

NOTICES OF PROPOSED RULEMAKING

Unless exempted by A.R.S. § 41-1995, each agency shall begin the rulemaking process by 1st filing a Notice of Proposed Rulemaking, containing the preamble and the full text of the rules, with the Secretary of State's Office. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the Arizona Administrative Register.

Under the Administrative Procedure Act (A.R.S. § 41-1001 et seq.), an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the Register before beginning any proceedings for adoption, amendment, or repeal of any rule. A.R.S. §§ 41-1013 and 41-1022.

TITLE 9. HEALTH SERVICES

CHAPTER 6. DEPARTMENT OF HEALTH SERVICES

COMMUNICABLE DISEASES

PREAMBLE

1. Sections Affected

	<u>Rulemaking Action</u>
R9-6-103	Amend
R9-6-105	Amend
R9-6-107	Amend
R9-6-202	Amend
R9-6-301	Amend
R9-6-310	Amend
R9-6-314	Amend
R9-6-316	Amend
R9-6-322	Amend
R9-6-323	Amend
R9-6-324	New Section
R9-6-325	New Section
R9-6-326	Amend
R9-6-327	Amend
R9-6-328	New Section
R9-6-329	Amend
R9-6-330	Renumber
R9-6-331	Renumber
R9-6-332	Renumber
R9-6-333	Renumber
R9-6-334	Renumber
R9-6-335	Renumber
R9-6-336	Renumber
R9-6-337	Renumber
R9-6-338	Renumber
R9-6-339	Amend
R9-6-340	Renumber
R9-6-341	Amend
R9-6-342	Amend
R9-6-343	Amend
R9-6-344	Amend
R9-6-345	Amend
R9-6-346	Renumber
R9-6-347	Renumber
R9-6-348	Amend
R9-6-349	Renumber
R9-6-350	Renumber
R9-6-351	Renumber
R9-6-352	Renumber
R9-6-353	Renumber
R9-6-354	Amend
R9-6-355	Renumber
R9-6-356	Amend
R9-6-357	Amend
R9-6-358	Amend
R9-6-359	New Section
R9-6-360	Renumber

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R9-6-356	Amend
R9-6-357	Amend
R9-6-358	Amend
R9-6-359	New Section
R9-6-360	Renumber
R9-6-361	Renumber
R9-6-362	Renumber
R9-6-363	Renumber
R9-6-364	Renumber
R9-6-365	Renumber
R9-6-366	Renumber
R9-6-367	Renumber
R9-6-368	Renumber
R9-6-369	New Section
R9-6-370	New Section
R9-6-371	New Section
R9-6-372	Amend
R9-6-373	New Section
R9-6-374	Renumber
R9-6-375	New Section
R9-6-409	Amend
Exhibit A	Amend
Exhibit B	New Exhibit
R9-6-501	Amend
R9-6-701	Amend
R9-6-706	Amend
R9-6-707	New Section
Table 1	Amend
Table 2	Amend

2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

<u>Rule</u>	<u>General Authority</u>	<u>Specific Authority</u>
R9-6-103 R9-6-105 R9-6-107	A.R.S. §§ 36-1043, 36-135, 36-136(A)(7), 36-136(F), 36-136(H)(1), 36-672, and 15-872(A)	A.R.S. §§ 36-136(H)(1), 36-663(A), 36-672, and 15-872
Article 2 R9-6-202	A.R.S. §§ 36-104(3), 36-135, 36-136(A)(7), 36-136(F), 36-136(H)(1), 36-672, and 15-872(A)	A.R.S. §§ 36-136(H)(1)
Article 3 R9-6-301, R9-6-310, R9-6-314, R9-6-316, and R9-6-322 through R9-6-349	A.R.S. §§ 36-104(3), 36-135, 36-136(A)(7), 36-136(F), 36-136(H)(1), 36-672, and 15-872(A)	A.R.S. §§ 36-136(H)(1)
Article 4 R9-6-409, Exhibit A, and Exhibit B	A.R.S. §§ 36-136(H)(1), 36-136(L), 36-663(A), 36-664(K), and 13-1415(B)	A.R.S. §§ 36-136(H)(1), 36-663(A), 36-664(K), and 13-1415(B)
Article 5 R9-6-501	A.R.S. §§ 36-104(3), 36-135, 36-136(A)(7), 36-136(F), 36-136(H)(1), 36-672, and 15-872(A)	A.R.S. §§ 36-136(H)(1) and 11-1003(A)
Article 7 R9-6-701, R9-6-706, R9-6-707, Table 1, and Table 2	A.R.S. §§ 36-104(3), 36-135, 36-136(A)(7), 36-136(F), 36-136(H)(1), 36-672, and 15-872(A)	A.R.S. §§ 36-135, 36-136(H)(1), 36-672(A), 36-672(B), and 15-872

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3. **The name and address of agency personnel with whom persons may communicate regarding the rule:**

Name: Ken Komatsu, M.P.H.
Address: Department of Health Services
Bureau of Epidemiology and Disease Control Services
3815 North Black Canyon Highway
Phoenix, Arizona 85015
Telephone: (602) 230-5820
Fax: (602) 230-5818

4. **An explanation of the rule, including the agency's reasons for initiating the rule:**

The Department of Health Services (Department) rules concerning communicable and preventable diseases are located in 9 A.A.C. 6. This rule package contains 10 new rules that being proposed, 28 rules that are amended, and 28 rules that are renumbered. No rules are repealed. The rules are organized in 7 Articles that encompass: definitions, communicable disease reporting, control measures for communicable and preventable diseases, the human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), rabies control, tuberculosis control, and vaccine preventable diseases. As part of the Department's 5-year review, this entire chapter is amended to reflect new terminology used by the medical community, new diseases of public health importance, updated public health control measures, and statutory changes in consent for HIV testing.

The Department updated terminology used by the medical community to reflect new recommended "precautions" and updated counseling and testing guidelines incorporated by reference. A definition concerning rabies control was changed to broaden the control measures for rabies. Special reporting requirements were amended to include reporting of newly emerging and reemerging pathogens by clinical laboratories, submission of bacterial pathogens isolated by clinical laboratories, reporting of post exposure rabies prophylaxis, and delineating the content of these reports. Rules under Control Measures for Communicable And Preventable Diseases were amended to reflect new infection control terminology and new rules adopted for new diseases and pathogens of public health importance. **R9-6-409** (Consent for HIV-related testing) was amended to include provisions for verbal consent and new consent forms were added in both English and Spanish. **R9-6-501** (Animals bitten by a known rabid animal) was amended to change terminology from bitten to exposed to include the risk of exposure among persons with contact to saliva. **R9-6-701** (Required immunization for school attendance) was amended to include hepatitis B vaccine in the list of diseases for which children must be immunized if they attend a school, preschool or another institution providing instruction or custodial care. **R9-6-706** (Required reports) establishes reporting requirements of school administrators about enrollment, information concerning immunization status, notification that the Department or local health agency may require additional immunization information from the school administrator in times of a potential or actual disease outbreak, reporting requirements concerning immunizations administered by or at the school, reporting and record retention requirements of preschool and day care programs and the county health officer. This rule was amended to include physician reporting of immunization information to the Department. **R9-6-707** (Release of immunization information) delineates the conditions and persons with whom reported immunization information may be shared or released. Table 1 and 2 were amended to include a 2nd dose of measles mumps rubella vaccine, hepatitis B vaccine in the immunization schedule.

5. **A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant authority of a political subdivision of this state:**

Not applicable.

6. **The preliminary summary of the economic, small business, and consumer impact:**

The economic impact of the proposed rules upon the Department, county health departments, and select small businesses (physician offices) is moderate and minimal upon the Secretary of State and other small businesses. The Department utilized several staff persons to meet with affected communities and write the rules, review drafts, and compile the documents. In addition, moderate expense will be incurred by the Department to distribute and provide education on the revised rules. County health departments will be required to investigate more diseases. Those with larger number of investigations such as Maricopa and Pima Counties will incur a moderate expense. Small businesses such as physician practices which immunize children, are most affected by mandatory reporting of each childhood immunization administered pursuant to A.R.S. § 36-135 and may incur moderate expense depending upon the number of vaccines administered. Small businesses such as clinical laboratories will be required to report 18 additional diseases, which depending upon the incidence may incur a moderate expense. Consumers will benefit from reduced illness, disability and death, from targeted prevention efforts, increasing immunization rates, and contact follow up.

7. **The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:**

Name: Ken Komatsu, MPH
Address: Department of Health Services
3815 North Black Canyon Highway
Phoenix, Arizona 85015
Telephone: (602) 230-5932
Fax Number: (602) 230-5818

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8. The time, place, and nature of the proceedings for the adoption, amendment, or repeal of the rule or, if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule.

Date: November 6, 1996
Time: 11 a.m.
Location: Arizona State Building
400 West Congress
South Building, Room 222
Tucson, Arizona 85701

Date: November 8, 1996
Time: 9 a.m.
Location: State Capitol - Tower Building
1700 West Washington
1st Floor Conference Room A
Phoenix, Arizona 85007

Date: November 15, 1996
Time: 11 a.m.
Location: Coconino County Health Department
Thomas Auditorium
2500 North Fort Valley Road
Flagstaff, Arizona 86001

Written comments may be submitted until the close of records, which is scheduled for November 15, 1996, at 5 p.m., to:

Ken Komatsu, M.P.H.
Department of Health Services
Bureau of Epidemiology and Disease Control Services
3815 North Black Canyon Highway
Phoenix, Arizona 85015

9. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:
Not applicable.
10. Incorporation by reference and their location in the rules:
R9-6-103(7): *HIV Counseling, Testing, and Referral, Standards and Guidelines*, May 1994 Edition, published by the Centers for Disease Control, 1600 Clifton Road, N.E., Atlanta, Georgia 30333.
11. The full text of the rule follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 6. DEPARTMENT OF HEALTH SERVICES
COMMUNICABLE DISEASES**

ARTICLE 1. DEFINITIONS

Section
R9-6-103. Control Measures for Communicable Diseases
R9-6-105. Rabies Control
R9-6-107. Vaccine Preventable Diseases

**ARTICLE 2. COMMUNICABLE DISEASE
REPORTING**

Section
R9-6-202. Special Reporting Requirements

**ARTICLE 3. CONTROL MEASURES FOR COMMUNICA-
BLE AND PREVENTABLE DISEASES**

Section
R9-6-301. Diseases and Conditions Declared Communicable Reportable
R9-6-310. Cholera
R9-6-314. Cryptosporidiosis
R9-6-316. Diarrhea of Newborn
R9-6-322. Gonorrhea
R9-6-323. *Haemophilus influenzae* Type B: Invasive Diseases
R9-6-324. Hantavirus Infection
R9-6-325. Hemolytic Uremic Syndrome
R9-6-324. R9-6-326. Hepatitis A
R9-6-325. R9-6-327. Hepatitis B and Delta Hepatitis
R9-6-328. Hepatitis C
R9-6-326. R9-6-329. Hepatitis Non-A, Non-B
R9-6-327. R9-6-330. Herpes Genitalis

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R9-6-328. R9-6-331. Human Immunodeficiency Virus (HIV) Infection and Related Disease
R9-6-329. R9-6-332. Human T-cell Lymphotropic Virus (HTLV-I/II) Type I and II Infection
R9-6-330. R9-6-333. Legionellosis (Legionnaires' Disease)
R9-6-331. R9-6-334. Leprosy (Hansen's Disease)
R9-6-332. R9-6-335. Leptospirosis
R9-6-333. R9-6-336. Listeriosis
R9-6-334. R9-6-337. Lyme Disease
R9-6-335. R9-6-338. Malaria
R9-6-336. R9-6-339. Measles (Rubeola)
R9-6-337. R9-6-340. Meningococcal Invasive Disease
R9-6-338. R9-6-341. Mumps
R9-6-339. R9-6-342. Pediculosis (Lice Infestation)
R9-6-340. R9-6-343. Pertussis (Whooping Cough)
R9-6-341. R9-6-344. Plague
R9-6-342. R9-6-345. Poliomyelitis
R9-6-343. R9-6-346. Psittacosis
R9-6-344. R9-6-347. Q Fever
R9-6-345. R9-6-348. Rabies in Humans
R9-6-346. R9-6-349. Relapsing Fever (Borreliosis)
R9-6-347. R9-6-350. Reye Syndrome
R9-6-348. R9-6-351. Rocky Mountain Spotted Fever
R9-6-349. R9-6-352. Rubella (German Measles)
R9-6-350. R9-6-353. Rubella Syndrome, Congenital
R9-6-351. R9-6-354. Salmonellosis
R9-6-352. R9-6-355. Scabies
R9-6-353. R9-6-356. Shigellosis
R9-6-354. R9-6-357. Staphylococcal Skin Disease
R9-6-355. R9-6-358. Streptococcal Disease and invasive Invasive Group A Streptococcal Disease
R9-6-359. Streptococcal Group B Invasive Disease
R9-6-356. R9-6-360. Syphilis
R9-6-357. R9-6-361. Taeniasis
R9-6-358. R9-6-362. Tetanus
R9-6-359. R9-6-363. Toxic Shock Syndrome
R9-6-360. R9-6-364. Trichinosis
R9-6-361. R9-6-365. Tuberculosis
R9-6-362. R9-6-366. Tularemia
R9-6-363. R9-6-367. Typhoid Fever
R9-6-364. R9-6-368. Typhus Fever: Flea-borne
R9-6-369. Vancomycin Resistant *Enterococcus* spp.
R9-6-370. Vancomycin Resistant *Staphylococcus aureus*
R9-6-371. Vancomycin Resistant *Staphylococcus epidermidis*
R9-6-365. R9-6-372. Varicella
R9-6-373. Vibrio Infection
R9-6-366. R9-6-374. Varicella (Chickenpox)
R9-6-375. Yersiniosis

**ARTICLE 4. HUMAN IMMUNODEFICIENCY VIRUS/
ACQUIRED IMMUNODEFICIENCY SYNDROME**

Section	
R9-6-409.	Consent for HIV-related testing
Exhibit A	Consent for HIV Testing
Exhibit B	Consentimiento Para la Prueba de VIH

ARTICLE 5. RABIES CONTROL

Section	
R9-6-501.	Animals bitten by Exposed to a Known Rabid Animal

ARTICLE 7. VACCINE PREVENTABLE DISEASES

Section	
R9-6-701.	Required Immunizations for School Attendance
R9-6-706.	Required Reports
R9-6-707.	Release of Immunization Information
Table 1	Immunization Requirements for Child Care and School Enrollment
Table 2	Recommended Schedule for Pupils Starting Immunization after School

ARTICLE 1. DEFINITIONS

R9-6-103. Control Measures for Communicable Diseases

In Article 3, unless the context otherwise requires:

1. "Airborne precautions" means, in addition to Standard precautions, the use of respiratory protection by susceptible individuals and placement of the case in a negative pressure room.
- 1.2. No change.
- 2.3. "Body fluid" means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, or saliva any visibly bloody body secretion.
- 3.4. "Concurrent disinfection" means the application of disinfective measures to inanimate objects or surfaces after the discharge of blood or body fluids from the body of an infected person, or after the contamination of articles with such blood or body fluids.
5. "Contact precautions" means, in addition to Standard precautions, the use of barriers to prevent infection spread by direct contact.
- 4.6. No change.
- 5.7. "Counseling and testing site" means a health facility offering clients HIV counseling and testing which meets the standards established in the "Guidelines for HIV Counseling, Testing, and Partner Notification Referral, Standards, and Guidelines," February 1988/May 1994, Centers for Disease Control, 1600 Clifton Road, N.E., Atlanta, Georgia 30333, incorporated by reference and no other amendments and on file with the Office of the Secretary of State.
- 6.8. "Disinfection" means killing or inactivating of communicable disease causing agents outside the body on inanimate objects by directly applied chemical or physical means.
- 7.9. No change.
10. "Droplet precautions" means, in addition to Standard precautions, the use of a mask when working within 3 feet of the case.
8. "Enteric precautions" mean the use of a barrier to prevent contact with feces or material contaminated with feces to prevent the spread of infection.
- 9.11. "Follow-up" means the practice of investigating and monitoring cases, carriers, contacts, or suspect cases to detect, treat, or prevent disease.
12. "Standard precautions" means the use of barriers to prevent contact with blood, mucous membranes, nonintact skin, all body fluids and secretions except sweat.
10. "Respiratory precautions" mean the use of a barrier to prevent the airborne spread of infection.
11. "Strict isolation" means placing the case in a private room and using respiratory and universal precautions.
12. "Universal precautions" mean the use of barriers to prevent skin or mucous membrane contact with blood and body fluids.

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R9-6-105. Rabies Control

In Article 5, unless the context otherwise requires:

1. No change.
2. "Cat" means an animal of the genus *Felis*.
3. "Dog" means an animal of the genus *Canis*.
- 2-4. No change.
5. "Exposed" means bitten by or having direct contact with a rabies susceptible animal.

R9-6-107. Vaccine Preventable Diseases

In Article 7, unless the context otherwise requires:

1. "ASIS" means the Arizona State Immunization Information System, which is a child immunization reporting system that collects, stores, analyzes, releases, and reports immunization data.
2. "Child" means an individual 18 years of age or less.
- 1-3. No change.
- 2-4. No change.
5. "HBV" means hepatitis B vaccine.
- 3-6. No change.
- 4-7. No change.
- 5-8. No change.
- 6-9. No change.
- 7-10. No change.
- 8-11. No change.
- 9-12. No change.
- 10-13. No change.

**ARTICLE 2. COMMUNICABLE DISEASE
REPORTING**

R9-6-202. Special Reporting Requirements

A. A physician or an administrator of a health care facility, or an authorized representative, shall submit a communicable disease report of a case or a suspect case of the following diseases and conditions within 24 hours of diagnosis to the local health agency by telephone or other equally expeditious means:

1. No change
2. No change.
3. No change.
4. No change.
5. No change.
6. No change.
7. No change.
8. No change.
9. No change.
10. No change.
11. No change.
12. Rubella (German measles), or
13. Tuberculosis diseases; including tuberculosis infection in a child less than 6 years of age,
14. Vancomycin resistant *Staphylococcus aureus*, or
- 13-15. Yellow fever.

B. A physician or an administrator of a health care facility, or an authorized representative, shall submit a communicable disease report of a case, suspect case, or carrier of the following diseases in a food handler within 24 hours of diagnosis to the local health agency by telephone or other equally expeditious means:

1. No change.
2. No change.
3. *Escherichia coli* O157:H7 infection,
- 3-4. No change.
5. Hemolytic uremic syndrome,
- 4-6. No change.
- 5-7. No change.

- 6-8. Shigellosis, or
7. Staphylococcal skin disease,
8. Streptococcal disease, or
9. No change.

C. An administrator or authorized representative of a school, child care center, or preschool shall report by telephone or equally expeditious means within 24 hours of occurrence to the local health agency, an outbreak of:

1. Conjunctivitis: acute,
- 2-1. No change.
- 3-2. No change.
- 4-3. No change.
- 5-4. No change.
- 6-5. No change.
- 7-6. No change.
- 8-7. No change.
9. Pediculosis (lice infestation),
- 10-8. No change.
- 11-9. No change.
- 12-10. Scabies, or
- 13-11. Shigellosis,
14. Staphylococcal skin disease, or
15. Streptococcal disease.

D. A clinical laboratory director, or authorized representative, shall submit to the Department a weekly written, or an electronic report of positive laboratory findings for the following communicable disease pathogens:

1. No change.
2. *Brucella* sp.,
3. *Campylobacter* sp.,
- 2-4. No change.
5. *Coccidioides immitis*: culture or IgM serologies,
6. *Cryptosporidium* sp.,
7. *Escherichia coli* O157:H7,
- 3-8. No change.
9. Group B *Streptococcus*: isolated from normally sterile site, tissue, or body fluid,
- 4-10. *Haemophilus influenzae*-type b: isolated from normally sterile sites,
11. Hantavirus,
- 5-12. No change.
- 6-13. No change.
14. Hepatitis C Virus (anti-Hepatitis C RIBA and PCR),
- 7-15. No change.
- 8-16. No change.
- 9-17. No change.
18. *Legionella* sp.: culture only,
19. *Listeriosis* sp.: culture isolated from normally sterile sites only,
- 10-20. *Mycobacterium tuberculosis* and its drug sensitivity pattern,
- 11-21. No change.
- 12-22. *Neisseria meningitidis*, or
23. Penicillin resistant *Streptococcus* sp.,
24. *Plasmodium* sp.,
25. *Streptococcus pneumoniae*: culture isolated from normally sterile sites only,
- 13-26. No change.
27. Vancomycin resistant *Enterococcus*,
28. Vancomycin resistant *Staphylococcus aureus*,
29. Vancomycin resistant *Staphylococcus epidermidis*,
30. *Vibrio* sp., or
31. *Yersinia* sp.,

E. The written or electronic laboratory report shall include:

1. Name, address, and telephone number of the patient;
2. Birthdate of the patient;

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3. Reference number;
 4. Specimen type;
 5. Date of collection;
 6. Type of test;
 7. Test results; and
 8. Ordering physician's name and telephone number.
- E. A clinical laboratory director, or authorized representative, shall submit isolates of the following organisms to the Arizona State Laboratory:
1. *Bordetella pertussis*,
 2. *Haemophilus influenzae* from sterile sites only,
 3. Group A *Streptococcus* from sterile sites only,
 4. *Neisseria meningitidis*,
 5. *Salmonella* sp., and
 6. Vancomycin resistant *Staphylococcus aureus*.

**ARTICLE 3. CONTROL MEASURES FOR
COMMUNICABLE AND PREVENTABLE DISEASES**

**R9-6-301. Diseases and Conditions Declared
Communicable Reportable**

The communicable diseases and corresponding Sections of this Article which designate the reporting, case control, contact control, environmental control, special control, and outbreak control measures, if any for each such disease, are listed below:

- R9-6-302. No change.
- R9-6-303. No change.
- R9-6-304. No change.
- R9-6-305. No change.
- R9-6-306. No change.
- R9-6-307. No change.
- R9-6-308. No change.
- R9-6-309. No change.
- R9-6-310. No change.
- R9-6-311. No change.
- R9-6-312. No change.
- R9-6-313. No change.
- R9-6-314. No change.
- R9-6-315. No change.
- R9-6-316. Diarrhea of Newborn
- R9-6-317. No change.
- R9-6-318. No change.
- R9-6-319. No change.
- R9-6-320. No change.
- R9-6-321. No change.
- R9-6-322. No change.
- R9-6-323. *Haemophilus influenzae influenzae* Type-B:
Invasive Disease
- R9-6-324. Hantavirus Infection
- R9-6-325. Hemolytic Uremic Syndrome
- R9-6-324-R9-6-326. No change.
- R9-6-325-R9-6-327. No change.
- R9-6-328. Hepatitis C
- R9-6-326-R9-6-329. No change.
- R9-6-327. R9-6-330. No change.
- R9-6-328. R9-6-331. No change.
- R9-6-329. R9-6-332. No change.
- R9-6-330. R9-6-333. No change.
- R9-6-331. R9-6-334. No change.
- R9-6-332. R9-6-335. No change.
- R9-6-333. R9-6-336. No change.
- R9-6-334. R9-6-337. No change.
- R9-6-335. R9-6-338. No change.
- R9-6-336. R9-6-339. No change.
- R9-6-337. R9-6-340. No change.
- R9-6-338. R9-6-341. No change.

- R9-6-339. Pediculosis (Lice Infestation)
- R9-6-340. R9-6-343. No change.
- R9-6-341. R9-6-344. No change.
- R9-6-342. R9-6-345. No change.
- R9-6-343. R9-6-346. No change.
- R9-6-344. R9-6-347. No change.
- R9-6-345. R9-6-348. No change.
- R9-6-346. R9-6-349. No change.
- R9-6-347. R9-6-350. No change.
- R9-6-348. R9-6-351. No change.
- R9-6-349. R9-6-352. No change.
- R9-6-350. R9-6-353. No change.
- R9-6-351. R9-6-354. No change.
- R9-6-352. R9-6-355. No change.
- R9-6-353. R9-6-356. No change.
- R9-6-354. Staphylococcal Skin Disease
- R9-6-355. R9-6-358. Streptococcal Disease and Invasive
Group A: Streptococcal Invasive Disease
- R9-6-359. Streptococcal Group B: Invasive Disease
- R9-6-356. R9-6-360. No change.
- R9-6-357. R9-6-361. No change.
- R9-6-358. R9-6-362. No change.
- R9-6-359. R9-6-363. No change.
- R9-6-360. R9-6-364. No change.
- R9-6-361. R9-6-365. No change.
- R9-6-362. R9-6-366. No change.
- R9-6-363. R9-6-367. No change.
- R9-6-364. R9-6-368. No change.
- R9-6-369. Vancomycin resistant *Enterococcus* sp.
- R9-6-370. Vancomycin resistant *Staphylococcus aureus*
- R9-6-371. Vancomycin resistant *Staphylococcus epider-
midis*
- R9-6-365. R9-6-372. No change.
- R9-6-373. *Vibrio* infection
- R9-6-366. R9-6-374. No change.
- R9-6-375. Yersiniosis

R9-6-310. Cholera

- A. Case control measures: A health care provider shall use enteric precautions for a hospitalized case. The local health agency shall exclude a case from handling food, caring for patients, working in, or attending a child care center or preschool until 2 negative fecal examinations have been obtained from specimen collected 24 hours or more apart.
- B. No change.
- C. No change.
- D. No change.

R9-6-314. Cryptosporidiosis

- A. Case control measures: The health care provider shall use enteric precautions for hospitalized cases.
- B. No change.

R9-6-316. Diarrhea of Newborn

- A. No change.
- B. No change.
- C. No change.
- D. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.
- E.D. No change.

R9-6-322. Gonorrhea

- A. No change.
- B. No change.
- C. No change.
 1. No change.
 - a. No change.

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- b. No change.
 - c. No change.
 - 2. A parent or guardian may refuse the treatment set forth in subsection (C)(1) by signing a written statement, witnessed by the physician or person attending the birth, stating that the parent or guardian has been informed of the potential risks and benefits of waiving the prescribed treatment and is refusing to allow its application. The physician or person attending the birth shall maintain a copy of the written refusal in the newborn's medical record.
- 2-3. No change.

R9-6-323. *Haemophilus Influenzae* Type—B: Invasive Diseases
No changes.

R9-6-324. Hantavirus Infection
Environmental control measures: A local health agency shall provide or arrange for the provision of education on reducing risks of hantavirus infection to the patient.

- R9-6-325. Hemolytic Uremic Syndrome**
- A. Case control measures: The local health agency shall exclude a case with symptoms of hemolytic uremic syndrome or *Escherichia coli* O157:H7 from handling food or attending child care until either of the following occurs:
 - 1. Two successive stool cultures obtained from specimens collected 24 hours or more apart are negative, or
 - 2. Symptoms are absent.
 - B. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.
 - C. Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.

R9-6-324, R9-6-326, Hepatitis A

- A. ~~Case control measures: A health care provider shall use enteric precautions for a hospitalized case.~~
- B. A. No change.
- C. B. No change.
- D. C. Special control measures: The local health agency shall:
 - 1. ~~Exclude a case from handling food or attending child care during the 1st 14 days of illness or for 7 days after the onset of jaundice,~~
 - 2. No change.

R9-6-325, R9-6-327, Hepatitis B and Delta Hepatitis

- A. Case control measures: A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, body organs, sperm, or other tissue from a case, suspect case, or carrier for transfusion or transplantation. A health care provider shall use universal precautions with a case.
- B. No change.
- C. No change.
- D. No change.

R9-6-328. Hepatitis C

- A. Case control measures: A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, body organs, sperm, or other tissue from a case, suspect case, or suspect carrier for transfusion or transplantation.
- B. Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contami-

nated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the persons responsible for their care.

C. Special control measures: Any person operating a blood or plasma center who interprets as positive a test for HCV or antibodies to HCV, shall within 30 days of verifying the final results of the test, notify the person on whom the test was performed.

R9-6-326, R9-6-329, Hepatitis Non-A, Non-B

- A. Case control measures: A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, body organs, sperm, or other tissue from a case, suspect case, or suspect carrier for transfusion or transplantation. A health care provider shall use universal precautions for a case.
- B. No change.

R9-6-327, R9-6-330, Herpes Genitalis
No changes.

R9-6-328, R9-6-331, Human Immunodeficiency Virus (HIV) Infection and Related Disease
No changes.

R9-6-329, R9-6-332, Human T-cell Lymphotropic Virus (HTLV-III) Type I and II Infection
No changes.

R9-6-330, R9-6-333, Legionellosis (Legionnaires' Disease)
No changes.

R9-6-331, R9-6-334, Leprosy (Hansen's Disease)
No changes.

R9-6-332, R9-6-335, Leptospirosis
No changes.

R9-6-333, R9-6-336, Listeriosis
No changes.

R9-6-334, R9-6-337, Lyme Disease
No changes.

R9-6-335, R9-6-338, Malaria
No changes.

R9-6-336, R9-6-339, Measles (Rubeola)

- A. No change.
- B. Contact control measures:
 - 1. Unless able to provide evidence of immunity to measles in accordance with R9-6-703, an administrator or authorized representative of a school, child care center, or preschool shall consult with the local health agency to determine who shall be excluded and the how long they shall be excluded, exclude contacts of cases from the school or center for 2 weeks from the onset of rash in the case.
 - 2. No change.
- C. Outbreak control measures: An administrator or authorized representative of a school, child care center or preschool shall consult with the local health agency to determine who shall be excluded and how long they shall be excluded, exclude non-immune persons from the school, child care center or preschool during an outbreak.
- D. No change.

R9-6-337, R9-6-340, Meningococcal Invasive Disease
No changes.

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R9-6-338, R9-6-341, Mumps

- A. Case control measures: An administrator or authorized representative of a school, child care center, or preschool shall exclude a case from the school, child care center, or preschool for 9 days following the onset of glandular swelling. A health care provider shall use respiratory droplet precautions for 9 days following the onset of glandular swelling.
- B. No change.

R9-6-339, R9-6-342, Pediculosis (Lice Infestation)

- A. No change.
B. No change.
C. No change.
D. No change.
E. ~~Outbreak control measures: The local health agency shall provide education and consultation regarding prevention and control measures contained in R9-6-339(A), (B), (C).~~

R9-6-340, R9-6-343, Pertussis (Whooping Cough)

- A. Case control measures: An administrator or authorized representative of a school, child care center, or preschool shall exclude a case from the school, child care center, or preschool for 21 days after the date of onset of the illness, or for 5 days following the date of initiation of treatment for pertussis. A health care provider shall use respiratory droplet precautions for a hospitalized case for 5 days following the date of initiation of treatment.
- B. No change.
C. No change.
D. No change.

R9-6-341, R9-6-344, Plague

- A. Case control measures:
1. A hospital shall ~~place use droplet precautions for a case of pneumonic plague in strict isolation with special ventilation until 3 full days of clinically effective antibiotic therapy have been completed.~~
2. No change.
- B. No change.
C. No change.
D. No change.

R9-6-342, R9-6-345, Poliomyelitis

- A. ~~Case control measures: A health care provider shall use enteric precautions for a hospitalized case.~~
B. ~~A. No change.~~
C. ~~B. No change.~~

R9-6-343, R9-6-346, Psittacosis (Ornithosis)

No changes.

R9-6-344, R9-6-347, Q Fever

No changes.

R9-6-345, R9-6-348, Rabies in Humans

- A. Case control measures: ~~A health care provider shall use universal precautions for saliva, respiratory secretions, and potentially infectious body fluids for hospitalized cases. A health care provider or operator of a blood or plasma center shall not utilize donated blood, plasma, body organs, sperm, or other tissue from a case, suspect case, or suspect carrier for transfusion or transplantation.~~
- B. No change.

R9-6-346, R9-6-349, Relapsing Fever (Borreliosis)

No changes.

R9-6-347, R9-6-350, Reye Syndrome

No changes.

R9-6-348, R9-6-351, Rocky Mountain Spotted Fever

No changes.

R9-6-349, R9-6-352, Rubella (German Measles)

No changes.

R9-6-350, R9-6-353, Rubella Syndrome, Congenital

No changes.

R9-6-351, R9-6-354, Salmonellosis

- A. Case control measures: The local health agency shall exclude a case with symptoms of salmonellosis from handling food, ~~caring for children in child care or preschools or caring for patients in nursing homes~~ until either of the following occurs:
1. No change.
2. No change.

~~A health care provider shall use enteric precautions for hospitalized cases.~~

B. No change.

C. No change.

D. No change.

R9-6-352, R9-6-355, Scabies

No changes.

R9-6-353, R9-6-356, Shigellosis

- A. Case control measures:
1. No change.
a. No change.
b. No change.
2. ~~A health care provider shall use enteric precautions for hospitalized cases.~~
3-2. No change.
- B. No change.
C. No change.
D. No change.

R9-6-354, R9-6-357, Staphylococcal Skin Disease

- A. No change.
B. No change.
C. No change.
D. ~~Outbreak control measures: The local health agency shall conduct or direct an epidemiologic investigation of each reported outbreak.~~

~~E. D. Special control measures: In a hospital nursery outbreak, a hospital administrator or authorized representative shall exclude a health care provider who has patient contact from the nursery until the health care provider is examined and found not to carry the epidemic strain or the cases are discharged.~~

R9-6-355, R9-6-358, Streptococcal Disease and Invasive Group A Streptococcal Disease

- A. ~~Reports: An administrator or authorized representative of a public or private school, child care center, preschool shall report an outbreak of streptococcal disease. A physician or authorized representative shall report a case of streptococcal disease in a foodhandler within 24 hours of diagnosis and report a case of invasive group A streptococcal disease.~~
- B. ~~A. Case control measures: The local health agency shall exclude a case with streptococcal lesions or streptococcal sore throat from food handling or attending school or child care for 24 hours after the initiation of treatment for streptococcal disease.~~
- C. ~~Environmental control measures: The diagnosing health care provider or authorized representative shall counsel a case about handwashing and concurrent disinfection of contaminated articles. In the event the case is a child or incapacitated adult, a health care provider shall counsel the person responsible for care.~~

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~~D.E.~~ No change.
~~E.C.~~ No change.

R9-6-359. Streptococcal Group B Invasive Disease in neonates

Special control measures: The local health agency shall complete an investigation of each case of invasive group B streptococcal disease using a form provided by the Department.

~~R9-6-356. R9-6-360.~~ Syphilis
No changes.

~~R9-6-357. R9-6-361.~~ Taeniasis
No changes.

~~R9-6-358. R9-6-362.~~ Tetanus
No changes.

~~R9-6-359. R9-6-363.~~ Toxic Shock Syndrome
No changes.

~~R9-6-360. R9-6-364.~~ Trichinosis
No changes.

~~R9-6-361. R9-6-365.~~ Tuberculosis
No changes.

~~R9-6-362. R9-6-366.~~ Tularemia
No changes.

~~R9-6-363. R9-6-367.~~ Typhoid Fever
No changes.

~~R9-6-364. R9-6-368.~~ Typhus Fever: Flea-borne
No changes.

R9-6-369. Vancomycin Resistant *Enterococcus* sp.
Case control measures: An administrator or authorized representative of a hospital or health care facility shall implement contact isolation for patients with suspected vancomycin resistant *Enterococcus* sp.

R9-6-370. Vancomycin Resistant *Staphylococcus aureus*
Case control measures: An administrator or authorized representative of a hospital or health care facility shall implement contact isolation for patients with suspected vancomycin resistant *Staphylococcus aureus*.

R9-6-371. Vancomycin Resistant *Staphylococcus epidermidis*
Case control measures: An administrator or authorized representative of a hospital or healthcare facility shall implement contact iso-

lation for patients with suspected vancomycin resistant *Staphylococcus epidermidis*.

~~R9-6-365. R9-6-372.~~ Varicella (Chickenpox)

Case control measures: An administrator or authorized representative of a school, child care center, or preschool shall exclude a case from school, child care center, or preschool until lesions are dry and crusted. A hospital shall use strict isolation airborne precautions for a case.

R9-6-373. Vibrio Infection

Special control measures: The local health agency shall complete an investigation of each case of *Vibrio* infection using a form provided by the Department.

~~R9-6-366. R9-6-374.~~ Yellow Fever
No changes.

R9-6-375. Yersiniosis

Special control measures: The local health agency shall complete an investigation of each case of yersiniosis using a form provided by the Department.

**ARTICLE 4. HUMAN IMMUNODEFICIENCY VIRUS
(HIV)/ACQUIRED IMMUNODEFICIENCY
SYNDROME (AIDS)**

R9-6-409. Consent for HIV-Related Testing

- A. A person ordering the an HIV-related test shall obtain written consent for an HIV-related the test, unless the test is performed on an anonymous basis. If the HIV-related test is performed anonymously, consent may be oral, pursuant to A.R.S. § 36-663. Written consent shall be made on a form shown as Exhibit A. If the test is performed elsewhere by a physician licensed pursuant to A.R.S. Title 32, Chapter 13, 17, or 29, a nurse practitioner certified pursuant to Title 32, Chapter 15 or a physician's assistant certified pursuant to Title 32, Chapter 25, the consent shall be either written or oral. If the test is performed on an anonymous basis, consent shall be oral.
- B. Written consent shall be on a form as shown in Exhibit A (English) or Exhibit B (Spanish). Individuals and facilities using the consent form may add or affix the following additional information in the Identifying Information section of the form: patient/subject's name and identifying number, facility identifying information, facility processing codes, and patient/subject's date of birth and sex. This form may be reproduced to accommodate a multiple copy or carbonless form.

Exhibit A

Consent for HIV Testing

Information on HIV

The Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immune Deficiency Syndrome (AIDS). HIV is spread through the exchange of blood (including transfusion), sexual fluids (semen and vaginal secretions) and sometimes through breast milk. HIV can be transmitted from mother to baby during pregnancy or childbirth.

HIV Testing

There are several laboratory tests for HIV. The most common is the antibody test, which is a blood test that detects antibodies produced by the body in response to infection with HIV.

A positive antibody test consists of a repeatedly reactive (the same specimen testing positive twice) enzyme immunoassay (EIA) and a reactive Western blot (supplementary test). A positive antibody test means that an individual is infected with HIV; however, this does not always mean that the individual has AIDS. Research indicates that early and regular medical care is important to the health of a person with HIV. Certain treatments are now available to delay HIV-associated illnesses.

A negative antibody test indicates that no detectable antibodies are present in the blood. An individual may not have antibodies because the individual is not infected with HIV or because detectable antibodies have not yet been made in response to infection. The production of these antibodies could take 3 months or longer. Therefore, in certain cases, an individual may be infected with HIV and yet test negative. Individuals with a history of HIV risk behaviors within the past 3 to 6 months should consider retesting.

Like any test, HIV testing is not 100% reliable and may occasionally produce both false positive and false negative results.

Means to Reduce Risk for Contracting or Spreading HIV

Risk of contracting or spreading HIV can be reduced by avoiding or decreasing contact with blood and sexual fluids (semen and vaginal secretions). Some methods of decreasing the risk of contracting or spreading HIV include abstaining from sexual intercourse, using methods that limit exposure to body fluids during intercourse (such as the proper use of condoms), not engaging in injecting drug use, not sharing needles, or using bleach and water to clean needles and syringes.

Disclosure of Test Results

I understand that if the HIV test results are positive, the physician or facility representative conducting the test will make reasonable efforts to notify me of the results at the address or phone number I have provided, and will provide or arrange for counseling as required by Arizona state laws and regulations regarding (1) the HIV (2) AIDS and (3) appropriate precautions to reduce the likelihood of transmission of the virus to others. I agree to assume all risks that may result if I cannot be contacted.

I understand that Arizona law and regulations require that if my test results are positive, they will be submitted to local and state health departments.

Identifying Information

Information received by these health departments may only be released (1) if there is written authorization from the person being tested; (2) for statistical purposes without individual identifying information, or as otherwise required or allowed by law.

I also understand that the physician or facility may report to the Arizona Department of Health Services identifiable 3rd parties such as a spouse or sex partner who may be at risk of contracting the virus if I do not release this information. Finally, I understand that the test results may be placed in a medical record kept by the facility or person administering the test and that persons involved in providing or paying for my health care may have access to that information.

Additional Sources of Information on HIV

Additional information regarding testing for HIV is available through your county health department and, in the Phoenix metropolitan area, (602) 234-2752, the Tucson metropolitan area, (520) 326-2437, or outside the Phoenix area, 1-800-334-1540. National Hotline: English, 1-800-342-2437; Spanish, 1-800-344-7432; TTY/TDD, 1-800-243-7012.

Consent

I have been given the opportunity to ask questions regarding this information and have had my questions answered to my satisfaction. I understand that this test can be performed anonymously at a public health agency. I also understand that I may withdraw my consent at any time before a blood sample is taken in order to conduct a test, and that I may be asked to put my decision to withdraw my consent in writing if I have signed this consent. I also understand that this is a voluntary test and that I have a right to refuse to be tested.

My signature below indicates that I have received and understand the information I have been given and I voluntarily consent to and request HIV testing.

Patient/Subject Name (Printed)

Patient/Subject or Legal Representative Signature

Date

Witness

NOTICE

The Arizona Department of Health Services does not discriminate on the basis of disability in the administration of its programs and services as prescribed by Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973. If you need this publication in an alternative format, please contact the ADHS Office of HIV/STD Services at (602) 230-5819 or 1-800-367-8939 (state TDD/TTY Relay).

Exhibit B

Identifying Information/Datos de Identidad Identifying Information
Consentimiento Para la Prueba de VIH

Información sobre el VIH

El virus de Inmunodeficiencia Humana (VIH) es el virus que causa el Síndrome de Inmunodeficiencia Adquirida (SIDA). VIH se transmite a través del contacto con sangre (incluyendo la transfusión), fluidos sexuales (semen y secreciones vaginales) y en algunas ocasiones a través de la leche materna. VIH puede ser transmitido de la madre al bebé durante el embarazo o al momento del parto.

La prueba del VIH

Existen pruebas de laboratorio para saber si una persona está infectada con el VIH. La más común es la prueba de anticuerpos. Esta es un examen de sangre que detecta los anticuerpos producidos por el cuerpo al reaccionar contra la infección por VIH.

Un examen de anticuerpos positivo consiste de una prueba por inmunoanálisis enzimático (EIA) (realizada dos veces en cada espécimen) y una prueba reactiva por Western Blot (prueba suplementaria). El resultado positivo a la prueba de anticuerpos quiere decir que el individuo está infectado con el VIH; sin embargo, esto no siempre quiere decir que el individuo tenga el SIDA. Investigaciones médicas señalan que atención médica temprana y continua es importante para la salud de una persona con el VIH. Hoy en día se dispone de tratamientos para retardar las enfermedades asociadas con el SIDA.

Un examen de anticuerpos negativo indica que no se han detectado anticuerpos en la sangre. Un individuo puede no tener anticuerpos por que el individuo no está infectado(a) o porque aún no se han producido suficientes anticuerpos contra la infección. Estos anticuerpos pueden tardar tres meses o más para ser producidos. De tal manera, en ciertos casos, un individuo puede estar infectado con el VIH y su prueba resultar negativa. Los individuos que han tenido comportamiento de alto riesgo en los últimos tres a seis meses deberían pensar en repetir la prueba.

Como cualquier prueba, la prueba del VIH no es 100% segura y en alguna ocasión puede producir resultados falsos ya sea positivos o negativos.

Maneras de reducir el riesgo de infección o transmisión del VIH

El riesgo de contraer o transmitir el VIH se puede reducir al evitar contacto con la sangre y fluidos sexuales (semen y secreciones vaginales). Algunos métodos para disminuir el riesgo de infección o transmisión del VIH incluyen: abstinencia sexual, usar métodos que limitan el contacto de fluidos corporales durante la relaciones sexuales (como el uso correcto de condones), no usar drogas intravenosas, no compartir agujas, y usar "cloro" (blanqueador) y agua para limpiar las jeringas y las agujas.

El resultado de la prueba

Entiendo que si el resultado de la prueba del VIH es positivo, el doctor o el representante de la institución que hizo el examen va a hacer esfuerzos suficientes para notificarme del resultado a la dirección (domicilio) o al teléfono que he proporcionado y que me dará información, cumpliendo con los requisitos de la ley estatal de Arizona, sobre (1) el VIH, (2) el SIDA, y (3) las precauciones necesarias para reducir la posibilidad de transmisión del virus a otras personas. Estoy de

Identifying Information

acuerdo en asumir todos los riesgos que resultarán de no poder contactarme.

Entiendo que la ley estatal de Arizona exige que si el resultado de mi prueba es positivo, éste se reportará a los departamentos de salud local y estatal. La información que estos departamentos reciben solamente puede ser revelada a otras personas: (1) si hay una autorización por escrito de la persona que se ha hecho la prueba; (2) por razones de estudios estadísticos sin revelar la identidad del individuo, o por cualquier otra razón que la ley permita.

También entiendo que el doctor o la institución puede reportar al Departamento de Salud del Estado de Arizona, la identidad de terceras personas como: los esposos(as) o los compañeros(as) sexuales que pueden estar en riesgo de contraer con el virus si decido no darles esta información. Por último, entiendo que el resultado de la prueba puede guardarse con el resto de mi información médica en la agencia o por la persona que hizo el examen; y que las personas encargadas de proveer o pagar por el cuidado de mi salud pueden tener acceso a esta información.

Otras fuentes de información sobre el VIH

Información adicional sobre el examen del VIH está disponible a través del departamento de salud de su condado. En el área metropolitana de Phoenix llame al (602) 234-2752, en el área metropolitana de Tucson (520) 326-2437, y en el resto de Arizona 1-800-334-1540. Líneas telefónicas a nivel nacional son: en inglés 1-800-342-2437; en español 1-800-344-7432. (TTY/TDD) Transmisión de voz 1-800-243-7012.

Consentimiento

Se me ha dado la oportunidad de hacer preguntas respecto a esta información y me han sido contestadas satisfactoriamente. Entiendo que este examen se puede hacer de forma anónima en una agencia de salud pública. También entiendo que puedo retirar mi consentimiento en cualquier momento antes de que me saquen la sangre para hacer la prueba y que me pueden pedir que ponga por escrito mi decisión de retirar mi consentimiento si ya habí firmado este permiso. Entiendo también que este examen es voluntario y que tengo el derecho a negarme a que se me haga la prueba.

Mi firma indica que he recibido y he entendido la información que se me ha proporcionado y que voluntariamente autorizo y solicito la prueba del VIH.

Nombre del paciente (letra imprenta)

Firma del paciente o de su representante legal

Fecha

Testigo

AVISO

El Departamento de Salud del Estado de Arizona no discrimina basado en los impedimentos de las personas en la administración de los programas y servicios ordenado por la ley de 1990: Americanos con Impedimentos, Título II y la Sección 504 de la ley de Rehabilitación de 1973. Si usted necesita esta publicación por otros medios de comunicación, favor ponerse en contacto con el Departamento de Salud del Estado de Arizona, Oficina de Servicios de VIH/ETS al 1-800-842-4681 (transmisión de voz estatal) or 1-800-367-8939 (transmisión TDD/TTY estatal.)

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ARTICLE 5. RABIES CONTROL

R9-6-501. Animals ~~bitten by~~ Exposed to a Known Rabid Animal

- A. An animal control agency shall manage a dog or cat ~~bitten by that has direct contact with a known or suspected~~ rabid animal according to 1 of the following procedures:
1. Euthanize;
 2. Confine in isolation for 180 days under the supervision and control of the county or municipal animal control agency and vaccinate 30 days before release:
 - a. If the ~~bitten exposed~~ animal was never vaccinated,
 - b. If the ~~bitten exposed~~ animal was vaccinated with a triennial vaccine more than 3 years before being ~~bitten exposed~~, or
 - c. If the ~~bitten exposed~~ animal was vaccinated with any other vaccine more than a year before being ~~bitten exposed~~;
 3. Revaccinate and confine in isolation for 90 days under the supervision and control of the county or municipal animal control agency, if the animal was vaccinated less than 30 days before being ~~bitten exposed~~; or
 4. Revaccinate within 7 days, confine and observe by the owner for 90 ~~45~~ days with the approval and supervision of the county or municipal animal control agency under the following circumstances:
 - a. If the animal was vaccinated with a triennial vaccine more than 30 days and less than 3 years before being ~~bitten exposed~~, or
 - b. If the animal was vaccinated with any other vaccine more than 30 days and less than 1 year before being ~~bitten exposed~~.
- B. ~~The animal control agency shall immediately euthanize, or confine for 180 days under the supervision and control of the county or municipal animal control agency,~~ an animal, except a cat, dog, or livestock, ~~bitten by~~ exposed to a known rabid animal.
- C. The animal control agency shall handle a dog, cat, or ~~other animal, except~~ livestock, ~~bitten by~~ exposed to a suspected rabid animal in the same manner as 1 ~~bitten by~~ exposed to a known rabid animal, except that confinement shall be terminated at such time as it is determined that the biting animal is not rabid. Such determination shall be a negative rabies report from the Department laboratory, or a certificate signed by a veterinarian stating that the suspected animal is no longer showing symptoms of rabies.
- D. Livestock shall be handled according to Department of Agriculture codes R3-2-408.

ARTICLE 7. VACCINE PREVENTABLE DISEASES

R9-6-701. Required Immunizations for School Attendance

- A. No change.
1. No change.
 - ~~2.~~ 2. No change.
 3. Hepatitis B.
 - ~~4.~~ 4. No change.
 - ~~5.~~ 5. No change.
 - ~~6.~~ 6. No change.
 - ~~7.~~ 7. No change.
 - ~~8.~~ 8. No change.
 - ~~9.~~ 9. No change.

R9-6-706. Required Reports

- A. No change.
1. No change.
 2. No change.

3. No change.
 4. The number of schools with pre-kindergarten, kindergarten, or if no kindergarten, 1st grade pupils, specifying the number of pupils admitted and the number of doses received per pupil of diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps and rubella, and hepatitis B vaccines. The number of doses of Hib vaccine shall also be reported for those students under age 5.
- B. No change.
- C. No change.
- D. No change.
- E. No change.
- F. No change.
1. No change.
 2. No change.
 3. The number of pupils who have received immunizations against diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella (German measles), mumps, Hib, hepatitis B and the number of doses of each vaccine or immunizing agent that have been received.
- G. No change.
- H. A health care professional licensed under Title 32 shall report all immunizations administered to children to the Department in accordance with A.R.S. § 36-135.
- I. Information submitted in accordance with A.R.S. § 36-135(C) shall be furnished as follows:
1. If using the mail or fax, only forms supplied by the Department shall be used, which must be fully completed before submission.
 2. If using the phone, all required information must be reported during regular business hours to a phone number provided by the Department for this purpose.
 3. If using the computer, an enrollment process must be completed with the Arizona State Immunization Information System (ASIIS) to certify that the computer system meets the technical specifications defined by ASIIS.
 - a. Computer reporting may be performed electronically via a modem connection to the ASIIS Gateway or by submission to the Department of a 3½" diskette with the required information.
 - b. Any computer reporting from systems other than those provided by ASIIS must provide all the required information in an ASCII delimited format.
- J. A physician or an authorized designee, shall submit a written report of all patients who receive post-exposure rabies prophylaxis. The report shall include:
1. Name, age, address, and telephone number of the person exposed;
 2. Date of report;
 3. Reporting institution or physician;
 4. Date of exposure;
 5. Body part exposed;
 6. Type of exposure: Bite or saliva contact (non-bite);
 7. Species of animal;
 8. Animal disposition: quarantined, euthanized, died, unable to locate;
 9. Animal rabies test results if any: positive or negative;
 10. Treatment regimen; and
 11. Date treatment was initiated.

R9-6-707. Release of Immunization Information

In addition to those persons defined in A.R.S. § 36-135(D) who have access to immunization information, and according to the limitations defined in subsections (E) and (H), the Department may also release such information to the following:

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1. Authorized representatives of state or local health departments for the control, investigation, analysis, or follow-up of disease;

2. A child care operator who has registered with ASIIS to determine the immunization status of a child in their care.

Table 1
Immunization Requirements for Child Care and School Enrollment

Age at Enrollment	Number of Doses Vaccine Required	Special Notes
<2 months	None HBV	(See Note 4)
2- 3 months	1 DTP or DT 1 OPV or IPV 1 Hib 1 HBV	(See Note 4)
4- 5 months	2 DTP or DT 2 OPV or IPV 2 Hib 2 HBV	(See Note 4)
6-14 months	3 DTP or DT 2 OPV or IPV 3 Hib 3 HBV	(See Note 1) (See Note 2 for infants 7 months and older.) (See Note 4)
15-17 months	3 DTP or DT 3 OPV or IPV 1-4 Hib 1 MMR 3 HBV	(See Note 1) (See Note 2) (See Note 3) (See Note 4)
18 months to 4 years	4 DTP or DT 3 OPV or IPV 1-4 Hib 1 MMR 3 HBV	(See Note 1) (See Note 2) (See Note 3) (See Note 4)
4- 6 years	4 DTP or DT	but...One additional dose if the last dose was received before the 4th birthday.
	3 OPV or IPV	but...One additional dose if the last dose was received before the 4th birthday.
	1 2 MMR 3 HBV	(See Note 3) (See Note 4)
7 years or older	4 DTP or any combination of DTP /DT/ Td	but...One additional dose if the last dose was received before the 4th birthday. One Td booster 10 years after the last dose.
	3 OPV or IPV	but...One additional dose required if the 3rd dose was received before the 4th birthday.
	1 MMR 3 HBV	(See Note 3) (See Note 4)

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Table 2

Recommended Schedule for Pupils Starting Immunization after School Enrollment

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Vaccine	Dose	Time Intervals
1. DPT - Diphtheria, Tetanus, and Pertussis		
a. <i>For Pupils Under Age 7 Years:</i> DTP or any combination of DTP and DT	1st	Before admission.
	2nd	If 4 weeks have passed since the 1st dose, the 2nd dose shall be received prior to admission.
	3rd	If 4 weeks have passed since the 2nd dose, the 3rd dose shall be received prior to admission.
	4th	If 6 months have passed since the 3rd dose, the 4th dose shall be received prior to admission.
	5th or more	If the 4th dose was received before the 4th birthday, 1 additional dose shall be received prior to admission. If the 4th dose was received after the 4th birthday, the next dose (Td) shall be required 10 years after that dose.
b. <i>For Pupils Age 7 Years and Older:</i> Td - Tetanus Diphtheria (Pertussis not required)	1st	Before admission.
	2nd	If 4 weeks have passed since the 1st dose, the 2nd dose shall be received prior to admission.
	3rd	If 6 months have passed since the 2nd dose, the 3rd dose shall be received prior to admission. If a 3rd dose of DTP was received after the 4th birthday, a booster dose of Td shall be required 10 years after that dose.
2. OPV or IPV - Polio (See Note below.)	1st	Before admission.
	2nd	If 6 weeks have passed since the 1st dose, the 2nd dose shall be received prior to admission.
	3rd	If 6 months have passed since the 2nd dose, the 3rd dose shall be received prior to admission. If the 3rd dose was received after the 4th birthday, no additional doses will be needed.
3. MMR - Measles, Mumps, Rubella	1 only 1st dose	Before admission for all pupils, <i>12 months of age or older</i> . Recommended on or after 15 months of age.
	Additional 2nd Dose	Before admission, if 1 month has passed since the 1st dose was received <i>prior to 12 months of age, the 2nd dose shall be received prior to admission.</i>
4. Hib - Haemophilus influenzae type b (See Note below.)	1	Before Admission, if under age 5. <i>Not required after age 5.</i>
5. HBV - Hepatitis B	1st	Before Admission. <i>Kindergarten and 1st grade only</i>
	2nd	If 4 weeks have passed since the 1st dose, the 2nd dose shall be received prior to admission.
	3rd	If 5 months have passed since the 1st dose, the 3rd dose shall be received prior to admission.

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Footnotes

Table 1:

1. If IPV or a combination of IPV and OPV is used, one additional dose is required.
2. The three dose Hib series shall be received at 2, 4, and 6 months of age, with a booster dose at age 15 months. Infants now age 3 months up to age 7 months who did not receive the Hib series on schedule shall also receive four doses, one before admission, the next two spaced 2 months apart, and a booster dose at age 15 months. Previously unvaccinated infants now 7 to 11 months old shall receive three doses, the second two months after the first, and a booster dose at age 15 months. Previously unvaccinated infants now 12 to 14 months old shall have one dose now and a booster dose at least 2 months later but not before age 15 months. Previously unvaccinated children 15 to 60 months shall receive a single dose and do not require a booster.
3. Individually or combined on or after age 12 months. Recommended on or after age 15 months.
4. The 1st dose of Hepatitis b is recommended at birth, but may be administered at 2 months of age. The 2nd dose shall be received at least 4 weeks after the 1st, and the 3rd dose shall be received at least 5 months after the 1st.

As authorized by A.R.S. § 15-873, exemptions to immunization may be requested by the parent for personal reasons or granted for medical reasons by a child's healthcare provider on either a temporary or permanent basis. Parents must request a form from the school and submit the completed form with the required signatures to the school.

Table 2:

1. If IPV or a combination of IPV and OPV is used, the 2nd dose shall be received no later than 10 weeks after the 1st dose, the 3rd dose shall be received no later than 10 weeks after the 2nd dose, and the 4th dose shall be required 6 to 12 months after the 3rd dose. At kindergarten level and above, one or more doses shall be required if the 4th dose was received before the 4th birthday. Call the Department or local health agency for further clarification if necessary.
2. The three dose Hib series shall be received at 2, 4, and 6 months of age, with a booster dose at age 15 months. Infants now age 3 months up to age 7 months who did not receive the Hib series on schedule shall also receive four doses, one before admission, the next two spaced 2 months apart, and a booster dose at age 15 months. Previously unvaccinated infants now 7 to 11 months old shall receive three doses, the second two months after the first, and a booster dose at age 15 months. Previously unvaccinated infants now 12 to 14 months old shall have one dose now and a booster dose at least 2 months later but not before age 15 months. Previously unvaccinated children 15 to 60 months shall receive a single dose and do not require a booster.

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ADMINISTRATION

PREAMBLE

1. **Sections Affected**
R9-22-718
- Rulemaking Action**
New Section
2. **The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
Authorizing statutes: Laws 1996, Ch. 288, §§ 20, 21, and 22
Implementing statutes: Laws 1996, Ch. 288, §§ 20, 21, and 22
3. **The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
Name: Cheri Tomlinson
Address: AHCCCS, Office of Policy Analysis and Coordination
801 East Jefferson, Mail Drop 4200
Phoenix, Arizona 85034
Telephone: (602) 417-4198
Fax: (602) 256-6756
4. **An explanation of the rule, including the agency's reasons for initiating the rule:**
R9-22-718: The hospital reimbursement pilot rule is presented to establish a market competition model for hospital reimbursement. AHCCCS currently regulates the aggregate payments that health plans may make to hospitals. This rule will put in place a pilot competitive model. Health plans in urban areas are required to contract directly with hospitals and negotiate rates of payment. The market, not AHCCCS, would determine these rates. The proposal also recognizes that some hospitals and health plans may not be able to reach agreement in the short term. For these circumstances and for emergency cases in non-contracting hospitals, there is a default of 5% less than the tiered per diem rates in effect September 30, 1997, which is immediately prior to the pilot. The hospitals and health plans may use independent arbitration in lieu of the agency's grievance process to resolve contract disputes.

The rationale for this rule is AHCCCS is based on the principles of competition. Rates set by AHCCCS are in direct conflict with competitive model. Health care practices are also changing rapidly, so through negotiations payment arrangements can be more flexible in recognizing these changing practices. Further, AHCCCS will continue to be exposed to litigation if it regulates payments between hospitals and health plans. Urban areas offer a sufficient number of hospitals and health plans for competition.
5. **A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable.
6. **The preliminary summary of the economic, small business, and consumer impact:**
R9-22-718: A current goal at the national and local political levels is to downsize government and encourage government deregulation in areas where market competition can have a positive effect on cost. Therefore, AHCCCS would like to move 1 more step toward creating a less regulated environment for our managed care program by establishing a competitive model. As a result of competition, AHCCCS health plans reduced capitation rates by 11% in the last bid cycle.

When the population covered by AHCCCS and the cost of medical care is considered, there is significant economic benefit available in establishing a competitive model. Approximately 11% of Arizonans are served by AHCCCS. However, this population accounts for 23% of all hospital payments in Arizona. In addition, almost half of all births in Arizona are paid for by AHCCCS. Maricopa and Pima counties comprise approximately 75% of total AHCCCS membership. Health plans and hospitals are dependent upon each other for success. This pilot will force these groups to work more closely with each other.
7. **The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:**
Name: Greg Schneider
Address: AHCCCS, Division of Business and Finance
701 East Jefferson, Mail Drop 5500
Phoenix, Arizona 85034

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Telephone: (602) 417-4616

Fax: (602) 258-5943

8. The time, place, and nature of the proceedings for the adoption, amendment, or repeal of the rule or, if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

Date: November 5, 1996

Time: 9 a.m.

Location: AHCCCS Administration
701 East Jefferson, 2nd Floor
Phoenix, Arizona

Posted signs will identify conference room.

Nature: Public hearings on proposed rules to receive oral and written comments.

9. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:
Not applicable.

10. Incorporations by reference and their location in the rules:
Not applicable.

11. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT (AHCCCS)
ADMINISTRATION**

ARTICLE 7. STANDARDS FOR PAYMENTS

Section

R9-22-718. Inpatient Hospital Reimbursement Pilot Program

ARTICLE 7. STANDARDS FOR PAYMENTS

R9-22-718. Inpatient Hospital Reimbursement Pilot Program

A. Definitions. In this Section, the following definitions apply:

1. "Contractor" means Maricopa and Pima organizations or entities as defined in Laws 1996, Ch. 288, § 20, which agree through a direct contracting relationship with the Administration to provide services as described by A.R.S. §§ 36-2901 or 36-2902. A contractor also includes the Department of Economic Security - Developmental Disabilities, who delivers medical and long-term care services to eligible Arizona Long-term Care members.
2. "Hospital Contracts" means a contract between a contractor and hospital provider.
3. "RFP" means a request for proposal as prescribed by R9-22-603, A.A.C. R9-28-101(54), and R9-28-604.

B. General Provisions. The Administration shall operate a hospital reimbursement pilot program in which contractors in Maricopa and Pima counties shall enter into hospital contracts with 1 or more hospitals in geographical service areas within these counties. The geographic service area may vary from official county boundaries in certain zip codes bordering Maricopa and Pima counties. The Administration shall specify any variations in its RFP. These hospital contracts shall cover inpatient acute care hospital services for eligible persons with admissions on or after October 1, 1997, as follows:

1. Expiration date. The Hospital Reimbursement Pilot shall be effective until September 30, 2000.
2. Outpatient hospital services. As prescribed in R9-22-705 or A.A.C. R9-28-705, outpatient hospital services, including observation days and emergency room treatments that do not result in an admission, may be reim-

bursed either through a hospital contract negotiated between a contractor and a hospital or the reimbursement rates set forth in A.R.S. § 36-2903.01(J). Outpatient hospital services that result in an admission shall be included in this pilot.

3. Out of area hospital services. Payment to hospitals outside of Maricopa and Pima counties are not included in this pilot.

4. Exclusions. A contractor shall not be:

- a. The Department of Health Services, Behavioral Health and Children Rehabilitative Services;
- b. Tribal governments;
- c. Department of Economic Security - Comprehensive Medical Dental Plan; and
- d. Health Care Group.

C. Hospital contracts. The AHCCCS Director may approve or disapprove hospital contracts.

1. Provisions of hospital contracts. The provisions of the hospital contract must contain but are not limited to the following:

- a. Required provisions as described in R9-22-403 or A.A.C. R9-28-603;
- b. Dispute settlement procedures. If the grievance and appeal procedure prescribed in A.R.S. § 36-2903.01(B), R9-22-801 through R9-22-805, and A.A.C. R9-28-801 through R9-28-804 is not used, then arbitration shall be used.
- c. Arbitration procedure. If arbitration is not to be used, the contractor shall identify:
 - i. The parties agreement on arbitrating claims arising from the contract;
 - ii. Whether arbitration is non-binding or binding;
 - iii. Timeliness for arbitration;
 - iv. What contract provisions may be appealed;
 - v. What rules will govern arbitrations;
 - vi. The number of arbitrations that will be used;
 - vii. How arbitrators will be selected; and
 - viii. How arbitrators will be compensated.

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- d. Timeliness of claims submission and payment;
 - e. Prior authorization;
 - f. Concurrent review;
 - g. Electronic submission of claims;
 - h. Claims review criteria;
 - i. Payment of discounts or penalties such as quick-pay and slow-pay provisions;
 - j. Payment of outliers;
 - k. Claim documentation specifications which meet the requirements of Laws 1996, Ch. 288, § 20;
 - l. Treatment and payment of emergency room services; and
 - m. Provisions for rate changes and adjustments.
2. AHCCCS review and approval of hospital contracts.
- a. The Administration may review, approve, or disapprove the hospital contract rates, terms, and conditions as well as any amendments to the contract.
 - b. The contractor shall submit hospital contracts and amendments as specified in the RFPs for the contract year beginning October 1, 1997, or as specified in the RFP for new hospital contracts negotiated after October 1, 1997.
 - c. The evaluation of each hospital contract shall include but not be limited to the following areas:
 - i. Availability and accessibility of services to members;
 - ii. Related party interests;
 - iii. Inclusion of required terms pursuant to this Section; and
 - iv. Reasonableness of the rates.
3. Evaluation of contractor's use of non-contracted hospitals. The Administration shall evaluate the contractor's use of contracted versus non-contracted hospitals pursuant to R9-22-603 or A.A.C. R9-28-604.
4. Marketing materials. The Administration shall monitor the marketing of hospital networks in accordance with R9-22-504 and R9-22-505. A contractor must have an AHCCCS approved contract with a hospital to include the hospital in that contractor's marketing materials.
- D. Transplants. In no case may a contractor's rate exceed the rate established by the Administration for an acute care inpatient stay in which a covered transplant was performed that qualified for catastrophic reinsurance. The contractor may either reimburse the hospitals through the terms of the hospital contract or in the absence of a hospital contract, at the specialty hospital contract rate established by the Administration pursuant to R9-22-712(A)(4).
- E. Non-contracted hospital provider. In the absence of a hospital contract between a Maricopa or Pima county contractor and hospital, the contractor shall pay the hospital for inpatient services based on the tiered per diem rates for that hospital as defined in A.R.S. § 36-2903.01 and R9-22-712, as of September 30, 1997, multiplied by 95%, unless otherwise negotiated by both parties. If at any time graduate medical education is reimbursed by the Administration outside of the tier rates, the Administration shall adjust the tier rates in effect as of September 30, 1997, accordingly. The contractors shall meet the requirements prescribed in R9-22-705 or A.A.C. R9-28-705, accordingly.
- 1. No annual adjustments. The Administration shall make no annual adjustments to these tiered-per-diem rates for:
 - a. Inflation,
 - b. Capital costs,
 - c. For changes in length-of-stay, and
 - d. Changes made in the rates as a result of rebasing the tiered-per-diem system pursuant to A.R.S. § 36-2903.01(I).
 - 2. Outlier policy. When no pilot negotiated hospital contract exists, reimbursement of outliers is based upon updated outlier thresholds, and 95% of the statewide average cost-to-charge ratio in effect on September 30, 1997.
 - 3. Quick-pay/slow-pay policy. Payments made to non-contracted hospitals shall be subject to quick-pay discounts and slow-pay penalties in accordance with Laws 1993, Ch. 6, § 29; Laws 1992, Ch. 302, § 14; as amended by Laws 1993, Ch. 6, § 27; and A.R.S. § 36-2904.
 - 4. New hospitals or hospital tiers. For any new hospitals or hospitals tiers that are established after September 30, 1997, the tiered-per-diem rate that would have been established for new hospitals on September 30, 1997, as prescribed in R9-22-712 will be paid at 95%.
- E. Reinsurance. For contractors in Maricopa and Pima counties, reinsurance thresholds shall be calculated pursuant to R9-22-503 or A.A.C. R9-28-709.

NOTICE OF PROPOSED RULEMAKING

TITLE 19. ALCOHOL, HORSE AND DOG RACING, LOTTERY, AND GAMING

CHAPTER 2. ARIZONA RACING COMMISSION

PREAMBLE

- | | |
|--|---|
| <p>1. Sections Affected</p> <p>R19-2-116</p> <p>R19-2-319</p> | <p>Rulemaking Action</p> <p>Amend</p> <p>Amend</p> |
| <p>2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):</p> <p>Authorizing statute: A.R.S. § 5-104(A)(2)</p> <p>Implementing statute: A.R.S. § 5-113(F)</p> | |

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3. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:
Name: William J. Walsh
Address: Department of Racing
3877 North 7th Street
Phoenix, Arizona 85014
Telephone: (602) 277-1704
Fax: (602) 277-1165
4. An explanation of the rule, including the agency's reasons for initiating the rule:
The rules changes will alter the method of payment of breeders' awards for horse and greyhound breeders. These amendments were initiated because statutory changes created the possibility of a shortfall in the funding of breeders' awards if the awards were to be paid under the current rules.
5. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:
None.
6. The preliminary summary of the economic, small business, and consumer impact:
None.
7. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:
Name: William J. Walsh
Address: Department of Racing
3877 North 7th Street, Suite 201
Phoenix, Arizona 85014
Telephone: (602) 277-1704
Fax: (602) 277-1165
8. The time, place, and nature of the proceedings for the adoption, amendment, or repeal of the rule or, if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:
No oral proceedings are scheduled. Contact William J. Walsh in writing to request one. At least 5 requests need to be submitted within the 30 days following publication of the proposed rulemaking in order to schedule an oral proceeding.
9. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:
None.
10. Incorporations by reference and their location in the rules:
None.
11. The full text of the rules follows:

TITLE 19. ALCOHOL, HORSE AND DOG RACING, LOTTERY, AND GAMING

CHAPTER 2. ARIZONA RACING COMMISSION

ARTICLE 1. HORSE RACING

Section
R19-2-116. Arizona Bred Eligibility and Breeders' Award Payments

ARTICLE 1. Horse Racing

R19-2-116. Arizona Bred Eligibility and Breeders' Award Payments

A. A breeder shall file a notarized certificate affirming eligibility under A.R.S. § 5-113(F), shall be filed with the Department. The certificate shall include name, color, and sex of the foal; name of the sire; name of the dam; date and location of foaling; The Jockey Club registration number or American Quarter Horse Association number; name, address, and telephone number of the breeder; a statement that the animal is eligible pursuant to A.R.S. § 5-113(F), and that the person shown as the breeder was the owner of the dam at the time of foaling;

and such other information as may be required by the Department to determine eligibility and shall be signed by the breeder. ~~A. The breeder shall submit a copy of The Jockey Club registration papers shall be submitted with certificates for thoroughbreds.~~

1. Certification shall be is deemed to occur upon the Department's approval of the certificate.
 2. The horse shall be certified by the Department at the time of the win to be eligible for an award.
- B. ~~Any A permittee shall recognize any horse for which there is an Arizona Bred Certificate on file with the Department or an association contractor shall be recognized by the permittee as an Arizona bred horse.~~
- C. ~~Breeder's Breeders' awards shall not are not to be paid on nominating, sustaining, or starting fees.~~
- D. ~~Breeders' awards shall be calculated and paid as follows:~~
1. ~~Quarterly payments: At the end of each fiscal year quarter, the Department shall calculate a payment factor by dividing the total monies in the Arizona Breeders' Award~~

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Fund at the end of the quarter by the total dollar value of purses won by eligible Arizona Bred horses and greyhounds during that quarter. The payment factor shall be multiplied by the amount of each purse won by an eligible animal to determine the amount of the award, except that if the payment factor exceeds .30, the factor used to calculate awards shall be .30. Any monies remaining in the fund after quarterly payments have been calculated and distributed shall be carried over and included in the quarterly payment calculations for each succeeding fiscal year quarter except as otherwise provided in this Section.

Such payments shall be made not later than 30 days after the end of each quarter.

2. Premium awards: After awards for all quarters of each fiscal year have been calculated, the Department shall determine the amount of monies remaining in the fund. Amounts up to and including \$300,000 shall remain in the fund for distribution pursuant to paragraph (1) of this subsection. Any monies in excess of \$300,000 shall be distributed as follows:

a. The monies shall be divided into three premium pools:

Premium Pool Premium

Premium Pool Distribution

Thirty percent of the monies in excess of \$300,000

i. Grade A greyhound races; thoroughbred allowance races, other than maiden allowance with a total purse of \$4,200 or greater; thoroughbred stakes races with a total purse of \$15,000 or greater, excluding nominating, sustaining and starting fees; thoroughbred claiming races in which the claiming price is \$20,000 or greater and the total purse is \$4,100 or greater; quarter horse allowance races, other than maiden allowance races, with a total purse of \$2,500 or greater; quarter horse stakes races with a total purse of \$10,000 or greater, excluding nominating, sustaining and starting fees; and quarter horse claiming races in which the claiming price is \$7,500 or greater and the total purse is \$2,500 or greater.

Thirty percent of the monies in excess of \$300,000.

ii. Grade B greyhound races; thoroughbred maiden allowance races with a total purse of \$3,000 or greater; thoroughbred claiming races in which the claiming price is between \$10,000 and \$19,999.99 and the total purse is \$3,000 or greater; quarter horse maiden allowance races with a total purse of \$1,400 or greater; and quarter horse claiming races in which the claiming price is between \$3,500 and \$7,499.99 and the total purse is \$1,400 or greater.

Ten percent of the monies in excess of \$300,000.

iii. Grade C greyhound races; thoroughbred claiming races in which the claiming price is between \$5,000 and \$9,999.99 and the total purse is \$2,500 or greater; and quarter horse claiming races in which the claiming price is between \$2,000 and \$3,499.99 and the total purse is \$1,200 or greater

b. The Department shall calculate the premium award payment factors by dividing the total monies in each of the premium pools by the dollar value of purses won in each premium pool category. The premium award payment factor for each category shall be multiplied by the amount of each purse won by an eligible animal within the category to determine the amount of the premium award.

c. Such payments shall be made not later than 60 days after the end of each fiscal year.

3. If a win is reported to the Department after awards have been calculated and paid pursuant to paragraphs (1) and (2) of this subsection, the award shall be calculated using the payment factor and premium award factor, if applicable, for the period in which the win occurred and shall be paid from any monies carried forward pursuant to this Section. If no carryforward is available, the award shall be calculated using the payment factor and premium award factor, if applicable, for the next quarter or year

and shall be paid from monies available in the fund during the next quarter or year.

D. The Department is responsible for calculating and paying breeders' awards to eligible breeders.

1. Definitions

a. "Quarterly Breeders' Awards" means an amount of money based on the quarterly breeders' award payment factor determined by the Department each fiscal year by October 30.

b. "Substitute Breeders' Awards" means an amount of money based on a substitute payment factor because of the lack of sufficient money to pay conventional Quarterly Breeders' Awards.

c. "Supplemental Breeders' Award Payments" means an amount of money that corrects a shortfall between conventional Quarterly Breeders' Awards and Substitute Breeders' Awards.

d. "End-of-year Bonus Awards" means an amount of money that may be paid to breeders from available

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- monies that remain in the breeders' award fund after payment of Quarterly Breeders' Awards, Substitute Breeders' Awards and Supplemental Breeders' Awards.
2. The Department shall pay awards at the end of each fiscal year quarter, provided that the total amount of the awards payments does not exceed the total amount of money available in the fund less the amount required to be set aside for contingent liabilities in subsection (D)(8).
 3. Quarterly Breeders' Awards. Before October 30 of each year, the Department shall determine a quarterly breeders' award payment factor that will be applied during the entire fiscal year. The payment factor determined by the Department is not subject to appeal.
 - a. The Department shall evaluate anticipated revenues for the breeders' award fund and anticipated purses for eligible Arizona-bred animals and set the payment factor at a level that permits recipients of quarterly breeders' awards to receive awards throughout the fiscal year based on the same payment factor.
 - b. The Department shall notify representatives of each breeders' association of the quarterly breeders' award payment factor in writing before October 1 of each year.
 - c. The Department shall calculate quarterly breeders' awards by multiplying the amount of each purse won by an eligible animal during that quarter by the quarterly breeders' award payment factor established for the fiscal year.
 - d. The Department shall make quarterly breeders' awards payments not later than 30 days after the end of each quarter, unless full quarterly breeders' awards payments cannot be made due to the lack of available money in the fund.
 4. Substitute Breeders' Awards. The Department shall make substitute breeders' awards payments if there are sufficient monies in the fund to allow for an award payment but not enough monies to provide for full payments of quarterly breeders' awards based on the quarterly breeders' award payment factor.
 - a. The Department shall determine the substitute payment factor by dividing the total amount of monies in the Arizona breeders' award fund at the end of the quarter less the amount required to be set aside for contingent liabilities in subsection (D)(8) by the total amount of purses won by eligible Arizona-bred animals during that quarter.
 - b. The Department shall calculate substitute breeders' awards by multiplying the amount of each purse won by an eligible animal during that quarter by the substitute payment factor for that quarter.
 5. End-of-year bonus pool. After payment of all quarterly breeders' awards and any substitute breeders' awards has been calculated, the Department shall determine the amount of monies remaining in the fund. The end-of-year-bonus pool is the amount of monies remaining in the Arizona breeders' award fund after the payment of all quarterly breeders' awards for the fiscal year less the amount required to be set aside for contingent liabilities in subsection (D)(8).
 6. Supplemental Breeders Award Payments. The Department shall 1st pay any monies in the end-of-year bonus pool in the form of supplemental breeders awards to recipients of substitute breeders' awards.
 - a. The Department shall pay supplemental breeders' awards in an amount equal to the difference between the substitute breeders' award and the quarterly breeders' award the breeder would have received if there had been enough in the fund to pay an award based on the quarterly award payment factor.
 - b. In the event the end-of-year bonus pool cannot pay supplemental breeders' awards to make up for the shortfall to all substitute breeders' award recipients, the Department shall pay supplemental breeders' awards payments to all breeders eligible to receive a supplemental breeders' award on a pro-rata basis.
 - c. A breeder is eligible to receive a supplemental breeders' award from the end-of-year bonus pool only if the breeder received a substitute breeders' award during that fiscal year.
 - d. The Department shall not make supplemental breeders' award payments if all eligible breeders received quarterly breeders' awards during the fiscal year.
 7. End-of-year Bonus Award. The Department shall pay end-of-year bonus awards if monies remain in the end-of-year bonus pool following any supplemental payments.
 - a. The Department shall determine an end-of-year bonus payment factor by dividing the monies in the end-of-year bonus pool by the total amount of purses won by an eligible animal during the fiscal year.
 - b. The Department shall calculate end-of-year bonus awards by multiplying the amount of each purse won by an eligible animal by the bonus payment factor.
 8. Contingent liabilities. The Department shall retain \$10,000 in the Breeders' Award fund for contingent liabilities.
 9. The Department shall not make quarterly breeders' awards, substitute breeders' awards, supplemental breeders' awards or end-of-year bonus breeders' awards if the total amount available for distribution is less than \$10,000. In the event the Department does not pay an award because less than \$10,000 is available for distribution, the Department shall carry forward the amount in the fund for payment of awards when the Department next calculates awards.
 10. Appeal of Director's Rulings
 - a. The Director shall make the final decision concerning a breeders' award.
 - b. The Department shall give written notice of the decision to an applicant by mailing it to the address of record filed with the Department.
 - c. After service of the Director's decision, an aggrieved party may obtain a hearing under A.R.S. §§ 41-1092.03 through 41-1092.11.
 - d. The aggrieved party shall file a notice of appeal with the Department within 30 days after receiving the notice prescribed in R19-2-116(D)(10)(b).
 - e. The Department shall notify the Office of Administrative Hearings, which shall schedule and conduct the hearing.
- E. No change.
F. No change.
G. No change.

ARTICLE 3. GREYHOUND RACING

R19-2-319. Arizona Bred Eligibility and Breeders' Award Payments

- A. A breeder shall file a notarized certificate affirming eligibility under A.R.S. § 5-113(F) shall be filed, on forms provided by the Department, with the Department. The form certificate

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shall include name, color, and sex of the animal; name of the sire; name of the female; date and location of whelping; National Greyhound Association registration number; left and right ear identification numbers; name, address, and telephone number of the breeder; a statement that the animal is eligible pursuant to A.R.S. § 5-113(F) and that the person shown as the breeder was the owner of the female at the time of whelping; and such other information as may be required by the Department to determine eligibility and shall be signed by the breeder. ~~A. The breeder shall submit a copy of the National Greyhound Association registration papers shall be submitted with the certificate.~~

1. Certification is deemed to occur upon the Department's approval of the certificate.
 2. The greyhound shall be certified by the Department at the time of the win to be eligible for an award.
- B. ~~Any A permittee shall recognize any greyhound for which there is an Arizona Bred Certificate on file with the Department shall be recognized by the permittee as an Arizona bred greyhound.~~
- C. ~~Breeder's Breeders' awards are not to be paid on nominating, sustaining, or starting fees.~~
- D. ~~Breeders' awards shall be calculated and paid as follows:~~
1. ~~Quarterly payments: At the end of each fiscal year quarter, the Department shall calculate a payment factor by~~

~~dividing the total monies in the Arizona Breeders' Award Fund at the end of the quarter by the total dollar value of purses won by eligible Arizona Bred horses and greyhounds during that quarter. The payment factor shall be multiplied by the amount of each purse won by an eligible animal to determine the amount of the award, except that if the payment factor exceeds .30, the factor used to calculate awards shall be .30. Any monies remaining in the fund after quarterly payments have been calculated and distributed shall be carried over and included in the quarterly payment calculations for each succeeding fiscal year quarter except as otherwise provided in this Section. Such payments shall be made not later than 30 days after the end of each quarter.~~

2. ~~Premium awards: After awards for all quarters of each fiscal year have been calculated, the Department shall determine the amount of monies remaining in the fund. Amounts up to and including \$300,000 shall remain in the fund for distribution pursuant to paragraph (1) of this subsection. Any monies in excess of \$300,000 shall be distributed as follows:~~
- a. ~~The monies shall be divided into three premium pools:~~

~~Premium Pool Distribution~~

~~Thirty percent of the monies in excess of \$300,000 races.~~

~~Premium Pool Premium~~

~~i. Grade A greyhound races; thoroughbred allowance races, other than maiden allowance with a total purse of \$4,200 or greater; thoroughbred stakes races with a total purse of \$15,000 or greater, excluding nominating, sustaining and starting fees; thoroughbred claiming races in which the claiming price is \$20,000 or greater and the total purse is \$4,100 or greater; quarter horse allowance races, other than maiden allowance races, with a total purse of \$2,500 or greater; quarter horse stakes races with a total purse of \$10,000 or greater, excluding nominating, sustaining and starting fees; and quarter horse claiming races in which the claiming price is \$7,500 or greater and the total purse is \$2,500 or greater.~~

~~Premium Pool Distribution~~

~~Thirty percent of the monies in excess of \$300,000~~

~~ii. Grade B greyhound races; thoroughbred maiden allowance races with a total purse of \$3,000 or greater; thoroughbred claiming races in which the claiming price is between \$10,000 and \$19,999.99 and the total purse is \$3,000 or greater; quarter horse maiden allowance races with a total purse of \$1,400 or greater; and quarter horse claiming races in which the claiming price is between \$3,500 and \$7,499.99 and the total purse is \$1,400 or greater.~~

~~Ten percent of the monies in excess of \$300,000~~

~~iii. Grade C greyhound races; thoroughbred claiming races in which the claiming price is between \$5,000 and \$9,999.99 and the total purse is \$2,500 or greater; and quarter horse claiming races in which the claiming price is between \$2,000 and \$3,499.99 and the total purse is \$1,200 or greater~~

- b. ~~The Department shall calculate the premium award payment factors by dividing the total monies in each of the premium pools by the dollar value of purses~~

~~won in each premium pool category. The premium award payment factor for each category shall be multiplied by the amount of each purse won by an eligible animal within the category to determine the~~

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- amount of the premium award.
- e. Such payments shall be made not later than 60 days after the end of each fiscal year.
3. If a win is reported to the Department after awards have been calculated and paid pursuant to paragraphs (1) and (2) of this subsection, the award shall be calculated using the payment factor and premium award factor, if applicable, for the period in which the win occurred and shall be paid from any monies carried forward pursuant to this Section. If no carryforward is available, the award shall be calculated using the payment factor and premium award factor, if applicable, for the next quarter or year and shall be paid from monies available in the fund during the next quarter or year.
- D. The Department is responsible for calculating and paying breeders' awards to eligible breeders.
1. Definitions.
- a. "Quarterly Breeders' Awards" means an amount of money based on the quarterly breeders' award payment factor determined by the Department each fiscal year by October 30.
- b. "Substitute Breeders' Awards" means an amount of money based on a substitute payment factor because of the lack of sufficient money to pay conventional Quarterly Breeders' Awards.
- c. "Supplemental Breeders' Award Payments" means an amount of money that corrects a shortfall between conventional Quarterly Breeders' Awards and Substitute Breeders' Awards.
- d. "End-of-year Bonus Awards" means an amount of money that may be paid to breeders from available monies that remain in the breeders' award fund after payment of Quarterly Breeders' Awards, Substitute Breeders' Awards and Supplemental Breeders' Awards.
2. The Department shall pay awards at the end of each fiscal year quarter, provided that the total amount of the awards payments does not exceed the total amount of money available in the fund less the amount required to be set aside for contingent liabilities in subsection (D)(8).
3. Quarterly Breeders' Awards. Before October 30 of each year, the Department shall determine a quarterly breeders' award payment factor that will be applied during the entire fiscal year. The payment factor determined by the Department is not subject to appeal.
- a. The Department shall evaluate anticipated revenues for the breeders' award fund and anticipated purses for eligible Arizona-bred animals and set the payment factor at a level that permits recipients of quarterly breeders' awards to receive awards throughout the fiscal year based on the same payment factor.
- b. The Department shall notify representatives of each breeders' association of the quarterly breeders' award payment factor in writing before October 1 of each year.
- c. The Department shall calculate quarterly breeders' awards by multiplying the amount of each purse won by an eligible animal during that quarter by the quarterly breeders' award payment factor established for the fiscal year.
- d. The Department shall make quarterly breeders' awards payments not later than 30 days after the end of each quarter, unless full quarterly breeders' awards payments cannot be made due to the lack of available money in the fund.
4. Substitute Breeders' Awards. The Department shall make substitute breeders' awards payments if there are sufficient monies in the fund to allow for an award payment but not enough monies to provide for full payments of quarterly breeders' awards based on the quarterly breeders' award payment factor.
- a. The Department shall determine the substitute payment factor by dividing the total amount of monies in the Arizona breeders' award fund at the end of the quarter less the amount required to be set aside for contingent liabilities in subsection (D)(8) by the total amount of purses won by eligible Arizona-bred animals during that quarter.
- b. The Department shall calculate substitute breeders' awards by multiplying the amount of each purse won by an eligible animal during that quarter by the substitute payment factor for that quarter.
5. End-of-year bonus pool. After payment of all quarterly breeders' awards and any substitute breeders' awards has been calculated, the Department shall determine the amount of monies remaining in the fund. The end-of-year bonus pool is the amount of monies remaining in the Arizona breeders' award fund after the payment of all quarterly breeders' awards for the fiscal year less the amount required to be set aside for contingent liabilities in subsection (D)(8).
6. Supplemental Breeders Award Payments. The Department shall 1st pay any monies in the end-of-year bonus pool in the form of supplemental breeders awards to recipients of substitute breeders' awards.
- a. The Department shall pay supplemental breeders' awards in an amount equal to the difference between the substitute breeders' award and the quarterly breeders' award the breeder would have received if there had been enough in the fund to pay an award based on the quarterly award payment factor.
- b. In the event the end-of-year bonus pool cannot pay supplemental breeders' awards to make up for the shortfall to all substitute breeders' award recipients, the Department shall pay supplemental breeders' awards payments to all breeders eligible to receive a supplemental breeders' award on a pro-rata basis.
- c. A breeder is eligible to receive a supplemental breeders' award from the end-of-year bonus pool only if the breeder received a substitute breeders' award during that fiscal year.
- d. The Department shall not make supplemental breeders' award payments if all eligible breeders received quarterly breeders' awards during the fiscal year.
7. End-of-year Bonus Award. The Department shall pay end-of-year bonus awards if monies remain in the end-of-year bonus pool following any supplemental payments.
- a. The Department shall determine an end-of-year bonus payment factor by dividing the monies in the end-of-year bonus pool by the total amount of purses won by an eligible animal during the fiscal year.
- b. The Department shall calculate end-of-year bonus awards by multiplying the amount of each purse won by an eligible animal by the bonus payment factor.
8. Contingent liabilities. The Department shall retain \$10,000 in the Breeders' Award fund for contingent liabilities.
9. The Department shall not make quarterly breeders' awards, substitute breeders' awards, supplemental breeders' awards or end-of-year bonus breeders' awards if the

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total amount available for distribution is less than \$10,000. In the event the Department does not pay an award because less than \$10,000 is available for distribution, the Department shall carry forward the amount in the fund for payment of awards when the Department next calculates awards.

10. Appeal of Director's Rulings

- a. The Director shall make the final decision concerning a breeders' award.
- b. The Department shall give written notice of the decision to an applicant by mailing it to the address of record filed with the Department.

- c. After service of the Director's decision, an aggrieved party may obtain a hearing under A.R.S. §§ 41-1092.03 through 41-1092.11.
- d. The aggrieved party shall file a notice of appeal with the Department within 30 days after receiving the notice prescribed in R19-2-319(D)(10)(b).
- e. The Department shall notify the Office of Administrative Hearings, which shall schedule and conduct the hearing.
- E. No change.
- F. No change.
- G. No change.

NOTICE OF PROPOSED RULEMAKING

TITLE 19. ALCOHOL, HORSE AND DOG RACING, LOTTERY, AND GAMING

CHAPTER 3. ARIZONA STATE LOTTERY COMMISSION

PREAMBLE

- 1. Sections Affected
R19-3-329
- Rulemaking Action
New Section
- 2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):
Authorizing statute: A.R.S. § 5-504(B).
Implementing statute: A.R.S. § 5-504(B).
- 3. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:
Name: Sandy Williams, Executive Director
Address: Arizona State Lottery Commission
4740 East University
Phoenix, Arizona 85034
Telephone: (602) 921-4400
- 4. An explanation of the rules, including the agency's reasons for initiating the rules:
R19-3-329 sets forth provisions unique to the conduct of the Arizona Lottery's instant games. The provisions of this rule are necessary to implement the requirements of A.R.S. § 5-504(B) which have not been specified generically in R19-3-301. The unique provisions described in this rule are the nature and location of play symbols, the ticket number, the validation codes, the prize denominations, and the method of selecting a winning ticket.
- 5. A showing of good cause why the rules are necessary to promote a statewide interest if the rules will diminish a previous grant of authority of a political subdivision of this state:
Not applicable.
- 6. The summary of the economic, small business, and consumer impact:
This game will provide our players with a larger variety of instant games with a potential increase in sales. The only impact this rule has upon Lottery retailers is to specify how they determine if a ticket is a winning ticket, and, if so, the prize amount.
- 7. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:
Name: Sandy Williams, Executive Director
Address: Arizona State Lottery Commission
4740 East University Drive
Phoenix, Arizona 85034
Telephone: (602) 921-4400

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8. The time, place, and nature of the proceedings for the adoption, amendment, or repeal of the rule, or, if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rules:
Date: November 15, 1996
Time: 10 a.m.
Location: Arizona State Lottery Commission
4740 East University Drive
Phoenix, Arizona
Nature: Oral Proceeding
9. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:
Close of the record is 5 p.m., November 14, 1996, for written comments, and at the close of the oral proceeding for verbal comments.
10. Incorporations by reference and their location in the rules:
None.
11. The full text of the rules follows:

TITLE 19. ALCOHOL, HORSE AND DOG RACING, LOTTERY, AND GAMING

CHAPTER 3. ARIZONA STATE LOTTERY COMMISSION

ARTICLE 3. INSTANT LOTTERY GAMES

Section

R19-3-329 "Bonus Bingo"

ARTICLE 3. INSTANT LOTTERY GAMES

R19-3-329: "Bonus Bingo"

- A. In the latex play area located on the right side of the ticket, 4 play areas called "PLAYER'S CARDS" appear and are identified as "CARD 1", "CARD 2", "CARD 3", and "CARD 4". Within each "CARD", 5 play symbols appear in a vertical row with "B" above and are 1 of the following: "1", "2", "3", "4", "5", "6", "7", "8", "9", "10", "11", "12", "13", "14", or "15". Five play symbols appear in a vertical row with "I" printed above, and are 1 of the following: "16", "17", "18", "19", "20", "21", "22", "23", "24", "25", "26", "27", "28", "29", or "30". Five play symbols appear in a vertical row with "N" printed above, and are 1 of the following: "31", "32", "33", "34", "35", "36", "37", "38", "39", "40", "41", "42", "43", "44", or "45". The 3rd play spot in column "N" will always be the word "FREE". Five play symbols appear in a vertical row with "G" printed above, and are 1 of the following: "46", "47", "48", "49", "50", "51", "52", "53", "54", "55", "56", "57", "58", "59", or "60". Five play symbols appear in a vertical row with "O" printed above, and are 1 of the following: "61", "62", "63", "64", "65", "66", "67", "68", "69", "70", "71", "72", "73", "74", or "75".
- B. In the latex area located on the left side of the ticket is a play area identified as "CALLER'S CARD". Twenty-four play spots appear in 3 columns of 8 and are 1 of the following: B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14, B15, I16, I17, I18, I19, I20, I21, I22, I23, I24, I25, I26, I27, I28, I29, I30, N31, N32, N33, N34, N35, N36, N37, N38, N39, N40, N41, N42, N43, N44, N45, G46, G47, G48, G49, G50, G51, G52, G53, G54, G55, G56, G57, G58, G59, G60, O61, O62, O63, O64, O65, O66, O67, O68, O69, O70, O71, O72, O73, O74, and O75.
- C. Two rows of 3 numbers appear below the "CALLER'S CARD" play spots with the words "BONUS NUMBERS" printed below and are 1 of the following: B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14, B15, I16, I17, I18, I19, I20, I21, I22, I23, I24, I25, I26, I27, I28, I29, I30, N31,

N32, N33, N34, N35, N36, N37, N38, N39, N40, N41, N42, N43, N44, N45, G46, G47, G48, G49, G50, G51, G52, G53, G54, G55, G56, G57, G58, G59, G60, O61, O62, O63, O64, O65, O66, O67, O68, O69, O70, O71, O72, O73, O74, and O75.

- D. A pack-ticket number beginning with 700001 is located on the lower left area on the back of the ticket.
- E. The retailer validation code verifies instant winners of a \$2, \$3, \$5, \$10, \$25, \$30, \$40, \$50, \$150, \$200, or \$250 ticket. The retailer validation code which corresponds with and verifies each of these winners is as follows:

\$2	=	TWO	\$40	=	FTY
\$3	=	THR	\$50	=	FFY
\$5	=	FIV	\$150	=	OFY
\$10	=	TEN	\$200	=	TWH
\$25	=	TWF	\$250	=	THF
\$30	=	TRY			

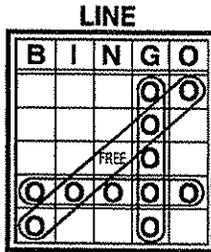
- E. A prize winner in the "BONUS BINGO" instant game is determined by removing the latex from the "CALLER'S CARD" play area plus the 6 "BONUS NUMBERS" on the front of the ticket to determine the play symbols. The player matches the play symbols on the "CALLER'S CARD" and "BONUS NUMBERS" area to the play symbols on the four "PLAYER'S CARDS". Neither the retailer validation code (or any portion thereof), the pack-ticket number (or any portion thereof), the validation number (or any portion thereof) are play symbols and are not usable or playable as such. If the player matches 5 consecutive play symbols on 1 of the four "PLAYER'S CARDS" in any horizontal, vertical, or diagonal line as shown in illustration number 1 on the back of each "BONUS BINGO" instant game and Exhibit "A", matches play symbols in all 4 corners in one of the 4 "PLAYER'S CARDS" as shown in illustration number 2 on the back of each "BONUS BINGO" card and Exhibit "B", or matches 5 consecutive play symbols in both diagonals forming an "X" in any one of the 4 cards as shown in illustration number 3 on the back of each "BONUS BINGO" instant game and Exhibit "C", the player wins the prize amount indicated on the appropriate winning "PLAYER'S CARD". Players can win up to 4 times on a ticket. The prizes are as follows:

: horizontal, vertical, or diagonal line, Card 1 = \$2 (two dollars) or

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- horizontal, vertical, or diagonal line, Card 2 = \$3 (three dollars) or
- horizontal, vertical, or diagonal line, Card 1 plus Card 2 = \$5 (five dollars) or
- horizontal, vertical, or diagonal line, Card 3 = \$10 (ten dollars) or
- horizontal, vertical, or diagonal line, Card 4 = \$25 (twenty-five dollars) or
- horizontal, vertical, or diagonal line, on Card 1, plus Card 2, plus Card 4 = \$30 (thirty dollars) or
- horizontal, vertical, or diagonal line on Card 1, plus Card 2, plus Card 3, plus Card 4 = \$40 (forty dollars) or
- four corners, Card 2 = \$50 (fifty dollars) or
- both diagonal lines ("X"), Card 1 = \$150 (one-hundred fifty dollars) or
- four corners on Card 1, plus four corners on Card 3, plus a horizontal, vertical, or diagonal line on Card 4 = \$200 (two-hundred dollars) or
- four corners on Card 2, plus both diagonal lines ("X") on Card 1 = \$200 (two-hundred dollars) or
- four corners on Card 4 = \$250 (two-hundred fifty dollars) or
- four corners on Card 1, plus Card 2, plus Card 3, plus a horizontal, vertical, or diagonal line on Card 4 = \$250 (two-hundred fifty dollars) or
- both diagonal lines ("X") on Card 2 = \$250 (two-hundred fifty dollars) or
- both diagonal lines ("X") on Card 3 = \$1,000 (one-thousand dollars) or
- both diagonal lines ("X") on Card 4 = \$10,000 (ten-thousand dollars)

Exhibit A



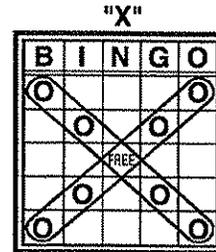
1 - Match all Bingo numbers in a complete horizontal, vertical, or diagonal line to win \$2 to \$25

Exhibit B



2 - Match all Bingo numbers in all 4 corners to win \$25 to \$250

Exhibit C



3 - Match all Bingo numbers that make a complete "X" (8 numbers and "FREE" space) to win \$150 to \$10,000