

# Arizona Administrative REGISTER

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# From the Publisher

## ABOUT THIS PUBLICATION

The paper copy of the *Administrative Register* (A.A.R.) is the official publication for rules and rulemaking activity in the state of Arizona.

Rulemaking is defined in Arizona Revised Statutes known as the Arizona Administrative Procedure Act (APA), A.R.S. Title 41, Chapter 6, Articles 1 through 10.

The Office of the Secretary of State does not interpret or enforce rules published in the *Arizona Administrative Register* or *Code*. Questions should be directed to the state agency responsible for the promulgation of the rule as provided in its published filing.

The *Register* is cited by volume and page number. Volumes are published by calendar year with issues published weekly. Page numbering continues in each weekly issue.

In addition, the *Register* contains the full text of the Governor's Executive Orders and Proclamations of general applicability, summaries of Attorney General opinions, notices of rules terminated by the agency, and the Governor's appointments of state officials and members of state boards and commissions.

## ABOUT RULES

Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number). Rules activity published in the *Register* includes: proposed, final, emergency, expedited, and exempt rules as defined in the APA.

Rulemakings initiated under the APA as effective on and after January 1, 1995, include the full text of the rule in the *Register*. New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.

## WHERE IS A "CLEAN" COPY OF THE FINAL OR EXEMPT RULE PUBLISHED IN THE REGISTER?

The *Arizona Administrative Code* (A.A.C.) contains the codified text of rules. The A.A.C. contains rules promulgated and filed by state agencies that have been approved by the Attorney General or the Governor's Regulatory Review Council. The *Code* also contains rules exempt from the rulemaking process.

The printed *Code* is the official publication of a rule in the A.A.C. is prima facie evidence of the making, amendment, or repeal of that rule as provided by A.R.S. § 41-1012. Paper copies of rules are available by full Chapter or by subscription. The *Code* is posted online for free.

## LEGAL CITATIONS AND FILING NUMBERS

On the cover: Each agency is assigned a Chapter in the *Arizona Administrative Code* under a specific Title. Titles represent broad subject areas. The Title number is listed first; with the acronym A.A.C., which stands for the *Arizona Administrative Code*; following the Chapter number and Agency name, then program name. For example, the Secretary of State has rules on rulemaking in Title 1, Chapter 1 of the *Arizona Administrative Code*. The citation for this chapter is 1 A.A.C. 1, Secretary of State, Rules and Rulemaking

Every document filed in the office is assigned a file number. This number, enclosed in brackets, is located at the top right of the published documents in the *Register*. The original filed document is available for 10 cents a copy.

# Arizona Administrative REGISTER

Vol. 22

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**ADMINISTRATIVE CODE**  
A price list for the *Arizona Administrative Code* is available online. You may also request a paper price list by mail. To purchase a paper Chapter, contact us at (602) 364-3223.

**PUBLICATION DEADLINES**  
Publication dates are published in the back of the *Register*. These dates include file submittal dates with a three-week turnaround from filing to published document.

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# Participate in the Process

## Look for the Agency Notice

Review (inspect) notices published in the *Arizona Administrative Register*. Many agencies maintain stakeholder lists and would be glad to inform you when they proposed changes to rules. Check an agency's website and its newsletters for news about notices and meetings.

Feel like a change should be made to a rule and an agency has not proposed changes? You can petition an agency to make, amend, or repeal a rule. The agency must respond to the petition. (See A.R.S. § 41-1033)

## Attend a public hearing/meeting

Attend a public meeting that is being conducted by the agency on a Notice of Proposed Rulemaking. Public meetings may be listed in the Preamble of a Notice of Proposed Rulemaking or they may be published separately in the *Register*. Be prepared to speak, attend the meeting, and make an oral comment.

An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

## Write the agency

Put your comments in writing to the agency. In order for the agency to consider your comments, the agency must receive them by the close of record. The comment must be received within the 30-day comment timeframe following the *Register* publication of the Notice of Proposed Rulemaking.

You can also submit to the Governor's Regulatory Review Council written comments that are relevant to the Council's power to review a given rule (A.R.S. § 41-1052). The Council reviews the rule at the end of the rulemaking process and before the rules are filed with the Secretary of State.

## Arizona Regular Rulemaking Process



## Definitions

**Arizona Administrative Code (A.A.C.):** Official rules codified and published by the Secretary of State's Office. Available online at [www.azsos.gov](http://www.azsos.gov).

**Arizona Administrative Register (A.A.R.):** The official publication that includes filed documents pertaining to Arizona rulemaking. Available online at [www.azsos.gov](http://www.azsos.gov).

**Administrative Procedure Act (APA):** A.R.S. Title 41, Chapter 6, Articles 1 through 10. Available online at [www.azleg.gov](http://www.azleg.gov).

**Arizona Revised Statutes (A.R.S.):** The statutes are made by the Arizona State Legislature during a legislative session. They are compiled by Legislative Council, with the official publication codified by Thomson West. Citations to statutes include Titles which represent broad subject areas. The Title number is followed by the Section number. For example, A.R.S. § 41-1001 is the definitions Section of Title 41 of the Arizona Administrative Procedures Act. The "§" symbol simply means "section." Available online at [www.azleg.gov](http://www.azleg.gov).

**Chapter:** A division in the codification of the *Code* designating a state agency or, for a large agency, a major program.

**Close of Record:** The close of the public record for a proposed rulemaking is the date an agency chooses as the last date it will accept public comments, either written or oral.

**Code of Federal Regulations (CFR):** The *Code of Federal Regulations* is a codification of the general and permanent rules published in the *Federal Register* by the executive departments and agencies of the federal government.

**Docket:** A public file for each rulemaking containing materials related to the proceedings of that rulemaking. The docket file is established and maintained by an agency from the time it begins to consider making a rule until the rulemaking is finished. The agency provides public notice of the docket by filing a Notice of Rulemaking Docket Opening with the Office for publication in the *Register*.

**Economic, Small Business, and Consumer Impact Statement (EIS):** The EIS identifies the impact of the rule on private and public employment, on small businesses, and on consumers. It includes an analysis of the probable costs and benefits of the rule. An agency includes a brief summary of the EIS in its preamble. The EIS is not published in the *Register* but is available from the agency promulgating the rule. The EIS is also filed with the rulemaking package.

**Governor's Regulatory Review (G.R.R.C.):** Reviews and approves rules to ensure that they are necessary and to avoid unnecessary duplication and adverse impact on the public. G.R.R.C. also assesses whether the rules are clear, concise, understandable, legal, consistent with legislative intent, and whether the benefits of a rule outweigh the cost.

**Incorporated by Reference:** An agency may incorporate by reference standards or other publications. These standards are available from the state agency with references on where to order the standard or review it online.

**Federal Register (FR):** The *Federal Register* is a legal newspaper published every business day by the National Archives and Records Administration (NARA). It contains federal agency regulations; proposed rules and notices; and executive orders, proclamations, and other presidential documents.

**Session Laws or "Laws":** When an agency references a law that has not yet been codified into the Arizona Revised Statutes, use the word "Laws" is followed by the year the law was passed by the Legislature, followed by the Chapter number using the abbreviation "Ch.," and the specific Section number using the Section symbol (§). For example, Laws 1995, Ch. 6, § 2. Session laws are available at [www.azleg.gov](http://www.azleg.gov).

**United States Code (U.S.C.):** The Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. The Code does not include regulations issued by executive branch agencies, decisions of the federal courts, treaties, or laws enacted by state or local governments.

## Acronyms

A.A.C. – *Arizona Administrative Code*

A.A.R. – *Arizona Administrative Register*

APA – *Administrative Procedure Act*

A.R.S. – *Arizona Revised Statutes*

CFR – *Code of Federal Regulations*

EIS – *Economic, Small Business, and Consumer Impact Statement*

FR – *Federal Register*

G.R.R.C. – *Governor's Regulatory Review Council*

U.S.C. – *United States Code*

## About Preambles

The Preamble is the part of a rulemaking package that contains information about the rulemaking and provides agency justification and regulatory intent.

It includes reference to the specific statutes authorizing the agency to make the rule, an explanation of the rule, reasons for proposing the rule, and the preliminary Economic Impact Statement.

The information in the Preamble differs between rulemaking notices used and the stage of the rulemaking.



NOTICES OF FINAL EXEMPT RULEMAKING

This section of the Arizona Administrative Register contains Notices of Final Exempt Rulemaking.

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the

interpretation of the final exempt rule should be addressed to the agency proposing them. Refer to Item #5 to contact the person charged with the rulemaking.

NOTICE OF FINAL EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 15. DEPARTMENT OF HEALTH SERVICES
LOAN REPAYMENT PROGRAM

[R16-55]

PREAMBLE

Table with 2 columns: Article, Part or Sections Affected (as applicable) and Rulemaking Action. Lists various rule numbers (R9-15-101 to R9-15-302) and their corresponding actions (Amend, Repeal, New Section).



R9-15-303	Repeal
R9-15-304	Repeal
R9-15-305	Repeal
R9-15-306	Repeal
R9-15-307	Repeal
R9-15-308	Repeal
R9-15-309	Repeal
R9-15-310	Repeal
R9-15-311	Repeal
R9-15-312	Repeal
R9-15-313	Repeal
R9-15-314	Repeal
R9-15-315	Repeal
R9-15-316	Repeal
R9-15-317	Repeal
R9-15-318	Repeal

**2. Citations to the agency's statutory rulemaking authority to include the authorizing statutes (general) and the implementing statutes (specific) and the statutes or session law authorizing the exemption:**

Authorizing statutes: A.R.S. §§ 36-104, 36-132(A), and 36-136(F)

Implementing statutes: A.R.S. §§ 36-2172 and 36-2174

Statutes or session law authorizing the exemption: Laws 2015, Ch. 3

**3. The effective date of the rule and the agency's reason it selected the effective date:**

April 1, 2016

The Department believes that the amended rules will provide the regulated community and the public with a significant benefit. The effective date is the earliest date the new rules can become effective while keeping Department priorities, providing opportunities for stakeholder involvement, and allowing for public notice and opportunity for public comment required in Laws 2015, Ch. 3.

**4. A list of all notices published in the Register as specified in R9-1-409(A) that pertain to the record of the exempt rulemaking:**

Notice of Public Information: 22 A.A.R. 346, February 19, 2016

**5. The agency's contact person who can answer questions about the rulemaking:**

Name: Sheila Sjolander, Assistant Director

Address: Department of Health Services  
Public Health Prevention Services, Public Health Prevention  
150 N. 18th Ave., Suite 520  
Phoenix, AZ 85007

Telephone: (602) 542-2818

Fax: (602) 364-4808

E-mail: Sheila.Sjolander@azdhs.gov

or

Name: Robert Lane, Manager

Address: Department of Health Services  
Administrative Counsel and Rules  
1740 W. Adams St., Suite 203  
Phoenix, AZ 85007

Telephone: (602) 542-1020

Fax: (602) 364-1150

E-mail: Robert.Lane@azdhs.gov

**6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered to include an explanation about the rulemaking:**

Arizona Revised Statutes (A.R.S.) §§ 36-2172 and 36-2174 provide authorization to the Department to establish a loan repayment program to pay portions of qualifying educational loans taken out by physicians, dentists, and mid-level providers who agree to provide primary care services to patients in Health Professional Shortage areas (HPSAs) or Arizona medically underserved areas. The Department has implemented A.R.S. §§ 36-2172 and 36-2174 in Arizona Administrative Code Title 9, Chapter 15. Laws 2015, Ch. 3 provides the Department with exempt rulemaking authority to amend the rules to add physicians in the discipline of geriatrics and psychiatry, pharmacists, advance practice providers, and behavioral health providers to the list of providers; to increase the amount of



loan repayment funds primary care providers may receive; and to allow telemedicine, part-time primary care providers, as well as, to allow for prioritization for state residents and primary care providers providing primary care services in high HPSAs. The Department received an exception from the Governor's rulemaking moratorium, established by Executive Order 2015-01, for this rulemaking. In compliance with Laws 2015, Ch. 3, the Department filed a Notice of Public Information on January 29, 2016 and posted the amended rules as noticed on February 19, 2016 to the Department's website at <http://azdhs.gov/ops/oacr/rules/rulemakings/active/index.php?pg=loan-repayment> for a 30-day public comment period, providing the public an opportunity to comment, before adopting the amended rules. All changes made to the rules conform to current rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

- 7. **A reference to any study relevant to the rule that the agency reviewed and either relied on 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 rulemaking 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, if applicable:**  
Not applicable
- 10. **A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and final rulemaking package, (if applicable):**  
Not applicable
- 11. **An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments, if applicable:**  
Not applicable
- 12. **Any other matters prescribed by statutes that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:**
  - a. **Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**  
A general permit is not applicable in these rules.
  - b. **Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than the federal law and if so, citation to the statutory authority to exceed the requirements of the federal law:**  
Not applicable
  - c. **Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**  
Not applicable
- 13. **A list of any incorporated by reference material and its location in the rules:**  
None
- 14. **Whether this rule previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall state where the text changed between the emergency and the exempt rulemaking packages:**  
The rule was not previously made, amended, repealed, or renumbered as an emergency rule.
- 15. **The full text of the rules follows:**

TITLE 9. HEALTH SERVICES

CHAPTER 15. DEPARTMENT OF HEALTH SERVICES  
LOAN REPAYMENT PROGRAM

ARTICLE 1. GENERAL

Section  
R9-15-101. Definitions

ARTICLE 2. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM

Section

R9-15-201. ~~Definitions~~ Qualifying Educational Loans and Restrictions

R9-15-202. ~~Loans Qualifying for Repayment~~ Primary Care Provider and Service Site Requirements

R9-15-203. ~~Loan Repayment Application and Award Timetable~~ Initial Application

R9-15-204. ~~Award Amounts~~ Supplemental Initial Application



R9-15-205.	<del>Loan Repayment Contract Renewal Application</del>
R9-15-205.01.	<del>Renewal Application Requirements</del>
R9-15-206.	<del>Primary Care Provider Eligibility Criteria Time-frames</del>
Table 2.1.	<del>Time-frames (in calendar days)</del>
R9-15-207.	<del>Service Site Eligibility Criteria Primary Care Provider Health Service Priority</del>
R9-15-208.	<del>Prioritization of Eligible Service Sites Rural Private Primary Care Provider Health Service Priority</del>
R9-15-209.	<del>Service Site Application Allocation of Loan Repayment Funds</del>
R9-15-210.	<del>Primary Care Provider Application Verification of Primary Care Services and Disbursement of Loan Repayment Funds</del>
R9-15-211.	<del>Selection of Primary Care Providers Request for Change</del>
R9-15-212.	<del>Reapplication Loan Repayment Contract Suspension</del>
R9-15-213.	<del>Service Verification Liquidated Damages for Failure to Complete a Loan Repayment Contract</del>
R9-15-214.	<del>Loan Repayments Waiver of Liquidated Damages</del>
R9-15-215.	<del>Notice of Failure to Complete the Full Term of Service under the Contract at the Service Site Loan Repayment Contract Cancellation</del>
R9-15-216.	<del>Liquidated Damages for Failure to Complete the Full Term of Service under the Contract Repealed</del>
R9-15-217.	<del>Suspension of Service under the Contract to Transfer to Another Eligible Service Site Repealed</del>
R9-15-218.	<del>Waiver of Liquidated Damages Repealed</del>

### ARTICLE 3. RURAL PRIVATE PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM

#### Section

R9-15-301.	<del>Definitions Repealed</del>
R9-15-302.	<del>Loans Qualifying for Repayment Repealed</del>
R9-15-303.	<del>Loan Repayment Application and Award Timetable Repealed</del>
R9-15-304.	<del>Award Amounts Repealed</del>
R9-15-305.	<del>Loan Repayment Contract Repealed</del>
R9-15-306.	<del>Primary Care Provider Eligibility Criteria Repealed</del>
R9-15-307.	<del>Service Site Eligibility Criteria Repealed</del>
R9-15-308.	<del>Prioritization of Eligible Service Sites Repealed</del>
R9-15-309.	<del>Service Site Application Repealed</del>
R9-15-310.	<del>Primary Care Provider Application Repealed</del>
R9-15-311.	<del>Selection of Primary Care Providers Repealed</del>
R9-15-312.	<del>Reapplication Repealed</del>
R9-15-313.	<del>Service Verification Repealed</del>
R9-15-314.	<del>Loan Repayments Repealed</del>
R9-15-315.	<del>Notice of Failure to Complete the Full Term of Service under the Contract at the Service Site Repealed</del>
R9-15-316.	<del>Liquidated Damages for Failure to Complete the Full Term of Service under the Contract Repealed</del>
R9-15-317.	<del>Suspension of Service under the Contract to Transfer to Another Eligible Service Site Repealed</del>
R9-15-318.	<del>Waiver of Liquidated Damages Repealed</del>

### ARTICLE 1. GENERAL

#### R9-15-101. Definitions

In this Chapter, unless otherwise specified:

1. "AHCCCS" means Arizona Health Care Cost Containment System.
2. "Ambulatory care services" means all types of primary care services that are provided only on an outpatient basis.
3. "Arizona medically underserved area" means a primary care area that is designated by the Secretary of the United States Department of Health and Human Services as a health professional shortage area or that is designated by the Department using the methodology described in A.A.C. R9-24-203.
4. "Business organization" means an entity such as a sole proprietorship, an unincorporated association, a corporation, a limited liability company, a partnership, or a governmental entity.
5. "Commercial loan" means an advance of money made by a bank, credit union, savings and loan association, insurance company, school, or other financial or credit institution that is subject to examination and supervision in its capacity as a lender by an agency of the United States or of the state in which the lender has its principle place of business.
6. "Complete application" means a submission from a primary care provider that contains all documents and information listed in either R9-15-209(A) and R9-15-210(A) and (B) or R9-15-309(A) and R9-15-310(A) and (B).
7. "Days" means calendar days, excluding the day of the act, event, or default from which a designated period of time begins to run and including the last day of the period unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or legal holiday.
8. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
9. "Department" means the Arizona Department of Health Services.
10. "Educational expenses" has the same meaning as in 42 C.F.R. § 62.22.



- 11. "Family unit" means a group of individuals residing together who are related by birth, marriage, or adoption or an individual who does not reside with another individual to whom the individual is related by birth, marriage, or adoption.
- 12. "Fiscal year" means the 12-month period from July 1 of one calendar year to June 30 of the following calendar year.
- 13. "Full time" means for at least 40 hours during the seven-day period between Sunday at 12:00 a.m. and Saturday at 11:59 p.m.
- 14. "Government loan" means an advance of money made by a federal, state, county, or city agency.
- 15. "Health professional school" has the same meaning as "school" in 42 C.F.R. § 62.2.
- 16. "Health professional shortage area" means a geographic region designated by the Secretary of the United States Department of Health and Human Services under 42 U.S.C. § 254e.
- 17. "Immediate family" means an individual in any of the following relationships to the primary care provider:
  - a. Spouse;
  - b. Natural or adopted child;
  - c. Stepchild;
  - d. Natural or adoptive parent;
  - e. Stepparent;
  - f. Full or partial brother or sister;
  - g. Stepbrother or stepsister;
  - h. Grandparent or spouse of grandparent;
  - i. Grandchild or spouse of grandchild;
  - j. Father-in-law or mother-in-law;
  - k. Brother-in-law or sister-in-law; and
  - l. Son-in-law or daughter-in-law.
- 18. "Living expenses" has the same meaning as in 42 C.F.R. § 62.22.
- 19. "Mid-level provider" has the same meaning as in A.R.S. § 36-2171.
- 20. "Nurse midwife" means a registered nurse practitioner who is certified by the Arizona State Board of Nursing to perform as a midwife.
- 21. "Physician" has the same meaning as in A.R.S. § 36-2351.
- 22. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
- 23. "Population" means the total of permanent residents, according to the most recent decennial census published by the United States Census Bureau or according to the most recent Population Estimates for Arizona's Counties and Incorporated Places published by the Arizona Department of Economic Security.
- 24. "Poverty level" means the annual income for a family unit of a particular size included in the poverty guidelines updated annually in the Federal Register by the United States Department of Health and Human Services.
- 25. "Primary care area" means a geographic region designated as a primary care area by the Department under A.A.C. R9-24-204.
- 26. "Primary care index" means the report in which the Department designates primary care areas as medically underserved by using the methodology described in A.A.C. R9-24-203.
- 27. "Primary care provider" means:
  - a. One of the following providing direct patient care in general or family practice medicine, general internal medicine, pediatrics, or obstetrics:
    - i. A physician;
    - ii. A physician assistant;
    - iii. A registered nurse practitioner; or
    - iv. A nurse midwife; or
  - b. A dentist;
- 28. "Primary care services" means health care provided by a primary care provider.
- 29. "Private" means owned by and operated under the direction of an entity other than the federal or state government or a political subdivision of the state.
- 30. "Public" means owned by and operated under the direction of the federal or state government or a political subdivision of the state.
- 31. "Reasonable educational expenses" means educational expenses that are equal to or less than the health professional school's estimated standard student budget for educational expenses for the course of study and for the year or years during which the primary care provider pursued the course of study.
- 32. "Reasonable living expenses" means living expenses that are equal to or less than the health professional school's estimated standard student budget for living expenses for the course of study and for the year or years during which the primary care provider pursued the course of study.
- 33. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
- 34. "Rural" has the same meaning as in A.R.S. § 36-2171.
- 35. "Service site" means a medical or dental practice providing primary care services.



36. "Student" means an individual pursuing a course of study at a health professional school.

37. "Tuition" means the amount actually paid for instruction at a health professional school.

In addition to the definitions in A.R.S. §§ 36-401 and 36-2171, the following definitions apply in this Chapter unless otherwise stated:

1. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
2. "Application" means the information and documents submitted to the Department by a primary care provider requesting to participate in the Loan Repayment Program.
3. "Arizona Health Care Cost Containment System" or "AHCCCS" means the Arizona state agency established by A.R.S. Title 36, Chapter 29 to administer 42 U.S.C. 1396-1, Title XIX health care programs.
4. "Arizona medically underserved area" or "AzMUA" means a primary care area where access to primary care service is limited as designated according to A.R.S. § 36-2352.
5. "Calendar day" means each day, not excluding the day of the act, event, or default from which a designated period of time begins to run and including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
6. "Calendar year" means the period of 365 days starting from the first day of January.
7. "Cancellation" means the discharge of a primary care provider's loan repayment contract based on one of the following:
  - a. A primary care provider requests a discharge of the primary care provider's loan repayment contract as allowed by this Chapter; or
  - b. The Department determines:
    - i. There are no loan repayment funds available;
    - ii. A primary care provider is not complying with the requirements in A.R.S. Title 36, Chapter 21 or this Chapter;
    - iii. A primary care provider's service site is not complying with the requirements in A.R.S. Title 36, Chapter 21 or this Chapter; or
    - iv. A primary care provider fails to meet the terms of the primary care provider's loan repayment contract with the Department.
8. "Certified nurse midwife" means a registered nurse practitioner approved by the Arizona State Board of Nursing to provide primary care services during pregnancy, childbirth, and the postpartum period.
9. "Clinical social worker" means an individual licensed under A.R.S. § 32-3293.
10. "Critical access hospital" means a facility certified by the Centers for Medicare & Medicaid Services under Section 1820 of the Social Security Act.
11. "Denial" means the Department's determination that a primary care provider is not approved to:
  - a. Participate in the LRP.
  - b. Renew a loan repayment contract.
  - c. Suspend or cancel a loan repayment contract, or
  - d. Waive liquidated damages owed by the primary care provider for failure to comply with A.R.S. Title 36, Chapter 21 and this Chapter.
12. "Dental services" means the same as "dentistry" in A.R.S. § 32-1201.
13. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
14. "Direct patient care" means medical services, dental services, pharmaceutical services, or behavioral health services provided to a specific individual by a primary care provider and for services provided by the primary care provider to or for the specific individual including:
  - a. Documenting the services in the specific individual's medical records.
  - b. Consulting with other health care professionals about the specific individual's need for services, and
  - c. Researching information specific to the individual's need for services.
15. "Educational expenses" has the same meaning as in 42 C.F.R. § 62.22.
16. "Encounter" means a face-to-face visit, which may include a visit using telemedicine, between a patient and a primary care provider during which primary care services are provided.
17. "Family unit" means a group of individuals residing together who are related by birth, marriage, or adoption or an individual who does not reside with another individual to whom the individual is related by birth, marriage, or adoption.
18. "Federal prison" means a secure facility managed and run by the Federal Bureau of Prisons that confines an individual convicted of a crime.
19. "Full-time" means working at least 40 hours per week for at least 45 weeks per service year.
20. "Free-clinic" means a facility that provides primary care services, on an outpatient basis, to individuals at no charge.
21. "Government student loan" means an advance of money made by a federal, state, county, or city agency that is authorized by law to make the advance of money.



- 22. “Half-time” means working at least 20 hours per week, but not more than 39 hours per week, for at least 45 weeks per service year.
- 23. “Health professional school” has the same meaning as “school” in 42 C.F.R. § 62.2.
- 24. “Health professional service obligation” means a legal commitment in which a primary care provider agrees to provide primary care services for a specified period of time in a designated area or through a designated service site.
- 25. “Health professional shortage area” or “HPSA” means a geographic region, population group, or public or non-profit private medical facility or other public facility determined by the U.S. Department of Health and Human Services to have an inadequate number of primary care providers under 42 U.S.C. § 254e.
- 26. “Health service experience to a medically underserved population” means at least 500 clock hours of medical services, dental services, pharmaceutical services, or behavioral health services provided by a primary care provider, including clock hours completed during the primary care provider's residency or graduate education:
  - a. Under the direction of a governmental agency, an accredited educational institution, or a non-profit organization; and
  - b. At a service site located in:
    - i. A medically underserved area designated by a federal or state agency, or
    - ii. A HPSA designated by a federal agency.
- 27. “Health service priority” means the number assigned by the Department to an initial application or renewal application and used to determine whether loan repayment funds are allocated to a primary care provider requesting approval to participate in the LRP.
- 28. “Immediate family” means an individual in any of the following relationships to a primary care provider:
  - a. Spouse;
  - b. Natural, adopted, foster, or stepchild;
  - c. Natural, adoptive, or stepparent;
  - d. Brother or sister;
  - e. Stepbrother or stepsister;
  - f. Grandparent or spouse of grandparent;
  - g. Grandchild or spouse of grandchild;
  - h. Father-in-law or mother-in-law;
  - i. Brother-in-law or sister-in-law; or
  - j. Son-in-law or daughter-in-law.
- 29. “Licensee” means:
  - a. An owner approved by the Department to operate a health care institution, or
  - b. An individual licensed under A.R.S. Title 32.
- 30. “Living expenses” has the same meaning as in 42 C.F.R. § 62.22.
- 31. “Loan repayment funds” means:
  - a. State loan repayment funds,
  - b. State-appropriated funds, or
  - c. Monies donated to the Department and designated for use by the LRP.
- 32. “Loan Repayment Program” or “LRP” means the unit in the Department that implements the Primary Care Provider Loan Repayment Program, established according to A.R.S. § 36-2172, and the Rural Private Primary Care Provider Loan Repayment Program, established according to A.R.S. § 36-2174.
- 33. “Marriage and family therapist” means an individual licensed under A.R.S. § 32-3311.
- 34. “Newly employed” means when a primary care provider's first-time employee start date with a service site or employer identified in an initial application occurred within 12 months before the primary care provider's initial application submission date.
- 35. “Non-government student loan” means an advance of money made by a bank, credit union, savings and loan association, insurance company, school, or other financial or credit institution that is subject to examination and supervision in its capacity as a lender by an agency of the federal government or of the state in which the lender has its principle place of business.
- 36. “Overall time-frame” has the same meaning as in A.R.S. § 41-1072.
- 37. “Pharmaceutical services” means the same as “practice of pharmacy” in A.R.S. § 32-1901.
- 38. “Pharmacist” has the same meaning as in A.R.S. § 32-1901.
- 39. “Physician” has the same meaning as in A.R.S. § 36-2351.
- 40. “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- 41. “Population” means the total number of permanent residents according to the most recent decennial census published by the U.S. Census Bureau or according to the most recent Population Estimates for Arizona's Counties and Incorporated Places published by the Arizona Department of Economic Security.
- 42. “Poverty level” means a measure of income, issued annually by the U.S. Department of Health and Human Services and published in the Federal Register.
- 43. “Primary care area” has the same meaning as in A.A.C. R9-24-201.



44. “Primary care loan” means a long-term, low-interest-rate financial contract between the U.S. Department of Health and Human Services, Health Resources and Services Administration and a full-time student pursuing a degree in allopathic or osteopathic medicine.
45. “Primary care provider” means one of the following providing direct patient care:
- a. A physician practicing:
    - i. Family medicine.
    - ii. Internal medicine.
    - iii. Pediatrics.
    - iv. Geriatrics.
    - v. Obstetrics-gynecology, or
    - vi. Psychiatry.
  - b. A physician assistant practicing:
    - i. Adult medicine.
    - ii. Family medicine.
    - iii. Pediatrics.
    - iv. Geriatrics.
    - v. Women's health, or
    - vi. Behavioral health.
  - c. A registered nurse practitioner practicing:
    - i. Adult medicine.
    - ii. Family medicine.
    - iii. Pediatrics.
    - iv. Geriatrics.
    - v. Women's health, or
    - vi. Behavioral health.
  - d. A certified nurse midwife.
  - e. A dentist practicing:
    - i. General dentistry.
    - ii. Geriatric dentistry, or
    - iii. Pediatric dentistry.
  - f. A pharmacist; or
  - g. A behavioral health provider practicing as:
    - i. A psychologist.
    - ii. A clinical social worker.
    - iii. A marriage and family therapist, or
    - iv. A professional counselor.
46. “Primary care service” means medical services, dental services, pharmaceutical services, or behavioral health services provided on an outpatient basis by a primary care provider.
47. “Private practice” means an individual or entity in which:
- a. One or more primary care providers provide primary care services; and
  - b. Each primary care provider is an owner who can be held personally responsible for the primary care services provided by any of the primary care providers.
48. “Professional counselor” means an individual licensed under A.R.S. § 32-3301.
49. “Psychiatrist” means a physician who is board certified or board eligible to provide behavioral health services.
50. “Psychologist” has the same meaning as in A.R.S. § 32-2061.
51. “Public” means any:
- a. State or local government; or
  - b. Department, agency, special purpose district, or other unit of a state or local government, including the legislature.
52. “Qualifying educational loan” means a government or a non-government student loan:
- a. Used for the actual costs paid for educational expenses and living expenses that occurred during the undergraduate or graduate education of a primary care provider, and
  - b. Obtained before the submission of an initial application.
53. “Qualifying health plan” means health insurance coverage provided to a consumer through the Arizona State Health Insurance Marketplace established by 42 U.S.C.A. § 18001 (2010).
54. “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.
55. “Service site” means a health care institution that provides primary care services at a specific location.
56. “Service verification form” means a document confirming a primary care provider's full-time or half-time continuous employment at the primary care provider's approved service site.
57. “Sliding-fee schedule” has the same meaning as in A.A.C. R9-1-501.



- 58. “State-appropriated funds” means monies provided to the Department for the Primary Care Provider Loan Repayment Program, established according to A.R.S. § 36-2172, and the Rural Private Primary Care Provider Loan Repayment Program, established according to A.R.S. § 36-2174.
- 59. “State loan repayment funds” means monies provided to the Department from the U.S. Department of Health and Human Services, Health Resources and Services Administration.
- 60. “State prison” means a secure facility managed and run by a state in which an individual convicted of a crime is confined.
- 61. “Student” means an individual pursuing a course of study at a health professional school.
- 62. “Substantive review time-frame” has the same meaning as in A.R.S. § 41-1072.
- 63. “Suspend” means to temporarily interrupt a primary care provider's loan repayment contract for a specified period of time, based on a request submitted by the primary care provider.
- 64. “Telemedicine” has the same meaning as:
  - a. “Telemedicine” as defined in A.R.S. § 36-3601.
  - b. “Teledentistry” as defined in A.R.S. § 36-3611, or
  - c. “Telepractice” as defined in A.R.S. §32-3251.
- 65. “Working day” means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a federal and state holiday or a statewide furlough day.

**ARTICLE 2. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM**

**R9-15-201. Definitions Qualifying Educational Loans and Restrictions**

In this Article, unless otherwise specified:

- 1. “Degree of shortage ranking” means a number assigned to a HPSA by the United States Secretary of Health and Human Services to indicate the severity of need for primary care providers.
- 2. “HPSA” means health professional shortage area.
- 3. “Nonprofit” means owned by and operated under the direction of an entity that is recognized as exempt under § 501 of the United States Internal Revenue Code.
- 4. “PCPLRP” means primary care provider loan repayment program.
- A.** The Department shall use loan repayment funds to pay for principal, interest, and related expenses of:
  - 1. A qualifying educational loan taken out by a primary care provider while obtaining a degree leading to eligibility for a health professional license; or
  - 2. A qualifying educational loan resulting from the refinancing or consolidation of loans described in subsection (A)(1).
- B.** Obligations or debts incurred under the following are ineligible for loan repayment funds:
  - 1. A loan for which a primary care provider incurred a health professional service obligation that will not be completed before the start of the primary care provider's loan repayment program contract.
  - 2. A loan for which the associated documentation does not identify that the loan was solely applicable to the undergraduate or graduate education of a primary care provider.
  - 3. A primary care loan.
  - 4. A loan subject to cancellation, or
  - 5. A residency loan.
- C.** The following apply to a primary care provider's lenders and loans:
  - 1. The Department shall accept loan repayment assignment to a maximum of three lenders.
  - 2. If more than one loan is eligible for loan repayment funds, the primary care provider shall advise the Department of the percentage of the loan repayment funds that each lender identified by the primary care provider is to receive.
  - 3. A primary care provider is responsible for the timely loan repayment of a loan.
  - 4. A primary care provider shall arrange with each lender to make necessary changes in the payment schedule for a loan so that quarterly loan repayments will not result in default.
  - 5. A primary care provider is responsible for paying taxes that may result from receiving loan repayment funds to reduce a qualifying educational loan amount owed to a primary care provider's lender.

**R9-15-202. Loans Qualifying for Repayment Primary Care Provider and Service Site Requirements**

- A.** The Department shall use PCPLRP funds only to repay:
  - 1. Principal, interest, and related expenses of government loans and commercial loans taken out by a primary care provider while obtaining a degree in allopathic or osteopathic medicine or dentistry or as a physician assistant, registered nurse practitioner, or nurse midwife to pay contemporaneous:
    - a. Tuition;
    - b. Reasonable educational expenses; and
    - c. Reasonable living expenses; or
  - 2. Government or commercial loans resulting from the refinancing or consolidation of loans described in subsection (A)(1).
- B.** Obligations or debts incurred under the following are ineligible for repayment:
  - 1. The National Health Service Corps Scholarship Program;



2. ~~The Armed Forces Health Professional Scholarship Program,~~
  3. ~~The Indian Health Service Scholarship Program, and~~
  4. ~~The Arizona Medical Student Loan Program.~~
- A.** A primary care provider may request to participate in the LRP:
1. If the primary care provider:
    - a. Is a U.S. citizen or U.S. National according to U.S.C. Title 8, Chapter 12;
    - b. Has completed the final year of a course of study or program approved by an accrediting agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
    - c. Holds a current Arizona license or certificate in a health profession licensed under A.R.S. Title 32;
    - d. If a physician, has completed a professional residency program and is board certified or board eligible in:
      - i. Family medicine,
      - ii. Internal medicine,
      - iii. Pediatrics,
      - iv. Geriatrics,
      - v. Obstetrics-gynecology, or
      - vi. Psychiatry;
    - e. Except for a pharmacist or a behavioral health provider providing primary care services at a free-clinic or a federal or state prison, agrees to comply with the requirements for a sliding-fee schedule according to 9 A.A.C. 1, Article 5;
    - f. Except for a primary care provider providing primary care services at a free-clinic or a federal or state prison, agrees to charge for primary care services at the usual and customary fees prevailing in the primary care area, except that:
      - i. A patient unable to pay the usual and customary fees is charged a reduced fee according to the service site's or employer's sliding-fee schedule required in subsection (A)(2)(d), or a fee less than the sliding-fee schedule, or not charged; and
      - ii. A medically uninsured individual from a family unit with an annual income at or below 200% of the poverty level is charged according to a sliding-fee schedule required in subsection (A)(2)(d) or not charged;
    - g. Provides services at a critical access hospital with a separate qualifying service site, agrees to provide:
      - i. At least 16 hours of service per week at the critical access hospital, and
      - ii. At least 24 hours of primary care services per week at the qualifying service site;
    - h. Agrees not to discriminate on the basis of a patient's ability to pay or a payment source, including Medicare, AHCCCS, or a qualifying health plan;
    - i. Agrees to accept assignment for payment under Medicare if providing primary care services to adults, AHCCCS, and a qualifying health plan; and
    - j. Has satisfied any other health professional service obligation owed under a contract with a federal, state, or local government before beginning a period of service under the LRP; and
  2. If the primary care provider's service site:
    - a. Provides primary care services in a:
      - i. Public or non-profit service site as allowed in A.R.S. § 36-2172, or
      - ii. Private practice service site as allowed in A.R.S. § 36-2174;
    - b. Except for a free-clinic, accepts assignment for payment under Medicare if providing primary care services to adults, AHCCCS, and a qualifying health plan;
    - c. Except for a free-clinic, is an AHCCCS provider;
    - d. Except for a free-clinic or a federal or state prison:
      - i. Submits a sliding-fee schedule according to 9 A.A.C. 1, Article 5 to the Department for approval;
      - ii. Develops and implements a policy for the service site's sliding-fee schedule; and
      - iii. Ensures that signage, informing individuals that the service site has a sliding-fee schedule, is conspicuously posted in the service site's reception area;
    - e. Except for a free-clinic or a federal or state prison, charges for primary care services at the usual and customary fees prevailing in the primary care area, shall have a policy providing that:
      - i. A patient who is unable to pay the usual and customary fee is:
        - (1) Charged a reduced fee according to the service site's sliding-fee schedule in subsection (A)(2)(d),
        - (2) Charged a fee less than the sliding-fee schedule, or
        - (3) Not charged; and
      - ii. A medically uninsured individual from a family unit with an annual income at or below 200% of the poverty level is charged according to the service site's sliding-fee schedule in subsection (A)(2)(d) or not charged;
    - f. Is a free-clinic, develop and implement a policy that the free-clinic provides primary care services to individuals at no charge;



- g. Does not discriminate on the basis of a patient's ability to pay or a payment source, including Medicare, AHC-CCS, or a qualifying health plan; and
- h. Agrees to notify the Department when the employment status of the primary care provider changes.
- B. A primary care provider may not participate in the LRP if the primary care provider:**
  - 1. Has a judgment lien against the primary care provider's property for a debt owed to a federal agency;
  - 2. Is applying to participate in the Primary Care Provider LRP and:
    - a. Has defaulted on:
      - i. A Federal income tax liability;
      - ii. Any federally-guaranteed or insured student loan or home mortgage loan;
      - iii. A Federal Health Education Assistance Loan;
      - iv. A Federal Nursing Student Loan, or
      - v. A Federal Housing Authority Loan; or
    - b. Is delinquent on payment for:
      - i. Court-ordered child support, or
      - ii. State taxes; or
  - 3. Is applying to participate in the Rural Private Primary Care Provider LRP and is delinquent on payment for:
    - a. State taxes, or
    - b. Court-ordered child support.

**R9-15-203. Loan Repayment Application and Award Timetable Initial Application**

- A. The Department shall accept applications for the PCPLRP from primary care providers on a quarterly basis each fiscal year, as described below:**
  - 1. A primary care provider who wants to be considered for a contract term to commence on July 1 shall submit a complete application so that it is received by the Department between March 16 and June 15.
  - 2. A primary care provider who wants to be considered for a contract term to commence on October 1 shall submit a complete application so that it is received by the Department between March 16 and June 15.
  - 3. A primary care provider who wants to be considered for a contract term to commence on January 1 shall submit a complete application so that it is received by the Department between June 16 and September 15.
  - 4. A primary care provider who wants to be considered for a contract term to commence on April 1 shall submit a complete application so that it is received by the Department between September 16 and December 15.
- B. Only two primary care providers from a service site are eligible to receive loan repayment each fiscal year.**
  - 1. The Department shall waive this restriction on November 1 if funds remain for the fiscal year.
  - 2. A primary care provider whose application is denied under subsection (B) may reapply between November 1 and December 15 to be considered for a contract term to commence on April 1.
- C. The Department shall deny applications when no funds remain for the fiscal year. A primary care provider whose application is denied due to unavailability of funds for the current fiscal year may reapply after December 15 to be considered for a contract term for the next fiscal year.**
- A. To apply to participate in the LRP, a primary care provider who has not previously participated in the LRP shall submit an initial application to the Department by June 1 of each year.**
- B. A primary care provider, who submitted an initial application to the Department according to subsection (A) but was not approved to participate in the LRP during the June allocation process according to subsection (H) or because loan repayment funds were not available, may reapply during the October allocation process of the same calendar year by submitting a supplemental initial application by October 1.**
- C. A primary care provider applying to participate in the LRP shall submit to the Department an initial application containing:**
  - 1. The following information in a Department-provided format:
    - a. The primary care provider's:
      - i. Name, home address, telephone number, and e-mail address;
      - ii. Social Security number; and
      - iii. Date of birth;
    - b. The name, street address, e-mail address, and telephone number of the prospective employer or employer where the primary care provider provides or will provide primary care services while participating in the LRP, including the dates that the primary care provider is expected to start and end providing primary care services;
    - c. The name, street address, and telephone number for each place of employment with a health professional or a health care institution, including a name, title, e-mail address and telephone number of a contact individual for the place of employment;
    - d. Type of license and, if applicable, certification held by the primary care provider;
    - e. Type of medical, dental or behavioral health specialty or subspecialty, if applicable;
    - f. If an advanced practice provider, a behavioral health provider, or a pharmacist, whether the primary care provider holds national certification;
    - g. Whether the primary care provider will provide primary care services full-time or half-time;
    - h. Whether the primary care provider is an Arizona resident;



- i. Whether the primary care provider has any health professional service obligation;
  - j. Whether the primary care provider has defaulted in a health professional service obligation and, if so, a description of the circumstances of the default;
  - k. Whether the primary care provider is subject to a judgment lien for a debt to a federal agency and, if so, a description of the circumstances of the default;
  - l. If applying to participate in the Primary Care Provider LRP, whether the primary care provider:
    - i. Has defaulted on:
      - (1) A Federal income tax liability;
      - (2) Any federally-guaranteed or insured student loan or home mortgage loan;
      - (3) A Federal Health Education Assistance Loan;
      - (4) A Federal Nursing Student Loan; or
      - (5) A Federal Housing Authority Loan; or
    - ii. Is delinquent on:
      - (1) A payment for court-ordered child support; or
      - (2) A payment for state taxes; or
  - m. If applying to participate in the Rural Private Primary Care Provider LRP, whether the primary care provider is delinquent on payment for:
    - i. State taxes; or
    - ii. Court-ordered child support;
  - n. Whether the primary care provider has experience providing primary care services to a medically underserved population;
  - o. Whether the primary care provider is providing services at a critical access hospital and primary care services at a service site according to R9-15-202(A)(1)(g);
  - p. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;
  - q. An attestation that:
    - i. The Department is authorized to verify all information provided in the initial application;
    - ii. The primary care provider is applying to participate in the LRP for two years with the State of Arizona for loan repayment of all or part of qualifying educational loans identified in the initial application;
    - iii. The qualifying educational loans identified in the initial application were for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect a loan for other purposes;
    - iv. The primary care provider will charge fees for primary care services according to the sliding-fee schedule in R9-15-202(A)(1)(f); and
    - v. The information submitted as part of the initial application is true and accurate; and
  - r. The primary care provider's signature and date of signature.
2. One of the following as proof of U.S. citizenship:
    - a. U.S. passport, current or expired;
    - b. Birth certificate;
    - c. Naturalization documents; or
    - d. Documentation as a U.S. National;
  3. A copy of the primary care provider's Social Security card;
  4. A copy of the primary care provider's current driver's license;
  5. Documentation showing Arizona residency according to A.R.S. § 15-1802;
  6. Documentation showing completion of graduate studies issued by an accredited educational agency;
  7. A copy of the primary care provider's current Arizona licenses or if applicable certificates in a health profession licensed under A.R.S. Title 32;
  8. If a physician, documentation showing the physician:
    - a. Has completed:
      - i. A professional residency program in family medicine, pediatrics, obstetrics-gynecology, internal medicine, or psychiatry; or
      - ii. A fellowship, residency, or certification program in geriatrics; and
    - b. Is either board certified or board eligible in:
      - i. Family medicine;
      - ii. Internal medicine;
      - iii. Pediatrics;
      - iv. Geriatrics;
      - v. Obstetrics-gynecology; or
      - vi. Psychiatry;



9. If the primary care provider is a physician assistant practicing as a behavioral health provider, a copy of the primary care provider's national certificate issued by the National Commission on Certification of Physician Assistants in Psychiatry;
10. For a primary care provider who has completed health service experience to a medically underserved population, a written statement for each service site where the primary care provider provided primary care services that includes:
  - a. The service site's name, street address, e-mail address, and telephone number;
  - b. The number of clock hours completed;
  - c. A description of the primary care services provided;
  - d. The primary care service start and end dates;
  - e. The service site's federal or state designation as medically underserved or as a HPSA designated by a federal agency; and
  - f. The name and signature of an individual authorized by the government agency, the accredited educational institution, or the non-profit organization and the date signed;
11. If applicable, documentation showing that the primary care provider's health professional service obligation owed under contract with a federal, state, or local government or another entity will be completed before beginning a period of primary care services under the LRP;
12. For each qualifying educational loan:
  - a. The following information provided in a Department-provided format:
    - i. The lender's name, street address, e-mail address, and telephone number;
    - ii. The street address where the loan repayment funds are sent;
    - iii. The loan identification number;
    - iv. The original date of the loan;
    - v. The primary care provider's name as it appears on the loan contract;
    - vi. The original loan amount;
    - vii. The current balance of the loan, including the date provided;
    - viii. The interest rate on the loan;
    - ix. The purpose for the loan;
    - x. The month and year of the start and the end of the academic period covered by the loan; and
    - xi. The percentage of the loan repayment funds the primary care provider establishes for a lender if more than one lender is receiving loan repayment funds;
  - b. A copy of the most recent billing statement from the lender; and
  - c. Documentation from the lender or the National Student Loan Data System established by the U.S. Department of Education verifying that the loan is a qualifying educational loan;
13. For each service site where a primary care provider will provide primary care services, a copy of a contract, a letter verifying employment, or a letter of intent to hire signed by the primary care provider and the licensee, licensee's designee, or a tribal authority from the service site where the primary care provider will provide primary care services including:
  - a. The name, street address, e-mail address, and telephone number of the service site;
  - b. The name of a contact individual for the service site;
  - c. Whether the primary care provider is providing primary care services full-time or half-time; and
  - d. If currently employed, the employment start date;
14. If more than one service site licensee or tribal authority is identified in subsection (C)(13), the signature and date of signature of each service site licensee, licensee's designee, or tribal authority;
15. For each service site where the primary care provider will provide primary care services, documentation, in a Department-provided format, that includes:
  - a. Name, street address, telephone number, e-mail address, and fax number of the service site;
  - b. Whether the primary care provider is providing primary care services full-time or half-time;
  - c. The number of primary care service hours per week the primary care provider is expected to provide;
  - d. The dates that the primary care provider is expected to start and end providing primary care services;
  - e. If a primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
  - f. Service site practice type;
  - g. Whether the service site is:
    - i. Public or non-profit service site according to A.R.S. § 36-2172, or
    - ii. Private practice service site according to A.R.S. § 36-2174;
  - h. Except for a free-clinic, whether the service site accepts Medicare, AHCCCS, and a qualifying health plan;
  - i. Except for a free-clinic, if the service site accepts:
    - i. Medicare, the service site's Medicare identification number;
    - ii. AHCCCS, the service site's AHCCCS provider number; and



- iii. Qualifying health plan, the service site's qualifying health plan provider number;
  - j. Distance from the nearest sliding-fee schedule clinic having the same practice type;
  - k. Documentation of a service site's HPSA designation and HPSA score, dated within 30 calendar days before the initial application submission date;
  - l. Documentation of the primary care services provided by the service site during the past 24 months including the:
    - i. Number of encounters,
    - ii. Number of AHCCCS encounters,
    - iii. Number of Medicare encounters,
    - iv. Number of self-pay encounters on sliding-fee schedule, and
    - v. Number of encounters free-of-charge; and
  - m. The name, title, e-mail address, and telephone number of a contact individual for the service site;
  - 16. An attestation, including the service site licensee, licensee's designee, or tribal authority's signature and date of signature, that the service site shall comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;
  - 17. If the primary care provider will provide services at a critical access hospital according to R9-15-202(A)(1)(g), documentation in a Department-provided format that includes the:
    - a. Name, street address, telephone number, e-mail address, and fax number of the critical access hospital;
    - b. Number of service hours per week that the primary care provider is expected to provide at the critical access hospital;
    - c. Name, title, e-mail address, and telephone number of a contact individual for the critical access hospital;
  - 18. Except for a free-clinic or federal or state prison, a copy of the service site's:
    - a. Sliding-fee schedule in R9-15-202(A)(2)(d)(i),
    - b. Sliding-fee schedule policy in R9-15-202(A)(2)(d)(ii),
    - c. Sliding-fee schedule signage in R9-15-202(A)(2)(d)(iii) posted on the premises;
  - 19. If the service site is a free-clinic, a copy of the policy in R9-15-202(A)(2)(f) that the free-clinic provides primary care services to individuals at no charge; and
  - 20. If the primary care provider's employer is not the licensee or tribal authority of the service site identified in subsection (C)(13), documentation in a Department-provided format that includes:
    - a. An attestation that the employer will comply with the requirements required in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;
    - b. The name, title, e-mail address, and telephone number of a contact individual for the employer;
    - c. Whether the employer is a:
      - i. Public or non-profit service site in A.R.S. § 36-2172, or
      - ii. Private practice service site in A.R.S. § 36-2174;
    - d. Whether the primary care provider is or will be providing primary care services full-time or half-time;
    - e. The dates that the primary care provider is expected to start and end providing primary care services; and
    - f. The employer's signature and date of signature;
  - 21. If more than one service site licensee, tribal authority, or employer is identified in subsection (C)(20), the signature and date of signature of each service site licensee, tribal authority, or employer.
  - D.** If documentation of an existing health professional service obligation owed under contract, required in subsection (C)(11) was included in the initial application, after completing the obligation, a primary care provider shall submit before the start of the primary care provider's loan repayment contract with the Department documentation demonstrating that the obligation was completed.
  - E.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
  - F.** The Department shall accept an initial application no more than 45 calendar days before initial application submission date required in subsection (A) and (B).
  - G.** If the Department receives an initial application from a primary care provider at a time other than the time stated in subsection (A) and (B), the Department shall return the initial application to the primary care provider.
  - H.** The Department shall not approve a primary care provider's initial application during a June allocation process if:
    - 1. The primary care provider's service site employs two other primary care providers approved to participate in the LRP during the June allocation process, or
    - 2. The primary care provider's employer employs four other primary care providers approved to participate in the LRP during the June allocation process.
  - I.** The Department shall review a primary care provider's initial application according to R9-15-206.
- R9-15-204. Award Amounts Supplemental Initial Application**
- A.** The Department determines the annual amount of a loan repayment award based upon:
    - 1. The priority ranking of the service site at which the primary care provider plans to serve the contract obligation;
    - 2. The amount of loan repayment requested;
    - 3. The contract year of service;



4. The availability of funds.

B. The Department provides loan repayment awards to physicians and dentists according to the following table.

Contract Year of Service	Maximum Annual Award Amount Allowable by Priority of Service Site		
	Priority 1	Priority 2	Priority 3
First year	\$20,000	\$18,000	\$16,000
Second year	\$20,000	\$18,000	\$16,000
Third year	\$22,000	\$20,000	\$18,000
Fourth year	\$25,000	\$22,000	\$20,000

C. The Department provides loan repayment awards to mid-level providers according to the following table:

Contract Year of Service	Maximum Annual Award Amount Allowable by Priority of Service Site		
	Priority 1	Priority 2	Priority 3
First year	\$7,500	\$6,000	\$5,000
Second year	\$7,500	\$6,000	\$5,000
Third year	\$9,000	\$7,500	\$6,500
Fourth year	\$10,500	\$9,000	\$8,000

- D. The Department shall not award an amount that exceeds the primary care provider's total qualifying loan indebtedness.
- E. The Department shall award a primary care provider the amount of loan repayment requested unless the amount requested exceeds the maximum annual amount allowable according to subsection (B) or (C) or the Department has inadequate funds to provide the maximum annual amount allowable and the primary care provider agrees to contract for a lesser amount.
- A. If a primary care provider submits an initial application to the Department according to R9-15-203 and is not approved to participate in the LRP during the initial application allocation process, the primary care provider may reapply for participation during the October allocation process of the same calendar year by submitting a supplemental initial application by October 1.
- B. A primary care provider reapplying for an October allocation process according to R9-15-203(B) shall submit a supplemental initial application in a Department-provided format to the Department that contains:
  - 1. The primary care provider's name, home address, telephone number, and e-mail address;
  - 2. The primary care provider's attestation that:
    - a. The Department is authorized to verify all information provided in the supplemental initial application;
    - b. The primary care provider is applying to participate in the LRP for two years for loan repayment of all or part of qualifying educational loans identified in the initial application;
    - c. The initial application submitted prior to the October allocation process of the same calendar year is still accurate, except for loan or lender information;
    - d. The primary care provider will charge fees for primary care services according to R9-15-202;
    - e. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;
    - f. The information submitted as part of the supplemental initial application is true and accurate; and
    - g. The primary care provider's signature and date of signature;
  - 3. For each primary care provider lender, the following:
    - a. The lender's name, street address, e-mail address, and telephone number;
    - b. The loan identification number; and
    - c. The loan balance including principal and interest;
  - 4. An attestation from the service site's licensee, licensee's designee, or tribal authority that includes:
    - a. Name, street address, telephone number, e-mail address, and fax number of the service site;
    - b. Whether the service site is:
      - i. Public or non-profit service site in A.R.S. § 36-2172, or
      - ii. Private practice service site in A.R.S. § 36-2174;
    - c. The service site provider agrees to comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;
    - d. Whether the primary care provider is providing primary care services full-time or half-time;
    - e. The dates that the primary care provider is excepted to start and end providing primary care services;
    - f. The name, title, e-mail address, and telephone number of a contact individual for the service site;
    - g. The information submitted as part of the supplemental initial application is true and accurate; and
    - h. The service site's licensee, licensee's designee, or tribal authority signature and date of signature; and



5. If the primary care provider's employer is not the licensee or tribal authority of the service site identified in subsection (B)(4), an attestation from the employer that includes:
    - a. The name, title, e-mail address, and telephone number of a contact individual for the employer;
    - b. Whether the employer is:
      - i. Public or non-profit service site according to A.R.S. § 36-2172, or
      - ii. Private practice service site according to A.R.S. § 36-2174;
    - c. Whether the primary care provider is providing primary care services full-time or half-time;
    - d. The dates that the primary care provider is expected to start and end providing primary care services;
    - e. An attestation that the employer will comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;
    - f. The information submitted as part of the supplemental initial application is true and accurate; and
    - g. The employer's signature and date of signature.
  6. A copy of the most recent billing statement for the loans listed on the initial application;
  7. Documentation of a service site's HPSA designation and HPSA score dated within 30 calendar days before the supplemental initial application submission date.
- C.** If more than one service site licensee, tribal authority, or employer is identified in subsection (B)(4) or (5), the signature and date of signature of each service site licensee, tribal authority, or employer.
- D.** The Department shall accept a supplemental initial application no more than 30 calendar days before the renewal application submission date required in subsection (A) or (B).
- E.** The Department shall review a primary care provider's supplemental initial application according to R9-15-206.

**R9-15-205. ~~Loan Repayment Contract~~ Renewal Application**

- A.** In exchange for loan repayment, a primary care provider shall contract with the Department to provide full-time continuous services at a specified eligible service site for a minimum of 24 months in accordance with the agreements described in R9-15-206(A). The primary care provider shall sign and return the contract to the Department.
- B.** The contract shall comply with A.R.S. Title 41, Chapter 23 and 2 A.A.C. 7.
- C.** Primary care services performed before the effective date of the PCPLRP contract do not count toward satisfaction of the period of service under the contract.
- A.** A primary care provider who is expected to complete the initial two years of participation in the LRP in the 12 months after April 1, and whose service site has a HPSA score of 14 or more may request to continue participation by submitting a renewal application to the Department by April 1 of each year.
- B.** To continue or resume participation in the LRP, the following primary care providers may submit to the Department by October 1 of each year:
  1. A renewal application:
    - a. A primary care provider who has a HPSA score of less than 14 and has completed the initial two years of participation in the LRP before the end of the calendar year; or
    - b. A primary care provider who participated in the LRP during the current calendar year and who has completed three or more years of participation in the LRP before the end of the calendar year; or
  2. The initial application in R9-15-203(C):
    - a. A primary care provider who previously participated in the LRP, completed the first two years of participation in the LRP, and is applying to resume participation; or
    - b. A primary care provider who was previously denied approval to renew participation in the LRP because loan repayment funds were not available.
- C.** A primary care provider applying to continue participation in the LRP for an additional year shall submit a renewal application in a Department-provided format to the Department containing:
  1. The primary care provider's:
    - a. Name, home address, telephone number, and e-mail address; and
    - b. Existing loan repayment contract number;
  2. The name of each service site where the primary care provider provides primary care services, including street address, telephone number, e-mail address, and fax number;
  3. Except for a request for change according to R9-15-211, list any changes that may affect the primary care provider's health service priority in R9-15-207 or R9-15-208;
  4. For each lender receiving loan repayment funds according to the initial application or R9-15-211, the:
    - a. Lender's name, street address, e-mail address, and telephone number;
    - b. Street address where the loan repayment funds are sent;
    - c. Loan identification number;
    - d. If different from the initial application, the percentage of the loan repayment funds that the primary care provider wants a lender to receive;
    - e. Current loan balance, including date provided; and
    - f. Whether the primary care provider requests to continue loan repayment to the lender;
  5. If the primary care provider wants to add a qualifying educational loan:
    - a. The lender's name, street address, e-mail address, and telephone number;



- b. The street address where the loan repayment funds are sent;
- c. The loan identification number;
- d. The original date of the loan;
- e. The primary care provider's name as it appears on the loan contract;
- f. The original loan amount;
- g. The current balance of the loan, including the date provided;
- h. The interest rate on the loan;
- i. The purpose for the loan;
- j. The month and year of the start and the end of the academic period covered by the loan; and
- k. If more than one lender is receiving loan repayment funds, the primary care provider shall advise the Department of the percentage of the loan repayment funds that each lender is identified by the primary care provider to receive;
- 6. For each qualifying educational loan, a copy of the most recent billing statement from the lender;
- 7. For any qualifying educational loan identified in subsection (C)(5), documentation from the lender or the National Student Loan Data System established by the U.S. Department of Education verifying that the loan is a qualifying educational loan;
- 8. Whether the primary care provider is subject to a judgment lien for a debt to a federal agency;
- 9. If applying to participate in the Primary Care Provider LRP, whether the primary care provider:
  - a. Has defaulted on:
    - i. A Federal income tax liability;
    - ii. Any federally-guaranteed or insured student or home mortgage loan;
    - iii. A Federal Health Education Assistance Loan;
    - iv. A Federal Nursing Student Loan, or
    - v. A Federal Housing Authority Loan; or
  - b. Is delinquent on:
    - i. A payment for court-ordered child support, or
    - ii. A payment for state taxes; or
- 10. If applying to participate in the Rural Private Primary Care Provider LRP, whether the primary care provider is delinquent on payment for state taxes or court-ordered child support;
- 11. Whether the primary care provider is providing services at a critical access hospital and primary care services at a service site according to R9-15-202(A)(1)(g);
- 12. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;
- 13. An attestation that:
  - a. Except for the circumstances listed in subsection (C)(3), the information in the initial application, other than loan balances and requested repayment amounts, is still current;
  - b. The Department is authorized to verify all information provided in the renewal application;
  - c. The primary care provider is applying to participate in the LRP for an additional year for loan repayment of all or part of the qualifying educational loans identified in the renewal application;
  - d. The primary care provider will charge fees for primary care services established in the sliding-fee schedule according to R9-15-202; and
  - e. The information submitted as part of the renewal application is true and accurate;
- 14. The primary care provider's signature and date of signature;
- 15. For each service site where a primary care provider provides primary care services, documentation, in a Department-provided format, that includes:
  - a. A statement signed by the licensee, licensee's designee, or tribal authority from the service site where the primary care provider provides primary care services that the primary care provider's employment is extended at least for an additional year;
  - b. The date the primary care provider is expected to end providing primary care services;
  - c. Whether the primary care provider is providing primary care services full-time or half-time;
  - d. The number of primary care service hours per week the primary care provider is expected to provide;
  - e. Documentation of primary care services provided during the past 12 months including the:
    - i. Number of encounters;
    - ii. Number of AHCCCS encounters;
    - iii. Number of Medicare encounters;
    - iv. Number of self-pay encounters on sliding-fee schedule, and
    - iv. Number of encounters free-of-charge;
  - f. If the primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;



- g. An attestation that the service site will comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;
  - h. The name, title, e-mail address, and telephone number of a contact individual for the service site; and
  - i. The service site licensee's, licensee's designee, or tribal authority's signature and date of signature;
  - 16. If a primary care provider provides services at a critical access hospital according to R9-15-202(A)(1)(g), documentation in a Department-provided format that includes the:
    - a. Name, street address, telephone number, e-mail address, and fax number of the critical access hospital;
    - b. Number of service hours per week that the primary care provider is expected to provide at the critical access hospital; and
    - c. Name, title, e-mail address, and telephone number of a contact individual for the critical access hospital;
  - 17. If the primary care provider's employer is not the licensee or tribal authority of the service site identified in subsection (C)(15), documentation in a Department-provided format, that includes:
    - a. A statement that the employer will extend the primary care provider's employment for at least an additional year;
    - b. The date the primary care provider is expected to end providing primary care services at the service site;
    - c. Whether the primary care provider is providing primary care services full-time or half-time;
    - d. The number of primary care service hours per week the primary care provider is expected to provide;
    - e. If the primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
    - f. An attestation that the employer will comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;
    - g. The name, title, e-mail address, and telephone number of a contact individual for the employer; and
    - h. The employer's signature and date of signature; and
  - 18. If more than one service site licensee, tribal authority, or employer is identified in subsection (C)(15) and (16), the signature and date of signature of each service site licensee, tribal authority, or employer.
  - D.** In addition to the information required in subsection (C), the following documentation:
    - 1. Except for a free-clinic or federal or state prison, for each service site where the primary care provider provides or will provide primary care services:
      - a. A copy of the sliding-fee schedule in R9-15-202(A)(2)(d)(i),
      - b. A copy of the sliding-fee schedule policy in R9-15-202(A)(2)(d)(ii), and
      - c. A copy of the service site's sliding-fee schedule signage in R9-15-202(A)(2)(d)(iii), posted on the premises;
    - 2. If a free-clinic, a copy of the policy in R9-15-202(A)(2)(f) that the free-clinic provides primary care services to individuals at no charge;
    - 3. Documentation of a service site's HPSA designation and HPSA score, dated within 30 calendar days before the renewal application submission date; and
    - 4. For each lender receiving loan repayment funds, a copy of the most recent billing statement.
  - E.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
  - F.** The Department shall accept a renewal application no more than 30 calendar days before the renewal application submission date required in subsection (A) or (B).
  - G.** If the Department receives a renewal application at a time other than the time stated in subsection (A) or (B), the Department shall return the renewal application to the primary care provider that submitted the renewal application.
  - H.** The Department shall review a primary care provider's renewal application according to R9-15-206.
- R9-15-205.01. Renewal Application Requirements**
- A.** A primary care provider whose loan repayment contract ends before or on June 30, 2016 may renew the primary care provider's loan repayment contract by submitting a renewal application to the Department according to the requirements in 9 A.A.C. 15 that were effective August 9, 2001.
  - B.** A primary care provider whose loan repayment contract ends after June 30, 2016, and before April 1, 2017, and whose service site has a HPSA score of 14 or more may be requesting to participate in the LRP for a third year may submit a renewal application in R9-15-205 to the Department before April 30, 2016.
- R9-15-206. Primary Care Provider Eligibility Criteria Time-frames**
- A.** To be eligible to participate in the PCPLRP, a primary care provider shall:
    - 1. Be a United States citizen;
    - 2. Have completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
    - 3. Hold a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
    - 4. If a physician, have completed a professional residency program and be board certified or eligible to sit for the certifying examination in:
      - a. Family or general practice;
      - b. Pediatrics;



- e. Obstetrics, or
  - d. Internal medicine;
  - 5. Have a signed contract for current or prospective employment at an eligible service site or a letter of intent signed by the individual in the senior leadership position at an eligible service site indicating an intent to hire the primary care provider;
  - 6. Agree to contract with the Department to serve full-time providing primary care services at the eligible service site for a minimum of 24 months, with 12- or 24- month contract extensions available upon mutual agreement with the individual in the senior leadership position at the service site;
  - 7. Agree, unless an obstetrician or nurse midwife, to work at least 32 of the minimum 40 hours per week providing ambulatory care services at the service site during scheduled office hours;
  - 8. Agree, if an obstetrician or nurse midwife to work at least 21 of the minimum 40 hours per week providing ambulatory care services at the service site during scheduled office hours;
  - 9. Agree to charge for services at the usual and customary rates prevailing in the primary care area, except that patients unable to pay the usual and customary rates shall be charged a reduced rate according to the service site's sliding fee scale based on poverty level or not charged;
  - 10. Agree not to discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS;
  - 11. Agree to accept assignment for payment under Medicare and to participate in AHCCCS; and
  - 12. Have satisfied any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity before beginning a period of service under the PCPLRP.
- B.** The following are not eligible to participate:
- 1. A primary care provider who has breached a health professional services contract with a federal, state, or local government or another entity;
  - 2. A primary care provider against whose property there is a judgment lien for a debt to the United States; and
  - 3. A primary care provider who is in a for-profit practice.
- A.** The overall time-frame begins, for:
- 1. An initial application, on the date established as the deadline for submission of an initial application in R9-15-203;
  - 2. A supplemental initial application, on the date established as the deadline for submission of a supplemental initial application in R9-15-204;
  - 3. A renewal application, on the date established as the deadline for submission of a renewal application in R9-15-205; or
  - 4. A request to add or transfer to another service site or employer, add or change a lender, add or change a qualifying educational loan, change hours worked, suspend or cancel a loan repayment contract, or waive liquidated damages, on the date the request is received by the Department.
- B.** Within the administrative completeness review time-frame for each type of approval in Table 2.1, the Department shall:
- 1. Provide a notice of administrative completeness to a primary care provider; or
  - 2. Provide a notice of deficiencies to a primary care provider, including a list of the missing information or documents.
- C.** If the Department provides a notice of deficiencies to a primary care provider:
- 1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the primary care provider;
  - 2. If the primary care provider submits the missing information or documents to the Department within the time-frame in Table 2.1, the substantive review time-frame begins on the date the Department receives the missing information or documents; and
  - 3. If the primary care provider does not submit the missing information or documents to the Department within the time-frame in Table 2.1, the Department shall consider the application withdrawn.
- D.** Within the substantive review time-frame for each type of approval in Table 2.1, the Department:
- 1. Shall approve or deny a primary care provider's request;
  - 2. May make a written comprehensive request for additional information or documentation; and
  - 3. May make supplement requests, if the primary care provider agrees to allow the Department to submit supplemental requests for additional information and documentation.
- E.** If the Department provides a written comprehensive request for additional information or documentation to the primary care provider:
- 1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request until the date the Department receives the information and documents requested; and
  - 2. The primary care provider shall submit to the Department the information and documents listed in the written comprehensive request within 10 working days after the date of the written comprehensive request.
- F.** During the substantive review time-frame the Department shall, for each initial, supplemental initial, or renewal application that the Department determines is complete and demonstrates that the primary care provider and service site comply with the requirements in A.R.S. Title 36, Chapter 21 and this Article, by 60 calendar days after the application



submission date established in this Article, determine a:

1. Health service priority according to R9-15-207 or R9-15-208, and
2. Highest HPSA score according to R9-15-207(B)(2) or R9-15-208(B)(1) or (B)(2).

**G. The Department shall issue:**

1. An approval for a primary care provider to participate in the:
  - a. Primary Care Provider Loan Repayment Program in A.R.S. § 36-2172 when:
    - i. The primary care provider and the primary care provider's service site complies with the requirements in A.R.S. Title 36, Chapter 21 and this Article; and
    - ii. The primary care provider has a health care priority according to R9-15-207 that makes the primary care provider eligible for available loan repayment funds according to R9-15-202; or
  - b. Rural Private Primary Care Provider Loan Repayment Program in A.R.S. § 36-2174 when:
    - i. The primary care provider and the primary care provider's service site complies with the requirements in A.R.S. Title 36, Chapter 21 and this Article; and
    - ii. The primary care provider has a health care priority according to R9-15-208 that makes the primary care provider eligible for loan repayment funds according to R9-15-202; or
2. A denial to a primary care provider, including the reason for the denial and the appeal process in A.R.S. Title 41, Chapter 6, Article 10, if:
  - a. The primary care provider does not submit all of the information and documentation listed in a written comprehensive request for additional information and documentation;
  - b. The Department determines that the primary care provider or the primary care provider's service site does not comply with the requirements in A.R.S. Title 36, Chapter 21 and this Article; or
  - c. The Department determines that the primary care provider and the primary care provider's service site comply with the requirements in A.R.S. Title 36, Chapter 21 and this Article, but:
    - i. There are no loan repayment funds available for the primary care provider;
    - ii. For an initial application, the primary care provider's employer employs four other primary care providers approved to participate in the LRP; or
    - iii. For an initial application, the primary care provider's service site employs two other primary care providers approved to participate in the LRP.

**H.** If the Department issues a denial based on the determination in subsection (G)(2)(c), the Department shall include in the denial, a notice that, depending on the availability of loan repayment funds, the primary care provider may submit a supplemental initial application for approval to participate in the LRP during the October allocation process of the same calendar year.

**I.** If the Department approves a primary care provider's initial application according to subsection (G)(1) for participation in the LRP, the primary care provider is approved to participate for two years.

**J.** The Department shall determine the effective date of a loan repayment contract after receiving acceptance from a primary care provider following the Department's notice of approval in subsection (G)(1).

**Table 2.1. Time-frames (in calendar days)**

<u>Type of approval</u>	<u>Authority (A.R.S. § or A.A.C.)</u>	<u>Overall Time-frame (in working days)</u>	<u>Time-frame for applicant to complete application (in working days)</u>	<u>Administrative Completeness Time-frame (in working days)</u>	<u>Substantive Review Time-frame (in working days)</u>
<u>Initial application</u>	<u>R9-15-203</u>	<u>45</u>	<u>20</u>	<u>15</u>	<u>30</u>
<u>Supplemental initial application</u>	<u>R9-15-204</u>	<u>45</u>	<u>10</u>	<u>15</u>	<u>30</u>
<u>Renewal application</u>	<u>R9-15-205</u>	<u>45</u>	<u>10</u>	<u>15</u>	<u>30</u>
<u>Request for Change</u>	<u>R9-15-211</u>	<u>15</u>		<u>5</u>	<u>10</u>
<u>Request to suspend a loan repayment contract</u>	<u>R9-15-212</u>	<u>15</u>		<u>5</u>	<u>10</u>
<u>Request to waive liquidated damages</u>	<u>R9-15-214</u>	<u>15</u>		<u>5</u>	<u>10</u>
<u>Request to cancel a loan repayment contract</u>	<u>R9-15-215</u>	<u>15</u>		<u>5</u>	<u>10</u>

**R9-15-207. Service Site Eligibility Criteria Primary Care Provider Health Service Priority**

To be eligible to have a primary care provider participate in the PCPLRP, a service site shall:

1. Provide primary care services in a public or nonprofit private practice located in a HPSA;
2. Accept Medicare assignment;



- 3. ~~Be an AHCCCS provider;~~
  - 4. ~~Charge for services at the usual and customary rates prevailing in the primary care area, except that the service site shall have a policy providing that patients unable to pay the usual and customary rates shall be charged a reduced rate according to the service site's sliding fee scale based on poverty level or not charged; and~~
  - 5. ~~Not discriminate on the basis of a patient's ability to pay for services or the payment source, including Medicare or AHCCCS.~~
- A.** For a primary care provider providing primary care services at multiple service sites, the Department shall determine the health service priority points in subsection (B)(1) through (6) for each service site and:
- 1. If the number of primary care service hours worked at one service site is more than 50 percent of the primary care provider's total number of primary care service hours worked, the Department shall use that service site's points to determine an initial application or a renewal application health service priority; or
  - 2. If the number of primary care service hours worked at one service site is not more than 50 percent of the primary care provider's total number of primary care service hours worked, the Department shall use the average of all service sites' points to determine an initial application or a renewal application health service priority.
- B.** The Department shall review an initial application or a renewal application and assign points based on the following factors to determine the initial application or renewal application health service priority:
- 1. The service site is located in a rural area:
    - a. Yes = 10 points, or
    - b. No = 0 points;
  - 2. The service site's highest geographic, facility, or population HPSA score, consistent with subsection (A), assigned by the U.S. Secretary of Health and Human Services for the area in which the service site is located according to documentation provided by the primary care provider;
  - 3. The service site's percentage of the total encounters reported according to R9-15-203(C)(15)(l) or R9-15-205(C)(15)(e) that are AHCCCS, Medicare, approved sliding-fee schedule, and free-of-charge encounters:

<u>Percentage</u>	<u>Points</u>
<u>Greater than 50%</u>	<u>10,</u>
<u>35-50%</u>	<u>8,</u>
<u>26-34%</u>	<u>6,</u>
<u>11-25%</u>	<u>4, or</u>
<u>Less than 10%</u>	<u>2;</u>
  - 4. Except for a service site at a federal or state prison, if:
    - a. A medical primary care provider, including a pharmacist, and the distance from the primary care provider's service site to the next service site that provides medical services and offers reduced primary care services fees according to an approved sliding-fee schedule is:

<u>Miles</u>	<u>Points</u>
<u>Greater than 25</u>	<u>4, or</u>
<u>Less than 25</u>	<u>0;</u>
    - b. A dental primary care provider and the distance from the primary care provider's service site to the next service site that provides dental services and offers reduced primary care services fees according to an approved sliding-fee schedule is:

<u>Miles</u>	<u>Points</u>
<u>Greater than 25</u>	<u>4, or</u>
<u>Less than 25</u>	<u>0; and</u>
    - c. A behavioral health primary care provider and the distance from the primary care provider's service site to the next service site that provides behavioral health services and offers reduced primary care services fees according to an approved sliding-fee schedule is:

<u>Miles</u>	<u>Points</u>
<u>Greater than 25</u>	<u>4, or</u>
<u>Less than 25</u>	<u>0;</u>
  - 5. For an initial application only, the primary care provider is newly employed at the service site or by the employer:
    - a. Yes = 2 points, or
    - b. No = 0 points;
  - 6. The primary care provider only provides primary care services when the primary care provider and the patient are physically present at the same location:
    - a. Yes = 4 points, or
    - b. No = 0 points;
  - 7. The primary care provider is a resident of Arizona according to A.R.S. § 15-1802:
    - a. Yes = 4 points, or
    - b. No = 0 point;
  - 8. The primary care provider is a graduate of an Arizona graduate educational institution:
    - a. Yes = 4 points, or



- b. No = 0 point;
  - 9. For an initial application only, the primary care provider has experience providing primary care services to a medically underserved population:
    - a. Yes = 4 points, or
    - b. No = 0 point; and
  - 10. The primary care provider is providing or agrees to provide primary care services full-time:
    - a. Yes = 3 points, or
    - b. No = 0 points.
- C.** To determine a service site's highest HPSA score, the Department shall apply the following HPSA designations:
- 1. A Primary Medical Care HPSA score if a primary care provider provides medical or pharmaceutical primary care services.
  - 2. A Dental HPSA score if a primary care provider provides dental primary care services, and
  - 3. A Mental Health HPSA score if a primary care provider provides behavioral health primary care services.
- D.** For the purpose of determining a health service priority and allocating loan repayment funds, the Department shall consider a primary care provider who provides services at a critical access hospital, in addition to primary care services at a service site according to R9-15-202(A)(1)(g), to be providing services full-time.
- E.** The Department shall determine a primary care provider's initial or renewal application health service priority by calculating the sum of the assigned points for the factors described in subsection (B).
- F.** The Department shall apply the factors in subsection (G) if the Department determines there are:
- 1. More than one initial application or renewal application that have the same health service priority and there are funds available for only one initial or renewal application; or
  - 2. Two or more initial applications that have the same health service priority for:
    - a. A service site and there is one health care provider with a higher health service priority approved to participate in the LRP during the same June allocation process, or
    - b. An employer and there are three primary care providers with a higher health service priority approved to participate in the LRP during the same June allocation process.
- G.** To determine participation in the LRP for a primary care provider in subsection (F), the Department shall apply the following to each primary care provider's application:
- 1. If only one application is for a primary care provider who is a resident of Arizona, the Department shall approve the primary care provider for participation;
  - 2. If more than one application is for a primary care provider who is a resident of Arizona, the Department shall apply each of the following factors in descending order until no two applications are the same and all available loan repayment funds have been allocated:
    - a. Whether a primary care provider will provide primary care services full-time;
    - b. Whether the primary care provider's service site is located in a rural area;
    - c. The service site highest HPSA score reported in subsection (B)(2);
    - d. Whether the primary care provider provides primary care services when the primary care provider and a patient are at the same location;
    - e. Whether the primary care provider has experience providing primary care services to a medically underserved population;
    - f. The number of total hours the primary care provider has experience providing primary care services in a medically underserved population if reported in subsection (G)(2)(e); and
    - g. Whether the primary care provider's practice or specialty is identified as the greatest unmet healthcare discipline or specialty area in Arizona, as determined by the U. S. Department of Health & Human Services, Health Resources and Services Administration.
- H.** If more than one initial application or renewal application for a primary care provider in subsection (F) remains after the Department's determinations in subsection (G) and there are limited loan repayment funds available, the Department shall randomly select one primary care provider's initial application or renewal application and approve the primary care provider for participation in the LRP.
- I.** When the Department holds a random selection to determine one initial application or renewal application identified in subsection (H), the Department shall:
- 1. Assign an Assistant Director from a different division within in the Department than the LRP division to be responsible for the random selection, and
  - 2. Invite all the primary care providers whose initial applications or renewal applications are identified to participate in the random selection.
- J.** The Department shall notify a primary care provider of the Department's decision according to R9-15-206.

**R9-15-208. Prioritization of Eligible Service Sites Rural Private Primary Care Provider Health Service Priority**

**A.** The Department shall prioritize eligible service sites by assigning points based upon the following criteria:

<u>1. Location of the service site:</u>	
<u>Location</u>	<u>Points</u>
<u>Rural</u>	<u>4</u>



- Non-rural 0
- 2. Degree of shortage ranking assigned to the HPSA in which the service site is located by the United States Secretary of Health and Human Services:
 

Degree of shortage ranking	Points
1	4
2	3
3	2
4	1
- 3. Population to primary care provider ratio points received by the primary care area in which the service site is located on the most recent primary care index generated under A.A.C. R9-24-203.
- 4. Percentage of minority population in the primary care area in which the service site is located as set forth in the most recent primary care index:
 

Percentage	Points
>50%	4
40-50%	3
30-39%	2
20-29%	1
<20%	0
- 5. Distance from the service site to the nearest city or town with a population of 20,000 or greater:
 

≥45	4
<45	0

**B.** The Department shall prioritize each eligible service site according to the sum of the points for each factor described in subsection (A):

- 1. A service site that scores 18 to 26 points is Priority 1;
- 2. A service site that scores 9 to 17 points is Priority 2; and
- 3. A service site that scores 8 or fewer points is Priority 3.

**A.** For a primary care provider providing primary care services at multiple service sites, the Department shall determine the health service priority points in subsection (B)(1) through (6) for each service site and:

- 1. If the number of primary care service hours worked at one service site is more than 50 percent of the primary care provider's total number of primary care service hours worked, the Department shall use that service site's points to determine an initial application or a renewal application health service priority; or
- 2. If the number of primary care service hours worked at one service site is not more than 50 percent of the primary care provider's total number of primary care service hours worked, the Department shall use the average of all service sites' points to determine an initial application or a renewal application health service priority.

**B.** The Department shall review an initial application or a renewal application and assign points based on the following factors to determine the initial application or renewal application health service priority:

- 1. If the service site is a designated HPSA, the service site's highest geographic, facility, or population HPSA score, consistent with subsection (A), assigned by the U.S. Secretary of Health and Human Services for the area in which the service site is located according to documentation provided by the primary care provider;
- 2. If the service site is not a designated HPSA, the service site's AzMUA score, assigned by the Department, converted to an equivalent HPSA score as calculated by dividing the AzMUA score by 4.65 then rounding the quotient to the higher number;
- 3. The service site's percentage of the total encounters reported according to R9-15-203(C)(15)(l) or R9-15-205(C)(15)(e) that are AHCCCS, Medicare, approved sliding-fee schedule, and free-of-charge encounters:

Percentage	Points
Greater than 50%	10
35-50%	8
26-34%	6
11-25%	4, or
Less than 10%	2;

- 4. Except for a service site at a federal or state prison, if:
  - a. A medical primary care provider, including a pharmacist, the distance from the primary care provider's service site to the next service site that provides medical services and offers reduced primary care services fees according to an approved sliding-fee schedule:

Miles	Points
Greater than 25	4, or
Less than 25	0;

- b. A dental primary care provider, the distance from the primary care provider's service site to the next service site that provides dental services and offers reduced primary care services fees according to an approved sliding-fee schedule:

Miles	Points
-------	--------



- |  |                        |               |
|--|------------------------|---------------|
|  | <u>Greater than 25</u> | <u>4, or</u>  |
|  | <u>Less than 25</u>    | <u>0; and</u> |
- c. A behavioral health primary care provider, the distance from the primary care provider's service site to the next service site that provides behavioral health services and offers reduced primary care services fees according to an approved sliding-fee schedule:
- |  |                        |               |
|--|------------------------|---------------|
|  | <u>Miles</u>           | <u>Points</u> |
|  | <u>Greater than 25</u> | <u>4, or</u>  |
|  | <u>Less than 25</u>    | <u>0;</u>     |
5. For an initial application only, the primary care provider is newly employed at the service site or by the employer:
- a. Yes = 2 points, or  
b. No = 0 points;
6. The primary care provider only provides primary care services when the primary care provider and the patient are physically present at the same location:
- a. Yes = 4 points, or  
b. No = 0 points;
7. The primary care provider is a resident of Arizona according to A.R.S. § 15-1802:
- a. Yes = 4 points, or  
b. No = 0 point;
8. The primary care provider is a graduate of an Arizona graduate educational institution:
- a. Yes = 4 points, or  
b. No = 0 point;
9. For an initial application only, the primary care provider has experience providing primary care services to a medically underserved population:
- a. Yes = 4 points, or  
b. No = 0 point; and
10. The primary care provider is providing or agrees to provide primary care services full-time:
- a. Yes = 3 points, or  
b. No = 0 points.
- C. To determine a service site's highest HPSA score, the Department shall apply the following HPSA designations:
1. A Primary Medical Care HPSA score, if a primary care provider provides medical or pharmaceutical primary care services,  
2. A Dental HPSA score if a primary care provider provides dental primary care services, and  
3. A Mental Health HPSA score if a primary care provider provides behavioral health primary care services.
- D. For the purpose of determining a health service priority and allocating loan repayment funds, the Department shall consider a primary care provider who provides services at a critical access hospital, in addition to primary care services at a service site according to R9-15-202(A)(1)(g), to be providing services full-time.
- E. The Department shall determine a primary care provider's initial or renewal application health service priority by calculating the sum of the assigned points for the factors described in subsection (B).
- F. The Department shall apply the factors in subsection (G) if the Department determines there are:
1. More than one initial application or renewal application that have the same health service priority and there are funds available for only one initial or renewal application; or  
2. Two or more initial applications that have the same health service priority for:
- a. A service site and there is one primary care provider with a higher health service priority approved to participate in the LRP during the same June allocation process; or  
b. An employer and there are three primary care providers with a higher health service priority approved to participate in the LRP during the same June allocation process.
- G. To determine participation in the LRP for a primary care provider in subsection (F), the Department shall apply the following to each primary care provider's application:
1. If only one application is for a primary care provider who is a resident of Arizona, the Department shall approve the primary care provider for participation;  
2. If more than one application is for a primary care provider who is a resident of Arizona, the Department shall apply each of the following factors in descending order until no two applications are the same and all available loan repayment funds have been allocated:
- a. Whether a primary care provider will provide primary care services full-time;  
b. Whether the primary care provider's service site is a non-profit;  
c. The highest service site highest HPSA score or converted AzMUA score in subsection (B)(1) or (2);  
d. Whether the primary care provider provides primary care services when the primary care provider and a patient are at the same location;  
e. Whether the primary care provider has experience providing primary care services to a medically underserved population;



- f. The number of clock hours the primary care provider has experience providing primary care services in a medically underserved population if reported in subsection (G)(2)(e); and
- g. Whether the primary care provider's practice or specialty is identified as the greatest unmet healthcare discipline or specialty area in Arizona determined by the U. S. Department of Health & Human Services, Health Resources and Services Administration.
- H.** If more than one initial application or renewal application for a primary care provider in subsection (F) remains after the Department's determinations in subsection (G) and there are limited loan repayment funds available, the Department shall randomly select one primary care provider's initial application or renewal application and approve the primary care provider for participation in the LRP.
- I.** When the Department holds a random selection to determine one primary care provider from the primary care providers identified in subsection (H), the Department shall:
  - 1. Assign an Assistant Director from a different division within in the Department than the LRP division to be responsible for the random selection, and
  - 2. Invite all the primary care providers whose initial applications or renewal applications are identified to participate in the random selection.
- J.** The Department shall notify a primary care provider of the Department's decision according to R9-15-206.

**R9-15-209. Service Site Application Allocation of Loan Repayment Funds**

- A.** The individual in the senior leadership position at a service site shall complete a service site application form, available from the Department, to have the Department determine service site eligibility and a priority score. The individual in the senior leadership position at the service site shall provide the completed service site application to the primary care provider applying to participate in the PCPLRP. The completed service site application shall include the following information:
  - 1. The name and street address of the service site;
  - 2. The service site's business organization type;
  - 3. The following information about the HPSA in which the service site is located, if known:
    - a. Name;
    - b. Federal identification number, and
    - e. Federal degree of shortage ranking;
  - 4. The name and address of the primary care provider's prospective employer, if different from the name and address of the service site;
  - 5. The prospective employer's business organization type, if the prospective employer is different from the service site;
  - 6. A statement that the service site is in compliance with the requirements of R9-15-207;
  - 7. A statement that the service site has financial means available to provide the following to the primary care provider for a minimum of 24 months of full-time services:
    - a. Salary;
    - b. Benefits, and
    - e. Malpractice insurance expenses;
  - 8. The service site's Medicare identification number;
  - 9. The service site's AHCCCS provider number;
  - 10. The notarized signature of the individual in the senior leadership position at the service site certifying that all of the information on the application is true; and
  - 11. The following documentation:
    - a. A copy of the service site's sliding fee scale, and
    - b. A copy of the service site's policy for using the sliding fee scale.
- B.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to the individual in the senior leadership position at a service site that is determined to be ineligible to have a primary care provider participate in the PCPLRP. If the individual in the senior leadership position at the service site decides to appeal, the individual in the senior leadership position at the service site shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action. This appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.
- A.** Each fiscal year, for an initial application or renewal application that demonstrates a primary care provider's and the primary care provider's service site's compliance with A.R.S. Title 36, Chapter 21 and this Article, the Department shall allocate loan repayment funds according to this Section and in the following order to the primary care provider with the highest health service priority:
  - 1. During the April allocation process, primary care providers with a HPSA score of 14 or more who are approved to participate for a third year in the:
    - a. Primary Care Provider LRP, or
    - b. Rural Private Primary Care Provider LRP;
  - 2. During the June allocation process, if there are additional loan repayment funds available after the allocation process in subsection (A)(1), primary care providers who are approved for initial participation for two years in the:
    - a. Primary Care Provider LRP, or



- b. Rural Private Primary Care Provider LRP; and
- 3. During the October allocation process, if there are additional loan repayment funds available after the allocation process in subsection (A)(2), primary care providers delineated in subsection (B) in the:
  - a. Primary Care Provider LRP; or
  - b. Rural Private Primary Care Provider LRP.
- B. A primary care provider is allowed to apply for participation in the LRP according to the requirements in this Chapter and be allocated loan repayment funds according to subsection (A)(3), if the primary care provider has:
  - 1. Completed the first two years of participation in the LRP but was denied approval to continue participation because no loan repayment funds were available during the allocation process;
  - 2. Previously participated in the LRP, completed at least the first two years of participation, and is applying to resume participation in the LRP;
  - 3. Completed the first two years of participation in the LRP and is currently providing primary care services at a service site with a HPSA score below 14, and is applying to continue participation in the LRP during the same calendar year as the completion of the first two years;
  - 4. Completed the first three years of participation in the LRP and is applying to continue participation in the LRP during the same calendar year as the completion of the first three years of participation; or
  - 5. Submitted an initial application during the same calendar year that demonstrated the primary care provider's and the primary care provider's service site's compliance with A.R.S. Title 36, Chapter 21 and this Article but was denied approval to participate because:
    - a. There were no loan repayment funds available;
    - b. For an initial application, the primary care provider's employer employs four other primary care providers approved to participate in the LRP; or
    - c. For an initial application, the primary care provider's service site employs two other primary care providers approved to participate in the LRP.
- C. The Department shall use monies donated to the LRP to supplement allocations made according to A.R.S. Title 36, Chapter 21 and this Article based on a primary care provider's health service priority and, if applicable, any designation made for the donation according to subsection (D).
- D. A person donating monies to the LRP shall designate whether the donation is for:
  - 1. The LRP to use at the discretion of the Department for loan repayment allocations or for LRP administrative costs; or
  - 2. One of the following:
    - a. The Primary Care Provider Loan Repayment Program established according to A.R.S. § 36-2172;
    - b. The Rural Private Primary Care Provider Loan Repayment Program established according to A.R.S. § 36-2174;
    - c. A specific type or types of primary care provider; or
    - d. A specific county in Arizona;
- E. If state loan repayment funds and state-appropriated funds are depleted, but there are donated funds available and the primary care provider with the next highest health service priority is not designated to receive the donated funds according to (D)(2) the donated monies are not allocated during the current allocation process.
- F. The Department shall determine the amount of loan repayment funds allocated to a primary care provider based on the primary care provider's service site's highest HPSA score as determined in R9-15-207(B)(2) or R9-15-208(B)(1) or (2), as follows:
  - 1. If a service site's highest HPSA score is 18 to 26 points, 100 percent of the maximum annual amount;
  - 2. If a service site's highest HPSA score is 14 to 17 points, 90 percent of the maximum annual amount; and
  - 3. If a service site's highest HPSA score is 0 to 13 points, 80 percent of the maximum annual amount.
- G. The Department shall allocate loan repayment funds to physicians and dentists according to the following:

<u>Contract Year of Service</u>	<u>Maximum Annual Amount for Full-Time</u>		
	<u>HPSA Score of 18-26</u>	<u>HPSA Score of 14-17</u>	<u>HPSA Score of 0-13</u>
<u>Initial two years</u>	<u>\$65,000</u>	<u>\$58,500</u>	<u>\$52,000</u>
<u>Third year</u>	<u>\$35,000</u>	<u>\$31,500</u>	<u>\$28,000</u>
<u>Fourth year</u>	<u>\$25,000</u>	<u>\$22,500</u>	<u>\$20,000</u>
<u>Fifth year and continuing</u>	<u>\$15,000</u>	<u>\$13,500</u>	<u>\$12,000</u>

<u>Contract Year of Service</u>	<u>Maximum Annual Amount for Half-Time</u>		
	<u>HPSA Score of 18-26</u>	<u>HPSA Score of 14-17</u>	<u>HPSA Score of 0-13</u>
<u>Initial two years</u>	<u>\$32,500</u>	<u>\$29,250</u>	<u>\$26,000</u>
<u>Third year</u>	<u>\$17,500</u>	<u>\$15,750</u>	<u>\$14,000</u>



Fourth year	\$12,500	\$11,250	\$10,000
Fifth year and continuing	\$7,500	\$6,750	\$6,000

**H.** The Department shall allocate loan repayment funds to pharmacists, advance practice providers, and behavioral health providers according to the following:

<u>Contract Year of Service</u>	<u>Maximum Annual Amount for Full-Time</u>		
	<u>HPSA Score of 18-26</u>	<u>HPSA Score of 14-17</u>	<u>HPSA Score of 0-13</u>
<u>Initial two years</u>	<u>\$50,000</u>	<u>\$45,000</u>	<u>\$40,000</u>
<u>Third year</u>	<u>\$25,000</u>	<u>\$22,500</u>	<u>\$20,000</u>
<u>Fourth year</u>	<u>\$20,000</u>	<u>\$18,000</u>	<u>\$16,000</u>
<u>Fifth year and continuing</u>	<u>\$10,000</u>	<u>\$9,000</u>	<u>\$8,000</u>

<u>Contract Year of Service</u>	<u>Maximum Annual Amount for Half-Time</u>		
	<u>HPSA Score of 18-26</u>	<u>HPSA Score of 14-17</u>	<u>HPSA Score of 0-13</u>
<u>Initial two years</u>	<u>\$25,000</u>	<u>\$22,500</u>	<u>\$20,000</u>
<u>Third year</u>	<u>\$12,500</u>	<u>\$11,250</u>	<u>\$10,000</u>
<u>Fourth year</u>	<u>\$10,000</u>	<u>\$9,000</u>	<u>\$8,000</u>
<u>Fifth year and continuing</u>	<u>\$5,000</u>	<u>\$4,500</u>	<u>\$4,000</u>

- I.** When calculating the allocation of loan repayment funds for a primary care provider who resumes participation in the LRP, the Department shall consider the loan repayment contract year of service to be the succeeding year following the actual loan repayment contract years of service completed during the primary care provider's previous participation in the LRP.
- J.** If the Department has inadequate funds to provide the maximum annual amount allowable and a primary care provider agrees to accept the lesser amount, the Department shall allocate the lesser amount agreed to by the primary care provider.
- K.** If the Department determines no loan repayment funds are available during a fiscal year for allocations based on an initial application or a renewal application, the Department shall provide a notice at least 30 calendar days before the initial or renewal application submission date that the Department is not accepting initial or renewal applications.

**R9-15-210. Primary Care Provider Application Verification of Primary Care Services and Disbursement of Loan Repayment Funds**

- A.** To apply for loan repayment, a primary care provider shall submit to the Department the following documents:
  1. A completed primary care provider application on a form provided by the Department, including the information described in subsection (B);
  2. A copy of the primary care provider's social security card;
  3. A copy of one of the following issued to the primary care provider:
    - a. Birth certificate;
    - b. United States passport, or
    - c. Naturalization papers;
  4. A copy of the loan documents for each qualifying loan for which repayment is requested;
  5. Documentation showing that the primary care provider has completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
  6. Documentation showing that the primary care provider holds a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
  7. If a physician, documentation showing that the primary care provider has completed a professional residency program in and is either board certified or eligible to sit for the certifying examination in:
    - a. Family or general practice;
    - b. Pediatrics;
    - c. Obstetrics, or
    - d. Internal medicine;



8. A copy of the contract signed by both the individual in the senior leadership position at the service site and the primary care provider evidencing current or prospective employment with the service site, which may include a provision that the primary care provider may or shall be released from the contract if not selected for a loan repayment award, or a copy of the letter of intent signed by the individual in the senior leadership position at the service site indicating an intent to hire the primary care provider;
  9. Documentation showing that any other obligation for health professional service owed under a contract with federal, state, or local government or another entity will be satisfied before beginning a period of service under the PCPLRP;
  10. A completed service site application; and
  11. A copy of the primary care provider's curriculum vitae.
- B.** A completed primary care provider application form shall include the following:
1. The following information about the primary care provider:
    - a. Full name;
    - b. Social Security number;
    - c. Date of birth;
    - d. Citizenship;
    - e. Ethnicity;
    - f. Gender;
    - g. Home address;
    - h. Home and alternate telephone numbers;
    - i. Work address;
    - j. Work telephone number;
    - k. Whether the primary care provider is:
      - i. A physician;
      - ii. A physician assistant;
      - iii. A registered nurse practitioner;
      - iv. A nurse midwife, or
      - v. A dentist;
    - l. Whether the primary care provider specializes in:
      - i. Family or general practice;
      - ii. Pediatrics;
      - iii. Obstetrics, or
      - iv. Internal medicine;
    - m. The primary care provider's subspecialty, if any;
    - n. Whether the primary care provider is fluent in:
      - i. Spanish;
      - ii. A Native American language, which shall be identified, or
      - iii. Another non-English language, which shall be identified;
    - o. The method by which the primary care provider learned of the PCPLRP;
    - p. The degrees held by the primary care provider, including majors or fields of study;
    - q. Whether the primary care provider has a prior or existing health professional service obligation and the following information about each prior or existing service obligation:
      - i. The name and address of the program;
      - ii. The name and telephone number of an individual with the program who may be contacted for further information; and
      - iii. The terms of the obligation;
    - r. Whether the primary care provider is in default of a health professional service obligation described under subsection (B)(1)(q) and a description of the circumstances of default, if any; and
    - s. Whether any of the primary care provider's property is subject to a judgment lien for a debt to the United States;
  2. The following information about each undergraduate school that the primary care provider attended:
    - a. Name;
    - b. Address;
    - c. Month and year that attendance commenced;
    - d. Month and year of graduation or termination of attendance;
    - e. Degree obtained by the primary care provider; and
    - f. The following information about one reference at the school:
      - i. Full name;
      - ii. Title, and
      - iii. Telephone number;



3. The following information about each graduate school that the primary care provider attended:
  - a. Name;
  - b. Address;
  - c. Month and year that attendance commenced;
  - d. Month and year of graduation or termination of attendance;
  - e. Degree obtained by the primary care provider; and
  - f. The following information about one reference at the school:
    - i. Full name;
    - ii. Title; and
    - iii. Telephone number;
4. The following information about each institution where the primary care provider commenced or completed an internship:
  - a. Name;
  - b. Address;
  - c. Month and year that the internship commenced;
  - d. Month and year of graduation or termination of the internship;
  - e. The following information about one reference at the institution:
    - i. Full name;
    - ii. Title; and
    - iii. Telephone number; and
  - f. The name and address of the affiliated university or health professional program;
5. The following information about each institution where the primary care provider commenced or completed a residency:
  - a. Name;
  - b. Address;
  - c. Month and year that the residency commenced;
  - d. Month and year of graduation or termination of the residency;
  - e. The following information about one reference at the institution:
    - i. Full name;
    - ii. Title; and
    - iii. Telephone number; and
  - f. The name and address of the affiliated university or health professional program;
6. The following information about each license held by the primary care provider:
  - a. Type of license;
  - b. Issuing state;
  - c. License number;
  - d. Term of the license; and
  - e. A description of any license restrictions;
7. The following information about each certification held by the primary care provider:
  - a. Type of certification;
  - b. Issuing state;
  - c. Term of the certification; and
  - d. A description of any certification restrictions;
8. The following information about each location where the primary care provider has practiced since completing health professional training:
  - a. Name;
  - b. Address; and
  - c. The following information about the individual in the senior leadership position at the location:
    - i. Full name;
    - ii. Title; and
    - iii. Telephone number;
9. The following information about the service site:
  - a. Name;
  - b. Address;
  - c. Telephone number; and
  - d. Name of the individual in the senior leadership position at the service site;
10. The following information about the prospective employer, if different from the service site:
  - a. Name;
  - b. Address; and
  - c. Telephone number;



11. The dates on which service under the contract is to commence and end;
  12. The following information about each of three professional references not provided elsewhere in the application for the primary care provider:
    - a. Full name;
    - b. Title;
    - c. Address; and
    - d. Telephone number;
  13. The following information about each loan for which repayment is sought:
    - a. Lender name;
    - b. Lender address;
    - c. Lender telephone number;
    - d. Loan identification number;
    - e. Primary care provider name as it appears on the loan;
    - f. Original amount of the loan;
    - g. Current balance of the loan, including the date provided;
    - h. Interest rate on the loan;
    - i. Whether it is simple interest and an explanation if it is not simple interest;
    - j. Purpose for the loan as indicated on the loan application; and
    - k. The month and year of the beginning and end of the academic period covered by the loan;
  14. The following statements:
    - a. That the information provided in the application is accurate;
    - b. That the primary care provider is applying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the application;
    - c. That the Department is authorized to verify all information provided in the application;
    - d. That the loans listed in the application were incurred solely for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect loans for other purposes;
    - e. That each government or financial institution named as a lender in the application is authorized to release to the Department information about the loan received by the primary care provider; and
    - f. That the primary care provider understands that the primary care provider could be fined or imprisoned:
      - i. Making a false statement, misrepresentation, or material omission in the application;
      - ii. Fraudulently obtaining repayment for a loan; or
      - iii. Committing any other illegal action in connection with the PCPLRP;
  15. The notarized signature of the primary care provider certifying that the statements listed in subsection (B)(14) are true; and
  16. For each loan for which repayment is sought, the notarized signature of an individual authorized to sign for the lender certifying that the loan from that lender is a bona fide and legally enforceable commercial or government loan made to meet the costs of the primary care provider's health professional education.
- C.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
- D.** The Department shall verify all loan information with each lender. The Department may verify any other information provided by the primary care provider.
- A.** If primary care services are provided by means of telemedicine, a primary care provider shall:
1. Report the number of telemedicine hours worked, and
  2. Attest that the originating site where the telemedicine patient is located and the distant site where the primary care provider is located are both in a HPSA or, if applicable, both in an AzMUA.
- B.** If a primary care provider provides primary care services at a critical access hospital with a separate qualifying service site, the primary care provider shall report the:
1. Total number of hours the primary care provider provided primary care services at the qualifying service site separate from the critical access hospital, and
  2. Total number of hours worked at the critical access hospital.
- C.** A primary care provider shall submit verification of primary care service hours worked at the primary care provider's approved service site on a Department-provided format containing:
1. The primary care provider's name;
  2. The beginning and ending dates during which the primary care services were provided;
  3. Whether the primary care provider is providing primary care services full-time or half-time;
  4. The primary care provider's notarized signature and date of signature; and
  5. The primary care provider's approved service site's licensee, tribal authority, or employer's notarized signature and date of signature.
- D.** A primary care provider shall submit documentation of primary care service encounters provided at the primary care provider's approved service site in a Department-provided form containing:



1. The primary care provider's name;
  2. The beginning and ending dates during which the primary care services were provided;
  3. The number of total encounters the primary care provider provided during the time reported in subsection (D)(2);
  4. The number of total encounters used the sliding-fee scale the primary care provider provided during the time reported in subsection (D)(2);
  5. The primary care provider's notarized signature and date of signature; and
  6. The primary care provider's approved service site's licensee, tribal authority, or employer's notarized signature and date of signature.
- E.** Upon receipt of the verification in subsection (C) and the documentation in subsection (D), the Department shall disburse loan payment funds to the primary care provider's lender or lenders.
- F.** Primary care services performed before the effective date of a loan repayment contract do not satisfy the contracted primary care health professional service obligation and are not eligible for loan repayment funds.
- G.** The Department shall disburse loan repayment funds for primary care services provided during a loan repayment contract period according to the allocations in R9-15-209.
- H.** The Department may delay disbursing loan repayment funds to a primary care provider's lender or lenders if the primary care provider fails to submit complete or timely service verification and encounter report forms.
- I.** The Department shall not disburse loan repayment funds to a primary care provider's lender or lenders if the primary care provider fails to submit complete and accurate information required in the service verification and the encounter report forms.

**R9-15-211. Selection of Primary Care Providers Request for Change**

- A.** ~~Each quarter, provided that funds are available, the Department shall review all complete applications received from eligible primary care providers and make awards in order of service site priority, subject to the following:~~
1. ~~The service site limit described in R9-15-203(B);~~
  2. ~~The extent to which a primary care provider's training is in a health profession or specialty determined by the Department to be needed by the primary care area in which the service site is located; and~~
  3. ~~The primary care provider's professional competence and conduct, as evidenced by:~~
    - a. ~~Academic standing;~~
    - b. ~~Prior professional experience in a HPSA;~~
    - c. ~~Board certification, if applicable;~~
    - d. ~~Residency achievements, if applicable;~~
    - e. ~~Reference recommendations;~~
    - f. ~~Depth of past residency practice experience, if applicable; and~~
    - g. ~~Other information related to professional competence and conduct, if any.~~
- B.** ~~The Department shall follow the procedure described in subsection (A) until no funds remain for the fiscal year or all complete applications have been processed.~~
- C.** ~~The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to each primary care provider who:~~
1. ~~Is denied a loan repayment award;~~
  2. ~~Receives less than the maximum loan repayment award authorized for the primary care provider's service site; or~~
  3. ~~Receives less than the amount requested, if the amount requested is less than the maximum loan repayment award authorized for the primary care provider's service site.~~
- D.** ~~A primary care provider who receives notice of appealable agency action may appeal the Department's decision:~~
1. ~~If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.~~
  2. ~~The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.~~
- A.** To request a change, a primary care provider shall submit the following information to the Department, in a Department-provided format:
1. The primary care providers name, home address, telephone number, and e-mail address;
  2. Whether the request is to:
    - a. Add or transfer to another service site or employer;
    - b. Add or change a qualifying educational loan or lender, or
    - c. Change primary care service hours from full-time to half-time or from half-time to full-time;
  3. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;
  4. An attestation that:
    - a. The Department is authorized to verify all the information provided, and
    - b. The information submitted is true and accurate; and
  5. The primary care provider's signature and date of signature.
- B.** In addition to the information required in subsection (A), a primary care provider:
1. If adding or transferring to a new service site or new employer, shall submit the following information about the new service site or employer:
    - a. In a Department-provided format:





- 1. A loan repayment amount will increase, the primary care provider's loan repayment amount will not change until the primary care provider obtains approval to renew participation; or
- 2. A loan repayment amount will decrease, the primary care provider's loan repayment amount will decrease according to amounts in R9-15-209, effective on the date the Department approves the primary care provider's request to change service site or primary care service hours.
- E.** If a change in primary care service hours worked is from full-time to half-time, the primary care provider's loan repayment funds allocated will decrease by half of the existing contracted loan repayment amount, effective on the date the Department approves the primary care provider's request to change the primary care service hours worked.
- G.** If a change in primary care service hours worked is from half-time to full-time:
  - 1. The primary care provider's allocated loan repayment funds will not change until the primary care provider's renewal application is approved to continue participation; and
  - 2. For a primary care provider who was initially allocated loan repayment funds based on providing primary care services full-time but is currently providing primary care services half-time, the primary care provider's loan repayment funds will revert to the loan repayment funds initially allocated after the Department approves the primary care provider's request to change back to full-time primary care service hours.
- H.** A primary care provider shall submit a request to change according to this Section to the Department:
  - 1. At least 10 working days before the effective date of a change to a qualifying educational loan or lender; and
  - 2. At least 30 calendar days before the effective date of a change to add or transfer to another service site or employer or to change primary care service hours worked.
- I.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided.
- J.** For a request submitted according to subsection (A), the Department shall notify a primary care provider of the Department's decision according to R9-15-206.

**R9-15-212. Reapplication Loan Repayment Contract Suspension**

- A.** If the information provided in the original service site application is still accurate, and the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate, a primary care provider may reapply by submitting a completed reapplication form supplied by the Department. A completed reapplication form shall include the following:
  - 1. The following information about the primary care provider:
    - a. Full name;
    - b. Social Security number;
    - c. Date of birth;
    - d. Home address;
    - e. Home and alternate telephone numbers;
    - f. Work address; and
    - g. Work telephone number;
  - 2. The current balance of and repayment amount requested for each loan listed in the original primary care provider application;
  - 3. The following statements:
    - a. That the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate;
    - b. That the primary care provider is reapplying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the original primary care provider application;
    - c. That the Department is authorized to verify all information provided in the original primary care provider application and the current balance of each loan;
    - d. That the loans listed in the original primary care provider application were incurred solely for the costs of the primary care provider's health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect loans for other purposes;
    - e. That each government or financial institution named as a lender in the original primary care provider application is authorized to release to the Department information about the loan received by the primary care provider; and
    - f. That the primary care provider understands that the primary care provider could be fined or imprisoned according for:
      - i. Making a false statement, misrepresentation, or material omission in the application;
      - ii. Fraudulently obtaining repayment for a loan; or
      - iii. Committing any other illegal action in connection with the PCPLRP;
  - 4. The notarized signature of the primary care provider certifying that the statements listed in subsection (A)(3) are true;
  - 5. The full name and title of the individual in the senior leadership position at the service site;
  - 6. A statement that the information on the original service site application is still accurate; and



7. The notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (A)(6) is true.
- B.** ~~If the original service site application is no longer accurate, or the original primary care provider application contains inaccurate information other than loan balances and requested repayment amounts, a primary care provider may reapply only by submitting the documents and information required by R9-15-209(A) and R9-15-210(A) and (B).~~
- A.** A primary care provider may request a loan repayment contract suspension:
1. For a condition involving the primary care provider or a member of the primary care provider's immediate family that restricts the primary care provider's ability to complete the terms of the loan repayment contract, or
  2. To transfer to another service site or employer.
- B.** To request a loan repayment contract suspension, a primary care provider shall submit to the Department a written request for a loan repayment contract suspension, at least 30 calendar days before the proposed start date of the loan repayment contract suspension that includes:
1. The primary care provider's name, home address, telephone number, and e-mail address;
  2. The service site's name, street address, e-mail address, and telephone number, and the name of the individual authorized to act on behalf of the service site;
  3. The reasons for the primary care provider's request to suspend the loan repayment contract;
  4. The beginning and ending dates of the requested loan repayment contract suspension;
  5. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;
  6. A statement that the information included in the request for loan repayment contract suspension is true and accurate; and
  7. The primary care provider's signature and date of signature.
- C.** Upon receiving a request for a loan repayment contract suspension, the Department may contact the individual in subsection (B)(2):
1. To verify the information in the request for the loan repayment contract suspension, and
  2. To obtain information regarding the circumstances that caused the request for loan repayment contract suspension.
- D.** A primary care provider may request an initial loan repayment contract suspension for up to six months. If the primary care provider is unable to resume providing primary care services by the end of the initial loan repayment contract suspension period, the primary care provider may request an additional six-month loan repayment contract suspension for a total maximum allowable loan repayment contract suspension of 12 months.
- E.** A primary care provider requesting an additional six-month loan repayment contract suspension shall submit a written request to the Department at least 30 calendar days before the expiration of the initial loan repayment contract suspension period that includes the requirements in subsection (B).
- F.** During a primary care provider's loan repayment contract suspension period, a primary care provider who plans to continue to participate in the LRP is required to shall submit a renewal application according to R9-15-205.
- G.** During a primary care provider's loan repayment contract suspension period, the Department shall not disburse loan repayment funds to a primary care provider's lender.
- H.** A primary care provider is responsible for making loan payments during the loan repayment contract suspension period.
- I.** If the Department approves a primary care provider's request for a loan repayment contract suspension due to transfer to another service site or employer, the primary care provider shall written report progress made in identifying another service site or employer to the Department at least once every 30 calendar days.
- J.** If the primary care provider does not obtain employment at another service site or employer or resume providing primary care services by the end of the loan repayment contract suspension period, the Department shall consider that the primary care provider has failed to complete the terms of the loan repayment contract or does not intend to complete the terms of the loan repayment contract.
- K.** For a request submitted according to subsection (B) or (E), the Department shall notify a primary care provider of the Department's decision according to R9-15-206.

**R9-15-213. Service Verification Liquidated Damages for Failure to Complete a Loan Repayment Contract**

- A.** ~~The Department awards loan repayment for continuous service during the contract period in accordance with the agreements in R9-15-206(A).~~
- B.** ~~To demonstrate continuous service, a primary care provider who has received a loan repayment award shall submit to the Department a completed service verification form, provided by the Department, at the end of each 90 days of service.~~
1. ~~The primary care provider shall submit the service verification form no later than 14 days after the end of the 90-day period.~~
  2. ~~Failure to submit the service verification form in a timely manner may result in delay of payment to the lender or lenders.~~
- C.** ~~The service verification form shall contain the following:~~
1. ~~The name of the primary care provider,~~
  2. ~~The name and address of the service site,~~
  3. ~~The beginning and ending dates of the 90-day period,~~
  4. ~~A statement that the primary care provider has provided full-time and continuous service at the service site for the 90-day period,~~



- 5. The notarized signature of the primary care provider certifying that the statement in subsection (C)(4) is true, and
- 6. The notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (C)(4) is true.
- A. A primary care provider who fails to complete the terms of the loan repayment contract shall pay to the Department the liquidated damages owed under A.R.S. § 36-2172(I), unless the primary care provider receives a waiver of the liquidated damages under R9-15-214.
- B. Upon receiving notification or upon the Department's determination that a primary care provider is unable or does not intend to complete the terms of the primary care provider's loan repayment contract, the Department shall:
  - 1. Withhold loan repayment funds,
  - 2. Determine liquidated damages owed, and
  - 3. Notify the primary care provider of the amount of liquidated damages owed.
- C. A primary care provider shall pay the liquidated damages to the Department within one year after the termination date of a primary care provider's primary care service specified in the loan repayment contract or within one year after the end of a loan repayment contract suspension approved according to R9-15-212, whichever is later.

**R9-15-214. Loan Repayment Waiver of Liquidated Damages**

- A. Upon receipt of a completed service verification form, the Department shall make payment for the 90 day period directly to the primary care provider's lender or lenders.
- B. The Department restricts loan repayment to a maximum of three lenders.
- C. If more than one loan is eligible for repayment, the primary care provider shall advise the Department of the percentage split of the repayment award to each lender.
- D. The primary care provider remains responsible for the timely repayment of the loan or loans.
- E. The primary care provider shall arrange with each lender to make necessary changes in the payment schedule for each loan so that quarterly payments will not result in default.
- F. The primary care provider is responsible for paying any taxes resulting from a loan repayment award.
- G. Loan repayment awards are in addition to the salary or other compensation the primary care provider receives from employment at the service site.
- A. The Department shall waive liquidated damages owed under A.R.S. Title 36, Chapter 21 or this Article if the primary care provider is unable to complete the terms of the loan repayment contract due to the primary care provider's death.
- B. The Department may waive liquidated damages owed under A.R.S. Title 36, Chapter 21 or this Article if the primary care provider is unable to complete the terms of the loan repayment contract because:
  - 1. The primary care provider suffers from a physical or behavioral health condition resulting in the primary care provider's temporary or permanent inability to perform the services required by the loan repayment contract; or
  - 2. An individual in the primary care provider's immediate family has a chronic or terminal illness.
- C. To request a waiver of liquated damages, a primary care provider shall submit to the Department:
  - 1. A written request for a waiver of liquidated damages that includes:
    - a. The primary care provider's name, home address, telephone number, and e-mail address;
    - b. For each service site where the primary care provider provided primary care services, the service site's:
      - i. Name, street address, e-mail address, and telephone number; and
      - ii. The name of a contact individual for the service site;
    - c. A statement describing the primary care provider's physical or behavioral health condition or the chronic or terminal illness of the primary care provider's immediate family member;
    - d. A statement describing why the primary care provider cannot complete the contact;
    - e. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;
    - f. A statement that the information included in the request for waiver is true and accurate; and
    - g. The primary care provider's signature and date of signature; and
  - 2. Documentation of the primary care provider's physical or behavioral health condition or the chronic or terminal illness of the primary care provider's immediate family member.
- D. Upon receiving a request for waiver, the Department may contact the individual authorized to act on behalf of the service site to verify the information in the request for waiver and to obtain any additional information regarding the request for waiver.
- E. In determining whether to waive liquidated damages, the Department shall consider:
  - 1. The physical or behavioral health condition of the primary care provider or the chronic or terminal illness of the primary care provider's immediate family member; and
  - 2. Whether the documentation demonstrates that the primary care provider is permanently unable or temporarily unable to provide primary care services during or beyond the expiration date of the loan repayment contract.
- F. For a request submitted according to subsection (C), the Department shall notify a primary care provider of the Department's approval or disapproval according to R9-15-206.

**R9-15-215. Notice of Failure to Complete Full Term of Service under the Contract at the Service Site Loan Repayment Contract Cancellation**

- A. A primary care provider who is unable to complete the full term of service under the contract at the service site shall notify the Department in writing within ten days of making that determination. A primary care provider who does not



intend to complete the full term of service under the contract at the service site shall notify the Department in writing at least ten days before terminating service under the contract at the service site.

- B.** If a primary care provider dies or is incapacitated, the individual in the senior leadership position at the service site shall notify the Department in writing within ten days of the primary care provider's death or incapacitation.
- C.** In the written notice under subsection (A) or (B), the primary care provider or individual in the senior leadership position at the service site shall provide the reasons for the primary care provider's failure to complete the full term of service under the contract at the service site.
- A.** A primary care provider may submit a written request to the Department requesting cancellation of a loan repayment contract within 60 calendar days after the start date of the loan repayment contract if:
  - 1. No loan repayment has been disbursed to the primary care provider's lender; and
  - 2. The primary care provider is unable or does not intend to complete the terms of the loan repayment contract, and
  - 3. A written request that includes:
    - a. The primary care provider's name, home address, telephone number, and e-mail address;
    - b. The service site's name, street address, e-mail address, and telephone number; and the name of the individual authorized to act on behalf of the service site;
    - c. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206; and
    - d. The primary care provider's signature and date of signature.
- B.** For a request submitted according to subsection (A), the Department shall notify a primary care provider of the Department's decision according to R9-15-206.
- C.** The Department may cancel a loan repayment contract and waive liquidated damages based upon a primary care provider's request to cancel the loan repayment contract in subsection (A).
- D.** The Department may cancel a primary care provider's loan repayment contract if the Department determines that:
  - 1. The primary care provider:
    - a. Except as allowed in subsection (A), has failed to complete the terms of the loan repayment contract; or
    - b. Is not complying with A.R.S. Title 36, Chapter 21 and this Article; or
  - 2. A primary care provider's service site is not complying with the requirements in A.R.S. Title 36, Chapter 21 or this Chapter.
- E.** If the Department cancels a primary care provider's loan repayment contract, the Department shall provide written notice that includes the specific reason for the cancellation and the appeal process in A.R.S. Title 41, Chapter 6, Article 10.

**R9-15-216. ~~Liquidated Damages for Failure to Complete the Full Term of Service under the Contract Repealed~~**

- A.** ~~A primary care provider who fails to complete the full term of service under the contract shall pay to the Department the liquidated damages owed under A.R.S. § 36-2172(J), unless the primary care provider receives a waiver of the liquidated damages under R9-15-218.~~
- B.** ~~A primary care provider shall pay the liquidated damages to the Department within one year of termination of service under the contract or within one year of the end of a suspension granted under R9-15-217, whichever is later.~~

**R9-15-217. ~~Suspension of Service under the Contract to Transfer to Another Eligible Service Site Repealed~~**

- A.** ~~A primary care provider who is unable or does not intend to complete the full term of service under the contract at the original service site may transfer to another eligible service site to complete the remainder of the term of service under the contract.~~
- B.** ~~Upon request, the Department shall provide to a primary care provider a list of all known eligible service sites within the state.~~
- C.** ~~The primary care provider is responsible for obtaining employment at another eligible service site in order to transfer.~~
- D.** ~~A primary care provider who desires to transfer from the original service site to another eligible service site may request suspension of the contract for a period of up to six months to allow the primary care provider to obtain employment at another eligible service site.~~
  - 1. ~~To request suspension, the primary care provider shall submit to the Department a written request for suspension that includes:~~
    - a. ~~The following information about the primary care provider:~~
      - i. ~~Full name;~~
      - ii. ~~Address, and~~
      - iii. ~~Telephone number;~~
    - b. ~~The following information about the original service site:~~
      - i. ~~Name;~~
      - ii. ~~Address;~~
      - iii. ~~Telephone number, and~~
      - iv. ~~Full name and telephone number of the individual in the senior leadership position;~~
    - e. ~~The reasons for the primary care provider's inability or intention not to complete the full term of service under the contract at the original service site;~~
    - d. ~~The beginning and ending dates of the requested suspension;~~
    - e. ~~A statement that all of the information included in the request for suspension is true and accurate; and~~



- f. The signature of the primary care provider.
- 2. Upon receiving a request for suspension, the Department shall contact the individual in the senior leadership position at the original service site:
  - a. To verify the information in the request for suspension, and
  - b. To obtain the opinion of the original service site's leadership regarding the circumstances that caused the request for suspension.
- 3. The Department shall grant a suspension within 30 days of receiving a complete request for suspension.
- ~~E.~~ During the suspension period, the Department shall not make loan payments. The primary care provider is responsible for making loan payments during the suspension period.
- ~~F.~~ If the primary care provider does not obtain employment at another eligible service site by the end of the suspension period, the primary care provider shall pay to the Department liquidated damages owed under A.R.S. § 36-2172(J) as prescribed in R9-15-216, unless the primary care provider is able to obtain a waiver under R9-15-218.

**R9-15-218. Waiver of Liquidated Damages Repealed**

- ~~A.~~ The Department shall waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable to complete the full term of service under the contract due to the primary care provider's death.
- ~~B.~~ The Department may waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable or does not intend to complete the full term of service under the contract because:
  - 1. The primary care provider suffers from a physical or mental disability resulting in the primary care provider's permanent inability to perform the services required by the contract; or
  - 2. The primary care provider has:
    - a. A physical or mental disability;
    - b. A terminal illness in the immediate family; or
    - c. Another problem of a personal nature; and
    - d. The Department determines that the circumstance or condition described in subsection (B)(2)(a), (b), or (c) intrudes on the primary care provider's present and future ability to perform the services required by the contract so much that the primary care provider will not be able to perform under the contract.
- ~~C.~~ A primary care provider may request a waiver of liquidated damages under this Section by submitting to the Department a written request for waiver that includes:
  - 1. The following information about the primary care provider:
    - a. Full name;
    - b. Address, and
    - c. Telephone number;
  - 2. The following information about the service site:
    - a. Name;
    - b. Address;
    - c. Telephone number, and
    - d. Full name and telephone number of the individual in the senior leadership position;
  - 3. Each circumstance or condition that the primary care provider believes makes the primary care provider eligible for waiver under this Section, including the date on which each circumstance or condition arose;
  - 4. If the primary care provider asserts eligibility under subsection (B)(1) or (B)(2) due to a physical or mental disability, documentation of the physical or mental disability from the primary care provider's physician or mental health care provider;
  - 5. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's present financial resources and obligations;
  - 6. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's estimated future financial resources and obligations;
  - 7. A statement that all of the information included in the request for waiver is true and accurate; and
  - 8. The signature of the primary care provider.
- ~~D.~~ Upon receiving a request for waiver, the Department shall contact the individual in the senior leadership position at the service site to verify the information in the request for waiver and to obtain the opinion of the service site's leadership regarding the circumstance or condition that caused the request for waiver.
- ~~E.~~ In determining whether to grant a waiver under this Section, the Department shall consider:
  - 1. If the primary care provider is asserting eligibility under subsection (B)(1), the nature, extent, and duration of the primary care provider's physical or mental disability;
  - 2. If the primary care provider is asserting eligibility under subsection (B)(2):
    - a. The nature, extent, and duration of the problem described;
    - b. The primary care provider's present financial resources and obligations; and
    - c. The primary care provider's estimated future financial resources and obligations; and
  - 3. Whether the primary care provider would be eligible to receive a cancellation or waiver of a service or payment obligation from the Secretary of the United States Department of Health and Human Services under 42 C.F.R. §§ 62.12 and 62.28.



- F. The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to a primary care provider who is denied a waiver under this Section.
- G. A primary care provider may appeal the Department's denial of a waiver.
  1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
  2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

**ARTICLE 3. RURAL PRIVATE PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM REPEALED**

**R9-15-301. Definitions Repealed**

In this Article, unless otherwise specified:

1. "AzMUA" means Arizona medically underserved area.
2. "Encounter" means an incident during which a primary care provider provides health care.
3. "RPPCPLRP" means Rural Private Primary Care Provider Loan Repayment Program.

**R9-15-302. Loans Qualifying for Repayment Repealed**

A. The Department shall use RPPCPLRP funds only to repay:

1. Principal, interest, and related expenses of government loans and commercial loans taken out by a primary care provider while obtaining a degree in allopathic or osteopathic medicine or dentistry or as a physician assistant, registered nurse practitioner, or nurse midwife to pay contemporaneous:
  - a. Tuition;
  - b. Reasonable educational expenses; and
  - c. Reasonable living expenses; or
2. Government or commercial loans resulting from the refinancing or consolidation of loans described in subsection (A)(1).

B. Obligations or debts incurred under the following are ineligible for repayment:

1. The National Health Service Corps Scholarship Program;
2. The Armed Forces Health Professional Scholarship Program;
3. The Indian Health Service Scholarship Program; and
4. The Arizona Medical Student Loan Program.

**R9-15-303. Loan Repayment Application and Award Timetable Repealed**

A. The Department shall accept applications for the RPPCPLRP from primary care providers on a quarterly basis each fiscal year, as described below:

1. A primary care provider who wants to be considered for a contract term to commence on July 1 shall submit a complete application so that it is received by the Department between December 16 and March 15.
2. A primary care provider who wants to be considered for a contract term to commence on October 1 shall submit a complete application so that it is received by the Department between March 16 and June 15.
3. A primary care provider who wants to be considered for a contract term to commence on January 1 shall submit a complete application so that it is received by the Department between June 16 and September 15.
4. A primary care provider who wants to be considered for a contract term to commence on April 1 shall submit a complete application so that it is received by the Department between September 16 and December 15.

B. Only two primary care providers from a service site are eligible to receive loan repayment each fiscal year.

1. The Department shall waive this restriction on November 1 if funds remain for the fiscal year.
2. A primary care provider whose application is denied under subsection (B) may reapply between November 1 and December 15 to be considered for a contract term to commence on April 1.

C. The Department shall deny applications when no funds remain for the fiscal year. A primary care provider whose application is denied due to unavailability of funds for the current fiscal year may reapply after December 15 to be considered for a contract term for the next fiscal year.

**R9-15-304. Award Amounts Repealed**

A. The Department determines the annual amount of a loan repayment award based upon:

1. The priority ranking of the service site at which the primary care provider plans to serve the contract obligation;
2. The amount of loan repayment requested;
3. The contract year of service;
4. The availability of funds.

B. The Department provides loan repayment awards to physicians and dentists according to the following table.

Contract Year of Service	Maximum Annual Award Amount Allowable by Priority of Service Site		
	Priority 1	Priority 2	Priority 3
First year	\$20,000	\$18,000	\$16,000
Second year	\$20,000	\$18,000	\$16,000
Third year	\$22,000	\$20,000	\$18,000



Fourth-year	\$25,000	\$22,000	\$20,000
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C: The Department provides loan repayment awards to mid-level providers according to the following table:

Contract Year of Service	Maximum Annual Award Amount Allowable by Priority of Service Site		
	Priority 1	Priority 2	Priority 3
First year	\$7,500	\$6,000	\$5,000
Second year	\$7,500	\$6,000	\$5,000
Third year	\$9,000	\$7,500	\$6,500
Fourth year	\$10,500	\$9,000	\$8,000

- D: The Department shall not award an amount that exceeds the primary care provider's total qualifying loan indebtedness.
- E: The Department shall award a primary care provider the amount of loan repayment requested unless the amount requested exceeds the maximum annual amount allowable according to subsection (B) or (C) or the Department has inadequate funds to provide the maximum annual amount allowable and the primary care provider agrees to contract for a lesser amount.

**R9-15-305. Loan Repayment Contract Repealed**

- A: In exchange for loan repayment, a primary care provider shall contract with the Department to provide full-time continuous services at a specified eligible service site for a minimum of 24 months in accordance with the agreements described in R9-15-306(A). The primary care provider shall sign and return the contract to the Department.
- B: The contract shall comply with A.R.S. Title 41, Chapter 23 and 2 A.A.C. 7.
- C: Primary care services performed before the effective date of the RPPCPLRP contract do not count toward satisfaction of the period of service under the contract.

**R9-15-306. Primary Care Provider Eligibility Criteria Repealed**

- A: To be eligible to participate in the RPPCPLRP, a primary care provider shall:
  1. Be a United States citizen;
  2. Have completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
  3. Hold a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
  4. If a physician, have completed a professional residency program and be board certified or eligible to sit for the certifying examination in:
    - a. Family or general practice;
    - b. Pediatrics;
    - c. Obstetrics; or
    - d. Internal medicine;
  5. Have a signed contract for current or prospective employment at an eligible service site or a letter of intent signed by the individual in the senior leadership position at an eligible service site indicating an intent to hire the primary care provider or be a sole practitioner running an eligible service site;
  6. Agree to contract with the Department to serve full-time providing primary care services at the eligible service site for a minimum of 24 months, with 12- or 24-month contract extensions available upon mutual agreement with the individual in the senior leadership position at the service site;
  7. Agree, unless an obstetrician or nurse midwife, to work at least 32 of the minimum 40 hours per week providing ambulatory care services at the service site during scheduled office hours;
  8. Agree, if an obstetrician or nurse midwife, to work at least 21 hours per week providing ambulatory care services at the service site during scheduled office hours;
  9. Agree to charge for services at the usual and customary rates prevailing in the primary care area, except that medically uninsured individuals from family units with annual incomes below 200% of the poverty level shall be charged according to a discounted sliding fee scale approved by the Department or not charged;
  10. Agree to notify consumers of the availability of the discounted sliding fee scale to eligible individuals;
  11. Agree not to discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS;
  12. Agree to accept assignment for payment under Medicare and to participate in AHCCCS; and
  13. Have satisfied any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity before beginning a period of service under the RPPCPLRP.
- B: The following are not eligible to participate:
  1. A primary care provider who has breached a health professional services contract with a federal, state, or local government or another entity;
  2. A primary care provider against whose property there is a judgment lien for a debt to the United States; and
  3. A primary care provider whose service site is located in a non-rural area.



**R9-15-307. Service Site Eligibility Criteria Repealed**

To be eligible to have a primary care provider participate in the RPPCPLRP, a service site shall:

1. Provide primary care services in a rural private practice located in an AzMUA;
2. Accept Medicare assignment;
3. Be an AHCCCS provider;
4. Charge for services at the usual and customary rates prevailing in the primary care area, except that the service site shall have a policy providing that medically uninsured individuals from family units with annual incomes below 200% of the federal poverty level shall be charged a reduced rate according to a discounted sliding fee scale approved by the Department or not charged;
5. Submit the discounted sliding fee scale to the Department for approval;
6. Ensure notice to consumers of the availability of the discounted sliding fee scale to eligible individuals by, at a minimum, posting in the reception area a poster provided by the Department that advertises the availability of the discounted sliding fee scale for eligible individuals; and
7. Not discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS.

**R9-15-308. Prioritization of Eligible Service Sites Repealed**

**A.** The Department shall prioritize eligible service sites by assigning points based upon the following criteria:

1. Placement of the AzMUA in which the service site is located on the most recent primary care index generated under A.A.C. R9-24-203:

Placement	Points
Top 25th Percentile	4
Next 25th Percentile	3
Next 25th Percentile	2
Bottom 25th Percentile	1

2. Population to primary care provider ratio points received by the AzMUA in which the service site is located on the most recent primary care index generated under A.A.C. R9-24-203.
3. Percentage of minority population in the AzMUA in which the service site is located as set forth in the most recent primary care index generated under A.A.C. R9-24-203:

Percentage	Points
>50%	4
40-50%	3
30-39%	2
20-29%	1
<20%	0

4. Distance from the service site to the nearest city or town with a population of 20,000 or greater:
 

≥45	4
<45	0

**B.** The Department shall prioritize each eligible service site according to the sum of the points for each factor described in subsection (A):

1. A service site that scores 15 to 22 points is Priority 1;
2. A service site that scores 7 to 14 points is Priority 2; and
3. A service site that scores 6 or fewer points is Priority 3.

**R9-15-309. Service Site Application Repealed**

**A.** The individual in the senior leadership position at a service site shall complete a service site application form, available from the Department, to have the Department determine service site eligibility and a priority score. The individual in the senior leadership position at the service site shall provide the completed service site application to the primary care provider applying to participate in the RPPCPLRP. The completed service site application shall include the following information:

1. The name and street address of the service site;
2. The service site's business organization type;
3. The name of the AzMUA in which the service site is located;
4. The name and address of the primary care provider's prospective employer, if different from the name and address of the service site;
5. The prospective employer's business organization type, if the prospective employer is different from the service site;
6. A statement that the service site is in compliance with the requirements of R9-15-307;
7. A statement that the service site has financial means available to provide the following to the primary care provider for a minimum of 24 months of full-time services:
  - a. Salary;
  - b. Benefits; and



- e. Malpractice insurance expenses;
  - 8. The service site's Medicare identification number;
  - 9. The service site's AHCCCS provider number;
  - 10. The notarized signature of the individual in the senior leadership position at the service site certifying that all of the information on the application is true; and
  - 11. The following documentation:
    - a. A copy of the service site's sliding-fee scale, and
    - b. A copy of the service site's policy for using the sliding-fee scale.
- B.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to the individual in the senior leadership position at a service site that is determined to be ineligible to have a primary care provider participate in the RPPCPLRP. If the individual in the senior leadership position at the service site decides to appeal, the individual in the senior leadership position at the service site shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action. This appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.
- C.** If a primary care provider is a sole practitioner, the primary care provider shall complete the service site application as the individual in the senior leadership position at the service site, and the Department will treat the primary care provider as the individual in the senior leadership position at the service site for purposes of subsection (B).

**R9-15-310. Primary Care Provider Application Repealed**

- A.** To apply for loan repayment, a primary care provider shall submit to the Department the following documents:
- 1. A completed primary care provider application on a form provided by the Department, including the information described in subsection (B);
  - 2. A copy of the primary care provider's social security card;
  - 3. A copy of one of the following issued to the primary care provider:
    - a. Birth certificate;
    - b. United States passport, or
    - c. Naturalization papers;
  - 4. A copy of the loan documents for each qualifying loan for which repayment is requested;
  - 5. Documentation showing that the primary care provider has completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
  - 6. Documentation showing that the primary care provider holds a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
  - 7. If a physician, documentation showing that the primary care provider has completed a professional residency program in and is either board-certified or eligible to sit for the certifying examination in:
    - a. Family or general practice;
    - b. Pediatrics;
    - c. Obstetrics; or
    - d. Internal medicine;
  - 8. If the primary care provider is not a sole practitioner:
    - a. A copy of the contract signed by both the individual in the senior leadership position at the service site and the primary care provider evidencing current or prospective employment with the service site, which may include a provision that the primary care provider may or shall be released from the contract if not selected for a loan repayment award, or
    - b. A copy of the letter of intent signed by the individual in the senior leadership position at the service site indicating an intent to hire the primary care provider;
  - 9. Documentation showing that any other obligation for health professional service owed under a contract with federal, state, or local government or another entity will be satisfied before beginning a period of service under the RPPCPLRP;
  - 10. A completed service site application; and
  - 11. A copy of the primary care provider's curriculum vitae.
- B.** A completed primary care provider application form shall include the following:
- 1. The following information about the primary care provider:
    - a. Full name;
    - b. Social Security number;
    - c. Date of birth;
    - d. Citizenship;
    - e. Ethnicity;
    - f. Gender;
    - g. Home address;
    - h. Home and alternate telephone numbers;
    - i. Work address;



- j. Work telephone number;
  - k. Whether the primary care provider is:
    - i. A physician;
    - ii. A physician assistant;
    - iii. A registered nurse practitioner;
    - iv. A nurse midwife, or
    - v. A dentist;
  - l. Whether the primary care provider specializes in:
    - i. Family or general practice;
    - ii. Pediatrics;
    - iii. Obstetrics, or
    - iv. Internal medicine;
  - m. The primary care provider's subspecialty, if any;
  - n. Whether the primary care provider is fluent in:
    - i. Spanish;
    - ii. A Native American language, which shall be identified, or
    - iii. Another non-English language, which shall be identified;
  - o. The method by which the primary care provider learned of the RPPCPLRP;
  - p. The degrees held by the primary care provider, including majors or fields of study;
  - q. Whether the primary care provider has a prior or existing health professional service obligation and the following information about each prior or existing service obligation:
    - i. The name and address of the program;
    - ii. The name and telephone number of an individual with the program who may be contacted for further information; and
    - iii. The terms of the obligation;
  - r. Whether the primary care provider is in default of a health professional service obligation described under subsection (B)(1)(q) and a description of the circumstances of default, if any; and
  - s. Whether any of the primary care provider's property is subject to a judgment lien for a debt to the United States;
2. The following information about each undergraduate school that the primary care provider attended:
- a. Name;
  - b. Address;
  - e. Month and year that attendance commenced;
  - d. Month and year of graduation or termination of attendance;
  - e. Degree obtained by the primary care provider; and
  - f. The following information about one reference at the school:
    - i. Full name;
    - ii. Title, and
    - iii. Telephone number;
3. The following information about each graduate school that the primary care provider attended:
- a. Name;
  - b. Address;
  - e. Month and year that attendance commenced;
  - d. Month and year of graduation or termination of attendance;
  - e. Degree obtained by the primary care provider; and
  - f. The following information about one reference at the school:
    - i. Full name;
    - ii. Title, and
    - iii. Telephone number;
4. The following information about each institution where the primary care provider commenced or completed an internship:
- a. Name;
  - b. Address;
  - e. Month and year that the internship commenced;
  - d. Month and year of graduation or termination of the internship;
  - e. The following information about one reference at the institution:
    - i. Full name;
    - ii. Title, and
    - iii. Telephone number; and
  - f. The name and address of the affiliated university or health professional program;



5. The following information about each institution where the primary care provider commenced or completed a residency:
  - a. Name;
  - b. Address;
  - c. Month and year that the residency commenced;
  - d. Month and year of graduation or termination of the residency;
  - e. The following information about one reference at the institution:
    - i. Full name;
    - ii. Title; and
    - iii. Telephone number; and
  - f. The name and address of the affiliated university or health professional program;
6. The following information about each license held by the primary care provider:
  - a. Type of license;
  - b. Issuing state;
  - c. License number;
  - d. Term of the license; and
  - e. A description of any license restrictions;
7. The following information about each certification held by the primary care provider:
  - a. Type of certification;
  - b. Issuing state;
  - c. Term of the certification; and
  - d. A description of any certification restrictions;
8. The following information about each location where the primary care provider has practiced since completing health professional training:
  - a. Name;
  - b. Address; and
  - c. The following information about the individual in the senior leadership position at the location:
    - i. Full name;
    - ii. Title; and
    - iii. Telephone number;
9. The following information about the service site:
  - a. Name;
  - b. Address;
  - c. Telephone number; and
  - d. If the primary care provider is not a sole practitioner, name of the individual in the senior leadership position at the service site;
10. The following information about the prospective employer, if different from the service site:
  - a. Name;
  - b. Address; and
  - c. Telephone number;
11. The dates on which service under the contract is to commence and end;
12. The following information about each of three professional references not provided elsewhere in the application for the primary care provider:
  - a. Full name;
  - b. Title;
  - c. Address; and
  - d. Telephone number;
13. The following information about each loan for which repayment is sought:
  - a. Lender name;
  - b. Lender address;
  - c. Lender telephone number;
  - d. Loan identification number;
  - e. Primary care provider name as it appears on the loan;
  - f. Original amount of the loan;
  - g. Current balance of the loan, including the date provided;
  - h. Interest rate on the loan;
  - i. Whether it is simple interest and an explanation if it is not simple interest;
  - j. Purpose for the loan as indicated on the loan application; and
  - k. The month and year of the beginning and end of the academic period covered by the loan;
14. The following statements:



- a. That the information provided in the application is accurate;
  - b. That the primary care provider is applying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the application;
  - e. That the Department is authorized to verify all information provided in the application;
  - d. That the loans listed in the application were incurred solely for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect loans for other purposes;
  - e. That each government or financial institution named as a lender in the application is authorized to release to the Department information about the loan received by the primary care provider; and
  - f. That the primary care provider understands that the primary care provider could be fined or imprisoned:
    - i. Making a false statement, misrepresentation, or material omission in the application;
    - ii. Fraudulently obtaining repayment for a loan; or
    - iii. Committing any other illegal action in connection with the RPPCPLRP;
15. The notarized signature of the primary care provider certifying that the statements listed in subsection (B)(14) are true; and
16. For each loan for which repayment is sought, the notarized signature of an individual authorized to sign for the lender certifying that the loan from that lender is a bona fide and legally enforceable commercial or government loan made to meet the costs of the primary care provider's health professional education.
- C.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
- D.** The Department shall verify all loan information with each lender. The Department may verify any other information provided by the primary care provider.

#### **R9-15-311. Selection of Primary Care Providers Repealed**

- A.** Each quarter, provided that funds are available, the Department shall review all complete applications received from eligible primary care providers and make awards in order of service site priority, subject to the following:
- 1. The service site limit described in R9-15-303(B);
  - 2. The extent to which a primary care provider's training is in a health profession or specialty determined by the Department to be needed by the primary care area in which the service site is located; and
  - 3. The primary care provider's professional competence and conduct, as evidenced by:
    - a. Academic standing;
    - b. Prior professional experience in an AzMUA;
    - e. Board certification, if applicable;
    - d. Residency achievements, if applicable;
    - e. Reference recommendations;
    - f. Depth of past residency practice experience, if applicable; and
    - g. Other information related to professional competence and conduct, if any.
- B.** The Department shall follow the procedure described in subsection (A) until no funds remain for the fiscal year or all complete applications have been processed.
- C.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to each primary care provider who:
- 1. Is denied a loan repayment award;
  - 2. Receives less than the maximum loan repayment award authorized for the primary care provider's service site; or
  - 3. Receives less than the amount requested, if the amount requested is less than the maximum loan repayment award authorized for the primary care provider's service site.
- D.** A primary care provider who receives notice of appealable agency action may appeal the Department's decision.
- 1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
  - 2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

#### **R9-15-312. Reapplication Repealed**

- A.** If the information provided in the original service site application is still accurate, and the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate, a primary care provider may reapply by submitting a completed reapplication form supplied by the Department. A completed reapplication form shall include the following:
- 1. The following information about the primary care provider:
    - a. Full name;
    - b. Social Security number;
    - e. Date of birth;
    - d. Home address;
    - e. Home and alternate telephone numbers;
    - f. Work address; and
    - g. Work telephone number;



- 2. The current balance of and repayment amount requested for each loan listed in the original primary care provider application;
- 3. The following statements:
  - a. That the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate;
  - b. That the primary care provider is reapplying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the original primary care provider application;
  - c. That the Department is authorized to verify all information provided in the original primary care provider application and the current balance of each loan;
  - d. That the loans listed in the original primary care provider application were incurred solely for the costs of the primary care provider's health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect loans for other purposes;
  - e. That each government or financial institution named as a lender in the original primary care provider application is authorized to release to the Department information about the loan received by the primary care provider; and
  - f. That the primary care provider understands that the primary care provider could be fined or imprisoned according for:
    - i. Making a false statement, misrepresentation, or material omission in the application;
    - ii. Fraudulently obtaining repayment for a loan; or
    - iii. Committing any other illegal action in connection with the RPPCPLRP;
- 4. The notarized signature of the primary care provider certifying that the statements listed in subsection (A)(3) are true;
- 5. If the primary care provider is not a sole practitioner, the full name and title of the individual in the senior leadership position at the service site;
- 6. A statement that the information on the original service site application is still accurate; and
- 7. One of the following:
  - a. If the primary care provider is not a sole practitioner, the notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (A)(6) is true; or
  - b. If the primary care provider is a sole practitioner, the notarized signature of the primary care provider certifying that the statement in subsection (A)(6) is true.
- B.** If the original service site application is no longer accurate, or the original primary care provider application contains inaccurate information other than loan balances and requested repayment amounts, a primary care provider may reapply only by submitting the documents and information required by R9-15-309(A) and R9-15-310(A) and (B).

**R9-15-313. Service Verification Repealed**

- A.** The Department awards loan repayment for continuous service during the contract period in accordance with the agreements in R9-15-306(A).
- B.** To demonstrate continuous service, a primary care provider who has received a loan repayment award shall submit to the Department a completed service verification form and a completed encounter report, provided by the Department, at the end of each 90 days of service.
  - 1. The primary care provider shall submit the service verification form and encounter report no later than 14 days after the end of the 90-day period.
  - 2. Failure to submit the service verification form and the encounter report in a timely manner may result in delay of payment to the lender or lenders.
- C.** The service verification form shall contain the following:
  - 1. The name of the primary care provider;
  - 2. The name and address of the service site;
  - 3. The beginning and ending dates of the 90-day period;
  - 4. A statement that the primary care provider has provided full time and continuous service at the service site for the 90-day period;
  - 5. The notarized signature of the primary care provider certifying that the statement in subsection (C)(4) is true, and
  - 6. If the primary care provider is not a sole practitioner, the notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (C)(4) is true.
- D.** The encounter form shall contain the following:
  - 1. The name of the primary care provider;
  - 2. The name and address of the service site;
  - 3. The number of encounters during the 90-day period with individuals who were charged using the sliding fee scale or were not charged;
  - 4. The beginning and ending dates of the 90-day period;
  - 5. A statement that the primary care provider has provided the services reported in the encounter report in accordance with the terms and conditions of the primary care provider's loan repayment contract with the Department;
  - 6. The notarized signature of the primary care provider certifying that the statement in subsection (D)(5) is true; and



7. If the primary care provider is not a sole practitioner, the notarized signature of the individual in the senior leadership position at the service site certifying that the statement in subsection (D)(5) is true.

**R9-15-314. ~~Loan Repayments Repealed~~**

- ~~A. Upon receipt of a completed service verification form and a completed encounter report, the Department shall make payment for the 90-day period directly to the primary care provider's lender or lenders.~~
- ~~B. The Department restricts loan repayment to a maximum of three lenders.~~
- ~~C. If more than one loan is eligible for repayment, the primary care provider shall advise the Department of the percentage split of the repayment award to each lender.~~
- ~~D. The primary care provider remains responsible for the timely repayment of the loan or loans.~~
- ~~E. The primary care provider shall arrange with each lender to make necessary changes in the payment schedule for each loan so that quarterly payments will not result in default.~~
- ~~F. The primary care provider is responsible for paying any taxes resulting from a loan repayment award.~~
- ~~G. Loan repayment awards are in addition to the salary or other compensation the primary care provider receives from employment at the service site.~~

**R9-15-315. ~~Notice of Failure to Complete Full Term of Service under the Contract at the Service Site Repealed~~**

- ~~A. A primary care provider who is unable to complete the full term of service under the contract at the service site shall notify the Department in writing within ten days of making that determination. A primary care provider who does not intend to complete the full term of service under the contract at the service site shall notify the Department in writing at least ten days before terminating service under the contract at the service site.~~
- ~~B. If a primary care provider who is not a sole practitioner dies or is incapacitated, the individual in the senior leadership position at the service site shall notify the Department in writing within ten days of the primary care provider's death or incapacitation.~~
- ~~C. In the written notice under subsection (A) or (B), the primary care provider or individual in the senior leadership position at the service site shall provide the reasons for the primary care provider's failure to complete the full term of service under the contract at the service site.~~

**R9-15-316. ~~Liquidated Damages for Failure to Complete the Full Term of Service under the Contract Repealed~~**

- ~~A. A primary care provider who fails to complete the full term of service under the contract shall pay to the Department the liquidated damages owed under A.R.S. § 36-2172(J), unless the primary care provider receives a waiver of the liquidated damages under R9-15-318.~~
- ~~B. A primary care provider shall pay the liquidated damages to the Department within one year of termination of service under the contract or within one year of the end of a suspension granted under R9-15-317, whichever is later.~~

**R9-15-317. ~~Suspension of Service under the Contract to Transfer to Another Eligible Service Site Repealed~~**

- ~~A. A primary care provider who is unable or does not intend to complete the full term of service under the contract at the original service site may transfer to another eligible service site to complete the remainder of the term of service under the contract.~~
- ~~B. Upon request, the Department shall provide to a primary care provider a list of all known eligible service sites within the state.~~
- ~~C. The primary care provider is responsible for obtaining employment at another eligible service site in order to transfer.~~
- ~~D. A primary care provider who desires to transfer from the original service site to another eligible service site may request suspension of the contract for a period of up to six months to allow the primary care provider to obtain employment at another eligible service site.
  - ~~1. To request suspension, the primary care provider shall submit to the Department a written request for suspension that includes:
    - ~~a. The following information about the primary care provider:
      - ~~i. Full name;~~
      - ~~ii. Address; and~~
      - ~~iii. Telephone number;~~~~
    - ~~b. The following information about the original service site:
      - ~~i. Name;~~
      - ~~ii. Address;~~
      - ~~iii. Telephone number; and~~
      - ~~iv. Full name and telephone number of the individual in the senior leadership position or, if the primary care provider is a sole practitioner, of the primary care provider;~~~~
    - ~~e. The reasons for the primary care provider's inability or intention not to complete the full term of service under the contract at the original service site;~~
    - ~~d. The beginning and ending dates of the requested suspension;~~
    - ~~e. A statement that all of the information included in the request for suspension is true and accurate; and~~
    - ~~f. The signature of the primary care provider.~~~~
  - ~~2. Upon receiving a request for suspension, if the primary care provider is not a sole practitioner, the Department shall contact the individual in the senior leadership position at the original service site:
    - ~~a. To verify the information in the request for suspension; and~~~~~~



- b. To obtain the opinion of the original service site's leadership regarding the circumstances that caused the request for suspension.
- 3. The Department shall grant a suspension within 30 days of receiving a complete request for suspension.
- E.** During the suspension period, the Department shall not make loan payments. The primary care provider is responsible for making loan payments during the suspension period.
- F.** If the primary care provider does not obtain employment at another eligible service site by the end of the suspension period, the primary care provider shall pay to the Department liquidated damages owed under A.R.S. § 36-2172(J) as prescribed in R9-15-316, unless the primary care provider is able to obtain a waiver under R9-15-318.

**R9-15-318. Waiver of Liquidated Damages Repealed**

- A.** The Department shall waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable to complete the full term of service under the contract due to the primary care provider's death.
- B.** The Department may waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable or does not intend to complete the full term of service under the contract because:
  - 1. The primary care provider suffers from a physical or mental disability resulting in the primary care provider's permanent inability to perform the services required by the contract; or
  - 2. The primary care provider has:
    - a. A physical or mental disability;
    - b. A terminal illness in the immediate family; or
    - c. Another problem of a personal nature; and
  - 3. The Department determines that the circumstance or condition described in subsection (B)(2)(a), (b), or (c) intrudes on the primary care provider's present and future ability to perform the services required by the contract so much that the primary care provider will not be able to perform under the contract.
- C.** A primary care provider may request a waiver of liquidated damages under this Section by submitting to the Department a written request for waiver that includes:
  - 1. The following information about the primary care provider:
    - a. Full name;
    - b. Address; and
    - c. Telephone number;
  - 2. The following information about the service site:
    - a. Name;
    - b. Address;
    - c. Telephone number; and
    - d. If the primary care provider is not a sole practitioner, full name and telephone number of the individual in the senior leadership position;
  - 3. Each circumstance or condition that the primary care provider believes makes the primary care provider eligible for waiver under this Section, including the date on which each circumstance or condition arose;
  - 4. If the primary care provider asserts eligibility under subsection (B)(1) or (B)(2) due to a physical or mental disability, documentation of the physical or mental disability from the primary care provider's physician or mental health care provider;
  - 5. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's present financial resources and obligations;
  - 6. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's estimated future financial resources and obligations;
  - 7. A statement that all of the information included in the request for waiver is true and accurate; and
  - 8. The signature of the primary care provider.
- D.** Upon receiving a request for waiver, if the primary care provider is not a sole practitioner, the Department shall contact the individual in the senior leadership position at the service site to verify the information in the request for waiver and to obtain the opinion of the service site's leadership regarding the circumstance or condition that caused the request for waiver.
- E.** In determining whether to grant a waiver under this Section, the Department shall consider:
  - 1. If the primary care provider is asserting eligibility under subsection (B)(1), the nature, extent, and duration of the primary care provider's physical or mental disability;
  - 2. If the primary care provider is asserting eligibility under subsection (B)(2):
    - a. The nature, extent, and duration of the problem described;
    - b. The primary care provider's present financial resources and obligations; and
    - c. The primary care provider's estimated future financial resources and obligations; and
  - 3. Whether the primary care provider would be eligible to receive a cancellation or waiver of a service or payment obligation from the Secretary of the United States Department of Health and Human Services under 42 C.F.R. §§ 62.12 and 62.28.
- F.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to a primary care provider who is denied a waiver under this Section.



- G. A primary care provider may appeal the Department's denial of a waiver.
  - 1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
  - 2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

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## NOTICES OF PUBLIC INFORMATION

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Notices of Public Information contain corrections that agencies wish to make to their notices of rulemaking; miscellaneous rulemaking information that does not fit into any other category of notice; and other types of information required by statute to be published in the Register.

Because of the variety of Notices of Public Information, the Office of the Secretary of State has not established a specific publishing format for these notices. We do however require agencies to use a numbered list of questions and answers and follow our filing requirements by presenting receipts with electronic and paper copies.

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### NOTICE OF PUBLIC INFORMATION DEPARTMENT OF HEALTH SERVICES

[M16-79]

1. **Title and its heading:** 9, Health Services
- Chapter and its heading:** 19, Department of Health Services - Vital Records and Statistics
2. **The public information relating to the listed Section:**

Arizona Revised Statutes (A.R.S.) § 36-136(H)(3) requires the Department to define and prescribe reasonably necessary procedures for the registration, issuance, use, and accessibility of the different types of birth and death certificates. The Department has implemented this statute in Arizona Administrative Code Title 9, Chapter 19. Laws 2015, Ch. 197, § 1, amended A.R.S. § 36-333.02, which requires the State Registrar to “establish documentation requirements for Native Americans who were born before 1970 and who are requesting delayed birth certificates.”

Most of the rules in 9 A.A.C. 19 were promulgated effective July 31, 1989 and are not consistent and sometimes contradictory with statutory language. In this rulemaking, the Department plans to repeal the antiquated rules that prohibit electronic submissions and make changes intended to promote administrative efficiency. Laws 2015, Ch. 197, § 2 provides the Department with an exemption from the rulemaking requirements in A.R.S. Title 41, Chapter 6, for the purpose of implementing Laws 2015, Ch. 197, facilitating the use of electronic records, and promoting administrative efficiency. This Notice of Public Information provides notice that the draft rules are posted at <http://azdhs.gov/director/administrative-counsel-rules/rules/index.php#rulemakings-active-vital-records>, and that the Department is soliciting comments from interested persons.
3. **The name, address, and telephone number of agency personnel to whom questions and comments on the rules may be addressed:**

Name: Krystal Colburn, Bureau Chief  
Address: Department of Health Services  
Division of Public Health Licensing Services  
Bureau of Vital Records  
1818 W. Adams St.  
Phoenix, AZ 85007

Telephone: (602) 364-1225  
Fax: (602) 364-1257  
E-mail: [Krystal.Colburn@azdhs.gov](mailto:Krystal.Colburn@azdhs.gov)

or

Name: Robert Lane, Manager  
Address: Department of Health Services  
Office of Administrative Counsel and Rules  
1740 W. Adams, Suite 203  
Phoenix, AZ 85007

Telephone: (602) 542-1020  
Fax: (602) 364-1150  
E-mail: [Robert.Lane@azdhs.gov](mailto:Robert.Lane@azdhs.gov)
4. **The website where persons may obtain information about the rulemaking:**

<http://azdhs.gov/director/administrative-counsel-rules/rules/index.php#rulemakings-active-vital-records>



GOVERNOR EXECUTIVE ORDERS

The Administrative Procedure Act (APA) requires the full-text publication of Governor Executive Orders.

With the exception of egregious errors, content (including spelling, grammar, and punctuation) of these orders has been reproduced as submitted.

In addition, the Register shall include each statement filed by the Governor in granting a commutation, pardon or reprieve, or stay or suspension of execution where a sentence of death is imposed.

EXECUTIVE ORDER 2016-03

Internal Review of Administrative Rules; Moratorium to Promote Job Creation and Customer-Service-Oriented Agencies

Editor's Note: This Executive Order is being reproduced in each issue of the Administrative Register until its expiration on December 31, 2016, as a notice to the public regarding state agencies' rulemaking activities.

[M16-29]

WHEREAS, Arizona is poised to lead the nation in job growth;

WHEREAS, burdensome regulations inhibit job growth and economic development;

WHEREAS, small businesses and startups are especially hurt by regulations;

WHEREAS, each agency of the State of Arizona should promote customer-service-oriented principles for the people that it serves;

WHEREAS, each State agency should undertake a critical and comprehensive review of its administrative rules and take action to reduce the regulatory burden, administrative delay, and legal uncertainty associated with government regulation;

WHEREAS, overly burdensome, antiquated, contradictory, redundant, and nonessential regulations should be repealed;

WHEREAS, Article 5, Section 4 of the Arizona Constitution and Title 41, Chapter 1, Article 1 of the Arizona Revised Statutes vests the executive power of the State of Arizona in the Governor;

NOW, THEREFORE, I, Douglas A. Ducey, by virtue of the authority vested in me by the Constitution and laws of the State of Arizona hereby declare the following:

- 1. A State agency subject to this Order, shall not conduct any rulemaking except as permitted by this Order.
2. A State agency subject to this Order, shall not conduct any rulemaking, whether informal or formal, without the prior written approval of the Office of the Governor. In seeking approval, a State agency shall address one or more of the following as justification for the rulemaking:
a. To fulfill an objective related to job creation, economic development, or economic expansion in this State.
b. To reduce or ameliorate a regulatory burden while achieving the same regulatory objective.
c. To prevent a significant threat to the public health, peace, or safety.
d. To avoid violating a court order or federal law that would result in sanctions by a court or the federal government against an agency for failure to conduct the rulemaking action.
e. To comply with a federal statutory or regulatory requirement if such compliance is related to a condition for the receipt of federal funds or participation in any federal program.
f. To comply with a state statutory requirement.
g. To fulfill an obligation related to fees or any other action necessary to implement the State budget that is certified by the Governor's Office of Strategic Planning and Budgeting.
h. To promulgate a rule or other item that is exempt from Title 41, Chapter 6, Arizona Revised Statutes, pursuant to section 41-1005, Arizona Revised Statutes.
i. To address matters pertaining to the control, mitigation, or eradication of waste, fraud, or abuse within an agency or wasteful, fraudulent, or abusive activities perpetrated against an agency.
j. To eliminates rules that are antiquated, redundant or otherwise no longer necessary for the operation of state government.
3. For the purposes of this Order, the term "State agencies," includes without limitation, all executive departments, agencies, offices, and all state boards and commissions, except for: (a) any State agency that is headed by a single elected State official, (b) the Corporation Commission and (c) any board or commission established by ballot measure during or after the November 1998 general election. Those State agencies, boards and commissions excluded



from this Order are strongly encouraged to voluntarily comply with this Order in the context of their own rulemaking processes.

- 4. This Order does not confer any legal rights upon any persons and shall not be used as a basis for legal challenges to rules, approvals, permits, licenses or other actions or to any inaction of a State agency. For the purposes of this Order, “person,” “rule,” and “rulemaking” have the same meanings prescribed in Arizona Revised Statutes Section 41-1001.
- 5. This Executive Order expires on December 31, 2016.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this Eighth day of February in the Year Two Thousand and Fifteen and of the Independence of the United States of America the Two Hundred and Thirty-Fourth.

**ATTEST:**  
**Michele Reagan**  
**Secretary of State**



**GOVERNOR PROCLAMATIONS**

The Administrative Procedure Act (APA) requires the publication of Governor proclamations of general applicability, and ceremonial dedications issued by the Governor.

**ARIZONA DAY OF PRAYER**

[M16-73]

**WHEREAS**, the religious freedom guaranteed and protected by the First Amendment of the United States Constitution and the diversity of faiths practiced in America have made our land a beacon for people who seek freedom to worship according to their conscience; and

**WHEREAS**, Americans of every race, background and creed come together in churches, synagogues, temples, mosques and their own homes to pray for guidance, wisdom and courage; and

**WHEREAS**, just as we rely on prayer for courage, hope and renewal in our private lives, so likewise do we turn to prayer at times of joy, crisis and tragedy in our public life as a Nation and a State; and

**WHEREAS**, Congress, by Public Law 100-307, has called on our citizens to reaffirm the role of prayer in our society and to honor the religious diversity our freedom permits by recognizing annually a National Day of Prayer; and

**WHEREAS**, we are especially mindful of the heroic men and women in our Armed Forces, especially those serving abroad.

**NOW, THEREFORE, I**, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 5, 2016 as a

**ARIZONA DAY OF PRAYER**

throughout the State of Arizona.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this eighth day of March in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**  
**Michele Reagan**  
**SECRETARY OF STATE**

**ARIZONA TARTAN DAY**

[M16-89]

**WHEREAS**, Arizona is proud to celebrate its ethnic diversity, and the people of Arizona are fortunate to have organizations, families and individuals who are passionate about their ancestry; and

**WHEREAS**, the Scottish Declaration of Independence, signed April 6, 1320, and the Scottish National Covenant of 1638 strongly influenced the framing of America’s Declaration of Independence and the United States Constitution over 400 and 100 years later, respectively; and

**WHEREAS**, National Tartan Day has been celebrated on April 6th across the United States since 1997 and recognizes that Scottish Americans have played an important role throughout American history. As some of the first immigrants to settle in America, Scottish Americans have made enduring contributions to our society in the arts and sciences, politics and government, technology and mathematics, military service and many other fields; and

**WHEREAS**, the people of Arizona recognize the heritage of Arizonans of Scottish descent and the symbolism and pride that comes from the wearing of the tartan and colors of their families, ancestral home and country of national origin.

**NOW, THEREFORE, I**, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim April 6, 2016 as

**ARIZONA TARTAN DAY**

and encourage all Arizonans to observe and celebrate with appropriate ceremonies and dress, including the tartans representing our state, the Arizona Flag tartan and the Arizona Scottish tartan, and to recognize the many contributions that Scottish Americans have made to our great State and Nation.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**

**GOVERNOR**

**DONE** at the Capitol in Phoenix on this seventeenth day of February in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**

**Michele Reagan**  
**SECRETARY OF STATE**

**COUNTY GOVERNMENT MONTH**

[M16-91]

**WHEREAS**, counties play an essential role in keeping Arizona's communities safe and secure by preserving public health and well-being, ensuring public safety, and promoting local economies and resiliency; and

**WHEREAS**, counties take seriously their leadership role in protecting and enhancing the health, welfare and safety of citizens in its community and provide the tools to deliver more effective and higher quality services while containing costs with the efficient use of local tax dollars, with the goal to strengthen Arizona's economies; and

**WHEREAS**, in order to remain healthy, vibrant, safe, and economically competitive, counties provide public health, justice, emergency management, and economic services that play a key role in every aspect from residents' daily health to disaster response; and

**WHEREAS**, there are 15 counties in the State of Arizona collectively responsible for and serving the needs of every resident of the State; and

**WHEREAS**, Arizona counties reflect the wide diversity of people, culture, and landscape in our State; and

**WHEREAS**, in recognition of the leadership, innovation and valuable service provided by the State's counties.

**NOW, THEREFORE, I**, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim April 2016 as

**COUNTY GOVERNMENT MONTH**

in recognition of the leadership, innovation and invaluable service provided by all Arizona counties.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this seventeenth day of February in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**

**Michele Reagan**  
**SECRETARY OF STATE**

**FOSTER CARE AWARENESS MONTH**

[M16-85]

**WHEREAS**, all children deserve to grow up safe, loved and well-cared for; and

**WHEREAS**, the family, serving as the children's primary source of safety, love, identity, self-esteem and support, is the very foundation of our communities and our State; and

**WHEREAS**, all children in foster care need a meaningful connection to caring adults who provide a supportive and lasting presence in their lives; and

**WHEREAS**, foster, kinship and adoptive families open their homes and hearts to support children whose families are in crisis and play a vital role in helping children and families heal; and

**WHEREAS**, there is an urgent and ongoing need for foster families to care for the many children who are unable to safely reunite with their families; and

**WHEREAS**, there are numerous individuals, public and private organizations who work to increase public awareness of the needs of children in foster care, to support children who leave foster care, and to recognize the enduring and valuable contribution of foster parents; and

**WHEREAS**, Foster Care Awareness Month is a time for all Arizonans to show their support in ensuring a bright future for Arizona's children in foster care by recognizing the people who take on the joys and responsibilities of caring for children who cannot remain safely in their homes.

**NOW, THEREFORE, I**, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 2016 as

**FOSTER CARE AWARENESS MONTH**



and I further urge all citizens to come forward and do something positive that will help change a lifetime for children in foster care.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this thirtieth day of March in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**  
**Michele Reagan**  
**SECRETARY OF STATE**

**PUBLIC WORKS WEEK**

[M16-76]

**WHEREAS**, public works infrastructure, facilities and services are of vital importance to sustainable communities and the health, safety and well-being of the people of Arizona; and

**WHEREAS**, such facilities and services could not be provided without the dedicated efforts of public works professionals, engineers, managers and employees from state and local government and the private sector, who are responsible for and who plan, design, build, operate, and maintain the transportation, water supply, water treatment, public buildings, structures and facilities, and who deliver solid waste services, transit, and fleet services which are essential to serve our citizens; and

**WHEREAS**, it is in the public interest to gain knowledge of and to maintain an interest and understanding of the importance of public works and public works programs in their respective communities; and

**WHEREAS**, the year 2016 marks the 56th Annual National Public Works Week sponsored by the American Public Works Association.

**NOW, THEREFORE, I**, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 15 – 21, 2016 as

**PUBLIC WORKS WEEK**

and I further urge all Arizonans to join with representatives of the Arizona Chapter of the American Public Works Association and government agencies in activities and ceremonies designed to pay tribute to our public works professionals, engineers, managers and employees and to recognize the substantial contributions they have made to our national health, safety, welfare and quality of life.

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**  
**GOVERNOR**

**DONE** at the Capitol in Phoenix on this twenty-fourth day of March in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**  
**Michele Reagan**  
**SECRETARY OF STATE**

**WATER SAFETY MONTH**

[M16-77]

**WHEREAS**, we recognize the vital role that swimming and other aquatic activities relate to good physical and mental health and enhance the quality of life for all people; and

**WHEREAS**, it is essential to understand the crucial role that water safety education plays in preventing drownings and recreational water-related injuries; and

**WHEREAS**, significant contributions are made by the recreational water industry, as represented by the organizations involved in the National Water Safety Month Coalition in developing safe swimming facilities, aquatic programs, home pools and spas, and related activities providing healthy places to play, learn and grow, build self-esteem, confidence and sense of self-worth which contributes to the quality of life in our community; and

**WHEREAS**, it is appropriate to recognize the on-going efforts and commitments to educate the public on pool and spa safety issues and initiatives by the pool, spa, waterpark, recreation and parks industries; and

**WHEREAS**, Arizona residents understand the vital importance of communicating water safety rules and programs to families and individuals of all ages, whether owners of private pools, users of public swimming facilities, or visitors to waterparks.



NOW, THEREFORE, I, Douglas A. Ducey, Governor of the State of Arizona, do hereby proclaim May 2016 as

**WATER SAFETY MONTH**

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona

**Douglas A. Ducey**

**GOVERNOR**

**DONE** at the Capitol in Phoenix on this twenty-fourth day of March in the year Two Thousand and Sixteen and of the Independence of the United States of America the Two Hundred and Fortieth.

**ATTEST:**

**Michele Reagan**

**SECRETARY OF STATE**

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**REGISTER INDEXES**

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The *Register* is published by volume in a calendar year (See “Information” in the front of each issue for a more detailed explanation).

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Abbreviations for rulemaking activity in this Index include:

**PROPOSED RULEMAKING**

PN = Proposed new Section  
PM = Proposed amended Section  
PR = Proposed repealed Section  
P# = Proposed renumbered Section

**SUPPLEMENTAL PROPOSED RULEMAKING**

SPN = Supplemental proposed new Section  
SPM = Supplemental proposed amended Section  
SPR = Supplemental proposed repealed Section  
SP# = Supplemental proposed renumbered Section

**FINAL RULEMAKING**

FN = Final new Section  
FM = Final amended Section  
FR = Final repealed Section  
F# = Final renumbered Section

**SUMMARY RULEMAKING****PROPOSED SUMMARY**

PSMN = Proposed Summary new Section  
PSMM = Proposed Summary amended Section  
PSMR = Proposed Summary repealed Section  
PSM# = Proposed Summary renumbered Section

**FINAL SUMMARY**

FSMN = Final Summary new Section  
FSMM = Final Summary amended Section  
FSMR = Final Summary repealed Section  
FSM# = Final Summary renumbered Section

**EXPEDITED RULEMAKING****PROPOSED EXPEDITED**

PEN = Proposed Expedited new Section  
PEM = Proposed Expedited amended Section  
PER = Proposed Expedited repealed Section  
PE# = Proposed Expedited renumbered Section

**SUPPLEMENTAL EXPEDITED**

SPEN = Supplemental Proposed Expedited new Section  
SPEM = Supplemental Proposed Expedited amended Section  
SPER = Supplemental Proposed Expedited repealed Section  
SPE# = Supplemental Proposed Expedited renumbered Section

**FINAL EXPEDITED**

FEN = Final Expedited new Section  
FEM = Final Expedited amended Section  
FER = Final Expedited repealed Section  
FE# = Final Expedited renumbered Section

**EXEMPT RULEMAKING****EXEMPT PROPOSED**

PXN = Proposed Exempt new Section  
PXM = Proposed Exempt amended Section  
PXR = Proposed Exempt repealed Section  
PX# = Proposed Exempt renumbered Section

**EXEMPT SUPPLEMENTAL PROPOSED**

SPXN = Supplemental Proposed Exempt new Section  
SPXR = Supplemental Proposed Exempt repealed Section  
SPXM = Supplemental Proposed Exempt amended Section  
SPX# = Supplemental Proposed Exempt renumbered Section

**FINAL EXEMPT RULMAKING**

FXN = Final Exempt new Section  
FXM = Final Exempt amended Section  
FXR = Final Exempt repealed Section  
FX# = Final Exempt renumbered Section

**EMERGENCY RULEMAKING**

EN = Emergency new Section  
EM = Emergency amended Section  
ER = Emergency repealed Section  
E# = Emergency renumbered Section  
EEXP = Emergency expired

**RECODIFICATION OF RULES**

RC = Recodified

**REJECTION OF RULES**

RJ = Rejected by the Attorney General

**TERMINATION OF RULES**

TN = Terminated proposed new Sections  
TM = Terminated proposed amended Section  
TR = Terminated proposed repealed Section  
T# = Terminated proposed renumbered Section

**RULE EXPIRATIONS**

EXP = Rules have expired

*See also “emergency expired” under emergency rulemaking*

**CORRECTIONS**

C = Corrections to Published Rules

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Other notices related to rulemakings are listed in the Index by notice type, agency/county and by volume page number. Agency policy statements and proposed delegation agreements are included in this section of the Index by volume page number.

Public records, such as Governor Office executive orders, proclamations, declarations and terminations of emergencies, summaries of Attorney General Opinions, and county notices are also listed in this section of the Index as published by volume page number.

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**2016 RULES EFFECTIVE DATES CALENDAR**

A.R.S. § 41-1032(A), as amended by Laws 2002, Ch. 334, § 8 (effective August 22, 2002), states that a rule generally becomes effective 60 days after the day it is filed with the Secretary of State's Office. The following table lists filing dates and effective dates for rules that follow this provision. Please also check the rulemaking Preamble for effective dates.

January		February		March		April		May		June	
Date Filed	Effective Date										
1/1	3/1	2/1	4/1	3/1	4/30	4/1	5/31	5/1	6/30	6/1	7/31
1/2	3/2	2/2	4/2	3/2	5/1	4/2	6/1	5/2	7/1	6/2	8/1
1/3	3/3	2/3	4/3	3/3	5/2	4/3	6/2	5/3	7/2	6/3	8/2
1/4	3/4	2/4	4/4	3/4	5/3	4/4	6/3	5/4	7/3	6/4	8/3
1/5	3/5	2/5	4/5	3/5	5/4	4/5	6/4	5/5	7/4	6/5	8/4
1/6	3/6	2/6	4/6	3/6	5/5	4/6	6/5	5/6	7/5	6/6	8/5
1/7	3/7	2/7	4/7	3/7	5/6	4/7	6/6	5/7	7/6	6/7	8/6
1/8	3/8	2/8	4/8	3/8	5/7	4/8	6/7	5/8	7/7	6/8	8/7
1/9	3/9	2/9	4/9	3/9	5/8	4/9	6/8	5/9	7/8	6/9	8/8
1/10	3/10	2/10	4/10	3/10	5/9	4/10	6/9	5/10	7/9	6/10	8/9
1/11	3/11	2/11	4/11	3/11	5/10	4/11	6/10	5/11	7/10	6/11	8/10
1/12	3/12	2/12	4/12	3/12	5/11	4/12	6/11	5/12	7/11	6/12	8/11
1/13	3/13	2/13	4/13	3/13	5/12	4/13	6/12	5/13	7/12	6/13	8/12
1/14	3/14	2/14	4/14	3/14	5/13	4/14	6/13	5/14	7/13	6/14	8/13
1/15	3/15	2/15	4/15	3/15	5/14	4/15	6/14	5/15	7/14	6/15	8/14
1/16	3/16	2/16	4/16	3/16	5/15	4/16	6/15	5/16	7/15	6/16	8/15
1/17	3/17	2/17	4/17	3/17	5/16	4/17	6/16	5/17	7/16	6/17	8/16
1/18	3/18	2/18	4/18	3/18	5/17	4/18	6/17	5/18	7/17	6/18	8/17
1/19	3/19	2/19	4/19	3/19	5/18	4/19	6/18	5/19	7/18	6/19	8/18
1/20	3/20	2/20	4/20	3/20	5/19	4/20	6/19	5/20	7/19	6/20	8/19
1/21	3/21	2/21	4/21	3/21	5/20	4/21	6/20	5/21	7/20	6/21	8/20
1/22	3/22	2/22	4/22	3/22	5/21	4/22	6/21	5/22	7/21	6/22	8/21
1/23	3/23	2/23	4/23	3/23	5/22	4/23	6/22	5/23	7/22	6/23	8/22
1/24	3/24	2/24	4/24	3/24	5/23	4/24	6/23	5/24	7/23	6/24	8/23
1/25	3/25	2/25	4/25	3/25	5/24	4/25	6/24	5/25	7/24	6/25	8/24
1/26	3/26	2/26	4/26	3/26	5/25	4/26	6/25	5/26	7/25	6/26	8/25
1/27	3/27	2/27	4/27	3/27	5/26	4/27	6/26	5/27	7/26	6/27	8/26
1/28	3/28	2/28	4/28	3/28	5/27	4/28	6/27	5/28	7/27	6/28	8/27
1/29	3/29	2/29	4/29	3/29	5/28	4/29	6/28	5/29	7/28	6/29	8/28
1/30	3/30			3/30	5/29	4/30	6/29	5/30	7/29	6/30	8/29
1/31	3/31			3/31	5/30			5/31	7/30		



July		August		September		October		November		December	
Date Filed	Effective Date										
7/1	8/30	8/1	9/30	9/1	10/31	10/1	11/30	11/1	12/31	12/1	1/30/13
7/2	8/31	8/2	10/1	9/2	11/1	10/2	12/1	11/2	1/1/13	12/2	1/31/13
7/3	9/1	8/3	10/2	9/3	11/2	10/3	12/2	11/3	1/2/13	12/3	2/1/13
7/4	9/2	8/4	10/3	9/4	11/3	10/4	12/3	11/4	1/3/13	12/4	2/2/13
7/5	9/3	8/5	10/4	9/5	11/4	10/5	12/4	11/5	1/4/13	12/5	2/3/13
7/6	9/4	8/6	10/5	9/6	11/5	10/6	12/5	11/6	1/5/13	12/6	2/4/13
7/7	9/5	8/7	10/6	9/7	11/6	10/7	12/6	11/7	1/6/13	12/7	2/5/13
7/8	9/6	8/8	10/7	9/8	11/7	10/8	12/7	11/8	1/7/13	12/8	2/6/13
7/9	9/7	8/9	10/8	9/9	11/8	10/9	12/8	11/9	1/8/13	12/9	2/7/13
7/10	9/8	8/10	10/9	9/10	11/9	10/10	12/9	11/10	1/9/13	12/10	2/8/13
7/11	9/9	8/11	10/10	9/11	11/10	10/11	12/10	11/11	1/10/13	12/11	2/9/13
7/12	9/10	8/12	10/11	9/12	11/11	10/12	12/11	11/12	1/11/13	12/12	2/10/13
7/13	9/11	8/13	10/12	9/13	11/12	10/13	12/12	11/13	1/12/13	12/13	2/11/13
7/14	9/12	8/14	10/13	9/14	11/13	10/14	12/13	11/14	1/13/13	12/14	2/12/13
7/15	9/13	8/15	10/14	9/15	11/14	10/15	12/14	11/15	1/14/13	12/15	2/13/13
7/16	9/14	8/16	10/15	9/16	11/15	10/16	12/15	11/16	1/15/13	12/16	2/14/13
7/17	9/15	8/17	10/16	9/17	11/16	10/17	12/16	11/17	1/16/13	12/17	2/15/13
7/18	9/16	8/18	10/17	9/18	11/17	10/18	12/17	11/18	1/17/13	12/18	2/16/13
7/19	9/17	8/19	10/18	9/19	11/18	10/19	12/18	11/19	1/18/13	12/19	2/17/13
7/20	9/18	8/20	10/19	9/20	11/19	10/20	12/19	11/20	1/19/13	12/20	2/18/13
7/21	9/19	8/21	10/20	9/21	11/20	10/21	12/20	11/21	1/20/13	12/21	2/19/13
7/22	9/20	8/22	10/21	9/22	11/21	10/22	12/21	11/22	1/21/13	12/22	2/20/13
7/23	9/21	8/23	10/22	9/23	11/22	10/23	12/22	11/23	1/22/13	12/23	2/21/13
7/24	9/22	8/24	10/23	9/24	11/23	10/24	12/23	11/24	1/23/13	12/24	2/22/13
7/25	9/23	8/25	10/24	9/25	11/24	10/25	12/24	11/25	1/24/13	12/25	2/23/13
7/26	9/24	8/26	10/25	9/26	11/25	10/26	12/25	11/26	1/25/13	12/26	2/24/13
7/27	9/25	8/27	10/26	9/27	11/26	10/27	12/26	11/27	1/26/13	12/27	2/25/13
7/28	9/26	8/28	10/27	9/28	11/27	10/28	12/27	11/28	1/27/13	12/28	2/26/13
7/29	9/27	8/29	10/28	9/29	11/28	10/29	12/28	11/29	1/28/13	12/29	2/27/13
7/30	9/28	8/30	10/29	9/30	11/29	10/30	12/29	11/30	1/29/13	12/30	2/28/13
7/31	9/29	8/31	10/30			10/31	12/30			12/31	3/1/13



REGISTER PUBLISHING DEADLINES

The Secretary of State's Office publishes the Register weekly. There is a three-week turnaround period between a deadline date and the publication date of the Register. The weekly deadline dates and issue dates are shown below. Council meetings and Register deadlines do not correlate. Also listed are the earliest dates on which an oral proceeding can be held on proposed rulemakings or proposed delegation agreements following publication of the notice in the Register.

Table with 3 columns: Deadline Date (paper only) Friday, 5:00 p.m., Register Publication Date, and Oral Proceeding may be scheduled on or after. Rows list dates from January 22, 2016 to August 5, 2016.



## GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES

The following deadlines apply to all Five-Year-Review Reports and any adopted rule submitted to the Governor’s Regulatory Review Council. Council meetings and *Register* deadlines do not correlate. We publish these deadlines as a courtesy.

All rules and Five-Year Review Reports are due in the Council office by noon of the deadline date. The Council’s office is located at 100 N. 15th Ave., Suite 402, Phoenix, AZ 85007. For more information, call (602) 542-2058 or visit [www.grrc.state.az.us](http://www.grrc.state.az.us).

### GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES FOR 2016

DEADLINE TO BE PLACED ON COUNCIL AGENDA	FINAL MATERIALS DUE FROM AGENCIES	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
November 17, 2015	December 18, 2015	December 29, 2015	January 5, 2016
December 21, 2015	January 15, 2016	January 26, 2016	February 2, 2016
January 19, 2016 (Tuesday)	February 12, 2016	February 23, 2016	March 1, 2016
February 16, 2016 (Tuesday)	March 18, 2016	March 29, 2016	April 5, 2016
March 21, 2016	April 15, 2016	April 26, 2016	May 5, 2016
April 18, 2016	May 20, 2016	June 1, 2016 (Wednesday)	June 7, 2016
May 23, 2016	June 17, 2016	June 28, 2016	July 6, 2016 (Wednesday)
June 20, 2016	July 15, 2016	July 26, 2016	August 2, 2016
July 18, 2016	August 19, 2016	August 30, 2016	September 7, 2016 (Wednesday)
August 22, 2016	September 16, 2016	September 27, 2016	October 4, 2016
September 19, 2016	October 14, 2016	October 25, 2016	November 1, 2016
October 17, 2016	November 18, 2016	November 29, 2016	December 6, 2016
November 21, 2016	December 16, 2016	December 28, 2016 (Wednesday)	January 4, 2017 (Wednesday)

\*Materials must be submitted by **noon** on dates listed as a deadline for placement on a particular agenda. Placement on a particular agenda is not guaranteed.