2027. The most recent version of the rule will expire on March 31, 2027. Proposed changes include:

1) The Department reestablished a population of Rocky Mountain bighorn sheep in the Manzano mountains (Game Management Units [GMUs] 14 and 18) in the late 1970s. GMUs 14 and 18 have been included in the Bighorn Rule in the past however, new GPS collar data indicates this population primarily occupies private property year-round. To provide a mechanism for authorizing Rocky Mountain bighorn hunting in GMUs 14 and 18, the Department recommends adding these units as "open GMUs or areas" under the private land provisions of the rule. This change would allow for private land hunting opportunities, with dates jointly established for license years 2027-2028 through 2030-2031. The Department has a hunting agreement where 50% of the licenses would be allocated through the public draw and 50% would be provided to the participating landowner.

a. The Department will establish two hunt periods for the Manzanos: October 1-15 (Period 1) and October 16-30 (Period 2). We anticipate the first hunt being in 2027. The first hunter on the Manzanos will be a public draw hunter.

b. The Department will increase the bag limit for Rocky Mountain ram tags to better reflect bighorn abundance across a greater number GMUs, including the Manzanos.

2) The Department reestablished a population of desert bighorn sheep in the Sacramento mountains (GMU 34) in 2018. The initial reintroduction and subsequent translocations have resulted in older age class rams available for harvest. The Department will open GMU 34 with one hunt period: December 1-15.

3) In response to public comments, the Department will shift the hunt periods for the Little Hatchets and Big Hatchets desert bighorn hunts from September and October, to December. Both hunt areas would have two concurrent hunt periods from December 1-15 and December 16-30.

3) The Department will make adjustments to season dates in some areas. For example, if a hunt normally starts on a Saturday, this date shift would be maintained throughout the rule so the hunts continue to start on Saturday or adjusting to calendar starts for consistency.

4) Require the purchase of a license at least one day prior to hunting.

Pronghorn Antelope Rule
The proposal is to amend the Pronghorn Antelope Rule 19.31.15 NMAC which will become effective

April 1, 2027. The most recent version of the rule will expire on March 31, 2027. Proposed changes include:

1) Require the purchase of a license at least one day prior to hunting. For hunts where published season dates are less than 6 days, hunters will no longer be able to buy a license once the hunt starts.

2) Implement a ranch registration process for purchase of private land OTC pronghorn licenses, similar to the current registration process used for private land elk licenses in Secondary management zones.

3) Implement a cap on private land OTC licenses and consider a more even distribution in hunts, similar to the public draw. If license distribution within a GMU is disproportionately skewed toward a particular hunt due to private land sales patterns, licenses will be redistributed to reduce that skew, though not necessarily distributed equally across all hunts. See table in Appendix 1 for details.

4) Shift GMU 4/50/52 rifle hunt to muzzleloader hunt

5) Adjust season dates where necessary. For example, shifting start dates to maintain hunts beginning on Saturday or adjusting calendar day starts for consistency.

6) Based on discussions with McGregor and White Sands Missile Range (WSMR) staff, we recommended the following:

α. McGregor: Decrease from 2 hunts of 7 licenses down to 2 hunts of 2 licenses

β. WSMR: Decrease from 1 hunt of 5 down to 1 hunt of 3, and adjusting the bag limit from ES to MB

7) Include GMU 48 alongside GMU 47 to allow hunters to access both GMUs during their draw hunt. Licenses will remain the same.

8) Similar to bighorn sheep and ibex, shift all F-IM license numbers to be "up to," allowing the Department to adjust draw licenses up or down depending on population surveys.

9) Decrease license numbers in GMUs 41, 47, 56, 57, 58, and 59 to match current hunting levels. Specifically, the 20% license reduction implemented in 2025 will be retained as the baseline for the 2027-2030 seasons, rather than reverting to pre-2025 license numbers.

10) Public draw hunt license numbers will remain unchanged from the 2023-2026 rule cycle, except those outlined in point 9 above.

11) Shift season dates in SW later to address a later breeding and fawning period, with hunts beginning mid-September.

Deer Rule

The proposal is to amend the Deer Rule 19.31.13 NMAC which will become effective April 1, 2027. The most recent version of the rule will expire on March 31, 2027. Proposed changes include:

Northwest

1) Reduce deer licenses in GMU 2B based on input received during current rule cycle.

2) In addition to general license reductions in GMU 2B, based on input received during the current rule cycle, the Department analyzed the total number of license reductions required to move GMU 2B to a Quality Hunt unit. Moving GMU 2B to a Quality Hunt unit would require a reduction of 885 deer licenses across public and private land (see table 1 below).

3) Create new rifle hunt code in GMU 51A to spread out pressure. The overall license numbers will remain the same.

4) Create a public muzzleloader deer hunt on Wildlife Management Areas in GMU 4 to coincide with the private land hunt (10 licenses).

Southwest

1) Structure the January hunt on White Sands Missile Range (GMU 19 WSMR only) as a youth hunt.

2) Create a December rifle hunt for Coues white-tailed deer in GMUs 16 and 22 (20 licenses in each GMU) to be consistent with Coues white-tailed deer hunts in the southwest.

3) GMU 23 and 24 archery hunters who do not harvest an FAD, will no longer be permitted to hunt the Silver City Management Area antlerless hunt. A new hunt code will be created for the Silver City Management Area antlerless archery hunt (50 public licenses and 20 private licenses).

4) Change youth rifle hunts in GMUs 13 and 17 to youth muzzleloader hunts to match elk weapon type for the same time and increase licenses for muzzleloader hunts in these units.

5) No longer include Fort Bayard as a special management area. Hunters drawing a tag for GMU 24 can hunt any legally accessible land in GMU 24, including Fort Bayard management area.

6) Create a public rifle hunt for Mimbres River WMA in GMU 24 (5 licenses).

Southeast

1) Remove the REG antlerless hunt in GMU 32 Roswell and Fort Sumner Hunt Areas. Keep Youth Only antlerless hunt (15 public and 20 private licenses).

2) Remove the antlerless hunt on the Huey WMA; change the ES hunt to FAD bag limit.

3) Significantly reduce licenses in GMUs 29 (-120), 30 (-525), and 34 (-100).

Northeast

Adjust license numbers to meet management strategies and reflect changes in deer herd dynamics (see table 2 below).

General Statewide Proposed Changes

1) Adjust license numbers to meet management strategies and reflect changes in deer herd dynamics (Table 2).

2) Adjust season dates (Table 2).

a. Adjust season dates to ensure harvest is biologically sustainable.

b. Shift start dates to maintain hunts beginning on Saturday or adjusting to maintain consistent hunt structure.

c. When possible, adjust season dates for hunt structure consistency across the state.

d. Adjust season dates to avoid overlapping hunts with mixed-weapon types.

3) Designate the premium statewide deer hunt as a Quality Hunt.

4) Require the purchase of a license at least a day prior to the start of the hunt. For hunts where published season dates are less than 6 days, hunters will no longer be able to buy a license once the hunt starts.

5) Require a "ranch registration" process for OTC private-land deer licenses, similar to the current registration process used for private land elk hunting in Secondary Management Zones.

6) Implement a cap on private-land only OTC deer licenses for each GMU. If license distribution within a GMU is disproportionately skewed toward a particular hunt due to private land sales patterns, licenses will be redistributed to reduce that skew, though not necessarily distributed equally across all hunts (Table 3).

Elk Rule

The proposal is to amend the Elk Rule 19.31.14 NMAC which will become effective April 1, 2027. The most recent version of the rule will expire on March 31, 2027. Proposed changes include:

General Statewide Proposed Changes

1) Adjust season dates where necessary

a. Shifting start dates to maintain hunts beginning on Saturday or adjusting to calendar day starts for consistency.

b. Evaluate season dates for hunt structure consistency across the state.

c. Evaluate season dates to ensure harvest is biologically sustainable.

2) Consider aligning most primary management zone hunts to have a muzzleloader hunt first, followed by any-legal-weapon hunts. Early October hunts shift to muzzleloader to address increased male susceptibility to harvest.

3) Adjust some hunts to minimize overlap of weapons used for species hunted.

4) Adjust draw license numbers based on biological data and management goals.

a. Possible reductions in the following herd units: Greater Gila, Jemez (A), Valle Vidal (A).

b. Possible slight increases in the San Juan, Northcentral, Sacramento, and Ruidoso herd units.

c. Consider establishing elk hunts in GMU 32 to address an increasing elk population in the area.

5) Designate the premium statewide elk hunt (currently ELK-1-700) as a Quality hunt.

6) Require the purchase of a license at least one day prior to hunting. For hunts where published season dates are less than 6 days, hunters will no longer be able to buy a license once the hunt starts.

7) Possible adjustment of management zone boundaries.

8) Re-assess public/private land split due to land ownership changes over the last 4 years.

Specific Proposed Changes

Youth Encouragement

1) Eliminate all Youth Encouragement hunts within the Greater Gila elk herd unit (GMUs 15, 16A, 16C, 16D, 16E) to reduce harvest pressure on adult females. Population indices suggest these elk herds are declining as a result of low calf recruitment and high adult female mortality, further intensified by drought conditions. A portion of these licenses will be redistributed to other Youth Encouragement hunts throughout the state.

2) Create two new Youth Encouragement hunts of 75 licenses each within GMU 2 to increase harvest pressure on adult females and increase youth opportunity.

3) Increase Youth Encouragement hunt licenses within GMUs 34 and 36 to increase harvest pressure on adult females within increasing elk populations in the Sacramento mountains.

4) Increase Youth Encouragement hunt licenses within GMU 51.

Northwest Region

1) Increase antlerless ('A') licenses within December Youth Only (YO) and December 2C only rifle hunts.

2) Change early October Mature Bull ('MB') licenses from any legal weapon to muzzleloader hunts in GMU 5A (10 licenses).

North Central Region

1) Create a muzzleloader hunt within the Sargent WMA to begin after archery and before rifle hunt seasons. Bag limit shall be 'MB/A', 10 licenses.

2) Create a muzzleloader hunt within the Humphries/Rio Chama WMAs to begin after archery and before rifle hunt seasons. Bag limit shall be 'MB/A', 10 licenses.

3) Create a muzzleloader hunt within GMU 5B to begin after archery and before rifle hunt seasons. Bag limit shall be 'MB', 56 licenses.

4) Redistribute 37 December 'MB' rifle licenses to the muzzleloader hunt in GMU 5B. Muzzleloader hunts typically have lower success rates; thus, these licenses are redistributed at a ratio of 1:1.5

5) Create a muzzleloader hunt within GMU 50 to begin after archery and before rifle hunt seasons. Bag limit shall be 'MB', 65 licenses.

6) Redistribute 45 late October and early November 'MB' rifle licenses to new muzzleloader hunt in GMU 50 at a ratio of 1:1.5

7) Create a muzzleloader hunt within GMU 51 to begin after archery and before rifle hunt seasons. Bag limit shall be Either-Sex ('ES'), 145 licenses. All licenses for this hunt were redistributed from the existing December muzzleloader hunt in GMU 51.

8) Increase 'A' licenses within GMU 51 for both mid and late November hunts from 251 to 265 licenses.

Southwest Region

1) Create a muzzleloader hunt within GMU 12 to begin after archery and before rifle hunt seasons. Bag limit shall be 'MB', 35 licenses.

2) Create a muzzleloader hunt within GMUs 16A, 16B/22, 16C, and 16D to begin after archery and before rifle hunt seasons. Bag limit shall be 'MB', 35 licenses for each GMU. Although overall 'MB' licenses will increase slightly within the Greater Gila elk herd, anticipated harvest should be stable or slightly decrease as muzzleloader hunters, on average, have lower success rates. Additionally, pushing rifle 'MB' hunts later in the season will decrease bull susceptibility to harvest during rut.

3) Redistribute 15 'MB' rifle licenses from GMU 16A to new muzzleloader hunt at a 1:1.5 ratio.

4) Reduce 'A' rifle licenses within GMU 16A, 16C, 16D, and 16E by 27-30% and shift cow hunts earlier in the season to reduce adult female mortality in the Greater Gila elk herd unit.

5) Create a muzzleloader hunt within GMU 21A to begin after archery and before rifle hunt seasons. Bag limit shall be 'MB', 15 licenses.

Southeast Region

Increase 'A' licenses within both late season (Jan/Feb) cow hunts within GMU 34 from 200 to 230 licenses to increase harvest on adult females in an increasing elk herd unit.

Northeast Region

1) Create a muzzleloader hunt within GMU 49 to begin after archery and before rifle hunt seasons. Bag limit shall be 'MB', 20 licenses.

2) Redistribute 'MB' a total of 13 October rifle licenses to new muzzleloader hunt in GMU 49 at a ratio of 1:1.5.

Secondary Management Zones

1) Create new 'A' late-season rifle hunt in GMUs 29/30 to address increased population within these units (20 licenses).

2) Create two new 'ES' rifle hunts within GMU 32 as elk have moved into this region and become more resident than seasonal (30 licenses total).

3) Create 2 new 'ES' bow hunts with 20 licenses each in GMU 38 as this elk population is becoming more established.

Special Management Zones

Reduce 'A' licenses by 17% within the Valle Vidal (GMU 55A) to reduce adult female mortality.

A full text of changes for all rules will be available on the Department's website at: https://wildlife.dgf.nm.gov/. Interested persons may submit comments on the proposed changes as follows: Bighorn Sheep Rule to DGF-waterfowl@state.nm.us; Pronghorn Antelope Rule to DGF-Exotics-Rule@dgf.nm.gov; Deer Rule to DGF-Deer-Rule@dgf.nm.gov; and Elk Rule to DGF-Deer-Rule@dgf.nm.gov . Individuals may also submit written comments to the physical address below. Comments are due by 1:00 p.m. on August 18, 2026. The final proposed rules will be voted on by the Commission during a public meeting on August 21, 2026. Interested persons may also provide data, views or arguments, orally or in writing, at the public rule hearings to be held on August 21, 2026.

Full copies of text of the proposed new rules, technical information related to proposed rule changes, and the agenda can be obtained from the Office of the Director, New Mexico Department of Wildlife, 1 Wildlife Way, Santa Fe, New Mexico 87507, or from the Department's website at https://wildlife.dgf.nm.gov/commission/proposals-under-consideration/. This agenda is subject to change up to 72 hours prior to the meeting. Please contact the Director's Office at (505) 476-8000, or the Department's website at https://wildlife.dgf.nm.gov/ for updated information.

If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing or meeting, please contact the Department at (505) 476-8000 at least one week prior to the meeting or as soon as possible. Public documents, including the agenda and minutes, can be provided in various accessible formats. Please contact the Department at 505-476-8000 if a summary or other type of accessible format is needed.

Legal authority for this rulemaking can be found in the General Powers and Duties of the State Game Commission 17-1-14, et seq. NMSA 1978; Commission's Power to establish rules and regulations 17-1-26, et seq. NMSA 1978.

WORKFORCE SOLUTIONS, DEPARTMENT OF

NOTICE OF RULEMAKING

The New Mexico Department of Workforce Solutions ("Department" or "NMDWS") hereby gives notice that the Department will conduct a public hearing to receive public comments regarding proposed amendments to 11.2.4 NMAC (the Workforce Innovation and Opportunities Act (WIOA) Local Governance rules) in the Leo Griego Auditorium located in the State Personnel Office (Willie Ortiz Building) at 2600 Cerrillos Road in

Santa Fe, New Mexico, 87505 on August 19, 2026 from 10:00 am to 12:00 pm.

The purpose and summary of the public comment hearing will be to obtain input and public comment on an amendment to 11.2.4.13 NMAC to change the responsible party for the creation of WIOA bylaws from the local board to the Chief Elected Official (CEO).

Under Title I of the Workforce Innovation and Opportunity Act, 29 U.S.C. Chapter 32, Subchapter I, WIOA USDOL Final Rule 20 C.F.R. 683, et al, and Section 50-14-1, et seq. NMSA 1978, NMDWS is the agency responsible for the Workforce Innovation and Opportunity Act and the Department has legal authority for rule making.

Interested individuals are encouraged to submit written comments to the New Mexico Department of Workforce Solutions, P.O. Box 1928, Albuquerque, N.M., 87103, attention Andrea Christman prior to the hearing for consideration. Written comments must be received no later than 5 p.m. on September 18, 2026. However, the submission of written comments as soon as possible is encouraged.

Copies of the proposed rule may be accessed online at **https://www.dws.state.nm.us/** or obtained by calling Andrea Christman at (505) 841-8478 or sending an email to Andrea.Christman@state.nm.us. The proposed rules will be made available at least thirty days prior to the hearing.

Individuals with disabilities who require this information in an alternative format or need any form of auxiliary aid to attend or participate in this meeting are asked to contact Ms. Christman as soon as possible. The Department requests at least ten (10) days advance notice to provide requested special accommodations.

WORKFORCE SOLUTIONS, DEPARTMENT OF

NOTICE OF RULEMAKING

The New Mexico Department of Workforce Solutions ("Department" or "NMDWS") hereby gives notice that the Department will conduct a public hearing to receive public comments regarding proposed amendments to 11.3.300 NMAC (Employment Security – Claims Administration), 11.3.400 NMAC (Employment Security – Tax Administration) and 11.3.500 NMAC (Employment Security – Adjudicatory Hearings, Filing of Appeals and Notice) in the Leo Griego Auditorium located in the State Personnel Office (Willie Ortiz Building) at 2600 Cerrillos Road in Santa Fe, New Mexico, 87505 on August 19, 2026 from 1:00 pm to 3:00 pm.

The purpose of the public hearing will be to obtain input and public comment on the amendments proposed to the 11.3.300 NMAC, 11.3.400 NMAC and 11.3.500 NMAC to clarify the procedures for filing or reopening an unemployment claim to include changes in identity verification processes, update procedures and technology requirements for employers when submitting quarterly wage reports, contribution payments and audit procedures, and update 11.3.500 NMAC to update appeal procedures and processes, as well as to clarify procedures and processes to confirm with USDOL requirements.

Under, Section 9-26-4 NMSA 1978, the NMDWS is responsible for the administration of the workforce technology division and the workforce transition services division. The Department is therefore responsible for the administration of the Unemployment Compensation Law pursuant to Section 51-1-1, et seq. NMSA 1978.

Interested individuals may testify at the public hearing or submit written comments to State of New Mexico Department of Workforce Solutions, 401 Broadway NE, P.O. Box 1928, Albuquerque, N.M., 87103, attention Andrea Christman. Written comments must be received no later than 5 p.m. on August 18, 2026. However, the submission of written comments as soon as possible is encouraged.

Copies of the proposed rules may be accessed at **http://www.dws.state.nm.us/,** obtained by calling Andrea Christman at (505) 841-8478 or sending an email to Andrea.Christman@state.nm.us. The proposed rules will be made available at least thirty days prior to the hearing.

Individuals with disabilities who require this information in an alternative format or need any form of auxiliary aid to attend or participate in this meeting are asked to contact Ms. Christman as soon as possible. The Department requests at least ten (10) days advance notice to provide requested special accommodations.

End of Notices of Rulemaking and Proposed Rules

Adopted Rules

Effective Date and Validity of Rule Filings

Rules published in this issue of the New Mexico Register are effective on the publication date of this issue unless otherwise specified. No rule shall be valid or enforceable until it is filed with the records center and published in the New Mexico Register as provided in the State Rules Act. Unless a later date is otherwise provided by law, the effective date of the rule shall be the date of publication in the New Mexico Register. Section 14-4-5 NMSA 1978.

HEALTH, DEPARTMENT OF

The New Mexico Department of Health approved the repeal of its rule 7.5.2 NMAC - Immunization Requirement (filed 11/15/2013) and replaced it with 7.5.2 NMAC - Immunization Requirement adopted on 6/11/2026, and effective 7/14/2026.

The New Mexico Department of Health approved the repeal of its rule 7.5.3 NMAC - Exemption From School, Childcare, and Pre-School Immunization (filed 11/15/2013) and replaced it with 7.5.3 NMAC - Exemption From School, Childcare, and Pre-School Immunization adopted on 6/11/2026, and effective 7/14/2026.

The New Mexico Department of Health approved the repeal of its rule 7.5.4 NMAC - Vaccine Purchasing Fund (filed 8/17/2015) and replaced it with 7.5.4 NMAC - Vaccine Purchasing Fund adopted on 6/11/2026, and effective 7/14/2026.

HEALTH, DEPARTMENT OF

TITLE 7 HEALTH
CHAPTER 5 VACCINATIONS AND IMMUNIZATIONS
PART 2 IMMUNIZATION REQUIREMENT

7.5.2.1 ISSUING AGENCY: Department of health, public health division.
[7.5.2.1 NMAC - Rp, 7.5.2.1 NMAC, 7/14/2026]

7.5.2.2 SCOPE: These regulations govern children presenting satisfactory evidence of age appropriate immunization, or children presenting satisfactory evidence demonstrating that they are in the process of being age appropriately immunized, enrolled in, or who are seeking to be enrolled in**,** all public, private, home, parochial, elementary, childcare, pre-school, and secondary schools, except for those children who have been legally exempted from these immunizations and those children attending school in areas/counties that have not been targeted for a specific immunization requirement. This regulation is incorporated by reference in 6.12.2.8 NMAC, "requirements for immunization of children attending public, nonpublic, or home schools" as promulgated by the New Mexico public education department, and 8.9.4 and 9.9.5 NMAC, "childcare centers, out of school time programs, family childcare homes, and other early care and education programs and requirements governing registration of non-licensed family childcare homes," as promulgated by the early childhood education and care department (ECECD).
[7.5.2.2 NMAC - Rp, 7.5.2.2 NMAC, 7/14/2026]

7.5.2.3 STATUTORY AUTHORITY: These regulations are promulgated by the secretary of the New Mexico department of health under the authority of Section 9-7-6.3, Subsection N of Section 24-1-3; and Section 24-5-1 NMSA 1978. Enforcement of these regulations is the responsibility of the public health division of the New Mexico department of health.
[7.5.2.3 NMAC - Rp, 7.5.2.3 NMAC, 7/14/2026]

7.5.2.4 DURATION: Permanent.
[7.5.2.4 NMAC - Rp, 7.5.2.4 NMAC, 7/14/2026]

7.5.2.5 EFFECTIVE DATE: July 14, 2026, unless a later date is cited at the end of a section.
[7.5.2.5 NMAC - Rp, 7.5.2.5 NMAC, 7/14/2026]

7.5.2.6 OBJECTIVE: The objective is to provide for the health and safety of students enrolled in New Mexico schools, educational facilities, and daycare centers by requiring immunizations to abate the spread of diseases that are dangerous to the public health.
[7.5.2.6 NMAC - Rp, 7.5.2.6 NMAC, 7/14/2026]

7.5.2.7 DEFINITIONS:

A. Definitions beginning with "A":

(1) "Advisory committee on immunization practices" (ACIP) is a federal advisory committee that provides guidance and recommendations for the use of vaccines to prevent and control diseases in the United States.

(2) "Age appropriately immunized" means satisfactory evidence has been provided documenting that the person has completed all required immunizations which someone his or her age is eligible to receive according to the public health division school/daycare entry immunization requirements, which are within the New Mexico department of health recommendations.

(3) "American academy of pediatrics" (AAP) is a national medical organization for pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. The American academy of pediatrics (AAP) supports evidence-based recommendations on the use of

immunizations to prevent and control disease in the United States.

B. Definitions beginning with "B": [RESERVED]

C. Definitions beginning with "C": "Child" or "children" are persons who are of the age birth through 18 years.

D. Definitions beginning with "D": "Department" means the New Mexico department of health.

E. Definitions beginning with "E": [RESERVED]

F. Definitions beginning with "F": [RESERVED]

G. Definitions beginning with "G": [RESERVED]

H. Definitions beginning with "H": [RESERVED]

I. Definitions beginning with "I": "In the process of being age appropriately immunized" means a child has received all required immunizations he or she is eligible to receive according to the public health division school/daycare entry immunization requirements, but has not completed one or more vaccine series because a sufficient time interval has not elapsed for the subsequent dose or doses of vaccine to be administered according to the recommended intervals between doses published by the department.

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

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

L. Definitions beginning with "L": "Licensed physician" means physician licensed to practice medicine or osteopathic medicine in New Mexico, another state or territory.

M. Definitions beginning with "M": [RESERVED]

N. Definitions beginning with "N": [RESERVED]

O. Definitions beginning with "O": [RESERVED]

P. Definitions beginning with "P":

(1) "Public health authority" means an agency or authority of the United States, a state, a territory, a political subdivision of a state or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate. The public health authority is authorized by law to collect or receive protected health information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority.

(2) "Public health division" means the public health division of the department.

(3) "Public health division regional health officer" means the physician medical director assigned to a public health region in New Mexico as defined by the public health division of the department.

(4) "Public health division school/daycare entry immunization requirements" means the immunizations required for entry into all schools and facilities (public, private, home, parochial, elementary, childcare, pre-school, and secondary schools) in New Mexico as set forth by the secretary of the department.

Q. Definitions beginning with "Q": [RESERVED]

R. Definitions beginning with "R": "Required immunizations" means those immunizations against diseases deemed to be dangerous to the public health by the public health division, and set forth in the department's immunization requirements.

S. Definitions beginning with "S": [RESERVED]

(1) "Satisfactory evidence of commencement of immunization" means satisfactory evidence of a person having begun the process of immunizations, such as a certificate or record signed by a duly licensed physician or other recognized licensed public or private health facility stating that the person has received at least the first in the series of required immunizations and is proceeding with the immunizations according to the prescribed schedule.

(2) "Satisfactory evidence of immunization" means a statement, certificate, or record signed by a duly licensed physician or other recognized licensed public or private health facility stating that the required immunizations have been given to the person or record of receipt of immunization in the New Mexico statewide immunization information system (NMSIIS) registry.

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]

[7.5.2.7 NMAC - Rp, 7.5.2.7 NMAC, 7/14/2026]

7.5.2.8 IMMUNIZATION REQUIREMENTS:

A. The department shall develop annual guidelines, no later than March 31 of each calendar year, establishing the immunizations required and the manner and frequency of their administration. In developing these guidelines, the department may utilize evidence-based guidance from ACIP or AAP.

B. The department shall consult with the public education department and the early childhood education and care department when developing the guidelines.

C. The guidelines shall be approved by the secretary.

D. In accordance with Section 9 below required immunizations shall be administered in accordance with guidelines established by the department.

E. A child shall be determined to be non-compliant with these regulations if the child has not been properly exempted from immunization and has not received any of the required immunization doses within the recommended intervals between doses published by the department.

F. Immunization records shall be kept on file at all schools and facilities (public, private, home, parochial, elementary, childcare, pre-school, and secondary schools) or in the NMSIIS under these regulations in accordance with retention periods defined in Subsection D of 1.20.2.101 NMAC and in 1.15.8.101 NMAC.

G. Immunization records shall be kept current and available to the public health division as defined in Section 24-5-4, NMSA 1978.

H. All schools and facilities under these regulations shall be required to participate in an annual immunization records audit at the request of the department.

I. All schools required to comply with these regulations shall notify the local public health division regional health officer if a child about to be enrolled or while enrolled has been held out of school for more than five consecutive school days for non-compliance with these regulations. Contact information for regional health officers shall be published in the school immunization requirements.

[7.5.2.8 NMAC - Rp, 7.5.2.8 NMAC, 7/14/2026]

7.5.2.9 REQUIRED IMMUNIZATIONS LIST:

A. Diphtheria.

B. Pertussis.

C. Tetanus.

D. Poliomyelitis.

E. Measles.

F. Mumps.

G. Rubella.

H. Haemophilus influenza type b (HiB) (for facilities regulated by ECECD as described in 8.9.4 NMAC or other pre-school or school-age populations as determined by the secretary of the department of health).

I. Hepatitis B.

J. Varicella.

K. Hepatitis A (for facilities regulated by ECECD as described in 8.9.4 NMAC or other pre-school populations as determined by the secretary of the department of health).

L. Pneumococcal disease.

M. Other vaccines for preventable diseases as determined by the secretary of the department of health.

[7.5.2.9 NMAC - Rp, 7.5.2.9 NMAC, 7/14/2026]

7.5.2.10 IMMUNIZATION RECORD SHARING:

A. Under the health insurance portability and accountability Act (HIPAA), immunization data are protected health information; however, HIPAA permits covered entities to disclose, without individual authorization or prior notification, protected health information to public health authorities authorized by law to collect or receive such information for the purpose of prevention or controlling disease (45 CFR § 164.502). Under federal guidelines, the definition of a "public health authority" requires that an agency's official mandate include the responsibility for public health matters. The mandate can be responsibility for public health matters, generally, or it can be for specific public health matters. An agency's official mandate does not have to be exclusively or primarily for public health. To the extent a public health authority is authorized by law to collect or receive information for the public health purposes specified in the public health provision, covered entities may disclose protected health information to such public health authorities without authorization pursuant to the public health provision.

B. Public health authorities include federal public health agencies, tribal health agencies, state public health agencies, local public health agencies, and anyone performing public health functions under a grant of authority from the department.

C. New Mexico schools shall act as a "public health authority" in cooperation with the department when they track immunization status of enrolled students and those in the process of enrolling.

[7.5.2.10 NMAC - Rp, 7.5.2.10 NMAC, 7/14/2026]

History of 7.5.2 NMAC:
Pre-NMAC Filing History:
Material in this part was derived from that previously filed with the State Records Center:
HSSD 70-2, Regulations Governing Immunizations Required for School Attendance, 2/17/1970.
HSSD 71-2, Regulations Governing Immunizations Required for School Attendance, 12/27/1971.

History of Repealed Material:
HSSD 71-2, Regulations Governing Immunizations Required for School Attendance, repealed by Rule 91-05, Rule Repealing Obsolete Rules and Regulations, filed 10/24/1991.
7.5.2 NMAC, Immunization Requirement, filed 8/15/2000 - Repealed effective 11/27/2013.
7.5.2 NMAC, Immunization Requirement, filed 11/15/2013 - Repealed effective 7/14/2026.

Other: 7.5.2 NMAC, Immunization Requirement, filed 11/15/2013 - Replaced by 7.5.2 NMAC, Immunization Requirement effective 7/14/2026.

HEALTH, DEPARTMENT OF

TITLE 7 HEALTH
CHAPTER 5 VACCINATIONS AND IMMUNIZATIONS
PART 3 EXEMPTION FROM SCHOOL, CHILDCARE, AND PRE-SCHOOL IMMUNIZATION

7.5.3.1 ISSUING AGENCY: Department of health, public health division.
[7.5.3.1 NMAC - Rp, 7 NMAC 5.3.1, 7/14/2026]

7.5.3.2 SCOPE: These regulations govern the procedures for seeking exemptions from any of the immunizations required for public, private, home, parochial, elementary, and secondary schools, as well as early childhood education facilities under the New Mexico public education department and licensed preschool or child care centers.
[7.5.3.2 NMAC - Rp, 7 NMAC 5.3.2, 7/14/2026]

7.5.3.3 STATUTORY AUTHORITY: This regulation has been promulgated by the secretary of the department of health under the authority of Sections 9-7-6, 24-1-3(N), 24-5-1, and Section 24-5-3 NMSA, 1978. Enforcement of this regulation is the responsibility of the public health division of the New Mexico department of health.
[7.5.3.3 NMAC - Rp, 7 NMAC 5.3.3, 7/14/2026]

7.5.3.4 DURATION: Permanent.
[7.5.3.4 NMAC - Rp, 7 NMAC 5.3.4, 7/14/2026]

7.5.3.5 EFFECTIVE DATE: July 14, 2026, unless a later date is cited at the end of a section or paragraph.
[7.5.3.5 NMAC - Rp, 7 NMAC 5.3.5, 7/14/2026]

7.5.3.6 OBJECTIVE: The objective is to establish standards and procedures for obtaining exemptions to required immunizations as allowed by Section 24-5-3 NMSA 1978; specifically for children whose:

A. licensed physician, a physician assistant, or a certified nurse practitioner provides a certificate stating that any of the required immunizations would seriously endanger the life or health of the child; or

B. parent or legal guardian attests via affidavit or written affirmation from an officer of a recognized religious denomination that such child's parents or guardians are bona fide members of a denomination whose religious teaching requires reliance upon prayer or spiritual means alone for healing; or

C. parent or legal guardian attests via affidavit or written affirmation that their religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agent.
[7.5.3.6 NMAC - Rp, 7 NMAC 5.3.6, 7/14/2026]

7.5.3.7 DEFINITIONS:

A. Definitions beginning with "A": "Administrative authority" means the superintendent, principal, or the designee of such person.

B. Definitions beginning with "B": [RESERVED]

C. Definitions beginning with "C": "Certified nurse practitioner" means a registered nurse licensed by the New Mexico board of nursing for advanced practice as a certified nurse practitioner.

D. Definitions beginning with "D":

(1) "Denial" means a denial of a request for exemption from immunizations.

(2) "Department" means the department of health.

E. Definitions beginning with "E": [RESERVED]

F. Definitions beginning with "F": [RESERVED]

G. Definitions beginning with "G": [RESERVED]

H. Definitions beginning with "H": [RESERVED]

I. Definitions beginning with "I": [RESERVED]

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

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

L. Definitions beginning with "L": "Licensed physician" means a physician licensed by the New Mexico board of medicine to practice medicine or osteopathic medicine.

M. Definitions beginning with "M": [RESERVED]

N. Definitions beginning with "N": "NMSIIS" means the New Mexico Statewide immunization information system; va secured, confidential, population-based, computerized registry for recording vaccination information established pursuant to Sections 24-5-7 through 24-5-15 NMSA 1978.

O. Definitions beginning with "O": [RESERVED]

P. Definitions beginning with "P":

(1) "Physician assistant" means a health care practitioner licensed by the New Mexico board of medicine to practice as a physician assistant and to provide services to patients with the supervision of or in collaboration with a licensed physician.

(2) "Public health division" means a division of the department of health within which the immunization program is located.

Q. Definitions beginning with "Q": [RESERVED]

R. Definitions beginning with "R": "Required immunizations" means those immunizations against diseases deemed to be dangerous to the public health by the public health division, and set forth in the department's immunization requirements.

S. Definitions beginning with "S":

(1) "Satisfactory evidence of

commencement of immunization" means satisfactory evidence of a person having begun the process of immunizations, such as a certificate, or record signed by a licensed physician or other recognized public or private health provider stating that the person has received at least the first in the series of required immunizations and is proceeding with the immunizations according to the prescribed schedule.

(2) **"Satisfactory evidence of immunization"** means a statement, certificate, or record signed by a licensed physician or other recognized licensed health provider stating that the required immunizations have been given to the person or record of receipt of immunization in the NMSIIS registry.

(3) **"Secretary"** means the secretary for the department of health.

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]

[7.5.3.7 NMAC - Rp, 7 NMAC 5.3.7, 7/14/2026]

7.5.3.8 REQUIREMENTS FOR APPROVAL OF EXEMPTIONS FROM IMMUNIZATION:

A. Any minor child through his parent or guardian may file a request for exemption from required immunization with the director of the public health division or their designee by providing the following:

(1) certificate or affidavit from a licensed physician, a physician assistant, or a certified nurse practitioner attesting that any of the required immunizations would seriously endanger the life or health of the child; or

(2) an affidavit or written affirmation from an officer of a recognized religious denomination stating that the parents or guardians are bona fide members of the recognized denomination, whose religious teaching requires reliance upon prayer or spiritual means alone for healing; or

(3) an affidavit or written affirmation by a parent or guardian whose religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agents.

B. The original request for approval of any exemptions from immunization must be mailed to the department of health, public health division, immunization program. The address is P.O. Box 26110, Suite S-1250, Santa Fe, NM, 87502. Request forms can be found at the immunization program offices 1190 S. St. Francis Drive, Suite South 1250 or on the program's website.

C. Within 60 days of receipt of a request for exemption from immunization, the department of health immunization program staff shall review the request to determine whether the certificate has been duly completed. Incomplete requests shall be returned to the requester with information regarding what elements are missing.

D. The department of health immunization program staff shall determine approval status of all requests for exemption:

(1) exemption requests shall be approved for a one-year period indicated by the public health division director or designee;

(2) in the case of approval of a request for exemption, an approved, signed copy of the request shall be provided to the parents or guardian of the child;

(3) in the case of a denial, the department of health immunization program staff shall state the reasons for denial in a letter of notification to the parents or guardian of the child. The notice to the parents or guardians shall also include information about the review process in 7.5.3.9 NMAC.

[7.5.3.8 NMAC - Rp, 7 NMAC 5.3.8, 7/14/2026]

7.5.3.9 REVIEW CRITERIA:

A. The department of health immunization program staff will consider the requirements and allowances of the law and the completeness and clarity of the requests for exemption in his or her review. Written criteria for review of exemption from immunization shall be available on the department of health website, included in documents required for submission of immunization exemptions, and provided upon request made to the department.

B. Requests for exemption based on a certificate or affidavit from a licensed physician, a physician assistant, or a certified nurse practitioner will be reviewed for the following:

(1) an original document signed by a licensed physician, a physician assistant, or a certified nurse practitioner, which

(2) contains a statement that immunizations would seriously endanger the health of the child.

C. Requests for religious exemption based on an affidavit or written affirmation from an officer of a religious denomination will be reviewed for the following:

(1) an original document signed by an officer of the denomination, which

(2) contains a statement affirming that the parent or guardian of the child are members of the religious denomination; and

(3) that the religious teachings of the denomination require reliance on prayer or spiritual means alone for healing.

D. Requests for exemption based on an affidavit or written affirmation from a parent will be reviewed for the following:

(1) an original, signed, complete, properly notarized form, which

(2) contains a statement of affirmation from the parent or guardian that their personal religious belief, or jointly-held religious belief does not permit immunization of their child.

[7.5.3.9 NMAC - Rp, 7 NMAC 5.3.9, 7/14/2026]

7.5.3.10 CHILDREN EXPERIENCING HOMELESSNESS: Children experiencing homelessness: Pursuant to the McKinney-Vento Homeless Assistance Act (42 USC § 11432(g)(3)(C)), children experiencing homelessness must be able to enroll in school immediately, even if they are unable to produce records normally required for enrollment, such as previous academic records, medical records, proof of residency, or other documentation. If the child needs to obtain immunizations, or medical or immunization records, the enrolling school must immediately refer the parent or guardian of the child or youth to the designated local educational agency liaison, who must assist in obtaining necessary immunizations, or immunization or medical records.

[7.5.3.10 NMAC - Rp, 7 NMAC 5.3.10, 7/14/2026]

7.5.3.11 ADMINSTRATIVE REVIEW OF DENIALS: In the case of a denial, the parent or guardian shall have the right to request an administrative review. Criteria for administrative review shall be available on the department of health website, included in documents required for submission of immunization exemptions, and provided upon request made to the department of health. Any hearing process under 7.5.3.12 NMAC can only be commenced after the administrative review pursuant to 7.5.3.11 NMAC is completed and the parent or guardian receives notification by mail that the administrative review was denied.

A. The parent or guardian may submit a letter requesting administrative review and any supporting documents to the public health division director or designee within 30 days of receipt of notice of the initial denial from the department of health immunization program manager.

B. Within 10 working days of receipt of the request for administrative review, the department of health's public health division director shall review the request for administrative review and any supporting documents and make a determination of approval or denial as to the underlying request for exemption. After the administrative review is complete the department's public health division director shall notify the parent or guardian and the child's school, by certified mail, if the administrative review of the request for exemption was approved or denied.

C. If approved, the child shall be considered exempt from immunizations for a nine-month period.

D. If the appeal is denied, and the parent or guardian desires further review or consideration, the parent or guardian may request a hearing pursuant to 7.5.3.12 NMAC.

[7.5.3.11 NMAC - Rp, 7 NMAC 5.3.11, 7/14/2026]

7.5.3.12 RIGHT TO HEARING AFTER ADMINSTRATIVE REVIEW:

A. Right to appeal: A parent or guardian may request a hearing to appeal a decision of the public health division director only after a denial of an administrative review. A hearing may not be requested at the same time as an administrative review is underway pursuant to 7.5.3.11 NMAC.

B. Right to hearing: A parent or guardian may request a hearing before a hearing officer appointed by the secretary to contest a denial of an immunization exemption under this rule, by mailing a certified letter, return receipt requested, to the public health division director within 30 days after the denial resulting from the administrative review. If the parent or guardian fails to request a hearing in the time and manner required by this section, the parent or guardian shall forfeit the right to a hearing, and the denied immunization exemption shall become final and not subject to judicial review.

C. Scheduling the hearing:

(1) Appointment of hearing officer: Upon the public health division director's receipt of a timely request for a hearing, the department shall appoint a hearing officer and schedule a hearing.

(2) Hearing date: The hearing shall be held not more than 60 days and not less than 15 days from the date of service of the notice of the hearing.

(3) Notice of hearing: The department shall notify the parent or guardian of the date, time, and place of the hearing and the identity of the hearing officer, and shall identify the statute(s) and regulation(s) authorizing the department to deny the immunization exemption, within 20 days of the public health division director's timely receipt of the request for hearing.

(4) Hearing venue: The hearing shall be held in Santa Fe, New Mexico.

D. Method of service: Any notice or decision required to be served under this section may be served either personally or by certified mail, return receipt requested directed to the parent or guardian at the last known mailing address (or, if service is made personally, by the last known physical address) shown by the records of the department immunization program. If the notice or decision is served personally, service shall be made in the same manner allowed by the rules of civil procedure for the state district courts of New Mexico. Where the notice or decision is served by certified mail, it shall be deemed to have been served on the date borne by the return

receipt showing delivery, or the date of the last attempted delivery of the notice or decision, or the date of the addressee's refusal to accept delivery.

E. Hearing officer duties: The hearing officer shall conduct the hearing, rule on any motions or other matters that arise prior to the hearing, and issue a written report and recommendation(s) to the secretary following the close of the hearing.

F. Official file: Upon appointment, the hearing officer shall establish an official file which shall contain all notices, hearing requests, pleadings, motions, written stipulations, evidence, briefs, and correspondence received in the case. The official file shall also contain proffered items not admitted into evidence, which shall be so identified and shall be separately maintained. Upon conclusion of the proceeding and following issuance of the final decision, the hearing officer shall tender the complete official file to the department for its retention as an official record of the proceedings.

G. Powers of hearing officer: The hearing officer shall have all the powers necessary to conduct a hearing and to take all necessary action to avoid delay, maintain order, and assure development of a clear and complete record, including but not limited to the power to:

(1) administer oaths or affirmations;

(2) schedule continuances;

(3) direct discovery;

(4) examine witnesses and direct witnesses to testify;

(5) subpoena witnesses and relevant books, papers, documents, and other evidence;

(6) limit repetitious and cumulative testimony;

(7) set reasonable limits on the amount of time a witness may testify;

(8) decide objections to the admissibility of evidence or receive the evidence subject to later ruling;

(9) receive offers of proof for the record;

(10) take notice of judicially cognizable facts or take notice of general, technical, or scientific facts within the hearing officer's specialized knowledge (provided that the hearing officer notifies the parties beforehand and offers the parties an opportunity to contest the fact so noticed);

(11) direct parties to appear and confer for the settlement or simplification of issues, and otherwise conduct pre-hearing conferences;

(12) impose appropriate evidentiary sanctions against a party who fails to provide discovery or who fails to comply with a subpoena;

(13) dispose of procedural requests or similar matters;

(14) enter proposed findings of fact and conclusions of law, orders, reports and recommendations; and

(15) utilize his or her experience, technical competence, or specialized knowledge in the evaluation of evidence presented.

H. Minimum discovery; inspection and copying of documents: Upon written request to another party, any party shall have access to documents in the possession of the other party that are relevant to the subject matter of the appeal, except confidential or privileged documents.

I. Minimum discovery; witnesses: The parties shall each disclose to each other and to the hearing officer, either orally or in writing, the names of witnesses to be called, together with a brief summary of the testimony of each witness. In situations where written statements will be offered into evidence in lieu of a witness's oral testimony, the names of the persons making the statements and a brief summary of the statements shall be disclosed.

J. Additional discovery: At the hearing officer's discretion, upon a written request by a party that explains why additional discovery is needed, further discovery in the form of production and review of documents and other tangible things, interviews, depositions or written interrogatories may be ordered. In exercising his or her authority to determine whether further discovery is necessary or desirable, the hearing officer should consider whether the complexity of fact or law reasonably requires further discovery to ensure a fair opportunity to prepare for the hearing, and whether such request will result in unnecessary hardship, cost, or delay in holding the hearing. Depositions shall not be allowed, except by order of the hearing officer upon a showing that the deposition is necessary to preserve the testimony of persons who are sick or elderly, or who will not be able to attend the hearing.

K. Subpoena limits; service: Geographical limits upon the subpoena power shall be the same as if the hearing officer were a district court sitting at the location at which the hearing or discovery proceeding is to take place. The method of service shall be the same as that under the rules of civil procedure for the district courts, except that rules requiring the tendering of fees shall not apply to the department.

L. Pre-hearing disposition: The subject matter of any hearing may be disposed of by stipulation, settlement, or consent order, unless otherwise precluded by law. Any stipulation, settlement, or consent order reached between the parties shall be written and shall be signed by the hearing officer and the parties or their attorneys.

M. Postponement or continuance: The hearing officer, at his or her discretion, may postpone or continue a hearing upon his or her own motion, or upon the motion of a party, for good cause shown. Notice of any postponement or continuance shall be given in person, by telephone, or by mail to all parties within a reasonable time in advance of the previously scheduled hearing date.

N. Conduct of hearing: These hearings will be

closed to prevent the disclosure of confidential information, including but not limited to health information protected by state and federal laws.

O. Telephonic testimony: Upon timely notice to the opposing party and the hearing officer, and with the approval of the hearing officer, the parties may present witnesses by telephone or live video (if available).

P. Legal representation: The department may appear by an officer or employee and parent or guardian may appear pro se or either the department or parent or guardian may be represented by an attorney licensed to practice in New Mexico.

Q. Recording: The hearing officer or a designee shall record the hearing by means of a mechanical sound recording device provided by the department for a record of the hearing. Such recording need not be transcribed, unless requested by a party who shall arrange and pay for the transcription.

R. Burden of proof: Except as otherwise provided in this rule, the department has the burden of proving by a preponderance of the evidence the basis for the denied immunization exemption.

S. Order of presentation; general rule: Except as provided in this rule, the order of presentation for hearings in all cases shall be:

(1) appearances: Opening of proceeding and taking of appearances by the hearing officer;

(2) pending matters: Disposition by the hearing officer of preliminary and pending matters;

(3) opening statements: The opening statement of the department, and then the opening statement of the party challenging the department's action or proposed action;

(4) cases: The department's case-in-chief, and then the case-in-chief of the party challenging the department's action;

(5) rebuttal: The department's case-in-rebuttal;

(6) closing argument: The department's closing statement, which may include legal argument; and then the closing statement of the party opposing the department's action or proposed action, which may include legal argument;

(7) close: Close of proceedings by the hearing officer.

T. Admissible evidence; rules of evidence not applicable: The hearing officer may admit evidence and may give probative effect to evidence that is of a kind commonly relied on by reasonably prudent persons in the conduct of serious affairs. Rules of evidence, such as the New Mexico Rules of Evidence for the district courts, shall not apply but may be considered in determining the weight to be given any item of evidence. The hearing officer may at his or her discretion, upon his or her motion or the motion of a party or a party's representative, exclude incompetent, irrelevant, immaterial, or unduly repetitious evidence, including testimony, and may exclude confidential or privileged evidence.

U. Objections: A party may timely object to evidentiary offers by stating the objection together with a succinct statement of the grounds for the objection. The hearing officer may rule on the admissibility of evidence at the time an objection is made or may receive the evidence subject to later ruling.

V. Official notice: The hearing officer may take notice of any facts of which judicial notice may be taken, and may take notice of general, technical, or scientific facts within his or her specialized knowledge. When the hearing officer takes notice of a fact, the parties shall be notified either before or during the hearing of the fact so noticed and its source, and the parties shall be afforded an opportunity to contest the fact so noticed.

W. Record content: The record of a hearing shall include all documents contained in the official file maintained by the hearing officer, including all evidence received during the course of the hearing, proposed findings of fact and conclusions of law, the recommendations of the hearing officer, and the final decision of the secretary.

X. Written evidence from witnesses: The hearing officer may admit evidence in the form of a written statement made by a witness, when doing so will serve to expedite the hearing and will not substantially prejudice the interests of the parties.

Y. Failure to appear: If a party who has requested a hearing or a party's representative fails to appear on the date, time, or location announced for a hearing, and if no continuance was previously granted, the hearing officer may proceed to hear the evidence of such witnesses as may have appeared or may accept offers of proof regarding anticipated testimony and other evidence, and the hearing officer may further proceed to consider the matter and issue his report and recommendation(s) based on the evidence presented; and the secretary may subsequently render a final decision. Where a person fails to appear at a hearing because of accident, sickness, or other cause, the person may within a reasonable time apply to the hearing officer to reopen the proceeding, and the hearing officer may, upon finding sufficient cause, fix a time and place for a hearing and give notice to the parties.

Z. Hearing officer written report and recommendation(s): The hearing officer shall submit a written report and recommendation(s) to the secretary that contains a statement of the issues raised at the hearing, proposed findings of fact and conclusions of law, and a recommended determination. Proposed findings of fact shall be based upon the evidence presented at the hearing or known to all parties, including matters officially noticed by the hearing officer. The hearing officer's recommended decision is a recommendation to the secretary of the New Mexico department of health and is not a final order.

AA. Submission for final decision: The hearing officer's report and recommendation(s) shall be submitted together with the complete official file to the secretary of the New Mexico department of health for a final decision no later than 30 days after the hearing.

BB. Secretary's final decision: The secretary shall render a final decision within 45 calendar days of the submission 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 within 15 days after the final decision is rendered and signed. A copy shall be provided to legal counsel for the public health division.
[7.5.3.12 NMAC - Rp, 7 NMAC 5.3.12, 7/14/2026]

HISTORY OF 7.5.3 NMAC:
Pre-NMAC History: The material in this Part was derived from that previously filed with the state records center:
HSSD 76-1, Religious Exemption From School Immunization, 1/14/1976.

History of Repealed Material: 7 NMAC 5.3, Religious Exemption from School Immunization, filed 10/18/96 - Repealed effective 11/27/2013.
7.5.3 NMAC, Exemption From School, Childcare, and Pre- School Immumization filed 11/15/2013, Repealed effective 7/14/2026.

Other: 7.5.3 NMAC, Exemption From School, Childcare, and Pre- School Immumization filed 11/15/2013, Replaced by .5.3 NMAC, Exemption From School, Childcare, and Pre- School Immumization effective 7/14/2026.

HEALTH, DEPARTMENT OF

TITLE 7 HEALTH
CHAPTER 5 VACCINATIONS AND IMMUNIZATIONS
PART 4 VACCINE PURCHASING FUND

7.5.4.1 ISSUING AGENCY: Department of health, public health division.
[7.5.4.1 NMAC - Rp, 7.5.4.1 NMAC 7/14/2026]

7.5.4.2 SCOPE: These regulations govern the procedures for establishing and administrating a statewide vaccine purchasing program to purchase vaccines for all children in New Mexico (NM), including children eligible for the vaccines for children program and insured children.
[7.5.4.2 NMAC - Rp, 7.5.4.2 NMAC 7/14/2026]

7.5.4.3 STATUTORY AUTHORITY: This rule is promulgated pursuant to Sections 24-5A-1 through 24-5A-9 of the Vaccine Purchasing Act, NMSA 1978; Section 9-7-6 of the Department of Health Act, NMSA 1978; and Section 24-1-3 of the Public Health Act, NMSA 1978.
[7.5.4.3 NMAC - Rp, 7.5.4.3 NMAC 7/14/2026]

7.5.4.4 DURATION: Permanent.
[7.5.4.4 NMAC - Rp, 7.5.4.4 NMAC 7/14/2026]

7.5.4.5 EFFECTIVE DATE: July 14, 2026, unless a later date is cited at the end of a section.
[7.5.4.5 NMAC - Rp, 7.5.4.5 NMAC 7/14/2026]

7.5.4.6 OBJECTIVE: The objective of this rule is to establish standards and administer a statewide vaccine purchasing program to:

A. expand access to childhood immunizations recommended by the New Mexico department of health;

B. maintain and improve immunization rates;

C. facilitate the acquisition by providers of vaccines for childhood immunizations recommended by the department; and

D. leverage public and private funding and resources for the purchase, storage, and distribution of vaccines for childhood immunizations recommended by the department.
[7.5.4.6 NMAC - Rp, 7.5.4.6 NMAC 7/14/2026]

7.5.4.7 DEFINITIONS:

A. Definitions beginning with "A": [RESERVED]

B. Definitions beginning with "B": [RESERVED]

C. Definitions beginning with "C": [RESERVED]

D. Definitions beginning with "D": "Department" means the department of health.

E. Definitions beginning with "E": [RESERVED]

F. Definitions beginning with "F": "Fund" means the vaccine purchasing fund.

G. Definitions beginning with "G": "Group health plan" means an employee welfare benefit plan to the extent that the plan provides medical care to employees or their dependents under the Employee Retirement Income Security Act of 1974 directly or through insurance, reimbursement or other means.

H. Definitions beginning with "H":

(1) "Health insurance coverage" means benefits consisting of medical care provided directly or through insurance or reimbursement or other means under any hospital or medical service policy or certificate, hospital or medical service plan contract, or health maintenance organization contract offered by a health insurance issuer.

(2) "Health insurer" means any entity subject to regulation by the office of the superintendent of insurance that:

(1) provides or is authorized to provide health insurance or health benefit plans;

(2) administers health insurance or health benefit coverage; or

(3) otherwise provides a plan of health insurance or health benefits.

I. Definitions beginning with "I": "Insured child" means a child under the age of 19 who is eligible to receive health insurance coverage from a health insurer or medical care pursuant to a group health plan.

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

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

L. Definitions beginning with "L": [RESERVED]

M. Definitions beginning with "M": [RESERVED]

N. Definitions beginning with "N": [RESERVED]

O. Definitions beginning with "O": "Office of the superintendent" means the office of the superintendent of insurance.

P. Definitions beginning with "P":

(1) "Policy" means any contract of health insurance between a health insurer and the insured and all clauses, riders, endorsements and parts thereof.

(2) "Provider" means an individual or organization licensed, certified, or otherwise authorized or permitted by law to provide vaccinations to insured children.

Q. Definitions beginning with "Q": [RESERVED]

R. Definitions beginning with "R": [RESERVED]

S. Definitions beginning with "S": [RESERVED]

T. Definitions beginning with "T": [RESERVED]

U. Definitions beginning with "U": [RESERVED]

V. Definitions beginning with "V": "Vaccines for children program" means the federally funded program that provides vaccines at no cost to eligible children pursuant to Section 1928 of the federal Social Security Act.

W. Definitions beginning with "W": [RESERVED]

X. Definitions beginning with "X": [RESERVED]

Y. Definitions beginning with "Y": [RESERVED]

Z. Definitions beginning with "Z": [RESERVED]

[7.5.4.7 NMAC - Rp, 7.5.4.7 NMAC 7/14/2026]

7.5.4.8 DUTIES OF THE DEPARTMENT: The department shall:

A. purchase vaccines for children in New Mexico, including children eligible for the vaccines for children program and insured children;

B. invoice each health insurer and group health plan to reimburse the department for the cost of vaccines provided directly or indirectly by the department to such health insurer's or group health plan's insured children;

C. maintain a list of registered providers who receive vaccines for insured children that are purchased by the state and provide such list to each health insurer and group health plan with every invoice;

D. report the failure of a health insurer to reimburse the department within 30 days of the date of the invoice to the office of the superintendent in order for the office of the superintendent to pursue the proper sanctions or monetary penalties pursuant to their rules and the Vaccine Purchasing Act;

E. report the failure of a health insurer or group health plan to reimburse the department within 30 days of the date of the invoice to the office of the attorney general for collection of the invoice amount, including a civil penalty of five hundred dollars ($500) for each day from the date the payment is due;

F. credit all receipts collected from health insurers and group health plans pursuant to the Vaccine Purchasing Act to the fund;

G. no later than July 1, 2015, and July 1 of each year thereafter, the department shall estimate the amount to be expended annually by the department to purchase, store and distribute vaccines recommended by the department to all insured children in the state, including a reserve of ten percent of the amount estimated; and

H. no later than September 1, 2015, and each quarter thereafter, the department shall invoice each health insurer and each group health plan for one-fourth of its proportionate share of the estimated annual amount and reserve calculated pursuant to Subsection E of 7.5.4.10 NMAC.

[7.5.4.8 NMAC - Rp, 7.5.4.8 NMAC 7/14/2026]

7.5.4.9 PROVIDER PROHIBITIONS: To avoid duplication of payment, any providers who administer vaccines are prohibited from billing health insurers and group health plans for the cost of any vaccine which was provided to them by the department.

[7.5.4.9 NMAC - Rp, 7.5.4.9 NMAC 7/14/2026]

7.5.4.10 PROCESS AND PROCEDURES:

A. No later than July 1, 2015, and July 1 of each year thereafter, the department shall estimate the amount to be expended annually by the department to purchase, store, and distribute vaccines recommended by the department to all insured children in the state, including a reserve of ten percent of the amount estimated.

B. By the due date established by the office of the superintendent, but no later than August 15, 2015, each health insurer and group health plan shall report to the office of the superintendent's director of life and health, P.O. Box 1689, Santa Fe, NM 87504, the number of children it insured who were under the age of 19 as of December 31, 2014, excluding from such reports children who are enrolled in medicaid or in any medical assistance program administered by the department, or the health care authority, and children who are American Indian or Alaska Natives. All such reports to the office of the superintendent shall be copied to the department at vpa.fund@state.nm.us.

C. By the due date established by the office of the superintendent, but no later than July 1 of each year subsequent to August 15, 2015, each health insurer and group health plan shall annually report to the office of the superintendent's director of life and health, P.O. Box 1689, Santa Fe, NM 87504, the number of children it insures who will be under the age of 19 as of December 31 of the previous year, excluding from such reports children who are enrolled in medicaid or in any medical assistance program administered by the department, or the health care authority, and children who are American Indian or Alaska Natives. All such reports to the office of the superintendent shall be copied to the department at vpa.fund@state.nm.us.

D. Each health insurer and group health plan, when reporting number of children pursuant to this section, shall also provide a designated point of contact to the department and to the office of the superintendent to include: name, title, address, e-mail address, and office phone number no later than August 15, 2015, and by July 1 of each subsequent year. In the event that the point of contact changes prior to the billing cycle referenced in the table below, then an updated point of contact shall be provided to the department and the office of the superintendent as soon as practicable after the change occurs, but no later than 30 days after the change.

E. The annual amount to be reimbursed by each health insurer or group health plan shall be a fraction, the denominator of which is the total number of insured children reported by all health insurers and group health plans and the numerator of which is the number of insured children reported by such health insurer or group health plan, multiplied by the total amount as determined by the department to be expended annually in the corresponding year. Payments shall be remitted to the department's fiscal agent in the manner directed by the department in the invoice with a corresponding notification of remittance to vpa.fund@state.nm.us.

F. No later than September 1, 2015, and each quarter thereafter, the department shall invoice each health insurer and each group health plan for one-fourth of its proportionate share of the estimated amount and reserve calculated pursuant to Subsection E of 7.5.4.10 NMAC. The due dates are as follows:

Billing Cycle:	**Department's Invoice Date:**	**Insurer's and Group Health Plan's Due Date:**
July 1 to September 30	September 1	October 1
October 1 to December 31	December 1	January 1
January 1 to March 31	March 1	April 1
April 1 to June 30	June 1	July 1

[7.5.4.10 NMAC - Rp, 7.5.4.10 NMAC 7/14/2026]

7.5.4.11 AUTHORIZED USES OF THE VACCINE PURCHASING FUND:

A. Money in the fund shall be expended only for the purposes specified in the Vaccine Purchasing Act, by warrant issued by the secretary of finance and administration pursuant to vouchers approved by the secretary of health.

B. The fund shall be audited in the same manner as other state funds are audited, and all records of payments made from the fund shall be open to the public.

C. Any balance remaining in the fund shall not revert or be transferred to any other fund at the end of a fiscal year.

D. Money in the fund shall be invested by the state investment officer in accordance with the limitations in Article 12 Section 7 of the constitution of New Mexico. Income from investment of the fund shall be credited to the fund.

E. The fund shall be used for the purchase, storage, and distribution of vaccines, as recommended by the department, for insured children who are not eligible for the vaccines for children program.

F. The department may update its estimated amount to be expended annually and its reserve to take into account increases or decreases in the cost of vaccines or the costs of additional vaccines that the department determines should be included in the statewide vaccine purchasing program and adjust the amount invoiced to each health insurer and group health plan the following quarter.

G. The department shall credit any balance remaining in the fund at the end of the fiscal year toward the department's purchase of vaccines the following year; provided that the department maintains a reserve of ten percent of the amount estimated to be expended in the following year.

[7.5.4.11 NMAC - Rp, 7.5.4.11 NMAC 7/14/2026]

7.5.4.12 UNAUTHORIZED USES OF THE VACCINE PURCHASING FUND:

The fund shall not be used:

A. for the purchase, storage, and distribution of vaccines for children who are eligible for the vaccines for children program;

B. for administrative expenses associated with the statewide vaccine purchasing program; or

C. to pass through a federally negotiated discount pursuant to 42 U.S.C. 1396s.

[7.5.4.12 NMAC - Rp, 7.5.4.12 NMAC 7/14/2026]

7.5.4.13 INITIAL ADMINISTRATIVE REVIEW OF INVOICE BY THE DEPARTMENT:

A. Each health insurer or group health plan shall have the right to request an initial administrative review of their invoice by the department in the event of a dispute over the invoice amount

only. Any other grievances shall be initiated with the office of the superintendent pursuant to their rules. Criteria for the initial administrative review of the invoice shall be available from the department of health immunization program. Any informal hearing or administrative review of the invoice pursuant to the office of the superintendent's rules can only be commenced after the department's initial administrative review of the invoice is completed and the health insurer or group health plan receives notification by mail that the administrative review request has been completed by the department.

B. The health insurer or group health plan may submit a letter requesting an initial administrative review of the invoice and any supporting documents to the immunization program manager or designee within 10 working days of receipt of the department's invoice. Such requests shall be submitted to the immunization program manager at P.O. Box 26110, Santa Fe, NM 87502-6110, and via email at vpa.fund@state.nm.us. The health insurer or group health plan shall send a copy of the request to the office of the superintendent of insurance.

C. Within 10 working days of receipt of the request for an initial administrative review of the invoice, the department of health's immunization program manager or designee shall review the request for an initial administrative review of the invoice and any supporting documents. After the administrative review is complete the department's immunization program manager or designee shall notify the health insurer or group health plan by mail if the invoice amount will remain unchanged or modified.

D. If a modified invoice is issued by the department then payment is due within five days of receipt of the modified invoice or on the due date identified in the original invoice, whichever is later. Payment is due regardless of whether the health insurer or group health plan intends to further pursue an administrative review or informal hearing of the invoice with the office of the superintendent or an appeal to district court. Failure to remit payment will result in the department reporting the failure of a health insurer or group health plan to reimburse the department to the office of the attorney general for collection of the invoice amount, including a civil penalty of five hundred dollars ($500) for each day from the date the payment is due.

E. If the invoice remains unchanged then the invoice amount is due within five days of receipt of the department's decision or on the due date identified in the original invoice, whichever is later. Payment is due regardless of whether the health insurer or group health plan intends to further pursue an administrative review or informal hearing of the invoice with the office of the superintendent or an appeal to district court. Failure to remit payment will result in the department reporting the failure of a health insurer or group health plan to reimburse the department to the office of the attorney general for collection of the invoice amount, including a civil penalty of five hundred dollars ($500) for each day from the date the payment is due.

F. If the health insurer or group health plan continues to dispute the invoice amount, then it may request an informal hearing or administrative review with the office of the superintendent pursuant to the office of the superintendent's rules as authorized by the Vaccine Purchasing Act. The health insurer or group health plan shall notify the immunization program manager if they are pursuing an informal hearing or administrative review of the invoice with the office of the superintendent via email at vpa.fund@state.nm.us.

[7.5.4.13 NMAC - Rp, 7.5.4.13 NMAC 7/14/2026]

7.5.4.14 RIGHT TO AN INFORMAL HEARING OR ADMINISTRATIVE REVIEW WITH THE OFFICE OF THE SUPERINTENDENT AND THE RIGHT TO APPEAL; PENALTIES:

A. A health insurer aggrieved pursuant to the Vaccine Purchasing Act may request an informal hearing or an administrative review with the office of the superintendent pursuant to their rules. The health insurer shall notify the immunization program manager if they are pursuing an informal hearing or administrative review with the office of the superintendent via email at vpa.fund@state.nm.us.

B. A health insurer aggrieved pursuant to the Vaccine Purchasing Act may appeal from an order of the superintendent made after an informal hearing or an administrative hearing pursuant to Section 59A-4-20, NMSA 1978. The appeal from the office of the superintendent's order shall be taken to the district court pursuant to the provisions of Section 39-3-1.1 NMSA 1978.

C. A health insurer or group health plan that fails to file a report pursuant to Subsections B and C of 7.5.4.10 NMAC shall pay a late filing fee of five hundred dollars ($500) per day for each day from the date the report was due.

D. The office of superintendent may require a health insurer or group health plan subject to the Vaccine Purchasing Act to produce records that were used to prepare the report required under Subsections B and C of 7.5.4.10 NMAC. If the office of superintendent determines that there is other than a good faith discrepancy between the number of insured children reported and the number of insured children that should have been reported, the health insurer or group health plan shall pay a civil penalty of five hundred dollars ($500) for each report filed for which the office of superintendent determines there is such a discrepancy.

E. Failure of a health insurer or group health plan to make timely payment of an amount invoiced pursuant to the Vaccine Purchasing Act and this rule shall subject the health insurer or group

health plan to a civil penalty of five hundred dollars ($500) for each day from the date the payment is due.
[7.5.4.14 NMAC - Rp, 7.5.4.14 NMAC 7/14/2026]

HISTORY OF 7.5.4 NMAC: [RESERVED]

History of Repealed Material: 7 5.4 NMAC, Vaccine Purchasing Fund, filed 8/17/2015 - Repealed effective 7/14/2026.

Other: 7 5.4 NMAC, Vaccine Purchasing Fund, filed 8/17/2015, Replaced by 7 5.4 NMAC, Vaccine Purchasing Fund, effective 7/14/2026.

HEALTH, DEPARTMENT OF

TITLE 7 HEALTH
CHAPTER 5 VACCINATIONS AND IMMUNIZATIONS
PART 6 ADULT IMMUNIZATIONS

7.5.6.1 ISSUING AGENCY: Public health division, department of health.
[7.5.6.1 NMAC - N, 7/14/2026]

7.5.6.2 SCOPE: These regulations govern the recommended immunization for adults residing in New Mexico to protect against diseases that are deemed to be dangerous to public health.
[7.5.6.2 NMAC - N, 7/14/2026]

7.5.6.3 STATUTORY AUTHORITY: These regulations are promulgated by the secretary of the New Mexico department of health under the authority of Section 24-5-1 NMSA 1978. Enforcement of these regulations is the responsibility of the public health division of the New Mexico department of health.
[7.5.6.3 NMAC - N, 7/14/2026]

7.5.6.4 DURATION: Permanent.
[7.5.6.4 NMAC - N, 7/14/2026]

7.5.6.5 EFFECTIVE DATE: July 14, 2026, unless a later date is cited at the end of a section.
[7.5.6.5 NMAC - N, 7/14/2026]

7.5.6.6 OBJECTIVE: The objective is to provide for the health and safety of New Mexicans by recommending adult immunizations to abate the spread of diseases that are dangerous to the public health.
[7.5.6.6 NMAC - N, 7/14/2026]

7.5.6.7 DEFINITIONS:

A. Definitions beginning with "A":

(1) "Adult" means a person who is age 19 years and above.

(2) "Advisory committee on immunization practices" means the federal advisory committee that provides guidance and recommendations for the use of vaccines to prevent and control diseases in the United States.

(3) "American academy of family physicians" means the national medical association for family physicians, residents, and medical students committed to treating the whole person through the specialty of family medicine and supports recommendations on the use of vaccines to prevent and control diseases in the United States.

(4) "American college of obstetricians and gynecologists" means the national professional membership organization for obstetricians and gynecologists that is dedicated to improving the lives of all people seeking obstetrician and gynecologic care, their families, and communities, and supports recommendations on the use of vaccines to control diseases in the United States.

(5) "American college of physicians" means the global medical specialty organization of internal medicine specialists and subspecialists who apply scientific knowledge and clinical expertise to the diagnosis and compassionate care of adults and supports recommendations on the use of vaccines to control diseases in the United States.

B. Definitions beginning with "B": [RESERVED]

C. Definitions beginning with "C": [RESERVED]

D. Definitions beginning with "D": "Department" means the New Mexico department of health.

E. Definitions beginning with "E": [RESERVED]

F. Definitions beginning with "F": [RESERVED]

G. Definitions beginning with "G": [RESERVED]

H. Definitions beginning with "H": [RESERVED]

I. Definitions beginning with "I": [RESERVED]

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

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

L. Definitions beginning with "L": [RESERVED]

M. Definitions beginning with "M": [RESERVED]

N. Definitions beginning with "N": [RESERVED]

O. Definitions beginning with "O": [RESERVED]

P. Definitions beginning with "P": [RESERVED]

Q. Definitions beginning with "Q": [RESERVED]

R. Definitions beginning with "R": [RESERVED]

S. Definitions beginning with "S": "Secretary" means the cabinet secretary for the New Mexico department of health.

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]
[7.5.6.7 NMAC - N, 7/14/2026]

7.5.6.8 IMMUNIZATION REECOMENDATIONS:

A. The department shall develop immunization recommendations for adults residing in New Mexico including the recommended manner and frequency of their administration. The initial recommendations shall be issued within three months of the final promulgation of this rule. The department shall review the recommendations at least annually and update them as necessary to protect and promote the health and welfare of the citizens of New Mexico. Updated recommendations shall be issued no later than December 31 of each year; provided, however, that the recommendations for the succeeding year shall take effect upon issuance by the department.

B. In developing these recommendations, the department may utilize evidence-based guidance from the advisory committee on immunization practices, American academy of family physicians, American college of obstetricians and gynecologists, the American college of physicians, or the vaccine integrity project.

C. The department shall consult with the health care authority and the office of the superintendent of insurance when developing the recommendations.

D. The recommendations shall be approved by the secretary.

E. Throughout the year, the secretary may amend the recommended vaccines to include vaccines for preventable diseases as determined by the department.

[7.5.6.8 NMAC - N, 7/14/2026]

HISTORY OF NMAC:

[**RESERVED**]

HEALTH, DEPARTMENT OF

This is an amendment to 7.30.12 NMAC, Sections 7, 8, 9, 10 and 11 effective 7/14/2026.

7.30.12.7 DEFINITIONS:

[~~**A. "Adverse event form"** is a department form used by school nurses to report events with potential impact on the health of the students or the school, including administration of stock albuterol or epinephrine.~~

~~**B. "Albuterol"** includes albuterol or another inhaled bronchodilator, as recommended by the department of health, for the treatment of respiratory distress.~~

~~**C. "Albuterol aerosol canister"** means a portable drug delivery device packaged with multiple premeasured doses of albuterol.~~

~~**D. "Anaphylaxis" or "anaphylactic reaction"** means a sudden, severe, and potentially life-threatening whole-body allergic reaction.~~

~~**E. "BOP"** refers to the board of pharmacy.~~

~~**F. "Class D Medication Room"** is specific for schools and is used only for emergency medications. The Class D Medication Room criteria is established by the board of pharmacy. The criteria includes requirements for procurement of medications, storage, tracking, and disposal of expired medications.~~

~~**G. "Department"** means department of health.~~

~~**H. "Emergency medication"** means albuterol or epinephrine.~~

~~**I. "Epinephrine"** includes epinephrine or another medication, as recommended by the department of health, used to treat anaphylaxis until the immediate arrival of emergency medical system responders.~~

~~**J. "Epinephrine auto-injector"** means a portable, disposable drug delivery device that contains a premeasured single dose of epinephrine.~~

~~**K. "Governing body"** means a governing body of a private school.~~

~~**L. "Health care practitioner"** means a person authorized by the state to prescribe emergency medication.~~

~~**M. "PED"** means the public education department.~~

~~**N. "Respiratory distress"** includes impaired oxygenation of the blood or impaired ventilation of the respiratory system.~~

~~**O. "School"** means a public school, charter school, or private school.~~

~~**P. "Spacer"** means a holding chamber that is used to optimize the delivery of albuterol to a person's lungs.~~

~~**Q. "Stock supply"** means an appropriate quantity of emergency medication, as recommended by the department of health.~~

~~**R. "Trained personnel"** means a school employee, agent, or volunteer designated by the school nurse to administer epinephrine on a voluntary basis outside of the scope of employment and who has completed department approved epinephrine administration training that has been documented by the school nurse, school principal, or school leader.~~]

A. Definitions beginning with "A":

(1) "Adverse event form" is a department form used by school leaders and school nurses to report events with potential impact on the health of the students or the school, including administration of stock albuterol or epinephrine;

(2) "Albuterol" includes albuterol or another inhaled bronchodilator, as recommended by the department of health, for the treatment of respiratory distress;

(3) "Albuterol aerosol canister" means a portable drug delivery device packaged with multiple premeasured doses of albuterol;

(4) "Anaphylaxis" or "anaphylactic reaction" means a sudden, severe, and potentially life-threatening whole-body allergic reaction.

B. Definitions beginning with "B": "BOP" refers to the board of pharmacy.

C. Definitions beginning with "C": "Class D Medication room" is specific for schools and is used only for emergency medications. The Class D Medication Room criteria is established by the board of pharmacy. The criteria includes requirements for procurement of medications, storage, tracking, and disposal of expired medications.

D. Definitions beginning with "D": "Department" means department of health.

E. Definitions beginning with "E":

(1) "Emergency medication" means albuterol or epinephrine;

(2) "Epinephrine" includes epinephrine or another medication, as recommended by the department of health, used to treat anaphylaxis until the immediate arrival of emergency medical system responders;

(3) "Epinephrine auto-injector" means a portable, disposable drug delivery device that contains a premeasured single dose of epinephrine.

F. Definitions beginning with "F": [RESERVED]

G. Definitions beginning with "G": "Governing body" includes a governing body of a private school.

H. Definitions beginning with "H": "Health care practitioner" means a person authorized by the state to prescribe emergency medication.

I. Definitions beginning with "I": [RESERVED]

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

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

L. Definitions beginning with "L": [RESERVED]

M. Definitions beginning with "M": [RESERVED]

N. Definitions beginning with "N": [RESERVED]

O. Definitions beginning with "O": [RESERVED]

P. Definitions beginning with "P": "PED" means the public education department.

Q. Definitions beginning with "Q": [RESERVED]

R. Definitions beginning with "R": "Respiratory distress" includes impaired oxygenation of the blood or impaired ventilation of the respiratory system.

S. Definitions beginning with "S":

(1) "School" means a public school, charter school, or private school;

(2) "Spacer" means a holding chamber that is used to optimize the delivery of albuterol to a person's lungs;

(3) "Stock supply" means an appropriate quantity of emergency medication, as recommended by the department of health.

T. Definitions beginning with "T": "Trained personnel" means a school employee, agent or volunteer who has completed epinephrine administration training documented by the school nurse, school principal or school leader and approved by the department of health and who has been designated by the school principal or school leader to administer epinephrine on a voluntary basis outside of the scope of employment.

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]

[7.30.12.7 NMAC - N, 02/27/2015; A/E, 2/23/2026; A, 7/14/2026]

7.30.12.8 EMERGENCY MEDICATIONS:

A. Standing Orders.

(1) A physician employed or authorized by the department, may prescribe a standing order in the name of the school or school district for a stock supply of albuterol aerosol canisters and spacers, or a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors for use in accordance with this rule.

(2) Each local school board or governing body may request a standing order for and may provide to schools within its jurisdiction stock supplies of albuterol and epinephrine. In order to request a standing order, the school board must review and acknowledge in writing the rules and recommendations developed by the department for emergency medication use. All requests for standing orders must be in writing to a department approved physician. When the standing order is issued by the department approved physician, it will be sent to the requesting school district or governing body within one week of the request. A copy of the order will be kept by the department school health advocate for his or her assigned region.

(3) A pharmacist may dispense a stock supply of albuterol aerosol canisters and spacers or a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors pursuant to a standing order prescribed in accordance with this section. Medications may be directly obtained from the pharmacy by a [~~school nurse or delivered to the~~] school in accordance with the school's established procedure.

(4) All standing orders are renewed annually.

B. Storage provisions: School districts and schools that decide to maintain and administer emergency medications will establish a Class D Medication Room in each school that stocks emergency medications in compliance with New Mexico BOP regulations. [~~School nurses who~~] Schools that maintain a Class D Medication Room license will be required to complete an annual medication room audit and submit it to the BOP.

(1) Albuterol - Each school that obtains a stock supply of albuterol aerosol canisters and spacers shall store them:

(a) in a secure location that is unlocked and readily accessible to a school nurse to administer albuterol;

(b) pursuant to BOP regulations, including requirements for storage, record maintenance, and medication room audits or consulting pharmacist's visits;

(c) within the manufacturer-recommended temperature range; and

(d) albuterol will be secured in a manner consistent with the procedure employed by the school nurse for other emergency medications; the medication cabinet, which is kept in the school nurse's office, is kept unlocked when the school nurse or school health assistant are present in the office; if the school nurse or school health assistant are not present, the school nurse's office will be locked.

(2) Epinephrine - Each school that obtains a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors shall store them:

(a) in a secure location that is unlocked and readily accessible to trained personnel;

(b) pursuant to BOP regulations including requirements for storage, record maintenance, and medication room audits or consulting pharmacist's visits;

(c) within the manufacturer-recommended temperature range; and

(d) epinephrine will be stored in a secure, unlocked location determined by the school nurse [~~and~~] or principal; this location should be easily accessed by trained school personnel in the event of an emergency situation; a location is considered secure for the purposes of epinephrine storage if school staff are present full-time in that location; for example, the secretary's office or the main office.

C. Disposal: Albuterol and epinephrine - Each local school board or governing body shall dispose of expired emergency medication pursuant to BOP regulations. Expired medications will be placed in a separate, quarantined section of the medication room and disposed of per the Class D Medication Room regulations.

(1) The school [~~nurse~~] will be responsible for proper disposal of expired medications.

(2) The BOP is a resource for direction in proper disposal of expired medications.

(3) Expired medications may be disposed of either by using a consultant pharmacist or by transferring the medications to a pharmacy with an appropriate transfer log.

D. Procurement and maintenance of emergency medications.

(1) A local school board or a school within its jurisdiction of a governing body may accept gifts, grants, bequests, or donations from any source to carry out the provisions of this rule, including:

(a) albuterol aerosol canisters and spacers or epinephrine auto-injectors from a manufacturer or wholesaler; or

(b) epinephrine or albuterol, or such other medication as the department deems appropriate, from a manufacturer or wholesaler of such medication; and

(c) this type of donation can be accepted if the medications are not expired and have been maintained properly.

(2) School districts or governing bodies may buy prescribed medications directly from pharmacies after obtaining a standing order.

(3) Schools will keep a record of any grants, gifts, bequests, or donations. The record is to be held at the school in the school office for three years and can be inspected by BOP, department personnel, and school administrative personnel upon request. The records will be kept in the school health office by the school nurse or school leader. Records may be kept electronically or in hard copy.

(4) Schools will maintain a supply of emergency medications:

(a) the supply will be replenished as medications are used according to the procedure in 7.30.12.8 NMAC; and

(b) medications in stock will be checked to verify that medications are not expired.

[7.30.12.8 NMAC - N, 02/27/2015 A/E, 2/23/2026; A, 7/14/2026]

7.30.12.9 TRAINING: [~~School~~] Schools and school districts that decide to maintain and administer emergency medications will follow the department rules and recommendations, according to the following guidelines:

A. Use of albuterol:

(1) [~~PED-licensed school~~] School nurses will complete training on administering albuterol reviewed and approved by the department;

(2) current school nurses will complete the training at a minimum of one time and as determined by the department; new school nurses will complete the training as part of their orientation process, and then as determined by the department; and

(3) refresher trainings on albuterol may be recommended by the department, at a minimum of every five years.

B. Use of epinephrine:

(1) school personnel, including non-licensed personnel, will complete training on administering epinephrine that is reviewed and approved by the department;

(2) current school nurses will complete the training one time and new school nurses will complete the training as part of their orientation process;

(3) non-licensed personnel will complete the training annually; and

(4) refresher trainings on epinephrine for [~~PED licensed~~] school nurses may be recommended by the department, at a minimum of every five years.

C. Training will be documented and a training log will be kept at each school in the school health office for a minimum of five years. Training records may be maintained electronically or in hard copy.

[7.30.12.9 NMAC - N, 02/27/2015 A/E, 2/23/2026; A, 7/14/2026]

7.30.12.10 ADMINISTRATION OF EMERGENCY MEDICATIONS:

A. Use of albuterol:

(1) only a [~~PED licensed~~] school nurse, who has completed the requisite training, will administer inhaled albuterol on an emergency basis;

(2) if no school nurse is available, immediately call 911;

(3) inhaled stock albuterol will be given for treatment of respiratory distress only when the student is experiencing respiratory distress, per criteria that will be covered in training, and does not have medication available; albuterol may be administered to students who have not previously been diagnosed with conditions leading to respiratory distress and students who have a history of respiratory disease but do not have medication at school;

(4) when stock albuterol is used, 911 will be called immediately to activate the emergency response system;

(5) after administration of albuterol, the student's condition will be continuously monitored, and any additional treatment indicated will be given until an emergency medical system responder arrives;

(6) as soon as practicable, the parent, guardian, or legal custodian of the student having respiratory distress will be notified by phone or in accordance with contact information on file at the school;

(7) a log will be kept of when albuterol is used and the outcome of the student; these logs will be kept in the school health office at least five years; logs will be available for review upon request, per applicable federal and state privacy laws; logs will be maintained by the school nurse; logs may be either electronic or hard copy; and

(8) an adverse events form will be completed when albuterol is administered on an emergency basis; the form will be submitted within three working days to the regional school health advocate or the regional health officer; adverse events forms will be maintained by the department for a minimum of five years.

B. Use of epinephrine:

(1) school personnel, including non-licensed personnel, who have completed the requisite training, may administer epinephrine on an emergency basis;

(2) epinephrine will be given for treatment of severe anaphylactic reactions only when the student is experiencing signs of anaphylaxis, per criteria that will be covered in training, and does not have medication available; this includes students who have not previously been diagnosed with conditions leading to anaphylaxis and students who have a history of anaphylaxis and who do not have medication at school;

(3) each school that receives a stock supply of standard-dose and pediatric-dose epinephrine auto-injectors shall:

(a) develop and implement a plan to have one or more trained personnel on the school premises during operating hours, which includes class time and after school activities; and

(b) follow an anaphylactic reaction prevention protocol, as recommended by the department, to minimize an allergic student's exposure to food allergies.

(4) when stock epinephrine is used, 911 will be called immediately to activate the emergency response system;

(5) after administration of epinephrine, the student's condition will be continuously monitored and any additional treatment indicated will be given until an emergency medical system responder arrives;

(6) as soon as practicable, the parent, guardian, or legal custodian of the student will be notified by phone or in accordance with contact information on file at the school;

(7) a log will be kept of when epinephrine is used and the outcome of the student; these logs will be kept in the school health office at least five years; logs will be available for review upon request, per applicable federal and state privacy laws; logs will be maintained by the school nurse <u>or school leader</u>; logs may be either electronic or hard copy;

(8) an adverse events form will be completed when epinephrine is administered on an emergency basis; the form will be submitted within three working days to the regional school health advocate or the regional health officer; adverse events form will be maintained by the department for a minimum of five years.

[7.30.12.10 NMAC - N, 02/27/2015 A/E, 2/23/2026; A, 7/14/2026]

7.30.12.11 PREVENTION

A. A vital part of the emergency medication in schools programs is preventing respiratory distress and severe allergic reactions.

B. Recommendations will be developed by the department for school districts to use in the development of policies and procedures addressing both the use of the medications and prevention of respiratory distress and severe allergic reactions. The recommendations document will be issued upon request to interested school districts and governing bodies. The document will be available online through the office of school and adolescent health's

website at http://nmhealth.org/about/phd/hsb/osah/.

C. The following resources are available for [~~school districts~~] schools to use in developing prevention strategies, and can be obtained from the office of school and adolescent health's website at [~~http://nmhealth.org/about/phd/hsb/osah/~~] http://www.nmhealth.org/about/phd/pchb/osah/ or by contacting the office at 300 San Mateo Blvd. NE, Suite 902, Albuquerque, NM 87108:

(1) the environmental protection agency's "indoor air quality: tools for schools;"

(2) the centers for disease control and prevention's "voluntary guidelines for managing food allergies in schools and early care and education programs;" or

(3) the centers for disease control and prevention's toolkit "initiating change: creating an asthma-friendly school."

D. Other resources are available through the department's asthma control program as well as the office of school and adolescent health.
[7.30.12.11 NMAC - N, 02/27/2015 A/E, 2/23/2026; A, 7/14/2026]

HEALTH CARE AUTHORITY
MEDICAL ASSISTANCE DIVISION

TITLE 8 SOCIAL SERVICES
CHAPTER 310 HEALTH CARE PROFESSIONAL SERVICES
PART 14 JUST HEALTH PLUS - JUSTICE REENTRY SERVICES PROGRAM

8.310.14.1 ISSUING AGENCY: New Mexico health care authority (HCA).
[8.310.14.1 NMAC - N, 8/1/2026]

8.310.14.2 SCOPE: The rule governs the delivery of 90-day pre-release services to individuals in correctional facilities that are medicaid eligible. This rule applies to all justice-involved individuals eligible for medicaid benefits under the JUST Health Plus program, to all providers delivering services under the program, participating correctional facilities, and managed care organizations.
[8.310.14.2 NMAC - N, 8/1/2026]

8.310.14.3 STATUTORY AUTHORITY: The New Mexico medicaid program and other health care programs are administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act as amended or by state statute. See Section 27-2-12 et seq., NMSA 1978. Section 9-8-1 et seq. NMSA 1978 establishes the health care authority (HCA) as a single, unified department to administer laws and exercise functions relating to health care facility licensure and health care purchasing and regulation. Section 27-2-12.22. NMSA 1978 establishes that an individual's incarceration shall not be used as a basis for denying or terminating medicaid eligibility and authorizes HCA to suspend rather than terminate medicaid during incarceration and to accept and process applications for medicaid from incarcerated individuals.
[8.310.14.3 NMAC - N, 8/1/2026]

8.310.14.4 DURATION: The JUST Health Plus program is authorized through a medicaid section 1115 waiver authority. Continuation of the program is contingent upon federal approval of the waiver renewal or the availability of state budget appropriations. If the waiver is not renewed or funding is not appropriated, the program may be modified or terminated.
[8.310.14.4 NMAC - N, 8/1/2026]

8.310.14.5 EFFECTIVE DATE: August 1, 2026, unless a later date is cited at the end of a section.
[8.310.14.5 NMAC - N, 8/1/2026]

8.310.14.6 OBJECTIVE: The objective of these regulations is to establish standards for eligibility, benefits, provider participation, and reimbursement under the JUST Health Plus program, which covers a limited set of pre-release services for medicaid-eligible justice-involved individuals during the 90-day period prior to their release to the community.
[8.310.14.6 NMAC - N, 8/1/2026]

8.310.14.7 DEFINITIONS:

A. Definitions beginning with "A": [RESERVED]

B. Definitions beginning with "B": [RESERVED]

C. Definitions beginning with "C":

(1) "Case management" means services furnished to assist individuals in gaining access to needed medical, social, educational, and other services. Services include comprehensive assessment and periodic reassessment of individual needs, development and periodic revision of a specific care plan, referral and related activities, and monitoring and follow-up activities.

(2) "**Certified peer support worker (CPSW)**" means peer support workers who have successfully completed training with the behavioral health service division's office of peer recovery and engagement (OPRE) and have obtained certification from the New Mexico credentialing board of behavioral health professionals.

(3) "**Children, youth, and families department (CYFD)"** means the state agency overseeing juvenile justice services.

(4) "**Community health worker (CHW)"** means frontline public health workers who are trusted members of the community they serve. CHWs function as a liaison/link/intermediary between health and social services and communities to facilitate access to services and improve the quality and cultural competence of service delivery.

(5) "Community provider" means an entity that provides health care services in the community. Certain community providers may provide JUST Health Plus services to

individuals in correctional facilities either in person or via telehealth and be reimbursed by medicaid.

(6) **"Correctional facility"** means a state prison or county detention facility, whether operated by a government or private contractor, that is used for confinement of adult and youth persons.

(7) **"County detention facilities"** means detention centers operated by local governments used for the confinement of adult and youth persons.

D. Definitions beginning with "D": [RESERVED]

E. Definitions beginning with "E": [RESERVED]

F. Definitions beginning with "F": [RESERVED]

G. Definitions beginning with "G": [RESERVED]

H. Definitions beginning with "H": [RESERVED]

I. Definitions beginning with "I": [RESERVED]

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

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

L. Definitions beginning with "L": [RESERVED]

M. Definitions beginning with "M": "**Medication assisted treatment"** means the use of FDA-approved medications for the treatment of substance use disorder (SUD).

N. Definitions beginning with "N": "New Mexico corrections department (NMCD)" means the state agency overseeing New Mexico prison facilities whether operated by state government or a private contractor.

O. Definitions beginning with "O": [RESERVED]

P. Definitions beginning with "P": [RESERVED]

Q. Definitions beginning with "Q": [RESERVED]

R. Definitions beginning with "R": "**Reentry services"** means resources offered that help individuals prepare for return to their communities after incarceration. Reentry services aim to reduce recidivism and improve public safety by supporting individuals toward independent living skills. Services may include psychological and financial counseling, education, skill development, employment, housing, transportation and various types of supportive services.

S. Definitions beginning with "S":

(1) "**Screening and diagnostic services"** means the use of an evidence-based tool and process to identify diseases or other health conditions through established criteria.

(2) "**Substance use disorder (SUD)"** means a pattern of use of substances leading to clinical or functional impairment, in accordance with the definition in the diagnostic and statistical manual of mental disorders (DSM-5) of the American psychiatric association, or any subsequent editions.

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]

[8.310.14.7 NMAC - N, 8/1/2026]

8.310.14.8 MISSION: We ensure that New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

[8.310.14.8 NMAC - N, 8/1/2026]

8.310.14.9 GENERAL PROGRAM DESCRIPTION: The New Mexico medicaid program (medicaid) pays for medically necessary health services furnished to eligible recipients. To help individuals reentering the community following incarceration, the New Mexico medical assistance division (MAD) has 1115 authority to pay for covered medical services provided to incarcerated medicaid eligible individuals up to 90 days before their release. This part describes eligible providers, covered services, service limitations, and general reimbursement methodology. *See the JUST Health Plus Policy and Billing Manual for additional information*.

[8.310.14.9 NMAC - N, 8/1/2026]

8.310.14.10 ELIGIBLE PROVIDERS:

A. The following providers are eligible to be reimbursed for furnishing JUST Health Plus services:

(1) state operated facilities including NMCD facilities;

(2) county detention facilities;

(3) Tribal correctional facilities;

(4) CYFD juvenile justice facilities;

(5) community providers enrolled in medicaid;

(6) providers employed by facilities noted in Paragraph (1)-(4) of Subsection A of 8.310.14.10 NMAC; and

(7) htird-party health care vendors.

B. Correctional facilities listed in Paragraph (1)-(4) of Subsection A of 8.310.14.10 NMAC must complete a readiness review process conducted by MAD to participate in JUST Health Plus in order to begin provision of services.

C. Correctional facilities who plan to bill medicaid for services must enroll as a medicaid provider with MAD. Once enrolled, providers receive a packet of information, including medicaid program policies, billing instructions, utilization review instructions, and other pertinent material from MAD. Providers are responsible for ensuring that they have received these materials and for updating them as new materials are received from MAD. Providers must be enrolled as

a medicaid provider before submitting claims. See 8.302.2 NMAC. *billing for medicaid services*.
[8.310.14.10 NMAC - N, 8/1/2026]

8.310.14.11 PROVIDER RESPONSIBILITES: Providers who furnish services to medicaid recipients must comply with all specified medicaid participation requirements. See 8.302.1 NMAC, *general provider policies*. Providers must verify that individuals are eligible for medicaid at the time services are furnished and determine if medicaid recipients have other health insurance. Providers must maintain records which are sufficient to fully disclose the extent and nature of the services provided to recipients. See 8.302.1 NMAC, *general provider policies*.
[8.310.14.11 NMAC - N, 8/1/2026]

8.310.14.12 COVERED REENTRY SERVICES AND SERVICE LIMITATIONS: All services provided must be furnished in accordance with applicable federal, state, and local laws and regulations. Covered services must be furnished within the 90-day pre-release period.

A. The following are covered reentry services, organized by service level. Correctional facilities must be assessed as ready to provide either service level one, two, or three, and may not offer a higher service level until additional readiness to provide those services has been assessed:

(1) Service Level 1:

(a) Case management;

(b) Medication assisted treatment, see 8.325.12 NMAC, *medication assisted treatment services in correctional settings*;

(c) 30-day supply of medications upon release; and

(d) Screening and diagnostic services for eligible justice-involved juveniles.

(2) Service Level 2:

(a) All services in service level 1;

(b) Hepatitis C diagnosis and treatment;

(c) Community health worker services; and

(d) Certified peer support worker services.

(3) Service Level 3:

(a) All services in service level 1 and 2;

(b) Diagnostic services, including laboratory and radiology;

(c) Prescribed drugs and medication administration;

(d) Medical equipment and supplies;

(e) Physical and behavioral health clinical consultation services; and

(f) Family planning services and supplies. (*Additional information on covered services, including service definitions, is detailed in the JUST Health Plus Policy and Billing Manual.*)
[8.310.14.12 NMAC - N, 8/1/2026]

8.310.14.13 ELIGIBLE RECIPIENTS: An individual shall be eligible for services under JUST Health Plus if the individual meets all of the following criteria:

A. is incarcerated in an eligible correctional facility, see 8.310.14.10.A NMAC;

B. is determined eligible for full medicaid benefits;

C. is within 90 days of their projected release date; and

D. consents to participating in the JUST Health Plus program.
[8.310.14.13 NMAC - N, 8/1/2026]

8.310.14.14 PROVIDER REIMBURSEMENT: Providers and correctional facilities can receive medicaid reimbursement for the provision of pre-release services through several payment methodologies (*see the JUST Health Plus Policy and Billing Manual for additional information*).
[8.310.14.14 NMAC - N, 8/1/2026]

HISTORY OF 8.310.14 NMAC: [RESERVED]

HEALTH CARE AUTHORITY
MEDICAL ASSISTANCE DIVISION

This is an amendment to 8.308.6 NMAC, Sections 1, 8, 9, and 10, effective 8/1/2026.

8.308.6.1 ISSUING AGENCY: New Mexico health care authority (HCA).
[8.308.6.1 NMAC - Rp, 8.308.6.1 NMAC, 5/1/2018; A, 7/1/2024; A, 8/1/2026]

8.308.6.8 MISSION STATEMENT: [~~To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.~~] We ensure that New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.
[8.308.6.8 NMAC - Rp, 8.308.6.8 NMAC, 5/1/2018; A, 8/10/2021; A, 8/1/2026]

8.308.6.9 MANAGED CARE ELIGIBILITY:

A. General requirements: [~~HSD~~] HCA determines eligibility for medicaid. An eligible recipient is required to participate in an [~~HSD~~] HCA managed care program unless specifically excluded as listed below. Enrollment in a particular managed care organization (MCO) will be according to the eligible recipient's selection of an MCO at the time of application for eligibility, or during other permitted selection periods, or as assigned by [~~HSD~~] HCA, if the eligible recipient makes no selection.

B. The following eligible recipients, as established by their eligibility category, are excluded from managed care enrollment:

(1) qualified medicare beneficiaries (QMB)-only recipients;

(2) specified low income medicare beneficiaries (SLIMB) only;

(3) qualified individuals;

(4) qualified disabled working individuals;

(5) refugees;

(6) participants in the program of [~~all-inclusive~~] all-inclusive care for the elderly (PACE);

(7) children and adolescents in out-of-state foster care or adoption placements;

(8) family planning-only eligible recipients and;

(9) residents in an intermediate care facility for individuals with intellectual disabilities (ICF/IID).

C. Native Americans may opt into managed care. If a Native American is dually eligible or in need of long-term care services, [~~he or she is~~] they are required to enroll in an MCO.

D. For those individuals who are not otherwise eligible for medicaid and who meet the financial and medical criteria established by [~~HSD, HSD~~] HCA, HCA or its authorized agent may further determine eligibility for managed care enrollment through a waiver allocation process contingent upon available funding and enrollment capacity.

[8.308.6.9 NMAC - Rp, 8.308.6.9 NMAC, 5/1/2018; A, 1/1/2019; A, 8/10/2021; A, 8/1/2026]

8.308.6.10 SPECIAL SITUATIONS:

A. [~~HSD~~] HCA newborn enrollment criteria.

(1) When a child is born to a member enrolled in a MCO, the hospital or other providers will complete a MAD form 313 (*notification of birth*) or its successor, prior to or at the time of discharge. [~~HSD~~] HCA shall ensure that upon receipt of the MAD form 313 and upon completion of the eligibility process, the newborn is enrolled into their mother's MCO. The newborn is eligible for a period of 13 months, starting with the month of their birth.

(2) When the newborn's mother is covered by health insurance through the New Mexico health insurance exchange and the mother's qualified health plan is also an [~~HSD-contracted MCO, HSD~~] HCA-contracted MCO, HCA will enroll the newborn into the mother's MCO as of the month of [~~his or her~~] their birth.

(3) When the newborn member's mother is covered by health insurance through New Mexico health insurance exchange and the mother's qualified health plan is not an [~~HSD-contracted MCO, HSD~~] HCA-contracted MCO, HCA shall auto-assign and enroll the newborn in a medicaid MCO as of the month of their birth.

(4) The newborn member's parent or legal guardian will have three months from the first day of the month of birth to change the newborn's MCO assignment. After the three-month period, the newborn's MCO enrollment may only be changed for cause, as set forth in Paragraph (2) of Subsection H of 8.308.7.9 NMAC.

B. Community benefit eligibility:

(1) A member who meets a nursing facility (NF) level of care (LOC) and who does not reside in a NF will be eligible to receive home and community-based services and may choose to receive such services either through an agency-based or self-directed approach as outlined in 8.308.12 NMAC.

(2) Members who meet NFLOC and are eligible to receive community benefits must be enrolled in a [~~centennial care~~] MCO.

C. ICF/IID discharge: When an ICF/IID resident is discharged, enrollment into managed care will begin within two months following discharge.

[8.308.6.10 NMAC - Rp, 8.308.6.10 NMAC, 5/1/2018; A, 1/1/2019; A, 8/10/2021; A, 8/1/2026]

HEALTH CARE AUTHORITY
MEDICAL ASSISTANCE DIVISION

This is an amendment to 8.308.7 NMAC, Sections 1, 8, 9, 10, 11, 12, and 13, effective 8/1/2026.

8.308.7.1 ISSUING AGENCY: New Mexico Health Care Authority (HCA).

[8.308.7.1 NMAC - Rp, 8.308.7.1 NMAC, 5/1/2018; A, 7/1/2024; A, 8/1/2026]

8.308.7.8 MISSION STATEMENT: [~~To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.~~] We ensure that New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

[8.308.7.8 NMAC - Rp, 8.308.7.8 NMAC, 5/1/2018; A, 8/10/2021; A, 8/1/2026]

8.308.7.9 MANAGED CARE ENROLLMENT:

A. General: A medical assistance division (MAD) eligible recipient is required to enroll in a [~~HSD~~] HCA managed care organization (MCO) unless [~~he or she is~~] they are:

(1) a Native American who opts into managed care. If a Native American is dually eligible or in need of long-term care services, [~~he or she is~~] they are required to enroll in a MCO; or

(2) is in an excluded population. See 8.200.400 NMAC and 8.308.6 NMAC. Enrollment in a MCO may be the

result of the eligible recipient's selection of a particular MCO or assignment by [~~HSD~~] HCA. The MCO shall accept as a member an eligible recipient in accordance with 42 CFR. 434.25 and shall not discriminate against, or use any policy or practice that has the effect of discrimination against the potential or enrolled member on the basis of health status, the need for health care services, or race, color, national origin, ancestry, spousal affiliation, sexual orientation or gender identity. [~~HSD~~] HCA reserves the right to limit enrollment in a specific MCO.

B. Newly eligible recipients: An individual who applies for a MAP category of eligibility (COE) and has an approved COE effective date of January 1, 2019, or later, and who is required to enroll in a MCO, must select a MCO at the time of [~~his or her~~] their application for a MAP COE. An eligible recipient who fails to select a MCO at such time will be auto assigned to a MCO. See Subsection C of this Section. Members may choose a different MCO one time during the first three months of their enrollment.

C. Auto assignment: [~~HSD~~] HCA will auto-assign an eligible recipient to a MCO in specific circumstances, including but not limited to: a) the eligible recipient is not exempt from managed care and does not select a MCO at the time of [~~his or her~~] their application for MAD eligibility; b) the eligible recipient cannot be enrolled in the requested MCO pursuant to the terms of this rule (e.g., the MCO is subject to and has reached its enrollment limit). [~~HSD~~] HCA may modify the auto-assignment algorithm, at its discretion, when it determines it is in the best interest of the program, including but not limited to, sanctions imposed on the MCO, consideration of quality measures, cost or utilization management performance criteria. The [~~HSD~~] HCA auto-assignment process will consider the following:

(1) if the eligible recipient was previously enrolled with a MCO and lost [~~his or her~~] their eligibility for a period of six months or less, [~~he or she~~] they will be re-enrolled with that MCO, provided [~~he or she is~~] they are eligible for reenrollment in that MCO at the time of auto assignment;

(2) if the eligible recipient has a family member enrolled in a specific MCO, [~~he or she~~] they will be enrolled with that MCO;

(3) if the eligible recipient has family members who are enrolled with different MCOs, [~~he or she~~] they will be enrolled with the MCO that the majority of other family members are enrolled with;

(4) if the eligible recipient is a newborn, [~~he or she~~] they will be assigned to the mother's MCO for the month of birth, at a minimum; see Subsection A of 8.308.6.10 NMAC; or

(5) if none of the above applies, the eligible recipient will be assigned to an MCO using the default logic that auto assigns an eligible recipient to a MCO.

D. Effective date for a newly eligible recipient's enrollment in managed care: In most instances, the effective date of enrollment with a MCO will be the same as the effective date of eligibility approval.

E. [~~Retroactive MCO enrollment is limited to up to six months prior to the current month for the following reasons~~] A recipient is limited to no more than three months of retroactive MCO enrollment prior to the current month for the following reasons:

(1) retroactive medicare enrollment; or

(2) retroactive changes in eligibility; or

(3) retroactive nursing facility coverage; or

(4) changes in race code from Native American to non-Native American.

F. Eligible recipient member lock-in: A member's enrollment with a MCO is for a 12-month lock-in period. During the first three months of [~~his or her~~] their initial MCO enrollment, either by the member's choice or by auto-assignment, [~~he or she~~] they shall have one option to change MCOs for any reason, except as described below.

(1) If the member does not choose a different MCO during [~~his or her~~] their first three months of enrollment, the member will remain with this MCO for the full 12-month lock-in period before being able to switch MCOs.

(2) If during the member's first three months of enrollment in the initially or annually-selected or a [~~HSD assigned MCO, and he or she chooses a different MCO, he or she is~~] HCA assigned MCO, and they choose a different MCO, they are subject to a new 12-month lock-in period and will remain with the newly selected MCO until the lock-in period ends. After that time, the member may switch to another MCO.

(3) At the conclusion of the 12-month lock-in period, the member shall have the option to select a new MCO, if desired. The member shall be notified of the option to switch MCOs two months prior to the expiration date of the member's lock-in period, the deadline by when to choose a new MCO.

(4) If an inmate, as defined at 8.200.410.17 NMAC, becomes a newly eligible recipient during incarceration and remains eligible at the time of their release, [~~he or she~~] they will be enrolled with the MCO of their choice or auto-assigned to a MCO, unless they are Native American. Their initial 12-month lock-in period will begin on the first of the month of their release from incarceration.

(5) If a member misses what would have been [~~his or her~~] their annual switch enrollment period due to incarceration, hospitalization or incapacitation, the member will have two months to choose a new MCO.

G. Eligible recipient MCO open enrollment period: The open enrollment period is the last

two months of an eligible recipient's 12-month lock-in period, and is the time period during which a member can change [~~his or her~~] their MCO without having to provide a specific reason to [~~HSD~~] HCA. The open enrollment period may be initiated at [~~HSD's~~] HCA's discretion in order to support program needs.

H. Mass transfers from another MCO: A MCO shall accept any member transferring from another MCO as authorized by [~~HSD~~] HCA. The transfer of membership may occur at any time during the year.

I. Change of enrollment initiated by a member during a MCO lock-in period:

(1) A member may select another MCO during [~~his or her~~] their annual renewal of eligibility, or re-certification period.

(2) A member may request to be switched to another MCO for cause, even during a lock-in period. The member may submit the request to [~~HSD's~~] HCA's consolidated customer service center or the medical assistance division. Examples of "cause" include, but are not limited to:

(a) the MCO does not, because of moral or religious objections, cover the service the member seeks;

(b) the member requires related services (for example a cesarean section and a tubal ligation) to be performed at the same time, not all of the related services are available within the network, and [~~his or her~~] their PCP or another provider determines that receiving the services separately would subject the member to unnecessary risk; and

(c) poor quality of care, lack of access to covered benefits, or lack of access to providers experienced in dealing with the member's health care needs.

(d) continuity of care (for example, a member's physician or specialist is no longer in the MCO's provider network or a member lives in a rural area and the closest physician that accepts their current MCO is too far away);

(e) family continuity (for example, a switch that is requested so that all family members are enrolled with the same MCO);

(f) administrative error (for example, a member chooses an MCO at initial enrollment or requests to change MCOs during an allowable switch period but the request was not honored).

(3) No later than the first calendar day of the second month following the month in which the request is filed by the member, [~~HSD~~] HCA must respond in writing. If [~~HSD~~] HCA does not respond timely, the request of the member is deemed approved. If the member is dissatisfied with [~~HSD's~~] HCA's determination, [~~he or she~~] they may request a [~~HSD~~] HCA administrative hearing; see 8.352.2 NMAC for detailed description.

(4) Native American opt-in and opt-out:

(a) Native American members in fee-for-service (FFS) may opt-in to managed care at any time during the year. MCO enrollment begins on the first calendar day of the month following [~~HSD's~~] HCA's receipt of the member's MCO opt-in request.

(b) Native American members may opt-out of managed care at any time during the year. MCO enrollment ends on the last calendar day of the enrollment month in which [~~HSD~~] HCA receives the opt-out request.

(c) Native Americans who opt-in to managed care are not retroactively enrolled into managed care for prior months.

(d) A Native American who is approved for a category of eligibility that is required to be enrolled with a MCO must follow Subsection E, F and H of 8.308.7.9 NMAC regarding MCO enrollment.

[8.308.7.9 NMAC - Rp, 8.308.7.9 NMAC, 5/1/2018; A, 1/1/2019; A, 8/10/2021; A, 8/1/2026]

8.308.7.10 DISENROLLMENT

A. Member disenrollment initiated by a MCO: The MCO shall not, under any circumstances, disenroll a member. The MCO shall not request disenrollment because of a change in the member's health status, because of [~~his or her~~] their utilization of medical or behavioral health services, [~~his or her~~] the member's diminished mental capacity, or uncooperative or disruptive behavior resulting from [~~his or her~~] their special needs.

B. Other [~~HSD~~] HCA member disenrollment: A member may be disenrolled from a MCO or may lose [~~his or her~~] their MAD eligibility if:

(1) [~~he or she~~] the member moves out of the state of New Mexico;

(2) [~~he or she~~] the member no longer qualifies for a MAP category of eligibility or has a change to a MAP category of eligibility that is not eligible for managed care enrollment;

(3) [~~he or she~~] the member requests disenrollment for cause, including but not limited to the unavailability of a specific care requirement that none of the contracted MCOs are able to deliver and disenrollment is approved by [~~HSD~~] HCA;

(4) a member makes a request for disenrollment which is denied by [~~HSD~~] HCA, but the denial is overturned in the member's [~~HSD~~] HCA administrative hearing final decision; or

(5) [~~HSD~~] HCA imposes a sanction on the MCO that warranted disenrollment.

C. Effective date of disenrollment: All [~~HSD-approved~~] HCA-approved disenrollment requests are effective on the first calendar day of the month following the month of the request for disenrollment, unless otherwise indicated by [~~HSD~~] HCA. In all instances, the effective date shall be indicated on the termination record sent by [~~HSD~~] HCA to the MCO.

[8.308.7.10 NMAC - Rp, 8.308.7.10

NMAC, 5/1/2018; A, 1/1/2019; A, 8/1/2026]

8.308.7.11 MASS TRANSFER PROCESS: The mass transfer process is initiated when [~~HSD~~] HCA determines that the transfer of MCO members from one MCO to another is in the best interests of the program.

A. Triggering a mass transfer: The mass transfer process may be triggered by two situations:

(1) a maintenance change, such as changes in the MCO identification number or the MCO changes its name or other changes that is not relevant to the member and services will continue with that MCO; and

(2) a significant change in a MCO's contracting status, including but not limited to, the loss of licensure, substandard care, fiscal insolvency or significant loss in network providers; in such instances, a notice is sent to the member informing [~~him or her~~] them of the transfer and the opportunity to select a different MCO.

B. Effective date of mass transfer: The change in enrollment initiated by the mass transfer begins with the first day of the month following [~~HSD's~~] HCA's identification of the need to transfer MCO members.

[8.308.7.11 NMAC - Rp, 8.308.7.11 NMAC, 5/1/2018; A, 8/1/2026]

8.308.7.12 MEMBER IDENTIFICATION CARD

A. Each member shall receive an identification card (ID) that provides [~~his or her~~] their MCO membership information within 20 calendar days of notification of enrollment with the MCO.

B. The MCO shall re-issue a member ID card within 10 calendar days of notice if the member reports a lost card or if information on the card needs to be changed.

C. The MCO shall ensure a member understands that the ID card:

(1) is intended to be used only by the member;

(2) the sharing the member's ID card constitutes fraud; and

(3) the process of how to report sharing of a member's ID card.

[8.308.7.12 NMAC - Rp, 8.308.7.12 NMAC, 5/1/2018; A, 8/1/2026]

8.308.7.13 MEDICAID MARKETING GUIDELINES: [~~HSD~~] HCA shall review and approve the content, comprehension level, and language(s) of all marketing materials directed at a member before use by a MCO. The MCO shall comply with all federal regulations regarding medicare-advantage and medicaid marketing. See 42 CFR. Parts 422, 438.

[8.308.7.13 NMAC - Repealed, 8.308.7.13 NMAC, 5/1/2018; A, 8/1/2026]

HEALTH CARE AUTHORITY
MEDICAL ASSISTANCE DIVISION

This is an amendment to 8.308.8 NMAC, Sections 1, 8, 10, 11, 12, 15, and 16, effective 8/1/2026.

8.308.8.1 ISSUING AGENCY: New Mexico health care authority (HCA).

[8.308.8.1 NMAC - Rp, 8.308.8.1 NMAC, 5/1/2018; A, 7/1/2024; A, 8/1/2026]

8.308.8.8 [~~RESERVED~~]

MISSION: We ensure that New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

[8.308.8.8 NMAC - Rp, 8.308.8.8 NMAC, 5/1/2018; A, 8/1/2026]

8.308.8.10 WRITTEN MEMBER MATERIALS:

A. All written materials will be available in English and all languages spoken by approximately five percent or more of the MCO's membership, as determined by the [~~HSD~~] HCA contracted managed care organization (MCO) or [~~HSD~~] HCA. Upon consent from the appropriate [~~native~~] Native American tribal leadership, the MCO shall make every effort when a written form is not in the member's native language to translate the form in the member's native language.

B. The MCO is responsible for providing a member or potential member with its member handbook and provider directory, as requested by a member.

(1) The MCO shall send such information to the member within 30 calendar days of receipt of notification of enrollment in the MCO.

(2) Thereafter, upon the request from a member, the MCO shall send such information within 10 calendar days. The MCO shall provide the requestor the option to receive the material in a written or electronic form or by citation to be found on the member's MCO's website.

(3) On an annual basis, the MCO shall notify the member of the availability of updated materials and how to obtain such materials.

C. All written member materials must comply with provisions set forth in 42 CFR 438.10.

[8.308.8.10 NMAC - Rp, 8.308.8.10 NMAC, 5/1/2018; A, 8/1/2026]

8.308.8.11 MEMBER RIGHTS AND RESPONSIBILITIES: The MCO shall provide each member or the member's authorized representative with written information concerning [~~his or her~~] their rights and responsibilities.

A. These include the right:

(1) to be treated with respect and with due consideration for [~~his or her~~] their dignity and privacy;

(2) to receive information on available treatment options and alternatives, presented in a manner appropriate to [~~his or her~~] their condition and ability to understand such information;

(3) to make and have honored [~~his or her~~] their advance directive that is consistent with state and federal laws;

(4) to receive covered services in a nondiscriminatory manner;

(5) to participate in decisions regarding [~~his or her~~] their health care, including the right to refuse treatment;

(6) to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in federal regulations on the use of restraints and seclusion;

(7) to request and receive a copy of [~~his or her~~] their medical records and to request that they be amended or corrected as specified in 45 CFR 164.524 and 526;

(8) to choose an authorized representative to be involved, as appropriate, in making [~~his or her~~] their health care decisions;

(9) to provide informed consent;

(10) to voice grievances concerning the care provided by the MCO;

(11) to appeal any action regarding medicaid services that the member or [~~his or her~~] their authorized representative or authorized provider believes is erroneous;

(12) to protect the member, [~~his or her~~] their authorized representative or authorized provider who uses the grievance, appeal, and [~~HSD~~] HCA administrative hearing processes from fear of retaliation;

(13) to choose from among contracted providers in accordance with [~~his or her~~] their MCO's prior authorization requirements;

(14) to receive information about covered services and how to access these covered services, and providers;

(15) to be free from harassment by the MCO or its contracted providers in regard to contractual disputes between the MCO and the provider;

(16) to participate in understanding physical and behavioral health problems and developing mutually agreed-upon treatment goals; and

(17) to be assured that the MCO complies with any other applicable federal and state laws including: Title VI of the Civil Rights Act of 1964 as implemented by regulations in 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations 45 CFR part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972 (regarding education programs and activities); Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

B. The MCO shall ensure that each member or the member's authorized representative or authorized provider is free to exercise [~~his or her~~] their rights, and the exercise of those rights does not adversely affect the way that the MCO or provider treats the member or member's authorized representative or authorized provider.

C. The member or [~~his or her~~] their authorized representative or authorized provider, to the extent possible, has a responsibility:

(1) to provide information that the MCO and providers need in order to care for the member, such information includes, but is not limited to the member's:

(a) most current mailing address;

(b) most current email address, if one is available;

(c) most current phone number, including any land line and cell phone, if available; and

(d) most current emergency contact information;

(2) to follow the care plans and instructions from [~~his or her~~] their provider that have been agreed upon;

(3) to keep a scheduled appointment; and

(4) to reschedule or cancel a scheduled appointment rather than simply fail to keep it.

[8.308.8.11 NMAC - Rp, 8.308.8.11 NMAC, 5/1/2018; A, 8/1/2026]

8.308.8.12 MEMBER HEALTH RECORDS: The MCO shall provide a member with access to electronic or hard copy versions of [~~his or her~~] their personal health records.

[8.308.8.12 NMAC - Rp, 8.308.8.12 NMAC, 5/1/2018; A, 8/1/2026]

8.308.8.15 MEMBER TOLL-FREE LINE: The MCO shall operate a call center with a toll-free phone line to respond to member questions, concerns, inquiries and complaints from a member and [~~his or her~~] their provider. The line shall be equipped to handle calls from an individual with limited English proficiency, as well as calls from a member who is hearing impaired. It should be staffed 24 hours a day, seven days a week, with qualified nurses to triage urgent care and emergency calls from a member, and when necessary, to facilitate the transfer of such calls to a care coordinator.

[8.308.8.15 NMAC - Rp, 8.308.8.15 NMAC, 5/1/2018; A, 8/1/2026]

8.308.8.16 MEMBER ADVISORY BOARD: The MCO shall convene advisory boards that meet quarterly and are representative of its membership. The advisory board shall advise the MCO on issues concerning service delivery, quality of its covered services, and other member issues as needed or as directed by [~~HSD~~] HCA.

[8.308.8.16 NMAC - Rp, 8.308.8.16 NMAC, 5/1/2018; A, 8/1/2026]

MEDICAL BOARD

This is an amendment to 16.10.2 NMAC, Section 10 effective 7/14/2026.

16.10.2.10 EXPEDITED LICENSURE:

A. Prerequisites for expedited licensure: Each applicant for a license to practice as a physician in New Mexico must be of good moral character, hold a full and unrestricted license to practice medicine in another state, and possess the following qualifications:

(1) have practiced medicine in the United States or Canada immediately preceding the application for at least three years;

(2) be free of disciplinary history, license restrictions, or pending investigations in all jurisdictions where a medical license is or has been held;

(3) graduated from a board approved school or hold current ECFMG certification; and

(4) current certification from a medical specialty board recognized by the ABMS or the AOA-BOS.

B. Required documentation for all applicants: Each applicant for a license must submit the required fees as specified in 16.10.9.8 NMAC and the following documentation:

(1) a completed signed application that has been verified as including all required documentation with a passport-quality photo taken within the previous six months; applications are valid for one year from the date of receipt by the board;

(2) verification of licensure in all states or territories where the applicant holds or has held a license to practice medicine, or other health care profession; verification must attest to the status, issue date, license number, and other information requested and contained on the form;

(3) two recommendation forms from physicians, chiefs of staff or department chairs or equivalent with whom the applicant has worked and who have personal knowledge of the applicant's character and competence to practice medicine; the recommending physician(s) must have personally known the applicant and have had the opportunity to personally observe the applicant's ability and performance; forms must be sent directly to the board from the recommending physician(s), chief(s) of staff, department chair(s) or equivalent(s). This information will be provided by HSC or another board-approved credentials verification service for applicants using that service, or directly to the New Mexico medical board;

(4) verification of all work experience and hospital affiliations in the last three years; if more than one work experience and hospital affiliation, provide at least three verifications of all work and hospital affiliations during the past three years, if applicable, not to include postgraduate training; this information will be provided by HSC or another board-approved credentials verification service for applicants using that service, or directly to the New Mexico medical board;

(5) a copy of all ABMS or AOA-BOS specialty board certifications, if applicable; this information will be provided by HSC or another board-approved credentials verification service for applicants using that service, or directly to the New Mexico medical board; and

(6) the board may request that applicants be investigated by the biographical section of the AMA, the DEA, the FSMB, the NPDB, and other sources as may be deemed appropriate by the board. The board shall require fingerprints and, in its discretion, a state and national background check.

C. Expedited licensure process: Upon receipt of a completed application, required fees, and verification of licensure in all states or territories where the applicant actively holds a license to practice medicine, the board shall issue an expedited license to a qualified applicant within thirty (30) days from the date the completed application was received unless the board may have other cause to deny the application pursuant to Section 61-6-15 NMSA 1978.

D. Expedited license expiration: Expedited licenses shall be valid for no more than 12 months from the date of issuance.

E. Procedure for incomplete application. If an incomplete application for an expedited license is received, the board shall notify the applicant in writing within 30 days from the date the incomplete application was received by the board. The written notification shall include how the application is incomplete and what is needed to complete the application; this written notification shall be titled "notice to cure." After receipt of the notice to cure, the applicant must submit a completed application within 30 days of the receipt of the notice to cure. An extension may be granted, at the board's discretion and based on good cause, for submission beyond 30 days after receipt of the notice to cure.

F. Accepted applications for expedited licensure: The NMMB will accept an application for expedited licensure from any individual who holds an active medical license in all 50 states of the United States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and all other territories or dependencies of the United States. The NMMB will also accept an application for expedited licensure from individuals licensed to practice medicine in Canada, provided they meet the requirements outlined in 16.10.2.10 NMAC. Licensees from all other foreign countries are not eligible for expedited licensure, as their accreditation standards have not been verified as equivalent to those of the United States.

[16.10.2.10 NMAC - Rp/E, 16 10.2.10 NMAC 7/7/2023 A, 3/12/2024; A, 7/14/2026]

MEDICAL BOARD

This is an amendment to 16.10.4 NMAC, Section 8 effective 7/14/2026.

16.10.4.8 HOURS REQUIRED:

A. Seventy-five hours of continuing medical education are required for all medical licenses during each triennial renewal cycle. CME may be earned at any time during the licensing period, July 1 through June 30 immediately preceding the triennial renewal date.

B. One hour of required CME must be earned by reviewing the New Mexico Medical Practice Act and these board rules. Physicians must certify that they have completed this review at the time they submit their triennial renewal application.

C. Beginning July 1, 2026, the board will require that one hour of CME must be earned directed toward nutrition. The one hour of CME earned toward nutrition may apply toward the 75 hours required in Subsection A of this section and may be included as part of the required CME hours as set forth in Subsections A and B of 16.10.14.11 NMAC.

D. Continuing medical education is not required for federal emergency, telemedicine, postgraduate training, public service, temporary teaching or youth camp or school licenses.

E. The five hours of CME in pain management continuing education set forth in Subsections A and B of 16.10.14.11 NMAC may apply toward the 75 hours required in Subsection A of this section and may be included as part of the required CME hours in pain management in either the triennial cycle in which these hours are completed, or the triennial cycle immediately thereafter. Each subsequent triennial renewal cycle shall include five hours of CME hours in pain management.

F. The board may determine the type and or content of continuing medical education required for license renewal. The board may, by a majority vote, modify such requirements as necessary to address evolving standards of medical practice, and public health needs.

[16.10.4.8 NMAC - Rp 16 NMAC 10.4.8, 4/18/2002; A, 4/3/2005; A, 9/27/2007; A, 2/14/2013; A, 7/14/2026]

End of Adopted Rules

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Submittal Deadlines and Publication Dates

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Issue 3	January 29	February 10
Issue 4	February 12	February 24
Issue 5	February 26	March 10
Issue 6	March 12	March 24
Issue 7	March 26	April 7
Issue 8	April 9	April 21
Issue 9	April 23	May 5
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