Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.
PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the Administrative Code. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “Rule” means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The Arizona Administrative Code is where the official rules of the state of Arizona are published. The Code is the official codification of rules that govern state agencies, boards, and commissions.

The Code is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the Code. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the Register volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the Register.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the Code in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each Code Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the Code includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the Arizona Administrative Register for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the Register online at www.azsos.gov/rules, click on the Administrative Register link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

This Chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.
ARTICLE 1. HEARING SCREENING


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

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

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


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

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

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

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


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ARTICLE 1. HEARING SCREENING

R9-13-101. Definitions
In this Article, unless the context otherwise requires:

1. “Accredited” means that an educational institution is recognized by the U.S. Department of Education as providing standards necessary to meet acceptable levels of quality for its graduates to gain admission to other reputable institutions of higher learning or to achieve credentials for professional practice.

2. “Administrator” means the principal or person having general daily control and oversight of a school or that person’s designee.

3. “Assistive listening device” has the same meaning as “assistive listening device or system” in A.R.S. § 36-1901.

4. “Audiological equipment” means an instrument used to help determine the presence, type, or degree of hearing loss, such as:
   a. A pure tone audiometer,
   b. A tympanometer, or
   c. An otoacoustic emissions device.

5. “Audiological evaluation” means:
   a. Examination of an individual’s ears;
   b. Assessment of the functioning of the individual’s middle ear;
   c. Testing of the individual’s ability to perceive sounds using audiological equipment; and
   d. Analysis by a specialist of the results obtained from the activities described in subsections (a) through (c) to determine if the individual has a hearing loss and, if so, the type and degree of the individual hearing loss.

6. “Audiologist” means an individual licensed under A.R.S. Title 36, Chapter 17.

7. “Audiometer” means an electronic device that administers sounds of varying pitches and intensities to assess an individual’s ability to hear the sounds.

8. “Auditory canal” means the tubular passage between the cartilaginous portion of the ear that projects from an individual’s head and the outer surface of the ear drum.

9. “Auditory nerve” means the filament of neurological tissue that:
   a. Connects the cochlea and the brain, and
   b. Transmits impulses related to hearing.

10. “Calendar day” means each day, that:
    a. Is not the day of the act, event, or default from which a designated period of time begins to run; and
    b. Includes 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.

11. “Calibrate” means to measure the response of an instrument against a standard and adjust the instrument until the response falls within specified values according to the equipment’s manufacturer specifications and by an authorized manufacturer’s dealer, if recommended by the manufacturer.

12. “Certificate of completion” means a document issued to an individual who has completed the requirements in:
    a. R9-13-108 to perform hearing screening for students according to this Article; or
    b. R9-13-111 or R9-13-112 to provide training to individuals who perform hearing screenings.

13. “Cochlea” means a coiled tube in the inner ear that converts sounds into neural messages.

14. “Cochlear implant” means a device that is surgically inserted into the cochlea to electrically stimulate the auditory nerve.

15. “Continuing education” means a course that provides instruction and training that is designed to develop or improve a trainer or screener’s professional competence.

16. “Continuing education unit” means 50 to 60 minutes of continuous course work.

17. “Course” means a workshop, seminar, lecture, conference, or other learning program activities approved by the Department.


19. “dB HL” means decibel hearing level, a measurement used to compare the intensity at which an individual hears sound at a particular frequency to a standard.

20. “dB SPL” means sound pressure level measured in units of decibels.

21. “Deaf” has the same meaning as in A.R.S. § 36-1941.

22. “Diagnosis” means a determination of whether a student is deaf or hard of hearing that is:
   a. Made by specialist; and
   b. Based on an audiological evaluation of the student.

23. “Documentation” means a method used to report information on paper, electronic, photographic, or other permanent form.

24. “Eardrum” means the tympanic membrane in the ear that vibrates in response to sound.

25. “Earphone” means the part of an audiometer that is worn over an individual’s ear.

26. “Electroacoustic analysis” means the evaluation by an audiologist of the functioning of a hearing aid or an assistive listening device using specialized electronic equipment.

27. “Eustachian tube” means a passage in an individual’s head that:
   a. Connects the middle ear and the throat, and
   b. Equalizes pressure on both sides of the eardrum.

28. “Follow-up” means an action that serves to verify the effectiveness of a previous hearing screening that resulted in treatment.

29. “Frequency” means the number of cycles per second of a sound wave, expressed in Hz and corresponding to the pitch of sound.

30. “Hard of hearing” has the same meaning as in A.R.S. § 36-1941.

31. “Hearing aid” has the same meaning as in A.R.S. § 36-1901.

32. “Hearing loss” means the difference, expressed in decibels, between the hearing threshold of an individual and a standard reference hearing threshold.

33. “Hearing screening” means:
   a. The same as “hearing screening evaluation” in A.R.S. § 36-899, and
   b. Is performed by an individual who meets the requirements specified in R9-13-108 for the purpose of identifying students who may need further evaluation; or
   c. An audiological evaluation provided by a specialist.

34. “Hearing screening population” means the students who are expected to have a hearing screening during a school year.

35. “Hearing threshold” means the faintest sound an individual hears at each frequency at which the individual is tested.
36. “Hz” means Hertz, a unit of frequency equal to one cycle per second.
37. “Immittance” means the mobility of the parts of the middle ear during the transmission of sound vibrations through the middle ear.
38. “Immediate family member” means an individual related by birth, marriage, or adoption.
39. “Inner ear” means the part of the ear, including the semicircular canals, cochlea, and auditory nerve, that converts sound into neural messages that are sent through the auditory nerve to the brain.
40. “Intensity” means the strength of a sound wave, resulting in the perception of sound volume as expressed in decibels or decibels hearing level dB HL.
41. “KHz” means a unit of frequency equal to one thousand cycles per second or one thousand hertz.
42. “Middle ear” means the part of the ear that conducts sound to the inner ear, consisting of:
   a. The eardrum;
   b. The three small bones called the malleus, incus, and stapes; and
   c. The space containing the eardrum and the three small bones.
43. “ml” means a volume measurement unit.
44. “mmho” or “millimho” means a unit of electric conductance.
45. “Notification” means a method used to inform or announce information on paper, electronic, photographic, or other permanent form.
46. “Other amplification device” means a hearing product used to amplify sounds, but may not address other components of hearing loss, such as distortion.
47. “Otoacoustic emissions device” or “OAE device” means an instrument used to determine the status of an individual’s cochlear function by:
   a. Presenting sounds into the auditory canal with a sound generator, and
   b. Detecting, with one or more microphones, low-intensity echoes in the auditory canal that are produced by normally functioning cochlea in response to sounds.
48. “Otic canal” means the auditory canal.
49. “Outer ear” means the part of the ear that projects from an individual’s head and the auditory canal.
50. “Parent” means a:
   a. Natural or adoptive mother or father,
   b. Legal guardian appointed by a court of competent jurisdiction, or
   c. Custodian as defined in A.R.S. § 8-201.
51. “Pass” means a recordable response detected by a hearing screener or audiological equipment consistent with established criteria for hearing screening requirements.
52. “Person” has the meaning in A.R.S. § 41-1001.
53. “Preschool” means the instruction preceding kindergarten provided to individuals three to five years old through a school.
54. “Probe” means the part of a tympanometer or an OAE that is inserted into an individual’s auditory canal during a hearing screening.
55. “Pure tone hearing screening” means a type of hearing screening using single frequency sounds that is performed using a pure tone audiometer or a device that includes the functions of both an audiometer and a tympanometer.
56. “School” means:
   a. A school as defined in A.R.S. § 15-101,
If a screener observes a condition specified in subsection (C) when inspecting a student’s outer ears, the screener shall:

1. Not perform a hearing screening on the student, and
2. Report the student’s condition to the administrator immediately.

E. If a screener does not observe a condition specified in subsection (C)(2) when inspecting a student’s outer ears, the screener shall:

1. Determine the developmental and age appropriate audiological equipment to be used when:
   a. The student is unable to understand the screener’s instructions;
   b. The student has been designated as a child with a disability, as defined in A.R.S. § 15-761; or
   c. The student is physically or behaviorally limited in the ability to respond to perceived sounds;
2. Use one of the hearing screening methods specified in subsection (G);
3. Perform a hearing screening on each of the student’s ears; and
4. Comply with the requirements specified in R9-13-104(A).

F. If a screener determines that a student in subsection (E)(1) is not able to complete the hearing screening, the screener shall:

1. Not perform a hearing screening on the student, and
2. Report the student’s condition to the administrator within 10 school days.

G. When performing a hearing screening on a student, a screener shall comply with one of the following passing criteria, if using:

1. A pure tone audiometer to perform a three-frequency, pure tone hearing screening on each of the student’s ears with response recorded at each of the following frequencies and intensities:
   a. 1000 Hz at 20 dB HL,
   b. 2000 Hz at 20 dB HL, and
   c. 4000 Hz at 20 dB HL;
2. A combination of a tympanometer and a pure tone audiometer to:
   a. Produce a tympanogram showing the following results:
      i. Peak acoustic immittance in mmho, ml, or compliance for a 226 Hz probe tone; or
      ii. Tympanometric width in daPa; and
   b. Obtain the results of a three-frequency, pure tone hearing screening on each of the student’s ears with response recorded at each of the following frequencies and intensities:
      i. 1000 Hz at 20 dB HL,
      ii. 2000 Hz at 20 dB HL, and
      iii. 4000 Hz at 20 dB HL;
3. An OAE device to:
   a. Measure responses of the cochlea to no less than three test frequencies; and
   b. Device display screen indicates pass.

R9-13-104. Criteria for Passing a Hearing Screening

A. A screener shall consider a student to have passed a developmentally and age appropriate hearing screening if one of the following applies:

1. During a three-frequency, pure tone hearing screening, performed according to R9-13-103(G)(1), the student responds to each frequency and intensity specified in R9-
13-103(G)(1)(a) through (c) for each ear on which a hearing screening is performed;

2. During a hearing screening using both a tympanometer and pure tone audiometer, performed according to R9-13-103(G)(2):
   a. The tympanogram for each of the student’s ears shows:
      i. The height of the peak acoustic immittance is > 0.3 mmho, ml, or compliance; and
      ii. The tympanometric width is < 250 daPa; and
   b. The student responds to each frequency specified in R9-13-103(G)(2)(b)(i) through (iii) for each ear on which a hearing screening is performed; or

3. During a hearing screening using an OAE device, performed according to R9-13-103(G)(3), the OAE device indicates results that the student has passed the hearing screening for each ear.

B. For a student in a school’s hearing screening population who does not receive an initial hearing screening specified in Table 13.1, an administrator shall ensure that the student receives the initial hearing screening not more than 45 school days after the date the student was expected to receive the initial hearing screening.

C. For a student in a school’s hearing screening population who does not pass an initial hearing screening according to subsection (A), an administrator shall ensure that:
   1. The student shall receive a second hearing screening no earlier than 10 school days and no later than 30 school days after the date of the hearing screening specified in R9-13-103;
   2. If the hearing screening specified in R9-13-103(G)(2) was performed using both a tympanometer and pure tone audiometer, the second hearing screening for the student is performed using both a tympanometer and pure tone audiometer; and
   3. If the hearing screening specified in R9-13-103(G)(3) was performed using an otoacoustic emissions device, the second hearing screening for the student is performed using an otoacoustic emissions device.

D. If a student does not pass the second hearing screening in subsection (C)(1) and (2), an administrator shall provide notification to the student’s parent specified in R9-13-105.

Historical Note
Adopted effective February 18, 1986 (Supp. 86-1).
Amended effective October 15, 1993 (Supp. 93-4).

R9-13-105. Notification; Follow-up
A. An administrator shall provide a notification to parents of students identified in Table 13.1 that includes:
   1. The information for hearing screening to be conducted during the school year, and
   2. A reference to A.R.S. § 36-899.04 and information about the parent’s right to object to their student receiving a hearing screening by submitting the document specified in R9-13-102(C) to the administrator.

B. If an administrator excludes a student from a hearing screening specified in R9-13-102(B)(3), the administrator shall provide a notification to the student’s parent that:
   1. Informs the parent, whose student wears a device listed in subsection (3)(a) through (e), that the student shall not receive a hearing screening;
   2. Recommends the parent schedule an audiological evaluation for the student with a specialist;
   3. Requests the parent in subsection (2) provide the administrator a copy of a specialist’s audiological report dated within the past 12 months for the student’s:
      a. Hearing aid,
      b. Assistive listening device, or
      c. Other amplification device;
   4. Informs a parent, who chooses for their student to not wear a device listed in subsection (3)(a) through (c), that the student shall receive a hearing screening unless the administrator receives documentation specified in R9-13-102(C) stating that the parent does not want their student to have a hearing screening; and
   5. Informs a parent that a student may receive a hearing screening if an administrator does not have:
      a. Documentation of an audiological report in subsection (3), or
      b. Documentation specified in R9-13-102(C) stating that the parent does not want their student to have a hearing screening.

C. Except for a student in subsection (2)(a), within 10 school days after an initial hearing screening in subsection (A) has been completed, an administrator shall provide notification to a student’s parent that includes:
   1. The student’s name; and
   2. The reason why the student did not receive a hearing screening due to:
      a. A visual condition of the outer ear specified in R9-13-103(C)(2), or

D. Except for a student’s second hearing screening in subsection (3)(b), within 10 school days after a student receives a second hearing screening specified in R9-13-104(C), an administrator shall provide notification to a student’s parent that includes:
   1. The student’s name; and
   2. The type of hearing screening the student received, if received; and
   3. The hearing screening results whether the student:
      a. Did not pass; or
      b. Was not screened due to:
         i. A visual condition of the outer ear specified in R9-13-103(C)(2), or

E. If a student in subsections (C) or (D) has an audiological evaluation on file at the school that is dated within the past 12 months, the student will not receive a hearing screening.

F. If a student did not receive a hearing screening due to a reason identified in subsections (C)(2)(a), (D)(3)(a), or (D)(3)(b)(i), an administrator shall provide an immediate notification to the student’s parent that includes:
   1. The student’s name;
   2. The reason for the immediate notification;
   3. A request that the parent contact a specialist to:
      a. Examine the student’s ears;
      b. Perform an audiological evaluation; and
      c. If the student uses any of the following, perform an:
         i. Electroacoustic analysis of a hearing aid, an assistive listening device, or other amplification device; or
         ii. Evaluation of a cochlear implant; and
   4. A request that the parent provide to the administrator documentation received from the specialist who examined the student that includes:
An administrator shall ensure that:

1. Each of the student’s teachers,
   a. The student’s name;
   b. The name of the specialist;
   c. The date the specialist performed the services;
   d. The type of services provided; and
   e. If applicable:
      i. The results of the examination of the student’s
         ears,
      ii. The results of the student’s audiological evalu-
          ation, including diagnosis,
      iii. Whether there is hearing loss, including the
          type and degree of hearing loss,
      iv. The type of audiological equipment used to
          perform the audiological evaluation; and

2. A tympanometer is calibrated:
   a. Not more than 12 months before the hearing screen-
      ing is planned to occur; and
   b. According to the specifications of the otoacoustic
      emissions device’s manufacturer, including:
      i. Distortion product emission,
      ii. No less than three test frequencies between 1
          and 5 kHz,
      iii. An f2/f1 ratio of 1.22,
      iv. A L1/L2 levels of 65/55 dB SPL, and
      v. A pass and fail criterion based on an emission-to-
         noise ratio.

3. An OAE is calibrated:
   a. Not more than 12 months before the hearing screen-
      ing is planned to occur; and
   b. According to the specifications of the otoacoustic
      emissions device’s manufacturer, including:
      i. Had no obstruction in the OAE’s probe micro-
          phone, and
      ii. Generated a signal.

A. An administrator shall ensure that audiological equipment used for hearing screenings is recommended by the American Academy of Audiology.

B. An administrator shall ensure that:
   1. A pure tone audiometer is calibrated:
      a. Not more than 12 months before the hearing screen-
         ing is planned to occur; and
      b. According to ANSI/ASA S3.6-2010 American
         National Standards Institution/Acoustical Society of
         America, Specification for Audiometers, incorpo-
         rated by reference, on file with the Department, in-
         cluding no future editions or amendments, and
         available from the American National Standards
         Institution at https://webstore.ansi.org.
   2. A tympanometer is calibrated:
      a. Not more than 12 months before the hearing screen-
         ing is planned to occur; and
      b. According to ANSI/ASA S3.39-1987 (R2012)
         American National Standards Institution/Acoustical
         Society of America, American National Standard
         Specifications for Instruments to Measure Aural
         Acoustic Impedance and Admittance (Aural Acous-
         tic Immittance), incorporated by reference, on file
         with the Department, including no future editions or
         amendments, and available from the American
         National Standards Institution at https://web-
         store.ansi.org.

C. A screener shall ensure that:
   1. A pure tone audiometer:
      a. Is inspected within one school day before the hear-
         ing screening is planned to occur; and
      b. During the inspection in subsection (1)(a):
         i. Had a power source and power indicator that
            were working,
         ii. Had earphones that were free of noise or distor-
             tion that could interfere with a hearing screen-
             ing,
         iii. Had earphone cords that were connected
             securely to the pure tone audiometer and had no
             breaks, and
         iv. Generated a signal at each frequency and inten-
             sity specified in R9-13-103(G)(1) that did not
cross from one earphone to the other.
   2. A tympanometer:
      a. Is inspected within one school day before the hear-
         ing screening is planned to occur; and
      b. During the inspection in subsection (2)(a):
         i. Had no obstruction in the tympanometer’s
            probe, and
         ii. Generated a signal.
   3. An OAE:
      a. Is inspected within one school day before the hear-
         ing screening is planned to occur; and
      b. During the inspection in subsection (3)(a):
         i. Had no obstruction in the OAE’s probe micro-
            phone, and
         ii. Generated a signal.

Historical Note
Adopted effective February 18, 1986 (Supp. 86-1).
Amended effective October 15, 1993 (Supp. 93-4).
Amended by final rulemaking at 8 A.A.R. 3307, effective
July 16, 2002 (Supp. 02-3). Amended by final
rulemaking at 25 A.A.R. 1827, effective July 2, 2019
(Supp. 19-3).

R9-13-106. Equipment Standards

A. An administrator shall ensure that audiological equipment used for hearing screenings is recommended by the American Academy of Audiology.

B. An administrator shall ensure that:
   1. A pure tone audiometer is calibrated:
      a. Not more than 12 months before the hearing screen-
         ing is planned to occur; and
      b. According to ANSI/ASA S3.6-2010 American
         National Standards Institution/Acoustical Society of
         America, Specification for Audiometers, incorpo-
         rated by reference, on file with the Department, in-
         cluding no future editions or amendments, and
         available from the American National Standards
         Institution at https://webstore.ansi.org.
   2. A tympanometer is calibrated:
      a. Not more than 12 months before the hearing screen-
         ing is planned to occur; and
      b. According to ANSI/ASA S3.39-1987 (R2012)
         American National Standards Institution/Acoustical
         Society of America, American National Standard
         Specifications for Instruments to Measure Aural
         Acoustic Impedance and Admittance (Aural Acous-
         tic Immittance), incorporated by reference, on file
         with the Department, including no future editions or
         amendments, and available from the American
         National Standards Institution at https://web-
         store.ansi.org.

C. A screener shall ensure that:
   1. A pure tone audiometer:
      a. Is inspected within one school day before the hear-
         ing screening is planned to occur; and
      b. During the inspection in subsection (1)(a):
         i. Had a power source and power indicator that
            were working,
         ii. Had earphones that were free of noise or distor-
             tion that could interfere with a hearing screen-
             ing,
         iii. Had earphone cords that were connected
             securely to the pure tone audiometer and had no
             breaks, and
         iv. Generated a signal at each frequency and inten-
             sity specified in R9-13-103(G)(1) that did not
cross from one earphone to the other.
   2. A tympanometer:
      a. Is inspected within one school day before the hear-
         ing screening is planned to occur; and
      b. During the inspection in subsection (2)(a):
         i. Had no obstruction in the tympanometer’s
            probe, and
         ii. Generated a signal.
   3. An OAE:
      a. Is inspected within one school day before the hear-
         ing screening is planned to occur; and
      b. During the inspection in subsection (3)(a):
         i. Had no obstruction in the OAE’s probe micro-
            phone, and
         ii. Generated a signal.

Historical Note
Adopted effective February 18, 1986 (Supp. 86-1).
Amended effective October 15, 1993 (Supp. 93-4).
Section repealed by final rulemaking at 8 A.A.R. 3307,
effective July 16, 2002 (Supp. 02-3). New Section made
by final rulemaking at 25 A.A.R. 1827, effective July 2,
2019 (Supp. 19-3).
CHAPTER 13. DEPARTMENT OF HEALTH SERVICES - HEALTH PROGRAMS SERVICES

4. A written diagnosis received by an administrator from a specialist specified in R9-13-105(H) that a student is deaf or hard of hearing;

5. If an administrator received a written diagnosis in subsection (4), the name of each individual specified in R9-13-105(H) that received notification of the student’s diagnosis and the date notified; and

6. If an administrator notified a student’s parent according to R9-13-105:
   a. A copy of the notification; or
   b. Documentation that contains:
      i. The reason for the notification,
      ii. The date of notification, and
      iii. Whether the administrator recommended that the student have an audiological evaluation completed by a specialist.

C. Between April 1 and June 30 of each school year, an administrator shall submit to the Department in a Department-provided format:
   1. The school:
      a. Name,
      b. Address, and
      c. Telephone number;
   2. The name of the school district, if applicable; and
   3. For hearing screenings conducted at the school during the school year:
      a. The name of each screener who performed hearing screenings;
      b. The screener’s audiological license number, if applicable;
      c. A copy of the screener’s certificate of completion specified in R9-13-108(F) or R9-13-108(1)(3), if applicable;
      d. The type of audiological equipment used to conduct the hearing screenings;
      e. The date the audiological equipment was calibrated;
      f. The name and title of the individual submitting the information;
      g. The date the information is submitted;
      h. Whether the hearing screenings for students identified in Table 13.1 were conducted within the first 45 calendar days of the school year;
      i. The number of students grouped by:
         i. The grades listed in Table 13.1, and
         ii. Enrollment in special education;
      j. The number of students who:
         i. Were enrolled at the start of the school year at the time of prior to the first hearing screening provided to students,
         ii. Were excluded from the school’s hearing screening population as specified in R9-13-102(B) and Table 13.1,
         iii. Received an initial hearing screening,
         iv. Did not pass an initial hearing screening,
         v. Received a second hearing screening,
         vi. Did not pass a second hearing screening, and
         vii. Were first identified as deaf or hard of hearing; and
      k. The number of students for whom:
         i. An administrator provided notification to a student’s parent, as specified in R9-13-105; and
         ii. An administrator received documentation during the school year from a student’s specialist related to an examination, audiological evaluation, electroacoustic analysis, or evaluation of the student’s cochlear implant.

D. An administrator shall retain the information in:
   1. Subsection (A) for at least three years after the date that the hearing screening occurred.
   2. Subsection (B) for three school years after fiscal year of last attendance, according to Arizona State Library, Archives and Public Records, General Records Retention Schedule for All Arizona School Districts and Charter Schools Student Records.

Historical Note

R9-13-108. Screener Qualifications
A. An individual may be a screener:
   1. If the individual is an audiologist, or
   2. If the individual:
      a. Is at least 18 years of age;
      b. Has a high school diploma or a general equivalency diploma;
      c. Has the ability to recognize a student’s response to hearing a range of tones at different pitches and volumes; and
      d. Has a current certificate of completion specified in subsection (F).

B. For an individual, who is not an audiologist, to become a screener, the individual shall complete classroom instruction for pure tone audiometry provided by a trainer:
   1. Introduction to hearing screening for children, including:
      a. Development of speech and language,
      b. Anatomy and physiology of the ear,
      c. Signs of hearing loss in children,
      d. Prevention of hearing loss in children,
      e. Otitis media, and
      f. Infection control;
   2. Essentials for hearing screening children, including:
      a. Auditory development;
      b. Rationale for early identification of hearing loss;
      c. When, how, and on whom hearing screening is performed; and
      d. How to set up a hearing screening, including the selection of a method to use for hearing screening and a location to conduct hearing screening;
   3. Hearing screening protocols, including:
      a. Possible results of hearing screening;
      b. Screener requirements specified in this Article;
      c. Procedures for tracking students expected to receive hearing screening and recording hearing screening results;
      d. Notification of and communication with the parents of students;
      e. The information that a parent of a student who does not pass a hearing screening is requested to obtain from the student’s specialist and provide to the student’s school;
      f. When and to whom a student’s hearing loss is required to be reported;
      g. Procedures for reporting hearing screening results to the Department;
      h. What resources are available to the parent of a student who does not pass hearing screening; and
i. Requirements in A.R.S. Title 36, Chapter 7.2 and requirements in this Article in addition to screener requirements; and

4. Audiological equipment, including:
   a. A pure tone audiometer;
      i. How a pure tone audiometer works;
      ii. Checking the pure tone audiometer and earphones before performing hearing screening;
      iii. Earphone placement;
      iv. Performing hearing screening using a pure tone audiometer;
      v. Identifying students who need a second hearing screening; and
      vi. Identifying students for whom notification of a parent is required; and
   b. An otoacoustic emission device:
      i. How an otoacoustic emission device works;
      ii. Why and when it is appropriate to use an otoacoustic emissions device is used during hearing screening;
      iii. Performing a hearing screening using an otoacoustic emissions device with a remote probe;
      iv. Identifying students who need a second hearing screening; and
      v. Identifying students for whom notification of a parent is required.

C. An individual who has completed the hearing screening instruction in subsection (B) may request training in the use of a tympanometer by completing the following classroom instruction provided by a trainer:
1. How a tympanometer works;
2. Why and when it is appropriate to use a tympanometer during hearing screening;
3. The anatomy and functions of the middle ear and Eustachian tube;
4. How to use a tympanometer;
5. Identifying students who need a second hearing screening; and
6. Identifying students for whom notification of a parent is required.

D. Obtain a score of at least 80% on a written examination that covers the classroom instruction specified in subsection (B) or (C).

E. Demonstrate competency in the use of the audiological equipment specified in subsection (B) or (C) that an individual received classroom instruction.

F. Obtain a certificate of completion in a Department-provided format from the trainer who provided the classroom instruction, examination, and competency assessment specified in (B) through (E), as applicable, that includes:
1. The individual’s name;
2. The hearing screening methods specified in subsection (B) or (C) that is completed by the individual;
3. The date the individual completed the classroom instruction in subsection (B) or (C);
4. The date the individual completed the hearing screening:
   a. Examination; and
   b. Assessment, including the type of audiological equipment;
5. The certificate of completion issue date;
6. An attestation that the classroom instruction provided to the individual meets the requirements in subsection (B) or (C); and
7. The trainer’s printed name and date issued.

G. A screener’s certificate of completion expires four years from the issue date indicated on the certificate of completion specified in subsection (F).

H. Prior to the expiration date of a certificate of completion, a screener shall complete the requirements in subsection (I) to renew the screener’s certificate of completion.

I. A screener, who is not an audiologist, wanting to renew a certificate of completion shall:
1. Complete two hearing screening continuing education units each year:
   a. Specified by the Department according to subsection (J), and
   b. Applicable to the type of audiological equipment the screener uses when performing a hearing screening;
2. As provided by a trainer:
   a. Complete four hours of classroom instruction related to:
      i. Development of speech and language,
      ii. Essentials for hearing screening children, and
      iii. Hearing screening protocols;
   b. Obtain a score of at least 80% on a written examination that covers the hearing screening requirements in subsection (a); and
   c. Demonstrate competency in the use of the audiological equipment consistent with the hearing screening training received in subsection (1) and (2);
3. Obtain a certificate of completion in a Department-provided format from the trainer who provided classroom instruction, the examination, and competency assessment in subsection (2) that includes:
   a. The screener’s name;
   b. The hearing screening methods specified in subsection (1);
   c. The date the screener completed the methods in subsection (1);
   d. The date the screener completed the hearing screening:
      i. Examination; and
      ii. Assessment, including the type of audiological equipment;
   e. The certificate of completion issue date;
   f. An attestation that the classroom instruction provided to the screener meets the requirements in subsections (1) and (2); and
   g. The trainer’s printed name.

J. By January 1 of each calendar year, the Department shall provide a list of Department-approved continuing education courses.

K. An individual who does not score at least 80% on a written examination in subsection (D) may retake the written examination. If an individual does not score at least 80% on the second written examination, the individual shall repeat classroom instruction in subsection (B) or (C) before taking a third written examination.

L. A screener, who does not score at least 80% on a written examination for renewal in subsection (I), may retake the written examination. A screener, who does not score at least 80% on the second written examination, shall repeat the classroom instruction in subsection (I)(1) and (2) before taking a third written examination.

M. An individual who is not a screener:
1. May use a pure tone audiometer to perform an initial three-frequency, pure tone hearing screening for a student, specified in R9-13-103(G)(1), under the supervision of a screener; and
2. Shall not perform a hearing screening:
   a. For a student who did not pass an initial hearing screening;
   b. Using a combination of a tympanometer and a pure tone audiometer according to R9-13-103(G)(2); or
   c. Using an OAE specified in R9-13-103(G)(3).

   **Historical Note**
   Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).

### R9-13-109. Trainer Eligibility

**A.** An individual is eligible to be a trainer if the individual meets at least one of the following:

1. Has completed at least 30 semester credits at an accredited college or university related to audiology and speech-language pathology or the equivalent credits from a college or university from outside the United States or its territories verified by a Department-approved third party evaluation service;
2. Has completed at least two years of employment in a position directly related to and providing assistance in the practice of audiology and speech-language pathology;
3. Is currently licensed in this state as an audiologist according to A.R.S. Title 36, Chapter 17; or
4. Is currently a screener who has maintained a hearing screener certificate of completion for the previous five years.

**B.** In addition to subsection (A), an individual who meets the requirement in:

1. Subsection (1) or (2), has completed at least 100 hearing screenings within the previous 12 months from the date of request specified in R9-13-110(C)(9);
2. Subsection (3), has completed at least 25 hearing screenings within the previous 12 months from the date of request specified in R9-13-110(C)(9);
3. Subsection (4), has completed 3,000 hearing screenings within the previous five years from the date of request specified in R9-13-110(C)(9).

**C.** Prior to the expiration date of a trainer certificate of completion, a trainer is eligible to renew a certificate of completion if the trainer demonstrates the trainer provided at least two hearing screening trainings for each year during the five-year period that a certificate of completion is valid.

**D.** The practice of a trainer includes:

1. Providing classroom instruction specified in R9-13-108(B) and (C) in a classroom;
2. Training individuals in hearing screening skills, procedures, and techniques specified in R9-13-108(B) and (C);
3. Observing and assessing individuals and screeners in the operations of audiological equipment specified in R9-13-108(E);
4. Administering to individuals a hearing screening examination specified in R9-13-108(D);
5. Entering an individual’s or screener's information in the Department's hearing screening database for issuance of a certificate of completion; and
6. Providing, if available to the public, notice to the Department indicating what, where, and when classroom instruction, examination, or assessment of competency are scheduled to be provided to individuals to become a screener specified in R9-13-110(C)(8) or R9-13-112(C)(4).

**E.** A trainer who provides instruction to an individual seeking a screener certificate of completion shall:

1. Ensure that:
   a. Eight hours of classroom instruction is provided, and
   b. The types of classroom instruction are consistent with R9-13-108;
   c. The address where the classroom instructions, examination, and assessment were held;
   d. If applicable, the name of a sponsoring organization, such as a school, school district, or other public agency;
   e. Documentation indicating when classroom instruction, examination, and assessment were provided.

**F.** A trainer who provides instruction to a screener who is seeking renewal of certificate of completion shall:

1. Ensure that:
   a. A hearing screening continuing education units are completed,
   b. Four hours of classroom instruction is provided, and
   c. The types of classroom instruction are consistent with R9-13-108(I); and

2. Update the screener’s record in the Department's hearing screening database for each screener seeking renewal of certificate of completion that includes:

   a. The screener’s:
      i. Name,
      ii. Address,
      iii. E-mail address, and
      iv. Telephone number;
   b. The date the certificate of completion expires;
   c. The address where the classroom instructions, examination, and assessment were held;
   d. If applicable, the name of a sponsoring organization, such as a school, school district, or other public agency;
   e. Documentation indicating when classroom instruction, examination, and assessment were provided.

**G.** A trainer shall:

1. Comply with A.R.S. §§ 36-899 through 36-899.04, and
2. Comply with this Article.

### Historical Note

C. An individual shall provide a request for a trainer certificate of completion to the Department in a Department-provided format that includes:
   1. The individual’s:
      a. Name,
      b. Address,
      c. E-mail address, and
      d. Telephone number;
   2. If applicable, the individual's former names;
   3. If the individual has completed 30 semester credits specified in R9-13-109(A)(1), the:
      a. Name of the accredited college or university attended,
      b. Class title for each class completed, and
      c. Number of semester credits for each class;
   4. If the individual has completed two years of employment specified in R9-13-109(A)(2), the:
      a. Employer’s name,
      b. Individual’s position and description of responsibilities, and
      c. Months and years of employment;
   5. If the individual is a licensed audiologist specified in R9-13-109(A)(3), the:
      a. Audiologist’s license number, and
      b. Date of expiration;
   6. If the individual is a screener specified in R9-13-109(A)(4), who has maintained a hearing screener certificate of completion for the previous five years, the:
      a. Names of the school districts where the screener provided hearing screenings, and
      b. Screener’s certification of completion date of expiration;
   7. Whether the individual completed the hearing screenings specified in R9-13-109(B);
   8. An attestation that the individual affirms:
      a. To provide, if available to the public, notice of hearing screening instruction, examination, or assessment of competency specified in R9-13-109(D) to the Department 30 calendar days prior to providing to individuals to become a screener;
      b. To provide information for each hearing screening training specified in R9-13-109(C); and
      c. The information provided in the request for certificate of completion is true and accurate; and
   9. The individual’s printed name and date of signature.

D. Within 10 calendar days from the date the Department receives an individual’s request for a trainer certificate of completion, the Department shall send a notification to the individual that:
   1. The individual may register to take classroom instruction and written examination, and
   2. How the individual may register.

E. If the Department determines there is a need for additional trainers prior to the November 1 submission date in subsection (B), the Department shall provide:
   1. A notice to the public that trainer certificate of completion requests will be accepted,
   2. When an individual may submit a trainer certificate of completion request.

F. If the Department determines not to accept any trainer certificate of completion requests in subsection (B), the Department shall provide:
   1. A notice to the public that no trainer certificate of completion requests will be accepted,
   2. The notice 30 days prior to the November 1 submission date in subsection (B).
R9-13-113. Trainer Certificate of Completion Renewal

A. A trainer’s certificate of completion expires five years from the issue date specified on the certificate of completion.

B. Except as specified in R9-13-113(H), a trainer shall renew the trainer's certificate of completion every five years.

C. At least 60 calendar days before the expiration date of a certificate of completion, a trainer shall submit to the Department a renewal request in a Department-provided format that contains:

1. The trainer’s:
   a. Name,
   b. Address,
   c. E-mail address, and
d. Telephone number;
2. For each continuing education course specified in R9-13-113(B) and (C), the following:
   a. The course title,
   b. A course description,
   c. The name of the individual providing the continuing education course,
d. The date the continuing education course was completed, and
e. The total number of continuing education hours attended;
3. For each hearing screening training specified in R9-13-109(C), the following:
   a. Title of the classroom instruction, examination, or assessment provided, as applicable;
   b. Date and location of the classroom instruction, examination, or assessment provided in subsection (a); and
c. Number of attendees;
4. An attestation that the trainer affirms:
   a. The continuing education courses specified in subsection (2) are applicable and consistent with the Department's approved continuing education courses;
b. To provide, if available to the public, notice of hearing screening instruction, examination, or assessment of competency specified in R9-13-109(D) to the Department 30 calendar days prior to the trainer providing to individuals to become a screener; and
c. The information in the request for renewal is true and accurate; and
5. The trainer's printed name and date of signature.

D. Within 10 calendar days from the date a trainer submits a renewal request, the Department shall send the trainer a certificate of completion.

E. Except as specified in R9-13-113, a trainer who does not submit a trainer renewal request according to this Section 60 calendar days prior to the expiration date of the trainer’s certificate of completion, the trainer’s certificate of completion expires.

F. Except as specified in R9-13-113, a trainer who does not complete required continuing education specified in subsection (C)(2) shall apply for a trainer certificate of completion specified in R9-13-110 and R9-13-111.

Historical Note
e. An attestation that the trainer affirms the information provided in the request to deter continuing education is true and accurate; and
2. The trainer’s printed name and date of signature.

F. If a trainer completed any continuing education units during a calendar year in subsection (B) or every two calendar years in subsection (C), as applicable, report the completed continuing education units specified in R9-12-112(C)(2).

G. A trainer who defers continuing education units shall obtain the deferred continuing education during the first 180 calendar days of the subsequent calendar year.

H. A trainer called to active military service shall:
1. Submit a written notice of renewal extension to the Department that includes:
   a. The trainer's:
      i. Name,
      ii. Address,
      iii. E-mail address, and
      iv. Telephone number;
   b. A statement stating the reason for the notice of renewal extension;
   c. The trainer's signature, including date of signature; and
   d. A copy of the trainer's deployment documentation;
2. Retain trainer certificate of completion for the term of service or deployment plus 180 calendar days;
3. Defer the requirement for completing the continuing education specified in R9-13-112 for the term of service or deployment plus 180 calendar days; and
4. Submit a renewal request according to R9-13-112 after the term of service or deployment plus 180 calendar days.

Historical Note

R9-13-115. Requirement for Screener or Trainer Certificate of Completion Issued Before Article Effective Date
A. If a screener’s certificate of completion expires before June 30, 2020, the screener whose certificate of completion includes pure tone audiometry or OAE and wishes to retain screener certificate of completion, shall complete training, examination, and assessment specified in R9-13-108 prior to the certificate’s date of expiration.
B. If a screener’s certificate of completion expires after June 30, 2020, the screener whose certificate of completion includes pure tone audiometry or OAE and wishes to retain screener certificate of completion, shall complete training, examination, and assessment specified in R9-13-108 prior to June 30, 2020.
C. A screener, whose certificate of completion includes both pure tone audiometry and OAE, shall renew current certificate of completion within 30 days prior to the expiration date of the certificate.
D. A trainer, who wishes to retain trainer certificate of completion and whose certificate of completion was issued before the effective date of this Article, shall submit a certificate of completion request specified in R9-13-110 no later than 30 days prior to November 2019.

Historical Note

R9-13-116. Renumbered

Historical Note

R9-13-117. Renumbered

Historical Note
### Table 13.1 Hearing Screening Population (students)

<table>
<thead>
<tr>
<th>A. Students Included in Hearing Screening Population</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All grades, including preschool and kindergarten</td>
<td>Every student:</td>
</tr>
<tr>
<td></td>
<td>a. Who is enrolled in special education, as required by A.R.S. Title 15, Chapter 7, Article 4 and A.A.C. R7-2-401;</td>
</tr>
<tr>
<td></td>
<td>b. Who did not pass a hearing re-screening given to the student during the previous school year;</td>
</tr>
<tr>
<td></td>
<td>c. For whom the school does not have any documentation that the student has previously had a hearing screening;</td>
</tr>
<tr>
<td></td>
<td>d. Who is repeating a grade; and</td>
</tr>
<tr>
<td></td>
<td>e. For whom one of the following requests a hearing screening:</td>
</tr>
<tr>
<td></td>
<td>i. The student;</td>
</tr>
<tr>
<td></td>
<td>ii. The student’s parent;</td>
</tr>
<tr>
<td></td>
<td>iii. A teacher;</td>
</tr>
<tr>
<td></td>
<td>iv. A school nurse;</td>
</tr>
<tr>
<td></td>
<td>v. A school psychologist, licensed according to A.R.S. Title 32, Chapter 19.1;</td>
</tr>
<tr>
<td></td>
<td>vi. An audiologist, licensed according to A.R.S. § 36-1901;</td>
</tr>
<tr>
<td></td>
<td>vii. A specialist;</td>
</tr>
<tr>
<td></td>
<td>viii. A speech-language pathologist, licensed according to A.R.S. § 36-1901;</td>
</tr>
<tr>
<td></td>
<td>ix. A medical physician, licensed according to A.R.S. Title 32, Chapter 13;</td>
</tr>
<tr>
<td></td>
<td>x. An osteopathic physician licensed according to A.R.S. Title 32, Chapter 17; and</td>
</tr>
<tr>
<td></td>
<td>xi. The Department.</td>
</tr>
<tr>
<td>2. Preschool</td>
<td>Every enrolled student</td>
</tr>
<tr>
<td>3. Kindergarten</td>
<td>Every enrolled student</td>
</tr>
<tr>
<td>4. Grade 1</td>
<td>Every enrolled student</td>
</tr>
<tr>
<td>5. Grade 2</td>
<td>Every enrolled student for whom the school does not have:</td>
</tr>
<tr>
<td></td>
<td>a. Documentation that the student received and passed a hearing screening in or after grade 1, or</td>
</tr>
<tr>
<td></td>
<td>b. Documentation that meets the requirements in subsection (B).</td>
</tr>
<tr>
<td>6. Grade 3</td>
<td>Every enrolled student</td>
</tr>
<tr>
<td>7. Grade 4</td>
<td>Every enrolled student for whom the school does not have:</td>
</tr>
<tr>
<td></td>
<td>a. Documentation that the student received and passed a hearing screening in or after grade 3, or</td>
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<tr>
<td></td>
<td>b. Documentation that meets the requirements in subsection (B).</td>
</tr>
<tr>
<td>8. Grade 5</td>
<td>Every enrolled student</td>
</tr>
<tr>
<td>9. Grade 6</td>
<td>Every enrolled student for whom the school does not have:</td>
</tr>
<tr>
<td></td>
<td>a. Documentation that the student received and passed a hearing screening in or after grade 5, or</td>
</tr>
<tr>
<td></td>
<td>b. Documentation that meets the requirements in subsection (B).</td>
</tr>
<tr>
<td>10. Grade 7</td>
<td>Every enrolled student</td>
</tr>
<tr>
<td>11. Grade 8</td>
<td>Every enrolled student for whom the school does not have:</td>
</tr>
<tr>
<td></td>
<td>a. Documentation that the student received and passed a hearing screening in or after grade 7, or</td>
</tr>
<tr>
<td></td>
<td>b. Documentation that meets the requirements in subsection (B).</td>
</tr>
<tr>
<td>12. Grade 9</td>
<td>Every enrolled student</td>
</tr>
<tr>
<td>13. Grades 10, 11, and 12</td>
<td>Every enrolled student for whom the school does not have:</td>
</tr>
<tr>
<td></td>
<td>a. Documentation that the student received and passed a hearing screening in or after grade 9, or</td>
</tr>
<tr>
<td></td>
<td>b. Documentation that meets the requirements in subsection (B).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Students Not Included in Hearing Screening Population</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A student who is at least 16 years of age and has requested not to receive a hearing screening according to A.R.S. § 36-899.01.</td>
<td></td>
</tr>
<tr>
<td>2. A student enrolled in a child care facility regulated pursuant to A.R.S. Title 36, Chapter 7.1, Child Care Programs.</td>
<td></td>
</tr>
</tbody>
</table>

**Historical Note**

Table 13.1 made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3).
ARTICLE 2. NEWBORN AND INFANT SCREENING

R9-13-201. Definitions

In this Article, unless otherwise specified:

1. “Abnormal result” means an outcome that deviates from the range of values established by:
   a. The Department for an analysis performed as part of a bloodspot test or for a hearing test, or
   b. A health care facility or health care provider for critical congenital heart defect screening.

2. “Admission” or “admitted” means the same as in A.A.C. R9-10-101.


4. “Argininosuccinic acidemia” means a congenital disorder characterized by an inability to metabolize the amino acid argininosuccinic acid due to defective argininosuccinate lyase activity.

5. “Arizona State Laboratory” means the entity operated according to A.R.S. § 36-251.

6. “Audiological equipment” means an instrument used to help determine the presence, type, or degree of hearing loss by:
   a. Providing ear-specific and frequency-specific stimuli to an individual; or
   b. Measuring an individual’s physiological response to stimuli.

7. “Audiologist” means the same as in A.R.S. § 36-1901.

8. “Beta-ketothiolase deficiency” means a congenital disorder characterized by an inability to metabolize 2-methylacetocacetyl-CoA due to defective mitochondrial acetoacetate-CoA thiolase activity.

9. “Biotinidase deficiency” means a congenital disorder characterized by abnormal biotin metabolism.

10. “Birth center” means a health care facility that is not a hospital and is organized for the purpose of delivering newborns.

11. “Blood sample” means capillary or venous blood, but not cord blood, applied to the filter paper of a specimen collection kit.

12. “Bloodspot test” means multiple laboratory analyses performed on a blood sample to screen for the presence of congenital disorders listed in R9-13-203.

13. “Carnitine uptake defect” means a congenital disorder characterized by a decrease in the amount of free carnitine due to defective sodium ion-dependent carnitine transporter OCTN2 activity.

14. “Citrullinemia” means a congenital disorder characterized by an inability to convert the amino acid citrulline and aspartic acid into argininosuccinic acid due to defective argininosuccinate synthetase activity.

15. “Classic galactosemia” means a congenital disorder characterized by abnormal galactose metabolism due to defective galactose-1-phosphate uridyltransferase activity.

16. “Congenital adrenal hyperplasia” means a congenital disorder characterized by decreased cortisol production and increased androgen production due to defective 21-hydroxylase activity.

17. “Congenital disorder” means an abnormal condition present at birth, as a result of heredity or environmental factors, that impairs normal physiological functioning of a human body.

18. “Congenital hypothyroidism” means a congenital disorder characterized by deficient thyroid hormone production.

19. “Critical congenital heart defect” means a heart abnormality or condition present at birth that places a newborn or infant at significant risk of disability or death if not diagnosed soon after birth.

20. “Cystic fibrosis” means a congenital disorder caused by defective functioning of a transmembrane regulator protein and characterized by damage to and dysfunction of various organs, such as the lungs, pancreas, and reproductive organs.


22. “Diagnostic evaluation” means a hearing test performed by an audiologist or a physician to determine whether hearing loss exists, and, if applicable, determine the type or degree of hearing loss.

23. “Discharge” means the termination of inpatient services to a newborn or an infant.

24. “Disorder” means a disease or medical condition that may be identified by a laboratory analysis.

25. “Document” means to establish and maintain information in written, photographic, electronic, or other permanent form.

26. “Educational materials” means printed or electronic information provided by the Department, explaining newborn and infant screening, any of the congenital disorders listed in R9-13-203, hearing loss, or critical congenital heart defect.

27. “Electronic” means the same as in A.R.S. § 44-7002.

28. “First specimen” means the initial specimen that is collected from a newborn who is less than five days of age and sent to the Arizona State Laboratory for testing and recording of demographic information.

29. “Glutaric acidemia type I” means a congenital disorder characterized by an accumulation of glutaric acid due to defective glutaryl-CoA dehydrogenase activity.

30. “Guardian” means an individual appointed by a court under A.R.S. Title 14, Chapter 5, Article 2.

31. “Health care facility” means a health care institution defined in A.R.S. § 36-401 where obstetrical care or newborn care is provided.

32. “Health care provider” means a physician, physician assistant, registered nurse practitioner, or midwife.

33. “Health-related services” means the same as in A.R.S. § 36-401.

34. “Hearing screening” means a hearing test to determine the likelihood of hearing loss in a newborn or infant.

35. “Hearing test” means an evaluation of each of a newborn’s or an infant’s ears, using audiological equipment to:
   a. Screen the newborn or infant for a possible hearing loss;
   b. Determine that the newborn or infant does not have a hearing loss; or
   c. Diagnose a hearing loss in the newborn or infant, including determining the type or degree of hearing loss.

36. “Hemoglobin S/Beta-thalassemia” means a sickle cell disease in which an individual has one sickle cell gene and one gene for beta thalassemia, another inherited hemoglobinopathy.

37. “Hemoglobin S/C disease” means a sickle cell disease in which an individual has one sickle cell gene and one gene for another inherited hemoglobinopathy called hemoglobin C.
38. “Hemoglobinopathy” means a congenital disorder characterized by abnormal production, structure, or functioning of hemoglobin.

39. “Home birth” means delivery of a newborn, outside a health care facility, when the newborn is not hospitalized within 72 hours of delivery.

40. “Homocystinuria” means a congenital disorder characterized by abnormal methionine and homocysteine metabolism due to defective cystathionine-β-synthase activity.

41. “Hospital” means the same as in A.A.C. R9-10-101.

42. “Hospital services” means the same as in A.A.C. R9-10-201.

43. “3-Hydroxy-3-methylglutaric aciduria” means a congenital disorder characterized by the accumulation of 3-hydroxy-3-methylglutaric acid due to a defective 3-hydroxy-3-methylglutaryl-CoA lyase activity.

44. “Identification code” means a unique set of numbers or letters, or a unique set of both numbers and letters, assigned by the Department to a health care facility, a health care provider, an audiologist, or another person submitting specimen collection kits to the Arizona State Laboratory or hearing test results to the Department.

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

46. “Inpatient” means an individual who:
   a. Is admitted to a hospital,
   b. Receives hospital services for 24 consecutive hours, or
   c. Is admitted to a birth center.

47. “Inpatient services” means medical services, nursing services, or other health-related services provided to an inpatient in a health care facility.

48. “Isovaleric acidemia” means a congenital disorder characterized by the accumulation of isovaleryl-CoA due to defective isovaleryl-CoA dehydrogenase activity.

49. “Long-chain 3-hydroxy acyl-CoA dehydrogenase deficiency” means a congenital disorder characterized by an inability to metabolize fatty acids that are 12 to 16 carbon atoms in length due to defective long-chain 3-hydroxy acyl-CoA dehydrogenase activity.

50. “Maple syrup urine disease” means a congenital disorder of branched chain amino acid metabolism due to defective branched chain-keto acid dehydrogenase activity.

51. “Medical services” means the same as in A.R.S. § 36-401.

52. “Medium chain acyl-CoA dehydrogenase deficiency” means a congenital disorder characterized by an inability to metabolize fatty acids that are 6 to 10 carbon atoms in length due to defective medium-chain acyl-CoA dehydrogenase activity.

53. “3-Methylcrotonyl-CoA carboxylase deficiency” means a congenital disorder characterized by an accumulation of 3-methylcrotonyl-glycine due to defective 3-methylcrotonyl-CoA carboxylase activity.

54. “Methylmalonic acidemia (Cbl A,B)” means a congenital disorder characterized by an accumulation of methylmalonic acid due to defective activity of methylmalonyl-CoA racemase or adenosylcobalamin synthetase.

55. “Methylmalonic acidemia (mutase deficiency)” means a congenital disorder characterized by an accumulation of methylmalonic acid due to defective methylmalonyl-CoA mutase activity.

56. “Midwife” means an individual licensed under A.R.S. Title 36, Chapter 6, Article 7, or certified under A.R.S. Title 32, Chapter 15.

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

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

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

60. “Nursing services” means the same as in A.R.S. § 36-401.

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

62. “Organ” means a somewhat independent part of a human body, such as a salivary gland, kidney, or pancreas, which performs a specific function.

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

64. “Parenteral nutrition” means the feeding of an individual intravenously through the administration of a formula containing glucose, amino acids, lipids, vitamins, and minerals.

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

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

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

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

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

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

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

72. “Second specimen” means a specimen that is sent to the Arizona State Laboratory for testing and recording of demographic information, after being collected:
   a. From a newborn after a first specimen; or
   b. From an individual at least five days and not older than one year of age, regardless of whether a first specimen was collected.

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

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

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

76. “Sickle cell gene” means a unit of inheritance that is involved in producing an abnormal type of the protein hemoglobin, in which the amino acid valine is substituted for the amino acid glutamic acid at a specific location in the hemoglobin.
“Specimen” means a blood sample obtained from and demographic information about a newborn or an infant.

“Specimen collection kit” means a strip of filter paper for collecting a blood sample attached to a form for obtaining the information specified in R9-13-203(B)(3) about a newborn or an infant.

“Spinal muscular atrophy” means a congenital disorder characterized by the loss of nerve cells in the spinal cord that control muscle movement due to the deletion of exon 7 in the survival motor neuron 1 (SMN1) gene.

“Transfer” means a health care facility or health care provider discharging a newborn and sending the newborn to a hospital for inpatient medical services without the intent that the patient will be returned to the sending health care facility or health care provider.

“Transfusion” means the infusion of blood or blood products into the body of an individual.

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

“Tyrosinemia type I” means a congenital disorder characterized by an accumulation of the amino acid tyrosine due to defective fumarylacetoacetate hydrolase activity.

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

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

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

“X-linked adrenoleukodystrophy” means a congenital disorder characterized by the build-up in the body of very long-chain fatty acids due to a deficiency in the amount of adrenoleukodystrophy protein, caused by a defective ABCD1 gene.

Historical Note

Amended as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Amended by adding paragraphs (3), (5) and (7) and renumbering remaining paragraphs effective November 23, 1983.

Amended as an emergency, by adding paragraphs (32) and (42) and renumbering remaining paragraphs, effective November 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency amendment expired. Permanent amendment, adding paragraphs (32) and (42) and renumbering remaining paragraphs adopted effective March 19, 1984 (Supp. 84-2).


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

A. A health care facility’s designee, a health care provider, or a health care provider’s designee shall order critical congenital heart defect screening using pulse oximetry for a newborn to be performed:
1. Between 24 and 48 hours after birth according to the health care facility’s or health care provider’s policies and procedures, or
2. As late as possible before discharge according to the health care facility’s or health care provider’s policies and procedures if the newborn is discharged earlier than 24 hours after birth.

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

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

D. In addition to the information in subsection (C), if the reported result of critical congenital heart defect screening for a newborn or infant is abnormal, a health care facility’s designee, a health care provider, or a health care provider’s designee shall submit to the Department, upon request and in a format specified by the Department, the following information:
1. The dates, times, values of all critical congenital heart defect screening results;
2. The dates, times, and results of any subsequent tests performed as a result of critical congenital heart defect screening;
3. The name, address, and telephone number of the contact person for the health care facility, health care provider, or other person performing the subsequent tests; and
4. If a medical condition is found as a result of critical congenital heart defect screening or subsequent tests, the type of medical condition found and the name of the health care provider who will be responsible for the coordination of medical services for the newborn or infant after the newborn or infant is discharged.

Historical Note
Amended effective October 26, 1977 (Supp. 77-5).
Repealed by emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired. Emergency repeal readopted effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1).
CHAPTER 13. DEPARTMENT OF HEALTH SERVICES - HEALTH PROGRAMS SERVICES

j. The name, address, and telephone number or the identification code of the health care provider responsible for the management of medical services provided to the newborn or infant;

k. Except as provided in subsection (B)(3)(l), the mother’s first and last names, date of birth, name before first marriage, mailing address, telephone number, and if applicable, AHCCCS identification number; and

l. If the newborn’s or infant’s mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant; and

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

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

D. A person who submits a second specimen to the Arizona State Laboratory shall:

   1. Pay the fee in R9-13-208(B) to the Department, or
   2. Provide the following information to the Arizona State Laboratory for billing purposes:
      a. The name, mailing address, and telephone number of the newborn’s or infant’s parent or the individual responsible for paying, if not the parent; and
      b. If the individual responsible for paying has health care insurance for the newborn or infant, information about the health care insurance, including:
         i. The policyholder’s name;
         ii. The name and billing address of the health care insurance company;
         iii. The member identification number;
         iv. The group number, if applicable; and
         v. The effective date of the health care insurance; or
      c. That the individual responsible for paying has no health care insurance for the newborn or infant.

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

F. When a home birth not attended by a health care provider is reported to a local registrar, a deputy local registrar, or the state registrar under A.R.S. § 36-333:

   1. The local registrar, deputy local registrar, or state registrar shall notify the local health department of the county where the birth occurred; and
   2. The local health department’s designee shall collect a specimen from the newborn or infant according to the requirements in subsection (A).

G. A health care facility’s designee, a health care provider, or the health care provider’s designee shall ensure that:

   1. Educational materials are provided to the parent or guardian of a newborn or an infant for whom a bloodspot test is ordered, and
   2. The newborn’s or infant’s parent or guardian is informed of the requirement for a second specimen if the second specimen has not been collected.

H. For a home birth, a health care provider or the health care provider’s designee shall provide educational materials to the parent or guardian of a newborn or an infant who has had a bloodspot test ordered.

R9-13-204. First Specimen Collection

A. When a newborn is born in a hospital, the hospital’s designee shall collect a first specimen from the newborn according to whichever of the following occurs first:

   1. Unless specified otherwise by a physician, physician assistant, or registered nurse practitioner, before administering a transfusion or parenteral nutrition;
   2. When the newborn is at least 24 but not more than 72 hours old; or
   3. Before the newborn is discharged, unless the newborn:
      a. Is transferred to another hospital before the newborn is 48 hours old; or
      b. Dies before the newborn is 72 hours old.

B. If a newborn is admitted or transferred to a hospital before the newborn is 48 hours old, the receiving hospital’s designee shall:

   1. Verify that the first specimen was collected before admission or transfer, or
   2. Collect a first specimen from the newborn according to the requirements in subsection (A).

C. When a newborn is born in a birth center, the birth center’s designee shall collect a first specimen from the newborn according to subsections (A)(1) or (A)(2).

D. For a home birth attended by a health care provider, the health care provider or the health care provider’s designee shall collect a first specimen from the newborn according to the requirements in subsection (A)(2).

R9-13-205. Second Specimen Collection

A. After a newborn’s or an infant’s discharge from a health care facility or after a home birth, a health care provider or the health care provider’s designee shall:

   1. Collect a second specimen from the newborn or infant no later than one year of age at the time of the newborn’s or infant’s first visit to the health care provider, or
2. Verify that a health care facility or different health care provider has collected a second specimen from the newborn or infant.

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

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

Historical Note

R9-13-206. Reporting Requirements for Specimens
A. The Arizona State Laboratory shall report, in written or electronic format, to the health care provider and, if applicable, health care facility identified on a specimen collection kit:
   1. The results of a bloodspot test on a specimen; or
   2. For a specimen that does not meet quality standards established by the Arizona State Laboratory in compliance with 42 CFR § 493.1200:
      a. That a bloodspot test was not performed on the specimen; and
      b. The reason the bloodspot test was not performed.

B. A health care facility’s designee, a health care provider, or the health care provider’s designee, who orders a subsequent test on a newborn or an infant in response to an abnormal result on a bloodspot test, shall send the results of the subsequent test in writing to the Department, if the subsequent test is not performed by the Arizona State Laboratory.

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

Historical Note

R9-13-207. Newborn and Infant Hearing Tests
A. Before a hearing test is performed on a newborn or infant, a health care facility’s designee, a health care provider, or the health care provider’s designee shall provide educational materials to the newborn’s or infant’s parent or guardian.

B. A health care facility’s designee, a health care provider, or the health care provider’s designee shall order hearing testing for a newborn or infant to be performed according to the health care facility’s or health care provider’s policies and procedures that includes:
   1. An initial hearing screening ordered to be performed within 30 days after birth or before discharge;
   2. A second hearing screening ordered to be performed within 30 days after birth if an abnormal result is obtained in one or both of a newborn’s or infant’s ears on the initial hearing screening; and
   3. Diagnostic evaluation ordered to be performed:
      a. If a newborn or infant has an abnormal result in one or both ears on the second hearing screening;
      b. If a newborn or infant has been admitted to the Neonatal Intensive Care Unit for five days or more and has an abnormal initial hearing screening;
      c. If a newborn or infant has a medical condition that makes diagnostic evaluation more appropriate; or
      d. As clinically indicated.

C. When an initial hearing test is performed on a newborn or infant, a health care facility’s designee, a health care provider, or the health care provider’s designee shall submit to the Department, as specified in subsection (G), the following information:
   1. The newborn’s or infant’s name, date of birth, gender, and medical record number;
   2. Whether the newborn or infant is from a single or multiple birth;
   3. If the newborn or infant is from a multiple birth, the birth order of the newborn or infant;
   4. The first and last names and date of birth of the newborn’s or infant’s mother;
   5. The name and identification code of the health care facility of birth;
   6. The name and identification code of the health care facility where the initial hearing test was performed or of the health care provider who performed the initial hearing test;
   7. The date of the initial hearing test;
   8. Whether or not the initial hearing test was performed when the newborn or infant was an inpatient;
   9. The audiological equipment used for the initial hearing test and the type of initial hearing test performed; and
   10. The initial hearing test result for each of the newborn’s or infant’s ears.

D. In addition to the information in subsection (C), if the reported results of an initial hearing test on a newborn or infant include an abnormal result, a health care facility’s designee, a health care provider, or the health care provider’s designee shall sub-
mit to the Department, as specified in subsection (G), the following information:
1. Except as provided in subsection (D)(2), the mother’s name before first marriage, mailing address, and telephone number;
2. If the newborn’s or infant’s mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant;
3. The name of the health care provider who will be responsible for the coordination of medical services for the newborn or infant after the newborn or infant is discharged from the health care facility;
4. The name and telephone number of the person to whom the newborn’s or infant’s mother or other person who has physical custody of the newborn or infant was referred for a subsequent hearing test;
5. The date of the appointment for a subsequent hearing test, if available; and
6. The health care facility where a subsequent hearing test is scheduled to be performed or the name and address of the health care provider who is scheduled to perform the subsequent test, if available.

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

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

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

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1166, effective April 1, 2014 (Supp. 14-2). Amended by final rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2).

R9-13-208. Fees
A. The fee for a first specimen is $36.00.
B. The fee for a second specimen is $65.00.

Historical Note

ARTICLE 3. REPEALED

R9-13-301. Repealed

Historical Note

R9-13-302. Repealed

Historical Note
R9-13-303. Repealed

Historical Note

R9-13-304. Repealed

Historical Note

R9-13-305. Repealed

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

R9-13-306. Repealed

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

ARTICLE 4. REPEALED

R9-13-401. Repealed

Historical Note

R9-13-402. Repealed

Historical Note

R9-13-403. Repealed

Historical Note

R9-13-404. Repealed

Historical Note

R9-13-405. Repealed

Historical Note

R9-13-406. Repealed

Historical Note

R9-13-407. Repealed

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

ARTICLE 5. REPEALED

R9-13-501. Repealed

Historical Note

R9-13-502. Repealed

Historical Note

R9-13-503. Repealed

Historical Note

R9-13-504. Repealed

Historical Note

R9-13-505. Repealed

Historical Note

R9-13-506. Repealed

Historical Note

R9-13-507. Repealed
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ARTICLE 6. REPEALED

R9-13-508. Repealed

R9-13-509. Repealed

R9-13-510. Repealed

R9-13-511. Repealed

R9-13-601. Repealed

R9-13-602. Repealed

R9-13-603. Repealed

R9-13-604. Repealed

R9-13-605. Repealed

R9-13-606. Repealed

ARTICLE 7. REPEALED

R9-13-701. Repealed

R9-13-702. Repealed

R9-13-703. Repealed

R9-13-704. Repealed

ARTICLE 8. REPEALED

R9-13-801. Repealed

R9-13-802. Repealed
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Historical Note

R9-13-804. Repealed

Historical Note

R9-13-805. Repealed

Historical Note

R9-13-806. Repealed

Historical Note

ARTICLE 9. REPEALED

R9-13-901. Repealed

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

R9-13-902. Emergency expired

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

ARTICLE 10. REPEALED

R9-13-1001. Repealed

Historical Note

R9-13-1002. Repealed

Historical Note

R9-13-1003. Repealed

Historical Note
Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1). New Section made by final rulemaking at 8 A.A.R. 2323, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

R9-13-1004. Repealed

Historical Note
Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1101. Repealed

Historical Note

R9-13-1102. Repealed

Historical Note

R9-13-1103. Repealed

Historical Note
Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1104. Repealed

Historical Note

R9-13-1105. Repealed

Historical Note
Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1). New Section made by final rulemaking at 8 A.A.R. 2323, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

ARTICLE 12. REPEALED

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

Historical Note

R9-13-1301. Repealed

Historical Note

R9-13-1302. Repealed

Historical Note

R9-13-1303. Repealed

Historical Note

R9-13-1401. Repealed

Historical Note

R9-13-1402. Repealed

Historical Note

R9-13-1403. Repealed

Historical Note

R9-13-1404. Repealed

Historical Note

R9-13-1405. Repealed

Historical Note

R9-13-1406. Repealed

Historical Note

R9-13-1407. Repealed

Historical Note

R9-13-1408. Repealed

Historical Note

R9-13-1409. Repealed

Historical Note

R9-13-1410. Repealed

Historical Note
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9 A.A.C. 13

Repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1411. Repealed

Historical Note

R9-13-1412. Repealed

Historical Note

R9-13-1413. Repealed

Historical Note

R9-13-1414. Repealed

Historical Note

R9-13-1415. Repealed

Historical Note
Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1417 renumbered and amended as permanent rule R9-13-1415 effective March 19, 1984 (Supp. 84-2). Correction in subsection (C)(2) to insert the word ‘not’ which was inadvertently omitted (Supp. 94-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

R9-13-1416. Emergency expired

Historical Note

R9-13-1417. Emergency expired

Historical Note

Editor’s Note: Article 15 was recodified to 9 A.A.C. 25, Article 8 (Supp. 98-1).

Historical Note
Former Article 15 contained Sections and Exhibits which were adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department of Health Services did not submit these rules to the Governor’s Regulatory Review Council for review; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.

ARTICLE 15. RECODIFIED

R9-13-1501. Recodified

Historical Note
Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former Section R9-13-1502 recodified to A.A.C. R9-25-801 (Supp. 98-1).

R9-13-1502. Recodified

Historical Note
Adopted effective October 12, 1994; received by the Office of the Secretary of State October 24, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 94-4). Former Section R9-13-1501 recodified to A.A.C. R9-25-802 (Supp. 98-1).

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

Historical Note
Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 94-3). Former R9-13-1502, Exhibit 2 recodified to A.A.C. R9-25-802, Exhibit 2 (Supp. 98-1).

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

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

R9-13-1503. Recodified

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

Exhibit 1. Recodified

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