

# NOTICES OF FINAL RULEMAKING

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

## NOTICE OF FINAL RULEMAKING

### TITLE 4. PROFESSIONS AND OCCUPATIONS

#### CHAPTER 16. ALLOPATHIC BOARD OF MEDICAL EXAMINERS

##### PREAMBLE

**1. Sections Affected**

R4-16-101  
R4-16-103  
R4-16-109  
R4-16-402  
R4-16-403  
R4-16-409  
R4-16-410

**Rulemaking Action**

Amend  
Amend  
Amend  
Amend  
Amend  
Amend  
Amend

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

Authorizing statutes: A.R.S. §§ 32-1403(A)(8) and (10) and 32-1404(D)

Implementing statutes: A.R.S. §§ 32-1405(C)(25), (26), and (27), 32-1405(E), 32-1451(A), and 32-1426(C)

**3. The effective date of the rules:**

November 18, 2002

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

Notice of Rulemaking Docket Opening: 8 A.A.R. 1192, March 22, 2002

Notice of Proposed Rulemaking: 8 A.A.R. 2094, May 10, 2002

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

Name: Dominick Spatafora  
Legislative and Regulatory Affairs Director

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

The Governor's Regulatory Review Council (G.R.R.C.) recently approved a very large rulemaking in February 2002 for the Arizona Board of Medical Examiners (Board). After attempting to implement the rules it was discovered that a few oversights occurred which are now being corrected. This rulemaking is merely an attempt to fix these minor oversights and errors.

**7. A reference to any study that the agency relied on in its evaluation of or justification for the final rules and where the public may obtain or review the study, all data underlying each study, any analysis of the study and other supporting material:**

None

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

Not applicable

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

The Board does not anticipate any negative economic, small business, or consumer impacts related to, or created by, the rules.

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

Only minor technical changes were made throughout the rules to improve clarity, grammar, and consistency as suggested by the G.R.R.C. staff.

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

No comments were received.

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

None

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

None

**14. Were these rules previously adopted as an emergency rule?**

No

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

**TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 16. ALLOPATHIC BOARD OF MEDICAL EXAMINERS**

**ARTICLE 1. GENERAL PROVISIONS**

Section

R4-16-101. Continuing Medical Education

R4-16-103. Licensure by Endorsement

R4-16-109. Miscellaneous Fees

**ARTICLE 4. EXECUTIVE DIRECTOR DUTIES**

Section

R4-16-402. Direct Referral to Formal Interview

R4-16-403. ~~Uncontested~~ Request for Inactive Status and License Cancellation

R4-16-409. ~~Non-Disciplinary Limitation~~ Consent Agreement

R4-16-410. Appealing Executive Director Actions

**ARTICLE 1. GENERAL PROVISIONS**

**R4-16-101. Continuing Medical Education**

- A.** A physician holding an active license to practice medicine in this state shall complete 40 credit hours of the continuing medical education required by A.R.S. § 32-1434 during the two calendar years preceding biennial registration. A physician may not carry excess hours over to another two-year cycle. One hour of credit is allowed for each clock hour of participation in ~~Board-approved~~ continuing medical education activities, unless otherwise designated in subsection (B).
- B.** A physician may claim continuing medical education for the following:
1. Participating in an internship residency, or fellowship at a teaching institution approved by the American Medical Association, the Association of American Medical Colleges, or the American Osteopathic Association. A physician may claim one credit hour of continuing medical education for each day of training in a full-time approved program, or for a less than full-time training on a pro rata basis. In this subsection teaching institutions define "full-time."
  2. Participating in an education program for an advanced degree in a medical or medically-related field in a teaching institution approved by the American Medical Association, the Association of American Medical Colleges, or the American Osteopathic Association. A physician may claim one credit hour of continuing medical education for each day of full-time study or less than a full-time study on a pro rata basis. In this subsection teaching institutions define "full-time".
  3. Participating in full-time research in a teaching institution approved by the American Medical Association, ~~or~~ the Association of American Medical Colleges, or the American Osteopathic Association. A physician may claim one credit hour of continuing medical education for each day of full-time research, or less than full-time research on a pro rata basis. In this subsection teaching institutions define "full-time".
  4. Participating in an education program certified as Category 1 by an organization accredited by the Accreditation Council for Continuing Medical Education, 515 North State Street, Suite 2150, Chicago, Illinois 60610.

5. Participating in a medical education program designed to provide understanding of current developments, skills, procedures, or treatments related to the practice of medicine, that is provided by an organization or institution accredited by the Accreditation Council for Continuing Medical Education.
  6. Serving as an instructor of medical students, house staff, other physicians, or allied health professionals from a hospital or other health care institution with a formal training program, if the instructional activities provide the instructor with understanding of current developments, skills, procedures, or treatments related to the practice of allopathic medicine.
  7. Publishing or presenting a paper, report, or book that deals with current developments, skills, procedures, or treatments related to the practice of allopathic medicine. The physician may claim one credit hour for each hour preparing, writing, and presenting materials:
    - a. Actually published or presented; and
    - b. After the date of publication or presentation.
  8. A credit hour may be earned for any of the following activities that provide an understanding of current developments, skills, procedures, or treatments related to the practice of allopathic medicine:
    - a. Completing a medical education program based on self-instruction that uses videotapes, audiotapes, films, filmstrips, slides, radio broadcasts, or computers;
    - b. Reading scientific journals and books;
    - c. Preparing for specialty board certification or recertification examinations;
    - d. Participating on a staff or quality of care committee, or utilization review committee in a hospital, health care institution, or government agency.
- C. If a physician holding an active license to practice medicine in this state fails to meet the continuing medical education requirements under subsection (A) because of illness, military service, medical or religious missionary activity, or residence in a foreign country, ~~or other circumstances~~, the Board, upon written application, shall grant an extension of time to complete the continuing medical education.
- D. The Board shall mail to each physician a license renewal form that includes a section regarding continuing medical education compliance. The physician shall sign and return the form certified under penalty of perjury that the continuing medical education requirements under subsection (A) are satisfied for the two-calendar year period preceding biennial renewal. Failure to receive the license renewal form under subsection (A) shall not relieve the physician of the requirements of subsection (A). The Board may randomly audit a physician to verify compliance with the continuing medical education requirements under subsection (A).

**R4-16-103. Licensure by Endorsement**

- A. An applicant for licensure by endorsement may make a written request of the Board, for an extension of the seven-year period provided by A.R.S. § 32-1426(B)(4) to pass one of the combinations of specified examinations. The applicant shall submit the written request to the Board with evidence that:
1. The applicant meets all requirements for licensure and for taking the United States Medical Licensing Examination,
  2. The combination of examinations cannot be passed in the time required by law, and
  3. The applicant is:
    - a. A full-time student in an approved school of medicine, as defined in A.R.S. § 32-1401(5);
    - b. A participant in an approved hospital internship, residency, or clinical fellowship program, as defined in A.R.S. § 32-1401(4); or
    - c. A full-time student in a recognized medical degree program, as defined in subsection (E), concurrently or consecutively with medical school or postgraduate training.
- B. If the Board determines that the applicant satisfies the requirements of subsection (A), the Board shall grant the extension.
- C. An extension shall not exceed 10 years from the date on which the applicant successfully completes the first part of the combination of examinations.
- D. If the Board denies the request for extension, the applicant may request a hearing by filing a written notice with the Board no later than 30 days after receipt of notice of the Board's action. A hearing shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
- E. In this Section, a "recognized degree program" means an education program offered by a college or university approved by the New England Association of Schools and Colleges, Middle States Association of Colleges and Secondary Schools, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, or Western Association of Schools and Colleges or accredited by the United States Department of Education, Council on Postsecondary Accreditation, Association of American Medical Colleges, the Association of Canadian Medical Colleges, or the American Medical Association.
- F. An applicant for licensure by endorsement under A.R.S. § 32-1426(C) who provides proof of passing an examination specified in A.R.S. § 32-1426(A) more than ten years before the date of filing shall:
1. ~~Provide proof of passing an examination specified in A.R.S. § 32-1426(A) less than ten years before the date of filing a license application with the Board;~~

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- ~~2-1.~~ Hold a current certification in an American Board of Medical Specialty (“ABMS”), ~~or and~~  
~~3-2.~~ Take and pass the Special Purposes Examination (SPEX).

**R4-16-109. Miscellaneous Fees**

The following fees are established:

1. Application to practice allopathic medicine, \$500;
2. For issuing an initial license, \$450, which may be prorated from date of issuance to date of license renewal;
3. Two-year license renewal, \$450;
4. Reactivation of an inactive license, \$450, which may be prorated from date of reactivation to date of license renewal;
5. Application for a temporary license to practice medicine, \$200;
6. Locum tenens registration, \$200;
7. Duplicate license, \$50;
8. Annual registration of an approved internship, residency, clinical fellowship program, or short-term residency program, \$25;
9. Annual teaching license at an approved school of medicine or at an approved hospital internship, residency, or clinical fellowship program, \$225;
10. Five-day teaching permit at an approved school of medicine or at an approved hospital internship, residency, or clinical fellowship program, \$100;
11. Copy of the annual allopathic medical directory, \$30;
12. Initial registration to dispense drugs and devices, \$200;
13. Annual renewal to dispense drugs and devices, \$100;
14. Penalty fee for late renewal of an active license, \$350;
15. Verifying a license, \$5 per request;
16. Copies of the minutes of all Board meetings during a fiscal year, \$15 per meeting;
17. Copies of records, documents, letters, minutes, applications, and files, \$1 for the first three pages and 25¢ for each additional page;
18. Sale of computerized tapes or diskettes not requiring programming, \$100; and
19. A wallet card is provided free of charge at time of licensure. additional wallet cards, \$10.

**ARTICLE 4. EXECUTIVE DIRECTOR DUTIES**

**R4-16-402. Direct Referral to Formal Interview**

The executive director shall refer a case to a formal interview on a future Board meeting agenda, if the medical consultant in cases involving quality of care, the investigative staff ~~If the case involves quality of care, and the investigative staff, the medical consultant,~~ and the lead Board member concur after review of the case that a formal interview is appropriate.

**R4-16-403. ~~Uncontested~~ Request for Inactive Status and License Cancellation**

- A. If a physician requests inactive status or license cancellation and meets the requirements of A.R.S. §§ 32-1431 and 32-1433, and is not participating in the program defined under A.R.S. § 32-1452, ~~if the request is not contested,~~ the executive director shall grant the request.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the individuals granted inactive or cancelled license status since the preceding Board meeting.

**R4-16-409. ~~Non-Disciplinary Limitation~~ Consent Agreement**

The executive director may enter into a consent agreement under A.R.S. § 32-1451(F) with a physician to limit the physician’s practice or rehabilitate the physician if there is evidence that a licensee is mentally or physically unable to safely engage in the practice of medicine and the investigative staff, the medical consultant, and the lead Board member concur after review of the case that a consent agreement is appropriate.

**R4-16-410. Appealing Executive Director Actions**

- A. Any person aggrieved by an action taken by the executive director may appeal that action to the Board. The aggrieved person shall file a written request to the Board:
  1. Thirty days after notification of the action, if personally served; or
  2. Thirty five days after the date on the notification, if mailed.
- B. The aggrieved person shall provide, in the written request, evidence showing:
  1. An irregularity in the investigative process or the executive director’s review deprived the party of a fair decision; or
  2. Misconduct by Board staff, a Board consultant, or the executive director that deprived the party of a fair decision; or
  3. Material evidence newly discovered that could have a bearing on the decision and that, with reasonable diligence, could not have been discovered and produced earlier.
- C. The fact that the aggrieved party does not agree with the final decision is not grounds for a review by the Board.



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Besides giving WIC the resources it needs to comply with new federal requirements to assess the immunization records of their clients, allowing these rules to become effective immediately upon filing with the Secretary of State will provide benefits to the public and will not penalize anyone who may violate these rules. The rules will immediately benefit the public because they will allow WIC staff prompt access to the immunization registry, thereby allowing them to provide guidance to parents regarding incomplete records. It will also benefit children returning to school in September, 2002, by ensuring appropriate immunization records for school attendance. Additionally, the Department is participating in a Centers for Disease Control and Prevention national study using registry immunization data. The Centers for Disease Control is dependent on registry access for a scheduled query in October, 2002. Finally, all stakeholders are aware of the new federal requirements and new immunization registry access and are currently preparing for an effective date of October 1, 2002.

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

Notice of Rulemaking Docket Opening: 8 A.A.R. 1976, April 26, 2002

Notice of Proposed Rulemaking: 8 A.A.R. 2204, May 24, 2002

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

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Hepatitis Prevention Coordinator

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Bureau of Epidemiology & Disease Control Services  
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or

Name: Kathleen Phillips  
Rules Administrator

Address: Arizona Department of Health Services  
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Phoenix, AZ 85007

Telephone: (602) 542-1264

Fax: (602) 364-1150

E-mail: kphilli@hs.state.az.us

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

In December 1999, the Department completed a five-year review report for 9 A.A.C. 6. The five-year review report was approved by the Governor's Regulatory Review Council in March 2000. As a result of the review process, the Department identified a number of changes that needed to be made in 9 A.A.C. 6. The Department also determined that those changes should be made in three separate rule packages. This is the second of those rule packages.

This rule package repeals the definitions Section for Article 7 that is currently located in Article 1 and replaces it with a new definitions Section within Article 7. The rules in Article 7 concerning vaccine preventable diseases are amended to:

- a. Authorize the Department to temporarily suspend the requirement of a vaccine if the Centers for Disease Control and Prevention (CDC) sends written notification of a shortage of vaccine or if the CDC limits the amount of a vaccine;
- b. Authorize the Department to discontinue the requirement of a vaccine for a disease if the disease is declared eradicated by the World Health Organization;
- c. Authorize the Department to release the immunization information to the following persons:
  - i. An authorized representative of Women, Infants, and Children (WIC), to determine the immunization status of children enrolled in WIC;
  - ii. An individual or organization authorized by the Department, to conduct medical research; or
  - iii. An authorized representative of an agency of another state requesting immunization records for Arizona residents residing in the other state; and

d. Update information, clarify the rules, and conform the rules to current rulemaking format and style requirements.

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

None

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

Not applicable

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

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

The Department will bear moderate costs for promulgating and enforcing the rules. Costs for promulgating the rules include staff time to write, review, and direct the rules through the rulemaking process. Other than the cost of the rule-making, no persons who will be directly affected by the rule will incur any additional costs.

The general public will benefit from the updated rules that are more clear, concise, and understandable. Schools and child care providers will benefit from the fact that they will no longer be required to track, provide information about, and deny entry to children who have not been vaccinated against diseases that have been declared eradicated by the World Health Organization and the Advisory Committee on Immunization Practices, and that the Department no longer recommends immunization against. The addition of persons authorized to access immunization records will benefit the following:

- a. The WIC will benefit by being able to determine the immunization status of children enrolled in WIC,
- b. An individual or organization authorized by the Department will benefit by being able to conduct medical research, and
- c. An out-of-state agency will benefit by being able to determine the immunization status of Arizona residents residing in that state.

The general public will benefit by receiving better health care because of the results of studies and tests conducted by those persons authorized to access immunization data.

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

The Department made minor technical and grammatical changes including the following:

1. R9-6-701, page 10: A definition for “communicable period” was added.
2. R9-6-701, page 10: A definition for “laboratory evidence of immunity” was added.
3. R9-6-701, page 11: A definition for “medical exemption” was added.
4. R9-6-701, page 11: Definition for “physician” was added.
5. R9-6-701, page 11: The definition of “outbreak” was changed from “has the same meaning as in R9-6-101” to “means an unexpected increase in the incidence of a disease as determined by the Department or local health agency”.
6. R9-6-702(D)(2), page 14: Changed the beginning of the sentence from, “Extend the time for compliance...” to “Suspend compliance...” for clarification.
7. R9-6-704(A)(5), page 16: “containing the information in subsection (A)(1)” was added for clarification.
8. R9-6-704(A)(5), page 16: The list of individuals authorized to sign an immunization record was set out in a list for clarification.
9. R9-6-705(E)(3), page 18: The word “written” was added between the words “obtain” and “proof” to clarify required proof.
10. R9-6-705(F), page 19: Added “in writing” after “notify” for clarification.
11. R9-6-705(H), page 19: Removed “immunization or” before “immunity”, and removed “as determined by the Department or local health agency” as that is now part of the definition.
12. R9-6-706(E), page 20: “and the responsible person’s signature” was added to the information required on the form.
13. R9-6-706(F), page 20: The reference to “A.R.S. § 15-873(A)(2)” was removed.
14. R9-6-706(G), page 20: The reference to “A.R.S. § 15-874” was removed.

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15. R9-6-707(B)(2), page 22: “the dates” was changed to “each date” to clarify which children the administrator needs to provide attendance information for.
16. R9-6-707(D)(4), page 23: Added “or certificate” for clarification.
17. Moved the schedules from the end of the rule package to the end on R9-6-707. They were placed at the end of R9-6-708 in error.
18. Footnote 2, page 28: Removed “or who has had less than 3 Hib series doses” from the last sentence of the footnote.

Additional technical and grammatical changes were made based on suggestions from the Governor’s Regulatory Review Council staff. The Department has not made any substantial changes in the text of the final rules from that in the proposed rules.

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

The Department did not receive any written or oral comments.

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

Not applicable

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

None

**14. Was this rule previously adopted as an emergency rule?**

No

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

**TITLE 9. HEALTH SERVICES**

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

**ARTICLE 1. DEFINITIONS**

Section

R9-6-107. ~~Vaccine Preventable Diseases~~ Repealed

**ARTICLE 7. VACCINE-PREVENTABLE DISEASES**

R9-6-701. Definitions

~~R9-6-701. R9-6-702. Required Immunizations for Child Care or School Entry~~

~~R9-6-702. R9-6-703. Responsibilities of Physicians Individuals and Local Health Agencies for Administering Immunizations  
Vaccines~~

~~R9-6-703. R9-6-704. Standards for Documentary Proof of Immunity~~

~~R9-6-704. R9-6-705. Responsibilities of Schools and Child Care~~

~~R9-6-705. R9-6-706. Exemptions to Immunizations~~

~~Table 1. Immunization Requirements for Child Care or School Entry Renumbered~~

~~Table 2. Catch-Up Immunization Schedule for Child Care or School Entry Renumbered~~

~~R9-6-706. R9-6-707. Required Reports~~

~~Table 1. Immunization Requirements for Child Care or School Entry~~

~~Table 2. Catch-Up Immunization Schedule for Child Care or School Entry~~

~~R9-6-707. R9-6-708. Release of Immunization Information~~

**ARTICLE 1. DEFINITIONS**

**R9-6-107. ~~Vaccine Preventable Diseases~~ Repealed**

~~In Article 7, unless otherwise specified:~~

- ~~1. “ASHS” means the Arizona State Immunization Information System, an immunization reporting system that collects, stores, analyzes, releases, and reports immunization data.~~
- ~~2. “Catch-up immunization schedule” means set times in Table 2 for immunizations for a child, an individual more than 18 years of age, or an emancipated person who has not completed the vaccine series required in Table 1 before child care or school entry.~~
- ~~3. “Child” means an individual 18 years of age or less.~~
- ~~4. “Child care” means:~~
  - ~~a. A child care facility as defined in A.R.S. § 36-881;~~

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- b. A child care home as defined in A.R.S. § 46-807;
  - e. A child care group home as defined in A.R.S. § 36-897;
  - d. A child care home receiving monies under A.R.S. § 46-321; or
  - e. A Head Start program operating under the Head Start Act, 42 U.S.C. 9801, et seq.
5. "DT means" diphtheria and tetanus vaccine for a child less than 7 years of age.
  6. "DtaP" means diphtheria, tetanus, and acellular pertussis vaccine.
  7. "DTP" means diphtheria, tetanus, and pertussis vaccine.
  8. "Emancipated person" means the same as the definition in A.R.S. § 15-1801.
  9. "Entry" means 1st day of attendance at a child care or at a specific grade level in a school.
  10. "Guardian" means an individual appointed by a court of competent jurisdiction to care for the person or property of a child.
  11. "Hep A" means hepatitis A vaccine.
  12. "Hep B" means hepatitis B vaccine.
  13. "Hib" means Haemophilus influenzae type b vaccine.
  14. "IPV" means inactivated polio vaccine.
  15. "Kindergarten" means the grade level in a school that precedes 1st grade.
  16. "MMR" means measles, mumps, and rubella vaccine.
  17. "OPV" means oral polio vaccine.
  18. "Parochial" means supported by a church or religious order.
  19. "Person in loco parentis" means an individual acting in the place of a parent or guardian and exercising parental duties, rights or responsibilities.
  20. "Responsible person" means:
    - a. A parent, guardian, or person in loco parentis of a child;
    - b. An individual more than 18 years of age; or
    - e. An emancipated person.
  21. "School" means the same as the definition in A.R.S. § 36-671.
  22. "Td" means tetanus and diphtheria vaccine, for an individual aged 7 years and older.
  23. "Vaccine" means any immunizing agent approved and licensed by the U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, for the prevention and control of vaccine preventable diseases as set forth in "Establishments and Products Licensed Under Section 351 of the Public Health Service Act," HHS Publication No. (FDA)-89-9003, September 30, 1989, pp. 111-150, Center for Biologics Evaluation and Research, 8800 Rockville Pike, Bethesda, Maryland 20892, incorporated by reference, and on file with the Department and the Office of the Secretary of State. This incorporation by reference includes no future editions or amendments.

**ARTICLE 7. VACCINE-PREVENTABLE DISEASES**

**R9-6-701. Definitions**

In this Article, unless otherwise specified:

1. "AHCCCS" means the Arizona Health Care Cost Containment System.
2. "Administration of vaccine" means the inoculation of a child with an immunizing agent by an individual authorized by federal or state law.
3. ASIS" means the Arizona State Immunization Information System, an immunization reporting system that collects, stores, analyzes, releases, and reports immunization data.
4. "Case" has the same meaning as in R9-6-101.
5. "Catch-up immunization schedule" means the times established in Table 2 for the immunization of a child who has not completed the vaccine series required in Table 1 before entry into a child care or school.
6. "CDC" means the Centers for Disease Control and Prevention.
7. "Charter school" has the same meaning as in A.R.S. § 15-101.
8. "Child" means:
  - a. An individual 18 years of age or less, or
  - b. An individual more than 18 years of age attending school.
9. "Child care" means:
  - a. A child care facility as defined in A.R.S. § 36-881; or
  - b. A child care group home as defined in A.R.S. § 36-897.
10. "Child care administrator" means an individual, or the individual's designee, having daily control and supervision of a child care.
11. "Communicable period" means the time during which an individual is capable of infecting another individual with a communicable disease.

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12. “Contact person” means an individual who, on behalf of a school or child care and upon request of the Department, provides information to the Department.
13. “Day” means a calendar day, and excludes the:
  - a. Day of the act, or event, from which a designated period of time begins to run, and
  - b. Last day of the period if a Saturday, Sunday, or official state holiday.
14. “DtaP” means diphtheria, tetanus, and acellular pertussis vaccine.
15. “DTP” means diphtheria, tetanus, and pertussis vaccine.
16. “Enroll” means to accept into a school by the school or into a child care by the child care.
17. “Entry” means the first day of attendance at a child care or at a specific grade level in a school.
18. “Guardian” means an individual appointed by a court of competent jurisdiction to care for a child or the child’s property.
19. “Head Start program” means a federally funded program administered under 42 U.S.C. 9831.
20. “Hep A” means hepatitis A vaccine.
21. “Hep B” means hepatitis B vaccine.
22. “Hib” means Haemophilus influenzae type b vaccine.
23. “Immunization” has the same meaning as in A.R.S. § 36-671.
24. “Immunization registry” means a storage of immunization data for vaccines.
25. “Immunization registry administrator” means an individual, or the individual’s designee, having daily control and supervision of an immunization registry.
26. “IRMS number” means a numeric identifier that the Department issues to a person in ASIIS.
27. “KidsCare” means a federally funded program administered by AHCCCS under A.R.S. § 36-2982.
28. “Kindergarten” means the grade level in a school that precedes first grade.
29. “Laboratory evidence of immunity” has the same meaning as in A.R.S. § 36-671.
30. “Local health agency” has the same meaning as “health agency” in A.R.S. § 36-671.
31. “Local health officer” means an individual or the individual’s designee having daily control and supervision of a local health agency.
32. “Medical exemption” means to excuse a child from immunization against a specified disease if the required immunization may be detrimental to the child’s health, as determined by a physician.
33. “Medical services” has the same meaning as in A.R.S. § 36-401.
34. “MMR” means measles, mumps, and rubella vaccine.
35. “Outbreak” means an unexpected increase in the incidence of a disease as determined by the Department or local health agency.
36. “Parent” means a biological or legally adoptive mother or father of a child.
37. “Person in loco parentis” means an individual acting in the place of a parent or guardian and exercising the duties, rights, or responsibilities of a parent or guardian.
38. “Physician” has the same meaning as in A.R.S. § 15-871.
39. “Polio” means poliomyelitis vaccine.
40. “Private school” has the same meaning as in A.R.S. § 15-101.
41. “Provider” means an individual who administers a vaccine, or an entity that is responsible for administering a vaccine.
42. “Public school” has the same meaning as “school” in A.R.S. § 15-101.
43. “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.
44. “Responsible person” means a parent, guardian, or person in loco parentis to a child.
45. “Route of administration” means a method of inoculation with a vaccine.
46. “School” has the same meaning as in A.R.S. § 36-671.
47. “School administrator” has the same meaning as in A.R.S. § 36-671.
48. “Suspect case” has the same meaning as in R9-6-101.
49. “Td” means tetanus and diphtheria vaccine.
50. “Underinsured” means having medical insurance that does not cover all or part of the cost of a vaccination.
51. “Uninsured” means not having medical insurance.
52. “Vaccine” has the same meaning as “biological product” defined in 21 CFR 600.3h (April 1, 2000).
53. “VFC” means Vaccines for Children, a federal program administered by the Department.
54. “VFC PIN number” means a numeric identifier that the VFC issues to a person participating in the VFC.
55. “WIC” means Women, Infants, and Children, a federal program administered by the Department.
56. “WIC administrator” means an individual, or the individual’s designee, having daily control and supervision of a WIC.

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**~~R9-6-701, R9-6-702, Required Immunizations for Child Care or School Entry~~**

- A. Except as permitted in ~~R9-6-705~~:
1. ~~Before entry in a school, or no later than 15 days following entry in a child care, a child, an individual more than 18 years of age, or an emancipated person shall be immunized against each of the following diseases provided in R9-6-706, a school administrator or child care administrator shall:~~
  1. Ensure that a child attending a school or child care has been immunized against each of the following diseases according to Table 1 or Table 2:
    - a. ~~Diphtheria;~~
    - b. ~~Tetanus;~~
    - c. Hepatitis A, for a child two through five years of age in child care in Maricopa County;
    - ~~e.d. Hepatitis B;~~
    - ~~d.e. Pertussis;~~
    - ~~e.f. Poliomyelitis;~~
    - ~~f.g. Measles (rubeola);~~
    - ~~g.h. Mumps;~~
    - ~~h.i. Rubella (German Measles);~~ and
    - ~~i.j. Haemophilus influenzae type b; ; and~~
  2. If a child does not have proof of immunization according to Table 1 or Table 2, exclude the child from:
    - a. School entry; or
    - b. Child care, unless the child is immunized against the diseases listed in subsection (A)(1) within 15 days following entry.
  2. ~~A child aged 2 through 5 years old in child care in Maricopa County shall be immunized against the hepatitis A virus.~~
- ~~B. A child, an individual more than 18 years of age, or an emancipated person shall be immunized in accordance with the schedule in Tables 1 or 2. The Department, or a school administrator may exempt a child, an individual more than 18 years of age, or an emancipated person from immunizations as authorized by A.R.S. § 15-873 or A.R.S. § 36-883(C).~~
- ~~C.B. A child, an individual more than 18 years of age, or an emancipated person who is entering a school has not received a second dose of MMR or has not finished the 3-dose Hep B series specified in Table 1 or Table 2, shall be is immunized with a 2nd dose of MMR and the remaining doses of Hep B series, as applicable, according to the following: Unless exempt according to R9-6-706, a child who has received a first dose of MMR but has not received a second dose of MMR shall:~~
1. Receive the second dose according to Table 2 and the following:
    1. ~~Kindergarten through 2nd grade and 7th grade, by September 1, 2000;~~
    2. ~~Kindergarten through 3rd grade and 7th and 8th grades, by September 1, 2001;~~
    - 3-a. Kindergarten By September 1, 2002 for a child attending kindergarten through 4th grade and or 7th through 9th grades, by September 1, 2002 grade;
    - 4-b. Kindergarten By September 1, 2003 for a child attending kindergarten through 5th grade and or 7th through 10th grades, by September 1, 2003 grade;
    - 5-c. Kindergarten By September 1, 2004 for a child attending kindergarten through 11th grade, by September 1, 2004; and
    - 6-d. Kindergarten By September 1, 2005 for a child attending kindergarten through 12th grade, by September 1, 2005; and
  2. Be excluded from school entry by a school administrator until the requirements in Table 2 are met.
- ~~C. Unless exempt according to R9-6-706, a child who has not completed the three-dose Hep B series specified in Table 1 or 2 shall:~~
1. Receive the remaining doses according to Table 2 and the schedule in subsection (B)(1)(a) through (B)(1)(d), and
  2. Be excluded from school entry by a school administrator until the requirements in Table 2 are met.
- ~~D. If the Department receives written notification from the CDC that there is a shortage of a vaccine for a disease listed in subsection (A)(1), or that the CDC is limiting the amount of a vaccine for a disease listed in subsection (A)(1), the Department shall:~~
1. Provide written notification to each school and child care in this state of the shortage or limitation of the vaccine;
  2. Suspend compliance with subsections (A), (B), and (C); and
  3. Upon receiving written notification from the CDC that the vaccine is available, notify each school and child care in this state:
    - a. That the vaccine is available, and
    - b. Of the time by which an individual is required to comply with subsections (A), (B), and (C).
- ~~E. The Department shall notify each school and child care in this state that the Department no longer requires compliance with subsections (A), (B), and (C) for a disease listed in subsection (A)(1) if:~~
1. The disease is declared eradicated by:
    - a. The World Health Organization, and
    - b. The Advisory Committee on Immunization Practices; and
  2. The Department no longer recommends immunization against the disease.

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**~~R9-6-702, R9-6-703, Responsibilities of Physicians Individuals and Local Health Agencies for Administering Immunizations Vaccines~~**

- A. Upon request of ~~the a~~ responsible person, ~~each county health department a~~ local health agency shall provide for the immunization of ~~any a~~ child against ~~the diseases~~ any disease listed in ~~R9-6-701(A) R9-6-702(A)(1)~~.
- B. ~~An individual administering a vaccine shall ensure that~~ The the dosage and route of administration of each vaccine ~~or immunizing agent shall be in accordance with~~ are provided according to the manufacturer's recommendations.
- C. ~~Prior to the immunization of any child, the physician, county health officer, or other authorized representative, Before administering a vaccine to a child, the individual administering the vaccine shall:~~
1. ~~provide~~ Provide the responsible person with ~~an the following written~~ information ~~statement which includes the following:~~
    - 1-a. A description of the disease,
    - 2-b. A description of the vaccine,
    - 3-c. A statement of the risks of the disease and the risks and benefits of immunization, and
    - 4-d. Contraindications for ~~administration of~~ administering the vaccine; and
- ~~D. Prior to the administration of immunization to any child, the physician, county health officer, or person authorized to administer vaccines, shall obtain~~
2. Obtain a signed statement signed by the responsible person confirming that the responsible person:
    - 1-a. ~~Has read and understands the information furnished~~ Was provided the written information described in subsection (C)(1), about the risks and benefits of the vaccine or immunizing agent to be administered
    - b. Was provided an opportunity to read the written information.
    - 2-c. ~~Has had the~~ Was provided an opportunity to ask questions, and
    - 3-d. Requests that the designated ~~vaccines or immunizing agents~~ vaccine be administered to the child.
- ~~E.D. Following the administration of vaccines or immunizing agents to any child, the physician or authorized representative of a local health agency authorized to perform the immunizations a vaccine, the individual administering the vaccine shall furnish provide written information to the responsible person regarding: or, if a child is immunized at school, to the child to give to the responsible person, that includes:~~
1. ~~The vaccines or immunizing agents given~~ vaccine administered,
  2. ~~The reactions to the vaccine that might be expected, and~~
  3. ~~The course of action if an unusually a severe reaction occurs. If the child receives the vaccine or immunizing agent at school, the information shall be given to the child with instructions to give it to the responsible person.~~
- ~~F.E. The physician or authorized representative of the local health agency performing the immunization An individual administering a vaccine shall provide a written record as set forth in R9-6-704 to the person immunized child or to the responsible person. This record shall conform to the standards of documentary proof pursuant to R9-6-703.~~

**~~R9-6-703, R9-6-704, Standards for Documentary Proof of Immunity~~**

- A. ~~An individual may establish Proof proof of immunity to the diseases a disease listed in R9-6-701(A) R9-6-702(A)(1) shall be documented by one of the following:~~
1. An immunization record that contains:
    - a. ~~Name of the person~~ A child's name;
    - b. ~~Birth~~ The child's date of birth;
    - c. ~~Type~~ The type of vaccine administered;
    - d. ~~Month~~ The month and year of each immunization, except for other than MMR, for which month, day, and year is required; and for a child born before January 1, 2003;
    - e. The month, day, and year of MMR immunization for a child born before January 1, 2003;
    - f. The month, day, and year of each immunization for a child born on or after January 1, 2003; and
    - e-g. ~~Name~~ The name of the physician or authorized representative of a health agency individual administering the vaccine or the name of the entity that the individual administering the vaccine represents; or
  2. Laboratory evidence of immunity ~~as defined in A.R.S. § 36-671(8);~~
  3. An Arizona school immunization record that includes:
    - a. The child's name;
    - b. The child's date of birth;
    - c. The grade of the child on the date of enrollment;
    - d. Whether the child is male or female;
    - e. The type of vaccine administered;
    - f. The month and year of each immunization, other than MMR, for a child born before January 1, 2003;
    - g. The month, day, and year of MMR immunization for a child born before January 1, 2003;
    - h. The month, day, and year of each immunization for a child born on or after January 1, 2003;
  4. A school immunization record from another state;

5. An electronic version of the child's immunization record containing the information in subsection (A)(1) generated by an immunization registry, and signed and dated by any of the following:
    - a. A local health officer,
    - b. A school administrator,
    - c. A child care administrator,
    - d. A WIC administrator, or
    - e. An immunization registry administrator or immunization registry administrator's designee;
  6. An electronic version of the child's immunization record generated by a school, signed and dated by the school administrator or the school administrator's designee, and containing the information in subsection (A)(1); or
  7. A statement of immunity as described in subsection (B).
- B.** A physician, or authorized representative of a health agency shall the physician's designee, or a registered nurse practitioner may sign an immunization record or a statement of immunity stating that a child is immune to a disease, but shall not sign a statement of immunity to measles or rubella without obtaining serologic evidence of immunity.

**R9-6-704, R9-6-705, Responsibilities of Schools and Child Care**

- A.** As of January 1, 1992, a school shall forbid attendance of any pupil not meeting the requirements for immunization or exemption and shall suspend such pupils pursuant to A.R.S. § 15-843. Except as provided in R9-6-706, a school administrator or a child care administrator shall ensure that an immunization record for each child attending a school or child care is maintained at the school or child care and contains the applicable documentary proof of immunity listed in R9-6-704.
- B.** If a child does not meet the requirements for immunization according to Table 1 or Table 2 or requirements for exemption from immunization according to R9-6-706, a school administrator shall:
1. Not allow the child to enter the school, or
  2. If the child is already attending the school, remove the child from school as authorized by A.R.S. § 15-872.
- C.** If a child does not meet the requirements for immunization according to Table 1 or Table 2 or requirements for exemption from immunization according to R9-6-706, a child care administrator shall notify the responsible person in writing at the time of entry that:
1. The child may attend the child care for not more than 15 days from the date of the notification; and
  2. If the child is not immunized by the 15th day following notification, the child is not permitted to attend the child care.
- ~~B-D.~~** The admitting official A school administrator or child care administrator shall determine the pupil to be that a child is in compliance with the requirements an immunization requirement in of this Article when for a specific disease if:
1. The pupil's The child's immunization record complies with the documentary proof required pursuant to R9-6-703 contains proof of immunity required in R9-6-704, and the pupil child has received or is in the process of receiving all the required age-specific vaccine doses immunizations according to Table 1 or Table 2; or
  2. A responsible person has submitted to the school or child care documentation of an An exemption from immunization is submitted in accordance with the requirements set forth in R9-6-705 according to R9-6-706.
- ~~C.~~** When the pupil's immunization record is not available at the time of enrollment, a school shall provide the responsible person with the following:
1. Notification of the lack of compliance with the immunization requirements;
  2. Written notification which specifies when the required doses shall be completed, specifies the availability of exemptions to immunization, and refers the pupil to a physician, or local health agency for review of the pupil's immunization history and provision of immunizations as needed; and
  3. Notification that the pupil is suspended until an acceptable immunization record which meets the standards of documentary proof is presented to the school.
- ~~E.~~** At the time of enrollment, if a child's immunization record is not available, does not contain proof of immunity required in R9-6-704, or does not contain proof of an exemption according to R9-6-706, a school administrator or school administrator's designee, or a child care administrator shall notify the responsible person:
1. That the child is not in compliance with immunization requirements;
  2. In writing, that:
    - a. For the child enrolling in a school, all immunizations are required to be completed according to Table 1 or Table 2 and proof provided to the school before entry; or
    - b. For the child enrolling in a child care, all immunizations required in Table 1 or Table 2 are required to be completed and proof provided to the child care within 15 days of the notification; and
  3. In writing, that the responsible person is required to send the child to a physician or local health agency to obtain written proof of immunization before entry.
- ~~D.~~** When immunization records are presented which do not comply with the standards for documentary proof, a school shall:
1. Notify the responsible person of the lack of compliance with the immunization requirements; and
  2. Obtain a review and verification of the pupil's immunization record by or in consultation with a certified school nurse, a public health nurse, a licensed physician, or authorized representative of a local health agency.

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~~E.F.~~ If the ~~admitting official~~ a school administrator or a child care administrator questions the accuracy of a child's immunization record and is unable to verify the accuracy of the ~~pupil's~~ immunization record pursuant to subsection (D), a ~~the~~ school administrator or the child care administrator shall ~~provide to~~ notify, in writing, the responsible person:

1. ~~A written referral~~ That the responsible person is required to send the child to a physician or local health agency for further to review of the ~~pupil's child's~~ immunization history and ~~provision of~~ provide immunizations as needed, ~~and;~~
2. ~~Notification~~ For a child attending a school, that the ~~pupil child~~ is ~~suspended~~ not allowed to return to school until ~~an~~ the child's immunization record ~~that~~ meets the standards of documentary proof in R9-6-704 and is presented to the school; ~~and~~
3. For a child attending a child care, that beginning 15 days following the notification, the child is not allowed to attend the child care, unless the child's immunization record meets the standards of documentary proof in R9-6-704 and is presented to the child care.

~~F.G.~~ All schools ~~A school administrator or child care administrator~~ shall maintain a ~~current list of pupils that contains the name of each child who;~~ without evidence of immunization or immunity to the diseases listed in R9-6-701(A). The list shall contain the names of all pupils with incomplete immunization histories or exemptions for personal or medical reasons where evidence

1. Is exempt from providing proof of immunity according to R9-6-706, or
2. Has not provided proof of immunity in compliance with R9-6-704 has not been provided.

~~G.H.~~ A public or private school administrator or child care administrator shall ~~forbid attendance by any pupils~~ not allow a child who lacking lacks proof of immunization or immunity against any of the diseases a disease listed in R9-6-701(A) R9-6-702(A) to attend the school or child care during an outbreak period of outbreaks of those diseases the disease for which the child lacks proof of immunity is lacking. The Department or local health agency shall ~~announce an outbreak of disease and shall declare the length of the period of communicability~~ determine the start and termination of an outbreak.

**~~R9-6-705. R9-6-706, Exemptions to Immunizations~~**

- A. A ~~pupil child~~ who has reached a fifth birthday ~~shall be~~ is exempt from the Hib immunization requirement.
- B. A ~~pupil child~~ who has reached a seventh birthday ~~shall be~~ is exempt from the pertussis immunization requirement.
- C. A ~~pupil child with who~~ submits laboratory evidence of immunity to a disease to a school or child care ~~shall not be subject to immunization is not required to be immunized~~ against that disease as a condition for ~~attending a school or child care entry, provided that such evidence is submitted to the school.~~
- D. A child attending a school, who submits documentary proof of exemption from immunization for personal beliefs that contains the information in A.R.S. § 15-873(A)(1), is exempt from the immunization requirements in this Article.
- E. A child attending child care, who submits a written document for exemption from immunization that contains the child's name, the child's date of birth, a statement that the exemption is based upon religious beliefs, and the responsible person's signature is exempt from the immunization requirements in this Article.

~~D.E.~~ If a medical exemption is ~~granted in accordance with A.R.S. § 15-873(A)(2)~~ obtained, a physician shall ~~define~~ identify each vaccine that is exempted.

1. The physician shall designate the exemption as either permanent or temporary.
- ~~1-2. If designated as a A permanent medical exemption, may be provided for one or more vaccines the medical exemption lasts indefinitely.~~
- ~~2-3. If designated as a A temporary medical exemption, a physician shall specify the date of its termination of the temporary medical exemption.~~
  - a. ~~A school or child care shall allow a pupil child with a temporary medical exemption to attend school or child care on the condition that the required immunizations are obtained at the termination of until the exemption terminates.~~
  - b. ~~The A school administrator or a child care administrator shall notify the responsible person in writing of the date by which the pupil child is required to shall complete all required immunizations for which the child has a temporary medical exemption.~~

~~E.G.~~ A school administrator or child care administrator shall record an exemption granted in accordance with A.R.S. § 15-873 on the school child's immunization record ~~in the pupil's permanent file.~~

**Table 1. ~~Immunization Requirements for Child Care or School Entry Renumbered~~**

**Table 2. ~~Catch-Up Immunization Schedule for Child Care or School Entry Renumbered~~**

**~~R9-6-706. R9-6-707, Required Reports~~**

- A. By November 30 15 of each year, ~~the a school administrator of each school district and private school~~ shall submit a report to the Department or local health agency ~~an immunization status report. on a form provided by the Department that contains:~~ The report shall contain the following information:
  1. Enrollment as of October 15 of that year The name and address of the school;
  2. An identification of whether it is a public school, private school, or charter school;
  3. The name, telephone number, and fax number of a contact person;

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4. The name and district number of the school district, if applicable;
  5. The county the school is located in;
  6. Each grade taught at the school;
  7. The number of children enrolled at the school in designated grades as of the date of the report;
  - 2.8. The number of ~~pupils~~ children with documentary proof of immunization status, ~~specifying~~ including the number of children who are in each of the following categories:
    - a. Have received all immunizations each immunization required for their age;
    - b. Are medically exempt specifying on a permanent basis or temporary basis; Have a medical exemption;
    - c. Are exempt for personal beliefs according to A.R.S. § 15-873; and
    - d. Have submitted laboratory evidence of immunity as defined in A.R.S. § 36-671; and
  3. The number of new entrants without documentary proof of immunization status, specifying the number with incomplete immunizations; and
  - 4.9. The number of licensed child care centers, schools with pre-kindergarten, kindergarten, or if no kindergarten, 1st grade pupils specifying the number of pupils admitted and the number of doses received per pupil of diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella, and hepatitis B vaccines. The number of doses of Hib vaccine shall also be reported for those students under age 5 child of each vaccine required in Table 1.
- B.** The Department or local health agency shall require additional reports as needed which include immunization information about pupils in all grades during an outbreak or potential outbreak as determined by the Department or local health agency. If requested by the Department or local health agency, a school administrator or child care administrator shall provide the following outbreak, case, or suspect case information:
1. Immunization information in R9-6-704;
  2. Attendance information specifying each date each child was present at the school or child care during the communicable period; and
  3. Any other information relating to the outbreak, case, or suspect case that is requested by the Department or local health agency.
- C.** Each ~~A school~~ administrator of a school whose nurses are that has an individual authorized by law to administer vaccines or immunizing agents and receives vaccines provided by the Department shall; submit monthly reports to the county health department which shall include
1. Prepare a report on a form provided by the Department each calendar month that contains:
    - a. A VFC PIN number;
    - b. The provider name or business name, address, telephone number, and fax number;
    - c. The beginning date and end date of the report;
    - d. ~~the~~ The number of children immunized during the preceding calendar month;
    - e. The age and date of birth of each child immunized during the preceding calendar month;
    - f. Whether each child immunized during the preceding calendar month is:
      - i. Covered by KidsCare;
      - ii. Covered by AHCCCS;
      - iii. Uninsured;
      - iv. A Native American or an Alaskan native;
      - v. Underinsured; and
      - vi. Non-VFC eligible, if applicable;
    - g. The number of doses of each vaccine or immunizing agent administered, by specified age group in each school under the administrator's jurisdiction. Reports are due by the 5th day of the following month, during the preceding calendar month; and
    - h. The manufacturer, manufacturer's lot number, and expiration date of each vaccine listed in Table 1 that was administered during the preceding calendar month; and
  2. Send the report required in subsection (C)(1) by the fifth day of the following month to:
    - a. The local health agency, if the vaccine was provided by the local health agency; or
    - b. The Department, if the vaccine was provided by the Department.
- D.** Each county health officer shall submit monthly reports to the Department which shall include the number of doses of each vaccine or immunizing agent administered, by specified age group, in each school district and at county health department clinics. Reports are due by the last day of the following month.
- E.** The school shall maintain an immunization record for each child attending preschool or a child care program operated at a public school. A record shall include the following information:
1. Name of the pupil;
  2. Date of birth; and
  3. The month and year in which all vaccines were received, except for measles, mumps, and rubella, for which the day, month, and year is required.

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- ~~F.D.~~** By November ~~30~~ 15 of each year, ~~each operator a child care administrator of a licensed child care center, public school-based child care program, or preschool shall submit a report to the county health department which Department or local health agency a report on a form provided by the Department that contains~~ shall include the following information:
- ~~1. The number of pupils in regular attendance at the public school-based child care center or preschool during the month of October. Pupils in regular attendance are those who are enrolled for 11 or more days during that 31-day period. The name, mailing address, and telephone number of the child care;~~  
1. The number of pupils in regular attendance at the public school-based child care center or preschool during the month of October. Pupils in regular attendance are those who are enrolled for 11 or more days during that 31-day period. The name, mailing address, and telephone number of the child care;
  - ~~2. The date of the report;~~  
2. The date of the report;
  - ~~3. The name of a contact person;~~  
3. The name of a contact person;
  - ~~4. The Department license or certificate number of the child care, if applicable;~~  
4. The Department license or certificate number of the child care, if applicable;
  - ~~5. The name of the child care administrator;~~  
5. The name of the child care administrator;
  - ~~6. Whether the children are in child care;~~  
6. Whether the children are in child care;
  - ~~7. Whether the children in child care are in a Head Start program;~~  
7. Whether the children in child care are in a Head Start program;
  - ~~8. The number of children attending the child care who were less than five years of age as of October 1; and~~  
8. The number of children attending the child care who were less than five years of age as of October 1; and
  - ~~2-9. The number of pupils children less than five years of age as of October 1 for whom the child care has immunization records are on file, specifying the number of children who are in each of the following categories:~~  
2-9. The number of pupils children less than five years of age as of October 1 for whom the child care has immunization records are on file, specifying the number of children who are in each of the following categories:
    - ~~a. Have received each immunization required for their age;~~  
a. Have received each immunization required for their age;
    - ~~b. Have medical exemptions;~~  
b. Have medical exemptions;
    - ~~c. Are exempt for religious beliefs according to the rules in 9 A.A.C. 5 regulating child care facilities or child care group homes; and~~  
c. Are exempt for religious beliefs according to the rules in 9 A.A.C. 5 regulating child care facilities or child care group homes; and
    - ~~d. Have submitted laboratory evidence of immunity.~~  
d. Have submitted laboratory evidence of immunity.
  - ~~3. The number of pupils who have received immunizations against diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella (German measles), mumps, Hib Haemophilus influenzae type b, and hepatitis B, and the number of doses of each vaccine or immunizing agent that have been received.~~  
3. The number of pupils who have received immunizations against diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), rubella (German measles), mumps, Hib Haemophilus influenzae type b, and hepatitis B, and the number of doses of each vaccine or immunizing agent that have been received.
- E.** In addition to the report required in subsection (D), by November 15th of each year, a child care administrator shall submit to the Department or local health agency a report on a form provided by the Department that contains:
1. The information in subsection (D)(1) through (D)(4).
  2. The information in subsection (D)(6), and
  3. For each child less than five years of age as of October 1:
    - a. The birth date of the child;
    - b. How many doses of each vaccine listed in Table 1 the child has received;
    - c. For each vaccine listed in Table 1 except MMR, the month, day, and year of the most recent immunization;
    - d. For MMR, the month, day, and year of each immunization; and
    - e. Whether each child has a medical or religious exemption.
- ~~G.F.~~** ~~By January 1 March 30 of each year, each county a local health officer shall forward to the Department copies of all the information contained in the reports received by the local health agency pursuant to according to subsections (A) and (F) (D).~~
- G.** A local health officer who receives and distributes vaccine provided by the Department shall submit to the Department the report required in subsection (C) every calendar month.
- H.** As required by A.R.S. § 36-135, A a health care professional licensed under according to A.R.S. Title 32 shall report each vaccine administered to each child all immunizations administered to children to the Department in accordance with A.R.S. § 36-135; as follows:
- I.** Information submitted in accordance with A.R.S. § 36-135(C) shall be furnished as follows:
- ~~1. If using the reporting by mail or fax, only the health care professional shall use a form forms supplied by the Department, and provide the following:~~  
1. If using the reporting by mail or fax, the health care professional shall use a form forms supplied by the Department, and provide the following:
    - ~~a. shall be used, which must be fully completed before submission. All information required in A.R.S. § 36-135(B);~~  
a. shall be used, which must be fully completed before submission. All information required in A.R.S. § 36-135(B);
    - ~~b. IRMS number; and~~  
b. IRMS number; and
    - ~~c. VFC PIN number, if applicable;~~  
c. VFC PIN number, if applicable;
  - ~~2. If using the reporting by telephone, the health care professional shall report all required information in subsection (H)(1) must be reported during regular business hours to between 8:00 a.m. and 5:00 p.m., Monday through Friday, except state holidays, by calling a telephone number provided by the Department for this purpose; and~~  
2. If using the reporting by telephone, the health care professional shall report all required information in subsection (H)(1) must be reported during regular business hours to between 8:00 a.m. and 5:00 p.m., Monday through Friday, except state holidays, by calling a telephone number provided by the Department for this purpose; and
  - ~~3. If using the computer, reporting electronically, the health care professional shall:~~  
3. If using the computer, reporting electronically, the health care professional shall:
    - ~~a. Confirm an enrollment process must be completed with ASIIS to certify that the computer system meets the technical specifications defined required by ASIIS; ;~~  
a. Confirm an enrollment process must be completed with ASIIS to certify that the computer system meets the technical specifications defined required by ASIIS; ;
    - ~~a.b. Computer reporting may be performed electronically via a modem connection Connect to the ASIIS Gateway by modem or by submission submit to the Department of a 3 1/2" diskette with the required information; in subsection (H)(1); and~~  
a.b. Computer reporting may be performed electronically via a modem connection Connect to the ASIIS Gateway by modem or by submission submit to the Department of a 3 1/2" diskette with the required information; in subsection (H)(1); and
    - ~~b.c. Any computer reporting from systems other than those If using a software program that is not provided by ASIIS, must provide all the required information in an American Standard Character Information Interchange delimited format.~~  
b.c. Any computer reporting from systems other than those If using a software program that is not provided by ASIIS, must provide all the required information in an American Standard Character Information Interchange delimited format.

~~II~~ No change

**Table 1. Immunization Requirements for Child Care or School Entry**

<b>Age at Entry</b>	<b>Number of Doses of Vaccine Required</b>	<b>Special Notes and Exceptions</b>
<2 months	1 Hep B	(See Note 1)
2 through 3 months	1 DTP; <del>or</del> DTaP <del>or</del> DT 1 <del>OPV</del> <del>or</del> <u>IPV Polio</u> 1 Hib 1 Hep B	(See Note 1)
4 through 5 months	2 DTP; <del>or</del> DTaP <del>or</del> DT 2 <del>OPV</del> <del>or</del> <u>IPV Polio</u> 2 Hib 2 Hep B	(See Note 1)
6 through 11 months	3 DTP; <del>or</del> DTaP <del>or</del> DT 2 <del>OPV</del> <del>or</del> <u>IPV Polio</u> 3 Hib <del>3</del> <u>2</u> Hep B	( <u>Hib exception</u> - See Note 2 for a child 7 months through 59 months of age.) (See Note 1)
12 through 14 months	3 DTP; <del>or</del> DTaP <del>or</del> DT 3 <del>OPV</del> <del>or</del> <u>IPV Polio</u> 1-4 Hib 1 MMR 3 Hep B	(See Note 2) (See Note 3) (See Note 1)
15 through 59 months	4 DTP; <del>or</del> DTaP <del>or</del> DT 3 <del>OPV</del> <del>or</del> <u>IPV Polio</u> 1-4 Hib 1-2 MMR 3 Hep B	(See Note 2) (See Note 3) (See Note 1)
2 through 5 years (Only required for Maricopa County child care)	2 Hep A	(See Note 4)
<u>Kindergarten or 1st grade entry</u> 4 through 6 years ( <del>School entry</del> )	<del>4</del> <u>5</u> DTP; <del>or</del> DTaP <del>or</del> DT  <del>3</del> <u>4</u> <del>OPV</del> <del>or</del> <u>IPV Polio</u>	<u>Exception</u> - A child shall receive a 5th dose is not required if the 4th dose of diphtheria-tetanus containing vaccine was received before after the 4th birthday.  <u>Exception</u> - A 4th dose is not required if the 3rd dose of polio was received after the 4th birthday. (see Note 5)

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	2 MMR	(See Note 3) A child entering <del>child care or school</del> shall receive a 2nd dose, 1 month or more after the date of the 1st dose.
	3 Hep B	<del>A child entering child care or school shall receive the Hep B series according to Note 1.</del>
7 years or older	<del>4</del> <u>5</u> DTP, DTaP, or any combination of <del>DTP/DT/Td</del> <u>DTP and Td</u>  <del>3</del> <u>4</u> OPV or IPV Polio  1-2 MMR  Hep B	<p><u>Exception - A child shall receive a 4th-5th dose of Td before school entry is not required if the 3rd 4th dose of diphtheria-tetanus diphtheria-tetanus containing vaccine was received before after the 4th birthday.</u></p> <p><u>Exception - If started on or after the 7th birthday, a minimum of 3 doses of a tetanus-diphtheria containing vaccine is required.</u></p> <p><del>A child or an individual more than 18 years of age shall receive a Td dose if 10 years or more have passed since the date of the last dose of diphtheria-tetanus tetanus-diphtheria containing vaccine.</del></p> <p><u>Exception - A 4th dose is not required if the 3rd dose of polio was received after the 4th birthday.</u> (see Note 5)</p> <p>(See Note 3)</p> <p>A child entering school shall receive the Hep B series according to Note 1.</p>

1. A child shall receive the 1st dose of Hep B ~~before kindergarten, 1st, 2nd or 7th grade entry, or according to R9-6-702 (C),~~ or no later than 15 days following child care entry. A child shall receive the 2nd dose of Hep B 4 weeks or more after the date of the 1st dose. A child who is 6 months of age or older shall receive the 3rd dose 2-5 months after the date of the 2nd dose and 4 months or more after the date of the 1st dose. ~~A child in a grade other than listed above shall receive the Hep B immunization series in accordance with the timeline specified in R9-6-701(C). For a child 11-15 years of age who receives the optional Merck Recombivax HB Adult Formulation vaccine, only 2 doses are required 4 or more months apart.~~

2. ~~A child 0 through 2 months old shall receive the 3-dose Hib series when the child is 2, 4, and 6 months old, with a 4th dose when the child is 12-15 months old. See Table 2, footnote 2, for a child who receives the 1st dose of Hib at 3 months of age or older.~~

The recommended schedule for 4 dose Hib vaccine is 2, 4, and 6 months of age with a booster dose at 12-15 months of age. The optimal schedule for 3 dose Hib vaccine is 2 and 4 months of age with a booster dose at 12-15 months of age. There shall be a minimum interval of 4 weeks between each of the first 3 doses. A child shall receive a booster dose no earlier than 12 months of age and no earlier than 8 weeks after the previous dose. A child who starts the Hib series after 7 months of age may be required to complete a full 3 or 4 dose series. A child who starts Hib at 15 months of age or older shall receive 1 dose at 15-59 months of age.

3. A child who is 12 months of age or older, ~~an individual more than 18 years of age~~ shall receive measles, mumps, and rubella vaccines as individual antigens or as a combined MMR vaccine. A child ~~an individual more than 18 years of age,~~ shall receive the 1st dose of MMR before school entry, or no later than 15 days following child care entry. A child ~~aged~~ who is 4 years of

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age or older and who is entering ~~child care, school kindergarten, 1st, 2nd or 7th grade~~ shall receive a 2nd dose of MMR according to R9-6-702(B), and 1 month or more after the date of the 1st dose. ~~A child in any other grade shall receive the 2nd MMR in accordance with the timeline specified in R9-6-701(C).~~

4. A child ~~who is~~ 2 through 5 years ~~old~~ of age shall receive the 1st dose of hepatitis A vaccine no later than 15 days following child care entry in Maricopa County, ~~in accordance with A.A.C. R9-5-305(C).~~ A child shall receive a 2nd dose 6 months following the date of the 1st dose. ~~If 6 months or more have passed since the date of the 1st dose, a child shall receive the 2nd dose no later than 15 days after entry. These rules apply to any child 2 through 5 years old who is entering or has already entered child care in Maricopa County on the effective date of these rules.~~

5. ~~A child shall receive a 4th dose of OPV or IPV for school entry if the 3rd dose was received before the 4th birthday. OPV or IPV Polio vaccine is not required for individuals more than 18 years of age or older, for school entry.~~

**Table 2. Catch-Up Immunization Schedule for Child Care or School Entry**

Vaccine	Dose	Time Intervals, <u>Special Notes,</u> <u>and Exceptions</u>
<b>1. <del>DTP</del> Diphtheria, Tetanus and Pertussis</b> a. For a Child <del>Less</del> <u>Younger</u> Than 7 Years of Age: DTP or any combination of DTP; <del>or DTaP and DT</del>	1st	A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry, or no later than 15 days following child care entry.
	3rd	If 4 weeks or more have passed since the date of the 2nd dose, a child shall receive the 3rd dose before <del>school entry</del> <u>continued attendance at school</u> , or no later than 15 days following <u>continued attendance at child care entry</u> .
	4th	If 6 months or more have passed since the date of the 3rd dose, a child shall receive the 4th dose before <del>school entry</del> <u>continued attendance at school</u> , or no later than 15 days following <u>continued attendance at child care entry</u> .

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	5th or more	<p><del>If a child received the 4th dose before the child's 4th birthday, A the child shall receive a 5th dose before school entry <u>continued attendance at school</u>, or no later than 15 days following child care entry.</del>  <u>Exception - A 5th dose is not required if the child received the 4th dose after the child's 4th birthday.</u>  <del>If a child received the 4th dose after the child's 4th birthday, the child shall receive a dose of Td 10 years after the date of the last dose.</del></p>
<p>b. For a Child <del>Aged 7 Years of Age and Older, or An Individual More Than 18 Years of Age:</del>  <u>Td - Tetanus Tetanus and Diphtheria containing vaccine (Td)</u>  (Pertussis not <del>required</del> <u>indicated</u>)</p>	1st	A child shall receive a 1st dose before school entry.
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a <del>child or an individual more than 18 years of age</del> shall receive the 2nd dose before school entry.
	3rd	If 6 months or more have passed since the date of the 2nd dose, a <del>child or an individual more than 18 years of age</del> shall receive the 3rd dose before school entry. <del>A child or individual more than 18 years of age shall receive a dose of Td 10 years after the date of the 3rd dose.</del>
<p><del>2. OPV or IPV - Polio</del>  (See Note 1 below.)</p>	1st	<p><u>(See Note 1 below.)</u>  A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.</p>
	2nd	If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry, or no later than 15 days following child care entry.
	3rd	<p><del>For a child who has received 2 doses of IPV, OPV, or 1 dose of each, if</del> <u>If</u> 4 weeks or more have passed since the date of the 2nd dose, the child shall receive the 3rd dose <del>of OPV or IPV</del> before school entry, or no later than 15 days following child care entry.</p>

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	<u>4th</u>	<p><u>If 8 weeks or more have passed since the date of the 3rd dose, the child shall receive the 4th dose before school entry.</u></p> <p><u>Exception - A 4th dose is not required if the 3rd dose was received after the 4th birthday.</u></p>
<p><b>3. MMR – Measles, Mumps, Rubella</b> (See Note 3 below.)</p>	1st	<p>A child who is 12 months of age or older, <del>or an individual more than 18 years of age,</del> shall receive the 1st dose before school entry, or no later than 15 days following child care entry.</p>
	2nd	<p><u>(See Note 3 below.)</u></p> <p>If 1 month or more has passed since the date of the 1st dose, a child who is 4 years of age or older shall receive the 2nd dose before school entry, <del>or no later than 15 days following child care entry.</del></p>
<p><b>4. Hib - Haemophilus influenzae type b</b>          (See Note 2 below.)          (Not required for individuals aged 5 years <u>of age</u> and older.)</p>	1st through 4th	<p>A child who is <u>less younger</u> than 5 years of age shall receive a dose <del>before school entry,</del> or no later than 15 days following child care entry.  <u>(See Note 2 below.)</u></p>
<p><b>5. Hep B – Hepatitis B</b>          (See Note 4 below.)</p> <p><del>(See Note 4 below.)</del></p> <p><del>(See Note 4 below.)</del></p>	1st	<p><u>(See Note 4 below.)</u></p> <p>A child shall receive the 1st dose before school entry, or no later than 15 days following child care entry.</p>
	2nd	<p>If 4 weeks or more have passed since the date of the 1st dose, a child shall receive the 2nd dose before school entry, or no later than 15 days following child care entry.</p>
	3rd	<p>If 2 months or more have passed since the date of the 2nd dose, and 4 months or more have passed since the date of the 1st dose <u>and the child is at least 6 months of age,</u> a child shall receive the 3rd dose before school entry, or no later than 15 days following child care entry.  <u>Exception - A child who is 11 through 15 years of age who is receiving the Merck Recombivax HB Adult Formulation vaccine is not required to receive a 3rd dose.</u></p>

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<b>6. Hep A – Hepatitis A</b> Only required for Maricopa County child care	1st	A child who is 24 through 71 months of age shall receive the 1st dose no later than 15 days following child care entry.
	2nd	If 6 months or more have passed since the date of the 1st dose, a child shall receive the 2nd dose no later than 15 days following child care entry.

1. A child shall receive a 4th dose of OPV or IPV if the 3rd dose was received before the 4th birthday. OPV or IPV Polio vaccine is not required for individuals more than 18 years of age or older for school entry.
2. A child 0 through 2 months old shall receive the 3 dose Hib series when the child is 2, 4, and 6 months old with a 4th dose when the child is 12-15 months old. A child 3 through 6 months old who is starting the Hib series shall receive 4 doses: 1 dose before entry, the 2nd dose 2 months after the date of the 1st dose, the 3rd dose 2 months after the date of the 2nd dose, and a 4th dose when 12-15 months old. A child 7 through 11 months old who is starting the Hib series shall receive 3 doses: 1 dose before entry, the 2nd dose 2 months after the date of the 1st dose, and a 3rd dose when 12-15 months old. A child 12 through 14 months old who is starting the Hib series shall receive 2 doses: 1 dose before entry, followed by a 2nd dose 2 months or more after the date of the 1st dose, but not before age 15 months. A child 15 through 59 months old who is starting the Hib series shall receive a single dose before entry and does not require another dose.
2. A child who begins the Hib series at 7 months of age or older shall receive Hib according to the following schedule:

<u>Current Age (months)</u>	<u>Prior Immunization History</u>	<u>Recommended Regimen</u>
7-11	1 dose	1 dose at 7-11 months of age and a booster at least 2 months later at 12-15 months of age
7-11	2 doses	1 dose at 7-11 months of age and a booster at least 2 months later at 12-15 months of age
12-14	1 dose before 12 months	2 doses administered at least 2 months apart
12-14	2 doses before 12 months	1 dose
15-59	Any incomplete schedule	1 dose

3. According to the schedule in R9-6-702(B), A a child in kindergarten, 1st, 2nd, or 7th grade shall receive the 2nd MMR before entering school or no later than 15 days following child care entry. A child in any other grade shall receive the 2nd MMR in accordance with the timeline specified in R9-6-701(C).
4. According to the schedule in R9-6-702(B), A a child in kindergarten, 1st, 2nd, or 7th grade shall receive the hepatitis B series before entering school or no later than 15 days following child care entry. A child in any other grade shall receive the hepatitis B series in accordance with the timeline specified in R9-6-701(C).

**R9-6-707, R9-6-708, Release of Immunization Information**

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

1. Authorized representatives An authorized representative of a state or local health departments agency for the control, investigation, analysis, or follow-up of disease;
2. A child care operator administrator, who has registered with ASHS to determine the immunization status of a child in the child care of the operator;
3. An authorized representative of WIC, to determine the immunization status of children enrolled in WIC;

4. An individual or organization authorized by the Department, to conduct medical research to evaluate medical services and health related services, health quality, immunizations data quality, and efficacy; or
5. An authorized representative of an out-of-state agency, including a state health department, local health agency, school, child care, health care provider, or a state agency that has legal custody of a child.

## NOTICE OF FINAL RULEMAKING

### TITLE 9. HEALTH SERVICES

#### CHAPTER 26. ARIZONA COMMISSION FOR THE DEAF AND HARD OF HEARING

##### PREAMBLE

**1. Sections Affected**

R9-26-101  
Article 2  
R9-26-201  
R9-26-201  
R9-26-202  
R9-26-202  
R9-26-203  
R9-26-203  
R9-26-204  
R9-26-204  
R9-26-205  
R9-26-206

**Rulemaking Action**

Amend  
Amend  
Repeal  
New Section  
Repeal  
New Section  
Repeal  
New Section  
Repeal  
New Section  
New Section  
New Section

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

Authorizing statute: A.R.S. § 36-1947(B)  
Implementing statute: A.R.S. § 36-1947

**3. The effective date of the rules:**

November 18, 2002

**4. List of all previous notices appearing in the Register addressing the final rules:**

Notice of Rulemaking Docket Opening: 7 A.A.R. 4276, September 28, 2001  
Notice of Proposed Rulemaking: 8 A.A.R. 512, February 8, 2002

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

Name: Sherri Collins, Executive Director  
Address: Arizona Commission for the Deaf and Hard of Hearing  
1400 W. Washington, Room 126  
Phoenix, AZ 85007  
Telephone: (602) 542-3383  
Fax: (602) 542-3380

**6. Explanation of the rule, including the agency's reasons for initiating the rule:**

The Arizona Commission for the Deaf and the Hard of Hearing (the Commission) distributes telecommunications equipment to individuals with a hearing or speech-related disability. The Commission currently contracts with a business for telecommunication equipment distribution center services. The Commission currently purchases telecommunications equipment from a few state-approved vendors and then distributes it to qualified persons through the distribution center. The implementation of a voucher-based system would result in substantial cost savings to the Commission by eliminating the need to contract out the distribution center services as well as increasing the opportunity for small business to become more competitive in the telecommunications equipment purchasing process. To reduce agency expenditures and to make the rules more clear, concise, and understandable, the Commission is amending Title 9, Chapter 26, Article 1, General, and Article 2, to create a voucher-based Telecommunications Equipment Distribution Program under which qualified persons can use vouchers to purchase telecommunications equipment directly from state-approved vendors.

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**7. A reference to any study that the agency relied on in its evaluation of or justification for the final rules and where the public may obtain or review the study, all data underlying each study, any analysis of the study and other supporting material:**

None

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

Not applicable

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

The rules impose an administrative burden on the Commission because, under the amended rules, the Commission will no longer contract out the administration of the telecommunications equipment distribution program. The rules are expected to have a substantial economic impact on the agency in terms of reduced expenditures. The current practice of the Commission is to purchase the telecommunications equipment from a few state-approved vendors and then distribute the equipment to qualified persons through a distribution center. The amended rules will allow for a qualified person to use a voucher issued by the Commission to purchase the telecommunications equipment directly from what the Commission expects to be a larger pool of state-approved vendors, thus allowing more competitive sales among small businesses. Therefore, the economic impact on small businesses and consumers is expected to be minimal in terms of costs and substantial in terms of total increased revenue for small businesses. The economic impact on other state agencies, such as the Office of the Secretary of State and the Governor's Regulatory Review Council (G.R.R.C.), is expected to be minimal.

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

The changes between the proposed rules and final rules are not substantial. R9-26-205 Vendor Approval Process was removed and renumbered because it is duplicative of procedures already established by the State Procurement Office. In addition, numerous grammatical, verb tense, and punctuation changes suggested by G.R.R.C. were made in order to make the rules more clear, concise and understandable.

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

The Commission received two written comments on the proposed rules. One written comment stated that hearing aid dispensers should be authorized to certify a person's eligibility for the Program. The Commission agreed with this. Another written comment expressed concern about the impact upon hearing-impaired students at a school for the deaf. This concern was procedural in nature and the Commission assured the writers that no eligible person will be denied access to the Program.

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

None

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

None

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

No

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

**TITLE 9. HEALTH SERVICES**

**CHAPTER 26. ARIZONA COMMISSION FOR THE DEAF AND HARD OF HEARING**

**ARTICLE 1. GENERAL**

Section

R9-26-101. Definitions

**ARTICLE 2. APPLICATION, DISTRIBUTION, AND CONDITIONS FOR USE TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION PROGRAM**

Section

R9-26-201. ~~Application Procedure~~ Eligibility

R9-26-202. ~~Distribution, Repair, and Training~~ Application Process

R9-26-203. ~~Ownership and Liability~~ Persons Authorized to Certify Need for Telecommunications Equipment

R9-26-204. ~~Restrictions~~ Vouchers

R9-26-205. ~~Renumbered~~ Redeeming a Voucher

R9-26-206. ~~Renumbered~~ Confidentiality

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**ARTICLE 1. GENERAL**

**R9-26-101. Definitions**

In addition to the definitions listed in A.R.S. § 36-1941, the following terms apply to this Chapter and to A.R.S. § 36-1947:

- “Applicant” means a person who applies to the Commission for telecommunications equipment.
1. “Audiologist” means a person who is licensed under A.R.S. § 36-1940 by the Arizona Department of Health Services.
  2. “Commission” means the Arizona Commission for the Deaf and Hard of Hearing.
  3. “Deaf” means those persons who cannot generally understand speech sounds with or without a hearing aid when in optimal listening conditions. A.R.S. § 36-1941(F)(1).
  4. “Deafblind” means a person who is either deaf or hard of hearing and:
    - a. Has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or
    - b. Has a field defect where the peripheral diameter of the visual field subtends an angular distance no greater than 20 degrees, or
    - c. Has a progressive visual loss having with a prognosis leading of to one or both of the conditions stated in the two preceding subsections (4)(a) and (4)(b).
  5. “Device” means 1 of the following:
    - a. “Amplified telephone” is a telecommunication device, used by individuals with mild to profound hearing loss or speech impairment, that eliminates most noise background, has a volume control that clarifies inbound hearing or outbound speech, and includes a standard telephone with hearing aid compatible handsets.
    - b. “Augmented speech device” is a telecommunication device used by a person with a speech impairment.
    - c. “Modem” is an electronic device installed into a personal computer that is baud and baudot compatible.
    - d. “Signal device” is an electric or electronic device that alerts a deaf, hard of hearing, deafblind or speech-impaired person of an incoming telephone call.
    - e. “Teletype (TTY)” is an electric or electronic device used with a telephone that contains a keyboard, acoustic coupler, display or Braille screen to transmit and receive messages with or without a modem.
    - f. “Voice carry-over” is a telecommunication device that enables a deaf or hard of hearing person to talk on a standard telephone while the conversation of the hearing person is typed by a relay operator.
  6. “Director” means the Executive Director of the Arizona Commission for the Deaf and Hard of Hearing.
  7. “Distribution center” means a facility authorized by the Commission to distribute and repair devices.
  8. “Hard of hearing” means those persons who have a degree of hearing loss greater than 40 dB PTA-2, but less than 85 dB, PTA-2 in the better ear. A.R.S. § 36-1941(F)(2).
  9. “Hearing aid dispenser” means any person who engages in the practice of fitting and dispensing hearing aids. has the same meaning as in A.R.S. § 36-1901(8).

“Hearing or speech-related disability” means a disability that prevents a person from hearing or articulating speech audibly or clearly, including deafness.

“Program” means the Telecommunications Equipment Distribution Program.
  10. “Recipient” means a person who receives a device telecommunications equipment through the Program.
  11. “Relay operator” means a person hired by a telecommunication relay center to transmit a conversation between a deaf, hard of hearing, deafblind, or speech-impaired person who is hearing or speech-related disabled and another person who uses a standard telephone.
  12. “Speech impaired” means a disability that prevents a person from articulating speech audibly or clearly.

“Severely hearing or speech impaired” under A.R.S. § 36-1947(A) means a hearing or speech-related disability.

“Telecommunications equipment” means equipment that allows a person with a hearing or speech-related disability to access the telephone network.
  13. “Telecommunication relay center” means a facility authorized by the Commission to provide telecommunication services telephones through a 3rd third party to a deaf, hard of hearing, deafblind, or speech-impaired person with a hearing or speech-related disability, and to any other person who uses a standard telephone.

“Vendor” means a person who sells telecommunications equipment.
  14. “Vocational rehabilitation counselor” means a Department of Economic Security employee who has a Master’s degree in rehabilitation counseling from a university accredited by the National Council on Rehabilitation Education and who is certified by the Commission on Rehabilitation Counseling.

“Voucher” means the Commission’s authorization of payment for telecommunications equipment.

**ARTICLE 2. APPLICATION, DISTRIBUTION, AND CONDITIONS FOR USE TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION PROGRAM**

**R9-26-201. Application Procedure Eligibility**

- A.** Any person who is deaf, hard of hearing, deafblind, or speech impaired may apply for a device by providing the distribution center with the following information on an application form obtained from the Commission or distribution center:
1. The name, social security number, address, and telephone number of the applicant;

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2. The mailing address of the applicant, if different from subsection (A)(1);
  3. The signature of the applicant or the applicant's legal guardian;
  4. The applicant's current mode of communication;
  5. The type of equipment requested;
  6. Verification of the hearing or speech impairment by 1 of the following people:
    - a. A person practicing medicine in Arizona;
    - b. An audiologist;
    - c. A speech pathologist, registered by the Arizona Department of Health Services;
    - d. A hearing aid dispenser, or
    - e. A vocational rehabilitation counselor.
- B.** After the hearing or speech impairment is verified and the application form deemed complete, the distribution center shall notify the applicant in writing of:
1. The date and time of a training session for the device, if an original application; and
  2. The location where a device may be picked up.
- C.** Denial of application:
1. The Commission shall deny an application if:
    - a. The information required in subsection (A) is not provided; or
    - b. The applicant has previously been issued a device; and
      - i. The device has been abused, misused, or has unauthorized repairs;
      - ii. The device is stolen and the applicant fails to provide a police report of the stolen device; or
      - iii. The applicant has lost the device.
  2. The Director shall send the applicant a notice by certified mail, with return receipt, specifying the reason for the denial and of the applicant's right to a fair hearing.
- A.** To be eligible for telecommunications equipment through the Program, a person shall:
1. Reside in Arizona;
  2. Have a need for telecommunications equipment available through the Program due to a hearing or speech-related disability, as certified by an authorized person described in A.A.C. R9-26-203;
  3. Have access to a telephone line in the person's place of residence;
  4. Not have used a voucher to purchase telecommunications equipment within five years before the date of application under R9-26-202(A)(1) unless the individual's disability status has changed during that time; and,
  5. Have returned to the Commission all telecommunications equipment that was distributed to the person by the Commission before June 30, 2002.

**R9-26-202. Distribution, Repair, and Training Application Process**

- A.** A distribution center shall:
1. Issue a device to any person who is eligible under R9-26-201 and who resides within the distribution center's area of coverage;
  2. Obtain from the applicant a signed Conditions of Acceptance form provided by the Commission;
  3. Maintain all application forms and Condition of Acceptance forms;
  4. Notify the Director if an applicant fails to report for training or to pick up a device;
  5. Notify the Director if an application is denied and the reason for the denial;
  6. Maintain an accurate inventory of all devices distributed to applicants;
  7. Distribute a device to and train any applicant whose mobility prevents the applicant from coming to the distribution center.
- B.** Neither the distribution center nor the Director shall:
1. Provide replacement paper or light bulbs for a device;
  2. Pay for a recipient's monthly telephone bill; or
  3. Purchase or lease a telephone for the recipient.
- C.** Repair:
1. A distribution center shall accept all devices needing repair.
  2. If a device has been abused, misused, or has had unauthorized repair, a distribution center shall not provide a replacement device until the recipient pays for the repair in advance.
  3. A distribution center shall deny a recipient a device replacement if the recipient has had 2 previous replacements that were damaged.
- D.** If a recipient has a device that is 5 years or older, the recipient or legal guardian may return the device to the closest distribution center for replacement.
- E.** Training:
1. A distribution center shall provide training to all recipients or the recipient's legal guardians.
  2. A device shall not be issued until an applicant or the applicant's legal guardian:
    - a. Demonstrates an ability to send and receive messages; and

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b. ~~Completes the required training.~~

- A.** To apply for telecommunications equipment under the Program, an eligible person shall:
1. Request an application for participation in the Program from the Commission; and
  2. Complete and return the application to the Commission with certification from an authorized person described under A.A.C. R9-26-203 that the applicant has a hearing or speech-related disability and needs the telecommunication equipment requested on the application.

**R9-26-203. ~~Ownership and Liability~~ Persons Authorized to Certify Need for Telecommunications Equipment**

- A.** ~~All devices are the property of the state of Arizona.~~
- B.** ~~A recipient or the recipient's legal guardian shall return a device to the closest distribution center when the recipient:~~
1. ~~No longer intends to reside in Arizona;~~
  2. ~~Does not need the device; or~~
  3. ~~Has been notified by the Director to return the device.~~
- C.** ~~A recipient is liable for any damage to or loss of a device issued under R9-26-202.~~
- D.** ~~If a recipient moves to a location in Arizona other than the address specified on the Conditions of Acceptance form, the recipient or the recipient's legal guardian shall notify the Commission of the new address with 10 calendar days.~~
- A.** The following licensed professionals may certify an applicant's hearing or speech-related disability and need for the requested telecommunications equipment:
1. A dispensing audiologist licensed in accordance with A.R.S. Title 36, Chapter 17;
  2. An audiologist licensed in accordance with A.R.S. Title 36, Chapter 17;
  3. A physician licensed in accordance with A.R.S. Title 32, Chapter 13;
  4. A physician assistant licensed in accordance with A.R.S. Title 32, Chapter 25;
  5. A nurse practitioner licensed in accordance with A.R.S. Title 32, Chapter 15;
  6. A speech-language pathologist licensed in accordance with A.R.S. Title 36, Chapter 17;
  7. A hearing aid dispenser licensed in accordance with A.R.S. Title 36, Chapter 17; or
  8. A vocational rehabilitation counselor.
- B.** By certifying a hearing or speech-related disability and need for the requested telecommunications equipment, the certifier attests that the certifier:
1. Is authorized to certify under subsection (A);
  2. Has evaluated the applicant's hearing or speech-related disability to determine the applicant's need for the telecommunications equipment requested on the application; and
  3. Has determined that the applicant will benefit from the telecommunications equipment requested on the application.

**R9-26-204. ~~Restrictions~~ Vouchers**

- A.** ~~A person shall not remove a device from the state for longer than 90 days without written permission from the Director.~~
- B.** ~~The Director shall grant permission to remove a device from the state for more than 90 days if the Director determines it is in the best interest of the recipient.~~
- A.** The Commission shall issue to an eligible applicant an individually numbered voucher for a specified dollar amount for the applicant to purchase telecommunications equipment for which the applicant has a certified need. The voucher shall be used only towards the purchase of the telecommunications equipment specified on the voucher.
- B.** Vouchers are non-transferable and have no cash value.
- C.** A voucher expires 90 days after its issuance date.
- D.** If a voucher is lost or stolen, the applicant may apply for a replacement voucher by requesting, completing and returning to the Commission a replacement voucher form in which the applicant shall attest under penalty of perjury that:
1. The original voucher was stolen or lost; and
  2. If the original voucher is recovered, the original voucher shall be returned to the Commission within 30 days of its recovery date.

**R9-26-205. ~~Renumbered~~ Redeeming a Voucher**

- A.** To redeem a voucher for telecommunications equipment under this Program, a vendor shall submit to the Commission the voucher with a copy of a receipt, which is signed by the vendor and the recipient of the telecommunications equipment and which specifies the telecommunications equipment sold and its purchase price.
- B.** The Commission shall verify the accuracy of information submitted on the receipt and the validity of the voucher.
- C.** The Commission shall reimburse to the vendor the portion of the purchase price of the telecommunications equipment that does not exceed the amount printed on the voucher.
- D.** The Commission shall not reimburse to the vendor an amount in excess of the amount printed on the voucher.
- E.** If the amount printed on the voucher exceeds the purchase price of the telecommunications equipment, the vendor shall not refund the difference between the two amounts to the recipient of the telecommunications equipment in any form including money, equipment, or other goods and services.

**R9-26-206. ~~Renumbered~~ Confidentiality**

- A.** The Commission shall use the information provided by the Program's applicants or recipients in the course of the administration of the Program solely to administer the Program.
- B.** The Commission shall not disclose the name of an applicant for or a recipient of telecommunications equipment without a written request for disclosure.