



Arizona Administrative REGISTER

Published by the Department of State ~ Office of the Secretary of State

Vol. 24, Issue 43

~ Administrative Register Contents ~

October 26, 2018

Information 2998

Rulemaking Guide 2999

RULES AND RULEMAKING

Proposed Rulemaking, Notices of

 4 A.A.C. 46 Department of Financial Institutions - Real Estate Appraisal Division 3001

Final Rulemaking, Notices of

 9 A.A.C. 10 Department of Health Services - Health Care Institutions: Licensing 3020

 9 A.A.C. 10 Department of Health Services - Health Care Institutions: Licensing 3043

OTHER AGENCY NOTICES

Docket Opening, Notices of Rulemaking

 9 A.A.C. 13 Department of Health Services - Health Programs Services 3057

GOVERNOR'S OFFICE

Governor's Executive Order 2018-02

 Internal Review of Administrative Rules; Moratorium to Promote Job Creation and

 Customer-Service-Oriented Agencies 3058

INDEXES

 Register Index Ledger 3060

 Rulemaking Action, Cumulative Index for 2018 3061

 Other Notices and Public Records, Cumulative Index for 2018 3073

CALENDAR/DEADLINES

 Rules Effective Dates Calendar 3075

 Register Publishing Deadlines 3077

GOVERNOR'S REGULATORY REVIEW COUNCIL

 Governor's Regulatory Review Council Deadlines 3078

DIRECTOR
Administrative Rules Division
 Scott Cancelosi

PUBLISHER
Secretary of State
MICHELE REAGAN

RULES MANAGING EDITOR
Arizona Administrative Register
 Rhonda Paschal

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

Vol. 24

Issue 43

PUBLISHER
SECRETARY OF STATE
Michele Reagan

ADMINISTRATIVE RULES STAFF
DIRECTOR
Scott Cancelosi

RULES MANAGING EDITOR
Rhonda Paschal

ADMINISTRATIVE REGISTER
This publication is available online for free at www.azsos.gov.

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

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

CONTACT US
Administrative Rules Division
Office of the Secretary of State
1700 W. Washington Street, Fl. 2
Phoenix, AZ 85007
(602) 364-3223

The Office of the Secretary of State is an equal opportunity employer.



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.

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

Administrative Procedure Act (APA): A.R.S. Title 41, Chapter 6, Articles 1 through 10. Available online at 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.

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.

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

Acronyms

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

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

APA – *Administrative Procedure Act*

A.R.S. – *Arizona Revised Statutes*

CFR – *Code of Federal Regulations*

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

FR – *Federal Register*

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

U.S.C. – *United States Code*

About Preambles

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

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

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



NOTICES OF PROPOSED RULEMAKING

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

A proposed rulemaking is filed by an agency upon completion and submittal of a Notice of Rulemaking Docket Opening. Often these two documents are filed at the same time and published in the same *Register* issue.

When an agency files a Notice of Proposed Rulemaking under the *Administrative Procedure Act* (APA), the notice is published in the *Register* within three weeks of filing. See the publication schedule in the back of each issue of the *Register* for more information.

Under the APA, an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any oral proceedings for making, amending, or repealing any rule (A.R.S. §§ 41-1013 and 41-1022).

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the proposed rules should be addressed to the agency that promulgated the rules. Refer to item #4 below to contact the person charged with the rulemaking and item #10 for the close of record and information related to public hearings and oral comments.

**NOTICE OF PROPOSED RULEMAKING
TITLE 4. PROFESSIONS AND OCCUPATIONS
CHAPTER 46. DEPARTMENT OF FINANCIAL INSTITUTIONS
REAL ESTATE APPRAISAL DIVISION**

[R18-224]

PREAMBLE

<u>1. Article, Part, or Section Affected (as applicable)</u>	<u>Rulemaking Action</u>
R4-46-101	Amend
R4-46-103	Repeal
R4-46-106	Amend
R4-46-107	Amend
R4-46-201	Amend
R4-46-201.01	Amend
R4-46-202	Repeal
R4-46-202.01	Amend
R4-46-203	Amend
R4-46-204	Amend
R4-46-205	Repeal
R4-46-207	Repeal
R4-46-209	Amend
Article 3	Amend
R4-46-301	Amend
R4-46-302	Repeal
R4-46-303	Repeal
R4-46-304	Repeal
R4-46-305	Repeal
R4-46-306	Repeal
Article 3.1	New Article
R4-46-301.01	New Section
R4-46-302.01	New Section
R4-46-303.01	New Section
R4-46-304.01	New Section
R4-46-305.01	New Section
R4-46-306.01	New Section
R4-46-307.01	New Section
R4-46-401	Amend
R4-46-402	Amend
R4-46-403	Amend
R4-46-404	Amend
R4-46-405	Amend
R4-46-406	Amend
R4-46-407	Amend



R4-46-408	Amend
R4-46-501	Amend
R4-46-503	Amend
R4-46-504	Amend
R4-46-505	Amend
R4-46-506	Amend
R4-46-508	Amend
R4-46-509	Amend
R4-46-510	Amend
R4-46-511	Amend

2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statute: A.R.S. § 32-3606(A)
Implementing statute: A.R.S. §§ 32-3601, 32-3605(B), 32-3607, 32-3610,

3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:

Notice of Rulemaking Docket Opening: 24 A.A.R. 2501, September 7, 2018

4. The agency’s contact person who can answer questions about the rulemaking:

Name: Stephen Briggs
Address: Arizona Department of Financial Institutions
100 N. 15th Ave., Suite 261
Phoenix, AZ 85007
Telephone: (602) 771-2778
Fax: (602) 381-1225
E-mail: sbriggs@azdfi.gov
Web site: http://azdfi.gov/

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

The Department is updating its rules to address changes in the law with the passage of Chap. 334, Laws 2017. Because the Department’s existing regulatory authority is established in A.A.C. Title 20, the agency is able to remove may rules that are redundant or no longer applicable and needed. An exemption from Executive Order 2018-02 was provided for this rulemaking by Emily Rajakovich, Director of Boards and Commissions, in an e-mail dated July 24, 2018.

6. 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 does not intend to review or rely on a study in its evaluation of or justification for any rule in the rulemaking.

7. 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

8. The preliminary summary of the economic, small business, and consumer impact:

The Department believes the rulemaking will have minimal impact on applicants, licensees, small businesses, and consumers of appraisal services. The rulemaking updated the Appraisal rules but does not change them substantially.

9. The agency’s contact person who can answer questions about the economic, small business and consumer impact statement:

Name: Stephen Briggs
Address: Arizona Department of Financial Institutions
100 N. 15th Ave., Suite 261
Phoenix, AZ 85007
Telephone: (602) 771-2778
Fax: (602) 381-1225
E-mail: sbriggs@azdfi.gov
Web site: http://azdfi.gov/

10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

The Agency will accept comments during business hours at the address listed in item 4. E-mail comments will be accepted and should be sent to appraisalcomments@azdfi.gov. The agency does not intend to hold a public hearing on this rulemaking unless a public hearing is requested within 30 days after the publication of this rule.

11. 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:

There are no other matters prescribed by statute applicable to the Department or to any specific rule or class of rules.



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:

These rules do not require the issuance of a permit, license, or agency authorization.

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:

On July 21, 2010, the Dodd-Frank Wall Street Reform and Consumer Protection Act became law. The Act amends Title XI of the Federal Financial Institutions Reform, Recovery and enforcement Act of 1989 regarding federally related transactions. A federally related transaction includes an appraisal completed for FHA or loans that may be sold to Fannie Mae or Freddie Mac, or those completed for lenders with FDIC insurance or under the control of the Office of the Comptroller for the Currency.

The Act mandates that real estate appraisals be performed in accordance with generally accepted appraisal standards as evidenced by the standards make by the Appraisal Standards Board of the Appraisal Foundation. In Laws 2013, Chapter 184, the legislature significantly amended the organic statues of the Board of appraisal to conform to the Act. This includes a provision that the uniform standards of professional appraisal practice as published by the Appraisal Standards Board are the Standards for this state (See A.R.S. § 32-3610). The rules are not more stringent than federal law.

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 analysis was submitted to the Department.

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

This rulemaking incorporates no materials by reference.

13. The full text of the rules follows:

**TITLE 4. PROFESSIONS AND OCCUPATIONS
CHAPTER 46. DEPARTMENT OF FINANCIAL INSTITUTIONS
REAL ESTATE APPRAISAL DIVISION**

ARTICLE 1. GENERAL PROVISIONS

- Section
- R4-46-101. Definitions
- R4-46-103. ~~Real Estate Appraisal Records; Public Access; Copying~~ Repealed
- R4-46-106. Fees
- R4-46-107. Procedures for Processing Applications

ARTICLE 2. REGISTRATION, LICENSURE, AND CERTIFICATION AS AN APPRAISER

- Section
- R4-46-201. Appraiser Qualification Criteria
- R4-46-201.01. Application for Designation as a Supervisory Appraiser; Supervision of a Registered Trainee Appraiser
- R4-46-202. ~~Application for Original Registration, Licensure, or Certification~~ Repealed
- R4-46-202.01. Application for Licensure or Certification by Reciprocity
- R4-46-203. Application for Non-resident Temporary Licensure or Certification
- R4-46-204. Licensure and Certification Examinations
- R4-46-205. ~~Issuance of a Registration, License, or Certificate~~ Repealed
- R4-46-207. ~~Renewal of a Registration, License, or Certificate, Changing Classification~~ Repealed
- R4-46-209. ~~Replacement of a Registration, License, or Certificate; Name Change~~

ARTICLE 3. HEARINGS AND DISCIPLINARY PROCEEDINGS COMPLAINT INVESTIGATIONS

- Section
- R4-46-301. ~~Complaints; Investigations; Informal Proceedings; Summary Suspensions; Refusal to Appear~~ Complaints and Investigations; Complaint Resolution
- R4-46-302. ~~Formal Hearing Procedures~~ Repealed
- R4-46-303. ~~Rehearing or Review of the Board’s Decisions~~ Repealed
- R4-46-304. ~~Conviction and Judgement Disclosure~~ Repealed
- R4-46-305. ~~Terms and Conditions of Reapplication After Revocation~~ Repealed
- R4-46-306. ~~Complaint Information Availability~~ Repealed

ARTICLE 3.1 RULES OF PRACTICE AND PROCEDURE BEFORE THE SUPERINTENDENT

- Section
- R4-46-301.01. Scope of Article
- R4-46-302.01. Commencement of Proceedings; Notice of Hearing
- R4-46-303.01. Answer to Notice of Hearing
- R4-46-304.01. Filing; Service



- R4-46-305.01. Stays
- R4-46-306.01. Rehearing
- R4-46-307.01. Settlement

ARTICLE 4. APPRAISAL MANAGEMENT COMPANIES

- Section
- R4-46-401. Application for Initial Registration
 - R4-46-402. Bond Required
 - R4-46-403. Change in Controlling Person or Agent for Service of Process
 - R4-46-404. Application for Renewal Registration
 - R4-46-405. Certifications
 - R4-46-406. Appeal for Waiver
 - R4-46-407. Training Required
 - R4-46-408. Voluntarily Relinquishing Registration

ARTICLE 5. COURSE APPROVAL

- Section
- R4-46-501. Course Approval Required
 - R4-46-503. Course Owners
 - R4-46-504. Application for Course Approval
 - R4-46-505. Course Approval without Application
 - R4-46-506. Minimum Standards for Course Approval
 - R4-46-508. Compliance Audit of Approved Courses
 - R4-46-509. Changes to an Approved Course
 - R4-46-510. Renewal of Course Approval
 - R4-46-511. Transfer of an Approved Course

ARTICLE 1. GENERAL PROVISIONS

R4-46-101. Definitions

The definitions in A.R.S. §§ 32-3601, 32-3651, and 32-3661 apply to this Chapter. Additionally, unless the context otherwise requires, in this Chapter:

“Accredited” means approved by an accrediting agency recognized by the Council for Higher Education Accreditation or the U.S. Secretary of Education.

“Administrative law judge” has the meaning stated at A.R.S. § 41-1092(1).

“AMC” means appraisal management company as defined at A.R.S. § 32-3661.

“Appealable agency action” has the meaning stated at A.R.S. § 41-1092(3).

“Appraisal practice” means valuation services performed by an individual acting as an appraiser, including but not limited to an appraisal or appraisal review.

“Appraiser” means an individual, other than a property tax agent as defined at A.R.S. § 32-3651, registered, licensed, or certified by the Superintendent to complete valuation assignments regarding real estate competently in a manner that is independent, impartial, and objective.

“AQB” means the Appraisal Qualifications Board as defined at A.R.S. § 32-3601.

“Assignment” means the valuation service that an appraiser provides as a consequence of an agreement between the appraiser and a client.

“Classroom education” means appraisal education delivered in a setting where there is no geographical separation between the instructor and student.

~~“Consent agreement” means a written agreement between the Superintendent and a respondent that concerns disciplinary or remedial action.~~

~~“Conditional dismissal” means an agreement between the Superintendent and the respondent, which allows the Superintendent to dismiss the complaint upon the respondent's completion of a Department specified continuing education course.~~

“Contested case” has the meaning stated at A.R.S. § 41-1001(5).

“Conviction” means a judgment by any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken, and includes any judgment or order based on a plea of no contest.

“Course owner” means a person or a combination of persons that own the ~~propriety~~ proprietary rights to a course. A course owner may have developed the course or may have purchased the ~~propriety~~ proprietary rights to the course.

“Department” has the meaning stated at A.R.S. § 6-101(5).

~~“Department of Financial Institutions counsel” means the assistant attorney general who provides legal advice to the Superintendent.~~

~~“Direct supervision” means that a designated supervisory appraiser of a registered trainee appraiser is directing and overseeing the production of each appraisal assignment and is personally and physically present during the entire inspection of each appraised property.~~



“Disciplinary action” means any regulatory sanction imposed by the ~~Department Superintendent~~, including a civil money penalty, restriction on the nature and scope of the respondent's practice, letter of due diligence, a consent agreement, probation, mentorship, suspension, revocation, or an acceptance of surrender of a license or certificate.

~~“Dismissal” means termination of a complaint when the Superintendent finds there is no unprofessional conduct.~~

“Distance education” means appraisal education delivered in a setting in which the learner and instructor are geographically separated.

~~“Due diligence” means the diligence reasonably expected from, and ordinarily exercised by, a person regulated by the Superintendent, in accordance with A.R.S. Title 32, Chapter 36 and this Chapter.~~

~~“Formal complaint” means a notice of allegations issued by the Superintendent under R4 46 302.~~

“Formal hearing” means an adjudication of a disputed matter, conducted by the Office of Administrative Hearings (OAH) or the Superintendent, under R4 46 302.

~~“Informal hearing” means a voluntary meeting with Department staff in which a respondent is asked to respond to a complaint under R4 46 301(D).~~

“Initial review” means the Department staff’s first review of a complaint, the response to the complaint, if any, the relevant appraisal report or other work product, work file, and investigative summary, if any.

“Investigation” means a fact-finding process and review that is initiated when the Superintendent Department receives a complaint concerning the appraisal practice or professional conduct of a named respondent.

“Investigator” means an individual who is a Department employee or operates under a contract with the ~~Superintendent Department~~ to carry out ~~independent~~ investigations of alleged violations.

“Jurisdictional criteria” means the statutory standards of A.R.S. §§ 6-123, 6-124, and A.R.S. Title 32, Chapter 36, used by the Department to determine whether a complaint falls within the Superintendent’s jurisdiction.

“Letter of concern” means a non-disciplinary advisory letter to notify a respondent that the finding of the Superintendent does not warrant disciplinary action, but is nonetheless cause for concern on the part of the Superintendent and that its continuation may result in disciplinary action.

~~“Letter of due diligence” means a disciplinary letter of agreement between the Superintendent and a respondent that may or may not include remedial action when minor violations of A.R.S. Title 32, Chapter 36 or this Chapter are found.~~

“Letter of remedial action” means a non-disciplinary disciplinary letter issued by the Superintendent that requires a respondent to take remedial action when any minor violation of A.R.S. Title 32, Chapter 36 or this Chapter is found.

“Mentor” means a certified appraiser authorized by the Department ~~staff~~ to supervise the work product of an appraiser who is subject to disciplinary action by the Superintendent.

~~“Order” means an administrative order that contains findings of fact, conclusions of law, and disciplinary action, issued by the Superintendent after a formal hearing or by consent.~~

“Party” means each person or agency named or admitted as a party or properly seeking and entitled to participate in any proceeding ~~before the Department staff.~~

“Person” means a natural person or any legal or commercial entity including a corporation, business trust, estate, trust, partnership, limited partnership, joint venture, association, limited liability company, limited liability partnership, or limited liability limited partnership.

“Probation” means a term of oversight by the Department ~~staff~~, imposed upon a respondent as part of a disciplinary action, which may include submission of logs, working under the supervision of a mentor, or other conditions intended to protect the public and educate the respondent.

“Remedial action” means any corrective remedy ~~ordered by the Superintendent~~ that is designed to assist the respondent in improving the respondent’s professional practice.

“Respondent” means an appraiser, course owner, property tax agent, or appraisal management company against whom a complaint has been filed or any other party responding to an investigation, an action, a motion or a proceeding before the Superintendent.

“Secondary provider” means a person that purchases or otherwise lawfully acquires the right to provide a course independently of the course owner that retains proprietary rights to the course.

“Superintendent” means the Superintendent of the Department of Financial Institutions.

~~“Summary suspension” means an immediate suspension of a license, certificate, registration or designation by the Superintendent based on a finding that the public health, safety, or welfare imperatively requires emergency action.~~

“USPAP” means the Uniform Standards of Professional Appraisal Practice, issued and updated by The Appraisal Foundation and made state law under A.R.S. § 32-3610.

“Work file” means the documentation necessary to support the analysis, opinions, and conclusions of an appraisal assignment or tax appeal.

R4-46-103. Real Estate Appraisal Records; Public Access; Copying ~~Repealed~~

- A.** The Department shall keep all documents and information reasonably necessary or appropriate to maintain an accurate record of official activities including, but not limited to:
1. ~~Applications for an original registration, license, certificate, designation, or course approval;~~



- ~~2. Renewal applications;~~
- ~~3. Examination results;~~
- ~~4. Documents, transcripts, and pleadings relating to disciplinary proceedings and to hearings on the denial of a registration, license, certificate, designation, or course approval;~~
- ~~5. Investigative reports;~~
- ~~6. Staff memoranda; and~~
- ~~7. General correspondence between the Superintendent and any person, including a member of the Department's staff.~~

- ~~B. A person shall not remove Department records from the office unless the records are in the custody and control of the Superintendent, a member of the Department's staff, or the Department of Financial Institutions counsel. The Superintendent may designate a staff member to observe and monitor any examination of Department records.~~
- ~~C. The Superintendent shall provide copies of all non-confidential records for public inspection and copying according to the procedures described in A.R.S. Title 39, Chapter 1, Article 2.~~

R4-46-106. Fees

- A. Under the specific authority provided by A.R.S. §§ 32-3607, 3619, and 3667, the Superintendent establishes and shall collect the following fees:
 - 1. Application for original license or certificate: \$400
 - 2. Application for registration as a trainee appraiser: \$300
 - 3. Examination: The amount established by the AQB-approved examination provider
 - 4. Biennial renewal of a license or certificate: \$425
 - 5. Renewal of registration as a trainee appraiser: \$300
 - 6. Delinquent renewal (in addition to the renewal fee): \$25
 - 7. ~~Biennial national registry~~ National Registry: The amount established by the ~~appraisal subcommittee~~ Appraisal Subcommittee
 - 8. Application for license or certificate by reciprocity: \$400
 - 9. Application for non-resident temporary license or certificate: \$150
 - 10. Course approval:
 - a. Core-curriculum qualifying education
 - i. Initial course approval: \$200
 - ii. Renewal of course approval: \$200
 - b. Continuing education
 - i. Initial course approval: \$200
 - ii. Renewal of course approval: \$200
 - 11. Application for initial registration as an appraisal management company: \$2,500
 - 12. Biennial renewal of registration as an appraisal management company: \$2,500
- B. The fees established in subsection (A) and those specified in A.R.S. § 32-3652 are not refundable unless the provisions of A.R.S. § 41-1077 apply.
- C. A person shall pay fees by cash or credit or debit card, or by certified or cashier's check or money order payable to the Department of Financial Institutions. ~~If a person pays a fee by credit or debit card, the Superintendent shall, as authorized by A.R.S. § 32-3607(C), impose a convenience fee in the amount established under state contract in addition to the amount specified in subsection (A) or A.R.S. § 32-3652.~~

R4-46-107. Procedures for Processing Applications

- A. To comply with A.R.S. Title 41, Chapter 6, Article 7.1, the Superintendent establishes the following time-frames for processing applications for registration, licensure, certification, and designation, including renewal applications, and applications for course approval:
 - 1. ~~The Department staff shall notify the applicant within 45 days after receipt of the application that it is either administratively complete or incomplete. If the application is incomplete, the Department staff shall specify in the notice what information is missing.~~
 - 2. ~~Department staff shall not substantively review an application until the applicant has fully complied with the requirements in statute or this Chapter. The Superintendent shall render a final decision not later than 45 days after the applicant successfully completes all requirements in statute or this Chapter.~~
 - 3. The overall time-frame for action is 90 days, 45 days for administrative completeness review and 45 days for substantive review.
- B. An applicant whose application is incomplete shall supply the missing information within 30 days after the date of the notice unless the time frame is extended by mutual agreement. The administrative completeness review time frame stops running on the date of the Department's written notice of an incomplete application, and resumes when the Department receives a complete application. If the applicant fails to submit a complete application within the specified time limit, the Department may reject the application and close the file. An applicant may reapply.
- ~~B.C.~~ If the Superintendent denies registration, licensure, certification, designation, or course approval to an applicant, the Department staff shall send the applicant written notice explaining:
 - 1. The reason for denial, with citations to supporting statutes or rules;
 - 2. The applicant's right to seek a hearing to appeal the denial; and
 - 3. The time for appealing the denial.

ARTICLE 2. REGISTRATION, LICENSURE, AND CERTIFICATION AS AN APPRAISER

R4-46-201. Appraiser Qualification Criteria

- A. Classifications. As specified in A.R.S. § 32-3612, Arizona recognizes five classifications of appraisers. These classifications are:
 - 1. Registered trainee appraiser,
 - 2. State licensed real estate appraiser,



3. State certified residential real estate appraiser,
 4. State certified general real estate appraiser, and
 5. Designated supervisory appraiser.
- B.** Qualification criteria. Except as provided elsewhere in this Chapter, an applicant for an original or renewal of a registration, licensure, certification, or designation shall meet the classification-specific qualification criteria established and updated by the AQB in R4-46-201(B), which the Superintendent incorporates by reference. A copy of the incorporated materials is on file with the Department and may be obtained from the Department or the Appraisal Foundation.
1. ~~The Real Property Appraiser Qualification Criteria and Interpretations of the Criteria (Real Property Appraiser Qualification Criteria Effective January 1, 2008; Appendix, Real Property Appraiser Qualification Criteria Prior to January 1, 2008; Includes All Interpretations and Supplementary Information as of February 1, 2007) referred to as the "2008 Criteria;" or~~
 2. ~~The Real Property Appraiser Qualification Criteria and Interpretations of the Criteria (Real Property Appraiser Qualification Criteria Effective January 1, 2015; Appendix, Real Property Appraiser Qualification Criteria Prior to January 1, 2015; Includes All Interpretations and Supplementary Information) referred to as the "2015 Criteria;"~~
 3. ~~The Board incorporates by reference the materials listed in subsections (B)(1) and (2). The incorporated materials include no future editions or amendments. A copy of the incorporated materials is on file with the Board and may be obtained from the Board or the Appraisal Foundation, 1155 15th Street, NW, Suite 1111, Washington, DC 20005; (202) 347-7722; fax (202) 347-7727; or www.appraisalfoundation.org.~~
- C.** ~~Components of qualification criteria. For each level of classification identified under subsection (A), the qualification criteria referenced in subsection (B) are divided into three components: education, experience, and examination. The education component is further divided:~~
1. ~~For applicants for registration, licensure, or certification, the education component requires a specified number of hours of the appraiser core curriculum;~~
 2. ~~For applicants for licensure or certification, the education component requires hours of college-level education from an accredited degree-granting institution, and~~
 3. ~~For applicants who are certified by the Board and applying to be designated as a supervisory appraiser and for applicants for registration, the education component requires completion of a course that complies with the specifications for content established by the AQB.~~
- D.** ~~Application of qualification criteria.~~
1. ~~If an applicant is not currently registered, licensed, certified, or designated by the Board, the applicant shall meet the qualification criteria for the classification for which application is made:~~
 - a. ~~Through December 31, 2014, the qualification criteria for licensure or certification are those listed in subsection (B)(1);~~
 - b. ~~Through December 31, 2014, the qualification criteria for registration as a trainee appraiser are the 75 hours of appraiser core curriculum required under R4-46-201(B)(1) for licensure including the 15-hour National USPAP Course or its ABQ-approved equivalent; and~~
 - e. ~~On and after January 1, 2015, the qualification criteria for all classifications are those listed in subsection (B)(2).~~
 2. ~~If an individual currently registered, licensed, or certified by the Board makes application to be licensed or certified in a different classification, as specified under subsection (A), the Board shall require the individual to show evidence that the individual meets the education, experience, and examination requirements for the new classification that differ from the requirements for the current classification.~~
- EC.** ~~Regardless of whether a transaction is federally related:~~
1. ~~A state licensed residential appraiser is limited to the scope of practice in A.R.S. § 32-3612(A)(3), and~~
 2. ~~A state certified residential appraiser is limited to the scope of practice in A.R.S. § 32-3612(A)(2).~~
- F.** ~~Notwithstanding the criteria incorporated by reference in subsection (B):~~
1. ~~An applicant shall not obtain more than 75 percent of required core curriculum qualifying education through distance education. The Board shall allow credit toward qualifying education requirements only if distance education provides live interaction between learner and instructor and includes testing;~~
 2. ~~An applicant shall not obtain the 15-hour National USPAP Course, or its ABQ-approved equivalent, through distance education;~~
 3. ~~Qualifying education credit may be obtained at any time before the date of application, except:~~
 - a. ~~The 15-hour National USPAP Course or its AQB-approved equivalent shall be obtained within two years before the date of application; and~~
 - b. ~~On and after January 1, 2015, an applicant for original registration as an appraiser trainee shall obtain all qualifying education within five years before the date of application; and~~
 4. ~~Seventy-five percent of the applicant's experience component shall include work product where the applicant inspected the subject property.~~
- D.** If the Superintendent determines that an applicant for registration, licensure, or certification meets the qualification criteria prescribed in A.R.S. Title 32, Chapter 36 and this Chapter, the Superintendent shall issue a registration, license, or certificate that entitles the applicant to practice within the appropriate scope specified in A.R.S. § 32-3612 for the term specified in A.R.S. § 32-3616.
- R4-46-201.01. Application for Designation as a Supervisory Appraiser; Supervision of a Registered Trainee Appraiser**
- A.** ~~On and after January 1, 2015, an~~ An individual who wishes to act as a supervisory appraiser for a registered trainee appraiser shall:
1. ~~Apply for and obtain designation from the Board Superintendent as a supervisory appraiser before providing supervision to a registered trainee appraiser;~~
 2. ~~Have been state certified for at least three years;~~ and
 3. ~~Apply for designation under A.R.S. § 32-3614.02.~~
- B.** ~~To apply for designation as a supervisory appraiser on and after January 1, 2015, a certified appraiser shall submit to the Board Superintendent:~~
1. ~~An application for designation, which is available from the Board office and on its web site;~~



- 2. A statement whether the applicant for designation has been disciplined in any jurisdiction in the last three years in a manner that affects the applicant’s eligibility to engage in appraisal practice and if so, the name of the jurisdiction, date of the discipline, circumstances leading to the discipline, and date when the discipline was completed;
 - 3. Evidence that the applicant for designation completed a training course that complies with the course content established by the AQB and is specifically oriented to the requirements and responsibilities of supervisory and trainee appraisers;
 - 4. A signed affirmation that the applicant for designation will comply with the USPAP ~~competency rule~~ Competency Rule for the property type and geographic location in which the supervision will be provided; and
 - 5. ~~Fingerprints that meet the criteria of the Federal Bureau of Investigation and are taken by a law enforcement agency or other qualified entity. The applicant for designation shall obtain a fingerprint card from the Board and provide the card to the agency or entity that takes the fingerprints; and Any other information and documentation that is necessary to meet the qualification criteria established and updated by the AQB.~~
 - 6. ~~The amount charged by the Department of Public Safety for processing fingerprints.~~
- C. Supervision requirements:
- 1. A registered trainee appraiser may have more than one designated supervisory appraiser.
 - 2. A designated supervisory appraiser shall not supervise more than three registered trainee appraisers at any one time.
 - 3. A registered trainee appraiser shall maintain a separate appraisal log for each designated supervisory appraiser and, at a minimum, include the following in each log for each appraisal:
 - a. Type of property,
 - b. Date of report,
 - c. Address of appraised property,
 - d. Description of work performed by the registered trainee appraiser,
 - e. Scope of review and supervision provided by the designated supervisory appraiser,
 - f. Number of actual work hours worked by the registered trainee appraiser on the assignment, and
 - g. Signature and state certificate number of the designated supervisory appraiser.
 - 4. A designated supervisory appraiser shall provide to the ~~Board~~ Superintendent in writing the name and address of each registered trainee appraiser within 10 days of engagement; and notify the ~~Board~~ Superintendent in writing immediately when the engagement ends.
 - 5. If a registered trainee appraiser or designated supervisory appraiser fails to comply with the applicable requirements of this Section:
 - a. The registered trainee appraiser or the designated supervisory appraiser may be subject to disciplinary action under A.R.S. § 32-3631(A)(8), and
 - b. The registered trainee appraiser shall not receive experience credit for hours logged during the period that the registered trainee appraiser or designated supervisory appraiser failed to comply with the applicable requirements of this Section.
- ~~D. Through December 31, 2014, to act as a supervising appraiser of a trainee appraiser, a certified appraiser whose certificate is in good standing and who has not been disciplined in a manner that affects the certified appraiser’s eligibility to engage in appraisal practice in the last three years may apply for designation under subsection (B) or shall:~~
- 1. ~~Submit to the Board proof that the certified appraiser completed at least four hours of Board approved continuing education regarding the role of a supervising appraiser;~~
 - 2. ~~Comply with subsection (C);~~
 - 3. ~~Instruct and directly supervise the trainee appraiser; and~~
 - 4. ~~Review and sign all final appraisal documents certifying the appraisals comply with USPAP.~~
- R4-46-202. Application for Original Registration, Licensure, or Certification ~~Repealed~~**
- ~~A. An applicant for an original registration, licensure, or certification shall submit:~~
- 1. ~~A completed application form, which is available from the Board office and on its web site. There is an application form specific to each classification listed in R4-46-201(A). An applicant shall ensure that the applicant completes the correct application form;~~
 - 2. ~~Evidence of being qualified under A.R.S. Title 32, Chapter 36, Article 2, and this Chapter;~~
 - 3. ~~Documentation of citizenship or alien status, specified under A.R.S. § 41-1080(A), indicating the individual’s presence in the U.S. is authorized under federal law, and~~
 - 4. ~~Fingerprints that meet the criteria of the Federal Bureau of Investigation and are taken by a law enforcement agency or other qualified entity. The applicant shall obtain a fingerprint card from the Board and provide the card to the agency or entity that takes the fingerprints.~~
- ~~B. To be eligible for an original registration, licensure, or certification, an applicant shall:~~
- 1. ~~Meet the education and experience qualification criteria contained in A.R.S. Title 32, Chapter 36, Article 2 and this Chapter;~~
 - 2. ~~Achieve a passing score on the applicable examination required by R4-46-204(B), unless exempted under A.R.S. § 32-3626 or the application is for registration as a trainee appraiser;~~
 - 3. ~~Pay the application, examination, and biennial national registry fees specified in R4-46-106;~~
 - 4. ~~Pass a criminal background check; and~~
 - 5. ~~Pay the charge established by the Department of Public Safety for processing fingerprints.~~
- ~~C. Additionally, on and after January 1, 2015, an applicant for original registration as a trainee appraiser shall submit:~~
- 1. ~~Evidence that the applicant completed a training course that complies with the course content established by the AQB and is specifically oriented to the requirements and responsibilities of supervisory and trainee appraisers; and~~
 - 2. ~~A signed affirmation that the applicant knows and will comply with the USPAP competency rule for the property type that will be appraised.~~
- ~~D. An applicant shall meet all requirements for registration, licensure, or certification within one year after filing the application or the Board shall close the applicant’s file. If an applicant whose file is closed wishes to be considered further for registration, licensure, or certification, the applicant shall reapply under this Section. The Board shall notify an applicant whose application is closed by certi-~~



filed mail or personal service at the applicant's address of record. Notice is complete when deposited in the U.S. mail or by service as permitted under the Arizona Rules of Civil Procedure.

R4-46-202.01. Application for Licensure or Certification by Reciprocity

The ~~Board~~ Superintendent shall license or certify an individual by reciprocity in the same classification, as specified in R4-46-201(A), in which the individual is currently licensed or certified if the individual:

1. Is licensed or certified in a state that meets the standards established at A.R.S. § 32-3618;
2. Submits ~~the a completed~~ application form ~~required by the Board. The application form may be obtained from the Board office or on its web site;~~
3. Submits documentation of citizenship or alien status, specified under A.R.S. § 41-1080(A), indicating the individual's presence in the U.S. is authorized under federal law;
4. Has the state in which the individual is currently licensed or certified send a verification of credential directly to the ~~Board Superintendent~~ that provides the following information:
 - a. License or certification number;
 - b. Classification, as specified in R4-46-201(A), in which the individual is currently licensed or certified;
 - c. Statement of whether the license or certificate is in good standing; and
 - d. Statement of whether disciplinary proceedings are pending against the individual;
5. Submits ~~evidence that the individual has applied for a valid fingerprint clearance card pursuant to A.R.S. § 32-3620(B) fingerprints that meet the criteria of the Federal Bureau of Investigation and are taken by a law enforcement agency or other qualified entity. The applicant shall obtain a fingerprint card from the Board and provide the card to the agency or entity that takes the fingerprints; and~~
6. Submits the application and biennial ~~national registry~~ National Registry fees specified in R4-46-106 ~~and pays the charge established by the Department of Public Safety for processing fingerprints.~~

R4-46-203. Application for Non-resident Temporary Licensure or Certification

- A. To be eligible to obtain a non-resident temporary license or certificate, an individual shall:
 1. Be licensed or certified as an appraiser in a state other than Arizona;
 2. Not be licensed or certified as an appraiser in Arizona; and
 3. Have a dated and signed letter from a client that names the individual and indicates the client has engaged the individual to conduct an appraisal in Arizona, identifies the property or properties to be appraised, and specifies a date certain for completion of the assignment that is no more than one year from the date on which the ~~Board Superintendent~~ issues a non-resident temporary license or certificate.
- B. To apply for a non-resident temporary license or certificate, an individual who meets the pre-requisites in subsection (A) shall submit:
 1. ~~An A completed~~ application form, ~~which is available from the Board office and on its web site;~~
 2. An irrevocable consent to service of process;
 3. Documentation of citizenship or alien status, specified under A.R.S. § 41-1080(A), indicating the applicant's presence in the U.S. is authorized under federal law;
 4. ~~Fingerprints that meet the criteria of the Federal Bureau of Investigation and are taken by a law enforcement agency or other qualified entity. The applicant shall obtain a fingerprint card from the Board and provide the card to the agency or entity that takes the fingerprints. Evidence that the applicant has applied for a valid fingerprint clearance card pursuant to A.R.S. § 32-3620(B); and~~
 5. The fee required under R4-46-106; ~~and~~
 6. ~~The charge established by the Department of Public Safety for processing fingerprints.~~
- C. The ~~Board Superintendent~~ shall grant an extension of no more than 120 days to an individual to whom a non-resident temporary license or certificate has been issued if the individual provides written notice to the ~~Board Superintendent~~ before the date specified in subsection (A)(3) that more time is needed to complete the assignment described in subsection (A)(3).
- D. An appraiser to whom the ~~Board Superintendent~~ has previously issued a non-resident temporary license or certificate may, if qualified under subsection (A), apply for ~~another another~~ non-resident temporary license or certificate by complying with subsection (B), except, the ~~Board Superintendent~~ shall not require the applicant to comply again with ~~subsections subsection~~ subsection (B)(4) and (B)(6).
- E. The ~~Board Superintendent~~ shall issue no more than 10 non-resident temporary licenses or certificates to an individual in any 12-month period.

R4-46-204. Licensure and Certification Examinations

- A. An applicant for licensure or certification may schedule an examination after the ~~Board Department~~ provides written notice to the applicant, ~~that the Board has determined the applicant's experience and education meet the standards specified in R4-46-201- to the extent written notice is required by the AQB. In such case, an applicant shall have 30 days from the written notice to successfully complete the AQB-approved examination for the classification for which application is made unless the time frame is extended by mutual agreement.~~
- ~~B. An applicant shall successfully complete the AQB-approved examination for the classification for which application is made.~~
- ~~B.~~ An applicant for licensure or certification who fails to pass the required examination or fails to appear for a scheduled examination may schedule another examination by providing written notice to the ~~Board Superintendent~~ and paying the examination fee specified in R4-46-106. ~~The applicant remains subject to the specified time limit in subsection (A) or in R4-46-107, as applicable.~~

R4-46-205. Issuance of a Registration, License, or Certificate Repealed



If the Board determines that an applicant for registration, licensure, or certification meets the qualification criteria prescribed in R4 46-202, the Board shall issue a registration, license, or certificate that entitles the applicant to practice within the appropriate scope specified in A.R.S. § 32-3612 for the term specified in A.R.S. § 32-3616.

R4-46-207. ~~Renewal of a Registration, License, or Certificate; Changing Classification~~ Repealed

- ~~A.~~ An appraiser seeking to renew a registration, license, or certificate in the appraiser’s current classification, as specified under R4 46-201(A), shall submit a completed application. To be eligible for renewal of a registration, license, or certificate, an applicant shall:
 - ~~1.~~ Meet the requirements of A.R.S. Title 32, Chapter 36, and this Chapter;
 - ~~2.~~ Meet the continuing education requirements in *The Real Property Appraiser Qualification Criteria and Interpretations of the Criteria*, which is incorporated by reference in R4 46 201(B), except:
 - ~~a.~~ The Board shall not grant hours toward the continuing education requirement unless the length of the educational offering is at least three hours;
 - ~~b.~~ A renewal applicant shall not obtain the 7 Hour National USPAP Update Course, or its AQB approved equivalent through distance education;
 - ~~c.~~ A renewal applicant shall not obtain more than 75 percent of required continuing education through distance education. The Board shall allow credit toward continuing education requirements only if distance education provides live interaction between learner and instructor and includes testing or another mechanism to demonstrate knowledge of the subject matter.
 - ~~d.~~ Except for the 7 Hour National USPAP Update Course or its AQB approved equivalent, the Board shall not accept a repeated educational offering for use as continuing education within a renewal period; and
 - ~~e.~~ During each renewal period, the Board shall allow an appraiser to receive a total of 50 percent of the required continuing education hours from the following:
 - ~~i.~~ Teaching a Board approved course. The Board shall allow the instructor of an approved course the same number of continuing education hours as a participant in the approved course. The Board shall allow continuing education hours during a renewal period for only one teaching of the same Board approved course;
 - ~~ii.~~ Serving as a volunteer auditor under R4 46 506. The Board shall allow the auditor of an approved course the same number of continuing education hours as a participant in the approved course. The Board shall allow continuing education hours during a renewal period for only one audit of the same Board approved course; and
 - ~~iii.~~ Attending a regularly scheduled Board meeting. The Board shall allow an appraiser to receive a continuing education hour for each hour of one regularly scheduled Board meeting attended to a maximum of three hours during a renewal period. To receive these continuing education hours, the appraiser shall attend at least two hours of the regularly scheduled Board meeting and ensure that the appraiser’s name is not part of an item on the meeting agenda.
 - ~~f.~~ A registered trainee appraiser shall fulfill three hours of the continuing education requirement by attending at least three hours of one Board meeting.
 - ~~3.~~ If the documentation submitted under R4 46 202(A)(3) was a limited form of work authorization issued by the federal government, submit evidence that the work authorization has not expired; and
 - ~~4.~~ Pay both the renewal and biennial national registry fees.
- ~~B.~~ If the last day for filing a renewal application falls on a Saturday, Sunday, or legal holiday, the appraiser may file the renewal form on the next business day.
- ~~C.~~ If an appraiser fails to seek renewal within the time specified in A.R.S. § 32 3619 but wants to continue to engage in real estate appraisal activity, the former appraiser shall reapply and meet the requirements of R4 46 202.
- ~~D.~~ An appraiser who wishes to be licensed or certified in a classification different from the appraiser’s current classification shall:
 - ~~1.~~ Submit the appropriate application form required under R4 46 202(A);
 - ~~2.~~ Make the showing required under R4 46 201(D)(2);
 - ~~3.~~ Pay the fees required under R4 46 202(B)(3); and
 - ~~4.~~ If not done previously, comply with R4 46 202(A)(4) and (B)(4) and (5).

R4-46-209. ~~Replacement of a Registration, License, or Certificate; Name Change~~

- ~~A.~~ If an original registration, license, or certificate is lost, damaged, or destroyed, the appraiser may obtain a replacement registration, license, or certificate by providing written notice to the Board.
- ~~B.~~ If the name of an appraiser is legally changed, the appraiser shall submit written notice of the change to the Board Department and attach to the notice provide documentation showing the circumstances under which the name change occurred. The Board Superintendent shall issue the appraiser a new registration, license, or certificate with the correct name.

ARTICLE 3. HEARINGS AND DISCIPLINARY PROCEEDINGS COMPLAINT INVESTIGATIONS

R4-46-301. ~~Complaints; Investigations; Informal Proceedings; Summary Suspensions; Refusal to Appear~~ Complaints and Investigations; Complaint Resolution

- ~~A.~~ Complaints and Investigations
 - ~~1.~~ The Board shall investigate a written complaint, including an anonymous complaint or a complaint made on the Board’s own motion, alleging violations of A.R.S. Title 32, Chapter 36, or this Chapter, if the complaint provides information that meets the minimum criteria. Minimum criteria for a complaint include but are not limited to: The Department shall investigate a complaint, if the complaint meets the minimum jurisdictional criteria.
 - ~~a.~~ The name of the respondent against whom allegations are being made;
 - ~~b.~~ The action that is the basis of the complaint;
 - ~~c.~~ The time frame in which the action occurred;
 - ~~d.~~ Each violation alleged to have been committed by the respondent; and
 - ~~e.~~ A copy of the report, if the complaint includes allegations concerning an appraisal, consulting assignment, or property tax appeal.



2. Upon receipt of a complaint: The Department may notify the respondent of a complaint.
 - a. Board staff shall review the complaint and determine, in consultation with Board counsel if necessary, whether the complaint meets jurisdictional criteria and if so, which edition of USPAP is applicable.
 - b. Within 14 days after receipt of a complaint the Board shall notify the respondent, as prescribed in A.R.S. § 41-1092.04, of the complaint and the requirement that the respondent file a written response within 30 days from the date on the notice. The Board shall provide a copy of the complaint with the notice and request that the respondent address the issues in the complaint. In the notice, the Board shall require that the respondent additionally provide all of the following to the Board: the appraisal report, appraisal review, consulting assignment, or property tax appeal at issue; and the workfile.
 - e. If the respondent requests more time to respond, the Board shall grant a single extension of time that does not exceed 30 days.
 3. The Department may require that the respondent file a written response to the complaint and provide any one or more of the following:
 - a. Appraisal report.
 - b. Appraisal review.
 - c. Consulting assignment.
 - d. Property tax appeal at issue.
 - e. Work file, and
 - f. Any other relevant records.
 4. The Department may assign or contract with an investigator.
 5. Under A.R.S. §§ 6-123(3), 6-124, and 12-2212, the Superintendent may compel testimony or document production, regardless of whether an investigation is in process.
- B. Initial Review and Investigation Complaint Resolution**
1. Within 75 days after receipt of a response or expiration of the time for response, the Board shall conduct an initial review of the matter to determine whether further investigation is necessary. If the Board determines further investigation is necessary, the Board may employ an investigator or investigators and shall notify the respondent of the pending investigation. Without limiting any other remedy allowed by statute, if the Superintendent finds a violation of A.R.S. Title 32, Chapter 36, or this Chapter, the Superintendent may:
 - a. Dismiss the matter based upon mitigating factors;
 - b. Issue a letter of concern;
 - c. Issue an order, which may include disciplinary action and/or remedial action; or
 - d. Resolve the matter by settlement.
 2. If a respondent's name is placed on a public meeting agenda, the Board shall mail a letter to the respondent not less than seven days before the scheduled meeting, providing the respondent with a copy of the posted notice of the public meeting. Any time after a complaint has been filed against a respondent, the matter may be resolved by a settlement in which the respondent agrees to accept disciplinary action and/or remedial action by consent. If the Superintendent determines that the proposed settlement will adequately protect the public, the Department may enter into a consent agreement or letter of remedial action with the respondent. The Superintendent may also allow for a conditional dismissal.
 3. If the respondent is present at the initial review, the Board may request that the respondent participate in an informational interview. A respondent may refuse to participate in an informational interview. The Board may use any information presented at the informational interview in other proceedings related to the complaint.
 4. At the initial review, the Board shall consider the complaint; any response; the appraisal report, appraisal review, consulting assignment, or property tax appeal; and the workfile. The Board may dismiss the matter, request or subpoena additional information, order a limited or full investigation, or invite the respondent to an informal hearing, based on the information reviewed.
 5. Board staff shall assign each investigator according to the investigator's experience, expertise, contract terms, and availability. Board staff shall select an investigator who does not have a business or familial relationship with the respondent. Each investigative report shall contain the signed certification specified in subsection (B)(6). An investigator's draft report is considered work product and is, therefore, confidential. The Board may ask for clarification or additional information after review of a draft report. Upon acceptance by the Board, an investigative report is considered final. The Board may adopt any or all of the findings in the final report at a public meeting and may consider any additional, relevant information that is discovered before the matter is resolved. The investigative report becomes nonconfidential upon resolution of the complaint involved.
 6. The following certification shall be included in every investigative report prepared for the Board and signed by the investigator; I certify that, to the best of my knowledge and belief:
 - a. The statements of fact contained in this report are true and correct.
 - b. The reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions, and they are my personal, impartial and unbiased professional analyses, opinions, conclusions, and recommendations.
 - e. I have no present or prospective interest in the property that is the subject of this investigation, and I have no personal interest with respect to the parties involved in this investigation.
 - d. I have no bias with respect to any property that is the subject of this investigation or to the parties involved in this investigation.
 - e. My engagement for this investigation was not contingent upon developing or reporting any predetermined result or outcome.
 - f. My compensation for this investigation is not contingent upon developing or reporting any predetermined result or outcome, nor have I been instructed as to any predetermined result or outcome by the Board, the Board staff, or other parties.
 - g. I have (or have not) made a personal inspection of the property that is the subject of this investigation.
- C. Settlement.** Any time after a complaint has been filed against a respondent, the matter may be resolved by a settlement in which the respondent agrees to accept disciplinary or remedial action by consent. If the Board determines that the proposed settlement will ade-



quately protect the public, the Board may enter into a consent agreement with the respondent. A statement made for the purpose of settlement is not admissible in a formal hearing.

D: Informal Hearing; Disciplinary Action

1. If, based on the initial review or its review of the investigative report, the Board determines that the respondent is or may be in violation of the Board's statutes or rules, the Board may request a voluntary informal hearing with the respondent. The Board shall provide the respondent with a copy of any final investigative report in the matter, any supporting documentation, and notice of the date, time, and location of the informal hearing, as prescribed in A.R.S. § 41-1092.04, at least 30 days before the informal hearing. The notice of informal hearing shall include all of the following:
 - a. A statement of the matters asserted and issues involved;
 - b. Any request for additional information needed by the Board to prepare for the hearing;
 - c. An explanation of the respondent's right to appear voluntarily with or without legal counsel; and
 - d. An explanation of the respondent's right to a formal hearing under R4-46-302.
2. The Board shall provide a copy of the informational material "Introduction to Informal Hearing," which explains the rights and responsibilities of the Board and respondent during the informal hearing. (A copy is also available at the Board office).
3. The respondent may request and the Board may grant a continuance upon a showing of good cause. During the informal hearing the Board shall swear witnesses, question the respondent and witnesses, and deliberate. The respondent may respond to the Board's questions, present witnesses, and ask questions of the Board and all witnesses regarding the matter before it.
4. If the Board finds a violation of the statutes or rules, but the violation is not of sufficient seriousness to merit suspension or revocation, it may take one or more of the following actions:
 - a. Issue a letter of concern;
 - b. Issue a letter of remedial action;
 - c. Offer a letter of due diligence, which may or may not include remedial action;
 - d. Offer a consent agreement including an order of discipline that sets a time period and terms of probation sufficient to protect the public welfare and safety and educate the respondent. The Board may require one or more of the following as terms of probation:
 - i. Training or education;
 - ii. Supervision or mentor review;
 - iii. Restriction on the nature and scope of the respondent's practice; or
 - iv. Other reasonable measures designed to protect the public and educate the respondent.
5. For any Board action other than a letter of concern or a letter of remedial action, the Board shall request that the respondent sign a consent agreement, which may include findings of fact and conclusions of law, depending on the severity of the violation, but shall identify and explain each violation found. If the respondent is aggrieved by the Board's decision to issue a letter of concern or letter of remedial action, the respondent may request a formal hearing in writing, within 30 days from the date the written notice of the outcome of the informal hearing is received.
6. In resolving a complaint, the Board shall consider mitigating and aggravating circumstances, including but not limited to:
 - a. Whether a violation is intentional;
 - b. Whether the respondent has a prior disciplinary history;
 - c. The time that has elapsed since the violation, and any prior violation;
 - d. Whether any prior violation is similar to the present violation;
 - e. The complexity of the assignment;
 - f. Whether the assignment was outside the respondent's competence; and
 - g. Whether the respondent has taken courses after a violation to prevent future violations.

E: Summary Suspension. If the Board finds that the public health, safety, or welfare imperatively requires emergency action, and incorporates a finding to that effect in its order, the Board may order a summary suspension pending proceedings for revocation or other action. If an order of summary suspension is issued, the Board shall serve the respondent with a written notice of summary suspension and formal hearing, listing the charges against the respondent and setting the date for the formal hearing as soon as is reasonably possible, but in no event more than 60 days from service of the written notice.

F: Refusal to Appear. A respondent may refuse a request to appear at an informal hearing. If the respondent refuses to appear or does not appear, the Board may schedule the matter for a formal hearing.

G: 12-Month Review. If a matter is not resolved within 12 months from receipt of the response, the Board shall schedule the matter for review at each regularly scheduled Board meeting to determine whether good cause exists to continue the investigation. If, after completing its investigation, the Board finds that further action against the respondent is not warranted, the Board shall dismiss the matter.

R4-46-302. Formal Hearing Procedures Repealed

A: The Board shall issue a notice of hearing and formal complaint for formal disciplinary proceedings if:

1. After an informal hearing, the Board determines that suspension or revocation may be warranted;
2. After an informal hearing, the respondent refuses to sign a letter of due diligence or consent agreement offered by the Board;
3. The respondent is aggrieved by the Board's decision in an informal hearing; or
4. After completing its investigation, the Board finds that suspension or revocation may be warranted.

B: Except as provided in R4-46-301(E), the Board shall provide notice of a formal hearing to a respondent at least 30 days before the date set for the hearing. The Board shall notify the respondent by certified mail or personal service at the respondent's last known address of record. Unless otherwise specified, any notice provided for in these rules is complete upon deposit in the U.S. mail or by service as permitted under A.R.S. § 41-1092.04.

C: On its own motion or the motion of a party, the Board may hear a case or have the case heard by an administrative law judge. The Board may accept, reject, or modify the administrative law judge's recommended decision as prescribed by A.R.S. § 41-1092.08, and shall issue a final order.

D: Board Hearings



1. The Board may conduct a hearing without adherence to the rules of evidence used in civil proceedings. The Board shall include the respondent's application and disciplinary records as evidence in the hearing record.
 2. In all hearings required or permitted by statute, order of the Board, or these rules, the party seeking relief has the burden of proof and will present evidence first.
 3. The Board shall conduct each formal hearing according to A.R.S. Title 41, Chapter 6, Article 10.
- ~~E. If a party fails to appear for a formal hearing without good cause, the Board shall act upon the evidence without further notice.~~
- ~~F. The Board shall make and keep a record of the hearing and, in the case of disciplinary hearings or if requested by a party or ordered by the Board, a transcript shall be prepared and filed with the Board. If the transcript is prepared at the request of a party, the party making the request shall pay for the cost of the transcript, unless the Board, for good cause shown waives assessment of this cost.~~
- ~~G. A party may request and the Board may grant a continuance of a hearing date or any other deadline imposed by R4 46-302 upon a showing of good cause.~~

R4-46-303. Rehearing or Review of the Board's Decisions ~~Repealed~~

- ~~A. Any party in a contested case or appealable agency action before the Board may file a motion for rehearing or review within 30 days after service of the final administrative decision. Service is complete upon personal service or five days after the date the decision is mailed by certified mail to the party's last known address of record. The party shall attach a full supporting memorandum specifying the grounds for the motion.~~
- ~~B. The opposing party may file a response within 15 days after service of the motion for rehearing or review, or by a date ordered by the Board, whichever is later. The party shall support the response with a memorandum discussing legal and factual issues.~~
- ~~C. Either party may request or the Board may order oral argument.~~
- ~~D. The Board may grant rehearing or review for any of the following causes materially affecting a party's rights:~~
- ~~1. Irregularity in the administrative proceedings of the Board or any other abuse of discretion which deprived the moving party of a fair hearing;~~
 - ~~2. Misconduct of the Board or any party;~~
 - ~~3. Accident or surprise which could not have been prevented by ordinary prudence;~~
 - ~~4. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the original hearing;~~
 - ~~5. Excessive or insufficient sanction;~~
 - ~~6. Error in the admission or rejection of evidence or other errors of law at the administrative hearing or during the progress of the proceedings or;~~
 - ~~7. Unjustified decision based upon the evidence, or a decision that is contrary to law.~~
- ~~E. The Board may affirm or modify the decision or grant a rehearing to any party on all or part of the issues for any of the reasons set forth in subsection (D). An order modifying a decision or granting a rehearing shall specify with particularity the grounds for the order. The rehearing, if granted, shall be limited to matters specified by the Board.~~
- ~~F. Not later than 30 days after a decision is rendered, the Board may order a rehearing or review on its own initiative, for any reason which it might have granted relief on motion of a party.~~
- ~~G. When a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may submit opposing affidavits with the response. Reply affidavits may be permitted.~~

R4-46-304. Conviction and Judgment Disclosure ~~Repealed~~

- ~~A. When an appraiser or property tax agent is convicted of any act which is or would be punishable as a felony, crime involving moral turpitude, or any crime which is substantially related to the respective qualifications, functions, and duties of an appraiser or property tax agent, the convicted person shall notify the Board within 20 days of entry of a plea of guilty or conviction.~~
- ~~B. When a civil judgment based on fraud, misrepresentation, or deceit in the making of any appraisal is entered against an appraiser or property tax agent, the person against whom the judgment entered shall notify the board within 20 days of entry of judgment.~~

R4-46-305. Terms and Conditions of Reapplication After Revocation ~~Repealed~~

- ~~A. An applicant who reapplies after revocation of a license, certificate, or course approval, shall submit an application for license, certificate, or course approval consistent with these rules. The applicant shall attach substantial evidence to the application that the issuance of a license, certificate, or course approval will no longer constitute a threat to the public welfare and safety.~~
- ~~B. The Board shall make a determination of each application that is consistent with the public safety and welfare.~~

R4-46-306. Complaint Information Availability ~~Repealed~~

- ~~A. Every six months, the Board shall generate a report for publication on the Board's web site or in a newsletter that indicates for that period the number of:~~
- ~~1. Complaints received;~~
 - ~~2. Complaints dismissed;~~
 - ~~3. Complaints referred for investigation; and~~
 - ~~4. Complaints referred for informal or formal hearing.~~
- ~~B. In preparing the report, the Board shall include the severity level of violations with reference to the Board Complaint Resolution Chart (a copy is available at the Board office); the actual complaint resolution implemented by the Board; and any other information that the Board deems useful to appraisers, property tax agents, and the public.~~



ARTICLE 3.1. RULES OF PRACTICE AND PROCEDURE BEFORE THE SUPERINTENDENT

R4-46-301.01. Scope of Article

This Article governs procedures in all contested cases and appealable agency actions, including administrative appeals, filed with the Department. The Department shall use the authority of A.R.S. §§ 41-1092 through 41-1092.12, and the Office of Administrative Hearings' procedural rules to govern the initiation and conduct of proceedings. In a case or action, special procedural requirements in state statute or another Section in this Chapter shall also govern the proceedings unless the requirements are inconsistent with either A.R.S. §§ 41-1092 through 41-1092.12 or the Office of Administrative Hearings' rules. This Article does not apply to rulemaking or to investigative proceedings before the Superintendent.

R4-46-302.01. Commencement of Proceedings; Notice of Hearing

A person may obtain a hearing under A.R.S. § 41-1092.03 (B) on any appealable agency action or contested case, including the following, unless otherwise provided by law:

1. A letter or order granting or denying a license;
2. A cease and desist order;
3. An order to remedy unsafe or unsound conditions;
4. An order assessing a fine;
5. Any other order or matter reviewable in a hearing either under the authority of these rules, a statute or an administrative rule enforced by the Superintendent, or by the order's express terms.

R4-46-303.01. Answer to Notice of Hearing

- A. The Superintendent may, in a notice of hearing, direct one or more parties to file an answer to the assertions in the notice of hearing. Any party to the proceeding may file an answer without being directed to do so.
- B. A party directed to file an answer shall do so within 20 days after issuance of a notice of hearing, unless the notice of hearing states a different period for the answer. The Superintendent may require any party to answer, in a reasonable time, amendments to the assertions in the notice made after service of the original notice.
- C. An answer filed under this Section shall briefly state the party's position or defense to the proceeding and shall specifically admit or deny each of the assertions in the notice of hearing. An answering party that does not have, or cannot easily obtain, knowledge or information sufficient to admit or deny an assertion shall state that inability in its answer. That statement shall have the effect of a denial. A party admits each assertion that it does not deny. An answering party that intends to deny only a part or a qualification of an assertion, or to qualify an assertion, shall expressly admit as much of that assertion as is true and shall deny the remainder.
- D. A party that fails to file an answer required by this Section within the time allowed is in default. The Superintendent may resolve the proceeding against a defaulting party. In doing so, the Superintendent may regard any assertions in the notice of hearing as admitted by the defaulting party.
- E. An answering party waives all defenses not raised in its answer.

R4-46-304.01. Filing; Service

- A. A person shall either personally deliver all papers permitted or required to be filed with the Superintendent or shall mail them by first class, certified, or express mail, or send them electronically to the Department, or shall serve them by any method permitted under R2-19-108. The Department considers papers filed when actually received at the Superintendent's address stated in this subsection.
- B. A party in a contested case or appeal from an agency action shall make any required or permitted service in the manner permitted under R2-19-108. A party shall make service upon each represented party's attorney unless the administrative law judge orders separate service on the actual party. A party shall make service upon each unrepresented party by service on the actual party.

R4-46-305.01. Stays

A person aggrieved by the Department's action or order who files a timely written request for a hearing may ask, in the request for a hearing, that the Superintendent stay an action or any part of an order that will become effective before the Department can hold a hearing. The Superintendent may, in the Superintendent's discretion, stay the legal effectiveness of any action or order until the matter can be heard and finally decided if the aggrieved person's request demonstrates that:

1. The person has a reasonable defense that might prevail on the merits at the hearing,
2. The person will suffer irreparable injury unless the Superintendent grants the stay,
3. The stay would not substantially or irreparably harm other interested persons, and
4. The stay would not jeopardize the public interest or contravene public policy.

R4-46-306.01. Rehearing

- A. Except as provided in subsection (H), any party in a contested case who is aggrieved by a decision rendered in that case may file with the Superintendent, within time limits and other procedural guidelines contained in A.R.S. § 41-1092.09, a written motion for rehearing or review of the decision specifying the particular reason for rehearing.
- B. A party requesting rehearing under this Section may amend a motion for rehearing at any time before the Superintendent rules on the motion. Any other party, or the Attorney General, may file a response to the motion for rehearing within 15 days after service of the motion for rehearing, or the amended motion for rehearing. The Superintendent may require a written brief of the issues raised in the motion and may allow oral argument.
- C. The Superintendent may grant a motion for rehearing for any of the following causes:
 1. Irregularity in the proceedings before the Superintendent, in any order, or any abuse of discretion that deprives the moving party of a fair hearing;
 2. Misconduct of the Department, the administrative law judge, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary care;
 4. Newly discovered material evidence that could not reasonably have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;



6. Error in admitting or rejecting evidence or other legal errors occurring at the hearing;
 7. The decision is not justified by the evidence or is contrary to law.
- D.** The Superintendent may affirm or modify the decision or grant a rehearing as to all or any of the parties and on all or part of the issues for any reason listed in subsection (C). An order granting a rehearing shall specify the reason for granting the rehearing, and the rehearing shall cover only those matters specified.
- E.** The Superintendent, within the time for filing a motion for rehearing, may without a motion order a rehearing or review of a decision for any reason that would allow the granting of a motion for rehearing by a party. The order for rehearing, granted without a motion, shall specify the reason for granting the rehearing.
- F.** After giving the parties notice and an opportunity to be heard on the matter, the Superintendent may grant a motion for rehearing, timely served, for a reason not stated in the motion. The order for rehearing, granted for a reason not stated in the motion, shall specify the reason for granting the rehearing.
- G.** When a motion for rehearing is based on an affidavit, the moving party shall serve the affidavit with the motion. An opposing party or the Attorney General may serve opposing affidavits within 10 days after service of the motion for rehearing.
- H.** The Superintendent may issue a final decision, subject only to judicial review and without an opportunity for rehearing or administrative review, if the Superintendent includes in the decision:
1. An express finding that the decision needs to be made immediately effective to preserve the public peace, health, and safety; and
 2. An express finding that a rehearing or review is:
 - a. Impossible,
 - b. Unnecessary, or
 - c. Contrary to the public interest.

R4-46-307.01. Settlement

- A.** The Department will enter into a settlement, either in litigation or in an administrative proceeding, only if the defendant or respondent admits to the allegations in the complaint, notice, or order relating to the jurisdiction of the Superintendent or the jurisdiction of the tribunal that will enter the judgment or order.
- B.** The Superintendent has sole discretion to decide whether to resolve a matter by settlement. Nothing in Article 3 or Article 3.1 gives the Superintendent a duty to approve a settlement in any matter.

ARTICLE 4. APPRAISAL MANAGEMENT COMPANIES

R4-46-401. Application for Initial Registration

- A.** Unless exempt under A.R.S. § 32-3663, a person shall not engage in business as an AMC and shall not provide any appraisal management services unless registered with the Department.
- B.** To register under subsection (A), a person shall submit:
1. A registration application form, which is available from the Department and on its ~~web site~~ website, and provide the information and certifications required under A.R.S. § 32-3662(B);
 2. The name and contact information of the controlling person who will be the main contact for all communication between the Department and the AMC;
 3. For the controlling person, each officer, and each individual who owns 10 percent or more of the AMC:
 - a. A copy of a fingerprint clearance card ~~obtained~~ application under A.R.S. § 41-1758.03; and
 - b. The certification required under A.R.S. § 32-3668(B)(3) or 32-3669(B)(1), as applicable;
 4. Proof of the surety bond required under A.R.S. § 32-3667 and R4-46-402; and
 5. The fee required under R4-46-106.
- C.** If an AMC operates in Arizona under more than one name, other than a DBA, the controlling person of the AMC shall ensure that a complete application, as described in subsection (B), is submitted in each name under which the AMC will operate. However, if an individual previously submitted a copy of a valid fingerprint clearance card application under subsection (B), the individual is not required to submit a copy of the fingerprint clearance card again.

R4-46-402. Bond Required

- A.** The surety bond required under A.R.S. § 32-3667 shall be in the amount of \$20,000 and shall be issued by a surety company authorized to do business in Arizona.
- B.** The controlling person of a registered AMC shall ensure that the surety bond required under A.R.S. § 32-3667 requires the issuing surety company to provide written notice to the Department by registered or certified mail at least 30 days before the surety company cancels the bond and within 30 days after the surety company pays a loss under the bond.
- C.** The surety bond required under A.R.S. § 32-3667 is to be used exclusively to ensure that a registered AMC pays:
1. All amounts owed to persons that perform real estate appraisal services for the AMC; and
 2. All amounts adjudged against the AMC as a result of negligent or improper real property appraisal services or appraisal management services or breach of contract in performing real property appraisal services or appraisal management services.
- D.** The controlling person of a registered AMC shall ensure that the required surety bond is:
1. Maintained in the amount of \$20,000;
 2. Funded to \$20,000 within seven days after being drawn down; and
 3. Maintained for at least one year after the AMC's registration expires, is revoked or surrendered, or otherwise ends.
- E.** If the Department ~~staff~~ receives notice from the surety company of intent to cancel the required bond, the Department ~~staff~~ shall notify the controlling person of the AMC and require that the controlling person submit proof of a replacement bond before the existing bond is cancelled. Under A.R.S. § 32-3678, failure to maintain the required bond is grounds for disciplinary action.
- F.** If a registered AMC operates in Arizona under more than one name, other than a DBA, the controlling person shall ensure that a separate surety bond in the amount of \$20,000 is maintained in each name.



- G.** If the name of a registered AMC is changed, the controlling person of the registered AMC shall ensure that a surety bond in the amount of \$20,000 is:
1. Maintained in the former name for one year after the name is changed; and
 2. Obtained in the registered AMC's new name.
- H.** A person damaged by a registered AMC's failure to pay an obligation listed in subsection (C) has a right of action against the surety bond. The damaged person shall begin the action ~~against the bond with the Department or~~ in a court of competent jurisdiction within one year after the AMC failed to pay the amount owed or the amount adjudged against the AMC.
- I.** If the surety bond required under A.R.S. § 32-3667 is cancelled, liability of the issuing surety company is not limited or cancelled regarding any claim against the surety bond started before cancellation of the bond.

R4-46-403. Change in Controlling Person or Agent for Service of Process

- A.** If any of the information submitted under R4-46-401(B)(2) changes, the controlling person of the registered AMC shall provide to the Department written notice of the change within 10 business days.
- B.** If an individual becomes the controlling person of a registered AMC and the information required under R4-46-401(B)(3) was not previously submitted for the individual, the new controlling person shall ensure that the required information is submitted to the Department within 10 business days after the change in controlling person.
- C.** If a registered AMC is required under A.R.S. § 32-3662(B)(4) to provide the name and contact information for an agent for service of process in this state, the controlling person of the AMC shall provide the Department ~~staff~~ written notice of any change in the information within 10 business days.

R4-46-404. Application for Renewal Registration

- A.** Under A.R.S. § 32-3665, an initial registration for an AMC expires one year after the date of issuance. A renewal registration for an AMC expires two years after the date of issuance.
- B.** To renew registration for an AMC, the controlling person of the registered AMC shall, at least 60 days before expiration, submit:
1. A renewal registration application form, which is available from the Department and on its ~~web site~~ website;
 2. The certifications required under A.R.S. § 32-3662(B);
 3. Proof of the surety bond required under A.R.S. § 32-3667 and R4-46-402; and
 4. The renewal fee specified in R4-46-106.
- C.** If the controlling person of a registered AMC fails to comply with subsection (B) and the registration expires, the controlling person shall ensure that the AMC immediately ceases providing all appraisal management services.

R4-46-405. Certifications

- A.** Under A.R.S. § 32-3672, the controlling person of a registered AMC is required to make certain certifications to the Superintendent at the time the AMC's registration is renewed.
- B.** To make the certifications required under A.R.S. § 32-3672, the controlling person of a registered AMC shall use a form that is available from the Department and on its ~~web site~~ website.
- C.** The controlling person of a registered AMC shall make available to the Department, ~~on~~ upon request, evidence that the certifications are true and that the systems, processes, and records certified are effective in protecting the public.
- D.** Under A.R.S. § 32-3678, failure to comply with this Section is grounds for disciplinary action.

R4-46-406. Appeal for Waiver

- A.** Under A.R.S. §§ 32-3668 and 32-3669, an AMC for which registration is sought under R4-46-401 may not have an owner, controlling person, officer, or other individual with a 10 percent or greater financial interest in the AMC who has ever had a financial, real estate, or mortgage lending industry license or certificate refused, denied, canceled, revoked, or voluntarily surrendered in any state.
- B.** The requirement in subsection (A) may be waived, at the discretion of the Superintendent, when an appeal is made by the individual who has had a financial, real estate, or mortgage lending industry license or certificate refused, denied, canceled, revoked, or voluntarily surrendered.
- C.** To make an appeal for waiver under subsection (B), the individual who has had a financial, real estate, or mortgage lending industry license or certificate refused, denied, canceled, revoked, or voluntarily surrendered shall submit to the Superintendent an appeal for waiver form, which is available from the Department and on its ~~web site~~ website.
- D.** In deciding whether to waive the requirement under subsection (A), the Superintendent shall consider the following factors:
1. Whether the refusal, denial, cancellation, revocation, or voluntary surrender of a license or certificate was based on a finding of fraud, dishonesty, misrepresentation, or deceit on the part of the appellant;
 2. The amount of time that has elapsed since the refusal, denial, cancellation, revocation, or voluntary surrender of a license or certificate;
 3. Whether the act leading to the refusal, denial, cancellation, revocation, or voluntary surrender of a license or certificate was an isolated occurrence or part of a pattern of conduct;
 4. Whether the act leading to the refusal, denial, cancellation, revocation, or voluntary surrender of a license or certificate appears to have been done for a self-serving purpose;
 5. The harm caused to victims, if any;
 6. Efforts at rehabilitation, if any, undertaken by the appellant and evidence regarding whether the rehabilitation efforts were successful;
 7. Restitution made by the appellant to victims, if any; and
 8. Other factors in mitigation or aggravation that the Superintendent determines are relevant.

R4-46-407. Training Required



- A. The controlling person of a registered AMC shall ensure that all employees and other individuals who work on behalf of the AMC and are responsible for selecting independent appraisers to perform real property appraisal services receive sufficient training to be qualified to comply with federal and state law regarding appraisal management services.
- B. The controlling person of a registered AMC shall ensure that the training required under subsection (A) includes at least the following:
 1. Overview of the USPAP,
 2. Federal and state law applicable to real property appraisal services,
 3. Appraiser classifications and the scope of work for each classification,
 4. Factors that influence the complexity of an appraisal assignment, and
 5. Maintaining the independence of an appraiser.
- C. The controlling person of a registered AMC shall maintain a record of all training provided to an individual described under subsection (A) for one year beyond the termination of that individual's employment by or work on behalf of the AMC.
- D. The controlling person of a registered AMC shall make available to the Department, ~~on~~ upon request, a copy of all materials used to provide the training required under this Section and the records maintained under subsection (C).

R4-46-408. Voluntarily Relinquishing Registration

- A. The controlling person of a registered AMC may voluntarily relinquish the AMC's registration if:
 1. No complaint is currently pending against the AMC;
 2. All amounts owed under R4-46-402(C) have been paid; and
 3. The AMC is in good standing with the Department.
- B. To voluntarily relinquish an AMC's registration, the controlling person of the AMC shall enter into an agreement with the Superintendent that provides the AMC shall:
 1. Cease engaging in business as an AMC and cease providing appraisal management services immediately; and
 2. Maintain the surety bond required under A.R.S. § 32-3667 for one year after the agreement is entered.

ARTICLE 5. COURSE APPROVAL

R4-46-501. Course Approval Required

- A. Under A.R.S. §§ 32-3601(10) and 32-3625, ~~the Superintendent is required to approve~~ a course must be approved by the Superintendent, including a course presented by distance education, before the course is offered in Arizona. The Superintendent shall approve a course as either qualifying or continuing education.
- B. ~~When approving a course~~ Prior to the approval of a course as either qualifying or continuing education, the Department staff shall determine whether the course satisfies the qualification criteria specified in the material incorporated by reference in R4-46-201(B); ~~except:~~
 - ~~1. The 15-hour National USPAP Course or its AQB-approved equivalent shall not be in the form of distance education; and~~
 - ~~2. Only continuing education courses of at least three hours shall be approved.~~
- C. A course owner shall ensure that the course is not offered as either qualifying or continuing education until the course owner receives notice that the course has been approved by the Superintendent unless the course owner includes notice in the offering materials that course approval by the Superintendent is pending and no credit may be claimed for participating in the course until approval is received.
- D. ~~The Department staff~~ shall include in the notice of course approval referenced in subsection (C):
 1. An index number for the approved course,
 2. The maximum number of hours of instruction (including examination time if applicable) that may be claimed for participating in the approved course, and
 3. Whether the course is approved as qualifying or continuing education.
- E. A course owner shall ensure that the course is not advertised or represented as Superintendent-approved until after receipt of the notice referenced in subsection (D). After receiving notice of course approval, the course owner may represent in any materials that the course is Superintendent-approved.

R4-46-503. Course Owners

- A. Superintendent approval of a course granted to the course owner extends to a secondary provider. However, for a course delivered by distance education:
 1. A course owner's approval of the course-delivery mechanism, as required under R4-46-502, does not extend to a secondary provider; and
 2. Both the course owner and secondary provider shall apply for and obtain approval of the course-delivery mechanism from a source listed in R4-46-502.
- B. If a course owner allows a Superintendent-approved course to be offered by a secondary provider, the course owner shall ensure that the secondary provider:
 1. Uses the course owner's materials, including the same textbook and examination, if any;
 2. Allows only the number of hours specified by the Department staff under R4-46-501(D);
 3. Uses an instructor who is qualified under the standards specified in R4-46-506(7); and
 4. Adheres to the course owner's policies regarding student attendance, course scheduling, and prerequisites, if any.
- C. Before allowing a Superintendent-approved course to be offered by a secondary provider using distance education, the course owner shall comply with subsection (B) and:
 1. Ensure that the secondary provider has obtained approval of the course-delivery mechanism from a source listed in R4-46-502; and
 2. Provide to the Superintendent evidence that the secondary provider has obtained approval of the course-delivery mechanism for the Superintendent-approved course.



- D. The Superintendent shall hold a course owner responsible if a secondary provider, authorized by the course owner under subsection (B) or (C), violates any provision of this Chapter.

R4-46-504. Application for Course Approval

Only a course owner may apply for course approval. To apply for course approval, a course owner shall submit to the Department:

1. An application for course approval, which is available from the Department and on its ~~web site~~ website;
2. Materials and other documents that demonstrate the course meets the minimum standards specified in R4-46-506;
3. If the course will be offered using distance education, evidence of approval of the course-delivery mechanism from a source listed in R4-46-502; and
4. The fee specified under R4-46-106.

R4-46-505. Course Approval without Application

The Superintendent approves without application the following:

1. A course approved through the AQB's voluntary Course Approval Program;
2. The 15-Hour National USPAP Course or its AQB-approved equivalent, if the course is taught by at least one AQB-certified USPAP instructor who is also a state certified appraiser in good standing; and
3. The 7-Hour National USPAP Update Course or its AQB-approved equivalent, if the course is taught by at least one AQB-certified USPAP instructor who is also a state certified appraiser in good standing.

R4-46-506. Minimum Standards for Course Approval

The Superintendent shall approve a course only if the course owner submits the following materials and documents with the application for approval required under R4-46-504 and demonstrates the course, including a course presented by distance education, meets the following minimum standards:

1. Course description. Clearly describe the subject matter content of the course.
2. Summary outline. Identify major topics and the number of classroom hours devoted to each.
3. Prerequisites. Specify necessary prerequisites for any course other than a course on:
 - a. Introductory real estate appraisal principles and practices; and
 - b. Appraisal standards and ethics.
4. Learning objectives. Specific learning objectives shall:
 - a. State clearly the specific knowledge and skills students are expected to acquire by completing the course;
 - b. Be consistent with the course description required under subsection (1);
 - c. Be consistent with the instructional materials described in subsection (5);
 - d. Be achievable in the number of hours allotted for the course;
 - e. If for qualifying education, specify the required core curriculum, module subtopic, and number of course hours; and
 - f. If for continuing education, specify the appraisal topic and number of course hours.
5. Instructional materials. Instructional materials used by students shall:
 - a. Cover the subject matter in sufficient depth to achieve the learning objectives specified in subsection (4);
 - b. Reflect current knowledge and practice in the field of appraisal;
 - c. Contain no significant errors;
 - d. Use correct grammar and spelling;
 - e. Be written in a clear, concise, and understandable manner;
 - f. Be in a format that facilitates learning; and
 - g. Be bound or packaged and produced in a quality manner.
6. Examinations for qualifying education courses. Qualifying education courses shall include a series of examinations, a comprehensive final examination, or both. A course examination shall:
 - a. Contain enough questions to assess adequately whether a student acquired knowledge of the subject matter covered by the course;
 - b. Contain questions directed towards assessing whether students achieved the learning objectives specified in subsection (4);
 - c. Be allotted sufficient time for students to complete;
 - d. Contain questions on information adequately addressed in the instructional material required under subsection (5);
 - e. Contain questions that are written in a clear, accurate, and unambiguous manner;
 - f. Contain questions for which the intended answer is clearly the best answer choice;
 - g. Be proctored and ~~close-book~~ closed-book; and
 - h. Have a criterion for passing that is announced before the examination is given.
7. Instructor qualifications policy. The course owner has a written policy that requires use of instructors who meet at least one of the following:
 - a. Has a baccalaureate degree in any field and at least three years of experience directly related to the subject matter to be taught;
 - b. Has a master's degree in any field and one year of experience directly related to the subject matter to be taught;
 - c. Has a master's or higher degree in a field directly related to the subject matter to be taught;
 - d. Has at least five years of real estate appraisal teaching experience directly related to the subject matter to be taught; or
 - e. Has at least seven years of real estate appraisal experience directly related to the subject matter to be taught.
8. Required policies. The course owner shall have the following written policies:
 - a. Attendance policy that ensures student attendance is verified.
 - i. Stipulate that to receive credit, a student must be present for the entire course;
 - ii. Include the instructor's name on the attendance record; and
 - iii. Maintain attendance records for five years;



- b. Scheduling policy.
 - i. Provide that a student may participate in a maximum of eight hours of instruction in a day, and
 - ii. Provide that appropriate breaks are included during each class session; and
- c. Completion certificate policy.
 - i. Require that a signed and dated completion certificate be issued promptly to all students who complete a course; and
 - ii. Require that a completion certificate contain all information required on the form of certification provided by the Department.

R4-46-508. Compliance Audit of Approved Courses

- A. To improve the quality of education available to appraisers in this state, the Department staff shall may regularly audit approved courses for compliance with this Chapter.
- B. The Superintendent shall identify approved courses for audit using the following to establish the priority of audits:
 - 1. Approved courses about which a complaint has been received,
 - 2. Approved courses of a course owner that is new to this state, and
 - 3. Approved courses that have not been audited in the last five years.
- C. On request from the Superintendent, the course owner of an approved course shall provide the dates, times, and locations at which the approved course will be taught and the name of the instructor who will teach each presentation of the approved course.
- D. The audit of an approved course ~~shall~~ may be conducted by a volunteer auditor trained by the Department staff.
- E. The course owner of an approved course shall allow an auditor described under subsection (D) to attend the approved course at no charge.
- F. The auditor shall be identified to the instructor before the approved course starts.
- G. On request from the auditor, the course owner shall allow the auditor to examine records, materials, and other documents relevant to the approved course audited.
- H. After review by the Superintendent, the Department staff shall provide a copy of the audit report to the course owner. If the audit identifies ways in which the approved course fails to comply with this Chapter, the Department staff shall:
 - 1. Work with the course owner to establish a correction plan to bring the course into compliance; and
 - 2. Establish a time within which the course owner is required to complete the correction plan and bring the course into compliance; and
 - 3. Inform the course owner of the manner in which to report the approved course is in compliance with this Chapter.
- I. Failure of a course owner to comply with this Chapter may lead to revocation of course approval.

R4-46-509. Changes to an Approved Course

The Superintendent encourages revisions and updates that improve and keep an approved course current. However, if any of the information provided under R4-46-506(1), (2), (4), or (5) changes so substantially as to alter the scope of the approved course as determined at the sole discretion of the Superintendent, the course owner of the approved course shall submit a new application for approval under R4-46-504.

R4-46-510. Renewal of Course Approval

- A. Course approval expires a maximum of two years after approval is granted. Approval of a distance education course expires in two years or, if applicable, when the distance education delivery-mechanism approval required under R4-46-502 or approval under R4-46-505 expires, whichever is less.
- B. The Superintendent ~~shall~~ may renew the approval of a course only: if the information provided under R4-46-506(1), (2), (4), and (5) has not changed substantially.
 - ~~1. Once after initial approval; and~~
 - ~~2. If the information provided under R4-46-506(1), (2), (4), and (5) has not changed substantially.~~
- C. If an approved course meets the standard in subsection (B), the course owner may apply for renewal of course approval no later than 30 days before the course approval expires.
- D. To apply for renewal of course approval, a course owner shall submit a renewal application, which is available from the Department and on its ~~web site~~ website, and pay the renewal fee specified in R4-46-106(A)(10).

R4-46-511. Transfer of an Approved Course

- A. A course owner that transfers the proprietary rights to a Superintendent-approved course shall provide written notice of the transfer to the Department. The course owner shall include in the notice the name of and contact information for the new course owner and the date of the transfer.
- B. The new course owner to which the proprietary rights to a Superintendent-approved course are transferred shall attach to the notice required under subsection (A) a certification, using a form available from the Department and on its ~~web site~~ website, that the new course owner:
 - 1. Will adhere to the requirements in this Article, and
 - 2. Will be responsible for the actions of all secondary providers who have an agreement under R4-46-507.
- C. If proprietary rights to a Superintendent-approved course are transferred under this Section, the expiration date of the course approval does not change.

NOTICES OF FINAL RULEMAKING

This section of the *Arizona Administrative Register* contains Notices of Final Rulemaking. Final rules have been through the regular rulemaking process as defined in the Administrative Procedures Act. These rules were either approved by the Governor's Regulatory Review Council or the Attorney General's Office. Certificates of Approval are on file with the Office.

The final published notice includes a preamble and

text of the rules as filed by the agency. Economic Impact Statements are not published.

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the final rules should be addressed to the agency that promulgated them. Refer to Item #5 to contact the person charged with the rulemaking. The codified version of these rules will be published in the Arizona Administrative Code.

NOTICE OF FINAL RULEMAKING TITLE 9. HEALTH SERVICES CHAPTER 10. DEPARTMENT OF HEALTH SERVICES HEALTH CARE INSTITUTIONS: LICENSING

[R18-225]

PREAMBLE

- | <u>1. Article, Part, or Section Affected (as applicable)</u> | <u>Rulemaking Action</u> |
|--|--------------------------|
| R9-10-101 | Amend |
| R9-10-102 | Amend |
| R9-10-106 | Amend |
| R9-10-120 | Amend |
| R9-10-1001 | Amend |
| R9-10-1021 | Amend |
| R9-10-2001 | New Section |
| R9-10-2002 | New Section |
| R9-10-2003 | New Section |
| R9-10-2004 | New Section |
| R9-10-2005 | New Section |
| R9-10-2006 | New Section |
| R9-10-2007 | New Section |
| R9-10-2008 | New Section |
| R9-10-2009 | New Section |
| R9-10-2010 | New Section |
- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**
Authorizing statute: A.R.S. §§ 36-132(A)(1) and 36-136(G)
Implementing statutes: A.R.S. §§ 36-405, 36-132(A)(17), 36-406, 36-448.02, Laws 2018, Ch. 1, and Laws 2018, Ch. 243
- 3. The effective date of the rules:**
January 1, 2019
- a. If the agency selected a date earlier than the 60 day effective date as specified in A.R.S. § 41-1032(A), include the earlier date and state the reason or reasons the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5):**
The Department requests a January 1, 2019 effective date for the new rules under A.R.S. § 41-1032(B). A January 1, 2019 effective date will allow the Department time to provide training and technical assistance to individuals who are required to meet pain management clinic licensure requirements in Laws 2018, Ch. 1 beginning January 1, 2019. A January 1, 2019 effective date will provide a benefit to both the regulated persons and the public.
- b. If the agency selected a date later than the 60 day effective date as specified in A.R.S. § 41-1032(A), include the later date and state the reason or reasons the agency selected the later effective date as provided in A.R.S. § 41-1032(A)(1) through (5):**
Not applicable
- 4. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:**
Notice of Rulemaking Docket Opening: 24 A.A.R. 513, March 9, 2018
Notice of Proposed Rulemaking: 24 A.A.R. 1901, July 13, 2018
- 5. The agency's contact person who can answer questions about the rulemaking:**
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

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

In order to ensure public health, safety, and welfare, Arizona Revised Statutes (A.R.S.) §§ 36-405 and 36-406 require the Arizona Department of Health Services (Department) to adopt rules establishing minimum standards and requirements for construction, modification, and licensure of health care institutions. Laws 2018, Ch. 1 requires the Department to license a pain management clinic as a health care institution and create rules for a pain management clinic that include informed consent requirements, the responsibilities of the medical director, reporting requirements, and physical examination requirements. To implement Laws 2018, Ch. 1, the Department plans to adopt the new rules in 9 A.A.C. 10, Article 20 and amend 9 A.A.C. 10, Articles 1 and 10. The 10 rules in Article 20 prescribe minimum standards for pain management clinics to ensure that opioids are prescribed and administered safely and ensure the health and safety of patients with regard to all aspects of a health care institution, including physical plant, equipment, sanitation, staffing, and recordkeeping. The Department received an exception from the rulemaking moratorium required by Executive Order 2018-2. The Department has made new rules for pain management clinics in 9 A.A.C. 10, Article 20 and amended 9 A.A.C. 10, Article 1 and Article 10 as they relate to pain management clinics.

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

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/revenue changes are designated as minimal when less than \$10,000, moderate from \$10,000 to \$50,000, and substantial when greater than \$50,000. Costs/benefits that are real and meaningful, but cannot be quantified are designated as significant. Costs that result from a statute, rather than the rules are not included as a cost of the rulemaking. The Department anticipates that persons affected by the rulemaking include the Department, pain management clinics, physicians, and patients seeking pain management. Because pain management clinics have not previously been a class of licensed healthcare institution, licensing them may add to the workload of Department staff. Department staff will implement and oversee the licensing process, take enforcement action, and provide training and technical assistance on the new rules. While these provisions may impose some costs on the Department, the rules are required by statute and therefore not included in this analysis.

Pain management clinics may include outpatient treatment centers and the private offices of physicians and registered nurse practitioners that meet the definition of pain management clinic. Since the current rules have not been implemented, the Department does not have information about the number of facilities that would meet the definition of pain management clinic. However, the Department anticipates that only a fraction of the facilities currently licensed as health care institutions will be required to be licensed as pain management clinics. The requirements in the rules are minimal standards to protect the health and safety of patients, meet statutory requirements, and mostly specify practices that pain management clinics are already engaging in. Medical practitioners and pain management clinic personnel members are likely to incur no costs or only minimal additional costs as a result of the rules and patients are expected to receive a significant benefit from the rules since the rules will likely lead to increased patient health and safety.

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

Two changes were made to the proposed rules based on comments received during the 30-day public comment period of the Notice of Proposed Rulemaking. In A.A.C. R9-10-1001, a definition for "pain management services" was added to clarify for outpatient treatment centers that pain management services do not include the treatment of patient suffering with "acute pain," and rather, pain management services are intended for patients receiving treatment for "chronic pain." Additionally, in R9-10-1021(5) the requirement was revised to better clarify that an outpatient treatment center is required to comply with 9 A.A.C. 10 Article 20 if the outpatient treatment center meets the definition of a pain management clinic in A.R.S. § 36-448.01 and as such, the outpatient treatment center is not required to obtain licensure as a pain management clinic. The Department does not believe these are substantive changes.



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

The Department received oral comments from one member of the public during the August 13, 2018 oral proceeding held for the proposed rules and also received two written comments during the 30-day comment period of the 9 A.A.C. 10, Article 20 Notice of Proposed Rulemaking. A summary of the comments and the Department’s response are shown below:

Comment	Department’s Response
<p><u>Oral comments received from the public during the oral proceeding:</u></p> <p>Asked if pain management clinics (PMC) are going to be a subclass of outpatient treatment centers (OTC), if the institution has to be licensed as a PMC is already licensed as an OTC, would they then be a subclass of an OTC, and would they be operating under both their OTC license and the PMC?</p>	<p>The Department explained that pain management clinics, their own class. OTCs that provide pain management services will continue to exist. Reference to R9-10-1021 was provided.</p>
<p>Asked what happens for those OTCs that are authorized to perform pain management services if they run a metric and let’s say they are now at a place were 51% or more of their patients are being prescribed these medications for greater than a 90 day period and required by legislation to now within 60 days license with DHS as a PMC. Will they both still have their OTC license and now this new PMC license because they have exceeded this threshold or is there only one license?</p>	<p>The Department explained that health care institutions can only be licensed for one class or subclass; and once that metrics is exceeded, they then would meet the definition of a PMC and would need to be licensed as a PMC or licensed to the highest level that they are providing. The Department also clarified that an OTC providing more than just pain management services and the pain management services metrics has now trumped the requirement to be separately licensed, by definition. Department clarified that R9-10-1021 talks about pain management services and what needs to be in existence. Subsection (5) provides that an OTC that is a pain management clinic, as defined in A.R.S. § 36-448.01, will also have to comply with the rules in Article 20.</p>
<p>Asked, if under R9-10-1021(5), does that mean they do not need to do a separate licensure as a PMC or they still have to do a separate licensure as well?</p>	<p>The Department replied that they (OTCs) will not have to do a separate licensure. It will be an OTC that is also a PMC and will need to meet Article 20 rules in addition to all the rules in Article 10.</p>
<p>Asked what happens when there is a rule in Article 10, like plant safety standards and equipment standards that are not exactly like the new Article 20 rules or do they comply with both or do they comply with Article 20? Commenter cited Section 2010, physical plant standards, stating that if compared to OTC physical plant standards, there are differences. That is also true for R9-10-2009, equipment and safety standards; R9-10-2007, patient rights; and R9-10-2005, medication services.</p>	<p>The Department will require the pain management services to meet the highest regulations.</p>
<p>Asked will there be a definition added for pain management services? So OTCs know when they need to get the additional authorization and/or the licensure; so they can determine if they are a PMC.</p>	<p>The Department explained that in Article 1 a definition of “pain management clinic” was added. Pain management services are the ability to provide pain management (R9-10-1021) as long as you do not exceed the metric. But the concept of pain management services should be the same as the delivery model as you would find if you were required by the metrics to become a pain management clinic.</p>
<p>Asked when you say required by the metrics, are you referring to the opioid epidemic act?</p>	<p>The Department agreed; yes, the Department is referring to the opioid epidemic act.</p>
<p>Asked does that mean you only provide pain management services when you prescribing any of those drugs?</p>	<p>The Department clarified that “those drugs” and less than the metric that requires you to be licensed.</p>
<p>Asked would pain management services include treatments for acute pain or are we only talking about chronic pain?</p>	<p>The Department confirmed typically, chronic pain; and explained that an OTC needs to than consider that relationship to Article 1. Article 1 has added Section 120 which is the prescribing and ordering of opioids in any of the licensed health care institutions. So an organization has to look at Article 1 as it relates to R9-10-120 because they are a health care institution whether you are an OTC, PMC, or hospital. Line them up in order to self-direct based on your business practice – how you are going to operate.</p>
<p>Asked whether an OTC who is also a pain management center will be required to have separate sets of policies and procedures for both Article 10, OTCs and Article 20, PMCs and noted that there are difference when they are prescribing, administering, or ordering for purposes other than pain management services?</p>	<p>The Department communicated that separate policies and procedures are not required. However, existing policies and procedures are required to address the different circumstances that may arise in that clinic. It is at the discretion of the facility to develop their policies and procedures to cover all required categories.</p>
<p>Asked can those services in an OTC also be done under the direction of a naturopathic physician? If so, should there be some clarification to make it clear?</p>	<p>The Department clarified that OTC and naturopathic physician are not in the scope of this rulemaking and the Department did not receive an exception from the Governor to amend Article 10 rules other than as related to Laws 2018, Ch. 1 and Laws 2018, Ch. 243</p>



<p><u>First written comment received from the public during the 30-day public comment period:</u></p> <p>Asked the Department to clarify whether an outpatient treatment center (OTC) is limited to only providing pain management services (PMC) if required by law to license as a pain management clinic or/and can continue providing services under its existing OTC licensee. Asked the Department to clarify if a PMC is a class or subclass of health care institutions.</p> <p>Requests that the Department adopt definition of “pain management services” that is consistent with Arizona’s Legislature intent.</p>	<p>The rules in 9 A.A.C. 10 provide that an outpatient treatment center (OTC) may provide pain management services, as well as other services, on an outpatient basis as they have before the addition of pain management clinics as a class of licensed health care institution. An OTC that meets the statutory definition of a pain management clinic will not be required to be dually licensed, just as an outpatient treatment center that meets the statutory definition of an abortion clinic is not required to be dually licensed. However, an OTC that meets the definition of a pain management clinic will need to comply with the requirements in Article 20, as stated in subsection (5). To clarify this distinction, the Department plans to revise subsection (5) to read: “An outpatient treatment center that meets the definition of a pain management clinic in A.R.S. § 36-448.01 complies with Article 20 of this Chapter.”</p> <p>The Department does not intend for pain management services to include the treatment of acute pain or recommending that a patient take an aspirin. However, the Department does intend for pain management services to include the treatment of chronic pain by whatever means is used, including opioid pain relievers, nerve blocks, steroid injections, nerve burns, etc. To reduce confusion, the Department plans to add to R9-10-1001 a definition for pain management services as follows: “Pain management services” means medical services, nursing services, or health-related services provided to a patient to reduce or relieve the patient’s chronic pain.</p>
<p>Expressed that the rules is unclear whether an OTC authorized to provide “pain management services” that is not a PMC can also do so under the direction of a naturopathic physician. Requests the Department define “physician” for the purposes of R9-10-1021 as “an individual licensed as a physician according to A.R.S. Title 32, Chapter 13, 14, or 17.”</p> <p>Request clarification what opioid treatment regulations apply to OTCs that are authorized to provide “pain management services” but are not PMCs. The commenter believes it is unclear whether OTCs must also comply with R9-10-120 when using opioid for purposes other than pain management services such as the provisions of medication-assisted treatment for substance use disorder and request that the Department require OTC to comply with the requirements in R9-10-120 only.</p>	<p>Because the statutes for pain management clinics authorize pain management services to be provided under the direction of a naturopathic physician, the rules in Article 20 conform with this provision in statute. However, outpatient treatment centers may serve patients who have other medical conditions, as well as chronic pain. The current requirements in R9-10-1021 require that pain management services be provided under the direction of a physician, which is defined in A.R.S. § 36-401 as an individual “licensed pursuant to title 32, chapter 13 or 17.” Therefore, the Department did not broaden the definition to include naturopathic physicians. However, the Department did add in subsection (1)(b) that pain management services could be provided under the direction of a nurse practitioner licensed according to A.R.S. Title 32, Chapter 15, with advanced pain management certification from a nationally recognized accreditation or certification entity. This wording is consistent with that in R9-10-2003(B)(2)(a)(ii). The Department does not plan to make a change based on this comment.</p> <p>The provision of “medication-assisted treatment for substance use disorders” may come under the umbrella of “opioid treatment” as defined in R9-10-101. The requirements for an outpatient treatment center authorized to provide opioid treatment services are in R9-10-1020. The requirements in R9-10-120 apply to these services. If having two sets of requirements is confusing, the Department suggests that the outpatient treatment center adopt the more stringent, as is done whenever two sets of requirements (such as Medicare and licensing requirements) that are not consistent apply to the facility. The Department does not plan to make a change based on this comment.</p>
<p><u>Second written comment received from the public during the 30-day public comment period:</u></p> <p>“AzPPO believes that the State should ensure that ALL health care institutions including pain management clinics in Arizona are protected with professional pest control services from dangerous and deadly pests. Therefore, we propose that these facilities should contract with a professional pest control company licensed and registered with the State.”</p>	<p>In the 9 A.A.C. 10, Article 1 Five-year-review Report (Report) approved by the Governor’s Regulator Review Council (GRRC) in March 2018, the Department identified that “other rules in the Chapter would be improved if requirements in Articles using the defined term [pest control program] were clarified to ensure compliance with requirements in A.A.C. R3-8-201(C)(4).” The Department submitted a request to the Governor for approval to revise the rules in 9 A.A.C. 10 through an expedited rulemaking to clarify and require that implemented pest control program for all licensed health care institutions comply with requirements in A.A.C. R9-8-201(C). The Department believes that the expedited rulemaking will ensure that 9 A.A.C. 10 rules protect the health and safety of Arizonans and are consistent with other Arizona statutes and rules.</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:

A.R.S. § 36-407 prohibits a person from establishing, conducting, or maintaining “a health care institution or any class or subclass of health care institution unless that person holds a current and valid license issued by the [D]epartment specifying the class or subclass of health care institution the person is establishing, conducting or maintaining.” A health care institution license is specific to the licensee, class or subclass of health care institution, facility location, and scope of services provided. As such, a general permit is not applicable and is not used.

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:

Not applicable

15. The full text of the rules follows:

**TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING**

ARTICLE 1. GENERAL

Section

- R9-10-101. Definitions
- R9-10-102. Health Care Institution Classes and Subclasses; Requirements
- R9-10-106. Fees
- R9-10-120. Opioid Prescribing and Treatment

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

Section

- R9-10-1001. Definitions
- R9-10-1021. Pain Management Services

ARTICLE 20. PAIN MANAGEMENT CLINICS

Section

- R9-10-2001. Definitions
- R9-10-2002. Application and Documentation Submission Requirements
- R9-10-2003. Administration
- R9-10-2004. Quality Management
- R9-10-2005. Medication Services
- R9-10-2006. Pain Management Services
- R9-10-2007. Patient Rights
- R9-10-2008. Medical Records
- R9-10-2009. Equipment and Safety Standards
- R9-10-2010. Environmental and Physical Plant Standards

ARTICLE 1.GENERAL

R9-10-101. Definitions

In addition to the definitions in A.R.S. § 36-401(A), the following definitions apply in this Chapter unless otherwise specified:

1. “Abortion clinic” has the same meaning as in A.R.S. § 36-449.01.
2. “Abuse” means:
 - a. The same:
 - i. For an individual 18 years of age or older, as in A.R.S. § 46-451; and
 - ii. For an individual less than 18 years of age, as in A.R.S. § 8-201;
 - b. A pattern of ridiculing or demeaning a patient;



- c. Making derogatory remarks or verbally harassing a patient; or
- d. Threatening to inflict physical harm on a patient.
- 3. "Accredited" has the same meaning as in A.R.S. § 36-422.
- 4. "Active malignancy" means a cancer for which:
 - a. A patient is undergoing treatment, such as through:
 - i. One or more surgical procedures to remove the cancer;
 - ii. Chemotherapy, as defined in A.A.C. R9-4-401; or
 - iii. Radiation treatment, as defined in A.A.C. R9-4-401;
 - b. There is no treatment; or
 - c. A patient is refusing treatment.
- 4-5. "Activities of daily living" means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
- 5-6. "Adjacent" means not intersected by:
 - a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
 - b. A public thoroughfare.
- 6-7. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
- 7-8. "Administrative office" means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, or health related services.
- 8-9. "Admission" means, after completion of an individual's screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
- 9-10. "Adult" has the same meaning as in A.R.S. § 1-215.
- 10-11. "Adult behavioral health therapeutic home" means a residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual's behavioral health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.
- 11-12. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
- 12-13. "Ancillary services" means services other than medical services, nursing services, or health-related services provided to a patient.
- 13-14. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.
- 14-15. "Applicant" means a governing authority requesting:
 - a. Approval of a health care institution's architectural plans and specifications, or
 - b. A health care institution license.
- 15-16. "Application packet" means the information, documents, and fees required by the Department for the:
 - a. Approval of a health care institution's modification or construction, or
 - b. Licensing of a health care institution.
- 16-17. "Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.
- 17-18. "Assistance in the self-administration of medication" means restricting a patient's access to the patient's medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.
- 18-19. "Attending physician" means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.
- 19-20. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
 - a. A written signature;
 - b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
 - c. A rubber-stamp signature; or
 - d. An electronic signature code.
- 20-21. "Authorized service" means specific medical services, nursing services, or health-related services provided by a specific health care institution class or subclass for which the health care institution is required to obtain approval from the Department before providing the medical services, nursing services, or health-related services.
- 21-22. "Available" means:
 - a. For an individual, the ability to be contacted and to provide an immediate response by any means possible;
 - b. For equipment and supplies, physically retrievable at a health care institution; and
 - c. For a document, retrievable by a health care institution or accessible according to the applicable timeframes in this Chapter.
- 22-23. "Behavioral care":
 - a. Means limited behavioral health services, provided to a patient whose primary admitting diagnosis is related to the patient's need for physical health services, that include:
 - i. Assistance with the patient's psychosocial interactions to manage the patient's behavior that can be performed by an individual without a professional license or certificate including:
 - (1) Direction provided by a behavioral health professional, and
 - (2) Medication ordered by a medical practitioner or behavioral health professional; or
 - ii. Behavioral health services provided by a behavioral health professional on an intermittent basis to address the patient's significant psychological or behavioral response to an identifiable stressor or stressors; and
 - b. Does not include court-ordered behavioral health services.
- 23-24. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides



- behavioral health services, an adult behavioral health therapeutic home, a behavioral health respite home, or a counseling facility.
- 24-25.** “Behavioral health inpatient facility” means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
- a. Have a limited or reduced ability to meet the individual's basic physical needs;
 - b. Suffer harm that significantly impairs the individual’s judgment, reason, behavior, or capacity to recognize reality;
 - c. Be a danger to self;
 - d. Be a danger to others;
 - e. Be persistently or acutely disabled as defined in A.R.S. § 36-501; or
 - f. Be gravely disabled.
- 25-26.** “Behavioral health issue” means an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
- 26-27.** “Behavioral health observation/stabilization services” means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:
- a. Requires nursing services,
 - b. May require medical services, and
 - c. May be a danger to others or a danger to self.
- 27-28.** “Behavioral health paraprofessional” means an individual who is not a behavioral health professional who provides, under supervision by a behavioral health professional, the following services to a patient to address the patient's behavioral health issue:
- a. Services that, if provided in a setting other than a health care institution would be required to be provided by an individual licensed under A.R.S, Title 32, Chapter 33; or
 - b. Health-related services.
- 28-29.** “Behavioral health professional” means:
- a. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
 - i. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; or
 - ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-101;
 - b. A psychiatrist as defined in A.R.S. § 36-501;
 - c. A psychologist as defined in A.R.S. § 32-2061;
 - d. A physician;
 - e. A behavior analyst as defined in A.R.S. § 32-2091;
 - f. A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or
 - g. A registered nurse.
- 29-30.** “Behavioral health residential facility” means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
- a. Limits the individual’s ability to be independent, or
 - b. Causes the individual to require treatment to maintain or enhance independence.
- 30-31.** “Behavioral health respite home” means a residence where respite care services, which may include assistance in the self-administration of medication, are provided to an individual based on the individual’s behavioral health issue and need for behavioral health services.
- 31-32.** “Behavioral health specialized transitional facility” means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.
- 32-33.** “Behavioral health staff” means a:
- a. Behavioral health paraprofessional,
 - b. Behavioral health technician, or
 - c. Personnel member in a nursing care institution or assisted living facility who provides behavioral care.
- 33-34.** “Behavioral health technician” means an individual who is not a behavioral health professional who provides, with clinical oversight by a behavioral health professional, the following services to a patient to address the patient's behavioral health issue:
- a. Services that, if provided in a setting other than a health care institution would be required to be provided by an individual licensed under A.R.S, Title 32, Chapter 33; or
 - b. Health-related services.
- 35.** “Benzodiazepine” means any one of a class of sedative-hypnotic medications, characterized by a chemical structure that includes a benzene ring linked to a seven-membered ring containing two nitrogen atoms, that are commonly used in the treatment of anxiety.
- 34-36.** “Biohazardous medical waste” has the same meaning as in A.A.C. R18-13-1401.
- 35-37.** “Calendar day” means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
- 36-38.** “Case manager” means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services provided to a patient at the health care institution.
- 37-39.** “Certification” means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in A.A.C. R9-1-412.
- 38-40.** “Certified health physicist” means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.



- ~~39-41.~~ “Change in ownership” means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.
- ~~40-42.~~ “Chief administrative officer” or “administrator” means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.
- ~~41-43.~~ “Clinical laboratory services” means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
- ~~42-44.~~ “Clinical oversight” means:
- Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution's policies and procedures,
 - Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services,
 - Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services, and
 - Recommending training for a behavior health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.
- ~~43-45.~~ “Clinical privileges” means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.
- ~~44-46.~~ “Collaborating health care institution” means a health care institution licensed to provide outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:
- Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
 - Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident's treatment plan.
- ~~45-47.~~ “Communicable disease” has the same meaning as in A.R.S. § 36-661.
- ~~46-48.~~ “Conspicuously posted” means placed:
- At a location that is visible and accessible; and
 - Unless otherwise specified in the rules, within the area where the public enters the premises of a health care institution.
- ~~47-49.~~ “Consultation” means an evaluation of a patient requested by a medical staff member or personnel member.
- ~~48-50.~~ “Contracted services” means medical services, nursing services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
- ~~49-51.~~ “Contractor” has the same meaning as in A.R.S. § 32-1101.
- ~~50-52.~~ “Controlled substance” has the same meaning as in A.R.S. § 36-2501.
- ~~51-53.~~ “Counseling” has the same meaning as “practice of professional counseling” in A.R.S. § 32-3251.
- ~~52-54.~~ “Counseling facility” means a health care institution that only provides counseling, which may include:
- DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
 - Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.
- ~~53-55.~~ “Court-ordered evaluation” has the same meaning as “evaluation” in A.R.S. § 36-501.
- ~~54-56.~~ “Court-ordered pre-petition screening” has the same meaning as in A.R.S. § 36-501.
- ~~55-57.~~ “Court-ordered treatment” means treatment provided according to A.R.S. Title 36, Chapter 5.
- ~~56-58.~~ “Crisis services” means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.
- ~~57-59.~~ “Current” means up-to-date, extending to the present time.
- ~~58-60.~~ “Daily living skills” means activities necessary for an individual to live independently and include meal preparation, laundry, housecleaning, home maintenance, money management, and appropriate social interactions.
- ~~59-61.~~ “Danger to others” has the same meaning as in A.R.S. § 36-501.
- ~~60-62.~~ “Danger to self” has the same meaning as in A.R.S. § 36-501.
- ~~61-63.~~ “Detoxification services” means behavioral health services and medical services provided to an individual to:
- Reduce or eliminate the individual's dependence on alcohol or other drugs, or
 - Provide treatment for the individual's signs or symptoms of withdrawal from alcohol or other drugs.
- ~~62-64.~~ “Diagnostic procedure” means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.
- ~~63-65.~~ “Dialysis” means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semi-permeable membrane.
- ~~64-66.~~ “Dialysis services” means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
- ~~65-67.~~ “Dialysis station” means a designated treatment area approved by the Department for use by a patient receiving dialysis or dialysis services.
- ~~66-68.~~ “Dialyzer” means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.
- ~~67-69.~~ “Disaster” means an unexpected occurrence that adversely affects a health care institution's ability to provide services.
- ~~68-70.~~ “Discharge” means a documented termination of services to a patient by a health care institution.



- 69-71. “Discharge instructions” means documented information relevant to a patient’s medical condition or behavioral health issue provided by a health care institution to the patient or the patient’s representative at the time of the patient’s discharge.
- 70-72. “Discharge planning” means a process of establishing goals and objectives for a patient in preparation for the patient’s discharge.
- 71-73. “Discharge summary” means a documented brief review of services provided to a patient, current patient status, and reasons for the patient’s discharge.
- 72-74. “Disinfect” means to clean in order to prevent the growth of or to destroy disease-causing microorganisms.
- 73-75. “Documentation” or “documented” means information in written, photographic, electronic, or other permanent form.
- 74-76. “Drill” means a response to a planned, simulated event.
- 75-77. “Drug” has the same meaning as in A.R.S. § 32-1901.
- 76-78. “Electronic” has the same meaning as in A.R.S. § 44-7002.
- 77-79. “Electronic signature” has the same meaning as in A.R.S. § 44-7002.
- 78-80. “Emergency” means an immediate threat to the life or health of a patient.
- 79-81. “Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.
82. “End-of-life” means that a patient has a documented life expectancy of six months or less.
- 80-83. “Environmental services” means activities such as housekeeping, laundry, facility maintenance, or equipment maintenance.
- 81-84. “Equipment” means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in A.A.C. R9-1-412.
- 82-85. “Exploitation” has the same meaning as in A.R.S. § 46-451.
- 83-86. “Factory-built building” has the same meaning as in A.R.S. § 41-2142.
- 84-87. “Family” or “family member” means an individual’s spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
- 85-88. “Food services” means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
- 86-89. “Garbage” has the same meaning as in A.A.C. R18-13-302.
- 87-90. “General consent” means documentation of an agreement from an individual or the individual’s representative to receive physical health services to address the individual’s medical condition or behavioral health services to address the individual’s behavioral health issues.
- 88-91. “General hospital” means a subclass of hospital that provides surgical services and emergency services.
- 89-92. “Gravely disabled” has the same meaning as in A.R.S. § 36-501.
- 90-93. “Hazard” or “hazardous” means a condition or situation where a patient or other individual may suffer physical injury.
- 91-94. “Health care directive” has the same meaning as in A.R.S. § 36-3201.
- 92-95. “Hemodialysis” means the process for removing wastes and excess fluids from a patient’s blood by passing the blood through a dialyzer.
- 93-96. “Home health agency” has the same meaning as in A.R.S. § 36-151.
- 94-97. “Home health aide” means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.
- 95-98. “Home health aide services” means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.
- 96-99. “Home health services” has the same meaning as in A.R.S. § 36-151.
- 97-100. “Hospice inpatient facility” means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice’s premises for 24 hours or more.
- 98-101. “Hospital” means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.
- 99-102. “Immediate” means without delay.
- 100-103. “Incident” means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
- On the premises of a health care institution, or
 - Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution.
- 101-104. “Infection control” means to identify, prevent, monitor, and minimize infections.
- 102-105. “Informed consent” means:
- Advising a patient of a proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic drug, or diagnostic procedure; and associated risks and possible complications; and
 - Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic drug, or diagnostic procedure from the patient or the patient’s representative.
- 103-106. “In-service education” means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.
- 104-107. “Interval note” means documentation updating a patient’s:
- Medical condition after a medical history and physical examination is performed, or
 - Behavioral health issue after an assessment is performed.
- 105-108. “Isolation” means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.
- 106-109. “Leased facility” means a facility occupied or used during a set time period in exchange for compensation.
- 107-110. “License” means:



- a. Written approval issued by the Department to a person to operate a class or subclass of health care institution at a specific location; or
- b. Written approval issued to an individual to practice a profession in this state.
- ~~108-111.~~ “Licensed occupancy” means the total number of individuals for whom a health care institution is authorized by the Department to provide crisis services in a unit providing behavioral health observation/stabilization services.
- ~~109-112.~~ “Licensee” means an owner approved by the Department to operate a health care institution.
- ~~110-113.~~ “Manage” means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
- ~~111-114.~~ “Medical condition” means the state of a patient’s physical or mental health, including the patient’s illness, injury, or disease.
- ~~112-115.~~ “Medical director” means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.
- ~~113-116.~~ “Medical history” means an account of a patient’s health, including past and present illnesses, diseases, or medical conditions.
- ~~114-117.~~ “Medical practitioner” means a physician, physician assistant, or registered nurse practitioner.
- ~~115-118.~~ “Medical record” has the same meaning as “medical records” in A.R.S. § 12-2291.
- ~~116-119.~~ “Medical staff” means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
- ~~117-120.~~ “Medical staff by-laws” means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
- ~~118-121.~~ “Medical staff member” means an individual who is part of the medical staff of a health care institution.
- ~~119-122.~~ “Medication” means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
- a. Biologicals as defined in A.A.C. R18-13-1401,
- b. Prescription medication as defined in A.R.S. § 32-1901, or
- c. Nonprescription medication as defined in A.R.S. § 32-1901.
- ~~120-123.~~ “Medication administration” means restricting a patient’s access to the patient’s medication and providing the medication to the patient or applying the medication to the patient’s body, as ordered by a medical practitioner.
- ~~121-124.~~ “Medication error” means:
- a. The failure to administer an ordered medication;
- b. The administration of a medication not ordered; or
- c. The administration of a medication:
- i. In an incorrect dosage,
- ii. More than 60 minutes before or after the ordered time of administration unless ordered to do so, or
- iii. By an incorrect route of administration.
- ~~122-125.~~ “Mental disorder” means the same as in A.R.S. § 36-501.
- ~~123-126.~~ “Mobile clinic” means a movable structure that:
- a. Is not physically attached to a health care institution’s facility;
- b. Provides medical services, nursing services, or health related service to an outpatient under the direction of the health care institution’s personnel; and
- c. Is not intended to remain in one location indefinitely.
- ~~124-127.~~ “Monitor” or “monitoring” means to check systematically on a specific condition or situation.
- ~~125-128.~~ “Neglect” has the same meaning:
- a. For an individual less than 18 years of age, as in A.R.S. § 8-201; and
- b. For an individual 18 years of age or older, as in A.R.S. § 46-451.
- ~~126-129.~~ “Nephrologist” means a physician who is board eligible or board certified in nephrology by a professional credentialing board.
- ~~127-130.~~ “Nurse” has the same meaning as “registered nurse” or “practical nurse” as defined in A.R.S. § 32-1601.
- ~~128-131.~~ “Nursing personnel” means individuals authorized according to A.R.S. § Title 32, Chapter 15 to provide nursing services.
- ~~129-132.~~ “Observation chair” means a physical piece of equipment that:
- a. Is located in a designated area where behavioral health observation/stabilization services are provided,
- b. Allows an individual to fully recline, and
- c. Is used by the individual while receiving crisis services.
- ~~130-133.~~ “Occupational therapist” has the same meaning as in A.R.S. § 32-3401.
- ~~131-134.~~ “Occupational therapist assistant” has the same meaning as in A.R.S. § 32-3401.
- ~~132-135.~~ “Ombudsman” means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
- ~~133-136.~~ “On-call” means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.
- ~~137.~~ “Opioid” means a controlled substance, as defined in A.R.S. § 36-2501, that meets the definition of “opiate” in A.R.S. § 36-2501.
- ~~138.~~ “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.
- ~~134-139.~~ “Opioid treatment” means providing medical services, nursing services, health-related services, and ancillary services to a patient receiving an opioid agonist treatment medication for opiate addiction.
- ~~135-140.~~ “Opioid agonist treatment medication” means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opiate addiction.



- ~~136-141.~~ “Order” means instructions to provide
- Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
 - Behavioral health services to a patient from a behavioral health professional.
- ~~137-142.~~ “Orientation” means the initial instruction and information provided to an individual before the individual starts work or volunteer services in a health care institution.
- ~~138-143.~~ “Outing” means a social or recreational activity that:
- Occurs away from the premises,
 - Is not part of a behavioral health inpatient facility’s or behavioral health residential facility’s daily routine, and
 - Lasts longer than four hours.
- ~~139-144.~~ “Outpatient surgical center” means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the opinions of the patient’s surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.
- ~~140-145.~~ “Outpatient treatment center” means a class of health care institution without inpatient beds that provides physical health services or behavioral health services for the diagnosis and treatment of patients.
- ~~141-146.~~ “Overall time-frame” means the same as in A.R.S. § 41-1072.
- ~~142-147.~~ “Owner” means a person who appoints, elects, or designates a health care institution’s governing authority.
148. “Pain management clinic” has the same meaning as in A.R.S. § 36-448.01.
- ~~143-149.~~ “Participant” means a patient receiving physical health services or behavioral health services from an adult day health care facility or a substance abuse transitional facility.
- ~~144-150.~~ “Participant’s representative” means the same as “patient’s representative” for a participant.
- ~~145-151.~~ “Patient” means an individual receiving physical health services or behavioral health services from a health care institution.
- ~~146-152.~~ “Patient follow-up instructions” means information relevant to a patient’s medical condition or behavioral health issue that is provided to the patient, the patient’s representative, or a health care institution.
- ~~147-153.~~ “Patient’s representative” means:
- A patient’s legal guardian;
 - If a patient is less than 18 years of age and not an emancipated minor, the patient’s parent;
 - If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient’s legal guardian; or
 - A surrogate as defined in A.R.S. § 36-3201.
- ~~148-154.~~ “Person” means the same as in A.R.S. § 1-215 and includes a governmental agency.
- ~~149-155.~~ “Personnel member” means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.
- ~~150-156.~~ “Pest control program” means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient’s health and safety is not at risk.
- ~~151-157.~~ “Pharmacist” has the same meaning as in A.R.S. § 32-1901.
- ~~152-158.~~ “Physical examination” means to observe, test, or inspect an individual’s body to evaluate health or determine cause of illness, injury, or disease.
- ~~153-159.~~ “Physical health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s medical condition.
- ~~154-160.~~ “Physical therapist” has the same meaning as in A.R.S. § 32-2001.
- ~~155-161.~~ “Physical therapist assistant” has the same meaning as in A.R.S. § 32-2001.
- ~~156-162.~~ “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- ~~157-163.~~ “Premises” means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or behavioral health services are provided to a patient.
164. “Prescribe” means to issue written or electronic instructions to a pharmacist to deliver to the ultimate user, or another individual on the ultimate user’s behalf, a specific dose of a specific medication in a specific quantity and route of administration.
- ~~158-165.~~ “Professional credentialing board” means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
- ~~159-166.~~ “Progress note” means documentation by a medical staff member, nurse, or personnel member of:
- An observed patient response to a physical health service or behavioral health service provided to the patient,
 - A patient’s significant change in condition, or
 - Observed behavior of a patient related to the patient’s medical condition or behavioral health issue.
- ~~160-167.~~ “PRN” means *pro re nata* or given as needed.
- ~~161-168.~~ “Project” means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
- ~~162-169.~~ “Provider” means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a behavioral health respite home in the individual’s place of residence.
- ~~163-170.~~ “Provisional license” means the Department’s written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
- ~~164-171.~~ “Psychotropic medication” means a chemical substance that:
- Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and
 - Is provided to a patient to address the patient’s behavioral health issue.
- ~~165-172.~~ “Quality management program” means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.



- ~~166-173.~~ “Recovery care center” has the same meaning as in A.R.S. § 36-448.51.
- ~~167-174.~~ “Referral” means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.
- ~~168-175.~~ “Registered dietitian” means an individual approved to work as a dietitian by the American Dietetic Association’s Commission on Dietetic Registration.
- ~~169-176.~~ “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
- ~~170-177.~~ “Registered nurse practitioner” has the same meaning as A.R.S. § 32-1601.
- ~~171-178.~~ “Regular basis” means at recurring, fixed, or uniform intervals.
- ~~172-179.~~ “Research” means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.
- ~~173-180.~~ “Resident” means an individual living in and receiving physical health services or behavioral health services from a nursing care institution, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.
- ~~174-181.~~ “Resident’s representative” means the same as “patient’s representative” for a resident.
- ~~175-182.~~ “Respiratory care services” has the same meaning as “practice of respiratory care” as defined in A.R.S. § 32-3501.
- ~~176-183.~~ “Respiratory therapist” has the same meaning as in A.R.S. § 32-3501.
- ~~177-184.~~ “Respite services” means respite care services provided to an individual who is receiving behavioral health services.
- ~~178-185.~~ “Restraint” means any physical or chemical method of restricting a patient’s freedom of movement, physical activity, or access to the patient’s own body.
- ~~179-186.~~ “Risk” means potential for an adverse outcome.
- ~~180-187.~~ “Room” means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.
- ~~181-188.~~ “Rural general hospital” means a subclass of hospital having 50 or fewer inpatient beds and located more than 20 surface miles from a general hospital or another rural general hospital that requests to be and is licensed as a rural general hospital rather than a general hospital.
- ~~182-189.~~ “Satellite facility” has the same meaning as in A.R.S. § 36-422.
- ~~183-190.~~ “Scope of services” means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.
- ~~184-191.~~ “Seclusion” means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.
192. “Sedative-hypnotic medication” means any one of several classes of drugs that have sleep-inducing, anti-anxiety, anti-convulsant, and muscle-relaxing properties.
- ~~185-193.~~ “Self-administration of medication” means a patient having access to and control of the patient’s medication and may include the patient receiving limited support while taking the medication.
- ~~186-194.~~ “Sexual abuse” means the same as in A.R.S. § 13-1404(A).
- ~~187-195.~~ “Sexual assault” means the same as in A.R.S. § 13-1406(A).
- ~~188-196.~~ “Shift” means the beginning and ending time of a continuous work period established by a health care institution’s policies and procedures.
197. “Short-acting opioid antagonist” means an opioid antagonist that, when administered, quickly but for a small period of time reverses, in whole or in part, the pharmacological effects of an opioid in the body.
- ~~189-198~~ “Signature” means:
- A handwritten or stamped representation of an individual’s name or a symbol intended to represent an individual’s name, or
 - An electronic signature.
- ~~190-199.~~ “Significant change” means an observable deterioration or improvement in a patient’s physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.
- ~~191-200.~~ “Speech-language pathologist” means an individual licensed according A.R.S. Title 35, Chapter 17, Article 4 to engage in the practice of speech-language pathology, as defined in A.R.S. § 36-1901.
- ~~192-201.~~ “Special hospital” means a subclass of hospital that:
- Is licensed to provide hospital services within a specific branch of medicine; or
 - Limits admission according to age, gender, type of disease, or medical condition.
- ~~193-202.~~ “Student” means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.
203. “Substance use disorder” means a condition in which the misuse or dependence on alcohol or a drug results in adverse physical, mental, or social effects on an individual.
204. “Substance use risk” means an individual’s unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.
- ~~194-205.~~ “Substantial” when used in connection with a modification means:
- A change in a health care institution’s licensed capacity, licensed occupancy, or the number of dialysis stations;
 - An addition or deletion of an authorized service;
 - A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
 - A change in the building where a health care institution is located that affects compliance with applicable physical plant codes and standards incorporated by reference in A.A.C. R9-1-412.
- ~~195-206.~~ “Substance abuse” means an individual’s misuse of alcohol or other drug or chemical that:
- Alters the individual’s behavior or mental functioning;



- b. Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
- c. Impairs, reduces, or destroys the individual’s social or economic functioning.
- ~~196-207.~~ “Substance abuse transitional facility” means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.
- ~~197-208.~~ “Supportive services” has the same meaning as in A.R.S. § 36-151.
- ~~198-209.~~ “Substantive review time-frame” means the same as in A.R.S. § 41-1072.
- ~~199-210.~~ “Surgical procedure” means the excision or incision of a patient’s body for the:
 - a. Correction of a deformity or defect,
 - b. Repair of an injury, or
 - c. Diagnosis, amelioration, or cure of disease.
- ~~200-211.~~ “Swimming pool” has the same meaning as “semipublic swimming pool” in A.A.C. R18-5-201.
- ~~201-212.~~ “System” means interrelated, interacting, or interdependent elements that form a whole.
- 213. “Tapering” means the gradual reduction in the dosage of a medication administered to a patient, often with the intent of eventually discontinuing the use of the medication for the patient.
- ~~202-214.~~ “Tax ID number” means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Service.
- ~~203-215.~~ “Telemedicine” has the same meaning as in A.R.S. § 36-3601.
- ~~204-216.~~ “Therapeutic diet” means foods or the manner in which food is to be prepared that are ordered for a patient.
- ~~205-217.~~ “Therapist” means an occupational therapist, a physical therapist, a respiratory therapist, or a speech-language pathologist.
- ~~206-218.~~ “Time out” means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
- ~~207-219.~~ “Transfer” means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.
- ~~208-220.~~ “Transport” means a licensed health care institution:
 - a. Sending a patient to a receiving licensed health care institution for outpatient services with the intent of the patient returning to the sending licensed health care institution, or
 - b. Discharging a patient to return to a sending licensed health care institution after the patient received outpatient services from the receiving licensed health care institution.
- ~~209-221.~~ “Treatment” means a procedure or method to cure, improve, or palliate an individual’s medical condition or behavioral health issue.
- ~~210-222.~~ “Treatment plan” means a description of the specific physical health services or behavioral health services that a health care institution anticipates providing to a patient.
- ~~211-223.~~ “Unclassified health care institution” means a health care institution not classified or subclassified in statute or in rule.
- ~~212-224.~~ “Vascular access” means the point on a patient’s body where blood lines are connected for hemodialysis.
- ~~213-225.~~ “Volunteer” means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.
- ~~214-226.~~ “Working day” means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a state-wide furlough day.

R9-10-102. Health Care Institution Classes and Subclasses; Requirements

- A. A person may apply for a license as a health care institution class or subclass in A.R.S. Title 36, Chapter 4 or this Chapter, or one of the following classes or subclasses:
 - 1. General hospital,
 - 2. Rural general hospital,
 - 3. Special hospital,
 - 4. Behavioral health inpatient facility,
 - 5. Nursing care institution,
 - 6. Recovery care center,
 - 7. Hospice inpatient facility,
 - 8. Hospice service agency,
 - 9. Behavioral health residential facility,
 - 10. Assisted living center,
 - 11. Assisted living home,
 - 12. Adult foster care home,
 - 13. Outpatient surgical center,
 - 14. Outpatient treatment center,
 - 15. Abortion clinic,
 - 16. Adult day health care facility,
 - 17. Home health agency,
 - 18. Substance abuse transitional facility,
 - 19. Behavioral health specialized transitional facility,
 - 20. Counseling facility,
 - 21. Adult behavioral health therapeutic home,
 - 22. Behavioral health respite home, ~~or~~
 - 23. Unclassified health care institution, ~~or~~



24. Pain management clinic.

- B. A person shall apply for a license for the class or subclass that authorizes the provision of the highest level of physical care services or behavioral health services the proposed health care institution plans to provide. The Department shall review the proposed health care institution's scope of services to determine whether the requested health care institution class or subclass is appropriate.
- C. A health care institution shall comply with the requirements in Article 17 of this Chapter if:
 1. There are no specific rules in another Article of this Chapter for the health care institution's class or subclass, or
 2. The Department determines that the health care institution is an unclassified health care institution.

R9-10-106. Fees

- A. An applicant who submits to the Department architectural plans and specifications for the construction or modification of a health care institution shall also submit an architectural drawing review fee as follows:
 1. Fifty dollars for a project with a cost of \$100,000 or less;
 2. One hundred dollars for a project with a cost of more than \$100,000 but less than \$500,000; or
 3. One hundred fifty dollars for a project with a cost of \$500,000 or more.
- B. An applicant submitting an initial application or a renewal application for a health care institution license shall submit to the Department an application fee of \$50.
- C. Except as provided in subsection (D) or (E), an applicant submitting an initial application or a renewal application for a health care institution license shall submit to the Department a licensing fee as follows:
 1. For an adult day health care facility, assisted living home, or assisted living center:
 - a. For a facility with no licensed capacity, \$280;
 - b. For a facility with a licensed capacity of one to 59 beds, \$280, plus the licensed capacity times \$70;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$560, plus the licensed capacity times \$70;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$840, plus the licensed capacity times \$70; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,400, plus the licensed capacity times \$70;
 2. For a behavioral health facility:
 - a. For a facility with no licensed capacity, \$375;
 - b. For a facility with a licensed capacity of one to 59 beds, \$375, plus the licensed capacity times \$94;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$750, plus the licensed capacity times \$94;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,125, plus the licensed capacity times \$94; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,875, plus the licensed capacity times \$94;
 3. For a behavioral health facility providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(2), the licensed occupancy times \$94;
 4. For a nursing care institution:
 - a. For a facility with a licensed capacity of one to 59 beds, \$290, plus the licensed capacity times \$73;
 - b. For a facility with a licensed capacity of 60 to 99 beds, \$580, plus the licensed capacity times \$73;
 - c. For a facility with a licensed capacity of 100 to 149 beds, \$870, plus the licensed capacity times \$73; or
 - d. For a facility with a licensed capacity of 150 beds or more, \$1,450, plus the licensed capacity times \$73;
 5. For a hospital, a home health agency, a hospice service agency, a hospice inpatient facility, an abortion clinic, a recovery care center, an outpatient surgical center, an outpatient treatment center that is not a behavioral health facility, a pain management clinic, or an unclassified health care institution:
 - a. For a facility with no licensed capacity, \$365;
 - b. For a facility with a licensed capacity of one to 59 beds, \$365, plus the licensed capacity times \$91;
 - c. For a facility with a licensed capacity of 60 to 99 beds, \$730, plus the licensed capacity times \$91;
 - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,095, plus the licensed capacity times \$91; or
 - e. For a facility with a licensed capacity of 150 beds or more, \$1,825, plus the licensed capacity times \$91;
 6. For a hospital providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91; and
 7. For an outpatient treatment center that is not a behavioral health facility and provides:
 - a. Dialysis services, in addition to the applicable fee in subsection (C)(5), the number of dialysis stations times \$91; and
 - b. Behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91.
- D. In addition to the applicable fees in subsections (C)(5) and (C)(6), an applicant submitting an initial application or a renewal application for a single group hospital license shall submit to the Department an additional fee of \$365 for each of the hospital's satellite facilities and, if applicable, the fees required in subsection (C)(7).
- E. Subsections (C) and (D) do not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home.
- F. All fees are nonrefundable except as provided in A.R.S. § 41- 1077.

R9-10-120. Opioid Prescribing and Treatment

A. This Section does not apply to a health care institution licensed under Article 20 of this Chapter.

AB. In addition to the definitions in A.R.S. § 36-401(A) and R9-10-101, the following definitions apply in this Section:

- i. ~~“Active malignancy” means a cancer for which:~~
 - a. ~~A patient is undergoing treatment, such as through:~~
 - i. ~~One or more surgical procedures to remove the cancer;~~
 - ii. ~~Chemotherapy, as defined in A.A.C. R9-4-401; or~~
 - iii. ~~Radiation treatment, as defined in A.A.C. R9-4-401;~~
 - b. ~~There is no treatment; or~~



- e. A patient is refusing treatment.
- 2. ~~“Benzodiazepine” means any one of a class of sedative hypnotic medications, characterized by a chemical structure that includes a benzene ring linked to a seven-membered ring containing two nitrogen atoms, that are commonly used in the treatment of anxiety.~~
- 3. ~~“End of life” means that a patient has a documented life expectancy of six months or less.~~
- 4. ~~“Episode of care” means medical services, nursing services, or health-related services provided by a health care institution to a patient for a specific period of time, ending in discharge or the completion of the patient’s treatment plan, whichever is later.~~
- 5. ~~“Opioid” means a controlled substance, as defined in A.R.S. § 36-2501, that meets the definition of “opiate” in A.R.S. § 36-2501.~~
- 6. ~~“Order” means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.~~
- 7. ~~“Prescribe” means to issue written or electronic instructions to a pharmacist to deliver to the ultimate user, or another individual on the ultimate user’s behalf, a specific dose of a specific medication in a specific quantity and route of administration.~~
- 8. ~~“Sedative hypnotic medication” means any one of several classes of drugs that have sleep inducing, anti-anxiety, anti-convulsant, and muscle-relaxing properties.~~
- 9. ~~“Short acting opioid antagonist” means a drug approved by the U.S. Department of Health and Human Services, Food and Drug Administration, that, when administered, quickly but for a small period of time reverses, in whole or in part, the pharmacological effects of an opioid in the body.~~
- 10. ~~“Substance use disorder” means a condition in which the misuse or dependence on alcohol or a drug results in adverse physical, mental, or social effects on an individual.~~
- 11. ~~“Substance use risk” means an individual’s unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.~~
- 12. ~~“Tapering” means the gradual reduction in the dosage of a medication administered to a patient, often with the intent of eventually discontinuing the use of the medication for the patient.~~

BC. A medical director of a health care institution where opioids are prescribed or ordered as part of treatment shall:

- 1. Establish, document, and implement policies and procedures for prescribing or ordering an opioid as part of treatment, to protect the health and safety of a patient, that:
 - a. Cover which personnel members may prescribe or order an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
 - b. As applicable and except when contrary to medical judgment for a patient, are consistent with the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
 - i. Centers for Disease Control and Prevention, or
 - ii. U.S. Department of Veterans Affairs and the U.S. Department of Defense;
 - c. Include how, when, and by whom:
 - i. A patient’s profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
 - ii. An assessment is conducted of a patient’s substance use risk;
 - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient’s representative;
 - iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient’s representative;
 - v. Informed consent is obtained from a patient or the patient’s representative and, if applicable, in what situations, described in subsection ~~(F)~~ or ~~(G)~~ (G) or (H), informed consent would not be obtained before an opioid is prescribed or ordered for a patient;
 - vi. A patient receiving an opioid is monitored; and
 - vii. The actions taken according to subsections ~~(B)(1)(e)(i) through (vi)~~ (C)(1)(c)(i) through (vi) are documented;
 - d. Address conditions that may impose a higher risk to a patient when prescribing or ordering an opioid as part of treatment, including:
 - i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
 - ii. History of substance use disorder,
 - iii. Co-occurring behavioral health issue, or
 - iv. Pregnancy;
 - e. Cover the criteria for co-prescribing a short-acting opioid antagonist for a patient;
 - f. Include that, if continuing control of a patient’s pain after discharge is medically indicated due to the patient’s medical condition, a method for continuing pain control will be addressed as part of discharge planning;
 - g. Include the frequency of the following for a patient being prescribed or ordered an opioid for longer than a 30-calendar-day period:
 - i. Face-to-face interactions with the patient,
 - ii. Conducting an assessment of a patient’s substance use risk,
 - iii. Renewal of a prescription or order for an opioid without a face-to-face interaction with the patient, and
 - iv. Monitoring the effectiveness of the treatment;
 - h. If applicable according to A.R.S. § 36-2608, include documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - i. Cover the criteria and procedures for tapering opioid prescription or ordering as part of treatment; and
 - j. Cover the criteria and procedures for offering or referring a patient for treatment for substance use disorder;
- 2. Include in the plan for the health care institution’s quality management program a process for:



- a. Review of known incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
 - b. Surveillance and monitoring of adherence to the policies and procedures in subsection ~~(B)(1)~~ (C)(1);
 3. Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, or as provided in subsection ~~(G)(1)~~ (H)(1), ensure that, if a patient's death may be related to an opioid prescribed or ordered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the health care institution learns of the patient's death; and
 4. Ensure that informed consent required from a patient or the patient's representative includes:
 - a. The patient's:
 - i. Name,
 - ii. Date of birth or other patient identifier, and
 - iii. Condition for which opioids are being prescribed;
 - b. That an opioid is being prescribed or ordered;
 - c. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
 - d. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
 - e. Alternatives to a prescribed or ordered opioid;
 - f. The name and signature of the individual explaining the use of an opioid to the patient; and
 - g. The signature of the patient or the patient's representative and the date signed.
- ¶D.** Except as provided in subsection ~~(G)~~ (H), a medical director of a health care institution where opioids are prescribed as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to prescribe an opioid in treating a patient:
1. Before prescribing an opioid for a patient of the health care institution:
 - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted during the patient's same episode of care;
 - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted during the same episode of care by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
 - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
 - e. Explains alternatives to a prescribed opioid; and
 - f. Obtains informed consent from the patient or the patient's representative that meets the requirements in subsection ~~(B)(4)~~ (C)(4), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
 - i. Is also prescribed or ordered a sedative-hypnotic medication, or
 - ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;
 2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
 - a. The patient's diagnosis;
 - b. The patient's medical history, including co-occurring disorders;
 - c. The opioid to be prescribed;
 - d. Other medications or herbal supplements being taken by the patient;
 - e. If applicable:
 - i. The effectiveness of the patient's current treatment,
 - ii. The duration of the current treatment, and
 - iii. Alternative treatments tried by or planned for the patient;
 - f. The expected benefit of the treatment and, if applicable, the benefit of the new treatment compared with continuing the current treatment; and
 - g. Other factors relevant to the patient's being prescribed an opioid; and
 3. If applicable, specifies in the patient's discharge plan how medically indicated pain control will occur after discharge to meet the patient's needs.
- ¶E.** Except as provided in subsection ~~(F)~~ or ~~(G)~~ (G) or (H), a medical director of a health care institution where opioids are ordered for administration to a patient in the health care institution as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to order an opioid in treating a patient:
1. Before ordering an opioid for a patient of the health care institution:
 - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted:
 - i. During the patient's same episode of care; or
 - ii. Within the previous 30 calendar days, at a health care institution transferring the patient to the health care institution or by the medical practitioner who referred the patient for admission to the health care institution;
 - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;



- c. Conducts an assessment of the patient’s substance use risk or reviews the documentation from an assessment of the patient’s substance use risk conducted within the previous 30 calendar days by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient’s substance use risk;
 - d. Explains to the patient or the patient’s representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient’s representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient’s representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient’s representative the risks and benefits associated with the use of opioids;
 - e. If applicable, explains alternatives to an ordered opioid; and
 - f. Obtains informed consent from the patient or the patient’s representative, according to subsection ~~(C)(1)(f)~~ (D)(1)(f); and
2. Includes the following information in the patient’s medical record, an existing treatment plan, or a new treatment plan developed for the patient:
- a. The patient’s diagnosis;
 - b. The patient’s medical history, including co-occurring disorders;
 - c. The opioid being ordered and the reason for the order;
 - d. Other medications or herbal supplements being taken by the patient; and
 - e. If applicable:
 - i. The effectiveness of the patient’s current treatment,
 - ii. The duration of the current treatment,
 - iii. Alternative treatments tried by or planned for the patient,
 - iv. The expected benefit of a new treatment compared with continuing the current treatment, and
 - v. Other factors relevant to the patient’s being ordered an opioid.
- FF.** For a health care institution where opioids are administered as part of treatment or where a patient is provided assistance in the self-administration of medication for a prescribed opioid, including a health care institution in which an opioid may be prescribed or ordered as part of treatment, a medical director, a manager as defined in R9-10-801, or a provider, as applicable to the health care institution, shall:
- 1. Establish, document, and implement policies and procedures for administering an opioid as part of treatment or providing assistance in the self-administration of medication for a prescribed opioid, to protect the health and safety of a patient, that:
 - a. Cover which personnel members may administer an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
 - b. Cover which personnel members may provide assistance in the self-administration of medication for a prescribed opioid and the required knowledge and qualifications of these personnel members;
 - c. Include how, when, and by whom a patient’s need for opioid administration is assessed;
 - d. Include how, when, and by whom a patient receiving an opioid is monitored; and
 - e. Cover how, when, and by whom the actions taken according to subsections ~~(E)(1)(e)~~ and ~~(d)~~ (F)(1)(c) and (d) are documented;
 - 2. Include in the plan for the health care institution’s quality management program a process for:
 - a. Review of incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
 - b. Surveillance and monitoring of adherence to the policies and procedures in subsection ~~(E)(1)~~ (F)(1);
 - 3. Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, or as provided in subsection ~~(G)(4)~~ (H)(1), ensure that, if a patient’s death may be related to an opioid administered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient’s death within one working day after the patient’s death; and
 - 4. Except as provided in subsection ~~(G)~~ (H), ensure that an individual authorized by policies and procedures to administer an opioid in treating a patient or to provide assistance in the self-administration of medication for a prescribed opioid:
 - a. Before administering an opioid or providing assistance in the self-administration of medication for a prescribed opioid in compliance with an order as part of the treatment for a patient, identifies the patient’s need for the opioid;
 - b. Monitors the patient’s response to the opioid; and
 - c. Documents in the patient’s medical record:
 - i. An identification of the patient’s need for the opioid before the opioid was administered or assistance in the self-administration of medication for a prescribed opioid was provided, and
 - ii. The effect of the opioid administered or for which assistance in the self-administration of medication for a prescribed opioid was provided.
- FG.** A medical practitioner authorized by a health care institution’s policies and procedures to order an opioid in treating a patient is exempt from the requirements in subsection ~~(D)~~ (E), if:
- 1. The health care institution’s policies and procedures, required in subsection ~~(B)(1)~~ (C)(1) or the applicable Article in 9 A.A.C. 10, contain procedures for:
 - a. Providing treatment without obtaining the consent of a patient or the patient’s representative,
 - b. Ordering and administering opioids in an emergency situation, and
 - c. Complying with the requirements in subsection ~~(D)~~ (E) after the emergency is resolved;
 - 2. The order for the administration of an opioid is:
 - a. Part of the treatment for a patient in an emergency, and
 - b. Issued in accordance with policies and procedures; and
 - 3. The emergency situation is documented in the patient’s medical record.
- GH.** The requirements in subsections ~~(C)~~, ~~(D)~~, and ~~(E)(4)~~ (D), (E), and (F)(4), as applicable, do not apply to a health care institution’s:



1. Prescribing, ordering, or administration of an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy;
2. Prescribing an opioid as part of treatment for a patient when changing the type or dosage of an opioid, which had previously been prescribed by a medical practitioner of the health care institution for the patient according to the requirements in subsection ~~(C)~~ (D):
 - a. Before a pharmacist dispenses the opioid for the patient; or
 - b. If changing the opioid because of an adverse reaction to the opioid experienced by the patient, within 72 hours after the opioid was dispensed for the patient by a pharmacist;
3. Ordering an opioid as part of treatment for no longer than three calendar days for a patient remaining in the health care institution and receiving continuous medical services or nursing services from the health care institution; or
4. Ordering an opioid as part of treatment:
 - a. For a patient receiving a surgical procedure or other invasive procedure; or
 - b. When changing the type, dosage, or route of administration of an opioid, which had previously been ordered by a medical practitioner of the health care institution for a patient according to the requirements in subsection ~~(D)~~ (E), to meet the patient's needs.

ARTICLE 10. OUTPATIENT TREATMENT CENTERS

R9-10-1001. Definitions

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

1. "Emergency room services" means medical services provided to a patient in an emergency.
2. "Pain management services" means medical services, nursing services, or health-related services provided to a patient to reduce or relieve the patient's chronic pain.

R9-10-1021. Pain Management Services

A medical director of an outpatient treatment center that is authorized to provide pain management services shall ensure that:

1. Pain management services are provided under the direction of:
 - a. ~~a physician; or~~
 - b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
2. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise;
3. If a controlled substance is used to provide pain management services:
 - a. A medical practitioner discusses the risks and benefits of using a controlled substance with a patient;
 - b. If the controlled substance is an opioid, the outpatient treatment center complies with the requirements in R9-10-2006; and
 - bc. The following information is included in a patient's medical record:
 - i. ~~The patient's history or alcohol and substance abuse of substance use disorder,~~
 - ii. Documentation of the discussion in subsection (3)(a),
 - iii. The nature and intensity of the patient's pain, and
 - iv. The objectives used to determine whether the patient is being successfully treated; and
4. If an injection or a nerve block is used to provide pain management services:
 - a. Before the injection or nerve block is initially used on a patient, an evaluation of the patient is performed by a physician or nurse anesthetist;
 - b. An injection or nerve block is administered by a physician or nurse anesthetist; and
 - c. The following information is included in a patient's medical record:
 - i. The evaluation of the patient required in subsection (4)(a),
 - ii. A record of the administration of the injection or nerve block, and
 - iii. Any resuscitation measures taken; ~~and~~
5. An outpatient treatment center meets the definition of a pain management clinic in A.R.S. § 36-448.01 and complies with 9 Article 20 of this Chapter.

ARTICLE 20. PAIN MANAGEMENT CLINICS

R9-10-2001. Definitions

In addition to the definitions in R9-10-101, the following definitions apply in this Article, unless otherwise specified:

1. "Order" means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.
2. "Physician" means an individual licensed as a physician according to A.R.S. Title 32, Chapter 13, 14, or 17.

R9-10-2002. Application and Documentation Submission Requirements

A. An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.

B. An applicant or licensee shall submit to the Department:

1. The applicable fees required in R9-10-106(C), and
2. The documentation required according to 36-448.02(C)(1).

R9-10-2003. Administration

A. A licensee is responsible for the organization and management of a pain management clinic.

B. A licensee shall:

1. Adopt policies and procedures for the administration and operation of a pain management clinic;
2. Designate a medical director who:



- a. Is licensed:
 - i. As a physician according to A.R.S. Title 32, Chapter 13 or 17; or
 - ii. As a nurse practitioner according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity; and
- b. May be the same individual as the licensee;
- 3. Ensure that there are a sufficient number of personnel members and employees with the required knowledge and qualifications to:
 - a. Meet the requirements of this Article;
 - b. Ensure the health and safety of a patient, and
 - c. Meet the needs of a patient based on the patient's medical evaluation; and
- 4. Ensure the following are conspicuously posted on the premises:
 - a. The current pain management clinic license issued by the Department;
 - b. The current telephone number and address of the unit in the Department responsible for licensing the pain management clinic;
 - c. An evacuation map posted in all hallways; and
 - d. A phone number for:
 - i. An opioid assistance and referral hotline, and
 - ii. A poison control hotline.
- C. A medical director shall ensure that:
 - 1. Pain management services are provided under the direction of:
 - a. A physician, or
 - b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
 - 2. A record that includes cardiopulmonary resuscitation training is maintained for each personnel member, employee, volunteer, or student who is required by policies and procedures to obtain cardiopulmonary resuscitation training; and
 - 3. A personnel member certified in cardiopulmonary resuscitation is available on the pain management clinic's premises while patients are present.
- D. A medical director shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
 - 1. Cover personnel member qualifications, duties, and responsibilities, including who may order, prescribe, or administer an opioid and the required knowledge and qualifications of those personnel members;
 - 2. Cover cardiopulmonary resuscitation training, including:
 - a. The method and content of cardiopulmonary resuscitation training, including a demonstration of an individual's ability to perform cardiopulmonary resuscitation;
 - b. The qualifications required for an individual to provide cardiopulmonary resuscitation training;
 - c. The time-frame for renewal of cardiopulmonary resuscitation training; and
 - d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
 - 3. Cover the storage, accessibility, disposal, and documentation of a medication;
 - 4. Cover the prescribing or ordering of an opioid:
 - a. Including how, when, and by whom:
 - i. A patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
 - ii. An assessment is conducted of a patient's substance use risk;
 - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient's representative;
 - iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient's representative;
 - v. Informed consent is obtained from a patient or the patient's representative;
 - vi. A patient receiving an opioid is monitored; and
 - vii. The actions taken according to subsections (D)(4)(a)(i) through (vi) are documented;
 - b. Addressing conditions that may impose a higher risk to a patient when prescribing or ordering an opioid, including:
 - i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
 - ii. History of substance use disorder,
 - iii. Co-occurring behavioral health issue, or
 - iv. Pregnancy;
 - c. Addressing the criteria for co-prescribing a short-acting opioid antagonist for a patient;
 - d. Including the frequency of the following for a patient prescribed an opioid for longer than a 30-calendar-day period:
 - i. Face-to-face interactions with the patient,
 - ii. Assessment of a patient's substance use risk,
 - iii. Urine drug testing,
 - iv. Renewal of an opioid prescription without a face-to-face interaction with the patient, and
 - v. Monitoring the effectiveness of the treatment;
 - e. If applicable according to A.R.S. § 36-2608, including documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - f. Addressing the criteria and procedures for tapering opioid prescription or ordering;
 - g. Addressing the criteria and procedures for offering or referring a patient for treatment for substance use disorder; and
 - h. If opioids are administered at the pain management clinic, including how, when, and by whom;



- A.** A medical director shall ensure that a medical practitioner or nurse anesthetist remains on the premises until all patients who received a procedure at the pain management clinic are discharged.
- B.** A medical director shall ensure that, if a procedure other than the administration of an opioid is used to provide pain management services:
 - 1. Before the procedure is initially used on a patient, the patient is evaluated by:
 - a. A medical practitioner or
 - b. A nurse anesthetist, according to A.R.S. § 32-1634.04;
 - 2. The procedure is performed by a personnel member qualified according to policies and procedures to perform the procedure; and
 - 3. The following information is included in the patient's medical record:
 - a. The evaluation of the patient required in subsection (B)(1),
 - b. A record of the procedure, and
 - c. Any adverse reaction to the procedure and any measures taken to address an adverse reaction.
- C.** Except as provided in subsection (E), a medical director shall ensure that a medical practitioner:
 - 1. Before prescribing an opioid for a patient of the pain management clinic:
 - a. Conducts a physical examination of the patient;
 - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - c. Conducts an assessment of the patient's substance use risk;
 - d. Explains to the patient or the patient's representative the risks and benefits associated with use of an opioid;
 - e. Explains alternatives to a prescribed opioid; and
 - f. Obtains informed consent from the patient or the patient's representative that meets the requirements in R9-10-2007(B), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
 - i. Is also prescribed or ordered a sedative-hypnotic medication, or
 - ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;
 - 2. Before ordering an opioid for a patient of the pain management clinic:
 - a. Conducts a physical examination of the patient;
 - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
 - c. Conducts an assessment of the patient's substance use risk;
 - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of an opioid as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of an opioid;
 - e. If applicable, explains alternatives to an ordered opioid; and
 - f. Obtains informed consent from the patient or the patient's representative, according to R9-10-2007(B);
 - 3. When administering or causing administration of an opioid to a patient:
 - a. Before administration, identifies the patient's need for the opioid; and
 - b. Monitors the patient's response to the opioid; and
 - 4. Documents the pain management services provided in the patient's medical record according to R9-10-2008.
- D.** A medical practitioner is exempt from the requirements in subsection (C)(2), if:
 - 1. An order for an opioid is part of treatment for a patient in an emergency;
 - 2. The order is issued according to policies and procedures that include procedures for:
 - a. Providing treatment without obtaining the consent of a patient or the patient's representative,
 - b. Ordering and administering an opioid in an emergency situation, and
 - c. Complying with the requirements in subsection (C)(2) after the emergency is resolved; and
 - 3. The emergency situation is documented in the patient's medical record.
- E.** The requirements in subsections (C)(1), (2), and (3), as applicable, do not apply when:
 - 1. A personnel member of a pain management clinic prescribes, orders, or administers an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy; or
 - 2. A prescription for an opioid changes only the type or dosage of an opioid previously prescribed to the patient according to subsection (C)(1):
 - a. Before a pharmacist dispenses the opioid for the patient; or
 - b. If changing the opioid because the patient experienced an adverse reaction to the opioid, within 72 hours after a pharmacist dispensed the opioid for the patient.

R9-10-2007. Patient Rights

- A.** A licensee shall ensure that a patient is afforded the following rights and is informed of these rights:
 - 1. To refuse treatment or withdraw consent for treatment;
 - 2. To have patient medical records kept confidential; and
 - 3. To be informed of proposed treatment and associated risks, possible complications, and alternatives before pain management services are provided.
- B.** A medical director shall ensure that before an opioid is prescribed or ordered for a patient, a medical practitioner obtains informed consent from the patient or patient's representative that includes:
 - 1. The patient's:
 - a. Name,



- b. Date of birth or other patient identifier, and
- c. Condition for which an opioid is being prescribed or ordered;
2. That an opioid is being prescribed or ordered;
3. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
4. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
5. Alternatives to a prescribed or ordered opioid;
6. The name and signature of the individual explaining the use of an opioid to the patient; and
7. The signature of the patient or the patient's representative and the date signed.

R9-10-2008. Medical Records**A. A medical director shall ensure that a medical record is established and maintained for a patient that contains:**

1. Patient identification, including:
 - a. The patient's name, address, and date of birth;
 - b. The patient's representative, if applicable; and
 - c. The name and telephone number of an individual to contact in an emergency;
2. The patient's medical history;
3. The patient's physical examination;
4. Laboratory test results;
5. The patient's diagnosis, including co-occurring disorders;
6. The patient's treatment plan;
7. If applicable:
 - a. The effectiveness of the patient's current treatment,
 - b. The duration of the current treatment,
 - c. Alternative treatments tried by or planned for the patient, and
 - d. The expected benefit of a new treatment compared with continuing the current treatment;
8. Each consent form signed by the patient or the patient's representative;
9. The patient's medication information, including:
 - a. The patient's age and weight;
 - b. The medications and herbal supplements the patient is currently taking; and
 - c. Allergies or sensitivities to medications, antiseptic solutions, or latex;
10. Prescriptions ordered for the patient and, if an opioid is prescribed or ordered:
 - a. The nature and intensity of the patient's pain,
 - b. The specific opioid and the reason for the prescription or order,
 - c. The objectives used to determine whether the patient is being successfully treated, and
 - d. Other factors relevant to prescribing or ordering an opioid for the patient;
11. Medications administered to the patient and, if an opioid is administered:
 - a. The patient's need for the opioid before the opioid was administered, and
 - b. The effect of the opioid administered; and
12. A record of services provided to the patient.

B. A licensee shall ensure that:

1. A medical record is accessible only to the Department or personnel members authorized by policies and procedures;
2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law; and
3. A medical record is protected from loss, damage, or unauthorized use and is retained according to A.R.S. § 12-2297.

C. A medical director shall ensure that:

1. Only personnel authorized by policies and procedures record or sign an entry in a medical record;
2. An entry in a medical record is dated and legible;
3. An entry is authenticated;
4. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;
5. When a verbal or telephone order is entered in the medical record, the entry is authenticated according to policies and procedures by the individual who issued the order;
6. If a rubber-stamp signature or an electronic signature is used:
 - a. An individual's rubber-stamp or electronic signature is not used by another individual; and
 - b. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature; and
7. If a pain management clinic maintains medical records electronically, the date and time of an entry is recorded by the computer's internal clock.

R9-10-2009. Equipment and Safety Standards**A. A medical director shall ensure that:**

1. The equipment is:
 - a. Sufficient to accommodate:
 - i. The services stated in the pain management clinic's scope of services, and
 - ii. An individual accepted as a patient by the pain management clinic;



- b. Maintained in working order;
- c. Tested and calibrated at least once every 12 months or according to the manufacturer’s recommendations; and
- d. Used according to the manufacturer's recommendations;
- 2. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair;
- 3. Equipment and supplies are clean and, if applicable, sterile before each use;
- 4. Personnel members wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste; and
- 5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13. Article 14 and policies and procedures.
- B.** A medical director shall establish an infection control program and ensure that:
 - 1. The infection control program includes:
 - a. A method to identify and document infections that occur at the pain management clinic;
 - b. Analysis of the types, causes, and spread of infections and communicable diseases at the pain management clinic;
 - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the pain management clinic; and
 - d. Documentation of infection control activities, including:
 - i. The collection and analysis of infection control data,
 - ii. The actions taken related to infections and communicable diseases, and
 - iii. Reports of communicable diseases; and
 - 2. Infection control documentation is maintained for at least 12 months after the date of documentation.
- C.** A medical director shall ensure that soiled linen and clothing are kept:
 - 1. In a covered container, and
 - 2. Separate from clean linen and clothing.
- D.** A licensee shall:
 - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal;
 - 2. Make and document any repairs or corrections stated on the fire inspection report;
 - 3. Maintain documentation of a current fire inspection;
 - 4. Ensure that a written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals if circumstances arise in the pain management clinic that immediately threaten the life or health of patients and other individuals, such as a fire, natural disaster, loss of electrical power, or threat or incidence of violence; and
 - 5. Ensure that an evacuation drill is conducted at least once every six months that includes all personnel members on the premises on the day of the evacuation drill.
- E.** A licensee shall ensure that a pain management clinic has either:
 - 1. Both of the following that are tested and serviced at least once every 12 months:
 - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and
 - b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or
 - 2. Both of the following:
 - a. A smoke detector installed in each hallway of the pain management clinic that is:
 - i. Maintained in an operable condition;
 - ii. Either battery operated or, if hard-wired into the electrical system of the pain management clinic, has a back-up battery; and
 - iii. Tested monthly; and
 - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
 - i. Is available at the pain management clinic;
 - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
 - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
 - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

R9-10-2010. Environmental and Physical Plant Standards

- A.** A licensee shall ensure that the premises:
 - 1. Provide lighting and ventilation to ensure the health and safety of a patient;
 - 2. Are maintained in a clean condition;
 - 3. Are free from a condition or situation that may cause a patient to suffer physical injury;
 - 4. Are maintained free from insects and vermin;
 - 5. Are smoke-free; and
 - 6. Are sufficient to accommodate:
 - a. The services stated in the pain management center’s scope of services, and
 - b. An individual accepted as a patient by the pain management center.
- B.** A licensee shall ensure that if a pain management clinic collects urine specimens from a patient, the pain management clinic has at least one bathroom on the premises that:
 - 1. Contains:



- a. A working sink with running water.
 - b. A working toilet that flushes and has a seat.
 - c. Toilet tissue.
 - d. Soap for hand washing.
 - e. Paper towels or a mechanical air hand dryer.
 - f. Lighting, and
 - g. A means of ventilation; and
2. Is for the exclusive use of the pain management clinic.

NOTICE OF FINAL RULEMAKING
TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING

[R18-226]

PREAMBLE

<u>1. Article, Part, or Section Affected (as applicable)</u>	<u>Rulemaking Action</u>
R9-10-223	Amend
R9-10-1501	Amend
R9-10-1502	Amend
R9-10-1503	Amend
R9-10-1504	Renumber
R9-10-1504	New Section
R9-10-1505	Renumber
R9-10-1505	Amend
R9-10-1506	Renumber
R9-10-1506	Amend
R9-10-1507	Renumber
R9-10-1507	Amend
R9-10-1508	Renumber
R9-10-1508	Amend
R9-10-1509	Renumber
R9-10-1509	Amend
R9-10-1510	Renumber
R9-10-1510	Amend
R9-10-1511	Renumber
R9-10-1511	Amend
R9-10-1512	Renumber
R9-10-1512	Amend
R9-10-1513	Renumber
R9-10-1513	Amend
R9-10-1514	Renumber
R9-10-1514	Amend
R9-10-1515	Repeal
R9-10-1515	Renumber
R9-10-1515	Amend

2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing statutes: A.R.S. §§ 36-132(A)(1), 36-136(G)
 Implementing statutes: A.R.S. §§ 36-132(A)(17), 36-405(A) and (B), 36-406, and 36-449.03 and Laws 2017, Ch. 133 and Laws 2017, Ch. 122

3. The effective date of the rules:

October 2, 2018

a. If the agency selected a date earlier than the 60 day effective date as specified in A.R.S. § 41-1032(A), include the earlier date and state the reason or reasons the agency selected the earlier effective date as provided in A.R.S. § 41-1032(A)(1) through (5):

The Arizona Department of Health Services (Department) requests an immediate effective date for these rules under A.R.S. § 41-1032 (A)(1) and (2). The changes to the rules are necessary to protect public health and safety and implement requirements in statutes enacted in Laws 2017, Ch. 133 and Laws 2017, Ch. 122. Changes not specifically required by statutory amendments are less burdensome than the current rules. Therefore, implementing the rule earlier than the usual



60-day time period will provide a benefit to both the regulated entities and the public.

b. If the agency selected a date later than the 60 day effective date as specified in A.R.S. § 41-1032(A), include the later date and state the reason or reasons the agency selected the later effective date as provided in A.R.S. § 41-1032(A)(1) through (5):

Not applicable

4. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the final rulemaking package:

Notice of Rulemaking Docket Opening: 24 A.A.R. 310, February 9, 2018

Notice of Proposed Rulemaking: 24 A.A.R. 1922, July 13, 2018

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

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

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

In order to ensure public health, safety, and welfare, Arizona Revised Statutes (A.R.S.) §§ 36-405 and 36-406 require the Arizona Department of Health Services (Department) to adopt rules establishing minimum standards and requirements for construction, modification, and licensure of health care institutions. A.R.S. § 36-449.03 requires the Department to adopt rules that establish minimum standards and requirements for abortion clinics, a class of health care institutions. The Department has adopted minimum standards for hospitals in Arizona Administrative Code (A.A.C.) Title 9, Chapter 10, Article 2 and for abortion clinics in 9 A.A.C. 10, Article 15. Statutory changes made to A.R.S. §§ 36-449.03, 36-2161, and 36-2301 by Laws 2017, Ch. 133, make necessary the revision of requirements for abortion clinics and hospitals related to abortions at or after 20 weeks gestational age, measures to maintain the life of an aborted embryo or fetus born alive, equipment necessary to carry out these life-maintaining measures, and abortions when a fetus has a lethal fetal condition. The Department is also making changes to Article 15 to comply with Laws 2017, Ch. 122, and to simplify and improve the efficiency and effectiveness of the rules. After obtaining an exception from the rulemaking moratorium established by Executive Order 2017-02, the Department has revised the rules in 9 A.A.C. 10, Articles 2 and 15 to comply with Laws 2017, Ch. 133 and Laws 2017, Ch. 122.

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

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 cost/revenue changes are designated as minimal when \$10,000 or less, moderate when between \$10,000 and \$50,000, and substantial when \$50,000 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, hospitals and outpatient treatment centers in which abortions are performed, abortion clinics, patient care staff members, patients of a hospital or abortion clinic undergoing an abortion and their families, and the general public. This preliminary summary does not include costs or benefits of changes made that are directly required by statutes, since the costs imposed by or benefits derived from the changes are due to the statutes and not the rules.

The Department will receive a significant benefit from changes that clarify requirements, make requirements in Article 15 more consistent with requirements in other Articles in the Chapter, remove duplicative requirements, and correct grammatical errors and incorrect cross-references. Hospitals and outpatient treatment centers in which abortions are performed and abortion clinics may also receive a significant benefit from changes that clarify requirements, remove duplicative requirements, and correct grammatical errors and incorrect cross-references. Abortion clinics may incur minimal costs to comply with changes that make requirements in Article 15 more consistent with requirements in other Articles in the Chapter. These include using more consistent



terminology; specifying that documentation required by Article 15, such as personnel records or policies and procedures, is to be provided to the Department within two hours after a Department request; and requiring an abortion clinic to establish and implement a quality management plan.

Patient care staff members include physicians, registered nurse practitioners, nurses, physician assistants, and surgical assistants who provide medical services, nursing services, or health-related services to a patient. The Department anticipates that the rule changes being made to improve the efficiency and effectiveness of the rules may provide a significant benefit to these individuals by enabling them to better understand requirements and, thus, better comply with the requirements. A patient undergoing an abortion procedure may receive better services from a patient care staff member that better understands and, thus, better complies with requirements in the rules. Therefore, the rule changes may provide a significant benefit to a patient undergoing an abortion procedure and the patient’s family. Having rules that are more easily understood, complied with, and enforced 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:

No changes were made to the rules between the proposed rulemaking and the final rulemaking.

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

No oral or written comments were received.

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:

A.R.S. § 36-407 prohibits a person from establishing, conducting, or maintaining “a health care institution or any class or subclass of health care institution unless that person holds a current and valid license issued by the [D]epartment specifying the class or subclass of health care institution the person is establishing, conducting or maintaining.” A health care institution license is specific to the licensee, class or subclass of health care institution, facility location, and scope of services provided. As such, a general permit is not applicable and is not used.

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:

Not applicable

15. The full text of the rules follows:

**TITLE 9. HEALTH SERVICES
CHAPTER 10. DEPARTMENT OF HEALTH SERVICES
HEALTH CARE INSTITUTIONS: LICENSING**

ARTICLE 2. HOSPITALS

Section
R9-10-223. Perinatal Services

ARTICLE 15. ABORTION CLINICS

Section
R9-10-1501. Definitions
R9-10-1502. Application and Documentation Submission Requirements
R9-10-1503. Administration
R9-10-1504. Quality Management
~~R9-10-1504~~R9-10-1505. Incident Reporting
~~R9-10-1505~~R9-10-1506. Personnel Qualifications and Records
~~R9-10-1506~~R9-10-1507. Staffing Requirements
~~R9-10-1507~~R9-10-1508. Patient Rights
~~R9-10-1508~~R9-10-1509. Abortion Procedures
~~R9-10-1509~~R9-10-1510. Patient Transfer and Discharge



- ~~R9-10-1510;R9-10-1511.~~ Medications and Controlled Substances
- ~~R9-10-1511;R9-10-1512.~~ Medical Records
- ~~R9-10-1512;R9-10-1513.~~ Environmental and Safety Standards
- ~~R9-10-1513;R9-10-1514.~~ Equipment Standards
- ~~R9-10-1515.~~ Enforcement
- ~~R9-10-1514;R9-10-1515.~~ Physical Facilities Plant Standards

ARTICLE 2. HOSPITALS

R9-10-223. Perinatal Services

- A. An administrator of a hospital that provides perinatal organized services shall ensure that:
 1. Perinatal services are provided in a designated area under the direction of a medical staff member;
 2. Only medical and surgical procedures approved by the medical staff are performed in the perinatal services unit;
 3. The perinatal services unit has the capability to initiate an emergency cesarean delivery within the time-frame established by the medical staff and documented in policies and procedures;
 4. Only a patient in need of perinatal services or gynecological services receives perinatal services or gynecological services in the perinatal services unit;
 5. A patient receiving gynecological services does not share a room with a patient receiving perinatal services;
 6. A chronological log of perinatal services provided to patients is maintained that includes:
 - a. The patient's name;
 - b. The date, time, and mode of the patient's arrival;
 - c. The disposition of the patient including discharge, transfer, or admission time; ~~and~~
 - d. The following information for a delivery of a neonate:
 - i. The neonate's name or other identifier;
 - ii. The name of the medical staff member who delivered the neonate;
 - iii. The delivery time and date; and
 - iv. Complications of delivery, if any; ~~and~~
 - e. If an abortion procedure was performed at or after 20 weeks gestational age, whether the fetus was delivered alive;
 7. The chronological log required in subsection (A)(6) is maintained by the hospital in the perinatal services unit for at least 12 months after the date the perinatal services are provided and then maintained by the hospital for at least an additional 12 months;
 8. The perinatal services unit provides fetal monitoring;
 9. The perinatal services unit has ultrasound capability;
 10. Except in an emergency, a neonate is identified as required by policies and procedures before moving the neonate from a delivery area;
 11. Policies and procedures specify:
 - a. Security measures to prevent neonatal abduction, and
 - b. How the hospital determines to whom a neonate may be discharged;
 12. A neonate is discharged only to an individual who:
 - a. Is authorized according to subsection (A)(11), and
 - b. Provides identification;
 13. A neonate's medical record identifies the individual to whom the neonate is discharged;
 14. A patient or the individual to whom the neonate is discharged receives perinatal education, discharge instructions, and a referral for follow-up care for a neonate in addition to the discharge planning requirements in R9-10-209;
 15. Intensive care services for neonates comply with the requirements in R9-10-221;
 16. At least one registered nurse is on duty in a nursery when there is a neonate in the nursery except as provided in subsection (A)(17);
 17. A nursery occupied only by a neonate, who is placed in the nursery for the convenience of the neonate's mother and does not require treatment as established in this Article, is staffed by a nurse;
 18. Equipment and supplies are available to a nursery, labor-delivery-recovery room, or labor-delivery-recovery-postpartum room to meet the needs of each neonate; and
 19. In a nursery, only a neonate's bed or bassinet is used for changing diapers, bathing, or dressing the neonate.
- B. An administrator of a hospital that does not provide perinatal organized services shall comply with the requirements in R9-10-217(C).
- C. In addition to applicable requirements in A.R.S. Title 36, Chapter 20, an administrator of a hospital in which an abortion procedure is performed shall ensure that:
 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that require:
 - a. For an abortion procedure performed at or after 20 weeks gestational age, a personnel member or medical staff member qualified according to policies and procedures to perform neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure is performed before the delivery of the fetus;
 - b. Compliance with A.R.S. § 36-2301.01, if applicable;
 - c. Neonatal resuscitation of a fetus delivered alive, according to A.R.S. § 36-2301(D)(3); and
 - d. A medical record to be established and maintained for a fetus delivered alive;
 2. The medical record of a patient receiving an abortion procedure contains:
 - a. Documentation from the physician providing the abortion procedure and other personnel members present certifying that the fetus was not delivered alive, or
 - b. A link to the medical record of a fetus delivered alive; and
 3. For a fetus delivered alive, a medical record contains:
 - a. An identification of the fetus, including:



- i. The name of the patient from whom the fetus was delivered alive, and
- ii. The date the fetus was delivered alive;
- b. Orders issued by a physician, physician assistant, or registered nurse practitioner;
- c. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
- d. If applicable, information about medication administered to the fetus delivered alive; and
- e. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.

ARTICLE 15. ABORTION CLINICS

R9-10-1501. Definitions

In addition to the definitions in A.R.S. §§ 36-401, 36-449.01, 36-449.03, 36-2151, 36-2158, and 36-2301.01 and R9-10-101, the following definitions apply in this Article, unless otherwise specified:

- ~~1.~~ “Admission” means documented acceptance by a hospital of an individual as an inpatient as defined in R9-10-201 on the order of a physician.
- ~~2.~~1. “Admitting privileges” means permission extended by a hospital to a physician to allow admission of ~~a patient~~ an individual as an inpatient, as defined in R9-10-201:
 - a. By the patient’s own physician, or
 - b. Through a written agreement between the patient’s physician and another physician that states that the other physician has permission to personally admit the patient to a hospital in this state and agrees to do so.
- ~~3.~~ “Conspicuously posted” means placed at a location within an abortion clinic that is accessible and visible to patients and the public.
- ~~4.~~2. “Course” means training or education, including hands-on practice under the supervision of a physician, ~~training, or education.~~
- ~~5.~~ “Discharge” means a patient no longer requires the medical services, nursing services, or health-related services provided by the abortion clinic.
- ~~6.~~ Emergency means a potentially life-threatening occurrence that requires an immediate response or medical treatment.
- ~~7.~~3. “Employee” means an individual who receives compensation from a licensee, but does not provide medical services, nursing services, or health-related services.
- ~~8.~~4. “First trimester” means 1 through 14 weeks as measured from the first day of the last menstrual period or 1 through 12 weeks as measured from the date of fertilization.
- ~~9.~~5. “Incident” means an abortion-related patient death or serious injury to a patient or ~~viable fetus~~ delivered alive.
- ~~10.~~ “Licensee” means an individual, a partnership, an association, a limited liability company, or corporation authorized by the Department to operate an abortion clinic.
- ~~11.~~6. “Local” means under the jurisdiction of a city or county in Arizona.
- ~~12.~~7. “Medical director” means a physician who is responsible for the direction of the medical services, nursing services, and health-related services provided to patients at an abortion clinic.
- ~~13.~~8. “Medical evaluation” means obtaining a patient’s medical history, performing a physical examination of a patient’s body, and conducting laboratory tests as provided in ~~R9-10-1508~~ R9-10-1509.
- ~~14.~~9. “Monitor” means to observe and document, continuously or intermittently, the values of certain physiologic variables on a patient such as pulse, blood pressure, oxygen saturation, respiration, and blood loss.
- ~~15.~~ “Nationally recognized medical journal” means any publication distributed nationally that contains peer-reviewed medical information, such as the *American Journal of Radiology* or the *Journal of Ultrasound in Medicine*.
- ~~10.~~ 10. “Neonatal resuscitation” means procedures to assist in maintaining the life of a fetus delivered alive, as described in A.R.S. § 36-2301(D)(3).
- ~~16.~~11. “Patient” means a female receiving medical services, nursing services, or health-related services related to an abortion.
- ~~17.~~12. “Patient care staff member” means a physician, registered nurse practitioner, nurse, physician assistant, or surgical assistant who provides medical services, nursing services, or health-related services to a patient.
- ~~18.~~ “Patient’s representative” means a patient’s legal guardian, an individual acting on behalf of a patient with the written consent of the patient, or a surrogate according to A.R.S. § 36-3201.
- ~~19.~~13. “Patient transfer” means relocating a patient requiring medical services from an abortion clinic to another health care institution.
- ~~20.~~14. “Personally identifiable patient information” means:
 - a. The name, address, telephone number, e-mail address, Social Security number, and birth date of:
 - i. The patient,
 - ii. The patient’s representative,
 - iii. The patient’s emergency contact,
 - iv. The patient’s children,
 - v. The patient’s spouse,
 - vi. The patient’s sexual partner, and
 - vii. Any other individual identified in the patient’s medical record other than patient care staff;
 - b. The patient’s place of employment;
 - c. The patient’s referring physician;
 - d. The patient’s insurance carrier or account;
 - e. Any “individually identifiable health information” as proscribed in 45 CFR 164-514; and
 - f. Any other information in the patient’s medical record that could reasonably lead to the identification of the patient.
- ~~21.~~15. “Personnel” means patient care staff members, employees, and volunteers.
- ~~22.~~ “Physical facilities” means ~~property that is:~~
 - a. Designated on an application for a license by the applicant; and



- ~~b.~~ Licensed to provide services by the Department according to A.R.S. Title 36, Chapter 4.
- ~~16.~~ “Serious injury” means a life-threatening physical condition related to an abortion procedure.
- ~~23-17.~~ “Surgical assistant” means an individual who is not licensed as a physician, physician assistant, registered nurse practitioner, or nurse who performs duties as directed by a physician, physician assistant, registered nurse practitioner, or nurse.
- ~~24-18.~~ “Volunteer” means an individual who, without compensation, performs duties as directed by a member of the patient care staff member at an abortion clinic.

R9-10-1502. Application and Documentation Submission Requirements

- A. An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.
- B. A licensee shall submit to the Department the documentation required according to A.R.S. § 36-449.02(B) with the applicable fees required in R9-10-106(C).

R9-10-1503. Administration

- A. A licensee is responsible for the organization and management of an abortion clinic.
- B. A licensee shall:
 - 1. Adopt policies and procedures for the administration and operation of an abortion clinic;
 - 2. Designate a medical director who:
 - ~~a.~~ is licensed according to A.R.S. Title 32, Chapter 13, 17, or 29; and
 - ~~b.~~ The licensee and the medical director may May be the same individual as the licensee; and
 - 3. Ensure the following documents are conspicuously posted ~~at the physical facilities on the premises:~~
 - a. Current abortion clinic license issued by the Department;₂
 - b. Current telephone number and address of the unit in the Department responsible for licensing the abortion clinic;₂
 - c. Evacuation map;₂ and
 - d. Signs that comply with A.R.S. § ~~36-2153(G)~~ 36-2153(H); and
 - 4. Except as specified in R9-10-1512(D)(4), ensure that documentation required by this Article is provided to the Department within two hours after a Department request.
- C. A medical director shall ensure written policies and procedures are established, documented, and implemented to protect the health and safety of a patient including for:
 - 1. Personnel qualifications, duties, and responsibilities;
 - 2. Individuals qualified to provide counseling in the abortion clinic and the amount and type of training required for an individual to provide counseling;
 - 3. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age:
 - a. Individuals qualified in neonatal resuscitation and the amount and type of training required for an individual to provide neonatal resuscitation, and
 - b. Designation of an individual to arrange the transfer to a hospital of a fetus delivered alive;
 - ~~3-4.~~ Verification of the competency of the physician performing an abortion according to ~~R9-10-1505~~ R9-10-1506;
 - ~~4-5.~~ The storage, administration, accessibility, disposal, and documentation of a medication, ~~and a~~ or controlled substance;
 - ~~5-6.~~ Accessibility and security of patient medical records;
 - ~~6-7.~~ Abortion procedures including:
 - ~~a.~~ recovery Recovery and follow-up care; and the
 - ~~b.~~ The minimum length of time a patient remains in the recovery room or area based on:
 - ~~a-i.~~ The type of abortion performed;₂
 - ~~b-ii.~~ The estimated gestational age of the fetus;₂
 - ~~e-iii.~~ The type and amount of medication administered;₂ and
 - ~~d-iv.~~ The physiologic signs including vital signs and blood loss; and
 - ~~c.~~ If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the requirements in A.R.S. § 36-2301(D);
 - ~~7-8.~~ Infection control including methods of sterilizing equipment and supplies;
 - ~~8-9.~~ Medical emergencies; and
 - ~~9-10.~~ Patient discharge and patient transfer.
- D. For an abortion clinic that is not in substantial compliance or that is in substantial compliance but refuses to carry out a plan of correction acceptable to the Department, the Department may take enforcement action as specified in R9-10-111.

R9-10-1504. Quality Management

A medical director shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
 - a. A method to identify, document, and evaluate incidents;
 - b. A method to collect data to evaluate services provided to patients;
 - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
 - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
 - e. The frequency of submitting a documented report required in subsection (2) to the licensee;
- 2. A documented report is submitted to the licensee that includes:
 - a. An identification of each concern about the delivery of services related to patient care, and
 - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and



3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.

~~R9-10-1504.~~R9-10-1505. Incident Reporting

- A. A licensee shall ensure that the Department is notified of an incident as follows:
 1. For the death of a patient, verbal notification the next working day;
 2. For a fetus delivered alive, verbal notification the next working day; and
 - 2.3. For a serious injury of a patient or viable fetus, written notification within 10 calendar days after the date of the serious injury.
- B. A medical director shall conduct an investigation of an incident and document an incident report that includes:
 1. The date and time of the incident₂;
 2. The name of the patient₂;
 3. A description of the incident₂;
 4. Names of individuals who observed the incident₂;
 5. Action taken by patient care staff members and employees during the incident and immediately following the incident₂; and
 6. Action taken by the patient care staff members and employees to prevent the incident from occurring in the future.
- C. A medical director shall ensure that the incident report is:
 1. Submitted to the Department and, if the incident involved a licensed individual, the applicable professional licensing board within 10 calendar days after the date of the notification in subsection (A); and
 2. Maintained ~~in the physical facilities on the premises~~ for at least two years after the date of the incident.

~~R9-10-1505.~~R9-10-1506. Personnel Qualifications and Records

A licensee shall ensure that:

1. A physician who performs an abortion demonstrates to the medical director that the physician is competent to perform an abortion by:
 - a. The submission of documentation of education and experiences₂ and
 - b. Observation by or interaction with the medical director;
2. Surgical assistants and volunteers who provide counseling and patient advocacy receive training in these specific responsibilities and any other responsibilities assigned and that documentation of the training received is maintained in the individual's personnel file ~~of the training received~~;
3. An individual who performs an ultrasound provides documentation that the individual is:
 - a. A physician;
 - b. A physician assistant, registered nurse practitioner, or nurse who completed a ~~hands-on~~ course in performing ultrasounds under the supervision of a physician; or
 - c. An individual who:
 - i. Completed a ~~hands-on~~ course in performing ultrasounds under the supervision of a physician, and
 - ii. Is not otherwise precluded by law from performing an ultrasound;
4. An individual has completed a course for the type of ultrasound the individual performs;
5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, an individual who is available to perform neonatal resuscitation provides documentation that the individual:
 - a. Is a:
 - i. Physician,
 - ii. Physician assistant,
 - iii. Registered nurse practitioner, or
 - iv. Nurse; and
 - b. Has completed a course in performing neonatal resuscitation that is consistent with training provided by the American Academy of Pediatrics Neonatal Resuscitation Program and includes:
 - i. Instruction in the use of resuscitation devices for positive-pressure ventilation, tracheal intubation, medications that may be necessary for neonatal resuscitation and their administration, and resuscitation of pre-term newborns; and
 - ii. Assessment of the individual's skill in applying the information provided through the instruction in subsection (5)(b)(i);
- 5.6. A personnel file for each ~~member of the~~ patient care staff member and each volunteer is maintained either electronically or in writing and includes:
 - a. The individual's name and position title;
 - b. The first and, if applicable, the last date of employment or volunteer service;
 - c. Verification of qualifications, training, or licensure, as applicable;
 - d. Documentation of cardiopulmonary resuscitation certification, as applicable;
 - e. Documentation of verification of competency, as required in subsection (1), and signed and dated by the medical director;
 - f. Documentation of training for surgical assistants and volunteers; ~~and~~
 - g. Documentation of completion of a course as required in subsection (3), for an individual performing ultrasounds; and
 - h. Documentation of competency to perform neonatal resuscitation, as required in subsection (5), if applicable; and
- 6.7. Personnel files are maintained ~~in the physical facilities on the premises~~ for at least two years ~~from~~ after the ending date of employment or volunteer service.

~~R9-10-1506.~~R9-10-1507. Staffing Requirements

- A. A licensee shall ensure that there is a sufficient number of patient care staff members and employees to:
 1. Meet the requirements of this Article₂;
 2. Ensure the health and safety of a patient₂; and



- 3. Meet the needs of a patient based on the patient's medical evaluation.
- B. A licensee shall ensure that:
 - 1. A ~~member of the patient care staff member other than, except for~~ a surgical assistant, who is current in cardiopulmonary resuscitation certification, is in the physical facilities on the premises until all patients are discharged;
 - 2. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B), remains on the premises of the abortion clinic until all patients who received a medication abortion are stable and ready to leave;
 - 3. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B) and that is within 30 miles of the abortion clinic by road, as defined in A.R.S. § 17-451, remains on the abortion clinic's premises until all patients who received a surgical abortion are stable and ready to leave discharged from the recovery room; and
 - 4. ~~A physician, a nurse, a registered nurse practitioner, a physician assistant, or, if a physician is able to provide direct supervision as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800 as applicable, a medical assistant under the direct supervision of the physician:~~
 - a. ~~Monitors each patient during the patient's recovery following the abortion; and~~
 - b. ~~Remains in the abortion clinic until each patient is discharged by a physician.~~
 - 4. A patient care staff member is on the premises to comply with R9-10-1509(H); and
 - 5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, a patient care staff member qualified according to policies and procedures to perform neonatal resuscitation is available for the abortion procedure.

~~R9-10-1507~~R9-10-1508. Patient Rights

A licensee shall ensure that a patient is afforded the following rights, and is informed of these rights:

- 1. To refuse treatment, or withdraw consent for treatment;
- 2. To have medical records kept confidential; and
- 3. To be informed of:
 - a. Billing procedures and financial liability before abortion services are provided;
 - b. Proposed medical or surgical procedures, associated risks, possible complications, and alternatives;
 - c. Counseling services that are provided ~~in the physical facilities on the premises; and~~
 - d. The right to review the ultrasound results with a physician, a physician assistant, a registered nurse practitioner, or a registered nurse before the abortion procedure; and
 - e. The right to receive a print of the ultrasound image.

~~R9-10-1508~~R9-10-1509. Abortion Procedures

- A. A medical director shall ensure that a medical evaluation of a patient is conducted before the patient's abortion is performed that includes:
 - 1. A medical history including:
 - a. Allergies to medications, antiseptic solutions, or latex;
 - b. Obstetrical and gynecological history;
 - c. Past surgeries;
 - d. Medication the patient is currently taking; and
 - e. Other medical conditions;
 - 2. A physical examination, performed by a physician that includes a bimanual examination to estimate uterine size and palpation of adnexa; ~~and~~
 - 3. The following laboratory tests:
 - a. A urine or blood test to determine pregnancy;
 - b. Rh typing, unless the patient provides written documentation of blood type acceptable to the physician;
 - c. Anemia screening; and
 - d. Other laboratory tests recommended by the physician or medical director on the basis of the physical examination; and
 - 4. An ultrasound imaging study of the fetus, performed as required in A.R.S. §§ 36-2156 and 36-2301.02(A).
- B. If the medical evaluation indicates a patient is Rh negative, a medical director shall ensure that:
 - 1. The patient receives information from a physician on this condition;
 - 2. The patient is offered RhO(d) immune globulin within 72 hours after the abortion procedure;
 - 3. If a patient refuses RhO(d) immune globulin, the patient signs and dates a form acknowledging the patient's condition and refusing the RhO(d) immune globulin;
 - 4. The form in subsection (B)(3) is maintained in the patient's medical record; and
 - 5. If a patient refuses RhO(d) immune globulin or if a patient refuses to sign and date an acknowledgment and refusal form, the physician documents the patient's refusal in the patient's medical record.
- C. A physician ~~estimates shall estimate~~ the gestational age of the fetus, based on one of the following criteria, and ~~records record~~ the estimated gestational age in the patient's medical record. ~~The estimated age is based upon:~~
 - 1. Ultrasound measurements of the biparietal diameter, length of femur, abdominal circumference, visible pregnancy sac, or crown-rump length or a combination of these; or
 - 2. The date of the last menstrual period or the date of fertilization and a bimanual examination of the patient.
- D. A medical director shall ensure that:
 - 1. ~~An~~ The ultrasound of a patient required in subsection (A)(4) is performed by an individual who meets the requirements in ~~R9-10-1505(3) R9-10-1506(3);~~



2. An ultrasound estimate of gestational age of a fetus is performed using methods and tables or charts ~~published in a nationally recognized medical journal in a publication distributed nationally that contains peer-reviewed medical information, such as medical information derived from a publication describing research in obstetrics and gynecology or in diagnostic imaging;~~
 3. An original patient ultrasound ~~print~~ image is:
 - a. Interpreted by a physician, and
 - b. Maintained in the patient's medical record in either electronic or paper form; and
 4. If requested by the patient, the ultrasound image is reviewed with the patient by a physician, physician assistant, registered nurse practitioner, or registered nurse.
- E.** A medical director shall ensure that before an abortion is performed on a patient:
1. Written consent, that meets the requirements in A.R.S. § 36-2152 or 36-2153, as applicable, and A.R.S. § 36-2158, is signed and dated by the patient or the patient's ~~legal guardian representative;~~ and
 2. Information is provided to the patient on the abortion procedure, including alternatives, risks, and potential complications.
- F.** A medical director shall ensure that an abortion is performed according to the abortion clinic's policies and procedures and this Article.
- ~~**G.** A medical director shall ensure that any medication, drug, or substance used to induce an abortion is administered in compliance with the protocol authorized by the United States Food and Drug Administration and that is outlined in the final printing labeling instructions for that medication, drug, or substance.~~
- H-G.** A medical director shall ensure that:
1. ~~Patient~~ A patient care staff ~~member~~ monitors the monitors a patient's vital signs throughout an abortion procedure to ensure the patient's health and safety;
 2. Intravenous access is established and maintained on a patient undergoing an abortion after the first trimester unless the physician determines that establishing intravenous access is not appropriate for the particular patient and documents that fact in the patient's medical record;
 3. If an abortion procedure is performed at or after 20 weeks gestational age, a patient care staff member qualified in neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure takes place before the delivery of the fetus; and
 - 3-4. ~~If a viable fetus shows signs of life is delivered alive:~~
 - a. Resuscitative measures, including the following, are used to support life:
 - i. Warming and drying of the fetus;
 - ii. Clearing secretions from and positioning the airway of the fetus;
 - iii. Administering oxygen as needed to the fetus, and
 - iv. Assessing and monitoring the cardiopulmonary status of the fetus;
 - b. A determination is made of whether the fetus is a viable fetus;
 - c. A viable fetus is provided treatment to support life;
 - ~~b-d.~~ The A viable fetus is transferred as required in R9-10-1509 R9-10-1510; and
 - ~~e-c.~~ Resuscitative measures and the transfer, as applicable, are documented.
- H-H.** ~~To ensure a patient's health and safety, A~~ a medical director shall ensure that following the abortion procedure:
1. A patient's vital signs and bleeding are monitored by ~~a physician, nurse, registered nurse practitioner, physician assistant, or, if a physician is able to provide direct supervision as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, as applicable, a medical assistant under the direct supervision of the physician to ensure the patient's health and safety;~~
 - a. A physician;
 - b. A physician assistant;
 - c. A registered nurse practitioner;
 - d. A nurse; or
 - e. If a physician is able to provide direct supervision, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, as applicable, to a medical assistant, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, a medical assistant under the direct supervision of the physician; and
 2. A patient remains in the recovery room or recovery area until a physician, physician assistant, registered nurse practitioner, or nurse examines the patient and determines that the patient's medical condition is stable and the patient is ready to leave the recovery room or recovery area.
- H-I.** A medical director shall ensure that follow-up care ~~includes:~~
1. ~~With a patient's consent, a telephone call to the patient by a member of the patient care staff, except a surgical assistant, within 24 hours after the patient's discharge following a surgical abortion to assess the patient's recovery. If the patient care staff is unable to speak with the patient, for any reason, the attempt to contact the patient is documented in the patient's medical record;~~
 2. ~~Following a surgical abortion, a follow-up visit offered and scheduled, if requested, no more than 21 days after the abortion. The follow-up visit shall include:~~
 - a. ~~A physical examination;~~
 - b. ~~A review of all laboratory tests as required in R9-10-1508(A)(3); and~~
 - e. ~~A urine pregnancy test; and~~
 3. ~~Following a medication abortion, a follow-up visit offered and scheduled between seven and 21 days after the initial dose of a substance used to induce an abortion. The follow-up visit shall include:~~
 - a. ~~A urine pregnancy test; and~~
 - b. ~~An assessment of the degree of bleeding.~~
1. For a surgical abortion is offered to a patient that includes:
 - a. With a patient's consent, a telephone call made to the patient to assess the patient's recovery;
 - i. By a patient care staff member other than a surgical assistant; and



- ii. Within 24 hours after the patient's discharge following a surgical abortion; and
- b. A follow-up visit scheduled, if requested, no more than 21 calendar days after the abortion that includes:
 - i. A physical examination,
 - ii. A review of all laboratory tests as required in subsection (A)(3), and
 - iii. A urine pregnancy test;
- 2. For a medication abortion includes a follow-up visit, scheduled between seven and 21 calendar days after the initial dose of a substance used to induce an abortion, that includes:
 - a. A urine pregnancy test, and
 - b. An assessment of the degree of bleeding; and
- 3. Is documented in the patient's medical record, including:
 - a. A patient's acceptance or refusal of a follow-up visit following a surgical abortion;
 - b. If applicable, the results of the follow-up visit; and
 - c. If applicable, whether the patient consented to a telephone call and, if so, whether the patient care staff member making the telephone call to the patient:
 - i. Spoke with the patient about the patient's recovery, or
 - ii. Was unable to speak with the patient.

~~K, L~~ If a continuing pregnancy is suspected as a result of the follow-up visit ~~required~~ in subsection ~~(J)(2) or (J)(3)~~ (I)(1)(b) or (I)(2), a physician who performs abortions shall be consulted.

~~R9-10-1509, R9-10-1510, Patient Transfer and Discharge~~

- A. A medical director shall ensure that:
 - 1. For a patient:
 - a. A patient is transferred to a hospital for an emergency involving the patient;
 - 2. ~~A viable fetus requiring emergency care is transferred to a hospital;~~
 - ~~3-b.~~ A patient transfer is documented in the patient's medical record; and
 - ~~4-c.~~ Documentation of a medical evaluation, treatment ~~given~~ provided, and laboratory and diagnostic information is transferred with a patient; and
 - 2. For a viable fetus:
 - a. A viable fetus requiring emergency care is transferred to a hospital.
 - b. The transfer of a viable fetus is documented in the viable fetus's medical record, and
 - c. Documentation of an assessment of cardiopulmonary function and treatment provided to a viable fetus is transferred with the viable fetus.
- B. A medical director shall ensure that before a patient is discharged:
 - 1. A physician signs the patient's discharge order; and
 - 2. A patient receives follow-up instructions at discharge that include:
 - a. Signs of possible complications₂;
 - b. When to access medical services in response to complications₂;
 - c. A telephone number of an individual or entity to contact for medical emergencies₂;
 - d. Information and precautions for resuming vaginal intercourse after the abortion₂; and
 - e. Information specific to the patient's abortion or condition.

~~R9-10-1510, R9-10-1511, Medications and Controlled Substances~~

- A medical director shall ensure that:
- 1. The abortion clinic complies with the requirements for medications and controlled substances in A.R.S. Title 32, Chapter 18, and A.R.S. Title 36, Chapter 27;
 - 2. A medication is administered in compliance with an order from a physician, physician assistant, registered nurse practitioner, or as otherwise provided by law;
 - 3. A medication is administered to a patient or to a viable fetus by a physician or as otherwise provided by law;
 - 4. Medications and controlled substances are maintained in a locked area ~~in the physical facilities on the premises;~~
 - 5. Only personnel designated by policies and procedures have access to the locked area containing medications and controlled substances;
 - 6. Expired, mislabeled, or unusable medications and controlled substances are disposed of according to policies and procedures;
 - 7. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is immediately reported to the medical director and licensee, and recorded in the patient's medical record;
 - 8. Medication information for a patient is maintained in ~~a~~ the patient's medical record and contains:
 - a. The patient's name, age, and weight;
 - b. The medications the patient is currently taking; ~~and~~
 - c. Allergies or sensitivities to medications, antiseptic solutions, or latex; and
 - ~~9-d.~~ If medication is administered to a patient, the following are documented in the patient's medical record:
 - ~~a-i.~~ The date and time of administration;
 - ~~b-ii.~~ The name, strength, dosage form, amount of medication, and route of administration; and
 - ~~e-iii.~~ The identification and signature of the individual administering the medication; and
 - 9. If administered to a fetus delivered alive, the following are documented in the fetus's medical record:
 - a. The date and time of oxygen administration;
 - b. The amount and flow rate of the oxygen;
 - c. The identification and signature of the individual administering the oxygen; and
 - d. For a viable fetus:



- i. The date and time of medication administration;
- ii. The name, strength, dosage form, amount of medication, and route of administration; and
- iii. The identification and signature of the individual administering the medication.

R9-10-1511, R9-10-1512. Medical Records

- A. A licensee shall ensure that:
- ~~1.~~ ~~A a~~ a medical record is established and maintained for a patient that contains:
 - ~~a-1.~~ 1. Patient identification including:
 - ~~i-a.~~ i. The patient's name, address, and date of birth;
 - ~~ii-b.~~ ii. The designated patient's representative, if applicable; and
 - ~~iii-c.~~ iii. The name and telephone number of an individual to contact in an emergency;
 - ~~b-2.~~ 2. The patient's medical history required in R9-10-1508(A)(1) R9-10-1509(A)(1);
 - ~~e-3.~~ 3. The patient's physical examination required in R9-10-1508(A)(2) R9-10-1509(A)(2);
 - ~~d-4.~~ 4. The laboratory test results required in R9-10-1508(A)(3) R9-10-1509(A)(3);
 - 5. The ultrasound results, including the original print, required in R9-10-1509(A)(4);
 - ~~e-6.~~ 6. The physician's estimated gestational age of the fetus required in R9-10-1508(C) R9-10-1509(C);
 - ~~f.~~ 7. The ultrasound results, including the original print, required in R9-10-1508(D);
 - ~~g-7.~~ 8. Each consent form signed by the patient or the patient's legal guardian representative;
 - ~~h-8.~~ 9. Orders issued by a physician, physician assistant, or registered nurse practitioner;
 - ~~i-9.~~ 10. A record of medical services, nursing services, and health-related services provided to the patient; ~~and~~
 - ~~j-10.~~ 11. The patient's medication information; ~~and~~
 - 12. Documentation related to follow-up care specified in R9-10-1509(I); and
 - 13. If the abortion procedure was performed at or after 20 weeks gestational age and the fetus was not delivered alive, documentation from the physician and other patient care staff member present certifying that the fetus was not delivered alive.
- B. A licensee shall ensure that a medical record is established and maintained for a fetus delivered alive that contains:
- 1. An identification of the fetus, including:
 - a. The name of the patient from whom the fetus was delivered alive, and
 - b. The date the fetus was delivered alive;
 - 2. Orders issued by a physician, physician assistant, or registered nurse practitioner;
 - 3. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
 - 4. If applicable, information about medication administered to the fetus delivered alive; and
 - 5. If the abortion procedure was performed at or after 20 weeks gestational age:
 - a. Documentation of the requirements in R9-10-1509(G)(4); and
 - b. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.
- C. A licensee shall ensure that:
- ~~2-1.~~ 1. A medical record is accessible only to the Department or personnel authorized by policies and procedures;
 - ~~3-2.~~ 2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law;
 - ~~4-3.~~ 3. A medical record is protected from loss, damage, or unauthorized use and is maintained and accessible for at least seven years after the date of an adult patient's discharge or if the patient is a child, either for at least three years after the child's 18th birthday or for at least seven years after the patient's discharge, whichever date occurs last;
 - ~~5-4.~~ 4. A medical record is maintained at the abortion clinic for at least six months after the date of the patient's discharge; and
 - ~~6-5.~~ 5. Vital records and vital statistics are retained according to A.R.S. § 36-343.
- D. A licensee shall comply with Department requests for access to or copies of patient medical records as follows:
- ~~1.~~ 1. Subject to the redaction permitted in subsection (B)(5), for patient medical records requested for review in connection with a compliance inspection, the licensee shall provide the Department with the following patient medical records related to medical services associated with an abortion, including any follow-up visits to the abortion clinic in connection with the abortion:
 - ~~a.~~ a. Patient identification including:
 - ~~i.~~ i. The patient's name, address, and date of birth;
 - ~~ii.~~ ii. The designated patient's representative, if applicable; and
 - ~~iii.~~ iii. The name and telephone number of an individual to contact in an emergency;
 - ~~b.~~ b. The patient's medical history required in R9-10-1508(A)(1);
 - ~~e.~~ e. The patient's physical examination required in R9-10-1508(A)(2);
 - ~~d.~~ d. The laboratory test results required in R9-10-1508(A)(3);
 - ~~e.~~ e. The physician's estimated gestational age of the fetus required in R9-10-1508(C);
 - ~~f.~~ f. The ultrasound results required in R9-10-1508(D);
 - ~~g.~~ g. Each consent form signed by the patient or the patient's representative;
 - ~~h.~~ h. Orders issued by a physician, physician assistant, or registered nurse practitioner;
 - ~~i.~~ i. A record of medical services, nursing services, and health-related services provided to the patient; and
 - ~~j.~~ j. The patient's medication information.
 - ~~2.~~ 2. For patient medical records requested for review in connection with an initial licensing or compliance inspection, the licensee is not required to produce for review by the Department any patient medical records created or prepared by a referring physician or any of that referring physician's medical staff; and
 - ~~3.~~ 3. The licensee is not required to provide patient medical records regarding medical services associated with an abortion that occurred before:
 - ~~a.~~ a. The effective date of these rules, or
 - ~~b.~~ b. A previous licensing or compliance inspection of the abortion clinic.



- 4. The patient medical records may be provided to the Department in either paper or in an electronic format that is acceptable to the Department.
- 5. When access to or copies of patient medical records are requested from a licensee by the Department, the licensee shall redact only personally identifiable patient information from the patient medical records before the disclosure of the patient medical records to the Department, except as provided in subsection (B)(8).
- 6. For patient medical records requested for review in connection with an initial licensing or compliance inspection, the licensee shall provide the redacted copies of the patient medical records to the Department within two business days of the Department's request for the redacted medical records if the total number of patients for whom patient medical records are requested by the Department is from one to ten patients, unless otherwise agreed to by the Department and the licensee. The time within which the licensee shall produce redacted records to the Department shall be increased by two business days for each additional five patients for whom patient medical records are requested by the Department, unless otherwise agreed to by the Department and the licensee.
- 7. Upon request by the Department, in addition to redacting only personally identifiable patient information, the licensee shall code the requested patient medical records by a means that allows the Department to track all patient medical records related to a specific patient without the personally identifiable patient information.
- 8. For patient medical records requested for review in connection with a complaint investigation, the Department shall have access to or copies of unredacted patient medical records.
- 9. If the Department obtains copies of unredacted patient medical records, the Department shall:
 - a. Allow the examination and use of the unredacted patient medical records only by those Department employees who need access to the patient medical records to fulfill their investigative responsibilities and duties;
 - b. Maintain all unredacted patient medical records in a locked drawer, cabinet, or file or in a password protected electronic file with access to the secured drawer, cabinet, or file limited to those individuals who have access to the patient medical records according to subsection (B)(9)(a);
 - c. Destroy all unredacted patient medical records at the termination of the Department's complaint investigation or at the termination of any administrative or legal action that is taken by the Department as the result of the Department's complaint investigation, whichever is later;
 - d. If the unredacted patient medical records are filed with a court or other judicial body, including any administrative law judge or panel, file the records only under seal; and
 - e. Prevent access to the unredacted records by anyone except as provided in subsection (B)(9)(a) or subsection (B)(9)(d).

D. If the Department requests patient medical records for review, the licensee:

- 1. Is not required to produce any patient medical records created or prepared by a referring physician's office;
- 2. May provide patient medical records to the Department either in paper or in an electronic format that is acceptable to the Department;
- 3. Shall provide the Department with the following patient medical records related to medical services associated with an abortion, including any follow-up visits to the abortion clinic in connection with the abortion:
 - a. The patient's medical history required in R9-10-1509(A)(1);
 - b. The patient's physical examination required in R9-10-1509(A)(2);
 - c. The laboratory test results required in R9-10-1509(A)(3);
 - d. The physician's estimate of gestational age of the fetus required in R9-10-1509(C);
 - e. The ultrasound results required in R9-10-1509(D)(2);
 - f. Each consent form signed by the patient or the patient's representative;
 - g. Orders issued by a physician, physician assistant, or registered nurse practitioner;
 - h. A record of medical services, nursing services, and health-related services provided to the patient; and
 - i. The patient's medication information;
- 4. If the Department's request is in connection with a licensing or compliance inspection:
 - a. Is not required to produce any patient medical records associated with an abortion that occurred before the licensing inspection or a previous compliance inspection of the abortion clinic; and
 - b. Shall:
 - i. Redact only personally identifiable patient information from the patient medical records before the licensee discloses the patient medical records to the Department;
 - ii. Upon request by the Department, code the requested patient medical records by a means that allows the Department to track all patient medical records related to a specific patient without the personally identifiable patient information; and
 - iii. Unless the Department and the licensee agree otherwise, provide redacted copies of patient medical records to the Department:
 - (1) For one to ten patients, within two working days after the request, and
 - (2) For every additional five patients, within an additional two working days; and
- 5. If the Department's request is in connection with a complaint investigation, shall:
 - a. Not redact patient information from the patient medical records before the licensee discloses the patient medical records to the Department; and
 - b. Ensure the patient medical records include:
 - i. The patient's name, address, and date of birth;
 - ii. The patient's representative, if applicable; and
 - iii. The name and telephone number of an individual to contact in an emergency.

~~C.E.~~ A medical director shall ensure that only personnel authorized by policies and procedures, records or signs an entry in a medical record and:



1. An entry in a medical record is dated and legible;
 2. An entry is authenticated by:
 - a. A ~~written~~ signature; or
 - b. An individual's initials if the individual's ~~written~~ signature already appears in the medical record;
 - e. ~~A rubber-stamp signature; or~~
 - d. ~~An electronic signature;~~
 3. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;
 4. When a verbal or telephone order is entered in the medical record, the entry is authenticated within 21 calendar days by the individual who issued the order;
 5. If a rubber-stamp signature or an electronic signature is used:
 - a. An individual's rubber stamp or electronic signature is not used by another individual;
 - b. The individual who uses a rubber stamp or electronic signature signs a statement that the individual is responsible for the use of the rubber stamp or the electronic signature; and
 - c. The signed statement is included in the individual's personnel record; and
 6. If an abortion clinic maintains medical records electronically, the medical director shall ensure the date and time of an entry is recorded by the computer's internal clock.
- ~~D-E.~~ As required by A.R.S. § ~~36-449.03(I)~~ 36-449.03(J), the Department shall not release any personally identifiable patient or physician information.

~~R9-10-1512.~~R9-10-1513. Environmental and Safety Standards

A licensee shall ensure that:

1. ~~Physical facilities~~ The premises:
 - a. Provide lighting and ventilation to ensure the health and safety of a patient₂;
 - b. Are maintained in a clean condition₂;
 - c. Are free from a condition or situation that may cause a patient to suffer physical injury₂;
 - d. Are maintained free from insects and vermin₂; and
 - e. Are smoke-free;
2. A warning notice is placed at the entrance to a room or area where oxygen is in use;
3. Soiled linen and clothing are kept:
 - a. In a covered container, and
 - b. Separate from clean linen and clothing;
4. Personnel wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste;
5. A written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals in a fire, natural disaster, loss of electrical power, or threat or incidence of violence; ~~and~~
6. An evacuation drill is conducted at least once every six months that includes all personnel ~~in the physical facilities~~ on the premises on the day of the evacuation drill; and
7. Documentation of the evacuation drill is maintained ~~in the physical facilities~~ on the premises for at least one year after the date of the evacuation drill and includes:
 - a. The date and time of the evacuation drill₂; and
 - b. The names of personnel participating in the evacuation drill.

~~R9-10-1513.~~R9-10-1514. Equipment Standards

A licensee shall ensure that:

1. Equipment and supplies are maintained in a:
 - a. Clean condition, and
 - b. ~~quantity~~ Quantity sufficient to meet the needs of patients present in the abortion clinic;
2. Equipment to monitor vital signs is in each room in which an abortion is performed;
3. A surgical or gynecologic examination table is used for an abortion;
4. The following equipment and supplies are available in the abortion clinic:
 - a. Equipment to measure blood pressure;
 - b. A stethoscope;
 - c. A scale for weighing a patient;
 - d. Supplies for obtaining specimens and cultures and for laboratory tests; and
 - e. Equipment and supplies for use in a medical emergency including:
 - i. Ventilatory assistance equipment₂;
 - ii. Oxygen source₂;
 - iii. Suction apparatus₂; and
 - iv. Intravenous fluid equipment and supplies; and
 - f. Ultrasound equipment;
5. In addition to the requirements in subsection (4), the following equipment is available for an abortion procedure performed after the first trimester:
 - a. Drugs to support cardiopulmonary function of a patient₂; and
 - b. Equipment to monitor the cardiopulmonary status of a patient;
6. In addition to the requirements in subsections (4) and (5), if the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the following equipment is available for the abortion procedure:



- a. Equipment to provide warmth and drying of a fetus delivered alive.
- b. Equipment necessary to clear secretions from and position the airway of a fetus delivered alive.
- c. Equipment necessary to administer oxygen to a fetus delivered alive.
- d. Equipment to assess and monitor the cardiopulmonary status of a fetus delivered alive, and
- e. Drugs to support cardiopulmonary function in a viable fetus;
- 6.7. Equipment and supplies are clean and, if applicable, sterile before each use;
- 7.8. Equipment required in this Section is maintained in working order, tested and calibrated at least once every 12 months or according to the manufacturer’s recommendations, and used according to the manufacturer’s recommendations; and
- 8.9. Documentation of each equipment test, calibration, and repair is maintained ~~in the physical facilities on the premises~~ for ~~one year~~ at least 12 months after the date of the testing, calibration, or repair and provided to the Department for review within two hours after the Department requests the documentation.

R9-10-1515. Enforcement

- ~~A. For an abortion clinic that is not in substantial compliance or that is in substantial compliance but refuses to carry out a plan of correction acceptable to the Department, the Department may:~~
 - 1. ~~Assess a civil penalty according to A.R.S. § 36-431.01;~~
 - 2. ~~Impose an intermediate sanction according to A.R.S. § 36-427;~~
 - 3. ~~Suspend or revoke a license according to A.R.S. § 36-427;~~
 - 4. ~~Deny a license, or~~
 - 5. ~~Bring an action for an injunction according to A.R.S. § 36-430.~~
- ~~B. In determining the appropriate enforcement action, the Department shall consider the threat to the health, safety, and welfare of the abortion clinic’s patients or the general public, including:~~
 - 1. ~~Whether the abortion clinic has repeated violations of statutes or rules;~~
 - 2. ~~Whether the abortion clinic has engaged in a pattern of noncompliance; and~~
 - 3. ~~The type, severity, and number of violations.~~

R9-10-1514, R9-10-1515. Physical Facilities Plant Standards

- A. A licensee shall ensure that an abortion clinic complies with all local building codes, ordinances, fire codes, and zoning requirements. If there are no local building codes, ordinances, fire codes, or zoning requirements, the abortion clinic shall comply with the applicable codes and standards incorporated by reference in A.A.C. R9-1-412 that were in effect on the date the abortion clinic’s architectural plans and specifications were submitted to the Department for approval.
- B. A licensee shall ensure that an abortion clinic provides areas or rooms:
 - 1. That provide privacy for:
 - a. A patient’s interview, medical evaluation, and counseling;
 - b. A patient to dress; and
 - c. Performing an abortion procedure;
 - 2. For personnel to dress;
 - 3. With a sink and a flushable toilet in working order;
 - 4. For cleaning and sterilizing equipment and supplies;
 - 5. For storing medical records;
 - 6. For storing equipment and supplies;
 - 7. For hand washing before the abortion procedure; and
 - 8. For a patient recovering after an abortion.
- C. A licensee shall ensure that an abortion clinic has an emergency exit to accommodate a stretcher or gurney.



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
DEPARTMENT OF HEALTH SERVICES
HEALTH PROGRAMS SERVICES**

[R18-227]

1. **Title and its heading:** 9, Health Services
Chapter and its heading: 13, Department of Health Services - Health Programs Services
Article and its heading: 1, Hearing Screening
Section numbers: R9-13-101 through R9-13-105 and R9-13-107 through R9-13-109
(The Department may add, delete, or modify Sections, as necessary.)

2. **The subject matter of the proposed rules:**
 According to A.R.S. §§ 36-899.01 through 36-899.04, the Arizona Department of Health Services (Department) is responsible for establishing a program of hearing evaluation services in Arizona's schools, which tests for hearing disorders in the student population, resulting in early identification and appropriate intervention. The Department plans to amend the rules and reduce the regulatory burden by simplifying requirements, removing obsolete requirements; updating standards for hearing screening and equipment to make consistent with national standards and best practices; and clarifying screener qualifications and frequency of hearing screening for students to ensure that Arizona students are not at risk. The proposed amendments will conform to rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

3. **A citation to all published notices relating to the proceeding:**
 Notice of Rulemaking Docket Opening: 23 A.A.R. 3061, October 27, 2017

4. **The name and address of agency personnel with whom persons may communicate regarding the rules:**
 Name: Patricia Tarango, Bureau Chief
 Address: Department of Health Services
 Bureau of Women's and Children's Health
 150 N. 18th Ave., Suite 320
 Phoenix, AZ 85007-3232
 Telephone: (602) 364-1419
 Fax: (602) 364-1496
 E-mail: Patricia.Tarango@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 85007-3232
 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:**
 To be announced in the Notice of Proposed Rulemaking.

6. **A timetable for agency decisions or other action on the proceeding, if known:**
 To be announced in the Notice of Proposed Rulemaking.



GOVERNOR EXECUTIVE ORDER

Executive Order 2018-02 is being reproduced in each issue of the Administrative Register as a notice to the public regarding state agencies' rulemaking activities.

This order will appear in the Register until its expiration on December 31, 2018, and has been reproduced in its entirety as submitted.

EXECUTIVE ORDER 2018-02

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

[M18-46]

WHEREAS, burdensome regulations inhibit job growth and economic development; and

WHEREAS, job creators and entrepreneurs are especially hurt by red tape and regulations; and

WHEREAS, in 2015 the State of Arizona implemented a moratorium on all new regulatory rulemaking by State agencies through executive order, and renewed the moratorium in 2016 and 2017; and

WHEREAS, in 2017 the State of Arizona eliminated or repealed 676 needless regulations; and

WHEREAS, estimates show these eliminations saved job creators more than \$48 million in operating costs; and

WHEREAS, 161,000 private sector jobs have been added to Arizona since January 2015; and

WHEREAS, all government agencies of the State of Arizona should continue to promote customer-service-oriented principles for the people that it serves; and

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

WHEREAS, each State agency should evaluate its administrative rules using any available and reliable data and performance metrics; and

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

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

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

- 2. A State agency subject to this Order, shall not conduct any rulemaking, whether informal or formal, without the prior written approval of the Office of the Governor. In seeking approval, a State agency shall address one or more of the following as justification for the rulemaking:
a. To fulfill an objective related to job creation, economic development, or economic expansion in this State.
b. To reduce or ameliorate a regulatory burden while achieving the same regulatory objective.
c. To prevent a significant threat to the public health, peace, or safety.
d. To avoid violating a court order or federal law that would result in sanctions by a federal court for failure to conduct the rulemaking action.
e. To comply with a federal statutory or regulatory requirement if such compliance is related to a condition for the receipt of federal funds or participation in any federal program.
f. To comply with a state statutory requirement.
g. To fulfill an obligation related to fees or any other action necessary to implement the State budget that is certified by the Governor's Office of Strategic Planning and Budgeting.
h. To promulgate a rule or other item that is exempt from Title 41, Chapter 6, Arizona Revised Statutes, pursuant to section 41-1005, Arizona Revised Statutes.
i. To address matters pertaining to the control, mitigation, or eradication of waste, fraud, or abuse within an agency or wasteful, fraudulent, or abusive activities perpetrated against an agency.
j. To eliminate rules that are antiquated, redundant or otherwise no longer necessary for the operation of state government.
3. A State agency subject to this Order, shall not publicize any directives, policy statements, documents or forms on its website unless such are explicitly authorized by Arizona Revised Statutes or Arizona Administrative Code.
4. A State agency subject to this Order, shall coordinate with the Office of Economic Opportunity to prepare a statement of estimated regulatory costs analyzing the economic impact of agency rules, including an analysis of the effort of such rules on the creation and retention of jobs within the State of Arizona.
5. A State agency subject to this Order, shall review the agency's rules related to license reciprocity and identify opportunities to decrease burdens for qualified professionals who relocate to Arizona, whether administrative or legislative, and report these opportunities to the office of the Governor no later than July 1, 2018.



6. A State agency subject to this Order, shall review the agency’s rules to identify opportunities for veterans by recognizing the skills, credentials, and training received during military service in place of some or all of the training requirements for a specific license, and include additional opportunities in the report to the office of the Governor no later than July 1, 2018.
7. For the purposes of this Order, the term “State agencies,” includes without limitation, all executive departments, agencies, offices, and all state boards and commissions, except for: (a) any State agency that is headed by a single elected State official, (b) the Corporation Commission and (c) any board or commission established by ballot measure during or after the November 1998 general election. Those State agencies, boards and commissions excluded from this Order are strongly encouraged to voluntarily comply with this Order in the context of their own rulemaking processes.
8. This Order does not confer any legal rights upon any persons and shall not be used as a basis for legal challenges to rules, approvals, permits, licenses or other actions or to any inaction of a State agency. For the purposes of this Order, “person,” “rule,” and “rulemaking” have the same meanings prescribed in Arizona Revised Statutes Section 41-1001.
9. This Executive Order expires on December 31, 2018.

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

Douglas A. Ducey
GOVERNOR

DONE at the Capitol in Phoenix on this Twelfth day of February in the Year Two Thousand and Eighteen and of the Independence of the United States of America the Two Hundred and Thirty-Sixth.

ATTEST:
Michele Reagan
SECRETARY OF STATE

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**

XN = Exempt new Section
XM = Exempt amended Section
XR = Exempt repealed Section
X# = Exempt renumbered Section

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

2018 Arizona Administrative Register Volume 24 Page Guide

Issue 1, Jan. 5, 2018.....1-88	Issue 2, Jan. 12, 2018.....89-132	Issue 3, Jan. 19, 2018.....133-160
Issue 4, Jan. 26, 2018.....161-234	Issue 5, Feb. 2, 2018.....235-298	Issue 6, Feb. 9, 2018.....299-332
Issue 7, Feb. 16, 2018.....333-372	Issue 8, Feb. 23, 2018.....373-430	Issue 9, March 2, 2018.....431-490
Issue 10, March 9, 2018.....491-524	Issue 11, March 16, 2018.....525-590	Issue 12, March 23, 2018.....591-652
Issue 13, March 30, 2018.....653-717	Issue 14, April 6, 2018.....718-778	Issue 15, April 13, 2018.....779-808
Issue 16, April 20, 2018.....809-1120	Issue 17, April 27, 2018.....1121-1320	Issue 18, May 4, 2018.....1321-1410
Issue 19, May 11, 2018.....1411-1494	Issue 20, May 18, 2018.....1495-1538	Issue 21, May 25, 2018.....1539-1604
Issue 22, June 1, 2018.....1605-1638	Issue 23, June 8, 2018.....1639-1670	Issue 24, June 15, 2018.....1671-1702
Issue 25, June 22, 2018.....1703-1780	Issue 26, June 29, 2018.....1781-1846	Issue 27, July 6, 2018.....1847-1896
Issue 28, July 13, 2018.....1897-2002	Issue 29, July 20, 2018.....2003-2052	Issue 30, July 27, 2018.....2053-2146
Issue 31, Aug. 3, 2018.....2147-2254	Issue 32, Aug. 10, 2018.....2055-2294	Issue 33, Aug. 17, 2018.....2295-2344
Issue 34, Aug. 24, 2018.....2345-2382	Issue 35, Aug. 31, 2018.....2383-2454	Issue 36, Sept. 7, 2018.....2455-2524
Issue 37, Sept. 14, 2018.....2525-2590	Issue 38, Sept. 21, 2018.....2591-2658	Issue 39, Sept. 28, 2018.....2659-2726
Issue 40, Oct. 5, 2018.....2727-2796	Issue 41, Oct. 12, 2018.....2797-2888	Issue 42, Oct. 19, 2018.....2889-2996

RULEMAKING ACTIVITY INDEX

Rulemakings are listed in the Index by Chapter, Section number, rulemaking activity abbreviation and by volume page number. Use the page guide above to determine the *Register* issue number to review the rule. Headings for the Subchapters, Articles, Parts, and Sections are not indexed.

THIS INDEX INCLUDES RULEMAKING ACTIVITY THROUGH ISSUE 42 OF VOLUME 24.

<p>Accountancy, Board of</p> <p>R4-1-226.01. PM-1707</p> <p>R4-1-343. PM-1707</p> <p>R4-1-453. PM-1707</p> <p>Acupuncture Board of Examiners</p> <p>R4-8-101. PM-2529</p> <p>R4-8-103. PM-2529</p> <p>R4-8-105. PM-2529</p> <p>Table 1. PM-2529</p> <p>R4-8-106. PM-2529</p> <p>R4-8-203. PM-2529</p> <p>R4-8-204. PM-2529</p> <p>R4-8-206. PM-2529</p> <p>R4-8-207. PM-2529</p> <p>R4-8-301. PM-2529</p> <p>R4-8-303. PM-2529</p> <p>R4-8-304. PM-2529</p> <p>R4-8-408. PM-2529</p> <p>R4-8-601. PM-2529</p> <p>R4-8-602. PM-2529</p> <p>R4-8-701. PN-2529</p> <p>R4-8-702. PR-2529</p> <p>R4-8-704. PR-2529</p> <p>R4-8-706. PR-2529</p> <p>Administration, Department of</p> <p>R2-1-601. FR-625</p> <p>R2-1-602. FR-625</p> <p>R2-1-603. FR-625</p> <p>R2-1-801. FM-625</p> <p>R2-1-802. FM-625</p> <p>R2-1-803. FM-625</p> <p>R2-1-804. FM-625</p>	<p>R2-1-805. FR-625; FR-625; FR-625</p> <p>R2-1-901. FR-625</p> <p>R2-1-902. FR-625</p> <p>R2-1-903. FR-625</p> <p>R2-1-904. FR-625</p> <p>R2-1-905. FR-625</p> <p>Administration, Department of - Benefit Services Division</p> <p>R2-6-105. PM-2349</p> <p>Administration, Department of - Public Buildings Maintenance</p> <p>R2-11-112. EXP-2563</p> <p>R2-11-206. EXP-2563</p> <p>R2-11-207. EXP-2563</p> <p>R2-11-208. EXP-2563</p> <p>Agriculture, Department of - Animal Services Division</p> <p>R3-2-203. FXM-2219</p> <p>R3-2-701. FXM-2219</p> <p>R3-2-810. FXM-2219</p> <p>Agriculture, Department of - Citrus Fruit and Vegetable Division</p> <p>R3-10-101. FXN-2227</p> <p>R3-10-102. FXN-2227</p> <p>Agriculture, Department of - Environmental Services Division</p> <p>R3-3-702. FXM-2222</p> <p>Agriculture, Department of -</p>	<p>Office of Commodity Development and Promotion</p> <p>R3-6-102. FXM-2226</p> <p>Agriculture, Department of - Plant Services Division</p> <p>R3-4-301. FXM-2223</p> <p>Agriculture, Department of - Weights and Measures Services Division</p> <p>R3-7-101. PM-595; FM-2666</p> <p>R3-7-701. PM-595; FM-2666</p> <p>R3-7-702. PM-595; FM-2666</p> <p>R3-7-708. PM-595; FM-2666</p> <p>R3-7-749. PM-595; FM-2666</p> <p>R3-7-751. PM-595; FM-2666</p> <p>R3-7-752. PM-595; FM-2666</p> <p>R3-7-755. PM-595; FM-2666</p> <p>R3-7-757. PM-595; FM-2666</p> <p>R3-7-759. PM-595; FM-2666</p> <p>Table 1. PM-595; FM-2666</p> <p>Table 2. PM-595; FM-2666</p>
--	--	--

Arizona Health Care Cost Containment System - Administration

R9-22-202. PM-337
 R9-22-303. PR-337;
 PM-2663
 R9-22-703. PM-337
 R9-22-712.05. FM-185;
 PM-2061
 R9-22-712.35. PM-1712;
 FM-2851
 R9-22-712.61. PM-1712;
 FM-2851
 R9-22-712.71. PM-1712;
 FM-2851
 R9-22-718. PM-345;
 FM-1515
 R9-22-721. PM-2066
 R9-22-730. FXM-2229
 R9-22-1202. PM-337
 R9-22-1302. PM-1716;
 FM-2855
 R9-22-1303. PM-1716;
 FM-2855
 R9-22-1305. PM-1716;
 FM-2855
 R9-22-1306. PR-1716;
 FR-2855
 R9-22-1501. PM-337
 R9-22-1910. PR-337
 R9-22-2101. PM-1722;
 FM-2861

Arizona Health Care Cost Containment System - Arizona Long-term Care System

R9-28-401.01. PM-348
 R9-28-408. FM-667
 R9-28-703. FM-191
 R9-28-801. FM-670
 R9-28-801.01. FR-670
 R9-28-802. FM-670
 R9-28-803. FM-670
 R9-28-806. FM-670
 R9-28-807. FM-670

Arizona Health Care Cost Containment System - Medicare Cost Sharing Program

R9-29-210. PM-351

Behavioral Health Examiners, Board of

R4-6-101. PM-1609
 R4-6-211. PM-1609
 R4-6-212. PM-1609
 R4-6-212.01. PM-1609
 R4-6-215. PM-1609
 R4-6-301. PM-1609
 R4-6-304. PM-1609
 R4-6-306. PM-1609
 R4-6-402. PM-1609
 R4-6-502. PM-1609
 R4-6-602. PM-1609
 R4-6-704. PM-1609
 R4-6-1101. PM-1609

Boxing and Mixed Martial Arts Commission, State

R4-3-101. FR-435
 R4-3-102. FR-435
 R4-3-103. FR-435
 R4-3-104. FR-435
 R4-3-105. FR-435
 R4-3-201. FR-435
 R4-3-202. FR-435
 R4-3-203. FR-435
 R4-3-301. FR-435
 R4-3-302. FR-435
 R4-3-303. FR-435
 R4-3-304. FR-435
 R4-3-305. FR-435
 R4-3-306. FR-435
 R4-3-307. FR-435
 R4-3-308. FR-435
 R4-3-309. FR-435
 R4-3-310. FR-435
 R4-3-401. FR-435
 R4-3-402. FR-435
 R4-3-403. FR-435
 R4-3-404. FR-435
 R4-3-405. FR-435
 R4-3-406. FR-435
 R4-3-407. FR-435
 R4-3-408. FR-435
 R4-3-409. FR-435
 R4-3-410. FR-435
 R4-3-411. FR-435
 R4-3-412. FR-435
 R4-3-412.01. FR-435
 R4-3-413. FR-435
 R4-3-414. FR-435
 Table 1. FR-435

Child Safety, Department of - Adoption Agency Licensing

R21-9-202. PN-738
 R21-9-207. PN-738

Clean Elections Commission, Citizens

R2-20-106. FXM-107
 R2-20-109. FXM-109
 R2-20-111. FXM-111

Constable Ethics, Standards and Training Board

R13-14-101. FN-1518
 R13-14-102. FN-1518
 R13-14-103. FN-1518
 R13-14-201. FN-1518
 R13-14-202. FN-1518
 R13-14-203. FN-1518
 R13-14-204. FN-1518
 R13-14-205. FN-1518
 R13-14-301. FN-1518
 R13-14-302. FN-1518

Corporation Commission, Arizona - Fixed Utilities

R14-2-107. PM-1643;
FM-2750

R14-2-108. PN-1643;
 FN-2750
 R14-2-803. PM-1617;
 FM-2468

Corporation Commission, Arizona - Transportation

R14-5-201. PM-2907
 R14-5-202. PM-2907
 R14-5-204. PM-2907

Criminal Justice Commission, Arizona

R10-4-101. FM-377
 R10-4-102. FM-377
 R10-4-103. FM-377
 R10-4-104. FM-377
 R10-4-106. FM-377
 R10-4-107. FM-377
 R10-4-108. FM-377
 R10-4-109. FM-377
 R10-4-110. FM-377
 R10-4-201. FM-377
 R10-4-202. FM-377
 R10-4-203. FM-377
 R10-4-204. FM-377
 R10-4-402. PM-2259
 R10-4-403. PM-2259
 R10-4-404. PM-2259
 R10-4-406. PM-2259

Department Dissolved (previously Department of Weights and Measures)

R20-2-205. EXP-1125

Dispensing Opticians, Board of

R4-20-102. PM-2299
 R4-20-103. PR-2299
 R4-20-104. PR-2299
 R4-20-105. PR-2299
 R4-20-106. PR-2299
 R4-20-107. PM-2299
 R4-20-109. PM-2299
 R4-20-110. PM-2299
 R4-20-112. PM-2299
 R4-20-113. PM-2299
 R4-20-115. PM-2299
 R4-20-119. PM-2299
 R4-20-123. PR-2299
 R4-20-124. PR-2299
 R4-20-125. PR-2299
 R4-20-126. PR-2299
 Table 1. PM-2299

Economic Security, Department of

R6-1-201. F#-1415;
 FN-1415;
 FM-1415
 R6-1-202. F#-1415;
 FM-1415
 R6-1-203. F#-1415;
 FN-1415;
 FM-1415

Economic Security, Department of - Developmental Disabilities



R6-6-301. F#-2013;
FN-2013
R6-6-302. F#-2013;
FM-2013
R6-6-303. FR-2013;
F#-2013;
FM-2013
R6-6-304. FN-2013
R6-6-305. FN-2013
R6-6-306. FN-2013
R6-6-307. FN-2013
R6-6-308. FN-2013
R6-6-309. FN-2013
R6-6-501. FR-2013
R6-6-502. FR-2103
R6-6-503. FR-2013
R6-6-504. FR-2013
R6-6-505. FR-2013

**Economic Security, Department of -
Food Stamps Program**

R6-14-301. EN-2081;
PN-2893
R6-14-302. EN-2081;
PN-2893
R6-14-303. EN-2081;
PN-2893
R6-14-304. EN-2081;
PN-2893
R6-14-305. EN-2081;
PN-2893
R6-14-306. EN-2081;
PN-2893
R6-14-307. EN-2081;
PN-2893
R6-14-308. EN-2081;
PN-2893
R6-14-401. EN-2081;
PN-2893
R6-14-402. EN-2081;
PN-2893
R6-14-403. EN-2081;
PN-2893
R6-14-404. EN-2081;
PN-2893
R6-14-405. EN-2081;
PN-2893
R6-14-406. EN-2081;
PN-2893
R6-14-407. EN-2081;
PN-2893
R6-14-408. EN-2081;
PN-2893
R6-14-409. EN-2081;
PN-2893
R6-14-410. EN-2081;
PN-2893
R6-14-411. EN-2081;
PN-2893
R6-14-412. EN-2081;
PN-2893
R6-14-413. EN-2081;
PN-2893
R6-14-414. EN-2081;
PN-2893

R6-14-415. EN-2081;
PN-2893
R6-14-416. EN-2081;
PN-2893
R6-14-417. EN-2081;
PN-2893
R6-14-501. EN-2081;
PN-2893
R6-14-502. EN-2081;
PN-2893
R6-14-503. EN-2081;
PN-2893
R6-14-504. EN-2081;
PN-2893
R6-14-505. EN-2081;
PN-2893
R6-14-506. EN-2081;
PN-2893
R6-14-507. EN-2081;
PN-2893

**Economic Security, Department of -
Social Services**

R6-5-3301. PN-2357
R6-5-3302. PN-2357
R6-5-3303. PN-2357
R6-5-3304. PN-2357
R6-5-3305. PN-2357
R6-5-3306. PN-2357
R6-5-3307. PN-2357

**Economic Security, Department of -
Unemployment Insurance**

R6-3-51140. FM-1417
R6-3-5205. FM-1417
R6-3-5240. FM-1417
R6-3-52235. FM-1417
R6-3-55460. FM-1417

Education, State Board of

R7-2-301. FXM-691
R7-2-302. FXM-691
R7-2-401. FXM-140
R7-2-604.03. FXM-195
R7-2-604.04. FXM-195
R7-2-604.05. FXN-195
R7-2-606. FXM-1427
R7-2-607. FXM-195
R7-2-608. FXM-195
R7-2-609. FXM-195;
FXM-2947
R7-2-609.01. FXN-791
R7-2-610. FXM-195
R7-2-610.01. FXN-195
R7-2-610.02. FXN-195;
FXM-2947
R7-2-611. FXM-195;
FXM-1427
R7-2-612. FXM-195;
FXM-694
R7-2-612.01. FXM-694
R7-2-613. FXM-195
R7-2-614. FXM-195;
FXM-2947
R7-2-616. FXM-195

R7-2-617. FXM-195;
FXM-2947
R7-2-619. FXM-195
R7-2-621. FXM-195
R7-2-810. FXN-146

**Environmental Quality, Department
of - Air Pollution Control**

R18-2-220. PM-2615
R18-2-731. PM-501;
FM-1864
R18-2-901. PM-501;
FEM-1564;
FM-1864
R18-2-1001. PM-2801
R18-2-1002. PM-2801
R18-2-1003. PM-2801
R18-2-1005. PM-2801
R18-2-1006. PM-2801
R18-2-1007. PM-2801
R18-2-1008. PM-2801
R18-2-1009. PM-2801
R18-2-1010. PM-2801
R18-2-1011. PM-2801
R18-2-1012. PM-2801
R18-2-1013. PR-2801
R18-2-1016. PM-2801
R18-2-1017. PM-2801
R18-2-1018. PM-2801
R18-2-1019. PM-2801
R18-2-1020. PM-2801
R18-2-1022. PM-2801
R18-2-1023. PM-2801
R18-2-1025. PM-2801
R18-2-1026. PM-2801
R18-2-1027. PR-2801
R18-2-1028. PR-2801
R18-2-1031. PR-2801
Table 5. PM-2801
R18-2-1101. FEM-1564
Appendix 2. FEM-1564
R18-2-1601. EXP-2500
R18-2-1602. EXP-2500
R18-2-1603. EXP-2500
R18-2-1604. EXP-2500
R18-2-1605. EXP-2500
R18-2-1606. EXP-2500
R18-2-1607. EXP-2500
R18-2-1608. EXP-2500
R18-2-1609. EXP-2500

Equalization, State Board of

R16-4-101. PN-619
R16-4-102. PN-619
R16-4-103. PN-619
R16-4-104. PN-619
R16-4-105. PN-619
R16-4-106. PN-619
R16-4-107. PN-619
R16-4-108. PN-619
R16-4-109. PN-619
R16-4-110. PN-619
R16-4-111. PN-619
R16-4-112. PN-619
R16-4-113. PN-619
R16-4-114. PN-619

R16-4-115.	PN-619	R12-4-321.	PM-529;	R9-5-603.	PEM-2471	
R16-4-116.	PN-619		SPM-1936;	Health Services, Department of -		
R16-4-117.	PN-619		SPM-2910	Communicable Diseases and Infes-		
Game and Fish Commission		R12-4-322.	PM-529;	tations		
R12-4-101.	PM-529;		SPM-1936;	R9-6-601.	FEM-261	
	SPM-1936;	R12-4-401.	SPM-2910	R9-6-701.	PEM-745;	
	SPM-2910		PM-529;		FEM-2682	
R12-4-216.	PM-529;		SPM-1936;	R9-6-702.	PEM-745;	
	SPM-1936;	R12-4-601.	SPM-2910		FEM-2682	
	SPM-2910		FE#-393;	Table 7.1.	PEN-745;	
R12-4-301.	PM-529;	R12-4-602.	FEN-393		FEN-2682	
	SPM-1936;		FE#-393;	Table 7.2.	PEN-745;	
	SPM-2910	R12-4-603.	FEM-393		FEN-2682	
R12-4-302.	PM-529;		FE#-393;	R9-6-703.	PEM-745;	
	SPM-1936;	R12-4-604.	FEM-393		FEM-2682	
	SPM-2910		FE#-393	R9-6-704.	PEM-745;	
R12-4-303.	PM-529;	R12-4-605.	FEM-393		FEM-2682	
	SPM-1936;		FE#-393;	R9-6-705.	PEM-745;	
	SPM-2910	R12-4-606.	FEM-393		FEM-2682	
R12-4-304.	PM-529;		FE#-393;	R9-6-706.	PEM-745;	
	SPM-1936;	R12-4-607.	FEM-393		FEM-2682	
	SPM-2910		FE#-393;	R9-6-707.	PEM-745;	
R12-4-305.	PM-529;	R12-4-608.	FEN-393		FEM-2682	
	SPM-1936;	R12-4-609.	FEM-393	Table 1.	PER-745;	
	SPM-2910	R12-4-610.	FEM-393		FER-2682	
R12-4-306.	PM-529;	R12-4-611.	FEM-393	Table 2.	PER-745;	
	SPM-1936	R12-4-901.	FE#-407		FER-2682	
R12-4-307.	PM-529;	R12-4-902.	FE#-407;	R9-6-708.	PEM-745;	
	SPM-1936;		FEM-407		FEM-2682	
	SPM-2910	R12-4-1101.	FE#-407	R9-6-801.	PEM-1650;	
R12-4-308.	PM-529;	R12-4-1102..	FE#-407		FEM-2758	
	SPM-1936	Governor's Regulatory Review			R9-6-802.	PEM-1650;
R12-4-309.	PM-529;	Council				FEM-2758
	SPM-1936;	R1-6-101.	PM-2007	R9-6-1001.	PEM-1973;	
	SPM-2910	R1-6-105.	PN-2007		FEM-2761	
R12-4-310.	PM-529;	R1-6-201.	PM-2007	R9-6-1002.	PEM-1973	
	SPM-1936;	R1-6-202.	PM-2007	R9-6-1004.	PEM-1973;	
	SPM-2910	R1-6-301.	PM-2007		FEM-2761	
R12-4-311.	PM-529;	R1-6-302.	PM-2007	R9-6-1005.	PEM-1973;	
	SPM-1936;	R1-6-303.	PM-2007		FEM-2761	
	SPM-2910	R1-6-401.	PM-2007	R9-6-1006.	PEM-1973;	
R12-4-313.	PM-529;				FEM-2761	
	SPM-1936;	Health Services, Department of -			Health Services, Department of -	
	SPM-2910	Child Care Facilities			Emergency Medical Services	
R12-4-314.	PN-529;	R9-5-101.	PEM-2471	R9-25-301.	FEM-268;	
	SPN-1936;	R9-5-201.	PEM-2471		PEM-2492	
	SPN-2910	R9-5-202.	PEM-2471	R9-25-303.	PEM-2492	
R12-4-315.	PR-529;	Table 2.1.	PEM-2471	R9-25-305.	FEM-268;	
	SPR-1936;	R9-5-203.	PEM-2471		PEM-2492	
	SPR-2910	R9-5-205.	PEM-2471	Table 8.1.	PEM-2492	
R12-4-316.	PR-529;	R9-5-208.	PEM-2471	R9-25-306.	FEM-268	
	SPR-1936;	R9-5-301.	PEM-2471		FEM-268	
	SPR-2910	R9-5-303.	PEM-2471	R9-25-401.	FEM-268	
R12-4-317.	PR-529;	R9-5-305.	PEM-2471	R9-25-402.	FEM-268	
	SPR-1936;	R9-5-307.	PEM-2471	R9-25-403.	FEM-268	
	SPR-2910	R9-5-310.	PEM-2471	R9-25-405.	FEM-268	
R12-4-318.	PM-529;	R9-5-402.	PEM-2471	R9-25-406.	FEM-268	
	SPM-1936;	R9-5-403.	PEM-2471	R9-25-407.	FEM-268	
	SPM-2910	R9-5-501.	PEM-2471	R9-25-408.	FEM-268	
R12-4-319.	PM-529;	R9-5-507.	PEM-2471	R9-25-409.	FEM-268	
	SPM-1936;	Table 5.1.	PEM-2471	R9-25-502.		
	SPM-2910	R9-5-517.	PEM-2471	Table 12.1.	FEM-268	
R12-4-320.	PM-529;	R9-5-601.	PEM-2471	R9-25-1003.	PEM-2492	
	SPM-1936;	R9-5-602.	PEM-2471	Health Services, Department of -		
	SPM-2910			Food, Recreational, and Institu-		

tional Sanitation

R9-8-102. PM-99;
FM-1817
R9-8-201. FEM-263
R9-8-203. FEM-263
R9-8-205. FEM-263
R9-8-206. FEM-263
R9-8-301. FEM-389
R9-8-302. FEM-389
R9-8-303. FEM-389
R9-8-304. FEM-389
R9-8-306. FER-389
R9-8-307. FER-389
R9-8-401. FEM-266
R9-8-402. FEM-266

**Health Services, Department of -
Health Care Institutions: Licensing**

R9-10-101. PM-1901
R9-10-102. PM-1901
R9-10-106. PM-1901
R9-10-120. EM-303;
FN-657
R9-10-223. PM-1922
R9-10-1021. PM-1901
R9-10-1302. PEM-1977;
FEM-2764
R9-10-1307. PEM-1977;
FEM-2764
R9-10-1309. PEM-1977;
FEM-2764
R9-10-1310. PEM-1977;
FEM-2764
R9-10-1312. PEM-1977;
FEM-2764
R9-10-1501. PM-1922
R9-10-1502. PM-1922
R9-10-1503. PM-1922
R9-10-1504. P#-1922;
PN-1922
R9-10-1505. P#-1922;
PM-1922
R9-10-1506. P#-1922;
PM-1922
R9-10-1507. P#-1922;
PM-1922
R9-10-1508. P#-1922;
PM-1922
R9-10-1509. P#-1922;
PM-1922
R9-10-1510. P#-1922;
PM-1922
R9-10-1511. P#-1922;
PM-1922
R9-10-1512. P#-1922;
PM-1922
R9-10-1513. P#-1922;
PM-1922
R9-10-1514. P#-1922;
PM-1922
R9-10-1515. PR-1922;
P#-1922;
PM-1922
R9-10-2001. PN-1901
R9-10-2002. PN-1901
R9-10-2003. PN-1901

R9-10-2004. PN-1901
R9-10-2005. PN-1901
R9-10-2006. PN-1901
R9-10-2007. PN-1901
R9-10-2008. PN-1901
R9-10-2009. PN-1901
R9-10-2010. PN-1901

**Health Services, Department of -
Noncommunicable Diseases**

R9-4-601. PN-93;
EM-630;
FN-783
R9-4-602. PN-93;
EM-630;
FN-783

**Health Services, Department of -
Radiation Control**

R9-7-101. RC-813
R9-7-102. RC-813;
PEM-1325;
FEM-2151
R9-7-103. RC-813;
PEM-1325;
FEM-2151
R9-7-104. RC-813
R9-7-105. RC-813
R9-7-106. RC-813
R9-7-107. RC-813
R9-7-201. RC-813
R9-7-202. RC-813
R9-7-203. RC-813
R9-7-204. RC-813
R9-7-205. RC-813
R9-7-206. RC-813
R9-7-207. RC-813
R9-7-208. RC-813
R9-7-209. RC-813
Appendix A.
R9-7-301. RC-813
R9-7-302. RC-813;
PEM-1325;
FEM-2151
R9-7-303. RC-813;
PEM-1325;
FEM-2151
R9-7-304. RC-813;
PEM-1325;
FEM-2151
R9-7-305. RC-813;
PEM-1325;
FEM-2151
R9-7-306. RC-813;
PEM-1325;
FEM-2151
R9-7-308. RC-813
R9-7-309. RC-813
R9-7-310. RC-813
R9-7-311. RC-813;
PEM-1325;
FEM-2151
R9-7-312. RC-813
R9-7-313. RC-813;
PEM-1325;
FEM-2151

R9-7-314. RC-813
R9-7-315. RC-813
R9-7-316. RC-813
R9-7-317. RC-813
R9-7-318. RC-813
R9-7-319. RC-813
R9-7-320. RC-813
R9-7-322. RC-813
R9-7-323. RC-813;
PEM-1325;
FEM-2151
R9-7-324. RC-813
R9-7-325. RC-813
Exhibit A. RC-813
Exhibit B. RC-813
Exhibit C. RC-813
Exhibit D. RC-813
Exhibit E. RC-813
R9-7-401. RC-813
R9-7-402. RC-813
R9-7-403. RC-813
R9-7-404. RC-813
R9-7-405. RC-813
R9-7-406. RC-813
R9-7-407. RC-813
R9-7-408. RC-813;
PEM-1325;
FEM-2151
R9-7-409. RC-813
R9-7-410. RC-813
R9-7-411. RC-813
R9-7-412. RC-813
R9-7-413. RC-813
R9-7-414. RC-813
R9-7-415. RC-813;
PEM-1325;
FEM-2151
R9-7-416. RC-813
R9-7-417. RC-813;
PEM-1325;
FEM-2151
R9-7-418. RC-813;
PEM-1325;
FEM-2151
R9-7-419. RC-813;
PEM-1325;
FEM-2151
R9-7-420. RC-813
R9-7-421. RC-813
R9-7-422. RC-813
R9-7-423. RC-813
R9-7-424. RC-813
R9-7-425. RC-813
R9-7-426. RC-813
R9-7-427. RC-813
R9-7-428. RC-813
R9-7-429. RC-813
R9-7-430. RC-813
R9-7-431. RC-813
R9-7-432. RC-813
R9-7-433. RC-813
R9-7-434. RC-813
R9-7-435. RC-813
R9-7-436. RC-813
R9-7-437. RC-813
R9-7-438. RC-813

R9-7-438.01.	RC-813	R9-7-611.	RC-813	R9-7-745.	RC-813
R9-7-439.	RC-813	R9-7-611.01.	RC-813;	R9-7-746.	RC-813
R9-7-440.	RC-813		PEM-1325;	Exhibit A.	RC-813
R9-7-441.	RC-813		FEM-2151	R9-7-801.	RC-813
R9-7-442.	RC-813	R9-7-611.02.	RC-813	R9-7-802.	RC-813
R9-7-443.	RC-813	R9-7-612.	RC-813	R9-7-803.	RC-813
R9-7-444.	RC-813	R9-7-613.	RC-813;	R9-7-804.	RC-813
R9-7-445.	RC-813		PEM-1325;	R9-7-805.	RC-813
R9-7-446.	RC-813		FEM-2151	R9-7-806.	RC-813
R9-7-447.	RC-813	R9-7-614.	RC-813	R9-7-807.	RC-813
R9-7-448.	RC-813;	R9-7-615.	RC-813	R9-7-808.	RC-813
	PEM-1325;	Appendix A.	RC-813	R9-7-809.	RC-813
	FEM-2151	R9-7-701.	RC-813	R9-7-901.	RC-813
R9-7-449.	RC-813	R9-7-702.	RC-813	R9-7-902.	RC-813
R9-7-450.	RC-813	R9-7-703.	RC-813	R9-7-903.	RC-813
R9-7-451.	RC-813;	R9-7-704.	RC-813	R9-7-904.	RC-813
	PEM-1325;	R9-7-705.	RC-813	R9-7-905.	RC-813
	FEM-2151	R9-7-706.	RC-813	R9-7-906.	RC-813
R9-7-452.	RC-813	R9-7-707.	RC-813	R9-7-907.	RC-813
Table 4.1.	RC-813	R9-7-708.	RC-813	R9-7-908.	RC-813
R9-7-453.	RC-813	R9-7-709.	RC-813	R9-7-909.	RC-813
R9-7-454.	RC-813	R9-7-710.	RC-813;	R9-7-910.	RC-813
R9-7-455.	RC-813		PEM-1325;	R9-7-911.	RC-813
Appendix A.	RC-813		FEM-2151	R9-7-913.	RC-813
Appendix B.	RC-813	R9-7-711.	RC-813;	R9-7-914.	RC-813
Appendix C.	RC-813		PEM-1325;	Appendix A.	RC-813
Appendix D.	RC-813		FEM-2151	R9-7-1001.	RC-813
R9-7-501.	RC-813	R9-7-712.	RC-813	R9-7-1002.	RC-813
R9-7-502.	RC-813	R9-7-713.	RC-813	R9-7-1003.	RC-813
R9-7-503.	RC-813	R9-7-714.	RC-813	R9-7-1004.	RC-813
R9-7-504.	RC-813	R9-7-715.	RC-813	R9-7-1005.	RC-813
R9-7-505.	RC-813	R9-7-716.	RC-813	R9-7-1006.	RC-813;
R9-7-506.	RC-813	R9-7-717.	RC-813		PEM-1325;
R9-7-507.	RC-813	R9-7-718.	RC-813		FEM-2151
R9-7-508.	RC-813	R9-7-719.	RC-813;	R9-7-1007.	RC-813
R9-7-509.	RC-813		PEM-1325;	R9-7-1008.	RC-813
R9-7-510.	RC-813		FEM-2151	Exhibit A.	RC-813
R9-7-512.	RC-813	R9-7-720.	RC-813	R9-7-1102.	RC-813
R9-7-513.	RC-813	R9-7-721.	RC-813;	R9-7-1104.	RC-813
R9-7-514.	RC-813		PEM-1325;	R9-7-1106.	RC-813
R9-7-515.	RC-813		FEM-2151	R9-7-1108.	RC-813
R9-7-516.	RC-813	Exhibit A.	PEM-1325;	R9-7-1110.	RC-813
R9-7-517.	RC-813		FEM-2151	R9-7-1112.	RC-813
R9-7-518.	RC-813	R9-7-722.	RC-813	R9-7-1114.	RC-813
R9-7-522.	RC-813	R9-7-723.	RC-813	R9-7-1116.	RC-813
R9-7-523.	RC-813	R9-7-724.	RC-813	R9-7-1118.	RC-813
R9-7-524.	RC-813	R9-7-725.	RC-813	R9-7-1120.	RC-813
R9-7-525.	RC-813	R9-7-726.	RC-813	R9-7-1122.	RC-813
R9-7-531.	RC-813	R9-7-727.	RC-813	R9-7-1126.	RC-813
R9-7-532.	RC-813	R9-7-728.	RC-813	R9-7-1128.	RC-813
R9-7-533.	RC-813	R9-7-729.	RC-813	R9-7-1130.	RC-813
R9-7-535.	RC-813	R9-7-730.	RC-813	R9-7-1132.	RC-813
R9-7-539.	RC-813	R9-7-731.	RC-813	R9-7-1134.	RC-813
R9-7-540.	RC-813	R9-7-732.	RC-813	R9-7-1136.	RC-813
R9-7-543.	RC-813	R9-7-733.	RC-813	R9-7-1138.	RC-813
Appendix A.	RC-813	R9-7-734.	RC-813	R9-7-1140.	RC-813
R9-7-602.	RC-813	R9-7-735.	RC-813	R9-7-1142.	RC-813
R9-7-603.	RC-813	R9-7-736.	RC-813	R9-7-1146.	RC-813
R9-7-604.	RC-813	R9-7-737.	RC-813	Appendix A.	RC-813
R9-7-605.	RC-813	R9-7-738.	RC-813	R9-7-1201.	RC-813
R9-7-606.	RC-813	R9-7-739.	RC-813	R9-7-1202.	RC-813
R9-7-607.	RC-813	R9-7-740.	RC-813	R9-7-1203.	RC-813
R9-7-608.	RC-813	R9-7-741.	RC-813	R9-7-1204.	RC-813
R9-7-609.	RC-813	R9-7-742.	RC-813	R9-7-1205.	RC-813
R9-7-610.	RC-813	R9-7-743.	RC-813	R9-7-1207.	RC-813
R9-7-610.01.	RC-813	R9-7-744.	RC-813	R9-7-1209.	RC-813

R9-7-1210.	RC-813	R9-7-1503.	RC-813	R9-7-1943.	RC-813;
R9-7-1211.	RC-813	R9-7-1504.	RC-813		PEM-1325;
R9-7-1212.	RC-813	R9-7-1505.	RC-813		FEM-2151
R9-7-1213.	RC-813	R9-7-1506.	RC-813	R9-7-1945.	RC-813
R9-7-1214.	RC-813	R9-7-1507.	RC-813;	R9-7-1947.	RC-813
R9-7-1215.	RC-813		PEM-1325;	R9-7-1949.	RC-813
R9-7-1216.	RC-813		FEM-2151	R9-7-1951.	RC-813
R9-7-1217.	RC-813	R9-7-1508.	RC-813;	R9-7-1953.	RC-813
R9-7-1218.	RC-813		PEM-1325;	R9-7-1955.	RC-813
R9-7-1219.	RC-813		FEM-2151	R9-7-1957.	RC-813
R9-7-1220.	RC-813	R9-7-1509.	RC-813	R9-7-1971.	RC-813
R9-7-1222.	RC-813	R9-7-1510.	RC-813;	R9-7-1973.	RC-813
R9-7-1223.	RC-813		PEM-1325;	R9-7-1975.	RC-813;
Table A.	RC-813		FEM-2151		PEM-1325;
R9-7-1301.	RC-813	R9-7-1511.	RC-813		FEM-2151
R9-7-1302.	RC-813	R9-7-1512.	RC-813;	R9-7-1977.	RC-813;
R9-7-1303.	RC-813		PEM-1325;		PEM-1325;
R9-7-1304.	RC-813		FEM-2151		FEM-2151
R9-7-1305.	RC-813	R9-7-1513.	RC-813	R9-7-1979.	RC-813
R9-7-1306.	RC-813	R9-7-1515.	RC-813;	R9-7-1981.	RC-813
R9-7-1307.	RC-813		PEM-1325;	R9-7-19101.	RC-813;
R9-7-1308.	RC-813		FEM-2151		PEM-1325;
R9-7-1309.	RC-813	R9-7-1701.	RC-813		FEM-2151
Table 1.	RC-813	R9-7-1702.	RC-813	R9-7-19103.	RC-813
R9-7-1401.	RC-813	R9-7-1703.	RC-813	R9-7-19105.	RC-813
R9-7-1402.	RC-813	R9-7-1712.	RC-813	R9-7-19107.	RC-813
R9-7-1403.	RC-813	R9-7-1713.	RC-813	R9-7-19109.	RC-813
R9-7-1404.	RC-813	R9-7-1714.	RC-813	Appendix A.	RC-813
R9-7-1405.	RC-813	R9-7-1715.	RC-813		
R9-7-1406.	RC-813	R9-7-1716.	RC-813		
R9-7-1407.	RC-813	R9-7-1717.	RC-813		
R9-7-1408.	RC-813	R9-7-1718.	RC-813		
R9-7-1409.	RC-813	R9-7-1719.	RC-813		
R9-7-1410.	RC-813	R9-7-1720.	RC-813		
R9-7-1412.	RC-813	R9-7-1721.	RC-813		
R9-7-1413.	RC-813	R9-7-1722.	RC-813		
R9-7-1414.	RC-813	R9-7-1723.	RC-813		
R9-7-1415.	RC-813	R9-7-1724.	RC-813		
R9-7-1416.	RC-813	R9-7-1725.	RC-813		
R9-7-1418.	RC-813	R9-7-1726.	RC-813		
R9-7-1421.	RC-813	R9-7-1727.	RC-813		
R9-7-1422.	RC-813	R9-7-1728.	RC-813		
R9-7-1423.	RC-813	R9-7-1731.	RC-813		
R9-7-1425.	RC-813	R9-7-1732.	RC-813		
R9-7-1426.	RC-813	R9-7-1733.	RC-813		
R9-7-1427.	RC-813	R9-7-1734.	RC-813		
R9-7-1429.	RC-813	R9-7-1741.	RC-813		
R9-7-1433.	RC-813	R9-7-1742.	RC-813		
R9-7-1434.	RC-813	R9-7-1743.	RC-813		
R9-7-1435.	RC-813	R9-7-1751.	RC-813		
R9-7-1436.	RC-813	R9-7-1901.	RC-813		
R9-7-1437.	RC-813	R9-7-1903.	RC-813		
R9-7-1438.	RC-813	R9-7-1905.	RC-813		
R9-7-1438.01.	RC-813	R9-7-1907.	RC-813		
R9-7-1439.	RC-813	R9-7-1909.	RC-813		
R9-7-1440.	RC-813	R9-7-1911.	RC-813		
R9-7-1441.	RC-813	R9-7-1921.	RC-813		
R9-7-1442.	RC-813	R9-7-1923.	RC-813		
R9-7-1443.	RC-813	R9-7-1925.	RC-813		
R9-7-1444.	RC-813	R9-7-1927.	RC-813;		
Appendix A.	RC-813		PEM-1325;		
Appendix B.	RC-813		FEM-2151		
Appendix C.	RC-813	R9-7-1929.	RC-813		
Appendix D.	RC-813	R9-7-1931.	RC-813		
R9-7-1501.	RC-813	R9-7-1933.	RC-813		
R9-7-1502.	RC-813	R9-7-1941.	RC-813		

Industrial Commission of Arizona

R20-5-106.	PM-565;
	FM-2069
R20-5-601.	FM-2316
R20-5-602.	FM-2316
R20-5-629.	FM-2263
R20-5-1301.	PM-565;
	FM-2069
R20-5-1302.	PM-565;
	FM-2069
R20-5-1303.	PM-565;
	FM-2069
R20-5-1309.	PM-565;
	FM-2069
R20-5-1310.	PM-565;
	FM-2069
R20-5-1311.	PM-565;
	FM-2069

Insurance, Department of

R20-6-607.	FM-103
------------	--------

Land Department, State

R12-5-921.	EXP-764
------------	---------

Manufactured Housing, Board of

R4-34-101.	PM-165;
	FM-1499
R4-34-102.	PM-165;
	FM-1499
R4-34-103.	PM-165;
	FM-1499
R4-34-104.	PR-165;
	FR-1499
R4-34-201.	PM-165;
	FM-1499

R4-34-202.	PM-165; FM-1499	Medical Board, Arizona		Nursing, Board of	
R4-34-203.	PM-165; FM-1499	R4-16-101.	PM-1851	R4-19-511.	EM-1678
R4-34-204.	PM-165; FM-1499	R4-16-102.	FM-182; PM-1851	Nursing Care Institution Adminis- trators and Assisted Living Facility Managers, Board of Examiners for	
R4-34-301.	PM-165; FM-1499	R4-16-103.	PM-1851	R4-33-101.	PM-721; FM-2734
R4-34-302.	PM-165; FM-1499	R4-16-201.1.	FM-182	R4-33-103.	PM-721; FM-2734
R4-34-303.	PM-165; FM-1499	R4-16-205.	FM-182	Table 1.	PM-721; FM-2734
R4-34-401.	PM-165; FM-1499	R4-16-401.	PM-1851	R4-33-104.	PM-721; FM-2734
R4-34-402.	PM-165; FM-1499	R4-16-402.	PM-1851	R4-33-201.	PM-721; FM-2734
R4-34-501.	PM-165; FM-1499	Mine Inspector, State - Aggregate Mined Land Reclamation		R4-33-202.	PM-721; FM-2734
R4-34-502.	PM-165; FM-1499	R11-3-101.	PN-2540	R4-33-204.	PM-721; FM-2734
R4-34-503.	PR-165; FR-1499	R11-3-102.	PN-2540	R4-33-206.	PM-721; FM-2734
R4-34-504.	PM-165; FM-1499	R11-3-103.	PN-2540	R4-33-301.	PM-721; FM-2734
R4-34-505.	PM-165; FM-1499	R11-3-201.	PN-2540	R4-33-701.	PM-721; FM-2734
R4-34-506.	PR-165; FR-1499	R11-3-202.	PN-2540	R4-33-702.	PM-721; FM-2734
R4-34-601.	PR-165; FR-1499	R11-3-203.	PN-2540	R4-33-703.	PM-721; FM-2734
R4-34-603.	PM-165; FM-1499	R11-3-204.	PN-2540	R4-33-703.1.	PN-721; FN-2734
R4-34-604.	PR-165; FR-1499	R11-3-205.	PN-2540	R4-33-704.	PM-721; FM-2734
R4-34-605.	PM-165; FM-1499	R11-3-206.	PN-2540	R4-33-704.1.	PN-721; FN-2734
R4-34-606.	PM-165; FM-1499	R11-3-207.	PN-2540	R4-33-705.	PM-721; FM-2734
R4-34-607.	PM-165; FM-1499	R11-3-208.	PN-2540	R4-33-705.1.	PN-721; FN-2734
R4-34-701.	PM-165; FM-1499	R11-3-209.	PN-2540	R4-33-706.	PM-721; FM-2734
R4-34-702.	PM-165; FM-1499	R11-3-210.	PN-2540	Optometry, Board of	
R4-34-703.	PM-165; FM-1499	R11-3-211.	PN-2540	R4-21-101.	PM-2057
R4-34-704.	PM-165; FM-1499	R11-3-212.	PN-2540	R4-21-209.	PM-2057
R4-34-705.	PM-165; FM-1499	R11-3-301.	PN-2540	R4-21-210.	PM-2057
R4-34-706.	PM-165; FM-1499	R11-3-302.	PN-2540	R4-21-211.	PM-2057
R4-34-707.	PN-165; FN-1499	R11-3-401.	PN-2540	Pharmacy, Board of	
R4-34-801.	PM-165; FM-1499	R11-3-402.	PN-2540	R4-23-110.	PM-2387
R4-34-802.	PM-165; FM-1499	R11-3-501.	PN-2540	R4-23-202.	PM-2387
R4-34-803.	PR-165; FR-1499	R11-3-502.	PN-2540	R4-23-203.	PM-2387
R4-34-804.	PR-165; FR-1499	R11-3-503.	PN-2540	R4-23-205.	PM-2387
R4-34-805.	PM-165; FM-1499	R11-3-504.	PN-2540	R4-23-301.	PM-2387
R4-34-1001.	PM-165; FM-1499	R11-3-505.	PN-2540	R4-23-302.	PM-2387
		R11-3-601.	PN-2540	R4-23-407.	PM-2387
		R11-3-602.	PN-2540	R4-23-407.1.	PM-2387
		R11-3-603.	PN-2540	R4-23-411.	PM-2387
		R11-3-701.	PN-2540	R4-23-601.	PM-2387
		R11-3-702.	PN-2540	R4-23-602.	PM-2387
		R11-3-703.	PN-2540	R4-23-603.	PM-2387
		R11-3-704.	PN-2540	R4-23-604.	PM-2387
		R11-3-705.	PN-2540	R4-23-605.	PM-2387
		R11-3-801.	PN-2540	R4-23-606.	PM-2387
		R11-3-802.	PN-2540	R4-23-607.	PM-2387
		R11-3-803.	PN-2540		
		R11-3-804.	PN-2540		
		R11-3-805.	PN-2540		
		R11-3-806.	PN-2540		
		R11-3-807.	PN-2540		
		R11-3-808.	PN-2540		
		R11-3-809.	PN-2540		
		R11-3-810.	PN-2540		
		R11-3-811.	PN-2540		
		R11-3-812.	PN-2540		
		R11-3-813.	PN-2540		
		R11-3-814.	PN-2540		
		R11-3-815.	PN-2540		
		R11-3-816.	PN-2540		
		R11-3-817.	PN-2540		
		R11-3-818.	PN-2540		
		R11-3-819.	PN-2540		
		R11-3-820.	PN-2540		
		R11-3-821.	PN-2540		



R4-23-676.	PN-2387	R19-2-D607.	FN-445	R12-1-417.	RC-813
R4-23-692.	PM-2387	Table 1.	FN-445	R12-1-418.	RC-813
R4-23-693.	PM-2387	Table 2.	FN-445	R12-1-419.	RC-813
R4-23-1102.	PM-2387			R12-1-420.	RC-813
R4-23-1103.	PM-2387	Radiation Regulatory Agency		R12-1-421.	RC-813
R4-23-1105.	PM-2387	R12-1-101.	RC-813	R12-1-422.	RC-813
Physician Assistants, Arizona Regulatory Board of		R12-1-102.	RC-813	R12-1-423.	RC-813
R4-17-203.	PM-2731	R12-1-103.	RC-813	R12-1-424.	RC-813
Public Safety, Department of - School Buses		R12-1-104.	RC-813	R12-1-425.	RC-813
R13-13-101.	PM-609;	R12-1-105.	RC-813	R12-1-426.	RC-813
	FM-2306	R12-1-106.	RC-813	R12-1-427.	RC-813
R13-13-102.	PM-609;	R12-1-107.	RC-813	R12-1-428.	RC-813
	FM-2306	R12-1-201.	RC-813	R12-1-429.	RC-813
R13-13-106.	PEM-685;	R12-1-202.	RC-813	R12-1-430.	RC-813
	FEM-2267	R12-1-203.	RC-813	R12-1-431.	RC-813
		R12-1-204.	RC-813	R12-1-432.	RC-813
		R12-1-205.	RC-813	R12-1-433.	RC-813
		R12-1-206.	RC-813	R12-1-434.	RC-813
		R12-1-207.	RC-813	R12-1-435.	RC-813
		R12-1-208.	RC-813	R12-1-436.	RC-813
		R12-1-209.	RC-813	R12-1-437.	RC-813
		Appendix A.	RC-813	R12-1-438.	RC-813
Psychologist Examiners, Board of		R12-1-301.	RC-813	R12-1-438.01.	RC-813
R4-26-403.	PM-1855	R12-1-302.	RC-813	R12-1-439.	RC-813
R4-26-404.2.	PN-1855	R12-1-303.	RC-813	R12-1-440.	RC-813
R4-26-407.	PM-1855	R12-1-304.	RC-813	R12-1-441.	RC-813
R4-26-409.	PM-1855	R12-1-305.	RC-813	R12-1-442.	RC-813
Racing Commission, Arizona		R12-1-306.	RC-813	R12-1-443.	RC-813
R19-2-523.	XM-2962	R12-1-308.	RC-813	R12-1-444.	RC-813
R19-2-601.	F#-445;	R12-1-309.	RC-813	R12-1-445.	RC-813
	FM-445	R12-1-310.	RC-813	R12-1-446.	RC-813
R19-2-602.	F#-445;	R12-1-311.	RC-813	R12-1-447.	RC-813
	FM-445	R12-1-312.	RC-813	R12-1-448.	RC-813
R19-2-603.	F#-445;	R12-1-313.	RC-813	R12-1-449.	RC-813
	FM-445	R12-1-314.	RC-813	R12-1-450.	RC-813
R19-2-604.	F#-445;	R12-1-315.	RC-813	R12-1-451.	RC-813
	FM-445	R12-1-316.	RC-813	R12-1-452.	RC-813
R19-2-605.	F#-445;	R12-1-317.	RC-813	Table 1.	RC-813
	FM-445	R12-1-318.	RC-813	R12-1-453.	RC-813
R19-2-606.	F#-445;	R12-1-319.	RC-813	R12-1-454.	RC-813
	FM-445	R12-1-320.	RC-813	R12-1-455.	RC-813
R19-2-A601.	FN-445	R12-1-322.	RC-813	Appendix A.	RC-813
R19-2-A602.	FN-445	R12-1-323.	RC-813	Appendix B.	RC-813
R19-2-B601.	FN-445	R12-1-324.	RC-813	Appendix C.	RC-813
R19-2-B602.	FN-445	R12-1-325.	RC-813	Appendix D.	RC-813
R19-2-B603.	FN-445	Exhibit A.	RC-813	R12-1-501.	RC-813
R19-2-B604.	FN-445	Exhibit B.	RC-813	R12-1-502.	RC-813
R19-2-B605.	FN-445	Exhibit C.	RC-813	R12-1-503.	RC-813
R19-2-B606.	FN-445	Exhibit D.	RC-813	R12-1-504.	RC-813
R19-2-B607.	FN-445	Exhibit E.	RC-813	R12-1-505.	RC-813
R19-2-B608.	FN-445	R12-1-401.	RC-813	R12-1-506.	RC-813
R19-2-B609.	FN-445	R12-1-402.	RC-813	R12-1-507.	RC-813
R19-2-C601.	FN-445	R12-1-403.	RC-813	R12-1-508.	RC-813
R19-2-C602.	FN-445	R12-1-404.	RC-813	R12-1-509.	RC-813
R19-2-C603.	FN-445	R12-1-405.	RC-813	R12-1-510.	RC-813
R19-2-C604.	FN-445	R12-1-406.	RC-813	R12-1-512.	RC-813
R19-2-C605.	FN-445	R12-1-407.	RC-813	R12-1-513.	RC-813
R19-2-C606.	FN-445	R12-1-408.	RC-813	R12-1-514.	RC-813
R19-2-C607.	FN-445	R12-1-409.	RC-813	R12-1-515.	RC-813
R19-2-C608.	FN-445	R12-1-410.	RC-813	R12-1-516.	RC-813
R19-2-C609.	FN-445	R12-1-411.	RC-813	R12-1-517.	RC-813
R19-2-D601.	FN-445	R12-1-412.	RC-813	R12-1-518.	RC-813
R19-2-D602.	FN-445	R12-1-413.	RC-813	R12-1-522.	RC-813
R19-2-D603.	FN-445	R12-1-414.	RC-813	R12-1-523.	RC-813
R19-2-D604.	FN-445	R12-1-415.	RC-813	R12-1-524.	RC-813
R19-2-D605.	FN-445	R12-1-416.	RC-813	R12-1-525.	RC-813
R19-2-D606.	FN-445				

R12-1-531.	RC-813	R12-1-741.	RC-813	R12-1-1207.	RC-813
R12-1-532.	RC-813	R12-1-742.	RC-813	R12-1-1209.	RC-813
R12-1-533.	RC-813	R12-1-743.	RC-813	R12-1-1210.	RC-813
R12-1-535.	RC-813	R12-1-744.	RC-813	R12-1-1211.	RC-813
R12-1-539.	RC-813	R12-1-745.	RC-813	R12-1-1212.	RC-813
R12-1-540.	RC-813	R12-1-746.	RC-813	R12-1-1213.	RC-813
R12-1-543.	RC-813	Exhibit A.	RC-813	R12-1-1214.	RC-813
Appendix A.	RC-813	R12-1-801.	RC-813	R12-1-1215.	RC-813
R12-1-602.	RC-813	R12-1-802.	RC-813	R12-1-1216.	RC-813
R12-1-603.	RC-813	R12-1-803.	RC-813	R12-1-1217.	RC-813
R12-1-604.	RC-813	R12-1-804.	RC-813	R12-1-1218.	RC-813
R12-1-605.	RC-813	R12-1-806.	RC-813	R12-1-1219.	RC-813
R12-1-606.	RC-813	R12-1-807.	RC-813	R12-1-1220.	RC-813
R12-1-607.	RC-813	R12-1-808.	RC-813	R12-1-1222.	RC-813
R12-1-608.	RC-813	R12-1-809.	RC-813	R12-1-1223.	RC-813
R12-1-609.	RC-813	R12-1-805.	RC-813	Table A.	RC-813
R12-1-610.	RC-813	R12-1-901.	RC-813	R12-1-1301.	RC-813
R12-1-610.01.	RC-813	R12-1-902.	RC-813	R12-1-1302.	RC-813
R12-1-611.	RC-813	R12-1-903.	RC-813	R12-1-1303.	RC-813
R12-1-611.01.	RC-813	R12-1-904.	RC-813	R12-1-1304.	RC-813
R12-1-611.02.	RC-813	R12-1-905.	RC-813	R12-1-1305.	RC-813
R12-1-612.	RC-813	R12-1-906.	RC-813	R12-1-1306.	RC-813
R12-1-613.	RC-813	R12-1-907.	RC-813	R12-1-1307.	RC-813
R12-1-614.	RC-813	R12-1-908.	RC-813	R12-1-1308.	RC-813
R12-1-615.	RC-813	R12-1-909.	RC-813	R12-1-1309.	RC-813
Appendix A.	RC-813	R12-1-910.	RC-813	Table 1.	RC-813
R12-1-701.	RC-813	R12-1-911.	RC-813	R12-1-1401.	RC-813
R12-1-702.	RC-813	R12-1-913.	RC-813	R12-1-1402.	RC-813
R12-1-703.	RC-813	R12-1-914.	RC-813	R12-1-1403.	RC-813
R12-1-704.	RC-813	Appendix A.	RC-813	R12-1-1404.	RC-813
R12-1-705.	RC-813	R12-1-1001.	RC-813	R12-1-1405.	RC-813
R12-1-706.	RC-813	R12-1-1002.	RC-813	R12-1-1406.	RC-813
R12-1-707.	RC-813	R12-1-1003.	RC-813	R12-1-1407.	RC-813
R12-1-708.	RC-813	R12-1-1004.	RC-813	R12-1-1408.	RC-813
R12-1-709.	RC-813	R12-1-1005.	RC-813	R12-1-1409.	RC-813
R12-1-710.	RC-813	R12-1-1006.	RC-813	R12-1-1410.	RC-813
R12-1-711.	RC-813	R12-1-1007.	RC-813	R12-1-1412.	RC-813
R12-1-712.	RC-813	R12-1-1008.	RC-813	R12-1-1413.	RC-813
R12-1-713.	RC-813	Exhibit A.	RC-813	R12-1-1414.	RC-813
R12-1-714.	RC-813	R12-1-1102.	RC-813	R12-1-1415.	RC-813
R12-1-715.	RC-813	R12-1-1104.	RC-813	R12-1-1416.	RC-813
R12-1-716.	RC-813	R12-1-1106.	RC-813	R12-1-1418.	RC-813
R12-1-717.	RC-813	R12-1-1108.	RC-813	R12-1-1421.	RC-813
R12-1-718.	RC-813	R12-1-1110.	RC-813	R12-1-1422.	RC-813
R12-1-719.	RC-813	R12-1-1112.	RC-813	R12-1-1423.	RC-813
R12-1-720.	RC-813	R12-1-1114.	RC-813	R12-1-1425.	RC-813
R12-1-721.	RC-813	R12-1-1116.	RC-813	R12-1-1426.	RC-813
R12-1-722.	RC-813	R12-1-1118.	RC-813	R12-1-1427.	RC-813
R12-1-723.	RC-813	R12-1-1120.	RC-813	R12-1-1429.	RC-813
R12-1-724.	RC-813	R12-1-1122.	RC-813	R12-1-1433.	RC-813
R12-1-725.	RC-813	R12-1-1126.	RC-813	R12-1-1434.	RC-813
R12-1-726.	RC-813	R12-1-1128.	RC-813	R12-1-1435.	RC-813
R12-1-727.	RC-813	R12-1-1130.	RC-813	R12-1-1436.	RC-813
R12-1-728.	RC-813	R12-1-1132.	RC-813	R12-1-1437.	RC-813
R12-1-729.	RC-813	R12-1-1134.	RC-813	R12-1-1438.	RC-813
R12-1-730.	RC-813	R12-1-1136.	RC-813	R12-1-1438.01.	RC-813
R12-1-731.	RC-813	R12-1-1138.	RC-813	R12-1-1439.	RC-813
R12-1-732.	RC-813	R12-1-1140.	RC-813	R12-1-1440.	RC-813
R12-1-733.	RC-813	R12-1-1142.	RC-813	R12-1-1441.	RC-813
R12-1-734.	RC-813	R12-1-1146.	RC-813	R12-1-1442.	RC-813
R12-1-735.	RC-813	Appendix A.	RC-813	R12-1-1443.	RC-813
R12-1-736.	RC-813	R12-1-1201.	RC-813	R12-1-1444.	RC-813
R12-1-737.	RC-813	R12-1-1202.	RC-813	Appendix A.	RC-813
R12-1-738.	RC-813	R12-1-1203.	RC-813	Appendix B.	RC-813
R12-1-739.	RC-813	R12-1-1204.	RC-813	Appendix C.	RC-813
R12-1-740.	RC-813	R12-1-1205.	RC-813	Appendix D.	RC-813

R4-30-303. FM-1785
 R4-30-304. FM-1785
 R4-30-305. FR-1785
 Appendix A. FM-1785
 Appendix B. FR-1785

Transportation, Department of - Administration

R17-1-201. PEM-2556
 R17-1-202. PEM-2556
 Table 1. PEM-2556
 R17-1-701. FN-673
 R17-1-702. FN-673
 R17-1-703. FN-673
 R17-1-704. FN-673
 R17-1-705. FN-673
 R17-1-706. FN-673
 R17-1-707. FN-673
 R17-1-708. FN-673
 R17-1-709. FN-673
 R17-1-710. FN-673
 R17-1-711. FN-673
 R17-1-712. FN-673
 R17-1-713. FN-673
 R17-1-714. FN-673

Transportation, Department of - Commercial Programs

R17-5-202. FM-1549
 R17-5-203. FM-1549
 R17-5-205. FM-1549
 R17-5-206. FM-1549
 R17-5-208. FM-1549
 R17-5-209. FM-1549
 R17-5-212. FM-1549
 R17-5-601. FXM-1725
 R17-5-602. FXM-1725
 R17-5-603. FXM-1725
 R17-5-604. FXM-1725
 R17-5-605. FXM-1725
 R17-5-606. FXM-1725
 R17-5-607. FXM-1725
 R17-5-608. FXM-1725
 R17-5-609. FXR-1725;
 FXN-1725
 R17-5-610. FXM-1725
 R17-5-611. FXM-1725
 R17-5-612. FXM-1725
 R17-5-613. FXM-1725
 R17-5-614. FXN-1725
 R17-5-615. FXN-1725
 R17-5-616. FXN-1725
 R17-5-617. FXN-1725
 R17-5-618. FXN-1725
 R17-5-619. FXN-1725
 R17-5-620. FXN-1725
 R17-5-621. FXN-1725
 R17-5-622. FXN-1725
 R17-5-623. FXN-1725
 R17-5-701. FXM-1725
 R17-5-702. FXR-1725;
 FXN-1725
 R17-5-703. FXR-1725
 R17-5-704. FXR-1725
 R17-5-705. FXR-1725
 R17-5-706. FXM-1725

R17-5-707. FXR-1725
 R17-5-708. FXR-1725
 R17-5-801. FEM-279
 R17-5-802. FEM-279
 R17-5-803. FEM-279
 R17-5-804. FEM-279
 R17-5-805. FEM-279
 R17-5-806. FEM-279
 R17-5-807. FEM-279
 R17-5-808. FEM-279
 R17-5-809. FEM-279
 R17-5-810. FEM-279

Transportation, Department of - Fuel Taxes

R17-8-601. PEM-2625
 R17-8-602. PEM-2625
 R17-8-603. PEM-2625
 R17-8-604. PEM-2625
 R17-8-605. PEM-2625
 R17-8-606. PEM-2625
 R17-8-607. PEM-2625
 R17-8-608. PEM-2625
 R17-8-609. PEM-2625
 R17-8-610. PEM-2625
 R17-8-611. PEM-2625

Transportation, Department of - Title, Registration, and Driver Licenses

R17-4-501. FM-1543
 R17-4-507. FR-1543
 R17-4-508. FM-1543
 R17-4-701. FM-1543
 R17-4-702. FM-1543
 R17-4-705. FM-1543
 R17-4-706. FM-1543
 R17-4-707. FM-1543
 R17-4-709. FM-1543
 R17-4-710. FM-1543
 R17-4-712. FM-1543
 R17-4-801. PEM-2558
 R17-4-802. PEM-2558
 R17-4-803. PEN-2558
 Table 1. PEN-2558

Water Infrastructure Finance Authority of Arizona

R18-15-101. FM-239
 R18-15-102. FM-239
 R18-15-103. FM-239
 R18-15-104. FM-239
 R18-15-105. FM-239
 R18-15-106. FM-239
 R18-15-107. FM-239
 R18-15-201. FM-239
 R18-15-203. FM-239
 R18-15-204. FM-239
 R18-15-205. FM-239
 R18-15-206. FM-239
 R18-15-207. FM-239
 R18-15-303. FM-239
 R18-15-304. FM-239
 R18-15-305. FM-239
 R18-15-306. FM-239
 R18-15-307. FM-239

R18-15-401. FM-239
 R18-15-402. FR-239;
 F#-239;
 FM-239
 R18-15-403. F#-239;
 FM-239
 R18-15-404. F#-239;
 FM-239
 R18-15-405. FR-239;
 F#-239;
 FM-239
 R18-15-406. F#-239;
 FM-239
 R18-15-407. F#-239
 R18-15-408. F#-239
 R18-15-501. FM-239
 R18-15-502. FM-239
 R18-15-503. FM-239
 R18-15-504. FM-239
 R18-15-505. FM-239
 R18-15-602. FM-239
 R18-15-701. FM-239

Water Infrastructure Finance Authority of Arizona

R12-15-722. PM-2459
 R12-15-723. PM-2459
 R12-15-725. PM-2459
 R12-15-725.01.. PR-2459



OTHER NOTICES AND PUBLIC RECORDS INDEX

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

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

THIS INDEX INCLUDES OTHER NOTICE ACTIVITY THROUGH ISSUE 42 OF VOLUME 24.

Agency Ombudsman, Notices of

Arizona Health Care Cost Containment System - Administration; p. 2569
 Osteopathic Examiners in Medicine and Surgery, Board of; p. 285
 Public Safety, Department of; p. 2325
 Early Childhood Development and Health Board/First Things First; p. 322
 Water Resources, Arizona Department of; p. 1877

County Notices Pursuant to A.R.S. § 49-112

Maricopa County; pp. 5-63, 413-421, 1439-1477, 1655, 1685-1686, 1828, 1880, 2098-2127
 Pima County; pp. 1128-1309

Governor's Office

Executive Order 2018-02: pp. 1683-1684

Governor's Regulatory Review Council

Notices of Action Taken at Monthly Meetings: pp. 293-295, 487-488, 713-714, 1407-1408, 1491-1492, 1843-1844, 2143-2144, 2523, 2794-2795

Docket Opening, Notices of

Accountancy, Board of; 4 A.A.C. 1; pp. 1752-1753
 Acupuncture Board of Examiners; 4 A.A.C. 8; p. 2564
 Administration, Department of - Benefit Services Division; 2 A.A.C. 6; p. 2361
 Agriculture, Department of - Weights and Measures Services Division; 3 A.A.C. 7; p. 637
 Arizona Health Care Cost Containment System - Administration; 9 A.A.C. 22; pp. 353-354, 1754-1755, 2094-2095, 2703
 Arizona Health Care Cost Containment System - Arizona Long-term Care System; 9 A.A.C. 28; p. 354
 Arizona Health Care Cost Containment System - Medicare Cost Sharing Program; 9 A.A.C. 29; p. 355

Behavioral Health Examiners, Board of; 4 A.A.C. 6; p. 1620
 Child Safety, Department of - Adoption Agency Licensing; 21 A.A.C. 9; p. 765
 Child Safety, Department of - Child Welfare Agency Licensing; 21 A.A.C. 7; p. 1587-1588
 Corporation Commission, Arizona - Fixed Utilities; 14 A.A.C. 2; pp. 1620-1621, 1653
 Corporation Commission - Transportation; 14 A.A.C. 5; p. 2974
 Criminal Justice Commission, Arizona; 10 A.A.C. 4; p. 2274
 Dispensing Opticians, Board of; 4 A.A.C. 20; p. 2093
 Economic Security, Department of; 6 A.A.C. 5; p. 2362-2363
 Economic Security, Department of - Food Stamps Program; 6 A.A.C. 14; pp. 2971-2972
 Environmental Quality, Department of - Air Pollution Control; 18 A.A.C. 2; pp. 514, 2637, 2867
 Environmental Quality, Department of - Hazardous Waste Management; 18 A.A.C. 8; p. 1587
 Financial Institutions, Department of - Real Estate Appraisal Division; 4 A.A.C. 46; p. 2501
 Game and Fish Commission; 12 A.A.C. 4; p. 577
 Governor's Regulatory Review Council; 1 A.A.C. 6; p. 2031
 Health Services, Department of - Communicable Diseases and Infestations; 9 A.A.C. 6; pp. 638-639, 1437-1438, 1681, 2972-2973
 Health Services, Department of - Child Care Facilities; 9 A.A.C. 5; pp. 2273-2274
 Health Services, Department of - Emergency Medical Services; 9 A.A.C. 25; pp. 2234-2235, 2321-2322
 Health Services, Department of - Food, Recreational, and Institutional Sanitation; 9 A.A.C. 8; pp. 510-512
 Health Services, Department of - Health Care Institutions: Licensing; 9 A.A.C. 10; pp. 310-311,

513, 1821-1822, 2502, 2973-2974
 Health Services, Department of - Radiation Control; 9 A.A.C. 7; pp. 793-794
 Health Services, Department of - Sober Living Homes; 9 A.A.C. 12; pp. 2772-2773
 Industrial Commission of Arizona; 20 A.A.C. 5; pp. 578-579
 Medical Board, Arizona; 4 A.A.C. 16; p. 638
 Mine Inspector, State - Aggregate Mined Land and Reclamation; 11 A.A.C. 3; p. 2565
 Optometry, Board of; 4 A.A.C. 21; pp. 1753-1754
 Physician Assistants, Arizona Regulatory Board of; 4 A.A.C. 17; p. 2772
 Pharmacy, Board of; 4 A.A.C. 23; pp. 2031-2032, 2432-2433
 Psychologist Examiners, Board of; 4 A.A.C. 26; p. 1873
 Public Safety, Department of - Criminal Investigation Section; 13 A.A.C. 1; p. 2866
 Registrar of Contractors; 4 A.A.C. 9; pp. 509, 1681
 Retirement System Board, State; 2 A.A.C. 8; pp. 509, 2361-2362, 2635
 Revenue, Department of - Transaction Privilege and Use Tax Section; 15 A.A.C. 5; pp. 2635-2636
 Secretary of State, Office of; 2 A.A.C. 12; p. 793
 Transportation, Department of - Administration; 17 A.A.C. 1; pp. 2565-2566
 Transportation, Department of - Fuel Taxes; 17 A.A.C. 8; p. 2636
 Transportation, Department of - Title, Registration, and Driver Licenses; 17 A.A.C. 4; pp. 2566
 Water Resources, Department of; 12 A.A.C. 15; p. 2503

Proposed Delegation Agreement, Notices of

Environmental Quality, Department of; pp. 356-357
 Health Services, Department of; pp. 411, 766

Public Information, Notices of

Economic Security, Department of - Social Services; p. 2567
Environmental Quality, Department of; pp. 114-122, 1756-1763
Environmental Quality, Department of - Pesticides and Water Pollution Control; pp. 1874-1876
Environmental Quality, Department of Safe Drinking Water; pp. 1126-1127
Game and Fish Commission; pp. 358-359
Health Services, Department of; pp. 150-151, 795
Health Services, Department of - Emergency Medical Services; p. 2323
Pima County; p. 1393
State Retirement System, Arizona; p. 1823
Technical Registration, Arizona Board of; p. 640

Substantive Policy Statement, Notices of

Accountancy, Board of; pp. 2324, 2704
Financial Institutions, Department of; p. 412
Game and Fish Commission; p. 360
Industrial Commission of Arizona; p. 1654
Insurance, Department of; p. 123
Land Department, State; pp. 361-362
Lottery Commission, State; pp. 2033, 2434
Nursing, Board of; pp. 1824-1825
Psychologist Examiners, Board of; p. 767
State Real Estate Department; p. 2568
State Retirement System, Arizona; p. 641
Water Infrastructure Finance Authority; pp. 312-321
Water Resources, Department of; p. 360, 796



RULES EFFECTIVE DATES CALENDAR

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

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



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

Deadline Date (paper only) Friday, 5:00 p.m.	Register Publication Date	Oral Proceeding may be scheduled on or after
August 3, 2018	August 24, 2018	September 24, 2018
August 10, 2018	August 31, 2018	October 1, 2018
August 17, 2018	September 7, 2018	October 9, 2018
August 24, 2018	September 14, 2018	October 15, 2018
August 31, 2018	September 21, 2018	October 22, 2018
September 7, 2018	September 28, 2018	October 29, 2018
September 14, 2018	October 5, 2018	November 5, 2018
September 21, 2018	October 12, 2018	November 13, 2018
September 28, 2018	October 19, 2018	November 19, 2018
October 5, 2018	October 26, 2018	November 26, 2018
October 12, 2018	November 2, 2018	December 3, 2018
October 19, 2018	November 9, 2018	December 10, 2018
October 26, 2018	November 16, 2018	December 17, 2018
November 2, 2018	November 23, 2018	December 24, 2018
November 9, 2018	November 30, 2018	December 31, 2018
November 16, 2018	December 7, 2018	January 7, 2019
November 23, 2018	December 14, 2018	January 14, 2019
November 30, 2018	December 21, 2018	January 22, 2019
December 7, 2018	December 28, 2018	January 28, 2019
December 14, 2018	January 4, 2019	February 4, 2019
December 21, 2018	January 11, 2019	February 11, 2019
December 28, 2018	January 18, 2019	February 19, 2019
January 4, 2019	January 25, 2019	February 25, 2019
January 11, 2019	February 1, 2019	March 4, 2019
January 18, 2019	February 8, 2019	March 11, 2019
January 25, 2019	February 15, 2019	March 18, 2019
February 1, 2019	February 22, 2019	March 25, 2019
February 8, 2019	March 1, 2019	April 1, 2019
February 15, 2019	March 8, 2019	April 8, 2019
February 22, 2019	March 15, 2019	April 15, 2019



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
Tuesday November 21, 2017	Tuesday December 19, 2017	Wednesday January 3, 2018	Tuesday January 9, 2018
Tuesday December 19, 2017	Tuesday January 23, 2018	Tuesday January 30, 2018	Tuesday February 6, 2018
Tuesday January 23, 2018	Tuesday February 20, 2018	Tuesday February 27, 2018	Tuesday March 6, 2018
Tuesday February 20, 2018	Tuesday March 20, 2018	Tuesday March 27, 2018	Tuesday April 3, 2018
Tuesday March 20, 2018	Tuesday April 17, 2018	Tuesday April 24, 2018	Tuesday May 1, 2018
Tuesday April 17, 2018	Tuesday May 22, 2018	Wednesday May 30, 2018	Tuesday June 5, 2018
Tuesday May 22, 2018	Tuesday June 19, 2018	Tuesday June 26, 2018	Tuesday July 10, 2018
Tuesday June 19, 2018	Tuesday July 24, 2018	Tuesday July 31, 2018	Tuesday August 7, 2018
Tuesday July 24, 2018	Tuesday August 21, 2018	Tuesday August 28, 2018	Wednesday September 5, 2018
Tuesday August 21, 2018	Tuesday September 18, 2018	Tuesday September 25, 2018	Tuesday October 2, 2018
Tuesday September 18, 2018	Tuesday October 23, 2018	Tuesday October 30, 2018	Tuesday November 6, 2018
Tuesday October 23, 2018	Tuesday November 20, 2018	Tuesday November 27, 2018	Tuesday December 4, 2018
Tuesday November 20, 2018	Tuesday December 18, 2018	Thursday January 3, 2019	Tuesday January 8, 2019
Tuesday December 18, 2018	Tuesday January 22, 2019	Tuesday January 29, 2019	Tuesday 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.