



Arizona Administrative REGISTER

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From the Publisher

ABOUT THIS PUBLICATION

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

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

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

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

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

ABOUT RULES

Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number).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

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 New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.

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

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

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

LEGAL CITATIONS AND FILING NUMBERS

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

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

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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.

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Participate in the Process

Look for the Agency Notice

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

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

Attend a public hearing/meeting

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

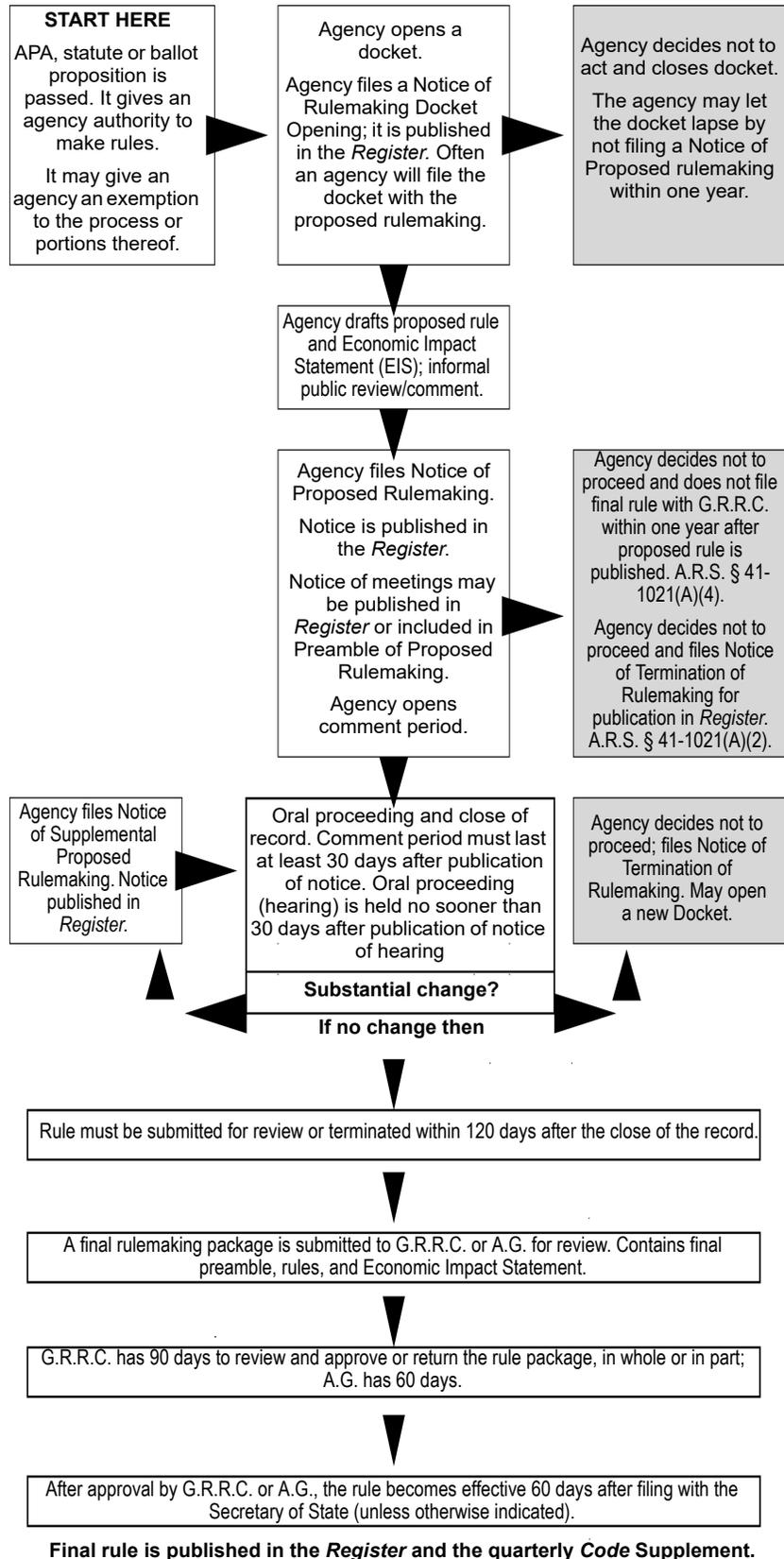
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

Write the agency

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

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

Arizona Regular Rulemaking Process



Definitions

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

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 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 4. PROFESSIONS AND OCCUPATIONS
CHAPTER 16. ARIZONA MEDICAL BOARD**

[R19-04]

PREAMBLE

1. **Article, Part, or Section Affected (as applicable)** **Rulemaking Action**

R4-16-101	Amend
R4-16-102	Amend
R4-16-103	Amend
R4-16-401	Amend
R4-16-402	Amend

2. **Citations to the agency’s statutory rulemaking authority to include both the authorizing statute (general) and the implementing statute (specific):**
 Authorizing statute: A.R.S. §§ 32-1404(D) and 32-1456(B) and (D)
 Implementing statute: A.R.S. §§ 32-1401(16) and 32-1456

3. **The effective date for the rules:**
 March 9, 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):**
 Not applicable

 - 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(B):**
 Not applicable

4. **Citation 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. 638, March 23, 2018
 Notice of Proposed Rulemaking: 24 A.A.R. 1851, July 6, 2018

5. **The agency’s contact person who can answer questions about the rulemaking:**
 Name: Patricia McSorley, Executive Director
 Address: Arizona Medical Board
 1740 W. Adams St., Suite 4000
 Phoenix, AZ 85007
 Telephone: (480) 551-2700
 Fax: (480) 551-2704
 E-mail: patricia.mcsorley@azmd.gov
 Web site: www.azmd.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 a five-year-review report approved by the Council on December 5, 2017, the Board indicated it would amend the rules in this rulemaking. The rules regarding medical assistants are amended to update them with current industry standards. Minor, non-substantive, changes are made to the language of R4-16-101 through R4-16-103. 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 March 1, 2018.



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

The Board did not review or rely on a study in its evaluation of or justification for any rule in 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:

The Board expects the rulemaking to have minimal economic impact. The rulemaking simply amends the definition of approved medical assistant training program, updates the entities providing medical assistant examinations, updates material incorporated by reference, and makes the rule regarding CME consistent with recent statutory change.

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

Between the proposed and final rulemaking, the Board made the changes described in item 11.

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

The Board received written comments from Michael McCarty, legal counsel to American Medical Technologists; Dr. Michael Dunn; Dr. Patrick Hitchcock; Dr. Steven Perlmutter; Dr. A. Joseph Dawood; Monica Rodriguez; Lili Jordan; Dr. Ruth Letizia; Ian Rothwell; and Donald Balasa of the American Association of Medical Assistants (AAMA). Mr. Balasa also spoke at the oral proceeding held on August 14, 2018. His comments were supported by Mary Dockall, president of the Arizona Society of the AAMA.

COMMENT	ANALYSIS	RESPONSE
R4-16-102(A)(1): Do not approve the rule. This change further codifies the new ridiculous extra CME punishment of Arizona physicians for simply having a DEA registration whether utilized daily or not utilized at all.	Under Laws 2018, Chapter 1, the legislature added A.R.S. § 32-3248.02, which requires a health professional authorized to prescribe or dispense schedule II controlled substances to complete three hours of opioid-related, substance use disorder-related, or addiction-related continuing medical education during each license renewal cycle.	No change
The rule change is too cumbersome—represents a hardship. Make the proposed change every two or three years instead.	The statutory requirement is to obtain three hours of the specified CME during each renewal cycle. A renewal cycle is two years.	No change
R4-16-103(A)(4): There is a typographical error. The word “purposed” should be “purposes.”	The comment is correct.	The correction was made.
R4-16-103(H): No decision of the Board should absolutely preclude a physician from filing a motion for rehearing or review.	This provision applies only if the Board makes a finding that a final decision is necessary to preserve public health, safety, or welfare. When the Board issues a final decision without opportunity for a review or rehearing, the party affected still has an opportunity to appeal to court under A.R.S. Title 12, Chapter 7, Article 6.	No change
R4-16-401(A)(2): Insert “...a certifying organization accredited by...” because the named entities do not administer medical assistant certification examinations. Rather, they accredit certification programs, which require passing the examination.	The comment is correct.	The suggested language was added to R4-16-401(A)(2).
You might want to add a requirement for a full international criminal background check for all new foreign licensing applicants and a comprehensive test of the ability to write and speak English. Many of my patients note they cannot understand the doctor.	This rulemaking is about medical assistants, who make no application and are not licensed by the Board. The rulemaking is not about physicians.	No change



R4-16-402(A): Because the incorporated material is updated frequently, eliminate the provision that the incorporated material “does not include later amendments or editions.”	A.R.S. § 41-1028(B) of the Arizona Administrative Procedure Act requires agency rules to fully identify incorporated matter by date and “...shall state that the rule does not include any later amendments or editions of the incorporated matter.”	No change
R4-16-402(B): Add a provision that medical assistants may obtain intravenous access and administer intravenous fluids after successful completion of 10 hours of training and 10 documents supervised procedures.	The Board determined the reference procedures, which are not among those identified in the materials incorporated by reference in R4-16-402, are not appropriate for medical assistants to perform.	No change
Because of the little training time required to become a medical assistant, I am uneasy having them provide treatments involving traction, ultrasound, or electronic galvaton stimulations.	Because a medical assistant may perform a procedure does not mean the supervisor is required to allow the medical assistant to perform the procedure. Indeed, the supervisor has an obligation to ensure a medical assistant is able to correctly and safely perform any procedure delegated.	No change
An addendum listing the activities that may be performed by medical assistants rather than referring to the source would be helpful.	The reason materials are incorporated by reference is to simplify a rule. Appendix B, as incorporated, can be downloaded and printed for use in your office.	No change
Can a medical assistant remove/replace a urinary catheter and do IM injections?	No. These procedures are not among those identified in the materials incorporated by reference in R4-16-402.	No change
Are medical assistants permitted to do sterile urinary catheterization of the bladder?	No. This procedure is not among those identified in the materials incorporated by reference in R4-16-402.	No change

12. All agencies shall list any 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:

None

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:

None of the rules requires a permit.

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

None of the rules is more stringent than federal law. There are numerous federal laws relating to the provision of health care but none is directly applicable to this rulemaking.

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.

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

R4-16-402: Appendix B, Core Curriculum for Medical Assistants, 2015 edition of Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting, published by the Commission on Accreditation of Allied Health Education Programs

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:

None of the rules was previously made, amended, or repealed as an emergency rule.

15. The full text of the rules follows:

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 16. ARIZONA MEDICAL BOARD

ARTICLE 1. GENERAL PROVISIONS

- Section
- R4-16-101. Definitions
- R4-16-102. Continuing Medical Education
- R4-16-103. Rehearing or Review of Board Decision



ARTICLE 4. MEDICAL ASSISTANTS

- Section
- R4-16-401. Medical Assistant Training Requirements
- R4-16-402. Authorized Procedures for Medical Assistants

ARTICLE 1. GENERAL PROVISIONS

R4-16-101. Definitions

Unless the context otherwise requires, definitions prescribed under A.R.S. § 32-1401 and the following apply to this Chapter:

1. "ACLS" means advanced cardiac life support performed according to certification standards of the American Heart Association.
2. "Agent" means an item or element that causes an effect.
3. "Approved medical assistant training program" means a program accredited by ~~any one~~ of the following:
 - a. The Commission on Accreditation of Allied Health Education Programs; or
 - b. The Accrediting Bureau of Health Education Schools;
 - ~~c. A medical assisting program accredited by any accrediting agency recognized by the United States Department of Education; or~~
 - d. A training program:
 - i. Designed and offered by a licensed allopathic physician;
 - ii. That meets or exceeds any of the prescribed accrediting programs in subsection (a), (b), or (c); and
 - iii. That verifies the entry level competencies of a medical assistant prescribed under R4-16-402(A).
- ~~5-4.~~ "BLS" means basic life support performed according to certification standards of the American Heart Association.
- ~~6-5.~~ "Capnography" means monitoring the concentration of exhaled carbon dioxide of a sedated patient to determine the adequacy of the patient's ventilatory function.
- ~~7-6.~~ "Deep sedation" means a drug-induced depression of consciousness during which a patient:
 - a. Cannot be easily aroused, but
 - b. Responds purposefully following repeated or painful stimulation, and
 - c. May partially lose the ability to maintain ventilatory function.
- ~~8-7.~~ "Discharge" means a written or electronic documented termination of office-based surgery to a patient.
- ~~9-8.~~ "Drug" means the same as in A.R.S. § 32-1901.
- ~~10-9.~~ "Emergency" means an immediate threat to the life or health of a patient.
- ~~11-10.~~ "Emergency drug" means a drug that is administered to a patient in an emergency.
- ~~12-11.~~ "General Anesthesia" means a drug-induced loss of consciousness during which a patient:
 - a. Is unarousable even with painful stimulus; and
 - b. May partially or completely lose the ability to maintain ventilatory, neuromuscular, or cardiovascular function or airway.
- ~~13-12.~~ "Health care professional" means a registered nurse defined in A.R.S. § 32-1601, registered nurse practitioner defined in A.R.S. § 32-1601, physician assistant defined in A.R.S. § 32-2501, and any individual authorized to perform surgery according to A.R.S. Title 32 who participates in office-based surgery using sedation at a physician's office.
- ~~14-13.~~ "Informed consent" means advising a patient of the:
 - a. Purpose for and alternatives to the office-based surgery using sedation,
 - b. Associated risks of office-based surgery using sedation, and
 - c. Possible benefits and complications from the office-based surgery using sedation.
- ~~15-14.~~ "Inpatient" has the same meaning as in A.A.C. R9-10-201.
- ~~16-15.~~ "Malignant hyperthermia" means a life-threatening condition in an individual who has a genetic sensitivity to inhalant anesthetics and depolarizing neuromuscular blocking drugs that occurs during or after the administration of an inhalant anesthetic or depolarizing neuromuscular blocking drug.
- ~~17-16.~~ "Minimal Sedation" means a drug-induced state during which:
 - a. A patient responds to verbal commands,
 - b. Cognitive function and coordination may be impaired, and
 - c. A patient's ventilatory and cardiovascular functions are unaffected.
- ~~18-17.~~ "Moderate Sedation" means a drug-induced depression of consciousness during which:
 - a. A patient responds to verbal commands or light tactile stimulation, and
 - b. No interventions are required to maintain ventilatory or cardiovascular function.
- ~~19-18.~~ "Monitor" means to assess the condition of a patient.
- ~~20-19.~~ "Office-based surgery" means a medical procedure conducted in a physician's office or other outpatient setting that is not part of a licensed hospital or licensed ambulatory surgical center. (A.R.S. § 32-1401(20)).
- ~~21-20.~~ "PALS" means pediatric life support performed according to certification standards of the American Academy of Pediatrics or the American Heart Association.



~~22-21.~~ "Patient" means an individual receiving office-based surgery using sedation.

~~23-22.~~ "Physician" has the same meaning as doctor of medicine as defined in A.R.S. § 32-1401.

~~24-23.~~ "Rescue" means to correct adverse physiologic consequences of deeper than intended level of sedation and return the patient to the intended level of sedation.

~~25-24.~~ "Sedation" means minimum sedation, moderate sedation, or deep sedation.

~~26-25.~~ "Staff member" means an individual who:

- a. Is not a health care professional, and
- b. Assists with office-based surgery using sedation under the supervision of the physician performing the office-based surgery using sedation.

~~27-26.~~ "Transfer" means a physical relocation of a patient from a physician's office to a licensed health care institution.

R4-16-102. Continuing Medical Education

A. No change

~~1. The physician shall ensure at least one of the credit hours of continuing medical education is certified as Category 1, as described in subsection (B)(4), and addresses the effective and safe prescribing of opioids. A physician who is authorized to prescribe schedule II controlled substances and holds a valid U.S. Drug Enforcement Administration registration number shall complete at least three hours of opioid-related, substance-use-disorder-related, or addiction-related continuing medical education during each renewal cycle;~~

2. No change

3. No change

B. No change

1. No change

2. No change

3. No change

4. No change

5. No change

6. No change

7. No change

a. No change

b. No change

8. No change

a. No change

b. No change

c. No change

d. No change

C. If a physician holding an active license to practice medicine in this state fails to meet the continuing medical education requirements under subsection (A) because of illness, military service, medical or religious missionary activity, or residence in a foreign country, upon written application, the Board shall grant an extension of time to complete the continuing medical education.

D. No change

R4-16-103. Rehearing or Review of Board Decision

~~A. A motion for rehearing or review shall be filed as follows: In a contested case or appealable agency action, a party aggrieved by an order of the Board may file a written motion for rehearing or review with the Board under A.R.S. Title 41, Chapter 6, Article 10, specifying the grounds for rehearing or review.~~

~~1. Except as provided in subsection (B), any party in a contested case may file a written motion for rehearing or review of the Board's decision, specifying generally the grounds upon which the motion is based.~~

~~2-1.~~ A motion for rehearing or review shall be filed with the Board and served no later ~~that~~ than 30 days after the decision of the Board.

~~3-2.~~ For purposes of this Section, "service" has the same meaning as in A.R.S. § 41-1092.09.

~~4-3.~~ For purposes of this Section, a document is deemed filed when the Board receives the document.

~~5-4.~~ For ~~purposed~~ purposes of the this Section, the terms "contested case" and "party" shall have has the same meaning as in A.R.S. § 41-1001.

~~B. If the Board makes a specific finding that it is necessary for a particular decision to take immediate effect to protect the public health and safety, or that a rehearing or review of the Board's decision is impracticable or contrary to the public interest, the decision shall be issued as a final decision without opportunity for rehearing or review and shall be a final administrative decision for purposes of judicial review. Except as provided in subsection (H), a party is required to file a motion for rehearing or review of a Board decision to exhaust the party's administrative remedies.~~

~~C. A written response to a motion for rehearing or review may be filed and served within 15 days after service of the motion for rehearing or review. The Board may require the filing of written briefs upon any issues raised in the motion and may provide for oral argument. A party may amend a motion for rehearing or review at any time before the Board rules on the motion.~~

~~D. A~~ The Board may grant a rehearing or review of a decision may be granted for any of the following reasons materially affecting a party's rights:

1. Irregularity in the ~~administrative~~ proceedings by the Board, its hearing officer, or the prevailing party, or any ruling or an order or abuse of discretion, that deprives the moving party of a fair hearing;

2. Misconduct of the Board, ~~its hearing officer~~ its staff, administrative law judge, or the prevailing party;

3. Accident or surprise that could have not been prevented by ordinary prudence;



- 4. ~~Material evidence, newly~~ Newly discovered, which material evidence that could not, with reasonable diligence, ~~could not~~ have been discovered and produced at the ~~original~~ hearing;
 - 5. ~~Excessive or insufficient penalties~~ penalty;
 - 6. Error in the admission or rejection of evidence; or other errors of law ~~that occurred~~ occurring at the hearing or during the progress of the proceedings;
 - 7. The decision is the result of a passion or prejudice; or
 - 8. The ~~decision of~~ findings of fact or decision is not justified by the evidence or is contrary to law.
- E.** ~~A rehearing or review may be granted~~ The Board may grant a rehearing or review to all or any of the parties and on all or part of the issues for any of the reasons in subsection (D). The Board may take additional testimony, amend findings of fact and conclusions of law, or make new findings and conclusions, and affirm, modify, or reverse the original decision. The Board shall specify the particular grounds for any order modifying a decision or granting a rehearing. If a rehearing or review is granted, the rehearing or review shall cover only the matters specified in the order.
- F.** ~~A rehearing or review, if granted, shall be a rehearing or review only of the question upon which the decision is found erroneous. An order granting a rehearing or review shall specify with particularity the grounds for the order.~~
- G.** Not later than 15 days after a decision is issued, the Board ~~of~~ on its own initiative may order a rehearing or review for any reason that it might have granted a rehearing or review on motion of a party. After giving the parties notice and an opportunity to be heard on the matter, the Board may grant a timely-served motion for a rehearing or review; for a reason not stated in the motion. In either case, the Board shall specify in the order the grounds for the rehearing or review.
- H-G.** ~~If a motion for rehearing or review is based upon affidavits, they shall be served with the motion. The~~ An opposing party may, within 15 days after service, serve opposing affidavits. The Board may extend this period for a maximum of 20 days either ~~by the Board~~ for good cause; or upon written stipulation by the parties ~~by written stipulation~~. The Board may permit reply affidavits.
- H.** ~~If, in a particular decision, the Board makes a specific finding that the immediate effectiveness of the decision is necessary for the preservation of the public health, safety, or welfare, the decision may be issued as a final decision without an opportunity for rehearing or review.~~
- I.** ~~A party that has exhausted the party's administrative remedies may appeal a final order of the Board under A.R.S. Title 12, Chapter 7, Article 6.~~
- J.** ~~A person that files a complaint with the Board against a licensee:~~
- 1. Is not a party to:
 - a. A Board administrative action, decision, or proceeding; or
 - b. A court proceeding for judicial review of a Board decision under A.R.S. §§ 12-901 through 12-914; and
 - 2. Is not entitled to seek rehearing or review of a Board action or decision under this Section.

ARTICLE 4. MEDICAL ASSISTANTS

R4-16-401. Medical Assistant Training Requirements

- A.** ~~A~~ After the effective date of this Section, a supervising physician or physician assistant shall ensure that before a medical assistant ~~satisfies one of the following training requirements before employing~~ is employed, the medical assistant completes either:
- 1. ~~Completion of an approved medical assistant~~ An approved training program identified in R4-16-101; or
 - 2. ~~Completion of an~~ An unapproved medical assistant training program and ~~passage of~~ successfully passes the medical assistant examination administered by a certifying organization accredited by either the American Association of Medical Assistants or the American Medical Technologists National Commission for Certifying Agencies or the American National Standards Institute.
- B.** This Section does not apply to any person who:
- 1. Before February 2, 2000:
 - a. Completed an unapproved medical assistant training program and was employed as a medical assistant after program completion; or
 - b. Was directly supervised by the same physician, physician group, or physician assistant for a minimum of 2000 hours; or
 - 2. Completes a United States Armed Forces medical services training program.

R4-16-402. Authorized Procedures for Medical Assistants

- A.** A medical assistant may perform, under the direct supervision of a physician or a physician assistant, the medical procedures listed in ~~the 2003 revised Appendix B, Core Curriculum for Medical Assistants, 2015 edition of Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting, published by the Commission on Accreditation of Allied Health Education Programs; Programs "Standards and Guidelines for an Accredited Educational Program for the Medical Assistant, Section (III)(C)(3)(a) through (III)(C)(3)(e)."~~ This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and may be obtained from the publisher at ~~35 East Wacker Drive, Suite 1970, Chicago, Illinois 60601~~ 25400 U.S. Highway 19 N, Suite 158, Clearwater, FL 33763, www.caahep.org, or the Arizona Medical Board at 9545 E. Doubletree Ranch Road, Scottsdale, AZ 85258, www.azmd.gov.
- B.** In addition to the medical procedures in subsection (A), a medical assistant may administer the following under the direct supervision of a physician or physician assistant:
- 1. Whirlpool treatments,
 - 2. Diathermy treatments,
 - 3. Electronic galvation stimulation treatments,
 - 4. Ultrasound therapy,
 - 5. Massage therapy,
 - 6. Traction treatments,
 - 7. Transcutaneous Nerve Stimulation unit treatments,



- 8. Hot and cold pack treatments, and
- 9. Small volume nebulizer treatments.

NOTICE OF FINAL RULEMAKING
TITLE 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION
CHAPTER 5. CORPORATION COMMISSION - TRANSPORTATION

[R19-05]

PREAMBLE

- 1. Article, Part, or Section Affected (as applicable)**

<ul style="list-style-type: none"> R14-5-201 R14-5-202 R14-5-204 	<p><u>Rulemaking Action</u></p> <ul style="list-style-type: none"> Amend Amend Amend
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- 2. Citations to the agency’s statutory rulemaking authority to include both the authorizing statute (general) and the implementing statute (specific):**
 Authorizing statute: A.R.S. §§ 40-441, 40-202(A), 40-203, 40-336
 Implementing statute: Arizona Constitution, Article XV § 3

- 3. The effective date of the rule:**
 January 9, 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 rules will be effective immediately upon filing in the Office of the Secretary of State after Attorney General certification per A.R.S. §§ 41-1032(A), 41-1044 and 41-1057. Immediate effectiveness of these rule amendments is justified under A.R.S. § 41-1032(A)(1) and (2), to preserve the public health and safety and to ensure compliance with the United States Department of Transportation Pipeline and Hazardous Material Safety Administration (“PHMSA”) requirement for the Commission to adopt regulations conforming to the current federal regulations for pipeline safety. Because the rule amendments deal directly with the handling of natural gas and other hazardous liquids transmitted through pipelines, the rule amendments will preserve the public health or safety. Compliance with the terms of the intergovernmental agreement between the Commission and PHMSA requires that this rulemaking adopting the current version of the federal pipeline safety regulations take effect by December 31, 2018, to maintain grant funding.
 - 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(B):**
 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. 2974, October 19, 2018
 Notice of Proposed Rulemaking: 24 A.A.R. 2907, October 19, 2018

- 5. The agency’s contact person who can answer questions about the rulemaking:**
 Name: M. Regina Huerta
 Address: Arizona Corporation Commission
 1200 W. Washington
 Phoenix, AZ 85007
 Telephone: (602) 542-3402
 Fax: (602) 542-4870
 E-mail: MHuerta@azcc.gov
 Web site: www.azcc.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:**
 The purpose of amending the Pipeline Safety rules is to conform the Safety Rules to the most recent amendments to 49 C.F.R. as is required pursuant to an agreement between the Commission and PHMSA, and for the Commission’s Pipeline Safety Section to receive federal funding for its Pipeline Safety Programs.

- 7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**
 None

- 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:**
 - These rules do not change the responsibilities of master meter operators already established in 1970 by the adoption by the Commission of the Code of Federal Regulations, Title 49, Parts 191 and 192.
 - The proposed rules will have no effect upon consumers or users of gas services as the regulated public utility providers are required to be in compliance with all standards. However, these changes will benefit consumers, users and the general public through the continued maintenance of a safe pipeline system.
 - The proposed rules are the least costly method for obtaining compliance with the long-standing minimum safety standards and do not impose additional standards. There is no less intrusive method.
- 10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:**
There were no changes between the proposed rulemaking and the final rulemaking.
- 11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments:**
There were no written or oral public comments on the proposed rulemaking.
- 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:**
None
 - 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:**
The proposed amendments bring the state rules into conformity with federal law, thereby paralleling the federal law and are neither more nor less stringent than the 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:**
None
- 13. A list of any incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rule:**
49 CFR 191 (October 1, 2017) adopted in R14-5-202(B)
49 CFR 192 (October 1, 2017), except I(A)(2) and (3) of Appendix D to part 192 adopted in R14-5-202(B)
- 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 14. PUBLIC SERVICE CORPORATIONS; CORPORATIONS AND ASSOCIATIONS; SECURITIES REGULATION
CHAPTER 5. CORPORATION COMMISSION - TRANSPORTATION

ARTICLE 2. PIPELINE SAFETY

Section	
R14-5-201.	Definitions
R14-5-202.	Construction and Safety Standards for Gas, LNG, and Hazardous Liquid Pipeline Systems
R14-5-204.	Annual Reports

ARTICLE 2. PIPELINE SAFETY

R14-5-201. Definitions

As used in this Article:

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



12. No change
13. No change
14. No change
15. No change
16. “Office of Pipeline Safety” means the Commission personnel assigned to perform the Commission’s day-to-day activities under A.R.S. Title 40, Chapter 2, Article 10, who are headquartered at ~~2200 N. Central Ave., Suite 300, Phoenix, AZ 85004~~ 1300 W. Washington Street, Suite 220 Phoenix, AZ 85007 and whose contact information is available at <http://www.azcc.gov/Divisions/Safety>.
17. No change
18. No change
19. No change
20. No change
21. No change
22. No change
23. No change
24. No change
25. No change
26. No change
27. No change
28. No change
29. No change
30. No change
31. No change
32. No change

R14-5-202. Construction and Safety Standards for Gas, LNG, and Hazardous Liquid Pipeline Systems

- A. No change
- B. Subject to the definitional changes in R14-5-201 and the modifications noted in this Section, the Commission adopts, incorporates, and approves as its own 49 CFR 40; 191; 192, except (I)(A)(2) and (3) of Appendix D to Part 192; 193; 195, except 195.1(b)(2), (3), and (4); and 199 (October 1, ~~2015~~ 2017), including no future editions or amendments, which are incorporated by reference; on file with the Office of Pipeline Safety; and published by and available from the U.S. Government Printing Office, 710 North Capital Street N.W., Washington DC 20401, and at <http://www.gpo.gov/fdsys/>. For purposes of 49 CFR 192, “Business District” means an area where the public congregate for economic, industrial, religious, educational, health, or recreational purposes and two or more buildings used for these purposes are located within 100 yards of each other.
- C. No change
- D. No change
- E. No change
- F. No change
- G. No change
- H. No change
- I. No change
- J. No change
- K. No change
- L. No change
- M. No change
- N. No change
- O. No change
- P. No change
- Q. No change
- R. No change
- S. No change
- T. No change
- U. No change
- V. No change
- W. No change
- X. No change

R14-5-204. Annual Reports

- A. An operator of an intrastate pipeline shall file with the Office of Pipeline Safety, not later than March 15, for the preceding calendar year, an annual report completed using one of the following, as applicable, which are incorporated by reference; on file with the Office of Pipeline Safety; and published by and available from PHMSA as provided in R14-5-203(C)(2):
 1. No change
 2. Form PHMSA F 7100.1-1: Annual Report for Calendar Year 20__ Gas Distribution System (~~May 2015~~ January 2017), including no future editions or amendments, which shall be completed in accordance with the PHMSA instructions for the form;
 3. No change



4. Form PHMSA F 7100.3-1: Annual Report for Calendar Year 20__ Liquefied Natural Gas (LNG) Facilities (~~October 2014~~ August 2017), including no future editions or amendments, which shall be completed in accordance with the PHMSA instructions for the form.

B. No change



NOTICES OF EXEMPT RULEMAKING

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

It is not uncommon for an agency to be exempt from all steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act (APA) or Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10.

An agency's exemption is either written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters; or a court has

determined that an agency, board or commission is exempt from the rulemaking process.

The Office makes a distinction between certain exemptions as provided in these laws, on a case by case basis, as determined by an agency. Other rule exemption types are published elsewhere in the *Register*.

Notices of Exempt Rulemaking as published here were made with no special conditions or restrictions; no public input; no public hearing; and no filing of a Proposed Exempt Rulemaking.

**NOTICE OF EXEMPT RULEMAKING
TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE
CHAPTER 6. DEPARTMENT OF INSURANCE**

[R19-01]

PREAMBLE

- | | |
|--|---|
| <p>1. <u>Article, Part, or Section Affected (as applicable)</u>
 Article 24
 R20-6-2401
 R20-6-2402
 R20-6-2403
 R20-6-2404
 R20-6-2405
 R20-6-2406</p> | <p><u>Rulemaking Action</u>
 New Article
 New Section
 New Section
 New Section
 New Section
 New Section
 New Section</p> |
|--|---|
- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific), and the statute or session law authorizing the exemption:**
 Authorizing statute: A.R.S. § 20-143
 Statute or session law authorizing the exemption: Laws 2018, Ch. 272, § 7
- 3. The effective date of the rule and the agency's reason it selected the effective date:**
 January 2, 2019
 Pursuant to A.R.S. § 41-1032(A)(4), a rule may be effective immediately to provide a benefit to the public and a penalty is not associated with a violation of the rule. The rule needs to be effective immediately upon filing in the office of the Secretary of State because the Department was prevented from filing the rule under the exemption until the effective date of the act which was December 31, 2018. The effective date of the rule shall be the time and date of filing affixed by the Secretary of State as provided in A.R.S. § 41-1031.
- 4. A list of all notices published in the Register as specified in R1-1-409(A) that pertain to the record of the exempt rulemaking:**
 Notice of Rulemaking Docket Opening: 25 A.A.R. 161, January 25, 2019 (*in this issue*)
- 5. The agency's contact person who can answer questions about the rulemaking:**
 Name: Mary E. Kosinski
 Address: Arizona Department of Insurance
 100 N. 15th Ave., Suite 102
 Phoenix, AZ 85007-2624
 Telephone: (602) 364-3476
 E-mail: mkosinski@azinsurance.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:**
 A.R.S. § 20-3115(A) requires the Department of Insurance ("Department") to "...develop a simple, fair, efficient and cost-effective arbitration procedure for surprise out-of-network bill disputes and to specify time frames, standards and other details of the arbitration proceeding, including procedures for scheduling and notifying the parties of the settlement teleconference [...]." The Department seeks to propose rules that clarify provisions of Title 20, Chapter 20, Article 2, including but not limited to:
- Form of Disclosure to an enrollee before an out-of-network health care service, out-of-network laboratory service or out-of-network durable medical equipment is administered or provided to the enrollee;
 - The form by which an enrollee may submit a request for arbitration;



- The process for scheduling and notifying parties of the settlement teleconference;
- The process for selecting an arbitrator for conducting an arbitration.

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

Not applicable

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. The summary of the economic, small business, and consumer impact, if applicable:

Although this rulemaking will have an impact on health care providers which are often small businesses, the Department does not regulate health care providers and none of the effects of the rulemaking fall within the statutory objectives identified in A.R.S. § 41-1035.

10. A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and the final rulemaking package (if applicable):

Not applicable

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments, if applicable:

Under the Act (Laws 2018, Ch. 272, § 7), the Legislature required the Department to hold at least one public hearing to provide an opportunity to comment on the proposed rules. The Department accepted written comments during two public comment periods (August 20 through September 30, 2018 and November 2 through November 9, 2018). In addition, the Department conducted a Public Comment Hearing on November 1, 2018.

The Department received comments from the following types of individuals and groups: Health insurers, health care providers, a health care billing company and a patient advocate. Members of the Department also submitted comments.

Comments fell within the following categories:

1. Clarification of definitions.
2. Concern about adequate notification to the parties.
3. Concerns about meaningful physician participation in light of their busy schedules.
4. Concerns about the confidentiality of Personal Health Information.
5. Concerns about the costs associated with an Arbitration.

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:

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:

Not applicable

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than the 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:

Not applicable

13. A list of any incorporated by reference material and its location in the rule:

Not applicable

14. Whether the rule was previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall state where the text changed between the emergency and the exempt rulemaking packages:

Not applicable

15. The full text of the rules follows:

TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 6. DEPARTMENT OF INSURANCE

ARTICLE 24. OUT-OF-NETWORK CLAIM DISPUTE RESOLUTION

Section	
R20-6-2401.	<u>Definitions</u>
R20-6-2402.	<u>Request for Arbitration</u>
R20-6-2403.	<u>Informal Settlement Teleconference</u>
R20-6-2404.	<u>Arbitrators</u>
R20-6-2405.	<u>Before the Arbitration</u>



R20-6-2406. The Arbitration

ARTICLE 24. OUT-OF-NETWORK CLAIM DISPUTE RESOLUTION**R20-6-2401. Definitions**

The definitions in A.R.S. § 20-3111 and this Section apply to this Article.

1. “Allowed Amount” is the amount reimbursable for a covered service under the terms of the enrollee’s benefit plan. The allowed amount includes both the amount payable by the insurer and the amount of the enrollee’s cost sharing requirements.
2. “Alternative Arbitrator” is an individual who is mutually agreeable to the health insurer and health care provider to act as the arbitrator of a surprise out-of-network billing dispute. If the person is contracted with the State of Arizona to conduct arbitration proceedings, the provisions of that contract shall apply. Department staff may not serve as an Alternative Arbitrator.
3. “Amount of the enrollee’s cost sharing requirements” means the amount determined by the insurer prior to the dispute resolution process to be owed by the enrollee for out-of-network copayment, coinsurance and deductible pursuant to the enrollee’s health care policy.
4. “Arbitrator” has the same meaning as A.R.S. § 20-3111(2) and may include a mediator, arbitrator or other alternative dispute resolution professional who is contracted with the Department to arbitrate a surprise out-of-network billing dispute. Department staff may not serve as an Arbitrator.
5. “A.R.S. § 20-3113 Disclosure” means a written, dated document that contains the following information:
 - a. The name of the billing health care provider;
 - b. A statement that the health care provider is not a contracted provider;
 - c. The estimated total cost to be billed by the health care provider or the provider’s representative for the health care services being provided;
 - d. A notice that the enrollee or the enrollee’s authorized representative is not required to sign the A.R.S. § 20-3113 Disclosure to obtain health care services;
 - e. A notice that if the enrollee or the enrollee’s authorized representative signs the A.R.S. § 20-3113 Disclosure, they may have waived any rights to request arbitration of a qualifying surprise out-of-network bill.
6. “Balance bill” means all charges that exceed the enrollee’s cost sharing requirements and the amount paid by the insurer.
7. “Date of service” means the latest date on which the health care provider rendered a related health care service that is the subject of a qualifying surprise out-of-network bill.
8. “Days” as used in this Article means calendar days unless specified as business days and does not include the day of the filing of a document.
9. “Department” means the Arizona Department of Insurance or an entity with which it contracts to administer the out-of-network claim dispute resolution process.
10. “Enrollee’s authorized representative” means a person to whom an enrollee has given express written consent to represent the enrollee, the enrollee’s parent or legal guardian, a person appointed by the court to act on behalf of the enrollee or the enrollee’s legal representative. An enrollee’s authorized representative shall not be someone who represents the provider’s interests.
11. “Final resolution of a health care appeal” means that a member has a final decision under the review process provided by A.R.S. Title 20, Chapter 15, Article 2.
12. “Informal Settlement Teleconference” means a teleconference arranged by the Department that is held to settle the enrollee’s qualifying surprise out-of-network bill prior to an Arbitration being scheduled. The parties to the Informal Settlement Teleconference are: (a) the enrollee or the enrollee’s authorized representative; (b) the health insurer; and (c) the provider or the provider’s representative.
13. “Qualifying surprise out-of-network bill” is a surprise out-of-network bill for health care services provided on or after January 1, 2019, that is disputed by the enrollee and:
 - a. Is for health care services covered by the enrollee’s health plan;
 - b. Is for health care services provided in a network health care facility;
 - c. Is for health care services performed by a provider who is not contracted to participate in the network that serves the enrollee’s health plan;
 - d. The enrollee has resolved any health care appeal pursuant to A.R.S. Title 20, Chapter 15, Article 2, that the enrollee may have had against the insurer following the health insurer’s initial adjudication of the claim;
 - e. The enrollee has not instituted a civil lawsuit or other legal action against the insurer or health care provider related to the surprise out-of-network bill or the health care services provided;
 - f. The amount of the surprise out-of-network bill for which the enrollee is responsible for all related health care services provided by the health care provider whether contained in one or multiple bills, after deduction of the enrollee’s cost sharing requirements and the insurer’s allowable reimbursement, is at least \$1,000.00; and
 - g. One of the following applies:
 - i. The bill is for emergency services, including under circumstances described by A.R.S. § 20-2803(A);
 - ii. The bill is for health care services directly related to the emergency services that are provided during an inpatient admission to any network facility;
 - iii. The bill is for a health care service that was not provided in the case of an emergency and the health care provider or provider’s representative did not provide the enrollee a written dated A.R.S. § 20-3113 Disclosure;
 - iv. The bill is for a health care service that was not provided in the case of an emergency and the health care provider or provider’s representative did not provide the enrollee a written dated A.R.S. § 20-3113 Disclosure within a reasonable amount of time before the enrollee received the service;
 - v. The bill is for a health care service that was not provided in the case of an emergency and the health care provider or provider’s representative provided the enrollee a written dated A.R.S. § 20-3113 Disclosure (“Disclosure”) and the enrollee or the enrollee’s authorized representative chose not to sign the Disclosure;



- vi. The bill is for a health care service that was not provided in the case of an emergency and the health care provider or provider’s representative provided the enrollee a written dated A.R.S. § 20-3113 Disclosure (“Disclosure”) and the enrollee or the enrollee’s authorized representative signed the Disclosure but the amount actually billed to the enrollee is greater than the estimated cost provided in the signed Disclosure.

R20-6-2402. Request for Arbitration

- A. Request for Arbitration. An enrollee may request dispute resolution of a surprise out-of-network bill by filing a timely Request for Arbitration with the Department on a Request for Arbitration form available on the Department’s website.
- B. Deadline for filing a Request for Arbitration with the Department. A Request for Arbitration must be received by the Department within one year after the date of service listed on the surprise out-of-network bill. If the enrollee filed a health care appeal pursuant to A.R.S. Title 20, Chapter 15, Article 2, the one year deadline is tolled from the date the enrollee filed the health care appeal to the date of the final resolution of the appeal.
- C. Evaluation of the Request for Arbitration by the Department. Within 15 days after receipt of a Request for Arbitration, the Department shall do one of the following:
 - 1. Determine that the surprise out-of-network bill is a qualifying surprise out-of-network bill and notify the enrollee, health insurer and health care provider that the Request for Arbitration qualifies for Arbitration;
 - 2. Determine that the surprise out-of-network bill is not a qualifying surprise out-of-network bill and notify the enrollee of the reason for the Department’s determination;
 - 3. Determine that the Request for Arbitration is incomplete, or
 - 4. Return the Request for Arbitration to the enrollee without making a determination if the enrollee’s request should instead be filed as a health care appeal within the meaning of A.R.S. Title 20, Chapter 15, Article 2.
- D. Request for additional information for an incomplete Request for Arbitration. If the Department determines that the Request for Arbitration is incomplete, the Department may send a written request for additional information to the enrollee, health insurer, health care provider or health care provider’s billing company.
- E. Time to respond to the Department’s Request for Additional Information. The enrollee, health insurer, health care provider or the health care provider’s billing company shall have 15 days from the date of the request to respond to the Department’s Request for Additional Information.
- F. Failure to respond to the Department’s Request for Additional Information.
 - 1. If the enrollee fails to respond to the Department’s Request for Additional Information, the Department shall deny the enrollee’s Request for Arbitration.
 - 2. If either the health insurer or the health care provider or health care provider’s billing company fail to respond to the Department’s Request for Additional Information, the Department shall deem that the enrollee’s Request for Arbitration qualifies for arbitration.
- G. Receipt of Additional Information. Upon receipt of the additional information requested by the Department under subsection (D) of this Section, the Department shall determine, within seven days, whether the enrollee’s Request for Arbitration qualifies for Arbitration and send the notice required under subsection (C)(1) or subsection (C)(2) of this Section, whichever applies.
- H. Final Determination. The Department’s determination whether an enrollee’s Request for Arbitration qualifies for Arbitration is a final decision and not an appealable agency action within the meaning of A.R.S. § 41-1092(3). A claim that is the subject of a qualifying surprise out-of-network bill is not subject to the timely payment of claims law during the pendency of the Arbitration.
- I. Enrollee’s payment responsibility.
 - 1. Notwithstanding any informal settlement or Arbitrator’s Final Written Decision, the enrollee is responsible for only the following:
 - a. The amount of the enrollee’s cost sharing requirements; and
 - b. Any amount received by the enrollee from the enrollee’s health insurer as payment for the health care services at issue in a qualifying surprise out-of-network bill.
 - 2. A health care provider may not issue, either directly or indirectly through its billing company, any additional balance bill to the enrollee for the same health care services.

R20-6-2403. Informal Settlement Teleconference

- A. Deadline to arrange the Informal Settlement Teleconference. Upon a determination that an enrollee has made a Request for Arbitration that qualifies for Arbitration, the Department shall arrange an Informal Settlement Teleconference between the parties within 30 days of notifying the enrollee that the enrollee’s Request for Arbitration qualifies for Arbitration required by Section R20-6-2402(C)(1).
- B. Notice of Informal Settlement Teleconference. At least 14 days prior to the scheduled date, the Department shall send a Notice of Informal Settlement Teleconference to the enrollee, the enrollee’s authorized representative, the health insurer, the health care provider and the health care provider’s representative informing them of the date, time and instructions on how to participate in the Informal Settlement Teleconference.
- C. Health Insurer documentation. On or before the Informal Settlement Teleconference, the health insurer shall provide to the parties the enrollee’s cost sharing requirements under the enrollee’s health plan based on the qualifying surprise out-of-network bill.
- D. Consequences of non-participation in the Informal Settlement Teleconference. If a party fails to participate in the Informal Settlement Teleconference, it shall be subject to the following consequences:
 - 1. If the health insurer, provider or provider’s representative fails to participate in an Informal Settlement Teleconference scheduled by the Department, the participating party may notify the Department which shall promptly schedule the Arbitration. The non-participating party shall pay the entire cost of the Arbitration.
 - 2. If the enrollee or the enrollee’s authorized representative fails to participate in the original Informal Settlement Teleconference, the original Informal Settlement Teleconference is terminated.



3. If the enrollee or the enrollee's authorized representative fails to participate in a rescheduled Informal Settlement Teleconference, the enrollee's Request for Arbitration is terminated.
- E. One-time opportunity for the enrollee to reschedule the Informal Settlement Teleconference. If the enrollee or the enrollee's representative fails to participate in the Informal Settlement Teleconference originally scheduled by the Department, the enrollee may request that the Department reschedule the Informal Settlement Conference. The enrollee's request to reschedule must be received by the Department within 14 days after the originally scheduled Informal Settlement Teleconference. Failure to submit a request to the Department to reschedule the Informal Settlement Teleconference within the 14 day period terminates the enrollee's Request for Arbitration.
- F. Notification to the Department after the Informal Settlement Teleconference: Within seven days after the date of the Informal Settlement Teleconference, the health insurer shall:
 1. Notify the Department whether a settlement was reached between the parties; and
 2. If a settlement was reached, notify the Department of the terms of the settlement on a form prescribed by the Department.
- G. Failure to settle. If the parties fail to settle the qualifying surprise out-of-network bill at the Informal Settlement Teleconference, the Department shall arrange for the Arbitration.
- H. Settlement. If the parties settle the qualifying surprise out-of-network bill at the Informal Settlement Teleconference, the health insurer shall remit its portion of the payment to the health care provider within 30 days after the Informal Settlement Teleconference. A claim that is reprocessed by a health insurer as a result of informal settlement is not in violation of A.R.S. § 20-3102(L).

R20-6-2404. Arbitrators

- A. Contracted entities. The Department shall contract with one or more persons to provide Arbitrators. The Department must have a list of at least four Arbitrators to assign to Arbitrations. The Department shall publish the list of contracted entities and a list of each entity's qualified Arbitrators on its website.
- B. Arbitrator Qualifications. Any person contracting with the Department must be able to provide Arbitrators who possess at least three years of experience in health care services claims.
- C. Alternative Arbitrators. A health insurer and provider may mutually agree to use an Alternative Arbitrator if either the health insurer or the health care provider objects to an Arbitrator appointed by the Department.
- D. Appointment of an Arbitrator:
 1. The Department shall appoint an Arbitrator for each Arbitration.
 2. If the health insurer and health care provider do not agree to the Arbitrator appointed by the Department, they shall either:
 - a. Mutually agree to use an Alternative Arbitrator; or
 - b. Participate in the following procedure:
 - i. The Department shall assign three Arbitrators.
 - ii. The health insurer shall strike one Arbitrator.
 - iii. The health care provider shall strike one Arbitrator.
 - iv. If one Arbitrator remains, the Department shall appoint the remaining Arbitrator to the Arbitration.
 - v. If the health insurer and health care provider strike the same Arbitrator, the Department shall randomly assign the Arbitrator from the remaining two Arbitrators.

R20-6-2405. Before the Arbitration

- A. Enrollee's duties. Before the Arbitration, the enrollee shall:
 1. Pay or make arrangements in writing to pay to the health care provider the amount stated by the health insurer in the Informal Settlement Teleconference which shall be the total amount of the enrollee's cost sharing requirements due for the health care services that are the subject of the qualifying surprise out-of-network bill.
 2. Pay to the health care provider any amount that the enrollee has received from the health insurer as payment for the health care services that are the subject of the qualifying surprise out-of-network bill.
- B. Health insurer's duties. Before the Arbitration, the health insurer shall remit any amount due to the health care provider if the health care insurer pays for out-of-network services directly to health care providers and the health insurer has not remitted any amounts due.

R20-6-2406. The Arbitration

- A. Conduct of Arbitration. An Arbitration of a qualifying out-of-network surprise bill shall be conducted:
 1. Telephonically unless the parties agree otherwise;
 2. With or without the enrollee's participation;
 3. Within 120 days after the Department's Notice of Arbitration unless agreed otherwise by the parties; and
 4. For a maximum duration of four hours unless agreed otherwise by the parties.
- B. Arbitrator's Determination. The Arbitrator or Alternative Arbitrator shall determine the amount the health care provider is entitled to receive as payment for the health care services that are the subject of the qualifying surprise out-of-network bill.
- C. Allowable Evidence. The Arbitrator or Alternative Arbitrator shall allow each party to provide relevant information for evaluating the qualifying surprise out-of-network bill including:
 1. The average contracted amount that the health insurer pays for the health care services at issue in the county where the health care provider performed the health care services;
 2. The average amount that the health care provider has contracted to accept for the health care services at issue in the county where the health care provider performed the services;
 3. The amount Medicare and Medicaid pay for the health care services at issue;
 4. The health care provider's direct pay rate for the health care services at issue, if any, under A.R.S. § 32-3216;



- 5. Any information that would be evaluated in determining whether a fee is reasonable under title 32 and not excessive for the health care services at issue, including the usual and customary charges for the health care services at issue performed by a health care provider in the same or similar specialty and provided in the same geographic area; and
- 6. Any other reliable sources of information, including databases, that provide the amount paid for the health care services at issue in the county where the health care provider performed the services.
- D.** Final Written Decision. Within 10 business days following the Arbitration, the Arbitrator or Alternative Arbitrator shall issue a Final Written Decision and provide a copy to the enrollee, the health insurer, the health care provider, the health care provider's billing company (if applicable) and the health care provider's authorized representative (if applicable).
- E.** Payment of the claim. The health insurer shall remit its portion of the payment awarded by the Arbitrator or Alternative Arbitrator to the health care provider within 30 days of the date of the Final Written Decision. A claim that is reprocessed by a health insurer as a result of the Arbitration is not in violation of A.R.S. § 20-3102(L).
- F.** Payment of the Costs of Arbitration. The health insurer and health care provider shall make payment arrangements with the Arbitrator or Alternative Arbitrator to pay their respective shares of the costs of the Arbitration within 30 days after the date of the Final Written Decision. The respective shares of the costs of Arbitration are determined as follows:
 - 1. The enrollee is not responsible for any portion of the cost of the Arbitration.
 - 2. The health insurer and the health care provider shall share the costs of the Arbitration equally unless one of the following exceptions applies:
 - a. The health insurer and health care provider agree to share the costs of the Arbitration in non-equal portions.
 - b. The health insurer pays the entire cost of the Arbitration for failing to participate in the Informal Settlement Teleconference after receiving proper notice from the Department.
 - c. The health care provider or the health care provider's representative pays the entire cost of the Arbitration for failing to participate in the Informal Settlement Teleconference after receiving proper notice from the Department.
- G.** Confidentiality. In connection with the Arbitration of a qualifying surprise out-of-network bill, all of the following apply:
 - 1. All pricing information provided by a health insurer or health care provider is confidential.
 - 2. Pricing information provided by a health insurer or health care provider may not be disclosed by the Arbitrator, Alternative Arbitrator or any other party participating in the Arbitration.
 - 3. Pricing information provided by a health insurer or health care provider may not be used by anyone, except the party providing the information, for any purpose other than to resolve the qualifying surprise out-of-network bill.
 - 4. All information received by the Department in connection with the Arbitration is confidential and may not be disclosed to any person except the Arbitrator or Alternative Arbitrator.
- H.** Arbitrator's Report. At the conclusion of each Arbitration, the Arbitrator shall produce a report to the Department that contains the following information:
 - 1. Date of Arbitration;
 - 2. Date the Arbitrator issued the Final Written Decision;
 - 3. Whether the parties settled the qualifying surprise out-of-network bill during the Arbitration;
 - 4. The initial amount billed by the health care provider;
 - 5. The payment amount awarded to the health care provider; and
 - 6. Any other information the Department may request an Arbitrator to report prior to an Arbitration.



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 INSURANCE**

[R19-02]

1. **Title and its heading:** 20, Commerce, Financial Institutions, and Insurance
Chapter and its heading: 6, Department of Insurance
Article and its heading: 24, Out-of-Network Claim Dispute Resolution
Section numbers: R20-6-2401 through R20-6-2406
2. **The subject matter of the proposed rule:**
 Chapter 6, Article 24 governs the Out-of-Network Claim Dispute Resolution process added by the Legislature in 2017 and refined in 2018 (Laws 2017, 1st Reg. Sess., Ch. 190) to take effect January 1, 2019.
 A.R.S. § 20-3115(A) requires the Department of Insurance (“Department”) to “...develop a simple, fair, efficient and cost-effective arbitration procedure for surprise out-of-network bill disputes and to specify time frames, standards and other details of the arbitration proceeding, including procedures for scheduling and notifying the parties of the settlement teleconference [...]” The Department seeks to propose rules that clarify provisions of Title 20, Chapter 20, Article 2, including but not limited to:
 - Form of Disclosure to an enrollee before an out-of-network health care service, out-of-network laboratory service or out-of-network durable medical equipment is administered or provided to the enrollee;
 - The form by which an enrollee may submit a request for arbitration;
 - The process for scheduling and notifying parties of the settlement teleconference;
 - The process for selecting an arbitrator for conducting an arbitration.
 The bill (S.B. 1064) exempted the Department from rulemaking requirements of Title 41, Chapter 6, Arizona Revised Statutes, for one year after the effective date of the Act except that the Department was required to hold at least one public hearing to provide the public the opportunity to comment on the proposed rule. The effective date of the bill is December 31, 2018. The Department held a public comment hearing on the proposed rules on November 1, 2018 and also took submitted comments until November 9, 2018.
3. **A citation to all published notices relating to the proceeding:**
 Notice of Exempt Rulemaking: 25 A.A.R. 155, January 25, 2019 (*in this issue*)
4. **The name and address of agency personnel with whom persons may communicate regarding the rule:**
 Name: Mary E. Kosinski
 Address: Department of Insurance
 100 N. 15th Ave., Suite 102
 Phoenix, AZ 85007-2624
 Telephone: (602) 364-3100
 E-mail: mkosinski@azinsurance.gov
5. **The time during which the agency will accept written comments and the time and place where oral comments may be made:**
 The Department accepted written comments during two public comment periods (August 20, 2018 through September 30, 2018 and November 2, 2018 through November 9, 2018). In addition, the Department conducted a Public Comment Hearing on November 1, 2018.
6. **A timetable for agency decisions or other action on the proceeding, if known:**
 The Department plans to submit a Notice of Final Exempt Rulemaking with the Notice of Rulemaking Docket Opening for this rulemaking.



NOTICES OF PUBLIC INFORMATION

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

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

NOTICE OF PUBLIC INFORMATION
DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER POLLUTION CONTROL

[M19-01]

1. Name of the agency:

Arizona Department of Environmental Quality

2. Subject of the notice:

Notice of Extension of Public Information Re: Proposed Reissuance of Multi-Sector General Permit (MSGP) for Stormwater Discharges Associated with Industrial Activities

3. A brief description of the proposed general permit:

Pursuant to 18 A.A.C. 9, Article 9, R18-9-C901 and -C903, the Department is proposing to reissue a general permit under the Arizona Pollutant Discharge Elimination System (AZPDES), authorizing stormwater discharges associated with industrial activities (40 CFR § 122.26(b)(14)) to waters of the U.S. The proposed permit is intended to replace permit AZMSG2010-002 / AZMSG2010-003.

These permits are issued pursuant to Section 402(p) of the federal Clean Water Act, in compliance with state statutes and rules. The draft permit includes categories i, ii, iv through ix and xi, pursuant to 40 CFR § 122.26(b)(14) non-mining industrial activities and category iii, mineral industrial sites.

4. A description of the permit area:

The proposed general permits cover discharges from any of the 29 specified industrial sectors that have stormwater discharges associated with industrial activities in Arizona, except for Indian Country as defined in 18 U.S.C. § 1151.

5. How to obtain copies of the draft permit documents:

Copies of the proposed general permit and accompanying fact sheet are available upon request from the agency personnel listed in item 8, below, and on the Department's website at http://azdeq.gov/notices. The proposed general permit and fact sheet are also available in the Records Center at the Arizona Department of Environmental Quality, 1110 W. Washington St., Phoenix, AZ, and may be reviewed any time between 8:30 a.m. and 4:30 p.m., Monday through Friday, excluding legal holidays.

6. The time during which the agency will accept written comments:

Comments on the proposed general permit must be submitted c/o Christopher Henninger at the address, or e-mail address provided below, and received or postmarked no later than January 28, 2019.

7. Stakeholder Meetings

Additional stakeholder meetings have been scheduled as follows:

Meeting #1:

Date: Friday, January 18, 2019
Time: 9:00 a.m. - 12:30 p.m.
Location: Arizona Department of Environmental Quality
1110 W. Washington St.
Phoenix, AZ 85007

Meeting #2:

Date: Friday, January 25, 2019
Time: 12:00 p.m. - 3:30 p.m.
Location: Arizona Department of Environmental Quality (see above)

8. The name, address, and telephone number of agency personnel to whom questions and comments on the general permit may be addressed:

Name: Christopher Henninger
Address: Arizona Department of Environmental Quality
Water Quality Division, Surface Water Section
1110 W. Washington, 5415A-1
Phoenix, AZ 85007
Telephone: (602) 771-4508
E-mail: stormwater@azdeq.gov



GOVERNOR EXECUTIVE ORDER

Executive Order 2019-01 is being reproduced in each issue of the *Administrative Register* as a notice to the public regarding state agencies' rulemaking activities.

This order has been reproduced in its entirety as submitted.

EXECUTIVE ORDER 2019-01**Moratorium on Rulemaking to Promote Job Creation and Customer-Service-Oriented Agencies; Protecting Consumers Against Fraudulent Activities**

[M19-04]

WHEREAS, government regulations should be as limited as possible; and

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

WHEREAS, protecting the public health, peace and safety of the residents of Arizona is a top priority of state government; 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, 2017 and 2018; and

WHEREAS, the State of Arizona eliminated or repealed 422 needless regulations in 2018 and 676 in 2017 for a total of 1,098 needless regulations eliminated or repealed over two years; and

WHEREAS, estimates show these eliminations saved job creators more than \$31 million in operating costs in 2018 and \$48 million in 2017 for a total of over \$79 million in savings over two years; and

WHEREAS, approximately 283,300 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 to conduct 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 while protecting the health, peace and safety of residents; and

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

1. 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 justifications 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 which are antiquated, redundant or otherwise no longer necessary for the operation of state government.
2. 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.
3. A State agency subject to this Order and which issues occupational or professional licenses shall review the agency's rules and practices related to receiving and acting on substantive complaints about unlicensed individuals who are allegedly holding them-



selves out as licensed professionals for financial gain and are knowingly or recklessly providing or attempting to provide regulated services which the State agency director believes could cause immediate and/or significant harm to either the financial or physical health of unknowing consumers within the state. Agencies shall identify and execute on opportunities to improve its complaint intake process, documentation, tracking, enforcement actions and coordination with proper law enforcement channels to ensure those allegedly trying to defraud unsuspecting consumers and putting them at risk for immediate and/or significant harm to their financial or physical health are stopped and effectively diverted by the State agency to the proper law-enforcement agency for review. A written plan on the agency's process shall be submitted to the Governor's Office no later than May 31, 2019.

4. 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.
5. 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 section 41-1001, Arizona Revised Statutes.

IN WITNESS THEREOF, 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 ninth day of January in the Year Two Thousand and Nineteen and of the Independence of the United States of America the Two Hundred and Forty-Third.

ATTEST:
Katie Hobbs
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

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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
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 2019

[M19-05]

DEADLINE FOR PLACEMENT ON AGENDA*	FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
<i>Tuesday</i> November 20, 2018	<i>Tuesday</i> December 18, 2018	<i>Thursday</i> January 3, 2019	<i>Tuesday</i> January 8, 2019
<i>Tuesday</i> December 18, 2018	<i>Tuesday</i> January 22, 2019	<i>Tuesday</i> January 29, 2019	<i>Tuesday</i> February 5, 2019
<i>Tuesday</i> January 22, 2019	<i>Tuesday</i> February 19, 2019	<i>Tuesday</i> February 26, 2019	<i>Tuesday</i> March 5, 2019
<i>Tuesday</i> February 19, 2019	<i>Tuesday</i> March 19, 2019	<i>Tuesday</i> March 26, 2019	<i>Tuesday</i> April 2, 2019
<i>Tuesday</i> March 19, 2019	<i>Tuesday</i> April 23, 2019	<i>Tuesday</i> April 30, 2019	<i>Tuesday</i> May 7, 2019
<i>Tuesday</i> April 23, 2019	<i>Tuesday</i> May 21, 2019	Wednesday May 29, 2019	<i>Tuesday</i> June 4, 2019
<i>Tuesday</i> May 21, 2019	<i>Tuesday</i> June 18, 2019	<i>Tuesday</i> June 25, 2019	<i>Tuesday</i> July 2, 2019
<i>Tuesday</i> June 18, 2019	<i>Tuesday</i> July 23, 2019	<i>Tuesday</i> July 30, 2019	<i>Tuesday</i> August 6, 2019
<i>Tuesday</i> July 23, 2019	<i>Tuesday</i> August 20, 2019	<i>Tuesday</i> August 27, 2019	Wednesday September 4, 2019
<i>Tuesday</i> August 20, 2019	<i>Tuesday</i> September 17, 2019	<i>Tuesday</i> September 24, 2019	<i>Tuesday</i> October 1, 2019
<i>Tuesday</i> September 17, 2019	<i>Tuesday</i> October 22, 2019	<i>Tuesday</i> October 29, 2019	<i>Tuesday</i> November 5, 2019
<i>Tuesday</i> October 22, 2019	<i>Tuesday</i> November 19, 2019	<i>Tuesday</i> November 26, 2019	<i>Tuesday</i> December 3, 2019
<i>Tuesday</i> November 19, 2019	<i>Tuesday</i> December 24, 2019	<i>Tuesday</i> January 7, 2020	<i>Tuesday</i> January 14, 2020
<i>Tuesday</i> December 24, 2019	<i>Tuesday</i> January 21, 2020	<i>Tuesday</i> January 28, 2020	<i>Tuesday</i> February 4, 2020

* 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.