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New Mexico Register

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Notices of Rulemaking and Proposed Rules

EARLY CHILDHOOD EDUCATION AND CARE DEPARTMENT

NOTICE OF RULEMAKING AND PUBLIC RULE HEARING

The New Mexico Early Childhood Education and Care Department (ECECD) hereby gives notice as required under Section 14-4-5.2 NMSA 1978 and 1.24.25.11 NMAC, that it proposes to adopt amendments to the following rules regarding SOCIAL SERVICES CHILD CARE ASSISTANCE REQUIREMENTS FOR CHILD CARE ASSISTANCE PROGRAMS FOR CLIENT AND CHILD CARE PROVIDERS, CHILD CARE LICENSING; CHILD CARE CENTERS, OUT OF SCHOOL TIME PROGRAMS, FAMILY CHILD CARE HOMES, AND OTHER EARLY CARE AND EDUCATION PROGRAMS, and NON-LICENSED CHILD CARE; REQUIREMENTS GOVERNING REGISTRATION OF NON-LICENSED FAMILY CHILD CARE HOMES as authorized by Subsection (E) of Section 9-29-6 NMSA 1978;

8.9.3 NMAC - CHILD CARE ASSISTANCE REQUIREMENTS FOR CHILD CARE ASSISTANCE PROGRAMS FOR CLIENTS AND CHILD CARE PROVIDERS

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8.9.5.10 NMAC - CAREGIVER REQUIREMENTS

No technical scientific information was consulted in drafting these proposed rules.

Purpose of proposed rules:
The purpose of the rulemaking is to promulgate amendments to 8.9.3 NMAC, 8.9.4 NMAC, and 8.9.5NMAC. ECECD is promulgating these rules to provide for its own agency regulations as well as changes required by the federal Child Care Development Fund (CCDF) grant. The Child Care and Development Block Grant (CCDBG) Act is the law (along with Section 418 of the Social Security Act) that authorizes the federal child care subsidy program known as CCDF. CCDF requires caregivers, teachers, and directors to complete child development training, among other topics areas, as part of orientation or pre-service training. ECECD is also updating the Child Care Assistance regulations (8.9.3 NMAC) to make the emergency amendments that it promulgated on July 1, 2024, permanent through the required amendment process.

Summary of Proposed Rules: In summary, the proposed amendments for 8.9.3 NMAC will update necessary changes prohibiting gross receipts tax being charged to child care assistance families. The proposed amendments for 8.9.4 and 8.9.5 NMAC will update training that all new educators in licensed centers are required to take to include ECECD approved child development courses that address domains of development as defined by the federal CCDF and require the completion of this course within three months of date of hire to comply with the federal CCDF rules, and twelve months of date of hire to comply with additional training ECECD seeks to implement. It will also remove the hour limitation for training that is done online. The proposed rule for 8.9.5 NMAC will update training all new educators in non-licensed child care homes are required to take to include child development courses that address domains of development as defined by the federal CCDF.

As part of the amendment process, ECECD will hold a public rule hearing for the proposed amendments on September 16, 2024 from 9:00 a.m. to 11:00 a.m.

Copies of the proposed amended rules may also be found at ECECD's website at Regulation Changes | Early Childhood Education and Care Department (nmececd.org)/ 30 days prior to the Public Hearing.

Notice of public rule hearing:
The public rule hearing will be held on September 16, 2024 from 9:00 a.m. to 11:00 a.m. for proposed amendments to 8.9.3, 8.9.4, and 8.9.5 NMAC. The hearing will be held in Apodaca Hall of the PERA Building located at 1120 Paseo de Peralta, Santa Fe, New Mexico 87502 and via virtual web platform (Zoom), email, and telephonic means. The public hearing will be conducted in a fair and equitable manner by an ECECD agency representative or hearing officer and shall be recorded. Any interested member of the public may attend the hearing and will be provided with a reasonable opportunity to offer public comment, either orally or in writing, including presentation of data, views, or arguments, on the proposed rules during the hearing. Individuals with disabilities who need any form of auxiliary aid to attend or participate in the public hearing are asked to contact ECECD at ECECD-ECS-PublicComment@ECECD.NM.Gov

or call (505) 231-5820. ECECD will make every effort to accommodate all reasonable requests but cannot guarantee accommodation of a request that is not received at least ten calendar days before the scheduled hearing.

Notice of acceptance of written public comment: Written public comment, including presentation of data, views, or arguments about the proposed rules, from any interested member of the public, may be submitted via email to ECECD-ECS-PublicComment@ECECD.NM.Gov with the subject line "8.9.3, 8.9.4, and 8.9.5 NMAC Public Comment" or via first class mail to P.O. Drawer 5619, Santa Fe, New Mexico 87502 – 5619. Written comments may be delivered to the Old PERA building at 1120 Paseo De Peralta on September 16, 2024 from 9:00 a.m. to 11:00 a.m. The deadline to submit comments is at the end of the public hearing on September 16, 2024. Any interested member of the public may attend the hearing in person, or via the virtual web platform or telephone, and offer public comments on the proposed rule during the hearing. To access the hearing by telephone: place call 1-669-444-9171, access code 854431. You will be able to hear the full hearing and your telephone comments will be recorded. To access the hearing via the internet: please go to https://nmececdorg.zoom.us/j/81445265952, and follow the instructions indicated on the screen – Meeting ID: 814 4526 5952 Access Code: 854431. This will be a live stream of the hearing. You may also provide comment via chat during the live streaming.

GAMING CONTROL, BOARD OF

NOTICE OF PROPOSED RULEMAKING

The Gaming Control Board hereby gives notice that the Board, at a Regular Board Meeting open to the public, will consider public comments received and determine whether to adopt the described rules below.

The Regular Board Meeting will be held on Wednesday, September 18, 2024 beginning at 9:00 am at the Gaming Control Board, 4900 Alameda Blvd. NE, Albuquerque, NM 87113. Interested individuals may also attend via Zoom as follows:

https://us06web.zoom.us/j/85909302122?pwd=UKa28nW0AZurFQDYYssCfGVWbDmoxf.1
Meeting ID: 859 0930 2122
Passcode: 8Bh6th

The public comment period for this rulemaking closed with the public comment hearing which occurred on June 11, 2024.

Subsection B of 15.1.2.8 NMAC Confidential Information:

Purpose: Repeal current Rule and replace with cleaned up language in the rule.

Summary of Full Text: Changing "operation of gaming establishments" to "gaming operations."

15.1.3.8 NMAC - Adoption, Amendment and Repeal

Purpose: Repeal current Rule and replace with a correction of the statutory reference in the rule.

Summary: Changing 60-2E-61 NMSA 1978 to 60-2E-62 NMSA 1978.

Subsection D of 15.1.6.8 NMAC - Suitability of Premises

Purpose: Repeal current Rule and replace to connect rule to statute.

Summary: Adds reference to statutory definition of "permanent physical barrier".

Subsections B and E of 15.1.6.9 NMAC - Area of Licensed Premises; Restrictions:

Purpose: Repeal current Rule and replace to clarify requirements for gaming premises constructions and reiterates tie to statute.

Summary: Specifies that gaming premises construction needs to be completed in accordance with applicable building codes and a certificate of occupancy has been issued along with Board approval prior to gaming commencing on the licensed premises. Also adds reference to the statutory definition of "permanent physical barrier."

Subsections A, D, and E of 15.1.6.10 NMAC - Ownership of Premises

Purpose: Repeal current Rule and replace with same version but requiring disclosure of all potential applicable business relationships.

Summary: Requires disclosure of business relationships "in addition to the lease" between the licensee or applicant and the lessor "or owner" of the premises, adds requirement to disclose liens, clarifies that written board approval is required for a change in premises lease, ownership of, or interest in gaming premises.

Subsection B, C, D of 15.1.6.11 NMAC - Modification of Licensed Premises.

Purpose: Repeal current Rule and replace original rule with same version but adding cross-references to other rules and removing certain requirements for premises modifications.

Summary: Adds requirement to comply with 15.1.5.28 NMAC in addition to this rule in Subsection B. Changes "this rule" to "these rules" in Subsection C. Removes requirement that modifications of licensed premises must be approved by the Board prior to such modification in Subsection D.

15.1.6.12 NMAC - Transfer of License to New Premises.

Purpose: Repeal current Rule and replace with new title that better describes the rule and removing redundant language.

Summary: Changes "License" to "Gaming Operations" in the title. Removes "or license" and changes "an unapproved" to "a different" premises in Subsection A. Removes "or the gaming operator's license" in Subsection B.

Consideration of Subsection D of 15.1.10.32 NMAC - Definitions, included with the public comment notice, has been withdrawn due to the incorrect rule cited in the original notice.

Consideration of Subsections C, D, and F of 15.1.2.9 NMAC - Requests for Disclosure of Confidential Information, included with the public comment notice, has been withdrawn and will be reconsidered at a later date after due notice is given.

Authority: Section 60-2E-7 NMSA1978 and Section 60-2E-8 NMSA 1978.

All written public comments are posted on the website throughout the written comment period at: https://www.gcb.nm.gov/rulemaking/.

Any person with a disability who needs a reader, amplifier, qualified sign language interpreter, or auxiliary aid or service to attend or participate in the hearing should contact (505) 841-9700.

PUBLIC EMPLOYEE LABOR RELATIONS BOARD

NOTICE OF PROPOSED RULEMAKING

The New Mexico Public Employee Labor Relations Board ("PELRB") hereby gives notice that it will conduct a public hearing as part of its monthly meeting which will commence at 10:00 a.m. on October 1, 2024. The purpose of the public hearing will be to obtain input on the proposed amendment of PELRB administrative rules as described below. Copies of the proposed rules may be accessed on the PELRB website (http://www.pelrb.nm.gov) or at the PELRB offices. Concerned parties may provide comments at the public hearing or submit written comments prior to the hearing. Written comments may be submitted to the PELRB via US Mail c/o Matthew Huchmala, Administrative Assistant; New Mexico Public Employee Labor Relations Board; 2929 Coors Blvd. NW, Suite 303; Albuquerque, NM 87102; or by electronic mail to matt.huchmala@pelrb.nm.gov. The submission of written comments as soon as possible is encouraged. Written comments must be received no later than 5:00 p.m. on September 27, 2024.

This information can be provided in a variety of accessible formats. If you are an individual who requires an alternative format or any other form of auxiliary aid to attend or participate in the rulemaking process, please contact the administrative assistant at 505-831-5422 or matt.huchmala@pelrb.nm.gov as soon as possible to arrange the appropriate accommodations.

Statutory Authority

Authority for this rulemaking is the Public Employee Bargaining Act, NMSA 1978 §§ 10-7E-1 through 10-7E-26 (2003, amended 2005).

Summary of Proposed Changes

This list provides a concise statement of the various ways the proposed rules change or codify current practice, and the general reasoning in support of the changes. It is not an elaborate analysis of the rules or of the detailed considerations upon which they are based; rather, it is designed to enable the public to obtain a general idea of the purpose of, and a statement of the basic justification for, the rules. As this list shows, the amendments provide targeted solutions to discrete, specifically identified problems. If the proposed change removes language, that is indicated by text with strikethrough (e.g.[~~removed language~~]); if the proposed change adds language, that is indicated by text with underlining (e.g. added language).

Several typographical errors will be corrected without changing the meaning of the rules.

11.21.1.17 EVIDENCE ADMISSIBLE: Changes to this section expands the scope of inadmissible evidence to include confidential information, as well as who and in what circumstances it may be excluded.

11.21.2.37 UNIT CLARIFICATION: Changes to this section clarifies that unit clarification is appropriate for resolving ambiguities concerning the unit placement of individuals who come within a newly established classification.

The PELRB invites members of the public to comment on draft proposed regulations. Members of the public may comment during the rulemaking hearing in the PELRB's meeting of October 1, 2024, or by submitting written comments prior to that meeting.

Written comments must be submitted no later than 5:00 p.m. on September 27, 2024. Please send comments to the PELRB care of Matthew Huchmala, Executive Administrative Assistant to the Board, either by email to matt.huchmala@pelrb.nm.gov, or have a hard copy delivered to Mr. Huchmala's attention at the PELRB's Albuquerque office. There is no need to provide comments via both email and hard copy.

PUBLIC REGULATION COMMISSION

NOTICE OF PROPOSED RULEMAKING DOCKET NO. 24-00094-UT

The New Mexico Public Regulation Commission (the "Commission") hereby gives notice of its initiation of a rulemaking proceeding to amend a rule within the New Mexico Administrative Code, 17.9.573 NMAC (the "Community Solar Rule").

Summary of the full text of the proposed rule and short explanation of its purpose: The Commission is considering amending the Commission's community solar rule, 17.9.573 NMAC. The Commission initially adopted the Community Solar Rule, pursuant to the Community Solar Act, Sections 62-16B-1 *et seq*., NMSA 1978.

Now, the Commission proposes amendments and will consider amendments proposed by commenters in this docket, limited to Section 17.9.573.11 NMAC, "statewide program capacity caps." The Commission will consider comments and proposals relevant to the community solar program cap, including but not limited to whether the cap should be adjusted in this proceeding and if so, to what level; what the Commission should consider when considering resetting the cap or reallocating the cap among the qualifying utilities; and when the Commission should review the cap and its allocation.

The Commission also proposes amendments to Section 17.9.573.3 NMAC, "statutory authority," to update a statutory citation, as well as amendments to Section 17.9.573.15 NMAC, "special subscriber provisions," concerning low-income subscriber qualification procedures.

Legal authority for amending the rule: The Commission has the authority to amend the community solar rule, pursuant to the New Mexico Constitution, Article XI, Sec. 2 and pursuant to Paragraph (10) of Subsection B of Section 62-19-9 and Section 62-16B-7 NMSA 1978.

How copies of the proposed rule can be obtained: Copies of the proposed rule, as well as instructions for accessing the complete rulemaking record, can be obtained from the rulemaking page on the Commission's website at https://www.nm-prc.org/rulemaking-proceedings/ or by contacting LaurieAnn Santillanes of the commission's office of general counsel at (505) 670-4830.

How a person can comment on the proposed rule amendments, where comments will be received, and when comments are due: Any person wishing to comment on the proposed rule amendments or to propose rule amendments may do so by submitting written initial comments no later than **September 16, 2024**. Any person wishing to respond to initial comments may do so by submitting written response comments no later than **September 18, 2024**. Comments can be electronically filed by sending them in pdf format to prc.records@prc.nm.gov. Comments must refer to docket no. 24-00094-UT. All written comments will be posted on the Commission's website within three days of their receipt by the Records Bureau. The record closure date for this proceeding is **September 30, 2024**. From that date through the completion of this proceeding, rulemaking participants will be forbidden from communicating with the Commission or its representatives concerning substantive issues in this proceeding.

When and where a public rule hearing will be held and how a person can participate in the hearing: A public comment hearing on the proposed amendments to the Community Solar Rule and any proposed alternatives to the proposed amendments, to be presided over by the Commission or its designee, shall be held beginning at **10:00 a.m. on September 18, 2024**, with participation allowed in person in the Commission's second floor open meeting room at the offices of the Commission, located in the Bokum Building, at 142 West Palace Avenue, Santa Fe, NM 87501, or via the Zoom online platform. Any member of the public who wishes to make a comment at the hearing must contact Patrick Rodriguez at (505) 490-7910 or via email at public.comment@prc.nm.gov, by no later than **12:00 noon on September 17, 2024**, to sign up as a hearing participant.

All persons participating via the Zoom platform will receive an invitation the day before the hearing. The Zoom invitation will include a call-in number for those participants who are unable to access the Zoom platform via computer. The hearing will be held in order to receive oral comments. In the interest of administrative efficiency, only commenters who have not submitted written comments will be allowed to speak. In addition, any commenter may be limited to five minutes to speak, subject to the discretion of the commission or its designee. No testimony or other evidence will be taken at the hearing as this is a rulemaking proceeding. A court reporter will prepare a transcript of the hearing for filing in the rulemaking docket, docket no. 24-00094-UT.

Persons with disabilities: any person with a disability requiring special assistance to participate in this proceeding should contact the Commission's Director of The Administrative Services Division at (505) 827-8019 to request such assistance as soon as possible, preferably as soon as the person receives notice of this proceeding, to allow consideration of the request and to arrange for a potential reasonable accommodation.

Instructions on how to access the complete rulemaking record, reports, and other items filed in the Commission's e-docket system can be found at https://www.nm-prc.org/rulemaking-proceedings/.

RACING COMMISSION

NOTICE OF PUBLIC RULES HEARING AND MEETING

The NM Racing Commission will hold a Public Rules Hearing and Meeting on **Thursday, September 19, 2024**. This Public Rules Hearing and Meeting will be held during the Commission's regular business meeting with the public session beginning at 9:00 a.m. They will be held in person in the Boardroom, at 4900 Alameda Blvd., NE, Albuquerque, NM and virtually via Zoom.

Topic: Regular Commission Meeting
Time: Sep 19, 2024 09:00 AM Mountain Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/85948759014?pwd=HqXGPBVTgZNoOdbPYIms4T4shK9j85.1

Meeting ID: 859 4875 9014
Passcode: 8kGnre

One tap mobile
+12532050468,,85948759014#,,,,*551062# US
+12532158782,,85948759014#,,,,*551062# US (Tacoma)

Find your local number: https://us02web.zoom.us/u/kdZLFkK0mi

The Commission is proposing the following amendments to Rules Governing Horse Racing in NM:

15.2.1 NMAC – General Provisions
15.2.3 NMAC – Flat Racing Officials
15.2.5 NMAC – Rules of the Race
15.2.6 NMAC – Veterinary Practices, Equine Health, Medication, and Trainer Responsibility
16.47.1 NMAC – General Provisions (Occupational and Professional Licensing)

A copy of the proposed rules may be found at: https://www.nmrc.state.nm.us/rules-regulations/.

Written comments on the proposed rule may be submitted to DeniseM.Chavez@rc.nm.gov and/or you may appear at the meeting and provide brief, verbal comments. All written comments must be submitted to DeniseM.Chavez@rc.nm.gov and received no later than **5:00 p.m. September 16, 2024**.

The **final agenda** will be available 120 hours prior to the public hearing and meeting. The **final** agenda may be obtained from Denise Chavez or from NMRC's website.

No technical information served as the basis for the proposed rule.

Anyone requiring special accommodations should notify NMRC of such needs at least 5 days prior to the public hearing and meeting.

Statutory Authority: Legal authority for NMRC rulemaking can be found at NMSA Section 60-1A-4(B)(1).

The following rule amendments are proposed:

Subsection I of 15.2.1.7 NMAC: This rule details definitions. The purpose of the proposed amendment is to add the definition of Industrial Representative to clarify "representatives" assisting Licensees in hearings before the stewards and appeals to the Hearing Officer and Commission.

Subsections A and B of 15.2.1.9 NMAC: These rules detail due process and disciplinary actions before the stewards and commission. The purpose of the proposed amendments is to clarify the "representatives" assisting Licensees in hearings before the stewards and commission and rulings from other recognized regulatory organizations.

Subsections B, D, F and N of 15.2.3.8 NMAC: Subsection B details disciplinary actions, subsection D details payment of purses, subsection F details duties of the horse identifier, and subsection N details requirements of the official veterinarian. The purpose of the proposed amendment to subsection B is to ensure the time to pay a fine is consistent with other references in the rule book. The proposed amendment to subsection D will allow associations to take payment from owners whose horses are subject to post-mortem examinations (necropsy). The purpose of the proposed amendments to subsection F is to clarify the duties of the horse identifier. Finally, the purpose of the amendment to this rule is to be consistent with the New Mexico Veterinary Practice Act.

Subsection B of 15.2.5.12 NMAC: This rule details conditions that make a horse ineligible to start in a race. The purpose of the amendments is to update the rules of horse identification.

Subsections A and B of 15.2.6.9 NMAC: This rule details medications and prohibited substances and penalty recommendations. The purpose of the amendments to this rule is to clarify New Mexico's rule of reciprocity with other jurisdictions and to add penalties for out-of-competition testing violations.

Subsections A and C of 15.2.6.12 NMAC: This rule details postmortem examinations. The purpose of these amendments is to clarify the responsibilities for postmortem examinations of horses.

Subsection L of 16.47.1.8 NMAC: This rule details grounds for disciplinary measures for a licensee, and refusal, denial, suspension, or revocation of a license. The purpose of these amendments is to clarify grounds for disciplinary measures for a licensee, and refusal, denial, suspension or revocation of a license, including but not limited to other recognized regulatory organizations.

REGULATION AND LICENSING DEPARTMENT
ACUPUNCTURE AND ORIENTAL MEDICINE, BOARD OF

NOTICE OF PUBLIC RULE HEARING AND BOARD MEETING

The New Mexico Board of Acupuncture and Oriental Medicine will hold a rule hearing on Tuesday, September 24, 2024, at 9:00 a.m., immediately followed by a meeting of the board to consider any public comment and adoption of the proposed rule listed below.

Public participation is welcomed, and comments may be submitted in writing during the public comment period, or in person during the public rule hearing. The hearing and subsequent meeting will take place at the Regulation and Licensing Department, Sandia Conference Room, located at 5500 San Antonio Drive NE, Albuquerque, New Mexico 87109.

The hearing and subsequent meeting may also be accessed virtually via Microsoft Teams.
Meeting Link: **https://teams.microsoft.com/**
Meeting ID: 242 400 480 452
Passcode: Pzzn2A
or
Join by Phone: +1-505-312-4308
Phone Access Code: 322 739 231#

The purpose of the rule hearing is to consider changes to the current rule:
16.2.1 - General Provisions
16.2.3 - Application for Licensure
16.2.4 - Examinations
16.2.5 - Temporary Licensing
16.2.6 - Expedited Licensing
16.2.7 - Educational Programs
16.2.8 - License Renewal
16.2.9 - Continuing Education
16.2.10 - Fees
16.2.14 - Externships
16.2.15 - Inactive License
16.2.16 - Auricular Detoxification
16.2.17 - Licensure by Endorsement
16.2.18 - Educational Courses for Expanded Practice Certification
16.2.19 - Expanded Practice Certifications

Copies of the proposed rule may be obtained through the board website or contacting the Board Administrator through the information below:
https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/acupuncture-and-oriental-medicine/statutes-rules-and-rule-hearings/
Kathleen Gonzales, Board Administrator
(505) 476-4622 - Main Line for the Boards and Commissions Division
acuormedboard@rld.nm.gov

Written comment will be accepted during the public comment period, up until Tuesday, September 24, 2024, and may be submitted either by email or by postal mail to the following addresses:
acuormedboard@rld.nm.gov
Attn: New Mexico Board of Acupuncture and Oriental Medicine
P.O. Box 25101
Santa Fe, NM 87504

Written comments received during the public comment period prior to the public rule hearing will be posted to the board website page linked above. Public comment will also be accepted during the rule hearing and may be submitted in writing or presented orally by those attending both in-person and virtually. The board will not enter into substantive discussion of public comments during the rule hearing but will consider and deliberate any public comment during the board meeting immediately following the conclusion of the public rule hearing.

The agenda for the board meeting, which will begin immediately after the public rule hearing, will be available no less than 72 hours prior to the meeting, and available on the Board website linked above or by contacting the Board Administrator.

An individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or other form of auxiliary aid or service to attend or participate in the hearing, please contact the Board Administrator.

Statutory Authority:
The proposed rule changes are authorized by the Acupuncture and Oriental Medicine Practice Act, Sections 61-14A-1 through 61-14A-22 NMSA 1978, which provides explicit authority for the board to promulgate rules to protect public health and safety and carry out the provisions of the Act. The rulemaking and public rule hearing is governed by the State Rules Act, Sections 14-4-1 through 14-4-11 NMSA 1978, and the Default Procedural Rule for Rulemaking promulgated by the New Mexico Department of Justice, Parts 1.24.25.1 through 1.24.25.16 NMAC.

Purpose of Proposed Rules:
The proposed rule changes are intended primarily to address the language and procedures for licensing according to the updated, paperless, NM-PLUS system. Additionally, changes to the Sonography and Expanded Practice will allow for practitioners to better work within the scope of practice.

Summary of Proposed Rules:
The proposed rule changes include standardized language to align with the new standard for licensing within the RLD system. All language pertaining to the need for paper applications or submitting non-electronic forms of payment will be removed.

The proposed rule changes would also open up the possibility to be licensed as a Expanded Practice for Basic Injection, removing the need for a psychometric evaluation.

Additionally, the change within the Sonography credentialing will provide us with an official credentialing entity, Alliance for Physician Certification & Advancement.

REGULATION AND LICENSING DEPARTMENT
MANUFACTURED HOUSING DIVISION

NOTICE OF PUBLIC HEARING

The Manufactured Housing Division will convene a public hearing for the amendment of 14.12.9 NMAC-INSPECTIONS. The hearing will be held before a hearing officer, at which time any interested person is invited to submit data, views, or arguments on the proposed changes, either orally or in writing, and to examine witnesses testifying at the hearing. The hearing is scheduled for Tuesday, September 24, 2024.

The purpose of this public rule hearing is to receive public comments regarding the amendments to 14.12.9 NMAC. Amendments clarify requirements for licensees to correct code violations, pay for re-inspection fees and request inspections. The amendments also delete outdated requirements for posting permits and licensing requirements incorrectly placed under this section.

The statutory authority for this rulemaking is found in the New Mexico Manufactured Housing Act, Subsection D of Section 60-14-4 NMSA 1978.

The hearing is scheduled as follows:

An in-person hearing shall be held on Tuesday, September 24, 2024, at the Regulation and Licensing Department, 2550 Cerrillos Road, Santa Fe, NM, Rio Grande Conference room, starting at 9:30 a.m. The hearing will remain open until 10:00 a.m. or until participants have an opportunity to make public comments, whichever is longer.

Interested persons may obtain copies of the proposed rule changes by logging onto the Manufactured Housing Division website (https://www.rld.nm.gov/manufactured-housing-division) to download the proposed rules or by written request to the Albuquerque MHD Office – Regulation and Licensing Department, 5500 San Antonio Drive NE, Suite F, Albuquerque, NM 87109, attention: Eliza Casados.

You may send written comments to: Manufactured Housing Division, – Regulation and Licensing Department, 5500 San Antonio Drive NE, Suite F, Albuquerque, NM 87109, Attention: Public Comments. Written comments may also be faxed to (505) 765-5670 or submitted by email at: eliza.casados@rld.nm.gov. All written comments must be received no later than 5:00 p.m., on Monday, September 23, 2024. You may also review submitted comments by requesting copies from Eliza Casados at the email address above. Public comments will be posted on the division's website (https://www.rld.nm.gov/manufactured-housing-division). Written comments may also be received by the Committee at the in-person hearing until the hearing is closed. All public comments received shall be admitted into the record during the public hearing.

If you require special accommodation to attend the hearing, please notify MHD by phone, email, or fax, of such needs as soon as possible to ensure adequate accommodation. Telephone: (505) 629-3835. Email: eliza.casados@rld.nm.gov; Fax No. (505) 765-5670.

Summary of the Proposed Changes to the Administrative Codes:

14.12.9.13 INSTALLATION INSPECTIONS- Amend Subsection B and C to clarify that the licensee who performs the work which results in a code violation is the person responsible for correcting the violation, paying the re-inspection fee and requesting the re-inspection.

14.12.9.13 INSTALLATION INSPECTIONS- Delete Subsection E. Requirements for CID licensing is currently located at Subsection 14.12.2.14 NMAC INSTALLER AND REPAIRMEN.

14.12.9.14 INSPECTION PERMITS- Delete Subsection K. Posting of installation permits at site locations is no longer necessary.

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 comments regarding proposed amendments to NMAC 11.1.2 (the Public Works Minimum Wage Act Policy Manual) 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 September 18, 2024 from 1:00 pm to 3:00 pm.

The purpose and summary of the public comment hearing will be to obtain input and public comment on proposed prevailing wage rates and subsistence and zone pay for Public Works projects for 2025.

Under Section 9-26-4, NMSA 1978, the Workforce Solutions Department is responsible for the administration of the labor relations division which oversees setting the prevailing wage and fringe benefit rates. Pursuant to Section 13-4-11, NMSA 1978, the Director of the Labor Relations Division shall determine the prevailing wage rates and the prevailing fringe benefit rates and the Director shall issue rules necessary to administer and accomplish the purposes of the Public Works Minimum Wage Act.

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 17, 2024. 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@dws.nm.gov. The proposed rule 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 CARE AUTHORITY DEPARTMENT
MEDICAL ASSISTANCE DIVISION

On July 1, 2024, the Division of Health Improvement was transitioned from the Department of Health to the newly established Health Care Authority per SB14 NM State legislature 2023 session. As part of that transfer the new Health Care Authority(HCA) repealed and replaced multiple rules transferring the authority to the newly established HCA. During that process an error was made in promulgating 8.370.3 Health Facility Licensure Fees and Procedures, repealing 7.1.7.NMAC. Unfortunately, an error was made and the wrong rule was published. This emergency rule repeals the rule in error and replaces it with the correct rule for 8.370.3 NMAC.

HEALTH CARE AUTHORITY DEPARTMENT
MEDICAL ASSISTANCE DIVISION

TITLE 8 SOCIAL SERVICES
CHAPTER 370 OVERSIGHT OF LICENSED HEALTHCARE FACILITIES AND COMMUNITY BASED WAIVER PROGRAMS
PART 3 HEALTH FACILITY LICENSURE FEES AND PROCEDURES

8.370.3.1 ISSUING AGENCY: New Mexico Health Care Authority, Division of Health Improvement, Health Facility Licensing and Certification Bureau.
[8.370.3.1 NMAC – Rp/E, 8.370.3.1 NMAC, 8/01/2024]

8.370.3.2 SCOPE: These regulations apply to any health facility as defined by Subsection D of Section 24-1-2 NMSA 1978, as amended, which is licensed or is required to be licensed, or any health facility which by federal regulations must be licensed to obtain or maintain federal funding.
[8.370.3.2 NMAC – Rp/E, 8.370.3.2 NMAC, 8/01/2024]

8.370.3.3 STATUTORY AUTHORITY: The regulations set forth herein have been promulgated by the secretary of the New Mexico health care authority (authority), pursuant to the general authority granted under Subsection E of Section 9-8-6 of the Health Care Authority Act, NMSA 1978, as amended; and the authority granted under Subsection D of Section 24-1-2, Subsection I of Section 24-1-3, and Section 24-1-5 of the Public Health Act, NMSA 1978, as amended. Section 9-8-1 et seq. NMSA 1978 establishes the health care authority as a single, unified department to administer laws and exercise functions relating to health care purchasing and regulation.
[8.370.3.3 NMAC – Rp/E, 8.370.3.3 NMAC, 8/01/2024]

8.370.3.4 DURATION: Permanent.
[8.370.3.4 NMAC – Rp/E, 8.370.3.4 NMAC, 8/01/2024]

8.370.3.5 EFFECTIVE DATE: August 1, 2024, unless a later date is cited at the end of a section.
[8.370.3.5 NMAC – Rp/E, 8.370.3.5 NMAC, 8/01/2024]

8.370.3.6 OBJECTIVE: The purpose of these regulations is to set licensing fees for health facilities. Fees are charged in order to partially defray the cost to the state of New Mexico of the licensing process, including the cost of on-site facility surveys by the licensing authority.
[8.370.3.6 NMAC – Rp/E, 8.370.3.6 NMAC, 8/01/2024]

8.370.3.7 DEFINITIONS: For purposes of these regulations the following shall apply:

A. "amended license" means a license issued by the licensing authority to reflect a non-substantive change which does not result in the voiding of the original license, for example, a change in the name of the facility or a change in the operator or administrator;

B. "annual license" is a license granting permission to operate a facility for the one-year period stated on the face of the document; the annual license is issued on an initial and renewal basis following submission of an acceptable application for license and survey of the facility;

C. "application for license" means the forms, attachments and other writings and drawings required by the licensing authority, under the authority of the regulations listed in 8.370.3.14 NMAC, of these regulations to be submitted for review by the licensing authority as part of the process of granting or denying an annual license;

D. "bed" means an assembly for sleeping, whether or not the bed is in actual use and for which "bed capacity" the facility is licensed;

E. "capacity" means the total number of persons or beds for which the facility is licensed;

F. "change of ownership" licenses are **non-transferable**; a change of ownership

licensure will follow the initial application and licensure fee schedule process;

G. "denial of the license" means action by the licensing authority refusing to grant an annual license on the basis of non-compliance with applicable laws and regulations, and specifically under these regulations, nonpayment of the prescribed fee;

H. "facility and health facility" means any health facility required to be licensed by the licensing authority by authority of the Public Health Act, Sections 24-1-1 et seq. NMSA 1978, as amended, and the regulations listed in 8.370.3.14 NMAC of these regulations;

I. "facility inspections or survey and inspection survey" means an entry into a facility and examination of the facility premises, inspection of records and interview of staff and clientele;

J. "license" means the document issued by the licensing authority which authorizes the operation of a facility. The term license may mean an annual license or a time-limited temporary license;

K. "licensing authority" means the division of health improvement of the New Mexico department of health;

L. "temporary license" means a provisional license granting permission to operate a facility for any period of time not to exceed 120 days; not more than two consecutive temporary licenses may be granted by the licensing authority.

[8.370.3.7 NMAC – Rp/E, 8.370.3.7 NMAC, 8/01/2024]

8.370.3.8 STANDARD OF COMPLIANCE: Strict compliance is required of health facilities subject to these regulations. Payment of the licensing fee is a condition precedent to licensure of the health facility by the licensing authority.

[8.370.3.8 NMAC – Rp/E, 8.370.3.8 NMAC, 8/01/2024]

8.370.3.9 BASIS: Licensing fees for inpatient health facilities providing professional medical or nursing services on a 24 hour basis are based upon a maximum fee per bed set by statute. Licensing fees are based upon the maximum fee for health facilities as set by statute.

[8.370.3.9 NMAC – Rp/E, 8.370.3.9 NMAC, 8/01/2024]

8.370.3.10 LICENSURE FEE SCHEDULE: Rates shall be charged, as indicated in the fee schedule shown in this section, upon initial and renewal application for an annual license and prior to issuance of a second temporary license. The fee for the first temporary license is included in the initial application fee.

A. Category I: Fees for facilities providing professional medical or nursing services on a 24 hour basis shall be based on the number of beds in each facility.

Type of Facility	Rate Per Bed
General hospitals	$12.00
Limited hospitals	$12.00
Special hospitals	$12.00
orthopedic hospitals	$12.00
children's hospitals	$12.00
psychiatric hospitals	$12.00
alcohol and drug abuse treatment hospitals	$12.00
rehabilitation hospitals	$12.00
other special hospitals as identified	$12.00
Children's Psychiatric Hospital	$12.00
Rural primary care hospitals	$12.00
Long-term care facilities	$12.00
skilled nursing facilities	$12.00
intermediate care facilities	$12.00
intermediate care facilities for mentally retarded	$12.00

B. Category II: Fee for facilities providing professional medical or nursing services in the home or on an outpatient basis shall be based per license for each facility:

Type of Facility	Rate Per License

Health facilities providing outpatient medical services	$300.00
community mental health	$300.00
free standing hospice	$300.00
home health agency	$300.00
diagnostic and treatment center	$300.00
limited diagnostic and treatment center	$300.00
rural health clinic	$300.00
infirmary	$300.00
new or innovative clinic	$300.00
ambulatory surgical center	$300.00
Facilities providing services for end stage renal disease	$300.00
services for end state renal disease	$300.00
renal transplantation center	$300.00
renal dialysis center	$300.00
renal dialysis facility	$300.00
self dialysis unit	$300.00
special purpose renal dialysis facility	$300.00
In home and inpatient hospice care	$300.00
Home health agencies	$300.00

C. Category III: Fees for facilities providing assisted living on a 24 hour basis in accordance with 8.370.12 NMAC.

Type of Facility	**Rate Per License**
Assisted Living Facilities	$300.00

D. Category IV: Facilities providing adult day care and services for less than 24 hours a day for three or more clients in accordance with 8.370.20 NMAC.

Type of Facility	**Rate Per License**
Adult Day Care Facilities	$300.00

[8.370.3.10 NMAC – Rp/E, 8.370.3.10 NMAC, 8/01/2024]

8.370.3.11 FEES FOR AMENDED LICENSES: The licensing fee for each amended license issued shall be $300.00 as follows.

Amendment Types	**Amended License Fee**
Change of administrator or director	$300.00
Change of capacity (additional $12.00 per bed if fee is rate per bed)	$300.00
Change of facility name	$300.00
Change of physical address	$300.00

[8.370.3.11 NMAC – Rp/E, 8.370.3.11 NMAC, 8/01/2024]

8.370.3.12 METHOD OF PAYMENT FOR LICENSE FEES: All applications for license and requests for amended license shall be accompanied by the prescribed fee in the form of a check or money order payable to the state of New Mexico.

[8.370.3.12 NMAC – Rp/E, 8.370.3.12 NMAC, 8/01/2024]

8.370.3.13 NON-REFUNDABLE PRE-PAYMENT OF FEES: All fees are prepaid and are not refundable.

[8.370.3.13 NMAC – Rp/E, 8.370.3.13 NMAC, 8/01/2024]

8.370.3.14 RELATED REGULATIONS: The following is a list of regulations regarding licensure of health facilities within the jurisdiction of the licensing authority.

A. Requirements for Acute Care, Limited Services and Special Hospitals, New Mexico health care authority, 8.370.12 NMAC.

B. Requirements for Long Term Care Facilities, New Mexico health care authority, 8.370.16 NMAC.

C. Requirements for Facilities Providing Outpatient Medical Services and Infirmaries, New Mexico health care authority, 8.370.18 NMAC.

D. Requirements for In-home and Inpatient Hospice Care, New Mexico health care authority, 8.370.19 NMAC.

E. Requirements for Adult Day Care Facilities, New Mexico health care authority, 8.370.20 NMAC.

F. Requirements for Intermediate Care Facilities for the Mentally Retarded, New Mexico health care authority, 8.371.2 NMAC.

G. Requirements for End Stage Renal Disease Facilities, New Mexico health care authority, 8.370.24 NMAC.

H. Requirements for Assisted Living Facilities for Adults, New Mexico health care authority, 8.370.14 NMAC.

I. Requirements for Home Health Agencies, New Mexico health care authority, 8.370.22 NMAC.

[8.370.3.14 NMAC – Rp/E, 8.370.3.14 NMAC, 8/01/2024]

History of 8.370.4 NMAC: [RESERVED]

HEALTH CARE AUTHORITY DEPARTMENT
MEDICAL ASSISTANCE DIVISION

This is an amendment to 8.310.10 NMAC, Sections 1, 8, 9, 10, 11, 12, 13, 15 and 16 effective 9/1/2024.

8.310.10.1 ISSUING AGENCY: New Mexico [~~Human Services Department (HSD)~~] Health Care Authority (HCA).

[8.310.10.1 NMAC - N, 4/1/2016; A, 9/1/2024]

8.310.10.8 [~~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.

[8.310.10.8 NMAC - N, 4/1/2016; Repealed, 5/1/2018; A, 9/1/2024]

8.310.10.9 HEALTH HOMES: CareLink NM is a set of services authorized by Section 2703 of the Affordable Care Act (ACA). CareLink NM health home (CareLink NM) services are delivered through a designated provider agency. In addition to being enrolled as a provider, a provider agency must complete a CareLink NM application and successfully complete a readiness assessment by [~~HSD~~] HCA prior to becoming a designated health home. CareLink NM services enhance the integration and the coordination of primary, acute, behavioral health, and long-term services and supports. The CareLink NM provider agency assists an eligible recipient by engaging him or her in a comprehensive needs assessment which is then utilized to develop [~~his or her~~] their integrated service plan and individual treatment plan, increasing [~~his or her~~] their access to health education and promotion activities, monitoring the eligible recipient's treatment outcomes and utilization of resources, coordinating appointments with the eligible recipient's primary care and specialty practitioners, sharing information among [~~his or her~~] their physical and behavioral practitioners to reduce the duplication of services, actively managing the eligible recipient's transitions between services, and participating as appropriate in the development of the eligible recipient's hospital discharge.

[8.310.10.9 NMAC - N, 4/1/2016; A, 5/1/2018; A, 9/1/2024]

8.310.10.10 ELIGIBLE PROVIDERS AND PRACTITIONERS:

A. Health care to eligible recipients in a health home is furnished by a variety of providers and provider groups. The reimbursement and billing for these services is administered by medical assistance division (MAD). Upon approval of a New Mexico provider participation agreement (PPA) by MAD or its designee, licensed practitioners, facilities and other providers of services that meet applicable requirements are eligible to be reimbursed for furnishing covered services to eligible recipients. A provider agency must be enrolled before submitting a claim for payment to the MAD claims processing contractors or the [~~HSD~~] HCA contracted managed care organizations (MCOs). MAD makes available on the [~~HSD~~] HCA website, on other program-specific websites, or in hard copy format, information necessary to participate in health care programs administered by MAD or its designees including program rules, billing instructions, utilization review (UR) instructions, supplements, policy, and other pertinent materials. When enrolled, a provider agency and a practitioner receive instruction on how to access these documents. It is the provider agency's and practitioner's responsibility to access these instructions, to understand the information provided and to comply with the requirements. The provider agency must contact [~~HSD~~] HCA or its authorized agents to obtain answers to questions related to the material. To be eligible for reimbursement, a provider agency and practitioner must adhere to the provisions of the MAD PPA and all applicable statutes, regulations, and executive orders. MAD, its selected claims processing contractor or the MCO, issues payments to a provider agency using electronic funds transfer (EFT) only. To be eligible to receive a CareLink NM health home designation, a provider agency must hold a comprehensive community support service (CCSS) certification or attest that the agency has received all required training.

B. A provider agency must follow CareLink NM staffing requirements found

in this rule and further detailed in the CareLink NM policy manual. The provider agency must agree to fulfill other responsibilities as listed in Subsection B of 8.310.10.10 NMAC. The following individuals and practitioners must be contracted or employed by the provider agency as part of its CareLink NM service delivery:

(1) A director specifically assigned to CareLink NM service oversight and administrative responsibilities.

(2) A health promotion coordinator with a bachelor's-level degree in a human or health services field and experience in developing curriculum and curriculum instruction. The health promotion coordinator manages health promotion services and resources appropriate for an eligible recipient such as interventions related to substance use prevention and cessation, nutritional counseling, or health weight management;

(3) A care coordinator who develops and oversees an eligible recipient's comprehensive care management, including the planning and coordination of all physical, behavioral, and support services. The number of care coordinators is based upon ratio in Paragraph (5) of Subsection D of 8.310.10.11 NMAC. The care coordinator:

(a) is a regulation and licensing department (RLD) licensed behavioral health practitioner; or

(b) holds a bachelor's or master's level degree and has two years of relevant healthcare experience; or

(c) is registered nurse in the state of New Mexico; or

(d) is approved through the CLNM NM health home steering committee.

(4) A community liaison who speaks a language that is utilized by a majority of non-fluent English-speaking eligible recipients, and who is experienced with the resources in the eligible recipient's local community. The community liaison identifies, connects, and engages with community services, resources, and providers. The community liaison works with an eligible recipient's care coordinator in appropriately connecting and integrating the eligible recipient to needed community services, resources, and practitioners.

(5) A supervisor who is an independently licensed behavioral health practitioner as described in 8.321.2 NMAC who supervises the care coordinator, the community liaison, the health promotion coordinator, peer and family support workers, and other optional staff that is the part of the CareLink NM multidisciplinary team. The supervisor must have direct service experience in working with both adult and child populations. Physical health and psychiatric consultants must comply with their respective licensing boards' requirements for supervision.

(6) Certified peer support worker(s) (CPSW) who hold a certification by the New Mexico credentialing board for behavioral health professionals as a certified peer support worker. The CPSW has successfully navigated [~~his or her~~] their own behavioral health experiences, and is willing to assist [~~his or her~~] their peers in their recovery processes.

(7) Certified family support specialist(s) who hold a certification by the New Mexico credentialing board for behavioral health professionals as a certified family support worker.

(8) A physical health consultant who is a physician licensed to practice medicine (MD) or osteopathy (DO), a licensed certified nurse practitioner (CNP), or a licensed certified nurse specialist (CNS) as described in 8.310.3 NMAC.

(9) A psychiatric consultant who is a physician (MD or DO) licensed by the board of medical examiners or board of osteopathy and is board-eligible or board-certified in psychiatry as described in 8.321.2 NMAC.

[8.310.10.10 NMAC - N, 4/1/2016; A, 5/1/2018; A, 9/1/2024]

8.310.10.11 PROVIDER RESPONSIBILITIES:

A. A provider agency who furnishes MAD services to an eligible recipient must comply with all federal and state laws, rules, regulations, and executive orders relevant to the provision of services as specified in the MAD PPA. A provider agency also must comply with all appropriate New Mexico administrative code (NMAC) rules, billing instructions, supplements, and policy, as updated. A provider agency is also responsible for following coding manual guidelines and centers for medicare and medicaid services (CMS) national correct coding initiatives (NCCI), including not improperly unbundling or upcoding services.

B. A provider agency must verify that a recipient is eligible for a specific health care program administered by [~~HSD~~] HCA and its authorized agents, and must verify the recipient's enrollment status at the time services are furnished. A provider agency must determine if an eligible recipient has other health insurance and notify [~~HSD~~] HCA. A provider agency must maintain records that are sufficient to fully disclose the extent and nature of the services provided to an eligible recipient.

C. When services are billed to and paid by a MAD fee-for-service (FFS) coordinated services contractor authorized by [~~HSD~~] HCA, under an administrative services contract, the provider agency must also enroll as a provider with the coordinated services contractor and follow that contractor's instructions for billing and for authorization of services; see 8.302.1 NMAC.

D. The provider agency must:

(1) demonstrate the ability to meet all data and quality reporting requirements as detailed in the CareLink NM policy manual;

(2) be approved through a [~~HSD~~] HCA application and readiness process as described in the CareLink NM policy manual;

(3) have the ability to provide primary care services for all ages of eligible recipients, or have a memorandum of agreement with at least one primary care practice in the area that serves eligible recipients under 21 years of age, and one that serves eligible recipients 21 years of age and older;

(4) have established eligible recipient referral protocols with the area hospitals and residential treatment facilities;

(5) maintain the following suggested range of care coordinator staff ratios for CareLink NM eligible recipients as described in the CareLink NM policy manual:

(a) 1:51-100 for care coordination level 6;

(b) 1:30-50 for care coordination level 7;

(c) 1:50 for care coordination level 8; and

(d) 1:10 for care coordination level 9.

E. For the provider agency that renders physical health and behavioral health services, additional staff may be included; see CareLink NM policy manual for detailed descriptions.

[8.310.10.11 NMAC - N, 4/1/2016; A, 5/1/2018; A, 9/1/2024]

8.310.10.12 IDENTIFIED POPULATION: An eligible recipient:

A. is 21 years of age and older who meets the [~~HSD~~] HCA criteria for serious mental illness (SMI); or

B. is under 21 years of age who meets the [~~HSD~~] HCA criteria for serious emotional disturbance (SED); or

C. meets the criteria for substance use disorder (SUD).

[8.310.10.12 NMAC - N, 4/1/2016; A, 5/1/2018; A, 9/1/2024]

8.310.10.13 COVERED SERVICES: Health home services through CareLink NM are coordinated with the eligible recipient and [~~his or her~~] their family and a CareLink NM provider agency as appropriate. CareLink NM services identify available community-based resources and actively manage appropriate referrals and access to care, engagement with other community and social supports, and follow-up post engagement. Common linkages include continuation of the eligible recipient's MAP category of eligibility, and [~~his or her~~] their other disability benefits, housing assistance, legal services, educational and employment supports, and other personal needs consistent with [~~his or her~~] their recovery goals and CareLink NM care plan. CareLink NM staff make and follow-up on referrals to community services, link an eligible recipient with natural supports, and assure that these connections are solid and effective. Services are linked as appropriate and feasible by health information technology. CareLink NM services are comprised of six unique categories (and further defined in the CareLink NM policy manual):

A. comprehensive care management;

B. care coordination;

C. health promotion;

D. comprehensive transitional care;

E. individual and family support services; and

F. referrals for the eligible recipient to community and social support services.

[8.310.10.13 NMAC - N, 4/1/2016; A, 5/1/2018; A, 9/1/2024]

8.310.10.15 PRIOR AUTHORIZATION (PA) AND UTILIZATION REVIEW (UR): All MAD services are subject to utilization review (UR) for medical necessity and program compliance. Reviews can be performed before services are furnished, after services are furnished, before payment is made, or after payment is made. The provider agency must contact MAD or its designees to request UR instructions. It is the provider agency's responsibility to access these instructions or ask for hard copies to be provided, to understand the information provided, to comply with the requirements, and to obtain answers to questions not covered by these materials. When services are billed to and paid by a coordinated services contractor authorized by [~~HSD~~] HCA, the provider agency and practitioner must follow that ontractor's instructions for authorization of services. A provider agency and practitioner rendering services to a member must comply with that MCO's prior authorization requirements.

A. Prior authorization: CareLink NM services do not require prior authorization, but are provided as approved by the CareLink provider agency. However, other procedures or services may require a prior authorization from MAD or its designee. Services for which a prior authorization is required remain subject to UR at any point in the payment process, including after payment has been made. It is the provider agency's responsibility to contact MAD or its designee and review documents and instructions available from MAD or its designee to determine when a prior authorization is necessary.

B. Timing of UR: A UR may be performed at any time during the service, payment, or post payment processes. In signing the MAD PPA, a provider agency agrees to cooperate fully with MAD or its designee in its performance of any review and agrees to comply with all review requirements. The following are examples of the reviews that may be performed:

(1) prior authorization review (review occurs before the service is furnished);

(2) concurrent review (review occurs while service is being furnished);

(3) pre-payment review (claims review occurring after service is furnished but before payment);

(4) retrospective review (review occurs after payment is made); and

(5) one or more reviews may be used by MAD to assess the medical necessity and program compliance of any service.

C. Denial of payment: If a service or procedure is not medically necessary or not a covered MAD service, MAD may deny a provider agency's claim for payment. If MAD determines that a service is not medically necessary before the claim payment, the claim is denied. If this determination is made after payment, the payment amount is subject to recoupment or repayment.

D. Review of decisions: A provider agency that disagrees with a prior authorization request denial or another review decision may request reconsideration from MAD or the MAD designee that performed the initial review and issued the initial decision; see 8.350.2 NMAC. A provider agency that is not satisfied with the reconsideration determination may request a [~~HSD~~] HCA provider administrative hearing; see 8.352.3 NMAC. A provider agency that disagrees with the member's MCO decision is to follow the process detailed in 8.308.15 NMAC. [8.310.10.15 NMAC - N, 5/1/2018; A, 9/1/2024]

8.310.10.16 PAYMENT FOR SERVICES AND BILLING INSTRUCTION: CareLink NM services are reimbursed through a per-member-per-month (PMPM) payment to the provider agency. CareLink NM dedicated services are those outlined in 8.310.10.13 NMAC. MAD covered services provided to an eligible recipient including behavioral and physical health services, are billed and reimbursed independent of the PMPM payment to the provider agency. The PMPM reimbursement is paid for CareLink NM services regardless of whether the eligible recipient is a MCO member or enrolled in fee-for-service (FFS). The CareLink NM provider agency is responsible for verifying that the eligible recipient has affirmatively agreed to participate in CareLink NM services, documentation of which should be in a signed statement in the eligible recipient's file, in order to receive reimbursement. PMPM codes will be used to document various CareLink NM services provided to an eligible recipient, and trigger the PMPM reimbursement. To receive reimbursement, the provider agency must fully execute at least one CareLink NM service in a given month, meaning direct contact and interaction with an eligible recipient to deliver comprehensive care management, care coordination and health promotion, comprehensive transitional care, individual and family support services, or referral to community and support services. A non-exhaustive list of actions by a CareLink NM provider agency that fail to meet full execution of a CareLink NM service includes attempting to call or visit an eligible member. For referral to community and support services that may not include direct contact with an eligible recipient, the provider agency must, at a minimum, include a service referral and a follow-up with the service provider after the eligible recipient engagement, in order to receive reimbursement.

A. Fee-for-service (FFS) reimbursement: For an eligible recipient who is utilizing FFS benefits, the provider agency will submit a PMPM health home code through the fiscal agent's claims system when a CareLink NM service is provided to an eligible recipient, which will then result in a PMPM payment. The requirement for the provider agency to submit a claim for payment allows [~~HSD~~] HCA to ensure that the eligible recipient receives the CareLink NM service before payment is made. If a CareLink NM service is not provided to an eligible recipient in a given month, the provider agency will not receive a PMPM payment. The claims submission also provides data to [~~HSD~~] HCA on CareLink NM services rendered and the date of service for monitoring and evaluation purposes including outcome and quality studies.

B. Managed care reimbursement: For an eligible recipient who is a member of a MCO, the provider agency and the MCO shall negotiate reimbursement at an amount no less than the established PMPM rate for a health home. [8.310.10.16 NMAC - N, 4/1/2016; A, 9/1/2024]

REGULATION AND LICENSING DEPARTMENT
PHARMACY, BOARD OF

This is an amendment to 16.19.5 NMAC, Section 1, 5, 8, and 9 effective 8/13/2024

16.19.5.1 ISSUING AGENCY: [~~Regulation and Licensing Department~~] - Board of Pharmacy [~~, Albuquerque, NM~~] [2/15/1996; 16.19.5.1 NMAC - Rn, 16 NMAC 19.5.1, 3/30/2002; A, 8/12/2013; A, 8/13/2024]

16.19.5.5 EFFECTIVE DATE: February 15, 1996, unless a different date is [~~sited~~] cited at the end of a sentence or paragraph. [2/15/1996; 3/02/1999; 16.19.5.5 NMAC - Rn, 16 NMAC 19.5.5, 3/30/2002; A, 8/13/2024]

16.19.5.8 SUMMARY OF OBJECTIVES:

A. Internship training, using academic training as a foundation, is to provide a learning experience in real life situations that will result in a complete professional, who is competent to practice pharmacy, and render professional services on [~~his~~] their own, without supervision, at the time of licensure. The objectives shall be: [~~.~~]

(1) A practically, accurately and safely trained intern.

(2) An ethically trained intern.

(3) A legally trained intern. Standards of practice and internship program constitute the basic implementation of the approved internship program.

B. Instructional materials, affidavits, evaluation forms and reports.

(1) Forms shall be made available by the board.

(a) Application for registration of intern.

(b) Employers affidavit for internship.

(c) Employers affidavit for externship/ clinical.

(d) Annual preceptors evaluation of intern.

(e) Annual intern evaluation of preceptor.

[~~**(f)** Certification as approved preceptor by the board standards of practice.~~]

(2) Reports and project assignments as may be required to accompany forms under the approved program.

[~~**(3)** This regulation relating to the internship program shall be furnished to the intern. All other laws and regulations or manuals shall be available at a nominal fee or at reimbursement cost to the board.~~]

C. Requirements for approved training: Areas [~~will~~] may include retail and hospital pharmacies, radiopharmacies, state and county institutions, federal installations, agencies and clinics, [~~and~~] board approved researchers, and drug manufacturers [~~who participate in the approved NPI programs~~].

(1) General requirements include.

(a) Current license or permit.

(b) No unresolved deficiencies relevant to the observance of all federal, state and municipal laws and regulations governing any phase of activity in which the facility is engaged.

(c) Required references: One current professional reference book of choice or internet access to approved resources.

[~~**(2)** A preceptor will be in direct supervision of all repackaging, labeling and dispensing of drugs for distribution in field offices by state and county health offices.~~]

D. Requirements for preceptor. Each preceptor shall: [~~.~~]

(1) Be certified as a preceptor by the board or be an approved preceptor for intern training in another state, by that state board of pharmacy.

(2) Have been actively engaged in the practice of pharmacy for one year.

[~~**(3)** Be engaged in full-time practice of pharmacy.~~]

[~~(4)~~] (3) Not have been convicted of violation of any laws or regulations relating to pharmacy, unless this provision is waived by the board on an individual basis.

[~~(5)~~] (4) Submit all required forms, and evaluations to the board on or before the due date.

[~~(6)~~] (5) Be aware and responsible for following regulations governing legal and ethical professional conduct as outlined in the standards of practice and train the intern in this area.

[~~(7)~~ ~~Notify the board of any change of address or employment in writing, within 10 days. Change of employment shall serve to suspend certification as preceptor in the former place of employment where the individual was training an intern.~~**]**

[~~(8)~~] (6) Not be permitted to leave the intern alone to assume the responsibility of a pharmacist.

E. Requirements for intern.

(1) Application shall be made to the board on the required application form provided by the board prior to the beginning of internship. An applicant for registration as a pharmacist intern shall have satisfactorily completed [~~not less than 30 semester hours or the equivalent thereof, in a college of pharmacy curriculum accredited by the ACPE and meet other requirements established by regulations of the board~~] all courses in the first semester of college of pharmacy curriculum, or its equivalent. Satisfactory completion requires that the student be eligible to progress in the college of pharmacy curriculum.

(2) The intern shall wear the standard identification tag, approved and issued by the board during any pharmacy area employment or internship training. A nominal fee is applicable. The intern will be responsible for imprinting [~~his/her~~] their name on the identification tag.

[~~**(3)** The intern shall make such reports and certifications as required under the approved program.~~]

[~~(4)~~] (3) The intern is responsible for the knowledge and observation of the extent of his legal liability and legal restrictions applicable under the federal, state and municipal laws and regulations.

[~~(5)~~] (4) The intern shall be responsible for ascertaining proper certification for him or herself, completion of all assignments, submittal of all forms, and reports under the approved program. After all assignments have been completed the preceptor will certify the affidavit and verify the completion of all requirements. Internship will not be evaluated or certified by the board until all forms are turned in to the board office in the form of certified affidavits.

[~~(6)~~] (5) Employment and the internship training period are not to be interpreted as being the same. An intern may work in excess of his computed time. A maximum of 48 hours per week, however, shall be considered computed time for the purpose of completing the internship requirement of 1500 hours.

[~~**(7)** The intern shall submit, annually, at the time of registration renewal, all completed required forms for the prior year or period of computed time.~~]

[~~**(8)** Any or all of the training period may be obtained after graduation.~~]

[~~(9)~~] (6) The intern

shall notify the board of any change of address, employment or [~~preceptor~~] college of pharmacy suspension or disenrollment, in writing, within 10 days of such change.

[~~(10)~~] (7) The intern certificate of registration and renewal shall be displayed in the training area where the intern is employed.

[~~(11)~~] (8) The registration shall be renewable under the following conditions:

(a) the intern has received a degree from an ACPE accredited college of pharmacy, but has not completed the required intern hours to take the state board examination; or the intern has not completed the required number of hours and is enrolled as a pharmacy student;

(b) a candidate who has failed the NAPLEX exam [~~and~~] or the [~~state board jurisprudence examination~~] MPJE may renew their intern registration to be valid until the next scheduled examination date; provided the renewal does not exceed the ~~waiting~~ period [~~allowed~~] stated under [~~16.19.2~~] 16.19.9 NMAC; or

(c) by prior approval or by direction of the board.

[~~(12)~~] (9) The intern registration must be renewed annually [~~on/or before~~] by the last day of September. [~~Annual renewal fee is $25.00.~~]

F. Revocation of [~~suspension of certification or certificate: ~~] registration. [~~A~~] an intern [~~certification or certificate~~] registration may be revoked or suspended upon violation of a statute or regulation; the failure to comply with the approved program or internship; or suspension or dismissal of an intern from university or college attendance; and after due notice is filed pursuant to the Uniform Licensing Act.

G. Out-of-state training.

(1) New Mexico registered interns wishing to earn intern hours out of state must comply with the regulations relating to internship and the approved program [~~, or the equivalent thereof; certification of the preceptor shall be made to the board by the board of pharmacy in the reciprocal state~~].

(2) Out of state registered interns or students wishing to earn internship hours in New Mexico must comply with the regulations relating to internship and the approved program of this state and shall register with the board.

(3) Computed time, under equivalent approved programs, submitted to the board by out-of-state applicants for licensure, will be evaluated.

[8/27/1990; A, 3/02/1999; 16.19.5.8 NMAC - Rn, 16 NMAC 19.5.8, 3/30/2002; A, 7/15/2002; A, 8/12/2013; A, 12/19/2013; A, 12/13/2015; A, 8/13/2024]

16.19.5.9 [~~SUMMARY OF OBJECTIVES FOR LAST YEAR PHARMACY STUDENTS IN THE RURAL HEALTH CLINIC SETTING:~~

~~**A.** Last year training programs, using academic training as a foundation, will provide learning experience in designated rural clinics. This program as designed and operated by the UNM College of Pharmacy, with Board approval, will provide a learning experience, expressive of the needs of rural health services.~~

~~**B.** Definitions:~~

~~**(1) "Approved Training Area"** means a rural health clinic serving fewer than 30 patients per day (average) and more than 25 miles from an established system of healthcare. The site to be served must be approved by the Board and UNM College of Pharmacy.~~

~~**(2) "Approved program"** means a program of training as defined by the UNM College of Pharmacy and approved by the Board.~~

~~**(3) "Intern"** accepted to serve as a clinic intern must be a pharmacy student in his last year prior to graduation who has completed all the didactic work in the College of Pharmacy.~~

~~**(4) "Preceptor"** means the licensed pharmacist defined under Subsection H of 16.19.5.7 NMAC.~~

~~**(5) "Supervision"** means the intern in a clinic environment will be supervised by a preceptor approved by the College of Pharmacy of UNM. The preceptor is required to perform an on sight consultation and review with the intern assigned to that clinic once a week.~~

~~**(6) "Hours"** and structure of those hours will be defined in the UNM College of Pharmacy Training Program.~~

~~**C.** Instructional materials, affidavits, evaluation forms and reports will be developed by the UNM College of Pharmacy in cooperation with the Board. At a minimum they will include:~~

~~**(1)** Application for registration~~

~~**(2)** Preceptors affidavit~~

~~**(3)** Preceptors evaluation of intern~~

~~**(4)** Interns evaluation of preceptor~~

~~**(5)** Preceptors Application~~

~~**(6)** Certification as Approved Preceptor by the Board.~~

~~**(7)** Manual for Standards and Training will be provided by the UNM College of Pharmacy for the Rural Health.~~

~~**D.** Requirements for Approved Training Areas shall include:~~

~~**(1)** Rural designation as defined in Paragraph 1 of Subsection B of 16.19.5.9 NMAC or Health Department designation as defined in Paragraph 5 of Subsection B of 16.19.5.9 NMAC.~~

~~**(2)** Current licensing.~~

~~**(3)** Lack of deficiencies relevant to the observation of federal, state and municipal laws and regulations.~~

~~**(4)** Available~~

~~reference materials as defined in Subparagraph c of Paragraph 1 of Subsection C of 16.19.5.8 NMAC.~~

~~**(5)** All repackaging, labeling and dispensing of medication will be conducted as described in Paragraph 2 of Subsection C of 16.19.5.8 NMAC.~~

~~**E.** Requirements for preceptor refer to Subsection D of 16.19.5.8 NMAC.~~

~~**F.** Requirements for the Rural Internship Program.~~

~~**(1)** Satisfactory completion of all didactic work in a College of Pharmacy with a curriculum approved and accredited by the ACPE and meeting all rules established by regulations of the Board.~~

~~**(2)** The College of Pharmacy, may, at its own discretion, refuse to enroll an intern in the program.~~

~~**(3)** Standard identification tags will be worn at the clinic.~~

~~**(4)** The intern shall make all reports and complete all assignments as required under the program.~~

~~**(5)** The intern shall be made fully acquainted with his legal status by the preceptor.~~]

[RESERVED]

[3/7/1980...8/27/1990; A, 3/2/1999; 16.19.5.9 NMAC - Rn, 16 NMAC 19.5.9, 3/30/2002; A, 8/2/2019; Repealed, 8/13/2024]

REGULATION AND LICENSING DEPARTMENT
PHARMACY, BOARD OF

This is an amendment to 16.19.30 NMAC, Section 6, 7, 9 and 10 effective 8/13/2024

16.19.30.6 OBJECTIVE: The objective of part 30 of chapter 19 is to provide standards for the compounding of non-sterile pharmaceuticals. Pharmacies compounding non-sterile pharmaceuticals shall comply with the requirements of this [~~section~~] part in addition to all provisions for their specific license classification.

[16.19.30.6 NMAC - N, 9/15/2006; A, 8/13/2024]

16.19.30.7 DEFINITIONS: In addition to the definitions for specific license classifications, the following words and terms, when used in this section, shall have the following meanings unless the context clearly indicates otherwise.

A. "Active pharmaceutical ingredient (API)" any substance or mixture of substances intended to be used in the compounding of a drug preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans and animals or affecting the structure and function of the body.

B. "Beyond-use date (BUD)" the date after which a compounded preparation should not be used and is determined from the date the preparation was compounded.

C. "Component" any ingredient intended for use in the compounding of a drug product, including those that may not appear in such product labeling.

D. "Compounding" the preparation, mixing, assembling, packaging, or labeling of a drug or device (reconstitution of commercial products is not considered compounding for purposes of this article).

(1) as the result of a practitioner's prescription order, based on the practitioner-patient-pharmacist relationship in the course of professional practice;

(2) preparing limited quantities of prescription orders based upon a history of receiving valid prescriptions issued within an established practitioner-patient-pharmacist relationship in the course of professional practice;

(3) reconstitution of commercial products is not considered compounding for purpose of this article.

(4) the addition of a flavoring agent to a conventionally manufactured product is not considered compounding as long as the following conditions are met:

(a) the flavoring agent is inert, nonallergenic, and produces no effect other than the instillation or modification of flavor;

(b) the flavoring agent does not alter a medication's concentration beyond USP's accepted level of variance;

(c) the addition of flavoring agent(s) is documented in the prescription record.

E. "FDA" Food and Drug administration.

F. "SOP's" standard operating procedures.

G. "USP/NF" the current edition of the United States Pharmacopeia/National Formulary.

[16.19.30.7 NMAC - N, 9/15/2006; A, 12/13/2015; A, 9/14/2021; A, 8/13/2024]

16.19.30.9 OPERATIONAL STANDARDS:

A. General requirements.

(1) Non-sterile drug products may be compounded in licensed pharmacies as a result of a practitioner's prescription order based on the practitioner-patient-pharmacist relationship in the course of professional practice.

(2) Preparing limited quantities of prescription drug orders in anticipation based upon a history of receiving valid prescriptions issued within an established practitioner-patient-pharmacist relationship in the course of professional practice.

(a) The beyond-use date should be based on the criteria outlined in USP Chapter <795>.

(b) Any product compounded in anticipation of future prescription drug or medication orders shall be labeled. Each label shall contain:

(i)
name and strength of the compounded medication or list of the active ingredient and strengths;

(ii)
facility's lot number;

(iii)
beyond-use date;

(iv)
quantity or amount in the container.

(3)
Commercially available product may be compounded for dispensing to individual patients provided the following conditions are met:

(a)
the commercial product is not reasonably available from normal distribution channels in a timely manner to meet patient's needs; and

(b)
the prescribing practitioner has requested that the drug be compounded; or

(c)
if the compounded product is changed to produce for that patient a significant difference, as authorized by the prescriber, between the compounded drug and the comparable commercially available drug product, or if use of the compounded product is in the best interest of the patient; "significant difference" would include the removal of a dye for medical reason such as an allergic reaction; when a compounded product is to be dispensed in place of a commercially available product, the prescriber and patient shall be informed that the product will be compounded.

(4)
Compounding veterinary preparations.

(a)
Preparations for animals may be compounded based on an order or prescription from a duly authorized veterinarian.

(b)
These preparations are to be handled and filled the same as the human prescriptions.

(c)
Compounding of drugs for animals must be in accordance with the Animal Medicinal Drug Use Clarification Act of 1994 or successor Act.

(d)
A licensed pharmacy may compound veterinary drug preparations in reasonable quantities, in accordance with Paragraph (5) of Subsection DDD of 16.19.8.7 NMAC to be used by veterinarians in their office for administration to patients ("office use preparations").

(e)
Compounded office use preparations may be dispensed by a veterinarian to clients only under the following conditions:

(i)
a valid veterinarian client patient relationship exists;

(ii)
the patient has an emergency condition that the compounded drug is necessary to treat;

(iii)
dispensed amount is for use in a single course of treatment, not to exceed a 120-hour supply;

(iv)
timely access to a compounding pharmacy is not available; and

(v)
the medication is not a controlled substance;

(f)
Compounded controlled substance veterinary office use preparations may be distributed by a pharmacy under the following conditions:

(i)
the preparation is not readily available from an outsourcing facility;

(ii)
ordering and distribution occur in compliance with applicable state and federal law;

(iii)
the pharmacy shall be registered with the DEA as a manufacturer; and

(iv)
in addition to other required labeling, such preparations shall bear a statement "For administration only. Not for dispensing or resale."

(g)
Prohibition on wholesaling:

(i)
Office use preparations will not be distributed by a person other than the pharmacy that compounded such veterinary drug preparations.

(ii)
This does not prohibit administration or dispensing pursuant to a prescription drug order executed in accordance with federal and state law; and the conditions of this Paragraph (4).

(h)
Providing samples of compounded veterinary preparations is prohibited.

(5)
Compounding pharmacies/ pharmacists may advertise and promote the fact that they provide non-sterile prescription compounding services which may include specific drug products and classes of drugs.

B. Environment.

(1)
Pharmacies regularly engaging in compounding shall have a designated and adequate area for the safe and orderly compounding of drug products including the placement of equipment and materials. Pharmacies involved in occasional compounding shall prepare an area prior to each compounding activity, which is adequate for safe and orderly compounding.

(2) Only personnel authorized by the responsible pharmacist shall be in the immediate vicinity of a drug compounding operation.

(3) A sink with hot and cold running water, exclusive of rest room facilities, shall be accessible to the compounding areas and be maintained in a sanitary condition.

(4) When drug products that require special precautions to prevent contamination, such as penicillin, are involved in a compounding operation, appropriate measures, including dedication of equipment for such operations or the meticulous cleaning of contaminated equipment prior to its' use for the preparation of other drug products, must be used in order to prevent cross-contamination.

C. Equipment and supplies. The pharmacy shall:

(1) have a Class A prescription balance, or analytical balance and weights when

necessary which shall be properly maintained and subject to inspection by the New Mexico board of pharmacy; and

(2) have equipment and utensils necessary for the proper compounding of prescription or medication drug orders; such equipment and utensils used in the compounding process shall be:

(a) of appropriate design and capacity, and be operated within designated operational limits;

(b) of suitable composition so that surfaces that contact components, in-process material or drug products shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quality or purity of the drug product beyond the desired result;

(c) cleaned and sanitized appropriately prior to each use; and

(d) routinely inspected, calibrated when necessary or checked to ensure proper performance.

D. Labeling. In addition to the labeling requirements of the pharmacy's specific license classification, the label dispensed or distributed pursuant to a prescription or medication drug order shall contain the following:

(1) the generic name(s) or the designated name and the strength of the compounded preparation;

(2) the quantity dispensed;

(3) the date on which the product was compounded;

(4) a lot or batch number; and

(5) the beyond-use date after which the compounded preparation should not be used;

(a) in the absence of stability information applicable for a specific drug **or preparation** in the USP/NF the preparation shall adhere to the following maximum beyond-use date guidelines: unless pursuant to methodology and specifications outlined in the current chapter of USP <795>.

(i) for non-aqueous formulations (other than oral liquid) - the BUD is not later than the time remaining until the earliest expiration date of any API or six months, whichever is earlier when stored at controlled room temperature or refrigerator;

(ii) for non-aqueous oral liquids – the BUD is not later than the time remaining until the earliest expiration date of any API or 90 days, whichever is earlier, when stored at controlled room temperature or refrigerator;

[~~ii~~] **(iii)** for [~~water-containing oral~~] nonpreserved aqueous formulations - the BUD is not later than the time remaining until the earliest expiration date of any API or 14 days, whichever is earlier, when stored at controlled cold temperatures;

[~~iii~~] **(iv)** for [~~water-containing topical/dermal and mucosal liquid and semisolid formulations - the BUD is not later than 30 days.~~] preserved aqueous formulations, the BUD is not later than the time remaining until the earliest expiration date of any API or 35 days, whichever is earlier, when stored at controlled room temperature or refrigerator.

(b) beyond-use date limits may be exceeded when supported by valid scientific stability information for the specific compounded preparation; **the BUD shall not be later than the expiration date on the container of any component.**

E. Drugs, components and material used in non-sterile compounding.

(1) Drugs used in non-sterile compounding shall preferably be a USP/NF grade substance manufactured in a FDA registered facility.

(2) In the event that USP/NF grade substances are not available, documentation of stability and purity must be established and documented.

(3) A pharmacy may not compound a drug product which has been withdrawn or removed from the market for safety reasons.

F. Compounding process. The safety, quality and performance of compounded prescriptions depend on correct ingredients and calculations, accurate and precise measurements, appropriate formulation conditions and procedures, and prudent pharmaceutical judgment. Each pharmacy shall develop and follow written SOP's based on established compounding procedures as outlined in chapter 795 of the USP/NF concerning pharmacy compounding of non-sterile preparations designed to ensure accountability, accuracy, quality, safety, and uniformity in the compounding process.

G. Quality control.

(1) The safety, quality, and monitoring is used to insure that the output of compounded drug products for uniformity and consistency such as capsule weight variations, adequacy of mixing, clarity or pH of solutions are met. When developing these procedures, pharmacy personnel shall consider the provisions of Chapter 795 of the USP/NF concerning pharmacy compounding of non-sterile preparations, chapter 1075 of the USP/NF concerning good compounding practices, and chapter 1160 of the USP/NF concerning pharmaceutical calculations in prescription compounding. Such procedures shall be documented and be available for inspection.

(2) Compounding procedures that are routinely performed, including batch compounding, shall be completed and verified according to written procedures. The act of verification of a compounding procedure involves checking to ensure that calculations, weighing and measuring, order of mixing, and compounding techniques were appropriate and accurately performed.

(3) Unless otherwise indicated or appropriate, compounded preparations are to be prepared to ensure that each

preparation shall contain not less than [~~90.0~~] ninety percent and not more than [~~110.0~~] one hundred-ten percent of the theoretically calculated and labeled quantity of active ingredient per unit volume and not less than [~~90.0~~] ninety percent and not more than [~~110.0~~] one hundred-ten percent of the theoretically calculated weight or volume per unit of the preparation. [16.19.30.9 NMAC - N, 9/15/2006; A, 6/29/2013; A, 12/19/2013; A, 12/13/2015; A, 12/15/2020; A, 9/14/2021; A, 8/13/2024]

16.19.30.10 RECORDS:

A. Maintenance of records. Every record required by this section shall be kept by the pharmacy for at least three (3) years.

B. Compounding records.

(1) Master Formulation records must include:

(a) provides a consistent source document for preparing the preparation (recipe);

(b) is a file of individual compounded preparations;

(c) [~~must~~] list the name, strength, and dosage form of the preparation compounded;

(d) [~~must~~] list all ingredients and their quantities;

(e) [~~must~~] list equipment needed to prepare the preparation, when appropriate, and mixing instructions;

(f) other environmental controls, such as the duration of mixing and other factors pertinent to the replication of the preparation as compounded; [~~and~~]

(g) [~~must contain~~] the beyond-use date and [~~methodology~~] reference source to support the assigned BUD, the container closure system(s) used in dispensing, the storage requirements, [~~and any~~] quality control procedures (e.g., pH testing, visual inspection) and expected results;

(h) physical description of the final compounded nonsterile preparation;

(i) if applicable, calculations to determine and verify quantities and/or concentrations of components and strength or activity of the API(s); and

(j) labeling requirements (e.g. shake well).

(2) Compounding records:

(a) document the [~~actual ingredients in the preparation and the person responsible for the compounding activity~~] name and weight or measurement of each ingredient;

(b) contain the name and strength of the compounded preparation, the formulation record reference for the preparation, [~~and~~] the [~~sources~~] vendors or manufacturers, [~~and~~] lot numbers, and expiration dates of the ingredients;

(c) contain information on the total quantity and number of dosage units compounded, the name of the person who prepared the preparation and the name of the pharmacist who approved the preparation;

(d) contain the date of the preparation, the assigned internal identification number or the prescription number and an assigned beyond-use date; and

(e) for all compounded preparations, results of quality control procedures are to be recorded;

(f) if applicable, calculations to determine and verify quantities and/or concentrations of components and strength or activity of the API(s);

(g) physical description of the final compounded non-sterile preparation. [16.19.30.10 NMAC - N, 9/15/2006; A, 8/13/2024]

REGULATION AND LICENSING DEPARTMENT
PHARMACY, BOARD OF

This is an amendment to 16.19.36 NMAC, Section 7, 8, 9, 10, 11, 13 and 15 effective 8/13/2024

16.19.36.7 DEFINITIONS:

A. "Air changes per hour" (ACPH) means the number of times a volume of air equivalent to the room passes through the room each hour.

B. "[~~Ante-area~~] Anteroom" means an ISO Class 8 or [~~better~~] cleaner area where personnel hand hygiene and garbing procedures, staging of components, order entry, CSP labeling, and other high-particulate generating activities are performed. It is also a transition area that:

(1) provides assurance that pressure relationships are constantly maintained so that air flows from clean to dirty areas; and

(2) [~~reduces the need for the heating, ventilating, and air-conditioning (HVAC) control system to respond to large disturbances~~] contains a line of demarcation which is a visible line on the floor that separates the clean and dirty sides of the anteroom.

C. "Aseptic processing" A method by which separate, sterile components (e.g., drugs, containers, or closures) are brought together under conditions that maintain their sterility. The components can either be purchased as sterile or, when starting with nonsterile components, can be separately sterilized prior to combining (e.g., by membrane filtration or by autoclave).

[~~C~~] **D. "Aseptic technique"** means proper manipulation of preparations to maintain sterility.

[~~D~~] **E. "Batch"** [~~means more than one unit of a compounded preparation that is intended to have uniform character and quality within specified limits, prepared in a single process, and completed during the same and limited time period.~~] More than one CSP prepared as described in the MFR in a single, discrete process, and expected to have uniform character and quality, within specified limits.

[~~E~~] **F. "Beyond-use date"** (BUD) means the date, or as appropriate, date and time, after which a compounded preparation is not to be used and is determined from the date and time the preparation is compounded.

[~~F~~] **G. "Biological safety cabinet"** (BSC) [~~means a ventilated cabinet that provides ISO Class 5 environment for CSP's, provides personnel, preparation, and environmental protection having an open front with inward airflow for personnel protection, downward high-efficiency particulate air (HEPA)-filtered laminar airflow for preparation protection, and HEPA-filtered exhausted air for environmental protection.~~] A ventilated cabinet that may be used for compounding. These cabinets are divided into three general classes (Class I, Class II, and Class III). Class II BSCs are further divided into types (Type A1, Type A2, Type B1, Type B2, and Type C1).

H. "Biological safety cabinet (BSC), Class II" A ventilated cabinet with an open front and inward and downward unidirectional HEPA-filtered airflow and HEPA-filtered exhaust. A BSC used to prepare a CSP must be capable of providing an ISO Class five or better environment for preparation of the CSPs.

[~~G~~] **I. "Buffer [~~area~~] room"** [~~means an area where the primary engineering control (PEC) is physically located. Activities that occur in this area include the staging of components and supplies used when compounding CSP's~~] An ISO Class seven or cleaner room with fixed walls and doors where PEC(s) that generate and maintain an ISO Class five environment are physically located. The buffer room may only be accessed through the anteroom or another buffer room.

J. "Category one CSP" A CSP that is assigned a BUD of 12 h or less at controlled room temperature or 24 h or less refrigerated that is compounded in accordance with all applicable requirements for Category one CSPs in USP/NF <797>.

K. "Category two CSP" A CSP that may be assigned a BUD of greater than 12 h at controlled room temperature or greater than 24 h refrigerated that is compounded in accordance with all applicable requirements for Category 2 CSPs in USP/NF <797>.

L. "Category three CSP" A CSP that may be assigned a BUD exceeding the limits in for Category two CSPs and is compounded in accordance with all applicable requirements for Category three CSPs in USP/NF <797>.

[~~H~~] **M. "Certification"** means independent third party documentation declaring that the specific requirements of USP/NF <797> *(USP General Chapters: <797> Pharmaceutical Compounding-Sterile Preparations)* have been met.

N. "Cleaning" The process of removing substances (e.g., organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products.

O. "Cleaning agent" An agent, usually containing a surfactant, used for the removal of substances (e.g., dirt, debris, microbes, and residual drugs or chemicals) from surfaces.

[~~I~~] **P. "Cleanroom suite"** [~~means a room in which the concentration of airborne particles is controlled to meet a specified airborne particulate cleanliness class. Microorganisms in the environment are monitored so that a microbial level for air, surface, and personnel gear are not exceeded for a specified cleanliness class~~] A classified area that consists of both an anteroom and buffer room.

[~~J~~] **Q. "Closed system vial-transfer device"** means a vial-transfer system that allows no venting or exposure of substances to the environment.

R. "Component" Any ingredient used in the compounding of a preparation, including any active ingredient, added substance, or conventionally manufactured product.

[~~K~~] **S. "Compounded sterile preparations"** (CSP's) include, but are not limited, to the following dosage forms which must be sterile when administered to patients:

(1) parenteral preparations;

(2) aqueous bronchial and nasal inhalations;

(3) baths and soaks for live organs and tissues;

(4) injections (e.g. colloidal dispersions, emulsions, solutions, suspensions);

(5) irrigations for wounds and internal body cavities;

(6) ophthalmic drops and ointments; and

(7) [~~tissue~~] implants.

[~~L~~] **T. "Compounding aseptic containment isolator"** (CACI) [~~means an enclosed ISO Class 5 environment workspace for compounding of hazardous sterile preparations, provides personnel protection with negative pressure and appropriate ventilation and provides preparation protection by isolation from the environment and high-efficiency particulate air (HEPA)-filtered laminar airflow. Air exchange with the surrounding environment should not occur unless the air is first passed through a microbial retentive filter (HEPA minimum) system capable of containing airborne concentrations of the physical size and state of the drug being compounded. Where volatile hazardous drugs are prepared, the exhaust air from the isolator should be appropriately removed by properly designed building ventilation~~] A type of RABS that uses HEPA filtration to provide an ISO Class five unidirectional air environment designed for the compounding of sterile HDs.

[~~M~~] **U. "Compounding aseptic isolator"** (CAI) [~~means an enclosed ISO Class 5 environments for compounding pharmaceutical ingredients or preparations. It is designed to maintain an aseptic compounding environment within the isolator throughout the compounding~~

~~and material transfer processes. Air exchange into the isolator from the surrounding environment should not occur unless the air has first passed through a microbial retentive filter (HEPA minimum)~~] A type of RABS that uses HEPA filtration to provide an ISO Class five unidirectional air environment designed for compounding of sterile non-HDs.

V. "Compounding record" (CR) Documents the compounding of each CSP.

W. "Container closure system" Packaging components that together contain and protect the dosage form. This includes primary packaging components and secondary packaging components, if the latter are intended to provide additional protection.

X. "Containment ventilated enclosure" (CVE) A non-ISO classified full or partial enclosure that uses ventilation principles to capture, contain, and remove airborne contaminants through HEPA filtration and prevent their release into the work environment.

[~~N~~] **Y. "Critical area"** means an ISO Class [~~5~~] five environment.

[~~O~~] **Z. "Critical site"** means a location that includes any component or fluid pathway surfaces (e.g., vial septa, injection ports, beakers) or openings (e.g., opened ampules, needle hubs) exposed and at risk of direct contact with air (e.g., ambient room or HEPA filtered), moisture (e.g., oral and mucosal secretions), or touch contamination. [~~Risk of microbial particulate contamination of the critical site increases with the size of the openings and exposure time.~~]

AA. "Designated person" Individual assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CSPs. For pharmacies the designated person must be the pharmacist-in-charge. For clinic facilities the designated person must be the consultant pharmacist.

[~~P~~] **BB. "Direct compounding area"** (DCA) means a critical area within the ISO Class [~~5~~] five primary engineering control (PEC) where critical sites are exposed to unidirectional HEPA-filtered air, also known as first air.

[~~Q~~] **CC. "Disinfectant"** [~~means an agent that frees from infection and destroys disease-causing pathogens or other harmful microorganisms, but may not kill bacterial and fungal spores. It refers to substances applied to inanimate agents, usually a chemical agent, but sometimes a physical one~~] A chemical or physical agent used on inanimate surfaces and objects to destroy fungi, viruses, and bacteria. Sporicidal disinfectants are considered a special class of disinfectants that also are effective against bacterial and fungal spores.

DD. "Dynamic airflow smoke pattern test" A PEC test in which a visible source of smoke, which is neutrally buoyant, is used to observe air patterns within the unidirectional space (i.e., the DCA) under dynamic operating conditions (see the entry for Dynamic operating conditions). This test is not appropriate for ISO Class seven or ISO Class eight cleanrooms that do not have unidirectional airflow (see the entry for Visual smoke study).

EE. "Dynamic operating conditions" Conditions in the compounding area in which operating personnel are present and simulating or performing compounding. The conditions should reflect the largest number of personnel and highest complexity of compounding expected during routine operations as determined by the designated person(s).

FF. "Garb" Items such as gloves, garments (e.g., gowns), shoe covers, head and facial hair covers, masks, and other items designed to reduce particle-shedding from personnel and minimize the risk of contamination of CSP(s).

[~~R~~] **GG. "Hazardous [~~drugs~~] drug"** [~~means drugs classified as hazardous if studies in animals or humans indicate exposures to them have a potential for causing cancer, development or reproductive toxicity or harm to organs~~] (HD) Any drug identified by at least one of the following six criteria: carcinogenicity, teratogenicity or developmental toxicity, reproductive toxicity in humans, organ toxicity at low dose in humans or animals, genotoxicity, or new drugs that mimic existing HDs in structure or toxicity. (Reference current NIOSH publications).

HH. "High-efficiency particulate air (HEPA) filtration" Being, using, or containing a filter designed to remove ninety-nine and ninety-seven one-hundredths percent of airborne particles measuring zero and three-micron or greater in diameter passing through it.

[~~S~~] **II. "Home care"** means health care provided in the patient's home (not a hospital or skilled nursing facility) by either licensed health professionals or trained caregivers. May include hospice care.

JJ. "Integrated vertical laminar flow zone" (IVLFZ) A designated ISO Class five area serving as the PEC within an ISO Class seven or cleaner buffer room. In the IVLFZ, unidirectional airflow is created by placing HEPA filters over the entire surface of the worktables and by effective placement of air returns.

[~~**T. "Immediate use"** means administration begins not later than one hour following the start of the compounding procedure. For those events in which delay in preparation would subject patient to additional risk and meeting USP/NF <797> (*Immediate-Use CSP Provision*) criteria.~~

~~**U. "ISO 5"** means air containing no more than 100 particles per cubic foot of air of a size at least 0.5 micron or larger in diameter (3520 particles per cubic meter).~~

~~**V. "ISO 7"** means air containing no more than 10,000 particles per cubic foot of air of a size at least 0.5 micron or larger in diameter (352,000 particles per cubic meter).~~

~~**W. "ISO 8"** means air containing no more than 100,000 particles per cubic foot of air of a~~

~~size at least 0.5 micron or larger in diameter (3,520,000 particles per cubic meter).~~]

KK. "ISO class" An air-quality classification from the International Organization for Standardization.

[~~X~~] **LL. "Laminar airflow"** means a non-turbulent, non-mixing streamline flow of air in parallel layers.

MM. "Laminar airflow system" (LAFS) A device or zone within a buffer room that provides an ISO Class five or better air quality environment for sterile compounding. The system provides a unidirectional HEPA filtered airflow.

[~~Y~~] **NN. "Laminar airflow workbench"** (LAFW) [~~means a ventilated cabinet for compounding of sterile preparations. Provides preparation protection with high-efficiency particulate air (HEPA) filtered laminar airflow, ISO Class 5. Airflow may be horizontal (back to front) or vertical (top to bottom) in direction~~] A device that is a type of LAFS that provides an ISO Class five or better air quality environment for sterile compounding. The device provides a unidirectional HEPA-filtered airflow.

OO. "Line of demarcation" A visible line on the floor that separates the clean and dirty sides of the anteroom.

PP. "Master formulation record" (MFR) A detailed record of procedures that describes how the CSP is to be prepared.

[~~Z~~] **QQ. "Media-fill test"** [~~means a test used to qualify aseptic technique of compounding personnel or processes and to ensure that the processes used are able to produce sterile preparation without microbial contamination. During this test, a microbiological growth medium such as soybean-casein digest medium is substituted for the actual drug product to simulate admixture compounding. The issues to consider in the development of a media-fill test are media-fill procedures, media selection, fill volume, incubation, time, and temperature, inspection of filled units, documentation, interpretation of results, and possible corrective actions required~~] A simulation used to qualify processes and personnel engaged in sterile compounding to ensure that the processes and personnel are able to prepare CSPs without contamination.

[~~AA~~] **RR. "Multiple-dose container"** means a multiple-unit container for articles or preparations intended for parenteral administration only and usually containing antimicrobial preservatives. Once opened or entered, a multiple dose container with antimicrobial preservative has a BUD of 28 days unless otherwise specified by the manufacturer.

[~~BB~~] **SS. "Negative pressure room"** means a room that is at a lower pressure than the adjacent spaces and therefore, the net flow of air is *into* the room.

TT. "One-step disinfectant cleaner" A product with an EPA-registered (or equivalent) claim that it can clean and disinfect a nonporous surface in the presence of light to moderate organic soiling without a separate cleaning step.

[~~CC~~] **UU. "Parenteral product"** means any preparation administered by injection through one or more layers of skin tissue.

VV. "Pass-through chamber" An enclosure with sealed doors on both sides that should be interlocked. The pass-through chamber is positioned between two spaces for the purpose of minimizing particulate transfer while moving materials from one space to another.

[~~DD~~] **WW. "Personal protective equipment"** (PPE) means items such as gloves, gowns, respirators, goggles, face shields, and others that protect individual workers from hazardous physical or chemical exposures.

[~~EE~~] **XX. "Pharmacy bulk packages"** means a container of a sterile preparation for parenteral use that contains many single doses. Contents are intended for use in a pharmacy admixture program and are restricted to use in a suitable ISO Class 5 environment.

[~~FF~~] **YY. "Plan of care"** means an individualized care plan for each patient receiving parenteral products in a home setting to include the following:

(1) description of actual or potential drug therapy problems and their proposed solutions;

(2) a description of desired outcomes of drug therapy provided;

(3) a proposal for patient education and counseling; and

(4) a plan specifying proactive objective and subjective monitoring (e.g. vital signs, laboratory test, physical findings, patient response, toxicity, adverse reactions, and noncompliance) and the frequency with which monitoring is to occur.

[~~GG~~] **ZZ. "Positive pressure room"** means a room that is at a higher pressure than the adjacent spaces and, therefore, the net airflow is *out* of the room.

[~~**HH. "Preparation"** means a CSP that is a sterile drug or nutrient compounded in a licensed pharmacy or other healthcare-related facility pursuant to the order of a licensed prescriber; the article may or may not contain sterile products.~~]

[~~H~~] **AAA. "Primary engineering control"** (PEC)[~~means a device or room that provides an ISO Class 5 environment for the exposure of critical sites when compounding CSP's. Such devices include, but may not be limited to, laminar airflow workbenches (LAFW's), biological safety cabinets (BSC's), compounding aseptic isolators (CAI's), and compounding aseptic containment isolators (CACI's)~~] A device or zone that provides an ISO Class five air quality environment for sterile compounding.

[~~JJ~~] **BBB. "Process validation"** means documented evidence providing a high degree of assurance that a specific process will consistently produce a preparation meeting its predetermined specifications and quality attributes.

[~~KK~~] **CCC. "Product"** means a commercially manufactured drug or nutrient that has been evaluated for safety and efficacy by the FDA. Products are accompanied by full prescribing information, which is commonly known as the FDA-approved manufacturer's labeling or product package insert.

[~~LL~~] **DDD. "Quality assurance"** means a program for the systematic monitoring and evaluation of the various aspects of a service or facility to ensure that standards of quality are being met.

[~~MM~~] **EEE. "Quality control"** means a system for verifying and maintaining a desired level of quality in a preparations or process, as by planning, continued inspection, and corrective action as required.

FFF. "Reconstitution" The process of adding a diluent to a conventionally manufactured product to prepare a sterile solution or suspension.

GGG. "Repackaging" The act of removing a sterile product or preparation from its original primary container and placing it into another primary container, usually of smaller size without further manipulation.

HHH. "Restricted-access barrier system" (RABS) An enclosure that provides HEPA-filtered ISO Class five unidirectional air that allows for the ingress and/or egress of materials through defined openings that have been designed and validated to preclude the transfer of contamination, and that generally are not to be opened during operations. Examples of RABS include CAIs and CACIs.

[~~NN~~] **III. "Secondary engineering control"** [~~means the ante area and buffer area or cleanroom in which primary engineering controls are placed~~] The area where the PEC is placed (e.g., a cleanroom suite or an SCA). It incorporates specific design and operational parameters required to minimize the risk of contamination within the compounding area.

[~~OO~~] **JJJ. "Segregated compounding area"** [~~means a designated space, either a demarcated area or room, that is restricted to preparing low-risk level CSP's with 12-hour or less BUD. Such area shall contain a device that provides unidirectional airflow of ISO Class 5 air quality for preparation of CSP's and shall be void of activities and materials that are extraneous to sterile compounding~~] A designated space, area, or room that is not required to be classified and is defined with a visible perimeter. The SCA must contain a PEC and is suitable for preparation of Category one CSPs only.

[~~PP~~] **KKK. "Single-dose container"** means a single-dose, or a single-unit, container for articles or preparations intended for parenteral administration only. It is intended for a single use. Examples of single-dose containers include prefilled syringes, cartridges, fusion-sealed containers, and closure-sealed containers when so labeled.

LLL. "Sporicidal disinfectant" A chemical or physical agent that destroys bacterial and fungal spores when used in sufficient concentration for a specified contact time. It is expected to kill all vegetative microorganisms.

MMM. "Stability" The extent to which a product or preparation retains physical and chemical properties and characteristics within specified limits throughout its expiration or BUD.

[~~QQ~~] **NNN. "Standard operating procedure"** (SOP) means a written protocol detailing the required standards for performance of tasks and operations within a facility.

OOO. "Sterile Compounding" The process of combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product or bulk drug substance to create a sterile preparation.

[~~**RR. "Sterile"** means free from bacteria or other living microorganisms.~~]

PPP. "Sterility" The absence of viable microorganisms.

[~~SS~~] **QQQ. "Sterilization by filtration"** means passage of a fluid or solution through a sterilizing grade membrane to produce a sterile effluent.

[~~TT~~] **RRR. "Sterilizing grade** [~~**membranes**~~] **filter"** means filter membranes that are documented to retain [~~100%~~] one hundred percent of a culture of 10^7 microorganisms of a strain of *Brevundimonas (Pseudomonas) diminuta* per square centimeter of membrane surface under a pressure of not less than 30 psi. Such filter membranes are nominally at [~~0.22~~] zero and twenty-two µm or [~~0.2~~] zero and two µm [~~porosity, depending on the manufacturer's practice~~] pore size.

[~~UU~~] **SSS. "Terminal sterilization"** means the application of a lethal process (e.g., steam, [~~under pressure or autoclaving~~] dry heat, irradiation) to sealed containers for the purpose of achieving a predetermined sterility assurance level of usually less than 10^{-6}, or a probability of less than one in one million of a non-sterile unit.

[~~VV~~] **UUU. "Unidirectional airflow"** [~~means airflow moving in a single direction in a robust and uniform manner and at sufficient speed to reproducibly sweep particles away from the critical processing or testing area~~] Air within a PEC moving in a single direction in a uniform manner and at sufficient velocity to sweep particles away from the DCA.

[~~WW~~] **VVV. "USP"** means United States pharmacopeia.

WWW. "Visual smoke study" A test, used in ISO Class seven and ISO Class eight rooms that do not have unidirectional airflow, in which a visible source of smoke, which is neutrally buoyant, is used to verify an absence of stagnant airflow. This test does not need to be performed under dynamic operating conditions and is not appropriate for PECs (see the entry for Dynamic airflow smoke pattern test).

XXX. "Workflow management system" Technology comprised of hardware and/or software that allows for automation

to assist in the verification of components of, and preparation of, CSPs and to document components and processes.
[16.19.36.7 NMAC – N, 06-28-14; A, 03-22-15; A, 8/13/2024]

16.19.36.8 PHARMACIST IN CHARGE:

A. All facilities compounding sterile preparations must designate a pharmacist in charge of operations who is licensed as a pharmacist in the state of residence of the facility.

B. The pharmacist-in-charge (or consultant pharmacist, for in-state clinics) is responsible for:

(1) the development, implementation and continuing review and maintenance of written policies, procedures and SOP's which comply with USP/NF standards;

(2) providing a pharmacist who is available for 24 hour seven-day-a-week services;

(3) establishing a system to ensure that the CSP's prepared by compounding personnel are administered by licensed personnel or properly trained and instructed patients;

(4) establishing a system to ensure that CSP's prepared by compounding personnel are prepared in compliance with USP/NF <797> *(USP General Chapters: <797> Pharmaceutical Compounding-Sterile Preparations)* standards;

(5) ensuring facility personnel comply with written policies, procedures, and SOP's; and

(6) developing an appropriate and individualized plan of care in collaboration with patient or caregiver and other healthcare providers for each patient receiving parenteral preparations in a home setting.
[16.19.36.8 NMAC – N, 06-28-14; A, 8/13/2024]

16.19.36.9 FACILITIES:

A. The room or area in which compounded sterile preparations (CSP's) are prepared:

(1) must be physically designed and environmentally controlled to meet standards of compliance as required by USP/NF <797> *(USP General Chapters: <797> Pharmaceutical Compounding-Sterile Preparations)*;

(2) must be periodically monitored, evaluated, tested, and certified by environmental sampling testing (includes both viable and nonviable particle sampling) as required by USP/NF <797> (*USP General Chapters: <797> Pharmaceutical Compounding-Sterile Preparations)* with documentation retained for three years;

(3) must have a minimum of 100 square feet dedicated to compounding sterile preparations;

(a) the minimum size of a retail pharmacy must be 240 square feet; a retail pharmacy with preparation of sterile products capabilities must have 340 square feet with 100 square feet exclusive to compounding sterile preparations;

(b) the stand alone CSP facility must have a minimum of 240 square feet with 100 square feet exclusive to compounding sterile preparations; and

(4) must be clean, lighted, and at an average of 80-150 foot candles; and

(5) must minimize particle generating activities; and

(6) must have a sink of sufficient size for compounding personnel to adequately wash hands and forearms up to the elbows with soap and water.

B. Addition of a compounding sterile preparations area in existing pharmacies will require submission of plans for remodeling to the board office for approval and inspection prior to licensure.

C. A new CSP facility must comply with 16.19.6.8 NMAC through 16.19.6.11 NMAC of the regulations.
[16.19.36.9 NMAC - N, 06-28-14; A, 8/13/2024]

16.19.36.10 EQUIPMENT:

Each facility compounding sterile preparations shall have sufficient equipment for the safe and appropriate storage, compounding, packaging, labeling, dispensing and preparation of compounded sterile preparations drugs and parenteral preparations appropriate to the scope of pharmaceutical services provided and as specified in USP/NF <797> (*USP General Chapters: <797> Pharmaceutical Compounding-Sterile Preparations)*.

A. All equipment shall be cleaned, maintained, monitored, calibrated, tested, and certified as appropriate to insure proper function and operation with documentation retained for three years.

B. Primary and secondary engineering controls used to provide an aseptic environment shall be tested in the course of normal operation by an independent qualified contractor and certified as meeting the requirements presented in USP/NF <797> (*USP General Chapters: <797> Pharmaceutical Compounding-Sterile Preparations)* at least every six months and when relocated, certification records will be maintained for three years.

C. A library of current references (hard copy or electronic) shall be available including:

(1) All *USP/NF* [~~or *USP on Compounding: A Guide for the Compounding Practitioner*~~] chapters applicable to the facility's sterile compounding practice;

(2) New Mexico pharmacy laws, rules and regulations;

(3) specialty references (stability and incompatibility references, sterilization and preservation references, pediatric dosing, and drug monograph references) as appropriate for the scope of services provided.

D. Automated compounding devices shall:

(1) have accuracy verified on a routine basis at least every 30 days per manufacturer's specifications;

(2) be observed every 30 days by the operator during the mixing process to ensure the device is working properly;

(3) have data entry verified by a pharmacist prior to compounding or have accurate final documentation of compounded preparations to allow for verification of ingredients by a pharmacist prior to dispensing; and

(4) have accuracy of delivery of the end product verified according to written policies and procedures.

[16.19.36.10 NMAC – N, 06-28-14; A, 8/13/2024]

16.19.36.11 DOCUMENTATION REQUIRED:

A. Written policies, procedures and SOPs consistent with USP/NF <797> *(General Chapter <797> Pharmaceutical Compounding-Sterile Preparations) s*tandards as well as those required below, must be established, implemented, followed by facility personnel, and available for inspection and review by authorized agents of the board of pharmacy. All personnel who perform or oversee sterile compounding must be trained in these policies, procedures and SOPs.

B. Written policies and procedures must be submitted to the state board of pharmacy prior to the issuance of any license. These [~~records~~] policies and procedures must include but are not limited to:

(1) cleaning, disinfection, evaluation, validation, testing, certification, and maintenance of the sterile compounding area;

(2) personnel qualifications, training, assessment and performance validation;

(3) operation, maintenance, validation, testing, and certification of facility and equipment;

(4) SOP's for compounding, storing, handling, and dispensing of all components used and all compounded sterile preparations;

(5) SOP's for proper disposal of physical, chemical, and infectious waste;

(6) quality control guidelines and standards;

(7) quality assurance guidelines and standards;

(8) SOP's for determination of stability, incompatibilities, and drug interactions;

(9) error prevention and incident reporting policies and procedure as per 16.19.25 NMAC.

C. All records required by this part shall be kept by the facility for at least three years and shall be readily available for inspection by the board or boards' agent.

[16.19.36.11 NMAC – N, 06-28-14; A, 03-22-15; A, 8/13/2024]

16.19.36.13 REQUIREMENTS FOR TRAINING: All personnel, including pharmacists, pharmacists who supervise compounding personnel (including designated persons), pharmacists interns and pharmacy technicians , shall have completed didactic and experiential training with competency evaluation through demonstration and testing (written or practical) as required by USP/NF <797> *(USP General Chapters: <797> Pharmaceutical Compounding-Sterile Preparations)* and as outlined by the pharmacist-in-charge and described in the site policy and procedures or training manual, prior to compounding sterile preparations.

A. Instructional topics shall include:

(1) aseptic technique;

(2) [~~critical area contamination factors~~] achieving and/or maintaining sterility (and apyrogenicity if compounding with nonsterile components);

(3) principles of high-efficiency particulate air (HEPA)-filtered unidirectional airflow within the ISO Class five area

[~~(3)~~] **(4)** environmental monitoring;

[~~(4)~~] **(5)** [~~facilities~~] proper use of PECs;

[~~(5)~~] **(6)** equipment and supplies;

[~~(6)~~] **(7)** sterile pharmaceutical calculations, measuring, mixing, and terminology;

[~~(7)~~] **(8)** [~~sterile pharmaceutical compounding documentation~~] documentation of the compounding process (MFR and CR);

[~~(8)~~] **(9)** quality assurance procedures;

(10) hand hygiene

[~~(9)~~] **(11)** proper gowning and gloving technique;

[~~(10)~~] **(12)** the handling of cytotoxic and hazardous drugs (if applicable); [~~and~~]

[~~(11)~~] **(13)** [~~general conduct in the controlled area.~~] principles of movement of materials and personnel within the compounding area; and

(14) cleaning and disinfection.

B. Training shall be obtained through completion of a site-specific, structured on-the-job didactic and experiential training program (not transferable to another practice site).

C. Pharmacy technicians shall complete 100 hours of documented experiential training in compounded sterile preparations in accordance with Section 61-11-11.1 of the Pharmacy Act NMSA 1978 prior to compounding sterile preparations. Documentation of experiential training as defined in Subsection A of this section is transferrable to another practice site.

D. Experiential training shall include those areas of training as outlined in USP <797> *(USP General Chapters: <797> Pharmaceutical Compounding-Sterile Preparations)* with appropriate observational assessment and testing of performance as outlined in USP <797> *(USP General Chapters: <797> Pharmaceutical Compounding-Sterile Preparations)* including [~~glove fingertip and media fill tests~~] garbing competency and aseptic manipulation competency evaluations.

E. All personnel, including pharmacists compounding sterile hazardous drugs, pharmacists

supervising compounding personnel, pharmacy interns compounding sterile hazardous drugs, and pharmacy technicians compounding sterile hazardous drugs, shall have completed didactic and experiential training with competency evaluation through demonstration and written or practical testing as required by USP/NF <800> *(USP General Chapters: <800> Hazardous Drugs – Handling in Healthcare Settings)* in addition to training in sterile non-hazardous preparations as listed above. Training will be conducted as outlined by the pharmacist-in-charge and described in the site policy and procedures or training manual and shall be completed prior to compounding sterile hazardous preparations.

F. Frequency of training and assessment shall be conducted as required by USP <797> (*USP General Chapters: <797> Pharmaceutical Compounding-Sterile Preparations)* to assure continuing competency and include:

(1) initial training before compounding sterile preparations;

(2) annual refresher training and assessment in didactic topics;

(3) [~~annual testing of glove fingertip and media fill for low and medium risk compounding~~] garbing competency and aseptic manipulation competency evaluations every six months for personnel compounding Category one and Category two CSPs;

(4) [~~six-month testing of glove fingertip and media fill testing for high risk compounding~~] garbing competency and aseptic manipulation competency evaluations every three months for personnel compounding Category three CSPs.

(5) Personnel who have direct oversight of compounding personnel (including designated persons) must complete garbing competency and aseptic manipulation competency evaluations annually (unless a more frequent requirement applies).

G. Documentation of training: Written documentation of initial and in-service training, the results of written or practical testing, and process validation of compounding, personnel shall be retained for three years and contain the following information:

(1) name of person receiving the training or completing the testing or process validation;

(2) date(s) of the training, testing, or process validation;

(3) general description of the topics covered in the training or testing or of the process validated;

(4) name of person supervising the training, testing, or process validation;

(5) signature of the person receiving the training or completing the testing or process validation and the [~~pharmacist-in-charge~~] designated person or other pharmacist employed by the pharmacy and designated by the pharmacist-in-charge as responsible for training, testing, or process validation of personnel.

[16.19.36.13 NMAC - N, 06-28-14; A, 03-22-15; A, 8/13/2024]

16.19.36.15 QUALITY ASSURANCE OF COMPOUNDED STERILE PREPARATIONS:

A. There shall be a documented, ongoing performance improvement control program that monitors personnel performance, equipment, and facilities:

(1) all aspects of sterile product preparation, storage, and distribution, including details such as the choice of cleaning materials and disinfectants and monitoring of equipment accuracy shall be addressed in policy and procedures;

(2) if non-sterile to sterile bulk compounding of more than 25 units of compounded sterile preparations is performed using non-sterile chemicals, containers, or devices, and the results of appropriate end product testing must be documented prior to the release of the product from quarantine; the test must include appropriate tests for particulate matter and pyrogens;

(3) there shall be documentation of quality assurance audits at regular, planned intervals, including infection control and sterile technique audits; a plan for corrective action of problems identified by quality assurance audits shall be developed which includes procedures for documentation of identified problems and action taken; a periodic evaluation as stated in the policy and procedures of the effectiveness of the quality assurance activities shall be completed and documented;

(4) the batch label of each sterile compounded product shall contain:

(a) drug product name(s), diluent names(s), and amount(s) of each;

(b) [~~batch lot or control number~~] assigned internal identification number (e.g., barcode, prescription, order, or lot number);

(c) final concentration(s), and volume when appropriate, solution ingredient names and amounts;

(d) beyond use date, and time when applicable;

(e) dosage form

[~~**(e)**~~] **(f)** route of administration when applicable;

[~~**(f)**~~] **(g)** date of preparation;

[~~**(g)**~~] **(h)** [~~facility identifier;~~] name or initials of person preparing the product and, if prepared by supportive personnel, the name or identifying initials and the name or initials of the pharmacist that completed the final check;

[~~**(h)**~~] **(i)** when appropriate, ancillary instructions such as storage instructions or cautionary systems, including hazardous material warning labels and containment bags; [~~and~~]

[~~**(i)**~~] **(j)** device instructions when needed [~~.~~];

(k) if it is a single-dose container, a statement stating such;

(l) if it is a multiple-dose container, a statement stating such; and

(m) compounding facility name and contact information if the CSP is to be sent outside of the facility or healthcare system in which it was compounded.

(5) the patient specific label of a CSP shall contain:

(a) patient name;

(b) solution, ingredient names, amounts;

(c) beyond use date, and time when applicable;

(d) dosage form;

[~~(d)~~] **(e)** route of administration;

[~~(e)~~] **(f)** directions for use, including infusion rates, specific times scheduled, when appropriate and applicable;

[~~(f)~~] **(g)** identifier of person preparing the product and, if prepared by supportive personnel (i.e., pharmacist intern or pharmacy technician), the identifier of the pharmacist that completed the final check;

[~~(g)~~] **(h)** when appropriate, ancillary instructions such as storage instructions or cautionary systems, including hazardous material warning labels and containment bags; [~~and~~]

[~~(h)~~] **(i)** device instructions when needed;

(j) assigned internal identification number (e.g., barcode, prescription, order, or lot number);

(k) if it is a single-dose container, a statement stating such;

(l) if it is a multiple-dose container, a statement stating such; and

[~~(i)~~] **(m)** if dispensed for other than inpatient use, the label shall include all other required information.

B. There shall be a mechanism for tracking and retrieving products which have been recalled.

[~~If batch preparation of compounded sterile preparations is being performed, a~~] The following [~~record~~] records must be maintained for [~~each~~] CSPs [~~batch~~].

(1) A [~~formulation record~~] master formulation record (MFR) shall [~~provide a consistent source document (recipe) for CSP preparation~~] be created for all CSPs prepared from nonsterile ingredients(s) and CSP batch preparations and shall include the following:

(a) name, strength, dosage form, and final volume of the compounded preparation;

(b) all ingredients and their quantities; if applicable, relevant characteristics of components (e.g., particle size, salt form, purity grade, solubility)

(c) [~~equipment needed to prepare the CSP, when appropriate, and mixing instructions~~] complete instructions for preparing the CSP, including equipment, supplies, a description of the compounding steps, and any special precautions;

(d) [~~other environmental controls, such as the duration of mixing and other factors pertinent to consistent preparation of the CSP~~] other information as needed to describe the compounding process and ensure repeatability (e.g., adjusting pH and tonicity; sterilization method, such as steam, dry heat, irradiation, or filter);

(e) beyond use dating [~~, the container for dispensing,~~] and storage requirements [~~, and quality control procedures~~] ; [~~and~~]

(f) information needed for proper labeling (e.g. sample label) [~~.~~];

(g) type and size of container closure system(s);

(h) physical description of the final CSP;

(i) quality control (QC) procedures (e.g., pH testing, filter integrity testing); and

(j) reference source to support the stability of the CSP.

(2) [~~The compounding record for each CSP batch shall verify accurate compounding in accordance with the formulation record and shall include:~~] A compounding record (CR) must be created for all Category one, Category two, and Category three CSPs. A CR must also be created for immediate-use CSPs prepared for more than one patient. The CR must include at least the following information:

(a) reference to the [~~formulation record~~] MFR for the CSP (if applicable);

(b) name, strength, weight or volume, manufacturer, [~~and~~] manufacturer's lot number, and expiration date for each component;

(c) name, strength, dosage form, and volume of the finished CSP;

(d) reconciliation of actual yield with anticipated yield, and total number of CSP units produced;

(e) identifier of person preparing the product and, if prepared by [~~support personnel (i.e.,~~] a pharmacist intern or pharmacy technician[~~)~~], the identifier of the pharmacist that completed the final check;

(f) date and time of preparation;

(g) [~~batch lot or control number~~] assigned internal identification number (e.g. prescription, order, or lot number);

(h) assigned beyond use date, and time when appropriate and storage requirements;

(i) results of applicable quality control procedures[~~.~~] ; and

(j) calculations made to determine and verify quantities and/or concentrations of components, if applicable.

[16.19.36.15 NMAC - N, 09-07-14; A, 03-22-15; A, 8/13/2024]

SUPERINTENDENT OF INSURANCE, OFFICE OF

This is an amendment to 13.14.17 NMAC, Section 12, making permanent an emergency amendment and correcting an extraneous filing and publication of Section 15, effective 7/16/2024.

13.14.17.12 FORM 3 - TRANSACTION REPORT:

NEW MEXICO TITLE INSURER STATISTICAL REPORT
FORM 3 - TRANSACTION REPORT
For the Calendar Year Ending December 31, 20__
NEW MEXICO EXPERIENCE ONLY

Insurer						
						For an Insurer That Charges or Rates Below the Promulgated Rates
NM Form No.	Trans-action Code	Transaction Type	No. of Trans-actions	Direct Premiums Written	Dependent on Basic Premium Rate?	Direct Premiums As If They Had Been Written at Promulgated Rates
none	0004	Loan Policy - Mechanic's Lien Coverage With Evidence of Priority			No	
none	0005	Loan Policy - Mechanic's Lien Coverage Without Evidence of Priority			Yes	
none	0006	Owner's Policy - Mechanic's Lien Coverage - Filing Period Expired			No	
none	0007	Owner's Policy - Mechanic's Lien Coverage - Filing Period Not Expired			Yes	
none	0008	Survey Coverage – Owner's Policy			Yes	
none	0009	Survey Coverage - Loan Policy			No	
none	0010	Pro Forma Policy - Owner			No	
none	0011	Pro Forma Policy – Loan			No	
none	0012	Duplicate Original Policy			No	
1	0101	Owner's Policy			Yes	
1	0102	Owner's Policy - With Bulk Rate			Yes	
1	0103	Simultaneous Issue - Multiple Owners on Same Land			Yes	
1	0104	Replacement Owner's Policy			Yes	
1	0105	Owner's Policy After Foreclosure -Completed Foreclosure			Yes	
1	0106	Owner's Policy After Foreclosure -Terminated Foreclosure			Yes	

1	0110	Owner's Policy - Reissue (10% Discount)			Yes	
1	0115	Owner's Policy - Reissue (15% Discount)			Yes	
1	0120	Owner's Policy - Reissue (20% Discount)			Yes	
1	0125	Owner's Policy - Reissue (25% Discount)			Yes	
2	0201	Loan Policy - Single Issue			Yes	
2	0202	Loan Policy - Simultaneous Issue with Owner's Policy			No	
2	0203	Loan Policy - Second Mortgage or Subsequent Issue			Yes	
2	0204	Replacement Loan Policy			Yes	
2	0205	Loan Policy with Two-Year Claims Made Limitation			No	
2	0206	Loan Policy with Two-Year Claims Made Limitation Extension			No	
2	0240	Loan Policy – Substitution and Statutory Rate (within 3 years – 40%)			Yes	
2	0250	Loan Policy - Substitution and Statutory Rate (more than 3 years, less than 5 years - 50%)			Yes	
2	0260	Loan Policy – Substitution and Statutory Rate (more than 5 years, less than 10 years - 60%)			Yes	
2	0280	Loan Policy – Substitution and Statutory Rate (more than 10 years, less than 20 years - 80%)			Yes	
6	0600	Commitment for Title Insurance			No	
11	1104	Correction/Multipurpose Endorsement			No	
11	1105	Renewal, Extension & Partial Release Endorsement			No	
11	1106	Extension of Commitment			No	
11	1108	Increase in Coverage			Yes	
12	1200	Condominium Endorsement – All Assessments			No	
13	1300	Planned Unit Development Endorsement – All Assessments			No	
13.1	1301	Planned Unit Development Endorsement – Unpaid Assessments			No	
14	1400	Variable Rate Mortgage Endorsement			No	
15	1500	Variable Rate Mortgage Endorsement - Negative Amortization			No	

16	1600	Manufactured Housing Unit Endorsement			No	
16.1	1601	Manufactured Housing Unit (Conversion Loan) Endorsement			No	
16.2	1602	Manufactured Housing Unit (Conversion Owner's) Endorsement			No	
17	1700	Revolving Credit Endorsement			No	
20	2000	Leasehold – Owner's Endorsement			No	
21	2100	Leasehold Loan Endorsement			No	
22	2200	Pending Disbursement Down Date Endorsement			No	
23	2300	Pending Improvements Endorsement			No	
24	2400	Assignment Endorsement			No	
24.1	2401	Assignment and Down Date Endorsement			No	
25	2500	Additional Advance Endorsement			No	
26	2600	Partial Coverage Endorsement			No	
28	2800	Non-Imputation - Full Equity Transfer Endorsement			Yes	
28.1	2801	Non-Imputation – Additional Interest Endorsement			Yes	
28.2	2802	Non-Imputation – Partial Equity Transfer Endorsement			Yes	
29	2900	Environmental Protection Lien Endorsement			No	
30	3000	Condominium Endorsement Unpaid Assessments			No	
31	3100	Owner's Leasehold Conversion Endorsement			Yes	
33	3300	Change of Name Endorsement			No	
34	3400	U.S. Policy			Yes	
41	4100	Limited Pre-Foreclosure Title Insurance Policy			Yes	
42	4200	Limited Pre-Foreclosure Title Insurance Policy Down Date Endorsement			No	
43	4300	Insuring Around Endorsement			No	
44	4400	Revolving Credit -Increased Credit Limit Endorsement			No	
45	4500	Residential Limited Coverage Junior Loan Policy			No	

46	4600	Down Date Endorsement to Residential Limited Coverage Junior Loan Policy JR1			No	
47	4700	Endorsement to Residential Limited Coverage Junior Loan Policy JR2			No	
50	5000	Restrictions, Encroachments and Minerals Endorsement - Loan Policy			Yes	
50.1	5001	Restrictions Encroachments, Minerals – Loan Policy Endorsement			Yes	
51	5100	Land Abuts Street Endorsement			No	
52	5200	Location Endorsement			No	
54	5400	Contiguity Single Parcel Endorsement			No	
55	5500	Named Insured Endorsement			No	
56	5600	Restrictions, Encroachments, Minerals– Owner's Policy (Unimproved Land) Endorsement			Yes	
56.1	5601	Restrictions, Encroachments, Minerals – Owner's Policy – (Unimproved Land) Endorsement			Yes	
57	5700	Restrictions, Encroachments, Minerals – Owner's Policy (Improved Land) Endorsement			Yes	
57.1	5701	Restrictions, Encroachments, and Minerals (Owner's Policy -Improved Land) Endorsement			Yes	
58	5800	First Loss - Multiple Parcel Transactions Endorsement			No	
60	6000	Aggregation Endorsement			No	
60.1	6001	Aggregation Endorsement			No	
61	6100	Foundation Endorsement			No	
62	6200	Assignment of Rents or Leases Endorsement			No	
64	6400	Zoning - Unimproved Land Endorsement			Yes	
64.1	6401	Zoning – Unimproved Land - No Applicable Zoning Ordinances Endorsement			Yes	
65	6500	Zoning - Completed Structure Endorsement			Yes	
65.1	6501	Zoning – Land Under Development Endorsement			Yes	
65.2	6502	Zoning- Completed Structure - No Applicable Zoning Ordinances Endorsement			Yes	

66	6600	Contiguity - Multiple Parcels Endorsement			No	
67	6700	Access and Entry Endorsement			No	
68	6800	Indirect Access and Entry Endorsement			No	
69	6900	Utility Access Endorsement			No	
70	7000	Commercial Environnemental Protection Lien Endorsement			No	
71	7100	Reverse Mortgage Endorsement			No	
72	7200	Single Tax Parcel Endorsement			No	
73	7300	Multiple Tax Parcel Endorsement			No	
74	7400	Doing Business Endorsement			No	
75	7500	Subdivision Endorsement			No	
76	7600	Easement - Damage or Enforced Removal Endorsement			No	
77	7700	Co-Insurance - Single Policy Endorsement			No	
78	7800	Same as Survey Endorsement			No	
79	7900	Same as Portion of Survey Endorsement			No	
80	8000	Mortgage Modification Endorsement			No	
80.1	8001	Mortgage Modification With Subordination Endorsement			No	
80.2	8002	Mortgage Modification With Additional Amount of Title Insurance Endorsement			Yes	
83	8300	Construction Loan –Endorsement			No	
83.1	8301	Construction Loan – Direct Payment Endorsement			No	
83.2	8302	Construction Loan – Insured’s Direct Payment Endorsement			No	
84	8400	Disbursement Endorsement			No	
85	8500	Identified Risk Coverage Endorsement			No	
88	8800	Energy Project Leasehold/ Easement - Owner’s Endorsement			Yes	
88.1	8801	Energy Project Leasehold/ Easement - Loan Endorsement			Yes	
88.2	8802	Energy Project - Leasehold - Owner’s Endorsement			Yes	
88.3	8803	Energy Project - Leasehold - Loan Endorsement			Yes	
88.4	8804	Energy Project Covenants, Conditions & Restrictions - Land under Development - Owner’s Endorsement			Yes	

88.5	8805	Energy Project Covenants, Conditions & Restrictions - Land Under Development - Loan Endorsement			Yes	
88.6	8806	Energy Project - Encroachments Endorsement			Yes	
88.7	8807	Energy Project - Fee Estate - Owner's Policy Endorsement			Yes	
88.8	8808	Energy Project - Fee Estate - Loan Policy Endorsement			Yes	
89	8900	Mezzanine Financing Endorsement			No	
90	9000	Residential Limited Coverage Modification of Mortgage Policy			Yes	
91	9100	Contract Purchaser Conversion Endorsement			Yes	

TOTAL:				

Crosscheck with Form 1:	
Difference:	

Explanation for Difference (if any):

[13.14.17.12 NMAC – Rp, 13.14.17.12 NMAC, 1/1/2021; A/E, 1/24/2024; N, 7/16/2024]

End of Adopted Rules

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Submittal Deadlines and Publication Dates

Volume XXXV, Issues 1-24

Issue	Submittal Deadline	Publication Date
Issue 1	January 4	January 16
Issue 2	January 18	January 30
Issue 3	February 1	February 13
Issue 4	February 15	February 27
Issue 5	February 29	March 12
Issue 6	March 14	March 26
Issue 7	March 28	April 9
Issue 8	April 11	April 23
Issue 9	April 25	May 7
Issue 10	May 9	May 21
Issue 11	May 23	June 11
Issue 12	June 13	June 25
Issue 13	July 8	July 16
Issue 14	July 18	July 30
Issue 15	August 1	August 13
Issue 16	August 15	August 27
Issue 17	August 29	September 10
Issue 18	September 12	September 24
Issue 19	September 26	October 8
Issue 20	October 10	October 22
Issue 21	October 24	November 5
Issue 22	November 7	November 19
Issue 23	November 26	December 10
Issue 24	December 12	December 23

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