

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* first as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council or the Attorney General. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Register* after the final rules have been submitted for filing and publication.

NOTICE OF FINAL RULEMAKING

TITLE 2. ADMINISTRATION

CHAPTER 8. STATE RETIREMENT SYSTEM BOARD

[R06-52]

PREAMBLE

1. Sections Affected

R2-8-115

Rulemaking Action

Amend

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

Authorizing statute: A.R.S. § 38-714(F)(5)

Implementing statute: A.R.S. §§ 38-740, 38-762, 38-773

3. The effective date of the rules:

February 7, 2006

This rule becomes effective upon filing with the Secretary of State. This immediate effective date is allowed under A.R.S. § 41-1032(A)(4), which allows a rule to become effective immediately when it provides a benefit to the public and a penalty is not associated with a violation of the rule. Removing the 21 day waiting period before processing contribution refund requests, as well as calculating interest on the member's account to the day, are benefits to ASRS members that terminate employment and wish to withdraw their contributions. There is no penalty associated with violation of this rule.

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

Notice of Rulemaking Docket Opening: 11 A.A.R. 3580, September 23, 2005

Notice of Proposed Rulemaking: 11 A.A.R. 4178, October 28, 2005

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

Name: Nancy O. Johnson, Rules Coordinator
Arizona State Retirement System

Address: 3300 N. Central Ave., 14th Floor
Phoenix, AZ 85012

Telephone: (602) 308-5172

Fax: (602) 240-5303

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or

Name: Patrick M. Klein, Assistant Director, External Affairs
Arizona State Retirement System

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

A.R.S. § 38-740 provides for the return of contributions for an ASRS member who leaves ASRS employment other than by retirement or death. In the Performance Audit and Sunset Review of the Arizona State Retirement System, published on September 15, 2005, the Auditor General recommended that the ASRS improve the timeliness of returning these contributions. In order to effectuate that recommendation, this rulemaking will amend the definition of the term "terminate employment" to remove the minimum 21-day waiting period now required before returning contributions, and provide another standard for determining if a member has terminated employment. The ASRS is also making technical and clarifying changes to the rule.

7. A reference to any study relevant to the rule that the agency reviewed and relied on in its evaluation of or justification for the rule or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

The agency did not review any study relevant to the rule.

8. 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

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

Annual costs/revenues changes are designated as minimal when less than \$1,000, moderate when between \$1,000 and \$10,000, and substantial when \$10,000 or greater in additional costs or revenues.

The ASRS will bear moderate to substantial costs for promulgating and enforcing the rules. Costs for promulgating the rules include staff time to write, review, and direct the rules through the rulemaking process.

The change in calculating interest from monthly to daily to the date of the check will provide a minimal benefit to some members, depending on how long it takes for the check to be issued.

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

1. In R2-8-115 (E) (2) a new subsection (e) was added that reads: "The ASRS designated employer number", and the subsequent subsections were re-lettered, "f," "g," and "h." This information was inadvertently left off of the Proposed Rulemaking, and is an ASRS internal identification number known to the employers. It is not a substantial change.
2. Additional minor technical and grammatical changes were made at the suggestion of G.R.R.C. staff.

11. A summary of the comments made regarding the rule and the agency response to them:

One comment was received on the proposed rule from Mr. Lonell Johnson, Jr., which supported the rule. There is no agency response.

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

Not applicable

14. Was this rule previously made as an emergency rule?

No.

15. The full text of the rules follows:

TITLE 2. ADMINISTRATION

CHAPTER 8. STATE RETIREMENT SYSTEM BOARD

ARTICLE 1. RETIREMENT SYSTEM; DEFINED BENEFIT PLAN

Section

R2-8-115. Return of Contributions Upon Termination of Membership by Separation from Service All ASRS Employment by Other Than Retirement or Death; Payment of Survivor Benefits Upon the Death of a Member

ARTICLE 1. RETIREMENT SYSTEM; DEFINED BENEFIT PLAN

R2-8-115. Return of Contributions Upon Termination of Membership by Separation from Service All ASRS Employment by Other Than Retirement or Death; Payment of Survivor Benefits Upon the Death of a Member

- A. The following definitions apply to this Section unless otherwise specified:
1. "ASRS" means the same as in A.R.S. § 38-711.
 2. "ASRS employer" has the same meaning as "employer" in A.R.S. § 38-711.
 3. "Authorized employer representative" means an individual specified by the ASRS employer to provide the ASRS with information about a member who previously worked for the ASRS employer.
 4. "Beneficiary" means the individual specified by a member to receive the balance of the member's account or, if applicable, selected benefits upon the death of the member.
 5. "Contribution" means:
 - a. Amounts required by A.R.S. Title 38, Chapter 5, Article 2 to be paid to ASRS by a member or an employer on behalf of a member other than amounts attributed to ~~the~~ long-term disability insurance program;
 - b. Any voluntary amounts paid by a System member to ASRS to be placed in the System member's account; and
 - c. Any amount credited to a non-retired System member's employer account or to a retired System member's non-guaranteed benefit as determined by Section 24(B) of Arizona Session Laws 1995, Chapter 32, Section 24, as amended by Arizona Session Laws 1999, Chapter 66, Section 1.
 6. "Court" means a superior, appellate, or the Supreme court of this state, a corresponding court of another state of the United States, or a federal court of the United States.
 7. "Designated beneficiary" has the same meaning as in A.R.S. § 38-762(H).
 8. ~~"Direct rollover" has the same meaning as in A.R.S. § 38-770.~~
 9. ~~"Domestic relations order" has the same meaning as in A.R.S. § 38-773(G).~~
 9. "Eligible retirement plan" has the same meaning as in A.R.S. § 38-770(C)(3).
 10. "Employer number" means a unique identifier the ASRS assigns to a member employer.
 11. "Employer plan" means the types of eligible retirement plans specified in A.R.S. § 38-770(C)(3)(c), (d), (e), and (f).
 - 10 12. "Fiscal year" means July 1 of one year to June 30 of the next year.
 13. "Individual retirement account" means the types of eligible retirement plans specified in A.R.S. § 38-770(C)(3)(a) and (b).
 14. "Lump-sum payment" means a member receives the total amount in the member's ASRS account to which the member is entitled by law.
 - 12 15. "Member" has the same meaning as in A.R.S. § 38-711.
 - 13 16. "Personal representative" means a person who is authorized by law to represent the estate of a deceased individual.
 17. "Process date" means the calendar day the ASRS generates contribution withdrawal documents to be sent to a member.
 14. ~~"Separate from service" means to terminate employment with an ASRS employer during a service year.~~
 - 15 18. "Service year" has the same meaning as in A.R.S. § 38-711.
 - 16 19. "System" means the same as "defined contribution plan" as defined in A.R.S. § 38-769, and which is administered by the ASRS.
 - 17 20. "Terminate employment" means:
 - a. ~~To~~ to end the employment relationship between a member and an ASRS employer with the intent that the member not return to employment; ~~and~~
 - b. ~~There is an interval of not less than 21 calendar days between the last date of employment in any position subject to participation in the ASRS and the first date of employment or of reemployment in the same or in any other position subject to participation in the ASRS with that ASRS employer.~~
 - 18 21. "Trustee" means an individual who holds monetary assets in an eligible retirement plan under the Internal Revenue Code or IRA for the benefit of the member.
 - 19 22. "United States" means the same as in A.R.S. § 1-215.
 - 20 23. "Warrant" means a voucher authorizing payment of funds due to a member.
- B. A member who ~~separates~~ terminates from ~~service~~ all ASRS employment by other than retirement or death and desires a return of the member's contributions, including amounts received for the purchase of service, any employer contributions authorized under A.R.S. § 38-740, and interest on the contributions, shall ~~complete an~~ request from the ASRS, in writing or verbally, the documents necessary to apply for the withdrawal of the member's contributions.
- C. Upon receipt of the request, the ASRS shall provide the member with:
1. An Application for Return or Transfer Withdrawal of Contributions and Termination of Membership form,
 2. An Ending Payroll Verification – Withdrawal of Contribution and Termination of Membership form, and
 3. The process date.
- D. The member shall complete and return to the ASRS the Application for Withdrawal of Contributions and Termination of

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Membership form that includes the following information:

1. The member's full name;
2. The member's Social Security number;
3. The member's current mailing address;
4. The member's daytime telephone number, if applicable;
5. The member's birth date;
6. The date of termination;
- 6 ~~Whether the member wants a lump-sum payment or direct rollover~~;
7. Dated ~~and notarized~~ signature of the member certifying that the member:
 - a. ~~Is no longer employed by an any ASRS employer, and has provided the last date of employment~~;
 - b. ~~Understands that if a payroll transaction occurred in the six months before the date of application, the member's former ASRS employer must complete Section 4 of the application, providing the following:~~
 - i. ~~The last date the member worked~~;
 - ii. ~~Final pay period ending date with final contribution adjustment or correction amount, if applicable~~;
 - iii. ~~Amount of final contribution to the ASRS or payroll adjustment that does not include long term disability contributions~~;
 - iv. ~~Printed name, title, and signature of the authorized representative~~;
 - v. ~~The authorized representative's phone number~~;
 - vi. ~~The authorized representative's fax number, if applicable~~;
 - vii. ~~The name of the ASRS employer; and~~
 - viii. ~~The date Section 4 was completed~~ Is neither under contract nor has any verbal or written agreement for future employment with an ASRS employer;
 - c. Is not currently in a leave of absence status with an ASRS employer;
 - d. Understands that each of the member's former ASRS employers' payroll departments will complete a payroll verification form if payroll transactions occurred with the ASRS employer within the six months before the process date;
 - e e. Has read and understands the Special Tax Notice Regarding Plan Payments the member received with the application;
 - d. ~~Has read and understands the statements of information in the instructions the member received with the application~~;
 - e f. Understands that the member is forfeiting all future retirement rights and privileges of membership with the ASRS;
 - f g. Understands that long-term disability benefits will be canceled if the member elects to withdraw contributions while receiving or electing to receive long-term disability benefits;
 - g. ~~Has provided the member's correct Social Security number on the form; and~~
 - h. ~~Is or is not a resident of the United States~~ Understands that if the member elects to roll over all or any portion of the member's distribution to another employer plan, it is the member's responsibility to verify that the receiving employer plan will accept the rollover and, if applicable, agree to separately account for the pre-tax and post-tax amounts rolled over and the related subsequent earnings on the amounts;
 - i. Understands that if the member elects to roll over all or any portion of the member's distribution to an individual retirement account, it is the member's responsibility to separately account for pre-tax and post-tax amounts; and
 - j. Understands that if the member elects a rollover to another employer plan or individual retirement account, any portion of the distribution not designated for rollover will be paid directly to the member and any taxable amounts will be subject to 20% federal income tax withholding and 5% state tax withholding;
8. ~~If a payroll transaction for the member has occurred with an ASRS employer within the six months before the date of application, the member shall ensure that the ASRS employer completes Section 4 of the application as specified in subsection (B)(7)(b); and~~
- 9 8. ~~If the member requests a direct rollover, the member shall:~~
 - a- Specify either that:
 - a. The entire amount of the distribution be paid directly to the member,
 - i b. The entire amount of the distribution be transferred to an eligible retirement plan ~~or individual retirement account~~, or
 - ii c. ~~A specific dollar~~ An identified amount of the distribution be transferred to an eligible retirement plan ~~or individual retirement account~~ and the remaining amount be paid directly to the member; and
9. If the member selects all or a portion of the withdrawal be paid to an eligible retirement plan, specify:
 - a. The type of eligible retirement plan;
 - b. ~~Provide the individual retirement~~ The eligible retirement plan account number, if applicable; and
 - c. ~~Provide the The~~ The name and mailing address of the ~~individual retirement account trustee or the name of the eligible retirement plan~~ eligible retirement plan; and

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- d. Obtain from the eligible retirement plan, if applicable, the authorized representative's:
 - i. Signature, date, and title;
 - ii. Business telephone number; and
 - iii. E-mail address, if applicable.
- E. If a payroll transaction for the member occurred with any ASRS employer within six months before the process date the member shall complete and return to the ASRS an Ending Payroll Verification – Withdrawal of Contributions and Termination of Membership form for each ASRS employer that includes the following information:
 - 1. Filled out by the member:
 - a. The member's full name, and
 - b. The member's Social Security number; and
 - 2. Filled out by each ASRS employer:
 - a. The member's termination date;
 - b. The member's final pay period ending date;
 - c. The final amount of contributions, including any adjustments or corrections, but not including any long-term disability contributions;
 - d. The ASRS employer's name and telephone number;
 - e. The employer number;
 - f. The name and title of the authorized employer representative;
 - g. Certification by the authorized employer representative that:
 - i. The member terminated employment and is neither under contract nor bound by any verbal or written agreement for employment with the employer;
 - ii. There is no agreement to re-employ the member; and
 - iii. The authorized employer representative has the legal power to bind the employer in transactions with the ASRS; and
 - h. The signature of the authorized employer representative and date of signature.
- Ⓔ. If the member requests a return of contributions and a warrant is distributed during the fiscal year that the member began membership in the ASRS, no interest is paid to the account of the member.
- G. If the member requests a return of contributions after the first fiscal year of membership, ASRS shall credit interest at the rate specified in Column 3 of the table in R2-8-118(B) to the account of the member as of June 30 of each year, on the basis of the balance in the account of the member as of the previous June 30. The ASRS shall credit interest for an incomplete a partial fiscal year of participation membership in the ASRS on the previous June 30 balance at the rate of 1/12th of the annual rate for each month of participation following the previous June 30 based on the number of days of membership up to and including the day the ASRS issues the warrant divided by the total number days in the fiscal year. Contributions made after the previous June 30 are returned without interest.
- D H. Upon submitting a request for a return of contributions to the ASRS the completed and accurate Application for Withdrawal of Contributions and Termination of Membership form and, if applicable, any Ending Payroll Verification – Withdrawal of Contributions and Termination of Membership forms, a member is entitled to payment of the amount due to the member as specified in subsection (E) (F) or (G) unless a present or former spouse submits to the ASRS a domestic relations order that specifies entitlement to all or part of the return of contributions under A.R.S. § 38-773 before the ASRS returns the contributions to as specified by the member.
- E I. Upon death of a member, the ASRS shall provide survivor benefits based on the deceased member's last dated, written designation of beneficiary that is on file with the ASRS before the date of the member's death.
- J. If there is no designation of beneficiary or if the designated beneficiary predeceases the member, the survivor benefit is paid as specified in A.R.S. § 38-762(F). The designated beneficiary or other person specified in A.R.S. § 38-762(F) shall:
 - 1. Provide a certified copy of a death certificate or a certified copy of a court order that establishes the member's death;
 - 2. Provide a certified copy of the court order of appointment as administrator, if applicable; and
 - 3. Except if the deceased member was retired and elected the joint and survivor option, complete and have notarized an application for survivor benefits, provided by the ASRS, that includes:
 - a. The deceased member's full name,
 - b. The deceased member's Social Security number,
 - c. The following, as it pertains to the designated beneficiary or other person specified in A.R.S. § 38-762(F):
 - i. Full Name name;
 - ii. Mailing address;
 - iii. Contact telephone number;
 - iv. Date of birth, if applicable; and
 - v. Social Security number or Tax ID number, if applicable.

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 13. DEPARTMENT OF HEALTH SERVICES
HEALTH PROGRAMS SERVICES

[R06-51]

PREAMBLE

1. Sections Affected

Article 10
R9-13-1001
R9-13-1002
R9-13-1003
Article 11
R9-13-1101
R9-13-1102
R9-13-1104
R9-13-1105
Article 12
R9-13-1201

Rulemaking Action

Repeal
Repeal

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

Authorizing statutes: A.R.S. § 36-136(A)(7) and (F)

Implementing statutes: A.R.S. §§ 36-2212, 36-2213, 36-2214, 36-2215, 36-2216, and 36-2217

3. The effective date of the rules:

April 8, 2006

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

Notice of Rulemaking Docket Opening: 10 A.A.R. 4195, October 15, 2004

Notice of Proposed Rulemaking: 11 A.A.R. 3612, September 30, 2005

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

Name: Ed Armijo, Ambulance and Regional Services Section Chief

Address: Arizona Department of Health Services
Bureau of Emergency Medical Services
150 N. 18th Ave., Suite 540
Phoenix, AZ 85007

Telephone: (602) 364-3165

Fax: (602) 364-3568

E-mail: armijoe@azdhs.gov

or

Name: Kathleen Phillips, Rules Administrator

Address: Arizona Department of Health Services
Office of Administrative Rules
1740 W. Adams, Suite 202
Phoenix, AZ 85007

Telephone: (602) 542-1264

Fax: (602) 364-1150

E-mail: phillik@azdhs.gov

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

A.R.S. Title 36, Chapter 21.1, Article 1 requires the Arizona Department of Health Services (ADHS) to regulate ambulances through certificates of registration, to adopt rules establishing minimum standards for the operation of air ambulance services, and to license air ambulance services.

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The rules in 9 A.A.C. 13, Articles 10-12 establish standards for the regulation of air and water ambulances. The rules also include provisions related to ground ambulances. Of the rules in 9 A.A.C. 13, Articles 10-12, ADHS currently enforces only those rules related to registration of air ambulances and insurance requirements for air ambulance services. The remainder of the rules have not been enforced for years.

With the exception of the insurance requirement in R9-13-1001(B)(2), ADHS has not enforced the rules for ambulance service licensure in 9 A.A.C. 13, Article 10 since 1993, when the Arizona Legislature repealed ADHS's statutory authority to license ambulance services. Although the Arizona Legislature again granted ADHS statutory authority to license air ambulance services in 1995 (not ground or water ambulance services), ADHS did not revive its air ambulance service licensure program using those rules because they were outdated and inconsistent with ADHS's new statutory authority.

ADHS has not applied the rules in 9 A.A.C. 13, Articles 10-12 to water ambulance services or water ambulances since 1983, because there have not been any water ambulances subject to regulation.

ADHS has not applied the rules in 9 A.A.C. 13, Articles 11 and 12 to ground ambulances since 2001, when 9 A.A.C. 13, Article 14 was repealed and new rules for ground ambulance service certificates of necessity and ground ambulance registration were adopted in 9 A.A.C. 25, Articles 9-12.

In this rulemaking, ADHS repeals all of the rules in 9 A.A.C. 13, Articles 10-12 to enable ADHS, in a concurrent rulemaking, to adopt new rules for air ambulance service licensing and air ambulance registration in 9 A.A.C. 25, Articles 7 and 8.

7. A reference to any study relevant to the rule that the agency reviewed and relied on in its evaluation of or justification for the rule or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

ADHS did not review any study relating to the rules.

8. 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

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

ADHS will bear the cost of repealing these rules. ADHS, air ambulance services operating in Arizona, and the general public will receive a significant benefit from the repeal of these rules because the repeal will enable ADHS to adopt new rules for air ambulance service licensing and air ambulance registration in 9 A.A.C. 25, Articles 7 and 8, thereby eliminating the potential confusion that currently exists relating to the applicability of many of these rules.

Because ADHS is adopting, in a concurrent rulemaking, rule requirements that are substantially similar to those rule requirements in 9 A.A.C. 13, Articles 10-12 that ADHS is currently enforcing, ADHS does not believe that the repeal of these rules will have any other impacts on air ambulance services or other persons.

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

None

11. A summary of the comments made regarding the rule and the agency response to them:

ADHS held an oral proceeding in Phoenix on November 16, 2005, and received two oral comments and one written comment at the oral proceeding related to the companion rulemaking package that will adopt new rules for air ambulance service licensing and air ambulance registration in 9 A.A.C. 25, Articles 7 and 8 and amend the time-frames rule in 9 A.A.C. 25, Article 12. ADHS did not receive any comments specifically addressing the repeal of the rules in 9 A.A.C. 13, Articles 10-12.

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

ADHS is not adding any new incorporations by reference to the rules and is repealing those found in the existing rules.

14. Was this rule previously made as an emergency rule?

No.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 13. DEPARTMENT OF HEALTH SERVICES
HEALTH PROGRAMS SERVICES**

ARTICLE 10. AMBULANCE SERVICE LICENSURE REPEALED

Section

- R9-13-1001. ~~License application procedures~~ Repealed
- R9-13-1002. ~~Surface, air and water ambulance service general responsibilities~~ Repealed
- R9-13-1003. ~~Air ambulance service general responsibilities~~ Repealed

ARTICLE 11. AMBULANCE REGISTRATION CERTIFICATE REPEALED

Section

- R9-13-1101. ~~Registration certificate application procedures~~ Repealed
- R9-13-1102. ~~Ambulance design requirements~~ Repealed
- R9-13-1104. ~~Air ambulance design requirements~~ Repealed
- R9-13-1105. ~~Time frames for the Department's Air Ambulance Registration and Registration Renewal Decisions~~ Repealed

ARTICLE 12. MISCELLANEOUS REPEALED

Section

- R9-13-1201. ~~Waiver~~ Repealed

ARTICLE 10. AMBULANCE SERVICE LICENSURE REPEALED

R9-13-1001. ~~License application procedures~~ Repealed

- ~~**A.** The ambulance service license shall be valid on the date of issuance and must be renewed annually.~~
- ~~**B.** A person applying for surface, air and water ambulance service license shall:
 1. Complete and submit an application using forms provided by the Division not less than 30 days prior to the requested effective date of the ambulance service license. The application shall contain the name and address of the applicant and owner of the ambulance service, a description of the ambulance to be registered, a roster of EMS personnel to be employed, location and description of the place or places from which the service intends to operate and such other information necessary to determine compliance with applicable statutes and these regulations.
 2. Include proof of liability and malpractice insurance to a minimum of \$1,000,000.
 3. Submit a complete list of personnel to be utilized as ambulance attendants.
 4. Make all equipment, including ambulances, available for inspection prior to issuance of an ambulance service license.
 5. Assure that the premises on which ambulances are parked, housed, docked or hangared, and on which ambulance equipment or supplies are stored, are designated as such and made accessible for inspection prior to issuance of an ambulance license.
 6. Submit a check or money order, payable to the Arizona Department of Health Services, in the amount of \$100 at the time of application for ambulance service licensure.
 7. Submit other information as requested by the Division to assure compliance with these regulations or applicable provisions of law.~~
- ~~**C.** License renewal application procedures. Any person applying for surface, air and water ambulance service license renewal shall:
 1. Complete and submit an application for ambulance service license renewal not less than 30 days prior to the expiration date of the current license to assure continuity.
 2. Apply for renewal using forms provided by the Division and indicate compliance with the requirements as set forth for original license, including inspections.
 3. Submit a check or money order payable to the Arizona Department of Health Services, in the amount of \$100 for renewal of ambulance service license at the time of application.~~
- ~~**D.** Termination of service
 1. Prior to termination of ambulance service, the licensee shall give the Department 30 days notice. Termination of ser-~~

vice shall void the ambulance service license.

E. Suspension and revocation

1. After notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 1 and in Chapter 1, Article 1 of this Title, a license may be suspended or revoked upon the grounds set forth in A.R.S. § 36-2215(A).
2. If, in the opinion of the Director, there is sufficient information indicating that the licensee has engaged in the activities described in paragraph (1) of this subsection, the Director may request an informal interview with the licensee. If such invitation is refused, or if the interview is attended and the results indicate suspension or revocation of the license might be in order, then a complaint may be issued and a formal hearing may be held in compliance with A.R.S. Title 41, Chapter 6, Article 1 and Chapter 1, Article 1 of this Title.

R9-13-1002. ~~Surface, air, and water ambulance service general responsibilities~~ Repealed

A. All ambulance services shall:

1. Display the ambulance service license at the place of business at all times and the license shall not be transferable.
2. Respond to all emergency medical situations when dispatched by a responsible party.
3. Use fresh and clean linen, cloth or disposable, including blankets for each patient transported. An adequate supply of fresh and clean linen, cloth or disposable, and blankets shall be maintained on the premises.
4. Clean and disinfect all equipment coming in contact with the patient.
5. Maintain the premises on which ambulances are parked, housed, docked or hangared in a sanitary manner.
6. Operate only those ambulances registered by the Department pursuant to Article 11 of these regulations.
7. Submit such forms on each patient transported as provided or approved by the Division.
8. Submit a written report of all ambulance accidents to the Division within five working days.
9. Submit such reports and other information as requested by the Division to assure compliance with these regulations and A.R.S. § 36-2201 through A.R.S. § 36-2231.

B. Staffing requirements:

1. Unless otherwise specified in these regulations, while transporting a patient, each surface ambulance shall be staffed by not less than two certified ambulance attendants, one of whom must be in the patient compartment.
2. All ambulance services responding to an emergency medical situation shall assure that only licensed/certified medical personnel shall provide treatment of patients at the scene of the medical incident and during patient transfer.
3. An ambulance service shall notify the Division in writing of any change in employment of certified ambulance attendant personnel within 15 days of such change.

R9-13-1003. ~~Air ambulance service general responsibilities~~ Repealed

A. All air ambulance services shall: Have pilots and mechanics qualified by training and experience to operate and maintain air ambulances:

1. Have rotor wing pilots with commercial rotorcraft certification with a minimum of 2,000 rotorcraft flight hours as pilot in command. A pilot shall generally have at least 25 hours single engine and 50 hours multi-engine in the specific type of aircraft being used before being allowed to fly as a pilot in command on patient missions.
2. Have fixed wing pilots with a minimum of 2,000 fixed wing flight hours. A pilot shall generally have at least 50 hours in the specific type of aircraft being used before being allowed to fly as a pilot in command on patient missions.
3. Have a pilot, when IFR flights are made, with instrument certification with a minimum of 250 hours of instrument flight time, to include no more than 125 hours of simulated flight time.
4. Have rotor wing mechanics with at least two years experience as a licensed Airframe and Power plant mechanic. The mechanic shall be factory trained or equivalent on the specific type of aircraft before being allowed to work on that aircraft.

B. All ALS air ambulance services, other than neonatal, shall:

1. Have a physician as medical director who by training and experience is qualified in emergency, intensive and trauma care. The medical director shall:
 - a. Supervise the quality of patient care provided by the medical flight crew.
 - b. Provide medical direction and control for the medical flight crew.
 - c. Act as liaison with emergency department physicians to assure continuity of care.
 - d. Monitor and evaluate day to day operations of the air ambulance service.
 - e. Provide individual consultation to medical personnel involved.
 - f. Participate in the training of the medical personnel, including physicians when applicable.
2. Provide for the rapid transport of seriously ill or injured patients who require a high level of intensive care while en route.
3. Have a medical flight crew with specialized training in intensive and emergency care in the following areas:
 - a. Advanced cardiac life support certification by The American Heart Association or other agency with substantially similar standards approved by the Division.
 - b. Assessment and emergency care of shock and trauma, including multiple trauma, head injuries, burns and other

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- injuries.
- e. Pediatric emergencies.
- d. Obstetrical emergencies.
- e. Behavioral and psychiatric emergencies.
- f. Altitude physiology.
- g. EMS communications.
- h. Aircraft and flight safety.
- i. All patient equipment on board the air ambulance.
- 4. Utilize and adhere to medical control plans adopted by the medical director. The medical control plans may include standing orders and shall include the following:
 - a. Treatment protocols.
 - b. Triage protocols.
 - e. Communications protocols.
 - d. Transfer protocols.
 - e. Standing orders.
- 5. Meet the following training requirements:
 - a. The medical director shall attest in affidavit form, supplied or approved by the Division, that the medical flight crew utilized as ambulance attendants are qualified and have had special training as air ambulance personnel pursuant to R9-13-1003(A)(3).
 - b. The medical director shall implement 20 hours per year of continuing education in the areas set forth in R9-13-1003(A)(3).
 - e. The medical director shall maintain records of training and continuing education on each ambulance attendant and such information shall be available at all times to the Director or his authorized representative.
- C.** All ALS neonatal services shall:
 - 1. Require their medical director attest to neonatal flight nurses proficiency in neonatal resuscitation and general stabilization of the critically ill newborn. The curriculum shall be reviewed and approved by Arizona Department of Health Services. Neonatal nurses are not required to be ACLS certified.
 - 2. Require neonatal nurses to have a minimum of two hours of Department approved special training in flight physiology and other special situations encountered in flight that may effect the physiologic functions of the patients and/or interfere with proper function of the medical equipment.
 - 3. Require staffing of each ambulance with no less than one qualified neonatal nurse who must be in the patient compartment.
 - 4. Utilize additional personnel, if necessary, to properly care for the medical needs of the patient. The choice and qualifications of such additional personnel shall be at the discretion of the medical director.
- D.** All BLS air ambulance services shall:
 - 1. Staff each ambulance with no less than one air ambulance attendant who must be in the patient compartment.
 - 2. Utilize additional personnel, if necessary, to properly care for the medical needs of the patient. The choice and qualifications of such additional personnel shall be at the discretion of the referring physician.
 - 3. Designate a licensed physician who shall act as medical director for the service.
 - 4. Implement ten hours per year of continuing education in the techniques of stabilization and transportation of emergency patients.
 - 5. Maintain records of training and continuing education on each ambulance attendant and such information shall be available at all times to the Director or his authorized representative.
 - 6. Not be utilized for the transportation of patients in need of Advanced Life Support services.

ARTICLE 11. AMBULANCE REGISTRATION CERTIFICATE REPEALED

R9-13-1101. Registration certificate application procedures Repealed

- A.** Any person applying for an ambulance registration certificate shall:
 - 1. Complete and submit an application using forms provided by the Division. The application shall contain the information required in R9-13-1001(B)(1).
 - 2. Submit a check or money order payable to the Arizona Department of Health Services in the amount of \$50 per ambulance.
 - 3. Make each ambulance to be registered available for inspection prior to the issuance of a registration certificate.
- B.** Registration certificate provisions
 - 1. The registration certificate shall not be transferable to any other ambulance.
 - 2. The registration shall be prominently displayed within the ambulance.
 - 3. The registration shall be valid from date of issue and must be renewed annually.
- C.** Certificate renewal application procedures. Any person applying for an ambulance registration certificate shall:

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1. Complete and submit an application for renewal of an ambulance registration certificate to the Division not less than 30 days prior to expiration of current certificate to assure continuity.
2. Apply for renewal using forms provided by the Division and indicate compliance with the requirements as set forth for original registration, including ambulance inspections.
3. Submit a check or money order payable to the Arizona Department of Health Services, in the amount of \$50 for renewal of the current registration certificate at the time of application.
4. Submit other information as requested by the Division to assure compliance with these regulations or applicable provisions of the law.

D. Termination of registration certificate

1. Prior to termination of ambulance service, the certificate holder shall give the Department 30 days' notice. Termination of service shall void the registration certificate.
2. A registration certificate issued under this Section terminates upon any change of ownership or control of a ambulance.
3. Following any change of ownership, the ambulance shall be registered by the new owner before the ambulance may again be operated in the state.

E. Suspension and revocation

1. Emergency suspension. Pursuant to A.R.S. § 41-1012(C) an ambulance registration certificate may be summarily suspended if the Division finds that the ambulance is not in compliance with the regulations in this Article and such non-compliance constitutes an emergency that imperatively requires immediate action to protect the health or safety of patients or attendants transported in the ambulance.
2. Suspension or revocation following a hearing
 - a. After notice and opportunity to be heard is given according to the procedures described in A.R.S. Title 41, Chapter 6, Article 1 and in Chapter 1, Article 1 of this Title, a registration certificate may be suspended or revoked upon the following grounds:
 - i. The certificate holder has in any way provided false information to the Division for the purpose of evaluation or registration.
 - ii. That the certificate holder has failed to conform with the applicable requirements of A.R.S. Title 36, Chapter 21.1, Articles 1 or 2 and the regulations in this Article.
 - b. If in the opinion of the Director, there is sufficient information indicating that the certificate holder has engaged in activities described in paragraph (1) of this subsection, the Director may request an informal interview with the certificate holder. If such invitation is refused, or if the interview is attended and the results indicate revocation of certificate might be in order, then a complaint may be issued and a formal hearing may be held in compliance with A.R.S. Title 41, Chapter 6, Article 1 and Chapter 1, Article 1 of this Title.

R9-13-1102. Ambulance design requirements Repealed

A. All ambulances shall:

1. Have access doors to the patient compartment of sufficient size to permit the safe loading and unloading of a person occupying a litter or stretcher, in the supine position, without interrupting life support measures.
2. Be temperature regulated to assure patient and attendant comfort.
3. Be equipped with appropriate operable lights and sirens for an emergency ambulance in accordance with Chapter 6, Article 2, A.R.S. § 28-624.
4. Only display ambulance markings that accurately reflect the level of care provided.
5. Be equipped with approved safety belts and anchorage for all occupants which shall comply with 49 CFR 571.208, 571.209 and 571.210.
6. Have sufficient lighting available for patient observation in the patient compartment.
7. Be equipped with a two way radio capable of direct communication with a hospital when transporting a patient. The radio shall be compatible with the state EMSCOM system established by A.R.S. § 41-1835.
8. Have an electrical system capable of supporting any auxiliary equipment on, or in, the ambulance without the threat of overload or system failure.

B. Minimum equipment and supply requirements

1. All responding ambulances shall contain the medical equipment and supplies recommended by the American College of Surgeons in "Essential Equipment For Ambulances", revised June, 1981, which is on file at the Department and a copy of which has been submitted to the Secretary of State.
2. In addition to the medical equipment and supplies required in subsection (B)(1) above, all ALS ambulances staffed by paramedics shall contain the following additional equipment:
 - a. Defibrillator
 - b. Electrocardiac monitor/telemetry radio transmission
 - c. Paramedic Drug Box approved by the Department, pursuant to R9-13-402(B)(4).
 - d. Laryngoscope and assorted airway devices including endotracheal tubes.
3. All ambulances utilized to provide Advanced Life Support services shall contain the drugs required pursuant to the

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Arizona Department of Health Services Paramedic and IEMT Drug List, revised July 8, 1982, which is on file at the Department and a copy of which has been submitted to the Secretary of State.

R9-13-1104. Air ambulance design requirements Repealed

- A:** Fixed wing aircraft shall meet or exceed the following minimum requirements:
1. The aircraft shall have appropriate navigational radio and radar equipment for visual flight rules and, if necessary, instrument flight rules. Aircraft shall be equipped with radio headsets for all pilot crew members for intracockpit communication.
 2. If the aircraft is to be used for the delivery of basic life support, the patient compartment design shall have sufficient space to accommodate at least one air ambulance attendant and one litter patient.
 3. If the aircraft is to be used for the delivery of advanced life support care and techniques, the patient compartment design shall have sufficient interior space to accommodate at least one medical flight crew member with space for an additional attendant or medical technician, if indicated by the patient's condition, and one litter patient.
 4. Safety belts shall be provided for all flight crew attendants. Safety and security restraints shall be provided for all equipment on board. Medical personnel shall be able to wear safety belts when working on the patient. The safety belt may be loosely attached to the attendant so as not to inhibit treatment of the patient.
 5. If the aircraft is utilized for the delivery of neonatal life support and for the transportation of patients who require such care, transports shall be made in pressurized aircraft only. The interior design shall provide space for a minimum of one neonatal transport module and necessary life support equipment.
 6. The cabin shall be large enough to allow unrestricted access to the patient while in flight by appropriate air ambulance attendants or medical flight crew members, as well as adequate room for medical equipment and supplies. The upper surface of the litter shall not be less than 24 inches from the ceiling of the aircraft, or the undersurface of another litter.
 7. Ambulance shall be capable of pressurization for patient transport under medical conditions that require pressurization as determined by the air ambulance medical director under the Guidelines on Conditions Requiring Pressurized Aircraft set forth by the Arizona Department of Health Services, dated December, 1982, which is on file at the Department and a copy of which has been submitted to the Secretary of State.
 8. Ambulances providing Advanced Life Support services shall have the following additional equipment:
 - a. Ventilator equipped with a means of delivering positive end-expiratory pressure.
 - b. Transdermal PO₂ monitor.
 - e. Intravenous infusion pump.
- B:** Air ambulance lighting and electrical power sources. All electrically operated medical equipment used on the aircraft shall have an external alternative compatible power source available.
- C:** Rotary wing aircraft shall meet or exceed the following minimum requirements:
1. Aircraft shall have appropriate navigational, radios, and radar equipment for visual flight rules and, if necessary, instrument flight rules. Aircraft shall be equipped with radio headsets for all crew members for intraflight communication.
 2. If the aircraft is to be used for the delivery of basic life support, the patient compartment design shall have sufficient space to accommodate at least one air ambulance attendant and at least one litter patient with capability for provision of a second temporary litter. The second litter may be stored.
 3. If the aircraft is to be used for the delivery of advanced life support care and techniques the patient compartment design shall have sufficient interior space to accommodate at least one medical flight crew member with space for an additional member if indicated by the patient's medical condition and at least one litter patient with the patient area so configured that advanced life support techniques may be performed for one person during transport.
 4. Aircraft providing Advanced Life Support services shall have the following additional equipment:
 - a. Ventilator equipped with a means of delivering positive end-expiratory pressure.
 - b. Transdermal PO₂ monitor.
 - e. Intravenous infusion pump.
 5. If the aircraft is utilized for the delivery of neonatal life support and for the transportation of patients who require such care, then the interior design shall provide space for a minimum of one neonatal transport module and necessary life support equipment.
- D:** Rotary wing warning devices
1. Visible warning devices shall be installed on the underside of the aircraft to provide adequate day/night emergency warning.
 2. Audible warning devices shall be installed to provide adequate and external voice communications.
- E:** Rotary wing lighting
1. The aircraft shall be equipped with a remote controlled search light.
 2. The aircraft shall be equipped with a light that illuminates the tail rotor area.
- F:** Minimum equipment and supply requirements. All air ambulances shall contain the medical equipment and supplies recommended by the American College of Surgeons in "Air Ambulance Operations", dated February, 1980, which is on file

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at the Department and a copy of which has been submitted to the Secretary of State.

R9-13-1105. ~~Time frames for the Department's Air Ambulance Registration and Registration Renewal Decisions Repealed~~

The Department shall approve or deny an application under this Article according to 9 A.A.C. 25, Article 12.

ARTICLE 12. MISCELLANEOUS REPEALED

R9-13-1201. ~~Waiver Repealed~~

A. Any of the provisions of these regulations relating to Ambulance Design Requirements as stated in R9-13-1102, R9-13-1103 and R9-13-1104, may be waived by the Director where the public need so requires and where such waiver will not endanger the health, safety and welfare of the public.

B. The waiver available under this rule is prospective in effect only, and, if a waiver is desired, it must be applied for in writing and granted in writing before any ambulance service or person may operate contrary to the Ambulance Design Requirements in R9-13-1102 through R9-13-1105.

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

[R06-54]

PREAMBLE

1. Sections Affected

Rulemaking Action

Article 7	New Article
R9-25-701	New Section
R9-25-702	New Section
R9-25-703	New Section
R9-25-704	New Section
R9-25-705	New Section
R9-25-706	New Section
R9-25-707	New Section
R9-25-708	New Section
R9-25-709	New Section
R9-25-710	New Section
R9-25-711	New Section
R9-25-712	New Section
R9-25-713	New Section
R9-25-714	New Section
R9-25-715	New Section
R9-25-716	New Section
R9-25-717	New Section
R9-25-718	New Section
Article 8	New Article
R9-25-801	New Section
R9-25-802	New Section
R9-25-803	New Section
R9-25-804	New Section
R9-25-805	New Section
R9-25-806	New Section
R9-25-807	New Section
Table 1	New Table
R9-25-1201	Amend
Table 1	Amend

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

Authorizing statutes: A.R.S. § 36-136(A)(7) and (F)

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Implementing statutes: A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); 36-2212; 36-2213; 36-2214; 36-2215; 36-2217; 36-2232(A)(11); 36-2234(L); 36-2240(4); 41-1072 through 41-1079; 41-1092.03; and 41-1092.11

3. The effective date of the rules:

April 8, 2006

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

Notice of Rulemaking Docket Opening: 10 A.A.R. 4196, October 15, 2004

Notice of Proposed Rulemaking: 11 A.A.R. 3632, September 30, 2005

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

Name: Ed Armijo, Ambulance and Regional Services Section Chief

Address: Arizona Department of Health Services
Bureau of Emergency Medical Services
150 N. 18th Ave., Suite 540
Phoenix, AZ 85007

Telephone: (602) 364-3165

Fax: (602) 364-3568

E-mail: armijoe@azdhs.gov

or

Name: Kathleen Phillips, Rules Administrator

Address: Arizona Department of Health Services
Office of Administrative Rules
1740 W. Adams, Suite 202
Phoenix, AZ 85007

Telephone: (602) 542-1264

Fax: (602) 364-1150

E-mail: phillik@azdhs.gov

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

a. Regulatory History

The statutes authorizing the Arizona Department of Health Services (ADHS) to regulate the area of emergency medical services (EMS), including ambulances and ambulance services, are included in A.R.S. Title 9, Chapter 21.1, Articles 1 and 2. In 1982, with the express intent of regulating ambulances, ambulance services, and ambulance equipment only with respect to essential public health and safety matters, the Arizona Legislature adopted legislation requiring ADHS to license ambulance services and register ambulances. In September 1982, ADHS adopted rules in 9 A.A.C. 13, Articles 10-12 to require ground, air, and water ambulance services to be licensed and to require ground, air, and water ambulances to be registered.

In November 1982, the Arizona Constitution was amended to include Article XXVII, which granted the Arizona Legislature express authority to provide for the regulation of ambulances and ambulance services in Arizona in all matters relating to services provided, routes served, response times, and charges. In 1983, with the express intent of implementing Article XXVII of the Arizona Constitution, the Arizona Legislature adopted legislation requiring ADHS to regulate ambulance service rates, operating and response times, service areas, accounting, and reporting through requiring each ambulance service to obtain a certificate of necessity to operate in Arizona. In November 1983, ADHS adopted rules for ambulance service certificates of necessity in 9 A.A.C. 13, Article 14.

In 1987, the Arizona Attorney General (AG) determined that the Federal Airline Deregulation Act of 1978 preempted ADHS from enforcing economic regulation of air ambulance services under the certificate-of-necessity statutes and rules, although it did not preempt ADHS's authority to regulate air ambulance services with regard to essential public health and safety matters. Specifically, 49 U.S.C. § 41713 (then 49 U.S.C. § 1305) preempts a state from "enact[ing] or enforc[ing] a law, regulation, or other provision having the force and effect of law related to a price, route, or service of an air carrier that may provide air transportation under [49 U.S.C. §§ 41101 *et seq.*]." As a result of the 1987 determination by the AG, ADHS ceased its enforcement of the certificate-of-necessity statutes and rules as related to air ambulance services, although ADHS continued to enforce the statutes and rules related to air ambulance service licensure and air ambulance registration (and to enforce the certificate-of-necessity statutes and rules as related to ground ambulance services).

In 1993, the Arizona Legislature repealed ADHS's statutory authority to license ambulance services, thereby nullifying the ambulance service licensure rules in 9 A.A.C. 13, Article 10. ADHS ceased its enforcement of the ambulance service licensure rules, but continued to enforce the statutes and rules for ambulance registration.

In 1995, the Arizona Legislature granted ADHS statutory authority to license **air** ambulance services (but not ground or water ambulance services) by adopting A.R.S. §§ 36-2213 through 36-2215. ADHS is implementing these statutes through this rulemaking. Because the air ambulance service licensure rules in 9 A.A.C. 13 were outdated and inconsistent with the requirements enacted in 1995, ADHS did not revive the air ambulance service licensure program using those rules. As a result, ADHS has not licensed air ambulance services since 1993, although ADHS has continued to require air ambulance registration. The only requirement from the air ambulance licensure statutes and rules that ADHS currently enforces is the A.R.S. § 36-2215 and A.A.C. R9-13-1001(B)(2) requirement for an air ambulance service to have liability and malpractice insurance coverage in the amount of at least \$1 million. ADHS does currently enforce most of the provisions in 9 A.A.C. 13, Articles 11 and 12 related to air ambulance registration.

b. Statutory Authority for Air Ambulance Service Licensure

A.R.S. § 36-2213 requires ADHS to adopt rules to establish minimum standards for the operation of air ambulance services that are necessary to assure the public health and safety, which shall provide for ADHS to:

1. Establish standards and requirements relating to at least:
 - a. Medical control plans that shall conform to the standards adopted pursuant to A.R.S. § 36-2204(9);
 - b. Qualifications of the medical director of an air ambulance service; and
 - c. Operation of only those air ambulances registered pursuant to A.R.S. § 36-2212 and licensed pursuant to A.R.S. Title 28, Chapter 25;
2. Establish response times and operation times to assure that the health and safety needs of the public are met;
3. Establish standards for emergency medical dispatch training, including prearrival instruction;
4. Require the filing of run log information;
5. Issue, transfer, suspend, or revoke air ambulance service licenses under terms and conditions consistent with A.R.S. Title 36, Chapter 21.1 and consistent for all ambulance services;
6. Investigate the operation of an air ambulance service, including a person operating an ambulance that has not been issued a certificate of registration, and conduct onsite investigations of facilities, communications equipment, vehicles, procedures, materials, and equipment;
7. Prescribe the terms of the air ambulance service license; and
8. Prescribe the criteria for the air ambulance service license inspection process and for determining an air ambulance service's compliance with licensure requirements (ADHS is required to accept proof that an air ambulance service is accredited by the Commission on Accreditation of Air Medical Services (now known as the Commission on Accreditation of Medical Transport Services (CAMTS)) in lieu of all licensing inspections if ADHS receives a copy of the air ambulance service's accreditation report).

A.R.S. § 36-2214 prohibits a person from operating an air ambulance service in Arizona unless the air ambulance service is licensed and complies with A.R.S. Title 36, Chapter 21.1, Article 1 and the rules adopted under the Article and requires ADHS to conduct an inspection before issuing an initial or renewal license, unless the license is submitted as a result of a change in ownership, in which case ADHS may determine that an inspection is not needed.

A.R.S. § 36-2215 prohibits ADHS from issuing an air ambulance service license unless the applicant or licensee provides ADHS proof of malpractice and liability insurance in an amount determined by ADHS in rule.

c. Statutory Authority for Air Ambulance Registration

A.R.S. § 36-2202(A)(5) requires ADHS to adopt reasonable medical equipment, supply, staffing, and safety standards; criteria; and procedures for issuance of a certificate of registration to operate an ambulance. "Ambulance" is defined in A.R.S. § 36-2201(3):

"Ambulance" means any publicly or privately owned surface, water or air vehicle, including a helicopter, that contains a stretcher and necessary medical equipment and supplies pursuant to Section 36-2202 and that is especially designed and constructed or modified and equipped to be used, maintained or operated primarily for the transportation of individuals who are sick, injured or wounded or who require medical monitoring or aid. Ambulance does not include a surface vehicle that is owned and operated by a private sole proprietor, partnership, private corporation or municipal corporation for the emergency transportation and in-transit care of its employees or a vehicle that is operated to accommodate an incapacitated or disabled person who does not require medical monitoring, care or treatment during transport and that is not advertised as having medical equipment and supplies or ambulance attendants.

A.R.S. § 36-2212 prohibits a person from operating an ambulance in Arizona unless the ambulance has a certificate of registration and complies with A.R.S. Title 36, Chapter 21.1, Article 1 and the rules, standards, and criteria adopted pursuant to the Article. A.R.S. § 36-2212 further establishes that a certificate of registration is not transferable and is generally valid for one year and requires ADHS to charge a fee of not more than \$50 for initial or renewal registration.

Although most of A.R.S. Title 36, Chapter 21.1, Article 2 is inapplicable to air ambulance services because it applies specifically to certificates of necessity, which are no longer required for air ambulance services as a result of federal preemption, several provisions pertain specifically to certificates of registration and can be applied to air ambulances without running afoul of the federal preemption:

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1. A.R.S. § 36-2232(A)(11) requires ADHS to inspect each ambulance registered under A.R.S. § 36-2212 at least every 12 months to ensure that the ambulance is operational and safe and that all required medical equipment is operational and provides that, upon request from a provider and at the provider's expense, an inspection may be performed by a facility approved by ADHS;
2. A.R.S. § 36-2234(L) authorizes ADHS, in case of emergency, to immediately suspend a certificate of registration if the director determines that a potential threat to the public health and safety exists and establishes requirements for a post-suspension hearing; and
3. A.R.S. § 36-2240(4) requires ADHS to charge an annual regulatory fee of not more than \$200 for each ambulance issued a certificate of registration pursuant to A.R.S. § 36-2212, to be collected at the same time as the certificate of registration fee imposed by A.R.S. § 36-2212.

d. Statutory Exemptions

A.R.S. § 36-2217(A) enumerates specific exemptions to A.R.S. Title 9, Chapter 21.1. In the context of air ambulance regulation, the relevant exemptions are for the following:

1. Vehicles used for the emergency transportation of persons injured at an industrial site;
2. Persons engaged in and vehicles used for air transportation of sick or injured people in a noncritical or nonemergency situation as determined by a physician;
3. Medical evacuation equipment used and owned by the Arizona Department of Public Safety in air evacuation and including fixed-wing aircraft and helicopters;
4. Vehicles provided or contracted for emergency medical services by a political subdivision if these vehicles are primarily used to provide on-the-scene stabilization of sick, injured, wounded, incapacitated, or helpless persons; and
5. Ambulances from other states that are:
 - a. Responding to a major catastrophe or emergency in Arizona because there are insufficient registered ambulances in Arizona to respond in that situation, or
 - b. Operating either from a location outside of Arizona to transport a patient to a location within Arizona or operating from a location outside of Arizona and crossing through Arizona to transport a patient to a location outside of Arizona.

A.R.S. § 36-2217(B) further provides that, except as provided in (5)(a) above, an ambulance from another state shall not pick up a patient in Arizona and transport that patient to another location in Arizona unless the ambulance is registered under A.R.S. Title 36, Chapter 21.1.

e. This Rulemaking

In this rulemaking, ADHS creates new rules, in 9 A.A.C. 25, Articles 7 and 8, for air ambulance service licensure and air ambulance registration and revises the time-frame provisions in 9 A.A.C. 25, Article 12 to add the processes for air ambulance service licensure. The new rules are consistent with ADHS's current statutory authority, with the limitations imposed by federal preemption, and with current rulemaking format and style requirements.

To create these rules, ADHS invited each air ambulance service operating in Arizona; the Arizona Department of Public Safety; ground ambulance services from each EMS region representing urban, rural, and wilderness areas; first response agencies representing urban and rural fire/EMS and law enforcement; and the Arizona Hospital and Healthcare Association to participate in an Air Ambulance Rulemaking Task Force (Task Force). ADHS formed the Task Force so that interested persons within the EMS community would be able to share their expertise and provide ADHS with recommendations for the rules. Not all of the invitees participated in the Task Force, but ADHS kept all of the invitees informed through e-mail notifications regarding the substance of the draft rules and the progress of the rulemaking. ADHS also allowed other interested persons to participate in the Task Force meetings and included them in the e-mail notifications. The Task Force held four meetings and reviewed five different revisions of draft rules from December 2004 through March 2005. ADHS then solicited public comment on a sixth revision of the draft rules in April-May 2005. After reviewing the comments received and upon further internal review, ADHS asked the Task Force to review a seventh revision of the draft rules in June 2005 and an eighth revision of the draft rules in July 2005. After reviewing the Task Force members' comments, ADHS made final revisions to the draft rules and created the Notice of Proposed Rulemaking, which ADHS believes was consistent with the consensus recommendations of the participating Task Force members.

f. Concurrent Companion Rulemaking

In a concurrent companion rulemaking, ADHS is repealing the rules in 9 A.A.C. 13, Articles 10-12. The rules will no longer be needed when the rules for air ambulance service licensure and air ambulance registration are adopted in 9 A.A.C. 25.

7. A reference to any study relevant to the rule that the agency reviewed and relied on in its evaluation of or justification for the rule or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

ADHS did not review any study relating to the rules.

8. 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

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

This summary describes the major economic impacts that are expected to result from this rulemaking. As used in this summary, “minimal” means less than \$1,000; “moderate” means \$1,000 to \$9,999; “substantial” means \$10,000 or more; and “significant” means meaningful or important, but not readily subject to quantification. For the sake of brevity and because an air ambulance service (AAS) license is a prerequisite to obtaining a certificate of registration, ADHS uses the term “AAS” instead of “certificate holder” in this summary to describe the effects of the air ambulance registration rules on certificate holders (who are all AASs as well).

There are currently 13 private AASs operating in Arizona, with a total of 91 registered air ambulances, 38 fixed wing and 53 rotor wing. The 13 private AASs operate between 1 and 20 air ambulances each, with 4 operating only fixed-wing air ambulances and 3 operating only rotor-wing air ambulances. Of the 13 AASs, 7 currently hold CAMTS accreditation. ADHS believes that as many as 3 of the 13 AASs may be small businesses as defined in A.R.S. § 41-1001.

The Arizona Department of Public Safety also owns and operates air ambulances, but is not subject to these rules because of the exemption in A.R.S. § 36-2217(A)(3).

The rules in Article 7 establish the standards and processes for air ambulance service licensing. A.R.S. § 36-2214 prohibits a person from operating an AAS in Arizona without having a valid AAS license. Thus, although ADHS has not been enforcing the requirement for an AAS license, the requirement for AAS licensure actually results from statute rather than from the new rules. ADHS recognizes, however, that implementing the statute anew will have a significant impact on AASs, which are accustomed to operating without regulation of the AAS itself and may need to adjust operations to comply with the new requirements imposed by rule. Implementing the statute will also result in a substantial cost to ADHS, from the time and expenses incurred in planning for program extension; creating new application forms, a new inspection tool, and an internal operating procedure; establishing a new database; tracking time-frames for licensure; training staff to enforce the statutes and rules; and operating and managing the licensure program. ADHS believes that ADHS, patients, patient loved ones, and AASs will receive a significant benefit from the new scheme for AAS licensure because licensure will help to ensure the health and safety of patients and should also enhance consistency in quality of care and thus the reputations of all AASs.

R9-25-703 establishes eligibility requirements for an AAS license. ADHS believes that the only eligibility requirement that may have an impact on AASs is the requirement to have minimum liability insurance coverage of \$1 million for injuries/death to one person in one incident/accident; \$3 million for injuries/death to more than one person in one incident/accident; and \$500,000 for property damage from one incident/accident. Currently, ADHS is requiring AASs to submit proof of liability and malpractice insurance with minimum coverage of \$1 million for liability and \$1 million for malpractice. The increased liability coverage requirements in the new rule may result in a minimal-to-moderate cost to an AAS, depending on the insurance coverage currently held and the related change in premium. Patients and patient loved ones may receive a substantial benefit from this increase in liability insurance coverage because it helps to ensure that monetary recovery is available if a patient is harmed by an AAS. The general public may also receive a substantial benefit from the increased liability insurance coverage because specific coverage is required for property damage.

R9-25-704 establishes the information and documents to be submitted in an initial licensure application and requires ADHS to conduct a pre-licensure inspection if an AAS does not hold CAMTS accreditation. Because A.R.S. § 36-2214 requires ADHS to conduct a pre-licensure inspection unless an AAS holds CAMTS accreditation, the inspection requirement really results from statute rather than from this rule. However, ADHS’s implementation of this statutory requirement will result in a moderate annual cost to ADHS from the time and travel-related expenses incurred and in a minimal impact to each AAS inspected from the time spent participating in an inspection. ADHS believes that ADHS, patients, and patient loved ones will receive a significant benefit from ADHS’s performing pre-licensure inspections because the inspections will help to ensure patient health and safety.

R9-25-708 provides that ADHS may inspect an AAS as often as necessary to determine compliance and that ADHS shall conduct an investigation, which may include an inspection, in response to written or verbal information alleging a violation. This rule may result in a moderate cost to an AAS from the time spent participating in an inspection or investigation. In addition, ADHS may incur moderate-to-substantial costs from performing interim inspections to determine compliance and from conducting investigations, which may include inspections, whenever allegations of noncompliance are received. The costs incurred by ADHS as a result of these requirements will depend upon the number of allegations received, the extensiveness of each necessary investigation, and ADHS’s determinations regarding the necessity of an inspection during each investigation. ADHS believes that this rule should result in a significant benefit to ADHS, patients, and patient loved ones because ADHS’s inspections and investigations should help to ensure patient health and safety.

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R9-25-711 requires an AAS generally to staff missions with medical teams of at least two individuals with at least the following qualifications:

- For a critical care (CC) mission, at least:
 - A physician or registered nurse, and
 - An EMT-Paramedic (EMT-P) or licensed respiratory care practitioner;
- For an advanced life support (ALS) mission, at least:
 - An EMT-P, and
 - Another EMT-P or a licensed respiratory care practitioner; and
- For a basic life support (BLS) mission, at least two EMT-Basics (EMT-Bs).

ADHS believes that these minimum staffing requirements are consistent with the industry standard and should not result in a cost to any AAS. If an AAS is not currently staffing missions with medical teams that meet these minimum staffing requirements, however, the requirements will result in a substantial cost to the AAS. ADHS believes that establishing these minimum staffing requirements may result in a significant benefit to ADHS and to patients and patient loved ones because it helps to ensure that an appropriate standard of care is met for each type of mission and thus may enhance patient health. These standards also may result in a substantial benefit to each individual hired by an AAS to ensure that the AAS has the minimum medical team required by the rules for each type of mission.

R9-25-715 requires an AAS to have a medical director who:

- Meets prescribed qualifications;
- Supervises and evaluates the quality of medical care provided by medical team members;
- Ensures the competency and current qualifications of medical team members;
- Ensures that EMT medical team members receive medical direction as required under 9 A.A.C. 25, Article 2;
- Ensures that each non-EMT medical team member receives medical guidance through written treatment protocols and on-line medical guidance provided by the medical director or a designee physician or consulting specialty physician; and
- Approves, ensures implementation of, and annually reviews treatment protocols to be followed by medical team members.

ADHS believes that having an AAS medical director who performs these functions is the industry standard, as evidenced by its inclusion in CAMTS standards and the Air Medical Physician Associations' *Air Medical Physician Handbook* (1999). However, ADHS believes that it is possible that some AASs' current medical directors may not meet the prescribed qualifications, which would result in a substantial cost to an AAS from having to obtain the services of a medical director who meets the prescribed qualifications. This requirement could also result in a substantial cost to each current AAS medical director who will no longer be qualified to serve as an AAS medical director after the rules take effect, although a former AAS medical director may still be able to provide medical direction for an AAS under the supervision of the medical director. ADHS believes that this requirement may result in a significant benefit to ADHS, AASs, AAS personnel members, and patients and patient loved ones because it helps to ensure that an AAS has a medical director whose knowledge and qualifications are consistent with the scope of missions offered by the AAS and that the medical director oversees all aspects of the medical care provided by the AAS, which should enhance the care provided.

R9-25-717 and R9-25-718 establish supplemental requirements for interfacility neonatal missions (INMs) and interfacility maternal missions (IMMs), including requirements for:

- INM and IMM medical team member proficiencies;
- AAS medical director verification of and attestation as to INM and IMM medical team member proficiencies;
- Additional equipment and supplies to be carried on INM and IMM missions; and
- On-line medical direction and on-line medical guidance to be provided by a physician who is board certified in or who has completed an accredited residency program in:
 - OB/GYN with subspecialization in maternal and fetal medicine or, for an IMM only, critical care medicine; or
 - Pediatrics with subspecialization in neonatal-perinatal medicine or, for an INM only, neonatology, pediatric critical care medicine, or pediatric intensive care.

ADHS believes that these requirements will result in no additional costs to the AASs that perform most of the INMs and IMMs in Arizona, as most of the INMs and IMMs are performed by AASs under contract with the ADHS High Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) Transport Program, which requires certifications that fulfill the proficiency requirements, that all of the additional equipment and supplies be carried during an INM or IMM, and that on-line medical direction or on-line medical guidance be obtained from an HRPP/NICP-contracted perinatologist or neonatologist. For AASs that are not HRPP/NICP Transport Program contractors, however, these rules could result in a substantial cost from the costs of training medical team members to fulfill the proficiencies or the potentially increased salaries that already qualified medical team members may command and the costs of purchasing the additional equipment and supplies. The rules may result in no additional costs to any AASs, however,

because AASs frequently perform INMs and IMMIs using medical teams and equipment supplied by the sending health institutions and thus would not incur any additional costs from the supplemental requirements of the rules. The requirement to obtain on-line medical direction or on-line medical guidance from a qualified specialist should result in no costs because the HRPP/NICP Transport Program contracts with neonatology and perinatology groups in Arizona to provide medical consultation regarding treatment, stabilization, and approval or coordination of neonatal and maternal transports free of charge to all callers. These rules may result in a significant benefit to ADHS, AASs, and patients and patient loved ones because they may help to ensure that an appropriate standard of care is met during INMs and IMMIs, which enhances patient health.

The rules in Article 8 establish the standards and processes for air ambulance registration. These rules replace the rules in 9 A.A.C. 13, Articles 11 and 12, which are outdated and are being repealed in a concurrent companion rulemaking. A.R.S. § 36-2212 prohibits a person from operating an ambulance in Arizona unless the ambulance has a certificate of registration and complies with A.R.S. Title 36, Chapter 21.1, Article 1 and the rules, standards, and criteria adopted thereunder, and ADHS has been certifying air ambulances using the rules in 9 A.A.C. 13 since their adoption in 1982.

R9-25-802 establishes the eligibility and application requirements for an initial or renewal certificate of registration for an air ambulance. ADHS believes that the only requirement in R9-25-802 that will have a meaningful impact on AASs is the requirement to submit an annual regulatory fee of \$200 with each application for air ambulance registration. This will result in a minimal-to-moderate annual cost to an AAS, depending on the number of air ambulances operated, because ADHS has not been charging the annual regulatory fee, although ADHS is required to charge an annual regulatory fee under A.R.S. § 36-2240(4). This will result in a substantial benefit to the state of Arizona and potentially to ADHS because ADHS will be depositing approximately an additional \$18,200 in fees into the General Fund each year.

R9-25-807 requires an AAS to ensure that an air ambulance meets prescribed standards for configuration and equipment, including a requirement for each fixed-wing air ambulance to have pressurization capability. This requirement could result in a substantial cost to an AAS, if the AAS desires to use a fixed-wing air ambulance without this capability. ADHS believes, however, that most, if not all, of the fixed-wing aircraft currently used as air ambulances in Arizona have pressurization capability. CAMTS expresses a strong preference for pressurized aircraft, and the ADHS air ambulance registration rules in 9 A.A.C. 13 required that a fixed-wing neonatal transport be done using a pressurized aircraft and that a fixed-wing air ambulance have a cabin with pressurization capability for patient transport under medical conditions that require pressurization, as determined by the AAS medical director under ADHS-issued guidelines. ADHS believes that this requirement may result in a significant benefit to patients and patient loved ones because it should help to ensure that patients do not suffer negative effects from the conditions inherent in flight.

R9-25-807 also requires an AAS to ensure, with one exception, that each air ambulance has the equipment and supplies required in Table 1 for each mission level for which the air ambulance is used—ALS, BLS, or CC—with some distinctions between fixed-wing and rotor-wing aircraft, and that the equipment and supplies are secured, stored, and maintained in a manner that prevents hazards to personnel and patients. This rule may result in a minimal-to-moderate cost per air ambulance to an AAS, depending upon the equipment and supplies currently carried on the AAS's air ambulances for the different mission levels. Some of the more expensive additional equipment and supply requirements include an automated external defibrillator on BLS missions and a transcutaneous cardiac pacemaker on ALS and CC missions.

This requirement may result in a significant benefit to ADHS, AASs, and patients and patient loved ones because it will help to ensure that each air ambulance has the equipment and supplies needed by the medical team members to provide an appropriate standard of care during missions, which enhances patient health.

R9-25-807 allows an AAS to perform an interfacility CC mission using an air ambulance that does not have all of the equipment and supplies required in Table 1 if:

- Care of the patient to be transported necessitates use of life-support equipment that because of its size or weight or both makes it unsafe or impossible for the air ambulance to carry all of the equipment and supplies required in Table 1 for the mission level, and
- Other prescribed requirements are met.

ADHS believes that this may result in a substantial benefit to each AAS that performs interfacility CC missions using life-support equipment such as an intra-aortic balloon pump and in a significant benefit to each patient who needs air ambulance transport using such life-support equipment and to each such patient's loved ones. Although the rule allows for an AAS to perform these interfacility CC missions without having all of the equipment and supplies otherwise required for a CC mission in Table 1, ADHS believes that the other requirements prescribed in R9-25-807(C) adequately protect public health and safety by ensuring that this exception will be used only when appropriate and that an air ambulance that is not fully equipped for another mission will not be used for another mission until it is fully equipped.

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

ADHS moved two definitions in R9-25-701 into correct alphabetical order and added the word "or" after the semicolon at the end of R9-25-715(B)(2)(a). At the suggestion of G.R.R.C. staff, ADHS made other technical and grammat-

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ical changes to enhance the clarity, conciseness, and understandability of the rules. These changes included, among other things, adding definitions for the terms “call number,” “patient reference number,” and “rescue situation.”

11. A summary of the comments made regarding the rule and the agency response to them:

ADHS held an oral proceeding in Phoenix on November 16, 2005, and received two oral comments and one written comment at the oral proceeding. The comments and ADHS’s response are summarized in the table below.

Public Comment	Agency Response
The President of the Arizona Ambulance Association expressed appreciation for the work that ADHS put into the rules, stated that the rules appear to be fair to providers and that there was a lot of input into the rules, and expressed support for the rules’ adoption.	ADHS appreciates the support.
The Director of Business Development for Lifenet’s Western Region expressed support for ADHS’s efforts to bring back the regulatory process for air ambulances, expressed strong support for the rules, and stated that he looks forward to the rules’ full implementation.	ADHS appreciates the support.

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

Not applicable

14. Was this rule previously made as an emergency rule?

No.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

ARTICLE 7. ~~RESERVED~~ AIR AMBULANCE SERVICE LICENSING

Section

- R9-25-701. Definitions (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)
- R9-25-702. Applicability (A.R.S. §§ 36-2202(A)(4) and 36-2217)
- R9-25-703. Requirement and Eligibility for a License (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)
- R9-25-704. Initial Application and Licensing Process (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)
- R9-25-705. Renewal Application and Licensing Process (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)
- R9-25-706. Term and Transferability of License (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, and 41-1092.11)
- R9-25-707. Changes Affecting a License (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)
- R9-25-708. Inspections and Investigations (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, and 36-2214)
- R9-25-709. Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, 36-2215, 41-1092.03, and 41-1092.11(B))
- R9-25-710. Minimum Standards for Operations (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
- R9-25-711. Minimum Standards for Mission Staffing (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
- R9-25-712. Minimum Standards for Air Ambulance Safety, Equipment, and Supplies (A.R.S. §§ 36-2202(A)(3) and (4),

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- R9-25-713. 36-2209(A)(2), and 36-2213)
Minimum Standards for Training (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)
- R9-25-714. Minimum Standards for Communications (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
- R9-25-715. Minimum Standards for Medical Control (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
- R9-25-716. Minimum Standards for Recordkeeping (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)
- R9-25-717. Minimum Standards for an Interfacility Neonatal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)
- R9-25-718. Minimum Standards for an Interfacility Maternal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

ARTICLE 8. ~~RECODIFIED~~ AIR AMBULANCE REGISTRATION

Section

- R9-25-801. Reeodified Definitions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2212)
- R9-25-802. Reeodified Requirement, Eligibility, and Application for an Initial or Renewal Certificate of Registration for an Air Ambulance (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4))
- R9-25-803. Reeodified Term and Transferability of Certificate of Registration (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 41-1092.11)
- R9-25-804. Reeodified Changes Affecting Registration (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), and 36-2212)
- R9-25-805. Reeodified Inspections (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 36-2232(A)(11))
- R9-25-806. Reeodified Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2212, 36-2234(L), 41-1092.03, and 41-1092.11(B))
- R9-25-807. Reeodified Minimum Standards for an Air Ambulance (A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)
- Table 1. Minimum Equipment and Supplies Required on Air Ambulances, By Mission Level and Aircraft Type (A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)

ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS

Section

- R9-25-1201. Time-frames (A.R.S. §§ 41-1072 through 41-1079)
- Table 1. Time-frames (in days)

ARTICLE 7. ~~RESERVED~~ AIR AMBULANCE SERVICE LICENSING

R9-25-701. Definitions (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)

In addition to the definitions in A.R.S. § 36-2201, the following definitions apply in this Article and in Article 8 of this Chapter, unless otherwise specified:

1. "Advanced life support" means pertaining to a patient whose condition requires care commensurate with the scope of practice of an EMT-P.
2. "Air ambulance" means an aircraft that is an "ambulance" as defined in A.R.S. § 36-2201.
3. "Air ambulance service" means an ambulance service that operates an air ambulance.
4. "Applicant" means an owner requesting:
 - a. An initial or renewal air ambulance service license under Article 7 of this Chapter,
 - b. An initial or renewal air ambulance certificate of registration under Article 8 of this Chapter, or
 - c. Transfer of an air ambulance service license under R9-25-706.
5. "Base location" means a physical location at which a person houses an air ambulance or equipment and supplies used for the operation of an air ambulance service or provides administrative or other support for the operation of an air ambulance service.
6. "Basic life support" means pertaining to a patient whose condition requires care commensurate with the scope of practice of an EMT-B.
7. "Business organization" means an entity such as an association, cooperative, corporation, limited liability company, or partnership.
8. "Call number" means a unique identifier used by an air ambulance service to identify a specific mission.
9. "CAMTS" means the Commission on Accreditation of Medical Transport Systems, formerly known as the Commission on Accreditation of Air Medical Services.
10. "Change of ownership" means a transfer of controlling legal or controlling equitable interest and authority in an air

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- ambulance service.
11. “Convalescent transport” means conveyance of a patient at a prearranged time when either the patient’s original location or destination is not a health care institution.
 12. “Critical care” means pertaining to a patient whose condition requires care commensurate with the scope of practice of a physician or registered nurse.
 13. “Current” means up-to-date and extending to the present time.
 14. “EMT” means “certified emergency medical technician,” as defined in A.R.S. § 36-2201.
 15. “EMT-B” means “basic emergency medical technician,” as defined in A.R.S. § 36-2201.
 16. “EMT-I” means “intermediate emergency medical technician,” as defined in A.R.S. § 36-2201.
 17. “EMT-P” means “emergency paramedic,” as defined in A.R.S. § 36-2201.
 18. “Estimated time of arrival” means the number of minutes from the time that an air ambulance service agrees to perform a mission to the time that an air ambulance arrives at the scene.
 19. “Health care institution” has the same meaning as in A.R.S. § 36-401.
 20. “Holds itself out” means advertises through print media, broadcast media, the Internet, or other means.
 21. “Interfacility” means between two health care institutions.
 22. “Licensed respiratory care practitioner” has the same meaning as in A.R.S. § 32-3501.
 23. “Maternal” means pertaining to a woman whose pregnancy is considered by a physician to be high risk, who is in need of critical care services related to the pregnancy, and who is being transferred to a medical facility that has the specialized perinatal and neonatal resources and capabilities necessary to provide an appropriate level of care.
 24. “Medical direction” has the same meaning as in R9-25-101.
 25. “Medical team” means personnel whose main function on a mission is the medical care of the patient being transported.
 26. “Mission” means a transport job that involves an air ambulance service’s sending an air ambulance to a patient’s location to provide transport of the patient from one location to another, whether or not transport of the patient is actually provided.
 27. “Neonatal” means pertaining to an infant who is 28 days of age or younger and who is in need of critical care services.
 28. “On-line medical direction” has the same meaning as in R9-25-101.
 29. “On-line medical guidance” means emergency medical services direction or information provided to a non-EMT medical team member by a physician through two-way voice communication.
 30. “Operate an air ambulance in this state” means:
 - a. Transporting a patient via air ambulance from a location in this state to another location in this state;
 - b. Operating an air ambulance from a base location in this state; or
 - c. Transporting a patient via air ambulance from a location in this state to a location outside of this state more than once per month.
 31. “Owner” means a person that holds a controlling legal or equitable interest and authority in a business enterprise.
 32. “Patient” has the same meaning as in R9-25-101.
 33. “Patient reference number” means a unique identifier used by an air ambulance service to identify an individual patient.
 34. “Pediatric” means for use in the treatment of children or other individuals whose size falls within the scope of a pediatric equipment sizing reference guide.
 35. “Pediatric equipment sizing reference guide” means a chart or device, such as a Broselow™ tape, used to determine the size of medical equipment to be used for a patient who is a child or of small stature, generally based on either patient length or age and weight.
 36. “Person” means:
 - a. An individual;
 - b. A business organization; or
 - c. An administrative unit of the U.S. government, state government, or a political subdivision of the state.
 37. “Personnel” means individuals who work for an air ambulance service, with or without compensation, whether as employees, contractors, or volunteers.
 38. “Premises” means each physical location of air ambulance service operations and includes all equipment and records at each location.
 39. “Proficiency in neonatal resuscitation” means current and valid certification in neonatal resuscitation obtained through completing a nationally recognized training program such as the American Academy of Pediatrics and American Heart Association NRP: Neonatal Resuscitation Program.
 40. “Publicizes” means makes a good faith effort to communicate information to the general public through print media, broadcast media, the Internet, or other means.
 41. “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
 42. “Regularly” means at recurring, fixed, or uniform intervals.

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43. “Rescue situation” means an incident in which:
 - a. An individual’s life, limb, or health is imminently threatened; and
 - b. The threat may be reduced or eliminated by removing the individual from the situation and providing medical services.
44. “Scene” means the location of the patient to be transported or the closest point to the patient at which an air ambulance can arrive.
45. “Subspecialization” means:
 - a. For a physician board certified by a specialty board approved by the American Board of Medical Specialties, subspecialty certification;
 - b. For a physician board certified by a specialty board approved by the American Osteopathic Association, attainment of either a certification of special qualifications or a certification of added qualifications; and
 - c. For a physician who has completed an accredited residency program, completion of at least one year of training pertaining to the specified area of medicine.
46. “Two-way voice communication” means that two individuals are able to convey information back and forth to each other orally, either directly or through a third-party relay.
47. “Valid” means that a license, certification, or other form of authorization is in full force and effect and not suspended.
48. “Working day” means the period between 8:00 a.m. and 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

R9-25-702. Applicability (A.R.S. §§ 36-2202(A)(4) and 36-2217)

This Article and Article 8 of this Chapter do not apply to persons and vehicles exempted from the provisions of A.R.S. Title 36, Chapter 21.1 as provided in A.R.S. § 36-2217(A).

R9-25-703. Requirement and Eligibility for a License (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)

- A.** A person shall not operate an air ambulance in this state unless the person has a current and valid air ambulance service license and, except as provided in A.R.S. § 36-2212(C), a current and valid certificate of registration for the air ambulance as required under Article 8 of this Chapter.
- B.** To be eligible to obtain an air ambulance service license, an applicant shall:
 1. Hold current and valid Registration and Exemption under 14 CFR 298, as evidenced by a current and valid OST Form 4507 showing the effective date of registration;
 2. Hold the following issued by the Federal Aviation Administration:
 - a. A current and valid Air Carrier Certificate authorizing common carriage under 14 CFR 135;
 - b. If operating a rotor-wing air ambulance, current and valid Operations Specifications authorizing aeromedical helicopter operations;
 - c. If operating a fixed-wing air ambulance, current and valid Operations Specifications authorizing airplane air ambulance operations;
 - d. A current and valid Certificate of Registration for each air ambulance to be operated; and
 - e. A current and valid Airworthiness Certificate for each air ambulance to be operated;
 3. Have applied for a certificate of registration, issued by the Department under Article 8 of this Chapter, for each air ambulance to be operated by the air ambulance service;
 4. Hold a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4, for each air ambulance to be operated by the air ambulance service;
 5. Have current and valid liability insurance coverage for the air ambulance service that complies with A.R.S. § 36-2215 and that has at least the following maximum liability limits:
 - a. \$1 million for injuries to or death of any one person arising out of any one incident or accident;
 - b. \$3 million for injuries to or death of more than one person in any one incident or accident; and
 - c. \$500,000 for damage to property arising from any one incident or accident;
 6. Have current and valid malpractice insurance coverage for the air ambulance service that complies with A.R.S. § 36-2215 and that has a maximum liability limit of at least \$1 million per occurrence; and
 7. Comply with all applicable requirements of this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- C.** To maintain eligibility for an air ambulance service license, an air ambulance service shall meet the requirements of subsections (B)(1)-(2) and (4)-(7) and hold a current and valid certificate of registration, issued by the Department under Article 8 of this Chapter, for each air ambulance operated by the air ambulance service.

R9-25-704. Initial Application and Licensing Process (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)

- A.** To obtain an initial license, an applicant shall submit to the Department an application completed using a Department-provided form and including:
 1. The applicant’s name; mailing address; fax number, if any; and telephone number;

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2. Each business name to be used for the air ambulance service;
3. The physical and mailing addresses to be used for the air ambulance service, if different from the applicant's mailing address;
4. The name, title, address, and telephone number of the applicant's statutory agent or the individual designated by the applicant to accept service of process and subpoenas for the air ambulance service;
5. If the applicant is a business organization:
 - a. The type of business organization;
 - b. The following information about the individual who is to serve as the primary contact for information regarding the application:
 - i. Name;
 - ii. Address;
 - iii. Telephone number; and
 - iv. Fax number, if any;
 - c. The name, title, and address of each officer and board member or trustee; and
 - d. A copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents, if applicable;
6. The name and Arizona license number for the physician who is to serve as the medical director for the air ambulance service;
7. The intended hours of operation for the air ambulance service;
8. The intended schedule of rates for the air ambulance service;
9. The scope of the mission types to be provided, including whether each of the following is to be provided:
 - a. Emergency medical services transports;
 - b. Interfacility transports;
 - c. Interfacility maternal transports;
 - d. Interfacility neonatal transports; and
 - e. Convalescent transports;
10. A copy of a current and valid OST Form 4507 showing the effective date of registration and exemption under 14 CFR 298;
11. A copy of the following issued by the Federal Aviation Administration:
 - a. A current and valid Air Carrier Certificate authorizing common carriage under 14 CFR 135;
 - b. If intending to operate a rotor-wing air ambulance, current and valid Operations Specifications authorizing aero-medical helicopter operations;
 - c. If intending to operate a fixed-wing air ambulance, current and valid Operations Specifications authorizing air-plane air ambulance operations;
 - d. A current and valid Certificate of Registration for each air ambulance to be operated; and
 - e. A current and valid Airworthiness Certificate for each air ambulance to be operated;
12. For each air ambulance to be operated for the air ambulance service:
 - a. An application for registration that includes all of the information and items required under R9-25-802(C); and
 - b. A copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
13. A certificate of insurance establishing that the applicant has current and valid liability insurance coverage for the air ambulance service as required under R9-25-703(B)(5);
14. A certificate of insurance establishing that the applicant has current and valid malpractice insurance coverage for the air ambulance service as required under R9-25-703(B)(6);
15. If the applicant holds current CAMTS accreditation for the air ambulance service, a copy of the current CAMTS accreditation report;
16. Attestation that the applicant knows all applicable requirements in this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1;
17. Attestation that the information provided in the application, including the information in the documents accompanying the application form, is accurate and complete; and
18. The dated signature of:
 - a. If the applicant is an individual, the individual;
 - b. If the applicant is a corporation, an officer of the corporation;
 - c. If the applicant is a partnership, one of the partners;
 - d. If the applicant is a limited liability company, a manager or, if the limited liability company does not have a manager, a member of the limited liability company;
 - e. If the applicant is an association or cooperative, a member of the governing board of the association or cooperative;
 - f. If the applicant is a joint venture, one of the individuals signing the joint venture agreement;

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- g. If the applicant is a governmental agency, the individual in the senior leadership position with the agency or an individual designated in writing by that individual; and
 - h. If the applicant is a business organization type other than those described in subsections (A)(18)(b) through (f), an individual who is a member of the business organization.
- B.** Unless an applicant establishes that it holds current CAMTS accreditation as provided in subsection (C) or is applying for an initial license because of a change in ownership as described in R9-25-706(D), the Department shall conduct an inspection, as required under A.R.S. § 36-2214(B) and R9-25-708, during the substantive review period for the application for an initial license.
- C.** To establish current CAMTS accreditation, an applicant shall submit to the Department a copy of its current CAMTS accreditation report, as provided in subsection (A)(15).
- D.** The Department shall review and approve or deny each application as described in Article 12 of this Chapter.
- E.** The Department may deny an application if an applicant:
 - 1. Fails to meet the eligibility requirements of R9-25-703(B);
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
 - 4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
 - 5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

R9-25-705. Renewal Application and Licensing Process (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)

- A.** Before the expiration date of its current license, an air ambulance service shall submit to the Department a renewal application completed using a Department-provided form and including:
 - 1. The information and items listed in R9-25-704(A)(1)-(11), (12)(b), and (13)-(18); and
 - 2. For each air ambulance operated or to be operated by the air ambulance service:
 - a. A copy of a current and valid certificate of registration issued by the Department under Article 8 of this Chapter; or
 - b. An application for registration that includes all of the information and items required under R9-25-802(C).
- B.** Unless an air ambulance service establishes that it holds current CAMTS accreditation as provided in subsection (C), the Department shall conduct an inspection, as required under A.R.S. § 36-2214(B) and R9-25-708, during the substantive review period for the renewal application.
- C.** To establish current CAMTS accreditation, an air ambulance service shall submit to the Department, as part of the application submitted under subsection (A), a copy of the air ambulance service's current CAMTS accreditation report.
- D.** The Department shall review and approve or deny each application as described in Article 12 of this Chapter.
- E.** The Department may deny an application if an applicant:
 - 1. Fails to meet the eligibility requirements of R9-25-703(C);
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
 - 4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
 - 5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

R9-25-706. Term and Transferability of License (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, and 41-1092.11)

- A.** The Department shall issue an initial license:
 - 1. When based on current CAMTS accreditation, with a term beginning on the date of issuance and ending on the expiration date of the CAMTS accreditation upon which licensure is based; and
 - 2. When based on Department inspection, with a term beginning on the date of issuance and ending three years later.
- B.** The Department shall issue a renewal license with a term beginning on the day after the expiration date shown on the previous license and ending:
 - 1. When based on current CAMTS accreditation, on the expiration date of the CAMTS accreditation upon which licensure is based; and
 - 2. When based on Department inspection, three years after the effective date.
- C.** If an applicant submits an application for renewal as described in R9-25-705 before the expiration date of the current license, the current license does not expire until the Department has made a final determination on the application for renewal, as provided in A.R.S. § 41-1092.11.
- D.** A person wanting to transfer an air ambulance service license shall submit to the Department before the anticipated change of ownership:
 - 1. A letter that contains:
 - a. A request that the air ambulance service license be transferred.

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- b. The name and license number of the currently licensed air ambulance service, and
- c. The name of the person to whom the air ambulance service license is to be transferred; and
- 2. An application that complies with R9-25-704(A) completed by the person to whom the license is to be transferred.
- E. A new owner shall not operate an air ambulance in this state until the Department has transferred an air ambulance service license to the new owner.

R9-25-707. Changes Affecting a License (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)

- A. At least 30 days before the date of a change in an air ambulance service's name, the air ambulance service shall send the Department written notice of the name change.
- B. At least 90 days before an air ambulance service ceases to operate, the air ambulance service shall send the Department written notice of the intention to cease operating, effective on a specific date, and the desire to relinquish its license as of that date.
- C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:
 - 1. For a notice described in subsection (A), issue an amended license that incorporates the name change but retains the expiration date of the current license; and
 - 2. For a notice described in subsection (B), send the air ambulance service written confirmation of the voluntary relinquishment of its license, with an effective date consistent with the written notice.
- D. An air ambulance service shall notify the Department in writing within one working day after:
 - 1. A change in its eligibility for licensure under R9-25-703(B) or (C);
 - 2. A change in the business organization information most recently submitted to the Department under R9-25-704(A)(5) or R9-25-705(A);
 - 3. A change in its CAMTS accreditation status, including a copy of its new CAMTS accreditation report, if applicable;
 - 4. A change in its hours of operation or schedule of rates; or
 - 5. A change in the scope of the mission types provided.
- E. Before the date of an anticipated change of ownership, a person wanting to transfer an air ambulance service license shall submit to the Department the documents required under R9-25-706(D).

R9-25-708. Inspections and Investigations (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, and 36-2214)

- A. Except as provided in subsections (D) and (F), the Department shall inspect an air ambulance service before issuing an initial or renewal license, as required under A.R.S. § 36-2214(B), and as often as necessary to determine compliance with this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- B. A Department inspection may include the premises and each air ambulance operated or to be operated for the air ambulance service.
- C. If the Department receives written or verbal information alleging a violation of this Article, Article 2 or 8 of this Chapter, or A.R.S. Title 36, Chapter 21.1, the Department shall conduct an investigation.
 - 1. The Department may conduct an inspection as part of an investigation.
 - 2. An air ambulance service shall allow the Department to inspect the premises and each air ambulance and to interview personnel as part of an investigation.
- D. As required under A.R.S. § 36-2213(8), the Department shall accept proof of current CAMTS accreditation in lieu of the licensing inspections otherwise required before initial and renewal licensure under subsection (A) and A.R.S. § 36-2214(B).
- E. To establish current CAMTS accreditation, an applicant or air ambulance service shall submit to the Department a copy of its current CAMTS accreditation report as required under R9-25-704(C), R9-25-705(C), or R9-25-707(D).
- F. When an application for an air ambulance service license is submitted along with a transfer request due to a change of ownership, the Department shall determine whether an inspection is necessary based upon the potential impact to public health, safety, and welfare.
- G. The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.

R9-25-709. Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, 36-2215, 41-1092.03, and 41-1092.11(B))

- A. The Department may take an action listed in subsection (B) against an air ambulance service that:
 - 1. Fails to meet the eligibility requirements of R9-25-703(B) or (C);
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter; or
 - 4. Knowingly or negligently provides false documentation or false or misleading information to the Department.
- B. The Department may take the following actions against an air ambulance service:
 - 1. Except as provided in subsection (B)(3), after notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, suspend the air ambulance service license;
 - 2. After notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, revoke the air ambulance service license; and
 - 3. If the Department determines that the public health, safety, or welfare imperatively requires emergency action and

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incorporates a finding to that effect in its order, summarily suspend the air ambulance service license pending proceedings for revocation or other action, as permitted under A.R.S. § 41-1092.11(B).

C. In determining whether to take action under subsection (B), the Department shall consider:

1. The severity of each violation relative to public health and safety;
2. The number of violations relative to the transport volume of the air ambulance service;
3. The nature and circumstances of each violation;
4. Whether each violation was corrected and, if so, the manner of correction; and
5. The duration of each violation.

R9-25-710. Minimum Standards for Operations (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

A. An air ambulance service shall ensure that:

1. The air ambulance service maintains eligibility for licensure as required under R9-25-703(C);
2. The air ambulance service publicizes its hours of operation;
3. The air ambulance service makes its schedule of rates available to any individual upon request and, if requested, in writing;
4. The air ambulance service provides an accurate estimated time of arrival to the person requesting transport at the time that transport is requested and provides an amended estimated time of arrival to the person requesting transport if the estimated time of arrival changes;
5. The air ambulance service transports only patients for whom it has the resources to provide appropriate medical care, unless subsection (B) or (D) applies;
6. The air ambulance service does not perform interfacility transport of a patient unless:
 - a. The transport is requested by:
 - i. A physician; or
 - ii. A qualified medical person, as determined by the sending health care institution's bylaws or policies, after consultation with and approval by a physician; and
 - b. The destination health care institution confirms that a bed is available for the patient;
7. The air ambulance service creates a prehospital incident history report, as defined in A.R.S. § 36-2220, for each patient;
8. The air ambulance service creates a record for each mission that includes:
 - a. Mission date;
 - b. Mission level—basic life support, advanced life support, or critical care;
 - c. Mission type—emergency medical services transport, interfacility transport, interfacility maternal transport, interfacility neonatal transport, or convalescent transport;
 - d. Aircraft type—fixed-wing aircraft or rotor-wing aircraft;
 - e. Name of the person requesting the transport;
 - f. Time of receipt of the transport request;
 - g. Departure time to the patient's location;
 - h. Address of the patient's location;
 - i. Arrival time at the patient's location;
 - j. Departure time to the destination health care institution;
 - k. Name and address of the destination health care institution;
 - l. Arrival time at the destination health care institution;
 - m. Patient reference number or call number; and
 - n. Aircraft tail number for the air ambulance used on the mission; and
9. The air ambulance service submits to the Department by the 15th day of each month, either in an electronic format approved by the Department or in hard copy, a run log of the previous month's missions that includes the information required under subsections (A)(8)(a)-(d), (f), (g), (i), (j), (l), and (m) in a cumulative tabular format.

B. In a rescue situation, when no other practical means of transport, including another air ambulance service, is available, an air ambulance service may deviate from subsection (A)(5) to the extent necessary to meet the rescue situation.

C. An air ambulance service that completes a mission under subsection (B) shall create a record within five working days after the mission, including the information required under subsection (A)(8), the manner in which the air ambulance service deviated from subsection (A)(5), and the justification for operating under subsection (B).

D. An air ambulance service may provide interfacility transport of a patient for whom it does not have the resources to provide appropriate medical care if the sending health care institution provides medically appropriate life support measures, staff, and equipment to sustain the patient during the interfacility transport.

E. An air ambulance service shall ensure that each staff member provided by a sending health care institution under subsection (D) has completed training in the subject areas listed in R9-25-713(A) before serving on a mission.

R9-25-711. Minimum Standards for Mission Staffing (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

A. An air ambulance service shall ensure that, except as provided in subsection (B):

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1. Each critical care mission is staffed by a medical team of at least two individuals with at least the following qualifications:
 - a. A physician or registered nurse, and
 - b. An EMT-P or licensed respiratory care practitioner;
 2. Each advanced life support mission is staffed by a medical team of at least two individuals with at least the following qualifications:
 - a. An EMT-P, and
 - b. Another EMT-P or a licensed respiratory care practitioner; and
 3. Each basic life support mission is staffed by a medical team of at least two individuals, each of whom has at least the qualifications of an EMT-B.
- B.** If the pilot on a mission using a rotor-wing air ambulance determines, in accordance with the air ambulance service's written guidelines required under subsection (C), that the weight of a second medical team member could potentially compromise the performance of the rotor-wing air ambulance and the safety of the mission, and the use of a single-member medical team is consistent with the on-line medical direction or on-line medical guidance received as required under subsection (C), an air ambulance service may use a single-member medical team consisting of an individual with at least the following qualification:
1. For a critical care mission, a physician or registered nurse;
 2. For an advanced life support mission, an EMT-P; and
 3. For a basic life support mission, an EMT-B.
- C.** An air ambulance service shall ensure that:
1. Each air ambulance service rotor-wing pilot is provided written guidelines to use in determining when the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission, including the conditions of density altitude and weight that warrant the use of a single-member medical team;
 2. The following are done, without delay, after an air ambulance service rotor-wing pilot determines that the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission:
 - a. The pilot communicates that information to the medical team;
 - b. The medical team obtains on-line medical direction or on-line medical guidance regarding the use of a single-member medical team; and
 - c. The medical team proceeds in compliance with the on-line medical direction or on-line medical guidance;
 3. A single-member medical team has the knowledge and medical equipment to perform one-person cardiopulmonary resuscitation;
 4. The air ambulance service has a quality management process to review regularly the patient care provided by each single-member medical team, including consideration of each patient's status upon arrival at the destination health care institution; and
 5. A single-member medical team is used only when no other transport team is available that would be more appropriate for delivering the level of care that a patient requires.
- D.** An air ambulance service that uses a single-member medical team as authorized under subsection (B) shall create a record within five working days after the mission, including the information required under R9-25-710(A)(8), the name and qualifications of the individual comprising the single-member medical team, and the justification for using a single-member medical team.
- E.** An air ambulance service shall create and maintain for each personnel member a file containing documentation of the personnel member's qualifications, including, as applicable, licenses, certifications, and training records.

R9-25-712. Minimum Standards for Air Ambulance Safety, Equipment, and Supplies (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

An air ambulance service shall ensure that:

1. Each air ambulance in use meets the standards in R9-25-807;
2. The equipment and supplies on an air ambulance are secured, stored, and maintained in a manner that prevents hazards to personnel and patients; and
3. After each mission, an air ambulance's equipment and supplies are checked and replenished as necessary to be in compliance with R9-25-807.

R9-25-713. Minimum Standards for Training (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)

A. An air ambulance service shall ensure that each medical team member completes training in the following subjects before serving on a mission:

1. Aviation terminology;
2. Physiological aspects of flight;
3. Patient loading and unloading;

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4. Safety in and around the aircraft;
5. In-flight communications;
6. Use, removal, replacement, and storage of the medical equipment installed on the aircraft;
7. In-flight emergency procedures;
8. Emergency landing procedures; and
9. Emergency evacuation procedures.

B. An air ambulance service shall document each medical team member's completion of the training required under subsection (A), including the name of the medical team member, each training component completed, and the date of completion.

R9-25-714. Minimum Standards for Communications (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

An air ambulance service shall ensure that, while on a mission, two-way voice communication is available:

1. Between and among personnel on the air ambulance, including the pilot; and
2. Between personnel on the air ambulance and the following persons on the ground:
 - a. Personnel;
 - b. Physicians providing on-line medical direction or on-line medical guidance to medical team members; and
 - c. For a rotor-wing air ambulance mission:
 - i. Emergency medical services providers, and
 - ii. Law enforcement agencies.

R9-25-715. Minimum Standards for Medical Control (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

A. An air ambulance service shall ensure that:

1. The air ambulance service has a medical director who:
 - a. Meets the qualifications in subsection (B);
 - b. Supervises and evaluates the quality of medical care provided by medical team members;
 - c. Ensures the competency and current qualifications of all medical team members;
 - d. Ensures that each EMT medical team member receives medical direction as required under Article 2 of this Chapter;
 - e. Ensures that each non-EMT medical team member receives medical guidance through:
 - i. Written treatment protocols; and
 - ii. On-line medical guidance provided by:
 - (1) The medical director;
 - (2) Another physician designated by the medical director; or
 - (3) If the medical guidance needed exceeds the medical director's area of expertise, a consulting specialty physician; and
 - f. Approves, ensures implementation of, and annually reviews treatment protocols to be followed by medical team members;
2. The air ambulance service has a quality management program through which:
 - a. Data related to patient care and transport services provided and patient status upon arrival at destination are:
 - i. Collected continuously, and
 - ii. Examined regularly, on at least a quarterly basis; and
 - b. Appropriate corrective action is taken when concerns are identified; and
3. The air ambulance service documents each concern identified through the quality management program and the corrective action taken to resolve each concern and provides this information, along with the supporting data, to the Department upon request.

B. A medical director shall:

1. Be a physician, as defined in A.R.S. § 36-2201; and
2. Comply with one of the following:
 - a. If the air ambulance service provides emergency medical services transports, meet the qualifications of R9-25-204(A)(2); or
 - b. If the air ambulance service does not provide emergency medical services transports, meet the qualifications of R9-25-204(A)(2) or one of the following:
 - i. If the air ambulance service provides only interfacility maternal missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
 - (1) Obstetrics and gynecology, with subspecialization in critical care medicine or maternal and fetal medicine; or
 - (2) Pediatrics, with subspecialization in neonatal-perinatal medicine;
 - ii. If the air ambulance service provides only interfacility neonatal missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
 - (1) Obstetrics and gynecology, with subspecialization in maternal and fetal medicine; or

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- (2) Pediatrics, with subspecialization in neonatal-perinatal medicine, neonatology, pediatric critical care medicine, or pediatric intensive care; or
- iii. If neither subsection (B)(2)(b)(i) or (ii) applies, have board certification or have completed an accredited residency program in one of the following specialty areas:
 - (1) Anesthesiology, with subspecialization in critical care medicine;
 - (2) Internal medicine, with subspecialization in critical care medicine;
 - (3) If the air ambulance service transports only pediatric patients, pediatrics, with subspecialization in pediatric critical care medicine or pediatric emergency medicine; or
 - (4) If the air ambulance service transports only surgical patients, surgery, with subspecialization in surgical critical care.

R9-25-716. Minimum Standards for Recordkeeping (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)

An air ambulance service shall retain each document required to be created or maintained under this Article or Article 2 or 8 of this Chapter for at least three years after the last event recorded in the document and shall produce each document for Department review upon request.

R9-25-717. Minimum Standards for an Interfacility Neonatal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

An air ambulance service shall ensure that:

- 1. Each interfacility neonatal mission is staffed by a medical team that complies with the requirements for a critical care mission medical team in R9-25-711(A)(1) and that has the following additional qualifications:
 - a. Proficiency in pediatric emergency care, as defined in R9-25-101; and
 - b. Proficiency in neonatal resuscitation and stabilization of the neonatal patient;
- 2. Each interfacility neonatal mission is conducted using an air ambulance that has the equipment and supplies required for a critical care mission in Table 1 of Article 8 of this Chapter and the following:
 - a. A transport incubator with:
 - i. Battery and inverter capabilities;
 - ii. An infant safety restraint system, and
 - iii. An integrated neonatal-capable pressure ventilator with oxygen-air supply and blender;
 - b. An invasive automatic blood pressure monitor;
 - c. A neonatal monitor or monitors with heart rate, respiratory rate, temperature, non-invasive blood pressure, and pulse oximetry capabilities;
 - d. Neonatal-specific drug concentrations and doses;
 - e. Umbilical catheter insertion equipment and supplies;
 - f. Thoracostomy supplies;
 - g. Neonatal resuscitation equipment and supplies;
 - h. A neonatal size cuff (size 2, 3, or 4) for use with an automatic blood pressure monitor; and
 - i. A neonatal probe for use with a pulse oximeter;
- 3. On-line medical direction or on-line medical guidance provided to an interfacility neonatal mission medical team member is provided by a physician who meets the qualifications of R9-25-715(B)(2)(b)(ii); and
- 4. An individual does not serve on an interfacility neonatal mission medical team unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in subsections (1)(a) and (b).

R9-25-718. Minimum Standards for an Interfacility Maternal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

A. This Section applies to an air ambulance service that holds itself out as providing interfacility maternal missions.

B. An air ambulance service shall ensure that:

- 1. Each interfacility maternal mission is staffed by a medical team that complies with the requirements for a critical care mission medical team in R9-25-711(A)(1) and that has the following additional qualifications:
 - a. Proficiency in advanced emergency cardiac life support, as defined in R9-25-101;
 - b. Proficiency in neonatal resuscitation; and
 - c. Proficiency in stabilization and transport of the maternal patient;
- 2. Each interfacility maternal mission is conducted using an air ambulance that has the equipment and supplies required for a critical care mission in Table 1 of Article 8 of this Chapter and the following:
 - a. A Doppler fetal heart monitor;
 - b. Unless use is not indicated for the patient as determined through on-line medical direction or on-line medical guidance provided as described in subsection (B)(3), an external fetal heart and tocographic monitor with printer capability;
 - c. Tocolytic and anti-hypertensive medications;
 - d. Advanced emergency cardiac life support equipment and supplies; and

- e. Neonatal resuscitation equipment and supplies;
- 3. On-line medical direction or on-line medical guidance provided to an interfacility maternal mission medical team member is provided by a physician who meets the qualifications of R9-25-715(B)(2)(b)(i); and
- 4. An individual does not serve on an interfacility maternal mission medical team unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in subsections (B)(1)(a), (b), and (c).

ARTICLE 8. ~~RECODIFIED~~ AIR AMBULANCE REGISTRATION

R9-25-801. Recodified Definitions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2212)

In addition to the definitions in R9-25-701, the following definitions apply in this Article, unless otherwise specified:

- 1. "Certificate holder" means a person who holds a current and valid certificate of registration for an air ambulance.
- 2. "Drug" has the same meaning as in A.R.S. § 32-1901.

R9-25-802. Recodified Requirement, Eligibility, and Application for an Initial or Renewal Certificate of Registration for an Air Ambulance (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4))

- A.** A person shall not operate an air ambulance in this state unless the person has a current and valid air ambulance service license as required under Article 7 of this Chapter and, except as provided in A.R.S. § 36-2212(C), a current and valid certificate of registration for the air ambulance as required under this Article.
- B.** To be eligible to obtain a certificate of registration for an air ambulance, an applicant shall:
 - 1. Hold a current and valid air ambulance service license issued under Article 7 of this Chapter;
 - 2. Hold the following issued by the Federal Aviation Administration for the air ambulance:
 - a. A current and valid Certificate of Registration, and
 - b. A current and valid Airworthiness Certificate;
 - 3. Hold a current and valid registration for the air ambulance, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4; and
 - 4. Comply with all applicable requirements of this Article, Articles 2 and 7 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- C.** To obtain an initial or renewal certificate of registration for an air ambulance, an applicant shall submit to the Department an application completed using a Department-provided form and including:
 - 1. The applicant's name, mailing address, fax number, and telephone number;
 - 2. All other business names used by the applicant;
 - 3. The applicant's physical business address, if different from the mailing address;
 - 4. The following information about the air ambulance for which registration is sought:
 - a. Each mission level for which the air ambulance will be used:
 - i. Basic life support,
 - ii. Advanced life support, or
 - iii. Critical care;
 - b. Whether a fixed-wing or rotor-wing aircraft;
 - c. Number of engines;
 - d. Manufacturer name;
 - e. Model name;
 - f. Year manufactured;
 - g. Serial number;
 - h. Aircraft tail number;
 - i. Aircraft colors, including fuselage, stripe, and lettering; and
 - j. A description of any insignia, monogram, or other distinguishing characteristics of the aircraft's appearance;
 - 5. A copy of the following issued to the applicant, for the air ambulance, by the Federal Aviation Administration:
 - a. A current and valid Certificate of Registration, and
 - b. A current and valid Airworthiness Certificate;
 - 6. A copy of a current and valid registration issued to the applicant, for the air ambulance, by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
 - 7. The location in Arizona at which the air ambulance will be available for inspection;
 - 8. The name and telephone number of the individual to contact to arrange for inspection, if the inspection is preannounced;
 - 9. Attestation that the applicant knows all applicable requirements in A.R.S. Title 36, Chapter 21.1; this Article; and Articles 2 and 7 of this Chapter;
 - 10. Attestation that the information provided in the application, including the information in the documents accompanying the application form, is accurate and complete;

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11. The dated signature of:
 - a. If the applicant is an individual, the individual;
 - b. If the applicant is a corporation, an officer of the corporation;
 - c. If the applicant is a partnership, one of the partners;
 - d. If the applicant is a limited liability company, a manager or, if the limited liability company does not have a manager, a member of the limited liability company;
 - e. If the applicant is an association or cooperative, a member of the governing board of the association or cooperative;
 - f. If the applicant is a joint venture, one of the individuals signing the joint venture agreement;
 - g. If the applicant is a governmental agency, the individual in the senior leadership position with the agency or an individual designated in writing by that individual; and
 - h. If the applicant is a business organization type other than those described in subsections (C)(11)(b) through (f), an individual who is a member of the business organization; and
 12. Unless the applicant operates or intends to operate the air ambulance only as a volunteer not-for-profit service, a certified check, business check, or money order made payable to the Arizona Department of Health Services for the following fees:
 - a. A \$50 registration fee, as required under A.R.S. § 36-2212(D); and
 - b. A \$200 annual regulatory fee, as required under A.R.S. § 36-2240(4).
- D.** The Department requires submission of a separate application and fees for each air ambulance.
- E.** Except as provided under R9-25-805(C), the Department shall inspect each air ambulance to determine compliance with the provisions of A.R.S. Title 36, Chapter 21.1 and this Article before issuing an initial certificate of registration and at least every 12 months thereafter before issuing a renewal certificate of registration.
- F.** The Department shall review and approve or deny each application as described in Article 12 of this Chapter.
- G.** The Department may deny a certificate of registration for an air ambulance if the applicant:
 1. Fails to meet the eligibility requirements of R9-25-802(B);
 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 3. Fails or has failed to comply with any provision in this Article or Article 2 or 7 of this Chapter;
 4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
 5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

R9-25-803. Recodified Term and Transferability of Certificate of Registration (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 41-1092.11)

- A.** The Department shall issue an initial certificate of registration:
 1. With a term of one year from date of issuance; or
 2. If requested by the applicant, with a term shorter than one year that allows for the Department to conduct annual inspections of all of the applicant's air ambulances at one time.
- B.** The Department shall issue a renewal certificate of registration with a term of one year.
- C.** If an applicant submits an application for renewal as described in R9-25-802 before the expiration date of the current certificate of registration, the current certificate of registration does not expire until the Department has made a final determination on the application for renewal, as provided in A.R.S. § 41-1092.11.
- D.** A certificate of registration is not transferable from one person to another.
- E.** If there is a change in the ownership of an air ambulance, the new owner shall apply for and obtain a new certificate of registration before operating the air ambulance in this state.

R9-25-804. Recodified Changes Affecting Registration (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), and 36-2212)

- A.** At least 30 days before the date of a change in a certificate holder's name, the certificate holder shall send the Department written notice of the name change.
- B.** No later than 10 days after a certificate holder ceases to operate an air ambulance, the certificate holder shall send the Department written notice of the date that the certificate holder ceased to operate the air ambulance and of the desire to relinquish the certificate of registration for the air ambulance as of that date.
- C.** Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:
 1. For a notice described in subsection (A), issue an amended certificate of registration that incorporates the name change but retains the expiration date of the current certificate of registration; and
 2. For a notice described in subsection (B), send the certificate holder written confirmation of the voluntary relinquishment of the certificate of registration, with an effective date that corresponds to the written notice.
- D.** A certificate holder shall notify the Department in writing within one working day after a change in its eligibility to obtain a certificate of registration for an air ambulance under R9-25-802(B).

- R9-25-805. Recodified Inspections (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 36-2232(A)(11))**
- A.** An applicant or certificate holder shall make an air ambulance available for inspection within Arizona at the request of the Department.
 - B.** The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.
 - C.** As permitted under A.R.S. § 36-2232(A)(11), upon certificate holder request and at certificate holder expense, the annual inspection of an air ambulance required for renewal of a certificate of registration may be conducted by a Department-approved inspection facility.
- R9-25-806. Recodified Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2212, 36-2234(L), 41-1092.03, and 41-1092.11(B))**
- A.** The Department may take an action listed in subsection (B) against a certificate holder's certificate of registration if the certificate holder:
 - 1. Fails or has failed to meet the eligibility requirements of R9-25-802(B);
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 7 of this Chapter; or
 - 4. Knowingly or negligently provides false documentation or false or misleading information to the Department.
 - B.** The Department may take the following actions against a certificate holder's certificate of registration:
 - 1. After notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, revoke the certificate of registration; and
 - 2. In case of emergency, if the Department determines that a potential threat to the public health and safety exists and incorporates a finding to that effect in its order, immediately suspend the certificate of registration as authorized under A.R.S. § 36-2234(L).
 - C.** In determining whether to take action under subsection (B), the Department shall consider:
 - 1. The severity of each violation relative to public health and safety;
 - 2. The number of violations relative to the transport volume of the air ambulance service;
 - 3. The nature and circumstances of each violation;
 - 4. Whether each violation was corrected and, if so, the manner of correction; and
 - 5. The duration of each violation.
- R9-25-807. Recodified Minimum Standards for an Air Ambulance (A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)**
- A.** An applicant or certificate holder shall ensure that an air ambulance has:
 - 1. A climate control system to prevent temperature extremes that would adversely affect patient care;
 - 2. If a fixed-wing air ambulance, pressurization capability;
 - 3. Interior lighting that allows for patient care and monitoring without interfering with the pilot's vision;
 - 4. For each place where a patient may be positioned, at least one electrical power outlet or other power source that is capable of operating all electrically powered medical equipment without compromising the operation of any electrical aircraft equipment;
 - 5. A back-up source of electrical power or batteries capable of operating all electrically powered life-support equipment for at least one hour;
 - 6. An entry that allows for patient loading and unloading without rotating a patient and stretcher more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis and without compromising the operation of monitoring systems, intravenous lines, or manual or mechanical ventilation;
 - 7. A configuration that allows each medical team member sufficient access to each patient to begin and maintain treatment modalities, including complete access to the patient's head and upper body for effective airway management;
 - 8. A configuration that allows for rapid exit of personnel and patients, without obstruction from stretchers and medical equipment;
 - 9. A configuration that protects the aircraft's flight controls, throttles, and communications equipment from any intentional or accidental interference from a patient or equipment and supplies;
 - 10. A padded interior or an interior that is clear of objects or projections in the head strike envelope;
 - 11. An installed self-activating emergency locator transmitter;
 - 12. A voice communications system that:
 - a. Is capable of air-to-ground communication, and
 - b. Allows the flight crew and medical team members to communicate with each other during flight;
 - 13. Interior patient compartment wall and floor coverings that are:
 - a. Free of cuts or tears,
 - b. Capable of being disinfected, and
 - c. Maintained in a sanitary manner; and
 - 14. If a rotor-wing air ambulance, the following:
 - a. A searchlight that:

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- i. Has a range of motion of at least 90 degrees vertically and 180 degrees horizontally.
 - ii. Is capable of illuminating a landing site, and
 - iii. Is located so that the pilot can operate the searchlight without removing the pilot's hands from the aircraft's flight controls;
 - b. Restraining devices that can be used to prevent a patient from interfering with the pilot or the aircraft's flight controls; and
 - c. A light to illuminate the tail rotor.
- B.** An applicant or certificate holder shall ensure that:
- 1. Except as provided in subsection (C), each air ambulance has the equipment and supplies required in Table 1 for each mission level for which the air ambulance is used; and
 - 2. The equipment and supplies on an air ambulance are secured, stored, and maintained in a manner that prevents hazards to personnel and patients.
- C.** A certificate holder may conduct an interfacility critical care mission using an air ambulance that does not have all of the equipment and supplies required in Table 1 for the mission level if:
- 1. Care of the patient to be transported necessitates use of life-support equipment that because of its size or weight or both makes it unsafe or impossible for the air ambulance to carry all of the equipment and supplies required in Table 1 for the mission level, as determined by the certificate holder based upon:
 - a. The individual aircraft's capabilities,
 - b. The size and weight of the equipment and supplies required in Table 1 and of the additional life-support equipment,
 - c. The composition of the required medical team, and
 - d. Environmental factors such as density altitude;
 - 2. The certificate holder ensures that, during the mission, the air ambulance has the equipment and supplies necessary to provide an appropriate level of medical care for the patient and to protect the health and safety of the personnel on the mission;
 - 3. The certificate holder ensures that, during the mission, the air ambulance is not directed by the air ambulance service or another person to conduct another mission before returning to a base location;
 - 4. The certificate holder ensures that the air ambulance is not used for another mission until the air ambulance has all of the equipment and supplies required in Table 1 for the mission level; and
 - 5. Within five working days after each interfacility critical care mission conducted as permitted under subsection (C), the certificate holder creates a record that includes the information required under R9-25-710(A)(8), a description of the life-support equipment used on the mission, a list of the equipment and supplies required in Table 1 that were removed from the air ambulance for the mission, and the justification for conducting the mission as permitted under subsection (C).

Table 1. Minimum Equipment and Supplies Required on Air Ambulances, By Mission Level and Aircraft Type (A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)

X = Required

ALS = Advanced Life Support Mission

BLS = Basic Life Support Mission

CC = Critical Care Mission

FW = Fixed-Wing Aircraft

RW = Rotor-Wing Aircraft

<u>MINIMUM EQUIPMENT AND SUPPLIES</u>	<u>FW</u>	<u>RW</u>	<u>BLS</u>	<u>ALS</u>	<u>CC</u>
<u>A. Ventilation and Airway Equipment</u>					
1. <u>Portable and fixed suction apparatus, with wide-bore tubing, rigid pharyngeal curved suction tip, tonsillar and flexible suction catheters, 5F-14F</u>	X	X	X	X	X
2. <u>Portable and fixed oxygen equipment, with variable flow regulators</u>	X	X	X	X	X
3. <u>Oxygen administration equipment, including tubing; non-rebreathing masks (adult and pediatric sizes); and nasal cannulas (adult and pediatric sizes)</u>	X	X	X	X	X

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<u>MINIMUM EQUIPMENT AND SUPPLIES</u>	<u>FW</u>	<u>RW</u>	<u>BLS</u>	<u>ALS</u>	<u>CC</u>
4. <u>Bag-valve mask, with hand-operated, self-reexpanding bag (adult size), with oxygen reservoir/accumulator; mask (adult, pediatric, infant, and neonate sizes); and valve</u>	X	X	X	X	X
5. <u>Airways, oropharyngeal (adult, pediatric, and infant sizes)</u>	X	X	X	X	X
6. <u>Laryngoscope handle with extra batteries and bulbs, adult and pediatric</u>	X	X	-	X	X
7. <u>Laryngoscope blades, sizes 0, 1, and 2, straight; sizes 3 and 4, straight and curved</u>	X	X	-	X	X
8. <u>Endotracheal tubes, sizes 2.5-5.0 mm uncuffed and 6.0-8.0 mm cuffed</u>	X	X	-	X	X
9. <u>Meconium aspirator</u>	X	X	-	X	X
10. <u>10 mL straight-tip syringes</u>	X	X	-	X	X
11. <u>Stylettes for Endotracheal tubes, adult and pediatric</u>	X	X	-	X	X
12. <u>Magill forceps, adult and pediatric</u>	X	X	-	X	X
13. <u>Nasogastric tubes, sizes 5F and 8F, Salem sump sizes 14F and 18F</u>	X	X	-	X	X
14. <u>End-tidal CO₂ detectors, colorimetric or quantitative</u>	X	X	-	X	X
15. <u>Portable automatic ventilator with positive end expiratory pressure</u>	X	X	-	X	X
<u>B. Monitoring and Defibrillation</u>					
1. <u>Automatic external defibrillator</u>	X	X	X	-	-
2. <u>Portable, battery-operated monitor/defibrillator, with tape write-out/recorder, defibrillator pads, adult and pediatric paddles or hands-free patches, ECG leads, adult and pediatric chest attachment electrodes, and capability to provide electrical discharge below 25 watt-seconds</u>	X	X	-	X	X
3. <u>Transcutaneous cardiac pacemaker, either stand-alone unit or integrated into monitor/defibrillator</u>	X	X	-	X	X
<u>C. Immobilization Devices</u>					
1. <u>Cervical collars, rigid, adjustable or in an assortment of adult and pediatric sizes</u>	-	X	X	X	X
2. <u>Head immobilization device, either firm padding or another commercial device</u>	-	X	X	X	X
3. <u>Lower extremity (femur) traction device, including lower extremity, limb support slings, padded ankle hitch, padded pelvic support, and traction strap</u>	-	X	X	X	X
4. <u>Upper and lower extremity immobilization splints</u>	-	X	X	X	X
<u>D. Bandages</u>					
1. <u>Burn pack, including standard package, clean burn sheets</u>	X	X	X	X	X

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<u>MINIMUM EQUIPMENT AND SUPPLIES</u>	<u>FW</u>	<u>RW</u>	<u>BLS</u>	<u>ALS</u>	<u>CC</u>
2. <u>Dressings, including sterile multi-trauma dressings (various large and small sizes); abdominal pads, 10" x 12" or larger; and 4" x 4" gauze sponges</u>	X	X	X	X	X
3. <u>Gauze rolls, sterile (4" or larger)</u>	X	X	X	X	X
4. <u>Elastic bandages, non-sterile (4" or larger)</u>	X	X	X	X	X
5. <u>Occlusive dressing, sterile, 3" x 8" or larger</u>	X	X	X	X	X
6. <u>Adhesive tape, including various sizes (1" or larger) hypoallergenic and various sizes (1" or larger) adhesive</u>	X	X	X	X	X
<u>E. Obstetrical</u>					
1. <u>Obstetrical kit (separate sterile kit), including towels, 4" x 4" dressing, umbilical tape, sterile scissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, at least 4 blankets, and a head cover</u>	X	X	X	X	X
2. <u>An alternate portable patient heat source or 2 heat packs</u>	X	X	X	X	X
<u>E. Miscellaneous</u>					
1. <u>Sphygmomanometer (infant, pediatric, and adult regular and large sizes)</u>	X	X	X	X	X
2. <u>Stethoscope</u>	X	X	X	X	X
3. <u>Pediatric equipment sizing reference guide</u>	X	X	X	X	X
4. <u>Thermometer with low temperature capability</u>	X	X	X	X	X
5. <u>Heavy bandage or paramedic scissors for cutting clothing, belts, and boots</u>	X	X	X	X	X
6. <u>Cold packs</u>	X	X	X	X	X
7. <u>Flashlight (1) with extra batteries</u>	X	X	X	X	X
8. <u>Blankets</u>	X	X	X	X	X
9. <u>Sheets</u>	X	X	X	X	X
10. <u>Disposable emesis bags or basins</u>	X	X	X	X	X
11. <u>Disposable bedpan</u>	X	X	X	X	X
12. <u>Disposable urinal</u>	X	X	X	X	X
13. <u>Properly secured patient transport system</u>	X	X	X	X	X
14. <u>Lubricating jelly (water soluble)</u>	X	X	X	X	X
15. <u>Small volume nebulizer</u>	X	X	=	X	X
16. <u>Glucometer or blood glucose measuring device with reagent strips</u>	X	X	=	X	X
17. <u>Pulse oximeter with pediatric and adult probes</u>	X	X	=	X	X
18. <u>Automatic blood pressure monitor</u>	X	X	X	X	X

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<u>MINIMUM EQUIPMENT AND SUPPLIES</u>	<u>FW</u>	<u>RW</u>	<u>BLS</u>	<u>ALS</u>	<u>CC</u>
<u>G. Infection Control (Latex-free equipment shall be available)</u>					
1. <u>Eye protection (full peripheral glasses or goggles, face shield)</u>	X	X	X	X	X
2. <u>Masks</u>	X	X	X	X	X
3. <u>Gloves, non-sterile</u>	X	X	X	X	X
4. <u>Jumpsuits or gowns</u>	X	X	X	X	X
5. <u>Shoe covers</u>	X	X	X	X	X
6. <u>Disinfectant hand wash, commercial antimicrobial (towelette, spray, or liquid)</u>	X	X	X	X	X
7. <u>Disinfectant solution for cleaning equipment</u>	X	X	X	X	X
8. <u>Standard sharps containers</u>	X	X	X	X	X
9. <u>Disposable red trash bags</u>	X	X	X	X	X
10. <u>High-efficiency particulate air mask</u>	X	X	X	X	X
<u>H. Injury Prevention Equipment</u>					
1. <u>Appropriate restraints (such as seat belts) for patient, personnel, and family members</u>	X	X	X	X	X
2. <u>Child safety restraints</u>	X	X	X	X	X
3. <u>Safety vest or other garment with reflective material for each personnel member</u>	=	X	X	X	X
4. <u>Fire extinguisher</u>	X	X	X	X	X
5. <u>Hazardous material reference guide</u>	X	X	X	X	X
6. <u>Hearing protection for patient and personnel</u>	X	X	X	X	X
<u>I. Vascular Access</u>					
1. <u>Intravenous administration equipment, with fluid in bags</u>	X	X	=	X	X
2. <u>Antiseptic solution (alcohol wipes and povidone-iodine wipes)</u>	X	X	=	X	X
3. <u>Intravenous pole or roof hook</u>	X	X	=	X	X
4. <u>Intravenous catheters 14G-24G</u>	X	X	=	X	X
5. <u>Intraosseous needles</u>	X	X	=	X	X
6. <u>Venous tourniquet</u>	X	X	=	X	X
7. <u>One of each of the following types of intravenous solution administration sets:</u> a. <u>A set with blood tubing,</u> b. <u>A set capable of delivering 60 drops per cc, and</u> c. <u>A set capable of delivering 10 or 15 drops per cc</u>	X	X	=	X	X
8. <u>Intravenous arm boards, adult and pediatric</u>	X	X	=	X	X
9. <u>IV pump or pumps (minimum of 3 infusion lines)</u>	X	X	=	X	X
10. <u>IV pressure bag</u>	X	X	=	X	X

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<u>MINIMUM EQUIPMENT AND SUPPLIES</u>	<u>FW</u>	<u>RW</u>	<u>BLS</u>	<u>ALS</u>	<u>CC</u>
<u>J. Medications</u>					
1. <u>Drugs and drug-related equipment required in the EMT-B Drug List in Exhibit 1 to R9-25-503</u>	<u>X</u>	<u>X</u>	<u>X</u>	=	=
2. <u>Drugs and drug-related equipment required in the EMT-P and Qualified EMT-I Drug List in Exhibit 1 to R9-25-503</u>	<u>X</u>	<u>X</u>	=	<u>X</u>	<u>X</u>

ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS

R9-25-1201. Time-frames (A.R.S. §§ 41-1072 through 41-1079)

- A. No change
- B. No change
 - 1. No change
 - 2. No change
 - 3. No change
- C. No change
 - 1. As part of the substantive review time-frame for an application for an approval other than renewal of an ambulance registration, the Department shall conduct inspections, conduct investigations, or hold hearings required by law.
 - 2. No change
 - 3. No change
 - 4. No change
 - 5. No change
 - 6. No change
- D. No change
- E. No change
- F. No change

Table 1. Time-frames (in days)

Type of Application	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Time to Respond to Written Notice	Substantive Review Time-frame	Time to Respond to Comprehensive Written Request
ALS Base Hospital Certification (R9-25-208)	A.R.S. §§ 36-2201, 36-2202(A)(3), and 36-2204(5)	45	15	60	30	60
Amendment of an ALS Base Hospital Certificate (R9-25-209)	A.R.S. §§ 36-2201, 36-2202(A)(3), and 36-2204(5) and (6)	30	15	60	15	60
Training Program Certification (R9-25-302)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	120	30	60	90	60
Amendment of a Training Program Certificate (R9-25-303)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	90	30	60	60	60
EMT Certification (R9-25-404)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1)	120	30	90	90	270
Temporary Nonrenewable EMT-B or EMT-P Certification (R9-25-405)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1) and (7)	120	30	90	90	60

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EMT Recertification (R9-25-406)	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (4)	120	30	60	90	60
Extension to File for EMT Recertification (R9-25-407)	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (7)	30	15	60	15	60
Downgrading of Certification (R9-25-408)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1) and (6)	30	15	60	15	60
<u>Initial Air Ambulance Service License (R9-25-704)</u>	<u>A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215</u>	<u>150</u>	<u>30</u>	<u>60</u>	<u>120</u>	<u>60</u>
<u>Renewal of an Air Ambulance Service License (R9-25-705)</u>	<u>A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215</u>	<u>90</u>	<u>30</u>	<u>60</u>	<u>60</u>	<u>60</u>
<u>Transfer of an Air Ambulance Service License (R9-25-706)</u>	<u>A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, and 41-1092.11</u>	<u>150</u>	<u>30</u>	<u>60</u>	<u>120</u>	<u>60</u>
<u>Initial Certificate of Registration for an Air Ambulance (R9-25-802)</u>	<u>A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4)</u>	<u>90</u>	<u>30</u>	<u>60</u>	<u>60</u>	<u>60</u>
<u>Renewal of a Certificate of Registration for an Air Ambulance (R9-25-802)</u>	<u>A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4)</u>	<u>90</u>	<u>30</u>	<u>60</u>	<u>60</u>	<u>60</u>
Initial Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2204, 36-2232, 36-2233, 36-2240	450	30	60	420	60
Provision of ALS Services (R9-25-902)	A.R.S. §§ 36-2232, 36-2233, 36-2240	450	30	60	420	60
Transfer of a Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2236(A) and (B), 36-2240	450	30	60	420	60
Renewal of a Certificate of Necessity (R9-25-904)	A.R.S. §§ 36-2233, 36-2235, 36-2240	90	30	60	60	60
Amendment of a Certificate of Necessity (R9-25-905)	A.R.S. §§ 36-2232(A)(4), 36-2240	450	30	60	420	60
Initial Registration of a Ground Ambulance Vehicle (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Renewal of a Ground Ambulance Vehicle Registration (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Establishment of Initial General Public Rates (R9-25-1101)	A.R.S. §§ 36-2232, 36-2239	450	30	60	420	60
Adjustment of General Public Rates (R9-25-1102)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60

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Contract Rate or Range of Rates Less than General Public Rates (R9-25-1103)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60
Ground Ambulance Service Contracts (R9-25-1104)	A.R.S. § 36-2232	450	30	60	420	60
Ground Ambulance Service Contracts with Political Subdivisions (R9-25-1104)	A.R.S. §§ 36-2232, 36-2234(K)	30	15	15	15	Not Applicable
Subscription Service Rate (R9-25-1105)	A.R.S. § 36-2232(A)(1)	450	30	60	420	60
Air Ambulance Registration Certificate (R9-13-1101)	A.R.S. § 36-2212	90	30	60	60	60
Air Ambulance Registration Certificate Renewal (R9-13-1101)	A.R.S. § 36-2212	90	30	60	60	60

NOTICE OF FINAL RULEMAKING

TITLE 12. NATURAL RESOURCES

CHAPTER 4. GAME AND FISH COMMISSION

[R06-53]

PREAMBLE

- | | |
|------------------------------------|---------------------------------|
| <u>1. Sections Affected</u> | <u>Rulemaking Action</u> |
| R12-4-302 | Amend |
| R12-4-305 | Amend |
| R12-4-308 | Amend |
- 2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
 Authorizing statute: A.R.S. § 17-231
 Implementing statute: A.R.S. §§ 17-231, 17-234, and 17-302
- 3. The effective date of the rules:**
 April 8, 2006
- 4. A list of all previous notices appearing in the Register addressing the final rule:**
 Notice of Rulemaking Docket Opening: 11 A.A.R. 4143, October 21, 2005
 Notice of Proposed Rulemaking: 11 A.A.R. 4081, October 21, 2005
- 5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
 Name: Carlos Ramirez, Rule Writer
 Address: Arizona Game and Fish Department
 2221 W. Greenway Rd. DORR
 Phoenix, AZ 85023-4399
 Telephone: (602) 789-3288
 Fax: (602) 789-3677
- 6. An explanation of the rule, including the agency's reason for initiating the rule:**
 The Arizona Game and Fish Department is making amendments to Commission rules dealing with the taking and handling of wildlife to improve wildlife management and to meet the needs of the regulated community.

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The rulemaking authorizes the implementation and use of a “two-part” tag. The Department has sporadically received comments from the public requesting a means to allow an individual that takes wildlife in the field to lawfully authorize another individual to possess a portion of the carcass. The current system does not have a mechanism through which an individual can easily authorize someone other than the original tag holder to transport the parts of their lawfully taken wildlife separate from the original tag. This rulemaking authorizes a new “two-part” tag that will give a hunter the option of attaching one part of a tag to a portion of a wildlife carcass so that another individual may lawfully possess that portion as long as the tag accompanies it.

This rulemaking also authorizes possession of a bear or mountain lion that kills livestock if the individual possesses a valid hunting license, a nonpermit-tag, the wildlife is taken during a closed season, and the take is authorized under A.R.S. § 17-302. Currently, the Department authorizes a property owner or livestock owner and operator to take depredating wildlife if it damages property or kills livestock under A.R.S. §§ 17-239 and 17-302. However, both of these statutes prohibit possession by the hunter who takes the wildlife, and do not require purchase of a license. A mountain lion or bear taken under this rule counts towards the annual bag limit prescribed by Commission Order.

Lastly, the amendments will require that a hunter who takes either bear or mountain lion report the take within 48 hours, if the Department requires inspection of either species. The rulemaking would also require that within 10 days of taking a bear or mountain lion, each hunter shall present the skull, hide, and attached proof of sex for inspection to the Department. A caveat is added that if a hunter freezes the skull or hide before presenting it for inspection, in case the hunter was preparing it for taxidermy, the hunter shall prop the jaw open to allow access to the teeth and shall ensure that proof of sex is attached to the hide and identifiable. The Department’s reason for proposing this change is so that wildlife managers can obtain more accurate wildlife data, and be more reactive in their efforts to regulate the take of bear and mountain lion. For some Commission authorized mountain lion hunts, only a few animals are authorized to be taken. In those game management units where there are so few tags available, the Department wants to ensure that the harvest objective is adhered to as closely as possible.

7. A reference to any study relevant to the rule that the agency reviewed and relied on in its evaluation of or justification for the rule or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

None

8. 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

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

The rulemaking will benefit hunters, those with interests in livestock operations where there are established populations of bear and mountain lion, and the Department. There will also be costs to these groups as a result of this rulemaking, though they will be negligible. The proposed rulemaking will not impact private or public employment, and will not significantly impact small businesses or their customers. The proposed rulemaking will not significantly impact state revenues. The Department has determined that there are no alternative means for achieving the objectives of the proposed rulemaking, and that the benefits outweigh any costs.

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

Minor grammar and formatting changes were made at the request of G.R.R.C. staff.

11. A summary of the comments made regarding the rule and the agency response to them:

Written Comment: The Department must amend the rules on “taking” of mountain lions, but not in the way I am proposing. The rules must be revised because the agency has no accurate data on populations, actual harvest numbers, or anything else relating to mountain lions. The information the agency relies on is outdated and inaccurate.

Agency Response: The Department disagrees. The agency has very accurate data on the harvest of mountain lion in Arizona. A person who fails to report a harvested lion is subject to criminal prosecution. The new rules will greatly increase the quality of the data used in lion management by allowing the data to be collected in a systematic way by trained wildlife professionals. This data will be incorporated into a comprehensive management strategy to help the Department achieve its wildlife management goals.

Written Comment: First you want a tooth, now a check-out requirement. I have not heard any mountain lion information since the requirement to submit a tooth was put in place, and I feel this is just another way to discourage lion hunting. I also feel that it is much easier to have a tag-holder take a lion rather than to have a depredation hunt. Maybe the agency should make rules more effective instead of making more.

Agency Response: The Department disagrees. The agency is recommending the amendments regarding depredation issues to allow sport hunters to continue to take depredating lions when and if the lion season is closed. The effect of this rule will not make A.R.S. § 17-302 any more restrictive.

Written Comment: Killing mountain lion and bear should not be allowed except in case of self defense.

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Agency Response: The Department disagrees. The taking of mountain lion and bear are necessary to effectively manage wildlife in this state.

Written Comment: Commenting on behalf of several stakeholder groups, we generally support the amendments to R12-4-305 with exception. The rule language should be amended to ensure that the Commission's annual hunt orders are not thwarted by an unintended kill beyond the total annual harvest objective or the specific game management unit annual harvest objective in which a bear or lion is killed under A.R.S. § 17-302. In addition, it will be crucial for the Department to exercise its authority under that statute to conduct investigations and oversight to ensure that any bears or lions killed under this rule are truly depredating animals. This is especially critical in light of the limitation on the public's right to access all pertinent information in connection with such kills. We also strongly support the proposed changes to R12-4-308(A)(4) to shorten the time a successful hunter must report a kill from 10 days to 48 hours, and the requirement for a physical check of bears and lions killed. Thank you for the opportunity to comment.

Agency Response: The Department appreciates the support. The recommendation to have bears and mountain lions that are taken for the protection of property under A.R.S. § 17-302 count towards a unit's harvest objective is not necessary. Harvest objectives for mountain lion under the current management system have never been met. Wildlife managers who make bear hunt recommendations currently receive depredation harvest data, and consider depredation harvest trends in addition to hunter harvest in recommending increases or decreases in female bear harvest objectives. Given these factors, it is highly unlikely that the harvest objective for bear or mountain lion could be thwarted or exceeded, which would make inclusion of the annual harvest objective in rule unnecessary. In response to suggested change, the Department has every intention of continuing to exercise its oversight responsibilities as set forth in A.R.S. § 17-302.

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

None

13. Incorporations by reference and their location in the rules:

None

14. Was this rule previously made as an emergency rule?

No.

15. The full text of the rules follows:

TITLE 12. NATURAL RESOURCES

CHAPTER 4. GAME AND FISH COMMISSION

ARTICLE 3. TAKING AND HANDLING OF WILDLIFE

Section

- R12-4-302. Use of Tags
- R12-4-305. Possessing, Transporting, Importing, Exporting, and Selling Carcasses or Parts of Wildlife
- R12-4-308. Wildlife Inspections, Check Stations, and Roadblocks

ARTICLE 3. TAKING AND HANDLING OF WILDLIFE

R12-4-302. Use of Tags

- A. In addition to meeting the requirements of A.R.S. § 17-331, an individual who takes wildlife shall have in possession any tag required for the particular season or hunt area.
- B. A tag obtained in violation of statute or rule is invalid and shall not be used to take, transport, or possess wildlife.
- C. An individual who takes wildlife shall not possess a tag issued to anyone else, except as provided in this Section and R12-4-305, or attach to wildlife a tag issued to anyone else, except as provided in R12-4-217.
- D. An individual shall not allow a tag issued to that individual to be attached to wildlife killed by anyone else, except as provided in R12-4-217.
- E. An individual shall not attach a tag issued to that individual to wildlife killed by anyone else, except as provided in R12-4-217.
- F. An individual shall take and tag only the wildlife identified on the tag.
- G. An individual shall use a ~~hunt permit~~ tag only in the season and hunt area for which the ~~hunt permit~~ tag is valid.
- H. An individual who lawfully possesses both a nonpermit-tag and a hunt permit-tag shall not take a genus or species in excess of the bag limit established for that genus or species.
- I. ~~Unless exempted under R12-4-217, immediately~~ Immediately after an individual kills wildlife, unless exempted under R12-4-217 or the individual who took the wildlife wishes to divide the carcass under R12-4-305, the individual shall

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attach his or her valid tag to the wildlife carcass in the following manner:

1. Remove all of the detachable paper covering from the adhesive back of the tag;
2. Seal the exposed adhesive portions of the tag around the wildlife so the tag cannot be removed or reused and all printing on the face of the tag is visible and:
 - a. For a deer, elk, or antelope, seal the tag around the antler or horn, or through the gambrel of a hind leg;
 - b. For a javelina, bighorn sheep, mountain lion, buffalo, or bear, seal the tag through the gambrel of a hind leg; and
 - c. For a turkey, sandhill crane, or pheasant, seal the tag around the neck or a leg.

J. An individual who lawfully takes wildlife under a tag and wishes to authorize another individual to possess, transport, or ship any portion of a carcass under R12-4-305 shall, at the time the portions are to be possessed, transported, or shipped independent from the original tag holder:

1. Tear and separate the tag portions along the perforated line,
2. Legibly complete and sign the Carcass/Transportation/Shipping Permit portion in accordance with R12-4-305(D), and
3. Provide to the individual who will possess and transport the portions of the carcass the completed Carcass/Transportation/Shipping permit.

K. An individual who possesses, transports, or ships a carcass or any part or parts of a carcass and is not the original tag holder shall possess the completed Carcass/Transportation/Shipping permit issued as part of the original permit authorizing the take of that animal.

~~JL.~~ If a tag or a separated portion of a tag has been sealed or mutilated, or the ~~transportation and shipping~~ Carcass/Transportation/Shipping permit portion of the tag is signed or filled out, the tag is no longer valid for taking wildlife.

R12-4-305. Possessing, Transporting, Importing, Exporting, and Selling Carcasses or Parts of Wildlife

- A.** For the purposes of this Section, “evidence of legality” means:
1. The wildlife is identifiable as the “legal wildlife” prescribed by Commission order, which may include evidence of species, gender, antler or horn growth, maturity and size; and
 2. The wildlife is accompanied by the applicable license, tag, separated portion of a tag under R12-4-302, stamp or permit required by law.
- B.** An individual shall ensure that evidence of legality remains with the carcass or parts of a carcass of any wild mammal, bird, or reptile that the individual possesses or transports, until arrival at the individual’s permanent abode, a commercial processing plant, or the place where the wildlife is to be consumed.
- C.** In addition to the requirement in subsection (B), an individual possessing or transporting the following wildlife shall also ensure that:
1. Big game, sandhill cranes, and pheasant each have the required valid tag attached as prescribed in R12-4-302;
 2. Migratory game birds, except sandhill cranes, each have one fully feathered wing attached;
 3. Each sandhill crane has either the fully feathered head or one fully feathered wing attached; and
 4. Each quail has attached a fully feathered head, or a fully feathered wing, or a leg with foot attached, if the current Commission order has established separate bag or possession limits for any species of quail.
- D.** An individual who has lawfully taken wildlife that requires a valid tag when prescribed by the Commission, such as big game, sandhill crane, or pheasant, may authorize its transportation or shipment by completing and signing the Transportation/Shipping Permit portion of the valid tag for that animal. A separate Transportation/Shipping Permit issued by the Department is necessary to transport or ship to another state or country any big game taken with a resident license. Under A.R.S. § 17-372, an individual may ship other lawfully taken wildlife by common carrier after obtaining a valid Transportation/Shipping Permit issued by the Department. The individual shall provide the following information on the permit form:
1. Number and description of the wildlife to be transported or shipped;
 2. Name of the individual who took the wildlife and that individual’s address, license number, license class, and tag number;
 3. Name and address of the individual who receives a portion of the divided carcass of the wildlife under subsection (E), if applicable;
 4. Address of destination where the wildlife is to be transported or shipped; and
 - ~~4~~ 5. Name and address of transporter or shipper.
- E.** An individual who lawfully takes wildlife under a tag may authorize another individual to possess the head or carcass of the wildlife by separating and attaching the tag as prescribed in R12-4-302. An individual who receives a portion of the wildlife shall provide the identity of the individual who took and gave the portion of the wildlife.
- ~~EF.~~** An individual shall not possess the horns of a bighorn sheep, taken by a hunter in this state, unless the horns are marked or sealed as prescribed in R12-4-308.
- ~~FG.~~** An individual who sells, offers for sale, or exports the raw pelt of a bobcat taken in this state shall obtain a bobcat permit tag available for a fee as provided in R12-4-102 at Department offices and other locations at those times and places as determined and published by the Department, and shall ensure that the bobcat permit tag is locked through the mouth or eye openings so that it cannot be removed.

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- H** Unless an individual has taken the annual bag limit for bear or mountain lion, an individual who takes bear or mountain lion under A.R.S. § 17-302, if the season for bear or mountain lion is closed, may retain the carcass of the wildlife if the individual has a valid hunting license and the carcass is tagged with a nonpermit-tag as required by R12-4-114 and R12-4-302. An animal retained shall count towards the annual bag limit for bear or mountain lion as authorized in Commission Order. The individual shall comply with R12-4-308.
- G I** An individual may import into this state carcasses or parts of carcasses of wildlife that have been lawfully taken in another state or country if accompanied by evidence of legality.
- H J** Individuals who obtain buffalo meat under R12-4-306 may sell the meat.
- I K** An individual may import into this state the carcasses or parts of aquatic wildlife that have been lawfully taken in another state or country if accompanied by evidence of legality, and if transported and exported in accordance with the laws of the state or country of origin.
- J L** An individual in possession of or transporting the carcasses of any freshwater fish that have been taken within this state shall ensure that the head, tail, or skin is attached so that the species can be identified, numbers counted, and any required length determined.
- K M** An individual in possession of a carp (*Cyprinus carpio*) or buffalofish (*Ictiobus* spp.) carcass taken under Commission order may sell the carcass.

R12-4-308. Wildlife Inspections, Check Stations, and Roadblocks

- A.** The Department has the authority to establish mandatory wildlife check stations. The Department shall publish the location, check-in requirements, and check-out requirements for a season with the published Commission order establishing the season.
1. Hunters shall personally check in at a wildlife check station before hunting in a season with a published check-in requirement.
 2. The Department shall ensure that wildlife check stations with a published check-in requirement are open continuously from 8:00 a.m. the day before the season until 8:00 p.m. the first day of the season, and from 8:00 a.m. to 8:00 p.m. during each day of the season.
 3. Hunters shall personally check out after hunting in a season with a published check-out requirement, and shall present for inspection any wildlife taken and display any license, tag, or permit required for taking or transporting wildlife.
 4. The Department shall ensure that wildlife check stations with a published check-out requirement are open continuously from 8:00 a.m. to 8:00 p.m. during each day of the season and remain open until 12:00 noon on the day following the close of the season.
- B.** The Department has the authority to conduct inspections for bighorn sheep, archery deer, bear, mountain lion and special big game license-tags (deer, elk, antelope, and buffalo) at the Department's Phoenix and regional offices or designated locations. Regional offices are open 8:00 a.m. to 5:00 p.m., Monday through Friday, except on legal state holidays.
1. All bighorn sheep hunters shall personally check out within three days after the close of the season. Each hunter who takes a bighorn sheep shall submit the intact horns and skull for inspection and photographing. The Department representative shall affix a mark or seal to one horn of each bighorn sheep lawfully taken under Commission order. The hunter shall not remove, alter, or obliterate the mark or seal.
 2. All special big game license-tag hunters who tag a deer, elk, antelope, or buffalo shall submit the intact horns or antlers and skull or skullcap for inspection and photographing within three days after the close of the season.
 3. A successful non-permit tag archery deer hunter shall report information about the kill to a Department office in person or by telephone within 10 days of taking the deer if the hunt area does not have a check station requirement.
 4. A successful bear or mountain lion hunter shall report information about the kill in person or by telephone within 48 hours of taking a bear the wildlife. If the kill is reported by telephone, the ~~The~~ report shall include the name of the hunter, the hunter's hunting license number, the sex of the ~~bear~~ wildlife taken, the management unit where the ~~bear~~ wildlife was taken, and a telephone number where the hunter can be reached for additional information. Within 10 days of taking the wildlife, each hunter who takes a bear or mountain lion shall present the skull, hide, and attached proof of sex for inspection. If a hunter freezes the skull or hide before presenting it for inspection, the hunter shall prop the jaw open to allow access to the teeth and ensure that the attached proof of sex is identifiable and accessible. In addition, the hunter shall provide a tooth from the bear to the Phoenix office within 20 days after contacting the Department.
 5. ~~A successful mountain lion hunter shall report information about the kill in person or by telephone within 10 days of taking the mountain lion. In addition, the hunter shall provide a tooth from the mountain lion to the Phoenix office within 20 days after contacting the Department.~~
- C.** The Director or Director's designee may establish vehicle roadblocks at specific locations when necessary to ensure compliance with applicable wildlife laws. Any occupant of a vehicle at a roadblock shall, upon request, present for inspection all wildlife in possession, and produce and display any license, tag, stamp, or permit required for taking or transporting wildlife.
- D.** This Section does not limit the game ranger or wildlife manager's authority to conduct stops, searches, and inspections under A.R.S. §§ 17-211(D) and 17-331, or to establish voluntary wildlife survey stations to gather biological information.