

# NOTICES OF FINAL RULEMAKING

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

## NOTICE OF FINAL RULEMAKING

### TITLE 2. ADMINISTRATION

#### CHAPTER 10. DEPARTMENT OF ADMINISTRATION RISK MANAGEMENT SECTION

[R06-440]

#### PREAMBLE

- |   |  |
|---|--|
| <b><u>1. Sections Affected</u></b><br>R2-10-108 | <b><u>Rulemaking Action</u></b><br>Amend |
|---|--|
- 2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rule is implementing (specific):**  
Authorizing statutes: A.R.S. § 41-703(3)  
Implementing statutes: A.R.S. § 41-621
- 3. The effective date of the rule:**  
January 6, 2007
- 4. A list of all previous notices appearing in the Register addressing the final rule:**  
Notice of Rulemaking Docket Opening: 12 A.A.R. 1786, May 26, 2006  
Notice of Proposed Rulemaking: 12 A.A.R. 1882, June 9, 2006
- 5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

Name:	Julie Cruse, Administrative Manager, Risk Management Section
Address:	Arizona Department of Administration 100 N. 15th Ave., 3rd Floor, Suite 301 Phoenix, AZ 85007
Telephone:	(602) 542-1492
Fax:	(602) 542-1473
Name:	Rob Smook, Rules Administrator
Address:	Arizona Department of Administration 1501 W. Madison Phoenix, AZ 85007
Telephone:	(602) 542-6161
Fax:	(602) 542-3125
- 6. An explanation of the rule, including the agency's reasons for initiating the rulemaking:**  
This rulemaking provides the required components of an agency action plan if a claim for all losses exceeds \$150,000 and makes other changes to the rule. In addition, other portions of the rule were time consuming and not economically sound.
- 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, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**  
The agency did not utilize a study for evaluating or justifying the rulemaking.

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**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:**

**A. Identification of Rule**

R2-10-108, Deductibles and Waivers, which is contained within A.A.C. Title 2, Chapter 10, Article 1, Coverage and Claims Procedure

**B. Background and Summary**

The proposed rule amendments to R2-10-108 remove the deductible of 20% (not to exceed \$10,000) for any workers' compensation claim not reported to Risk Management within 10 days of first report to a supervisor or other agency representative. The same deductible is also removed for agencies that do not report at least 75% of industrial injury or illnesses within 2 days of first report to a supervisor or agency representative. Risk Management continues to encourage agencies to report industrial injuries and illnesses on a timely basis, but removes the financial penalty to an agency. Risk Management has removed the deductible of up to \$10,000 on each claim identified as having the most significant opportunity for loss prevention actions. The Loss Prevention Unit will continue to work with agencies to identify exposures and assist with loss prevention plans targeting these exposures, but the rulemaking removes the financial penalty to an agency.

**C. Entities Directly Impacted**

All state agencies could be impacted by these changes. Small business and consumers are not impacted by the rule.

**D. Potential Costs and Benefits**

There will be no change in cost to the agencies for this change.

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

Based on suggestions from Council staff, minor, non-substantive changes were made in the rules to improve clarity. The suggestions included grammatical and other changes necessary to clarify the rules. No substantial substantive changes were made to the rules.

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

The close of record for the proposed rules was July 27, 2006. The Department did receive both written and oral comments during the comment period. In response, the Department replaced existing language for the final rulemaking to address the concerns. Risk Management received the following oral comments:

George Wendt with the Arizona Department of Transportation asked how the \$150,000 limit was selected. ADOA responded that it is the same amount that is in the original rule and is in line with the Joint Legislative Budget Committee. He also voiced concern regarding the verbiage of the letter that will be sent to agencies upon settlement of claims. Additionally, he commented for clarification purposes that the deductible is imposed only if paragraph 2 of the rule is not satisfied.

Anna Velarde from the Department of Public Safety asked what would happen to the current opportunistic programs. ADOA responded to Ms. Velarde that the current opportunistic programs must be completed and the amended rule will apply going forward upon approval.

Risk Management received one written comment from George Wendt, A.D.O.T., who was concerned about the appeals process being removed from the rule and wanted the verbiage kept in. After further review of the rule, it was determined that it would be in each agencies best interest to keep the appeals process in the rule.

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

None

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

None

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

No

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

**ARTICLE 1. COVERAGE AND CLAIMS PROCEDURE**

Section

R2-10-108. Deductibles and Waivers

**ARTICLE 1. COVERAGE AND CLAIMS PROCEDURE**

**R2-10-108. Deductibles and Waivers**

- A. Liability ~~Agency Claim Settlement or Judgment More Than \$150,000.~~ judgments and claim settlements.**
1. ~~The Department shall charge each agency a deductible of not more than \$10,000 on each court judgment of \$150,000 or more and on each claim settlement or judgment approved for payment of \$150,000.00, settlement by the joint legislative budget committee under JLBC rule 14, State Liability Claims, April 25, 1997, which is incorporated by reference and on file with the Department and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.~~
  2. RM shall waive the deductible if the agency provides a response to RM containing ~~a~~ an agency plan of action plan to be taken to eliminate or limit similar future risk of liability to the state, and:
    - a. ~~The plan of agency action plan is submitted as supportive detail to the agency's official JLBC rule 14 response, or is provided to RM within 60 days of the judgment or settlement date; of the agency's notification of claim approval or payment. The agency action plan shall include the following:~~
      - i. Findings outlining the cause or causes of the claim;
      - ii. Actions that will be implemented to prevent recurrence of similar losses or claims;
      - iii. Development of action items and timelines for completion; and
      - iv. Appointment of an agency contact to act as a liaison for all matters relating to the plan.
    - b. RM approves the plan of agency action plan as reasonable and effective; and
    - c. The agency implements the plan within 30 days of RM approval, and ~~the agency provides periodic brief monthly status reports as outlined in the approved Agency Action Plan on the essential elements of the plan's implementation.~~
  3. If the agency fails to comply with all the conditions outlined in subsection (A)(2), RM shall charge a deductible of \$10,000 on the subject judgment or claim as well as each subsequent claim resulting from that cause or exposure until the agency fully complies with subsection (A)(2).
- B. ~~RM may waive any deductible to any agency for just cause. Just cause may exist when the application of a deductible is not warranted due to the circumstances of the claim, or is in the best interest of the state. Workers' compensation claims.~~**
1. ~~Beginning January 1, 1999, RM shall charge each agency a deductible on each workers' compensation claim the agency fails to report to RM within 10 days after an employee notifies the employee's supervisor or other agency representative of an injury. The deductible amount of the claim shall be equal to 20% of the total claim, not to exceed \$10,000.~~
  2. ~~RM shall waive the deductible on all of the agency's workers' compensation claims reported after the 10-day period, except those identified in subsection (C) if the agency meets the following criteria:~~
    - a. ~~In calendar year 1998, the agency reports 50% of all occurrences of industrial injury or illness within 2 days of being reported by an employee to the employee's supervisor or other agency representative. To make this computation RM shall use a rolling 12-month average and apply the deductible to claims filed during the individual months of 1999.~~
    - b. ~~In calendar year 1999, the agency reports 66% of all occurrences of industrial injury or illness within 2 days of being reported by an employee to the employee's supervisor or other agency representative. To make this computation RM shall use a rolling 12-month average, and apply the deductible to claims filed during the individual months of 2000.~~
    - c. ~~In calendar year 2000, and all years forward, the agency reports 75% of all occurrences of industrial injury or illness within 2 days of being reported by an employee to the employee's supervisor, or other agency representative. To make this computation RM shall use a rolling 12-month average, and apply the deductible to claims filed during the individual months of 2001 and all years forward.~~
- C. ~~Loss prevention opportunities:~~**
1. ~~RM shall charge each agency a deductible of not more than \$10,000 on each claim resulting from the exposure that RM and the agency identify and agree has the most significant opportunity for reduction through loss prevention actions (significant exposure). Each year the agency and RM shall identify and agree upon the most significant exposure to be selected under this plan.~~
  2. ~~RM shall waive all deductibles against an agency, except those stated in subsections (A) and (B) under the following conditions:~~
    - a. ~~The agency prepares a plan approved by its agency head to address the significant exposure with specific loss prevention actions;~~
    - b. ~~The agency submits the plan to RM for review by October 31 for the current fiscal year;~~
    - c. ~~RM approves the plan as reasonable and effective;~~
    - d. ~~The agency implements the plan; and~~
    - e. ~~The agency submits a brief report to RM on a quarterly basis describing the progress on the implementation of the plan.~~
  3. ~~If the agency fails to meet all of the conditions in subsection (C)(2), RM shall charge a deductible of not more than \$10,000 on each claim resulting from the significant exposure until the agency meets all conditions in subsection~~

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~~(C)(2)-~~

- ~~C.D.~~ If a dispute arises between RM and the agency pertaining to this Section, 1 or more meetings shall be held at progressively upward, incremental Department of Administration management levels until the agency and RM reach a solution.
- ~~E.~~ RM may waive any deductible to any agency for just cause. Just cause exists when the application of a deductible is not warranted due to the circumstances of the claim, or is in the best interest of the state.

**NOTICE OF FINAL RULEMAKING**

**TITLE 9. HEALTH SERVICES**

**CHAPTER 19. DEPARTMENT OF HEALTH SERVICES  
VITAL RECORDS AND STATISTICS**

[R06-441]

**PREAMBLE**

**1. Sections Affected**

**Rulemaking Action**

R9-19-101	New Section
Article 3	Repeal
Article 3	New Article
R9-19-301	Repeal
R9-19-301	New Section
R9-19-302	Repeal
R9-19-302	New Section
R9-19-303	New Section
R9-19-304	New Section
R9-19-305	New Section
R9-19-306	New Section
R9-19-307	Repeal
R9-19-307	New Section
R9-19-308	Repeal
R9-19-308	New Section
R9-19-309	Repeal
R9-19-309	New Section
R9-19-310	Repeal
R9-19-310	New Section
R9-19-311	New Section
R9-19-312	New Section
R9-19-313	New Section
R9-19-314	New Section
R9-19-316	Repeal
R9-19-317	Repeal
R9-19-318	Repeal
R9-19-320	Repeal
R9-19-325	Repeal
R9-19-329	Repeal
R9-19-331	Repeal
R9-19-332	Repeal
R9-19-334	Repeal
R9-19-335	Repeal

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

Authorizing statutes: A.R.S. §§ 36-104(3) and 36-132(A)(3)

Implementing statutes: A.R.S. §§ 36-302, 36-321, 36-323, 36-325, 36-325.01, 36-326, 36-327, 36-329, 36-330, 36-330.01, and 36-331

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

January 6, 2007

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

Notice of Rulemaking Docket Opening: 11 A.A.R. 2449, July 1, 2005

Notice of Proposed Rulemaking: 12 A.A.R. 1888, June 9, 2006

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

Name: Kathleen Phillips, Rules Administrator  
Address: Arizona Department of Health Services  
Office of Administrative Rules  
1740 W. Adams St., Suite 202  
Phoenix, AZ 85007-3233  
Telephone: (602) 542-1264  
Fax: (602) 364-1150  
E-mail: phillik@azdhs.gov

or

Name: Patricia Adams, Office Chief  
Address: Arizona Department of Health Services  
Office of Vital Records  
1818 W. Adams  
Phoenix, AZ 85007-3233  
Telephone: (602) 364-1225  
Fax: (602) 364-1257  
E-mail: adamsp@azdhs.gov

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

A.R.S. Title 36, Chapter 3, Vital Records and Public Health Statistics, was added by Laws 2004, Ch. 117, § 8, effective August 25, 2004, to replace A.R.S. Title 36, Chapter 3, Vital Statistics, which was repealed at the same time. The Chapter was first adopted effective January 1, 1968, and was repealed because it did not reflect current Department policy or practice for filing and registering death certificates. Implementing rules for A.R.S. Title 36, Chapter 3, are in 9 A.A.C. 19, Department of Health Services, Vital Records and Statistics. A.R.S. § 36-302 establishes the Director of the Department of Health Services as the state registrar of vital records and requires the state registrar to implement, organize, operate, and maintain a statewide system of vital records. In calendar year 2005, the Department's Office of Vital Records registered 96,555 births and 46,818 deaths. In FY 2005, there were 198,624 birth certificates and 259,190 death certificates issued under the statewide system of vital records.

A.R.S. Title 36, Chapter 3, Article 3, contains statutory requirements for death registration and authorizes 9 A.A.C. 19, Article 3, Duties of Persons Responsible for Death Records; Post-mortem Procedures. Laws 2004, Ch. 117, § 8, effective August 25, 2004, also established the Vital Records Electronic Systems Fund consisting of forty percent of the monies collected for searches, copies of registered certificates, certified copies of registered certificates, amending registered certificates, and correcting certificates. The Vital Records Electronic Systems Fund is being used to support a vital records automation system that allows medical certifiers, funeral establishments, and local registrars to directly enter information into the system.

This rulemaking repeals the requirements for death certificates currently in 9 A.A.C. 19, Article 3, amends and adopts definitions in 9 A.A.C. 19, Article 1, and adopts new requirements for death registration in 9 A.A.C. 19, Article 3. The new requirements reflect Department policy and practice requirements for death certificates according to current statutory authority and consistent with automation requirements and the National Center for Health Statistics guidelines for reporting and registering deaths and fetal deaths.

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

No studies were reviewed.

**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.

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

Annual costs/revenue changes are designated as minimal when less than \$10,000, moderate when between \$10,000 and \$50,000, and substantial when greater than \$50,000.

**Cost bearers**

State registrar, local registrars and deputy local registrars

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The state registrar, local registrars, and deputy local registrars will incur costs to revise forms and processes to comply with the requirements established in the rules.

Hospitals, nursing care institutions, and hospice inpatient facilities

R9-19-301 requires a human remains release form with specific information to accompany human remains moved from a hospital, nursing care institution, or hospice inpatient facility. Currently, most hospitals have a form that is completed for the release of human remains. There will be a minimal increase in costs for these hospitals to revise the current form to be consistent with the requirements. Hospitals that currently do not have a form will incur minimal costs for developing a form and staff training for completing the form. Nursing care institutions and hospice inpatient facilities will incur minimal costs for developing a form and staff training for completing the form.

Funeral establishments and responsible persons

A funeral establishment or responsible person will incur minimal costs to comply with R9-19-301(D), which requires the submission of a copy of a human remains release form to the local registrar or deputy local registrar of the registration district where the deceased individual died within 24 hours after removing the human remains from a hospital, nursing care institution, or hospice inpatient facility.

Under the previous rules, human remains could not be removed from a registration district until a disposition-transit permit for the human remains was obtained by the funeral establishment or responsible person. Information pertaining to the cause and manner of death is required before a disposition-transit permit is issued. Sometimes the information pertaining to the cause and manner of death is not readily available and the human remains have to be stored in the registration district where death occurred until the information is available. Because the rule allows human remains to be removed from a registration district without a disposition-transit permit, some funeral homes may experience a loss in business because families will no longer have to pay a funeral home to store human remains until a disposition-transit permit can be obtained before removing the human remains from the registration district.

**Beneficiaries**

Medical certifiers

R9-19-311(C) provides a benefit to medical certifiers allowing a medical certifier to amend a medical certification of death without a medical examiner's approval.

Hospitals, nursing care institutions, and hospice inpatient facilities

Because R9-19-302 no longer requires a disposition-transit permit before removing human remains from a registration district, hospitals, nursing care institutions, and hospice inpatient facilities will benefit because funeral establishments and responsible persons can remove human remains from the hospital, nursing care institution, or hospice inpatient facility in a more timely manner.

Medical examiners

R9-19-301 requires a human remains release form that contains a list of the circumstances in A.R.S. § 11-593(A) and whether notification required in A.R.S. § 11-593 was made. This will help to ensure that a death under the circumstances in A.R.S. § 11-593(A) will be referred to the medical examiner so that the medical examiner can determine the manner of death and whether an investigation into the cause of death or a referral to the local law enforcement agency because of foul play is necessary.

County health departments

R9-19-301 requires a human remains release form for removing a deceased individual's human remains from a hospital, nursing care institution, or hospice inpatient facility that contains specific information including the deceased individual's most recent diagnosis and whether the deceased individual had been diagnosed with or suspected of having a communicable illness that may present a threat to public health. The individual who removes the human remains is required to submit the form to the local registrar or deputy local registrar within 24 hours of removing the human remains. The local registrar or deputy local registrar shares that information with the county epidemiologists who review the information to determine if there is a pattern to the diagnoses or diseases being reported that may present a threat to public health requiring follow-up action. Requiring the submission of the information within 24 hours of removing the human remains which is before the medical certification of death is submitted allows any necessary follow-up action such as further investigation or quarantine to be initiated in a more timely manner.

Funeral establishments and responsible persons

R9-19-301, which requires a list of the circumstances in A.R.S. § 11-593(A) and whether notification required in A.R.S. § 11-593 was made on the human remains release, will benefit funeral establishments and responsible persons by helping to ensure that a death under the circumstances in A.R.S. § 11-593(A) will be referred to the medical examiner and not inadvertently released to a funeral establishment or responsible person.

Funeral establishments and responsible persons will benefit from R9-19-302, which no longer requires a disposition-transit permit before removing human remains from a registration district.

Persons in charge of a place of final disposition

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Funeral establishments, responsible persons, and persons in charge of a place of final disposition will no longer incur costs associated with mailing a copy of the disposition-transit permit or disinterment-reinterment permit to the State Registrar as required in the repealed R9-19-325 and R9-19-331.

Persons in charge of a place of final disposition will benefit from the clarification of record maintenance requirement in R9-19-314. According to the rules being repealed, persons in charge of a place of final disposition were required to maintain copies of disposition-transit permits and disinterment-reinterment permits but the rule did not include how long the copies were required to be maintained. The rule now establishes 5 years as the length of time the records are required to be maintained which is consistent with the requirements for cemetery record retention in A.R.S. Title 32, Chapter 20, Article 6 and crematory record retention in A.R.S. § 32-1399.

General public

Families of deceased individuals will benefit from not having to obtain a disposition-transit permit or pay to store the deceased individual's human remains before removing the deceased individual's human remains from a registration district.

The general public will benefit from R9-19-301 that requires a list of the circumstances in A.R.S. § 11-593(A) and whether notification required in A.R.S. § 11-593 was made because it helps to ensure that a death under the circumstances in A.R.S. § 11-593(A) will be referred to the medical examiner. The medical examiner will then be able to determine the manner of death and if any follow-up action such as further investigation or referral to the local law enforcement agency is necessary to protect public health and welfare. If there is a threat to public health and safety, a more timely referral to the medical examiner could provide for more immediate action.

R9-19-301 also requires that a human remains release form for removing a deceased individual's human remains from a hospital, nursing care institution, or hospice inpatient facility contains specific information including the deceased individual's most recent diagnosis and whether the deceased individual had been diagnosed with or was suspected of having a communicable illness that may present a threat to public health. The individual who removes the human remains is required to submit the form to the local registrar or deputy local registrar within 24 hours of removing the human remains. Requiring the submission of the information before the medical certification of death allows any necessary follow-up action such as further investigation or quarantine to be initiated in a more timely manner providing better public health protection.

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

Minor grammatical, formatting, or clarifying changes were made at the request of G.R.R.C. staff.

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

No written or oral 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:**

R9-19-303(A)(5)(a) includes the following incorporation by reference:

*Physicians' Handbook on Medical Certification*, DHHS Publication No. (PHS) 2003-1108, published by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics available at [http://www.cdc.gov/nchs/data/misc/hb\\_cod.pdf](http://www.cdc.gov/nchs/data/misc/hb_cod.pdf) or from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954

R9-19-303(A)(5)(b) includes the following incorporation by reference:

*Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting*, DHHS Publication No. (PHS) 2003-1110 published by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, available at [http://www.cdc.gov/nchs/data/misc/hb\\_me.pdf](http://www.cdc.gov/nchs/data/misc/hb_me.pdf) or from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954

**14. Were these rules previously made as emergency rules?**

No

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

**TITLE 9. HEALTH SERVICES**

**CHAPTER 19. DEPARTMENT OF HEALTH SERVICES  
VITAL RECORDS AND STATISTICS**

Notices of Final Rulemaking

ARTICLE 1. ADMINISTRATIVE ORGANIZATION, DUTIES AND PROCEDURES

Section

R9-19-101. ~~Expired~~ Definitions

~~ARTICLE 3. DUTIES OF PERSONS RESPONSIBLE FOR DEATH RECORDS; POST MORTEM PROCEDURES~~  
VITAL RECORDS FOR DEATH

Section

- R9-19-301. ~~Completion of medical cause of death and manner of death sections of death certificate~~ Human Remains Release Form
- R9-19-302. ~~Registration of a fetal death certificate and reporting of abortifacient acts~~ Disposition-transit Permits
- R9-19-303. ~~Expired~~ Medical Certification for a Death Certificate
- R9-19-304. ~~Expired~~ Information for a Death Certificate
- R9-19-305. ~~Expired~~ Delayed Death Certificate
- R9-19-306. ~~Expired~~ Information for a Fetal Death Certificate
- R9-19-307. ~~Requirements for delayed death certificates~~ Delayed Fetal Death Certificate
- R9-19-308. ~~Exception~~ Certificate of Birth Resulting in Stillbirth
- R9-19-309. ~~Supporting statements~~ Validation of Information
- R9-19-310. ~~Supplementary certificates of cause of death; medical personnel who may initiate changes on death certificate~~ Correcting Information on a Death Certificate or a Fetal Death Certificate
- R9-19-311. ~~Expired~~ Amending Information on a Death Certificate or a Fetal Death Certificate
- R9-19-312. ~~Repealed~~ Transporting Human Remains into the State for Final Disposition
- R9-19-313. ~~Repealed~~ Disinterment-reinterment Permit
- R9-19-314. ~~Repealed~~ Duties of Persons in Charge of Place of Final Disposition
- R9-19-316. ~~Responsibilities of persons in charge of cemeteries or crematories~~ Repealed
- R9-19-317. ~~Requirements for preparation and filing of disposal transit permits~~ Repealed
- R9-19-318. ~~Disposal transit permit required~~ Repealed
- R9-19-320. ~~Bodies from out of state~~ Repealed
- R9-19-325. ~~Transmittal procedures for permit~~ Repealed
- R9-19-329. ~~Requirements for preparation and filing of the disinterment permit~~ Repealed
- R9-19-331. ~~Transmittal procedures for a disinterment permit~~ Repealed
- R9-19-332. ~~Responsibility for keeping disinterment records~~ Repealed
- R9-19-334. ~~Multiple disinterments~~ Repealed
- R9-19-335. ~~Disposition by means of cremation~~ Repealed

ARTICLE 1. ADMINISTRATIVE ORGANIZATION, DUTIES AND PROCEDURES

R9-19-101. ~~Expired~~ Definitions

1. "Anatomical gift" has the same meaning as in A.R.S. § 36-841.
2. "Delivery" means the complete expulsion or extraction of a product of human conception from its mother.
3. "Document" or "documented" means in written, photographic, electronic, or other permanent form.
4. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
5. "Facility" has the same meaning as "facilities" in A.R.S. § 36-401.
6. "Funeral director" has the same meaning as in A.R.S. § 32-1301.
7. "Hospital" has the same meaning as in A.A.C. R9-10-201.
8. "Injury" means damage to a human body caused by an external source as determined by a medical examiner or tribal law enforcement authority.
9. "Inpatient" means an individual who is receiving services in a facility as an inpatient as determined by the facility.
10. "Inpatient hospice facility" has the same meaning as "hospice inpatient facility" in A.A.C. R9-10-801.
11. "Medical certification" means confirmation of a cause of death.
12. "Medical certifier" means a physician, registered nurse practitioner, medical examiner, or tribal law enforcement authority authorized to sign a medical certification of death as prescribed in A.R.S. § 36-325.
13. "National Provider Number" means a standard unique identifier for a health care provider assigned by the Centers for Medicare and Medicaid Services.
14. "Nursing care institution" has the same meaning as in A.R.S. § 36-401.
15. "Organ procurement organization" has the same meaning as in A.R.S. § 36-841.
16. "Outpatient" means an individual who is receiving services from a facility but is not an inpatient as determined by the facility.
17. "Part" has the same meaning as in A.R.S. § 36-841.
18. "Registered nurse practitioner" has the same meaning as "nurse practitioner" in A.R.S. § 36-301.
19. "Residence" means an address or location at which an individual lives.

20. “Signature” means:
- a. The first and last name of an individual written with his or her own hand as a form of identification or authorization, or
  - b. An electronic signature.
21. “Transportation” means the use of an animal or vehicle for conveyance or travel from one place to another.
22. “Tribal community” means a tract of land held by an Indian tribe recognized and eligible for funding and services from the U.S. Bureau of Indian Affairs.

**ARTICLE 3. ~~DUTIES OF PERSONS RESPONSIBLE FOR DEATH RECORDS; POST MORTEM PROCEDURES~~  
VITAL RECORDS FOR DEATH**

**R9-19-301. ~~Completion of medical cause of death and manner of death sections of death certificate~~ Human Remains Release Form**

- A.** ~~The physician who treated a patient or was in charge of the patient's care for the illness or condition which resulted in death shall complete and sign the medical certification of cause of death promptly so that funeral arrangements may be made. The entries shall be legibly written using only terms in accepted medical usage. Indefinite or obsolete terms which denote only symptoms of a disease or conditions resulting from a disease shall be sufficient grounds for the local registrar to refuse to accept the certificate and not issue a disposal transit permit. Statements of cause of death which are clearly illogical, confusingly written, expressed in abbreviations or “shorthand” shall not be accepted.~~
1. ~~Part I of the medical statement of cause of death shall contain only the disease sequence, injury, or other trauma which directly resulted in the person's death. The immediate cause of death shall be written on line A. If there are antecedent causes, they shall be written on lines B and C, with the intermediate cause on line B and the underlying cause on line C. The underlying cause shall be the last cause listed. If there is no intermediate cause, then the underlying cause shall be entered on line B. In instances where the immediate cause and the underlying cause are synonymous, only the one entry is necessary.~~
  2. ~~Part II of the medical statement of the cause of death shall contain diseases, injuries or other factors of significant medical or statistical importance not directly related to the cause of death. In those cases where the physician cannot be certain, best judgment shall be exercised in assigning entries to Part I or Part II of the medical statement of cause of death.~~
- B.** ~~When a physician cannot certify within 72 hours after the time of death as to the cause of death pending the results of a post mortem examination, laboratory tests or other factors beyond the physician's control, the physician shall enter “pending further examination” on the death certificate and sign it. Such certificate shall be acceptable for the local registrar to issue a disposal transit permit. No later than ten days after the date of death, the physician shall forward a supplementary certificate of cause of death to the State Registrar. Such certificate shall be completed in accordance with R9-19-310 et seq.~~
- C.** ~~When the medical examiner cannot complete and sign the death certificate within 72 hours, the words “pending further investigation” shall be entered on the death certificate the certificate shall be signed. A death certificate so completed shall be valid for the local registrar to issue a disposal transit permit, but possession of the permit shall not relieve the funeral director from obtaining full release from the medical examiner before final disposition of the body. Under no circumstances shall a body under the medical examiner's jurisdiction be cremated or removed from the state until both the medical cause and the manner of death have been determined or the medical examiner has otherwise released the body for such disposition. In the latter instance, a written statement from the medical examiner authorizing disposition of the body shall be delivered to the local registrar before a disposal transit permit will be issued.~~
- D.** ~~When the medical examiner cannot certify the medical cause and manner of death within the time set forth in subsection (C) of this rule, a supplementary certificate of cause of death shall be completed and filed with the Department as soon as possible, but no later than 20 days after the date of death. Such certificate shall be completed in accordance with R9-19-310 et seq. and shall set forth both the medical cause and manner of death and contain such other information as required by law, these rules or forms supplied by the State Registrar.~~
- A.** Except as provided in subsection (B), a form required by A.R.S. § 36-326(C) to accompany a deceased individual's human remains moved from a hospital, nursing care institution, or hospice inpatient facility shall include:
1. The name and street address of the hospital, nursing care institution, or hospice inpatient facility;
  2. The deceased individual's:
    - a. Name;
    - b. Date of birth; and
    - c. Social security number or, if the deceased individual's social security number is not available, the deceased individual's patient identification number;
  3. The date and time of the death;
  4. The name and telephone number of the physician or registered nurse practitioner expected to sign the medical certification of death;
  5. The name, telephone number, and relationship to the deceased individual of the individual authorizing the hospital,

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nursing care institution, or inpatient hospice facility to release the human remains:

6. A list of the circumstances in A.R.S. § 11-593(A):
  7. Whether the notification required in A.R.S. § 11-593 was made:
  8. The most recent diagnosis in the deceased individual's medical record:
  9. If the deceased individual's human remains are being released to a funeral establishment or a person authorized to receive the deceased individual's communicable disease related information under A.R.S. § 36-664, whether the deceased individual had been diagnosed with or was suspected of having, as stated in the deceased individual's medical record at the time of death:
    - a. Infectious tuberculosis,
    - b. Human immunodeficiency virus,
    - c. Creutzfeldt-Jakob disease,
    - d. Hepatitis B,
    - e. Hepatitis C, or
    - f. Rabies; and
  10. For a death that occurs in a hospital, if the deceased individual's human remains have been accepted for donation by an organ procurement organization under A.R.S. Title 36, Chapter 7, Article 3, and the person authorized in A.R.S. § 36-843 has not made or refused to make an anatomical gift, whether the organ procurement organization has been notified that the deceased individual's human remains are being removed from the hospital; and
  11. The name and signature of the individual representing the hospital, nursing care institution, or hospice inpatient facility who released the human remains.
- B.** A form required by A.R.S. § 36-326(C) to accompany human remains from a fetal death moved from a hospital, nursing care institution, or hospice inpatient facility shall include:
1. The name and street address of the hospital, nursing care institution, or hospice inpatient facility;
  2. The name of the mother;
  3. The date of delivery;
  4. The estimated gestational age or, if the gestational age is unknown, the weight of the human remains;
  5. The name and telephone number of the parent authorizing the hospital, nursing care institution, or inpatient hospice facility to release the human remains;
  6. A list of the circumstances in A.R.S. § 11-593(A);
  7. Whether the notification required in A.R.S. § 11-593 was made;
  8. For a fetal death that occurs in a hospital, if the human remains have been accepted for donation by an organ procurement organization under A.R.S. Title 36, Chapter 7, Article 3, and the person authorized in A.R.S. § 36-843 has not made or refused to make an anatomical gift, whether the organ procurement organization has been notified that the human remains are being removed from the hospital; and
  9. The name and signature of the individual representing the hospital, nursing care institution, or hospice inpatient facility who released the human remains.
- C.** An individual who removes human remains from a hospital, nursing care institution, or hospice inpatient facility shall sign and date the human remains release form required in subsection (A) when the individual removes the human remains from the hospital, nursing care institution, or hospice inpatient facility.
- D.** The individual in subsection (C) who removes human remains shall submit a copy of the human remains release form required in subsection (A) to the local registrar or deputy local registrar of the registration district where the deceased individual died within 24 hours after removing the human remains from a hospital, nursing care institution, or hospice inpatient facility.
- R9-19-302. ~~Registration of a fetal death certificate and reporting of abortifacient acts~~ Disposition-transit Permits**
- A.** For purposes of preparing fetal death certificates, if the gestation period is uncertain or unknown, a certificate should be filed if the fetus weighs 350 grams or more. Any abortifacient act resulting in a fetal death when the length of gestation is more than 20 weeks shall also require the filing of a fetal death certificate.
- B.** A termination of pregnancy report shall be prepared by the attending physician and filed directly with the State Registrar reporting any fetal death due to an abortifacient act for which a fetal death certificate is not required. Such reports shall be confidential and disclosable by the Department only in aggregate form for statistical or research purposes. No personally identifiable patient information or information relating to any physician, hospital, clinic or other institution shall be released for any purpose. The termination of pregnancy report shall be prepared on forms prescribed and furnished by the State Registrar.
- C.** Each hospital and outpatient treatment center in the state shall submit a monthly report to the State Registrar showing:
1. All registrable fetal deaths occurring in that facility in accordance with R9-10-201; and
  2. The total number of abortifacient acts performed in that facility.
- If no registrable fetal deaths or abortifacient acts occurred in the facility during the month, no report need be sent.
- D.** The monthly reports required by this rule shall be confidential and disclosable by the Department only in aggregate form for statistical or research purposes. No personally identifiable patient information or information relating to any physician,

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hospital, clinic or other institution shall be released for any purposes.

- E.** When a registrable death occurs outside a hospital and is not attended by a physician, the medical examiner shall sign the fetal death certificate.
- F.** When a fetal death certificate has not been registered within one year from the date of occurrence, the certificate shall be filed directly with the State Registrar. Local registrars receiving such certificates shall forward them immediately to the State Registrar and shall not enter them in the local registers.
- A.** A funeral establishment or responsible person shall obtain a disposition-transit permit for a deceased individual's human remains before a final disposition listed in subsection (B)(5) of the human remains.
  - 1. A disposition-transit permit may list more than one final disposition.
  - 2. A disposition-transit permit issued by any deputy local registrar, local registrar, or the state registrar is valid for each final disposition listed on the disposition-transit permit of the human remains in any registration district in the state or, if listed on the disposition-transit permit, for removal from the state.
  - 3. A crematory shall not accept human remains for cremation unless the accompanying disposition-transit permit specifies cremation as a final disposition.
- B.** Except as provided in subsection (D), a funeral establishment or responsible person shall submit the following information to the local registrar or deputy local registrar of the county where the death occurred or the state registrar to obtain a disposition-transit permit for a deceased individual's human remains:
  - 1. The deceased individual's name, sex, and date of birth;
  - 2. The date of death;
  - 3. The town or city, county, and state where the death occurred;
  - 4. The cause of death as listed on the deceased individual's medical certification of death;
  - 5. The anticipated final disposition of the human remains including one or more of the following:
    - a. Burial.
    - b. Entombment.
    - c. Anatomical gift of the human remains except for donation of a part.
    - d. Cremation.
    - e. Removal from the state, and
    - f. Other final disposition of the human remains;
  - 6. If an anticipated final disposition is anatomical gift except for donation of a part, another anticipated final disposition other than removal from the state;
  - 7. If an anticipated final disposition is removal from the state:
    - a. Whether removal from the state includes removal from the United States, and
    - b. Another anticipated final disposition other than anatomical gift except for donation of a part;
  - 8. If an anticipated final disposition of the human remains is another means of final disposition, a description of the anticipated final disposition;
  - 9. If applicable, the name of the funeral establishment; and
  - 10. The name of the funeral director or responsible person in charge of the final disposition of the human remains.
- C.** If cremation is listed as an anticipated final disposition for a deceased individual's human remains, a local registrar, deputy local registrar, or the state registrar shall obtain an approval for cremation from the medical examiner of the county where the deceased individual's death occurred before issuing a disposition-transit permit.
- D.** To obtain a disposition-transit permit for human remains from a fetal death, a funeral establishment or responsible person shall submit the following information to the local registrar or deputy local registrar of the county where the fetal death occurred or the state registrar:
  - 1. The name of the mother;
  - 2. The date of delivery;
  - 3. The estimated gestational age of the human remains or, if the gestational age is unknown, the weight of the human remains;
  - 4. Whether the anticipated final disposition is hospital or abortion clinic disposition;
  - 5. If the anticipated final disposition is not hospital or abortion clinic disposition, the anticipated final disposition of the human remains including one or more of the following:
    - a. Burial.
    - b. Entombment.
    - c. Anatomical gift of the human remains except for donation of a part.
    - d. Cremation.
    - e. Removal from the state, and
    - f. Other final disposition of the human remains;
  - 6. If an anticipated final disposition is anatomical gift except for donation of a part, another anticipated final disposition other than removal from the state;
  - 7. If an anticipated final disposition is removal from the state;

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- a. Whether removal from the state includes removal from the United States, and
- b. Another anticipated final disposition other than anatomical gift except for donation of a part;
8. If an anticipated final disposition of the human remains is another means of final disposition, a description of the anticipated final disposition;
9. If applicable, the name of the funeral establishment; and
10. The name of the funeral director or responsible person in charge of the final disposition of the human remains.
- E. If cremation is listed as an anticipated final disposition for human remains from a fetal death with a gestational age of 20 weeks or more, or if the gestational age is unknown, a weight of 350 grams or more, a local registrar, deputy local registrar, or the state registrar shall obtain an approval for cremation from the medical examiner of the county where the fetal death occurred before issuing a disposition-transit permit.
- F. A local registrar, deputy local registrar, or the state registrar shall not issue a disposition-transit permit for a deceased individual if a medical certification of death for the deceased individual required in R9-19-303 has not been submitted to the local registrar of the county where the death occurred.

**R9-19-303. ~~Expired~~ Medical Certification for a Death Certificate**

- A. A medical certifier shall complete and submit a medical certification of a deceased individual's death to the local registrar of the county where the death occurred or the state registrar as soon as possible and no more than 72 hours after the death that includes:
  1. The name of the deceased individual;
  2. The name, title, address, and license number of the medical certifier;
  3. The date the medical certifier signed the medical certification of death;
  4. The date and time of death;
  5. Except as provided in subsection (C), the condition leading to the immediate cause of death including the underlying cause of death, using the standards from:
    - a. For a medical certifier other than a medical examiner, the *Physicians' Handbook on Medical Certification*, DHHS Publication No. (PHS) 2003-1108, published by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, incorporated by reference, on file with the Department, and including no future editions or amendments, available at [http://www.cdc.gov/nchs/data/misc/hb\\_cod.pdf](http://www.cdc.gov/nchs/data/misc/hb_cod.pdf) or from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954; or
    - b. For a medical examiner, the *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting*, DHHS Publication No. (PHS) 2003-1110 published by the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, incorporated by reference, on file with the Department, and including no future editions or amendments, available at [http://www.cdc.gov/nchs/data/misc/hb\\_me.pdf](http://www.cdc.gov/nchs/data/misc/hb_me.pdf) or from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954;
  6. For each cause or condition listed according to subsection (A)(5), the length of time from the onset of the cause or condition to the time of death;
  7. Any other conditions contributing to the death;
  8. Whether tobacco use contributed to the cause of death;
  9. If the deceased individual was female, whether:
    - a. The deceased individual was pregnant within the last year;
    - b. The deceased individual was pregnant at the time of death;
    - c. The deceased individual was not pregnant at the time of death, but pregnant within 42 days of death;
    - d. The deceased individual was not pregnant at the time of death, but pregnant 43 days to one year before death; or
    - e. It is unknown whether the deceased individual was pregnant within the last year;
  10. Whether an autopsy was performed on the deceased individual; and
  11. Whether the notification required in A.R.S. § 11-593 was made.
- B. If a medical examiner determined the cause of death, in addition to the information in subsection (A), the medical examiner shall submit the following information as determined by the medical examiner:
  1. If the manner of death is pending investigation;
  2. If the manner of death is not pending investigation, whether the death was due to:
    - a. Natural causes.
    - b. An accident.
    - c. Suicide.
    - d. Homicide, or
    - e. An undetermined cause;
  3. If the death was as a result of an injury:
    - a. The date and time of the injury.
    - b. The type of location where the injury occurred.

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- c. The address of the location where the injury occurred.
- d. Whether the injury occurred while the deceased individual was working or at the deceased individual's work-place, and
- e. A description of how the injury occurred; and
- 4. If the death was caused by a transportation accident, whether the deceased individual at the time of the transportation accident was:
  - a. The driver or operator of the transportation vehicle.
  - b. A passenger in the transportation vehicle.
  - c. A pedestrian, or
  - d. Involved in another activity affected by the transportation accident.
- C. When a medical examiner cannot determine the cause of death for the medical certification of a deceased individual's death within 72 hours of the deceased individual's death, the medical examiner shall:
  - 1. Enter the word "pending" for the cause of death for the medical certification and submit the medical certification of death as required in subsection (A); and
  - 2. Upon determination of the cause of death, submit an amendment according to R9-19-311 that includes the cause of death using the standards from the *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting*, DHHS Publication No. (PHS) 2003-1110, incorporated by reference in subsection (A)(5)(b).
- D. A medical certifier shall sign the completed medical certification of a deceased individual's death as follows:
  - 1. If the medical certifier is a physician or a registered nurse practitioner, the medical certifier shall sign a statement attesting that, to the best of the medical certifier's knowledge, death occurred due to the cause and manner stated.
  - 2. If the medical certifier is a physician or a registered nurse practitioner who also pronounced the death of the deceased individual, the medical certifier shall sign a statement attesting that, to the best of the medical certifier's knowledge, death occurred at the time, date, and place, and due to the cause and manner stated.
  - 3. If the medical certifier is a medical examiner or a tribal law enforcement authority, the medical certifier shall sign a statement attesting that, to the best of the medical certifier's knowledge, death occurred due to the cause and manner stated.

**R9-19-304. Expired Information for a Death Certificate**

- A. A responsible person or a representative of a funeral establishment who is responsible for the final disposition of a deceased individual's human remains shall submit the following information for the deceased individual's death certificate to a local registrar, a deputy local registrar, or the state registrar within 7 days of the deceased individual's death:
  - 1. The deceased individual's name and sex;
  - 2. The date of the deceased individual's death;
  - 3. The place of death including:
    - a. The county,
    - b. Town or city, and
    - c. Zip code;
  - 4. If death was pronounced in a hospital, whether the deceased individual was:
    - a. An inpatient,
    - b. An outpatient, or
    - c. Dead on arrival at the hospital;
  - 5. If death was pronounced somewhere other than a hospital, whether death was pronounced at:
    - a. A residence,
    - b. An inpatient hospice facility,
    - c. A nursing care institution, or
    - d. Another location;
  - 6. If death was pronounced at another location, a description of the location;
  - 7. If death was pronounced:
    - a. In a health care institution, the facility name and National Provider Number; or
    - b. In a location other than a health care institution, the street address of the location;
  - 8. The deceased individual's race;
  - 9. Whether the deceased individual was of Hispanic origin and if the deceased individual was of Hispanic origin, what type of Hispanic origin;
  - 10. Whether the deceased individual was ever in the U.S. Armed Forces;
  - 11. The deceased individual's date of birth;
  - 12. The deceased individual's age:
    - a. If the deceased individual was one or more years old, in years since the deceased individual's birthday;
    - b. If the deceased individual was one or more days old but less than one year old, in months and days; or
    - c. If the deceased individual was less than 1 day old, in hours and minutes;
  - 13. The deceased individual's marital status at the time of death;

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14. The name of the deceased individual's surviving spouse, if applicable, and if the surviving spouse is a wife, the wife's last name before her first marriage;
  15. The state and city of the deceased individual's birth or if the birth did not happen in the United States, the name of the country where the birth occurred;
  16. The name of the country that the deceased individual was a citizen of;
  17. The deceased individual's Social Security Number;
  18. The deceased individual's usual occupation;
  19. The type of business or industry that the deceased individual usually worked in;
  20. The address including the street address, town or city, zip code, and county of the deceased individual's usual residence;
  21. Whether the deceased individual lived within city limits;
  22. Whether the deceased individual resided in a tribal community at the time of death;
  23. If the deceased individual resided in a tribal community at the time of death, the name of the tribal community;
  24. How long the deceased individual resided in Arizona before the deceased individual's death;
  25. The highest educational grade completed by the deceased individual;
  26. The first, middle, and last name of the deceased individual's father;
  27. The first, middle, and last name before first marriage of the deceased individual's mother;
  28. The following information about the individual providing information about the deceased individual:
    - a. The individual's name;
    - b. Relationship to the deceased individual; and
    - c. The individual's address including street address, city or town, state, and zip code;
  29. The anticipated final disposition of the human remains including one or more of the following:
    - a. Burial;
    - b. Entombment;
    - c. Anatomical gift of the human remains except for donation of a part;
    - d. Cremation;
    - e. Removal from the state, and
    - f. Other final disposition of the human remains;
  30. If an anticipated final disposition is anatomical gift except for donation of a part, another anticipated final disposition other than removal from the state;
  31. If an anticipated final disposition is removal from the state:
    - a. Whether removal from the state includes removal from the United States, and
    - b. Another anticipated final disposition other than anatomical gift except for donation of a part;
  32. If an anticipated final disposition of the human remains is another means of final disposition, a description of the anticipated final disposition;
  33. If applicable, the name of the funeral establishment;
  34. The name of the funeral director or responsible person in charge of the final disposition of the human remains; and
  35. If the anticipated final disposition is cremation, an approval to cremate the human remains signed by the medical examiner of the county where the death occurred.
- B.** The responsible person or representative of a funeral establishment responsible for submitting the information in subsection (A) to a local registrar, deputy local registrar, or the state registrar shall:
1. Maintain a copy of the evidentiary document used to collect the information for 10 years from the date on the evidentiary document, and
  2. Provide a copy of the evidentiary document to the state registrar for review within 48 hours from the time of the state registrar's request.

**R9-19-305. Expired Delayed Death Certificate**

If a deceased individual's death occurs in this state and is not registered within one year after the date of the deceased individual's death, a local registrar, deputy local registrar, or the state registrar shall register the death certificate as a delayed death certificate upon receipt of:

1. If the information is being submitted by a medical examiner or a tribal law enforcement authority:
  - a. A medical certification of the deceased individual's death as required in R9-19-303, and
  - b. The information for a death certificate required in R9-19-304(A);
2. If the information is not being submitted by a medical examiner:
  - a. The information required in subsection (1);
  - b. The circumstances of the delay, and
  - c. A notarized statement that the information submitted is true and correct; or
3. A court order.

**R9-19-306. Expired Information for a Fetal Death Certificate**

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- A. A hospital, abortion clinic, physician, or midwife shall submit the following information for a fetal death certificate to the state registrar within seven days of a deceased's fetal death, if the fetal death occurs after a gestational period of 20 completed weeks or if the deceased's human remains weigh more than 350 grams:
1. First, middle, and last name of deceased, if applicable;
  2. The deceased's sex;
  3. Plurality of delivery;
  4. If plurality involves more than one fetal death, the deceased's order of birth;
  5. Date of delivery;
  6. Hour of delivery;
  7. Address where delivery occurred including street address, city or town, zip code, and county;
  8. If delivery occurred:
    - a. At home:
      - i. Whether the delivery was planned to occur at home; and
      - ii. The street address, city or town, state, and zip code of the home; or
    - b. Not at home:
      - i. Type of facility where delivery occurred;
      - ii. Zip code where delivery occurred; and
      - iii. The facility's National Provider Number;
  9. Estimation of the deceased's gestational age;
  10. Weight in grams of the deceased at delivery;
  11. Whether:
    - a. The deceased was dead at first assessment with no ongoing labor;
    - b. The deceased was dead at first assessment with ongoing labor;
    - c. The deceased died during labor after first assessment, or
    - d. It is unknown when the deceased died;
  12. The following information about the deceased's father:
    - a. First, middle, and last name;
    - b. Race;
    - c. Whether the father is of Hispanic origin and if the father is of Hispanic origin, what type of Hispanic origin;
    - d. Date of birth;
    - e. State, territory, or foreign country where father was born; and
    - f. Highest degree or level of education completed by the father at the time of the deceased's delivery;
  13. The following information about the deceased's mother:
    - a. First, middle, and last name before first marriage;
    - b. Race;
    - c. Whether the mother is of Hispanic origin and if the mother is of Hispanic origin, what type of Hispanic origin;
    - d. Date of birth;
    - e. State, territory, or foreign country where the mother was born;
    - f. Street address, apartment number if applicable, city or town, state, and county of mother's usual residence;
    - g. Highest degree or level of education completed by the mother at the time of the deceased's delivery;
    - h. Whether the mother's usual residence is inside city limits;
    - i. Date last normal menses began;
    - j. Whether the mother received prenatal care;
    - k. If the mother received prenatal care:
      - i. Date of first prenatal care visit;
      - ii. Date of last prenatal care visit; and
      - iii. Total number of prenatal visits for this pregnancy;
    - l. Whether the prenatal record was available for completion of the fetal death report;
    - m. Whether the mother was married at the time of delivery;
    - n. The number of previous live births;
    - o. The number of other pregnancy outcomes not including this delivery;
    - p. If applicable:
      - i. The date of the last live birth, and
      - ii. The date of the last other pregnancy outcome;
    - q. Whether the mother was transferred for medical reasons before delivery;
    - r. If the mother was transferred, the name of the facility that the mother was transferred from;
    - s. Whether the mother received WIC food for herself during this pregnancy;
    - t. Whether any of the following occurred 24 hours before delivery or within 24 hours after delivery:
      - i. Maternal transfusion;



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- e. Cremation.
- f. Removal from the state, and
- g. Other final disposition of the human remains; and

26. If an anticipated final disposition is anatomical gift except for donation of a part, another anticipated final disposition other than removal from the state; and

27. If an anticipated final disposition is removal from the state:

- a. Whether removal from the state includes removal from the United States, and
- b. Another anticipated final disposition other than anatomical gift except for donation of a part.

**B.** The hospital, abortion clinic, physician, or midwife responsible for submitting the information in subsection (A) to a local registrar, deputy local registrar, or the state registrar shall:

- 1. Maintain a copy of the evidentiary document used to collect the information for 10 years from the date on the evidentiary document, and
- 2. Provide a copy of the evidentiary document to the state registrar for review within 48 hours from the time of the state registrar's request.

**R9-19-307. Requirements for delayed death certificates Delayed Fetal Death Certificate**

**A.** A delayed death or delayed fetal death certificate shall be prepared on the form in use at the time the certificate is filed and shall be filed directly with the State Registrar in all cases. The authorized fee shall be paid at the time the applicant files the certificate. The certificate shall contain the following information:

- 1. Full name of deceased, sex, race, age at time of death and place of residence at time of death;
- 2. The place of death and date of death or approximate date if the actual date is not known;
- 3. The medical cause of death insofar as can be determined and whether death was due to accident, suicide, homicide or natural causes; and
- 4. Manner of final disposition of body and place where buried, cremated or reinterred.

**B.** The State Registrar shall require sworn statements from individuals or certified abstracts of any records which, in the judgment of the State Registrar, are necessary to support the information shown on the certificate itself. A summary statement of documentary evidence shall be written on the certificate together with a notation that it has been reviewed by the State Registrar. The notation "delayed death registration" or "delayed fetal death registration" shall be entered in a prominent place on the certificate.

If a fetal death occurs in this state and is not registered within one year after the date of the fetal death, a local registrar, deputy local registrar, or the state registrar shall register the fetal death certificate as a delayed fetal death certificate upon receipt of:

- 1. If the information is being submitted by a medical examiner or a tribal law enforcement authority, the information required in R9-19-306(A);
- 2. If the information is not being submitted by a medical examiner:
  - a. The information required in subsection (1).
  - b. The circumstances of the delay, and
  - c. A notarized statement that the information submitted is true and correct; or
- 3. A court order.

**R9-19-308. Exception Certificate of Birth Resulting in Stillbirth**

Late death and delayed death registration procedures shall not be used in cases where bodies of missing persons are discovered, regardless of the elapsed time between discovery and date of presumed death. For the purposes of the death or fetal death certificate, the date of death shall be considered as the date the remains were initially found and the death certificate shall be so marked. The date of presumed death shall be written on the certificate or on a supplementary report as additional information. Upon request by the parent or parents of a stillborn child, the state registrar shall provide the parent or parents with a certificate of birth resulting in stillbirth if the fetal death occurred after a gestational period of at least 20 weeks.

**R9-19-309. Supporting statements Validation of Information**

The State Registrar shall require sworn statements from individuals or abstracts of any records which, in the judgment of the State Registrar, are necessary to support the information shown on a death certificate.

If a local registrar, deputy local registrar, or the state registrar determines that information submitted for a death certificate or fetal death certificate or an amendment to a death certificate or fetal death certificate may not be valid or accurate, the local registrar, deputy local registrar, or state registrar may require an affidavit or an evidentiary document that is necessary, as determined by the local registrar, deputy local registrar, or state registrar, to validate the information. If the required affidavit or evidentiary document is not submitted, the local registrar, deputy local registrar, or state registrar shall not register or amend the certificate.

**R9-19-310. Supplementary certificates of cause of death; medical personnel who may initiate changes on death certificate Correcting Information on a Death Certificate or a Fetal Death Certificate**

**A.** No changes, additions or deletions of information on a death certificate which alter the medical cause of death or the manner and circumstances of death shall be permitted unless entered on a supplementary certificate of cause of death. The

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~~supplementary certificate shall be attached to and made a part of the original certificate. Appropriate notation shall be made on the original certificate as to what changes were made and upon what evidence.~~

- ~~B. A request for a change as to the medical cause of death shall be considered only if it originates with one of the following:~~
- ~~1. The physician who originally signed the death certificate;~~
  - ~~2. A pathologist who has performed a post-mortem examination and as a result of such examination has found reason to change the cause of death as previously listed. Such request shall be with the knowledge and consent of the physician who originally signed the death certificate; or~~
  - ~~3. A supervising physician of a county, state or federal hospital responsible for and acting on behalf of junior staff physicians who regularly see and treat patients under the jurisdiction of that institution.~~
- ~~C. Changes as to the manner and circumstances of death on a death certificate shall originate with the medical examiner who initially signed the death certificate or another medical examiner authorized by law and having access to the official files of the case and shall be entered on a supplementary certificate of cause of death.~~
- ~~D. The medical examiner shall submit a signed, supplementary certificate of cause of death for changes under the following circumstances:~~
- ~~1. When changes are made in the medical statement of the cause of death because of additional information gained through an autopsy;~~
  - ~~2. Where the medical examiner was not able to indicate the manner and circumstances of death on the original death certificate because information on the medical cause of death was not initially available; or~~
  - ~~3. When the results of a court proceeding, findings of an inquest or other delayed source of information indicates to the medical examiner the need for a change as to the manner or circumstances of death.~~
- ~~E. Changes in the medical cause of death shall be certified by the medical examiner.~~

A person requesting a correction to information on a deceased individual's death certificate or fetal death certificate shall submit a documented request to correct that includes:

1. The deceased individual's name and sex;
2. The state file number, if known;
3. The date, for correcting information on a:
  - a. Death certificate, of the deceased individual's death; or
  - b. Fetal death certificate or a certificate of birth resulting in stillbirth, of the delivery;
4. The specific information on the certificate to be corrected;
5. A statement attesting to the validity and accuracy of the submitted correction signed by the person submitting the request for correction; and
6. An evidentiary document that demonstrates the validity of the submitted correction.

**R9-19-311. ~~Expired~~ Amending Information on a Death Certificate or a Fetal Death Certificate**

- A.** A request to amend any of the information in R9-19-303(A)(2) through (A)(11) on a deceased individual's death certificate is signed by the:
1. Medical certifier who originally signed the medical certification of death, or
  2. Medical examiner of the county where the death occurred.
- B.** A request to amend any of the information in R9-19-303(B) on a death certificate is signed by the medical examiner of the county where death occurred.
- C.** A medical certifier requesting an amendment to any of the information on the death certificate in R9-19-303 shall submit a documented request to amend the information that includes:
1. The deceased individual's name and sex;
  2. The state file number, if known;
  3. The date:
    - a. For amending information on a death certificate, of the deceased individual's death; or
    - b. For amending information on a fetal death certificate, of the delivery;
  4. The specific information on the certificate to be amended including the information to be deleted and the information to be added; and
  5. A statement attesting to the validity and accuracy of the submitted amendment signed by the medical certifier.
- D.** A person requesting an amendment to the information on a deceased individual's death certificate or fetal death certificate shall submit a documented request to amend that includes:
1. The deceased individual's name and sex;
  2. The state file number, if known;
  3. The date:
    - a. For amending information on a death certificate, of the deceased individual's death; or
    - b. For amending information on a fetal death certificate, of the delivery;
  4. The specific information on the certificate to be amended including the information to be deleted and the information to be added; and
  5. An affidavit, signed by the person submitting the request for the amendment, attesting to the validity and accuracy of

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the submitted amendment.

- E.** If a person submitting a documented request for an amendment to information on a deceased individual's death certificate is not the individual listed on the death certificate as the individual who provided the information about the deceased individual, a local registrar, deputy local registrar, or the state registrar shall provide notification of the request for an amendment of information on the deceased individual's death certificate to the individual who provided the information about the deceased individual. The local registrar, deputy local registrar, or state registrar may request evidentiary documents from the person submitting the request and the person who provided information about the deceased individual to determine the validity and accuracy of the requested amendment and the information on the deceased individual's death certificate.
- F.** A local registrar, deputy local registrar or the state registrar shall amend the information on a death certificate or fetal death certificate based on a:
1. Request for amendment, if the local registrar, deputy local registrar or state registrar determines that the request for amendment is valid and accurate; or
  2. Court order.

**R9-19-312. Recodified Transporting Human Remains into the State for Final Disposition**

- A.** A person transporting a deceased individual's human remains into Arizona from outside of the state shall submit a disposition-transit permit or death certificate issued by the state where the deceased individual's death occurred or the human remains were previously interred that contains the cause of death and the information required in R9-19-302 to the local registrar or deputy local registrar of the registration district where final disposition of the human remains in Arizona are anticipated or the state registrar.
- B.** Upon receipt of a disposition-transit permit or death certificate issued by another state that contains the cause of death and the information required in R9-19-302, a local registrar, deputy local registrar, or the state registrar shall issue a disposition-transit permit using the information on the other state's disposition-transit permit or death certificate. If the human remains were previously disinterred, the local registrar, deputy local registrar, or state registrar shall document "disinterred" on the disposition-transit permit.

**R9-19-313. Recodified Disinterment-reinterment Permit**

- A.** Except as provided in A.R.S. § 36-327(B), before a person disinters a deceased individual's human remains, the person shall:
1. Obtain:
    - a. Written authorization for the disinterment from the deceased individual's family member or members who have the highest priority according to A.R.S. § 36-327(A), or
    - b. A court order authorizing the disinterment; and
  2. Submit the following information to a local registrar, deputy local registrar or the state registrar to obtain a disinterment-reinterment permit:
    - a. The name, age, sex, and race of the deceased individual;
    - b. The date and place of death;
    - c. The name of the cemetery or the location where the human remains are buried;
    - d. The name of the funeral director in charge of the disinterment;
    - e. If applicable, the name or names of the family member or members who authorized the disinterment as required in subsection (A)(1)(a);
    - f. The name of the cemetery or the location where it is anticipated that the human remains will be reinterred or the crematory where the human remains will be cremated; and
    - g. If applicable, a copy of the court order required in subsection (A)(1)(b).
- B.** The funeral director who is in charge of the disinterment shall:
1. Maintain a copy of the written authorization or court order for 10 years from the date on the evidentiary document, and
  2. Provide a copy of the written authorization or court order to the state registrar for review within 48 hours from the time of the state registrar's request.

**R9-19-314. Recodified Duties of Persons in Charge of Place of Final Disposition**

A person in charge of a place of final disposition in this state shall:

1. Maintain a copy of the following documents at the place of final disposition for 5 years after the issue date on the document:
  - a. The disposition-transit permit for each final disposition of human remains, and
  - b. The disinterment-reinterment permit for each disinterment or reinterment of human remains; and
2. Provide a copy of the document to the state registrar for review within 48 hours from the time of the state registrar's request.

**R9-19-316. Responsibilities of persons in charge of cemeteries or crematories Repealed**

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- ~~A.~~ The manager of every regularly organized cemetery or crematory shall keep a record of all interments or cremations occurring in such establishment. Such records shall show the name of the deceased, the date and place of death and the name and address of the funeral director in charge. Such records shall be subject to inspection by the State Registrar or authorized representative.
- ~~B.~~ No cemetery shall permit the interment or cremation of a body unless accompanied by a properly completed disposal transit permit.
- ~~C.~~ No crematory shall permit the cremation of a body unless accompanied by a properly completed disposal transit permit.

**R9-19-317. Requirements for preparation and filing of disposal transit permits Repealed**

The disposal transit permit shall contain the following information and be fully completed before filing:

1. The name, sex, age and race of the deceased; the date and place of death; the manner of disposition and the funeral establishment responsible for final disposition;
2. The cause of death if the body is to be shipped by commercial or common carrier or is to be moved out of the state, except as otherwise provided in this Article when released for disposition by the medical examiner. The cause of death shall also be specified if the person died from any of the communicable diseases enumerated in R9-19-313;
3. The signature of the funeral director and the local registrar;
4. The location of interment or other disposition and the signature of the person in charge of the location of interment or other place of disposition.

**R9-19-318. Disposal transit permit required Repealed**

The body of a person who has died or is found dead in Arizona, including a fetus which has completed the 20th week of gestation, shall not be buried, deposited in a vault, cremated, held more than three days after death or removed from the registration district where death occurred without a funeral director or person acting in such capacity first obtaining a disposal transit permit from the local registrar of that district. An appropriate death or fetal death certificate shall be filed with the local registrar before the disposal transit permit shall be issued, except as provided in R9-19-319, R9-19-322, R9-19-323 and R9-19-324(B).

1. A disposal transit permit issued by any local registrar shall be valid for disposition of the remains in any registration district of this state or for removal outside the state.
2. A crematory shall not accept a body or fetus for cremation unless the accompanying disposal transit permit and the certificate specifically authorize cremation.
3. Under no circumstances shall a body or fetus be cremated or transported out of the state unless accompanied by a properly completed disposal transit permit authorizing such action. A death certificate shall be filed before the permit can be issued.
4. If at the time of death the decedent was infected with a disease listed in R9-19-313, the local registrar shall notify the state and local health authorities before issuing a disposal transit permit.
5. No fee shall be collected for issuing a disposal transit permit.

**R9-19-320. Bodies from out-of-state Repealed**

When a body is transported into Arizona from outside of the state, the local registrar of the district where the body is to be buried shall issue a new disposal transit permit noting the place where death occurred, the type of final disposition and the place where shipment originated. If the remains are disinterred remains, that fact shall also be indicated by entering "disinterred remains" on the disposal transit permit. The permit from the state of origin shall be mailed promptly to the Department. Bodies thus brought into the state shall not be held longer than three days without reissuance of a disposal transit permit.

**R9-19-325. Transmittal procedures for permit Repealed**

The disposal transit permit shall consist of four copies. The "transit copy" shall accompany the body to the place of burial or other disposition. The "local registrar copy" shall be retained by the local registrar issuing the permit. The "transport copy" shall be retained for the transportation company's use. The "state copy" shall be immediately mailed by the funeral director to the State Registrar where it shall serve as official notification that a death has occurred. Upon final disposition, the person in charge of the cemetery or crematory shall enter the appropriate signature on the transit copy and mail it to the State Registrar within ten days. When interment is in a place where there is no person in charge, the funeral director handling the interment shall write across the permit "no person in charge," sign his name and mail the permit to the State Registrar within ten days. Local registrars shall retain file copies of disposal transit permits for two years from the date of issue.

**R9-19-329. Requirements for preparation and filing of the disinterment permit Repealed**

The disinterment permit, required by R9-19-328, shall contain the following information:

1. The name, age, sex and race of the deceased; the date and place of death and the location where buried; name of funeral director or person in charge of the disinterment;
2. The signature of the family member or other person granting permission for the disinterment;
3. The signature of the manager of the cemetery or other location from which the remains are removed. If there is no person in charge, the funeral director shall write across this space "no person in charge" and sign his name; and
4. The signature of the manager of the cemetery or other location where the remains are reinterred. If there is no person in charge, the funeral director shall write across this space "no person in charge" and sign his name.

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**R9-19-331. ~~Transmittal procedures for a disinterment permit~~ Repealed**

The disinterment permit shall consist of three copies. The original shall accompany the remains to the place of reinterment or other disposition. The second copy shall be retained by the funeral director and the third copy shall be retained by the issuing registrar. When reinterment is complete, the person in charge of the cemetery or the funeral director shall enter the appropriate endorsement on the original and mail it to the State Registrar within ten days. Local registrars and funeral directors shall retain file copies of disinterment permits for at least two years from the date of issue.

**R9-19-332. ~~Responsibility for keeping disinterment records~~ Repealed**

The manager of every regularly organized cemetery shall keep a record of disinterments and reinterments which occur in the cemetery. Such records shall show the name of the deceased, the date and place of death, the cemetery to which removed or the cemetery from which received and the name of the funeral director. Such records shall be subject to inspection by authorized representatives of the State Registrar upon request.

**R9-19-334. ~~Multiple disinterments~~ Repealed**

Where several graves at one location are to be moved to another location, only one disinterment permit shall be required. However, a list showing the identification of each person insofar as known shall be attached to and made a part of the permit. If the permission of survivors cannot be obtained or if other exigencies outweigh this consideration, the Superior Court of the county wherein the graves are located may issue an order for their removal, which shall be authority to obtain a disinterment permit. In the event the graves lie in more than one county, only one order for removal need be obtained.

**R9-19-335. ~~Disposition by means of cremation~~ Repealed**

- ~~A.~~ Except as otherwise provided in R9-19-314, no remains shall be cremated except in a facility established solely for the purpose of cremating dead human bodies.
- ~~B.~~ A local registrar shall not issue a disposal transit permit authorizing cremation unless the funeral director has secured and presented the medical examiner's certification as required by A.R.S. § 11-599.
- ~~C.~~ A casket shall not be required to cremate human remains.
- ~~D.~~ Cremated remains may be disposed of in any manner which does not violate existing federal, tribal, state, county, or municipal laws, rules or ordinances, or rights of others.

**NOTICE OF FINAL RULEMAKING**

**TITLE 9. HEALTH SERVICES**

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

[R06-444]

**PREAMBLE**

<b><u>1. Sections Affected</u></b>	<b><u>Rulemaking Action</u></b>
R9-25-101	Amend
R9-25-204	Amend
R9-25-210	Amend
R9-25-301	Amend
R9-25-304	Amend
R9-25-305	Amend
R9-25-306	Amend
R9-25-307	Amend
R9-25-308	Amend
R9-25-309	Amend
R9-25-310	Amend
R9-25-311	Amend
R9-25-312	Amend
R9-25-314	Amend
R9-25-315	Amend
R9-25-316	Amend
R9-25-318	Repeal
R9-25-318	New Section
Exhibit A	Amend
Exhibit B	Amend
Exhibit C	New Exhibit
R9-25-404	Amend

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R9-25-406	Amend
R9-25-408	Amend
R9-25-412	Amend
R9-25-1003	Amend

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

Authorizing statutes: A.R.S. §§ 36-2202(A)(4) and 36-2209(A)(2)

Implementing statutes: A.R.S. §§ 36-2201; 36-2202(A)(2), (3), (5), and (6) and (G); 36-2204(1) and (3) through (8); and 36-2208(A)

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

January 6, 2007

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

Notice of Proposed Rulemaking: 12 A.A.R. 2610, July 28, 2006

Notice of Rulemaking Docket Opening: 12 A.A.R. 1788, May 26, 2006

Notice of Rulemaking Docket Opening: 12 A.A.R. 1099, April 7, 2006

Notice of Rulemaking Docket Opening: 11 A.A.R. 5217, December 9, 2005

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

Name: Terry Mullins, Bureau Chief

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

Telephone: (602) 364-3150

Fax: (602) 364-3568

E-mail: mullint@azdhs.gov

or

Name: Kathleen Phillips, Rules Administrator

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

Telephone: (602) 542-1264

Fax: (602) 364-1150

E-mail: phillik@azdhs.gov

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

**a. Statutory Authority for the Rulemaking**

A.R.S. § 36-2208(A) makes the Arizona Department of Health Services (ADHS) responsible for coordinating, establishing, and administering a statewide system of emergency medical services (EMS).

A.R.S. § 36-2202 requires the ADHS Director, among other things, to:

- Adopt standards and criteria for the denial or granting of certification and recertification of emergency medical technicians (EMTs) and certify, recertify, and deny certification of EMTs;
- Adopt standards and criteria that pertain to the quality of emergency care pursuant to A.R.S. § 36-2204;
- Adopt reasonable medical equipment, supply, staffing and safety standards, criteria and procedures for issuance of a certificate of registration to operate an ambulance; and
- Maintain a state system for recertifying EMTs that is independent from any national registry of EMTs recertification process and that allows EMTs to choose to be recertified under the state or the national registry of EMTs recertification system, subject to A.R.S. § 36-2202(G).

A.R.S. § 36-2202(G) requires applicants for certification to apply to the Director for certification and that EMTs apply to the Director for recertification every two years.

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A.R.S. § 36-2204 identifies the following standards and criteria, among others, as pertaining to the quality of emergency patient care:

- Statewide standardized training, certification, and recertification standards for all classifications of EMTs;
- Medical standards for certification and recertification of training programs for all classifications of EMTs;
- Standardized continuing education criteria for all classifications of EMTs;
- Medical standards for certification and recertification of advanced life support (ALS) base hospitals and approval of physicians providing medical control or medical direction for any level of EMT required to be under medical control or medical direction;
- Standards and mechanisms for monitoring and ongoing evaluation of performance levels of all classifications of EMTs and ALS base hospitals and approval of physicians providing medical control or medical direction for any level of EMT who is required to be under medical control or medical direction;
- Objective criteria and mechanisms for decertification of all classifications of EMTs and ALS base hospitals and for disapproval of physicians providing medical control or medical direction for any level of EMT who is required to be under medical control or medical direction; and
- Medical standards for nonphysician prehospital treatment and prehospital triage of patients requiring EMS.

**b. Purpose of the Rulemaking**

Through this rulemaking, ADHS intends to enhance the statewide system of EMS and the quality of emergency patient care in Arizona by:

- Clarifying existing definitions and adding new definitions to make the rules in 9 A.A.C. 25 clearer and easier to use;
- Generally requiring an EMS provider's administrative medical director to oversee the use and control of prehospital drugs (referred to as "agents" in the rules);
- Requiring an ALS base hospital pharmacist-in-charge to oversee the control of agents if an EMS provider obtains all of its agents from the ALS base hospital, which retains ownership of the agents;
- Introducing the concept of a course session to make training program requirements clearer;
- Allowing combination of students from multiple course sessions for didactic instruction;
- Requiring that all written examinations for a course be closed book;
- Prohibiting cheating and specified unethical conduct by students, training program directors, and instructors;
- Revising the minimum equipment standards for courses in Exhibit A to Article 3;
- Requiring that all examinations for a course be completed onsite at a training program or at a facility used for course instruction;
- Requiring that all final examinations for a course be proctored and administered by persons other than the training program director and instructors;
- Adopting an EMT-I(99)-to-EMT-P transition course;
- Enabling an individual who has completed the EMT-I(99)-to-EMT-P transition course to become certified as an EMT-P;
- Clarifying the status of EMT-I(85)s;
- Moving provisions currently in R9-25-318 and R9-25-412 into the other Sections to which they pertain;
- Clarifying admission requirements for the Arizona EMT-I Transition Course and eliminating its self-expiration provision;
- Clarifying requirements for EMT certification, recertification, and downgrading;
- Revising the minimum equipment and supplies for a ground ambulance to require, among other things, that a ground ambulance equipped to provide basic life support (BLS) services contain the minimum supply of agents prescribed for an EMT-B in Table 1 in R9-25-503 (to be adopted in a companion exempt rulemaking); and
- Making conforming and technical changes to the rules to make them more clear, concise, and understandable.

**c. Process for the Rulemaking**

The revisions in 9 A.A.C. 25, Articles 2 and 10 and most of the revisions in Article 1 were created by ADHS with input from the Prehospital Drugs Rulemaking Task Force (Task Force), a group whose membership drew from each EMS region in the state and represented EMT-Paramedics (EMT-Ps); EMT-Basics (EMT-Bs); EMT-Intermediates (EMT-Is); administrative medical directors; online medical directors; ALS base hospitals; the air ambulance industry; the ground ambulance industry; the Arizona Fire District Association; the Arizona Hospital and Healthcare Associa-

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tion; the Protocols, Medications, and Devices Committee; and an ALS base hospital pharmacy. Although not all members of the Task Force attended meetings, ADHS kept the entire Task Force membership informed of the meetings and the revisions to the draft rules through e-mails. The Task Force met four times in January through March 2006 and considered four different versions of rule changes for Articles 1, 2, and 10 and a companion exempt rulemaking that revises 9 A.A.C. 25, Article 5. Through the Task Force meetings, ADHS and the Task Force were able to reach consensus on the contents of both draft rulemakings, with the exception of one provision. That provision would have required an administrative medical director or ALS base hospital pharmacist-in-charge to ensure that an EMS provider maintains each agent within a stable temperature range as provided by the official compendium or the manufacturer's or distributor's labeling.

After reaching consensus with the Task Force except as to the temperature control provision, ADHS presented both draft rulemakings to the Emergency Medical Services Council (EMS Council) and the Medical Direction Commission (MDC) for discussion and action at their April 2006 meetings. The EMS Council and MDC both recommended that ADHS go forward with all of the rulemaking provisions in the drafts except the temperature control provision. As a result, ADHS eliminated the temperature control provision from this rulemaking.

After the temperature control provision was eliminated, ADHS combined the changes in Articles 1, 2, and 10 with another draft rulemaking for Articles 3 and 4. Most of the changes in Articles 3 and 4 were also considered and recommended by the EMS Council at its April 2006 meeting and are consistent with the recommendations made by the EMS Council at that meeting. Many of the changes in Articles 3 and 4 were made with input from the Education Committee, a standing committee of EMS Council, and a work group formed by the Education Committee.

After ADHS combined the two draft rulemakings, ADHS posted a draft Notice of Proposed Rulemaking and Draft Economic Impact Statement on the ADHS web site and solicited stakeholder input on the Draft Economic Impact Statement from mid-May to mid-June. As a result of comments received on the Draft Economic Impact Statement and Draft Notice of Proposed Rulemaking, and resulting further internal review, ADHS identified additional revisions that needed to be made in the rules. The additional revisions are necessary to clarify the rules and to effectuate the rule revisions recommended by the Prehospital Drugs Rulemaking Task Force and EMS Council. ADHS believes that they are all consistent with the recommendations made by the Task Force, the Education Committee, and EMS Council.

**d. Companion Exempt Rulemaking**

Along with this rulemaking, ADHS is completing a companion exempt rulemaking under the authority of A.R.S. § 36-2205(C). In the companion exempt rulemaking, ADHS:

- Clarifies EMT authorization to administer, monitor, and assist in patient self-administration of agents;
- Reduces the scope of practice of an EMT-I(99) to be more consistent with the NHTSA EMT-I(99) National Standard Curriculum, with a two-year grandfather clause for those EMT-I(99)s certified before the effective date of the rules; and
- Consolidates all of the current drug lists into one table in R9-25-503.

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

Although ADHS reviewed a number of studies in relation to the issue of temperature control, none of the studies are now relevant to the subject matter of this rulemaking, as the temperature control provision is not included in this rulemaking.

**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

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

As used in this summary, "minimal" means less than \$1,000; "moderate" means \$1,000 to \$9,999; "substantial" means \$10,000 or more; and "significant" means meaningful or important, but not readily subject to quantification.

ADHS believes that the costs of this rulemaking will be borne by ADHS, Prehospital Drugs Rulemaking Task Force (Task Force) members, EMS providers (used in this summary to mean ground ambulance services, air ambulance services, and firefighting agencies that provide EMS), ALS base hospitals, ALS base hospital pharmacists-in-charge, administrative medical directors, centralized medical direction communications centers, course providers (used in this summary to mean certified training programs and ALS base hospitals acting as training programs as authorized under R9-25-210), EMT-I(85)s, and EMT-I(99)s.

ADHS believes that the benefits of this rulemaking will be enjoyed by ADHS, Task Force members, EMS providers, ALS base hospitals, ALS base hospital pharmacists-in-charge, administrative medical directors, centralized medical direction communications centers, course providers, EMT-I(99)s, and actual and potential EMS provider patients and their loved ones (patients and their loved ones).

This summary describes only the most notable costs and benefits that ADHS expects to result from this rulemaking.

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ADHS has incurred moderate-to-substantial costs, and each participating Task Force member has incurred minimal-to-moderate costs, from the rulemaking process. Each Task Force member has also received a significant benefit because ADHS was receptive to most suggestions and ultimately created rules that are consistent with the consensus recommendations of the Task Force.

In Article 2, this rulemaking adopts requirements for overseeing the use and control of prehospital agents. These requirements are generally made the responsibility of an EMS provider's administrative medical director. However, when an EMS provider obtains all of its drugs from an ALS base hospital, which retains ownership of the drugs, the requirements for control of prehospital agents are made the responsibility of the ALS base hospital certificate holder and are to be performed by the ALS base hospital pharmacist-in-charge. ADHS believes that most of these requirements will result in only a minimal-to-moderate cost to an administrative medical director/ALS base hospital pharmacist-in-charge and EMS provider, from the time spent creating the standard operating procedure (SOP) required by the rule and providing training to EMTs to ensure that they are aware of and comply with the rule and SOP requirements. The actual costs incurred will depend on each EMS provider's current practices and how much those practices now diverge from the rule requirements. ADHS believes that administrative medical directors/ALS base hospital pharmacists-in-charge and EMS providers may receive a significant benefit from these requirements because they will help to ensure that required minimum supplies of agents are maintained, may help to prevent diversion of controlled substances or other agents, may result in early detection of diversion if it does occur, and may result in increased EMT awareness of and compliance with EMS providers' policies. Patients and their loved ones will also receive a significant benefit because the requirements will help to ensure that EMTs have the agents necessary to treat a patient when they respond and that patient records reflect all agents administered, which should result in enhanced patient care and enhanced public health. ADHS and patients and their loved ones will also receive a significant benefit from these changes because the administrative medical director's oversight of use of prehospital agents will help to ensure that an EMT only administers and monitors those agents for which the EMT has received adequate training and that an EMT only assists in patient self-administration of an agent if the agent is prescribed for the patient's symptoms, is what it is asserted to be, and is not expired. Both of these provisions should enhance patient safety and thereby protect the public health. EMS providers may also receive a significant benefit from these provisions because they may help prevent complaints, or even bad patient outcomes, resulting from inappropriate administration, monitoring, or assistance with patient self-administration of agents.

One provision in Article 2 may have a greater impact—the requirement for an EMS provider's SOP to require that each EMT on duty for the EMS provider have access to at least the minimum supply of agents required for the highest level of service to be provided by the EMT. This requirement will result in a minimal-to-substantial cost to each EMS provider that has administrative medical direction for its EMT-Bs but that does not currently equip its BLS units or supply its EMT-Bs with the agents listed in the EMT-B drug list. (The requirement is inapplicable to an EMT-B who does not have administrative medical direction.) The cost will be approximately \$259.24 to \$306.76 per ambulance or non-ambulance EMT-B team, although Table 1 in R9-25-503 (to be adopted in the companion exempt rulemaking) provides an exception to the requirement for epinephrine auto-injectors for a ground ambulance that is not primarily serving as the first EMS provider arriving on scene in response to an emergency dispatch, which would reduce this cost by approximately \$200 per ambulance. The cost will be incurred approximately every 15 months or as the agents are used and need to be replenished. The actual cost will depend upon what an EMS provider is currently stocking on its BLS ambulances or providing to its EMT-Bs and how many such ambulances or EMT-B teams the EMS provider has. ADHS is aware of two ambulance services that provide only BLS services and do not have administrative medical direction and has been informed that there are at least 13 additional EMS providers that do not currently provide administrative medical direction to their EMT-Bs. ADHS believes that ADHS and patients and their loved ones may receive a significant benefit from this requirement because it may help to ensure that a patient suffering a heart attack or anaphylaxis can receive life-saving treatment even if the first EMS provider vehicle on scene is manned at the BLS level. Especially because of the requirement for epinephrine auto-injectors, this provision could save lives.

In Article 3, this rulemaking creates an EMT-I(99)-to-EMT-P transition course. For those course providers who choose to provide the course, ADHS estimates the cost per course offered to be moderate, at approximately \$6,000 to \$7,000, some or all of which may be offset by student tuition payments. Creation of the new course may result in a significant (possibly substantial for some) benefit to ADHS, EMS providers, EMT-I(99)s who desire to become EMT-Ps, course providers, and patients and their loved ones. ADHS and patients and their loved ones will benefit if the new course results in an increased skill level among the EMTs providing EMS in Arizona. EMS providers will benefit if there are additional EMT-Ps available for hiring, particularly in rural areas where there are now relatively few EMT-Ps available for hire. Course providers that choose to offer the course and that operate for profit will benefit from student tuition payments received. EMT-I(99)s who desire to become EMT-Ps will benefit because they will be able to take the new 600-hour course to become eligible to obtain EMT-P certification, rather than the existing 1000-hour Arizona EMT-P course, and should enjoy a moderate increase in annual income if they obtain EMT-P certification.

In Article 3, this rulemaking also adopts prohibitions on prescribed student, instructor, and training program director conduct considered to be unethical and requirements to prevent cheating and to prohibit a student violator from receiving a certificate of completion and an instructor violator from further serving as an instructor. These provisions should result in no cost to minimal costs for most course providers, EMT students, and instructors, but may result in

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minimal-to-substantial costs to student violators and instructor violators. These provisions may result in a significant benefit to ADHS, course providers, EMS providers, EMT students, and patients and their loved ones because they will help to ensure that EMT students receive effective training and have their skills evaluated effectively, which should enhance quality of care and thus public health.

In Article 4, this rulemaking enables an individual to obtain EMT-P certification after completing the Arizona EMT-I(99)-to-EMT-P transition course. This should result in no costs, but will result in a substantial benefit to individuals who complete the new transition course. Without this change, an individual would not have been eligible for EMT-P certification even after completing the transition course.

In Article 10, this rulemaking revises the minimum equipment and supplies for a ground ambulance to require, among other things, that a ground ambulance equipped to provide BLS services contain the minimum supply of agents prescribed for an EMT-B in Table 1 in R9-25-503 and that each ambulance have a wheeled, multi-level stretcher that meets prescribed criteria. As described previously, the requirement for a ground ambulance equipped to provide BLS to carry the EMT-B agents will result in a minimal cost per ambulance, estimated to be approximately \$259.24 to \$306.76, if a ground ambulance service is not currently equipping its BLS ambulances with those agents and if the ground ambulance is used as the first EMS provider to respond to emergency dispatches. The requirement may also result in a significant benefit to ADHS and to patients and their loved ones because it may save lives. Because ADHS is aware that some ground ambulance services do not provide administrative medical direction to their EMT-Bs and thus may have a practical problem in acquiring epinephrine auto-injectors, which are available only with a prescription, ADHS has agreed to allow the ADHS Bureau of Emergency Medical Services Medical Director to write orders for epinephrine auto-injectors for EMS providers who do not provide administrative medical direction to their EMT-Bs. This should alleviate any costs associated with that practical problem. ADHS believes that the requirement for a stretcher will result in no costs to ground ambulance services because carrying a stretcher that meets the prescribed criteria is consistent with current practices in the industry. However, if a ground ambulance service needs to purchase stretchers to comply with the rule, the per ambulance cost would be minimal to moderate, at approximately \$900 to \$3,800, depending on the features selected and whether each stretcher is purchased new or used.

ADHS believes that each of the remaining provisions in this rulemaking will result in either no cost or minimal costs and that the overall benefits of this rulemaking outweigh its costs because the rulemaking should enhance the state-wide system of EMS and the quality of emergency patient care in Arizona.

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

In response to a stakeholder comment, ADHS revised the introductory language of R9-25-210(D) to read:

“If an ALS base hospital’s pharmacy provides all of the agents for an emergency medical services provider, and the ALS base hospital owns the agents provided, the ALS base hospital’s certificate holder shall ensure, through the ALS base hospital’s pharmacist-in-charge, that:”

This revision clarifies the applicability of R9-25-210(D) by making it consistent with the language in R9-25-204(G) and with the description of the provision included in the preamble of the Notice of Proposed Rulemaking.

ADHS also made several minor revisions suggested by G.R.R.C. staff to make the rules more clear, concise, and understandable.

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

ADHS held an oral proceeding on September 5, 2006, but received no oral comments. ADHS received three sets of written comments regarding the proposed rules. The written comments received and the ADHS response to each are included in the following table:

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<b>Section</b>	<b>Public Comment</b>	<b>ADHS Response</b>
Rulemaking Process	An attorney for the Arizona Hospital and Healthcare Association (AzHHA) expressed appreciation for AzHHA's opportunity to participate in the Pre-hospital Drugs Rulemaking Task Force and expressed strong support for the active use of stakeholder input and participation in the early stages of rulemaking, particularly prior to the formulation of proposed rules.	ADHS appreciates the support.
R9-25-204, R9-25-210, and R9-25-1003	The mother of a six-year-old girl with milk and egg allergies wrote in strong support of the rulemaking requirements regarding access to epinephrine auto-injectors on ambulances and from EMT-Basics. She stated: "The Food Allergy & Anaphylaxis Network estimates that there are more than 220,000 Arizonans like my daughter living with food allergies. Arizonans are depending on you to help save the lives of their loved ones. You, in your actions in this matter, can potentially help to save the lives of our sons, our daughters, our spouses, and our friends. I would urge that you let nothing and no one stop you from implementing these rules."	ADHS appreciates the support.
R9-25-204 and R9-25-210	An attorney for AzHHA requested that R9-25-210(D) be modified, consistent with the language of R9-25-204(G), to clarify that an ALS base hospital certificate holder is responsible for the control of agents only when an EMS provider obtains all of its agents from the ALS base hospital and the ALS base hospital retains ownership of the agents. The attorney suggested that the initial language of R9-25-210(D) be modified to read: "If an emergency medical service provider obtains all of its agents from an ALS base hospital pharmacy and the agents provided to the emergency medical services provider are owned by the ALS base hospital that provides them, the ALS base hospital's certificate holder shall ensure, through the ALS base hospital's pharmacist in charge, that: . . ." The attorney stated that this phrasing would be consistent with both the preamble of the proposed rulemaking and R9-25-204(G) and is not intended to be a substantive change, just a clarification.	ADHS has revised the introductory language of R9-25-210(D) to read: "If an ALS base hospital's pharmacy provides all of the agents for an emergency medical services provider, and the ALS base hospital owns the agents provided, the ALS base hospital's certificate holder shall ensure, through the ALS base hospital's pharmacist-in-charge, that:"
R9-25-318	The Operations Supervisor for Life Line Ambulance, the largest single employer of EMT-I(99)s in Arizona, requested that ADHS accept its comments as Life Line Ambulance's support for the EMT-I(99)-to-EMT-P transition course, but also presented the following concerns voiced by its EMT-I(99) staff members:	ADHS appreciates the support.

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	<p>Most of Life Line’s EMT-I(99) staff members have been working with the public providing “paramedic level” care, side by side with paramedics, for more than four years. Many of these paramedics (those certified before 1997) reportedly completed the same program as the EMT-I(99)s and were grandfathered in as paramedics. This begs the question why not offer the same provision to those who successfully completed the EMT-I(99) program? At the time the first group of EMT-I(99)s went through the course, there reportedly were no paramedic programs offered in Arizona. These EMTs entered the program with the assurance from the educators and the State of Arizona that this was the direction the state wanted EMS professionals to go in, but now they feel unsure of their professional future.</p>	<p>This comment relates to the companion exempt rulemaking rather than to the provisions of this rulemaking. This rulemaking does not affect the scope of practice of an EMT-I(99).          However, ADHS believes that this comment is misleading. Although EMT-I(99)s and EMT-Ps have essentially been able to administer the same drugs in the field since June 1, 2002, EMT-I(99)s and EMT-Ps have never shared the same scope of practice in terms of skills that may be performed or drugs that may be monitored during interfacility transfers. ADHS rules have distinguished between the scopes of practice of intermediate EMTs and paramedics since at least 1981.          In addition, this rulemaking is designed to assist EMT-I(99)s who desire to maintain a heightened scope of practice by creating an abbreviated paramedic course that they may take to become certified as paramedics.</p>
	<p>The Bureau has ruled that an economic impact study is not needed in this rulemaking, but the program’s cost may cause a significant financial burden to many EMS agencies and their employees. Many employers of EMT-I(99)s are rural fire departments and EMS agencies. If the state goes forward without offering financial assistance to those who may require it, they will be placing some services in great jeopardy. Some agencies may not have the assets to assist individuals with tuition or the resources to replace them while they attend class. Doing this could potentially drop the level of service being provided to the community.</p>	<p>This comment is directed to the companion exempt rulemaking rather than to this rulemaking. ADHS has completed an economic impact statement for this rulemaking and posted a draft of it for comment on ADHS’s web site and actively solicited stakeholder comment on it from mid-May to mid-June 2006. The economic impact statement does not describe any costs to current EMT-I(99)s or their employers as a result of the new EMT-I(99)-to-EMT-P transition course because there is no requirement for an EMT-I(99) to take the course and become a paramedic. Rather, an EMT-I(99) can choose not to take the course and remain an EMT-I(99). The creation of the transition course only benefits an EMT-I(99) who desires to become a paramedic because the transition course is 400 contact hours shorter than the Arizona EMT-P course, which is currently the only course that an EMT-I(99) may take to become a paramedic.          In addition, it should be noted that ADHS provides funding to the regional councils annually, a portion of which is earmarked for EMT training. An EMT-I(99) who chooses to take the transition course could seek funding for the course through the appropriate regional council.</p>

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	<p>Many EMT-I(99)s have raised the question of being offered credit for time worked in the field, which could be counted as clinical/vehicular time and thereby lessen the strain to their personal lives. They have been working alongside paramedics and other healthcare providers for years without any concerns as to their competency. In fact, many have become educators themselves, now teaching ALS level courses to paramedics, nurses, and physicians.</p>	<p>As stated previously, there is not a requirement for any EMT-I(99) to take the EMT-I(99)-to-EMT-P transition course. Thus, any costs incurred are a result of a choice to take the course to become a paramedic rather than the result of this rulemaking. The issue of whether the rule should recognize work experience by reducing the requirements for an experienced EMT-I(99) taking the transition course was discussed with the work group formed by the Education Committee and with the Education Committee. The consensus was that it is essential to establish a baseline level of competency and that it would be virtually impossible to verify the skills that had been performed by an EMT-I(99) while working or that the skills had been performed correctly. For this reason, with the support of the work group formed by the Education Committee, the Education Committee, and the EMS Council, ADHS did not reduce the requirements based on work experience. Finally, it should be noted that R9-25-312 prohibits an EMT-I(99) from serving as the lead instructor or a preceptor for a paramedic course.</p>
	<p>Life Line’s EMT-I(99) employees are an important part of EMS in Northern Arizona. There is a shortage of EMS professionals nationwide. Life Line asks ADHS to be cautious that this rulemaking is not forwarded in a manner that would exasperate this crisis. It is the all-important goal of providing exceptional customer service and medical care for our communities that drives Life Line. Life Line hopes that ADHS will assign serious attention to these concerns and keep agencies such as Life Line in mind for any potential pilot courses offered in the near future. Life Line reiterates its “unwavering support for this excellent educational opportunity.”</p>	<p>With the exception of the supportive comment related to the educational opportunity that the EMT-I(99)-to-EMT-P transition course represents, which ADHS appreciates, this comment pertains to the companion exempt rulemaking rather than to this rulemaking. ADHS agrees with Life Line that the overriding goal of EMS should be the provision of excellent patient care, and ADHS believes that the companion exempt rulemaking should enhance the EMS system in general and patient care specifically by making the scope of practice for an EMT-I(99), as related to authority to administer, monitor, and assist in patient self-administration of agents, more consistent with the NHTSA National Standard Curriculum incorporated by reference in R9-25-307. It is because ADHS believes that it is imperative to obtain stakeholder input on such important rulemaking matters that ADHS formed the Task Force, on which Life Line’s Operations Supervisor served, to provide ADHS with input on this rulemaking and the companion exempt rulemaking. The current draft of the companion exempt rulemaking is consistent with the consensus recommendations of the Task Force members and with the recommendations of the EMS Council and the Medical Direction Commission.</p>

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**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:**

The rulemaking includes new references to existing incorporations by reference, but does not include any new incorporations by reference.

**14. Were these rules previously made as emergency rules?**

No

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

**ARTICLE 1. DEFINITIONS**

Section

R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, and 36-2205)

**ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION**

Section

R9-25-204. Administrative Medical Director Qualifications and Responsibilities (Authorized by A.R.S. §§ 36-2201; 36-2202(A)(3) and (A)(4); 36-2204(5), (6), and (7); ~~and~~ 36-2204.01; 36-2208(A); and 36-2209(A)(2))

R9-25-210. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), ~~and~~ 36-2204(5) and (6), 36-2208(A), and 36-2209(A)(2))

**ARTICLE 3. TRAINING PROGRAMS**

Section

R9-25-301. Definitions; Training Program General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-304. Course and Examination Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-305. Arizona EMT-B Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-306. Arizona EMT-B Refresher, Arizona EMT-B Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-307. Arizona EMT-I Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-308. Arizona EMT-P Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-309. Arizona ALS Refresher; Arizona ALS Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-310. Training Program Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-311. Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-312. Lead Instructor; Preceptor (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-314. Training Program Disclosure Statements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-315. Training Program Student Records (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-316. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

R9-25-318. ~~Arizona EMT-I Transition Course Definition; Clarification of EMT-I References (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))~~ Arizona EMT-I(99)-to-EMT-P Transition Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))

Exhibit A. Equipment Minimum Standards for the Arizona EMT-I Course, EMT-P Course, ALS Refresher, and EMT-I(99)-to-EMT-P Transition Course ~~Equipment Minimum Standards~~

Exhibit B. Arizona EMT-Intermediate Transition Course

Exhibit C. Arizona EMT-I(99)-to-EMT-P Transition Course Clinical Training and Field Training Competencies

**ARTICLE 4. EMT CERTIFICATION**

Section

R9-25-404. Application Requirements for EMT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), ~~and~~ (A)(4), ~~36-2202(G)~~, and (G) and 36-2204(1) and (6))

R9-25-406. Application Requirements for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), ~~and~~ (A)(6), ~~36-2202(G)~~, and (G) and 36-2204(1), (4), and (6))

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- R9-25-408. Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), ~~and~~ (A)(4), ~~36-2202(G)~~, ~~and~~ (G) and 36-2204(1) and (6))
- R9-25-412. Special EMT-I Certification and Recertification Conditions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), ~~and~~ (A)(6), ~~36-2202(G)~~, ~~and~~ (G) and 36-2204(1), (4), and (6))

ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

Section

- R9-25-1003. Minimum Equipment and Supplies for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))

ARTICLE 1. DEFINITIONS

**R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, and 36-2205)**

~~In Articles 1 through 4 and Article 5 of~~ The following definitions apply in this Chapter, unless the context otherwise requires specified:

1. "Administer" or "administration" means to directly apply or the direct application of an agent to the body of a patient by injection, inhalation, ingestion, or any other means and includes adjusting the administration rate of an agent.
- ~~1-2.~~ "Administrative medical direction" has the same meaning as in A.R.S. § 36-2201.
- ~~2-3.~~ "Administrative medical director" means an individual qualified under R9-25-204 who provides administrative medical direction as required under R9-25-204.
- ~~3-4.~~ "Advanced procedure" means an emergency medical service provided by an EMT that:
  - a. Requires skill or training beyond the basic skills or training prescribed in the Arizona EMT-B course as defined in R9-25-305; or
  - b. Is designated in A.R.S. Title 36, Chapter 21.1 or this Chapter as requiring medical direction.
5. "Agent" means a chemical or biological substance that is administered to a patient to treat or prevent a medical condition.
- ~~4-6.~~ "ALS base hospital" means has the same meaning as "advanced life support base hospital" in A.R.S. § 36-2201.
- ~~5-7.~~ "Ambulance service" has the same meaning as in A.R.S. § 36-2201.
- ~~6-8.~~ "Centralized medical direction communications center" has the same meaning as in A.R.S. § 36-2201.
- ~~7-9.~~ "Chief administrative officer" means an individual assigned to act on behalf of an ALS base hospital or a training program certified under Article 3 of this Chapter by the body organized to govern and manage the ALS base hospital or the training program.
- ~~8-10.~~ "Clinical training" means to provide an individual with experience and instruction in providing direct patient care in a health care institution.
- ~~9-11.~~ "Communication protocol" means a written guideline prescribing:
  - a. How an EMT shall:
    - i. Request and receive online medical direction;
    - ii. Notify an online physician before arrival of an EMT's intent to transport a patient to a health care institution; and
    - iii. Notify a health care institution before arrival of an EMT's intent to transport a patient to the health care institution; and
  - b. What procedures an EMT shall follow in a communications equipment failure.
- ~~10-12.~~ "Conspicuously post" means to make visible to patients and other individuals by displaying on an object, such as a wall or bulletin board.
13. "Controlled substance" has the same meaning as in A.R.S. § 32-1901.
- ~~11-14.~~ "Course content outline" means a sequential listing of subject matter, objectives, skills, and competencies to be taught or tested.
15. "Custody" means physical control and may include constructive physical control, such as where a supply of agents is stored in a receptacle that is locked and sealed with an individually identifiable tamper-proof seal that would be broken if the receptacle were opened.
- ~~12-16.~~ "Dangerous drug" has the same meaning as in A.R.S. § 13-3401.
- ~~13-17.~~ "Day" means a calendar day.
- ~~14-18.~~ "Department" means the Arizona Department of Health Services.
19. "Document" or "documentation" means signed and dated information in written, photographic, electronic, or other permanent form.
- ~~15-20.~~ "Drug" has the same meaning as in A.R.S. § 32-1901.
21. "Drug distributor" means a person with a current and valid pharmacy permit or wholesaler permit, issued by the Arizona State Board of Pharmacy, that allows the person to distribute drugs in Arizona.
- ~~16.~~ "Document" or "documentation" means signed and dated information in written, photographic, electronic, or other permanent form.
- ~~17-22.~~ "Electronic signature" has the same meaning as in A.R.S. § 41-351.

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- ~~23.~~ “Emergency medical services” has the same meaning as in A.R.S. § 36-2201.
- ~~24.~~ “Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.
- ~~18-25.~~ “EMT” means has the same meaning as “certified emergency medical technician” in A.R.S. § 36-2201.
- ~~19-26.~~ “EMT-B” means has the same meaning as “basic emergency medical technician” in A.R.S. § 36-2201.
- ~~20-27.~~ “EMT-I” means has the same meaning as “intermediate emergency medical technician” in A.R.S. § 36-2201.
- ~~28.~~ “EMT-I(85)” means an individual certified as an EMT-I who does not hold current NREMT-Intermediate registration, as defined in this Section, and who has not completed the Arizona EMT-I course, as defined in R9-25-307, or the Arizona EMT-Intermediate transition course, as defined in R9-25-301.
- ~~29.~~ “EMT-I(99)” means an individual certified as an EMT-I who has completed:
- ~~a.~~ The Arizona EMT-I course, as defined in R9-25-307; or
  - ~~b.~~ The Arizona EMT-Intermediate transition course, as defined in R9-25-301.
- ~~21-30.~~ “EMT-P” means has the same meaning as “emergency paramedic” in A.R.S. § 36-2201.
- ~~22.~~ “Emergency medical services” has the meaning in A.R.S. § 36-2201.
- ~~23.~~ “Emergency medical services provider” has the meaning in A.R.S. § 36-2201.
- ~~31.~~ “FDA” means U.S. Food and Drug Administration.
- ~~24-32.~~ “Field training” means to provide an individual with emergency medical services experience and training outside of a health care institution or a training program facility.
- ~~25-33.~~ “General hospital” has the same meaning as in A.A.C. R9-10-201.
- ~~34.~~ “Health care decision maker” has the same meaning as in A.R.S. § 12-2291.
- ~~26-35.~~ “Health care institution” has the same meaning as in A.R.S. § 36-401.
- ~~36.~~ “In use” means in the immediate physical possession of an EMT and readily accessible for potential imminent administration to a patient.
- ~~37.~~ “Incapacitated adult” means an individual older than 18 years of age for whom a guardian, as defined in A.R.S. § 14-1201, has been appointed.
- ~~38.~~ “Infusion pump” means an FDA-approved device, operated mechanically, electrically, or osmotically, that releases a measured amount of an agent into a patient’s circulatory system in a specific period of time.
- ~~39.~~ “Interfacility transport” means an ambulance transport of a patient from one health care institution to another health care institution.
- ~~40.~~ “Intermediate emergency medical technician level” means completion of training that meets or exceeds the training provided in the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1).
- ~~41.~~ “IV” means intravenous.
- ~~42.~~ “Locked” means secured with a key, including a magnetic, electronic, or remote key, or combination so that opening is not possible except by using the key or entering the combination.
- ~~27-43.~~ “Medical direction” means administrative medical direction or online medical direction.
- ~~28-44.~~ “Medical record” has the same meaning as in A.R.S. § 36-2201.
- ~~45.~~ “Minor” means an individual younger than 18 years of age who is not emancipated.
- ~~46.~~ “Monitor” means to observe the administration rate of an agent and the patient response to the agent and may include discontinuing administration of the agent.
- ~~29-47.~~ “Narcotic drug” has the same meaning as “narcotic drugs” in A.R.S. § 13-3401.
- ~~30-48.~~ “NREMT” means the National Registry of Emergency Medical Technicians.
- ~~49.~~ “NREMT-Intermediate registration” means EMT-Intermediate/99 registration granted by NREMT.
- ~~34-50.~~ “Online medical direction” means emergency medical services guidance or information provided to an EMT by an online physician through two-way voice communication.
- ~~32-51.~~ “Online physician” means an individual qualified under R9-25-205 who provides online medical direction as required under R9-25-205.
- ~~33-52.~~ “Patient” means an individual who is sick, injured, or wounded and who requires medical monitoring, medical treatment, or transport.
- ~~34-53.~~ “Person” has the meaning in A.R.S. § 1-215 means:
- ~~a.~~ An individual;
  - ~~b.~~ A business organization such as an association, cooperative, corporation, limited liability company, or partnership; or
  - ~~c.~~ An administrative unit of the U.S. government, state government, or a political subdivision of the state.
- ~~35-54.~~ “Physician” has the same meaning as in A.R.S. § 36-2201.
- ~~55.~~ “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- ~~56.~~ “Practical nurse” has the same meaning as in A.R.S. § 32-1601.
- ~~57.~~ “Practicing emergency medicine” means acting as an emergency medicine physician in a hospital emergency department.
- ~~36-58.~~ “Prehospital incident history report” has the same meaning as in A.R.S. § 36-2220(E) 36-2220.

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- ~~37-59.~~ “Proficiency in advanced emergency cardiac life support” means:
- a. Completion of 16 clock hours of organized training covering:
    - i. Electrocardiographic rhythm interpretation;
    - ii. Oral, tracheal, and nasal airway management;
    - iii. Nasotracheal intubation and surgical cricothyrotomy;
    - iv. Peripheral and central intravenous lines; and
    - v. Pharmacologic, mechanical, and electrical arrhythmia interventions; and
  - b. Every 24 months after meeting the requirement in subsection ~~(37)~~(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection ~~(37)~~(a).
- ~~38-60.~~ “Proficiency in advanced trauma life support” means:
- a. Completion of 16 clock hours of organized training covering:
    - i. Rapid and accurate patient assessment,
    - ii. Patient resuscitation and stabilization,
    - iii. Patient transport or transfer, and
    - iv. Patient treatment and care; and
  - b. Every 48 months after meeting the requirement in subsection ~~(38)~~(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection ~~(38)~~(a).
- ~~39-61.~~ “Proficiency in cardiopulmonary resuscitation” means:
- a. Completion of eight clock hours of organized training covering:
    - i. Adult and pediatric resuscitation,
    - ii. Rescuer scenarios and use of a bag-valve mask,
    - iii. Adult and child foreign-body airway obstruction in conscious and unconscious patients,
    - iv. Automated external defibrillation,
    - v. Special resuscitation situations, and
    - vi. Common cardiopulmonary emergencies; and
  - b. Every 24 months after meeting the requirement in subsection ~~(39)~~(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection ~~(39)~~(a).
- ~~40-62.~~ “Proficiency in pediatric emergency care” means:
- a. Completion of 16 clock hours of organized training covering:
    - i. Pediatric rhythm interpretation;
    - ii. Oral, tracheal, and nasal airway management;
    - iii. Nasotracheal intubation and surgical cricothyrotomy;
    - iv. Peripheral and central intravenous lines;
    - v. Intraosseous infusion;
    - vi. Needle thoracostomy; and
    - vii. Pharmacologic, mechanical, and electrical arrhythmia interventions; and
  - b. Every 24 months after meeting the requirement in subsection ~~(40)~~(a), completion of additional training as determined by the training provider covering the subject matter listed in subsection ~~(40)~~(a).
- ~~63.~~ “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
- ~~64.~~ “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.
- ~~65.~~ “Session” means an offering of a course, during a period of time designated by a training program certificate holder, for a specific group of students.
- ~~41-66.~~ “Standing order” means a treatment protocol or triage protocol that authorizes an EMT to act without online medical direction.
- ~~67.~~ “Substantially constructed cabinet” means a hard-shelled container that is difficult to breach without the use of a power cutting tool.
- ~~42-68.~~ “Supervise” or “supervision” ~~means~~ has the same meaning as “supervision” in A.R.S. § 36-401.
- ~~69.~~ “Transport agent” means an agent that an EMT at a specified level of certification is authorized to administer only during interfacility transport of a patient for whom the agent’s IV administration was started at the sending health care institution.
- ~~43-70.~~ “Treatment protocol” means a written guideline that prescribes:
- a. How an EMT shall perform a medical treatment on a patient or administer ~~a drug~~ an agent to a patient; and
  - b. When online medical direction is required, if the protocol is not a standing order.
- ~~44-71.~~ “Triage protocol” means a written guideline that prescribes:
- a. How an EMT shall:
    - i. Assess and prioritize the medical condition of a patient,
    - ii. Select a health care institution to which a patient may be transported, and
    - iii. Transport a patient to a health care institution; and
  - b. When online medical direction is required, if the protocol is not a standing order.

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72. “Unauthorized individual” means an individual who is not:
- a. A certified EMT obtaining access to an agent to provide emergency medical services within the EMT’s scope of practice.
  - b. A licensed health care provider obtaining access to an agent to provide emergency medical services within the scope of practice of the health care provider’s license, or
  - c. An individual working for an emergency medical services provider whose job duties result in the individual’s having access to an agent.

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

**R9-25-204. Administrative Medical Director Qualifications and Responsibilities (Authorized by A.R.S. §§ 36-2201; 36-2202(A)(3) and (A)(4); 36-2204(5), (6), and (7); and 36-2204.01; 36-2208(A); and 36-2209(A)(2))**

- A. No change
  - 1. No change
  - 2. No change
    - a. No change
    - b. No change
    - c. No change
      - i. No change
      - ii. No change
      - iii. No change
- B. No change
  - 1. No change
  - 2. No change
  - 3. No change
  - 4. No change
  - 5. The Department ~~pursuant to, as provided in~~ A.R.S. § 36-2202(J).
- C. An administrative medical director:
  - 1. Shall coordinate the provision of administrative medical direction to EMTs; and
  - 2. May delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:
    - a. A physician;
    - b. ~~Licensed under A.R.S. Title 32, Chapter 15 or Chapter 25;~~ A physician assistant.
    - c. A registered nurse practitioner.
    - d. A registered nurse.
    - e. A practical nurse, or
    - e-f. An EMT-I or EMT-P.
- D. An administrative medical director shall:
  - 1. Ensure that an EMT receives administrative medical direction as required under A.R.S. Title 36, Chapter 21.1 and ~~9 A.A.C. 25~~ this Chapter;
  - 2. No change
    - a. A.R.S. Title 36, Chapter 21.1 and ~~9 A.A.C. 25~~ this Chapter; and
    - b. No change
  - 3. No change
    - a. A.R.S. Title 36, Chapter 21.1 and ~~9 A.A.C. 25~~ this Chapter; and
    - b. No change
  - 4. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
    - f. No change
  - 5. No change
- E. An administrative medical director shall:
  - 1. Annually document that the administrative medical director has reviewed A.R.S. Title 36, Chapter 21.1 and ~~9 A.A.C. 25~~ this Chapter; and
  - 2. Ensure that an individual to whom the administrative medical director delegates authority to fulfill the requirements in this Section annually documents that the individual has reviewed A.R.S. Title 36, Chapter 21.1 and ~~9 A.A.C. 25~~ this Chapter.

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- F.** An administrative medical director for an emergency medical services provider shall ensure that:
1. Each EMT for whom the administrative medical director provides administrative medical direction administers an agent only if the EMT is authorized to administer the agent under Article 5 of this Chapter;
  2. Each EMT for whom the administrative medical director provides administrative medical direction monitors an agent only if the EMT is authorized to monitor or administer the agent under Article 5 of this Chapter;
  3. Each EMT for whom the administrative medical director provides administrative medical direction assists in patient self-administration of an agent only if:
    - a. The EMT is authorized either to assist in patient self-administration of the agent or to administer the agent under Article 5 of this Chapter;
    - b. The agent is supplied by the patient;
    - c. The patient or, if the patient is a minor or incapacitated adult, the patient's health care decision maker indicates that the agent is currently prescribed for the patient's symptoms; and
    - d. The agent is in its original container and not expired;
  4. Each agent to which an EMT has access while on duty for the emergency medical services provider is obtained only from a person authorized by law to prescribe the agent or with a current and valid permit, issued by the Arizona State Board of Pharmacy, authorizing the person to operate a drug wholesaler or a pharmacy;
  5. Each transfer of an agent between the emergency medical services provider and another emergency medical services provider is documented as required by the Arizona State Board of Pharmacy and the U.S. Drug Enforcement Administration;
  6. The emergency medical services provider establishes, implements, and complies with a written standard operating procedure, applicable to each EMT for whom the administrative medical director provides administrative medical direction, that requires:
    - a. A written chain of custody for each supply of agents, including at least the following:
      - i. The name, EMT certification number, or employee identification number of each individual who takes custody of the supply of agents; and
      - ii. The time and date that each individual takes custody of the supply of agents;
    - b. Each individual who takes custody of a supply of agents to do the following:
      - i. Upon initially taking custody of the supply of agents, inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted or missing agents;
      - ii. Upon determining that any of the conditions described in subsection (F)(6)(b)(i) exists, document the condition, notify the administrative medical director if a controlled substance is depleted or missing, and obtain a replacement for each affected agent for which the minimum supply is not present; and
      - iii. Record each administration of an agent on a prehospital incident history report, as defined in A.R.S. § 36-2220;
    - c. Each EMT on duty for the emergency medical services provider to have access to at least the minimum supply of agents required for the highest level of service to be provided by the EMT;
    - d. That, except while in use, each agent to which an EMT has access while on duty for the emergency medical services provider is:
      - i. Secured in a dry, clean, washable receptacle;
      - ii. While on a motor vehicle or aircraft, secured in a manner that restricts movement of the agent and its receptacle; and
      - iii. If a controlled substance, locked in a substantially constructed cabinet; and
    - e. That each agent to which an EMT has access while on duty for the emergency medical services provider is kept inaccessible to unauthorized individuals at all times;
  7. Each EMT for whom the administrative medical director provides administrative medical direction has access to a copy of the emergency medical services provider's written standard operating procedure required under subsection (F)(6) while on duty for the emergency medical services provider;
  8. The administrative medical director notifies the Department in writing within 10 days after the administrative medical director receives notice, as required under subsection (F)(6)(b)(ii), that any quantity of a controlled substance is missing; and
  9. The administrative medical director complies with all Arizona State Board of Pharmacy and U.S. Drug Enforcement Administration requirements related to the control of agents.
- G.** Subsections (F)(4)-(9) do not apply to an administrative medical director for an emergency medical services provider if:
1. The emergency medical services provider obtains all of its agents from an ALS base hospital pharmacy, and
  2. The agents provided to the emergency medical services provider are owned by the ALS base hospital that provides them.

**R9-25-210. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), ~~and~~ 36-2204(5) and (6), 36-2208(A), and 36-2209(A)(2))**

A. No change

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1. No change
2. No change
3. No change
  - a. No change
  - b. No change
4. No change
- B.** No change
  1. No change
  2. No change
- C.** An ALS base hospital may act as a training program without training program certification from the Department, if the ALS base hospital:
  1. Is eligible for training program certification pursuant to as provided in R9-25-301(C); and
  2. Complies with the requirements in R9-25-301(I) and R9-25-304 through R9-25-318 and the Exhibits to Article 3 of this Chapter.
- D.** If an ALS base hospital's pharmacy provides all of the agents for an emergency medical services provider, and the ALS base hospital owns the agents provided, the ALS base hospital's certificate holder shall ensure, through the ALS base hospital's pharmacist-in-charge, that:
  1. Each agent to which an EMT has access while on duty for the emergency medical services provider is obtained only from a person authorized by law to prescribe the agent or with a current and valid permit, issued by the Arizona State Board of Pharmacy, authorizing the person to operate a drug wholesaler or a pharmacy;
  2. Each transfer of an agent between the emergency medical services provider and another emergency medical services provider is documented as required by the Arizona State Board of Pharmacy and the U.S. Drug Enforcement Administration;
  3. The emergency medical services provider establishes, implements, and complies with a written standard operating procedure, applicable to each EMT for whom the ALS base hospital supplies agents or provides administrative medical direction, that requires:
    - a. A written chain of custody for each supply of agents, including at least the following:
      - i. The name, EMT certification number, or employee identification number of each individual who takes custody of the supply of agents; and
      - ii. The time and date that each individual takes custody of the supply of agents;
    - b. Each individual who takes custody of a supply of agents to do the following:
      - i. Upon initially taking custody of the supply of agents, inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted or missing agents;
      - ii. Upon determining that any of the conditions described in subsection (D)(3)(b)(i) exists, document the condition, notify the ALS base hospital's pharmacist-in-charge if a controlled substance is depleted or missing, and obtain a replacement for each affected agent for which the minimum supply is not present; and
      - iii. Record each administration of an agent on a prehospital incident history report, as defined in A.R.S. § 36-2220;
    - c. Each EMT on duty for the emergency medical services provider to have access to at least the minimum supply of agents required for the highest level of service to be provided by the EMT;
    - d. That, except while in use, each agent to which an EMT has access while on duty for the emergency medical services provider is:
      - i. Secured in a dry, clean, washable receptacle;
      - ii. While on a motor vehicle or aircraft, secured in a manner that restricts movement of the agent and its receptacle; and
      - iii. If a controlled substance, locked in a substantially constructed cabinet; and
    - e. That each agent to which an EMT has access while on duty for the emergency medical services provider is kept inaccessible to unauthorized individuals at all times;
  4. Each EMT for whom the ALS base hospital supplies agents or provides administrative medical direction has access to a copy of the emergency medical services provider's written standard operating procedure required under subsection (D)(3) while on duty for the emergency medical services provider;
  5. The ALS base hospital's pharmacist-in-charge notifies the Department in writing within 10 days after the pharmacist-in-charge receives notice, as required under subsection (D)(3)(b)(ii), that any quantity of a controlled substance is missing; and
  6. The ALS base hospital's pharmacist-in-charge complies with all Arizona State Board of Pharmacy and U.S. Drug Enforcement Administration requirements related to the control of agents.

ARTICLE 3. TRAINING PROGRAMS

**R9-25-301. Definitions; Training Program General Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and**

**(A)(4) and 36-2204(1) and (3))**

- A. In this Article:
1. “Arizona EMT-Intermediate transition course” means the instruction prescribed in Exhibit B to this Article provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C);
  - ~~1-2.~~ “Course” means the:
    - a. Arizona EMT-B course, defined in R9-25-305;
    - b. Arizona EMT-B refresher, defined in R9-25-306;
    - c. Arizona EMT-I course, defined in R9-25-307;
    - d. Arizona EMT-P course, defined in R9-25-308; ~~or~~
    - e. Arizona ALS refresher, defined in R9-25-309; ~~and~~
    - f. Arizona EMT-Intermediate transition course, defined in subsection(A)(1); or
    - g. Arizona EMT-I(99)-to-EMT-P transition course, defined in R9-25-318;
  3. “NREMT-Intermediate practical examination” means the NREMT-Intermediate practical examination required for NREMT-Intermediate registration; and
  - ~~2-4.~~ “Refresher challenge examination” means the:
    - a. Arizona EMT-B refresher challenge examination, defined in R9-25-306; or
    - b. Arizona ALS refresher challenge examination, defined in R9-25-309.
- B. No change
- C. No change
1. No change
  2. No change
- D. No change
1. No change
  2. No change
- E. No change
- F. No change
1. No change
    - a. No change
    - b. No change
  2. No change
- G. No change
1. No change
  2. No change
  3. No change
- H. No change
- I. No change
1. No change
  2. No change
- J. No change

**R9-25-304. Course and Examination Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A. For each session of a course provided, a training program certificate holder shall:
1. No change
  2. No change
  3. No change
  4. No change
  5. No change
  6. No change
  7. No change
  8. Not allow a student more than six months from the official ~~course~~ session completion date to complete all course requirements.
- B. No change
1. No change
  2. No change
- C. No change
- D. No change
- E. A training program certificate holder shall ensure that:
1. The training program director for a specific session of a course does not:
    - a. Enroll in that session of the course as a student or allow an instructor for that session of the course to enroll in

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- that session of the course as a student.
- b. Issue to himself or herself or to an instructor for that session of the course a certificate of completion for that session of the course.
- c. Administer to himself or herself or to an instructor for that session of the course a refresher challenge examination.
- d. Allow an instructor for that session of the course to administer to himself or herself a refresher challenge examination, or
- e. Issue to himself or herself or to an instructor for that session of the course a certificate of completion for a refresher challenge examination;
- 2. During a final examination or refresher challenge examination, a student does not receive verbal or written assistance from any other individual or use notes, books, or documents of any kind as an aid in taking the examination;
- 3. The identity of each student taking a final examination or refresher challenge examination is verified through photo identification before the student is permitted to take the examination;
- 4. A student who violates subsection (E)(2) is not permitted to complete the examination or to receive a certificate of completion for the course or refresher challenge examination;
- 5. An instructor who allows a student to violate subsection (E)(2) or assists a student in violating subsection (E)(2) is no longer permitted to serve as an instructor;
- 6. Each examination for a course is completed onsite at the training program or at a facility used for course instruction;
- 7. Each final examination for a course is proctored; and
- 8. Each individual who proctors or administers a final examination for a course is neither the training program director nor an instructor for the course.

**R9-25-305. Arizona EMT-B Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A. No change
  - 1. No change
  - 2. No change
  - 3. No change
- B. The Arizona EMT-B course is modified as follows:
  - 1. No more than 24 students shall be enrolled in each session of the course;
  - 2. No change
    - a. No change
    - b. No change
  - 3. No change
  - 4. No change
  - 5. No change
  - 6. EMS equipment listed for lessons 1-2, 1-3, 1-4, 1-5, 1-6, 1-7, 2-1, 2-2, 2-3, 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-8, 3-9, 3-10, 4-1, 4-2, 4-3, 4-4, 4-5, 4-6, 4-7, 4-8, 4-9, 4-10, 4-11, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-1, 6-2, 6-3, 7-1, 7-2, 7-3, and 7-4 is required and shall be available before the start of the each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
  - 7. No change
  - 8. No change
    - a. No change
    - b. No change
  - 9. A final closed book written course examination is required and shall:
    - a. No change
    - b. No change
    - c. No change
  - 10. No change
    - a. No change
    - b. No change
- C. A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-B course session for didactic instruction.

**R9-25-306. Arizona EMT-B Refresher, Arizona EMT-B Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A. No change
  - 1. No change
  - 2. No change
  - 3. No change
- B. The Arizona EMT-B refresher is modified as follows:

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1. No more than 32 students shall be enrolled in each session of the course;
  2. No change
    - a. No change
      - i. No change
      - ii. No change
      - iii. No change
    - b. No change
  3. No change
  4. No change
  5. EMS equipment listed for Modules II, III, IV, V, and VI is required and shall be available before the start of ~~the~~ each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
  6. No change
  7. No change
    - a. No change
    - b. No change
  8. A final closed book written course examination is required and shall:
    - a. No change
    - b. No change
    - c. No change
  9. No change
    - a. No change
    - b. No change
- C.** No change
- D.** No change
  1. No change
  2. No change
- E.** A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-B refresher session for didactic instruction.
- R9-25-307. Arizona EMT-I Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**
- A.** No change
  1. No change
  2. No change
  3. No change
- B.** The Arizona EMT-I course is modified as follows:
  1. No more than 24 students shall be enrolled in each session of the course;
  2. No change
  3. No change
    - a. No change
    - b. No change
  4. No change
  5. EMS equipment required for the course is listed in Exhibit A of this Article and shall be available before the start of ~~the~~ each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
  6. No change
  7. A final closed book written course examination is required and shall:
    - a. No change
    - b. No change
    - c. No change
  8. No change
    - a. No change
    - b. No change
- C.** A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-I course session for didactic instruction.
- R9-25-308. Arizona EMT-P Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**
- A.** No change
  1. No change
  2. No change

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3. No change
- B.** The Arizona EMT-P course is modified as follows:
  1. No more than 24 students shall be enrolled in each session of the course;
  2. No change
    - a. No change
    - b. No change
  3. No change
    - a. No change
    - b. No change
  4. No change
  5. Equipment required for the course is listed in Exhibit A and shall be available before the start of ~~the~~ each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
  6. No change
  7. A final closed book written course examination is required and shall:
    - a. No change
    - b. No change
    - c. No change
  8. No change
    - a. No change
    - b. No change
- C.** A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-P course session for didactic instruction.
- R9-25-309. Arizona ALS Refresher; Arizona ALS Refresher Challenge Examination (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**
  - A.** “Arizona ALS refresher” means the ~~means the United States~~ U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: NSC Refresher Curriculum (2001);
    1. No change
    2. No change
    3. No change
  - B.** The Arizona ALS refresher is modified as follows:
    1. No more than 32 students shall be enrolled in each session of the course;
    2. The minimum admission requirements are:
      - a. One of the following:
        - i. Current ~~EMT-I or EMT-P~~ certification as an EMT-I(99) or EMT-P in this state or certification, recertification, or licensure at the intermediate emergency medical technician level or paramedic level in any other state or jurisdiction;
        - ii. No change
        - iii. No change
      - b. No change
    3. No change
    4. No change
    5. No change
    6. Equipment required for the course is listed in Exhibit A and shall be available before the start of ~~the~~ each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
    7. No change
    8. A final closed book written course examination is required and shall:
      - a. No change
      - b. No change
      - c. No change
    9. No change
      - a. No change
      - b. No change
  - C.** No change
  - D.** No change
    1. No change
    2. No change
  - E.** A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona ALS refresher session for didactic instruction.

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**R9-25-310. Training Program Medical Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A. No change
  - 1. No change
  - 2. No change
    - a. No change
    - b. No change
    - c. No change
      - i. No change
      - ii. No change
      - iii. No change
- B. A training program medical director designated for a course session shall:
  - 1. Before the start date of the course session, ensure that the course has a course content outline and final examinations that are consistent with:
    - a. Requirements established in the course; and
    - b. The scope of practice of the EMT level to which the course corresponds; and
  - 2. During the course session, ensure that the course content outline is followed and that the final examinations are given.

**R9-25-311. Training Program Director (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A. A training program certificate holder shall ensure that a training program director is:
  - 1. No change
  - 2. No change
  - 3. No change
  - 4. No change
  - 5. No change
  - 6. An ~~EMT-I~~ EMT-I(99) with at least two years experience as an ~~EMT-I~~ EMT-I(99), only if acting as a training program director for the Arizona EMT-I course, EMT-I Arizona ALS refresher, Arizona EMT-Intermediate transition course, Arizona EMT-B course, or Arizona EMT-B refresher; or
  - 7. No change
- B. A training program director designated for a course session shall:
  - 1. Supervise the day-to-day operation of ~~a~~ the course session;
  - 2. Supervise and evaluate the course session lead instructor and all preceptors providing clinical training or field training;
  - 3. Ensure that policies and procedures established for ~~a~~ the course pursuant to R9-25-313 are followed;
  - 4. Ensure that true and accurate records for each student enrolled in ~~a~~ the course session are kept pursuant to R9-25-315;
  - 5. Ensure that ~~an Arizona EMT-B a refresher challenge examination or an Arizona ALS refresher challenge examination~~ is administered and graded pursuant to the requirements established in ~~the Arizona EMT-B refresher or the Arizona ALS refresher~~ R9-25-306 or R9-25-309;
  - 6. No change
  - 7. No change
  - 8. No change
  - 9. No change
  - 10. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
    - f. No change
  - 11. For an EMT who passes ~~the Arizona EMT-B a refresher challenge examination or the Arizona ALS refresher challenge examination~~, issue a certificate of completion containing:
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
    - f. No change

**R9-25-312. Lead Instructor; Preceptor (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A. A training program certificate holder shall ensure that a lead instructor is:

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1. No change
  2. No change
  3. No change
  4. No change
  5. No change
  6. An ~~EMT-I~~ EMT-I(99) with at least two years experience as an ~~EMT-I~~ EMT-I(99), only if acting as a lead instructor for the Arizona EMT-I course, EMT-I Arizona ALS refresher, Arizona EMT-Intermediate transition course, Arizona EMT-B course, or Arizona EMT-B refresher; or
  7. No change
- B.** No change
1. No change
  2. No change
  3. No change
  4. No change
  5. No change
  6. No change
  7. No change
- C.** A lead instructor assigned to a course session shall:
1. Be present or have a substitute lead instructor present during all course hours established for the course session; and
  2. No change
- D.** No change
1. No change
  2. No change
  3. No change
  4. No change
  5. An ~~EMT-I~~ EMT-I(99) with at least two years experience as an ~~EMT-I~~ EMT-I(99), only if acting as a preceptor for the Arizona EMT-I course, ~~the~~ EMT-I Arizona ALS refresher, ~~the~~ Arizona EMT-B course, or ~~the~~ Arizona EMT-B refresher; or
  6. No change
- E.** No change

**R9-25-314. Training Program Disclosure Statements (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

A training program certificate holder shall provide all course applicants with the following documentation before the start date of a course session:

1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
  - a. No change
  - b. No change

**R9-25-315. Training Program Student Records (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

**A.** A training program certificate holder shall keep the following records for each student enrolled in a course session:

1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. No change
8. No change
9. No change

**B.** A training program certificate holder shall retain student records required under subsection (A) for three years from the start date of a student's course session.

**C.** No change

1. No change

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2. No change
3. No change
4. No change
5. No change

D. No change

**R9-25-316. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- A. At least 10 days before the start date of a course session, a training program certificate holder shall submit to the Department a completed form provided by the Department containing:
1. No change
  2. No change
  3. The name of the course session's training program medical director and attestation that the ~~course~~ training program medical director is qualified under R9-25-310,
  4. The name of the course session's training program director and attestation that the ~~course~~ training program director is qualified under R9-25-311,
  5. The name of the course session's lead instructor and attestation that the lead instructor is qualified under R9-25-312,
  6. The course session start date and end date, and
  7. The main location at which instruction for the course session will be ~~taught~~ provided.
- B. No later than 10 days after the date a student completes all course requirements, a training program certificate holder shall submit to the Department, the following information on a completed form provided by the Department:
1. ~~Name~~, The course name and the start date; and end date of the course session completed;
  2. No change
  3. No change
  4. Signed and dated attestation of the training program director designated for a the course session that the student has met all course requirements.
- C. No later than 10 days after the date a certified training program administers a refresher challenge examination, the training program certificate holder shall submit to the Department a completed form provided by the Department containing:
1. No change
  2. No change
  3. No change
  4. Signed and dated attestation of the training program director designated for a the course session that the EMT has passed the refresher challenge examination.
- D. No change

**R9-25-318. ~~Arizona EMT-I Transition Course Definition; Clarification of EMT-I References (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))~~ Arizona EMT-I(99)-to-EMT-P Transition Course (Authorized by A.R.S. §§ 36-2202(A)(3) and (A)(4) and 36-2204(1) and (3))**

- ~~A. In addition to the definitions of "course" in R9-25-301(A), course also means the Arizona EMT-Intermediate Transition Course:~~
- ~~1. Prescribed in Exhibit B; and~~
  - ~~2. Provided by a training program certified under this Article 3 or by an ALS base hospital authorized under R9-25-210(C).~~
- ~~B. Under R9-25-309(B):~~
- ~~1. "Intermediate emergency medical technician level or higher level" means completion of training that meets or exceeds the training provided in the United States Department of Transportation, National Highway Traffic Safety Administration, EMT Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1); and~~
  - ~~2. "EMT-Intermediate registration" means EMT-Intermediate/99 registration granted by NREMT.~~
- ~~C. Under R9-25-309(B), R9-25-311(A)(6), and R9-25-312(A)(6), "EMT I" means an EMT I who has completed training that meets or exceeds the training provided in the United States Department of Transportation, National Highway Traffic Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1).~~
- ~~D. Under R9-25-311(A)(6) and R9-25-312(A)(6), an EMT-I may also act as a training program director or lead instructor for the Arizona EMT-Intermediate Transition Course, prescribed in Exhibit B.~~
- ~~E. In this Article "NREMT Intermediate Practical Examination" means the NREMT Intermediate Practical Examination required for EMT-Intermediate/99 registration granted by NREMT.~~
- ~~F. This Section expires December 31, 2007.~~
- A. "Arizona EMT-I(99)-to-EMT-P transition course" means the U.S. Department of Transportation, National Highway Traffic Safety Administration, EMT-Paramedic: National Standard Curriculum (1998);

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1. Incorporated by reference in R9-25-308.
  2. As modified in subsection (B), and
  3. Provided by a training program certified under this Article or by an ALS base hospital authorized under R9-25-210(C).
- B.** The Arizona EMT-I(99)-to-EMT-P transition course is modified as follows:
1. No more than 24 students shall be enrolled in each session of the course;
  2. Each student enrolled shall have current certification as an EMT-I(99);
  3. The following course prerequisites are required:
    - a. Completion of a minimum of 24 clock hours of hazardous materials training that meets the requirements of the National Fire Protection Association's NFPA 472: Standard for Professional Competence of Responders to Hazardous Materials Incidents, 2002 Edition; Competencies for First Responders at the Operational Level, incorporated by reference in R9-25-308; and
    - b. Evidence of proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support;
  4. In addition to the minimum contact hours of didactic instruction required under subsection (B)(5), each student shall complete at least 60 hours of training in anatomy and physiology that:
    - a. Is completed either:
      - i. As a prerequisite to the course,
      - ii. As preliminary instruction completed at the beginning of the course session before the units of instruction required under subsection (B)(6), or
      - iii. Through integration of the anatomy and physiology material with the units of instruction required under subsection (B)(6); and
    - b. Covers the anatomy and physiology prerequisite objectives listed in Appendix E to the course materials;
  5. The minimum course length is 600 contact hours, including:
    - a. A minimum of 220 contact hours of didactic instruction and practical laboratory, and
    - b. A minimum of 380 contact hours of clinical training and field training;
  6. The following units of instruction are required:
    - a. In Module 1, units 1-2, 1-3, 1-4, 1-5, 1-6, 1-9, and 1-10;
    - b. In Module 3, units 3-1, 3-2, 3-3, 3-4, and 3-5;
    - c. In Module 4, units 4-3, 4-4, 4-5, 4-8, and 4-9;
    - d. In Module 5, units 5-1, 5-3, 5-4, 5-5, 5-6, 5-7, 5-8, 5-9, 5-10, 5-11, 5-12, 5-13, and 5-14;
    - e. In Module 6, units 6-1, 6-3, 6-4, 6-5, and 6-6;
    - f. In Module 7, unit 7-1; and
    - g. In Module 8, units 8-2, 8-3, 8-4, and 8-5;
  7. Equipment required for the course is listed in Exhibit A and shall be available before the start of each course session and during the course session as needed to meet the needs of each student enrolled in the course session;
  8. Facility recommendations on page 32 of the introductory material are requirements;
  9. Each student shall complete the competencies in Exhibit C during clinical training and field training;
  10. A final closed book written course examination is required and shall:
    - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is "all of the above" or "none of the above";
    - b. Cover the learning objectives of the course with representation from each of the required units of instruction; and
    - c. Require a passing score of 75% or better in no more than three attempts; and
  11. A final comprehensive practical skills examination is required and shall:
    - a. Evaluate a student's technical proficiency in skills identified as psychomotor objectives in the units of instruction required under subsection (B)(6), and
    - b. Enable a student to meet NREMT-Paramedic registration requirements.
- C.** A training program certified under this Article or an ALS base hospital providing a course as authorized under R9-25-210(C) may combine the students from more than one Arizona EMT-I(99)-to-EMT-P transition course session for didactic instruction.

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**Exhibit A. Equipment Minimum Standards for the Arizona EMT-I Course, EMT-P Course, ALS Refresher, and EMT-I(99)-to-EMT-P Transition Course ~~Equipment Minimum Standards~~**

<b>Quantity</b>	<b>Equipment</b>
1	Moulage or Casualty Simulation Equipment
<del>126</del>	Trauma Dressings
1 per student	Pen Lights (or provided by the student)
1 per student	Scissors (or provided by the student)
4	Stethoscopes (or provided by the student)
4	Blood pressure cuffs - adult sizes
4	Blood pressure cuffs - child size
4	Bag-valve-mask devices - adult size
4	Bag-valve-mask devices - pediatric size
2	Oxygen tank with regulator and key (Must be operational and maintain a minimum of 500psi.)
<del>64</del>	Oxygen masks non-rebreather - adult
<del>64</del>	Oxygen masks non-rebreather - child
<del>64</del>	Nasal cannulas
2 boxes	Alcohol preps
One box per student	Gloves - (small, medium, large, and extra large, <u>non-latex</u> ) (each student has one box of an appropriate size available during the course)
6 packages	4x4 sponges (non sterile)
<del>405</del> boxes	5x9 sponges (non sterile)
36 rolls	Rolled gauze (non sterile)
<del>1 box 5</del>	<del>Vaseline gauze or occlusive</del> <u>Occlusive</u> dressings
2	Traction splint devices
2	<del>Vest type immobilization devices</del> <u>Cervical-thoracic spinal immobilization device for extrication, with straps</u>
2	Long spine boards with securing devices
3 of each size	Cervical collars (small, regular, medium, large, and extra large) NOTE: may substitute 6 adjustable devices NOTE: Soft collars and foam types are not acceptable
2	Head immobilization materials/devices
1	Ambulance stretcher
<del>1</del>	<del>Bottle of activated charcoal</del>
<del>1</del>	<del>Oral glucose tube</del>
2	Blood glucose monitoring devices
<del>2</del>	<del>IV solution, tubing: macro and microdrip, blood tubing</del>
2	Portable suction devices
3	Rigid suction catheters
3	Flexible suction catheters
2 of each size	Oropharyngeal airways
2 of each size	Nasopharyngeal airways
2 of each size	Rigid splints (6 inch, 12 inch, 18 inch, 24 inch, and 36 inch)

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2	Burn sheets
2	OB kits
<del>8 bottles</del>	<del>Sterile water</del>
2	CPR Manikins – adult
2	CPR Manikins – child
2	CPR Manikins – infant
1 per student	CPR face shields or similar barrier device (or provided by the student)
1 per student	Pocket mask (or provided by the student)
1	Semi-Automatic Defibrillator or AED training device
1 box	IV Catheter – Butterfly
1 box	IV Catheter – 24 Gauge
1 box	IV Catheter – 22 Gauge
1 box	IV Catheter – 20 Gauge
1 box	IV Catheter – 18 Gauge
1 box	IV Catheter – 16 Gauge
1 box	IV Catheters central line catheter or intra-cath
1 unit	Monitor/Defibrillator
1 unit	Arrhythmia Simulator
1 box	Electrodes
2 unit	Intubation Manikin-adult
2 unit	Intubation Manikin – pediatrics
<del>2 sets</del> <u>1 set</u> <del>each type</del>	Laryngoscope Handle and Blades - one complete set <del>MAC curved</del> <del>or</del> <del>and Miller straight</del> , sizes <u>0 through 4</u>
1 set	Endotracheal Tubes – <u>3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, and 9.0</u>
1	<del>Dual Lumen Airway</del> <u>Esophageal Tracheal Double Lumen Airway Device</u>
2 each	Stylet - adult and pediatric
1 box	1 cc Syringes
1 box	3 cc Syringes
1 box	5 cc Syringes
1 box	10-12 cc Syringes
1 box	20 cc Syringes
2	IV Infusion Arm
<del>40</del> <u>5</u> <del>bags</del> <del>each</del>	IV Fluids: <del>50cc, 100cc, 250cc, 500cc, 1000cc</del>
<del>40</del> <u>5</u> <del>sets</del> <del>each</del>	IV Tubing - <del>40/15gtt, 10gtt and 60gtt</del>
<del>40</del> <u>5</u> <del>sets</del> <del>each</del>	Blood tubing
2	Sharps containers
<u>1 for each skill</u>	<u>Invasive Skills Manikin – Cricothyrotomy, Central Line, Tension Pneumothorax cricothyrotomy, central Lines and intraosseous and sternal IO training devices</u> <u>NOTE: A single manikin equipped for all skills, or a combination of manikins to cover all skills, is acceptable.</u>
<u>1 for each skill</u>	<u>Training Devices for intraosseous and sternal intraosseous, adult and pediatric</u> <u>NOTE: A single device equipped for all skills, or a combination of devices to cover all skills, is acceptable.</u>
<del>4</del> <u>2</u>	Magill forceps
<del>4</del> <u>2</u>	Hemostat <u>forceps</u>

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3	IV tourniquets
3	Scalpels
1	Simulated Drug Box

**Exhibit B. Arizona EMT-Intermediate Transition Course**

Admission Requirements:

1. ~~EMT-I~~ Current and valid certification in Arizona ~~as an EMT-I(85) during the two years before the course start date,~~ and
2. Evidence of proficiency in cardiopulmonary resuscitation.

Course Hours:

The minimum course length is 80 contact hours. In addition, sufficient time shall be provided to administer the final written examination and the final practical examination.

Equipment and Facilities:

Equipment required for the course is listed in Exhibit A and shall be available before the start of ~~the~~ each course session and during the course session as needed to meet the needs of each student enrolled in the course session. Facility recommendations identified for the Arizona EMT-P course are requirements for the Arizona EMT-Intermediate Transition Course.

Examinations:

1. A final written course examination is required and shall:
  - a. Include 150 multiple-choice questions with one absolutely correct answer, one incorrect answer, and two distractors, neither of which is “all of the above” or “none of the above”;
  - b. Cover the learning objectives of the course with representation from each of the course modules; and
  - c. Require a passing score of 75% or better in no more than three attempts.
2. A final comprehensive practical skills examination is required and shall enable a student to meet NREMT-Intermediate/99 registration or reregistration requirements.

Competencies:

1. Describe the scope of the duties of the advanced emergency medical technician (Intermediate and Paramedic).
2. Identify signs and symptoms of patients with a communicable disease and list the appropriate body substance isolation procedures.
3. Identify the initial, focused, and continuing processes of assessment, medical history, vital signs, communications, and documentation.
4. Apply the procedures of identifying and treating hypoperfusion states including intravenous (IV) and intraosseous (IO) fluid therapy.
5. Describe the actions, indications, contraindications, precautions, side effects, and dosages of the ~~drugs agents~~ included in ~~the current Arizona Department of Health Services, Bureau of Emergency Medical Services approved drug box~~ Table 1 in R9-25-503.
6. Given a patient scenario, identify and treat emergencies and relate proposed field interventions for each of the body systems.
7. Given a patient scenario, identify and relate proposed field interventions for patient with obstetrical emergencies.
8. Given a patient scenario, identify and relate proposed field interventions for patient with neonatal and pediatric emergencies.
9. Given a patient scenario, identify and relate proposed field interventions for patient with behavioral emergencies, preserving personal safety and well being.
10. Demonstrate trauma victim assessment, airway management, control of hemorrhage and hypoperfusion states.
11. Demonstrate 80 percent proficiency on a written examination and 80 percent accuracy of practical skills in selected EMS scenarios.

Course Outline:

- I. Advanced Emergency Medical Technician
  - A. Roles and responsibilities
  - B. Rules, regulations, and EMS systems
- II. Human Systems and Patient Assessment
  - A. Scene management and body substance isolation
  - B. Human systems in health and disease
  - C. Initial, focused, and ongoing processes of assessment
    1. Vital signs
    2. History taking, interviewing, and communications
    3. Terminology
  - D. Documentation
- III. Hypoperfusion States

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- A. Shock/Disorders of hydration
- B. Devices and techniques
- C. Trauma
- D. Thermal injuries
- E. Communications and documentation
- IV. Pharmacology
  - A. Basic and advanced pharmacokinetics
  - B. Updated ~~drug agent~~ information
  - C. Action of ~~drugs agents~~
  - D. Techniques of administration
    - 1. Oral
    - 2. Rectal
    - 3. Parenteral
    - 4. Intraosseous
    - 5. Intralingual
  - E. ~~Drug box~~ Table 1 in R9-25-503
- V. Illness, Injury, and the Body's Systems
  - A. Respiratory
    - 1. LMA
    - 2. Combitube
    - 3. Endotracheal and nasal tracheal intubation
    - 4. Surgical cricothyrotomy
    - 5. Needle thoracostomy
  - B. Cardiovascular
    - 1. Ecg rhythm identification
    - 2. Pacemaker rhythm identification
    - 3. 12-lead ecg application and analysis
    - 4. Defibrillation and cardioversion procedures
  - C. Central nervous system
  - D. Endocrine
  - E. Musculoskeletal emergencies
  - F. Soft tissue emergencies
  - G. Acute abdominal emergencies
  - H. Genito-urinary emergencies
  - I. Gynecological emergencies
  - J. Anaphylactic reactions
  - K. Toxicology, alcoholism, and substance abuse
  - L. Poisoning and overdose
  - M. Submersion incidents
  - N. Emergencies in the geriatric patient
  - O. Techniques of management
  - P. Communications and documentation
- VI. Obstetrical Emergencies
  - A. Maternal assessment
  - B. Delivery techniques
  - C. Care of the newborn
  - D. Ectopic pregnancy
  - E. Infectious diseases
  - F. Rape and abuse
  - G. Communications and documentation
- VII. Neonatal and Pediatric Emergencies
  - A. Approach to the pediatric patient
  - B. Related pathologies
  - C. Techniques of management
  - D. Communications and documentation
- VIII. Behavioral Emergencies
  - A. Behavioral disorders
  - B. Hostile environments
  - C. Therapeutic communications

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- D. Restraint
- IX. Trauma and Disaster
  - A. START Triage
  - B. Incident command
  - C. Age considerations
    - 1. Infant
    - 2. Pediatric
    - 3. Adult
    - 4. Geriatric
- X. Evaluation
  - A. Written
  - B. Skills

~~This Exhibit expires December 31, 2007.~~

**Exhibit C. Arizona EMT-I(99)-to-EMT-P Transition Course Clinical Training and Field Training Competencies**

**A. PSYCHOMOTOR SKILLS**

- 1. The student shall demonstrate the ability to safely administer agents:** The student shall safely, and while performing all steps of each procedure, properly administer agents at least 10 times to live patients.
- 2. The student shall demonstrate the ability to safely perform endotracheal intubation:** The student shall safely, and while performing all steps of each procedure, successfully intubate at least one live patient or cadaver.
- 3. The student shall demonstrate the ability to safely gain venous access in all age group patients:** The student shall safely, and while performing all steps of each procedure, successfully access the venous circulation at least 17 times on live patients of various age groups.
- 4. The student shall demonstrate the ability to effectively ventilate unintubated patients of all age groups:** The student shall effectively, and while performing all steps of each procedure, ventilate at least 12 unintubated live patients.

**B. AGES**

- 1. The student shall demonstrate the ability to perform a comprehensive assessment on pediatric patients:** The student shall perform a comprehensive patient assessment on at least 20 pediatric patients, including newborns, infants, toddlers, and school-age.
- 2. The student shall demonstrate the ability to perform a comprehensive assessment on adult patients:** The student shall perform a comprehensive patient assessment on at least 20 adult patients of various age groups, including young, middle, and older patients.

**C. PATHOLOGIES**

- 1. The student shall demonstrate the ability to perform a comprehensive assessment on obstetric patients:** The student shall perform a comprehensive patient assessment on at least 5 obstetric patients.
- 2. The student shall demonstrate the ability to perform a comprehensive assessment on trauma patients:** The student shall perform a comprehensive patient assessment on at least 20 trauma patients.
- 3. The student shall demonstrate the ability to perform a comprehensive assessment on behavioral patients:** The student shall perform a comprehensive patient assessment on at least 10 behavioral patients.

**D. CHIEF COMPLAINTS**

- 1. The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with chest pain:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 20 patients with chest pain.
- 2. The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with dyspnea/respiratory distress:**
  - a. The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 adult patients with dyspnea or respiratory distress; and
  - b. The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 5 pediatric patients, including infants, toddlers, and school-age, with dyspnea or respiratory distress.
- 3. The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with abdominal complaints:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 patients with abdominal complaints such as abdominal pain, nausea or vomiting, gastrointestinal bleeding, and gynecological complaints.
- 4. The student shall demonstrate the ability to perform a comprehensive assessment on and formulate and implement a treatment plan for patients with altered mental status:** The student shall perform a comprehensive patient assessment on and formulate and implement a treatment plan for at least 15 patients with altered mental status.

**E. TEAM LEADER SKILLS**

**The student shall demonstrate the ability to serve as a team leader in a variety of prehospital emergency situations:** The

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student shall serve as the team leader for at least 25 prehospital emergency responses.

ARTICLE 4. EMT CERTIFICATION

**R9-25-404. Application Requirements for EMT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), ~~and (A)(4), 36-2202(G), and (G)~~ and 36-2204(1) and (6))**

- A. No change
  - 1. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
  - 2. No change
  - 3. No change
- B. In addition to the application, the following are required:
  - 1. For EMT-B certification, both:
    - a. A certificate of course completion signed by the training program director designated for the course session for either the:
      - i. Arizona EMT-B course, as defined in R9-25-305; or
      - ii. Arizona EMT-B refresher, as defined in R9-25-306, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the basic emergency medical technician level or higher level; and
    - b. Evidence of current NREMT-Basic registration;
  - 2. For ~~EMT-I~~ EMT-I(99) certification, both:
    - a. A certificate of course completion signed by the training program director designated for the course session for either the:
      - i. Arizona EMT-I course, as defined in R9-25-307; or
      - ii. Arizona ALS refresher, as defined in R9-25-309, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the intermediate emergency medical technician level or higher level; and
    - b. Evidence of current NREMT-Intermediate registration; or
  - 3. For EMT-P certification, both:
    - a. A certificate of course completion signed by the training program director designated for the course session for ~~either~~ the:
      - i. Arizona EMT-P course, as defined in R9-25-308; ~~or~~
      - ii. Arizona ALS refresher, as defined in R9-25-309, if the applicant has current certification, licensure, NREMT registration, or NREMT reregistration eligibility at the paramedic emergency medical technician level; ~~and or~~
      - iii. Arizona EMT-I(99)-to-EMT-P transition course; and
    - b. Evidence of current NREMT-Paramedic registration.

**R9-25-406. Application Requirements for EMT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), ~~and (A)(6), 36-2202(G), and (G)~~ and 36-2204(1), (4), and (6))**

A. An individual who holds current and valid certification as an EMT in Arizona may, before the expiration date of the individual's current EMT certification, apply for recertification at the same level of EMT certification currently held or at a lower level of EMT certification.

~~A.B.~~ Before the expiration of the applicant's current certificate To apply for recertification, an applicant for EMT recertification shall submit to the Department an application including:

- 1. An application form provided by the Department containing:
  - a. No change
  - b. No change
  - c. An indication of the level of EMT certification currently held and of the level of EMT certification for which recertification is requested;
  - ~~e.d.~~ No change
  - ~~d.e.~~ No change
- 2. No change
- 3. No change

~~B.C.~~ In addition to the application, the following are required an applicant shall submit the following to the Department:

- 1. For EMT-B recertification, either:
  - a. A certificate of course completion signed by the training program director designated for the course session showing that within two years before the expiration date of ~~an~~ the applicant's current ~~EMT-B~~ certificate, the

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applicant completed either the:

- i. Arizona EMT-B refresher, as defined in R9-25-306; or
- ii. Arizona EMT-B refresher challenge examination, as defined in R9-25-306; or
- b. Evidence of current NREMT-Basic registration;
2. For ~~EMT-I~~ EMT-I(99) recertification, either:
  - a. Attestation that the applicant:
    - i. Has completed continuing education as required under subsection (~~CD~~), and
    - ii. Has and will maintain for Department review documentation verifying completion of continuing education as required under subsection (~~CD~~); or
  - b. Evidence of current NREMT-Intermediate registration; or
3. For EMT-P recertification, either:
  - a. Attestation that the applicant:
    - i. Has completed continuing education as required under subsection (~~CD~~), and
    - ii. Has and will maintain for Department review documentation verifying completion of continuing education as required under subsection (~~CD~~); or
  - b. Evidence of current NREMT-Paramedic registration.

~~C.D.~~ An EMT-I or EMT-P EMT required to complete attest to completion of continuing education requirements under subsections subsection (BC)(2)(a) or (BC)(3)(a) shall complete 60 clock hours of continuing education in the two years before the expiration date of the EMT's current certification or, if applicable, before the end of an extension period granted under R9-25-407, as follows:

1. No change
2. No change
3. No change
4. No change
5. No change
6. No change
7. No change
8. No change
9. No change
10. No more than 16 clock hours of training in advanced trauma life support; ~~and~~
11. No more than 16 clock hours of training in pediatric emergency care; ~~and~~
12. If the individual is certified as an EMT-I(85) and desires to apply for recertification as an EMT-I(99) as provided under R9-25-412, by completing the Arizona EMT-Intermediate transition course, defined in R9-25-301.

**E.** The Department shall not issue recertification as an EMT-I(85).

**R9-25-408. Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), ~~and (A)(4), 36-2202(G), and (G) and 36-2204(1) and (6)~~)**

**A.** ~~A certified EMT-I or EMT-P~~ An individual who holds current and valid EMT certification at a level higher than EMT-B and who is not under investigation pursuant to A.R.S. § 36-2211 may apply for continued certification at a lower EMT level for the remainder of the certification period by submitting to the Department:

1. No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
  - e. No change
2. Either:
  - a. A written statement from the ~~EMT-I's or EMT-P's~~ EMT's administrative medical director attesting that the EMT is able to perform at the lower level of certification requested; or
  - b. ~~For an EMT-I or EMT-P~~ If applying for continued certification as an EMT-B, an Arizona EMT-B refresher certificate of completion or an Arizona EMT-B refresher challenge examination certificate of completion signed by the training program director assigned to designated for the Arizona EMT-B refresher session.

**B.** ~~A certified EMT-I or EMT-P~~ An individual who holds current and valid EMT certification at a level higher than EMT-B and who is not under investigation pursuant to A.R.S. § 36-2211 may apply for recertification at a lower level pursuant to R9-25-406.

**R9-25-412. Special EMT-I Certification and Recertification Conditions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), ~~and (A)(6), 36-2202(G), and (G) and 36-2204(1), (4), and (6)~~)**

**A.** ~~Under R9-25-404(B)(2)(a)(ii), "intermediate emergency medical technician level" means completion of training that meets or exceeds the training provided in the United States Department of Transportation, National Highway Traffic~~

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Safety Administration, EMT-Intermediate: National Standard Curriculum (1999), incorporated by reference in R9-25-307(A)(1).

- ~~B.~~ In this Article, "NREMT Intermediate registration" means EMT Intermediate/99 registration granted by NREMT.
- ~~C.~~ For EMT-I recertification under R9-25-406, an applicant who does not hold current NREMT Intermediate registration and who has not completed the Arizona EMT-I course or Arizona EMT Intermediate Transition Course defined in Article 3 of this Chapter, shall satisfy the continuing education requirement in R9-25-406(C) by completing the Arizona EMT Intermediate Transition Course.
- ~~D.~~ This Section expires December 31, 2007.
- ~~A.~~ Before December 31, 2007, an individual certified as an EMT-I(85) shall do one of the following:
  - ~~1.~~ Complete the Arizona EMT-Intermediate transition course, defined in R9-25-301, and apply for recertification as an EMT-I(99) under subsection R9-25-406(B) and (C)(2);
  - ~~2.~~ Apply for recertification as an EMT-B, as provided under R9-25-408(B) and R9-25-406(A);
  - ~~3.~~ Apply for downgrading of certification to become an EMT-B, as provided under R9-25-408(A); or
  - ~~4.~~ Allow the individual's EMT-I(85) certification to expire and cease to be a certified EMT.
- ~~B.~~ Each EMT-I(85) certification expires on the expiration date shown on the certificate issued by the Department or on December 31, 2007, whichever is sooner.

ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

**R9-25-1003. Minimum Equipment and Supplies ~~For~~ for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))**

- ~~A.~~ A ground ambulance vehicle shall contain the following operational equipment and supplies:
  - ~~1.~~ No change
  - ~~2.~~ No change
  - ~~3.~~ One fixed ~~and one portable~~ oxygen cylinder, ~~each~~ or equivalent with a minimum capacity of 106 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
  - ~~4.~~ One portable oxygen cylinder with a minimum capacity of 13 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
  - ~~4-5.~~ No change
  - ~~5-6.~~ No change
  - ~~6-7.~~ No change
  - ~~7-8.~~ No change
  - ~~8-9.~~ No change
  - ~~9-10.~~ No change
  - ~~10-11.~~ No change
  - ~~11-12.~~ No change
  - ~~12-13.~~ No change
  - ~~13-14.~~ No change
  - ~~14-15.~~ No change
  - ~~15-16.~~ No change
  - ~~16-17.~~ No change
  - ~~17-18.~~ No change
  - ~~18-19.~~ No change
  - ~~19-20.~~ Four Two non-sterile elastic roller bandages or self-adherent wrap bandages, 4" 3" or larger;
  - ~~20-21.~~ No change
  - ~~21-22.~~ No change
  - ~~22-23.~~ No change
  - ~~23-24.~~ No change
  - ~~24-25.~~ No change
  - ~~25-26.~~ No change
  - ~~26-27.~~ No change
  - ~~27-28.~~ No change
  - ~~28-29.~~ Infection control materials Body substance isolation equipment, including:
    - ~~a.~~ two Two pairs of protective non-sterile disposable gloves;
    - ~~b.~~ two Two gowns;
    - ~~c.~~ two Two masks that are at least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator, which may be of universal size;
    - ~~d.~~ two Two pairs of shoe coverings; ~~two filtration masks;~~ and
    - ~~e.~~ two Two sets of protective eye wear; ~~and~~
  - ~~29-30.~~ At least three pairs of non-latex gloves; and

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31. A wheeled, multi-level stretcher that is:
- Suitable for supporting a patient at each level;
  - At least 69 inches long and 20 inches wide;
  - Rated for use with a patient weighing up to or more than 350 pounds;
  - Adjustable to allow a patient to recline and to elevate the patient's head and upper torso to an angle at least 70° from the horizontal plane;
  - Equipped with a mattress that has a protective cover;
  - Equipped with at least two attached straps to secure a patient during transport; and
  - Equipped to secure the stretcher to the interior of the vehicle during transport using the fastener required under R9-25-1002(36).
- B.** In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide BLS shall contain at least:
- The minimum supply of agents required in Table 1 in R9-25-503 for an EMT-B.
  - Two 3 mL syringes, and
  - Two 10-12 mL syringes.
- B.C.** In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide ALS shall contain at least the ~~drug box~~ minimum supply of agents required in Table 1 in R9-25-503 for the highest level of service to be provided by the ambulance's crew and at least the following:
- ~~One of each of the following types of~~ Four intravenous solution administration sets;
    - ~~A set with blood tubing capable of delivering 10 drops per cc;~~
    - ~~A set~~ Four intravenous solution administration sets capable of delivering 60 drops per cc; and
    - ~~A set capable of delivering 10 or 15 drops per cc;~~
  - ~~2-3.~~ No change
  - ~~3-4.~~ No change
  - ~~4-5.~~ No change
  - ~~5-6.~~ One laryngoscope with ~~one adult and one child blade~~ blades in sizes 0-4, straight or curved or both;
  - ~~6-7.~~ One McGill ~~One adult Magill~~ forceps;
  - ~~7-8.~~ No change
  - ~~8-9.~~ One portable, battery-operated cardiac monitor-defibrillator with ~~paper strip chart recorder~~ and adult and pediatric EKG electrodes and defibrillation capabilities;
  - ~~9.~~ Defibrillator pads or paddles, adult and pediatric;
  - ~~10.~~ No change
  - ~~11.~~ Electrodes; and
  - ~~12-11.~~ One blood glucose testing kit;
  12. The following syringes:
    - Two 1 mL tuberculin,
    - Four 3 mL,
    - Four 10-12 mL,
    - Two 20 mL, and
    - Two 50-60 mL;
  13. Three 5 micron filter needles; and
  14. Assorted sizes of non-filter needles.
- C.D.** A ground ambulance vehicle shall be equipped to provide, and capable of providing, voice communication between:
- The ambulance attendant and the dispatch center;
  - The ambulance attendant and the ground ambulance service's assigned medical direction authority, if any; and
  - The ambulance attendant in the patient compartment and the ground ambulance service's assigned medical direction authority, if any.

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NOTICE OF FINAL RULEMAKING

TITLE 17. TRANSPORTATION

CHAPTER 2. DEPARTMENT OF TRANSPORTATION  
AERONAUTICS DIVISION

[R06-446]

PREAMBLE

**1. Sections Affected**

R17-2-101  
R17-2-201  
Table 1  
R17-2-202  
R17-2-203  
R17-2-204  
R17-2-205  
R17-2-206

**Rulemaking Action**

Amend  
Amend  
New Table  
Amend  
Amend  
Amend  
Amend  
Amend

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

Authorizing statute: A.R.S. § 28-366

Implementing statutes: A.R.S. §§ 28-8202, 28-8204, 28-8241 through 28-8244, and 28-8419

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

January 6, 2007

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

Notice of Rulemaking Docket Opening: 12 A.A.R. 2245, June 23, 2006

Notice of Proposed Rulemaking: 12 A.A.R. 2380, July 7, 2006

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

Name: John Lindley, Administrative Rules Analyst

Address: Administrative Rules Unit  
Department of Transportation, Motor Vehicle Division  
1801 W. Jefferson St., Mail Drop 530M  
Phoenix, AZ 85007

Telephone: (602) 712-8804

Fax: (602) 712-3081

E-mail: [jlindley@azdot.gov](mailto:jlindley@azdot.gov)

Please visit the A.D.O.T. web site to track progress of this rule and any other agency rulemaking matters at [www.azdot.gov/mvd/mvdrules/rules.asp](http://www.azdot.gov/mvd/mvdrules/rules.asp).

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

The Arizona Department of Transportation, Aeronautics Division, is amending the existing rules to update related citations, reflect modernization in rule drafting style, and improve the clarity, conciseness, and understandability of program requirements. This action complies with recommendations made in the Division's five-year-review report approved by the Governor's Regulatory Review Council on December 7, 2004.

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

The agency did not review or rely on any study for this rulemaking.

**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

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

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Agency practices currently reflect the intended meaning of the rules and will not change as a result of the rulemaking. Therefore, the agency anticipates no economic impact associated with the amendments, except those resources necessary for rulemaking.

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

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

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

A.D.O.T. received no comments on these rules.

**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 made as emergency rules?**

No

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

TITLE 17. TRANSPORTATION

CHAPTER 2. DEPARTMENT OF TRANSPORTATION

AERONAUTICS DIVISION

ARTICLE 1. GENERAL PROVISIONS

Section

R17-2-101. Definitions

ARTICLE 2. GRAND CANYON NATIONAL PARK AIRPORT – OPERATION AND MANAGEMENT

Section

R17-2-201. Fees and Charges for Services and Use of Facilities and Equipment at the Airport

Table 1. Grand Canyon National Park Airport Fees and Charges

R17-2-202. Airport Use Permits

R17-2-203. Minimum ~~requirements~~ Requirements for Fixed ~~Based~~ Base Operators

R17-2-204. Airport Ground Leases

R17-2-205. Airport Parking ~~Rules and Regulations~~ Limitations; Prohibited Activities

R17-2-206. Airport Impoundment Procedures; Notice of Impound

ARTICLE 1. GENERAL PROVISIONS

**R17-2-101. Definitions**

In this Chapter, the following definitions shall apply:

1. “ADOT” means the Arizona Department of Transportation;.
2. “After-hours” means hours beyond those determined by airport management as appropriate to meet the seasonal demand.
3. “Airport” means the geographical boundaries of the property owned by the Arizona Department of Transportation, Aeronautics Division, and known as the Grand Canyon National Park Airport.
4. “Airport business” means any business venture operating inside the boundaries of the Grand Canyon National Park Airport or relying on business generated as a result of the presence of the airport, its customers, or employees;.
5. “Airport management” means ~~those one or more~~ persons designated by the ADOT Aeronautics Division Assistant Director as responsible for the management of the airport and its operations.
6. “Apron” means an artificially surfaced area of ground designed and used for the parking and storage of aircraft at an airport.
7. “Commercial aviation” means the scheduled or non-scheduled transportation by air of persons or property for compensation or hire under FAA ~~federal aviation~~ regulations.
8. “Commercial ground transportation” means ~~the scheduled or non-scheduled transportation, exclusive of by air, of persons or property for compensation or hire to and from the airport.~~
9. “Commercial fuel handling” means the sale, storage, transportation, ~~and/or~~ or distribution of fuels for compensation.

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- “Commercial ground transportation” means the scheduled or non-scheduled transportation, exclusive of by air, of persons or property for compensation or hire to and from the airport.
- 10. “Direct costs” means labor, materials, and variable overhead expenses which are directly dependent on the operation.
- 11. “Direct phone” means telephone service directly to hotels, motels, or other firms.
- “Director” means the Director of the Arizona Department of Transportation or the Director’s designee.
- 12. “Director of Aeronautics” means the ADOT Assistant Director of Aeronautics.
- 13. “Disabled aircraft” means any aircraft ~~which~~ that requires assistance to move from any position on the runway, taxiway, or apron areas of the airport.
- 14. “Disabled aircraft support equipment” means any equipment used to assist aircraft movement from any position on the runway, taxiway, or apron areas of the airport.
- 15. “Division” means the ~~Aeronautics Division of the Arizona Department of Transportation~~ Transportation’s Aeronautics Division.
- 16. “FAA”<sup>2</sup> means the Federal Aviation Administration of the United States Department of Transportation.
- 17. “Fixed base operator” means an airport business ~~which is providing~~ that provides airport user services, including but not limited to, commercial fuel handling, within the boundaries of the ~~Airport~~ airport.
- 18. “Fuel” means all flammable fluids composed of a mixture of selected hydrocarbons manufactured and blended for the purpose of aircraft, railroad, or motor vehicle propulsion.
- 19. “Fuel supplier” means any airport business that dispenses fuel to retail customers or into vehicles owned ~~and/or~~ or operated by that business.
- 20. “Lease” means a contract granting use or occupation of property during a specified period in exchange for a specified compensation.
- 21. “License ~~Agreement~~ agreement” means a contract granting use or occupation of a portion of the terminal or other state-owned building in exchange for a specific compensation.
- 22. “Maximum landing weight” means the maximum weight at which an aircraft may normally be landed as determined by the manufacturer.
- 23. “NFPA” means the National Fire Protection Association.
- 24. “~~Permittee~~ Permit holder” means any person, partnership, association, firm, or corporation, owning or operating a business ~~on~~ at the airport under a use permit.
- 25. “Public use terminal” means any structure designated for use by the general public and not specifically restricted or dedicated to any one airport business.
- 26. “Retail sales” means all sales activities ~~on~~ at the airport not directly related to the transportation of persons or property. Sales include but are not limited to food, beverages, souvenirs, sundries, books, newspapers, and magazines.
- 27. “Rotorcraft” means a heavier-than-air aircraft that depends principally for its support in flight on the lift generated by one or more rotors.
- 28. “State” ~~means the State of Arizona or its agents.~~
- “Self fuel dispensing or handling” means non-commercial fuel delivery to an aircraft, provided by the owner or operator.
- “State” means the State of Arizona or its agents.
- 29. “Self fuel dispensing/handling” ~~means non-commercial fuel delivery to an aircraft, provided by the owner or operator~~
- 30. “Taxiway” means an artificially surfaced strip of ground designed and used at an airport for the ground movement of aircraft.
- 31. “Terminal space” means any area within a structure designated as a terminal and used by the public for transitioning between aircraft and ground transportation.
- 32. “Use permit” means a contract granting the privilege to conduct commercial operations at the airport in exchange for a specific compensation.
- 33. “Vehicle” means any equipment used for transporting persons or property other than aircraft.

ARTICLE 2. GRAND CANYON NATIONAL PARK AIRPORT – OPERATION AND MANAGEMENT

R17-2-201. Fees and Charges for Services and Use of Facilities and Equipment at the Airport

- A. Except as provided in subsection (B), the ~~following~~ fees and charges in Table 1 shall apply to all tenants and users of the airport and its facilities:
  - 1. ~~Landing fees—charged for all commercial flight operations, including but not limited to air carrier, air taxi, air tour, and air freight, landing at the airport.~~
    - a. ~~Single engine fixed wing, multi-engine fixed wing, FAA—and rotorcraft~~

\$1.00 per 1,000 lbs., or part thereof, of certified maximum landing weight
---
    - b. ~~Aircraft parking fees~~
      - i. ~~Single engine fixed wing and rotorcraft~~

\$30.00 per month if parked in
--------------------------------



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- equipment
2. ~~Ground transportation fees. All commercial ground transportation use permit holders shall be required to report and pay monthly fees of \$0.30 per passenger transported either to or from the airport.~~
  3. ~~Vehicle parking fees. The airport management may designate restricted parking areas within the airport boundaries and charge the following fees:~~
    - a. ~~Ground transportation use~~                      \$5.00 per vehicle permit parking per day or any portion of any 24 hour period.  
\$50.00 per vehicle per month in designated areas
    - b. ~~Rental car parking~~                      Auto storage, in a designated area, as set forth in the use permit terms.
    - e. ~~Private or commercial vehicles~~                      Overnight parking, commercial vehicles in excess of designated number as specified by License Agreement or Use Permit, and private vehicles; \$5.00 per vehicle per 24-hour period or \$50.00 per vehicle per month in designated area.
  4. ~~Terminal retail sales of goods or services. Fees shall be a percentage of gross receipts after federal, state and local taxes, as defined in A.R.S. § 42-1301(7), of all retail sales, except as negotiated in each use permit. Use permits shall be based upon highest and best bids but shall contain provisions for not less than the percentage set forth in this schedule:~~
    - a. ~~Air tours originating at the airport~~                      7%
    - b. ~~Food and beverage~~                      15%
    - e. ~~Rental of personal property, including but not limited to car rentals~~                      15%
    - d. ~~Retail sales of merchandise~~                      15%
    - e. ~~Personal services businesses including but not limited to shoe shine, beauty and barber shops and others~~                      15%
    - f. ~~Other~~                      As negotiated
  5. ~~Use of other facilities outside the terminal~~                      As negotiated
- B.** The fees and charges established in subsection (A) do not apply to:
1. The use of leased facilities pursuant to under an airport ground lease.
  2. The use of airport facilities, equipment, or services included in an airport ground lease in effect on July 1, 1993.

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**Table 1. Grand Canyon National Park Airport Fees and Charges**

<b><u>Landing Fees</u></b>	
<u>For commercial flight operations landing at the airport including, but not limited to, air carrier, air taxi, air tour, and air freight:</u>	
<u>Single-engine fixed wing, multi-engine fixed wing, and rotorcraft</u>	<u>\$1.00 per 1,000 lbs., or part of 1,000 lbs., of FAA-certified maximum landing weight</u>
<b><u>Aircraft Parking Fees</u></b>	
<u>For restricted aircraft parking areas within airport boundaries designated by airport management:</u>	
<u>Single-engine fixed wing and rotorcraft</u>	<u>\$30.00 per month, if parked in designated public tie-down areas</u>
<u>Multi-engine fixed wing</u>	<u>\$40.00 per month, if parked in designated public tie-down areas</u>
	<u>The daily rate shall be 1/10 of the applicable monthly rate</u>
<b><u>Terminal Fees</u></b>	
<u>Terminal counter space</u>	<u>\$20.00 per sq. ft., per year</u>
<u>Terminal office space</u>	<u>\$15.00 per sq. ft., per year</u>
<u>Advertising space</u>	<u>\$2.00 per sq. ft. (sign size), per month, for terminal and counter areas</u> <u>\$5.00 per sq. ft. (sign size), per month, for outdoor sign space</u>
<u>Direct phone space</u>	<u>\$20.00 per unit, per month</u>
<u>Retail sales space</u>	<u>\$20.00 per sq. ft., per year</u>
<u>Public address system</u>	<u>\$25.00 per monthly subscription</u>
<u>After-hours terminal use</u>	<u>\$150.00 per hour, or part of an hour, in excess of ten minutes after scheduled terminal closure</u>
<b><u>Fuel Flowage Fees</u></b>	
<u>Fuel flowage</u>	<u>\$0.03 per gallon of fuel delivered to the airport</u>
<b><u>Equipment Use Fees</u></b>	
<u>Auxiliary power unit</u>	<u>\$10.00 per use</u>
<u>Aircraft tug</u>	<u>\$20.00 per use</u>
<u>Portable heater</u>	<u>\$10.00 per use</u>
<u>Passenger stairs</u>	<u>\$10.00 per use</u>
<u>Non-aviation equipment</u>	<u>As negotiated</u>
<b><u>Miscellaneous Fees</u></b>	
<u>After-hours runway inspection for commercial use permit holder</u>	<u>\$50.00 per landing, take-off, or if on standby, for each 30-minute increment</u>
<u>Storage of crash debris</u>	<u>\$5.00 per sq. ft., per month, or increment of a month beyond 72 hours</u>
<u>Clean up of hazardous materials</u>	<u>Direct costs</u>
<u>Repairs of damage to airport property</u>	<u>Direct costs</u>
<u>Disabled aircraft assistance</u>	<u>Direct costs</u>
<u>Disabled aircraft support equipment</u>	<u>Direct costs</u>
<b><u>Ground Transportation Fees</u></b>	
<u>All commercial ground transportation use permit holders shall report and pay monthly the following fee:</u>	
<u>Ground transportation</u>	<u>\$0.30 per passenger transported each way; either to or from the airport</u>
<b><u>Vehicle Parking Fees</u></b>	
<u>For restricted parking areas within airport boundaries designated by airport management:</u>	
<u>Ground transportation use permit parking</u>	<u>\$5.00 per vehicle, per day, or any portion of any 24-hour period</u> <u>\$50.00 per vehicle, per month, in designated areas</u>
<u>Rental car parking</u>	<u>Auto storage, in a designated area, as established by use permit terms</u>

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<u>Overnight parking, commercial vehicles in excess of designated number as specified by license agreement or use permit, and private vehicles</u>	<u>\$5.00 per vehicle, per 24-hour period; or \$50.00 per vehicle, per month, in designated area</u>
<b><u>Terminal Retail Sales of Goods or Services</u></b>	
<u>Fees shall be a percentage of gross receipts, as defined in A.R.S. § 42-5001, of all retail sales after federal, state, and local taxes, except as negotiated in each use permit. Use permits shall be based upon highest and best bids but shall contain provisions for not less than the percentage in this schedule:</u>	
<u>Air tours originating at the airport</u>	<u>7%</u>
<u>Food and beverage</u>	<u>15%</u>
<u>Rental of personal property, including but not limited to car rentals</u>	<u>15%</u>
<u>Retail sales of merchandise</u>	<u>15%</u>
<u>Personal services businesses, including but not limited to shoe shine, beauty and barber shops and others</u>	<u>15%</u>
<u>Other</u>	<u>As negotiated</u>
<b><u>Use of Other Facilities Outside the Terminal</u></b>	
<u>Use of other facilities outside the terminal</u>	<u>As negotiated</u>

**R17-2-202. ~~Airport use permits~~ Use Permits**

- A. A user operating commercially at the airport shall first obtain a use permit or ~~shall~~ be subject to a \$100.00 fine for each infraction. Use permits ~~shall be~~ are required for the following activities:
1. Commercial aviation;
  2. Commercial ground transportation;
  3. Commercial fuel handling; and
  4. Airport business.
- B. An aircraft owner or operator desiring to dispense fuel to ~~his~~ the owner's or operator's own aircraft ~~must~~ shall first obtain a self ~~fueling/handling~~ fueling or handling permit or ~~shall~~ be subject to a \$100.00 fine for each infraction.
- C. ~~Use permits~~ A use permit shall contain, as at a minimum, provisions governing the following requirements subjects:
1. Minimum insurance coverage in the amount ~~as set forth~~ required by the Department of ~~Administration~~ Administration's Risk Management Section, naming the state as co-insured;
  2. Billing, payment, and audit ~~requirements~~ procedures and the penalties for non-compliance;
  3. ~~The reporting of data~~ Data reporting in a timely manner, upon request of the airport management or other agency. This data may include, but is not be limited to:
    - a. Gross receipts,
    - b. Aircraft landings,
    - c. Aircraft ~~tie-downs~~ tie-downs,
    - d. Equipment utilized,
    - e. Enplanements,
    - f. Gallons and types of fuel pumped, and
    - g. Passengers transported ~~to and from~~ each way, to or from the airport;
  4. A list of all employees ~~having~~ with access to airport security areas and any changes in ~~such a~~ the list. In addition, the ~~FBO fixed base operator~~ shall provide verification of compliance with ~~required~~ required employee security checks ~~in accordance with~~ required under federal, state, and local laws, rules, regulations, and policies governing the use of the airport;
  5. Evidence of compliance with all other jurisdictions' requirements for permits, licenses, insurance, and certificates; and
  6. Detailed descriptions of any space within the public use terminal assigned to the commercial user and provisions describing allowable uses for the space as well as minimum expected maintenance of the facilities provided.

**R17-2-203. ~~Minimum requirements~~ Requirements for fixed base operators (FBO) Fixed Base Operators**

- A. ~~Prior to~~ Before entering into a contract ~~and prior to~~ or commencing any operation ~~on~~ at the airport as a fixed base operator, each ~~FBO fixed base operator~~ shall:
1. Hold a commercial fuel handling use permit;
  2. Submit to ~~the Assistant Director~~ airport management, a verified statement ~~containing~~ that contains a detailed description of the scope of the intended operation. This statement shall include:
    - a. ~~Include the~~ The means and methods ~~to that will~~ to be employed to accomplish the aviation operation, including how the operating standards and requirements shall will be met; and

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- b. ~~Include the~~ The nature of ownership and the responsible parties. If the responsible party is:
    - i. An individual, include the person's name and address;
    - ii. A partnership, include the names and addresses of all the partners; or
    - iii. A corporation, association, or other organization, include the names of the president, vice president, secretary, and managing officer or managing employee;:
  3. ~~Have had~~ Possess a minimum ~~experience~~ of three years experience, during within the past five years, in managing a fixed base operation ~~on at~~ an airport.
    - a. ~~This~~ The experience requirement applies either to:
      - i. The individual owner, if a sole proprietorship;
      - ii. One of the partners, if a partnership; or
      - iii. The permanent full-time managing officer or employee, if a corporation.
    - b. If more than one person shares the full-time management responsibilities and duties of the organization ~~are shared by more than one individual, then~~ their collective management experience may ~~apply provided that such experience shall have been in~~ be used to satisfy subsection (A)(3) if that experience encompasses each particular service or operation proposed;:
  4. Provide ~~to the Assistant Director~~ airport management, a complete certified financial statement, prepared by an independent accounting firm;:
  5. Provide ~~the Division to~~ airport management, evidence of current public liability insurance coverage in the minimum amount ~~as set forth~~ required by the Department of ~~Administration~~ Administration's Risk Management Section, naming the state as co-insured. Hangarkeeper's liability insurance may be required if aircraft are on the premises for safe-keeping, storage, service, or repair;: and
  6. Submit to airport management, a verified statement that there is a commitment from a fuel supplier to supply fuel. ~~Such~~ The commitment shall specify the types and volumes of fuel available to the ~~FBO~~ fixed base operator.
- B.** Upon commencing operations, a fixed base operator shall:
1. ~~Be required to make available to the Division~~ Provide to airport management a financial statement annually, an annual financial statement at the close of the state's fiscal year;:
  2. Obtain and keep current, during the term of ~~it's~~ the use permit, all required federal, state, and local licenses ~~required and shall comply ensure compliance~~ with all federal, state, and local laws, rules, regulations, and policies governing the use of the ~~Airport~~ airport;:
  3. ~~Be~~ Remain available as required by airport management, either individually or in connection with the other ~~FBO's~~ fixed base operators situated at the airport, to provide service and to respond to emergencies during after-hours;:
  4. Report all data pertaining to gallons and types of fuel pumped. ~~The FBO shall report and~~ other types of information as required by additional use permits. Reports shall be provided ~~in a timely manner~~ to the airport management and other requesting agencies in a timely manner;:
  5. Report all activity for which fees are established and pay all fees before the ~~tenth~~ 10th calendar day of ~~the~~ each month;:
  6. Retain all financial records at the airport. ~~The FBO shall maintain those records~~ for five years and comply with all auditing requirements ~~set forth~~ in the use permit;:
  7. Provide airport management with a list of all employees having with access to airport security areas and notify airport management of any changes;: ~~In addition, the FBO shall provide verification of compliance with required employee security checks in accordance with federal, state and local rules, regulations and policies governing the use of the airport.~~
  8. Provide verification of compliance with employee security checks required under federal, state, and local laws, rules, regulations, and policies governing the use of the airport;
  - 8-9. ~~Comply with all FAA and NFPA inspection criteria;: The FBO shall provide airport management with a copy of their written fueling operations procedures, safety and inspection manuals and records, as required by FAA and NFPA regulations. The FBO shall have an approved, written, spill prevention contingency and control plan which meets all applicable standards.~~
  10. Provide airport management with a copy of written fueling operations procedures, safety and inspection manuals, and records, as required by FAA and NFPA regulations; and
  11. Maintain an approved, written, spill-prevention contingency and control plan that meets all applicable federal and state standards.

**R17-2-204. Airport ground leases Ground Leases**

- A. The Division may enter into leases ~~for~~ of airport property for the operation of businesses ~~which that~~ foster the development of the airport.
- B. All leases ~~for~~ of airport property, other than the existing or any future public use terminal facility, shall be based on a competitive ~~bids~~ sealed proposal process as specified in A.R.S. § 41-2534. At a minimum, leases shall be based on a price per square foot of property as valued through an appraisal of that property. In addition, leases shall contain provisions for not less than the percentage ~~set forth~~ in the following schedule:

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1. Food and beverage - 5%
2. Rental of personal property - 10%
3. Retail sales of merchandise - 10%
4. Other - As negotiated

**R17-2-205. Airport Parking Limitations; Prohibited Activities**

This Section shall apply to all persons or entities who use the airport and its facilities:

- A.** For a special occasion, or during an emergency, airport management may impose parking limitations as circumstances require.
- B.** A person or entity using the airport and its facilities shall not:
- A.1.** No parking zones. No one may park a vehicle in an area designated as a no parking zones zone. No parking zones shall be designated by signage or red-painted curbs, as indicated by a sign or red painted curb;
- B.2.** Driving Drive or parking park a vehicle in any area on airport property which has been that is closed by the use of barricades a barricade, chains chain, or other traffic control devices device is prohibited. On special occasions, and in emergencies, parking limitations may be imposed by Airport Management as required by the particular circumstances.
- C.3.** Parking Park a vehicle on a pedestrian paths path, sidewalks sidewalk, or safety zones zone is prohibited;
- D.4.** Parking Park a vehicle in such a manner or location as to that obstruct obstructs another parked vehicle is prohibited;  
or
- E.5.** No camping is allowed Camp on the airport property except in designated areas.

**R17-2-206. Airport Impoundment Procedures; Notice of Impound**

This rule Section shall apply applies to all persons or entities who use using the airport and its facilities:

- A.1.** The Airport Management Airport management may remove and impound any aircraft or other vehicles vehicle found on state property where an owner has:
- 1-a. Parked the aircraft or vehicle in an area designated and posted as a restricted area;
  - 2-b. Parked the aircraft or vehicle in violation of these rules;
  - 3-c. Abandoned the aircraft or vehicle on airport property for more than 14 days without prior notification and permission of Airport Management airport management;
  - 4-d. Whose owner has failed Failed to pay parking fees for 15 days after the date of the first statement a parking statement is attached to the aircraft or vehicle, indicating that a parking fee is due. The parking statement shall be attached to the aircraft or other vehicle; or
  - 5-e. Parked in such a way as to constitute the aircraft or vehicle in a manner or location that constitutes a hazard or impediment to the general public or to the movement and operation of aircraft or emergency equipment.
- B.2.** At the time of removal for impound, a Notice of Impound shall be posted by airport officials as near to the location from which the aircraft or vehicle was removed as is practical, and a copy of the notice shall be mailed by airport officials to the address listed on the aircraft, or vehicle registration in the aircraft or vehicle, or in the airport records. If no address is known to the Airport Manager, the notice shall be published twice in a daily newspaper with a general circulation in Coconino County, within a period of ten working days from time of impound. The notice shall describe the aircraft or vehicle, the parking violation requiring impoundment, the location at which the aircraft or vehicle is being impounded, the name and address of the person to see about the impound, and the owner's right to file a request for a hearing under subsection (D) of this Section: Notice of Impound.
- a. An authorized agent of the airport management, at the time of removal for impound, shall post a Notice of Impound as near to the location from which the aircraft or vehicle was removed as is practical, and a copy of the notice shall be mailed to the address listed on the:
    - i. Aircraft or vehicle;
    - ii. Vehicle registration in the aircraft or vehicle; or
    - iii. Airport records.
  - b. Airport management, within a period of 10 business days from the date of impoundment, shall twice publish the Notice of Impound in a daily newspaper with a general circulation in Coconino County, if no address is known. The notice shall describe the:
    - i. Aircraft or vehicle;
    - ii. Parking violation that necessitated the impoundment;
    - iii. Location to which the aircraft or vehicle was impounded;
    - iv. Name and address of the person to contact regarding the impoundment; and
    - v. Owner's right to file a request for a hearing under subsection (5).
- 3.** Airport management shall ensure that:
- a. A vehicle is removed by a tow company licensed by the Department of Public Safety; and
  - b. An aircraft is removed by a fixed base operator licensed by the ADOT Aeronautics Division.
- C.4.** Costs to owner. The owner of the an aircraft or vehicle shall be is responsible for all costs involved in removing the

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~~removal, impounding impoundment, and storage of such the aircraft or vehicle, and plus any costs incurred by publication of the Notice of Impound. The Airport Manager shall have any vehicle towed by a tow company licensed by the Department of Public Safety, or any aircraft towed by a Fixed Base Operator licensed by ADOT Aeronautics Division.~~

~~D.5. Hearing requests. Any person affected by subject to a decision made within the Aeronautics Division pursuant to under this Chapter may request a hearing before the Director of Aeronautics. The person shall submit a written request such a for the hearing in writing to the Division Director Department not more than 30 days after the action of the Aeronautics Division. Except for the modification of the time limits provided in this Section, the The hearing shall be held in accordance with A.R.S. Title 41, Chapter 6, Article 6.~~

NOTICE OF FINAL RULEMAKING

TITLE 17. TRANSPORTATION

CHAPTER 4. DEPARTMENT OF TRANSPORTATION  
TITLE, REGISTRATION, AND DRIVER LICENSES

[R06-447]

PREAMBLE

- 1. Sections Affected:**

R17-4-404	<b>Rulemaking Action:</b>
R17-4-406	Amend
R17-4-409	Amend
- 2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statute: A.R.S. § 28-366  
Implementing statute: A.R.S. §§ 28-3160, 28-3165, 28-3306(A)(3) and 32-2352
- 3. The effective date of the rules:**

November 7, 2006

The Division is requesting an immediate effective date. Laws 2006, Ch. 297 § 1 effective September 21, 2006, repeals the statutory language under A.R.S. § 28-672(C) as it is duplicative of A.R.S. § 28-672(A), except that each subsection references a different result of violation under the statute. A.R.S. § 28-672(A) now includes an accident that causes death as a violation under this subsection. Consequently, R17-4-409(B)(7) must be amended so that the Division can accurately assign points for a violation that results in an accident that causes death.
- 4. A list of all previous notices appearing in the Register addressing the final rules:**

Notice of Rulemaking Docket Opening: 12 A.A.R. 2246, June 23, 2006  
Notice of Proposed Rulemaking: 12 A.A.R. 2461, July 14, 2006
- 5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**

Name:	Janette M. Quiroz
Address:	Administrative Rules Unit Department of Transportation, Mail Drop 530M 1801 W. Jefferson Phoenix, AZ 85007
Telephone:	(602) 712-8996
Fax:	(602) 712-3081
E-mail:	jmquiroz@azdot.gov

Please visit the ADOT web site to track progress of these rules and any other agency rulemaking matters at <http://mvd.azdot.gov/mvd/MVDRules/rules.asp>.
- 6. An explanation of the rules, including the agency's reasons for initiating the rulemaking:**

The Arizona Department of Transportation, Motor Vehicle Division is adopting rules to clarify driver-license requirements, update related citations, and eliminate provisions contained within statute. This rulemaking is initiated in accordance with a Five-Year Rule Review Report approved by the Council in September 2003 and Laws 2006, Ch 297 § 1.

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

The Division did not review nor rely upon any study relative to this rulemaking.

**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

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

The Division anticipates the only economic impacts as a result of this rulemaking are the resources necessary for rulemaking.

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

The statutory citation under R17-4-409(B)(7) has been amended to include the applicable statutory change as a result of Laws 2006, Ch. 297 § 1. Additionally, minor technical and grammatical changes were made by the Division at the suggestion of Council staff to improve clarity.

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

None

**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. Were these rules previously adopted as emergency rules?**

No

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

NOTICE OF FINAL RULEMAKING

TITLE 17. TRANSPORTATION

CHAPTER 4. DEPARTMENT OF TRANSPORTATION

TITLE, REGISTRATION, AND DRIVER LICENSES

ARTICLE 4. DRIVER LICENSES

Section

R17-4-404. Driver Point System

R17-4-406. Minor's ~~application~~ Application for ~~permit~~ Permit or ~~license~~ License

R17-4-409. Application for License for Identification Purposes Only: Fees

ARTICLE 4. DRIVER LICENSES

**R17-4-404. Driver Point System**

**A. ~~In this Section~~ The following definitions apply to this Chapter unless otherwise specified:**

~~1. "Civil traffic violation" is defined in A.R.S. § 28-121(B).~~

~~21. No change~~

~~3. "Division" means the Arizona Department of Transportation, Motor Vehicle Division.~~

~~42. No change~~

~~53. No change~~

~~64. No change~~

~~75. No change~~

~~86. No change~~

a. No change

b. No change

~~97. No change~~

~~108. No change~~

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- a. No change
  - b. No change
49. No change
- a. No change
  - b. No change

**B.** Under A.R.S. § 28-3306(A)(3), if a driver accumulates eight or more points in the 12-month period defined in subsection (A)(4)(8), the Division shall: ~~either order the driver to successfully complete the curriculum of a licensed traffic survival school or suspend the driver's Arizona driver license or the Arizona driving privilege under A.R.S. § 28-3152 of a driver not licensed by the Division. The Division shall assign points to a driver as follows:~~

	Points
1. Conviction of violating A.R.S. § 28-1381, driving or actual physical control of a vehicle while under the influence of intoxicating liquor or drugs;	8
2. Conviction of violating A.R.S. § 28-1382, driving or actual physical control of a vehicle while under the extreme influence of intoxicating liquor;	8
3. Conviction of violating A.R.S. § 28-693, reckless driving;	8
4. Conviction of violating A.R.S. § 28-708, racing on highways;	8
5. Conviction of violating A.R.S. § 28-695, aggressive driving;	8
6. Conviction or judgment of violating A.R.S. §§ 28-662, 28-663, 28-664, or 28-665, relating to a driver's duties after an accident;	6
7. Conviction or judgment of violating A.R.S. § 28-672(C), failure to comply with a red traffic control signal, failure to yield the right of way when turning left at an intersection, or failure to comply with a stop sign, and the failure results in an accident causing death to another person;	6
8. Conviction or judgment of violating A.R.S. § 28-672(A), failure to comply with a red traffic control signal, failure to yield the right of way when turning left at an intersection, or failure to comply with a stop sign, and the failure results in an accident causing serious physical injury to another person;	4
9. Conviction or judgment of violating A.R.S. § 28-701, speeding;	3
10. Conviction or judgment of violating A.R.S. § 28-644(A)(2), driving over or across, or parking in any part of a gore area; and	3
11. Conviction or judgment of violating any other traffic regulation that governs a vehicle moving under its own power.	2

1. Order the driver to successfully complete the curriculum of a licensed traffic survival school;

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- 2. Suspend the driver's Arizona driver license; or
- 3. Suspend the Arizona driving privilege of a driver not licensed by the Division under A.R.S. § 28-3152.
- C. The Division shall assign points to a driver for each violation resulting in a conviction or judgment as follows:

	<u>Points</u>
1. <u>A.R.S. § 28-1381, driving or actual physical control of a vehicle while under the influence of intoxicating liquor or drugs;</u>	<u>8</u>
2. <u>A.R.S. § 28-1382, driving or actual physical control of a vehicle while under the extreme influence of intoxicating liquor;</u>	<u>8</u>
3. <u>A.R.S. § 28-693, reckless driving;</u>	<u>8</u>
4. <u>A.R.S. § 28-708, racing on highways;</u>	<u>8</u>
5. <u>A.R.S. § 28-695, aggressive driving;</u>	<u>8</u>
6. <u>A.R.S. §§ 28-662, 28-663, 28-664, or 28-665, relating to a driver's duties after an accident;</u>	<u>6</u>
7. <u>A.R.S. § 28-672(C)(A), failure to comply with a red traffic-control signal, failure to yield the right of way when turning left at an intersection, or failure to comply with a stop sign, and the failure results in an accident causing death to another person;</u>	<u>6</u>
8. <u>A.R.S. § 28-672(A), failure to comply with a red traffic-control signal, failure to yield the right of way when turning left at an intersection, or failure to comply with a stop sign, and the failure results in an accident causing serious physical injury to another person;</u>	<u>4</u>
9. <u>A.R.S. § 28-701, speeding;</u>	<u>3</u>
10. <u>A.R.S. § 28-644(A)(2), driving over or across, or parking in any part of a gore area; and</u>	<u>3</u>
11. <u>Any other traffic regulation that governs a vehicle moving under its own power.</u>	<u>2</u>

~~CD.~~ No change

- 1. No change
  - a. No change
  - b. No change
- 2. No change
  - a. No change
  - b. No change
- 3. No change
- 4. No change
  - a. No change
  - b. No change

~~DE.~~ The Division shall:

- 1. Send a driver an order of suspension under A.R.S. § 28-3318 when the driver comes under ~~subsection~~ subsections (B)

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~~and does not come under or~~ subsection (C);

2. No change
  - a. No change
  - b. No change
  - c. No change
  - d. No change
3. No change
  - a. No change
  - b. No change

**EE.** Approved schools.

1. Under the provisions of A.R.S. § ~~28-446~~ 28-3307, the Department will assign licensees only to schools approved by the Assistant Director in writing.
2. No change

**EG.** Approved curriculum. The Assistant Director ~~will~~ shall approve in writing a uniform curriculum that the school must shall ~~be taught~~ teach to licensees assigned to schools. The curriculum will be selected and approved on the basis of effectiveness in improving the safety and habits of drivers.

**EH.** No change

1. No change
2. Instructors ~~must~~ shall complete a curriculum workshop approved by the Assistant Director. An instructor may be temporarily certified if ~~he the instructor~~ successfully completes, as a student, a course using Division ~~the~~ approved curriculum and agrees that ~~he the instructor~~ will attend the next available curriculum workshop for complete orientation.
3. The instructors ~~must~~ shall be at least 21 years of age, have an acceptable personal driving record, ~~be enthusiastic toward training multiple violators,~~ be accepted for employment by an approved school, and be of good moral character.

**HI.** No change

**IJ.** No change

**R17-4-406. Minor's ~~application~~ Application for permit ~~Permit or license~~ License**

**A.** For the purposes of administering the provisions of A.R.S. § ~~28-417~~ 28-3160, the following definitions ~~are adopted~~ apply to this Section:

1. ~~“Custody” as used in subsection (B) of A.R.S. § 28-417 means legal custody granted to both parents by a court order, either jointly or during specified periods, but does not include visitation rights.~~  
~~“Custody” as used in subsection (A) of A.R.S. § 28-417 means legal custody rights in a parent whose custody rights as parent of a child have not been severed by a court order or, in the case of divorced parents, only one parent was granted custody of the child, and excludes visitation rights.~~  
“Application,” means a form provided by the Division that includes the Legal Guardian Affidavit required by the Division to be submitted with each minor’s driver license application.
2. No change
3. ~~“Person having custody of a minor child whose parents are deceased” means a person who is not a legal guardian of the child but who has for any reason assumed responsibility for the care, control, education, support and shelter of such a child.~~
4. No change
5. ~~“Application,” as used in this rule, means the Legal Guardian Affidavit which the Motor Vehicle Division requires to be submitted with each minor’s driver license application.~~

**B.** ~~When both parents must sign: If the parents of a child are divorced but have both been awarded custody of the child, both must sign the application.~~

**CB.** No change

**DC.** No change

1. No change
2. No change
3. If the signing parent is not married to the child’s other parent, the signing parent ~~must~~ shall affirm, by sworn statement to the Division or a notary public, that the other parent does not have custody of the child, in which event ~~it shall be the Division shall presumed~~ presume the signing parent has custody of the child.

**ED.** No change

1. ~~Applications presented which that are not signed by a parent because both are deceased must be accompanied by If both parents are deceased, the minor or minor’s guardian shall attach~~ certified copies of certificates of death or other satisfactory proof of death, ~~such as, by way of example but not limitation,~~ that includes a court judgment, affidavits of close relatives of the child, or school records.
2. No change

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3. An employer signing the application ~~must~~ shall certify the person employs the minor ~~is employed by that person~~ on the date of application.
4. No change

~~FE.~~ No change

~~G.~~ Adoption of questionnaire. The attached Legal Guardian Affidavit is adopted for use in satisfying the requirements of this rule, ~~is incorporated by reference, and is on file in the Office of the Secretary of State.~~

**R17-4-409. Application for License for Identification Purposes Only: Fees**

A. ~~Every application shall~~ An applicant shall apply to the Division, on a form provided by the Division, for a License for Identification Purposes Only, and shall comply with the requirements as set forth in under A.R.S. § 28-421.04 28-3165. The application shall be made on forms furnished by the Department.

B. Satisfactory proof of an applicant's ~~the~~ name and date of birth ~~of an applicant~~ may be shown ~~established~~ by any of the following:

1. Birth certificate,
2. Citizenship papers,
3. Passport,
4. School identification,
5. Military discharge papers, or
6. Military I.D. card, or
7. ~~Notarized affidavit signed by two adults.~~

C. No change

1. No change
2. No change