STATEMENT OF COMPLIANCE WITH PUBLIC HEALTH ORDER DATED MARCH 23, 2020 REGARDING RESTRICTIONS ON NON-ESSENTIAL HEALTH CARE SERVICES, PROCEDURES AND SURGERIES BY [INSERT PROVIDER]

1.   On March 23, 2020, the New Mexico Department of Heath adopted that certain public health order (the "Order") titled:

> "Public Health Emergency Order Imposing Temporary Restrictions on Non-Essential Health Care Services, Procedures, and Surgeries; Providing Guidance on those Restrictions; and Requiring a Report from Certain Health Care Providers"

2.   The Order mandates that heath care providers or facilities subject to the Order "shall submit to the New Mexico Department of Health a policy addressing how it will comply with this Order and identifying those procedures that will generally be deemed essential and non-essential." *See* Order, p. 3. The intent of the Order is to ration and preserve the state's supply of personal protective equipment in response to the public health emergency caused by novel coronavirus 2019 (COVID-19).

3.   [PROVIDER] and its individual health care providers will evaluate each health care service, in concert with each patient's individual medical needs, to determine what services, procedures, and surgeries are essential health care services and which are non-essential health care services. Notwithstanding the guidance and examples provided in this document, it is the responsibility of each individual provider to use professional discretion and judgement in evaluating which health care services can be delayed and which should be provided, taking into consideration the best interests of the patient.

4.   [PROVIDER] understands that any health care provider who willfully violates the Order will be subject to civil administrative penalties, including fines up to $5,000 per violation, in addition to other civil and criminal penalties.

5.   The definitions and examples below are intended to assist health care providers in making determinations on essential and non-essential health care services.

DEFINITIONS

"Essential health care services" means medical services, procedures, and surgeries related to (a) emergency medical care or any actions necessary to provide treatment to patients with emergency or urgent medical needs; (b) any surgery or treatment that if not performed would result in serious condition or a patient worsening (i.e. removing a cancerous tumor or surgery to manage an infection); (c) the full suite of family planning services; and (d) behavioral health services, including substance-use disorder treatment, and treatment for mental illness.

"Non-essential health care services" means medical services, procedures, and surgeries that can be delayed for three (3) months without undue risk to a patient's health, and includes the services of hospitals, health care facilities, ambulatory surgical facilities, dental, orthodontic and endodontic offices within the state, as applicable.

NOTICE AND WARNING: THIS TABLE AND THE EXAMPLES CONTAINED WITHIN ARE INTENDED TO BE USED AS GUIDANCE ONLY. HEALTH CARE PROVIDERS SHALL IN ALL CASES USE THEIR PROFESSIONAL JUDGMENT IN DETERMINING WHAT ARE ESSENTIAL AND NON-ESSENTIAL HEALTH CARE SERVICES. THE BEST INTERESTS OF EACH PATIENT SHOULD BE CONSIDERED BEFORE DEVIATING FROM ANY SERVICE, PROCEDURE, OR SURGERY.

Examples of Potentially Essential and Non-Essential Health Care Services

Tiers	Action	Definition	Locations	Examples
Tier 1a	Postpone procedure or service (Can be delayed for 3 months without causing undue harm to patient)	Low acuity healthy patient. Non-life-threatening illness	Primary Care Clinics, Hospital Outpatient Departments, Ambulatory Surgery Centers, Hospital with low/no COVID- 19 census	- Routine medical appointments. - Elective procedures and surgeries, such as carpal tunnel release, cataracts, etc. - Routine procedures such as EGD/colonoscopy, annual physicals, etc. - Routine dental and orthodontic procedures. - In-person routine group therapy and counseling. - Routine chiropractic adjustments.
Tier 1b	Postpone procedure or service (Can be delayed for 3 months without causing undue harm to patient)	Low acuity unhealthy patient. Non-life-threatening illness.	Hospital Outpatient Departments, Ambulatory Surgery Centers, Hospital with low/no COVID- 19 census	- Diagnostic procedures, such as endoscopy, EGD/colonoscopy. - Non-urgent spine & ortho, hip, knee replacement and elective spine surgery. - Symptom-based dental and orthodontic procedures. - In-person routine therapy and counseling. - Symptom-based chiropractic adjustments.
Tier 2a	Consider postponing procedure (delay for 3 months has the potential to cause harm to patient)	Intermediate acuity /healthy patient- Not life threatening but potential for future morbidity and mortality. Requires in-hospital stay	Hospital Outpatient Departments, Ambulatory Surgery Centers, Hospital with COVID-19 census	- Low risk cancer - Stable ureteral colic - Elective angioplasty - Cholecystectomy - Hysterectomy - Craniofacial reconstructive surgery
Tier 2b	Postpone surgery/procedure if possible (delay for 3 months has the potential to cause harm to patient)	Intermediate acuity/unhealthy patient- Not life threatening but potential for future morbidity and mortality. Requires in-hospital stay	Hospital with COVID-19 census	- Cardiac valve replacement - Acute appendicitis - Prostatectomy
Tier 3a	Do not postpone (delay for 3 months will cause harm and/or permanent dysfunction to patient)	High acuity surgery/healthy patient	Hospital with COVID-19 census	- Stent placement with symptoms - Neurosurgery - Highly symptomatic patients
Tier 3b	Do not postpone (delay for 3 months will cause harm and/or permanent dysfunction to patient)	High acuity surgery/unhealthy patient	Hospital with COVID-19 census	-Transplants -Trauma -Cardiac w/symptoms -Acute spinal surgery -Limb threatening vascular and/ orthopedic surgery

6. On behalf of [PROVIDER], I _____, as _____, hereby state and attest that [PROVIDER] will adhere to the above policy and guidance above in compliance with the Order dated March 23, 2020.

_____
Signature of Health Care Provider or Authorized Representative

_____
Date