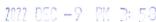
NEW MEXICO STATE RECORDS CENTER

NMAC Transmittal Form





Volume: XXXIII	Issue: 24	Publication date:	12/27/2022	Number of	f pages: 1	(ALD Use Only) Sequence No.	337.7		
Issuing agency nam	e and address:						Agency DFA code:		
HSD - Medical Ass	sistance Divisio	n					63000		
Contact person's name: Phone number: E-mail address:									
Tabitha Mondragon 505-			505-795-3572)	tabitha.	n.us			
Type of rule action:						(ALD Use) Re	ecent filing date:		
New Amendn	nent Rep	eal X Emergency	y Renui	mber		6/14/2001			
Title number:	Title name:								
8	Social Service	98							
Chapter number: Chapter name:									
302	Medicaid General Provider Policies								
Part number: Part name:									
1	General Provider Policies								
Amendment description (If filing an amendment): Amendment's NMAC citation (If filing an amendment):									
Are there any mater Yes No X				achments or In					
	utory or ot	her authority		Yes	No king:	Public doi	nain		
American Rescue	Plan 2021 Sec	otion 9812							
Notice date(s): 7/21/2022		earing date(s):		Rule adoption	date:		ctive date:		
112112022	8	/26/2022		12/9/2022		1/1/2023			

Concise Explanatory Statement For Rulemaking Adoption:

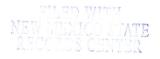


Findings required for rulemaking adoption:

Findings MUST include:

- Reasons for adopting rule, including any findings otherwise required by law of the agency, and a summary of any independent analysis done by the agency;
- Reasons for any change between the published proposed rule and the final rule; and
- Reasons for not accepting substantive arguments made through public comment.

This rule is being repealed and replaced so that they are in compliance with the required formating requirement the NMAC to remove language that limits pregnancy-related services Medicaid. The Department had previous changing Pregnancy-Related Services Medicaid from limited coverage to full coverage. There were no public related to this rule so the changes are being adopted as proposed.	sly issued rules
Issuing authority (If delegated, authority letter must be on file with ALD): Name: David R. Scrase	rity has been delegated
Title:	
Secretary	
Signature: (BLACK ink only OR Digital Signature)	_
Signature: (BLACK ink only OR Digital Signature) —DocuSigned by:	Date signed:
David K. Scrase, M.D.	12/9/2022



The New Mexico Human Services Department approved the repeal of 8.302.1 NMAC - Medicaid General Provider Policies, General Provider Policies (filed 6/14/2001) and replaced it with 8.302.1 NMAC - Medicaid General Provider Policies, General Provider Policies (adopted on 12/9/2022), effective 1/1/2023.

1 8.302.1 NMAC