



Arizona Administrative REGISTER

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Rules can be: made (all new text); amended (rules on file, changing text); repealed (removing text); or renumbered (moving rules to a different Section number).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New rules in this publication (whether proposed or made) are denoted with underlining; repealed text is stricken.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

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

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

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

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Participate in the Process

Look for the Agency Notice

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

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

Attend a public hearing/meeting

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

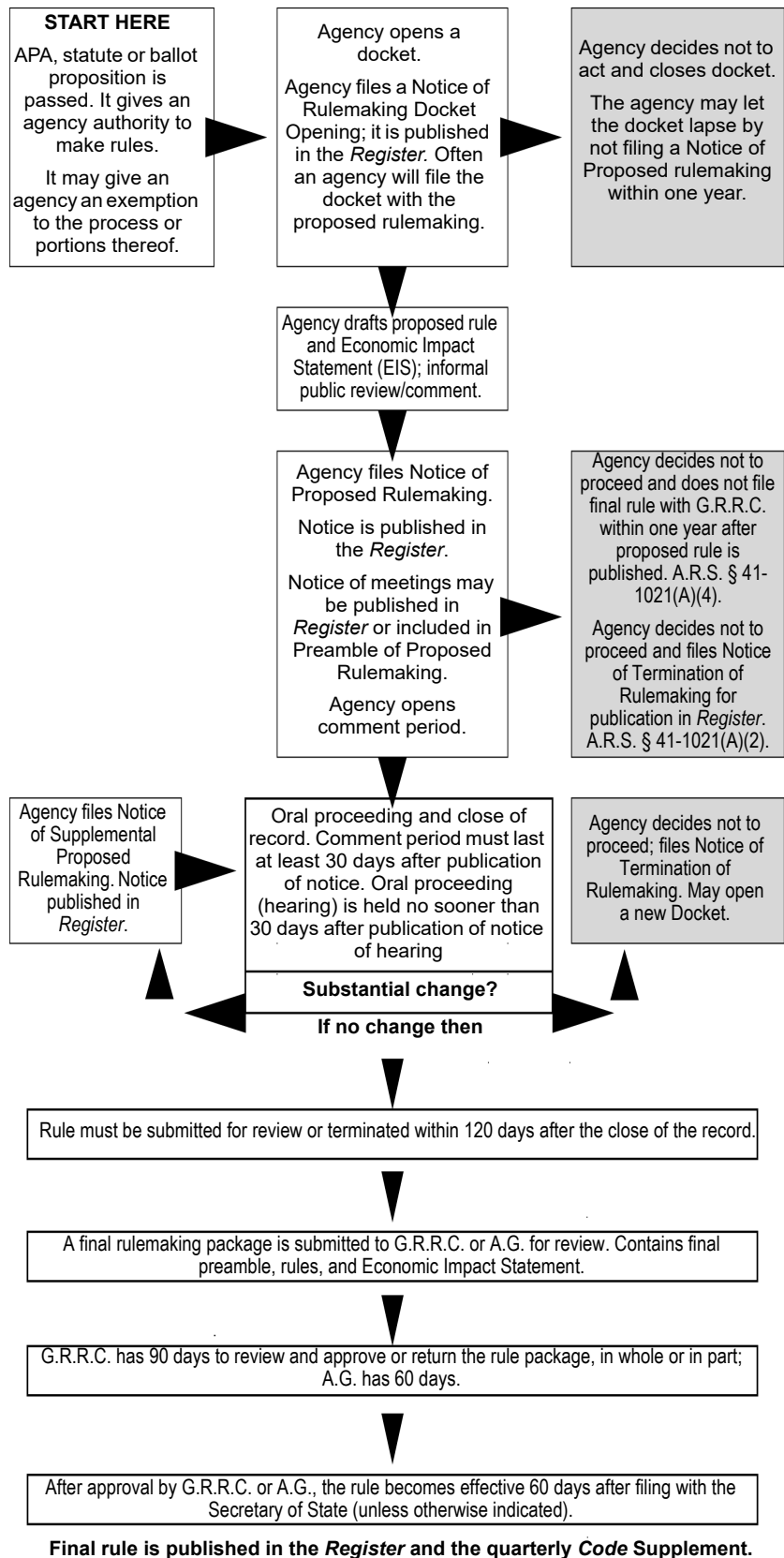
An agency may not have a public meeting scheduled on the Notice of Proposed Rulemaking. If not, you may request that the agency schedule a proceeding. This request must be put in writing within 30 days after the published Notice of Proposed Rulemaking.

Write the agency

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

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

Arizona Regular Rulemaking Process



Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Acronyms

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

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

APA – *Administrative Procedure Act*

A.R.S. – *Arizona Revised Statutes*

CFR – *Code of Federal Regulations*

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

FR – *Federal Register*

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

U.S.C. – *United States Code*

About Preambles

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

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

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



NOTICES OF PROPOSED RULEMAKING

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

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

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

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

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

NOTICE OF PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

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

[R21-78]

PREAMBLE

- | | |
|--|--|
| <p>1. <u>Article, Part or Section Affected (as applicable)</u>
R9-22-712.06</p> | <p><u>Rulemaking Action</u>
New Section</p> |
| <p>2. <u>Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):</u>
 Authorizing statute: A.R.S. § 36-2903.01
 Implementing statute: A.R.S. § 36-2903.01</p> | |
| <p>3. <u>Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:</u>
 Notice of Rulemaking Docket Opening: 27 A.A.R. 1038, July 9, 2021 (<i>in this issue</i>)</p> | |
| <p>4. <u>The agency's contact person who can answer questions about the rulemaking:</u></p> <p>Name: Nicole Fries
 Address: AHCCCS
 Office of Administrative Legal Services
 701 E. Jefferson, Mail Drop 6200
 Phoenix, AZ 85034
 Telephone: (602) 417-4232
 Fax: (602) 253-9115
 E-mail: AHCCCSRules@azahcccs.gov
 Website: www.azahcccs.gov</p> | |
| <p>5. <u>An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:</u>
 A.R.S. § 36-2903.01 requires the Administration to describe in rule how Graduate Medical Education (GME) funds are calculated and distributed. The intention of this rulemaking is to implement the appropriation made for two new GME pools established in Laws 2020, Chapter 58. Laws 2020, Chapter 58 established a separate rural pool (for GME hospitals outside of Maricopa and Pima counties) and an urban pool (for GME hospitals inside Maricopa and Pima counties). Monies are to be made for the direct and indirect costs of graduate medical education, are to supplement but not supplant voluntary payments made from political subdivisions for payments to hospitals to operate GME programs, and must prioritize distribution to programs at hospitals in counties with a higher percentage of persons residing in a health professional shortage area as defined in 42 Code of Federal Regulations part 5.
 Between July 2019 and December 2019, the AHCCCS Administration established a GME workgroup consisting of all Arizona GME hospitals, the Arizona Hospital and Healthcare Association, and the Health System Alliance of Arizona to discuss the two new pools and to come to a consensus on how the funding is prioritized. The hospitals recommended a number of items that would help them to establish new GME programs and prioritize funding based on the needs of Arizonans. These recommendations included the following:</p> <ul style="list-style-type: none"> • Once a resident starts a multi-year program, provide continued funding until they complete the program. • Prioritize funding based on residency type in order to best meet the needs of Arizonans. This includes primary care (internal medicine, family medicine, general pediatrics, obstetrics and gynecology, and geriatrics), behavioral health, general surgery, and any other programs which AHCCCS determines is a high need. | |



- Create the following tiers for funding priority:
 - Returning residents and fellows.
 - Residents and fellows that are not returning but are in a GME program for primary care, behavioral health, general surgery, and any other programs which AHCCCS determines is high needs.
 - Residents or fellows that are not returning but for which the GME program received funding in the prior year.
 - All other residents and fellows.
- In order to meet the HPSA requirement, create the following subtiers:
 - Hospitals in a county designated by the Health Resource and Services Administration of the U.S. Department of Health & Human Services as a health professional shortage area (HPSA) with an 85-100% primary care shortage.
 - Hospitals in a county designated as a HPSA with an 50-84% primary care shortage.
 - Hospitals in a county designated as a HPSA with an 25-49% primary care shortage.
 - Hospitals in a county designated as a HPSA with an 0-24% primary care shortage.
- Since establishing rural residencies is often more costly than establishing urban residencies, startup costs should be included for rural residencies.
- In order for hospitals to determine how many graduate medical resident slots they will offer in the upcoming academic year, make a preliminary allocation of funds prior to the beginning of the academic year.
- Allow payments only for programs which began on or after July 1, 2020 or expanded the number of slots on or after July 1, 2020 in order to ensure that payments are supplemented and not supplanted.
- For rural hospitals, allocate direct and indirect payments concurrently. For urban hospitals, first allocate all direct payments before indirect payments.

The Centers for Medicare and Medicaid Services (CMS) require the AHCCCS Administration to annually update the amount allocated to each hospital in the State Plan. Before AHCCCS may make GME payments, a State Plan Amendment (SPA) must be submitted and approved by CMS. Before AHCCCS may make GME payments, a State Plan Amendment (SPA) must be submitted and approved by CMS. Technical and conforming changes will also be made.

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

A study was not referenced or relied upon when revising these regulations.

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

Not applicable

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

The AHCCCS Administration estimates this will result in an allocation of up to \$10 million in the first year and up to \$20 million for the second year. No hospitals will negatively be impacted by this change, and none of the GME hospitals are small businesses. The AHCCCS program is jointly funded by the State and the federal government through the Medicaid program.

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

Name: Nicole Fries
 Address: AHCCCS
 Office of Administrative Legal Services
 701 E. Jefferson, Mail Drop 6200
 Phoenix, AZ 85034
 Telephone: (602) 417-4232
 Fax: (602) 253-9115
 E-mail: AHCCCSRules@azahcccs.gov
 Website: www.azahcccs.gov

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

Proposed rule language will be available on the AHCCCS website. Please send comments to the above address by the close of the comment period, 5:00 p.m., August 9, 2021.

Date: August 9, 2021
 Time: 2:00 p.m.
 Location: meet.google.com/fbq-rtii-umb
 Nature: Public Hearing

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

No other matters have been prescribed.

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:**

No analysis was submitted.

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

None

- 13. 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

R9-22-712.06. Reserved Supplemental Graduate Medical Education Fund Allocation

ARTICLE 7. STANDARDS FOR PAYMENTS

R9-22-712.06. Reserved Supplemental Graduate Medical Education Fund Allocation

A. Gradual Medical Education (GME) reimbursement as of July 1, 2020.

1. In addition to distributions pursuant to section R9-22-712.05, and subject to the availability of funds and approval by CMS, the Administration shall annually distribute monies appropriated for the GME programs approved by the Administration to hospitals for direct and indirect costs for graduate medical education programs which were established or expanded on or after July 1, 2020. The Administration shall estimate the distributions using information possessed by the Administration as of December 15 of each calendar year. The actual distributions will be made using information possessed by the Administration as of September first of the year in which the new residency or fellowship begins.
2. Eligible Hospitals. A hospital is eligible for distributions under this section if all of the following apply:
 - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona;
 - b. It incurs direct costs for the training of residents in the GME programs, which costs are or will be reported on the hospital's Medicare Cost Report;
 - c. It is not administered by or does not receive its primary funding from an agency of the federal government;
 - d. It is established a new GME program or expanded the number of residents or fellows in an existing GME program on or after July 1, 2020.
3. Eligible positions. For purposes of determining distributions under this section the following resident and fellowship positions qualify to the extent that the training takes place in Arizona at an eligible health care facility:
 - a. Filled resident or fellow positions in approved programs which began on or after July 1, 2020;
 - b. Filled resident or fellow positions in approved programs which began on or after July 1, 2020;
 - c. Eligible positions do not include residents or fellows that receive payments for services under the Access to Professional Services Initiative (APSI) program established in the Contractors' prepaid capitation contracts with the Administration.
4. Annual Reporting
 - a. By December 15 of each year, a GME program shall provide all of the following information for GME programs and positions which are expected to be eligible for funding under this section as of the upcoming academic year (i.e., July 1 to June 30 of each year):
 - i. The program name and number assigned by the accrediting organization if available;
 - ii. The original date of accreditation if available;
 - iii. The names of the sponsoring institution and all participating institutions expected as of the date of reporting;
 - iv. The number of anticipated resident and fellowship positions eligible for funding as of the upcoming academic year'
 - v. The number of months or partial months during the upcoming academic year that each resident or fellow is expected to work in each hospital or in a non-hospital setting under agreement between the non-hospital setting and the reporting hospital;
 - vi. The academic year of anticipated resident and fellowship positions;
 - vii. The length of the program;
 - viii. The names and other information requested by AHCCCS to ensure the total GME distributions for each eligible position are not greater than the costs for each eligible position in the Intern and Resident Information System (IRIS) file;
 - b. By December 15 of each year, a GME program located in a county with a population of less than five hundred thousand persons shall provide the estimated one-time and ongoing costs for each program which it expects to be eligible for funding.



- c. By September 1 of each year, a GME program shall provide the actual name of residents and fellows hired in the current academic year and other information requested by AHCCCS to ensure that total GME distributions for the eligible position are not greater than the costs for each eligible position in the IRIS file.
- B.** Preliminary allocation of funds for urban hospitals. Annually by January 15, the Administration shall estimate the annual GME distributions under this Section using the funds appropriated for hospitals in counties with a population of more than 500,000 persons based on the number of residents and fellows in graduate medical education programs in the following manner:
 - 1. Each eligible resident and fellow is placed into one of the following tiers with the following priority:
 - a. Returning residents and fellows. A returning resident or fellow is a resident or fellow whose position received funding under this section for the previous year and who is continuing in the same GME program.
 - b. Residents and fellows that are not a returning resident or fellow but are in a GME program for:
 - i. Family medicine;
 - ii. Internal medicine;
 - iii. General pediatrics;
 - iv. Obstetrics and gynecology;
 - v. Psychiatry, including subspecialties;
 - vi. General surgery; or
 - vii. Any other program determined as high needs by the AHCCCS Administration.
 - c. Residents or fellows that are not returning residents or fellows and are not described in subsection (1)(b) but are in a GME program that received funding under this section in a prior year.
 - d. All other residents and fellows.
 - 2. Residents and fellows in each tier are further divided into four sub-tiers with the following priority based on the location of the sponsoring or participating hospital:
 - a. Hospitals in a county designated by the Health Resource and Services Administration of the U.S. Department of Health & Human Services as a health professional shortage area (HPSA) with an 85-100% primary care shortage.
 - b. Hospitals in a county designated as a HPSA with an 50-84% primary care shortage.
 - c. Hospitals in a county designated as a HPSA with an 25-49% primary care shortage.
 - d. Hospitals in a county designated as a HPSA with an 0-24% primary care shortage.
 - 3. The amount of the distribution for each GME program for direct costs is calculated as the product of:
 - a. The number of eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospitals;
 - b. The Arizona Medicaid utilization as determined by R9-22-712.05(B)(4)(c)(i) in the previous calendar year; and
 - c. The average direct cost per resident determined under R9-22-712.05(B)(4)(d) in the previous calendar year.
 - 4. If monies are still remaining after direct funding has been allocated, indirect funding shall be allocated based on the priority of each tier and sub-tier. The amount of the distribution for each GME program for indirect costs is calculated as the product of:
 - a. The number of allocated eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospital;
 - b. The indirect cost per resident per month cost calculated in R9-22-712.05(D)(4)(b)(vi) in the previous calendar year; and
 - c. Twelve months.
 - d. Funds shall be allocated based on the priority of each tier and sub-tier. Distributions for eligible positions in a tier or sub-tier with a lower priority will not receive a distribution until distributions are allocated for the costs of all positions in a higher tier or sub-tier. If funding is insufficient to fully fund a tier or sub-tier, the remainder of funds will be prorated for eligible positions in that tier or sub-tier.
- C.** Preliminary allocation of funds for rural hospitals. Annually by January 15, the Administration shall estimate the annual GME distributions under this section using the funds appropriated for rural hospitals based on the number of eligible resident and fellow positions in graduate medical education programs located in a county with a population of less than five hundred thousand persons in the following manner:
 - 1. Each resident and fellow will then be placed into one of the following tiers with the following priority:
 - a. Returning residents and fellows. A returning resident or fellow is a resident or fellow whose position received funding under this section for the previous year and who is continuing in the same GME program.
 - b. Residents and fellows that are not a returning resident or fellow but are in a program for:
 - i. Family medicine;
 - ii. Internal medicine;
 - iii. General pediatrics;
 - iv. Obstetrics and gynecology;
 - v. Psychiatry, including subspecialties;
 - vi. General Surgery; or
 - vii. Any other program determined as high needs by the AHCCCS Administration.
 - c. Residents or fellows that are not returning residents or fellows and are not described in subsection (1)(b) but are in a GME program that received funding under this section in a prior year.
 - d. All other residents and fellows.
 - 2. Residents and fellows in each tier are further divided into four sub-tiers with the following priority based on the location of the sponsoring or participating hospital:
 - a. Hospitals in a county designated by the Health Resource and Services Administration of the U.S. Department of Health & Human Services as a HPSA with an 85-100% primary care shortage.
 - b. Hospitals in a county designated as a HPSA with a 50-84% primary care shortage.
 - c. Hospitals in a county designated as a HPSA with a 25-49% primary care shortage.



- d. Hospitals in a county designated as a HPSA with a 0-24% primary care shortage.
- 3. Funds shall first be allocated for direct and indirect costs based in order of priority of each tier. If not enough funding is available to fully fund a tier or sub-tier, the remainder of funds will be prorated in a tier or sub-tier.
- 4. The amount of the distribution for each GME program for direct costs is calculated as the product of:
 - a. The number of eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospitals;
 - b. The Arizona Medicaid utilization determined under R9-22-712.05(B)(4)(c)(i); and,
 - c. The average direct cost per resident determined under R9-22-712.05(B)(4)(d) in the previous calendar year.
- 5. The amount of the distribution for each GME program for indirect costs is calculated as the product of:
 - a. The number of allocated eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospital;
 - b. The indirect cost per resident per month cost calculated in R9-22-712.05(D)(4)(b)(vi) in the previous calendar year; and
 - c. Twelve months.
- D. Final allocation of funds. Annually no sooner than September 1 following the start of the academic year, the Administration will recalculate the allocation for urban and rural hospitals using the same methodology used to estimate distributions, but using the actual residents and fellows as reported in R9-22-712.06(B)(3)(c).
- E. Exclusions. To ensure that residents and fellows are not double counted residents/fellows which receive funding through R9-22-712.06 shall not receive funding through R9-22-712.05.

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

[R21-80]

PREAMBLE

- | | |
|---|--|
| <p>1. <u>Article, Part or Section Affected (as applicable)</u>
R9-22-712.62</p> <p>2. <u>Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):</u>
 Authorizing statute: A.R.S. § 36-2903.01(A)
 Implementing statute: A.R.S. § 36-2903.01(G)(12)</p> <p>3. <u>Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:</u>
 Notice of Rulemaking Docket Opening: 27 A.A.R. 1040, July 9, 2021 (<i>in this issue</i>)</p> <p>4. <u>The agency’s contact person who can answer questions about the rulemaking:</u>
 Name: Nicole Fries
 Address: AHCCCS
 Office of Administrative Legal Services
 701 E. Jefferson, Mail Drop 6200
 Phoenix, AZ 85034
 Telephone: (602) 417-4232
 Fax: (602) 253-9115
 E-mail: AHCCCSRules@azahcccs.gov
 Website: www.azahcccs.gov</p> <p>5. <u>An agency’s justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:</u>
 All Patient Refined Diagnosis Related Groups (APR-DRG) payment methodology is the primary reimbursement method for AHCCCS hospital inpatient care services. AHCCCS transitioned to the APR-DRG payment methodology beginning October 1, 2014 from the previous tiered per diem rates. AHCCCS updated the model starting January 1, 2018 and this is the second requested update to the model beginning October 1, 2021. As a result of the model update, AHCCCS is requesting to amend the current rule to make a minor adjustment to the model related to wage indices and labor share. The change to the wage indices and labor share ensures hospital DRG base rates reflect current wage costs for each hospital. Without the amendment to the rule, the proposed DRG model cannot be implemented and will continue to use wage indices from 2016.</p> <p>6. <u>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:</u>
 A study was not referenced or relied upon when revising these regulations.</p> <p>7. <u>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:</u>
 Not applicable</p> <p>8. <u>The preliminary summary of the economic, small business, and consumer impact:</u>
 The Administration anticipates that the DRG rulemaking will ensure that hospital inpatient payments to hos-</p> | <p><u>Rulemaking Action</u>
Amend</p> |
|---|--|



pitals paid under the DRG methodology better align with updated labor share and wage indices for their specific geographical area beginning contract year October 1, 2021 through September 30, 2022. The update ensures that AHCCCS payment methodologies continue to adjust as factors change over time to support economic growth within Arizona.

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

Name: Nicole Fries
Address: AHCCCS
Office of Administrative Legal Services
701 E. Jefferson, Mail Drop 6200
Phoenix, AZ 85034
Telephone: (602) 417-4232
Fax: (602) 253-9115
E-mail: AHCCCSRules@azahcccs.gov
Website: www.azahcccs.gov

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

Proposed rule language will be available on the AHCCCS website. Please send comments to the above address by the close of the comment period, 5:00 p.m., August 9, 2021.

Date: August 9, 2021
Time: 2:00 p.m.
Location: meet.google.com/fbq-rtii-umb
Nature: Public Hearing

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

No other matters have been prescribed.

- 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:**
No analysis was submitted.

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

13. The full text of the rules follows:

ARTICLE 7. STANDARDS FOR PAYMENTS

Section
R9-22-712.62. DRG Base Payment

ARTICLE 7. STANDARDS FOR PAYMENTS

R9-22-712.62. DRG Base Payment

- A. The initial DRG base payment is the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code assigned to the claim, and any applicable provider and service policy adjusters.
- B. The DRG base rate for each hospital is the statewide standardized amount of which the hospital's labor-related share of that amount is adjusted by the hospital's wage index. The hospital's labor share is determined based on the labor share for the Medicare inpatient prospective payment system published in ~~Volume 81 of the Federal Register at page 57312 published August 22, 2016~~ Volume 85 of the Federal Register at page 59060 and 59061 published September 18, 2020. The hospital's wage index is determined based on the wage index tables reference in ~~Volume 81 of the Federal Register at page 57311 published August 22, 2016~~ Volume 85 of the Federal Register at page 59059 published September 18, 2020. The statewide standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
- C. Claims shall be assigned both a DRG code derived from all diagnosis and surgical procedure codes included on the claim (the “pre-HCAC” DRG code) and a DRG code derived excluding diagnosis and surgical procedure codes associated with the health care acquired conditions that were not present on admission or any other provider-preventable conditions (the “post-HCAC” DRG code). The DRG code with the lower relative weight shall be used to process claims using the DRG methodology.



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

[R21-81]

PREAMBLE

- | | |
|---|--|
| <u>1. Article, Part or Section Affected (as applicable)</u>
R9-22-731 | <u>Rulemaking Action</u>
Amend |
|---|--|

- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**
Authorizing statute: A.R.S. § 36-2999.72
Implementing statute: A.R.S. § 36-2999.72

- 3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:**
Notice of Rulemaking Docket Opening: 27 A.A.R. 1040, July 9, 2021 (*in this issue*)

- 4. The agency's contact person who can answer questions about the rulemaking:**
Name: Nicole Fries
Address: AHCCCS Office of Administrative Legal Services
801 E. Jefferson
Phoenix, AZ 85034
Telephone: (602) 417-4232
Fax: (602) 253-9115
E-mail: AHCCCSRules@azahcccs.gov
Website: www.azahcccs.gov

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

Through this rulemaking, the AHCCCS Administration proposes to update the intended Health Care Investment Fund (HCIF) assessment amounts for FFY 2022. One of the main purposes of the HCIF is to make directed payments to hospitals pursuant to 42 CFR § 438.6(c) that supplement the base reimbursement rate provided to hospitals for services provided to persons eligible for Title XIX Services. These directed payments have been named Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) payments. Additionally, the HCIF is used to increase base reimbursement for services reimbursed under the dental fee schedule and physician fee schedule.

Hospitals received their first HEALTHII directed payment in December 2020 and will continue receiving directed payments on a quarterly basis. Annually, HEALTHII payments represent a net increase of over \$900 million. To ensure adequate HCIF is available to provide the full State Match required to fund the physician and dental rate increases as required by Laws 2020, Chapter 46 and the HEALTHII directed payments, AHCCCS intends to amend the rates located in this rule.

- 6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:**
No studies were conducted relevant to the rule.

- 7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:**
Not applicable

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

The Health Care Investment Fund hospital assessment established in A.R.S. § 36-2999.72 will be 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 supplemental 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. In the aggregate, the Administration expects to return millions more in FFY 2022 in incremental payments for medical services than will be collected through the assessment. Along with a copy of this proposed exempt rule making, the Administration has posted to its website information regarding the fiscal impact of this amendment to hospitals: <https://azahcccs.gov/PlansProviders/CurrentProviders/State/proposedrules.html>

- 9. The agency's contact person who can answer questions about the economic, small business and consumer impact statement:**
Name: Nicole Fries
Address: AHCCCS Office of Administrative Legal Services
801 E. Jefferson
Phoenix, AZ 85034
Telephone: (602) 417-4232



Fax: (602) 253-9115
E-mail: AHCCCSRules@azahcccs.gov
Website: www.azahcccs.gov

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

Proposed rule language will be available on the AHCCCS website www.azahcccs.gov as of August 9, 2021. Please send written or email comments to the above address by the close of the comment period, 5:00 p.m., August 9, 2021.

Date: August 9, 2021
Time: 2:00 p.m.
Location: meet.google.com/fbq-rtii-umb
Nature: Public Hearing

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

No other matters have been prescribed.

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:

The rulemaking must be established consistent with 42 CFR Part 433 Subpart B. The rule is not more stringent than federal law.

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

No analysis was submitted.

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

Not applicable

13. 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 as provided below unless the context specifically requires another meaning:
B. Beginning October 1, 2020, for each Arizona licensed hospital not excluded under subsection (I) 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). For the period beginning October 1, 2020, the assessment for each hospital shall be an amount equal to the sum of: (1) the number of discharges reported on the hospital's 20182019 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. \$204.75151.50 per discharge and 3.37232.5886% 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. \$204.75151.50 per discharge and 1.40514.0786% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
3. \$51.2538.00 per discharge and 1.40514.0786% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.
4. \$51.2538.00 per discharge and 1.40514.0786% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the 20182019 Medicare Cost Report.
5. \$164.00121.25 per discharge and 3.65332.8043% 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 20182019 Uniform Accounting Report.



6. ~~\$184.25136.50~~ per discharge and ~~4.21533.2357%~~ 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 ~~20182019~~ Uniform Accounting Report.
 7. ~~\$41.0030.50~~ per discharge and ~~1.12410.8629%~~ of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
 8. ~~\$204.75151.50~~ per discharge and ~~5.62054.3143%~~ 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, ~~20202021~~.
- D. Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's ~~20182019~~ Medicare Cost Report, are assessed a rate of ~~\$51.2538.00~~ for each discharge from the psychiatric sub-provider as reported in the ~~20182019~~ 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 ~~20182019~~ Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the ~~20182019~~ 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 ~~24,00023,000~~ discharges on the hospital's ~~20182019~~ Medicare Cost Report, discharges in excess of ~~24,00023,000~~ are assessed a rate of ~~\$20.5015.25~~ for each discharge in excess of ~~24,00023,000~~. The initial ~~24,00023,000~~ discharges are assessed at the rate required by subsection (B).
- G. Assessment notice. On or before the ~~20th10th~~ 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. Assessment due date. The assessment must be received by the Administration no later than the ~~20th10th~~ day of the second month of the quarter.
- I. Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's ~~20182019~~ 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, ~~20202021~~:
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 ~~20182019~~ Medicare Cost Report.
 4. Hospitals designated as type: hospital, subtype; rehabilitation.
 5. Hospitals designated as type: med-hospital, subtype: special hospitals.
 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 ~~20182019~~ 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 ~~20182019~~ Medicare Cost Report.
- J. New hospitals. For hospitals that did not file a ~~20182019~~ 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 June 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 (I)(3) apply to the assessment amount.
 - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- L. 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



rule 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.

- M. 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.
- N. Required information for the inpatient assessment. For any hospital that has not filed a ~~2018~~2019 Medicare Cost report, or if the ~~2018~~2019 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 ~~2018~~2019 Uniform Accounting Report filed by the hospital in place of the 2019 Medicare Cost report to calculate the assessment. If the ~~2018~~2019 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 ~~2018~~2019 Medicare Cost report to calculate the assessment.
- O. Required information for the outpatient assessment. For any hospital that has not filed a ~~2018~~2019 Uniform Accounting Report, or if the ~~2018~~2019 Uniform Accounting Report does not reconcile to ~~2018~~2019 Audited Financial Statements, the Administration shall use the data reported on 2018 Audited Financial Statements to calculate the outpatient assessment. If the ~~2018~~2019 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 ~~2018~~2019 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 ~~2018~~2019 Medicare Cost report to calculate the outpatient assessment.
- P. 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.



NOTICES OF TERMINATION OF RULEMAKING

Terminated Rules: An agency shall terminate a proposed rulemaking if the agency does not wish to adopt the rule. Within 120 days after publication of the Notice of Proposed Rulemaking in the Register or after the close of

the record for the proposed rule, the agency may terminate the rule by filing a Notice of Termination with the Secretary of State.

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

[R21-86]

1. The Register citation and the date of the Notice of Rulemaking Docket Opening:

Notice of Rulemaking Docket Opening: 26 A.A.R. 1882, September 11, 2020

2. The Register citation and the date of the Notice of Proposed Rulemaking:

Notice of Proposed Rulemaking: 26 A.A.R. 195, February 12, 2021

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

Rulemaking Action

Article 15	New Article
R20-6-1501	New Section
R20-6-1502	New Section
R20-6-1503	New Section
R20-6-1504	New Section
R20-6-1505	New Section
R20-6-1506	New Section
Exhibit A	New Exhibit
Exhibit B	New Exhibit
Exhibit C	New Exhibit
Exhibit D	New Exhibit
Exhibit E	New Exhibit
Exhibit F	New Exhibit
Exhibit G	New Exhibit
Exhibit H	New Exhibit
Exhibit I	New Exhibit
Exhibit J	New Exhibit
Exhibit K	New Exhibit
Exhibit L	New Exhibit
Exhibit M	New Exhibit
Exhibit N	New Exhibit



NOTICES OF RULEMAKING DOCKET OPENING

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

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

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

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

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

NOTICE OF RULEMAKING DOCKET OPENING
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ADMINISTRATION

[R21-82]

- 1. Title and its heading: 9, Health Services
Chapter and its heading: 22, Arizona Health Care Cost Containment System - Administration
Article and its heading: 7, Standards for Payments
Section numbers: R9-22-712.06 (As part of this rulemaking, the Administration may add, delete, or modify Sections as necessary.)

2. The subject matter of the proposed rule:

A.R.S. § 36-2903.01 requires the Administration to describe in rule how Graduate Medical Education (GME) funds are calculated and distributed. The intention of this rulemaking is to implement the appropriation made for two new GME pools established in Laws 2020, Chapter 58. Laws 2020, Chapter 58 established a separate rural pool (for GME hospitals outside of Maricopa and Pima counties) and an urban pool (for GME hospitals inside Maricopa and Pima counties). Monies are to be made for the direct and indirect costs of graduate medical education, are to supplement but not supplant voluntary payments made from political subdivisions for payments to hospitals to operate GME programs, and must prioritize distribution to programs at hospitals in counties with a higher percentage of persons residing in a health professional shortage area as defined in 42 Code of Federal Regulations part 5.

Between July 2019 and December 2019, the AHCCCS Administration established a GME work group consisting of all Arizona GME hospitals, the Arizona Hospital and Healthcare Association, and the Health System Alliance of Arizona to discuss the two new pools and to come to a consensus on how the funding is prioritized. The hospitals recommended a number of items that would help them to establish new GME programs and prioritize funding based on the needs of Arizonans. These recommendations included the following:

- Once a resident starts a multi-year program, provide continued funding until they complete the program.
• Prioritize funding based on residency type in order to best meet the needs of Arizonans. This includes primary care (internal medicine, family medicine, general pediatrics, obstetrics and gynecology, and geriatrics), behavioral health, general surgery, and any other programs which AHCCCS determines is a high need.
• Create the following tiers for funding priority:
• Returning residents and fellows.
• Residents and fellows that are not returning but are in a GME program for primary care, behavioral health, general surgery, and any other programs which AHCCCS determines is high needs.
• Residents or fellows that are not returning but for which the GME program received funding in the prior year.
• All other residents and fellows.
• In order to meet the HPSA requirement, create the following subtiers:
• Hospitals in a county designated by the Health Resource and Services Administration of the U.S. Department of Health & Human Services as a health professional shortage area (HPSA) with an 85-100% primary care shortage.
• Hospitals in a county designated as a HPSA with an 50-84% primary care shortage.
• Hospitals in a county designated as a HPSA with an 25-49% primary care shortage.
• Hospitals in a county designated as a HPSA with an 0-24% primary care shortage.
• Since establishing rural residencies is often more costly than establishing urban residencies, startup costs should be included for rural residencies.
• In order for hospitals to determine how many graduate medical resident slots they will offer in the upcoming academic year, make a preliminary allocation of funds prior to the beginning of the academic year.



- Allow payments only for programs which began on or after July 1, 2020 or expanded the number of slots on or after July 1, 2020 in order to ensure that payments are supplemented and not supplanted.
- For rural hospitals, allocate direct and indirect payments concurrently. For urban hospitals, first allocate all direct payments before indirect payments.

The Centers for Medicare and Medicaid Services (CMS) require the AHCCCS Administration to annually update the amount allocated to each hospital in the State Plan. Before AHCCCS may make GME payments, a State Plan Amendment (SPA) must be submitted and approved by CMS. Before AHCCCS may make GME payments, a State Plan Amendment (SPA) must be submitted and approved by CMS. Technical and conforming changes will also be made.

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

Notice of Proposed Rulemaking: 27 A.A.R. 1027, July 9, 2021 (*in this issue*)

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

Name: Nicole Fries
 Address: AHCCCS
 Office of Administrative Legal Services
 701 E. Jefferson, Mail Drop 6200
 Phoenix, AZ 85034
 Telephone: (602) 417-4232
 Fax: (602) 253-9115
 E-mail: AHCCCSrules@azahcccs.gov

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

The Administration will accept written comments Monday through Friday, 8 a.m. to 5 p.m., at the address indicated in question #4. Public hearings will be scheduled later to provide a forum for interactive discussion with interested parties (see Notice of Proposed Rulemaking in this issue). E-mail comments will be accepted.

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

The Administration has initiated this rulemaking within the 60-day time period as stated under A.R.S. § 41-1033. The Notice of Proposed Rulemaking is published along with this notice.

**NOTICE OF RULEMAKING DOCKET OPENING
 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
 ADMINISTRATION**

[R21-83]

- 1. Title and its heading:** 9, Health Services
Chapter and its heading: 22, Arizona Health Care Cost Containment System
Article and its heading: 7, Standards for Payments
Section numbers: R9-22-712.35; R9-22-712.61; R9-22-712.71 (*As part of this rulemaking, the Administration may add, delete, or modify Sections as necessary.*)

2. The subject matter of the proposed rule:

AHCCCS Differential Adjusted Payment (DAP) initiatives are strategically designed to reward quality outcomes and reduce growth in the cost of health care. The objective of DAP delineated in this proposed rulemaking is to reward hospital providers that have taken designated actions to improve patients’ care experience, improve members’ health, and reduce the growth of the cost of care. Hospitals which satisfy the requirements delineated in rule will receive increased payments from the AHCCCS Administration and Contractors for inpatient and outpatient services. The proposed DAP rules represent the AHCCCS Administration’s expanding efforts to enhance accountability of the health care delivery system. The proposed rulemaking will amend and clarify rules specifying requirements for receipt of DAP for qualifying hospitals for both inpatient and outpatient services for the time period of October 1, 2021 through September 30, 2022. The proposed rulemaking will authorize AHCCCS to continue rewarding innovative activities and broaden the reach of the present model, emphasizing improved patient care and reduced growth in the cost of care.

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

None

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

Name: Nicole Fries
 Address: AHCCCS
 Office of Administrative Legal Services
 701 E. Jefferson, Mail Drop 6200
 Phoenix, AZ 85034
 Telephone: (602) 417-4232
 Fax: (602) 253-9115



E-mail: AHCCCSrules@azahcccs.gov

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

The Administration will accept written comments Monday through Friday, 8 a.m. to 5 p.m., at the address indicated in question #4. Public hearings will be scheduled later to provide a forum for interactive discussion with interested parties. E-mail comments will be accepted.

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

The Administration has initiated this rulemaking within the 60-day time period as stated under A.R.S. § 41-1033.

**NOTICE OF RULEMAKING DOCKET OPENING
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ADMINISTRATION**

[R21-84]

- 1. Title and its heading:** 9, Health Services
- Chapter and its heading:** 22, Arizona Health Care Cost Containment System - Administration
- Article and its heading:** 7, Standards for Payments
- Section numbers:** R9-22-712.62 (As part of this rulemaking, the Administration may add, delete, or modify Sections as necessary.)

2. The subject matter of the proposed rule:

All Patient Refined Diagnosis Related Groups (APR-DRG) payment methodology is the primary reimbursement method for AHCCCS hospital inpatient care services. AHCCCS transitioned to the APR-DRG payment methodology beginning October 1, 2014 from the previous tiered per diem rates. AHCCCS updated the model starting January 1, 2018 and this is the second requested update to the model beginning October 1, 2021. As a result of the model update, AHCCCS is requesting to amend the current rule to make a minor adjustment to the model related to wage indices and labor share. The change to the wage indices and labor share ensures hospital DRG base rates reflect current wage costs for each hospital. Without the amendment to the rule, the proposed DRG model cannot be implemented and will continue to use wage indices from 2016.

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

Notice of Proposed Rulemaking: 27 A.A.R. 1031, July 9, 2021 (in this issue)

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

Name: Nicole Fries
 Address: AHCCCS
 Office of Administrative Legal Services
 701 E. Jefferson, Mail Drop 6200
 Phoenix, AZ 85034
 Telephone: (602) 417-4232
 Fax: (602) 253-9115
 E-mail: AHCCCSrules@azahcccs.gov

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

The Administration will accept written comments Monday through Friday, 8 a.m. to 5 p.m., at the address indicated in question #4. Public hearings will be scheduled later to provide a forum for interactive discussion with interested parties (see Notice of Proposed Rulemaking in this issue). E-mail comments will be accepted.

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

The Administration has initiated this rulemaking within the 60-day time period as stated under A.R.S. § 41-1033. The Notice of Proposed Rulemaking is published along with this notice.

**NOTICE OF RULEMAKING DOCKET OPENING
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
ADMINISTRATION**

[R21-85]

- 1. Title and its heading:** 9, Health Services
- Chapter and its heading:** 22, Arizona Health Care Cost Containment System
- Article and its heading:** 7, Standards for Payments
- Section numbers:** R9-22-731 (As part of this rulemaking, the Administration may add, delete, or modify Sections as necessary.)

2. The subject matter of the proposed rule:

Through this rulemaking, the AHCCCS Administration proposes to update the intended Health Care Investment Fund (HCIF) assessment amounts for FFY 2022. One of the main purposes of the HCIF is to make directed payments to hospitals pursuant to 42 CFR § 438.6(c) that supplement the base reimbursement rate provided to hospitals for services provided to persons eligible for Title XIX Services. These directed payments have been named Hospital Enhanced Access Leading to Health Improvements



Initiative (HEALTHII) payments. Additionally, the HCIF is used to increase base reimbursement for services reimbursed under the dental fee schedule and physician fee schedule.

Hospitals received their first HEALTHII directed payment in December 2020 and will continue receiving directed payments on a quarterly basis. Annually, HEALTHII payments represent a net increase of over \$900 million. To ensure adequate HCIF is available to provide the full State Match required to fund the physician and dental rate increases as required by Laws 2020, Chapter 46 and the HEALTHII directed payments, AHCCCS intends to amend the rates located in this rule.

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

Notice of Proposed Rulemaking: 27 A.A.R. 1033, July 9, 2021 (*in this issue*)

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

Name: Nicole Fries
Address: AHCCCS
Office of Administrative Legal Services
701 E. Jefferson, Mail Drop 6200
Phoenix, AZ 85034
Telephone: (602) 417-4232
Fax: (602) 253-9115
E-mail: AHCCCSrules@azahcccs.gov

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

The Administration will accept written comments Monday through Friday, 8 a.m. to 5 p.m., at the address indicated in question #4. Public hearings will be scheduled later to provide a forum for interactive discussion with interested parties (see Notice of Proposed Rulemaking in this issue). E-mail comments will be accepted.

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

The Administration has initiated this rulemaking within the 60-day time period as stated under A.R.S. § 41-1033. The Notice of Proposed Rulemaking is published along with this notice.

NOTICES OF PUBLIC INFORMATION

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

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

NOTICE OF PUBLIC INFORMATION ARIZONA DEPARTMENT OF AGRICULTURE ANIMAL SERVICES DIVISION

[M21-39]

1. Title of the substantive policy statements, notice, or administrative orders (“Policies”) and/or the Policy numbers by which the Policies are referenced:

- a. Dead Animal Disposition, SP01-03, published Arizona Administrative Register (“A.A.R.”), Volume 8, Issue 2, Page 270, on January 11, 2002.
- b. Livestock Inspection, SP02-01, published A.A.R. Volume 8, Issue 18, Page 2073, on May 3, 2002.
- c. Exotic Newcastle Disease California, Administrative Order 03-11, published A.A.R. Volume 9, Issue 47, December 8, 1995.
- d. Aging of Raw Cheese, SP03-01, published A.A.R. Volume 9, Issue 43, Page 4571, on October 24, 2003.
- e. Meat Inspection; Slaughtering Standards, Administrative Order 04-01, published A.A.R. Volume 10, Issue 6, Page 425, on February 6, 2004.
- f. Tuberculosis Control, Administrative Order 04-02, published A.A.R. Volume 10, Issue 178, Page 1712, on May 2, 2008.
- g. Brand Recording, SP07-01, published A.A.R. Volume 13, Issue 32, Page 2800, on August 10, 2007.
- h. Delay of Implementation of Ear Tag Rule, Notice, published A.A.R. Volume 14, Issue 6, Page 425, on February 6, 2004.
- i. New Mexico Cattle Destined for Arizona Livestock Auctions, SP12-01, published A.A.R. Volume 19, Issue 45, Page 2931, on November 9, 2012.
- j. Equine Rescue Facilities Registry, SP12-02, published A.A.R. Volume 19, Issue 45, Page 2932, on November 9, 2012.
- k. Shell Egg Lot Consolidation at Retail, SP15-01, published A.A.R. Volume 21, Issue 42, Page 2424, on October 16, 2015.

2. The public information relating to the Policies:

The Arizona Department of Agriculture, Animal Services Division (“ASD”) is rescinding the Policies specified in paragraph #1, effective June 15, 2021. The Policies stated therein were modified and/or integrated into new Commission regulations; were incorrectly codified as Policies; or are no longer necessary. ASD may issue new substantive policy statements or guidance documents related to the topics in the rescinded Policies, if necessary.

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

Name: Jerome Rosa, Associate Director
Address: Animal Services Division
Arizona Department of Agriculture
1688 W. Adams
Phoenix, AZ 85007
Telephone: (602) 542-7186
Fax: (602) 542-4290
E-mail: jrosa@azda.gov
Website: <https://agriculture.az.gov/animals>



GOVERNOR EXECUTIVE ORDER

Executive Order 2020-02 is being reproduced in each issue of the *Administrative Register* as a notice to the public regarding state agencies' rulemaking activities.

This order has been reproduced in its entirety as submitted.

EXECUTIVE ORDER 2021-02**Moratorium on Rulemaking to Promote Job Creation and Economic Development; Internal Review of Administrative Rules**

[M21-11]

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

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

WHEREAS, in 2015 the State of Arizona implemented a moratorium on all new regulatory rulemaking by State agencies through executive order, and renewed the moratorium in 2016, 2017, 2018, 2019 and 2020; and

WHEREAS, the State of Arizona eliminated or improved 462 burdensome regulations in 2020 and for a total of 2,751 needless regulations eliminated or improved since 2015; and

WHEREAS, estimates show these eliminations saved job creators \$14.7 million in operating costs in 2020 and for a total of over \$148.9 million in savings since 2015; and

WHEREAS, in 2020, for every one new necessary rule added to the Administrative Code, four have been repealed or improved; and

WHEREAS, COVID-19 has been hard on small businesses and the economy, and administrative barriers should be removed for their sake; and

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

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

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

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

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

1. A State agency subject to this Order shall not conduct any rulemaking, including regular, expedited, emergency and exempt, whether informal or formal, without the prior written approval of the Office of the Governor. In seeking approval, a State agency shall address one or more of the following as justifications for the rulemaking:
 - a. To fulfill an objective related to job creation, economic development or economic expansion in this State.
 - b. To reduce or ameliorate a regulatory burden on the public, while achieving the same regulatory objective.
 - c. To prevent a significant threat to public health, peace or safety.
 - d. To avoid violating a court order or federal law that would result in sanctions by a federal court for failure to conduct the rulemaking action.
 - e. To comply with a federal statutory or regulatory requirement if such compliance is related to a condition for the receipt of federal funds or participation in any federal program.
 - f. To comply with a new state statutory requirement.
 - g. To fulfill an obligation related to fees or any other action necessary to implement the State budget that is certified by the Governor's Office of Strategic Planning and Budgeting.
 - h. To promulgate a rule or other item that is exempt from Title 41, Chapter 6, Arizona Revised Statutes, pursuant to section 41-1005, Arizona Revised Statutes.
 - i. To address matters pertaining to the control, mitigation, or eradication of waste, fraud, or abuse within an agency or wasteful, fraudulent or abusive activities perpetrated against an agency.
 - j. To eliminate rules which are antiquated, redundant or otherwise no longer necessary for the operation of state government.
2. After the public comment period and the close of the rulemaking record, a State agency subject to this Order shall not submit the proposed rules to the Governor's Regulatory Review Council without a written final approval from the Office of the Governor.



Before considering the rules submitted by a State agency, the Governor’s Regulatory Review Council must obtain from the State agency the initial approval, referenced in Section 1, and the final approval from the Office of the Governor.

3. A State agency that submits a rulemaking request pursuant to this Order shall recommend for consideration by the Governor’s Office at least **three** existing rules to eliminate for every **one** additional rule requested by the agency.
4. All State agencies shall conduct a comprehensive review of any rules that were suspended during the Public Health State of Emergency for COVID-19 to determine if those rules should be permanently suspended and send a report on their findings no later than June 1, 2021.
5. A State agency subject to this Order shall not publicize any directives, policy statements, documents or forms on its website unless such are explicitly authorized by the Arizona Revised Statutes or Arizona Administrative Code. Any material that is not specifically authorized must be removed immediately.
6. A State agency that issues occupational or professional licenses shall prominently post on the agency’s website landing page all current state policies that ease licensing burdens and the exact steps applicants must complete to receive their license using these policies. State agencies should provide information that applies to all applicants, but have a designated area on the landing page that includes licensing information specifically for military spouses, active duty service members and veterans and all policies that make it easier for these applicant groups to receive their license. Examples of reduced licensing burdens include “universal recognition” of out-of-state licenses, availability of temporary licenses, fee waivers, exam exemptions and/or allowing an applicant to substitute military education or experience for licensing requirements. A landing page feature may link to an internal agency web page with more information, if necessary. All information must be easy to locate and written in clear and concise language.
7. A State agency that issues occupational or professional licenses must track veteran and military spouse status of applicants immediately and report that information to the Governor’s Office on an annual basis, starting July 1, 2021.
8. All State agencies that are required to issue occupational or professional licenses by “universal recognition” (established by A.R.S. § 32-4302) must track all applications received for this license type immediately and report that information to the Governor’s Office on an annual basis, starting July 1, 2021. Before any agency denies a professional or occupational license applied for under A.R.S. § 32-4302, the agency shall submit the application and justification for denial to the Office of the Governor for review before any official action is taken by the agency. The Governor’s Office should be notified of any required timeframes, whether in statute or rule, for approval or denial of the license by the agency.
9. For the purposes of this Order, the term “State agencies” includes, without limitation, all executive departments, agencies, offices, and all state boards and commissions, except for: (a) any State agency that is headed by a single elected State official; (b) the Corporation Commission; and (c) any board or commission established by ballot measure during or after the November 1998 general election. Those state agencies, boards and commissions excluded from this Order are strongly encouraged to voluntarily comply with this Order in the context of their own rulemaking processes.
10. This Order does not confer any legal rights upon any persons and shall not be used as a basis for legal challenges to rules, approvals, permits, licenses or other actions or to any inaction of a State agency. For the purposes of this Order, “person,” “rule” and “rulemaking” have the same meanings prescribed in section 41-1001, Arizona Revised Statutes.
11. This Executive Order supersedes Executive Order 2019-01 and Executive Order 2020-02.

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

Douglas A. Ducey
GOVERNOR

DONE at the Capitol in Phoenix on this twelfth day of February in the Year Two Thousand and Twenty-One and of the Independence of the United States of America the Year Two Hundred and Forty-Fifth.

ATTEST:
Katie Hobbs
SECRETARY OF STATE



REGISTER INDEXES

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

Abbreviations for rulemaking activity in this Index include:

PROPOSED RULEMAKING

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

SUPPLEMENTAL PROPOSED RULEMAKING

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

FINAL RULEMAKING

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

SUMMARY RULEMAKING

PROPOSED SUMMARY

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

FINAL SUMMARY

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

EXPEDITED RULEMAKING

PROPOSED EXPEDITED

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

SUPPLEMENTAL EXPEDITED

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

FINAL EXPEDITED

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

EXEMPT RULEMAKING

EXEMPT

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

EXEMPT PROPOSED

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

EXEMPT SUPPLEMENTAL PROPOSED

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

FINAL EXEMPT RULEMAKING

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

EMERGENCY RULEMAKING

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

RECODIFICATION OF RULES

RC = Recodified

REJECTION OF RULES

RJ = Rejected by the Attorney General

TERMINATION OF RULES

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

RULE EXPIRATIONS

EXP = Rules have expired

See also “emergency expired” under emergency rulemaking

CORRECTIONS

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RULES EFFECTIVE DATES CALENDAR

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

January		February		March		April		May		June	
Date Filed	Effective Date	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 turnaround period between a deadline date and the publication date of the Register. The weekly deadline dates and issue dates are shown below. Council meetings and Register deadlines do not correlate. Also listed are the earliest dates on which an oral proceeding can be held on proposed rulemakings or proposed delegation agreements following publication of the notice in the Register.

Deadline Date (paper only) Friday, 5:00 p.m.	Register Publication Date	Oral Proceeding may be scheduled on or after
April 9, 2021	April 30, 2021	June 1, 2021
April 16, 2021	May 7, 2021	June 7, 2021
April 23, 2021	May 14, 2021	June 14, 2021
April 30, 2021	May 21, 2021	June 21, 2021
May 7, 2021	May 28, 2021	June 28, 2021
May 14, 2021	June 4, 2021	July 6, 2021
May 21, 2021	June 11, 2021	July 12, 2021
May 28, 2021	June 18, 2021	July 19, 2021
June 4, 2021	June 25, 2021	July 26, 2021
June 11, 2021	July 2, 2021	August 2, 2021
June 18, 2021	July 9, 2021	August 9, 2021
June 25, 2021	July 16, 2021	August 16, 2021
July 2, 2021	July 23, 2021	August 23, 2021
July 9, 2021	July 30, 2021	August 30, 2021
July 16, 2021	August 6, 2021	September 7, 2021
July 23, 2021	August 13, 2021	September 13, 2021
July 30, 2021	August 20, 2021	September 20, 2021
August 6, 2021	August 27, 2021	September 27, 2021
August 13, 2021	September 3, 2021	October 4, 2021
August 20, 2021	September 10, 2021	October 12, 2021
August 27, 2021	September 17, 2021	October 18, 2021
September 3, 2021	September 24, 2021	October 25, 2021
September 10, 2021	October 1, 2021	November 1, 2021
September 17, 2021	October 8, 2021	November 8, 2021
September 24, 2021	October 15, 2021	November 15, 2021
October 1, 2021	October 22, 2021	November 22, 2021
October 8, 2021	October 29, 2021	November 29, 2021
October 15, 2021	November 5, 2021	December 6, 2021
October 22, 2021	November 12, 2021	December 13, 2021
October 29, 2021	November 19, 2021	December 20, 2021



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 <http://grrc.az.gov>.

GOVERNOR’S REGULATORY REVIEW COUNCIL DEADLINES FOR 2021 (MEETING DATES ARE SUBJECT TO CHANGE)

[M20-42]

DEADLINE FOR PLACEMENT ON AGENDA*	FINAL MATERIALS SUBMITTED TO COUNCIL	DATE OF COUNCIL STUDY SESSION	DATE OF COUNCIL MEETING
<i>Tuesday</i> February 16, 2021	<i>Tuesday</i> March 23, 2021	<i>Tuesday</i> March 30, 2021	<i>Tuesday</i> April 6, 2021
<i>Tuesday</i> March 23, 2021	<i>Tuesday</i> April 20, 2021	<i>Tuesday</i> April 27, 2021	<i>Tuesday</i> May 4, 2021
<i>Tuesday</i> April 20, 2021	<i>Tuesday</i> May 18, 2021	Wednesday May 26, 2021	<i>Tuesday</i> June 1, 2021
<i>Tuesday</i> May 18, 2021	<i>Tuesday</i> June 22, 2021	<i>Tuesday</i> June 29, 2021	Wednesday July 7, 2021
<i>Tuesday</i> June 22, 2021	<i>Tuesday</i> July 20, 2021	<i>Tuesday</i> July 27, 2021	<i>Tuesday</i> August 3, 2021
<i>Tuesday</i> July 20, 2021	<i>Tuesday</i> August 24, 2021	<i>Tuesday</i> August 31, 2021	Wednesday September 8, 2021
<i>Tuesday</i> August 24, 2021	<i>Tuesday</i> September 21, 2021	<i>Tuesday</i> September 28, 2021	<i>Tuesday</i> October 5, 2021
<i>Tuesday</i> September 21, 2021	<i>Tuesday</i> October 19, 2021	<i>Tuesday</i> October 26, 2021	<i>Tuesday</i> November 2, 2021
<i>Tuesday</i> October 19, 2021	<i>Tuesday</i> November 23, 2021	<i>Tuesday</i> November 30, 2021	<i>Tuesday</i> December 7, 2021
<i>Tuesday</i> November 23, 2021	<i>Tuesday</i> December 21, 2021	<i>Tuesday</i> December 28, 2021	<i>Tuesday</i> January 4, 2022
<i>Tuesday</i> December 21, 2021	<i>Tuesday</i> January 18, 2022	<i>Tuesday</i> January 25, 2022	<i>Tuesday</i> February 1, 2022

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