

NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* 1st as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council. 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* after the final rules have been submitted for filing and publication.

NOTICE OF FINAL RULEMAKING

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 19. STATE BOARD OF NURSING

PREAMBLE

1. Sections Affected

R4-19-101
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Rulemaking Action

Amend
Amend
Repeal
New Section
Re-number
New Section
Re-number
Re-number
Amend
Repeal
Re-number
Re-number
New Section
New Section
New Section
New Section
Re-number
Amend
New Section
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. § 32-1606(A)

Implementing statutes: A.R.S. §§ 32-1601(3) and (9), 32-1606(A)(6), and (B)(12)

3. The effective date of the rules:

November 25, 1996

4. A list of all previous notices appearing in the Register, addressing the final rule:

Notice of Rulemaking Docket Opening:

2 A.A.R. 1069, Feb. 23, 1996

Notice of Proposed Rulemaking:

2 A.A.R. 1124, March 8, 1996

5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:

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

The adopted rules are necessary to update the current rules to reflect statutory revisions and recent trends in health care, and to comply with current rulemaking guidelines. There are several new rules adopted which reflect changes in the nursing profession, Arizona Revised Statutes, and standards affecting nursing education programs. The adopted rules conform to present rulemaking requirements, both in form and content.

Article 1, Definitions, is being amended to clarify terms. The existing Article 5 is repealed in part, amended in part, and several new Sections adopted. The amended Article 5 adds 1 new specialty area of practice for registered nurse practitioners and substantially revises and details the requirements for a courses of study for registered nurse practitioners and the application and approval process for such courses. In addition, there are several amendments to the rules which address the requirements for certification and the scopes of practice. The qualification and application process for prescribing and dispensing authority is detailed as is the exercise of such authority. The Article provides for inactive status for prescribing and dispensing authority. In addition, 2 new Sections are being added to provide for the certification of clinical nurse specialists and define their scope of practice. The rules conform to present rulemaking requirements, both in form and content.

7. 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.

8. The summary of the economic, small business and consumer impact:

The Board of Nursing will incur some increased costs with the certification of the additional specialty area of geriatric nurse practitioner as well as for clinical nurse specialists. Fees from applicants seeking certification will return minimally increased revenues to the Board which are anticipated to offset the costs.

Colleges, universities, and other public and private educational institutions which implement new geriatric nurse practitioner programs or expand pharmacology education to meet the new educational requirements for prescribing and dispensing authority will incur some costs and will increase revenues. There might also be some impact on such institutions for those individuals who need to meet the educational requirements to be certified as a clinical nurse specialist.

Registered nurses who enroll in a geriatric nurse practitioner program, pharmacology courses, or courses of study to qualify for certification as a clinical nurse specialist will incur the costs of tuition and related education expenses. Some registered nurses who presently practice unofficially as clinical nurse specialists may not meet the new requirements for certification and may need to secure additional education or national certification in order to be certified by the Board and continue in such practice. Present employment or duties could also be affected.

Health care institutions which care for the elderly may experience significant reductions in cost by utilizing geriatric nurse practitioners rather than much more costly licensed professional medical personnel. Patients or residents of these health care institutions may have decreased costs for nursing care, reduced insurance rates and better quality care because of utilization of less costly geriatric nurse practitioners rather than other much more expensive licensed professional medical personnel. Health care institutions which presently utilize registered nurses in the unofficial capacity of clinical nurse specialists may have to alter job responsibilities for those nurses who do not meet the new requirements for certification as a clinical nurse specialist, or make arrangements for them to meet the new standards, including possible educational expenses.

Nurse practitioners have been practicing in Arizona for over 20 years. With health care reform being discussed across the nation, there has been an increased demand for this type of health care provider. They are currently functioning in health departments, managed care, long term care, physicians' offices, community health centers, private and public schools, and large and small businesses. Organizations and agencies that qualify as small businesses in rural and urban areas may experience reduced costs by being able to continue to contract with nurse practitioners to provide health care of various kinds, particularly as the specialty areas for nurse practitioners continue to expand.

9. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

Table of Contents and all Section Headings

Capitalize.

R4-19-101

Added "addition to the definitions in A.R.S. § 32-1601, in" after "In" in the introductory sentence.

Definition number 1, "Active practice", line 3, insert "registered" before the phrase "nurse practitioner faculty".

Delete definitions 4 and 5, "A.R.S." and "Board", and renumber the subsequent definitions.

Add a new definition for "DEA" to read: "'DEA' means the Drug Enforcement Administration." Renumber the subsequent sections.

In definition number 9, "Endorsement", replace "of" after "granting" with "an Arizona" and change "licensure" to "license".

In definition number 10, "Full approval", replace "has demonstrated" with "demonstrates" and replace "its" with "a" before the last "program".

In definition number 11, "Good standing", replace "that a" with "the", replaced "for" with "of", deleted "and" after "valid", replace "nor is any such" with "and no disciplinary", replace "order or" with "consent order, or settlement", and add "is" before

"pending".

In definition number 12, "Initial approval", add "an educational institution to" prior to "establish".

In definition number 13, "Mediated instruction", add "tape" after "audio" and delete "or" before "video".

In definition number 15, "Nursing process", reword following "techniques" to read "that require technical and scientific knowledge and judgmental and decision-making skill in order to assess, plan, implement, and evaluate a plan of care".

In definition number 16, "Nursing program", replace "that is" with "designed to" and change "preparing" to "prepare".

In definition number 17, "Parent institution", change "an" to "the".

In definition number 18, "Pharmacology", replace "is" with "means", replace "which" with "that", and replace "its" with "their".

In definition number 19, "Physician", add "Chapters 7, 8, 11, 13, 14, 17, or 29, or by a state medical board in the United States" after "Title 32", and delete "who may lawfully use the title".

In definition number 20, "Prepackaged labeled drug", add "prescription" before "drug", replace "packaged" with "prewrapped", replace "package" with "container", change "quantities" to "a quantity", delete the "the" and insert "a registered" before "nurse practitioner", and replace "for" with "and" before "subsequent".

In definition number 22, "Reentry update program", replace "which" with "designed to", delete the "s" in "provides", delete "basis", and replace "specifically designed for" with "to".

In definition number 23, "Regionally accredited", delete the word "that".

In definition number 25, "Self-study" replace "which addresses" with "to assess".

In definition number 28, "Supervision", delete "initial", the "and" before "periodic", replace "has been" with "is", replace "initial assessment" with "the professional nurse assesses", and delete "by the professional nurse" at the end of the sentence.

In definition number 29, insert "an individual dosage container in which a" after "means", delete the "s" from "drugs", insert "is" before "prepackaged", delete "in dispensing size", and add "by a pharmacist, licensed manufacturer or repackager of medications" at the end of the sentence.

R4-19-501

Insert "registered" before "nurse" in the introductory sentence.

Insert "and" after the semicolon in subparagraph (8).

R4-19-502

Reword subsection (A) to read "The Board shall approve a course of study for registered nurse practitioners in a specialty area only if the course of study complies with the following:".

In subsection (A)(1), replace "shall be" with "is".

In subsection (A)(2), replace "shall be" with "is", replace "of" after "curriculum" with "that", replace "nine" with "9", and replace "which" after "length" with "and".

In subsection (A)(2)(b), delete "in order", "about treatment in collaboration", and "physicians and".

In subsection (A)(2)(e), delete "as".

In subsection (A)(3), replace "shall have" with "has".

In subsection (B), replace "one" with "1" and delete "qualifications".

In subsection (B)(2), delete "to practice" and "pursuant to Title 32".

R4-19-503

In subsection (A), replace "role" with "area", replace "or" after "extended" with "and", delete "of Nursing" after "Board", and add "a" after "on".

In subsection (A)(1), replace "Type of" with "Specialty area of the".

In subsection (A)(2), delete "The" and capitalize "name".

In subsection (A)(3), delete "proposed for the extended nursing role".

In subsection (A)(5), add "and advanced" after "extended" and replace "role" with "practice".

Reword subsection (A)(6) to read "Discussion of the community and state job market for registered nurse practitioners who complete the course of study.

Delete subsection (A)(8) and renumber the following subsections.

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In renumbered (A)(8), replace "course content" with "courses" and "the courses" with "each course".

In renumbered (A)(10), replace "didactic" with "instruction".

In renumbered (A)(12) and (13), change "Listing" to "List".

In subsection (B)(1), delete "which support the application".

In subsection (C), replace "or" after "extended" with "and".

In subsection (D), 1st sentence, replace "which" with "that", insert "of a course of study" after "approval", delete "to appeal the decision" and "with the Board", and replace "within 10 days of receiving the notice from the Board disapproving its application" with "with the Board within 10 days of service of the Board's order denying its application for approval".

In the 2nd sentence, insert "A.R.S. Title 41, Chapter 6 and 4 A.A.C. 19," after the word "with".

R4-19-504

In subsection (A)(2)(a)(iii), replace "registered" with "professional".

In subsection (A)(2)(a)(vii), add "and" after "examination," and "certifying" before "organization", and delete "the" before "specialty".

In subsection (A)(2)(a)(viii), replace "if such has occurred with" with "of any license denial, suspension, or revocation".

In subsection (A)(2)(a)(ix), change "any" to "a", replace "if such has occurred" with "of any disciplinary action, consent order, or settlement agreement", and insert "and" at the end of the sentence .

Delete subsection (A)(2)(a)(x) and renumber (xi) to (x).

In subsection (A)(2)(b), replace "the" before "certificate" and "course" with "a", add "registered" before "nurse" in the 2nd line, replace "nine" with "9", replace "duration" with "length", delete "which" before "included", replace "professional nurses" with "the applicant", and insert "a registered" before "nurse" at the end of the sentence.

At the end of subsection (A)(2)(c), insert "and".

In subsection (A)(2)(d), delete "statutorily".

Reword subsection (B) to read "An applicant for certification as a registered nurse practitioner on or after January 1, 2001, shall have a master of science degree in nursing or a masters degree in a health related area. The Board shall continue to certify a registered nurse practitioner that the Board certified before January 1, 2001, if the registered nurse practitioner maintains a current license in good standing to practice as a professional nurse in Arizona.

In subsection (C), replace "has met" with "meets", capitalize "section", and replace "shall have 10 days from the date of receipt of the notice of denial from the Board to file a request for hearing, in writing, with the Board" with "may request a hearing by filing a written request with the Board within 10 days of service of the Board's order denying the application for certification".

In the 2nd sentence, insert "A.R.S. Title 41, Chapter 6 and 4 A.A.C. 19," after the word "with".

R4-19-505

In subsection (A), replace "the" with "a" before "registered".

In subsection (A)(1), insert "medical" before the word "diagnoses".

In subsection (A)(4), replace "the" with "a".

Delete subsection (A)(5).

Renumber subsection (A)(6) and change the reference to R4-19-506 to R4-19-507 and insert "and" after the semicolon.

Renumber subsection (A)(7) and replace "providers" with "professionals".

Replace the existing language in subsection (B) with "Within 30 days of beginning new employment as a registered nurse practitioner or of a change in the identity of a collaborating physician, a registered nurse practitioner shall provide the name and address of the collaborating physician to the Board. The Board shall confirm the license status of the physician with the physician's licensing board."

Reword subsection (C), to read "Registered nurse practitioners shall practice in accordance with the standards of nursing specified in the following scope of practice statements, and no other editions, for the practitioner's specialty area. Each of these scope of practice statements is incorporated by reference and on file with the Board and the Office of the Secretary of State."

Changed several "." to ";" in the subsections.

In subsections (C)(1), (C)(2), and (C)(10), replace "Missouri" with "MO".

In subsection (C)(1), insert "pages 3, 4, and 6 through 9," after "1985,".

In subsection (C)(4), correct "NW" to "N.W.".

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In subsections (C)(4) and (6), delete "and" after the semicolon.

In subsections (C)(5), (C)(6) and (C)(7), correct "DC" to "D.C."

In subsection (C)(11), replace "Texas" by "TX".

Add new subsection (C)(12), to read "Scope of Practice for Nurse Practitioners, 1993, American Academy of Nurse Practitioners, Capitol Station, LBJ Building, P.O. Box 12846, Austin, TX 78711; and,"

Add new subsection (C)(13) to read "Core Competencies for Basic Nurse-Midwifery Practice, 1992, American College of Nurse Midwives, 818 Connecticut Ave., N.W., Suite 900, Washington, D.C. 20006."

R4-19-506

Delete "No" at the beginning of the sentence, insert "not" before "practice", delete "so", and insert "as a registered nurse practitioner" after "certified".

R4-19-507

Reword subsection (A) to read "The Board shall authorize a registered nurse practitioner to prescribe and dispense medication only if the registered nurse practitioner satisfies the following requirements:"

In subsection (A)(1), replace "Be" with "Is", and delete "of Nursing".

In subsection (A)(2), replace "Have one" with "Has 1", replace "prior to" with "before", and replace "privileges" with "authority".

In subsection (A)(3), add an "s" to "Submit", replace "application" by "applicant" and replace "contain" by "provide".

In subsection (A)(3)(a), delete "The", capitalize "name", and delete "of the applicant".

In subsection (A)(3)(b), delete "The", replace "registered" with "Professional", and delete "of the applicant".

In subsection (A)(3)(c), delete "The", capitalize "nurse", and delete "of the applicant".

In subsection (A)(3)(d), delete "The", capitalize "certification", and delete "of the applicant".

In subsection (A)(3)(e), delete "The", capitalize "business", and delete "of the applicant."

In subsection (A)(3)(h), replace "Names and addresses of health care professionals with prescribing or dispensing authority who are available for consultation" with "Name and address of a collaborating physician who prescribes and dispenses and whose license status has been confirmed by the Board with the physician's licensing board".

Delete subsection (A)(3)(i).

In subsection (A)(3)(j), reletter to "i", replace "and/or the" with "or", insert "or both" after "therapy", and replace "two" with "2".

Reletter "k" to "j".

In subsection (A)(3)(l), reletter to "k", delete "The", and replace "privileges" with "Authority".

In subsection (A)(3)(m), reletter to "l", delete "A", and capitalize "sworn".

In subsection (A)(4), replace "In addition to the application the applicant shall submit" with "Submits", replace "the" with "or" before "clinical", insert "or both" after "therapy" and replace "prior to" with "before".

In subsection (A)(4)(a), replace "1-year time period" with "1 year", replace "prior to" with "before", replace ", or 22 1/2 hours," with "(22 1/2 hours)".

In subsection (A)(4)(b), replace "Any" with "A", "such" with "the", and "actual" with "the initial".

In subsection (A)(4)(c), replace "Any" with "A" and "the performance of" with "time expended on".

In subsection (B), replace "for the calendar" with "through December 31 of the", replace "shall have 30 days from the date of receipt of notice of such denial to file" with "may request a hearing by filing", replace "for a hearing to appeal the decision to the Board" with "with the Board within 10 days of service of the Board's order denying the application for prescribing and dispensing authority", and insert "and 4 A.A.C. 19, Article 6" at the end of the last sentence.

In subsection (C)(1), add "and" after the 1st comma.

In subsection (C)(2), replace "up to one year" with "1 year from the date of the prescription".

In subsection (D), insert "to whom the Board has granted prescribing and dispensing authority and" after "practitioner", delete "and is approved by the Board", replace "prior to exercising" with "before prescribing a", and delete "prescribing authority" in the 1st sentence.

In subsection (E), insert ", as" after "II" and change "and no refills shall be permitted" to "but shall not permit refills of the prescription".

In subsection (F), insert "scheduled as" before "Class III", insert a comma after "IV", insert a comma between "Act" and "and",

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and replace "up to five" with "a maximum of 5", and replace "or for six months whichever comes first" with "in 6 months".

In subsection (G), insert "," after "V" and replace "up to one" with "a maximum of 1".

In subsection (H), 1st line, insert "registered" before "nurse" and replace "assure" with "ensure".

In subsection (H)(1), delete "RN designation".

In subsection (H)(5), insert "; and" at the end of the sentence.

In subsection (I), replace "privileges" with "authority", replace "12" by "10", and add "or a combination of both" after "management".

In subsection (I)(1), replace "One-half, or 6 hours," with "A maximum of 5", delete "submitted", replace "privileges" with "and dispensing authority", and replace "shall" by "may".

In subsection (I)(2), Add the following 2nd sentence: "Registered nurse practitioners who are granted prescribing and dispensing authority after October 31 shall not be required to obtain the 10 contact hours of continuing education for that year."

In subsection (I)(3), 3rd line, insert "registered" before the word "nurse".

In subsection (I)(3)(a) replace "Any" with "A", "such" with "the", and "actual" with "initial".

In subsection (I)(3)(b), replace "Any" with "A" and "the performance of" with "time expended on".

Add a new subsection (J) to read: "Whenever there is a change in the identity of a collaborating physician who prescribes and dispenses, registered nurse practitioner shall provide the Board with the name and address of the new collaborating physician who prescribes and dispenses within 30 days. The Board shall confirm the license status of the physician with the physician's licensing board."

The Board shall Reletter "J" to "K" and "K" to "L".

In the new subsection (K), in the 1st sentence, replace "Any" with "A" and "such" with "the". The 2nd sentence is reworded to read "A registered nurse practitioner who fails to apply for renewal before expiration shall be considered delinquent but shall be permitted to renew the prescribing and dispensing authority by paying the expiration renewal fee and submitting the notarized affidavit required by subsection (I)(2)." A new 3rd sentence is added to read "A registered nurse practitioner who fails to apply for renewal within 90 days of the expiration date shall apply for prescribing and dispensing authority in accordance with subsection (A)."

In the new subsection (L), move "a listing of registered nurse practitioners with prescribing and dispensing" from the end of the sentence to after the word "send", change "listing" to "list", delete the comma before the word "a", and replace "privileges" with "authority to".

R4-19-508

In subsection (A), insert "with prescribing and dispensing authority" after "practitioner", insert "registered" before the 2nd reference to "nurse", and delete "own".

In subsection (B), replace "Prior to" with "Before", delete "pursuant to this section", and replace "the" with "a" before "registered".

In subsection (C), replace "privileges" with "authority" and delete "such".

Delete subsections (D), (E), and (F), and reletter the subsections that follow.

In relettered subsection (D), insert "with prescribing and dispensing authority" and delete "which shall be".

In relettered subsection (D)(1) insert "registered" before "nurse".

In relettered subsection (E), replace "The" with "In all outpatient settings and at the time of hospital discharge, a", insert "with prescribing and dispensing authority" after "practitioner", and replace "in all outpatient settings, including the provision of hospital discharge medications, whenever" with "when".

In relettered subsection (E), 3rd line, delete "," before "in".

In relettered subsection (E)(1), replace "The" with "A new", delete "has not been previously" and insert "is".

In relettered subsection (E)(2), insert "been" before "previously", and delete the "been" that followed it, delete "," following "strength," and insert "or" after it, and insert "for a prescription medication have been changed" at the end of the sentence.

In relettered subsection (E)(4), replace "Upon request of the" with "The" and add "requests instruction" after "representative".

In relettered subsection (F), replace "The" with "A", insert "with prescribing and dispensing authority" after "practitioner" and insert "reason for the medication" at the end of the sentence.

In relettered subsection (G), insert "with prescribing and dispensing authority" after "practitioner" in 2 places and insert "a" before "wholesaler" and "distributor".

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In relettered subsection (H), insert "with prescribing and dispensing authority" after "practitioner" and replace "an ongoing" with "a current".

Reword relettered subsection (I) to read "A registered nurse practitioner with prescribing and dispensing authority shall preserve all original prescription orders dispensed for a minimum of 3 years. The registered nurse practitioner shall make original prescription orders available at all times for inspection by the Board of Nursing, the Board of Pharmacy, and law enforcement officers in performance of their duties.

In relettered subsection (J), replace "Each" with "A".

In relettered subsection (J)(1), insert ", as defined in the Federal Controlled Substance Act or Arizona's Uniform Controlled Substances Act," after "II" and replace "such" with "these".

In relettered subsection (J)(2), insert ", as defined in the Federal Controlled Substance Act or Arizona's Uniform Controlled Substances Act," after "V", replace "such" with "a" before "form", replace "such" with "these" before "substances", delete "separate", replace "such" with "a" after "in", delete "the" before "other", insert "readily" before "retrievable" and replace "one" with "1".

Reword relettered subsection (K) to read "A registered nurse practitioner with prescribing and dispensing authority shall record the following information on the back of each prescription order when the prescription order is refilled:"

In relettered subsection (K)(2), insert "and" at the end of the line.

In relettered subsection (K)(3), insert "registered" before "nurse" on the 2nd line, delete "face" and insert "original" before "prescription".

In relettered subsection (L), insert "with prescribing and dispensing authority" after "practitioner" and replace "drugs" with "medications or controlled substances".

In relettered subsection (M), insert "with prescribing and dispensing authority" after "practitioner".

Reword relettered subsection (M)(2) to read "Accepting verbal refill authorization from the registered nurse practitioner and recording on the back of the original prescription form and in the patient's medical record the registered nurse practitioner's name, date of the refill, and name and quantity of the medication; and".

In relettered subsection (N), replace "No" with "A", insert "not" before "prescribe", insert "to prescribe and dispense medications" after the word "authority" in the 1st sentence. In the 2nd sentence, delete "such". In the 3rd sentence, insert "registered" before "nurse", and replace "imposed by the Board for each transaction and may be prohibited from prescribing or dispensing for a period of time as prescribed by the Board" with "which the Board may impose for each transaction". Insert a new last sentence to read: "In addition, the Board may suspend the registered nurse practitioner's prescribing and dispensing authority and impose other sanctions under A.R.S. § 32-1606(D)."

R4-19-509

In subsection (A), insert "registered" before the 2nd reference to "nurse" in the 1st sentence. In the 2nd sentence, replace "during this time" with "medications while the authority to do so is on inactive status."

Reword subsection (B) to read "To reactivate prescribing and dispensing authority, a registered nurse practitioner shall submit to the Board the renewal fee and documentation of 6 contact hours of continuing education in pharmacology or clinical management of drug therapy, or both, for each year on inactive status before 1997. For each year on inactive status from and after 1997, the registered nurse practitioner shall submit documentation of 10 contact hours of continuing education in pharmacology or clinical management of drug therapy, or both. The maximum number of contact hours required to reactivate prescribing and dispensing authority shall not exceed 45 hours."

R4-19-510

Replace "Registered" with "Professional" in the section title.

Replace "registered" with "professional" in the introductory sentence.

Eliminate the addition of the periods and reinstate the semi-colons.

In subsection (25), insert "and," following "Board;".

R4-19-511

In subsection (A)(4)(a)(ii), change "telephone" to "phone".

In subsection (A)(4)(a)(iii), replace "registered" with "professional".

In subsection (A)(4)(a)(vi), delete "the" before "name" and "specialty", and insert "certifying" before "organization".

In subsection (A)(4)(a)(vii), add "," after the word "revoked" and replace "if such has occurred" with "of any license denial, suspension, or revocation".

In subsection (A)(4)(a)(viii), replace "any" with "a" and replace "if such has occurred;" with "of any disciplinary action, consent order, or settlement agreement; and".

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In subsection (A)(4)(a)(ix), delete "under oath".

In subsection (A)(4)(b), delete "the" before "completion".

In subsection (B), replace "has met" with "meets" and capitalize "section" in the 1st sentence. In the 2nd sentence, replace "shall have 10 days from the date of receipt of the notice of denial from the Board to file a request for hearing, in writing with the Board" with "may request a hearing by filing a written request with the Board within 10 days of services of the Board's order denying the application for a certificate". Add a new last sentence to read: "Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6 and 4 A.A.C. 19, Article 6."

R4-19-512

In subsection (1), replace "families and/or communities" with "families, communities, or any combination of individuals, families, and communities,".

In subsection (3), replace "to nursing" with "with".

In subsection (4), insert "with expertise" after "specialists".

10. A summary of the principal comments and the agency response to them:

General

At the public hearing, 1 speaker suggested that a section should be added to protect the title of "clinical nurse specialist". This will be addressed in another rule package as it was felt this would be a substantial change.

One letter was received requesting that the Board define extended and advanced nursing practice. As this would be a substantial change, it will be considered for a future rule package. The letter's author also requested the Board to reevaluate the issue of prescriptive authority for inpatient order writing. This is not a rule issue to be addressed.

One letter was received which suggested that national certification from a certifying agency be required for certification. The Board disagrees. The national certifying examination is presently being reviewed by the National Council of State boards and the national certifying agencies to determine whether they can be used for entry level practice for advanced practice. The commenter also suggested that the letter "C" be used following a certified persons name. The Board declines to do this as it is the designation for national certification.

GRRC staff made a number of suggested changes, many of which were minor punctuation changes or format corrections which have not been individually noted. Virtually all suggested changes were implemented, with most being for clarification and understandability. No substantial changes were made.

R4-19-501(9)

Three letters of support were received for the proposed addition of geriatric nurse practitioner to the list of specialties for registered nurse practitioners.

R4-19-502(A)(2)(b)

Two letters were received which requested that "in collaboration with" be replaced with "with other health providers". The Board accepted the change but used "professionals" instead of "providers".

R4-19-504(B)

One oral comment and thirteen letters were received regarding the requirement for a masters degree in nursing or other masters degree. The Board determined that any new change to this rule would be a substantial change to the rule package and so decided to defer any new changes to a separate rulemaking after a workshop on the issue. However, at the request of GRRC, the originally proposed change replacing "health related area" with "the clinical area for which the applicant is applying for certification" was withdrawn from consideration until a future GRRC meeting following additional opportunity for the public and affected regulated individuals to comment to the Board of Nursing regarding the masters degree requirement for registered nurse practitioner certification. GRRC staff-recommended changes were retained.

R4-19-505(B)

One oral comment was received suggesting that this subsection be amended to change (1) and (2) to read:

1. Establish and implement a plan of care for the antepartum, intrapartum, postpartum, gynecological, and family planning needs of women;
2. Establish and implement a plan of care for the neonate as well as the infant;

The Board chose to delete this entire subsection as it felt that it is covered in *Core Competencies for Basic Nurse-Midwifery Practice* of the American College of Nurse-Midwives, which is now being incorporated by reference into these rules.

R4-19-505(C)

The University of Arizona nursing faculty recommended that the Scope and Standard of the American Academy of Nurse Practitioners be added. The Board accepted the suggestion and made the additions.

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R4-19-507(A)(3)(i)

One letter was received requesting that this subsection be changed for lack of efficacy. The Board is in agreement and eliminated it.

R4-19-507(A)(4)

One oral comment and eight letters were received opposing the proposed change to increase pharmacology contact hours for receiving a grant of authority from 30 to 45. Concerns expressed addressed both costs and amount of time spent on pharmacology vis-a-vis other practice areas. While the Board appreciates the concerns expressed, the Board will increase the hours to 45 for the reason that the National Council of State Boards of Nursing has been involved in a federal project with the American Association of Colleges of Nursing and the National Organization of Nurse Practitioner Faculties to develop standards for prescriptive authority for family nurse practitioners. The recommendation that has been issued is that there be a 3 credit semester course, which is 45 contact hours.

R4-19-507(I)

Three oral comments and eight letters contained opposition to the proposed increase in pharmacology contact hours for annual renewal from 6 to 12. Concerns addressed both cost and amount of time spent on pharmacology vis-a-vis other practice areas. The Board agreed in part, and reduced the proposed increase to 10 contact hours, half of which may be from self-study materials. The Board believes that a nurse practitioner needs to maintain current pharmacology knowledge in response to the constant introduction of new medications into the market. The increased hours will promote this end.

R4-19-507(E), (F), and (G)

Three oral comments and nineteen letters were received which support the removal of the 48 hour and 34 day supply limit on controlled substances.

R4-19-508(C)

One oral comment and 3 letters were received recommending that the dispensing of sample medications be made the same as for physicians. The Board believes that the rule, as proposed, permits this. It allows the nurse practitioner to dispense sample medications without writing a prescription, which is the same as for physicians.

R4-19-510

A letter from the University of Arizona nurse faculty recommended that the American Academy of Nurse Practitioners be added. The Board accepted this recommendation and is adding it in this rule package.

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

12. **Incorporations by reference and their location in the rules:**

The Scope of Practice of the Primary Health Care Nurse Practitioner, 1985, American Nurses' Association, 2420 Pershing Road, Kansas City, MO 64108

Standards of Practice, 1993, American Academy of Nurse Practitioners, Capitol Station, LBJ Building, P.O. Box 12846, Austin, TX 78711.

Scope of Practice for Nurse Practitioners, 1993, American Academy of Nurse Practitioners, Capitol Station, LBJ Building, P.O. Box 12846, Austin, TX 78711

Core Competencies for Basic Nurse-Midwifery Practice, 1992, American College of Nurse Midwives, 818 Connecticut Ave., N.W., Suite 900, Washington, D.C. 20006

All of the incorporations are found in R4-19-505.

13. **Was this rule previously adopted as an emergency rule?**
No.

14. **The full text of the rules follows:**

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 19. STATE BOARD OF NURSING

ARTICLE 1. DEFINITIONS

Section
R4-19-101. Definitions

ARTICLE 5. EXTENDED AND ADVANCED NURSING PRACTICE

Section
R4-19-501. Specialty Areas of Registered Nurse Practitioners
R4-19-502. ~~Criteria for establishing courses of study for the extended role in nursing~~
R4-19-502. ~~Requirements for Courses of Study for Registered Nurse Practitioners~~
R4-19-503. ~~Application for Approval of Course of Study for Registered Nurse Practitioners; Approval by Board~~
R4-19-503-R4-19-504. ~~Requirements For Registered Nurse Practitioner Certification~~
R4-19-505. ~~Prescribing and dispensing authority~~
R4-19-504-R4-19-505. ~~Scope of Practice of the Registered Nurse Practitioner~~
R4-19-506. ~~Use of Title of Registered Nurse Practitioner~~
R4-19-507. ~~Prescribing and Dispensing Authority~~
R4-19-508. ~~Dispensing of Prepackaged Labeled Medications~~
R4-19-509. ~~Inactive Prescribing and Dispensing Authority~~
R4-19-506-R4-19-510. ~~National nursing credentialing authority Certification of Professional Nurse~~
R4-19-511. ~~Requirements for Clinical Nurse Specialist Certification~~
R4-19-512. ~~Scope of Practice of the Clinical Nurse Specialist~~

ARTICLE 1. DEFINITIONS

R4-19-101. Definitions

In addition to the definitions in A.R.S. § 32-1601, in this Chapter, unless the context otherwise requires:

1. "Active practice" means a minimum of 1000 hours per year of working work in a clinical area with direct patient contact, excluding the generic hours of clinical experience received during a nurse practitioner program; or, for registered nurse practitioner Faculty faculty, who teach within a nurse practitioner program must spend 400 hours a per year of work in a clinical area with direct patient contact, excluding the generic nurse practitioner program.
2. "Administrator" means the nurse educator with the administrative responsibility and authority for the direction of a nursing program.
3. "Approved national nursing accrediting agency" means the National League of Nursing or the National Association for Practical Nurse Education and Service.
4. "A.R.S." means Arizona Revised Statutes.
5. "Board" means the Arizona State Board of Nursing.
- 6-4. "Certificate or a Diploma in Practical Nursing" means the document which is awarded to a graduate of an educational program in practical nursing.
- 7-5. "Collaborate" means to establish a relationship for consultation or referral with 1 or more physicians who have an active, unrestricted license and each collaborating physician's license status is confirmed in writing by the physician's licensing Board.
- 8-6. "Contact hour" means an equivalent of 50 minutes of participation in regular or continuing education activities relating to nursing practice.
- 9-7. "Continuing education activities" means college courses,

institutes, seminars, lectures, conferences, workshops, and various forms of mediated instruction or programmed learning courses related to nursing practice.

8. "DEA" means the federal Drug Enforcement Administration.
- 10-9. "Endorsement" means the procedure for granting an Arizona of licensure license to an applicant who is already licensed as a nurse in another state of the United States.
- 11-10. "Full approval" means the status granted in writing by the Board when a nursing program, upon graduation of its 1st class, has demonstrated demonstrates ability to provide and maintain a its program in accordance with the standards set forth in the law and these rules.
- 12-11. "Good standing" means the that a license of for a nurse, either practical or professional, is current and valid, and the nurse is not presently subject to any disciplinary action, consent order, or settlement agreement, and no disciplinary nor is any such action, consent order, or settlement agreement is pending against the nurse.
- 13-12. "Initial approval" means the permission, granted in writing by the Board, to an educational institution to establish a nursing program, following a determination by the Board that the program meets the standards set forth in the law and these rules.
- 14-13. "Mediated instruction" means teaching transmitted through intermediate mechanisms such as audio tape, or video tape, and telephonic transmission.
- 15-14. "NCLEX" means the National Council Licensure Examination.
- 16-15. "Nursing process" means the problem-solving techniques that require technical and scientific knowledge and judgmental and decision-making skills in order to of assessment assess, planning plan, implementing implement, and evaluating evaluate a plan of care which requires technical and scientific knowledge and judgmental and decision-making skills.
- 17-16. "Nursing program" means a formal course of instruction designed to that is preparing prepare its graduates for licensure as professional or practical nurses.
- 18-17. "Parent institution" means the an educational institution in which a nursing program is conducted.
- 19-18. "Pharmacology" is means the science that which deals with the study of drugs in all its their aspects.
- 20-19. "Physician" means a person practitioner licensed pursuant to A.R.S. Title 32, Articles 7, 8, 11, 13, 14, 17, or 29, or by a state medical board in the United States who may lawfully use the title.
- 21-20. "Prepackaged labeled drug" means a prescription drug prewrapped packaged in a unit-of-use container package by a pharmacist or manufacturer in a quantities quantity ordinarily prescribed by a the registered nurse practitioner and properly labeled for storage and for subsequent dispensing by the registered nurse practitioner.
- 22-21. "PRN" means to give as needed.
- 23-22. "Reentry update program" means a formal course of instruction designed to which provides provide a basic review and update of nursing theory and practice to specifically designed for professional or practical nurses preparing to re-enter nursing practice.
- 24-23. "Regionally accredited" means that an educational institution is accredited by the New England Association of Schools and Colleges, Middle States Association of Col-

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leges and Secondary Schools, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, or the Western Association of Schools and Colleges.

25.24. "SBTPE" means the State Board Test Pool Examination.

26.25. "Self-study" means a written self-evaluation conducted by a nursing program to assess which addresses the standards set forth in R4-19-201 through R4-19-206.

27.26. "School of practical nursing" means a nursing program that is preparing its graduates for practical nursing.

28.27. "School of professional nursing" means a nursing program that is preparing its graduates for professional nursing.

29.28. "Supervision" means the initial direction, and periodic consultation, and assessment provided by a professional nurse to a person to whom a nursing task or activity regarding patient care is has been delegated; after the professional nurse assesses initial assessment of the patient by the professional nurse.

30.29. "Unit-of-use packaging" means an individual dosage container in which a prescription drugs is prepackaged by a pharmacist, licensed manufacturer, or repackager of medications in dispensing-size container.

ARTICLE 5. EXTENDED AND ADVANCED NURSING PRACTICE

R4-19-501. Specialty Areas of Registered Nurse Practitioners

The Board shall grant approval of courses of study and certify the following specialty areas for registered nurse practitioners:

1. Nurse midwife;
2. Pediatric nurse associate/practitioner;
3. Family nurse practitioner;
4. Adult nurse practitioner;
5. Woman's health care nurse practitioner/obstetrical-gynecological nurse practitioner;
6. Neonatal nurse practitioner;
7. School nurse practitioner;
8. Psychiatric/mental health nurse practitioner; and
9. Geriatric nurse practitioner.

R4-19-502. Criteria for establishing courses of study for the extended role in nursing

A. General requirements:

1. The Program of Study shall be offered by or affiliated with an accredited college or university. Programs of Study which have been approved by the Board prior to the effective date of this rule shall be exempt from the requirement of this subsection.
2. The Program of Study shall show evidence of a curriculum directed toward preparing registered nurses for extended nursing functions within a specialty role as defined in these rules and regulations.
3. The Program of Study must have a period of intense practice with a physician preceptorship for health assessment.

B. Curriculum: An educational institution considering a course of study to prepare registered nurses for certification in a specialty role for extending nursing practice shall submit to the Board of Nursing an application for approval of its program which shall include:

1. Statement of philosophy;
2. Statement of Purpose of Program;
3. Description of specialty area;
4. Description of required courses.

C. Faculty qualifications:

1. Nurse:

- a. Current licensure as a registered nurse in Arizona.
 - b. Must have a master's degree, preferably in nursing.
2. Physician: Must have a current license to practice in Arizona.
 3. Other faculty: Must meet the requirements established by an Arizona university or college which are necessary for teaching in the specialty area.

D. Conditions for approval:

1. The Board shall review the curriculum as specified in R4-19-501(D)(1) through (4).
2. The Board will determine if the proposed curriculum demonstrates that the theory and supervised clinical experience is sufficient to assure that the practitioner will be prepared to:
 - a. Assess the physical and psycho-social health status of individuals and families through health and developmental history taking and physical examination.
 - b. Evaluate the assessment data in order to make prospective decisions about treatment in collaboration with physicians and other health professionals.
 - c. Institute and provide routine health care to patients within established regimes.
 - d. Provide counseling and health teaching to patients and their families.
 - e. Perform the acts as described in these rules and regulations for the specialty area.
3. Faculty must meet requirements as specified in R4-19-501(C)(1) through (3).

R4-19-502. Requirements for Courses of Study for Registered Nurse Practitioners

A. The Board shall approve a course of study for registered nurse practitioners in a specialty area only if the course of study complies with the following:

1. The course of study is offered by or affiliated with a college or university accredited by the North Central Association of Colleges and Schools.
2. The course of study is a formal educational program, beyond a diploma, associate degree, or baccalaureate degree in nursing, with a curriculum that is at least 9 months in length and includes theory and supervised clinical experience to prepare professional nurses to do the following:

- a. Assess the physical and psychosocial health status of individuals and families through health and developmental history taking and physical examination;
- b. Evaluate the assessment data to make prospective decisions with other health professionals;
- c. Institute and provide routine health care to patients;
- d. Provide counseling and health teaching to patients and their families; and
- e. Perform the acts described in R4-19-505.

3. The course of study has a preceptorship.

B. Each faculty member of a course of study for registered nurse practitioners shall meet the requirements established by an Arizona university or college for faculty membership and I of the following:

1. Current licensure as a professional nurse in Arizona, with a Master's Degree in a nursing or clinical specialty; or
2. Current licensure as a physician in Arizona.

R4-19-503. Application for Approval of Course of Study for Registered Nurse Practitioners: Approval by Board

A. An educational institution proposing to offer a course of study to prepare professional nurses for certification in a specialty area for extended and advanced nursing practice shall submit a completed application to the Board on a form provided by the

Board. The application shall contain the following information:

1. Specialty area of the registered nurse practitioner course of study.
 2. Name and address of the applicant institution.
 3. Discussion of the background development of the course of study.
 4. Statement of philosophy of the applicant institution.
 5. Statement of the purpose for the extended and advanced nursing practice course.
 6. Discussion of the community and state job market for registered nurse practitioners who complete the course of study.
 7. Description of the goals and objectives of the course of study.
 8. List of the core courses and any specialty courses included in the course of study and a description of each course.
 9. Designation of a proposed time schedule for implementation of the course of study.
 10. Designation of the total clock hours required of both instruction and supervised clinical practicum in the course of study.
 11. Description of the budgetary provisions for the course of study.
 12. List of the names and titles of persons responsible for the course of study.
 13. List of the names and titles of the faculty, and
 14. Evidence of compliance with R4-19-502.
- B.** An applicant shall submit the following additional information with the application for approval of the course of study:
1. Copies of any studies, historical data, or other evidence of need for the course of study; and
 2. Qualifications of each faculty member.
- C.** The Board shall grant approval to a course of study to prepare professional nurses for certification in a specialty role for extended and advanced nursing practice if the course meets the requirements of this Article.
- D.** An educational institution that is denied approval of a course of study may request a hearing by filing a written request with the Board within 10 days of service of the Board's order denying its application for approval. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6 and 4 A.A.C. 19, Article 6.

R4-19-503-R4-19-504. Requirements for Registered Nurse Practitioner Certification

- A.** An applicant for certification as a registered nurse practitioner shall:
1. Hold a current license in good standing to practice as a professional nurse in Arizona; and
 2. Submit to the Board:
 - a. A notarized application furnished by the Board which provides the following information:
 - i. The applicant's full name and any former names used by the applicant;
 - ii. The applicant's current mailing address and telephone number;
 - iii. The applicant's professional registered nurse license number;
 - iv. A description of the applicant's educational background, including the name and location of schools attended, the number of years attended, the date of graduation, and the type of degree or certificate awarded;
 - v. The specialty area for which the applicant wishes to be certified;

- vi. The applicant's current employer, including address, type of position, and dates of employment;
 - vii. Whether the applicant has taken and passed a national certification examination, and the name of the certifying organization, the specialty area, certification number, and date of certification;
 - viii. Whether the applicant has ever had a nursing license denied, suspended, or revoked, and an explanation of any license denial, suspension, or revocation if such has occurred;
 - ix. Whether any disciplinary action, consent order, or settlement agreement has been imposed upon the applicant, and an explanation of any disciplinary action, consent order, or settlement agreement if such has occurred; and
 - x. The names and addresses of health care professionals who are available for consultation; and
 - xi. A sworn statement by the applicant verifying the truthfulness of the information provided by the applicant.
- b.** An official transcript and a copy of a the certificate or official letter received from a the course of study verifying completion of a registered nurse practitioner course of study in a regionally accredited college or university, which was of at least 9 months in length duration and which included theory and clinical experience to prepare the applicant professional nurses as a registered nurse practitioners;
- c.** If a nurse midwife, evidence of current certification or recertification from the American College of Nurse Midwives or its Certification Council; and
- d.** The statutorily prescribed fee.

- B.** An applicant for certification as a registered nurse practitioner on or after January 1, 2001 and thereafter, shall have a master of science degree in nursing or a masters degree in a health related area. The Board shall continue to certify a A registered nurse practitioner that the Board certified before by the Arizona Board of Nursing prior to January 1, 2001 shall continue to be certified after that date if the registered nurse practitioner maintains holds a current license in good standing to practice as a professional nurse in Arizona.
- C.** The Board shall issue a certificate to practice as a registered nurse practitioner in a specialty area to a professional nurse who meets has met the criteria set forth in this Section. An applicant who is denied a certificate shall have 10 days from the date of receipt of the notice of denial from the Board to file a request for hearing, in writing, with the Board may request a hearing by filing a written request with the Board within 10 days of service of the Board's order denying the application for certification. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6 and 4 A.A.C. 19, Article 6.

R4-19-505. Prescribing and dispensing authority

- A. Prerequisites**
1. Shall be a registered nurse licensed in Arizona who has been certified by the Board of Nursing to practice within a specialty role defined in rules and regulations R4-19-503.
 2. The registered nurse practitioner shall have had one year of documented active practice as a registered nurse practitioner immediately prior to applying for prescribing and dispensing privileges.
 3. The registered nurse practitioner shall submit a completed, notarized application provided by the Board. The

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application shall provide evidence of completion of a minimum of 30 contact hours of education in pharmacology and/or the clinical management of drug therapy which are obtained within a four-year time period immediately prior to the date of the application for prescribing authority. Six of the 30 contact hours must have been obtained within a one-year time period immediately prior to the date of application.

4. Only one-third of the required contact hours submitted for initial application for prescribing authority (ten hours) or for the yearly continuing education requirement (two hours) shall be from mediated instruction and/or programmed learning (self study).
5. The application shall include a plan of accountability between the registered nurse practitioner and collaborating physician regarding the prescribing and dispensing of drugs.
6. The Board shall review the application and all related material and may approve, modify, or deny the application.

B. Prescribing

1. The registered nurse practitioner with prescriptive privileges approved by the Board may prescribe prescription only drugs, over the counter drugs, medical devices and appliances.
2. Prescription only drugs may be refilled five times or up to one year, whichever comes first.
3. The registered nurse practitioner who wishes to prescribe a controlled substance and is approved by the Board shall make application to the Drug Enforcement Administration and obtain a DEA license prior to exercising controlled substance prescribing authority. The DEA number shall be kept on file at the Board.
 - a. A controlled substance scheduled as Class II or III may be prescribed for up to 48 hours. No refills will be allowed.
 - b. A controlled substance scheduled as Class IV and V may be prescribed for up to 34 days. No refills will be allowed.
4. All prescription orders shall comply with the following criteria:
 - a. The name, address, phone number, RN designation and specialty area of the registered nurse practitioner.
 - b. The date the prescription is written.
 - c. The name and address of the patient.
 - d. The full name of the drug and directions for use.
 - e. Two signature lines for the prescriber. The right side of the prescription shall contain under the signature line the phrase "substitution permissible". The left side shall contain under the signature line, the phrase "dispense as written".
 - f. DEA registration number.
5. Registered nurse practitioners with prescribing privileges must obtain every year six contact hours of continuing education in pharmacology or pharmacology management approved by a national professional accrediting organization.
 - a. Registered nurse practitioners shall submit to the Board before December 31 each year, a notarized affidavit stating they have obtained the required number of contact hours of continuing education.
 - b. The Board shall reserve the right to request and review the documentation on contact hours of continuing education from registered nurse practitioners at any time.

6. The Board of Nursing will annually send the Pharmacy Board, the Board of Medical Examiners and the Joint Board of Medical and Osteopathic Examiners in Medicine and Surgery, a listing of registered nurse practitioners with prescribing and dispensing privileges.

C. Dispensing of prepackaged labeled drugs

1. A registered nurse practitioner with prescribing and dispensing privileges approved by the Board may dispense prepackaged labeled drugs, medical devices and appliances for a prescription order as written by the registered nurse practitioner.
 - a. No controlled substances scheduled as Class II or III as defined in the federal Controlled Substance Act shall be dispensed by a registered nurse practitioner for a period of use which exceeds 48 hours.
 - b. No controlled substance scheduled as Class IV or V as defined in the federal Controlled Substance Act shall be dispensed by a registered nurse practitioner for a period of use exceeding 34 days.
2. All drugs dispensed shall be prepackaged in a unit of use package and shall be labeled to show the name of the drug, strength and quantity in the container, in addition to the ordinarily required prescription order number, patient's name, date dispensed, registered nurse practitioner's name and address and directions for use.
3. No drug shall be obtained by a registered nurse practitioner from a source other than a physician, a pharmacist or a manufacturer.
4. The registered nurse practitioner shall maintain an up-to-date and complete log of all drugs received and dispensed.
5. No drug or device shall be dispensed from the information on a prescription order unless the prescription medication or device is properly packaged, labeled and the prescription order filed.
6. Every registered nurse practitioner shall keep in their office a suitable book or file in which shall be preserved the original of every prescription order dispensed for a period of not less than three years.
7. The book or file of original prescription orders shall at all times be open for inspection by the Board of Nursing, the Board of Pharmacy and the officers of the law in performance of their duties.
8. Each registered nurse practitioner shall maintain inventories and records of controlled substances as follows:
 - a. Inventories and records of all controlled substances listed in Schedules II shall be maintained separately from all other records, and prescriptions for such substances shall be maintained in a separate prescription file; and
 - b. Inventories and records of controlled substances listed in Schedules III, IV and V shall be maintained either separately from all other records or in such form that the information required is readily retrievable from ordinary business records, and prescriptions for such substances shall be maintained either in separate prescription file for controlled substances listed in Schedules III, IV and V only or in such form that they are readily retrievable from the other prescription records. Prescriptions will be deemed readily retrievable of, at the time they are initially filed, the face of the prescription is stamped in red ink in the lower right corner with the letter "C" no less than one inch high and filed either in the prescription file for controlled substances listed in Schedules II or in the usual consecutively numbered

- prescription file for non-controlled substances.
9. ~~The following information must be recorded on the back of each prescription order when such prescription order is refilled:~~
 - a. ~~date refilled~~
 - b. ~~quantity dispensed~~
 - c. ~~registered nurse practitioners name or identifiable initials. If the registered nurse practitioner merely initials and dates the back of the prescription order the practitioner shall be deemed to have dispensed a refill for the full face amount of the prescription order.~~
 10. ~~The registered nurse practitioner shall comply with all applicable laws and rules in prescribing, administering and dispensing drugs, including compliance with labeling requirements of A.R.S. Title 32, Chapter 18, Arizona Pharmacy Act.~~

R4-19-504, R4-19-505. Scope of Practice of the Registered Nurse Practitioner

- A. In addition to the scope of practice permitted a professional nurse, a the registered nurse practitioner may perform the following acts in collaboration with a licensed physician:
 1. Examine patients and establish medical diagnoses by client history, physical examination, and other criteria;
 2. Admit patients into health care facilities;
 3. Order, perform, and interpret laboratory, radiographic, and other diagnostic tests;
 4. Identify, develop, implement, and evaluate a plan of care for a the patient to promote, maintain, and restore health;
 5. Suture minor lacerations using one or more local anesthetics;
 - 6.5. Prescribe and dispense medication when granted authority in accordance with R4-19-505 R4-19-507; and
 - 7.6. Refer to and consult with appropriate health care providers professionals.
- B. In addition to the scope of practice permitted in subsection A, a nurse midwife may:
 1. Establish and implement a plan of care for the antepartum, intrapartum and postpartum periods of women, and provide for their family planning and gynecological needs as well as the growth and development of the newborn;
 2. Perform amniotomies, episiotomies and repairs; and
 3. Administer local, paracervical, and pudendal anesthesia.

Within 30 days of beginning new employment as a registered nurse practitioner or of a change in the identity of a collaborating physician, a registered nurse practitioner shall provide the name and address of the collaborating physician to the Board. The Board shall confirm the license status of the physician with the physician's licensing board.

- C. Registered Nurse nurse practitioners shall practice in accordance with the standards of nursing specified in the following scope of practice statements, and no other editions, for the practitioner's specialty area. Each of these scope of practice statements is which are incorporated herein by reference and are on file with the Board and the Office of the Secretary of State, and no later editions:
 1. *The Scope of Practice of the Primary Health Care Nurse Practitioner*, 1985, pages 3, 4, and 6 through 9, American Nurses' Association, 2420 Pershing Road, Kansas City, MO 64108;
 - 1-2. *Standards of Practice for the Primary Health Care Nurse Practitioner*, 1987, pages 4 through 9, American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri MO 64108;
 - 2-3. *Standards of Practice for PNP/As*, 1987, National Association of Pediatric Nurse Associates and Practitioners, 1101 Kings Highway North, Suite 206, Cherry Hill, N.J. 08034;

- 3-4. *Standards of Practice of Nurse-Midwifery*, 1993, pages 2 through 6, American College of Nurse-Midwives, 818 Connecticut Ave., N.W., Suite 900, Washington, D.C. 20006; and
- 4-5. *Nurse Providers of Neonatal Care, Guidelines for Educational Development and Practice*, 1990, pages 4 and 5, NAACOG, 409 12th St., S.W., Washington, D.C. 20024-2191;
- 5-6. *The Obstetric-Gynecologic/Women's Health Nurse Practitioner, Role Definition, Competencies, and Educational Guidelines*, Third Edition, 1990, page 2, NAACOG, 409 12th St., S.W., Washington, D.C. 20024-2191; and
- 6-7. *Standards for the Nursing Care of Women and Newborns*, Fourth Edition, pages 5 through 13, 15 through 25, 27 through 61, and 63 through 77, NAACOG, 409 12th St., S.W., Washington, D.C. 20024-2191;
- 7-8. *Neonatal Nurse Practitioners, Standards of Education and Practice*, 1992, page 2, National Association of Neonatal Nurses, 1304 Southpoint Blvd., Suite 280, Petaluma, CA 94954-6859;
- 8-9. *Statement on Psychiatric-Mental Health Clinical Nursing Practice and Standards of Psychiatric-Mental Health Clinical Nursing Practice*, 1994, pages 25 through 34, American Nurses Association, 600 Maryland Avenue, S.W., Suite 100 West, Washington, D.C. 20024-2571;
- 9-10. *Standards of School Nursing Practice*, 1983, pages 5 through 11, American Nurses' Association, 2420 Pershing Road, Kansas City, Missouri 64108;
11. *Standards of Practice*, 1993, American Academy of Nurse Practitioners, Capitol Station, LBJ Building, P.O. Box 12846, Austin, TX 78711;
12. *Scope of Practice for Nurse Practitioners*, 1993, American Academy of Nurse Practitioners, Capitol Station, LBJ Building, P.O. Box 12846, Austin, TX 78711; and
13. *Core Competencies for Basic Nurse-Midwifery Practice*, 1992, American College of Nurse Midwives, 818 Connecticut Ave., N.W., Suite 900, Washington, D.C. 20006.

R4-19-506. Use of Title of Registered Nurse Practitioner

A nurse shall not practice as a registered nurse practitioner in a specialty area or use any words or letters to indicate the nurse is a registered nurse practitioner unless certified as a registered nurse practitioner by the Board.

R4-19-507. Prescribing and Dispensing Authority

- A. The Board shall authorize a registered nurse practitioner to prescribe and dispense medication only if the registered nurse practitioner satisfies the following requirements:
 1. Is a professional nurse currently licensed in Arizona in good standing and authorized by the Board to practice within a specialty area identified in R4-19-501;
 2. Has 1 year of documented active practice as a registered nurse practitioner immediately before applying for prescribing and dispensing authority;
 3. Submits a completed, notarized application on a form provided by the Board. The applicant shall provide the following information:
 - a. Name, address, and home phone number;
 - b. Professional nurse license number;
 - c. Nurse practitioner specialty;
 - d. Certification number;
 - e. Business address and phone number;
 - f. Length of time that applicant has practiced as a registered nurse practitioner and whether full or part

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- time;
 - g. If a faculty member, the number of hours of direct patient contact during the year preceding the date of application;
 - h. Name and address of a collaborating physician who prescribes and dispenses and whose license status has been confirmed by the Board with the physician's licensing board;
 - i. Chronological listing of continuing education obtained by the applicant in pharmacology or clinical management of drug therapy or both in the last 2 years;
 - j. Whether the applicant is going to apply for a DEA number to prescribe controlled substances;
 - k. Authority for which the applicant is applying; and
 - l. Sworn statement by the applicant verifying the truthfulness of the information provided by the applicant.
4. Submits evidence of completion of a minimum of 45 contact hours of education in pharmacology or clinical management of drug therapy or both within 2 years immediately before the date of the application.
- a. Six of the 45 contact hours shall have been obtained within 1 year immediately before the date of application. One-half (22 1/2 hours) of the required contact hours submitted for application for prescribing authority may be from mediated instruction and self study.
 - b. A registered nurse practitioner who leads, instructs, or lectures to groups of health professionals on pharmacy-related topics in continuing education activities sponsored by a national professional accrediting organization shall be granted contact hours for the time expended during the initial presentation, upon documentation to the Board.
 - c. A registered nurse practitioner whose primary responsibility is the education of health professionals shall not be granted contact hours for time expended on normal teaching duties within the learning institution.
- B. Upon receipt of an application, the Board shall review the application and the related material and shall approve the application if the applicant meets the requirements of this Section. The authority to prescribe and dispense medication shall be valid through December 31 of the year in which the authority is granted. An applicant who is denied medication prescribing and dispensing authority may request a hearing by filing a written request with the Board within 10 days of service of the Board's order denying the application for prescribing and dispensing authority. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6 and 4 A.A.C. 19, Article 6.
- C. A registered nurse practitioner who has been granted prescribing and dispensing authority may:
- 1. Prescribe medications, and medical devices and appliances.
 - 2. Provide for refill of prescription-only medications for 1 year from the date of the prescription.
- D. A registered nurse practitioner to whom the Board has granted prescribing and dispensing authority and who wishes to prescribe a controlled substance shall make application to the DEA and obtain a DEA registration number before prescribing a controlled substance. The registered nurse practitioner shall file the DEA registration number with the Board.
- E. A registered nurse practitioner with a DEA registration number may prescribe a controlled substance scheduled as Class II, as defined in the Federal Controlled Substance Act, 21 U.S.C. § 801 et seq., or Arizona's Uniform Controlled Substance Act, A.R.S. Title 36, Chapter 27, but shall not permit refills of the prescription.
- E. A registered nurse practitioner with a DEA registration number may prescribe a controlled substance scheduled as Class III or IV, as defined in the Federal Controlled Substance Act or Arizona's Uniform Controlled Substances Act, and may provide for a maximum of 5 refills in 6 months.
- G. A registered nurse practitioner with a DEA registration number may prescribe a controlled substance scheduled as Class V, as defined in the Federal Controlled Substance Act or Arizona's Uniform Controlled Substance Act, and may provide for refills for a maximum of 1 year.
- H. A registered nurse practitioner with prescribing and dispensing authority shall ensure that all prescription orders contain the following:
- 1. The name, address, phone number, and specialty area of the registered nurse practitioner;
 - 2. The date the prescription is written;
 - 3. The name and address of the patient;
 - 4. The full name and strength, dosage form of a controlled substance when applicable, and directions for use;
 - 5. Two signature lines for the prescriber. The right side of the prescription shall contain under the signature line the phrase "substitution permissible". The left side shall contain under the signature line, the phrase "dispense as written"; and
 - 6. The DEA registration number, if applicable.
- I. A registered nurse practitioner with prescribing and dispensing authority shall, each calendar year, obtain 10 contact hours of continuing education in pharmacology or pharmacology management or a combination of both.
- 1. A maximum of 5 of the required contact hours for renewal of prescribing and dispensing authority may be from mediated instruction and self study.
 - 2. Registered nurse practitioners shall submit to the Board, before December 31 of each year, a notarized affidavit stating that they have obtained the required number of contact hours of continuing education and the annual renewal fee. Registered nurse practitioners who are granted prescribing and dispensing authority after October 31 shall not be required to obtain the 10 contact hours of continuing education for that year.
 - 3. A registered nurse practitioner with prescribing and dispensing authority shall submit to the Board, at its request, documentation of the contact hours of continuing education taken by the registered nurse practitioner.
 - a. A registered nurse practitioner who leads, instructs, or lectures to groups of health professionals on pharmacy-related topics in continuing education activities sponsored by a national professional accrediting organization shall be granted contact hours for the time expended during the initial presentation, upon documentation to the Board.
 - b. A registered nurse practitioner whose primary responsibility is the education of health professionals shall not be granted contact hours for time expended on normal teaching duties within the learning institution.
- J. Whenever there is a change in the identity of a collaborating physician who prescribes and dispenses, a registered nurse practitioner shall provide the Board with the name and address of the new collaborating physician who prescribes and dispenses within 30 days. The Board shall confirm the license status of the physician with the physician's licensing board.
- K. A registered nurse practitioner with prescribing and dispensing

authority shall apply for renewal of the authority on or before December 31 of each year. A registered nurse practitioner who fails to apply for renewal before expiration shall be considered delinquent but shall be permitted to renew the prescribing and dispensing authority by paying the expiration renewal fee and submitting the notarized affidavit required by subsection (1)(2). A registered nurse practitioner who fails to apply for renewal within 90 days of the expiration date shall apply for prescribing and dispensing authority in accordance with subsection (A).

- L. The Board of Nursing shall annually send a list of registered nurse practitioners with prescribing and dispensing authority to the Board of Pharmacy, the Board of Medical Examiners, and the Board of Osteopathic Examiners in Medicine and Surgery.

RA-19-508. Dispensing of Prepackaged Labeled Medications

- A. A registered nurse practitioner with prescribing and dispensing authority shall dispense only to the registered nurse practitioner's patients and only for conditions being treated by the registered nurse practitioner.
- B. Before dispensing a medication, a registered nurse practitioner with prescribing and dispensing authority shall provide to the patient a written prescription on which appears the following statement in bold type: "THIS PRESCRIPTION MAY BE FILLED BY THE RNP OR BY A PHARMACY OF YOUR CHOICE."
- C. A registered nurse practitioner with prescribing and dispensing authority may dispense prepackaged labeled medications, controlled substances, and medical devices and appliances. Samples of medications packaged for individual use by licensed manufacturers or repackagers of medication may be dispensed without a prescription order.
- D. A registered nurse practitioner with prescribing and dispensing authority shall dispense all medication prepackaged in a unit-of-use package labeled with the following information:
 1. The dispensing registered nurse practitioner's name and address;
 2. The date the medication is dispensed;
 3. The patient's name;
 4. The name and strength of the medication, manufacturer's name, quantity in the container, directions for its use, and any cautionary statements; and
 5. The prescription order number.
- E. In all outpatient settings and at the time of hospital discharge, a registered nurse practitioner with prescribing and dispensing authority shall personally provide to the patient or the patient's representative, directions for use, name of prescribed medication, and any special instructions, precautions, or storage requirements when any of the following occurs:
 1. A new prescribed medication is dispensed to the patient or a new prescription number is assigned to a previously-dispensed medication;
 2. The prescription medication has not been previously dispensed to the patient in the same strength or dosage form, or directions for a prescription medication have been changed;
 3. In the professional judgment of the registered nurse practitioner, these instructions are deemed warranted;
 4. The patient or patient's representative requests instruction.
- F. A registered nurse practitioner with prescribing and dispensing authority shall enter into the patient's medical record, the name and strength of the medication dispensed, the date the medication is dispensed, and the therapeutic reason for the medication.
- G. A registered nurse practitioner with prescribing and dispensing

authority shall obtain medication only from a physician, a pharmacist, a manufacturer, a wholesaler, a distributor, or a registered nurse practitioner with prescribing and dispensing authority.

- H. A registered nurse practitioner with prescribing and dispensing authority shall keep all medication in a locked cabinet or room, control access to the cabinet or room by a written procedure, and maintain a current inventory of the contents of the cabinet or room.
- I. A registered nurse practitioner with prescribing and dispensing authority shall preserve all original prescription orders dispensed for a minimum of 3 years. The registered nurse practitioner shall make the original prescription orders available at all times for inspection by the Board of Nursing, the Board of Pharmacy, and law enforcement officers in performance of their duties.
- J. A registered nurse practitioner shall, if dispensing controlled substances, maintain inventories and records of the controlled substances as follows:
 1. Inventories and records of all controlled substances listed in Schedule II, as defined in the Federal Controlled Substance Act or Arizona's Uniform Controlled Substances Act, shall be maintained separately from all other records, and prescriptions for these substances shall be maintained in a separate prescription file; and
 2. Inventories and records of controlled substances listed in Schedules III, IV, and V, as defined in the Federal Controlled Substance Act or Arizona's Uniform Controlled Substances Act, shall be maintained either separately from all other records or in a form that the information required is readily retrievable from ordinary business records. Prescriptions for these substances shall be maintained either in a prescription file for controlled substances listed in Schedules III, IV, and V only or in a form that they are readily retrievable from other prescription records. Prescriptions shall be deemed readily retrievable if, at the time they are initially filed, the face of the prescription is stamped in red ink in the lower-right corner with the letter "C" no less than 1 inch high and filed either in the prescription file for controlled substances listed in Schedule II or in the usual consecutively-numbered prescription file for non-controlled substances.
- K. A registered nurse practitioner with prescribing and dispensing authority shall record the following information on the back of each prescription order when the prescription order is refilled:
 1. Date refilled,
 2. Quantity dispensed, and
 3. Registered nurse practitioner's name or identifiable initials. If the registered nurse practitioner merely initials and dates the back of the prescription order, the registered nurse practitioner shall be deemed to have dispensed a refill for the full amount of the original prescription order.
- L. A registered nurse practitioner with prescribing and dispensing authority shall comply with all applicable laws and rules in prescribing, administering, and dispensing medications or controlled substances, including compliance with labeling requirements of A.R.S. Title 32, Chapter 18.
- M. Under the supervision of a registered nurse practitioner with prescribing and dispensing authority, licensed or unlicensed personnel may assist the registered nurse practitioner in the following:
 1. Receiving a request for refilling a prescription medication by prescription order number;
 2. Accepting verbal refill authorization from the registered nurse practitioner and recording on the back of the origi-

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nal prescription form and in the patient's medical record the registered nurse practitioner's name, date of the refill, and name and quantity of medication; and

3. Typing and affixing labels for prescription medications.

N. A registered nurse practitioner shall not prescribe or dispense medications without being granted the authority to prescribe and dispense medications by the Board. A registered nurse practitioner who fails to timely renew the authority to prescribe or dispense medications shall not prescribe or dispense medications until renewal is approved by the Board. A registered nurse practitioner who violates this subsection shall be subject to a civil penalty which the Board may impose for each transaction. In addition, the Board may suspend the registered nurse practitioner's prescribing and dispensing authority and impose other sanctions under A.R.S. § 32-1606(C).

R4-19-509. Inactive Prescribing and Dispensing Authority

A. A registered nurse practitioner may request that the Board put the registered nurse practitioner's prescribing and dispensing authority on inactive status by notifying the Board in writing. A registered nurse practitioner shall not prescribe or dispense medications while the authority to do so is on inactive status.

B. To reactivate prescribing and dispensing authority, a registered nurse practitioner shall submit to the Board the renewal fee and documentation of 6 contact hours of continuing education in pharmacology or clinical management of drug therapy, or both, for each year on inactive status before 1997. For each year on inactive status from and after 1997, the registered nurse practitioner shall submit documentation of 10 contact hours of continuing education in pharmacology or clinical management of drug therapy, or both. The maximum number of contact hours required to reactivate prescribing and dispensing authority shall not exceed 45.

R4-19-506. R4-19-510. National nursing credentialing agencies Certification of Professional Nurse

For the purpose of A.R.S. § 32-1601(3), the Board recognizes a professional nurse who has been certified by 1 of the following national nursing credentialing agencies shall be deemed to be certified for purposes of A.R.S. § 32-1601(3):

1. American Nurses Association Credentialing Center (ANA);
2. American College of Nurse-Midwives or its Certification Council (ACNM);
3. Nurses Association of the American College of Obstetrics and Gynecologists (NAACOG); National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties;
4. National Board of Pediatric Nurse Practitioners and Associates;
5. Council on Certification of Nurse Anesthetists Nurse Anesthetists;
6. American Association of Critical Care Nurses (AACCN) Certification Corporation—Critical Care Nurses;
7. Board of Certification for Emergency Nursing Emergency Nursing;
8. International Association for Enterostomal Therapy (IAET) Certification Board—Enterostomal therapist; Wound, Ostomy and Continence Nursing Certification Board;
9. Board of Nephrology Hemodialysis Nursing;
10. Certification Board of Infection Control Infection Control;
11. American Board of Neuroscience Nursing Neurological and Neurosurgical Nursing;
12. American Board for Occupational Health Nurses, Inc. Occupational Health Nursing;

13. American Operating Room Nurses (AORN) National Certification Board, Inc. Operating Room Nurses;
14. Association of Rehabilitation Nurses (ARN)—Rehabilitation Nursing;
15. American Board of Urologic Allied Health Professionals, Inc. (ABUAHP)—Urological Nursing;
16. Oncology Nursing Society;
17. National Intravenous Therapy Association; Nurses Society Certification Corporation;
18. American Society of Post Anesthesia Nurses;
19. American Society for Parenteral and Enteral Nutrition, Inc.; and
20. Association of Diabetes Educators;
21. Certifying Council for Gastroenterology Clinicians, Inc.;
22. International Childbirth Education Association;
23. Addictions Nursing Certification Board;
24. National Certifying Board for Ophthalmic Registered Nurses;
25. Orthopedic Nurses Certification Board; and
26. American Academy of Nurse Practitioners.

R4-19-511. Requirements for Clinical Nurse Specialist Certification

A. An applicant for certification as a clinical nurse specialist shall:

1. Hold a current license in good standing to practice as a professional nurse in Arizona;
2. Have a master of science degree in nursing or a master's degree with specialization in a clinical area of nursing practice;
3. Have evidence of current certification by a national nursing credentialing agency in a clinical area of nursing practice;
4. Submit to the Board:

a. A notarized application furnished by the Board which provides the following information:

- i. The applicant's full name and any former names used by the applicant;
- ii. The applicant's current home and business address and phone numbers;
- iii. The applicant's professional nurse license number;
- iv. A description of the applicant's educational background, including the name and location of schools attended, the number of years attended, the date of graduation, and the type of degrees or certificates awarded;
- v. The applicant's current employer, including address, type of position, and dates of employment;
- vi. A description of the applicant's national certification including the name of the national certification examination, name of the certifying organization, specialty area, certification number, and date of certification;
- vii. Whether the applicant has ever had a nursing license denied, suspended, or revoked, and an explanation of any license denial, suspension, or revocation;
- viii. Whether a disciplinary action, consent order, or settlement agreement has been imposed upon the applicant and an explanation of any disciplinary action, consent order, or settlement agreement; and
- ix. A sworn statement by the applicant verifying the truthfulness of the information by the applicant.

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- h. An official transcript and a copy of a letter received from the education program verifying completion of the requirement in R4-19-511(A)(2).
- B. The Board shall issue a certificate to practice as a clinical nurse specialist to a professional nurse who meets the criteria set forth in this Section. An applicant who is denied a certificate may request a hearing by filing a written request with the Board within 10 days of service of the Board's order denying the application for a certificate. Hearings shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6 and 4 A.A.C. 19, Article 6.

R4-19-512. Scope of Practice of the Clinical Nurse Specialist
In addition to the functions of the professional nurse, a clinical nurse specialist, being an expert in a specialty area of clinical nursing practice, may perform the following:

1. Comprehensive assessment, analysis, and evaluation of individuals, families, communities, or any combination of individuals, families, and communities, with complex health needs within an area of specialization;
2. Direct patient care as an advanced clinician within the clinical nurse specialist's specialty area and develop, implement, and evaluate treatment plans within that specialty;
3. Consulting with the public and professionals in health care, business, and industry in the areas of research, case management, education, and administration; and
4. Psychotherapy, by clinical nurse specialists with expertise in adult, or child and adolescent psychiatric and mental health nursing.

CORRECTIONS TO NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the *Register* 1st as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council. 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* after the final rules have been submitted for filing and publication.

Editor's Note: In 2 A.A.R. 4896, December 6, 1996, a Notice of Final Rulemaking was published for 18 A.A.C. 14 that contained several errors in the text of the rules. A footnote in Schedule C (printed here on page 5044) was omitted, the dollar amount for "annual inspections" listed under Schedule D (printed here on page 5045) was incorrect, and the footnotes in Schedules C and D were inadvertently changed from numbers to letters. We have corrected these errors and are printing the reprinting the full text of the rules here. We apologize for any confusion or inconvenience these errors might have caused.

TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 14. DEPARTMENT OF ENVIRONMENTAL QUALITY

PERMIT AND COMPLIANCE FEES

ARTICLE 1. WATER QUALITY PROTECTION FEES

- R18-14-101. Definitions
- R18-14-102. Fee Services
- R18-14-103. Hourly Rates and Initial Fees
- R18-14-104. Maximum Fees
- R18-14-105. Fee Assessment and Collection
- R18-14-106. Reconsideration of the Bill; Appeal Process
- R18-14-107. Effect on County Fees
- R18-14-108. Review of Fees

ARTICLE 1. WATER QUALITY PROTECTION FEES

R18-14-101. Definitions

In addition to the definitions prescribed in A.R.S. §§ 49-101, 49-201, 49-241.02, 49-331, and 49-362(I), the terms in this Article have the following meanings:

1. "ADEQ" means the Department of Environmental Quality.
2. "Annual inspection" means an annual inspection of sewage disposal for a subdivision pursuant to A.R.S. § 49-104(B)(11) an annual inspection of a sewage collection, treatment, disposal or reclamation system pursuant to A.R.S. § 49-104(B)(13) or a mandatory annual routine operation and maintenance inspection of an on-site wastewater treatment facility pursuant to A.R.S. § 49-362(A)(5).
3. "Approval of construction" means an ADEQ approval to operate a constructed wastewater collection, treatment, storage, or disposal facility, or sewer line extensions or line replacements, issued pursuant to A.A.C. R18-9-805.
4. "Approval to construct" means an ADEQ approval to construct a proposed wastewater collection, treatment, storage, or disposal facility, or sewer line extensions or line replacements, issued pursuant to A.A.C. R18-9-804.
5. "Approved" or "approval" means written approval from ADEQ.
6. "Aquifer protection permit" means an individual, area wide, or general permit issued pursuant to A.R.S. §§ 49-203 or 49-241 through 251, or 18 A.A.C. 9, including denied permit applications.
7. "Conventional septic tank" means a septic tank system with a capacity of greater than 2,000 gallons per day.
8. "gpd" means gallons per day.
9. "Major modification" means any revision to an issued aquifer protection permit under A.R.S. § 49-201(19).
10. "NPDES permit" means a National Pollutant Discharge

Elimination System permit issued by ADEQ pursuant to the delegated authority from the United States Environmental Protection Agency for a point source discharge of pollutants into waters of the United States, as required by 33 U.S.C. 1342 (402) of the Clean Water Act. For purposes of this Article, an NPDES permit includes a denied permit application for an NPDES permit.

11. "Other modification" means a revision to an issued aquifer protection permit that is not a major modification, and includes a minor modification as defined in R18-9-121(D).
12. "Owner or operator" means a person with a vested interest in real or personal property, or an authorized representative or agent of that person.
13. "Related costs" means ADEQ expenditures for supplies, equipment, analysis, photocopying, transportation, and per diem.
14. "Request" means a written application, letter, or memorandum submitted by the owner or operator to ADEQ for water quality protection services. A request is made at the time it is received at ADEQ.
15. "Reuse permit" means a permit issued by ADEQ for wastewater effluent reuse pursuant to A.A.C. R18-9-702(C). A reuse permit includes a denied application for a reuse permit.
16. "Significant Industrial Users" means the same as in 40 CFR 403.3(t).
17. "Site visit" means an inspection conducted prior to issuance of an approval of construction or approval to construct.
18. "Time extension" means a written extension of the expiration date for an existing construction approval issued by ADEQ.
19. "U.S. EPA" means the United States Environmental Protection Agency.
20. "Wastewater treatment facility" means any of the processes, devices, structures, pipes, equipment, and earthworks which are used for collecting, treating, and disposing of domestic wastewater, including reusing the treated wastewater. Wastewater treatment facility does not include conventional septic tanks or industrial, agricultural, or similar systems or facilities for the collection, distribution, treatment, reuse, or disposal of wastewater or if the water or wastewater is used or reused for nonpotable purposes.
21. "Water quality protection service" means reviewing a

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request for a determination of applicability; issuing, modifying, transferring, or denying an aquifer protection permit, reuse permit, or NPDES permit; performing a clean closure plan review; registering a dry well; reviewing an "approval to construct", "approval of construction", or a time extension request; conducting a site visit; registering significant industrial users; or conducting an annual inspection.

R18-14-102. Fee Services

- A. ADEQ shall assess and collect fees for water quality protection services, including any site visits.
- B. ADEQ shall not charge a fee for the first 30 minutes of technical assistance provided during a an annual inspection or site visit.

R18-14-103. Hourly Rates and Initial Fees

- A. Except as set forth in subsection B, the fee for any service described in R18-14-102 shall be calculated using an hourly rate of \$49 multiplied by the number of hours reasonably required to provide a water quality protection service.
 - 1. ADEQ shall not charge the owner or operator a fee for an initial meeting to consult with ADEQ personnel prior to submitting a request for water quality protection services.
 - 2. ADEQ shall not bill an owner or operator travel time.

B. The following flat fees are established for the identified services:

- 1. The fee for a dry well registration shall be \$10 per dry well.
- 2. The fee for a significant industrial user registration shall be \$250 per year.

C. The initial fees for all ADEQ water quality protection services, set forth in Schedules A or B, shall be paid at the time the request for services is made. When more than 1 initial fee is applicable to a request for multiple water quality protection services, or for application for multiple types of discharging facilities, the initial fee owed shall be the sum of all applicable initial fees, not to exceed the applicable maximum fee. The owner or operator shall remit a separate initial fee for each request. If an initial fee exceeds the maximum fee charged under a fee cap, the owner or operator shall remit the applicable capped fee.

D. Upon request, ADEQ may set an alternative, lower initial fee on a case-by-case basis, when it is likely that the final fee will not exceed 70% of the otherwise applicable initial fee.

R18-14-104. Maximum Fees

ADEQ shall not assess more than the maximum fee for each of the services set out in Schedules C and D.

Schedule A

INITIAL FEES FOR ADEQ WATER QUALITY PROTECTION PERMITS

| TYPE OF DISCHARGING PERMIT ¹ | New Permit ² | Major Modification | Other Modification |
|--|-------------------------|--------------------|--------------------|
| Wastewater Treatment Facilities (With a design greater than or equal to 20,000 gpd) | | | |
| Lined Surface Impoundments | \$ 1,800 | \$1,000 | \$ 100 |
| Discharge to Surface Waters | \$ 1,800 | \$1,000 | \$ 100 |
| Subsurface Discharge | \$ 2,400 | \$1,200 | \$ 100 |
| Wastewater Treatment Facilities (With a design Less than 20,000 gpd) | | | |
| Industrial Facilities | | \$ 600 | \$ 100 |
| Lined Surface Impoundments | \$ 4,500 | \$ 2,200 | \$ 300 |
| Discharge to Surface Waters | \$ 4,500 | \$ 2,200 | \$ 300 |
| Subsurface Discharge | \$ 4,500 | \$ 2,200 | \$ 300 |
| Mine Facilities | | | |
| Tailing Piles or Ponds | \$ 6,000 | \$ 3,000 | \$ 400 |
| Base Metal Leaching Operations | \$ 6,000 | \$ 3,000 | \$ 400 |
| Discharge to Surface Waters | \$ 4,500 | \$ 2,200 | \$ 300 |
| Precious Metal Processing | \$ 4,800 | \$ 2,400 | \$ 400 |
| In-Situ Leaching | \$ 6,000 | \$ 3,000 | \$ 400 |

1. Fees paid pursuant to A.A.C. R18-9-123 for permit applications submitted but not acted upon as of the effective date of this rule shall be deemed to satisfy the initial fee under the rules.

2. Permit includes individual aquifer protection permits, and will include NPDES permits if ADEQ receives delegation from the United States Environmental Protection Service to administer the NPDES program in ARIZONA.

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| | | | |
|------------------------------|----------|----------|--------|
| Other | \$ 4,000 | \$ 2,000 | \$ 400 |
| Other Permits | | | |
| Other Discharging Facilities | \$ 4,000 | \$ 2,000 | \$ 300 |
| Reuse Permit | \$ 1,400 | - | \$ 100 |

Schedule B

Initial Fees for Water Quality Protection Services Other than Permits

| ADEQ SERVICE | INITIAL FEE |
|--|-------------|
| Aquifer Protection Permit | |
| Applicability Determination Reviews | \$ 0 |
| Clean Closure Plan Reviews | \$ 0 |
| Construction Approvals and Time Extension Reviews for an On-Site Wastewater Disposal System | \$ 100 |
| Construction Approvals and Time Extension Reviews for Domestic Wastewater Systems, Including Collection Systems (greater than or equal to 2,000 gpd, but less than 20,000 gpd) | \$ 500 |
| Construction Approvals and Time Extension Reviews for Domestic Wastewater Systems, Including Collection Systems (greater than or equal to 20,000 gpd) | \$ 1000 |

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Schedule C
Maximum Water Quality Protection Permit Fees

| TYPE OF DISCHARGING PERMIT | New Permit ^{3,4,5} | Major Modification ⁴ | Other Modification ⁴ |
|--|--------------------------------|------------------------------------|------------------------------------|
| Wastewater Treatment Facilities (With a design greater than or equal to 20,000 gpd)⁶ | | | |
| Lined Surface Impoundments | \$ 16,000 | \$ 10,600 | \$ 1,500 |
| Discharge to Surface Waters | \$ 16,000 | \$ 10,600 | \$ 1,500 |
| Subsurface Discharge | \$ 16,000 | \$ 15,300 | \$ 2,300 |
| Wastewater Treatment Facilities (With a design less than 20,000 gpd) | | | |
| | \$ 16,000 | \$ 8,000 | \$ 1,100 |
| Industrial Facilities | | | |
| Lined Surface Impoundments | \$ 16,000 | \$ 16,000 | \$ 2,900 |
| Discharge to Surface Waters | \$ 16,000 | \$ 16,000 | \$ 4,000 |
| Subsurface Discharge | \$ 16,000 | \$ 16,000 | \$ 4,000 |
| Mine Facilities | | | |
| Tailing Piles or Ponds | \$ 16,000 | \$ 16,000 | \$ 10,000 |
| Base Metal Leaching Operations | \$ 16,000 | \$ 16,000 | \$ 10,000 |
| Precious Metal Processing | \$ 16,000 | \$ 16,000 | \$ 7,200 |
| Discharge to Surface Waters | \$ 16,000 | \$ 16,000 | \$ 8,200 |
| In-Situ Leaching | \$ 16,000 | \$ 16,000 | \$ 8,200 |
| Other Permits | | | |
| Other Discharging Facilities | \$ 16,000 | \$ 16,000 | \$ 4,300 |

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| | | | |
|---------------------|-----------|---|----------|
| Reuse permit | \$ 16,000 | - | \$ 2,300 |
|---------------------|-----------|---|----------|

3. Permit includes individual aquifer protection permits and NPDES permits.
4. In addition to this table, maximum payments for aquifer protection permit fees are limited by A.R.S. § 49-241.02.
5. Where an applicability review determines that an individual aquifer protection permit is needed, the fee for the applicability determination will be added to the total permit fee.
6. In the case of systems with annual gross revenues of \$300,000 or less, the maximum fee charges will be capped at 1% of the gross revenue.

Schedule D

Maximum Fees for Water Quality Protection Services Other than Permits

| ADEQ SERVICE | Review Approval to Construct Requests | Review Approval of Construction Requests |
|--|--|---|
| Construction Approvals and Time Extension Reviews for an On-Site Wastewater Disposal System | \$ 700 | \$ 700 |
| Construction Approvals and Time Extension Reviews for Domestic Wastewater Systems, Including Collection Systems (greater than or equal to 2,000 gpd, but less than 20,000 gpd) | \$ 4,500 ⁷ | \$ 4,500 ⁸ |
| Construction Approvals and Time Extension Reviews for Domestic Wastewater Systems, Including Collection Systems (greater than or equal to 20,000 gpd) | \$ 10,000 ⁹ | \$ 10,000 ¹⁰ |

| ADEQ SERVICE | CHARGE |
|---------------------|---------------|
|---------------------|---------------|

| | |
|----------------------------|----------|
| Annual Inspections | \$ 3,200 |
| Clean Closure Plan Reviews | \$3,000 |

7. In the case of systems with annual gross revenues of \$300,000 or less, the maximum fee charged will be capped at 1% of the gross revenue.
8. In the case of systems with annual gross revenues of \$300,000 or less, the maximum fee charged will be capped at 1% of the gross revenue.
9. In the case of systems with annual gross revenues of \$300,000 or less, the maximum fee charged will be capped at 1% of the gross revenue.
10. In the case of systems with annual gross revenues of \$300,000 or less, the maximum fee charged will be capped at 1% of the gross revenue.

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R18-14-105. Fee Assessment and Collection

- A. An owner or operator of a facility or activity at which ADEQ has conducted an annual inspection shall pay the final itemized bill within 30 days from the date on which the final inspection report and final itemized bill are mailed to the owner or operator.
- B. Except for annual inspections, ADEQ shall not review any requests for water quality protection services until the appropriate initial fee set forth in Schedule A or B of R18-14-104 is paid in full to ADEQ.
- C. After completion of its review, but prior to notification to the owner or operator of the final action on the request, ADEQ shall prepare a final itemized bill which shall contain:
 - 1. The total number of hours of the review.
 - 2. The dates and number of hours of travel done as part of the review.
 - 3. The total amount of fees due.
 - 4. A description of each activity performed.
 - 5. The number of hours spent performing each activity.
- D. If the total amount of fees due exceeds the amount of the initial fee, ADEQ shall bill the owner or operator for the cost of the services, less the initial fee, up to the maximum allowed in Schedules C and D under R18-14-104. If the total amount of fees is less than the initial fee, ADEQ shall refund the difference to the person who paid the initial fee.
- E. ADEQ shall not take final action on a request until the final bill is paid in full.
- F. ADEQ shall not review any subsequent request for water quality protection services for an owner or operator until all past due fees are paid in full.
- G. Fees for water quality protection services shall be paid either by county check, purchase order, city check, company check, certified check, or money order, made payable to ADEQ.

R18-14-106. Reconsideration of the Bill; Appeal Process

- A. An owner or operator may seek review of the final itemized bill by filing a written request for reconsideration with the Director. The request shall specify, in detail, why the bill is in dispute and shall include any supporting documentation. The written request for reconsideration shall be delivered to the Director in person, by mail or by facsimile within 30 days of the date of the final itemized bill.
- B. The Director shall make a final decision on the request for reconsideration and mail a final written decision to the owner or operator within 10 working days after the date of receipt by the Director of the written request for reconsideration.
- C. A final decision of the Director on a request for reconsideration is subject to the appeal process set forth in A.R.S. § 41-1092 et seq.

R18-14-107. Effect on County Fees

Nothing in this Chapter affects the authority of county or other local governments to charge fees for implementing delegated ADEQ water quality protection programs in accordance with statutory authority.

R18-14-108. Review of Fees

- A. By no later than the end of fiscal year 1999, ADEQ shall complete a review of revenues derived from and costs incurred for water quality protection services and shall issue a written report on the review.
- B. ADEQ shall afford the public an opportunity to participate in the review, including an opportunity to examine and comment on the report before a final report is issued.
- C. If the final report demonstrates that fees charged pursuant to this Chapter are higher or lower than the reasonable costs of providing water quality protection services, ADEQ shall, within 3 months after completing the review, commence a rulemaking to adjust the fees accordingly.