



# Arizona Administrative REGISTER

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# From the Publisher

## ABOUT THIS PUBLICATION

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

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

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

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

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

## ABOUT RULES

Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number).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

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 New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.

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

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

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

## LEGAL CITATIONS AND FILING NUMBERS

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

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

# Arizona Administrative REGISTER

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

**PUBLICATION DEADLINES**  
Publication dates are published in the  
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# Participate in the Process

## Look for the Agency Notice

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

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

## Attend a public hearing/meeting

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

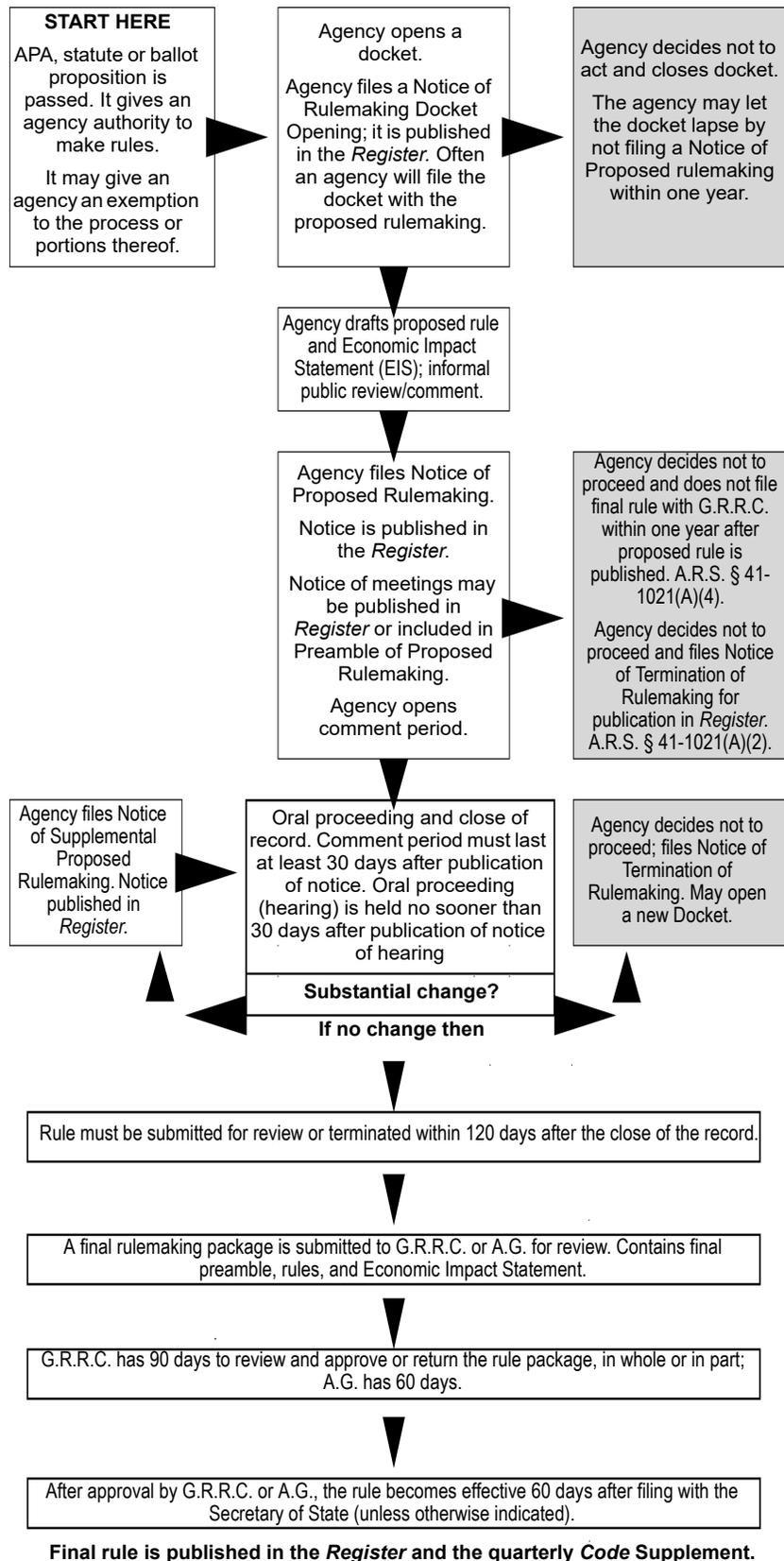
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

## Write the agency

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

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

# Arizona Regular Rulemaking Process



## Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Acronyms

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

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

APA – *Administrative Procedure Act*

A.R.S. – *Arizona Revised Statutes*

CFR – *Code of Federal Regulations*

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

FR – *Federal Register*

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

U.S.C. – *United States Code*

## About Preambles

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

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

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





collection, management, and analysis of information on the incidence of chronic diseases in Arizona. The Department has implemented this statute in Arizona Administrative Code (A.A.C.) Title 9, Chapter 4. The Department believes that opioid use disorder, which can lead to opioid overdose and death, has become a chronic disease in Arizona. In the last 15 years, prescription opioid sales in the United States have risen by 300%, resulting in more than 33,000 opioid overdose deaths in 2015 nationwide. In Arizona, 790 individuals died in 2016 of an opioid overdose, a 74% increase since 2012.

To successfully prevent and combat opioid use disorder, overdoses, and deaths, the Department needs to be able to obtain complete and accurate data about these events in a timely fashion. Under Executive Order 2017-04, Enhanced Surveillance Advisory, issued by Governor Doug Ducey, on June 13, 2017, health care providers, pharmacists, emergency medical service providers, local and state law enforcement agencies, and others were directed to report data on specific opioid-related health conditions to the Department. This Executive Order was revised and renewed on August 10, 2017, when the Governor issued Executive Order 2017-05, and on October 9, 2017, when opioid-related reporting began under an emergency rule.

The Department has begun using the data being reported under the Executive Orders to monitor incidence patterns for opioid overdoses, and plans to assess the success of intervention strategies being deployed to combat the opioid overdose epidemic, identify population subgroups at high risk for morbidity and mortality due to opioid overdoses, and identify regions of the state that are in particular need of intervention programs to reduce the incidence of opioid overdoses. However, continued reporting is necessary to obtain the data necessary to shape, implement, and assess the success of a public health response to the opioid overdose epidemic. Since there is a continuing need for data to detect changes in opioid prescribing practices, as well as changes in the number of opioid overdoses and intervention activities, on a real-time basis, after the expiration of the emergency rule, the Department has sought and received an exception from the rulemaking moratorium established by Executive Order 2017-02 and is adopting rules for Opioid Poisoning-Related Reporting by regular rulemaking in 9 A.A.C. 4. The new rules will conform to rulemaking format and style requirements of the Governor’s Regulatory Review Council and the Office of the Secretary of State.

**7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to 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 Department based the need for this rulemaking on the following two documents:

- a. The Department’s “2016 Arizona Opioid Report,” available at <http://azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/arizona-opioid-report.pdf>; and
- b. The U.S. Centers for Disease Control and Prevention’s Morbidity and Mortality Weekly Report (MMWR) “Vital Signs: Changes in Opioid Prescribing in the United States, 2006-2015,” published July 7, 2017, available at [https://www.cdc.gov/mmwr/volumes/66/wr/mm6626a4.htm?s\\_cid=mm6626a4\\_w](https://www.cdc.gov/mmwr/volumes/66/wr/mm6626a4.htm?s_cid=mm6626a4_w).

Both documents present factual data describing the extent of the opioid epidemic in Arizona and the United States, respectively.

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

Not applicable

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

Annual costs/revenues changes are designated as minimal when more than \$0 and \$1,000 or less, moderate when between \$1,000 and \$5,000, and substantial when \$5,000 or greater in additional costs or revenues. A cost is listed as significant when meaningful or important, but not readily subject to quantification. The Department anticipates that persons affected by the rulemaking include the Department; first response agencies, including ambulance services, emergency medical services providers, and law enforcement agencies; licensed health care institutions; health professionals; medical examiners; pharmacists/pharmacies; individuals experiencing an opioid overdose or neonatal abstinence syndrome (NAS) and their families; and the general public.

Ambulance services, emergency medical services providers, and law enforcement agencies currently report to the Department through the AZ-PIERS data system, while health care institutions, health professionals, and medical examiners report through the MEDSIS data system. Pharmacists report the dispensing of naloxone through the Arizona Board of Pharmacy’s Controlled Substances Prescription Monitoring Program (CSPMP) data system. The Department estimates that it cost the Department approximately \$8,000 to modify the MEDSIS data system and approximately \$3,600 to modify the AZ-PIERS data system. The cost to permanently update AZ-PIERS is estimated to be approximately \$12,000. The Department also paid \$10,500 to modify the CSPMP to accommodate the reported data. Therefore, the cost to the Department to modify the data systems used for collection of the reported information is expected to be substantial. The Department anticipates that de-duplication of information reported by multiple submitters in separate data systems, requesting additional information to complete reports, and entering medical examiner data from Maricopa County may impose a substantial annual cost on the Department. Costs to compile, analyze, and produce reports on the data, as well as to disseminate other information derived from the data, may impose a further substantial annual cost on the Department.

The Department may receive a significant benefit from the information submitted due to the rule in implementing the activities proposed in the Opioid Action Plan, developed by the Department in compliance with the Governor’s Declaration of Emergency and Notification of Enhanced Surveillance Advisory on the Opioid Overdose Epidemic. In addition to the significant intrinsic benefit of having a healthier and safer general public as a result of public health activities undertaken by the Department to address the opioid overdose epidemic, the Department has been able to obtain federal funds to help combat the opioid overdose epidemic. The Department may receive up to a substantial benefit if the data derived through the rules enable the Department to obtain additional federal funds.

The new rules may impose a minimal-to moderate-cost on first response agencies, including ambulance services, emergency medical services providers, and law enforcement agencies, for reporting the required information to the Department. The Department is also providing reports derived from the submitted information back to first response agencies, enabling them to improve



performance and the effectiveness of their activities. Through the provision of continuing timely data, the Department anticipates that a first response agency may receive a significant benefit from the new rules.

Reports of opioid overdose deaths are required by the new rules to be reported by medical examiners to the Department. To lessen the burden on the Maricopa County medical examiner, which has by far the largest number of opioid overdose deaths, the Department has been entering this data. The Department anticipates that the medical examiners of the other counties may experience a minimal cost to report on these deaths. Medical examiners may also receive a significant benefit from the reports of compiled data provided by the Department, derived from information submitted under the new rules.

Licensed health care institutions are required by the new rules to report suspected non-fatal opioid overdoses, suspected fatal opioid overdoses, and suspected cases of NAS. The Department estimates that 80% of health care institutions would incur minimal costs for this reporting, while the largest reporting health care institutions may experience a minimal-to-moderate annual cost for reporting. Health care institutions may also receive a significant benefit from the reports that may be disseminated by the Department, based on the information received under the new rules. Health professionals may be expected to incur a minimal burden due to reporting, and may receive a significant benefit from additional resources available to them and their patients as a result of the public health response to the opioid overdose epidemic, which is driven by data derived through the reporting.

The emergency rules are not consistent with reporting requirements for naloxone dispensing specified by the Arizona Board of Pharmacy. This inconsistency may cause confusion as to what information must be provided and in what timeframe. To address the discrepancy, the Department has included in the new rules a citation to A.R.S. § 32-1979. The Department believes this change from the requirements in the emergency rules may provide a significant benefit to a pharmacist/pharmacy by reducing confusion about reporting requirements.

The requirements in the rules were designed to provide the data that will allow a public health response to be implemented to improve the health and safety of the citizens of Arizona, including individuals experiencing an opioid overdose or NAS. Therefore, the Department anticipates that individuals experiencing an opioid overdose or NAS and their families may receive a significant benefit from the requirements in the rules. The Department anticipates that the timely monitoring of suspected opioid overdoses, and the effects that public health programs may have on them, may help reduce the number of opioid overdose deaths in Arizona and the number of individuals suffering an opioid overdose as a result of prescribed opioids. Therefore, the Department estimates that this rule may provide a significant benefit to the general public.

**10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:**

The following changes were made to the rule between the proposed rulemaking and the final rulemaking:

- A definition of “first response agency” has been added to R9-4-601; and
- Where applicable, the phrase “an ambulance service, an emergency medical services provider, or a law enforcement agency” has been replaced with “a first response agency” in R9-4-602.

**11. An agency’s summary of the public stakeholder comments made about the rulemaking and the agency response to the comments:**

The Department had a conversation with a representative of a hospital who expressed concern that a hospital might consider itself to be an “emergency medical services provider,” due to having an emergency department, and believe the hospital had to report under R9-4-602(A) as well as subsections (C) and (D). To reduce the chance of confusion, the Department is changing the rule as described under paragraph 10.

The Department received a written comment about the rulemaking from a representative of the Health System Alliance of Arizona after the close of record for this rulemaking but is addressing the concerns expressed in the written comment. A summary of the concerns and the Department’s responses follows:

Comment	Department’s Response
The commenter asked that the Department exclude providers covered under Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2 from reporting under R9-4-602(A).	R9-4-602(A) requires reporting from law enforcement agencies, ambulance services, and emergency medical services providers. This federal regulation is not applicable to these “first response agencies” and should not be included as part of the subsection. The Department is not changing the rule based on this comment.
The commenter asked that the Department clarify R9-4-602(A)(6) to state that hospitals do not have to provide additional reporting of naloxone administration prior to a patient’s arrival at the hospital.	R9-4-602(A)(6) does not pertain to hospitals. The Department is not changing the rule based on this comment.
The commenter asked the Department to clarify that the information required in R9-4-602(C)(3) and (5) must be reported “when known and available.”	The Department understands that sometimes information required in rule may not be available for every patient and includes the choice of “Unknown” in most fields in the database in which reported data is collected. However, the Department believes that most of the information required in these subsections includes information a hospital should be collecting on any patient or information that may be pertinent to treatment or referral decisions. The Department believes that a hospital should make the effort to obtain it. Subsection (C)(5)(f) includes the “if known” qualifier. The Department is not changing the rule based on this comment.



<p>The commenter asked the Department to clarify R9-4-602(C)(6)(b) to state that the requirement for date of death is applicable to deaths that occur “at the facility.”</p>	<p>The rule subsection requires the reporting of “Whether the individual with the suspected opioid overdose: b. Died and, if so, the date of death; and.” The Department does not anticipate that a hospital would continue to follow a patient after discharge to determine if and when the individual dies, sometime in the future. The Department believes that a hospital should report on a suspected opioid overdose death occurring at the hospital or pronounced at the hospital. The Department is not changing the rule based on this comment.</p>
<p>The commenter asked the Department to clarify that the information required in R9-4-602(D)(3), (4)(b), (d), and (e), and (5) must be reported if “known or available.”</p>	<p>As stated above, the Department believes that most of the information required in these subsections includes information a hospital should be collecting on any patient or information that may be pertinent to treatment or referral decisions. The Department believes that a hospital should make the effort to obtain it. Subsection (D)(5) includes the “if known” qualifier. The Department is not changing the rule based on this comment.</p>
<p>The commenter expressed concern that the required reports be submitted in a Department-provided format and wanted the information to be submitted electronically to avoid hospitals having “to dedicate considerable resources in order to comply with these new reporting requirements.”</p>	<p>The reporting requirements in the rule are not new, but are an extension of the reporting already being done by hospitals under the emergency rules. The term “Department-provided format” used in the rule refers to the existing data systems already being used for the collection of reported information. As stated in the economic, small business, and consumer impact statement, it currently takes between three and five minutes to enter a record. The Department estimates that an individual health care institution may incur less than \$1,000 in costs per year for reporting. The Department is not changing the rule based on this comment.</p>

**12. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:**

**a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:**

The rules do not require a permit.

**b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:**

Not applicable

**c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:**

No business competitiveness analysis was received by the Department.

**13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:**

Not applicable

**14. Whether the rule was previously made, amended or repealed as an emergency rule. If so, cite the notice published in the Register as specified in R1-1-409(A). Also, the agency shall state where the text was changed between the emergency and the final rulemaking packages:**

Notice of Emergency Rulemaking: 23 A.A.R. 2857

Between the emergency rulemaking and the final rulemaking packages, the rule was changed by:

- Adding or revising definitions in R9-4-601;
- Changing R9-4-602(A)(3) to address situations in which:
  - The location of the encounter does not have a street address or is in an unincorporated location in a county, rather than in a city; or
  - The reporting entity does not have complete/correct information about the individual with a suspected opioid overdose or who died of a suspected opioid overdose;
- Changing R9-4-602(A)(6) and (7), (C)(3) to include an opioid antagonist other than naloxone;
- Clarifying requirements in R9-4-602(A)(8) into subsections (A)(8) and (9) related to the disposition of the individual with a suspected opioid overdoses;
- Clarifying exceptions from reporting requirement;
- Removing requirements in R9-4-602(C)(2) and (D)(2) for the address of the point of contact;
- Changing R9-4-602(C)(6) to include requirements related to discharge to a correctional facility and to simplify reporting information about the individual’s death;
- Changing subsection (E) to avoid conflicts with rules adopted by the Arizona Board of Pharmacy for pharmacists/pharmacies;
- Removing reporting requirements for clinical laboratories and related cross-references;
- Clarifying the authorities under which the information reported to the Department is confidential; and
- Making the changes described in paragraph 10

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



**TITLE 9. HEALTH SERVICES**  
**CHAPTER 4. DEPARTMENT OF HEALTH SERVICES**  
**NONCOMMUNICABLE DISEASES**  
**ARTICLE 6. OPIOID POISONING-RELATED REPORTING**

Section	
<u>R9-4-601.</u>	<u>Definitions</u>
<u>R9-4-602.</u>	<u>Opioid Poisoning-Related Reporting Requirements</u>

**ARTICLE 6. OPIOID POISONING-RELATED REPORTING**

**R9-4-601. Definitions**

In this Article, unless otherwise specified:

1. “Administrator” means the individual who is a senior leader in a health care institution or correctional facility.
2. “Ambulance service” has the same meaning as in A.R.S. § 36-2201.
3. “Business day” means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.
4. “Clinical laboratory” has the same meaning as in A.R.S. § 36-451.
5. “Correctional facility” has the same meaning as in A.A.C. R9-6-101.
6. “Dispense” has the same meaning as in A.R.S. § 32-1901.
7. “Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.
8. “First response agency” means:
  - a. An ambulance service.
  - b. An emergency medical services provider, or
  - c. A law enforcement agency.
9. “Health care institution” has the same meaning as in A.R.S. § 36-401.
10. “Health professional” has the same meaning as in A.R.S. § 32-3201.
11. “Law enforcement agency” has the same meaning as in A.A.C. R13-1-101.
12. “Medical examiner” has the same meaning as in A.R.S. § 36-301.
13. “Naloxone” means a specific opioid antagonist that has been used since 1971 to block the effects of an opioid in an individual.
14. “Neonatal abstinence syndrome” means a set of signs of opioid withdrawal occurring in an individual shortly after birth that are indicative of opioid exposure while in the womb.
15. “Opioid” means the same as “opiate” in A.R.S. § 36-2501.
16. “Opioid antagonist” means a prescription medication, as defined in A.R.S. § 32-1901, that:
  - a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
  - b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
17. “Opioid overdose” means respiratory depression, slowing heart rate, or unconsciousness or mental confusion caused by the administration, including self-administration, of an opioid to an individual.
18. “Pharmacist” has the same meaning as in A.R.S. § 32-1901.

**R9-4-602. Opioid Poisoning-Related Reporting Requirements**

- A.** A first response agency shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with a suspected opioid overdose, that includes:
1. The following information about the first response agency:
    - a. Name;
    - b. Street address, city, county, and zip code;
    - c. Whether the first response agency reporting is:
      - i. An ambulance service,
      - ii. An emergency medical services provider, or
      - iii. A law enforcement agency; and
    - d. If applicable, the certificate number issued by the Department to the ambulance service;
  2. The name, title, telephone number, and email address of a point of contact for the first response agency required to report;
  3. The following information about the location at which the first response agency encountered the individual:
    - a. Street address or, if the location at which the first response agency encountered the individual does not have a street address, another indicator of the location at which the encounter occurred;
    - b. City, if applicable;
    - c. County;
    - d. State; and
    - e. Zip code;
  4. If applicable, the date and time the first response agency was dispatched to the location specified according to subsection (A)(3);



- 5. The following information, as known, about the individual with a suspected opioid overdose or who died of a suspected opioid overdose:
    - a. Name;
    - b. Date of birth;
    - c. Age in years;
    - d. Gender;
    - e. Race and ethnicity; and
    - f. Reason for suspecting that the individual had an opioid overdose;
  - 6. Whether naloxone or another opioid antagonist designated according to A.R.S. § 36-2228 was administered to the individual before the first response agency encountered the individual and, if so:
    - a. The number of doses of naloxone or other opioid antagonist administered to the individual; and
    - b. As applicable, that the naloxone or other opioid antagonist was administered to the individual by:
      - i. Another individual; or
      - ii. Another first response agency and, if so the type of first response agency that administered the naloxone or other opioid antagonist to the individual;
  - 7. Whether naloxone or another opioid antagonist designated according to A.R.S. § 36-2228 was administered to the individual by the first response agency and, if so, the number of doses of naloxone or other opioid antagonist administered to the individual;
  - 8. Whether the disposition of the individual was that the individual:
    - a. Survived the suspected opioid overdose; or
    - b. Was pronounced dead:
      - i. At the location specified according to subsection (A)(3); or
      - ii. After leaving the location specified according to subsection (A)(3);
  - 9. If the individual was transported by a first response agency:
    - a. The type of first response agency that transported the individual; and
    - b. Whether the individual was transported to:
      - i. A hospital and, if so, the name of the hospital to which the individual was transported;
      - ii. Another class of health care institution and, if so, the name of the health care institution to which the individual was transported; or
      - iii. A correctional facility and, if so, the name of the correctional facility to which the individual was transported; and
  - 10. The date of the report.
- B.** The following are not required to submit a report under this Article:
- 1. An administrator of a health care institution licensed under 9 A.A.C. 10, for an opioid overdose resulting from the administration of the opioid to a patient in the health care institution if the opioid overdose is addressed through the health care institution’s quality management program; or
  - 2. A pharmacist for naloxone or another opioid antagonist that is dispensed in connection with a surgical procedure, as defined in A.A.C. R9-10-101, or other invasive procedure performed in a health care institution.
- C.** Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2 or as specified in subsection (B), a health professional or the administrator of a health care institution licensed under 9 A.A.C. 10 shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with a suspected opioid overdose, that includes:
- 1. The name, street address, city, county, zip code, and telephone number of the health professional or health care institution;
  - 2. If different from the person in subsection (C)(1), the name, title, telephone number, and email address of the individual reporting on behalf of the person in subsection (C)(1);
  - 3. The following information about the individual with a suspected opioid overdose:
    - a. The individual’s name;
    - b. The individual’s street address, city, county, state, and zip code;
    - c. The individual’s date of birth;
    - d. The individual’s gender;
    - e. The individual’s race and ethnicity;
    - f. Whether the individual is pregnant and, if so, the expected date of delivery;
    - g. If applicable, the name of the individual’s guardian; and
    - h. Whether naloxone or another opioid antagonist designated according to A.R.S. § 36-2228 was administered to the individual before the health professional or health care institution encountered the individual and, if so:
      - i. The type of first response agency that administered the naloxone or other opioid antagonist to the individual, or
      - ii. That the naloxone or other opioid antagonist was administered to the individual by another individual;
  - 4. The following information about the diagnosis of opioid overdose:
    - a. The reason for suspecting that the individual had an opioid overdose;
    - b. The date of the suspected opioid overdose;
    - c. The date of diagnosis; and
    - d. If the diagnosis was confirmed through one or more tests performed by a clinical laboratory, for each test:
      - i. The name, address, and telephone number of the clinical laboratory;
      - ii. The date a specimen was collected from the individual;
      - iii. The type of specimen collected;
      - iv. The type of laboratory test performed; and
      - v. The laboratory test result and date of the result;
  - 5. The following information about the suspected opioid overdose:



- a. Whether the opioid overdose appeared to be intentional or unintentional;
  - b. The location where the opioid overdose took place;
  - c. Whether the individual was alone at the time of the opioid overdose;
  - d. Whether the individual was transported to the health professional or health care institution by a first response agency and, if so, the type of first response agency that transported the individual;
  - e. The specific opioid that appeared to be responsible for the opioid overdose; and
  - f. If known, whether:
    - i. The individual was prescribed an opioid within the 90 calendar days before the date of the suspected opioid overdose;
    - ii. The individual had been referred to receive behavioral health services, as defined in A.R.S. § 36-401; or
    - iii. The opioid overdose was the first time the individual had had an opioid overdose and, if not, the number of previous opioid overdoses the individual was known to have had;
  - 6. Whether the individual with the suspected opioid overdose:
    - a. Survived the suspected opioid overdose and:
      - i. Was admitted to the health care institution;
      - ii. Was transferred to another health care institution and, if so, the name of the health care institution;
      - iii. Was discharged to a law enforcement agency or correctional facility and, if so, the name of the law enforcement agency or correctional facility;
      - iv. Was discharged to home; or
      - v. Left the health care institution against medical advice; or
    - b. Died and, if so, the date of death; and
  - 7. The date of the report.
- D.** Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, a health professional or the administrator of a health care institution licensed under 9 A.A.C. 10 shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with suspected neonatal abstinence syndrome, that includes:
- 1. The name, street address, city, county, zip code, and telephone number of the health professional or health care institution;
  - 2. If different from the person in subsection (D)(1), the name, title, telephone number, and email address of the individual reporting on behalf of the person in subsection (D)(1);
  - 3. The following information about the individual with suspected neonatal abstinence syndrome:
    - a. The individual's name;
    - b. The individual's date of birth;
    - c. The individual's gender;
    - d. The individual's race and ethnicity;
    - e. The name of the individual's mother; and
    - f. If not the individual's mother, the name of the individual's guardian;
  - 4. The following information about a diagnosis of neonatal abstinence syndrome:
    - a. The reason for suspecting that the individual has neonatal abstinence syndrome;
    - b. The date of the onset of signs of neonatal abstinence syndrome;
    - c. The date of diagnosis;
    - d. If the diagnosis was confirmed through one or more tests performed by a clinical laboratory, for each test:
      - i. The name, address, and telephone number of the clinical laboratory;
      - ii. The date a specimen was collected from the individual;
      - iii. The type of specimen collected;
      - iv. The type of laboratory test performed; and
      - v. The laboratory test result and date of the result; and
    - e. Whether any of the following supported a diagnosis of neonatal abstinence syndrome:
      - i. A maternal history of opioid use;
      - ii. A positive laboratory test for opioid use by the individual's mother, or
      - iii. A positive laboratory test for opioids in the individual;
  - 5. If known, the following information about the suspected neonatal abstinence syndrome:
    - a. The source of the opioid believed to have caused the neonatal abstinence syndrome; and
    - b. If the source of the opioid used by the individual's mother was not through a prescription order, as defined in A.R.S. § 32-1901, the specific opioid used by the individual's mother; and
  - 6. The date of the report.
- E.** A pharmacist who dispenses naloxone or another opioid antagonist to an individual according to A.R.S. § 32-1979 shall, either personally or through a representative, submit a report as required in A.R.S. § 32-1979 to document the dispensing.
- F.** A medical examiner shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after the completion of the death investigation required in A.R.S. § 11-594 on the human remains of a deceased individual with a suspected opioid overdose, that includes:
- 1. The following information about the medical examiner:
    - a. Name; and
    - b. Street address, city, county, and zip code;
  - 2. The following information about the deceased individual with a suspected opioid overdose:
    - a. The deceased individual's name;
    - b. The deceased individual's date of birth;
    - c. The deceased individual's gender;



- d. The deceased individual's race and ethnicity;
  - e. Whether the deceased individual was pregnant and, if so, the expected date of delivery;
  - f. If applicable, the name of the deceased individual's guardian; and
  - g. Whether naloxone or another opioid antagonist was administered to the deceased individual before the deceased individual's death and, if known:
    - i. The type of first response agency that administered the naloxone or other opioid antagonist to the deceased individual,  
or
    - ii. That the naloxone or other opioid antagonist was administered to the deceased individual by another individual;
3. The following information about the diagnosis of opioid overdose:
- a. The reason for suspecting that the deceased individual had an opioid overdose;
  - b. The date of the opioid overdose;
  - c. The date of diagnosis; and
  - d. If the diagnosis was confirmed by clinical laboratory tests:
    - i. The name, address, and telephone number of the clinical laboratory;
    - ii. The date a specimen was collected from the deceased individual;
    - iii. The type of specimen collected;
    - iv. The type of laboratory test performed; and
    - v. The laboratory test result and date of the result;
4. If applicable, a copy of the clinical laboratory test results;
5. If known, the following information about the suspected opioid overdose:
- a. Whether the opioid overdose appeared to be intentional or unintentional;
  - b. The location where the opioid overdose took place;
  - c. Whether the deceased individual was alone at the time of the opioid overdose;
  - d. The specific opioid that appeared to be responsible for the opioid overdose;
  - e. Whether the deceased individual was prescribed an opioid within the 90 calendar days before the date of the opioid overdose; and
  - f. Whether the opioid overdose was the first time the deceased individual was known to have had an opioid overdose and, if not, the number of previous opioid overdoses the deceased individual had had;
6. Whether the deceased individual with the suspected opioid overdose:
- a. Died from the suspected opioid overdose and, if so, the date of death; or
  - b. Died from another cause after experiencing a suspected opioid overdose and, if so, the date of death; and
7. The date of the report.
- G.** Information collected on individuals pursuant to this Article is confidential according to:
- 1. A.R.S. § 36-133(F); and
  - 2. If applicable, A.R.S. §§ 36-2401 through 36-2403.





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

The Board's Certification Advisory Committee met on September 27, 2017 to discuss amendments to R7-2-609. The Board opened rulemaking on the recommended rule at its December 4, 2017 Board meeting. Pursuant to the Board's rulemaking procedures, a public hearing was held on January 3, 2018. An update was provided to the Board at the February 26, 2018 meeting. The Board closed rulemaking at its March 26, 2018 meeting. No public 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:**

Not applicable

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

Not applicable

**14. Was this rule previously made as an emergency rule? If so, please indicate the Register citation:**

Not applicable

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

**TITLE 7. EDUCATION  
CHAPTER 2. STATE BOARD OF EDUCATION**

**ARTICLE 6. CERTIFICATION**

Section

R7-2-609.01. Middle Grades Teaching Certificate

**ARTICLE 6. CERTIFICATION**

**R7-2-609.01. Middle Grades Teaching Certificate**

**A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.

**B.** Standard Professional Middle Grades Certificate – grades five through nine

**1.** The requirements include all of the following:

**a.** A bachelor's degree;

**b.** Completion of a teacher preparation program in middle grades education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:

**i.** Early adolescent psychology;

**ii.** Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;

**iii.** Instructional design and lesson planning, including modifications and accommodations;

**iv.** The learning environment, including classroom management;

**v.** Developmentally appropriate instructional delivery, facilitation and methodologies;

**vi.** Assessing, monitoring and reporting progress;

**vii.** Teaching students with exceptionalities;

**viii.** Professional responsibility and ethical conduct; and

**ix.** Twelve weeks of capstone experience as described in R7-2-604 in grades five through nine, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades five through nine may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.

**c.** A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;

**d.** A passing score on at least one subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in the relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment; and

**e.** A valid fingerprint card issued by the Arizona Department of Public Safety.

**2.** Applicants may meet the requirements in subsection (B)(1)(b) with the submission of an application for the Standard Professional Middle Grades certificate that includes evidence of two years of verified full-time teaching experience in grades five through nine, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (B)(1)(b)(i)-(viii).



**NOTICES OF RULEMAKING DOCKET OPENING**

This section of the *Arizona Administrative Register* contains Notices of Rulemaking Docket Opening.

A docket opening is the first part of the administrative rulemaking process. It is an "announcement" that the agency intends to work on its rules.

When an agency opens a rulemaking docket to consider rulemaking, the Administrative Procedure Act (APA) requires the publication of the Notice of Rulemaking Docket Opening.

Under the APA effective January 1, 1995, agencies must submit a Notice of Rulemaking Docket Opening before beginning the formal rulemaking process. Many times an agency may file the Notice of Rulemaking Docket Opening with the Notice of Proposed Rulemaking.

The Office of the Secretary of State is the filing office and publisher of these notices. Questions about the interpretation of this information should be directed to the agency contact person listed in item #4 of this notice.

**NOTICE OF RULEMAKING DOCKET OPENING  
OFFICE OF THE SECRETARY OF STATE**

[R18-76]

- 1. **Title and its heading:** 2, Administration
- Chapter and its heading:** 12, Office of the Secretary of State
- Article and its heading:** 9, Health Care Directives Registry
- Section numbers:** R2-12-901 (*Sections may be added, deleted, or modified as necessary.*)
- 2. **The subject matter of the proposed rule:**  
Establishing a process for health care providers, including Emergency Medical Service Providers and Emergency Service Technicians, to access the Health Care Directives Registry maintained in the Office of the Secretary of State, Business Services Division.
- 3. **A citation to all published notices relating to the proceeding:**  
None
- 4. **The name and address of agency personnel with whom persons may communicate regarding the rule:**  
Name: Patricia A. Viverto, Director  
Address: Secretary of State, Business Services  
1700 W. Washington St., 7th Floor  
Phoenix, AZ 85007  
Telephone: (602) 542-6187  
Fax: (602) 542-4366  
E-mail: pviverto@azsos.gov
- 5. **The time during which the agency will accept written comments and the time and place where oral comments may be made:**  
Written and oral comments will be accepted at the location listed in item #4, Monday through Friday, 8:00 a.m. to 5:00 p.m., except state holidays.
- 6. **A timetable for agency decisions or other action on the proceeding, if known:**  
To be announced in the Notice of Proposed Rulemaking

**NOTICE OF RULEMAKING DOCKET OPENING  
DEPARTMENT OF HEALTH SERVICES  
HEALTH CARE INSTITUTIONS**

[R18-70]

- 1. **Title and its heading:** 9, Health Services
- Chapter and its heading:** 7, Department of Health Services – Radiation Control
- Articles and their headings:** 1, General Provisions  
3, Radioactive Material Licensing  
4, Standards for Protection Against Ionizing Radiation  
6, Use of X-Rays in the Healing Arts  
7, Medical Uses of Radioactive Material  
10, Notices, Instructions, and Reports to Radiation Workers; Inspections  
15, Transportation  
19, Physical Protection of Category 1 and Category 2 Quantities of Radioactive Material
- Section numbers:** R9-7-102, R9-7-103, R9-7-302, R9-7-303, R9-7-304, R9-7-305, R9-7-306, R9-7-311, R9-7-313, R9-7-323, R9-7-408, R9-7-415,



R9-7-417, R9-7-418, R9-7-419, R9-7-448, R9-7-451, R9-7-611.01, R9-7-613, R9-7-710, R9-7-711, R9-7-719, R9-7-721, Exhibit A, R9-7-1006, R9-7-1507, R9-7-1508, R9-7-1510, R9-7-1512, R9-7-1515, R9-7-1927, R9-7-1943, R9-7-1975, R9-7-1977, and R9-7-19101 (The Department may add, delete, or modify other Sections, as necessary.)

**2. The subject matter of the proposed rules:**

Arizona Revised Statutes (A.R.S.) § 30-654(B)(5), as revised by Laws 2017, Ch. 313, requires the Arizona Department of Health Services (Department) to make rules deemed necessary to administer A.R.S. Title 30, Chapter 4, Control of Ionizing Radiation. The Department has adopted these rules through recodification in A.A.C. Title 9, Chapter 7. Arizona is an Agreement State by the Document negotiated between the U.S. Atomic Energy Commission (now U.S. Nuclear Regulatory Commission) and the Governor of Arizona in March of 1967 under A.R.S. § 30-656. In order to remain in compliance with the Agreement, Arizona must adopt regulations related to the control of radioactive material in a manner that is consistent with federal regulations. The U.S. Nuclear Regulatory Commission periodically issues changes, denoted as Regulation Toolbox: Review Summary Sheets for Regulation Amendments (RATS IDs), that are required to be incorporated by Agreement States. Several RATS IDs have not yet been incorporated into Arizona’s rules related to the control of radioactive material. The Department is now revising the newly recodified rules in A.A.C. Title 9, Chapter 7 by expedited rulemaking to make changes to conform to the RATS IDs under 10 CFR Chapter I. The Department also plans to make other changes to reduce the administrative burden of the rules by clarifying existing language in the rules, correcting cross-references, and making the rules easier to understand. (The Department may add, delete, or modify other Sections, as necessary.)

**3. A citation to all published notices relating to the proceeding:**

None

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

Name: Colby Bower, Assistant Director  
 Address: Department of Health Services  
 Public Health Licensing Services  
 150 N. 18th Ave., Suite 510  
 Phoenix, AZ 85007  
 Telephone: (602) 542-6383  
 Fax: (602) 364-4808  
 E-mail: Colby.Bower@azdhs.gov  
 or  
 Name: Robert Lane, Chief  
 Address: Department of Health Services  
 Office of Administrative Counsel and Rules  
 150 N. 18th Ave., Suite 200  
 Phoenix, AZ 85007  
 Telephone: (602) 542-1020  
 Fax: (602) 364-1150  
 E-mail: Robert.Lane@azdhs.gov

**5. The time during which the agency will accept written comments and the time and place where oral comments may be made:**

Written comments will be accepted at the addresses listed in item #4 until the close of record, which has not yet been determined. No oral proceedings have been scheduled at this time.

**6. A timetable for agency decisions or other action on the proceeding, if known:**

To be announced in the Notice of Proposed Rulemaking



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## NOTICES OF PUBLIC INFORMATION

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

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

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### NOTICE OF PUBLIC INFORMATION DEPARTMENT OF HEALTH SERVICES

[M18-38]

**1. Title of the substantive policy statements and the substantive policy statements numbers by which the substantive policy statements are referenced:**

SP-041-PHL-MED: Clarification of "Private Office or Clinic of a Health Care Provider"

**2. The public information relating to the substantive policy statements:**

Effective April 3, 2018, the Arizona Department of Health Services (Department) is rescinding the substantive policy statement specified in paragraph #1. The substantive policy statement is no longer necessary. The Department may issue new substantive policy statements or guidance documents related to the topics in the rescinded substantive policy statements if necessary.

**3. The name and address of agency personnel with whom persons may communicate regarding this notice of public information:**

Name: Kathryn McCanna, Branch Chief  
Address: Department of Health Services  
Public Health Licensing Services  
Health Care Institutions Licensing  
150 N. 18th Ave., Suite 400  
Phoenix, AZ 85007

Telephone: (602) 364-2841  
Fax: (602) 364-4808  
Email: Kathryn.McCanna@azdhs.gov

or

Name: Robert Lane, Chief  
Address: Department of Health Services  
Office of Administrative Counsel and Rules  
150 N. 18th Ave., Suite 200  
Phoenix, AZ 85007

Telephone: (602) 542-1513  
Fax: (602) 364-1150  
E-mail: Robert.Lane@azdhs.gov



NOTICES OF SUBSTANTIVE POLICY STATEMENT

The Administrative Procedure Act (APA) requires the publication of Notices of Substantive Policy Statement issued by agencies (A.R.S. § 41-1013(B)(9)).

Substantive policy statements are written expressions which inform the general public of an agency's current approach to rule or regulation practice.

Substantive policy statements are advisory only. A substantive policy statement does not include internal procedural documents that only affect an agency's

internal procedures and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the APA.

If you believe that a substantive policy statement does impose additional requirements or penalties on regulated parties, you may petition the agency under A.R.S. § 41-1033 for a review of the statement.

NOTICE OF SUBSTANTIVE POLICY STATEMENT
DEPARTMENT OF WATER RESOURCES

[M18-39]

1. Title of the Substantive Policy Statement and the number by which the Substantive Policy Statement is referenced:

Underground Water Storage Permit Application Guidance – Pilot-Scale Underground Storage Facility Application Process (R12)

2. Date the Substantive Policy Statement was issued and the effective date of the Substantive Policy Statement if different from the issuance date:

March 30, 2018

3. Summary of the contents of the Substantive Policy Statement:

Substantive Policy Statement R12 addresses the conditions that must be met in order for the Director of the Department of Water Resources to determine under an expedited review process, that a small-scale and short-term underground water storage facility meets the requirements of A.R.S. § 45-811.01(C) for an Underground Storage Facility Permit.

4. Federal or state constitutional provision; federal or state statute, administrative rule, or regulation; or final court judgment that underlies the Substantive Policy Statement:

A.R.S. § 45-811.01(C)

5. A statement as to whether the Substantive Policy Statement is a new statement or a revision:

This is a revision to and supersedes Substantive Policy Statement No. R11.

6. The agency contact person who can answer questions about the Substantive Policy Statement:

Name: David McKay
Address: P.O. Box 36020
Phoenix, AZ 85067-6020
Telephone: (602) 771-8104
E-mail: dmckay@azwater.gov
Web site: www.azwater.gov

7. Information about where a person may obtain a copy of the Substantive Policy Statement and the costs for obtaining the Substantive Policy Statement:

Copies of this Substantive Policy Statement are available at no cost on the Department's website: www.azwater.gov. Hard copies may be obtained by contacting the person listed above for \$0.25 per page.



## REGISTER INDEXES

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

Abbreviations for rulemaking activity in this Index include:

### **PROPOSED RULEMAKING**

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

### **SUPPLEMENTAL PROPOSED RULEMAKING**

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

### **FINAL RULEMAKING**

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

### **SUMMARY RULEMAKING**

#### **PROPOSED SUMMARY**

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

#### **FINAL SUMMARY**

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

### **EXPEDITED RULEMAKING**

#### **PROPOSED EXPEDITED**

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

#### **SUPPLEMENTAL EXPEDITED**

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

#### **FINAL EXPEDITED**

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

### **EXEMPT RULEMAKING**

#### **EXEMPT PROPOSED**

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

#### **EXEMPT SUPPLEMENTAL PROPOSED**

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

#### **FINAL EXEMPT RULEMAKING**

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

### **EMERGENCY RULEMAKING**

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

### **RECODIFICATION OF RULES**

RC = Recodified

### **REJECTION OF RULES**

RJ = Rejected by the Attorney General

### **TERMINATION OF RULES**

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

### **RULE EXPIRATIONS**

EXP = Rules have expired  
*See also “emergency expired” under emergency rulemaking*

### **CORRECTIONS**

C = Corrections to Published Rules

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

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7/28	9/26	8/28	10/27	9/28	11/27	10/28	12/27	11/28	1/27	12/28	2/26
7/29	9/27	8/29	10/28	9/29	11/28	10/29	12/28	11/29	1/28	12/29	2/27
7/30	9/28	8/30	10/29	9/30	11/29	10/30	12/29	11/30	1/29	12/30	2/28
7/31	9/29	8/31	10/30			10/31	12/30			12/31	3/1



REGISTER PUBLISHING DEADLINES

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

Table with 3 columns: Deadline Date (paper only) Friday, 5:00 p.m., Register Publication Date, and Oral Proceeding may be scheduled on or after. It lists weekly dates from November 2017 to July 2018.



## GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES

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

All rules and Five-Year Review Reports are due in the Council office by 5 p.m. of the deadline date. The Council’s office is located at 100 N. 15th Ave., Suite 402, Phoenix, AZ 85007. For more information, call (602) 542-2058 or visit <http://grrc.az.gov>.

### GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES FOR 2018

[M18-01]

DEADLINE FOR PLACEMENT ON AGENDA*	FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
<i>Tuesday</i> November 21, 2017	<i>Tuesday</i> December 19, 2017	<i>Wednesday</i> January 3, 2018	<i>Tuesday</i> January 9, 2018
<i>Tuesday</i> December 19, 2017	<i>Tuesday</i> January 23, 2018	<i>Tuesday</i> January 30, 2018	<i>Tuesday</i> February 6, 2018
<i>Tuesday</i> January 23, 2018	<i>Tuesday</i> February 20, 2018	<i>Tuesday</i> February 27, 2018	<i>Tuesday</i> March 6, 2018
<i>Tuesday</i> February 20, 2018	<i>Tuesday</i> March 20, 2018	<i>Tuesday</i> March 27, 2018	<i>Tuesday</i> April 3, 2018
<i>Tuesday</i> March 20, 2018	<i>Tuesday</i> April 17, 2018	<i>Tuesday</i> April 24, 2018	<i>Tuesday</i> May 1, 2018
<i>Tuesday</i> April 17, 2018	<i>Tuesday</i> May 22, 2018	<i>Wednesday</i> May 30, 2018	<i>Tuesday</i> June 5, 2018
<i>Tuesday</i> May 22, 2018	<i>Tuesday</i> June 19, 2018	<i>Tuesday</i> June 26, 2018	<i>Tuesday</i> July 10, 2018
<i>Tuesday</i> June 19, 2018	<i>Tuesday</i> July 24, 2018	<i>Tuesday</i> July 31, 2018	<i>Tuesday</i> August 7, 2018
<i>Tuesday</i> July 24, 2018	<i>Tuesday</i> August 21, 2018	<i>Tuesday</i> August 28, 2018	<i>Wednesday</i> September 5, 2018
<i>Tuesday</i> August 21, 2018	<i>Tuesday</i> September 18, 2018	<i>Tuesday</i> September 25, 2018	<i>Tuesday</i> October 2, 2018
<i>Tuesday</i> September 18, 2018	<i>Tuesday</i> October 23, 2018	<i>Tuesday</i> October 30, 2018	<i>Tuesday</i> November 6, 2018
<i>Tuesday</i> October 23, 2018	<i>Tuesday</i> November 20, 2018	<i>Tuesday</i> November 27, 2018	<i>Tuesday</i> December 4, 2018
<i>Tuesday</i> November 20, 2018	<i>Tuesday</i> December 18, 2018	<i>Thursday</i> January 3, 2019	<i>Tuesday</i> January 8, 2019
<i>Tuesday</i> December 18, 2018	<i>Tuesday</i> January 22, 2019	<i>Tuesday</i> January 29, 2019	<i>Tuesday</i> February 5, 2019

\* Materials must be submitted by **5 PM** on dates listed as a deadline for placement on a particular agenda. Placement on a particular agenda is not guaranteed.