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From the Publisher

ABOUT THIS PUBLICATION

The authenticated pdf of the *Administrative Register* (A.A.R.) posted on the Arizona Secretary of State's website is the official published version for 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 *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 notices of rules terminated by the agency and rules that have expired.

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Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number).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

New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.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 authenticated pdf of *Code* Chapters posted on the Arizona Secretary of State's website are the official published version of rules in the A.A.C. 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
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ADMINISTRATIVE CODE
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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.

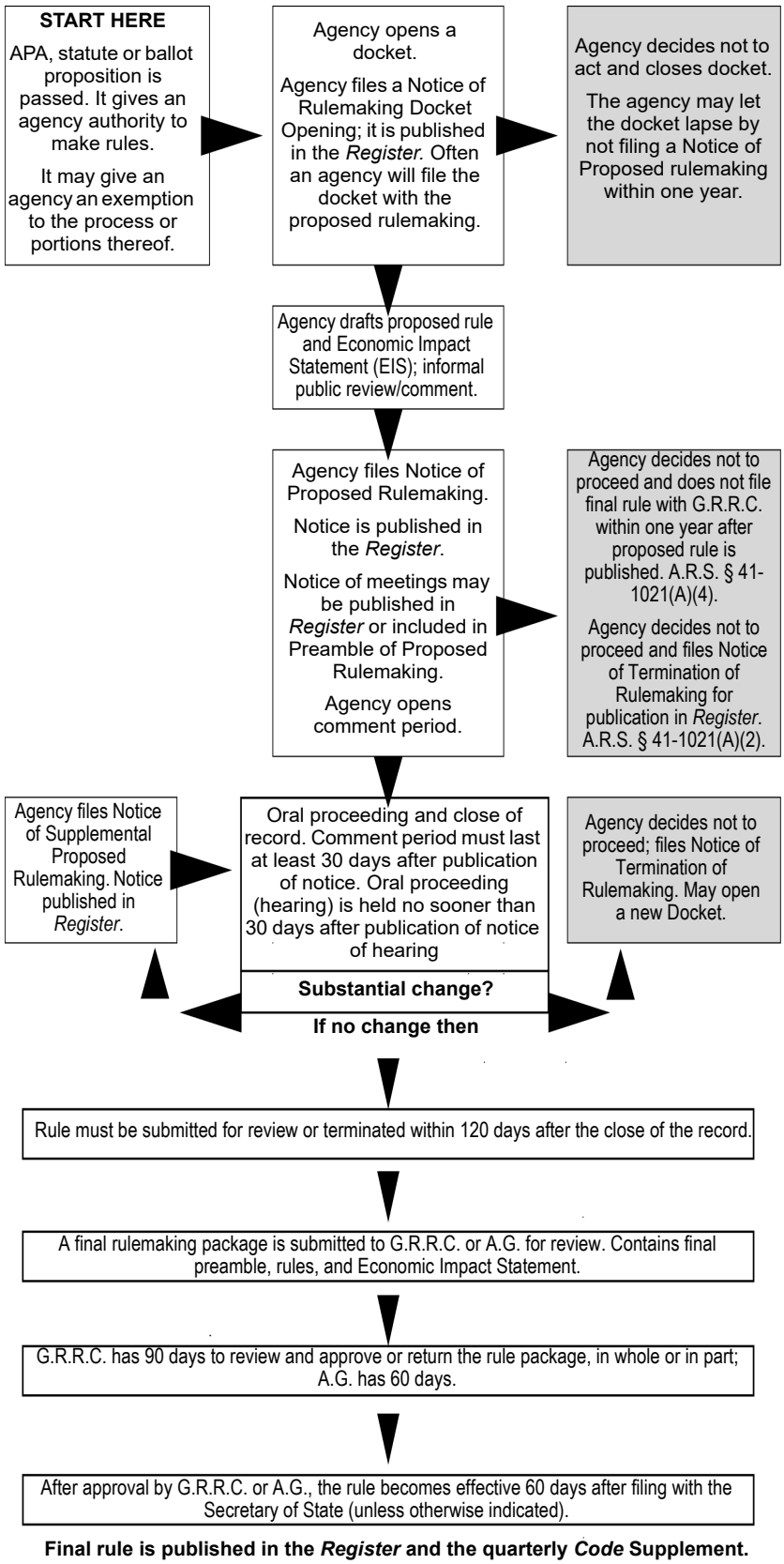
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

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 complied by Legislative Council, with the official publication codified by Thomson West. Citations to statutes include Titles which represent broad subject areas. The Title number is followed by the Section number. For example, A.R.S. § 41-1001 is the definitions Section of Title 41 of the Arizona Administrative Procedures Act. The "§" symbol simply means "section." Available online at www.azleg.gov.

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

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

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

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

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

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

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

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

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

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

Acronyms

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

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

APA – Administrative Procedure Act

A.R.S. – Arizona Revised Statutes

CFR – *Code of Federal Regulations*

EIS – Economic, Small Business, and Consumer Impact Statement

FR – *Federal Register*

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

U.S.C. – *United States Code*

About Preambles

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

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

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

NOTICES OF PROPOSED RULEMAKING

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

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

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

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

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

NOTICE OF PROPOSED RULEMAKING

TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 4. DEPARTMENT OF ENVIRONMENTAL QUALITY SAFE DRINKING WATER

[R25-27]

PREAMBLE

1. Permission to proceed with this proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:

November 27, 2023

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

R18-4-301	Amend
R18-4-302	Amend
R18-4-303	Amend
R18-4-304	Amend
Table 1	New Table
R18-4-305	Amend

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

Authorizing statute: A.R.S. §§ 49-351, 49-353, 49-360, 49-104(C)(1) and 49-203(A)(9)

Implementing statute: A.R.S. § 49-360

4. Citations to all related notices published in the *Register* that pertain to the current record of the proposed rule:

Notice of Rulemaking Docket Opening: 30 A.A.R. 935; Issue date: May 10, 2024; Issue number: 19; File number: R24-80

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

Name:	Heidi M. Haggerty Welborn, Esq.
Title:	Drinking Water Legal Specialist
Division:	Water Quality Division
Address:	Department of Environmental Quality 1110 W. Washington St. Phoenix, AZ 85007
Telephone:	(602) 771-4373
Email:	map@azdeq.gov
Website:	https://www.azdeq.gov/rulemaking/mapfees

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

General Explanation of this Rulemaking:

Background

Arizona Department of Environmental Quality (ADEQ) is modifying its Monitoring Assistance Program (MAP) rules in A.A.C. Title 18, Chapter 4, Article 3 in order to maintain the long-term solvency of the MAP fund, and to conform with recent legislative MAP changes to A.R.S. § 49-360 in HB2628, codified at Laws 2024, Chapter 150, § 5.

The Arizona Legislature established MAP in A.R.S. § 49-360 in the late 1990s to assist small public water systems (PWSs) to comply with the Safe Drinking Water Act (SDWA). The goal of MAP is to keep ADEQ-regulated public water systems in compliance with the SDWA through a regular testing schedule whereby a MAP contractor hired by the Department conducts sampling,

analysis, and reporting of certain SDWA-regulated contaminants. Participation in MAP is mandatory for all small systems serving 10,000 people or less, excluding transient, non-community water systems, and is optional for those systems that provide water to more than 10,000 individuals, if approved by ADEQ. There are approximately 1,500 PWSs in Arizona, of which 820 systems are MAP participants, which is 54% of all public water systems in Arizona. Approximately 805,353 individuals are served by water systems participating in the program.

Small systems face resource challenges with the collection and analysis of samples due to the complexities and expense of carrying out these actions. Indeed, prior to the implementation of MAP, sampling and testing to ensure safe drinking water for Arizona's residents was fully the responsibility of the PWS owners, and at that time, small PWSs had high monitoring non-compliance rates, thus leading to the creation of MAP. ADEQ records show that prior to the implementation of MAP monitoring (1993-95), only 26% of PWS during the period fully complied with all synthetic organic compound (SOC) monitoring requirements, and about 74% of small systems exhibited SOC monitoring deficiencies ranging in levels of severity. An estimated 43% were in partial compliance, and 31% were not monitoring for SOCs at all. Thus, MAP was implemented to ensure that the required monitoring was performed, and human health was protected. See 5 A.A.R. 98, at 100 (Jan. 15, 1999).

The general public and public water systems all benefit from MAP. The benefits to the public of increased monitoring compliance are invaluable. Timely monitoring data is critical to the ability to promptly identify where existing problems are and how to take necessary steps to protect public health. After the creation of MAP, sampling and testing compliance rates increased significantly. Without MAP, ADEQ estimates based on past findings that many—potentially up to 50% of small water systems—would fall into non-compliance due to budgetary shortfalls and the complexity associated with the sampling requirements.

MAP can also financially benefit public water systems. MAP not only alleviates monitoring non-compliance, which can also have costly consequences for public water systems, but also provides economies of scale of monitoring management. Systems can financially benefit from MAP-provided resources, including the expertise, time, administrative assistance, and project management necessary to manage SDWA monitoring requirements and scheduling.

For more on the history and creation of MAP, please see the Arizona Administrative Registers (A.A.R.) from 1999 and 2001:

- 5 A.A.R. 98 (published January 15, 1999)
  - (available at: https://azmemory.azlibrary.gov/nodes/view/84982)
- 7 A.A.R. 5067 (published Nov. 2, 2001)
  - (available at: https://apps.azsos.gov/public_services/register/2001/44/contents.shtm)

Stakeholder Engagement

ADEQ has held three informal stakeholder meetings to date; presentations for which can currently be found at https://www.azdeq.gov/rulemaking/mapfees:

- August 1, 2023 Informal Public Stakeholder Meeting
- February 20, 2024 Informal Public Stakeholder Meeting
- August 27, 2024 Informal Stakeholder Meeting on the Draft Proposed Rule

Two Major Changes in this Rulemaking: (a) Increased Baseline Fees for Fund Solvency and (b) Triggered Monitoring Options

The overarching goal of this rulemaking is to ensure MAP fund solvency, and conform with statutory changes, one of which is allowing ADEQ to provide options for triggered monitoring under MAP.

(a) **Baseline Fees.** Baseline MAP fees have not changed since 2001; meanwhile, inflation alone increased between 2001 and 2023 by nearly 79%. Other price increases have put additional strain on the program's fund. Additionally, some larger systems that previously voluntarily opted into baseline MAP have recently opted out, causing increased strain on available MAP funds. Public water systems that are not required to be part of MAP may make the business decision to opt out of MAP. These decisions can have a negative impact on the MAP fund if the net revenue from these systems exceeded the costs to the agency, which sometimes happens since baseline monitoring fees are based on the number of service connections, and not on the number sampling locations or number or type of sample. Also, new and future EPA regulations, such as for per- and polyfluoroalkyl substances (PFAS) standards, finalized in April 2024, will continue to increase sampling costs. See 89 Fed. Reg. 32532 (Apr. 26, 2024) for more information regarding the new PFAS rule. Furthermore, it is expected the EPA will continue to add additional substances, such as perchlorate, which will fall under the purview of MAP and are thus likely to increase costs into the future. For more information on likely coming regulations for perchlorate and the associated court mandate, please see EPA's website at https://www.epa.gov/sdwa/perchlorate-drinking-water. Therefore, ADEQ intends to increase baseline MAP service fees by CPI (~79%) as follows:

   i. Increase the annual fee of $250 to $447, and

   ii. Increase the fee per service connection or meter unit fee from $2.57 to $4.60.

ADEQ also considered attaching an automatic annual consumer price index (CPI) increase to all MAP fees, including baseline monitoring. However, after further review, ADEQ decided to consider more data in order to better evaluate the necessity of an annual CPI adjustment. Therefore, ADEQ plans to review fees concurrent with future Five-Year Rule reviews under A.R.S. § 41-1056 and consider whether an annual CPI adjustment for baseline monitoring fees is appropriate at a later date.

(b) **Triggered Monitoring.** ADEQ plans to provide triggered monitoring services at cost to implement HB2628 (A.R.S. § 49-360). Triggered monitoring is increased monitoring required by Safe Drinking Water Act regulations when the results of baseline monitoring indicate the presence of a contaminant at a level that requires additional or more frequent monitoring. Triggered monitoring does not include quarterly monitoring required for life of the system that is a condition of treatment approval under Chapter 5, Article 5. Only baseline MAP participants may opt into the triggered monitoring program. Again, while maximum

fees are listed in Table 1, ADEQ will invoice no more than costs of triggered monitoring to the agency, including administrative costs. While in R18-4-304(F) ADEQ proposes to annually increase the maximum allowable fees for triggered MAP sampling by the CPI, ADEQ will only bill systems at cost. These maximum fee "increases" have a limited realized impact unless the actual cost of sampling an analysis increases. For additional explanations of changes, please see the rulemaking descriptions below.

Other Changes in this Rulemaking

Some of the other changes in this rulemaking include the following:

- Modifying the surplus calculation to conform with A.R.S. § 49-460, as amended in 2024, which better aligns with actual operational costs,
- Conditioning voluntary participation in MAP to ensure fund solvency and stewardship,
- Modernizing and conforming changes, and
- Clarifying changes to solidify long-standing interpretations and practices under MAP.

Details regarding other proposed changes to implement § 49-360 are further explained in the section-by-section explanation of changes below.

Section by Section Explanation of Changes in this Rulemaking:

Section Number as Proposed	Section Title	Modification Subject	Modification Description
R18-4-301(A)	Definitions and Applicability	New Definitions	Definitions added for: • Annual operating costs • Baseline monitoring • Compliance period • Triggered monitoring • Triggered monitoring assistance program The definition of baseline monitoring includes the minimum categories of contaminants for which MAP samples, and MAP will likely sample for PFAS in the coming years given the new standard. See 89 *Fed. Reg.* 32532 (Apr. 26, 2024) for more information. The baseline monitoring definition also clarifies MAP does not sample systems which have treatment in place for a particular contaminant, such as arsenic. There are several reasons for this long-standing policy, including that this testing is not routine or baseline. In addition, these systems should be sampling more than required compliance testing frequencies, and should be managing operations much more closely to be able to track when media should be exchanged.
R18-4-301(B)	Definitions and Applicability	New Provision: Mandatory Baseline Participation	Specifies that only community or non-transient, non-community public water systems that serve 10,000 or fewer persons are required to be part of MAP. Transient non-community systems would not financially benefit from this program due to the limited sampling required under SDWA, nor would human health likely benefit, and these systems are therefore not intended to be mandated participants under A.R.S. § 49-360.
R18-4-301(B)	Definitions and Applicability	Modification: Mandatory Baseline Participation	ADEQ may use multiple sources to conclude that a system meets the population requirements. Therefore, ADEQ is removing the requirement to only use Arizona's population statistics.

R18-4-301(C)	Definitions and Applicability	New Provision: Voluntary Baseline MAP Participation and Approval	This added provision allows ADEQ to determine whether to approve or remove a particular system as a voluntary MAP participant based on financial impact to the MAP fund. In some cases, it is not financially viable for the MAP fund to support voluntary participants. For example, a system with numerous entry points to the distribution system (EPDSs) but few service connections would cost MAP more relative to other systems that have more service connections. This is because MAP charges fees based on number of service connections, but the cost to ADEQ of implementing MAP is determined by the number of EPDSs, which are where sampling takes place, and the number and type of samples taken, which is system-specific. If a system is not required to be a part of MAP, the program cannot afford to subsidize these voluntary systems. The same is true if a voluntarily participating system cannot administratively support or allow contractors to conduct sampling according to their availability or needs. MAP contractors must sample for a vast number of systems that rely on the program to maintain compliance and continue serving healthy water to their customers. For these reasons, ADEQ needs mechanisms to limit voluntary participants to those that will not pose a financial or administrative burden on MAP resources. Financial burden on the MAP program threatens human health and the environment because it would reduce the funding available for small public water systems that are required to be part of MAP. These systems are most at risk of not being able to conduct monitoring. Without this information, ADEQ has limited means to act to protect the people served by these systems, as needed.
R18-4-302	Contractor Responsibilities	Conforming clarifications	Changes to this section align with current practices regarding what contaminants are included in the MAP program, and clarifies contractor duties in implementing triggered monitoring. The definition of baseline monitoring here is moved to the definitions section in -301 above.
R18-4-303(B)	Public Water System Responsibilities	Additional contact information	At times, the MAP program and ADEQ more broadly, do not have current information for the operator in responsible charge, as defined in Chapter 5, Article 1, or for the administrative or office compliance staff who will respond and communicate with ADEQ and contractors regarding MAP sampling. This information request ensures that MAP can be implemented efficiently.
R18-4-303(A) & (B)	Public Water System Responsibilities	Additional contact information and responsibility clarification.	At times the MAP program, and drinking water program generally, does not have current information for administrative or office staff and that for the current operator. This section also clarifies that PWS remain responsible to maintain compliance with SDWA requirements. If a system does not allow ADEQ's contractor to sample, they will still be responsible for ensuring that monitoring is conducted.
R18-4-303(D)	Public Water System Responsibilities	Using contractors outside of MAP	ADEQ is removing subsection (D) here because it is confusing and the use of outside contractors instead of using the MAP contractor is not permitted under A.R.S. § 49-360. A system that is required to be part of MAP must take part in MAP, including allowing MAP contractors to sample and report, as affirmed in R18-4-303(C). While using an outside contractor or lab is allowed, it is only allowed *in addition to* MAP contractor sampling, analysis, and reporting. In a rule that imposes requirements to use a state contractor, language indicating that someone may use an outside contractor the rule might be incorrectly interpreted to mean that one may use an outside contractor *instead* of a state contractor, which is not the case. Rather, anyone may use a contractor outside of MAP for duplicative sampling and reporting purposes, should they choose, but must also allow the state contractor to sample and report. Therefore, since the statement might be incorrectly interpreted, ADEQ proposes to remove it to avoid confusion.
R18-4-304(A)	Fees for the Monitoring Assistance Program and Triggered Monitoring Participation	Baseline fee increase	ADEQ MAP program staff has determined that due to several financial strains on the MAP fund, ADEQ must increase baseline monitoring fees by inflation from the last date fees were modified in 2001. ADEQ intends to modify baseline MAP service fees as follows: 1. Increase the annual fee of $250 to $447, and 2. Increase the fee per service connection or meter unit fee from $2.57 to $4.60. Sampling is conducted at the entry point to the distribution system, although billing for routine monitoring is based on the number of service connections to a system. More discussion on this fee change is located in the narrative preamble above, in the section titled "Baseline Fees."

R18-4-304(B)	Fees for the Monitoring Assistance Program and Triggered Monitoring Participation	Baseline monitoring fund surplus	Provisions here are conforming accounting changes to align with HB2628, Laws 2024, Chapter 150, § 5, modifying A.R.S. § 49-360. Modifies baseline monitoring program surplus cap from $200,000 per year to a function of previous operational costs. Also clarifies that triggered monitoring fees and costs are to be accounted separately from baseline monitoring fees and costs.
R18-4-304(C)	Fees for the Monitoring Assistance Program and Triggered Monitoring Participation	Baseline monitoring eligibility change impacts on participation cessation and fees	If a public water system no longer meets mandatory participation eligibility requirements, it will remain in MAP for the rest of the compliance period pursuant to R18-4-304(C)(1). The system may subsequently opt into MAP subject to voluntary participation approval under R18-4-301(C).
R18-4-304 (D)(1) & (D)(2)	Fees for the Monitoring Assistance Program and Triggered Monitoring Participation	Triggered monitoring participation	Triggered monitoring is limited to only baseline MAP participants, whether they are voluntarily approved or mandatorily in MAP. This is necessary to keep administrative costs as low as possible for participants who truly need the MAP program to continue operating. This section also describes how to opt into the triggered monitoring program.
R18-4-304(D)(3)	Fees for the Monitoring Assistance Program and Triggered Monitoring Participation	Triggered monitoring cessation	These provisions list the conditions that cause a participating triggered monitoring system to exit the program voluntarily or mandatorily.
R18-4-304(D)(4)	Fees for the Monitoring Assistance Program and Triggered Monitoring Participation	Limits to triggered monitoring cessation	Conditions in enforcement action compliance documents may prevent a public water system from opting out of the triggered monitoring program.
R18-4-304(E)	Fees for the Monitoring Assistance Program and Triggered Monitoring Participation	Triggered monitoring fees	These provisions indicate the maximum fees a PWS will pay for triggered monitoring. ADEQ will only charge fees up to the actual costs to ADEQ. ADEQ will refuse to conduct triggered monitoring without payment.
R18-4-304(F)	Fees for the Monitoring Assistance Program and Triggered Monitoring Participation	CPI annual adjustment to triggered monitoring fees	In this provision, triggered monitoring fees are annually increased by the Consumer Price Index for the Phoenix Metro Area. The year 2023 is used as the base year because those are the costs on which ADEQ has based triggered monitoring fees. Note that according to the U.S. Office of Management and Budget, the official title for the Phoenix Metro Area for purposes of delineating metropolitan statistical areas is currently Phoenix-Mesa-Chandler, AZ Metropolitan Statistical Area. See *OMB Bulletin No. 23-01* (July 21, 2023), available at https://www.whitehouse.gov/wp-content/uploads/2023/07/OMB-Bulletin-23-01.pdf.

Table 1.	Table of Maximum Fees for the Triggered Monitoring Assistance Program	Triggered monitoring max fees	This table represents maximum fees to be charged for triggered monitoring. However, as stated in R18-4-304(E), ADEQ will only charge actual costs to the agency. For example, if multiple analytes trigger monitoring and sampling can be or is conducted in one single trip, or multiple EPDSs may be sampled for one analyte in the same trip, then the contractor and ADEQ would only bill for one sampling fee. These fees are represented by the following equation: *Fees (what ADEQ plans to charge PWSs for triggered monitoring)* = *Maximum pass-through costs per analyte <u>category</u> for sample collection, analysis, and reporting.* + *The contractor's sampling trip fee per trip, which is currently $150, which may be charged more than once if, for example, one of the EPDSs is not available during a sampling trip.* + *A standard ADEQ administrative fee pursuant to ARS § 49-360(G)(1) – (G)(4),* + *Inflation adjustment to account for actual costs, as permitted pursuant to A.A.C. R18-4-303(F)* *Consider the following examples:* • *Ex. 1 Exceedance for arsenic at PWS "XYZ" triggers increased monitoring. Nitrate is an inorganic chemical (IOC), which is one of the suites of contaminants. A sample for nitrate under the current contract, which is subject to change when a new contract is executed, is $12. Therefore, PWS "XYZ" would pay, as a theoretical example, $12 + $150 + $70 = $201.* • *Ex. 2 PWS "ABC" triggered PFAS monitoring, it would have to pay, as a theoretical example, $625 + $150 + $70 = $810, because PFAS monitoring is billed as a whole, and is not broken out into parts of a suite of analytes.*
R18-4-305(A) & (E)	Collection and Payment of Fees	Electronic invoicing	This small change will ensure that ADEQ may send emailed invoices by law.
R18-4-305(F)	Collection and Payment of Fees	ADEQ's refusal to conduct sampling for lack of payment	It is essential that MAP remains solvent in order to ensure that PWSs are serving water of adequate quality to consumers. Therefore, ADEQ may refuse to conduct sampling of any kind to systems that are or become in arrears for lack of payment for baseline or triggered monitoring, until the agency is paid in full.

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

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

Arizona Department of Environmental Quality (ADEQ) is modifying its Monitoring Assistance Program (MAP) rules in A.A.C. Title 18, Chapter 4, Article 3 to support the long-term solvency of the MAP fund, and to conform with recent legislative MAP changes in HB2628, codified at Laws 2024, Chapter 150, § 5.

This rule is intended to:

1. Adjust fees to support solvency of the MAP program fund, and
2. Establish a program and supporting fees to assist MAP participants with triggered monitoring compliance at systems' option, as opposed to doing the increased triggered monitoring themselves.

Based on MAP staff calculations of costs and revenue, and review of Water Quality Division funding structures and other agency financial responsibilities, ADEQ has determined that increasing fees by inflation since 2001 is necessary to support this program's basic functions. While ADEQ has evaluated multiple alternatives, this alternative is the most reasonable solution to maintain fund solvency, and assesses the fairest reasonable burden to achieve the underlying statutory objectives.

The goal of MAP is to keep ADEQ-regulated public water systems in compliance with the Safe Drinking Water Act (SDWA) through a regular sampling schedule whereby a MAP contractor(s) conducts sampling, analysis, and reporting of certain SDWA-regulated contaminants. Participation in MAP is mandatory for all small systems serving 10,000 people or less, excluding transient, non-community water systems, and is proposed in this rulemaking to be conditionally optional for those systems that provide water to more than 10,000 individuals. There are approximately 1,500 PWSs in Arizona, of which 820 systems are MAP participants, which is 54% of all public water systems in Arizona. Approximately 805,353 individuals are served by water systems participating in the program. Without MAP, ADEQ estimates based on past findings that many—potentially up to 50% of small water

systems—would fall into non-compliance due to budgetary shortfalls and the complexity associated with the sampling requirements.

MAP can also financially benefit public water systems. MAP not only alleviates monitoring non-compliance, which can also have costly consequences for public water systems, but also provides economies of scale of monitoring management. Systems can financially benefit from MAP-provided resources, including the expertise, time, administrative assistance, and project management necessary to manage SDWA monitoring requirements and scheduling.

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

Name:	Carling Olson
Title:	Drinking Water Associate Scientist and MAP Coordinator
Division:	Water Quality Division
Address:	Department of Environmental Quality 1110 W. Washington St. Phoenix, AZ 85007
Telephone:	(602) 771-4518
Email:	map@azdeq.gov
Website:	https://www.azdeq.gov/rulemaking/mapfees

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

ADEQ has scheduled a virtual oral proceeding to receive oral comments on the proposed rules, in accordance with A.R.S. § 41-1023; the date, time, location, and nature of the hearing are listed below:

Date of Hearing: Tuesday, May 13, 2025

Time: 12:00 p.m.

Location: ONLINE (via GoToWebinar) hosted by Arizona Department of Environmental Quality:

To join virtually, you will first need register using the following link: https://attendee.gotowebinar.com/register/1572383052528008 63

After you register, you will receive a confirmation email with information on how to join the oral proceeding at the scheduled time.

Ability to comment.

You may also call in and listen to the meeting using your phone, but please note that phone-only access does NOT provide the option for the participant to speak.

PHONE: +1 562-247-8422

Access Code: 803-036-530

Listen only; no ability to comment.

Nature: Oral proceeding (i.e., public hearing) on the proposed rules, with opportunity for formal comments on the record.

Written or emailed comments related to this proposed rulemaking may be submitted at any time during the public comment period to the person referenced in Item 5 above. (Heidi M. H. Welborn at map@azdeq.gov)

Close of comment period will occur on Date of Hearing (listed above) at 5:00 p.m.

Comments may be submitted:

Via email at:

map@azdeq.gov

or

Via mail at the following physical address:

ADEQ MAP Rulemaking
C/O Cheryl Gloria
Water Quality Division, 6th Floor
1110 W. Washington St.
Phoenix, AZ 85007

ADEQ will take reasonable measures to provide access to department services to individuals with limited ability to speak, write or understand English and/or to those with disabilities. Requests for language interpretation, ASL interpretation, CART captioning services or disability accommodations must be made at least 48 hours in advance by contacting the Title VI Nondiscrimination Coordinator, Leonard Drago, at 602-771-2288 or Drago.Leonard@azdeq.gov. For a TTY or other device, Telecommunications Relay Services are available by calling 711.

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:

There are no other matters prescribed by statute applicable specifically to ADEQ or this specific rulemaking.

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 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 as specified in A.R.S. § 41-1028 and its location in the rules:
Not applicable

14. The full text of the rules follows:

TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 4. DEPARTMENT OF ENVIRONMENTAL QUALITY SAFE DRINKING WATER

ARTICLE 3. MONITORING ASSISTANCE PROGRAM

Section

ARTICLE 3. MONITORING ASSISTANCE PROGRAM

R18-4-301. Definitions and Applicability

A. Definitions. The following definitions apply for purposes of this Article:
1. "Annual operation costs" means the mean annual average baseline monitoring assistance program operation costs of the three preceding calendar years.
2. "Baseline monitoring" means initial, routine, and reduced monitoring for contaminants included in the monitoring assistance program, which, at a minimum, include those categories of contaminants listed in A.R.S. § 49-360(A)(1) through (A)(4), which are:
   a. Volatile organic chemicals;
   b. Synthetic organic chemicals;
   c. Inorganic chemicals except for copper and lead; and
   d. Radiochemicals.
3. Baseline monitoring does not include the quarterly monitoring required for the life of the system as a condition of treatment approval under Title 18, Chapter 5, Article 5.
4. "Compliance period" means a full calendar year.
5. "Triggered monitoring" means increased monitoring required by this Chapter when the results of baseline monitoring indicate the presence of a contaminant at a level that requires increased monitoring by a participating public water system. Triggered monitoring does not include quarterly monitoring required for the life of a system as a condition of treatment approval under Title 18, Chapter 5, Article 5.
6. "Triggered monitoring assistance program" means the subpart of the monitoring assistance program that allows the Department to conduct triggered monitoring for those public water systems that are already participating in the monitoring assistance program for baseline monitoring.

~~A.~~**B.** Mandatory baseline monitoring participation. A community or non-transient, non-community public water system that serves 10,000 or fewer persons shall participate in the monitoring assistance program for baseline monitoring. Within 60 days after receiving notice of participation in the monitoring assistance program from the Department, a public water system that determines that it serves more than 10,000 persons shall substantiate its determination by submitting evidence-based documentation to the Department ~~the portion of the most recent census provided by the Arizona Department of Economic Security, Research Administration, Population Statistics Unit that supports the public water system's determination~~.

~~B.~~**C.** Voluntary baseline monitoring participation. A public water system that is not obligated to participate in the baseline monitoring assistance program may elect to participate in the baseline monitoring assistance program ~~if the~~ subject to subsections (1) through (3) below. Upon payment of the required fees, the public water system's participation shall begin at the start of the next full calendar year of a compliance period.
1. The owner of the public water system must:
   ~~1.~~a. ~~Notifies~~ Request permission from the Department ~~in writing of the public water system's intention~~ to participate in the baseline monitoring assistance program, on a form provided by the Department,
   ~~2.~~b. Agree to participate in the baseline monitoring assistance program for a minimum of three years, ~~and~~
   ~~3.~~c. Pay the fees required by R18-4-304~~. Subject to payment of the required fees, the public water system's participation shall begin at the start of the next full calendar year of a compliance period,~~

d. Provide information regarding the number of service connections and entry points to the distribution system, and
e. Agree to MAP programmatic procedures, such as agreeing to allow the contractor on-site and timely payment of fees; and

2. The Department determines, in its discretion, that the system is likely not a financial or administrative burden to the program, thereby approving the system for participation in MAP.
3. However, if a voluntary MAP participant poses a financial or administrative burden to the program, as determined by the Department, the Department may deny or revoke approval to participate. For existing participants, revocation is effective upon the start of the calendar quarter following the Department's written notification to the system. The system may participate in MAP at a later date, subject to a new participation request and Department approval pursuant to this subsection.

R18-4-302. Contractor Responsibilities

A. Under the monitoring assistance program, a contractor is authorized to collect, transport, analyze, and report water samples on behalf of a participating public water system.

B. ~~The~~A contractor or a party designated by ~~the~~a contractor to conduct baseline monitoring shall conduct baseline monitoring for all ~~chemicals~~ contaminants for which the system is required to monitor under this Chapter, except for copper, lead, disinfection byproducts, and contaminants monitored under any Surface Water Treatment Rule, such as turbidity, and microbiological contaminants, which all remain the responsibility of the public water system. ~~Baseline monitoring includes routine monitoring for contaminants included in the monitoring assistance program. Baseline monitoring does not include increased monitoring required by this Chapter when the results of baseline monitoring indicate the presence of a contaminant at a level that requires increased monitoring by a participating public water system.~~

C. A contractor or a party designated by a contractor to conduct triggered monitoring shall conduct triggered monitoring as required pursuant to this Article and the Department's contractual agreement with the contractor.

~~B.~~D. A contractor shall deliver electronic copies of monitoring analysis results to the public water system and to the Department according to the method established in the contract.

R18-4-303. Public Water System Responsibilities

A. Although a contractor performs baseline monitoring when a public water system participates in the monitoring assistance program, the public water system remains legally responsible for compliance with all ~~other~~ requirements of this Chapter.

B. The legal owner of a public water system participating in the monitoring assistance program shall notify the Department by July 1 of each year of:
1. The legal owner's name, current mailing address, and phone number;
2. The population currently served by the public water system;
3. The public water system identification number; ~~and~~
4. The number of meters and service connections currently in the public water system~~.~~;
5. The name, email, and phone number of the current administrative contact; and
6. The name, email, and phone number of the current operator in direct responsible charge, as defined in Title 18, Chapter 5, Article 1.

C. A public water system that participates in the monitoring assistance program shall not deny a contractor access to or restrict a contractor's access to the public water system or prevent a contractor from collecting a sample covered under the monitoring assistance program.

~~D.~~ ~~Direct reporting. A public water system may contract with a laboratory or another agent to report monitoring results to the Department, but the public water system remains legally responsible for compliance with reporting requirements.~~

R18-4-304. Fees for the Monitoring Assistance Program and Triggered Monitoring Participation

A. Baseline monitoring fees. The Department shall assess, and a public water system participating in the baseline monitoring assistance program shall pay, the following annual fees, subject to adjustments referenced in subsection (B):
1. An annual fee of ~~$250~~$447, and
2. A unit fee of ~~$2.57~~$4.60 per meter or service connection.

B. Baseline monitoring fund surplus credit process. If the monitoring assistance fund has a surplus after execution of the previous year's contract, any surplus ~~in excess of $200,000 in any year~~ above annual operation costs of the baseline monitoring assistance program shall be used to reduce future annual fees for public water systems that paid baseline monitoring annual fees in the previous compliance period, in a manner consistent with the program invoicing system and A.R.S. § 49-360(G). In the first compliance period that a public water system participates in the baseline monitoring assistance program, the public water system shall pay the full amount of annual fees due under this Section, and is not entitled to a fee reduction resulting from a surplus in the monitoring assistance fund from a prior compliance period. Triggered monitoring fees are not considered part of the annual operation costs of the mandatory baseline monitoring assistance program. ADEQ shall account and reconcile triggered monitoring fees separately from baseline monitoring fees in the monitoring assistance fund.

C. Baseline monitoring eligibility change impacts on participation cessation and fees. If a public water system serving 10,000 or fewer persons at the beginning of a compliance period increases service during the compliance period so that the public water system serves more than 10,000 persons annually, the public water system may elect to cease participation in the baseline monitoring assistance program under the following conditions:
1. If the monitoring assistance program has already conducted monitoring for the public water system during the compliance period, the public water system shall remain in the monitoring assistance program, and pay annual fees, for the remainder of the compliance period. Upon conclusion of the compliance period, said public water system may conditionally elect to continue to be a part of the monitoring assistance program, subject to the approval, or re-approval, required by the voluntary participation requirements in R18-4-301(C).

2. If the monitoring assistance program has not conducted monitoring for the public water system during the compliance period, the public water system may cease participating in the monitoring assistance program, and if so, the Department shall refund any monitoring fees paid by the public water system during the compliance period.

D. Triggered monitoring participation and cessation.

1. Only a public water system that participates in the baseline monitoring assistance program may elect to participate in the triggered monitoring assistance program.
2. A qualifying public water system may elect to participate in the triggered monitoring assistance program by notifying the Department on a form provided by the Department.
3. A triggered monitoring program system participant shall continue to be part of the triggered monitoring assistance program until one or more of the following applies:
   a. Triggered monitoring is no longer required,
   b. The public water system opts out of the program via notice in writing to the Department, on a form provided by the Department,
   c. The Department removes the public water system from participation in the program for nonpayment pursuant to A.A.C. R18-4-305(F), or
   d. The Department removes the public water system from participation in triggered and or voluntary baseline monitoring because the public water system likely poses a financial or administrative burden to the program, as set forth in A.A.C. R18-4-301(C)(2).
4. A public water system may opt out of the triggered monitoring assistance program, unless the public water system participates in the program as a condition of an administrative order or civil judgment, in which case the terms of the administrative order or civil judgment apply.

E. Triggered monitoring fees.

1. If a public water system elects to allow, on a case-by-case basis, the Department to conduct triggered increased monitoring, then prior to sampling the public water system shall agree to pay the invoiced fees on a form provided by the director, which are based on the maximum fees listed in Table 1.
2. The Department shall only charge triggered monitoring fees up to the actual costs to the agency for the specific services provided, including necessary administrative cost fees.
3. The Department may refuse to continue triggered increased monitoring if the public water system has not paid the fees in subsection (D) of this section.

F. Triggered monitoring Consumer Price Index (CPI) annual adjustment. The Department shall adjust all max triggered monitoring assistance program fees identified in subsection (E), including Table 1, every December, to the nearest dollar, by multiplying each of the fees by the Consumer Price Index (CPI) for the most recent year, and then dividing by the CPI for the year 2023. The CPI for any year is the average of the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Chandler, AZ Metropolitan Statistical Area, all items published by the United States Department of Labor, as of the close of the 12-month period ending in October of that year. The Department shall publish the CPI adjusted fees each year via either:

1. The Department's website, or
2. A Notice of Public Information published in the Arizona Administrative Register.

Table 1. Table of Maximum Fees for the Triggered Monitoring Assistance Program

Triggered Monitoring Contaminant or Contaminant Category Regulated under this Chapter	Max Fee Per Triggered Monitoring Contaminant, Contaminant Category*, or Separate Sampling Trip
One sample of Radionuclides (RADs) *	$580.00
One sample of VOCs*	$290.00
One sample of IOCs (regulated) *	$551.00
One sample of PFAS (regulated) *	$845.00
One sample of SOCs (regulated)*	$1,155.00
Sampling trip to a water system	$150.00

**(Includes one sampling trip and administrative fees)*

R18-4-305. Collection and Payment of Fees

A. The Department shall annually mail, or email, an invoice for fees to the legal owner of a public water system participating in the monitoring assistance program. The owner of the public water system shall pay the invoiced amount to the Department, at the address listed on the invoice, by the due date indicated on the invoice.

B. The Department shall make refunds or billing corrections if a public water system demonstrates an error in the amount billed. The owner of a public water system shall send a written request for a refund or correction to the Department, at the address on the invoice, within 90 days of the invoice date.

C. The Department may verify the number of meters and service connections of a participating public water system.

D. The Department shall not waive applicable fees prescribed by R18-4-304.

E. The owner of a public water system that fails to pay fees assessed by the Department in a timely manner shall be subject to the penalties listed in A.R.S. § 49-354. Failure to notify the Department of the owner's current mailing address or electronic contact information does not relieve the owner of a public water system from liability for penalties.

F. ADEQ may refuse to conduct voluntary baseline or triggered monitoring, or to provide other assistance, to public water systems that are in arrears in paying monitoring assistance program fees.

NOTICES OF SUPPLEMENTAL PROPOSED RULEMAKING

This section of the *Arizona Administrative Register* contains Notices of Supplemental Proposed Rulemakings. After an agency has filed a Notice of Proposed Rulemaking and it is published in the *Register*, an agency may decide to make substantial changes to the rule after it is proposed.

The agency prepares a Notice of Supplemental Proposed Rulemaking with these proposed changes. When filed, the notice is published under the deadline schedule in the back of the *Register*.

The Notice of Supplemental Proposed Rulemaking shall be published in the *Register* before holding any oral proceedings (A.R.S. § 41-1022).

The Office of the Secretary of State is the filing office and publisher of these rules. Questions about the interpretation of the proposed rules should be addressed to the agency that promulgated the rules. Refer to item #4 below to contact the person charged with the rulemaking and item #11 for the close of record and information related to public hearings and oral comments.

NOTICE OF SUPPLEMENTAL PROPOSED RULEMAKING

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 11. STATE BOARD OF DENTAL EXAMINERS

[R25-58]

PREAMBLE

1. Permission to proceed with this supplemental proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:

August 5, 2024 and April 26, 2021

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

Notice of Docket Opening: 30 A.A.R. 246, February 2, 2024, Issue 5, File R24-14

Notice of Proposed Rulemaking: 30 A.A.R. 261, February 9, 2024, Issue 6, File R24-07

Notice of Supplemental Proposed Rulemaking: 30 A.A.R. 2745, September 6, 2024, Issue 36, File R24-159

3. Article, Part, or Section Affected (as applicable)

Article, Part, or Section Affected (as applicable)	Rulemaking Action
R4-11-101	Amend
R4-11-305	Amend
R4-11-406	Amend
R4-11-1203	Amend
R4-11-1301	Amend
R4-11-1302	Amend
R4-11-1303	Amend
R4-11-1304	Amend
R4-11-1305	Amend
R4-11-1306	Amend
R4-11-1307	Amend

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

Authorizing statute: A.R.S. § 32-1207

Implementing statute: A.R.S. §§ 32-1201 et seq.

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

Name: Ryan Edmonson, Executive Director

Address: State Board of Dental Examiners
1740 W. Adams St., Suite 2470
Phoenix, AZ 85007

Telephone: (602) 542-4493

Email: ryan.edmonson@dentalboard.az.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 Board needs to amend its rules to address permitting requirements for several types of anesthesia and sedation permits.

7. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or 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. An explanation of the substantial change which resulted in the supplemental notice:

The Board received several comments during the public comment period and oral proceeding that related to General formatting

and terminology. The Board also received comments, and made changes to the proposed rules, as follows:

Dr. Caputo asked why the fees for R4-11-1302 and 1303 were decreased, while the fees for 1301 were not. The Board responded that the fees were based on renewal periods.

HIS suggested using more general language to refer to "another agency that follows the same procedures, standards, and techniques for training as the American Heart Association" and the Board determined that adding the American Heart Association was an appropriate standard.

Dr. Caputo commented that the Board should consider incorporating language to state the permit holder maintains an Action Plan for the conduct of any sedation or anesthesia procedure that includes appropriate drugs, equipment and supplies accepted according to state and national standards. The Board determined that the rules, as written, do not prohibit a licensee from creating such a plan.

Dr. Fukami commented: A neuromuscular blocker such as succinylcholine was omitted from list of emergency medications for general anesthesia. Should absolutely be included, for treatment of laryngospasm. Also would recommend anti-hypoglycemic, like IV dextrose.

Dr. Snell commented: The list of emergency drugs should include a muscle paralytic such as Succinylcholine.

The Board ensured that a neuromuscular blocker is included, but does not want to include IV dextrose specifically.

Dr. Caputo commented that the amount of CE for pediatric endorsement should count towards a Licensee's overall CE credits.

The Board agreed and made changes to the rule language to ensure that such credit was thusly accounted.

Dr. Caputo and Dr. Fukami commented that the primary responsibility for monitoring a patient during anesthesia should be the treating dentist.

The Board agreed and made corresponding changes to ensure such.

Dr. Caputo suggested that references to specific drugs should be removed.

The Board agreed and removed references to specific drug names throughout the rules.

The Board received additional comments indicating that a neuromuscular blocker should be added to R4-11-1301(B)(2)(a)(i); R4-11-1301(E)(3) should be retained; and R4-11-1301(Q) needed to clarify that the additional person's primary responsibility is to assist the licensee in monitoring the patient.

9. 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

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

There is little to no economic, small business, or consumer impact, other than the cost to the Board to prepare the rule package, because the rulemaking simply clarifies statutory requirements that already exist. There may be some impact to dental professionals who must now obtain a pediatric endorsement in order to provide anesthesia and sedation services to patients that are less than eight years of age. However, the increased regulation is necessary to ensure that dental professionals are qualified to provide such services to patients who are less than eight years of age in order to better protect the health, safety, and welfare of those patients. The Board is also removing the requirement to obtain a permit in order to work with a qualified anesthesia provider if the treating dentist meets certain requirements that protect the health, safety, and welfare of their patients. Thus, the economic impact is minimized.

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

Name: Ryan Edmonson, Executive Director

Address: State Board of Dental Examiners
1740 W. Adams St., Suite 2470
Phoenix, AZ 85007

Telephone: (602) 542-4493

Email: ryan.edmonson@dentalboard.az.gov

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

The Department will accept comments during business hours at the address listed in Item #5. Comments will also be accepted via email at the email address provided under Item #5. Mailed written comments shall be postmarked within 30 days of this published notice.

An oral proceeding regarding the proposed rules will be held as follows:

Date: May 14, 2025

Time: 10:00 a.m.

Location: Virtual format
Video call link: https://meet.google.com/jwp-rtio-nsn
Or dial: (US) +1 475-441-5333 PIN: 655 595 519#

13. 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:

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:
The Board issues general permits to licensees who meet the criteria established in statute and rule.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law, and if so, citation to the statutory authority to exceed the requirements of federal law:
Not applicable

c. Whether a person submitted an analysis to the agency that compares the rule's impact on the competitiveness of business in this state to the impact on business in other states:
No analysis was submitted.

14. A list of incorporated by reference material as specified in A.R.S. § 41-1028 and its location in the rules:
None

15. The full text of the rules follows:

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 11. STATE BOARD OF DENTAL EXAMINERS

ARTICLE 1. DEFINITIONS

Section
R4-11-101. Definitions

ARTICLE 3. EXAMINATIONS, LICENSING QUALIFICATIONS, APPLICATION AND RENEWAL, TIME-FRAMES

Section
R4-11-305. Application Processing Procedures: Issuance, Denial, and Renewal of ~~General Anesthesia and Deep Sedation Permits, Parenteral Sedation Permits, Oral Sedation Permits, and Permit to Employ a Physician Anesthesiologist or CRNA.~~ Section 1301 Permits, Section 1302 Permits, and Section 1303 Permits.

ARTICLE 4. FEES

Section
R4-11-406. Anesthesia and Sedation Permit Fees

ARTICLE 12. CONTINUING DENTAL EDUCATION AND RENEWAL REQUIREMENTS

Section
R4-11-1203. Dentists and Dental Consultants

ARTICLE 13. GENERAL ANESTHESIA AND SEDATION

Section
R4-11-1301. General Anesthesia and Deep Sedation
R4-11-1302. Parenteral Moderate Sedation
R4-11-1303. Enteral Moderate ~~Oral~~ Sedation
R4-11-1304. ~~Permit to Employ or Work~~ Working with a QAP ~~Defined as a Physician Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)~~
R4-11-1305. ~~Reports of Adverse Occurrences~~ Mandatory Reporting
R4-11-1306. ~~Education; Continued Competency~~ Enteral Sedation
R4-11-1307. Renewal of Permit

ARTICLE 1. DEFINITIONS

R4-11-101. Definitions
The following definitions, and definitions in A.R.S. § 32-1201, apply to this Chapter:

"ACLS" means Advanced Cardiac Life Support.
"AED" means an Automatic External Defibrillator.
~~"Analgesia" means a state of decreased sensibility to pain produced by using nitrous oxide (N2O) and oxygen (O2) with or without local anesthesia~~.
"Business Entity" means a business organization that offers to the public professional services regulated by the Board and is established under the laws of any state or foreign country, including a sole practitioner, partnership, limited liability partnership, corporation, and limited liability company, unless specifically exempted by A.R.S. § 32-1213(J).
"Calculus" means a hard mineralized deposit attached to the teeth.
"Charitable Dental Clinic or Organization" means a non-profit organization meeting the requirements of 26 U.S.C. 501(c)(3) and providing dental, dental therapy, or dental hygiene services.
"Clinical evaluation" means a dental examination of a patient named in a complaint regarding the patient's dental condition as it exists at the time the examination is performed.
"Controlled substance" has the meaning prescribed in A.R.S. § 36-2501(A)(3).
"Credit hour" means one clock hour of participation in a Recognized Continuing Dental Education program.

"Deep sedation" is a Drug-induced depression of consciousness during which a patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. The patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
"Dentist of record" means a dentist who examines, diagnoses, and formulates treatment plans for a patient and may provide treatment to the patient.
"Direct supervision" means, for purposes of Article 7 only, that a licensed dentist is present in the office and available to provide immediate treatment or care to a patient and observe a dental assistant's work.
"Disabled" means a dentist, dental therapist, dental hygienist, or denturist has totally withdrawn from the active practice of dentistry, dental therapy, dental hygiene, or denturism due to a permanent medical disability and based on a physician's order.
"Documentation of attendance" means documents that contain the following information:

Name of sponsoring entity;
Course title;
Number of Credit Hours;
Name of speaker; and
Date, time, and location of the course.

"Drug" means:

Articles recognized, or for which standards or specifications are prescribed, in the ~~official compendium~~ Official Compendium;
Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in the human body;
Articles other than food intended to affect the structure of any function of the human body; or
Articles intended for use as a component of any articles specified in this definition but does not include devices or components, parts, or accessories of devices.

"Emerging scientific technology" means any technology used in the treatment of oral disease that is not currently generally accepted or taught in a recognized dental, dental therapy, or dental hygiene school and use of the technology poses material risks.
"Enteral" means any technique of administration in which the Drug is absorbed through the gastrointestinal tract.
"Epithelial attachment" means the layer of cells that extends apically from the depth of the gingival (gum) sulcus (crevice) along the tooth, forming an organic attachment.
"Ex-parte communication" means a written or oral communication between a decision maker, fact finder, or Board member and one party to the proceeding, in the absence of other parties.
"General anesthesia" is a Drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The patient often requires assistance in maintaining a patent airway, and positive-pressure ventilation may be required because of depressed spontaneous ventilation or Drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
"General supervision" means, for purposes of Article 7 only, a licensed dentist is available for consultation, whether or not the dentist is in the office, regarding procedures or treatment that the dentist authorizes and for which the dentist remains responsible.
"Homebound patient" means a person who is unable to receive dental care in a dental office as a result of a medically diagnosed disabling physical or mental condition.
"Irreversible procedure" means a single treatment, or a step in a series of treatments, that causes change in the affected hard or soft tissues and is permanent or may require reconstructive or corrective procedures to correct the changes.
"Licensee" means a dentist, dental therapist, dental hygienist, dental consultant, ~~retired~~ Retired licensee, or ~~person who holds~~ a ~~restricted permit~~ Restricted Permit Holder ~~under A.R.S. §§ 32-1237 or 32-1292~~.
"Local anesthesia" is the elimination of sensations, such as pain, in one part of the body by the injection of an anesthetic Drug.
"Minimal sedation" is a minimally depressed level of consciousness that retains a patient's ability to independently and continuously maintain an airway and respond ~~appropriately~~ normally to light tactile stimulation, not limited to reflex withdrawal from a painful stimulus, or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof. Although cognitive function and coordination may be ~~modestly~~ mildly impaired, ventilatory and cardiovascular functions are unaffected. In accord with this particular definition, the Drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.
~~"Mobile dental permit holder" means a Licensee or denturist who holds a mobile permit under R4-11-1301, R4-11-1302, or R4-11-1303.~~
"Mobile permit" means a permit issued by the Board under R4-11-1301(G), R4-11-1302(F), or R4-11-1303(F).
"Moderate sedation" is a Drug-induced depression of consciousness during which a patient responds purposefully to verbal commands either alone or accompanied by light tactile stimulation~~, not limited to reflex withdrawal from a painful stimulus~~. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. In accordance with this definition, the ~~The~~ Drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of a Drug before the effects of previous dosing can be fully recognized may result in a greater alteration of the state of consciousness than intended by the permit holder.
"Nitrous oxide analgesia" means the use of nitrous oxide in combination with oxygen ~~used~~ as an inhalation analgesic.
"Official compendium" means the latest revision of the United States Pharmacopeia and the National Formulary and any current supplement.
~~"Oral sedation" is the enteral administration of a drug or non-drug substance or combination inhalation and enterally administered drug or non-drug substance in a dental office or dental clinic to achieve minimal or moderate sedation.~~
"PALS" means Pediatric Advanced Life Support.

"Parenteral ~~sedation~~" is ~~a minimally depressed level of consciousness that allows~~ the ~~patient to retain the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and is induced by a pharmacological or non-pharmacological method or a combination of both methods of~~ administration ~~in which the drug bypasses the gastrointestinal tract~~ of a Drug that bypasses the gastrointestinal tract to achieve a desired level of sedation or General Anesthesia.

"Pediatric endorsement" is a provision added to a Section 1301 Permit, Section 1302 Permit, or Section 1303 Permit allowing administration of sedation or General Anesthesia to a pediatric patient who is younger than 8 years of age according to R4-11-1301, R4-11-1302, or R4-11-1303.

~~"Periodontal pocket" means a pathologic fissure bordered on one side by the tooth and on the opposite side by crevicular epithelium and limited in its depth by the epithelial attachment.~~

"Plaque" means a film-like sticky substance composed of mucoidal secretions containing bacteria and toxic products, dead tissue cells, and debris.

"Polishing" means a procedure limited to the removal of Plaque and extrinsic stain from exposed natural and restored tooth surfaces that utilizes an appropriate rotary instrument with rubber cup or brush and polishing agent. A Licensee or dental assistant shall not represent that this procedure alone constitutes an oral Prophylaxis.

"Prescription-only device" means:

Any device that is restricted by the federal act, as defined in A.R.S. § 32-1901, to use only under the supervision of a medical practitioner; or

Any device required by the federal act, as defined in A.R.S. § 32-1901, to bear on its label the legend "Rx Only."

"Prescription-only Drug" does not include a Controlled Substance but does include:

Any Drug that, because of its toxicity or other potentiality for harmful effect, the method of its use, or the collateral measures necessary to its use, is not generally recognized among experts, qualified by scientific training and experience to evaluate its safety and efficacy, as safe for use except by or under the supervision of a medical practitioner;

Any Drug that is limited by an approved new Drug application under the federal act or A.R.S. § 32-1962 to use under the supervision of a medical practitioner;

Every potentially harmful Drug, the labeling of which does not bear or contain full and adequate directions for use by the consumer; or

Any Drug required by the federal act to bear on its label the legend "RX Only."

"President's designee" means the Board's executive director, an investigator, or a Board member acting on behalf of the Board president.

"Preventative and therapeutic agents" means substances that affect the hard or soft oral tissues to aid in preventing or treating oral disease.

"Prophylaxis" means a Scaling and Polishing procedure performed on patients with healthy tissues to remove coronal Plaque, Calculus, and stains.

"QAP" means a qualified anesthesia provider according to A.R.S. § 32-1201.

"Recognized continuing dental education" means a program whose content directly relates to the art and science of oral health and treatment, provided by a recognized dental school, recognized dental therapy school, recognized dental hygiene school, or recognized denturist school, or sponsored by a national or state dental, dental therapy, dental hygiene, or denturist association, American Dental Association~~,~~ Continuing Education Recognition Program or Academy of General Dentistry, Program Approval for Continuing Education approved provider, dental, dental therapy, dental hygiene, or denturist Study Club, governmental agency, commercial dental supplier, non-profit organization, accredited hospital, or programs or courses approved by other state, district, or territorial dental licensing boards.

"Restricted permit holder" means a dentist who meets the requirements of A.R.S. § 32-1237 or a dental hygienist who meets the requirements of A.R.S. § 32-1292 and is issued a restricted permit by the Board.

"Retired" means a dentist, dental therapist, dental hygienist, or denturist is at least 65 years old and has totally withdrawn from the active practice of dentistry, dental therapy, dental hygiene, or denturism.

~~"Root planing" means a definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.~~

"Scaling" means use of instruments on the crown and root surfaces of the teeth to remove Plaque, Calculus, and stains from these surfaces.

"Section 1301 permit" means a permit to administer General Anesthesia and Deep Sedation, or employ or work with a QAP ~~a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist (CRNA)~~ under Article 13.

"Section 1302 permit" means a permit to administer Parenteral Moderate Sedation, or employ or work with a QAP ~~a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist (CRNA)~~ under Article 13.

"Section 1303 permit" means a permit to administer ~~Oral~~ Enteral Moderate Sedation, or employ or work with a QAP ~~a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist (CRNA)~~ under Article 13.

~~"Section 1304 permit" means a permit to employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist (CRNA) under Article 13.~~

"Study club" means a group of at least five Arizona licensed dentists, dental therapists, dental hygienists, or denturists who provide written course materials or a written outline for a continuing education presentation that meets the requirements of Article 12.

"Treatment records" means all documentation related directly or indirectly to the dental treatment of a patient.

ARTICLE 3. EXAMINATIONS, LICENSING QUALIFICATIONS, APPLICATION AND RENEWAL, TIME-FRAMES

R4-11-305. Application Processing Procedures: Issuance, Denial, and Renewal of ~~General Anesthesia and Deep Sedation Permits, Parenteral Sedation Permits, Oral Sedation Permits, and Permit to Employ a Physician Anesthesiologist or CRNA.~~ Section

1301 Permits, Section 1302 Permits, and Section 1303 Permits.

A. The Board office shall complete an administrative completeness review within 24 days from the date of the receipt of an application for a permit.
1. Within ~~30~~ 14 calendar days of receiving an initial or renewal application for a ~~General Anesthesia and Deep Sedation permit, parenteral sedation permit, Oral Sedation permit or permit to employ a physician anesthesiologist or Certified Registered Nurse Anesthetist~~ Section 1301 Permit, Section 1302 Permit, or Section 1303 Permit, the Board office shall notify the applicant, in writing, whether the application package is complete or incomplete.
2. If the application package is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 24-day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
3. If the Board office does not provide the applicant with notice regarding administrative completeness, the application package shall be deemed complete 24 days after receipt by the Board office.

B. An applicant with an incomplete application package shall submit all missing information within 60 calendar days of service of the notice of incompleteness.

C. Upon receipt of all missing information, the Board office shall notify the applicant, in writing, within 10 calendar days, that the application package is complete. If an applicant fails to submit a complete application package within the time allowed in subsection (B), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a permit shall apply again as required in A.A.C. Title 4, Chapter 11, Article 13.

D. The Board shall not approve or deny an application until the applicant has fully complied with the requirements of this Section and A.A.C. Title 4, Chapter 11, Article 13.

E. The Board shall complete a substantive review of the applicant's qualifications in no more than 120 calendar days from the date on which the administrative completeness review of an application package is complete.
1. If the Board finds an applicant to be eligible for a permit and grants the permit, the Board office shall notify the applicant in writing.
2. If the Board finds an applicant to be ineligible for a permit, the Board office shall issue a written notice of denial to the applicant that includes:
   a. Each reason for the denial, with citations to the statutes or rules on which the denial is based;
   b. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
   c. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
   d. The name and telephone number of an agency contact person who can answer questions regarding the application process.
3. If the Board finds deficiencies during the substantive review of an application package, the Board office shall issue a comprehensive written request to the applicant for additional documentation.
4. The 120-day time-frame for a substantive review of an applicant's qualifications is suspended from the date of a written request for additional documentation until the date that all documentation is received.
5. If the applicant and the Board office mutually agree in writing, the 120-day substantive review time-frame may be extended once for no more than 36 days.

F. The following time-frames apply for an initial or renewal application governed by this Section:
1. Administrative completeness review time-frame: 24 calendar days.
2. Substantive review time-frame: 120 calendar days.
3. Overall time-frame: 144 calendar days.

ARTICLE 4. FEES

R4-11-406. Anesthesia and Sedation Permit Fees

~~**A.**~~ As ~~expressly~~ authorized under A.R.S. § 32-1207, the Board ~~establishes and~~ shall collect the following permit and renewal fees:
1. $300 for a Section 1301 ~~permit~~ Permit, ~~fee: $300~~ plus $25 for each additional location for the same permit, not including a Mobile Permit; or
2. $180 for a Section 1302 Permit or a Section 1303 Permit, plus $25 for each additional location for the same permit, not including a Mobile Permit; or
~~2.~~3. ~~Section 1302 permit fee:~~ $300 for a Mobile Permit for a Section 1301 Permit; or ~~plus $25 for each additional location;~~
~~3. Section 1303 permit fee: $300 plus $25 for each additional location; and~~
~~4. Section 1304 permit fee: $300 plus $25 for each additional location.~~
4. $180 for a Mobile Permit for a Section 1302 Permit or a Section 1303 Permit.

~~**B.** Upon successful completion of an initial onsite evaluation and upon receipt of the required permit fee, the Board shall issue a separate Section 1301,1302,1303, or 1304 permit to a dentist for each location requested by the dentist. A permit expires on December 31 of every fifth year.~~

~~**C.** Permit renewal fees:~~
~~1. Section 1301 permit renewal fee: $300 plus $25 for each additional location;~~
~~2. Section 1302 permit renewal fee: $300 plus $25 for each additional location;~~
~~3. Section 1303 permit renewal fee: $300 plus $25 for each additional location; and~~
~~4. Section 1304 permit renewal fee: $300 $300 $100 plus $25 for each additional location.~~

ARTICLE 12. CONTINUING DENTAL EDUCATION AND RENEWAL REQUIREMENTS

R4-11-1203. Dentists and Dental Consultants

Dentists and dental consultants shall complete 63 hours of Recognized Continuing Dental Education in each renewal period as follows:

1. At least 36 Credit Hours in any of the following areas: Dental and medical health, preventive services, dental diagnosis and treatment planning, dental recordkeeping, dental clinical procedures, managing medical emergencies, pain management, dental public health, and courses in corrective and restorative oral health and basic dental sciences, which may include current research, new concepts in dentistry, ~~chemical dependency, tobacco cessation~~ and behavioral and biological sciences that are oriented to dentistry. A Licensee who holds a Section 1301 Permit, Section 1302 Permit, or Section 1303 Permit ~~permit to administer General Anesthesia, Deep Sedation, Parenteral Sedation, or Oral Sedation~~ who is required to obtain continuing education pursuant to Article 13 may apply those Credit Hours to the requirements of this Section;
2. No more than 15 Credit Hours in the following areas: Dental practice organization and management, patient management skills, and methods of health care delivery;
3. At least three Credit Hours in ~~opioid education~~ chemical dependency, which may include tobacco cessation;
4. At least three Credit Hours in infectious diseases or infectious disease control;
5. At least three Credit Hours in Basic Life Support Health Care Provider Level endorsed by the American Heart Association ~~cardiopulmonary resuscitation healthcare provider level~~, ~~advanced cardiac life support or pediatric advanced life support~~. Coursework may be completed online if the course requires a physical demonstration of skills; and
6. At least three Credit Hours in ethics or Arizona dental jurisprudence.

ARTICLE 13. GENERAL ANESTHESIA AND SEDATION

R4-11-1301. General Anesthesia and Deep Sedation

A. Before administering General Anesthesia, or Deep Sedation by any means, ~~in a dental office or dental clinic,~~ a dentist shall possess a Section 1301 Permit issued by the Board. The dentist may renew a Section 1301 Permit every five years ~~by complying with R4-11-1307~~.

B. To obtain or renew a Section 1301 Permit, a dentist shall:
1. Submit a completed application on a form provided by the Board office that~~, in addition to the requirements of subsections (B)(2) and (3), and R4-11-1307,~~ includes:
   a. General information about the applicant such as:
      i. Name;
      ii. Home and office addresses and telephone numbers;
      iii. Limitations of practice;
      iv. Hospital affiliations;
      v. Denial, curtailment, revocation, or suspension of hospital privileges;
      vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
      vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
   b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer General Anesthesia or Deep Sedation:
   a. Contains the following properly operating equipment and supplies during the provision of General Anesthesia and Deep Sedation:
      i. The following emergency ~~Emergency~~ Drugs;
         (1) Vasopressor;
         (2) Corticosteroid;
         (3) Bronchodilator;
         (4) Opioid antagonist;
         (5) Benzodiazepine antagonist;
         (6) Antihistaminic;
         (7) Anticholinergic;
         (8) Anticonvulsant;
         (9) Epinephrine;
         (10) Antiarrhythmic;
         (11) Coronary artery vasodilator; and
         (12) Antihypertensive;
         (13) Neuromuscular blocker;
      ii. Electrocardiograph monitor;
      iii. Pulse oximeter;
      iv. Cardiac defibrillator or ~~automated external defibrillator~~ AED;
      v. Positive pressure oxygen and supplemental oxygen;
      vi. Suction equipment, including endotracheal, tonsillar, or pharyngeal and emergency backup medical suction device;
      vii. Laryngoscope, multiple blades, backup batteries, and backup bulbs;
      viii. Endotracheal tubes and appropriate connectors;
      ix. Magill forceps;
      x. Oropharyngeal and nasopharyngeal airways;
      xi. Auxiliary lighting;
      xii. Stethoscope; ~~and~~
      xiii. Blood pressure monitoring device; ~~and~~
      xiv. End tidal capnography; and

b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring General Anesthesia or Deep Sedation shall hold a current course completion confirmation in Basic Life Support Health Care Provider Level endorsed by the American Heart Association ~~cardiopulmonary resuscitation healthcare provider level~~;

3. Hold a valid license to practice dentistry in this state;
4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration; and
5. Provide confirmation of completing ACLS certification from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association ~~coursework~~ within the two years prior to submitting the permit application ~~in one or more of the following:~~
   ~~a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;~~
   ~~b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or~~
   ~~c. A recognized continuing education course in advanced airway management~~.

C. Before a Section 1301 Permit holder administers General Anesthesia or Deep Sedation, by any means, in a dental office or dental clinic, to a patient who is less than eight years of age, the dentist shall possess a Pediatric Endorsement issued by the Board. A dentist who has obtained a Section 1301 Permit with a Pediatric Endorsement pursuant to this section may administer General Anesthesia and lower levels of sedation to a patient who is less than eight years of age. The dentist may renew the Pediatric Endorsement every three years by complying with subsection (D).

D. To obtain or renew a Pediatric Endorsement for a Section 1301 Permit, a Dentist shall:

1. Maintain PALS certification; and
2. Either:
   a. Have completed a CODA-accredited residency program that has a standard for pediatric anesthesia training within the two years immediately preceding the dentist's application for a Pediatric Endorsement, or
   b. If the dentist completed a residency more than two years prior to the dentist's application, submit an affidavit to the Board indicating the dentist has provided intravenous Deep Sedation or General Anesthesia for 30 pediatric patients within three years immediately preceding the dentist's application. Cases completed with a dental practitioner who maintains a Section 1301 Permit with a Pediatric Endorsement can count towards the 30 cases; and complete 20 Credit Hours of Recognized Continuing Dental Education training over the past three years in areas of pediatric airway anatomy, physical evaluation, medical conditions, pharmacology, sedation, General Anesthesia, and medical emergencies. The 20 Credit Hours of Recognized Continuing Dental Education completed according to this section may be used to meet the Credit Hours required in these rules.

~~C.~~**E.** In addition to meeting the requirements of subsection (B), initial ~~Initial~~ applicants shall meet ~~one or more of~~ the following conditions ~~by submitting to the Board verification of meeting the condition directly from the issuing institution~~:

1. ~~Complete, within the three years before submitting the permit application, a full credit load, as defined by the training program, during one calendar year of training, in anesthesiology or related academic subjects, beyond the undergraduate dental school level in a training program described in R4-11-1306(A), offered by a hospital accredited by the Joint Commission on Accreditation of Hospitals Organization, or sponsored by a university accredited by the American Dental Association Commission on Dental Accreditation;~~ Submit proof to the Board directly from the issuing institution of successful completion of an accredited U.S. or Canadian residency in oral and maxillofacial surgery; or
2. ~~Be, within the three years before submitting the permit application, a Diplomate of the American Board of Oral and Maxillofacial Surgeons or eligible for examination by the American Board of Oral and Maxillofacial surgeons, a Fellow of the American Association of Oral and Maxillofacial surgeons, a Fellow of the American Dental Society of Anesthesiology, a Diplomate of the National Dental Board of Anesthesiology, or a Diplomate of the American Dental Board of Anesthesiology; or~~ Submit proof to the Board directly from the issuing institution of successful completion of an accredited U.S. or Canadian residency in dental anesthesiology. For graduates of a dental anesthesiology residency program prior to CODA or Canadian provincial accreditation, the program must have met the educational and duration requirements of the American Dental Association Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry at the Advanced Education Level (Part II), in effect at the time of residency completion.
3. For an applicant who completed the requirements of subsections (C)(1) or (C)(2) more than ~~three~~ two years before submitting the permit application, provide the following documentation:
   a. On a form provided by the Board, a written affidavit affirming that the applicant has administered general anesthesia or deep sedation to a minimum of 25 patients within the year before submitting the permit application or 75 patients within the last five years before submitting the permit application;
   b. A copy of the general anesthesia or deep sedation permit in effect in another state or certification of military training in general anesthesia or deep sedation from the applicant's commanding officer; and
   c. On a form provided by the Board, a written affidavit affirming the completion of 30 clock hours of continuing education taken within the last five years as outlined in R4-11-1306(B)(1)(a) through (f).

~~D.~~**F.** After submitting the application and written evidence of compliance with requirements in ~~subsection~~ subsections (B) and~~, if applicable, subsection (C)~~ (E) to the Board, the applicant shall schedule an onsite evaluation by the Board during which the applicant shall administer General Anesthesia or Deep Sedation. After the applicant completes the application requirements and successfully completes the onsite evaluation, a Section 1301 Permit shall be issued to the applicant.

1. The onsite evaluation team shall consist of:
   a. Two dentists who are Board members, or Board designees for initial applications; or
   b. One dentist who is a Board member or Board designee for renewal applications.
2. The onsite team shall evaluate the following:

a. The availability of equipment and personnel as specified in subsection (B)(2);
b. Proper administration of General Anesthesia or Deep Sedation to a patient by the applicant in the presence of the evaluation team;
c. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
d. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of Controlled Substances; and
e. Proper recordkeeping as specified in subsection ~~(E)~~ (H) by reviewing the records generated for the patient specified in subsection ~~(D)(2)(b)~~ (F)(2)(b); ~~and~~
f. For renewal applicants, records supporting continued competency as specified in ~~R4-11-1306~~ subsection (U).

3. The evaluation team shall recommend one of the following:
a. Pass. Successful completion of the onsite evaluation;
b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued;
c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency;
d. Category 2 Evaluation Failure. The applicant must complete ~~Board approved continuing education~~ Recognized Continuing Dental Education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency; or
e. Category 3 Evaluation Failure. The applicant must complete ~~Board approved remedial continuing education~~ Recognized Continuing Dental Education with the subject matter outlined in ~~R4-11-1306~~ this Article as identified by the evaluators and reapply not less than 90 days from the failed evaluation. An example is failure to recognize and manage an anesthetic urgency.

4. ~~The onsite evaluation of an additional dental office or dental clinic in which General Anesthesia or Deep Sedation is administered by an existing Section 1301 permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a)~~ An applicant who meets the requirement of subsection (E)(2), does not need to complete an onsite evaluation according to this section.

~~5.~~**G.** ~~A Section 1301 mobile permit may be issued if a Section 1301 permit holder travels to~~ dental offices or dental clinics to provide anesthesia or deep sedation. ~~The~~ To obtain a Mobile Permit for a Section 1301 Permit, the applicant ~~must~~ shall submit a completed affidavit verifying:
a. That the equipment and supplies for the provision of anesthesia or Deep Sedation as required in subsection (B)(2)(a) either travel with the Section 1301 Permit holder or are in place and in appropriate condition at the dental office or dental clinic where anesthesia or Deep Sedation is provided, and
b. Compliance with subsection (B)(2)(b).

~~F.~~**H.** A Section 1301 Permit holder shall keep an anesthesia or Deep Sedation record for each General Anesthesia and Deep Sedation procedure that includes the following entries:
1. ~~Pre-operative,~~ Intra-operative and post-operative electrocardiograph documentation;
2. ~~Pre-operative, intra-operative,~~ Intra-operative and post-operative pulse oximeter documentation;
3. ~~Pre-operative, intra-operative,~~ Intra-operative and post-operative blood pressure and vital sign documentation;
4. Documentation of intra-operative and post-operative monitoring of ventilatory status utilizing capnography or precordial stethoscope;
~~4.~~5. A list of all medications given, with dosage and time intervals, and route and site of administration;
~~5.~~6. Type of catheter or portal with gauge;
~~6.~~7. Indicate nothing by mouth or time of last intake of food or water;
~~7.~~8. Consent form; and
~~8.~~9. Time of discharge and status, including name of escort.

~~F.~~**I.** The Section 1301 Permit holder shall only use intraosseous access exclusively for emergency situations.~~The Section 1301 permit holder, for intravenous access, shall use a new infusion set, including a new infusion line and new bag of fluid, for each patient.~~

~~G.~~**J.** The Section 1301 Permit holder shall utilize supplemental oxygen for patients receiving General Anesthesia or Deep Sedation for the duration of the procedure as necessary.

~~H.~~**K.** The Section 1301 Permit holder shall continuously supervise the patient from the initiation of anesthesia or Deep Sedation until termination of the anesthesia or Deep Sedation procedure and oxygenation, ventilation, and circulation are stable.

L. The Section 1301 Permit holder, shall establish written guidelines for discharging a patient.

M. The Section 1301 Permit holder shall not commence with the administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.

~~I.~~**N.** A Section 1301 Permit holder may employ or work with a QAP ~~the following health care professionals~~ to provide anesthesia or sedation services, accepting primary responsibility for the conduct of the procedure, including review of medical records, health status classification, plan for sedation or anesthesia technique, and preparation for any emergency response, and shall ensure that the ~~health care professional~~ QAP continuously supervises the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation, and circulation are stable~~:~~
~~1. An allopathic or osteopathic physician currently licensed in Arizona by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners who has successfully completed a residency program in anesthesiology approved by the American Council on Graduate Medical Education or the American Osteopathic Association or who is certified by either the American~~

~~Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and is credentialed with anesthesia privileges through an Arizona licensed medical facility, or~~

~~2. A Certified Registered Nurse Anesthetist currently licensed in Arizona who provides services under the Nurse Practice Act in A.R.S. Title 32, Chapter 15~~.

~~J.~~**O.** A Section 1301 Permit holder may also administer ~~parenteral~~ Parenteral Moderate Sedation or lower levels of sedation without obtaining a Section 1302 Permit or a Section 1303 Permit.

P. The Section 1301 Permit holder who administers General Anesthesia or Deep Sedation shall ensure that the following additional persons are present, in addition to the Section 1301 Permit holder, to assist the Section 1301 Permit holder with monitoring the patient during the procedure:

1. One person with current certification in ACLS or PALS or completion of four-clock hours of a board approved course in advanced airway management, emergencies management or general anesthesia or deep sedation within two years prior to the procedure; and
2. One person with current certification in Basic Life Support Healthcare Provider Level endorsed by the American Heart Association.

Q. If the Section 1301 Permit holder who administers General Anesthesia or Deep Sedation to a patient is the operating dentist, the Section 1301 Permit holder shall ensure the additional person present for the procedure according to subsection (P) has the primary responsibility of assisting the permit holder in monitoring the patient during the procedure.

R. A Section 1301 Permit holder who has obtained a Pediatric Endorsement according to subsection (D), and who administers General Anesthesia or Deep Sedation to a patient who is less than eight years of age shall ensure:

1. The following additional persons are present, in addition to the Section 1301 Permit holder, to assist the Section 1301 Permit holder with monitoring the patient during the procedure:
   a. One person with current certification in ACLS or PALS or completion of four-clock hours of a board approved course in advanced airway management, emergencies management or general anesthesia or deep sedation within two years prior to the procedure; and
   b. One person with a current certification in Basic Life Support Health Care Provider Level endorsed by the American Heart Association; and
2. When the patient is less than eight years of age and in monitored recovery, a person with current certification in PALS or ACLS shall monitor the patient's vital signs until the patient meets the criteria for discharge.

S. Except as permitted according to subsection (C), a Section 1301 Permit holder cannot provide any anesthesia or sedation services under this section to a patient that is less than eight years of age.

T. A Section 1301 Permit holder shall not perform a procedure in a dental office or dental clinic, with the administration of General Anesthesia or Deep Sedation that the Section 1301 Permit holder anticipates to be longer than five hours.

U. In addition to meeting the requirements in subsection (B), in order to renew a Section 1301 Permit, the permit holder shall:

1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
   a. General Anesthesia,
   b. Parenteral sedation,
   c. Physical evaluation,
   d. Medical emergencies,
   e. Monitoring and use of monitoring equipment, or
   f. Pharmacology of Drugs and non-Drug substances used in General Anesthesia or Parenteral sedation; and
2. Complete at least 10 General Anesthesia or Deep Sedation cases per calendar year; and
3. Apply a maximum of six hours of ACLS coursework toward the continuing education requirements for subsection (U)(1).

V. A Section 1301 Permit holder who meets the requirements of subsection (U), may apply those requirements to the Credit Hours required under these rules.

R4-11-1302. Parenteral Moderate Sedation

A. Before administering ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation in a dental office or dental clinic, a dentist shall possess a Section 1302 Permit issued by the Board. The dentist may renew a Section 1302 Permit every ~~five~~ three years ~~by complying with R4-11-1307~~.

1. A Section 1301 Permit holder may also administer ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation.
2. A Section 1302 Permit holder shall not administer or employ any agents, Drugs, or techniques, or any combination thereof, which have a narrow margin for maintaining consciousness ~~including, but not limited to, ultra-short acting barbiturates, propofol, parenteral ketamine, or similarly acting Drugs, agents, or techniques, or any combination thereof~~ that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of Moderate Sedation.

B. To obtain or renew a Section 1302 Permit, the dentist shall:

1. Submit a completed application on a form provided by the Board office that~~, in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307,~~ includes:
   a. General information about the applicant such as:
      i. Name;
      ii. Home and office addresses and telephone numbers;
      iii. Limitations of practice;
      iv. Hospital affiliations;
      v. Denial, curtailment, revocation, or suspension of hospital privileges;
      vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
      vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
   b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;

2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation ~~by intravenous or intramuscular route~~:
   a. Contains the following properly operating equipment and supplies during the provision of ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation by the permit holder or QAP ~~General Anesthesia or Deep Sedation by a physician anesthesiologist or Certified Registered Nurse Anesthetist~~:
      i. The following emergency ~~Emergency~~ Drugs~~:~~;
         (1) Vasopressor;
         (2) Corticosteroid;
         (3) Bronchodilator;
         (4) Opioid antagonist;
         (5) Benzodiazepine antagonist;
         (6) Antihistaminic;
         (7) Anticholinergic;
         (8) Anticonvulsant;
         (9) Epinephrine;
         (10) Antiarrhythmic;
         (11) Coronary artery vasodilator; and
         (12) Antihypertensive;
      ii. Positive pressure oxygen and supplemental oxygen;
      iii. Stethoscope;
      iv. Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
      v. Oropharyngeal and nasopharyngeal airways;
      vi. Pulse oximeter;
      vii. Auxiliary lighting;
      viii. Blood pressure monitoring device; and
      ix. Cardiac defibrillator or ~~automated external defibrillator~~ AED; ~~and~~
      x. A pretracheal stethoscope, precordial stethoscope, or end tidal capnography; and
   b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:
      i. Holds a current course completion confirmation in Basic Life Support Health Care Provider Level endorsed by the American Heart Association ~~cardiopulmonary resuscitation healthcare provider level~~;
      ii. Is present during the ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation procedure to monitor appropriate physiologic parameters and to assist in any supportive or resuscitation measures; and
      iii. After the procedure, monitors the patient until discharge;
3. Hold a valid license to practice dentistry in this state;
4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration;
5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
   a. ~~Advanced cardiac life support~~ ACLS from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association; or
   ~~b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or~~
   ~~c.~~b. A ~~recognized continuing education~~ Recognized Continuing Dental Education course in advanced airway management or Moderate Sedation.

C. A dentist shall not administer Parenteral Moderate Sedation to a patient who is less than eight years of age. A dentist who has obtained a Section 1302 Permit with a Pediatric Endorsement pursuant to this section may administer Enteral Moderate Sedation and lower levels of sedation to a patient who is less than eight years of age. The dentist may renew the Pediatric Endorsement every three years by complying with subsection (D).

D. To obtain or renew a Pediatric Endorsement for a Section 1302 Permit, a Dentist shall:
1. Maintain PALS certification; and
2. Have completed a CODA-accredited residency program that has a standard for pediatric anesthesia training within the two years immediately preceding the dentist's application for a Pediatric Endorsement, or
3. The dentist shall submit an affidavit to the Board indicating the dentist has provided Enteral Moderate Sedation for 15 pediatric patients within three years immediately preceding the dentist's application. Cases for Enteral Moderate Sedation, completed with a dental practitioner who maintains a Section 1301 Permit, or a Section 1302 Permit, or a Section 1303 Permit, with a Pediatric Endorsement, can count towards the 15 cases; and complete 20 Credit Hours of Recognized Continuing Dental Education training over the past three years in areas of pediatric airway anatomy, physical evaluation, medical conditions, pharmacology, sedation, General Anesthesia, and medical emergencies. The 20 Credit Hours of Recognized Continuing Dental Education completed according to this section may be used to meet the Credit Hours required in these rules.

~~C.~~**E.** Initial applicants shall meet one of the following conditions ~~by submitting to the Board verification of meeting the condition directly from the issuing institution~~:
1. Successfully complete Board-recognized undergraduate, graduate, or postgraduate education within the three years before submitting the permit application, that includes the following:
   a. Sixty didactic hours of basic ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation to include:
      i. Physical evaluation;
      ii. Management of medical emergencies;

iii. The importance of and techniques for maintaining proper documentation; and
iv. Monitoring and the use of monitoring equipment; and

b. Hands-on personal administration of ~~parenteral~~ ~~sedative~~ medications for Parenteral Moderate Sedation to at least 20 patients in a manner consistent with this Section; or

2. An applicant who completed training in ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation more than three years before submitting the permit application shall provide the following documentation:
   a. On a form provided by the Board, a written affidavit affirming that the applicant has administered ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation to a minimum of 25 patients within the year or 75 patients within the last five years before submitting the permit application;
   b. A copy of the ~~parenteral~~ Parenteral Moderate sedation permit in effect in another state or certification of military training in ~~parenteral~~ Parenteral Moderate sedation from the applicant's commanding officer; and
   c. On a form provided by the Board, a written affidavit affirming the completion of 30 clock hours of ~~continuing education~~ Recognized Continuing Dental Education taken within the last five years as outlined in ~~R4-11-1306(B)(1)(b) through (f)~~ this Article.

~~D.~~**F.** After submitting the application and written evidence of compliance with requirements outlined in subsection (B) and, if applicable, subsection ~~(C)~~ (E) to the Board, the applicant shall schedule an onsite evaluation by the Board during which the applicant shall administer ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue a Section 1302 Permit to the applicant.

1. The onsite evaluation team shall consist of:
   a. Two dentists who are Board members, or Board designees for initial applications, or
   b. One dentist who is a Board member or Board designee for renewal applications.
2. The onsite team shall evaluate the following:
   a. The availability of equipment and personnel as specified in subsection (B)(2);
   b. Proper administration of ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation to a patient by the applicant in the presence of the evaluation team;
   c. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
   d. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of all Controlled Substances;
   e. Proper recordkeeping as specified in subsection ~~(E)~~ (I) by reviewing the records generated for the patient receiving ~~parenteral~~ Parenteral sedation as specified in subsection ~~(D)(2)(b)~~(F)(2)(b); and
   f. For renewal applicants, records supporting continued competency as specified in subsection (K)~~R4-11-1306~~.
3. The evaluation team shall recommend one of the following:
   a. Pass. Successful completion of the onsite evaluation;
   b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued;
   c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency;
   d. Category 2 Evaluation Failure. The applicant must complete ~~Board approved~~ ~~continuing education~~ Recognized Continuing Dental Education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency; or
   e. Category 3 Evaluation Failure. The applicant must complete ~~Board approved~~ ~~continuing education~~ Recognized Continuing Dental Education with the subject matter ~~outlined in R4-11-1306 as~~ identified by the evaluators and reapply not less than 90 days from the failed evaluation. An example is failure to recognize and manage an anesthetic urgency.

~~4. The onsite evaluation of an additional dental office or dental clinic in which parenteral sedation is administered by an existing Section 1302 Permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a).~~

~~5.~~4. To obtain a Mobile Permit for a Section 1302 Permit, ~~A Section 1302 mobile permit may be issued if a Section 1302 Permit holder travels to dental offices or dental clinics to provide parenteral sedation. The~~ the applicant ~~must~~ shall submit a completed affidavit verifying:
   a. That the equipment and supplies for the provision of ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation as required in R4-11-1302(B)(2)(a) either travel with the Section 1302 Permit holder or are in place and in appropriate working condition at the dental office or dental clinic where ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation is provided, ~~and~~
   b. Compliance with R4-11-1302(B)(2)(b).

G. A Section 1302 Permit holder shall complete an onsite evaluation that complies with subsection (F) in order to renew a Section 1302 Permit every six years.

H. A Section 1302 Permit holder does not need to comply with subsection (F)(2)(b) to renew a Section 1302 Permit.

~~E.~~**I.** A Section 1302 Permit holder shall keep a ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation record for each ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation procedure that~~:~~ includes

~~1.~~ ~~Includes~~ the following entries:
~~a.~~1. ~~Pre-operative, intra-operative,~~ Intra-operative and post-operative pulse oximeter documentation;
~~b.~~2. ~~Pre-operative, intra-operative,~~ Intra-operative and post-operative blood pressure and vital sign documentation;
3. Documentation of intra-operative and post-operative monitoring of ventilatory status utilizing capnography or precordial stethoscope.

~~c.~~4. A list of all medications given, with dosage and time intervals and route and site of administration;
~~d.~~5. Type of catheter or portal with gauge;
~~e.~~6. Indicate nothing by mouth or time of last intake of food or water;
~~f.~~7. Consent form; ~~and~~
~~g.~~8. Time of discharge and status, including name of escort~~; and~~
~~2. May include pre-operative and post-operative electrocardiograph report~~.

J. The Section 1302 Permit holder shall only use intraosseous access exclusively for emergency situations.

K. In addition to meeting the requirements in subsection (B), in order to renew a Section 1302 Permit, the permit holder shall:
1. Participate in 18 clock hours of continuing education every three years in one or more of the following areas:
   a. General Anesthesia,
   b. Parenteral sedation,
   c. Physical evaluation,
   d. Medical emergencies,
   e. Monitoring and use of monitoring equipment, or
   f. Pharmacology of Drugs and non-Drug substances used in General Anesthesia or Parenteral sedation; and
2. Complete at least 10 Parenteral Moderate Sedation cases per calendar year; and
3. Apply a maximum of six hours of ACLS coursework toward the continuing education requirements for subsection (K)(1).

~~**F.**~~**L.** ~~The Section 1302 Permit holder shall establish intravenous access on each patient receiving parenteral sedation utilizing a new infusion set, including a new infusion line and new bag of fluid.~~ The Section 1302 Permit holder shall establish a functional intravenous catheter for each patient receiving intravenous sedation services.

~~**G.**~~**M.** The Section 1302 Permit holder shall utilize supplemental oxygen for patients receiving ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation for the duration of the procedure as necessary.

~~**H.**~~**N.** The Section 1302 Permit holder shall continuously supervise the patient from the initiation of ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation until termination of the ~~parenteral~~ Parenteral Moderate ~~sedation~~ Sedation procedure and oxygenation, ventilation and circulation are stable.

O. The Section 1302 Permit holder shall establish written guidelines for discharging a patient.

P. The Section 1302 Permit holder shall not commence with the administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.

~~**I.** A Section 1302 Permit holder may employ a health care professional as specified in R4-11-1301(I).~~

Q. A Section 1302 Permit holder who has obtained a Pediatric Endorsement according to subsection (D), and who administers Enteral Moderate Sedation to a pediatric patient who is less than eight years of age shall ensure:
1. The following additional persons are present with the patient during the procedure:
   a. One person with current certification in ACLS or PALS or completion of four-clock hours of a board approved course in advanced airway management, emergencies management or general anesthesia or deep sedation within two years prior to the procedure; and
   b. One person with current certification in Basic Life Support Health Care Provider Level endorsed by the American Heart Association; and
2. A person who has a current certification in PALS or ACLS and monitors the patient after the patient's oxygenation, ventilation, and circulation are stable until the patient meets criteria for discharge using a recognized pediatric discharge scoring system.

R. Except as according to subsection (C), a Section 1302 Permit holder may also administer Enteral Moderate Sedation or lower levels of sedation without obtaining a Section 1303 Permit.

S. A Section 1302 Permit holder shall not perform a procedure, with the administration of any sedation, the Section 1302 Permit holder anticipates to be longer than five hours, in a dental office or dental clinic.

T. A Section 1302 Permit holder may employ or work with a QAP to provide anesthesia or sedation services, accepting primary responsibility for the conduct of the procedure, including review of medical records, health status classification, plan for sedation or anesthesia technique, and preparation for any emergency response, and shall ensure that the QAP continuously supervises the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation, and circulation are stable.

R4-11-1303. Enteral Moderate ~~Oral~~ Sedation

A. Before administering Enteral Moderate Sedation ~~Oral Sedation~~ in a dental office or dental clinic, a dentist shall possess a Section 1303 Permit issued by the Board. The dentist may renew a Section 1303 Permit every ~~five~~ three years by complying with R4-11-1307.
~~1.~~ A Section 1301 Permit holder or Section 1302 Permit holder may also administer ~~oral sedation~~ Enteral Moderate Sedation without obtaining a Section 1303 Permit.
~~2. The administration of a single Drug for minimal sedation does not require a Section 1303 Permit if:~~
   ~~a. The administered dose is within the Food and Drug Administration's maximum recommended dose as printed in the Food and Drug Administration's approved labeling for unmonitored home use;~~
      ~~i. Incremental multiple doses of the drug may be administered until the desired effect is reached, but does not exceed the maximum recommended dose; and~~
      ~~ii. During minimal sedation, a single supplemental dose may be administered. The supplemental dose may not exceed one-half of the initial dose and the total aggregate dose may not exceed one and one-half times the Food and Drug Administration's maximum recommended dose on the date of treatment; and~~
   ~~b. Nitrous oxide/oxygen may be administered in addition to the oral drug as long as the combination does not exceed minimal sedation.~~

B. To obtain or renew a Section 1303 Permit, a dentist shall:

1. Submit a completed application on a form provided by the Board office that~~, in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307,~~ includes:
   a. General information about the applicant such as:
      i. Name;
      ii. Home and office addresses and telephone numbers;
      iii. Limitations of practice;
      iv. Hospital affiliations;
      v. Denial, curtailment, revocation, or suspension of hospital privileges;
      vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
      vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
   b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer Enteral Moderate Sedation ~~Oral Sedation~~:
   a. Contains the following properly operating equipment and supplies during the provision of sedation:
      i. The following ~~Emergency~~ emergency Drugs;
         (1) Vasopressor;
         (2) Bronchodilator;
         (3) Opioid antagonist;
         (4) Benzodiazepine antagonist;
         (5) Antihistaminic;
         (6) Anticholinergic;
         (7) Anticonvulsant;
         (8) Coronary artery vasodilator;
      ii. Cardiac defibrillator or ~~automated external defibrillator~~ AED;
      iii. Positive pressure oxygen and supplemental oxygen;
      iv. Stethoscope;
      v. Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
      vi. Pulse oximeter;
      vii. Blood pressure monitoring device; ~~and~~
      viii. Auxiliary lighting; and
      ix. A pretracheal or precordial stethoscope, or end tidal capnography; and
   b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:
      i. Holds a current certificate in Basic Life Support Health Care Provider Level endorsed by the American Heart Association ~~cardiopulmonary resuscitation healthcare provider level~~;
      ii. Is present during the Enteral Moderate Sedation ~~Oral Sedation~~ procedure to monitor appropriate physiologic parameters and to assist in any supportive or resuscitation measures; and
      iii. After the procedure is completed, adequately monitors the patient on a one-on-one basis until discharge criteria is met;
3. Hold a valid license to practice dentistry in this state;
4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration;
5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
   a. ~~Cardiopulmonary resuscitation healthcare Provider Level~~ ACLS from the American Heart Association, American Red Cross, or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association or American Red Cross; or
   ~~b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or~~
   ~~c.~~b. A ~~recognized continuing education~~ Recognized Continuing Dental Education course in advanced airway management.

C. Before administering Enteral Moderate Sedation in a dental office or dental clinic, to a patient who is less than eight years of age, a dentist shall possess a Section 1303 Permit with a Pediatric Endorsement issued by the Board. A dentist who has obtained a Section 1303 Permit with a Pediatric Endorsement pursuant to this section may utilize a QAP according to R4-11-1304. The dentist may renew the Pediatric Endorsement every three years by complying with subsection (D).

D. To obtain or renew a Pediatric Endorsement for a Section 1303 Permit, a Dentist shall:
1. Maintain a PALS certification; and
2. Have completed a CODA-accredited residency program that has a standard for pediatric anesthesia training within the two years immediately preceding the dentist's application for a Pediatric Endorsement, or
3. The dentist shall submit an affidavit to the Board indicating the dentist has provided Enteral Moderate Sedation for 15 patients, who are less than eight years of age, within three years immediately preceding the dentist's application. Cases for Enteral Moderate Sedation completed with a Permit Holder who maintains a Pediatric Endorsement, can count towards the 15 cases; and complete 20 Credit Hours, in addition to the 30 Credit Hours required according to subsection (E)(1), of Recognized Continuing Dental Education training over the past two years in areas of pediatric airway anatomy, physical evaluation, medical conditions, pharmacology, sedation, General Anesthesia, and medical emergencies. The 20 Credit Hours of Recognized Continuing Dental Education completed according to this section may be used to meet the Credit Hours required in these rules.

~~C.~~**E.** Initial applicants shall meet one of the following conditions ~~by submitting to the Board verification of meeting the condition directly from the issuing institution~~:

1. ~~Complete a Board-recognized post-doctoral residency program that includes documented training in Oral Sedation within the last three years before submitting the permit application; or~~ Provide a written affidavit of successfully completing 30 hours of Recognized Continuing Dental Education within the three years before submitting the permit application, that includes the following Enteral Moderate Sedation training:
   a. Physical evaluation;
   b. Pharmacology;
   c. Management of medical emergencies;
   d. The importance of, and techniques for, maintaining proper documentation; and
   e. Monitoring and the use of monitoring equipment; or
2. An applicant who completed ~~Complete a Board-recognized post-doctoral residency program that includes documented~~ training in Enteral Moderate Sedation ~~Oral Sedation~~ more than three years before submitting the permit application shall provide the following documentation:
   a. On a form provided by the Board, a written affidavit affirming that the applicant has administered ~~enteral~~ Enteral Moderate Sedation ~~oral sedation~~ to a minimum of ~~25~~20 patients within the year or 75 patients within the last five years before submitting the permit application;
   b. A copy of the ~~Oral~~ sedation permit in effect in another state or certification of military training in Enteral Moderate Sedation ~~Oral Sedation~~ from the applicant's commanding officer; and
   c. On a form provided by the Board, a written affidavit affirming the completion of 30 hours of ~~continuing education~~ Recognized Continuing Dental Education taken within the last five years as outlined in ~~R4-11-1306(C)(1)(a) through (f); or~~ this Article.

~~3. Provide proof of participation in 30 clock hours of Board-recognized undergraduate, graduate, or post-graduate education in oral sedation within the three years before submitting the permit application that includes:~~
   ~~a. Training in basic oral sedation,~~
   ~~b. Pharmacology,~~
   ~~c. Physical evaluation,~~
   ~~d. Management of medical emergencies,~~
   ~~e. The importance of and techniques for maintaining proper documentation, and~~
   ~~f. Monitoring and the use of monitoring equipment.~~

F. To renew a Section 1303 Permit, an applicant shall provide proof of participation in 18 clock hours of Board-recognized undergraduate, graduate, or post-graduate education in Enteral Moderate Sedation within the three years before submitting the permit application that includes:
1. Training in basic Enteral Moderate Sedation,
2. Pharmacology,
3. Physical evaluation,
4. Management of medical emergencies,
5. The importance of and techniques for maintaining proper documentation, and
6. Monitoring and the use of monitoring equipment.

~~D.~~**G.** After submitting the application and written evidence of compliance with requirements in subsection (B) and, if applicable, subsection ~~(C)~~ (E) to the Board, the applicant shall schedule an onsite evaluation by the Board. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue a Section 1303 Permit to the applicant.
1. The onsite evaluation team shall consist of:
   a. For initial applications, two dentists who are Board members, or Board designees.
   b. For renewal applications, one dentist who is a Board member, or Board designee.
2. The onsite team shall evaluate the following:
   a. The availability of equipment and personnel as specified in subsection (B)(2);
   b. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
   c. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of Controlled Substances;
   d. Proper recordkeeping as specified in subsection ~~(E)~~(I) by reviewing the forms that document the oral sedation record; and
   e. For renewal applicants, records supporting continued competency as specified in ~~R4-11-1306~~this Article.
3. The evaluation team shall recommend one of the following:
   a. Pass. Successful completion of the onsite evaluation;
   b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before permit will be issued;
   c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency; or
   d. Category 2 Evaluation Failure. The applicant must complete ~~Board-approved continuing education~~ Recognized Continuing Dental Education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency.
4. The onsite evaluation of an additional dental office or dental clinic in which Enteral Moderate Sedation ~~Oral Sedation~~ is administered by a Section 1303 Permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection ~~(D)(2)(a)~~(G)(2)(a).

5. To obtain a Mobile Permit for a Section 1303 Permit ~~A Section 1303 mobile permit may be issued if the Section 1303 Permit holder travels to dental offices or dental clinics to provide Oral Sedation. The~~ the applicant ~~must~~ shall submit a completed affidavit verifying:
   a. That the equipment and supplies for the provision of Enteral Moderate Sedation ~~Oral Sedation~~ as required in R4-11-1303(B)(2)(a) either travel with the Section 1303 Permit holder or are in place and in appropriate condition at the dental office or dental clinic where Enteral Moderate Sedation ~~Oral Sedation~~ is provided, and
   b. Compliance with R4-11-1303(B)(2)(b).

H. Notwithstanding any other section, an onsite evaluation shall be required to renew a Section 1303 Permit every six years.

~~**F.**~~**I.** A Section 1303 Permit holder shall keep a ~~an Oral~~ sedation record for each ~~Oral~~ sedation procedure that~~:~~
~~1.~~ ~~Includes~~ includes the following entries:
~~a.~~1. Pre-operative, intra-operative, and post-operative, pulse oximeter oxygen saturation and pulse rate documentation;
~~b.~~2. Pre-operative, intra-operative, and post-operative blood pressure;
~~c.~~3. Documentation of intra-operative and post-operative monitoring of ventilatory status utilizing capnography or precordial stethoscope.
4. Documented reasons for not taking vital signs if a patient's behavior or emotional state prevents monitoring personnel from taking vital signs;
~~d.~~5. List of all medications given, including dosage and time intervals;
~~e.~~6. Patient's weight;
~~f.~~7. Consent form;
~~g.~~8. ~~Special notes, such as, nothing by mouth or~~ List of the patient's last intake of food or water; ~~and~~
~~h.~~9. Evaluation of the patient's airway;
~~i.~~10. Time of discharge and status, including name of escort; and
~~2. May include the following entries:~~
   ~~a. Pre-operative and post-operative electrocardiograph report; and~~
   ~~b. Intra-operative blood pressures.~~

~~**F.**~~**J.** The Section 1303 Permit holder shall utilize supplemental oxygen for patients receiving Enteral moderate ~~Oral~~ sedation for the duration of the procedure as necessary.

~~**G.**~~**K.** The Section 1303 Permit holder shall ensure the continuous supervision of the patient from the administration of Enteral ~~moderate~~ Moderate ~~Oral sedation~~ Sedation until oxygenation, ventilation and circulation are stable and the patient is appropriately responsive for discharge from the dental office or dental clinic.

L. A Section 1303 Permit holder who has obtained a Pediatric Endorsement according to subsection (D), and who administers Enteral Moderate Sedation to a pediatric patient who is less than eight years of age shall ensure:
1. The following additional persons are present, in addition to the Section 1303 Permit holder, to assist the Section 1303 Permit holder with monitoring the patient during the procedure:
   a. One person with current certification in PALS or ACLS or completion of four-clock hours of a board approved course in advanced airway management, emergencies management or general anesthesia or deep sedation within two years prior to the procedure; and
   b. One person with current certification in Basic Life Support Health Care Provider Level endorsed by the American Heart Association; and
2. A person with current certification in PALS or ACLS and monitors the patient after the patient's oxygenation, ventilation, and circulation are stable until the patient meets criteria for discharge using a recognized pediatric discharge scoring system.

~~**H.** A Section 1303 permit holder may employ a health care professional to provide anesthesia services, if all of the following conditions are met:~~
~~1. The physician anesthesiologist or Certified Registered Nurse Anesthetist meets the requirements as specified in R4-11-1301(I);~~
~~2. The Section 1303 Permit holder has completed coursework within the two years prior to submitting the permit application in one or more of the following:~~
   ~~a. Advanced Cardiac Life Support from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;~~
   ~~b. Pediatric Advanced Life Support in a practice treating pediatric patients;~~
   ~~c. A recognized continuing education course in advanced airway management;~~
~~3. The Section 1303 Permit holder ensures that:~~
   ~~a. The dental office or clinic contains the equipment and supplies listed in R4-11-1304(B)(2)(a) during the provision of anesthesia or sedation by the physician anesthesiologist or Certified Registered Nurse Anesthetist;~~
   ~~b. The anesthesia or sedation record contains all the entries listed in R4-11-1304(D);~~
   ~~c. For intravenous access, the physician anesthesiologist or Certified Registered Nurse Anesthetist uses a new infusion set, including a new infusion line and new bag of fluid for each patient; and~~
   ~~d. The patient is continuously supervised from the administration of anesthesia or sedation until the termination of the anesthesia or sedation procedure and oxygenation, ventilation and circulation are stable.~~

M. The Section 1303 Permit holder shall not commence with a subsequent procedure or treatment until the patient is in monitored recovery or meets the guidelines for discharge.

N. The Section 1303 Permit holder shall not use pharmacy compounded medications for sedation for a patient that is less than eight years of age.

O. If a patient expectorates the sedation medication, the Section 1303 Permit holder shall not administer any additional dose of any sedation medication.

P. All sedation medications used to achieve Enteral Moderate Sedation for a patient that is less than eight years of age, shall be administered in the immediate presence of the Section 1303 Permit holder.

O. A Section 1303 Permit holder shall not perform a procedure, with the administration of sedation, the Section 1303 Permit holder anticipates to be longer than five hours, in a dental office or dental clinic.
R. The Section 1303 Permit holder shall establish written guidelines for discharging a patient.
S. A Section 1303 Permit holder may employ or work with a QAP to provide anesthesia or sedation services, accepting primary responsibility for the conduct of the procedure, including review of medical records, health status classification, plan for sedation or anesthesia technique, and preparation for any emergency response, and shall ensure that the QAP continuously supervises the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation, and circulation are stable.

R4-11-1304. ~~Permit to Employ or Work~~ Working with a QAP ~~Physician Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)~~

~~**A.** This Section does not apply to a Section 1301 permit holder or a Section 1302 permit holder practicing under the provisions of R4-11-1302(I) or a Section 1303 permit holder practicing under the provisions of R4-11-1303(H). A dentist may utilize a physician anesthesiologist or certified registered nurse anesthetist (CRNA) for anesthesia or sedation services while the dentist provides treatment in the dentist's office or dental clinic after obtaining a Section 1304 permit issued by the Board.~~
~~1. The physician anesthesiologist or CRNA meets the requirements as specified in R4-11-1301(I).~~
~~2. The dentist permit holder shall provide all dental treatment and ensure that the physician anesthesiologist or CRNA remains on the dental office or dental clinic premises until any patient receiving anesthesia or sedation services is discharged.~~
~~3. A dentist may renew a Section 1304 permit every five years by complying with R4-11-1307.~~
~~**B.** To obtain or renew a Section 1304 permit, a dentist shall:~~
~~1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3), and R4-11-1307 includes:~~
~~a. General information about the applicant such as:~~
~~i. Name;~~
~~ii. Home and office addresses and telephone numbers;~~
~~iii. Limitations of practice;~~
~~iv. Hospital affiliations;~~
~~v. Denial, curtailment, revocation, or suspension of hospital privileges;~~
~~vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and~~
~~vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and~~
~~b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;~~
~~2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist provides treatment during administration of general anesthesia or sedation by a physician anesthesiologist or CRNA:~~
~~a. Contains the following properly operating equipment and supplies during the provision of general anesthesia and sedation:~~
~~i. Emergency drugs;~~
~~ii. Electrocardiograph monitor;~~
~~iii. Pulse oximeter;~~
~~iv. Cardiac defibrillator or automated external defibrillator (AED);~~
~~v. Positive pressure oxygen and supplemental continuous flow oxygen;~~
~~vi. Suction equipment, including endotracheal, tonsillar or pharyngeal and emergency backup medical suction device;~~
~~vii. Laryngoscope, multiple blades, backup batteries and backup bulbs;~~
~~viii. Endotracheal tubes and appropriate connectors;~~
~~ix. Magill forceps;~~
~~x. Oropharyngeal and nasopharyngeal airways;~~
~~xi. Auxiliary lighting;~~
~~xii. Stethoscope; and~~
~~xiii. Blood pressure monitoring device; and~~
~~b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring general anesthesia or sedation shall hold a current course completion confirmation in cardiopulmonary resuscitation (CPR) Health Care Provider level;~~
~~3. Hold a valid license to practice dentistry in this state; and~~
~~4. Provide confirmation of completing coursework within the last two years prior to submitting the permit application in one or more of the following:~~
~~a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;~~
~~b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or~~
~~c. A recognized continuing education course in advanced airway management.~~
~~**C.** After submitting the application and written evidence of compliance with requirements in subsection (B) to the Board, the applicant shall schedule an onsite evaluation by the Board. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue the applicant a Section 1304 permit.~~
~~1. The onsite evaluation team shall consist of one dentist who is a Board member, or Board designee.~~
~~2. The onsite team shall evaluate the following:~~
~~a. The availability of equipment and personnel as specified in subsection (B)(2);~~
~~b. Proper documentation of controlled substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of controlled substances; and~~
~~c. Proper recordkeeping as specified in subsection (E) by reviewing previous anesthesia or sedation records.~~

~~3. The evaluation team shall recommend one of the following:~~
~~a. Pass. Successful completion of the onsite evaluation; or~~
~~b. Conditional approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued.~~
~~4. The evaluation of an additional dental office or dental clinic in which a Section 1304 permit holder provides treatment during the administration general anesthesia or sedation by a physician anesthesiologist or CRNA may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (B)(2).~~

~~**D.** A Section 1304 permit holder shall keep an anesthesia or sedation record for each general anesthesia and sedation procedure that includes the following entries as required by a 1301 permit:~~
~~1. Pre-operative and post-operative electrocardiograph documentation;~~
~~2. Pre-operative, intra-operative, and post-operative, pulse oximeter documentation;~~
~~3. Pre-operative, intra-operative, and post-operative blood pressure and vital sign documentation; and~~
~~4. A list of all medications given, with dosage and time intervals and route and site of administration;~~
~~5. Type of catheter or portal with gauge;~~
~~6. Indicate nothing by mouth or time of last intake of food or water;~~
~~7. Consent form; and~~
~~8. Time of discharge and status, including name of escort.~~

~~**E.** For intravenous access, a Section 1304 permit holder shall ensure that the physician anesthesiologist or CRNA uses a new infusion set, including a new infusion line and new bag of fluid for each patient.~~

~~**F.** A Section 1304 permit holder shall ensure that the physician anesthesiologist or CRNA utilizes supplemental continuous flow oxygen for patients receiving general anesthesia or sedation for the duration of the procedure.~~

~~**G.** The Section 1304 permit holder shall continuously supervise the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation, and circulation are stable. The Section 1304 permit holder shall does not commence with a subsequent procedure or treatment until the patient is in monitored recovery or meets the guidelines for discharge.~~

A. A dentist who is a Section 1301 Permit holder, Section 1302 Permit holder, or Section 1303 Permit holder may work with any QAP without Board notification.

B. A dentist who is not a Section 1301 Permit holder, Section 1302 Permit holder, or 1303 Permit holder may work with any QAP if a treating dentist involved in the case signs an affidavit attesting that a treating dentist shall ensure the QAP complies with the following rules:
1. Section R4-11-1301 for a QAP who is a Section 1301 Permit holder.
2. Section R4-11-1302 for a QAP who is a Section 1302 Permit holder.
3. Section R4-11-1303 for a QAP who is a Section 1303 Permit holder.
4. Section R4-11-1304(D) for a QAP who is not a licensed dentist.

C. When a dentist who is not a Section 1301 Permit holder, Section 1302 Permit holder, or Section 1303 Permit holder works with any QAP, a treating dentist involved in the case shall submit the following to the Board on forms provided by the Board within 10 days of utilizing the QAP.
1. The QAP's name;
2. The QAP's license number and the name of the licensing entity, if not the Board;
3. The address where the dentist is utilizing the QAP.
4. The signed affidavit from R4-11-1304(B).

D. When a dentist who is not a Section 1301 Permit holder, Section 1302 Permit holder, or Section 1303 Permit holder utilizes a QAP who is not a licensed dentist, a treating dentist involved in the case shall sign the affidavit according to subsection (B) and submit the notification according to subsection (C) to attest that a treating dentist shall ensure the following while the QAP is providing General Anesthesia or Deep Sedation to the patient.
1. The dental office or dental clinic contains the properly operating equipment and supplies as described in R4-11-1301(B)(2)(a).
2. A staff of supervised personnel will be present as described in R4-11-1301(B)(2)(b).
3. The QAP is registered by their licensing board to provide anesthesia in a dental office or dental clinic, in Arizona.
4. The QAP maintains current certification in ACLS or if the QAP is treating a patient who is less than eight years of age, the QAP maintains current certification in PALS.
5. If the QAP is treating a patient less than eight years of age, the QAP has completed 30 pediatric General Anesthesia or Deep Sedation cases within the last three years.
6. The QAP maintains an anesthesia record that includes the information as described in R4-11-1301(H) and a licensed dentist involved in the case maintains a copy.
7. The QAP only uses intraosseous access exclusively for emergency situations.
8. The QAP utilizes supplemental oxygen for patients receiving General Anesthesia or Deep Sedation for the duration of the procedure as necessary.
9. The QAP continuously supervises the patient from the initiation of General Anesthesia or Deep Sedation until termination of the General Anesthesia or Deep Sedation procedure and oxygenation, ventilation, and circulation are stable.
10. The QAP establishes written guidelines for discharging a patient.
11. The QAP does not commence with the administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.
12. The following additional persons will be present, in addition to the QAP, to assist the treating dentist with monitoring the patient during the procedure:

a. One person with current certification in ACLS or PALS or completion of four-clock hours of a board approved course in advanced airway management, emergency management or general anesthesia or deep sedation within two years prior to the procedure; and
b. One person with current certification in Basic Life Support Healthcare Provider Level endorsed by the American Heart Association.

13. When the patient is less than eight years of age and in monitored recovery, a person with current certification in PALS or ACLS shall monitor the patient's vital signs until the patient meets the criteria for discharge.
14. The QAP does not administer General Anesthesia or Deep Sedation for a procedure that is anticipated to last longer than five hours in a dental office or dental clinic.

E. A dentist shall submit a new affidavit and notification to the Board according to this section within 10 days of a change in any of the information required by this section for a dentist to work with a QAP.

R4-11-1305. ~~Reports of Adverse Occurrences~~ Mandatory Reporting

If a death~~,~~ or incident ~~requiring~~ involving the activation of emergency medical response, occurs in a dental office or dental clinic, occurs during the administration of or recovery from ~~general~~ anesthesia, ~~deep sedation, moderate sedation,~~ or ~~minimal~~ sedation, the permit holder and the treating dentist ~~involved~~ shall submit a complete Article 13 Incident Report ~~report of the incident~~ consistent with A.R.S. § 32-1272(D) to the Board within ~~10~~ seven business days after the occurrence.

R4-11-1306. ~~Education; Continued Competency~~ Enteral Minimal Sedation

~~**A.** To obtain a Section 1301, permit by satisfying the education requirement of R4-11-1301(B)(6), a dentist shall successfully complete an advanced graduate or post-graduate education program in pain control.~~
~~1. The program shall include instruction in the following subject areas:~~
~~a. Anatomy and physiology of the human body and its response to the various pharmacologic agents used in pain control;~~
~~b. Physiological and psychological risks for the use of various modalities of pain control;~~
~~c. Psychological and physiological need for various forms of pain control and the potential response to pain control procedures;~~
~~d. Techniques of local anesthesia, sedation, and general anesthesia, and psychological management and behavior modification, as they relate to pain control in dentistry; and~~
~~e. Handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway, and cardiopulmonary resuscitation.~~
~~2. The program shall consist of didactic and clinical training. The didactic component of the program shall:~~
~~a. Be the same for all dentists, whether general practitioners or specialists; and~~
~~b. Include each subject area listed in subsection (A)(1).~~
~~3. The program shall provide at least one calendar year of training as prescribed in R4-11-1301(B)(6)(a).~~
~~**B.** To maintain a Section 1301 or 1302 permit under R4-11-1301 or R4-11-1302, a permit holder shall:~~
~~1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:~~
~~a. General anesthesia,~~
~~b. Parenteral sedation,~~
~~c. Physical evaluation,~~
~~d. Medical emergencies,~~
~~e. Monitoring and use of monitoring equipment, or~~
~~f. Pharmacology of drugs and non-drug substances used in general anesthesia or parenteral sedation; and~~
~~2. Provide confirmation of completing coursework within the two years prior to submitting the renewal application from one or more of the following:~~
~~a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;~~
~~b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or~~
~~c. A recognized continuing education course in advanced airway management;~~
~~3. Complete at least 10 general anesthesia, deep sedation or parenteral sedation cases a calendar year; and~~
~~4. Apply a maximum of six hours from subsection (B)(2) toward the continuing education requirements for subsection (B)(1).~~
~~**C.** To maintain a Section 1303 permit issued under R4-11-1303, a permit holder shall:~~
~~1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:~~
~~a. Oral sedation,~~
~~b. Physical evaluation,~~
~~c. Medical emergencies,~~
~~d. Monitoring and use of monitoring equipment, or~~
~~e. Pharmacology of oral sedation drugs and non-drug substances; and~~
~~2. Provide confirmation of completing coursework within the two years prior to submitting the renewal application from one or more of the following:~~
~~a. Cardiopulmonary resuscitation (CPR) Health Care Provider level from the American Heart Association, American Red Cross or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association or American Red Cross;~~
~~b. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;~~
~~c. Pediatric advanced life support (PALS);~~
~~d. A recognized continuing education course in advanced airway management; and~~
~~3. Complete at least 10 oral sedation cases a calendar year.~~

A. A treating dentist does not need to obtain a Section 1303 Permit to administer a single Enteral Drug for the purpose of achieving Minimal Sedation.
B. The treating dentist shall not administer a single Enteral Drug in excess of the total maximum recommended dose per the package insert for that Drug for unmonitored home administration.
C. The treating dentist may administer Nitrous oxide in combination with a single Enteral Drug for the purpose of achieving Minimal Sedation.

R4-11-1307. Renewal of Permit

A. To renew a Section 1301 Permit, Section 1302 Permit, or Section 1303 ~~permit~~ Permit, and Pediatric Endorsement, the permit holder shall:
~~1. Provide written documentation of compliance with the applicable continuing education requirements in R4-11-1306;~~
~~2. Provide written documentation of compliance with the continued competency requirements in R4-11-1306;~~
~~3.~~1. Before December 31 of the year the permit expires, submit a completed application on a form provided by the Board office as described in R4-11-1301, R4-11-1302, or R4-11-1303; and
~~4.~~2. Not less than 90 days before the expiration of a permit holder's current permit, arrange for an onsite evaluation as applicable and described in R4-11-1301, R4-11-1302, or R4-11-1303.

~~**B.** To renew a Section 1304 permit, the permit holder shall:~~
~~1. Before December 31 of the year the permit expires, submit a completed application on a form provided by the Board office as described in R4-11-1304; and~~
~~2. Not less than 90 days before the expiration of a permit holder's current permit, arrange for an onsite evaluation as described in R4-11-1304.~~

~~**C.**~~**B.** After the permit holder successfully completes the evaluation, where applicable, and submits the required affidavits, the Board shall renew a Section 1301 Permit, Section 1302 Permit, or Section 1303 Permit, ~~1304 permit,~~ as applicable.

~~**D.**~~C. The Board may stagger due dates for renewal applications.

NOTICES OF SUBSTANTIVE POLICY STATEMENT

SUMMARIES AND LOCATION OF STATEMENTS

Substantive policy statements are written expressions that inform the general public of an agency's current approach to rule or regulation practice as defined under A.R.S. § 41-1001(24).

Agencies are required to prepare a Notice of Substantive Policy Statement and publish the titles of its substantive policy statements, a summary of statements, and its website where full statements can be reviewed under A.R.S. § 41-1013(B)(9). These notices are published in this section of the *Register*.

Substantive policy statements are advisory only. A substantive policy statement does not include internal procedural documents that only affect an agency's internal procedures and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the APA.

Any person may petition an agency under A.R.S. § 41-1033(A)(2) to review an existing agency practice or substantive policy statement that the petitioner alleges to constitute a rule.

Contact the agency liaison listed under Item #6.

NOTICE OF SUBSTANTIVE POLICY STATEMENT

NATUROPATHIC PHYSICIANS MEDICAL BOARD

[M25-28]

1. Statement title and policy number:
Code of Ethics #2

2. Is this a new policy or revision:
New

3. Date issued and effective date (if different from the date issued):
Date issued: 3/13/2025
Effective date: 3/13/2025

4. Policy summary:
Any reference to standards of ethics as found in the Board's rules and/or statutes means the code of ethics as adopted by the American Association of Naturopathic Physicians (AANP).

5. Authority (include the federal or state constitutional provision or statute, administrative rule, or regulation; or final court judgment):
A.R.S. §§ 32-1501, 32-1504, and 32-1509

6. Agency contact information:

Name:	Gail Anthony
Title:	Executive Director
Division:	Naturopathic Physicians Medical Board
Address:	1740 W. Adams, Suite 3002 Phoenix, AZ 85007
Telephone:	(602) 542-8242
Email:	gail.anthony@nd.az.gov
Website:	https://nd.az.gov

7. An electronic copy of the complete policy can be viewed at:
Website: https://nd.az.gov

8. A paper copy of complete policy can be obtained at:
Physical Address: 1740 W. Adams, Ste. 3002 Phoenix, AZ 85007

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

2025 *Arizona Administrative Register*
Volume 31 Page Guide

RULEMAKING ACTIVITY INDEX

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

THIS INDEX INCLUDES RULEMAKING ACTIVITY THROUGH ISSUE 14 OF VOLUME 31.

OTHER NOTICES AND PUBLIC RECORDS INDEX

Other legal notices required to be published under the Administrative Procedure Act, such as Rulemaking Docket Openings, are included in this Index by volume page number. Notices of Agency Ombudsman, Substantive Policy Statements, Proposed Delegation Agreements, and other applicable public records as required by law are also listed in this Index by volume page number.

THIS INDEX INCLUDES OTHER NOTICE ACTIVITY THROUGH ISSUE 14 OF VOLUME 31.

2025 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	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	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
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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	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	Date Filed	Effective Date	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 delay between the deadline date and the *Register* publication date. The weekly deadline dates (*first column*) and issue dates (*second column*) 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 Friday, 5:00 p.m.	***Register* Publication Date**	**Oral Proceeding may be scheduled on or after** *(*later date due to holiday)*
February 14, 2025	March 7, 2025	April 7, 2025
February 21, 2025	March 14, 2025	April 14, 2025
February 28, 2025	March 21, 2025	April 21, 2025
March 7, 2025	March 28, 2025	April 28, 2025
March 14, 2025	April 4, 2025	May 5, 2025
March 21, 2025	April 11, 2025	May 12, 2025
March 28, 2025	April 18, 2025	May 19, 2025
April 4, 2025	April 25, 2025	May 27, 2025
April 11, 2025	May 2, 2025	June 2, 2025
April 18, 2025	May 9, 2025	June 9, 2025
April 25, 2025	May 16, 2025	June 16, 2025
May 2, 2025	May 23, 2025	June 23, 2025
May 9, 2025	May 30, 2025	June 30, 2025
May 16, 2025	June 6, 2025	July 7, 2025
May 23, 2025	June 13, 2025	July 14, 2025
May 30, 2025	June 20, 2025	July 21, 2025
June 6, 2025	June 27, 2025	July 28, 2025
June 13, 2025	July 4, 2025	August 4, 2025

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 under A.R.S. § 41-1013(B)(15).

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 305, Phoenix, AZ 85007. For more information, call (602) 542-2058 or visit https://grrc.az.gov.

GOVERNOR'S REGULATORY REVIEW COUNCIL DEADLINES FOR 2024/2025

(MEETING DATES ARE SUBJECT TO CHANGE)

[M24-54]

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

DEADLINE FOR PLACEMENT ON AGENDA*	FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
Tuesday October 22, 2024	*Tuesday* November 19, 2024	*Tuesday* November 22, 2024	*Tuesday* December 3, 2024
Tuesday December 24, 2024	***Tuesday*** January 21, 2025	*Tuesday* January 28, 2025	*Tuesday* February 4, 2025
Tuesday January 21, 2025	***Wednesday*** February 19, 2025	*Tuesday* February 25, 2025	*Tuesday* March 4, 2025
Tuesday February 18, 2025	*Tuesday* March 18, 2025	*Tuesday* March 25, 2025	*Tuesday* April 1, 2025
Tuesday March 18, 2025	*Tuesday* April 22, 2025	*Tuesday* April 29, 2025	*Tuesday* May 6, 2025
Tuesday April 22, 2025	*Tuesday* May 20, 2025	***Wednesday*** May 28, 2025	*Tuesday* June 3, 2025
Tuesday May 20, 2025	*Tuesday* June 17, 2025	*Tuesday* June 24, 2025	*Tuesday* July 1, 2025
Tuesday June 17, 2025	*Tuesday* July 22, 2025	*Tuesday* July 29, 2025	*Tuesday* August 5, 2025
Tuesday July 22, 2025	*Tuesday* August 19, 2025	*Tuesday* August 26, 2025	***Wednesday*** September 3, 2025
Tuesday August 19, 2025	*Tuesday* September 23, 2025	*Tuesday* September 30, 2025	*Tuesday* October 7, 2025
Tuesday September 23, 2025	*Tuesday* October 21, 2025	*Tuesday* October 28, 2025	*Tuesday* November 4, 2025
Tuesday October 21, 2025	*Tuesday* November 18, 2025	*Tuesday* November 25, 2025	*Tuesday* December 2, 2025
Tuesday December 23, 2025	***Wednesday*** January 21, 2026	*Tuesday* January 27, 2026	*Tuesday* February 3, 2026