ARTICLE 1. HEARING SCREENING


Former Article 1 consisting of Sections R9-13-111 through R9-13-117 repealed effective February 18, 1986 (Supp. 86-1).

Section
R9-13-101. Definitions
R9-13-102. Hearing Screening Population
R9-13-103. Hearing Screening Requirements
R9-13-104. Criteria for Passing a Hearing Screening; Requirements for Performing a Second Hearing Screening
R9-13-105. Referral; Notification; Follow-up
R9-13-106. Repealed
R9-13-107. Screener Qualifications
R9-13-108. Equipment Standards
R9-13-109. Recordkeeping, Reporting Requirements
R9-13-110. Repealed
R9-13-111. Repealed
R9-13-112. Renumbered
R9-13-113. Renumbered
R9-13-114. Repealed
R9-13-115. Repealed
R9-13-116. Renumbered
R9-13-117. Renumbered

ARTICLE 2. NEWBORN AND INFANT SCREENING

Article 2, consisting of R9-13-201 through R9-13-205, recodified from R9-14-501 through R9-14-505 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3).

Section
R9-13-201. Definitions
R9-13-202. Newborn and Infant Critical Congenital Heart Defect Screening
R9-13-203. Newborn and Infant Bloodspot Tests
R9-13-204. First Specimen Collection
R9-13-205. Second Specimen Collection
R9-13-206. Reporting Requirements for Specimens
R9-13-207. Newborn and Infant Hearing Tests
R9-13-208. Fees

ARTICLE 3. REPEALED


ARTICLE 4. REPEALED


ARTICLE 5. REPEALED


ARTICLE 6. REPEALED


ARTICLE 7. REPEALED


ARTICLE 8. REPEALED

The rules in Article 8 (R9-13-801, R9-13-802, and R9-13-806) were automatically repealed June 1, 2000. The heading for Article 8 was repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).


Section
R9-13-801. Repealed
R9-13-802. Repealed
R9-13-803. Repealed
R9-13-804. Repealed
R9-13-805. Repealed
R9-13-806. Repealed

ARTICLE 9. REPEALED

Article 9, consisting of Section R9-13-901, repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

Article 9 consisting of Section R9-13-901 adopted effective October 13, 1982.

Section
R9-13-901. Repealed
R9-13-902. Emergency expired

ARTICLE 10. REPEALED

Section
R9-13-1001. Repealed
R9-13-1002. Repealed
R9-13-1003. Repealed
R9-13-1004. Repealed

ARTICLE 11. REPEALED

Section
R9-13-1101. Repealed
ARTICLE 12. REPEALED

Section
R9-13-1201. Repealed
R9-13-1202. Emergency expired

ARTICLE 13. REPEALED

Article 13, consisting of Sections R9-13-1301 through R9-13-1303, repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).


Section
R9-13-1301. Repealed
R9-13-1302. Repealed
R9-13-1303. Repealed

ARTICLE 14. REPEALED

Article 14, consisting of Sections R9-13-1401 through R9-13-1415, repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).


Article 14 consisting of Sections R9-13-1401 through R9-13-1417 adopted as an emergency effective November 29, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days.

Section
R9-13-1401. Repealed
R9-13-1402. Repealed
R9-13-1403. Repealed
R9-13-1404. Repealed
R9-13-1405. Repealed
R9-13-1406. Repealed
R9-13-1407. Repealed
R9-13-1408. Repealed
R9-13-1409. Repealed
R9-13-1410. Repealed
R9-13-1411. Repealed
R9-13-1412. Repealed
R9-13-1413. Repealed
R9-13-1414. Repealed
R9-13-1415. Repealed
R9-13-1416. Emergency expired
R9-13-1417. Emergency expired

ARTICLE 15. RECODIFIED

Editor’s Note: Article 15, consisting of R9-13-1501 through R9-3-1503 and Exhibits, was recodified to 9 A.A.C. 25.

Editor’s Note: Former Article 15 was originally adopted, and subsequently amended by the addition of a new Section, under an exemption from the provisions of the Administrative Procedure Act which means that the rules were not reviewed by the Governor’s Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify the rules.

ARTICLE 15. RECODIFIED

Editor’s Note: Article 15, consisting of Sections R9-13-1501 through R9-13-1503, recodified to 9 A.A.C. 25, R9-25-801 through R9-25-803 (Supp. 98-1).

ARTICLE 1. HEARING SCREENING

R9-13-101. Definitions

In this Article, unless the context otherwise requires:
1. “Assistive listening device” has the meaning in A.R.S. § 36-1901.
2. “Audiologist” means an individual licensed under A.R.S. Title 36, Chapter 17.
3. “Audiometer” means an electronic device that generates signals used to measure hearing.
4. “Calibration” means a determination of the accuracy of an instrument by measurement of a variation from a standard.
5. “Cochlear implant” means a surgically inserted device that electrically stimulates the hearing nerve in the inner ear.
6. “dB” means decibel.
7. “dB HL” means decibel hearing level.
8. “Deaf” has the meaning in A.R.S. § 36-1941.
10. “Documentation” means signed and dated information in written, photographic, electronic, or other permanent form.
11. “Effusion” means the escape of fluid from a blood or lymphatic vessel into tissue or a cavity.
12. “Frequency” means the number of cycles per second of a sound wave.
13. “Hard of hearing” has the meaning in A.R.S. § 36-1941.
14. “Hearing aid” has the meaning in A.R.S. § 36-1901.
15. “Hearing screening” means a test of a student’s ability to hear certain frequencies at a consistent loudness performed in a school by an individual who meets the requirements in R9-13-107.
16. “Hz” means Hertz, a unit of frequency equal to one cycle per second.
17. “Immittance” means the ease of transmission of sound through the middle ear.
18. “Inner ear” means the semicircular canals, auditory nerve, and cochlea.
19. “Intensity” means the strength of a sound wave striking the eardrum resulting in the perception of loudness as expressed in decibels or decibel hearing level.
20. “Kindergarten” means the grade level immediately preceding first grade.
21. “Middle ear” means the eardrum, malleus, incus, stapes, and eustachian tube.
22. “mm H2O” means millimeters of water.
23. “Noise floor” means sounds present in the auditory canal from either the environment or bodily functions such as breathing and blood flow.
24. “Otitis media” means inflammation of the middle ear.
25. “Otoacoustic emissions” means the sounds generated from the inner ear.
28. “Physician” means an individual licensed under A.R.S. Title 32, Chapter 13 or 17.
29. “Preschool” means the instruction preceding kindergarten provided to individuals three to five years old through:
   a. School as defined in A.R.S. § 15-101;
   b. Accommodation school as defined in A.R.S. § 15-101,
A school administrator shall ensure that a student has a hearing screening each school year:

1. A student enrolled in preschool, kindergarten, or grade 1, 2, 6, or 9;
2. A student enrolled in grade 3, 4, or 5, unless there is written documentation that the student had a hearing screening in or after grade 2;
3. A student enrolled in grade 7 or 8, unless there is written documentation that the student had a hearing screening in or after grade 6;
4. A student enrolled in grade 10, 11, or 12 unless there is written documentation that the student had a hearing screening in or after grade 9;
5. A student receiving special education; and
6. A student who failed a second hearing screening in the prior school year.

A school administrator shall ensure that a student has a hearing screening at the request of the student, the student’s parent, a schoolteacher, a school nurse, a school psychologist, an audiologist, a physician, a primary care practitioner, a speech language pathologist, or Department staff.

C. A hearing screening is not required if a:
1. Student is age 16 years or over;
2. Student’s parent objects in writing to the screening as allowed under A.R.S. § 36-899.04;
3. Written diagnosis or evaluation from an audiologist states that a student is deaf or hard of hearing; or
4. Student has a hearing aid, an assistive listening device, or a cochlear implant.

D. In addition to meeting the requirements in subsections (A) and (B), a school administrator shall ensure that a student who meets the criteria specified in State Board of Education rule R7-2-401 has a hearing screening required under R7-2-401.

R9-13-103. Hearing Screening Requirements

A. Before performing a hearing screening, a screener shall visually inspect a student’s outer ears for:
1. Fluid or drainage,
2. Blood,
3. An open sore, or
4. A foreign object.

B. If a screener inspects a student’s outer ears and finds any of the conditions in subsection (A), the screener shall not perform a hearing screening.

C. A screener shall perform a hearing screening in each ear using one of the following hearing screening methods:

1. Four-frequency, pure tone hearing screening that screens at each of the following frequencies and intensities:
   a. 500 Hz at 25 dB HL;
   b. 1000 Hz at 20 dB HL;
   c. 2000 Hz at 20 dB HL,
   d. 4000 Hz at 20 dB HL;

2. Three-frequency, pure tone hearing screening with tympanometry that:
   a. Includes a tympanogram that is generated automatically or is plotted at a minimum of the following three points:
      i. +100 mm H2O,
      ii. Point of maximum immittance, and
      iii. -200 mm H2O; and
   b. Screens at each of the following frequencies at 20 dB HL:
      i. 1000 Hz,
      ii. 2000 Hz, and
      iii. 4000 Hz; or

3. Otoacoustic emissions hearing screening using otoacoustic emissions equipment that generates a pass or no pass result:
   a. Using a minimum of three frequencies,
   b. At no less than 3 dB above the noise floor, and
   c. With reproducibility greater than 50%.
R9-13-104. Criteria for Passing a Hearing Screening; Requirements for Performing a Second Hearing Screening

A. A student passes a hearing screening if:
   1. During a four-frequency, pure tone hearing screening, the student responds in each ear to each frequency at each intensity listed in R9-13-103(C)(1)(a) through (C)(1)(d);
   2. During a three-frequency, pure tone hearing screening with tympanometry, the student:
      a. Responds in each ear to each frequency as described in R9-13-103(C)(2)(b); and
      b. Reaches a point of maximum immittance in each ear within the range of +100mm H2O to -200mm H2O; or
   3. During an otocoustic emissions hearing screening, the student receives a pass result in each ear according to R9-13-103(C)(3).

B. If a student does not pass a hearing screening according to subsection (A), a screener shall perform a second hearing screening on the student no earlier than 30 days and no later than 45 days from the date of the first hearing screening. The screener shall perform the second hearing screening using the same method as the first hearing screening.

Historical Note
Adopted effective February 18, 1986 (Supp. 86-1).
Amended effective October 15, 1993 (Supp. 93-4).
Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3).

R9-13-105. Referral; Notification; Follow-up

A. If a school administrator finds that a student does not require a hearing screening under R9-13-102(C)(3) or (C)(4), the school administrator shall provide to the student’s parent, within 10 days from the date the finding is made, a referral to have the student’s current hearing status evaluated by an audiologist, including an electroacoustic analysis of any hearing aid or assistive listening device, unless there is documentation from an audiologist specifying a different evaluation schedule.

B. If a screener finds any of the conditions listed in R9-13-103(A) and a student does not have a hearing screening:
   1. A school administrator shall provide to the student’s parent, within 10 days from the date the condition is found, a referral to have the student’s outer ears evaluated by a physician or primary care practitioner; and
   2. A screener shall perform the hearing screening on the student no earlier than 30 days and no later than 45 days from the date the screener finds the condition.

C. If a student does not pass a second hearing screening or does not complete a second hearing screening within the time period required under R9-13-104(B), a school administrator shall provide to the student’s parent, within 10 days from the date of the second hearing screening or from the date the period for completing a second hearing screening ends, a referral to have the student’s current hearing status evaluated by one of the following:
   1. An audiologist, a physician, or a primary care practitioner if the screener used only the four-frequency, pure tone hearing screening method;
   2. A physician or primary care practitioner if the student did not pass the tympanometry portion, but passed the three-frequency, pure tone portion of the hearing screening;
   3. An audiologist if the student did not pass the tympanometry portion, but passed the three-frequency, pure tone portion of the hearing screening;
   4. An audiologist, a physician, or a primary care practitioner if the screener used the otocoustic emissions hearing screening method.

D. A referral identified in subsection (C) is not required if a school-provided audiologist:
   1. Assesses a student’s hearing status and the condition of the middle ear at the conclusion of a hearing screening; and
   2. Within 10 days from date of the assessment, provides the student’s parent with a written diagnosis and recommendation for treatment, if applicable.

E. A referral required under subsections (A), (B), or (C), shall include a form requesting the following:
   1. The name, address, and telephone number of the student evaluated;
   2. The date of evaluation;
   3. An assessment of the condition of the outer ear, if applicable;
   4. An assessment of hearing status and the condition of the middle ear, if applicable;
   5. A diagnosis and recommendation for treatment, if applicable;
   6. The signature and title of the individual evaluating the student and completing the form; and
   7. A request that the individual completing the form or the student’s parent return the completed form to the school.

F. Under State Board of Education rule R7-2-401, a school administrator shall ensure that a student referred under subsections (A) or (C) is evaluated.

G. If a school receives notice of a diagnosis that a student is deaf or hard of hearing from an audiologist, the school administrator shall notify, within 10 days from the date the notice of diagnosis is received, each of the student’s teachers and the person responsible for the school’s special education services of the diagnosis.

Historical Note
Adopted effective February 18, 1986 (Supp. 86-1).
Amended effective October 15, 1993 (Supp. 93-4).
Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3).

R9-13-106. Repealed

Historical Note
Adopted effective February 18, 1986 (Supp. 86-1).
Amended effective October 15, 1993 (Supp. 93-4).
Section repealed by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3).

R9-13-107. Screener Qualifications

A. An audiologist may perform a hearing screening.

B. An individual who is not an audiologist may perform a hearing screening only if the individual passes a hearing screener course that:
   1. Includes 90 minutes of classroom instruction in the introduction to hearing covering:
      a. Development of speech and language;
      b. Anatomy and physiology of the ear;
      c. Signs and prevention of hearing loss in children; and
      d. A.R.S. Title 36, Chapter 7.2 and 9 A.A.C. 13, Article 1;
   2. Includes 120 minutes of classroom instruction in hearing screening covering:
      a. Auditory development,
      b. Early identification of hearing loss,
      c. Principles of hearing screening,
      d. Selection of hearing screening methods, and
      e. Components of setting-up a hearing screening program;
C. Every five years after completing a hearing screener course described in subsection (B), a screener who is not an audiologist shall pass a hearing screener course that:

1. Includes 195 minutes of classroom instruction covering the material required under subsections (B)(1), (B)(2), and (B)(3); and

2. For an individual who will perform a hearing screening using three-frequency or four-frequency, pure tone hearing screening, includes 60 minutes of classroom instruction covering the material required under subsection (B)(4);

3. For an individual who will perform a hearing screening using tympanometry with three-frequency, pure tone hearing screening, includes 30 minutes of classroom instruction covering the material required under subsection (B)(5);

4. For an individual who will perform a hearing screening using otoacoustic emissions hearing screening, includes 30 minutes of classroom instruction covering the material required under subsection (B)(6); and

5. Meets the requirements in subsections (B)(7), (B)(8), and (B)(9).

D. Before performing a hearing screening, an individual who passes a hearing screener course described in subsection (B) or (C) shall give a copy of the certificate of completion described in subsection (B)(9) to the school.

E. An individual who does not meet the screener qualifications in subsection (A), (B), or (C) may perform a four-frequency, pure tone hearing screening, other than a second hearing screening required under R9-25-104(B), only under the supervision of an individual who meets the screener qualifications in subsection (A), (B), or (C).

Historical Note

R9-13-108. Equipment Standards
A. A school administrator shall ensure that a pure tone audiometer used to perform a three-frequency or four-frequency, pure tone hearing screening is:

1. Calibrated every 12 months according to the American National Standard Specification for Audiometers, S3.6-1996, Standards Secretariat, c/o Acoustical Society of America, 120 Wall Street, 32nd Floor, New York, New York 10005-3993, January 12, 1996, incorporated by reference in R9-16-209(B)(1); and

2. Inspected within 24 hours before use to ensure that:

   a. The calibration complies with subsection (A)(1),
   b. The power source and power indicator are working,
   c. The earphone cords are securely connected and have no breaks,
   d. Each frequency and intensity required under R9-13-103(C)(1) is present,
   e. A signal does not cross from one earphone to the other, and
   f. Each earphone is free of noise or distortion that could interfere with a hearing screening.

B. A school administrator shall ensure that a tympanometer used to perform the tympanometry portion of a hearing screening:

1. Is calibrated every 12 months according to the American National Standard Specifications for Instruments to Measure Aural Acoustic Impedance and Admittance, S3.39-1987, Standards Secretariat, Acoustical Society of America, 335 East 45th Street, New York, New York 10017-3483, October 5, 1987, not including any later amendments or editions, incorporated by reference and on file with the Department and the Office of the Secretary of State; and

2. Is inspected within 24 hours before use to ensure that the calibration complies with subsection (B)(1).
C. A school administrator shall ensure that otoacoustic emissions equipment used to perform an otoacoustic emissions hearing screening is:
1. Calibrated every 12 months according to manufacturer’s specifications; and
2. Inspected within 24 hours before use to ensure that:
   a. The calibration complies with manufacturer’s specifications,
   b. No obstruction is in the probe microphone, and
   c. The test signal is present.

Historical Note
Adopted effective February 18, 1986 (Supp. 86-1).
Amended effective October 15, 1993 (Supp. 93-4).
Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3).

R9-13-109. Recordkeeping, Reporting Requirements
A. A school administrator shall retain, for Department review and inspection, a written record of:
1. The date and results of a student’s hearing screening for no less than three complete school years beginning on the first July 1 after the student’s last date of attendance at the school, and
2. All calibration dates for a piece of hearing screening equipment currently used in the school.

B. By June 30th of each year, a school administrator shall submit to the Department the following information for the school year ending that June 30th:
1. On a form available from the Department, the number of students by grade in each of the following categories:
   a. Were enrolled at the time of a first hearing screening,
   b. Did not have a first hearing screening under R9-13-102(C),
   c. Had a first hearing screening,
   d. Did not pass a first hearing screening,
   e. Had a second hearing screening,
   f. Did not pass a second hearing screening,
   g. Were evaluated by an audiologist,
   h. Were evaluated by a physician or a primary care practitioner,
   i. Were first diagnosed as deaf or hard of hearing during the current school year, and
   j. Were diagnosed as deaf or hard of hearing during a prior school year; and
2. The name of each individual who performed a hearing screening in the school and:
   a. The individual’s license number to practice audiology, or
   b. Evidence that the individual successfully completed a hearing screening course described in R9-13-107(B) or (C).

Historical Note

R9-13-110. Repealed

Historical Note
Former Section R9-13-117 renumbered and amended as Section R9-13-110 effective February 18, 1986 (Supp. 86-1).

R9-13-111. Repealed

Historical Note
Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Repealed effective February 18, 1986 (Supp. 86-1).

R9-13-112. Renumbered

Historical Note

R9-13-113. Renumbered

Historical Note

R9-13-114. Repealed

Historical Note
Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Repealed effective February 18, 1986 (Supp. 86-1).

R9-13-115. Repealed

Historical Note
Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Repealed effective February 18, 1986 (Supp. 86-1).

R9-13-116. Renumbered

Historical Note

R9-13-117. Renumbered

Historical Note

ARTICLE 2. NEWBORN AND INFANT SCREENING

R9-13-201. Definitions
In this Article, unless otherwise specified:
1. “Abnormal result” means an outcome that deviates from the range of values established by:
   a. The Department for an analysis performed as part of a bloodspot test or for a hearing test, or
   b. A health care facility or health care provider for critical congenital heart defect screening.
2. “Admission” or “admitted” means the same as in A.A.C. R9-10-101.
4. “Argininosuccinic acidemia” means a congenital disorder characterized by an inability to metabolize the amino acid argininosuccinic acid due to defective argininosuccinate lyase activity.
5. “Arizona State Laboratory” means the entity operated according to A.R.S. § 36-251.
6. “Audiological equipment” means an instrument used to help determine the presence, type, or degree of hearing loss by:
   a. Providing ear-specific and frequency-specific stimuli to an individual; or
   b. Measuring an individual’s physiological response to stimuli.
7. “Audiologist” means the same as in A.R.S. § 36-1901.
8. “Beta-ketothiolase deficiency” means a congenital disorder characterized by an inability to metabolize 2-methyl-acetoacetyl-CoA due to defective mitochondrial acetoacetyl-CoA thiolase activity.
9. “Biotinidase deficiency” means a congenital disorder characterized by defective biotinidase activity that causes abnormal biotin metabolism.
10. “Birth center” means a health care facility that is not a hospital and is organized for the purpose of delivering newborns.
11. “Blood sample” means capillary or venous blood, but not cord blood, applied to the filter paper of a specimen collection kit.
12. “Bloodspot test” means multiple laboratory analyses performed on a blood sample to screen for the presence of congenital disorders listed in R9-13-203.
13. “Carnitine uptake defect” means a congenital disorder characterized by a decrease in the amount of free carnitine due to defective sodium ion-dependent carnitine transporter OCTN2 activity.
14. “Citrullinemia” means a congenital disorder characterized by an inability to convert the amino acid citrulline and aspartic acid into argininosuccinic acid due to defective argininosuccinate synthetase activity.
15. “Classic galactosemia” means a congenital disorder characterized by abnormal galactose metabolism due to defective galactose-1-phosphate uridylyltransferase activity.
16. “Congenital adrenal hyperplasia” means a congenital disorder characterized by decreased cortisol production and increased androgen production due to defective 21-hydroxylase activity.
17. “Congenital disorder” means an abnormal condition present at birth, as a result of heredity or environmental factors, that impairs normal physiological functioning of a human body.
18. “Congenital hypothyroidism” means a congenital disorder characterized by deficient thyroid hormone production.
19. “Critical congenital heart defect” means a heart abnormality or condition present at birth that places a newborn or infant at significant risk of disability or death if not diagnosed soon after birth.
20. “Cystic fibrosis” means a congenital disorder caused by defective functioning of a transmembrane regulator protein and characterized by damage to and dysfunction of various organs, such as the lungs, pancreas, and reproductive organs.
22. “Diagnostic evaluation” means a hearing test performed by an audiologist or a physician to determine whether hearing loss exists, and, if applicable, determine the type or degree of hearing loss.
23. “Discharge” means the termination of inpatient services to a newborn or an infant.
24. “Disorder” means a disease or medical condition that may be identified by a laboratory analysis.
25. “Document” means to establish and maintain information in written, photographic, electronic, or other permanent form.
26. “Educational materials” means printed or electronic information provided by the Department, explaining newborn and infant screening, any of the congenital disorders listed in R9-13-203, hearing loss, or critical congenital heart defect.
27. “Electronic” means the same as in A.R.S. § 44-7002.
28. “First specimen” means the initial specimen that is collected from a newborn who is less than five days of age and sent to the Arizona State Laboratory for testing and recording of demographic information.
29. “Glutaric acidemia type I” means a congenital disorder characterized by an accumulation of glutaric acid due to defective glutaryl-CoA dehydrogenase activity.
30. “Guardian” means an individual appointed by a court under A.R.S. Title 14, Chapter 5, Article 2.
31. “Health care facility means a health care institution defined in A.R.S. § 36-401 where obstetrical care or newborn care is provided.
32. “Health care provider” means a physician, physician assistant, registered nurse practitioner, or midwife.
33. “Health-related services” means the same as in A.R.S. § 36-401.
34. “Hearing screening” means a hearing test to determine the likelihood of hearing loss in a newborn or infant.
35. “Hearing test” means an evaluation of each of a newborn’s or an infant’s ears, using audiological equipment to:
   a. Screen the newborn or infant for a possible hearing loss;
   b. Determine that the newborn or infant does not have a hearing loss; or
   c. Diagnose a hearing loss in the newborn or infant, including determining the type or degree of hearing loss.
36. “Hemoglobin S/Beta-thalassemia” means a sickle cell disease in which an individual has one sickle cell gene and one gene for beta thalassemia, another inherited hemoglobinopathy.
37. “Hemoglobin S/C disease” means a sickle cell disease in which an individual has one sickle cell gene and one gene for another inherited hemoglobinopathy called hemoglobin C.
38. “Hemoglobinopathy” means a congenital disorder characterized by abnormal production, structure, or functioning of hemoglobin.
39. “Home birth” means delivery of a newborn, outside a health care facility, when the newborn is not hospitalized within 72 hours of delivery.
40. “Homocystinuria” means a congenital disorder characterized by abnormal methionine and homocysteine metabolism due to defective cystathione-ß-synthase activity.
41. “Hospital” means the same as in A.A.C. R9-10-101.
42. “Hospital services” means the same as in A.A.C. R9-10-201.
43. “3-Hydroxy-3-methylglutaric aciduria” means a congenital disorder characterized by the accumulation of 3-hydroxy-3-methylglutaric acid due to a defective 3-hydroxy-3-methylglutaryl-CoA lyase activity.
44. “Identification code” means a unique set of numbers or letters, or a unique set of both numbers and letters, assigned by the Department to a health care facility, a health care provider, an audiologist, or another person...
“Organ” means a somewhat independent part of a human body, such as a salivary gland, kidney, or pancreas, which performs a specific function.

“Parent” means a natural, adoptive, or custodial mother or father of a newborn or an infant.

“Newborn” means the same as in A.R.S. § 36-694.

“Newborn care means medical services, nursing services, and health-related services provided to a newborn.

“Newborn care services” means medical services, nursing services, and health-related services provided to a newborn throughout her pregnancy, labor, delivery, and postpartum.

“Parent” means the state, a municipality, district, or other political subdivision, a cooperative, institution, corporation, company, firm, partnership, individual, or other legal entity.

“Phenylketonuria” means a congenital disorder characterized by abnormal phenylalanine metabolism due to defective phenylalanine hydroxylase activity.

“Physician” means an individual licensed under A.R.S. Title 32, Chapters 13, 14, 17, or 29.

“Physician assistant” means an individual licensed under A.R.S. Title 32, Chapter 25.

“Propionic acidemia” means a congenital disorder characterized by accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity.

“Pulse oximetry” means a non-invasive method of measuring the percentage of hemoglobin in the blood that is saturated with oxygen using a device approved by the U.S. Food and Drug Administration for use with newborns or infants less than six weeks of age.

“Registered nurse practitioner” means the same as in A.R.S. § 32-1601.

“Second specimen” means a specimen that is sent to the Arizona State Laboratory for testing and recording of demographic information, after being collected:

a. From a newborn after a first specimen; or
b. From an individual at least five days and not older than one year of age, regardless of whether a first specimen was collected.

“Severe combined immunodeficiency” means a congenital disorder usually characterized by a defect in both the T- and B-lymphocyte systems, which typically results in the onset of one or more serious infections within the first few months of life.

“Sickle cell anemia” means a sickle cell disease in which an individual has two sickle cell genes.

“Sickle cell disease” means a hemoglobinopathy characterized by an abnormally shaped red blood cell resulting from the abnormal structure of the protein hemoglobin.

“Sickle cell gene” means a unit of inheritance that is involved in producing an abnormal type of the protein hemoglobin, in which the amino acid valine is substituted for the amino acid glutamic acid at a specific location in the hemoglobin.

“Specimen collection kit” means a strip of filter paper for submitting specimen collection kits to the Arizona State Laboratory or hearing test results to the Department.

“Specimen” means a biological specimen submitted for testing.

“Sepsis” means a clinical syndrome characterized by inflammation and infection of at least one body system.

“Severe combined immunodeficiency” means a congenital disorder characterized by an inability to metabolize fatty acids that are 12 to 18 carbon atoms in length due to defective mitochondrial trifunctional protein activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an inability to transport or metabolize biotin that leads to defective activity of propionyl-CoA carboxylase, beta-methylcrotonyl-CoA carboxylase, and pyruvate carboxylase.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of isovaleric acid due to defective isovaleryl-CoA dehydrogenase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of propionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of isovaleric acid due to defective isovaleryl-CoA dehydrogenase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of propionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of isovaleric acid due to defective isovaleryl-CoA dehydrogenase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of propionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of isovaleric acid due to defective isovaleryl-CoA dehydrogenase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of propionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of isovaleric acid due to defective isovaleryl-CoA dehydrogenase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of propionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of isovaleric acid due to defective isovaleryl-CoA dehydrogenase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of propionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of isovaleric acid due to defective isovaleryl-CoA dehydrogenase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of propionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of isovaleric acid due to defective isovaleryl-CoA dehydrogenase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of propionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of isovaleric acid due to defective isovaleryl-CoA dehydrogenase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of propionic acid due to defective propionyl-CoA carboxylase activity.

“Severe combined immunodeficiency” means a congenital disorder characterized by an accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity.
82. “Tyrosinemia type I” means a congenital disorder characterized by an accumulation of the amino acid tyrosine due to defective fumarylacetoacetate hydrolase activity.

83. “Verify” means to confirm by obtaining information through a source such as the newborn screening program, a health care provider, a health care facility, or a documented record.

84. “Very long-chain acyl-CoA dehydrogenase deficiency” means a congenital disorder characterized by an inability to metabolize fatty acids that are 14 to 18 carbon atoms in length due to defective very long-chain acyl-CoA dehydrogenase activity.

85. “Working day” means 8:00 a.m. through 5:00 p.m. Monday through Friday, excluding state holidays.

Historical Note

Amended as an emergency, by adding paragraphs (32) and (42) and renumbering remaining paragraphs, effective November 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency amendment expired. Permanent amendment, adding paragraphs (32) and (42) and renumbering remaining paragraphs adopted effective March 19, 1984 (Supp. 84-2). Amended as an emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired. Readopted as an emergency effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Readopted as an emergency with changes effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Readopted as an emergency with changes effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Readopted as an emergency without change effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Readopted as an emergency with changes effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Readopted as an emergency without change effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency amendments permanently adopted with changes effective July 3, 1991 (Supp. 91-3).


R9-13-202. Newborn and Infant Critical Congenital Heart Defect Screening

A. A health care facility's designee, a health care provider, or a health care provider's designee shall order critical congenital heart defect screening using pulse oximetry for a newborn to be performed:

1. Between 24 and 48 hours after birth according to the health care facility's or health care provider's policies and procedures, or
2. As late as possible before discharge according to the health care facility's or health care provider's policies and procedures if the newborn is discharged earlier than 24 hours after birth.

B. Before critical congenital heart defect screening is performed on a newborn, a health care facility's designee, a health care provider, or a health care provider's designee shall provide educational materials to the newborn's parent or guardian.

C. When critical congenital heart defect screening is ordered for a newborn, a health care facility's designee, a health care provider, or a health care provider's designee shall submit, in a format specified by the Department, the following information:

1. The newborn's name, gender, race, ethnicity, medical record number, and, if applicable, AHCCCS identification number;
2. Whether the newborn is from a single or multiple birth;
3. If the newborn is from a multiple birth, the birth order of the newborn;
4. The date and time of birth, and the newborn's weight at birth;
5. The identification code or the name and address of the health care facility or health care provider submitting the information;
6. Except as provided in subsection (C)(7), the mother's first and last names, date of birth, name before first marriage, mailing address, telephone number, and, if applicable, AHCCCS identification number;
7. If the newborn's mother does not have physical custody of the newborn, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn;
8. The date, time, and result of the critical congenital heart defect screening;
9. If critical congenital heart defect screening was not performed, the reason critical congenital heart defect screening was not performed;
10. If the newborn was transferred to another health care facility or health care provider before the critical congenital heart defect screening was performed, the name, address, and telephone number of the health care facility or health care provider to which the newborn was transferred; and
11. Whether the newborn has a medical condition that may affect the critical congenital heart defect screening results.

D. In addition to the information in subsection (C), if the reported result of critical congenital heart defect screening for a newborn or infant is abnormal, a health care facility's designee, a health care provider, or a health care provider's designee shall submit to the Department, upon request and in a format specified by the Department, the following information:

1. The dates, times, values of all critical congenital heart defect screening results;
2. The dates, times, and results of any subsequent tests performed as a result of critical congenital heart defect screening;
3. The name, address, and telephone number of the contact person for the health care facility, health care provider, or other person performing the subsequent tests; and
A. A bloodspot test shall screen for the following congenital disorders, the type of medical condition found and the name of the health care provider who will be responsible for the coordination of medical services for the newborn or infant after the newborn or infant is discharged.

B. In addition to the congenital disorders listed in subsection (A), a bloodspot test may screen for severe combined immunodeficiency when sufficient funding is available to the Department to cover the cost of the Department’s activities related to the screening for severe combined immunodeficiency.

C. When a bloodspot test is ordered for a newborn or an infant, a health care facility's designee, a health care provider, or the health care provider's designee shall:

1. Only use a specimen collection kit supplied by the Department;
2. Collect a blood sample from the newborn or infant on a specimen collection kit;
3. Complete the following information on the specimen collection kit:
   a. The newborn's or infant's name, gender, race, ethnicity, medical record number, and, if applicable, AHCCCS identification number;
   b. The newborn's or infant's type of food or food source;
   c. Whether the newborn or infant is from a single or multiple birth;
   d. If the newborn or infant is from a multiple birth, the birth order of the newborn or infant; 
   e. Whether the newborn or infant has a medical condition that may affect the bloodspot test results;
   f. Whether the newborn or infant received a blood transfusion and, if applicable, the date of the last blood transfusion;
   g. The date and time of birth, and the newborn's or infant's weight at birth;
   h. The date and time of blood sample collection, and the newborn's or infant's weight when the blood sample is collected;
   i. The identification code or the name and address of the health care facility or health care provider submitting the specimen collection kit;
   j. The name, address, and telephone number or the identification code of the health care provider responsible for the coordination of medical services for the newborn or infant;
   k. Except as provided in subsection (C)(3)(1), the mother's first and last names, date of birth, name before first marriage, mailing address, telephone number, and, if applicable, AHCCCS identification number;
   l. If the newborn's or infant's mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant;

4. Submit the specimen collection kit to the Arizona State Laboratory no later than 24 hours or the next working day after the blood sample is collected.

D. A health care facility or a health care provider submitting a first specimen to the Arizona State Laboratory shall pay the Department the fee in R9-13-208(A).

E. A person who submits a second specimen to the Arizona State Laboratory shall:
1. Pay the fee in R9-13-208(B) to the Department, or
2. Provide the following information to the Arizona State Laboratory for billing purposes:

R9-13-203. Newborn and Infant Bloodspot Tests

A. A bloodspot test shall screen for the following congenital disorders:

1. 3-Hydroxy-3-methyl glutaric aciduria,
2. 3-Methylcrotonyl-CoA carboxylase deficiency,
3. Argininosuccinic acidemia,
4. Beta-ketothiolase deficiency,
5. Biotinidase deficiency,
6. Carnitine uptake defect,
7. Classic galactosemia,
8. Congenital adrenal hyperplasia,
9. Congenital hypothyroidism,
10. Cystic fibrosis,
11. Glutaric acidemia type I,
12. Hemoglobin S/Beta-thalassemia,
13. Hemoglobin S/C disease,
14. Hemoglobin S/C disease,
15. Homocystinuria,
16. Isovaleric acidemia,
17. Long-chain 3-hydroxy acyl-CoA dehydrogenase deficiency,
18. Maple syrup urine disease,
19. Medium chain acyl-CoA dehydrogenase deficiency,
20. Methylmalonic acidemia (Cbl A,B),
21. Methylmalonic acidemia (mutase deficiency),
22. Multiple carboxylase deficiency,
23. Phenylketonuria,
24. Propionic acidemia,
25. Sickle cell anemia,
a. The name, mailing address, and telephone number of the newborn's or infant's parent or the individual responsible for paying, if not the parent; and
b. If the individual responsible for paying has health care insurance for the newborn or infant, information about the health care insurance, including:
   i. The policyholder's name;
   ii. The name and billing address of the health care insurance company;
   iii. The member identification number;
   iv. The group number, if applicable; and
   v. The effective date of the health care insurance; or
c. That the individual responsible for paying has no health care insurance for the newborn or infant.

F. When a health care insurance company or an individual responsible for paying is identified as specified in subsection (E)(2), the health care insurance company or the individual responsible for paying shall pay the Department the fee in R9-13-208(B).

G. When a home birth not attended by a health care provider is reported to a local registrar, a deputy local registrar, or the state registrar under A.R.S. § 36-333:
   1. The local registrar, deputy local registrar, or state registrar shall notify the local health department of the county where the birth occurred; and
   2. The local health department's designee shall collect a specimen from the newborn or infant according to the requirements in R9-13-204(A)(2) or R9-13-205(C).

H. A health care facility's designee, a health care provider, or the health care provider's designee shall ensure that:
   1. Educational materials are provided to the parent or guardian of a newborn or an infant for whom a bloodspot test is ordered, and
   2. The newborn's or infant's parent or guardian is informed of the requirement for a second specimen if the second specimen has not been collected.

I. For a home birth, a health care provider or the health care provider's designee shall provide educational materials to the parent or guardian of a newborn or an infant for whom a bloodspot test is ordered.

**Historical Note**


R9-13-205. Second Specimen Collection

A. After a newborn's or an infant's discharge from a health care facility or after a home birth, a health care provider or the health care provider's designee shall:
   1. Collect a second specimen from the newborn or infant not older than one year of age at the time of the newborn's or infant's first visit to the health care provider, or
   2. Verify that a health care facility or different health care provider has collected a second specimen from the newborn or infant.

B. If a newborn is an inpatient of a health care facility at 5 days of age, the health care facility's designee shall collect a second specimen from the newborn:
   1. When the newborn is at least 5 but not more than 10 days old; or
   2. If the newborn is discharged from the health care facility when the newborn is at least 5 but not more than 10 days old, before discharge.

C. For a home birth that is not attended by a health care provider, a local health department's designee shall collect a specimen from a newborn or an infant if the local health department's designee has not verified that a second specimen has already been collected from the newborn or infant.

**Historical Note**

B. A health care facility's designee, a health care provider, or the health care provider's designee shall order hearing testing for a newborn or infant to be performed according to the health care facility, health care provider, or other person that performs the initial hearing test; and

C. Bloodspot test results are confidential subject to the disclosure provisions of 9 A.A.C. 1, Article 3, and A.R.S. §§ 12-2801 and 12-2802.

**Historical Note**

the subsequent hearing test shall submit to the Department, as specified in subsection (G), the following information:
1. The newborn's or infant's name, date of birth, and gender;
2. Whether the newborn or infant is from a single or multiple birth;
3. If the newborn or infant is from a multiple birth, the birth order of the newborn or infant;
4. The first and last names and date of birth of the newborn’s or infant’s mother;
5. The name of the health care facility of birth, if known;
6. The name of the health care facility where the subsequent hearing test was performed, or the name and address of the health care provider who performed the subsequent hearing test;
7. The date of the subsequent hearing test;
8. The audiological equipment used for the subsequent hearing test and type of hearing test performed;
9. The result, including a quantitative result if applicable, for each of the newborn’s or infant’s ears on the subsequent hearing test;
10. The name, address and telephone number of the contact person for the health care facility, health care provider, or other person that performed the subsequent hearing test, if different from the person specified in subsection (E)(6); and
11. If the subsequent hearing test was a diagnostic evaluation:
   a. Whether the newborn or infant has a hearing loss and, if so, the type and degree of hearing loss;
   b. A copy of the narrative that describes the hearing test performed on the newborn or infant to determine that the newborn or infant does not have a hearing loss or diagnose a hearing loss in the newborn or infant, the results of the hearing test, and the analysis of the hearing test results by the audiologist or physician who performed the hearing test;
   c. Whether the newborn or infant has a medical condition that may affect the hearing test results; and
   d. Whether the newborn or infant has been referred to early intervention services, including a date of referral.

F. In addition to the information in subsection (E), if the reported results of a subsequent hearing test on a newborn or infant include an abnormal result, the person submitting the report on the subsequent hearing test shall submit to the Department, as specified in subsection (G), the following information:
1. Except as provided in subsection (F)(2), the mailing address and telephone number of the newborn’s or infant’s mother;
2. If the newborn's or infant's mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant;
3. The name of the health care provider who is responsible for the coordination of medical services for the newborn or infant; and
4. If applicable, the name and telephone number of the person to whom the newborn's or infant's parent was referred for further hearing tests, evaluation services, specialty care, or early intervention.

G. A health care facility's designee, health care provider, health care provider's designee, or other person required to report under subsections (C), (D), (E), or (F) shall submit, in an electronic format specified by the Department, the information specified in subsections (C), (D), (E), or (F) for hearing tests performed each week by the sixth day of the subsequent week.
ARTICLE 4. REPEALED

R9-13-401. Repealed

Historical Note

R9-13-402. Repealed

Historical Note

R9-13-403. Repealed

Historical Note

R9-13-404. Repealed

Historical Note

R9-13-405. Repealed

Historical Note

R9-13-406. Repealed

Historical Note

R9-13-407. Repealed

Historical Note
Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4).

ARTICLE 5. REPEALED

R9-13-501. Repealed

Historical Note

R9-13-502. Repealed

Historical Note

R9-13-503. Repealed

Historical Note

R9-13-504. Repealed

Historical Note

R9-13-505. Repealed

Historical Note

R9-13-506. Repealed

Historical Note

R9-13-507. Repealed

Historical Note

R9-13-508. Repealed

Historical Note

R9-13-509. Repealed

Historical Note

R9-13-510. Repealed

Historical Note

R9-13-511. Repealed

Historical Note

ARTICLE 6. REPEALED

R9-13-601. Repealed

Historical Note
R9-13-602. Repealed

Historical Note

R9-13-603. Repealed

Historical Note

R9-13-604. Repealed

Historical Note

R9-13-605. Repealed

Historical Note

R9-13-606. Repealed

ARTICLE 7. REPEALED

R9-13-701. Repealed

Historical Note

R9-13-702. Repealed

Historical Note

R9-13-703. Repealed

Historical Note

R9-13-704. Repealed

ARTICLE 8. REPEALED

R9-13-801. Repealed

Historical Note

R9-13-802. Repealed

Historical Note
Adopted effective July 16, 1981 (Supp. 81-4). Amended by emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired. Readopted as an emergency effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Readopted as an emergency with changes effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Readopted as an emergency with changes effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Readopted as an emergency without change effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Readopted as an emergency without change effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency rule permanently adopted effective July 3, 1991 (Supp. 91-3). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed June 1, 2000 (Supp. 01-1).

R9-13-803. Repealed

Historical Note

R9-13-804. Repealed

Historical Note

R9-13-805. Repealed

Historical Note

R9-13-806. Repealed

Historical Note

ARTICLE 9. REPEALED

R9-13-901. Repealed

Historical Note
Adopted as an emergency effective April 6, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-2). Former Section R9-13-901 expired, new Section R9-13-901 adopted as a permanent rule effective October 13, 1982 (Supp. 82-5). Section repealed by final
rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-902. Emergency expired

Historical Note
Adopted as an emergency effective April 6, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-2). Former Section R9-13-902 expired (Supp. 82-5).

ARTICLE 10. REPEALED

R9-13-1001. Repealed

Historical Note

R9-13-1002. Repealed

Historical Note

ARTICLE 11. REPEALED

R9-13-1101. Repealed

Historical Note

R9-13-1102. Repealed

Historical Note

R9-13-1103. Repealed

Historical Note

ARTICLE 12. REPEALED

R9-13-1201. Repealed

Historical Note

R9-13-1202. Emergency expired

Historical Note

ARTICLE 13. REPEALED

R9-13-1301. Repealed

Historical Note

R9-13-1302. Repealed

Historical Note
R9-13-1303. Repealed

Historical Note

ARTICLE 14. REPEALED

R9-13-1401. Repealed

Historical Note

R9-13-1402. Repealed

Historical Note

R9-13-1403. Repealed

Historical Note

R9-13-1404. Repealed

Historical Note

R9-13-1405. Repealed

Historical Note

R9-13-1406. Repealed

Historical Note
ARTICLE 15. RECODIFIED

R9-13-1501. Recodified

Historical Note
Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former Section R9-13-1501 recodified to A.A.C. R9-25-801 (Supp. 98-1).

R9-13-1502. Recodified

Historical Note
Adopted effective October 12, 1994; received by the Office of the Secretary of State October 24, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 94-4). Former Section R9-13-1502 recodified to A.A.C. R9-25-802 (Supp. 98-1).

Exhibit 1. Recodified

Historical Note
Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 1 recodified to A.A.C. R9-25-802, Exhibit 1 (Supp. 98-1).

Exhibit 2. Recodified

Historical Note
Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 2 recodified to A.A.C. R9-25-802, Exhibit 2 (Supp. 98-1).

Exhibit 3. Recodified

Historical Note
Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 3 recodified to A.A.C. R9-25-802, Exhibit 3 (Supp. 98-1).

Exhibit 4. Recodified

Historical Note
Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 4 recodified to A.A.C. R9-25-802, Exhibit 4 (Supp. 98-1).
Exhibit 1. Recodified

**Historical Note**
Adopted effective November 27, 1995, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 95-4). Former R9-13-1503, Exhibit 1 recodified to A.A.C. R9-25-803, Exhibit 1 (Supp. 98-1).