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# Arizona Administrative REGISTER

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~ Administrative Register Contents ~

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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Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number).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New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.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.

# Arizona Administrative REGISTER

October 17, 2025  
Volume 31, Issue 42

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This publication is available online for free at [www.azsos.gov](http://www.azsos.gov).

**ADMINISTRATIVE CODE**  
The *Arizona Administrative Code* is available online at [www.azsos.gov](http://www.azsos.gov).

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

# Participate in the Process

## Look for the Agency Notice

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

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

## Attend a public hearing/meeting

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

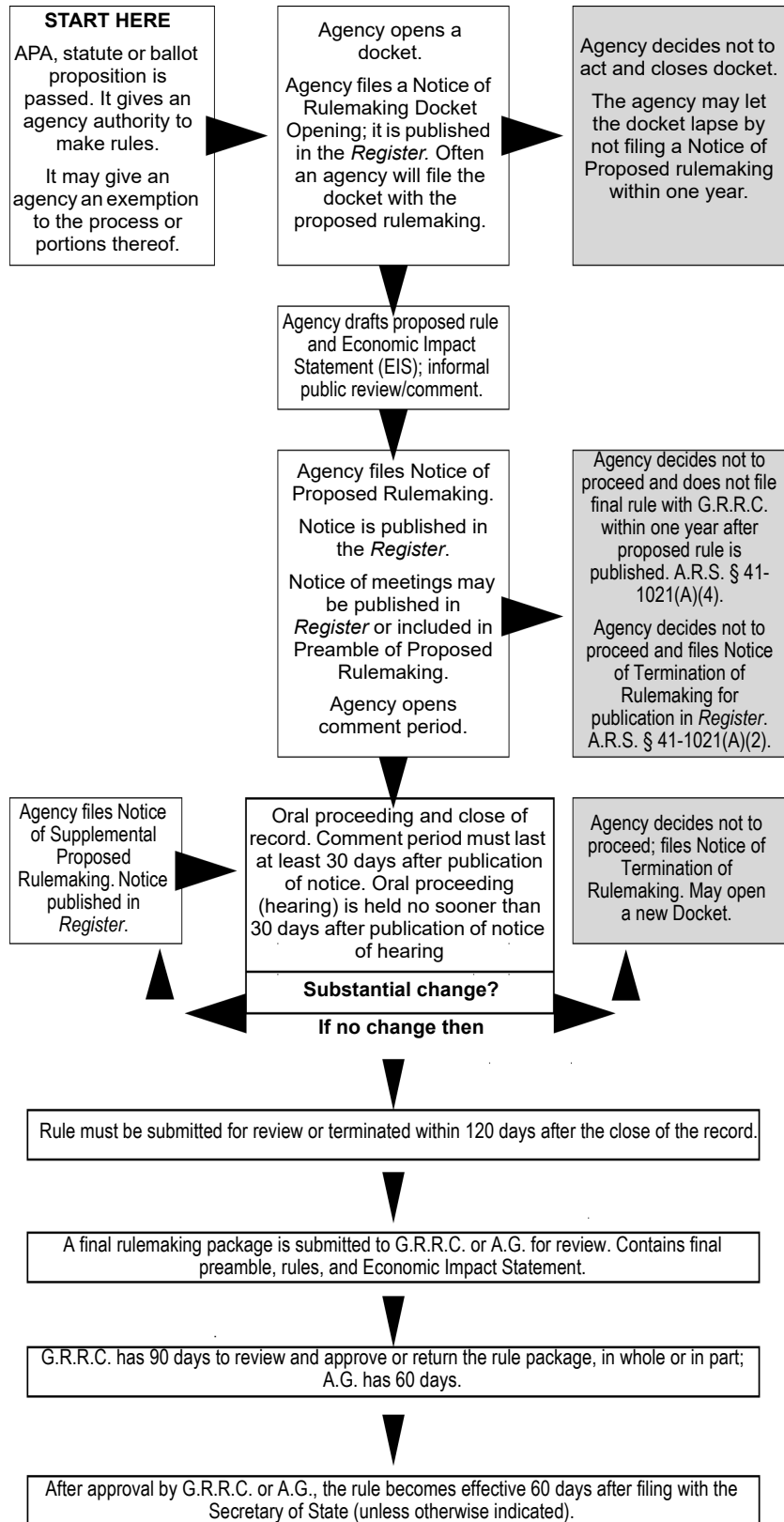
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

## Write the agency

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

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

# Arizona Regular Rulemaking Process



Final rule is published in the *Register* and the quarterly *Code Supplement*.

## Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Acronyms

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

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

APA – *Administrative Procedure Act*

A.R.S. – *Arizona Revised Statutes*

CFR – *Code of Federal Regulations*

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

FR – *Federal Register*

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

U.S.C. – *United States Code*

## About Preambles

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

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

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

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## NOTICES OF PROPOSED RULEMAKING

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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.

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### NOTICE OF PROPOSED RULEMAKING

#### TITLE 4. PROFESSIONS AND OCCUPATIONS

#### CHAPTER 18. NATUROPATHIC PHYSICIANS MEDICAL BOARD

[R25-233]

#### PREAMBLE

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

May 16, 2025

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

R4-18-603

**Rulemaking Action**

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. § 32-1504(A)

Implementing statute: A.R.S. § 32-1559

**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: 31 A.A.R. 4050, October 17, 2025 (*in this issue*); File Number: R25-234

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

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

During the 2020 Five-year Review Report submitted, the following proposed course of action was noted. Under R4-18-603(1), striking "signed and dated" inserting "verified", and adding (g) the ability to collect public benefits statement, as required pursuant to A.R.S. § 41-1080. In November of 2023, the Board amended R4-18-601, R4-18-602 and R4-18-603. These amendments came about as a result of a Sunset Audit that recommended the changes to rule. The Board was granted authority to enter into the rules process relating to the specific recommendations made in the Sunset Audit, and the rule changes were approved by GRRC November 7, 2023. Unfortunately, while addressing the amendments in 2023, the Executive Director failed to request exemption from the rules moratorium regarding the two proposed changes outlined in the Board's 2020 five-year review. During the process of review and drafting of a 2025 Five-year Review Report, we recognized the error. On April 23, 2025, a request for exemption to the rules moratorium was submitted to the Governor's Office relating to the two rules noted in the 2020 five-year review. On May 16, 2025, the Board received approval from the Governor's Office to proceed with the rulemaking amending R4-18-603. Language change to

background check requirement to make it clear and consistent.

**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:**

None

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

Not applicable

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

There should be no economic, small business, and consumer impact as a result of the proposed rule changes.

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

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

**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:**

No oral proceeding is scheduled.

Written comments about this proposed rulemaking will be accepted in person at the address provided under item #5, Monday through Friday from 8 a.m. to 5 p.m., except for state holidays. 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 will not be conducted. Under A.R.S. § 41-1023(C), a person may submit a written request for an oral proceeding to the person listed under item #5 within 30 days of this published notice.

If a person requests an oral proceeding, the (agency, board, commission) shall provide notice of the proceeding by filing a Notice of Oral Proceeding on the Proposed Rulemaking under A.R.S. § 41-1023(D), which will be published in the *Register*.

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

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

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 4. PROFESSIONS AND OCCUPATIONS**  
**CHAPTER 18. NATUROPATHIC PHYSICIANS MEDICAL BOARD**  
**ARTICLE 6. NATUROPATHIC MEDICAL ASSISTANTS**

Section  
R4-18-603. Application for Medical Assistant Certification

**ARTICLE 6. NATUROPATHIC MEDICAL ASSISTANTS**

**R4-18-603. Application for Medical Assistant Certification**

An applicant for a medical assistant certificate shall submit an application packet to the Board that contains the following:

1. An application form provided by the Board, ~~signed and dated~~ verified by the applicant that contains:
  - a. The applicant's legal name, mailing address, telephone number, and Social Security number;
  - b. The applicant's date and place of birth;
  - c. The applicant's height, weight, and eye and hair color;
  - d. The name, address, and telephone number of the applicant's employer, if applicable;
  - e. The name of the licensed naturopathic physician who will supervise the applicant;
  - f. The name and address of the institution where the applicant completed an approved medical assistant training program; or
  - g. If the training was completed in a program provided by a licensed naturopathic physician, the following must be submitted:
    - i. A letter outlining the training provided and signed by the naturopathic physician who provided the training;
    - ii. Proof of passing the required medical assistant examination administered by either The American Association of Medical Assistants or The American Medical Technologists; or
    - iii. Proof of completion of a medical services training program of The Armed Forces of the United States; ~~;~~
  - h. A completed Arizona Statement of Citizenship and Alien Status for State Public Benefits, and copy of evidence.
2. A copy of a certificate of completion from an approved medical assistant training program or a letter of completion from an approved medical assistant training program signed by the person in charge of the approved medical assistant training program;
3. ~~A completed and legible fingerprint card.~~ Applicant must complete the required background check using the process outlined on the application; and
4. The fees required by the Board under A.R.S. § 32-1527.

**NOTICES OF FINAL EXEMPT RULEMAKING**

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

It is common for an agency to be exempt from some of the steps outlined in the rulemaking process as specified in Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10, otherwise known as the Arizona Administrative Procedure Act (APA). An agency's exemption is written in laws - under the APA, or in statute by the Arizona State Legislature, or under a referendum or initiative passed into law by Arizona voters.

The Office makes a distinction when publishing certain

exempt rulemakings, as provided in these laws, on a case-by-case basis, as determined by an agency's exemption. Other rule exemption types are published elsewhere in the *Register*.

Notices of Final Exempt Rulemaking were originally proposed with specific conditions, such as requiring the notice to be published in the *Register*, or requiring public input, or a public hearing on the rule.

Notices of Final Exempt Rulemaking include *Register* publication dates where the original Notice of Proposed Exempt Rulemaking was published.

**NOTICE OF FINAL EXEMPT RULEMAKING**

**TITLE 9. HEALTH SERVICES**

**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ADMINISTRATION**

[R25-236]

**PREAMBLE**

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

September 25, 2025

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

R9-22-730

**Rulemaking Action**

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. § 36-2901.08

Implementing statute: A.R.S. § 36-2901.08

Statute or session law authorizing the exemption: A.R.S. § 41-1005(A)(31)

**4. The effective date of the rule:**

October 1, 2025

The Agency has selected this date to comply with deadlines and amendments to an agency's governing statute and federal programs.

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

Notice of Exempt Rulemaking Docket Opening: 31 A.A.R. 2676, Issue Date: August 15, 2025, Issue Number: 33, File Number: R25-185

Notice of Proposed Exempt Rulemaking: 31 A.A.R. 2667, Issue Date: August 15, 2025, Issue Number: 33, File Number: R25-183

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

Name: Sladjana Kuzmanovic  
 Title: Sr. Rules Analyst  
 Division: AHCCCS Office of General Counsel  
 Address: 150 N. 18th Ave.  
 Phoenix, AZ 85007  
 Telephone: (602) 417-4116  
 Fax: (602) 253-9115  
 Email: AHCCCSRules@azahcccs.gov  
 Website: www.azahcccs.gov

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

Rulemaking for the Hospital Assessment was initially approved under Executive Order 2012-03, and this regulation was subsequently revised in April 2015 and each year thereafter. This rulemaking will continue the practice of modifying the regulation by adjusting the per-discharge assessments and net patient outpatient revenue contributions from various hospital types. Under A.R.S. § 36-2901.08, the Administration is responsible for administering and collecting hospital assessments to fund the non-federal share of costs for eligible individuals enrolled under A.R.S. § 36-2901.01 (Proposition 204 population) and A.R.S. § 36-2901.07 (adults with incomes between 106% and 138% of the Federal Poverty Level).

The proposed rulemaking aligns with federal regulation 42 C.F.R. 433.68, which includes a hold harmless provision. Under Arizona’s current agreement with the federal government (the State Plan), the state is required to maintain this coverage unless the plan is amended. The Hospital Assessment serves as a funding mechanism for individuals covered under Proposition 204, including those in federally mandated groups such as the elderly, blind, disabled, and certain parents. Without approval from the Centers for Medicare & Medicaid Services, Arizona would not receive federal funding to support healthcare coverage for these populations. Failure to secure funding could lead to a significant loss of health coverage for Arizona residents or require hospitals to contribute more than necessary to the assessment.

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

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

**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. A summary of the economic, small business, and consumer impact, if applicable to the exemption:**

The AHCCCS program is jointly funded by the state and the federal government through the Medicaid program. Depending on the eligibility category of the individual, the federal government provides between two-thirds and 100% of the cost of care for persons described in A.R.S. § 36.2901.08(A). The Administration will use the amounts collected from the assessment combined with the federal financial participation to fund the cost of health care coverage for nearly 700,000 persons described in A.R.S. § 36.2901.08(A) through direct payments to health care providers and capitation payments to managed care organizations that, in turn, make payments to health care providers that render care to AHCCCS members. Many of these providers are small businesses located in Arizona. A.R.S. § 36-2901.08 prohibits the assessed hospitals from passing the cost of the assessment on to patients or third parties who pay for care in the hospital.

**11. A description of any change between the proposed exempt rulemaking, to include supplemental notices, and the final exempt rulemaking:**

There are no changes between the proposed exempt rulemaking and the final exempt rulemaking.

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

Name	Date	Text	AHCCCS Response
Brittney Kaufmann, CEO, Health System Alliance of Arizona	August 18, 2025	Dear Ms. Kuzmanovic: On behalf of the Health System Alliance of Arizona (Alliance), I want to express our gratitude to AHCCCS for its collaboration on the draft FFY 2026 Health Care Investment Fund (HCIF) and Hospital Assessment Fund (HAF) assessment rates. Specifically, we appreciate the agency's careful evaluation of new enrollment data and projected HAF assessment funding needs in order to ensure that the assessments are being deployed in a meaningful manner for the healthcare infrastructure in Arizona. This thoughtful adjustment has created a more appropriate balance of resources between the two hospital assessments.	Dear Ms. Kaufmann, Ahcccs appreciates your feedback and thanks you for your comment. Thank you.

Brittney Kaufmann (continued)		Without these revisions, HCIF assessments and the essential hospital services they support would have been significantly constrained, which is especially concerning in light of recent federal changes. Thank you for your continued partnership and dedication to supporting Arizona's hospitals and the communities that rely on them for both their physical, mental, and financial health. The Alliance looks forward to our continued collaboration.	
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**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:**

There are no other matters prescribed by statute applicable specifically to the Administration 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:**

The rule does not require the issuance of a regulatory permit. Therefore, a general permit is 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:**

The rule is not more stringent than the federal law.

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

Not applicable

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

Not applicable

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

Not applicable

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

**TITLE 9. HEALTH SERVICES**

**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ADMINISTRATION**

**ARTICLE 7. STANDARDS FOR PAYMENTS**

Section

R9-22-730. Hospital Assessment Fund - Hospital Assessment

**ARTICLE 7. STANDARDS FOR PAYMENTS**

**R9-22-730. Hospital Assessment Fund - Hospital Assessment**

A. For purposes of this Section, the following terms are defined as provided below unless the context specifically requires another meaning:

1. "~~2022~~2023 Medicare Cost Report" means: The Medicare Cost Report for the hospital fiscal year ending in calendar year ~~2022~~2023 as reported in the CMS Healthcare Provider Cost Reporting Information System (HCRIS) release dated ~~October 7, 2023~~January 5, 2025.
2. "~~2022~~2023 Uniform Accounting Report" means the Uniform Accounting Report submitted to the Arizona Department of Health Services as of ~~January 8, 2024~~December 15, 2024 for the hospital's fiscal year ending in calendar year ~~2022~~2023.
3. "Quarter" means the three month period beginning January 1, April 1, July 1, and October 1 of each year.
4. A "new hospital" means a licensed hospital that did not hold a license from the Arizona Department of Health Services prior to ~~January 2, 2024~~January 1, 2025.
5. "Outpatient Net Patient Revenues" means an amount, calculated using data in the hospital's ~~2022~~2023 Uniform Accounting Report or other data sources specified by subsection (N), that is equal to the hospital's ~~2022~~2023 total net patient revenue multiplied by the ratio of the hospital's ~~2022~~2023 gross outpatient revenue to the hospital's ~~2022~~2023 total gross patient revenue.

B. Beginning January 1, 2014, for each Arizona licensed hospital not excluded under subsection ~~(H)~~(L) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E), ~~and (F), (G), (H) and (I)~~. For the period beginning October 1, ~~2024~~2025, the

assessment for each hospital shall be amount equal to the sum of: (1) the number of discharges reported on the hospital's ~~2022~~2023 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as "Other Long Term Care Discharges," multiplied by the following rates appropriate to the hospital's peer group; and (2) the amount of outpatient net patient revenues multiplied by the following rate appropriate to the hospital's peer group:

1. ~~\$993.50~~\$628.25 per discharge and ~~1.4871%~~1.0634% of outpatient net patient revenues for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.
  2. ~~\$993.50~~\$628.25 per discharge and ~~0.6196%~~0.4431% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
  3. ~~\$248.50~~\$157.25 per discharge and ~~0.6196%~~0.4431% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.
  4. ~~\$248.50~~\$157.25 per discharge and ~~0.6196%~~0.4431% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the ~~2022~~2023 Medicare Cost Report.
  5. ~~\$794.75~~\$502.75 per discharge and ~~1.6110%~~1.1520% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's ~~2022~~2023 Uniform Accounting Report.
  6. ~~\$894.00~~\$565.50 per discharge and ~~1.8588%~~1.3292% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's ~~2022~~2023 Uniform Accounting Report.
  7. ~~\$198.75~~\$125.75 per discharge and ~~0.4957%~~0.3545% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
  8. ~~\$993.50~~\$628.25 per discharge and ~~2.4785%~~1.7723% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C. Peer groups for the four quarters beginning October 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website ~~January 2, 2024~~January 1, 2025.
- D. Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's ~~2022~~2023 Medicare Cost Report, are assessed a rate of ~~\$248.50~~\$157.25 for each discharge from the psychiatric sub-provider as reported in the ~~2022~~2023 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
- E. Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's ~~2022~~2023 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the ~~2022~~2023 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
- F. Notwithstanding subsection (B), for any hospital that reported more than 22,800 discharges on the hospital's ~~2022~~2023 Medicare Cost Report, discharges in excess of 22,800 are assessed a rate of ~~\$99.50~~\$63.00 for each discharge in excess of 22,800. The initial 22,800 discharges are assessed at the rate required by subsection (B).
- G. Notwithstanding subsection (B), for any hospital that reported pediatric outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, pediatric outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .0354% for pediatric outpatient net patient revenues greater than \$375,000,000 from a hospital designated as subtype children's. The initial \$375,000,000 of pediatric outpatient net patient revenues are assessed at the rate required by subsection (B).
- H. Notwithstanding subsection (B), for any short-term hospital with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report that reported outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .1329% for outpatient net patient revenues greater than \$375,000,000 from a short-term hospital with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report. The initial \$375,000,000 of outpatient net patient revenues are assessed at the rate required by subsection (B).
- I. Notwithstanding subsection (B), for any short-term hospital not included in another peer group that reported outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .1772% for outpatient net patient revenues greater than \$375,000,000 from a short-term hospital not included in another peer group. The initial \$375,000,000 of outpatient net patient revenues are assessed at the rate required by subsection (B).
- G.I. Assessment notice. On or before the 15th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the Hospital Assessment Fund assessment invoice is available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.
- H.K. Assessment due date. The Hospital Assessment Fund assessment must be received by the Administration no later than:
1. The 15th day of the second month of the quarter, or
  2. In the event CMS approves the assessment after the 15th day of the first month of the quarter, 30 days after notification by the Administration that the assessment invoice is available.
- H.L. Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's ~~2022~~2023 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for ~~January 2, 2024~~January 1, 2025:
1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
  2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
  3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the ~~2022~~2023 Medicare Cost Report.

4. Hospitals designated as type: hospital, subtype: rehabilitation.
  5. Hospitals designated as type: ~~med-hospital~~ hospital, subtype: special hospitals, not including subtype: children's.
  6. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the ~~2022~~2023 Medicare Cost Report are reimbursed by Medicare.
  7. Hospitals designated as type: hospital, subtype: short-term that have at least 25 percent Medicare swing beds as percentage of total Medicare days, per the ~~2022~~2023 Medicare Cost Report.
  8. Hospitals designated as type: hospital, subtype: short-term that are an urban public acute care hospital.
- JM.** New hospitals. For hospitals that did not file a ~~2022~~2023 Medicare Cost Report because of the date the hospital began operations:
1. If the hospital was open on the January 2 preceding the October assessment start date, the hospital assessment will begin on October 1 following the date the hospital began operating.
  2. If the hospital began operating between January 3 and September 30, the assessment will begin on October 1 of the following calendar year.
  3. A hospital is not considered a new hospital based on a change in ownership.
  4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply:
    - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through December 31 preceding the October assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to determine the appropriate assessment to the Administration no later than January preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.
    - b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of December 31;
  5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.
  6. For hospitals providing self-reported data, described in subpart 4 and 5:
    - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or ~~(H)(3)-(L)(3)~~ apply to the assessment amount.
    - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- KN.** Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the payment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this Section is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.
- LO.** Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- MP.** Required information for the inpatient assessment. For any hospital that has not filed a ~~2022~~2023 Medicare Cost report, or if the ~~2022~~2023 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the inpatient assessment, the Administration shall use data reported on the ~~2022~~2023 Uniform Accounting Report filed by the hospital in place of the ~~2022~~2023 Medicare Cost report to calculate the assessment. If the ~~2022~~2023 Uniform Accounting Report filed by the hospital does not include reliable information sufficient for the Administration to calculate the inpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the ~~2022~~2023 Medicare Cost report to calculate the assessment.
- NO.** Required information for the outpatient assessment. For any hospital that has not filed a ~~2022~~2023 Uniform Accounting Report, if the ~~2022~~2023 Uniform Accounting Report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, or if the ~~2022~~2023 Uniform Accounting Report does not reconcile to ~~2022~~2023 Audited Financial Statements, the Administration shall use the data reported on ~~2022~~2023 Audited Financial Statements to calculate the outpatient assessment. If the ~~2022~~2023 Audited Financial Statements do not include the reliable information sufficient for the Administration to calculate the outpatient assessment, the Administration shall use data reported on the ~~2022~~2023 Medicare Cost report. If the Medicare Cost report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the ~~2022~~2023 Medicare Cost report to calculate the outpatient assessment.
- OR.** The Administration will review and update as necessary rates and peer groups periodically to ensure the assessment is sufficient to fund the state match obligation to cover the cost of the populations as specified in A.R.S. § 36-2901.08.
- PS.** Enforcement. If a hospital does not comply with this Section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

**NOTICE OF FINAL EXEMPT RULEMAKING**  
**TITLE 9. HEALTH SERVICES**  
**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)**  
**ADMINISTRATION**

[R25-237]

**PREAMBLE**

**1. Permission to proceed with this final rulemaking was granted under A.R.S. § 41-1039 by the governor on:**  
September 25, 2025

<b><u>2. Article, Part, or Section Affected (as applicable)</u></b>	<b><u>Rulemaking Action</u></b>
R9-22-731	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. § 36-2999.72

Implementing statute: A.R.S. § 36-2999.72

Statute or session law authorizing the exemption: A.R.S. § 41-1005(A)(31)

**4. The effective date of the rule:**

October 1, 2025

The Agency has selected this date to comply with deadlines and amendments to an agency's governing statute and federal programs.

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

Notice of Exempt Rulemaking Docket Opening: 31 A.A.R. 2677, Issue Date: August 15, 2025, Issue Number: 33, File Number: R25-186

Notice of Proposed Exempt Rulemaking: 31 A.A.R. 2671, Issue Date: August 15, 2025, Issue Number: 33, File Number: R25-184

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

Name: Sladjana Kuzmanovic  
Title: Sr. Rules Analyst  
Division: AHCCCS Office of General Counsel  
Address: 150 N. 18th Ave.  
Phoenix, AZ 85007  
Telephone: (602) 417-4116  
Fax: (602) 253-9115  
Email: AHCCCSRules@azahcccs.gov  
Website: www.azahcccs.gov

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

Pursuant to A.R.S. § 36-2999.72, AHCCCS is required to adopt rules that establish, administer and collect an assessment on hospital revenues. Through this rulemaking, the Administration proposes amendments to R9-22-731, including a request to modify the regulation to adjust per discharge assessments and net patient outpatient revenue contributions from various hospital types. These changes would take effect with invoices issued for the time period beginning October 1, 2025. The adjustments will incorporate data from newly established hospitals and consider feedback received from existing hospitals.

Without the revisions to the current rule, the Health Care Investment Fund (HCIF) may face underfunding, potentially limiting the State's ability to fully support HEALTHII directed payments and/or practitioner rate increases. Additionally, newly established hospitals would not be assessed and, consequently, would not qualify for HEALTHII directed payments.

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

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

**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. A summary of the economic, small business, and consumer impact, if applicable to the exemption:**

The AHCCCS The Health Care Investment Fund hospital assessment established in A.R.S. § 36-2999.72 is matched by federal funds. The majority of the assessment funds and accompanying federal funds will be used to provide an increase for base reimbursement for services reimbursed under the dental fee schedule and physician fee schedule and for quarterly directed payments to Arizona hospitals. Many of the providers of that medical care are considered small businesses located in Arizona. A.R.S. § 36-2999.72 prohibits the assessed hospitals from passing the cost of the assessment on to patients or third parties who pay for care in the hospital.

**11. A description of any change between the proposed exempt rulemaking, to include supplemental notices, and the final exempt rulemaking:**

There are no changes between the proposed exempt rulemaking and the final exempt rulemaking.

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

Name	Date	Text	AHCCCS Response
Brittney Kaufmann, CEO, Health System Alliance of Arizona	August 18, 2025	Dear Ms. Kuzmanovic: On behalf of the Health System Alliance of Arizona (Alliance), I want to express our gratitude to AHCCCS for its collaboration on the draft FFY 2026 Health Care Investment Fund (HCIF) and Hospital Assessment Fund (HAF) assessment rates. Specifically, we appreciate the agency's careful evaluation of new enrollment data and projected HAF assessment funding needs in order to ensure that the assessments are being deployed in a meaningful manner for the healthcare infrastructure in Arizona. This thoughtful adjustment has created a more appropriate balance of resources between the two hospital assessments. Without these revisions, HCIF assessments and the essential hospital services they support would have been significantly constrained, which is especially concerning in light of recent federal changes. Thank you for your continued partnership and dedication to supporting Arizona’s hospitals and the communities that rely on them for both their physical, mental, and financial health. The Alliance looks forward to our continued collaboration.	Dear Ms. Kaufmann, Ahcccs appreciates your feedback and thanks you for your comment. Thank you.
Jennifer Carusetta, Vice President, Public Affairs & Advocacy, Phoenix Children’s Hospital	September 15, 2025	Greetings: On behalf of Phoenix Children’s, I am pleased to convey our support for the Notice of Proposed Rulemaking: Health Care Investment Fund. The HEALTHII Program is critical to ensuring continued access to care to AHCCCS members. We appreciate AHCCCS’s partnership in development of the HEALTHII methodology and continued engagement with hospital stakeholders year after year. We also appreciate AHCCCS’s	Good afternoon, Jennifer, AHCCCS thanks you for your continued engagement and for your support of this rulemaking.

Jennifer Carusetta ( <i>continued</i> )		proactive efforts to maximize the amount of federal funding available to HEALTHH partners in anticipation of the provider tax funding freezes enacted as part of the Big Beautiful Bill. We remain committed to working in partnership with the Agency as it moves forward with implementation of HR 1. Please do not hesitate to contact me if I can answer any questions or provide additional information to help inform this process.
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**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:**

There are no other matters prescribed by statute applicable specifically to the Administration 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:**

The rule does not require the issuance of a regulatory permit. Therefore, a general permit is 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:**

The rule is not more stringent than the federal law.

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

Not applicable

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

Not applicable

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

Not applicable

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

**TITLE 9. HEALTH SERVICES**

**CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) ADMINISTRATION**

**ARTICLE 7. STANDARDS FOR PAYMENTS**

Section

R9-22-731. Health Care Investment Fund - Hospital Assessment

**ARTICLE 7. STANDARDS FOR PAYMENTS**

**R9-22-731. Health Care Investment Fund - Hospital Assessment**

A. For purposes of this Section, terms are the same as defined in A.A.C. R9-22-730 unless the context specifically requires another meaning.

B. Beginning ~~October 1, 2024~~ October 1, 2025, for each Arizona licensed hospital not excluded under subsection ~~(H)~~ (L) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E), ~~and (F)~~, (G), (H) and (I). For the period beginning ~~October 1, 2024~~ October 1, 2025, the assessment for each hospital shall be amount equal to the sum of: (1) the number of discharges reported on the hospital’s ~~2022~~ 2023 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as “Other Long Term Care Discharges,” multiplied by the following rates appropriate to the hospital’s peer group; and (2) the amount of outpatient net patient revenues multiplied by the following rate appropriate to the hospital’s peer group:

1. ~~\$510.25~~ \$1,110.50 per discharge and ~~4.1707%~~ 5.0464% of outpatient net patient revenues for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.
2. ~~\$510.25~~ \$1,110.50 per discharge and ~~1.7378%~~ 2.1026% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
3. ~~\$127.75~~ \$277.75 per discharge and ~~1.7378%~~ 2.1026% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.

4. ~~\$127.75~~\$277.75 per discharge and ~~4.7378%~~2.1026% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the ~~2022~~2023 Medicare Cost Report.
  5. ~~\$408.25~~\$888.25 per discharge and ~~4.5182%~~5.4669% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2022 Uniform Accounting Report.
  6. ~~\$459.25~~\$999.25 per discharge and ~~5.2133%~~6.3079% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's ~~2022~~2023 Uniform Accounting Report.
  7. ~~\$102.25~~\$222.25 per discharge and ~~1.3902%~~1.6821% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
  8. ~~\$510.25~~\$1,110.50 per discharge and ~~6.9511%~~8.4106% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C. Peer groups for the four quarters beginning October 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website ~~January 2, 2024~~January 1, 2025.
- D. Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's ~~2022~~2023 Medicare Cost Report, are assessed a rate of ~~\$127.75~~\$277.75 for each discharge from the psychiatric sub-provider as reported in the ~~2022~~2023 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
- E. Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's ~~2022~~2023 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the ~~2022~~2023 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
- F. Notwithstanding subsection (B), for any hospital that reported more than 22,800 discharges on the hospital's ~~2022~~2023 Medicare Cost Report, discharges in excess of 22,800 are assessed a rate of ~~\$51.25~~\$111.25 for each discharge in excess of 22,800. The initial 22,800 discharges are assessed at the rate required by subsection (B).
- G. Notwithstanding subsection (B), for any hospital that reported pediatric outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, pediatric outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .1682% for pediatric outpatient net patient revenues greater than \$375,000,000 from a hospital designated as subtype children's. The initial \$375,000,000 of pediatric outpatient net patient revenues are assessed at the rate required by subsection (B).
- H. Notwithstanding subsection (B), for any short-term hospital with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report that reported outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .6308% for outpatient net patient revenues greater than \$375,000,000 from a short-term hospital with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2023 Uniform Accounting Report. The initial \$375,000,000 of outpatient net patient revenues are assessed at the rate required by subsection (B).
- I. Notwithstanding subsection (B), for any short-term hospital not included in another peer group that reported outpatient net patient revenues greater than \$375,000,000 on the hospital's 2023 Uniform Accounting Report, outpatient net patient revenues greater than \$375,000,000 are assessed a rate of .8411% for outpatient net patient revenues greater than \$375,000,000 from a short-term hospital not included in another peer group. The initial \$375,000,000 of outpatient net patient revenues are assessed at the rate required by subsection (B).
- ~~G~~J. Assessment notice. On or before the 10th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the assessment invoice is available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.
- ~~H~~K. Assessment due date. The assessment must be received by the Administration no later than the 10th day of the second month of the quarter.
- ~~I~~L. Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's ~~2022~~2023 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for ~~January 2, 2024~~January 1, 2025:
1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
  2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
  3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the ~~2022~~2023 Medicare Cost Report.
  4. Hospitals designated as type: hospital, subtype: rehabilitation.
  5. Hospitals designated as type: ~~med hospital~~hospital, subtype: special hospitals, not including subtype: children's.
  6. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the ~~2022~~2023 Medicare Cost Report are reimbursed by Medicare.
  7. Hospitals designated as type: hospital, subtype: short-term that have at least 25 percent Medicare swing beds as percentage of total Medicare days, per the ~~2022~~2023 Medicare Cost Report.
  8. Hospitals designated as type: hospital, subtype: short-term that are an urban public acute care hospital.

- JM.** New hospitals. For hospitals that did not file a ~~2022~~2023 Medicare Cost Report because of the date the hospital began operations:
1. If the hospital was open on the January 2 preceding the October assessment start date, the hospital assessment will begin on October 1 following the date the hospital began operating.
  2. If the hospital began operating between January 3 and September 30, the assessment will begin on October 1 of the following calendar year.
  3. A hospital is not considered a new hospital based on a change in ownership.
  4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply:
    - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through December 31 preceding the October assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to determine the appropriate assessment to the Administration no later than January preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.
    - b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of December 31;
  5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.
  6. For hospitals providing self-reported data, described in subpart 4 and 5:
    - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or ~~(D)(3)~~(L)(3) apply to the assessment amount.
    - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- KN.** Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the payment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this Section is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.
- LO.** Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- MP.** Required information for the inpatient assessment. For any hospital that has not filed a ~~2022~~2023 Medicare Cost report, or if the ~~2022~~2023 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the inpatient assessment, the Administration shall use data reported on the ~~2022~~2023 Uniform Accounting Report filed by the hospital in place of the ~~2022~~2023 Medicare Cost report to calculate the assessment. If the ~~2022~~2023 Uniform Accounting Report filed by the hospital does not include reliable information sufficient for the Administration to calculate the inpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the ~~2022~~2023 Medicare Cost report to calculate the assessment.
- NO.** Required information for the outpatient assessment. For any hospital that has not filed a ~~2022~~2023 Uniform Accounting Report, if the ~~2022~~2023 Uniform Accounting Report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, or if the ~~2022~~2023 Uniform Accounting Report does not reconcile to ~~2022~~2023 Audited Financial Statements, the Administration shall use the data reported on ~~2022~~2023 Audited Financial Statements to calculate the outpatient assessment. If the ~~2022~~2023 Audited Financial Statements do not include the reliable information sufficient for the Administration to calculate the outpatient assessment, the Administration shall use data reported on the ~~2022~~2023 Medicare Cost report. If the Medicare Cost report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the ~~2022~~2023 Medicare Cost report to calculate the outpatient assessment.
- OR.** Enforcement. If a hospital does not comply with this Section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

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## NOTICES OF RULEMAKING DOCKET OPENING

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This section of the *Arizona Administrative Register* contains Notices of Rulemaking Docket Opening under A.R.S. § 41-1021.

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

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

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

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

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### NOTICE OF RULEMAKING DOCKET OPENING

#### NATUROPATHIC PHYSICIANS MEDICAL BOARD

[R25-234]

**1. Permission to proceed with this docket was granted under A.R.S. § 41-1039 by the governor on:**  
May 16, 2025

**2. Title and its heading:**  
4, Professions and Occupations

**Chapter and its heading:**  
18, Naturopathic Physicians Medical Board

**Article and its heading:**  
6, Naturopathic Medical Assistants

**Section number:**  
R4-18-603

**3. The subject matter of the proposed rule:**

During the 2020 Five-year Review Report submitted, the following proposed course of action was noted. Under R4-18-603(1), striking “signed and dated” inserting “verified”, and adding (g) the ability to collect public benefits statement, as required pursuant to A.R.S. § 41-1080. In November of 2023, the Board amended R4-18-601, R4-18-602 and R4-18-603. These amendments came about as a result of a Sunset Audit that recommended the changes to rule. The Board was granted authority to enter into the rules process relating to the specific recommendations made in the Sunset Audit, and the rule changes were approved by GRRC November 7, 2023. Unfortunately, while addressing the amendments in 2023, the Executive Director failed to request exemption from the rules moratorium regarding the two proposed changes outlined in the Board's 2020 five-year review. During the process of review and drafting of a 2025 Five-year Review Report, we recognized the error. On April 23, 2025 a request for exemption to the rules moratorium was submitted to the Governor's Office relating to the two rules noted in the 2020 five-year review. On May 16, 2025, the Board received approval from the Governor's Office to proceed with the rulemaking, amending R4-18-603. Language change to background check requirement to make it clear and consistent.

**4. A citation to all published notices relating to the current proceeding:**  
Notice of Proposed Rulemaking: 31 A.A.R. 4037, October 17, 2025 (*in this issue*); File Number: R25-233

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

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

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

No oral proceeding is scheduled. Written comments about this proposed rulemaking will be accepted in person at the address provided under item #5, Monday through Friday from 8 a.m. to 5 p.m., except for state holidays. 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 will not be conducted. Under A.R.S. § 41-1023(C), a person may submit a written request for an oral proceeding to the person listed under item #5 within 30 days of this published notice. If a person requests an oral proceeding, the (agency, board, commission) shall provide notice of the proceeding by filing a Notice of Oral Proceeding on the Proposed Rulemaking under A.R.S. § 41-1023(D) which will be published in the *Register*.

- 7. A timetable for agency decisions or other action on the current proceeding, if known:**  
Not applicable

**NOTICE OF RULEMAKING DOCKET OPENING**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**WATER QUALITY STANDARDS**

[R25-238]

- 1. Permission to proceed with this docket was granted under A.R.S. § 41-1039 by the governor on:**  
September 29, 2025
- 2. Title and its heading:**  
18, Environmental Quality
- Chapter and its heading:**  
11, Department of Environmental Quality - Water Quality Standards
- Article and its heading:**  
1, Water Quality Standards For Surface Waters
- Section number:**  
R18-11-112
- 3. The subject matter of the proposed rule:**  
The Arizona Department of Environmental Quality (ADEQ) is initiating rulemaking to amend Arizona Administrative Code (A.A.C.) Title 18, Chapter 11, Article 1 to designate a portion of the upper Verde River as an Outstanding Arizona Water (OAW) in response to a nomination submitted by the Grand Canyon Chapter of the Sierra Club. OAW designation provides the highest level of water quality protection under state law, safeguarding Arizona's most ecologically, recreationally, and culturally significant waters. This designation helps preserve pristine conditions by restricting activities that could degrade water quality, ensuring long-term preservation.
- 4. A citation to all published notices relating to the current proceeding:**  
Not applicable
- 5. The name and address of agency personnel with whom persons may communicate regarding the rule:**
- |            |                                                                                    |
|------------|------------------------------------------------------------------------------------|
| Name:      | Jonathan Quinsey                                                                   |
| Title:     | Senior Legal Specialist                                                            |
| Division:  | Water Quality                                                                      |
| Address:   | Department of Environmental Quality<br>1110 W. Washington St.<br>Phoenix, AZ 85007 |
| Telephone: | (602) 771-8193                                                                     |
| Email:     | quinsey.jonathan@azdeq.gov                                                         |
| Website:   | <a href="https://www.azdeq.gov">https://www.azdeq.gov</a>                          |
- 6. The time during which the agency will accept written comments and the time and place where oral comments may be made:**  
To be announced in the Notice of Proposed Rulemaking.
- 7. A timetable for agency decisions or other action on the current proceeding, if known:**  
To be announced in the Notice of Proposed Rulemaking.

**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**

**A.R.S. § 41-1013(B)(9)**

**BOARD OF PHYSICAL THERAPY**

[M25-82]

**1. Statement title and policy number:**

Examination Eligibility through Alternate Approval Pathway -- 2025-01

**2. Is this a new policy or revision:**

Revision

**3. Date issued and effective date (if different from the date issued):**

Originally issued and effective: January 28, 2025

Revised: August 26, 2025

**4. Policy summary:**

The substantive policy statement clarifies the examination eligibility process through the Alternate Approval Pathway for applicants seeking licensure. The revision clarifies an update to the Alternate Approval Pathway regarding requested testing accommodations.

**5. Authority (include the federal or state constitutional provision or statute, administrative rule, or regulation; or final court judgment):**

A.R.S. § 32-2022(A)(3)(4) and (D)(3)(4); A.R.S. § 32-2024; A.A.C. R4-24-205

**6. Agency contact information:**

Name: Judy Chepeus  
 Title: Executive Director  
 Division: Board of Physical Therapy  
 Address: 1740 W. Adams St., Suite 2450  
 Phoenix, AZ 85007  
 Telephone: (602) 271-7365  
 Email: judy.chepeus@ptboard.az.gov  
 Website: <https://ptboard.az.gov/>

**7. An electronic copy of the complete policy can be viewed at:**

[https://ptboard.az.gov/resources?field\\_document\\_type\\_target\\_id=1027](https://ptboard.az.gov/resources?field_document_type_target_id=1027)

**8. A paper copy of the complete policy can be obtained at:**

1740 W. Adams St., Suite 2450, Phoenix, AZ 85007  
 Copy or other fees: Not applicable

**NOTICE OF SUBSTANTIVE POLICY STATEMENT****A.R.S. § 41-1013(B)(9)****DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS**

[M25-80]

**1. Statement title and policy number:**

Regulatory Bulletin 2025-04 (DFI): Consumer Lender/Sales Finance Dual License

**2. Is this a new policy or revision:**

This is a new policy.

**3. Date issued and effective date (if different from the date issued):**

Issued and effective: August 26, 2025

**4. Policy summary:**

The purpose of this Substantive Policy Statement is to provide notice regarding instances in which licensed entities appear to be engaging in conduct that may require an additional or separate license issued by the Arizona Department of Insurance and Financial Institutions under Arizona law. This Substantive Policy Statement is intended to advise any entity licensed as a consumer lender that may be engaging in acts that could potentially trigger the Arizona Motor Vehicle Time Sales Disclosure Act.

**5. Authority (include the federal or state constitutional provision or statute, administrative rule, or regulation; or final court judgment):**

A.R.S. §§ 6-601, 6-602, 44-281 and 44-282

**6. Agency contact information:**

Name: Alena Caravetta  
Title: Regulatory Legal Affairs Officer  
Division: Enforcement, Innovation and Regulatory Policy Division  
Address: Department of Insurance and Financial Institutions  
100 N. 15th Ave., Suite 261  
Phoenix, AZ 85007  
Telephone: (602) 364-0286  
Email: [alena.caravetta@difi.az.gov](mailto:alena.caravetta@difi.az.gov)  
Website: <https://difi.az.gov>

**7. An electronic copy of the complete policy can be viewed at:**<https://difi.az.gov/bulletins>**8. A paper copy of the complete policy can be obtained at:**

Please contact the person listed in paragraph #6 for instructions on how to download this substantive policy statement for printing from the webpage listed in paragraph #7 at no cost.

**NOTICE OF SUBSTANTIVE POLICY STATEMENT****A.R.S. § 41-1013(B)(9)****DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS**

[M25-81]

**1. Statement title and policy number:**

Regulatory Bulletin 2025-06 (INS): Direct Denials of Prior Authorization Requests

**2. Is this a new policy or revision:**

This is a new policy.

**3. Date issued and effective date (if different from the date issued):**

Issued: September 19, 2025  
Effective: September 26, 2025

**4. Policy summary:**

The purpose of this Substantive Policy Statement is to provide guidance to health care insurers for compliance with the require-

ments under Arizona law for the direct denial of prior authorization of a service requested by a health care provider on the basis of medical necessity.

**5. Authority (include the federal or state constitutional provision or statute, administrative rule, or regulation, or final court judgment):**

A.R.S. § 20-2510, as amended by Laws 2025, Chapter 222

**6. Agency contact information:**

Name: Fausto Burruel  
Title: Legislative & Tribal Liaison  
Division: Public Information Division  
Address: Department of Insurance and Financial Institutions  
100 N. 15th Ave., Suite 261  
Phoenix, AZ 85007  
Telephone: (602) 531-3069  
Email: fausto.burruel@difi.az.gov  
Website: <https://difi.az.gov/>

**7. An electronic copy of the complete policy can be viewed at:**

<https://difi.az.gov/bulletins>

**8. A paper copy of the complete policy can be obtained at:**

Please contact the person listed in paragraph #6 for instructions on how to download this substantive policy statement for printing from the webpage listed in paragraph #7 at no cost.

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**REGISTER INDEXES**


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

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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**

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Board of**

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**Child Safety, Department of - Per-  
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R9-6-316.	P#-7; PN-7; F#-1317; FN-1317	R9-6-342.	P#-7; PM-7; F#-1317; FM-1317	R9-6-365.	P#-7; PN-7; F#-1317; FN-1317
R9-6-317.	P#-7; PN-7; F#-1317; FN-1317	R9-6-343.	P#-7; F#-1317	R9-6-366.	P#-7; PM-7; F#-1317; FM-1317
R9-6-318.	P#-7; PM-7; F#-1317; FM-1317	R9-6-344.	P#-7; PM-7; F#-1317; FM-1317	R9-6-367.	P#-7; PN-7; F#-1317; FN-1317
R9-6-319.	P#-7; PN-7; F#-1317; FN-1317	R9-6-345.	P#-7; F#-1317	R9-6-368.	P#-7; F#-1317
R9-6-320.	P#-7; F#-1317	R9-6-346.	P#-7; F#-1317	R9-6-369.	P#-7; PM-7; F#-1317; FM-1317
R9-6-321.	P#-7; F#-1317	R9-6-347.	P#-7; F#-1317	R9-6-370.	P#-7; PN-7; F#-1317; FN-1317
R9-6-322.	P#-7; F#-1317	R9-6-348.	P#-7; PM-7; F#-1317; FM-1317	R9-6-371.	P#-7; F#-1317
R9-6-323.	P#-7; F#-1317	R9-6-349.	P#-7; F#-1317	R9-6-372.	P#-7; F#-1317
R9-6-324.	P#-7; F#-1317	R9-6-350.	P#-7; F#-1317	R9-6-373.	P#-7; PM-7; F#-1317; FM-1317
R9-6-325.	P#-7; F#-1317	R9-6-351.	P#-7; F#-1317	R9-6-374.	P#-7; PM-7; F#-1317; FM-1317
R9-6-326.	P#-7; F#-1317	R9-6-352.	P#-7; PM-7; F#-1317; FM-1317	R9-6-375.	P#-7; F#-1317
R9-6-327.	P#-7; F#-1317	R9-6-353.	P#-7; F#-1317	R9-6-376.	P#-7; F#-1317
R9-6-328.	P#-7; F#-1317	R9-6-354.	P#-7; PM-7; F#-1317; FM-1317	R9-6-377.	P#-7; PM-7; F#-1317; FM-1317
R9-6-329.	P#-7; F#-1317	R9-6-355.	P#-7; F#-1317	R9-6-378.	P#-7; F#-1317
R9-6-330.	P#-7; PN-7; F#-1317; FN-1317	R9-6-356.	P#-7; PM-7; F#-1317; FM-1317	R9-6-379.	P#-7; F#-1317
R9-6-331.	P#-7; F#-1317	R9-6-357.	P#-7; F#-1317	R9-6-380.	P#-7; PM-7; F#-1317; FM-1317
R9-6-332.	P#-7; F#-1317	R9-6-358.	P#-7; F#-1317	R9-6-381.	P#-7; PM-7; F#-1317; FM-1317
R9-6-333.	P#-7; F#-1317	R9-6-359.	P#-7; F#-1317	R9-6-382.	P#-7; PM-7; F#-1317; FM-1317
R9-6-334.	P#-7; F#-1317	R9-6-360.	P#-7; PM-7; F#-1317; FM-1317		
R9-6-335.	P#-7; F#-1317	R9-6-361.	P#-7; PM-7; F#-1317; FM-1317		
R9-6-336.	P#-7; F#-1317				
R9-6-337.	P#-7; F#-1317				
R9-6-338.	P#-7; PM-7;				

R9-6-383.	P#-7; PN-7; F#-1317; FN-1317	R9-6-3105.	P#-7; F#-1317	R9-8-910.	PN-1630; SPN-2444
R9-6-384.	P#-7; PM-7; F#-1317; FM-1317	R9-6-3106.	P#-7; PM-7; F#-1317; FM-1317	Table 9.1.	PN-1630; SPN-2444
R9-6-385.	P#-7; PM-7; F#-1317; FM-1317	R9-6-3107.	P#-7; PM-7; F#-1317; FM-1317	R9-8-911.	PN-1630; SPN-2444
R9-6-386.	P#-7; PM-7; F#-1317; FM-1317	R9-6-3108.	P#-7; PM-7; F#-1317; FM-1317	Table 9.2.	PN-1630; SPN-2444
R9-6-387.	P#-7; F#-1317	R9-6-1002.	PM-7; FM-1317	Table 9.3.	PN-1630; SPN-2444
R9-6-388.	P#-7; F#-1317	R9-6-1005.	PR-7; FR-1317	R9-8-912.	PN-1630; SPN-2444
R9-6-389.	P#-7; F#-1317	R9-6-1102.	PM-7; FM-1317	R9-8-913.	PN-1630; SPN-2444
R9-6-390.	P#-7; F#-1317	R9-6-1103.	PM-7; FM-1317	<b>Health Services, Department of - Health Care Institutions: Licensing</b>	
R9-6-391.	P#-7; PM-7; F#-1317; FM-1317	R9-25-101.	FM-332	R9-10-101.	PM-152; PM-703; FM-2085;
R9-6-392.	P#-7; F#-1317	R9-25-201.	FM-332	R9-10-102.	FM-2457 PM-152; PM-703; FM-2085; FM-2457
R9-6-393.	P#-7; F#-1317	R9-25-301.	FM-332	R9-10-103.	PM-152; FM-2457
R9-6-394.	P#-7; F#-1317	R9-25-302.	FM-332	R9-10-104.	PM-152; FM-2457
R9-6-395.	P#-7; F#-1317	R9-25-304.	FM-332	R9-10-104.01.	PM-152; FM-2457
R9-6-396.	P#-7; PM-7; F#-1317; FM-1317	R9-25-305.	FM-332	R9-10-105.	PM-152; FM-2457
R9-6-397.	P#-7; PM-7; F#-1317; FM-1317	R9-25-401.	FM-332	R9-10-106.	PM-152; FM-2457 PM-703; FM-2085; FM-2457; PM-2705
R9-6-398.	P#-7; F#-1317	R9-25-403.	FM-332	Table 1.3.	PN-2705
R9-6-399.	P#-7; F#-1317	R9-25-404.	FM-332	R9-10-107.	PM-152; FM-2457
R9-6-403.	FEM-661	R9-25-407.	FM-332	R9-10-108.	PM-152; FM-2457
R9-6-404.	FEM-661	R9-25-408.	FM-332	Table 1.1.	PM-152; FM-2457
R9-6-3100.	P#-7; F#-1317	R9-25-409.	FM-332	R9-10-109.	PM-152; FM-2457
R9-6-3101.	P#-7; PM-7; F#-1317; FM-1317	R9-25-908.	FEM-404	R9-10-110.	PM-152; FM-2457
R9-6-3102.	P#-7; F#-1317	<b>Health Services, Department of - Emergency Medical Services</b>		R9-10-111.	PM-152; PM-703; FM-2085
R9-6-3103.	P#-7; PM-7; F#-1317; FM-1317	R9-8-101.	FEM-666	R9-10-112.	PM-152; FM-2457
R9-6-3104.	P#-7; PM-7; F#-1317; FM-1317	R9-8-101.01.	FEN-666; FEM-666	R9-10-113.	PM-152; FM-2457
		R9-8-102.	FEN-666	R9-10-115.	PM-246; TM-2775
		R9-8-118.	FE#-666	R9-10-118.	PM-152; FM-2457
		R9-8-119.	SPM-2444	R9-10-120.	PM-152; FM-2457
		R9-8-901.	PN-1630; SPN-2444	R9-10-121.	PM-152; PM-703; FM-2085; FM-2457
		R9-8-902.	PN-1630; SPN-2444	R9-10-122.	PN-703; FN-2085
		R9-8-903.	PN-1630; SPN-2444		
		R9-8-904.	PN-1630; SPN-2444		
		R9-8-905.	PN-1630; SPN-2444		
		R9-8-906.	PN-1630; SPN-2444		
		R9-8-907.	PN-1630; SPN-2444		
		R9-8-908.	PN-1630; SPN-2444		
		R9-8-909.	PN-1630; SPN-2444		

R9-10-123.	PN-703; FN-2085	R9-10-510.	PEM-384; FEM-1263		FM-2085; TM-2775
R9-10-124.	PN-703; FN-2085	R9-10-511.	PEM-384; FEM-1263	R9-10-807.	PM-246; TM-2775
R9-10-125.	PN-703; FN-2085	R9-10-512.	PEM-384; FEM-1263	R9-10-808.	PM-703; FM-2085
R9-10-126.	PN-703; FN-2085	R9-10-514.	PEM-384; FEM-1263	R9-10-809.	PM-246; TM-2775
Table 1.2.	PM-703; FN-2085	R9-10-515.	PEM-384; FEM-1263	R9-10-810.	PM-246; TM-2775
R9-10-201.	PM-152; FM-2457	R9-10-516.	PEM-384; FEM-1263	R9-10-811.	PM-246; PM-703; FM-2085;
R9-10-202.	PM-152; FM-2457	R9-10-518.	PEM-384; FEM-1263		TM-2775
R9-10-203.	PM-152; FM-2457	R9-10-520.	PEM-384; FEM-1263	R9-10-815.	PM-703; FM-2085
R9-10-209.	PM-152; FM-2457	R9-10-522.	PEM-384; FEM-1263	R9-10-816.	PM-246; PR-703; PN-703;
R9-10-212.	PM-152; FM-2457	R9-10-525.	PEM-384; FEM-1263		FR-2085;
R9-10-215.	PM-152; FM-2457	R9-10-606.	PM-152; FM-2457	R9-10-817.	FN-2085 PM-246;
R9-10-218.	PM-152; FM-2457	R9-10-613.	PM-152; FM-2457		PN-703; FN-2085;
R9-10-234.	PM-152; FM-2457	R9-10-701.	PM-246; TM-2775	R9-10-818.	TM-2775 P#-703;
R9-10-303.	PM-152; FM-2457	R9-10-702.	PM-246; TM-2775		F#-2085; TM-2775
R9-10-307.	PM-152; FM-2457	R9-10-703.	PM-246; TM-2775	R9-10-819.	P#-703; PM-703;
R9-10-320.	PM-152; FM-2457	R9-10-706.	PM-246; TM-2775		F#-2085; FM-2085
R9-10-321.	PM-152; FM-2457	R9-10-707.	PM-246; TM-2775	R9-10-820.	PM-246; P#-703;
R9-10-402.	PM-152; FM-2457	R9-10-709.	PM-246; TM-2775	R9-10-821.	F#-2085 P#-703;
R9-10-403.	PM-152; FM-2457	R9-10-710.	PM-246; TM-2775		F#-2085; TM-2775
R9-10-406.	PM-152; FM-2457	R9-10-712.	PM-246; TM-2775	R9-10-901.	PM-152; FM-2457
R9-10-410.	PM-152; FM-2457	R9-10-713.	PM-246; TM-2775	R9-10-902.	PM-152; FM-2457
R9-10-411.	PM-152; FM-2457	R9-10-715.	PM-246; TM-2775	R9-10-905.	PM-152; FM-2457
R9-10-413.	PM-152; FM-2457	R9-10-716.	PM-246; TM-2775	R9-10-911.	PM-152; FM-2457
R9-10-414.	PM-152; FM-2457	R9-10-717.	PM-246; TM-2775	R9-10-914.	PM-152; FM-2457
R9-10-421.	PM-152; FM-2457	R9-10-718.	PM-246; TM-2775	R9-10-918.	PM-152; FM-2457
R9-10-423.	PM-152; FM-2457	R9-10-719.	PM-246; TM-2775	R9-10-1003.	PM-152; FM-2457
R9-10-426.	PM-152; FM-2457	R9-10-720.	PM-246; TM-2775	R9-10-1008.	PM-152; FM-2457
R9-10-501.	PEM-384; FEM-1263	R9-10-722.	PM-246; TM-2775	R9-10-1010.	PM-152; FM-2457
R9-10-503.	PEM-384; FEM-1263	R9-10-801.	PM-703; FM-2085	R9-10-1011.	PM-152; FM-2457
R9-10-506.	PEM-384; FEM-1263	R9-10-802.	PM-246; TM-2775	R9-10-1012.	PM-152; FM-2457
R9-10-507.	PEM-384; FEM-1263	R9-10-803.	PM-246; PM-703;	R9-10-1017.	PM-152; FM-2457
R9-10-508.	PEM-384; FEM-1263		FM-2085; TM-2775	R9-10-1018.	PM-152; FM-2457
R9-10-509.	PEM-384; FEM-1263	R9-10-806.	PM-246; PM-703;	R9-10-1022.	PM-152; FM-2457

R9-10-1027.	PM-152; FM-2457	R9-10-2009.	PM-2001	R9-16-603.	FEM-672
R9-10-1031.	PM-152; FM-2457	R9-10-2203.	PM-152; FM-2457	R9-16-604.	FEM-672
R9-10-1106.	PM-152; FM-2457	R9-10-2206.	PM-152; FM-2457	R9-16-605.	FEM-672
R9-10-1107.	PM-152; FM-2457	R9-10-2221.	PM-152; FM-2457	R9-16-606.	FEM-672
R9-10-1114.	PM-152; FM-2457	<b>Health Services, Department of - Health Programs Services</b>		R9-16-607.	FEM-672
R9-10-1117.	PM-152; FM-2457	R9-13-201.	PM-44; FM-1355	R9-16-608.	FEM-672
R9-10-1201.	FM-651	R9-13-203.	PM-44; FM-1355	R9-16-609.	FEM-672
R9-10-1203.	FM-651	R9-13-204.	PM-44; FM-1355	R9-16-610.	FEM-672
R9-10-1207.	FM-651	R9-13-205.	PM-44; FM-1355	R9-16-611.	FEM-672
R9-10-1209.	FM-651	R9-13-208.	PM-44; FM-1355	R9-16-612.	FEM-672
R9-10-1210.	FM-651			R9-16-613.	FEM-672
R9-10-1302.	PM-152; FM-2457			R9-16-614.	FEM-672
R9-10-1305.	PM-152; FM-2457			R9-16-615.	FEM-672
R9-10-1306.	PM-152; FM-2457	<b>Health Services, Department of - Noncommunicable Diseases and Infestations</b>		R9-16-616.	FEM-672
R9-10-1313.	PM-152; FM-2457	R9-4-202.	PM-103	R9-16-617.	FEM-672
R9-10-1314.	PM-152; FM-2457	R9-4-302.	PM-103	R9-16-618.	FEM-672
R9-10-1315.	PM-152; FM-2457	R9-4-403.	PM-103	R9-16-619.	FEM-672
R9-10-1317.	PM-152; FM-2457	R9-4-404.	PM-103	R9-16-620.	FEM-672
R9-10-1317.	PM-152; FM-2457	R9-4-405.	PM-103	R9-16-621.	FEM-672
R9-10-1317.	PM-152; FM-2457	R9-4-602.	FEM-632	R9-16-622.	FEM-672
R9-10-1405.	PM-152; FM-2457	<b>Health Services, Department of - Occupational Licensing</b>		Table 6.1.	FEM-672
R9-10-1406.	PM-152; FM-2457	R9-16-201.	PEM-1885	R9-16-623.	FEM-672
R9-10-1412.	PM-152; FM-2457	R9-16-202.	PEM-1885	R9-16-624.	FEM-672
R9-10-1413.	PM-152; FM-2457	R9-16-203.	PEM-1885	R9-16-901.	PM-112; FM-1647
R9-10-1413.	PM-152; FM-2457	R9-16-205.	PEM-1885	R9-16-902.	PM-112; FM-1647
R9-10-1515.	PM-152; FM-2457	R9-16-207.	PEM-1885	R9-16-903.	PM-112; FM-1647
R9-10-1515.	PM-152; FM-2457	R9-16-208.	PEM-1885	R9-16-904.	PM-112; FM-1647
R9-10-1702.	PM-152; FM-2457	R9-16-209.	PEM-1885	R9-16-906.	PM-112; FM-1647
R9-10-1702.	PM-152; FM-2457	R9-16-211.	PEM-1885	R9-16-907.	PM-112; FM-1647
R9-10-1702.	PM-152; FM-2457	R9-16-214.	PEM-1885	Table 9.1.	PM-112; FM-1647
R9-10-1704.	PM-152; FM-2457	R9-16-215.	PEM-1885	R9-16-908.	PM-112; FM-1647
R9-10-1704.	PM-152; FM-2457	R9-16-301.	PM-1875	R9-16-909.	PN-112; FN-1647
R9-10-1705.	PM-152; FM-2457	R9-16-302.	PM-1875	<b>Health Services, Department of - Noncommunicable Diseases</b>	
R9-10-1706.	PM-152; FM-2457	R9-16-303.	PM-1875	R9-4-202.	FM-1309
R9-10-1706.	PM-152; FM-2457	R9-16-304.	PM-1875	R9-4-302.	FM-1309
R9-10-1709.	PM-152; FM-2457	R9-16-305.	PM-1875	R9-4-403.	FM-1309
R9-10-1709.	PM-152; FM-2457	R9-16-306.	PM-1875	R9-4-404.	FM-1309
R9-10-1709.	PM-152; FM-2457	R9-16-307.	PR-1875	R9-4-405.	FM-1309
R9-10-1712.	PM-152; FM-2457	R9-16-308.	PM-1875	<b>Health Services, Department of - Radiation Control</b>	
R9-10-1712.	PM-152; FM-2457	R9-16-309.	PM-1875	R9-7-708.	PEM-1592
R9-10-1903.	PM-152; FM-2457	R9-16-310.	PM-1875	<b>Information Technology, Govern- ment</b>	
R9-10-1903.	PM-152; FM-2457	R9-16-312.	PM-1875	R2-18-301.	FEM-2834
R9-10-1903.	PM-152; FM-2457	R9-16-314.	PM-1875	<b>Insurance and Financial Institu- tions, Department of - Financial Institutions</b>	
R9-10-1909.	PM-152; FM-2457	Table 3.1.	PM-1875	R20-4-101.	FM-533
R9-10-2002.	PM-2001	R9-16-315.	PM-1875	R20-4-102.	FM-533
R9-10-2003.	PM-2001	R9-16-316.	PEM-1885	R20-4-103.	FR-533
R9-10-2005.	P#-2001; PM-2001	R9-16-501.	PEM-1885	R20-4-104.	FM-533
R9-10-2006.	P#-2001; PM-2001	R9-16-502.	PEM-1885	R20-4-105.	FM-533
R9-10-2006.	P#-2001; PM-2001	R9-16-503.	PEM-1885		
R9-10-2007.	P#-2001; PM-2001	R9-16-504.	PEM-1885		
R9-10-2007.	P#-2001; PM-2001	R9-16-505.	PEM-1885		
R9-10-2008.	P#-2001	R9-16-507.	PEM-1885		
		R9-16-601.	FEM-672		
		R9-16-602.	FEM-672		



R7-3-106.	EXP-1283	R4-28-B1203.	PM-1489	<b>Transportation, Department of - Aeronautics</b>	R17-2-101.	PM-1580	
R7-3-107.	EXP-1283	R4-28-B1206.	PM-1489		R17-2-201.	PM-1580	
R7-3-108.	EXP-1283	R4-28-B1207.	PM-1489		Table 1.	PM-1580	
<b>Psychologist Examiners, Board of</b>					R17-2-202.	PM-1580	
R4-26-207.	PM-149; FM-2396	R4-28-B1209.	PM-1489	R17-2-203.	PM-1580		
R4-26-406.	FM-1255	R4-28-B1210.	PM-1489	R17-2-204.	PM-1580		
<b>Public Safety, Department of - Con- cealed Weapons Permits</b>					R17-2-205.	PM-1580	
Table 1.	EXP-1284	R4-28-1302.	PM-1489	R17-2-206.	PM-1580		
<b>Public Safety, Department of - Pri- vate Investigators</b>					R17-2-301.	FN-1950	
R13-2-303.	EXP-1283	R4-28-1303.	PM-1489	R17-2-302.	FN-1950		
<b>Real Estate Department, State</b>					<b>Transportation, Department of - Commercial Programs</b>		
R4-28-101.	PM-1489	R4-28-1304.	PM-1489	R17-5-201.	FM-1958		
R4-28-102.	PM-1489	R4-28-1305.	PM-1489	R17-5-201.	FM-1958		
R4-28-103.	PM-1489	<b>Regulatory Board of Physician Assistants, Arizona</b>				R17-5-202.	FM-1958
R4-28-104.	PM-1489	R4-17-402.	FXM-129	R17-5-203.	FM-1958		
Table 1.	PM-1489	<b>Retirement System Board, State</b>				R17-5-204.	FM-1958
R4-28-301.	PM-1489	R2-8-104.	PM-2747	R17-5-205.	FM-1958		
R4-28-302.	PM-1489	R2-8-403.	PM-2750	R17-5-206.	FM-1958		
R4-28-303.	PM-1489	R2-8-903.	PM-2752	R17-5-208.	FM-1958		
R4-28-304.	PM-1489	R2-8-301.	PEM-2772	R17-5-209.	FM-1958		
R4-28-305.	PM-1489	R2-8-304.	PEM-2772	R17-5-212.	FM-1958		
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R4-28-307.	PN-1489	R2-8-805.	PEM-2772	<b>Transportation, Department of - Highways</b>			
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**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
1/7	3/8	2/7	4/8	3/7	5/6	4/7	6/6	5/7	7/6	6/7	8/6
1/8	3/9	2/8	4/9	3/8	5/7	4/8	6/7	5/8	7/7	6/8	8/7
1/9	3/10	2/9	4/10	3/9	5/8	4/9	6/8	5/9	7/8	6/9	8/8
1/10	3/11	2/10	4/11	3/10	5/9	4/10	6/9	5/10	7/9	6/10	8/9
1/11	3/12	2/11	4/12	3/11	5/10	4/11	6/10	5/11	7/10	6/11	8/10
1/12	3/13	2/12	4/13	3/12	5/11	4/12	6/11	5/12	7/11	6/12	8/11
1/13	3/14	2/13	4/14	3/13	5/12	4/13	6/12	5/13	7/12	6/13	8/12
1/14	3/15	2/14	4/15	3/14	5/13	4/14	6/13	5/14	7/13	6/14	8/13
1/15	3/16	2/15	4/16	3/15	5/14	4/15	6/14	5/15	7/14	6/15	8/14
1/16	3/17	2/16	4/17	3/16	5/15	4/16	6/15	5/16	7/15	6/16	8/15
1/17	3/18	2/17	4/18	3/17	5/16	4/17	6/16	5/17	7/16	6/17	8/16
1/18	3/19	2/18	4/19	3/18	5/17	4/18	6/17	5/18	7/17	6/18	8/17
1/19	3/20	2/19	4/20	3/19	5/18	4/19	6/18	5/19	7/18	6/19	8/18
1/20	3/21	2/20	4/21	3/20	5/19	4/20	6/19	5/20	7/19	6/20	8/19
1/21	3/22	2/21	4/22	3/21	5/20	4/21	6/20	5/21	7/20	6/21	8/20
1/22	3/23	2/22	4/23	3/22	5/21	4/22	6/21	5/22	7/21	6/22	8/21
1/23	3/24	2/23	4/24	3/23	5/22	4/23	6/22	5/23	7/22	6/23	8/22
1/24	3/25	2/24	4/25	3/24	5/23	4/24	6/23	5/24	7/23	6/24	8/23
1/25	3/26	2/25	4/26	3/25	5/24	4/25	6/24	5/25	7/24	6/25	8/24
1/26	3/27	2/26	4/27	3/26	5/25	4/26	6/25	5/26	7/25	6/26	8/25
1/27	3/28	2/27	4/28	3/27	5/26	4/27	6/26	5/27	7/26	6/27	8/26
1/28	3/29	2/28	4/29	3/28	5/27	4/28	6/27	5/28	7/27	6/28	8/27
1/29	3/30			3/29	5/28	4/29	6/28	5/29	7/28	6/29	8/28
1/30	3/31			3/30	5/29	4/30	6/29	5/30	7/29	6/30	8/29
1/31	4/1			3/31	5/30			5/31	7/30		

July		August		September		October		November		December	
Date Filed	Effective Date	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*.

<b>Deadline Date</b> <b>Friday, 5:00 p.m.</b> <i>(**early submission date due to holiday)</i>	<b>Register</b> <b>Publication Date</b>	<b>Oral Proceeding may be</b> <b>scheduled on or after</b> <i>(*later date due to holiday)</i>
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
June 20, 2025	July 11, 2025	August 11, 2025
June 27, 2025	July 18, 2025	August 18, 2025
**July 3, 2025	July 25, 2025	August 25, 2025
July 11, 2025	August 1, 2025	*September 2, 2025
July 18, 2025	August 8, 2025	September 8, 2025
July 25, 2025	August 15, 2025	September 15, 2025
August 1, 2025	August 22, 2025	September 22, 2025
August 8, 2025	August 29, 2025	September 29, 2025
August 15, 2025	September 5, 2025	October 6, 2025
August 22, 2025	September 12, 2025	*October 14, 2025
August 29, 2025	September 19, 2025	October 20, 2025
September 5, 2025	September 26, 2025	October 22, 2025
September 12, 2025	October 3, 2025	November 3, 2025
September 19, 2025	October 10, 2025	November 10, 2025
September 26, 2025	October 17, 2025	November 17, 2025
October 3, 2025	October 24, 2025	November 24, 2025
October 10, 2025	October 31, 2025	December 1, 2025
October 17, 2025	November 7, 2025	December 8, 2025
October 24, 2025	November 14, 2025	December 15, 2025
October 31, 2025	November 21, 2025	December 22, 2025
November 7, 2025	November 28, 2025	December 29, 2025
November 14, 2025	December 5, 2025	January 5, 2026
November 21, 2025	December 12, 2025	January 12, 2026
November 28, 2025	December 19, 2025	January 19, 2026

**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 2025/2026**  
(MEETING DATES ARE SUBJECT TO CHANGE)

[M24-54/M25-79]

\*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 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
Tuesday January 20, 2026	Tuesday February 17, 2026	Tuesday February 24, 2026	Tuesday March 3, 2026
Tuesday February 17, 2026	Tuesday March 24, 2026	Tuesday March 31, 2026	Tuesday April 7, 2026
Tuesday March 24, 2026	Tuesday April 21, 2026	Tuesday April 28, 2026	Tuesday May 5, 2026
Tuesday April 21, 2026	Tuesday May 19, 2026	Wednesday May 27, 2026	Tuesday June 2, 2026
Tuesday May 19, 2026	Tuesday June 23, 2026	Tuesday June 30, 2026	Tuesday July 7, 2026
Tuesday June 23, 2026	Tuesday July 21, 2026	Tuesday July 28, 2026	Tuesday August 4, 2026
Tuesday July 21, 2026	Tuesday August 18, 2026	Tuesday August 25, 2026	Tuesday September 1, 2026
Tuesday August 18, 2026	Tuesday September 22, 2026	Tuesday September 29, 2026	Tuesday October 6, 2026
Tuesday September 22, 2026	Tuesday October 20, 2026	Tuesday October 27, 2026	Tuesday November 3, 2026
Tuesday October 20, 2026	Tuesday November 17, 2026	Tuesday November 24, 2026	Tuesday December 1, 2026
Tuesday November 17, 2026	Tuesday December 22, 2026	Tuesday December 29, 2026	Tuesday January 5, 2027
Tuesday December 22, 2026	Tuesday January 19, 2027	Tuesday January 26, 2027	Tuesday February 2, 2027