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To: Acuormedboard, RLD
Subject: [EXTERNAL] CADS Rule Change Comments

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NM BAOM Rule Changes – Public Comment

Dear NMBAOM Members,

Thank you for the opportunity to share my comments regarding the proposed rule changes affecting Community Acupuncture Detoxification Specialists (CADS). While I understand that some may have concerns, I support these changes and believe they represent a thoughtful and necessary step forward.

CADS provide an essential service to communities across New Mexico. However, there are significant challenges in accessing training and supervision outside of the Albuquerque and Santa Fe areas—particularly on tribal lands and in other rural parts of the state. As the rules currently stand, many CADS are unable to obtain the supervision required, resulting in the loss of services in areas where they are needed most. The shortage of available and willing supervisors is a major barrier, and I do not foresee either rural or urban practitioners being able to meet this demand under the current structure. Addressing this issue now is an act of practical foresight.

Reasons I Support the Proposed Rule Changes

1. CADS are highly capable professionals.

Many CADS are already established healthcare providers, including physician assistants, nurses, counselors, psychiatrists, and administrators in correctional health. They provide NADA services in hospitals, clinics, schools, and community programs. These practitioners are well-positioned to apply the protocol appropriately and safely.

2. CADS receive thorough training.

Their training includes several full days of instruction, extensive hands-on practice, and a lengthy supervised internship. They are proficient in clean needle technique, infection control, point location, proper equipment use, patient communication, and knowing when to consult a supervisor. They fully understand their scope of practice.

3. Experienced CADS are safe and competent.

CADS who have actively practiced for five years have accumulated substantial experience and have already benefited from meaningful supervision. These are not hobbyists—they are committed practitioners who consistently provide safe care. In many cases, they could themselves serve as excellent supervisors. Requiring ongoing close supervision for these experienced CADS is unnecessary and limits service availability.

Conclusion

The current supervision requirements are too rigid for the realities facing CADS in New Mexico, especially in rural and tribal areas. The proposed rule changes do not compromise public safety. Instead, they make CADS services more accessible, reduce unnecessary barriers, and help maintain essential support for communities that rely on them.

While additional forward-looking changes could continue to strengthen CADS practice in the future, the current proposals address immediate, real-world challenges. For these reasons, I support the rule changes.

Thank you for your consideration.

Pamela Barrett, DOM