

Bureau of EMS & Trauma System



ADHS

PREPAREDNESS

STATUTES AND RULES

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Bureau of Emergency Medical Services & Trauma System
150 N. 18th Ave., Suite 540
Phoenix, AZ 85007
(602) 364-3150 (800) 200-8523

Bureau Web Page

www.azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php

On-Line Bureau Services <https://ems.azdhs.gov/>

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Article. 12 Time-Frames for Department Approvals	
Page No.	Section
187	R9-25-1201 (amended C.5. by adding a. and b. provisions)
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195-196	R9-25-1303.01 (expired, 1-27-23 in entirety)
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	(2) Edit
	(4) - (8) Added
217	D. Facilities/Resources/Capabilities
	(1)(8) Edit

ARIZONA REVISED STATUTES
CHAPTER 21.1 EMERGENCY MEDICAL SERVICES
ARTICLE 1. GENERAL PROVISIONS

36-2201. Definitions

In this chapter, unless the context otherwise requires:

1. **"Administrative medical direction"** means supervision of emergency medical care technicians by a base hospital medical director, administrative medical director or basic life support medical director. For the purposes of this paragraph, "administrative medical director" means a physician who is licensed pursuant to title 32, chapter 13 or 17 and who provides direction within the emergency medical services and trauma system.
2. **"Advanced emergency medical technician"** means a person who has been trained in an advanced emergency medical technician program certified by the director or in an equivalent training program and who is certified by the director to render services pursuant to section 36-2205.
3. **"Advanced life support"** means the level of assessment and care identified in the scope of practice approved by the director for the advanced emergency medical technician, emergency medical technician I-99 and paramedic.
4. **"Advanced life support base hospital"** means a health care institution that offers general medical and surgical services, that is certified by the director as an advanced life support base hospital and that is affiliated by written agreement with a licensed ambulance service, municipal rescue service, fire department, fire district or health services district for medical direction, evaluation and control of emergency medical care technicians.
5. **"Ambulance "** means any publicly or privately owned surface, water or air vehicle, including a helicopter, that contains a stretcher and necessary medical equipment and supplies pursuant to section 36-2202 and that is especially designed and constructed or modified and equipped to be used, maintained or operated primarily for the transportation of individuals who are sick, injured or wounded or who require medical monitoring or aid. Ambulance does not include a surface vehicle that is owned and operated by a private sole proprietor, partnership, private corporation or municipal corporation for the emergency transportation and in-transit care of its employees or a vehicle that is operated to accommodate an incapacitated person or person with a disability who does not require medical monitoring, care or treatment during transport and that is not advertised as having medical equipment and supplies or ambulance attendants.
6. **"Ambulance attendant"** means any of the following:
 - (a) An emergency medical technician, an advanced emergency medical technician, an emergency medical technician I-99 or a paramedic whose primary responsibility is the care of patients in an ambulance and who meets the standards and criteria adopted pursuant to section 36-2204.
 - (b) An emergency medical responder who is employed by an ambulance service operating under section 36-2202 and whose primary responsibility is the driving of an ambulance.
 - (c) A physician who is licensed pursuant to title 32, chapter 13 or 17.
 - (d) A professional nurse who is licensed pursuant to title 32, chapter 15 and who meets the state board of nursing criteria to care for patients in the prehospital care system.
 - (e) A professional nurse who is licensed pursuant to title 32, chapter 15 and whose primary responsibility is the care of patients in an ambulance during an interfacility transport.
7. **"Ambulance service"** means a person who owns and operates one or more ambulances.
8. **"Basic life support"** means the level of assessment and care identified in the scope of practice approved by the director for the emergency medical responder and emergency medical technician.

9. **"Bureau"** means the bureau of emergency medical services and trauma system in the department.
10. **"Centralized medical direction communications center"** means a facility that is housed within a hospital, medical center or trauma center or a freestanding communication center that meets the following criteria:
 - (a) Has the ability to communicate with ambulance services and emergency medical services providers rendering patient care outside of the hospital setting via radio and telephone.
 - (b) Is staffed twenty-four hours a day seven days a week by at least a physician licensed pursuant to title 32, chapter 13 or 17.
11. **"Certificate of necessity"** means a certificate that is issued to an ambulance service by the department and that describes the following:
 - (a) Service area.
 - (b) Level of service.
 - (c) Type of service.
 - (d) Hours of operation.
 - (e) Effective date.
 - (f) Expiration date.
 - (g) Legal name and address of the ambulance service.
 - (h) Any limiting or special provisions the director prescribes.
12. **"Council"** means the emergency medical services council.
13. **"Department"** means the department of health services.
14. **"Director"** means the director of the department of health services.
15. **"Emergency medical care technician"** means an individual who has been certified by the department as an emergency medical technician, an advanced emergency medical technician, an emergency medical technician I-99 or a paramedic.
16. **"Emergency medical responder"** as an ambulance attendant means a person who has been trained in an emergency medical responder program certified by the director or in an equivalent training program and who is certified by the director to render services pursuant to section 36-2205.
17. **"Emergency medical services"** means those services required following an accident or an emergency medical situation:
 - (a) For on-site emergency medical care.
 - (b) For the transportation of the sick or injured by a licensed ground or air ambulance.
 - (c) In the use of emergency communications media.
 - (d) In the use of emergency receiving facilities.
 - (e) In administering initial care and preliminary treatment procedures by emergency medical care technicians.
18. **"Emergency medical services provider"** means any governmental entity, quasi-governmental entity or corporation whether public or private that renders emergency medical services in this state.
19. **"Emergency medical technician"** means a person who has been trained in an emergency medical technician program certified by the director or in an equivalent training program and who is certified by the director as qualified to render services pursuant to section 36-2205.
20. **"Emergency receiving facility"** means a licensed health care institution that offers emergency medical services,

is staffed twenty-four hours a day and has a physician on call.

21. **"Fit and proper"** means that the director determines that an applicant for a certificate of necessity or a certificate holder has the expertise, integrity, fiscal competence and resources to provide ambulance service in the service area.
22. **"Medical record"** means any patient record, including clinical records, prehospital care records, medical reports, laboratory reports and statements, any file, film, record or report or oral statements relating to diagnostic findings, treatment or outcome of patients, whether written, electronic or recorded, and any information from which a patient or the patient's family might be identified.
23. **"National certification organization"** means a national organization that tests and certifies the ability of an emergency medical care technician and whose tests are based on national education standards.
24. **"National education standards"** means the emergency medical services education standards of the United States department of transportation or other similar emergency medical services education standards developed by that department or its successor agency.
25. **"Paramedic"** means a person who has been trained in a paramedic program certified by the director or in an equivalent training program and who is certified by the director to render services pursuant to section 36-2205.
26. **"Physician"** means any person licensed pursuant to title 32, chapter 13 or 17.
27. **"Stretcher van"** means a vehicle that contains a stretcher and that is operated to accommodate an incapacitated person or person with a disability who does not require medical monitoring, aid, care or treatment during transport.
28. **"Suboperation station"** means a physical facility or location at which an ambulance service conducts operations for the dispatch of ambulances and personnel and that may be staffed twenty-four hours a day or less as determined by system use.
29. **"Trauma center"** means any acute care hospital that provides in-house twenty-four hour daily dedicated trauma surgical services that is designated pursuant to section 36-2225.
30. **"Trauma registry"** means data collected by the department on trauma patients and on the incidence, causes, severity, outcomes and operation of a trauma system and its components.
31. **"Trauma system"** means an integrated and organized arrangement of health care resources having the specific capability to perform triage, transport and provide care.
32. **"Validated testing procedure "** means a testing procedure that is inclusive of practical skills, or an attestation of practical skills proficiency on a form developed by the department by the educational training program, identified pursuant to section 36-2204, paragraph 2, that is certified as valid by an organization capable of determining testing procedure and testing content validity and that is recommended by the medical direction commission and the emergency medical services council before the director's approval.
33. **"Wheelchair van"** means a vehicle that contains or that is designed and constructed or modified to contain a wheelchair and that is operated to accommodate an incapacitated person or person with a disability who does not require medical monitoring, aid, care or treatment during transport.

36-2202. Duties of the director; qualifications of medical director

A. The director shall:

1. Appoint a medical director of the emergency medical services and trauma system.
2. Adopt standards and criteria for the denial or granting of certification and recertification of emergency medical care technicians. These standards shall allow the department to certify qualified emergency medical care technicians who have completed statewide standardized training required under section 36-2204, paragraph 1 and a standardized certification test required under section 36-2204, paragraph 2 or who hold

valid certification with a national certification organization. Before the director may consider approving a statewide standardized training or a standardized certification test, or both, each of these must first be recommended by the medical direction commission and the emergency medical services council to ensure that the standardized training content is consistent with national education standards and that the standardized certification tests examines comparable material to that examined in the tests of a national certification organization.

3. Adopt standards and criteria that pertain to the quality of emergency care pursuant to section 36-2204.
 4. Adopt rules necessary to carry out this chapter. Each rule shall identify all sections and subsections of this chapter under which the rule was formulated.
 5. Adopt reasonable medical equipment, supply, staffing and safety standards, criteria and procedures for issuance of a certificate of registration to operate an ambulance.
 6. Maintain a state system for recertifying emergency medical care technicians, except as otherwise provided by section 36-2202.01, that is independent from any national certification organization recertification process. This system shall allow emergency medical care technicians to choose to be recertified under the state or the national certification organization recertification system subject to subsection H of this section.
- B.** Emergency medical technicians who choose the state recertification process shall recertify in one of the following ways:
1. Successfully completing an emergency medical technician refresher course approved by the department.
 2. Successfully completing an emergency medical technician challenge course approved by the department.
 3. For emergency medical care technicians who are currently certified at the emergency medical technician level by the department, attesting on a form provided by the department that the applicant holds a valid and current cardiopulmonary resuscitation certification, has and will maintain documented proof of a minimum of twenty- four hours of continuing medical education within the last two years consistent with department rules and has functioned in the capacity of an emergency medical technician for at least two hundred forty hours during the last two years.
- C.** After consultation with the emergency medical services council the director may authorize pilot programs designed to improve the safety and efficiency of ambulance inspections for governmental or quasi-governmental entities that provide emergency medical services in this state.
- D.** The rules, standards and criteria adopted by the director pursuant to subsection A, paragraphs 2, 3, 4 and 5 of this section shall be adopted in accordance with title 41, chapter 6, except that the director may adopt on an emergency basis pursuant to section [41-1026](#) rules relating to the regulation of ambulance services in this state necessary to protect the public peace, health and safety in advance of adopting rules, standards and criteria as otherwise provided by this subsection.
- E.** The director may waive the requirement for compliance with a protocol adopted pursuant to section 36-2205 if the director determines that the techniques, drug formularies or training makes the protocol inconsistent with contemporary medical practices.
- F.** The director may suspend a protocol adopted pursuant to section 36-2205 if the director does all of the following:
1. Determines that the rule is not in the public's best interest.
 2. Initiates procedures pursuant to title 41, chapter 6 to repeal the rule.
 3. Notifies all interested parties in writing of the director's action and the reasons for that action. Parties interested in receiving notification shall submit a written request to the director.

- G. To be eligible for appointment as the medical director of the emergency medical services and trauma system, the person shall be qualified in emergency medicine and shall be licensed as a physician in one of the states of the United States.
- H. Applicants for certification shall apply to the director for certification. Emergency medical care technicians shall apply for recertification to the director every two years. The director may extend the expiration date of an emergency medical care technician's certificate for thirty days. The department shall establish a fee for this extension by rule. Emergency medical care technicians shall pass an examination administered by the department as a condition for recertification only if required to do so by the advanced life support base hospital's medical director or the emergency medical care technician's medical director.
- I. The medical director of the emergency medical services and trauma system is exempt from title 41, chapter 4, articles 5 and 6 and is entitled to receive compensation pursuant to section [38-611](#), subsection A.
- J. The standards, criteria and procedures adopted by the director pursuant to subsection A, paragraph 5 of this section shall require that ambulance services serving a rural or wilderness certificate of necessity area with a population of less than ten thousand persons according to the most recent United States decennial census have at least one ambulance attendant as defined in section 36-2201, paragraph 6, subdivision (a) and one ambulance attendant as defined in section 36-2201, paragraph 6, subdivision (b) staffing an ambulance while transporting a patient and that ambulance services serving a population of ten thousand persons or more according to the most recent United States decennial census have at least one ambulance attendant as defined in section 36-2201, paragraph 6, subdivision (a) and one ambulance attendant as defined in section 36-2201, paragraph 6, subdivision (a), (c), (d) or (e) staffing an ambulance while transporting a patient.
- K. If the department determines there is not a qualified administrative medical director, the department shall ensure the provision of administrative medical direction for an emergency medical technician if the emergency medical technician meets all of the following criteria:
 - 1. Is employed by a nonprofit or governmental provider employing less than twelve full-time emergency medical technicians.
 - 2. Stipulates to the inability to secure a physician who is willing to provide administrative medical direction.
 - 3. Stipulates that the provider agency does not provide administrative medical direction for its employees.

[36-2202.01](#). Test administration

The test for certification or recertification, pursuant to section 36-2202, may be administered by the department or one of the following approved by the director:

- 1. Representatives appointed by the director in consultation with the medical director of the emergency medical services and trauma system.
- 2. A testing facility.
- 3. An emergency medical services provider or ambulance service provider that has a training or education program. Emergency medical service providers or ambulance service providers may enter into contracts or intergovernmental agreements with other public entities for the purposes of emergency medical care technician testing and recertification testing. The training or education program must be staffed by at least three full-time persons who provide education and training to emergency services personnel. Two of these persons must be certified at a minimum of emergency medical care technician or higher and at least one person must be a paramedic or a registered nurse licensed pursuant to title 32, chapter 15. The medical director of an emergency medical training or education program must be a physician licensed pursuant to title 32, chapter 13 or 17.

36-2203. Emergency medical services council; membership; delayed repeal (Rpld. 1/2/28)

- A. The emergency medical services council is established. The medical director of the emergency medical services and trauma system shall chair the council. The council is composed of the director of the department of public safety and the governor's highway safety coordinator, or their designees, and the following members appointed by the governor to three-year terms:
1. One representative from each of the four local emergency medical services coordinating systems prescribed in section 36-2210.
 2. One physician specializing in emergency medicine from each of the four local emergency medical services coordinating regions prescribed in section 36-2210.
 3. One professional nurse who is licensed pursuant to title 32, chapter 15 and who specializes in emergency medicine.
 4. One emergency medical care technician.
 5. Two representatives from ambulance service corporations.
 6. Two hospital administrators, one of whom represents a county with a population of less than five hundred thousand persons.
 7. One representative from each of the three employers of the largest number of emergency medical care technicians and paramedics.
 8. One representative from a nongovernmental employer of emergency medical technicians I-99.
 9. One representative from the state fire districts.
 10. One physician who is licensed pursuant to title 32, chapter 13 or 17 and who specializes in trauma surgery.
 11. One representative of a prehospital emergency medical training program.
 12. Six public members.
 13. One representative of a volunteer medical rescue program.
- B. Public members of the council are eligible to receive compensation pursuant to section [38-611](#).
- C. This section is repealed from and after January 1, 2028.

36-2203.01. Medical direction commission; membership; duties

- A. The medical direction commission is established consisting of the following twelve members:
1. The medical director of the emergency medical services and trauma system in the department of health services who shall serve as chairman.
 2. The four emergency physicians who serve on the emergency medical services council pursuant to section 36-2203, subsection A, paragraph 2.
 3. One physician who specializes in toxicology and who has a demonstrated interest or expertise in emergency medical services systems.
 4. One full-time faculty representative of an emergency medicine residency program approved by a residency review commission.
 5. One physician who specializes in trauma surgery and who has a demonstrated interest or expertise in emergency medical services systems.
 6. One emergency physician who has a full-time practice based in a rural area.

7. One physician who specializes in severe acute head injury treatment or spinal cord care and who has a demonstrated interest or expertise in emergency medical services systems.
 8. One physician who specializes in pediatric medicine and who has a demonstrated interest or expertise in emergency medical services systems.
 9. One physician who specializes in cardiac care and who has a demonstrated interest or expertise in emergency medical services systems.
- B.** The governor shall make all appointments of members designated pursuant to subsection A, paragraphs 3 through 9 of this section. The governor may accept recommendations for the appointment of commission members from the following organizations:
1. The Arizona chapter of the American college of emergency physicians.
 2. The Arizona chapter of the American college of surgeons.
 3. The Arizona chapter of the American college of pediatrics.
 4. The Arizona chapter of the American college of physicians.
- C.** The commission shall assist the director in developing medical protocols governing the medical treatments, procedures, medications, training and techniques that may be administered or performed by each classification of emergency medical care technicians pursuant to section 36-2205.
- D.** Members of the commission serve three year terms.
- E.** Members of the commission are not entitled to compensation but are entitled to reimbursement of expenses pursuant to title 38, chapter 4, article 2.

36-2204. Medical control

The medical director of the statewide emergency medical services and trauma system, the emergency medical services council and the medical direction commission shall recommend to the director the following standards and criteria that pertain to the quality of emergency patient care:

1. Statewide standardized training, certification and recertification standards for all classifications of emergency medical care technicians.
2. A standardized and validated testing procedure for all classifications of emergency medical care technicians.
3. Medical standards for certification and recertification of training programs for all classifications of emergency medical care technicians.
4. Standardized continuing education criteria for all classifications of emergency medical care technicians.
5. Medical standards for certification and recertification of certified emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any classification of emergency medical care technicians who are required to be under medical control or medical direction.
6. Standards and mechanisms for monitoring and ongoing evaluation of performance levels of all classifications of emergency medical care technicians, emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any classification of emergency medical care technicians who are required to be under medical control or medical direction.
7. Objective criteria and mechanisms for decertification of all classifications of emergency medical care technicians, emergency receiving facilities and advanced life support base hospitals and for disapproval of physicians providing medical control or medical direction for any classification of emergency care technicians who are required to be under medical control or medical direction.

8. Medical standards for nonphysician prehospital treatment and prehospital triage of patients requiring emergency medical services.
9. Standards for emergency medical dispatcher training, including prearrival instructions. For the purposes of this paragraph, "emergency medical dispatch" means the receipt of calls requesting emergency medical services and the response of appropriate resources to the appropriate location.
10. Standards for a quality assurance process for components of the statewide emergency medical services and trauma system, including standards for maintaining the confidentiality of the information considered in the course of quality assurance and the records of the quality assurance activities pursuant to section 36-2403.
11. Standards for ambulance service and medical transportation that give consideration to the differences between urban, rural and wilderness areas.
12. Standards to allow an ambulance to transport a patient to a health care institution that is licensed as a special hospital and that is physically connected to an emergency receiving facility.

36-2204.01. Emergency medical services providers; centralized medical direction communications center

An ambulance service or emergency medical services provider may provide centralized medical direction through a centralized medical direction communications center.

36-2204.02. Emergency medical services providers; investigations

- A. In lieu of the requirements of section 36-2211, the director may authorize an ambulance service or emergency medical services provider to investigate, discipline or determine the fitness of an employee to continue to provide patient care. This authority does not apply to the conviction of, a plea of guilty or no contest to or admission in a court proceeding to the elements of a felony. The employer listed on the emergency medical care technician's or ambulance attendant's certification or recertification application may limit the practice of the emergency medical care technician or ambulance attendant during the investigation if the employer meets all of the following requirements:
 1. Has separate investigative or supervisory staff to conduct an investigation.
 2. Has an employee assistance program for counseling.
 3. Has policies and procedures for drug testing through urinalysis or other generally accepted methods.
 4. Has policies and procedures for monitoring of personnel who are suspected of or who have been convicted of substance abuse.
- B. An ambulance service or emergency medical services provider that conducts its own disciplinary investigations pursuant to subsection A of this section shall report the following to the medical director of the emergency medical services and trauma system:
 1. The nature of the allegation.
 2. The level of patient care being delivered by the employee and the supervision of the employee during the investigation or rehabilitative period, or both.
 3. The final outcome of the investigation and the final recommendation on the employee's certification status.
- C. The decisions of the employer are appealable under the employer's personnel policies and procedures. Except as provided in section [41-1092.08](#), subsection H, the final administrative decisions of the director are subject to judicial review pursuant to title 12, chapter 7, article 6.

36-2205. Permitted treatment and medication; certification requirement; protocols

- A. The director, in consultation with the medical director of the emergency medical services and trauma system, the emergency medical services council and the medical direction commission, shall establish protocols, which may

include training criteria, governing the medical treatments, procedures, medications and techniques that may be administered or performed by each classification of emergency medical care technician. These protocols shall consider the differences in treatments and procedures for regional, urban, rural and wilderness areas and shall require that emergency medical care technicians authorized to perform advanced life support procedures render these treatments, procedures, medications or techniques only under the direction of a physician.

- B. The protocols adopted by the director pursuant to this section are exempt from title 41, chapter 6.
- C. Notwithstanding subsection B of this section, a person may petition the director, pursuant to section [41-1033](#), to amend a protocol adopted by the director.
- D. In consultation with the medical director of the emergency medical services and trauma system, the emergency medical services council and the medical direction commission, the director shall establish protocols for emergency medical providers to refer and advise a patient or transport a patient by the most appropriate means to the most appropriate provider of medical services based on the patient's condition. The protocols shall consider the differences in treatments and procedures for regional, urban, rural and wilderness areas and shall require that emergency medical care technicians authorized to perform advanced life support procedures render these treatments, procedures, medications or techniques only under the direction of a physician.
- E. The protocols established pursuant to subsection D of this section shall include triage and treatment protocols that allow all classifications of emergency medical care technicians responding to a person who has accessed 911, or a similar public dispatch number, for a condition that does not pose an immediate threat to life or limb to refer and advise a patient or transport a patient to the most appropriate health care institution, as defined in section [36-401](#), based on the patient's condition, taking into consideration factors including patient choice, the patient's health care provider, specialized health care facilities and local protocols.

36-2206. Immunity; emergency instructions

- A. Any health care provider licensed or certified to practice in this state who in good faith gives emergency instructions to emergency medical care technicians at the scene of an emergency is not liable for any civil damages as a result of issuing those instructions.
- B. Any emergency medical services or health care provider who in good faith provides prearrival instructions following the minimum standards established by the state pursuant to section 36-2204, paragraph 9 is not liable for any civil damages as a result of issuing these instructions.

36-2207. Authorization for political subdivisions to participate

Any city, town, county, fire district or health service district of this state may budget for and expend monies for participation in emergency paramedic programs and may enter into intergovernmental agreements for the delivery of such services pursuant to title 11, chapter 7, article 3.

36-2208. Bureau of emergency medical services and trauma system

- A. There is established within the department a bureau of emergency medical services and trauma system that is responsible for coordinating, establishing and administering a statewide system of emergency medical services, trauma care and a trauma registry.
- B. This chapter does not prevent any individual, law enforcement officer, public agency or member of a city, town, fire district or volunteer fire department from rendering on-site emergency medical care or, if, in terms of the existing medical situation, it is deemed not advisable to await the arrival of an ambulance, from transporting emergency medical patients to a hospital or an emergency receiving facility, except that if any patient objects on religious grounds, that patient shall not be administered any medical treatment or be transported to a hospital or an emergency receiving facility.
- C. The director shall develop an annual statewide emergency medical and trauma services plan and submit that plan to the council for review and approval. The statewide plan shall then be submitted to the governor for final adoption. Before submitting the plan to the governor, the director shall accept comments from the authorized

local agencies and governmental entities.

- D. A local emergency medical services coordinating system shall develop a regional emergency medical services plan that includes a needs assessment and submit the plan to the director and to the authorized local agencies within the area. The regional plans shall be integrated into the statewide plan by the department.
- E. The state plan shall contain a budget component for funding local and state emergency medical services systems from the emergency medical services operating fund established pursuant to section 36-2218 based on the needs assessment of the local emergency medical services coordinating system plans. The components shall be included in the department's budget through the normal appropriation process.

36-2209. Powers and duties of the director

- A. The director shall:
 - 1. Appoint and define the duties and prescribe the terms of employment of all employees of the bureau.
 - 2. Adopt rules necessary for the operation of the bureau and for carrying out the purposes of this chapter.
 - 3. Cooperate with and assist the personnel of emergency receiving facilities and other health care institutions in preparing a plan to be followed by these facilities and institutions in the event of a major disaster.
 - 4. Cooperate with the state director of emergency management when a state of emergency or a state of war emergency has been declared by the governor.
- B. The director may:
 - 1. Request the cooperation of utilities, communications media and public and private agencies to aid and assist in the implementation and maintenance of a statewide emergency medical services system.
 - 2. Enter into contracts and agreements with any local governmental entity, agency, facility or group that provides a similar program of emergency medical services in a contiguous state.
 - 3. Enter into contracts and agreements for the acquisition and purchase of any equipment, tools, supplies, materials and services necessary in the administration of this chapter.
 - 4. Enter into contracts with emergency receiving facilities, governmental entities, emergency rescue services and ambulance services, and the director may establish emergency medical services, including emergency receiving facilities, if necessary to assure the availability and quality of these services.
 - 5. Accept and expend federal funds and private grants, gifts, contributions and devises to assist in carrying out the purposes of this chapter. These funds do not revert to the state general fund at the close of a fiscal year.
 - 6. Establish an emergency medical services notification system that uses existing telephone communications networks.
 - 7. Contract with private telephone companies for the establishment of a statewide emergency reporting telephone number.
 - 8. Authorize the testing entity to collect fees determined by the director. In determining fees for testing entities the director shall consider the fees required by national certification organizations.

36-2210. Local emergency medical services coordinating systems

The department shall contract with a local emergency medical services coordinating system that:

- 1. Conducts needs assessments and plans and coordinates a regional emergency medical and trauma services system within a designated planning area.
- 2. Has a governing board.
- 3. Demonstrates continued support annually by action of the governing bodies of the counties, cities, towns and fire districts within the planning area representing a majority of the total population of the area. For the purposes of

this paragraph, the county represents the unincorporated areas of the county, except fire districts.

4. Offers emergency medical programs for the effective and coordinated delivery of emergency medical services if authorized by its governing board.

36-2211. Grounds for censure, probation, suspension or revocation of emergency medical care technician certificate; proceedings; civil penalty; judicial review

- A. The medical director of the emergency medical services and trauma system, on behalf of the director, may censure or place on probation an emergency medical care technician or suspend or revoke the certification issued to any emergency medical care technician pursuant to this article for any of the following causes:
 1. Unprofessional conduct.
 2. Conviction of, a plea of guilty or no contest to or admission in a court proceeding to the elements of a felony or of a misdemeanor involving moral turpitude during the time that a person is certified as an emergency medical care technician. The record of conviction or a copy of the record certified by the clerk of the court or by the judge by whom the person was sentenced is conclusive evidence of conviction.
 3. Physical or mental incompetence to provide emergency medical services as an emergency medical care technician.
 4. Gross incompetence or gross negligence in the provision of emergency medical services as an emergency medical care technician.
 5. Wilful fraud or misrepresentation in the provision of emergency medical services as an emergency medical care technician or in the admission to that practice.
 6. Use of any narcotic or dangerous drug or intoxicating beverage to an extent that the use impairs the ability to safely conduct the provision of emergency medical services as an emergency medical care technician.
 7. The wilful violation of this chapter or the rules adopted pursuant to this chapter.
- B. The medical director of the emergency medical services and trauma system on the medical director's own motion may investigate any evidence that appears to show the existence of any of the causes set forth in subsection A of this section. The medical director shall investigate the report under oath of any person that appears to show the existence of any of the causes set forth in subsection A of this section. Any person reporting pursuant to this section who provides the information in good faith is not subject to liability for civil damages as a result.
- C. If, in the opinion of the medical director of the emergency medical services and trauma system, it appears the information is or may be true, the medical director shall request an informal interview with the emergency medical care technician. The interview shall be requested by the medical director in writing, stating the reasons for the interview and setting a date not less than ten days from the date of the notice for conducting the interview. The written request for an interview shall also state that if the medical director finds that cause exists for censure or probation or the suspension or revocation of the certificate the medical director may impose a civil penalty of not more than three hundred fifty dollars for each occurrence of cause as provided in subsection A of this section. The request for an interview shall also state that each day a cause for discipline exists constitutes a separate offense.
- D. Following the investigation, including an informal interview if requested, and together with any mental, physical or professional competence examination as the medical director of the emergency medical services and trauma system deems necessary, the medical director may proceed in the following manner:
 1. If the medical director finds that the evidence obtained pursuant to subsections B and C of this section does not warrant censure or probation of the emergency medical care technician or suspension or revocation of a certificate, the medical director shall notify the emergency medical care technician and terminate the investigation.
 2. If the medical director finds that the evidence obtained pursuant to subsections B and C of this section does not warrant suspension or revocation of a certificate but does warrant censure or probation, the medical

director may do either of the following:

- (a) Issue a decree of censure.
 - (b) Fix a period and terms of probation best adapted to protect the public health and safety and rehabilitate and educate the emergency medical care technician. Failure to comply with any probation is cause for filing a complaint and holding a formal hearing as provided in paragraph 3 of this subsection.
3. If the medical director finds that the evidence obtained pursuant to subsections B and C of this section warrants suspension or revocation of a certificate issued under this article, or if the emergency medical care technician under investigation refuses to attend the informal interview authorized in subsection C of this section, a complaint shall be issued and formal proceedings shall be initiated. All proceedings pursuant to this paragraph shall be conducted pursuant to title 41, chapter 6, article 10.
- E. If after a hearing as provided in this section any cause for censure, probation, suspension or revocation is found to exist, the emergency medical care technician is subject to censure or probation or suspension or revocation of the certificate or any combination of these for a period of time or permanently and under conditions as the medical director of the emergency medical services and trauma system deems appropriate.
- F. In addition to other disciplinary action provided pursuant to this section, the medical director of the emergency medical services and trauma system may impose a civil penalty of not more than three hundred fifty dollars for each occurrence of cause as provided in subsection A of this section not to exceed twenty-five hundred dollars. Each day that cause for discipline exists constitutes a separate offense. All monies collected pursuant to this subsection shall be deposited, pursuant to sections [35-146](#) and [35-147](#), in the state general fund.
- G. Except as provided in section [41-1092.08](#), subsection H, final decisions of the medical director of the emergency medical services and trauma system are subject to judicial review pursuant to title 12, chapter 7, article 6.

36-2212. Certificate of registration to operate an ambulance; termination on change in ownership; fees; exemption

- A. A person shall not operate an ambulance in this state unless the ambulance has a certificate of registration and complies with this article and the rules, standards and criteria adopted pursuant to this article.
- B. A person may obtain a certificate of registration to operate an ambulance by submitting an application on a form prescribed by the director and by demonstrating to the director's satisfaction that the applicant is in compliance with this article and all rules, standards and criteria adopted by the director for the operation of an ambulance.
- C. A certificate of registration issued under this section terminates upon any change of ownership or control of the ambulance. Following any change of ownership, the new owner of an ambulance shall apply for and receive a new certificate of registration from the director before the ambulance may again be operated in this state. This subsection does not apply if an ambulance service borrows, leases, rents or otherwise obtains a registered ambulance from another ambulance service to temporarily replace an inoperable ambulance.
- D. The department shall issue a certificate of registration to a person who complies with the requirements of this article and who pays an initial registration fee. A certificate of registration is valid for one year. However, an ambulance service may request that the department issue an initial certificate of registration that expires before the end of one year in order for the department to conduct an annual inspection of all of the ambulance service's ambulances at one time. A person may renew a certificate of registration by complying with the requirements of this article and by paying a renewal fee prescribed by the director. The fee for initial registration and registration renewal shall not exceed fifty dollars for each ambulance. The department shall base these fees on an amount that approximates the per vehicle costs incurred by the department to administer this chapter. The director shall deposit, pursuant to sections [35-146](#) and [35-147](#), fees collected under this subsection in the state general fund. The department shall not charge a registration fee for an ambulance to an ambulance service that operates an ambulance or ambulances only as a volunteer not-for-profit service.

36-2213. Regulation of air ambulance services

The director shall adopt rules to establish minimum standards for the operation of air ambulance services that are

necessary to assure the public health and safety. The director may use the current standards adopted by the commission on accreditation of air medical services. Each rule shall reference the specific authority from this chapter under which the rule was formulated. The rules shall provide for the department to do the following:

1. Establish standards and requirements relating to at least the following:
 - (a) Medical control plans. These plans shall conform to the standards adopted pursuant to section 36-2204, paragraph 9.
 - (b) Qualifications of the medical director of the air ambulance services.
 - (c) Operation of only those air ambulances registered pursuant to section 36-2212 and licensed pursuant to title 28, chapter 25.
2. Establish response times and operation times to assure that the health and safety needs of the public are met.
3. Establish standards for emergency medical dispatch training, including prearrival instruction. For the purposes of this paragraph, "emergency medical dispatch" means the receipt of calls requesting emergency medical services and the response of appropriate resources to the appropriate location.
4. Require the filing of run log information.
5. Issue, transfer, suspend or revoke air ambulance service licenses under terms and conditions consistent with this chapter. These rules shall be consistent for all ambulance services.
6. Investigate the operation of an air ambulance service including a person operating an ambulance that has not been issued a certificate of registration and conduct on-site investigations of facilities communications equipment, vehicles, procedures, materials and equipment.
7. Prescribe the terms of the air ambulance service license.
8. Prescribe the criteria for the air ambulance service license inspection process and for determining an air ambulance service's compliance with licensure requirements. The director shall accept proof that an air ambulance service is accredited by the commission on accreditation of air medical services in lieu of all licensing inspections required if the director receives a copy of the air ambulance service's accreditation report.

36-2214. Air ambulance service license

- A. A person shall not operate an air ambulance service in this state unless the air ambulance service is licensed and complies with this article and the rules adopted pursuant to this article.
- B. On receipt of a properly completed application for initial licensure or relicensure on a form prescribed by the director, the director shall conduct an inspection of the air ambulance service as prescribed by this article. If an application for a license is submitted due to a planned change of ownership, the director shall determine the need for an inspection of the air ambulance service.
- C. The director shall issue a license if the director determines that an applicant and the air ambulance service for which the license is sought comply with the requirements of this article and rules adopted pursuant to this article and the applicant agrees to carry out a plan acceptable to the director to eliminate any deficiencies.

36-2215. Required insurance or financial responsibility; denial or revocation for failure to comply

- A. The director shall not issue an air ambulance service license to an ambulance service unless the applicant for the license or the licensee files with the department a certificate of insurance completed by an insurance company that is authorized to transact business in this state or other evidence of financial responsibility in an amount that the director by rule determines is necessary to adequately protect the interest of the public. The applicant for a license or the licensee shall have malpractice and liability insurance that requires the insurer to compensate for injuries to persons and for loss or damage to property resulting from the negligent operation of the air ambulance service.

- B. The director shall deny the application for a license or revoke the license of any air ambulance service that fails to comply with this section.

36-2216. Prohibited acts; classification

- A. It is unlawful for any person to operate an ambulance in this state which does not comply with the provisions of this article or the rules adopted by the director under this article.
- B. A person who violates subsection A is guilty of a class 1 misdemeanor.

36-2217. Exemption from regulation

- A. This chapter does not apply to:
 - 1. Vehicles used for the emergency transportation of persons injured at an industrial site.
 - 2. Persons engaged in and vehicles used for air transportation of sick or injured people in a noncritical or nonemergency situation as determined by a physician.
 - 3. Medical evacuation equipment used and owned by the department of public safety in air, ground or water evacuation and including fixed wing aircraft, helicopters, ground ambulances and similar ground conveyances, snowmobiles and water traversing equipment.
 - 4. Vehicles provided or contracted for emergency medical services by a political subdivision if these vehicles are primarily used to provide on the scene stabilization of sick, injured, wounded, incapacitated or helpless persons.
 - 5. Ambulances from other states that are:
 - (a) Responding to a major catastrophe or emergency in this state because there are insufficient registered ambulances in this state to respond in that situation.
 - (b) Operating either from a location outside of this state to transport a patient to a location within this state or operating from a location outside of this state and crossing through this state to transport a patient to a location outside this state.
 - 6. Stretcher vans that meet the requirements of section 36-2223.
- B. Except as provided in subsection A, paragraph 5, subdivision (a) of this section, an ambulance from another state shall not pick up a patient in this state and transport that patient to another location in this state unless that ambulance is registered under this chapter.

36-2218. Emergency medical services operating fund

- A. An emergency medical services operating fund is established. The director shall administer the fund. The emergency medical services operating fund shall consist of monies collected pursuant to sections [12-116.02](#) and [36-3251](#) and distributed pursuant to section 36-2219.01, subsection B, paragraph 2.
- B. The director of the department of health services with advice from the council shall expend monies in the fund for funding local and state emergency medical services systems. Monies in the fund are subject to annual legislative appropriation.

36-2219. Emergency medical care technicians; requirements; transportation

- A. An Emergency Medical Care Technician shall comply with either Emergency Medical Standards and Protocols established by the Regional Council or the Medical Direction for the local jurisdiction when considering emergency transport, including the appropriate use of telecommunications.
- B. An Emergency Medical Care Technician may not do either of the following:

1. Provide a patient with a presumptive medical diagnosis and use that medical diagnosis as the basis for counseling the patient to decline emergency medical services transportation.
 2. Counsel a patient to decline emergency medical services transportation, except as part of a specific alternate destination or treat-and-refer program that includes quality management and comprehensive medical direction oversight.
- C. An Emergency Medical Care Technician shall explain to the patient the risks and consequences to the patient's health of not being transported.
- D. It is not a violation of this Section for an Emergency Medical Care Technician to inform a patient of the patient's right to accept or decline emergency medical services transportation, unless the Emergency Medical Care Technician does so in an effort to coerce the patient to decline emergency medical services.

36-2219.01. Medical services enhancement fund

- A. A medical services enhancement fund is established consisting of monies collected pursuant to section [12-116.02](#). The state treasurer shall administer the fund.
- B. On the first day of each month, the state treasurer shall distribute or deposit:
1. Fourteen and two-tenths per cent in the substance abuse services fund established pursuant to section 36-2005.
 2. Forty-eight and nine-tenths per cent in the emergency medical services operating fund established pursuant to section 36-2218 of which at least eight per cent shall be used for personnel expenses, education, training and equipment purchases in cities or towns with a population of less than ninety thousand persons according to the most recent United States decennial census.
 3. Twenty-two per cent in the spinal and head injuries trust fund established pursuant to section [41-3203](#).
 4. Nine and four-tenths per cent in a separate account of the substance abuse services fund established by section 36-2005 for use in administering the provisions of section [36-141](#).
 5. Five and five-tenths per cent in the state general fund.
- C. Monies distributed pursuant to subsection B of this section constitute a continuing appropriation.

36-2220. Records; confidentiality; definition

- A. Information developed, records kept and data collected by the department or a political subdivision of this state for the purpose of administering or evaluating the Arizona emergency medical services system or for the trauma system are available to the public except:
1. Any patient record, including clinical records, prehospital care records, medical reports, laboratory statements and reports, any file, film, record or report or oral statement relating to diagnostic findings, treatment or outcome of patients, whether written or recorded, and any information from which a patient, the patient's family or the patient's health care provider or facility might be identified except records, files and information are available to the patient, the patient's guardian or the patient's agent.
 2. Information obtained and data collected for purposes of chapter 25 or chapter 4, article 5 of this title.
- B. Unless otherwise provided by law, all medical records developed and kept by a prehospital component of the statewide trauma system and information contained in these records are confidential and may not be released to the public without written authorization by the patient, the patient's guardian or the patient's agent.
- C. Notwithstanding subsection B of this section, a prehospital incident history report completed and kept by a nonhospital political subdivision of this state is available to the public except for information in that report that is protected from disclosure by the laws of this state or federal law, including confidential patient treatment information.

- D. Patient records and medical records covered by this section may be obtained pursuant to section [12-2294.01](#).
- E. Information, documents and records received by the department or prepared by the department in connection with an investigation that is conducted pursuant to this article and that relates to emergency medical care technicians are confidential and are not subject to public inspection or civil discovery. The results of the investigation and the decision of the department are available to the public after the investigation is completed and the investigation file is closed.
- F. For the purposes of this section, "prehospital incident history report" means a record of the prehospital response, nature of the incident and transportation of an emergency medical services patient that is documented on a prehospital incident history report.

36-2221. Trauma center data; requirements; confidentiality; violation; classification

- A. Trauma centers shall submit to the department a uniform data set for the trauma patient as prescribed by the department. Advanced life support base hospitals that are not trauma centers may also submit this data to the department. The director shall identify the categories of patients who are to be reported as trauma patients under this section.
- B. The department shall provide quarterly trauma system data reports to each hospital and designated trauma center submitting data.
- C. The department may authorize other persons and organizations to use state trauma registry data:
 - 1. To study the sources and causes of trauma.
 - 2. To evaluate the cost, quality, efficacy and appropriateness of diagnostic, therapeutic, rehabilitative and preventive services and programs that are related to trauma.
- D. Information collected by the state trauma registry that can identify an individual is confidential and may be used only pursuant to this section. A person who discloses confidential information in violation of this section is guilty of a class 3 misdemeanor.

36-2222. Trauma advisory board; membership; compensation; duties

- A. The trauma advisory board is established and consists of the following members:
 - 1. The medical director of the bureau of the emergency medical services and trauma system who shall chair the board.
 - 2. The director of the department of public safety or the director's designee.
 - 3. Four members representing the four regional emergency medical services coordinating councils.
 - 4. Two members from trauma centers in this state.
 - 5. A representative from a statewide organization representing a national college of surgeons that is a recognized, authoritative body representing national trauma services standards.
 - 6. A representative from a statewide fire district association.
 - 7. A representative from a statewide hospital association.
 - 8. A representative from a federal Indian health services organization.
 - 9. A representative from a national organization of emergency physicians that is a recognized, authoritative body representing national emergency medicine standards.
 - 10. A representative from a national association of retired persons.
 - 11. A representative from a statewide rehabilitation facility.
 - 12. A representative from an urban advanced life support base hospital that is not a trauma center.

13. A representative from a rural advanced life support base hospital that is not a trauma center.
 14. A representative from a statewide ambulance association.
 15. A representative from a fire department in a county with a population of five hundred thousand persons or more according to the most recent United States decennial census.
 16. A representative of a tribal health organization.
 17. A representative from a statewide neurosurgical society.
 18. A representative from a statewide pediatric organization.
 19. A representative from a society of trauma nurses.
 20. A representative from a national association of orthopedic trauma.
- B.** Except for board members who serve under subsection A, paragraphs 1 and 2 of this section, board members are appointed by the director and serve staggered three year terms.
- C.** The director shall accept recommendations for appointment of board members from organizations representing consumers, insurers and governmental agencies that have an interest in the development of a statewide trauma system, including statewide chapters of a national trauma society, a national emergency medical nurses association, a medical association and an aeromedical association. Wherever appropriate to the entity being represented, the director shall consider qualified licensed physicians with experience in trauma care in anesthesia, emergency medicine, neurosurgery, orthopedics and pediatrics, and licensed nurses with experience in prehospital emergency care or trauma care.
- D.** Board members are not eligible to receive compensation but are eligible for reimbursement of expenses under title 38, chapter 4, article 2.
- E.** The board shall:
1. Make recommendations on the initial and long-term processes for the verification and designation of trauma center levels, including the evaluation of trauma center criteria.
 2. Make recommendations on the development and implementation of comprehensive regional emergency medical services and trauma system plans.
 3. Make recommendations on the state emergency medical services and trauma system quality improvement processes, including the state trauma registry.
 4. Submit a report to the director on or before October 1 of each year regarding the board's accomplishments and recommendations.
- F.** The chairperson may appoint subcommittees to assist the board in meeting the requirements of subsection E of this section.

36-2223. Stretcher vans; wheelchair vans; use; restrictions

- A.** A stretcher van may transport a person who:
1. Needs routine transportation to or from a medical appointment or service if that person is convalescent or otherwise nonambulatory and does not require medical monitoring en route to the destination facility, or aid, care or treatment during transport.
 2. Is an inpatient at a facility and needs transportation to another hospital for diagnostic tests if that person's physician authorizes the use of a stretcher van.
- B.** A stretcher van or wheelchair van shall not transport a person who:
1. Is being administered intravenous fluids.

2. Was administered a medication that might prevent that person from caring for himself.
 3. Needs or may need oxygen unless that person's physician has prescribed oxygen as a self-administered therapy.
 4. Needs or may need suctioning.
 5. Has sustained an injury and has not yet been evaluated by a physician.
 6. Is experiencing an acute condition or the exacerbation of a chronic condition or a sudden injury or illness.
 7. Needs to be transported from one hospital to another hospital if the destination hospital is the same level or a higher level as the hospital of origin.
 8. Is being evaluated in an emergency room and for any reason must be transported to another hospital for diagnostic tests that are not available at the first hospital.
 9. Is being medically monitored at the sending facility and will continue to be medically monitored at the destination facility.
- C. A stretcher van or wheelchair van shall not contain medical equipment or supplies or display any marking, symbols or warning devices that imply that it offers medical care or ambulance transportation.
- D. A stretcher van shall not respond or transport a person if the request for service originated within a public dispatch system.
- E. An ambulance service that provides both ambulances and stretcher vans or wheelchair vans shall not use a registered ambulance in place of a stretcher van or wheelchair van if a stretcher van or wheelchair van is specifically requested or if a stretcher van or wheelchair van may be used but is not immediately available.
- F. A person transporting patients in stretcher vans or wheelchair vans in violation of the criteria in subsection B of this section or operating in violation of subsection C of this section may be determined by the department after notice and a hearing pursuant to section 36-2245 to have operated an unregistered ambulance in violation of section 36-2212.

36-2224. Interfacility transportation of patients; requirements

An ambulance service that transports a patient from a hospital within its certificated area to a hospital outside the certificated area is only required to transport that patient under medical direction to the nearest most appropriate facility as defined by federal medicare guidelines for ambulance services. This section shall not apply to any patient transport initiated or undertaken pursuant to the provisions of the federal emergency medical treatment and active labor act.

36-2225. Statewide emergency medical services and trauma system; definitions

- A. The department shall develop and administer a statewide emergency medical services and trauma system to implement the Arizona emergency medical services and trauma system plan. The department shall adopt rules to establish standards for the following:
1. Injury prevention activities to decrease the incidence of trauma and decrease the societal cost of preventable mortality and morbidity.
 2. Public access to prehospital emergency medical services.
 3. A statewide network of trauma centers that provide trauma care and to which trauma patients can be transported.
 4. A trauma center designation and dedesignation process for health care institutions that provide trauma care. The department may adopt rules that:
 - (a) Allow for designation based on:
 - (i) A health care institution's verification as a trauma facility by a national verification organization.

- (ii) A determination by a national verification organization that a health care institution meets the state standards established by rule for designation as a trauma center.
- (iii) A determination by the department that a health care institution meets the state standards established by rule for designation as a trauma center.

(b) Require that trauma centers submit data to the trauma registry.

- 5. Trauma system evaluation and quality review through the collection and analysis of data.
- 6. Protection of confidential patient care and trauma registry information.

B. For the purposes of this section:

- 1. "National verification organization" means the American college of surgeons committee on trauma or other nationally recognized organization that verifies the ability of health care institutions to provide trauma services at various levels.
- 2. "Trauma center" means a health care institution that is designated pursuant to rules adopted by the department to provide a specific level of trauma care.

36-2226. Emergency administration of epinephrine by Good Samaritans; exemption from civil liability

- A.** Notwithstanding any other law, a person may administer epinephrine to another person who is suffering from a severe allergic reaction if the person acts in good faith and without compensation for the act of administering the epinephrine and a health professional who is qualified to administer epinephrine is not immediately available.
- B.** A person who administers epinephrine pursuant to subsection A is not subject to civil liability for any injury that results from that act unless the person acts with gross negligence, wilful misconduct or intentional wrongdoing.

36-2226.01. Emergency administration of epinephrine; authorized entities; prescriptions; training; immunity; definitions

- A.** A practitioner may prescribe epinephrine auto-injectors in the name of an authorized entity for use in accordance with this section, and pharmacists and practitioners may dispense epinephrine auto-injectors pursuant to a prescription issued in the name of an authorized entity. A prescription issued pursuant to this section is valid for two years.
- B.** An authorized entity may acquire and stock a supply of epinephrine auto-injectors pursuant to a prescription issued in accordance with this section. The epinephrine auto-injectors shall be stored in a location that is readily accessible in an emergency and in accordance with the epinephrine auto-injector's instructions for use and any additional requirements that may be established by the department. An authorized entity shall designate employees or agents who have completed the training required by subsection D of this section to be responsible for the storage, maintenance, control and general oversight of the epinephrine auto-injectors acquired by the authorized entity.
- C.** An employee or agent of an authorized entity or another individual who has completed the training required by subsection D of this section may do either of the following:
 - 1. Provide an epinephrine auto-injector to any individual who the employee, agent or other individual believes in good faith is experiencing anaphylaxis, or to the parent, guardian or caregiver of the individual, for immediate administration, regardless of whether the individual has a prescription for an epinephrine auto-injector or has previously been diagnosed with an allergy.
 - 2. Administer an epinephrine auto-injector to any individual who the employee, agent or other individual believes in good faith is experiencing anaphylaxis, regardless of whether the individual has a prescription for an epinephrine auto-injector or has previously been diagnosed with an allergy.

- D. An employee, agent or other individual described in subsection B or C of this section shall complete initial anaphylaxis training and, at least every two years thereafter, shall complete subsequent anaphylaxis training. The training shall be conducted by a nationally recognized organization that is experienced in training laypersons in emergency health treatment or an entity or individual approved by the department. The department may approve specific entities or individuals or may approve classes of entities or individuals to conduct this training. Training may be conducted online or in person and, at a minimum, shall cover:
1. How to recognize signs and symptoms of severe allergic reactions, including anaphylaxis.
 2. Standards and procedures for the storage and administration of an epinephrine auto-injector.
 3. Emergency follow-up procedures.
- E. The entity that conducts the training required by subsection D of this section shall issue a certificate, on a form developed or approved by the department, to each person who successfully completes the anaphylaxis training.
- F. The administration of an epinephrine auto-injector pursuant to this section is not the practice of medicine or any other profession that otherwise requires licensure.
- G. A practitioner prescribing epinephrine auto-injectors in the name of an authorized entity, an authorized entity, an employee or agent of an authorized entity and a person or entity that provides training pursuant to subsection D of this section are immune from civil liability with respect to all decisions made and actions or omissions taken that are based on good faith implementation of the requirements of this section, except in cases of gross negligence, wilful misconduct or intentional wrongdoing.
- H. The immunity from civil liability provided in subsection G of this section does not affect a manufacturer's product liability regarding the design, manufacturing or instructions for use of an epinephrine auto-injector.
- I. An authorized entity that possesses and makes available epinephrine auto-injectors shall submit to the department, on a form developed by the department, a report of each incident that occurs on the authorized entity's premises and that involves the administration of an epinephrine auto-injector pursuant to subsection C of this section.
- J. For the purposes of this section:
1. **"Administer"** means the direct application of an epinephrine auto-injector to the body of an individual.
 2. **"Authorized entity"** means any entity or organization in connection with or at which allergens capable of causing anaphylaxis may be present, including recreation camps, colleges and universities, day care facilities, youth sports leagues, amusement parks, restaurants, places of employment and sports arenas.
 3. **"Epinephrine auto-injector"** means a single-use device used for the automatic injection of a premeasured dose of epinephrine into the human body.
 4. **"Practitioner"** has the meaning prescribed in section [32-1901](#).

36-2226.02. Administration of epinephrine; immunity; definitions

- A. A first responder who is trained in administering epinephrine injections may administer an epinephrine injection to a person who the first responder believes in good faith is experiencing anaphylaxis pursuant to a standing order issued by any of the following:
1. A physician licensed pursuant to title 32, chapter 13 or 17.
 2. A naturopathic physician licensed pursuant to title 32, chapter 14.
 3. A physician assistant licensed pursuant to title 32, chapter 25.
 4. A nurse practitioner licensed pursuant to title 32, chapter 15 who is authorized by law to prescribe drugs.

- B. The following individuals are immune from professional liability and criminal prosecution for any decision made, act or omission or injury that results from that act if the person acts with reasonable care and in good faith, except in cases of wanton or wilful neglect:
 - 1. Physicians who are licensed pursuant to title 32, chapter 13 or 17 and who issue a standing order.
 - 2. Naturopathic physicians who are licensed pursuant to title 32, chapter 14 and who issue a standing order.
 - 3. Physician assistants who are licensed pursuant to title 32, chapter 25 and who issue a standing order.
 - 4. Nurse practitioners who are licensed pursuant to title 32, chapter 15 and authorized by law to prescribe drugs and who issue a standing order.
 - 5. First responders who administer epinephrine injections pursuant to this section.
- C. This section does not create a duty to act or standard of care for a first responder to administer an epinephrine injection.
- D. For the purposes of this section:
 - 1. "Ambulance attendant" means either of the following:
 - (a) An emergency medical technician, an advanced emergency medical technician, an emergency medical technician I-99 or a paramedic whose primary responsibility is the care of patients in an ambulance and who meets the standards and criteria adopted pursuant to section 36-2204.
 - (b) An emergency medical responder who is employed by an ambulance service operating under section 36-2202 and whose primary responsibility is the driving of an ambulance.
 - 2. "First responder" means a law enforcement officer, a firefighter or an ambulance attendant.

36-2227. Informal interviews; request for information; nondissemination; violation; classification

- A. At least thirty days before the date of an informal interview held pursuant to this article or article 2 of this chapter, the department shall notify a person who is under investigation, or that person's designee, that the person or designee may submit a written request with the department at least ten business days before that interview that the department provide the following before the interview:
 - 1. Except as provided pursuant to section [41-1010](#), the name of the person making the complaint.
 - 2. Except as prohibited by state and federal privacy or confidentiality laws, any documents received by the department, in any format or medium, that are relevant to the investigation, including:
 - (a) Records obtained by the department from first responders, emergency medical care technicians or other health care providers.
 - (b) Witness statements or summaries.
 - (c) Patient records.
- B. The department shall redact any information provided pursuant to subsection A of this section necessary to protect the personal identifying information of a patient.
- C. A person who receives information pursuant to subsection A of this section may not copy, share or otherwise disseminate that information except as needed to participate in the informal interview or in an administrative proceeding or appeal arising from the investigation. A person who violates this subsection is guilty of a class 3 misdemeanor.

36-2228. Administration of opioid antagonists; training; immunity; designation by director; definition

- A. Pursuant to a standing order issued by a physician licensed pursuant to title 32, chapter 13 or 17 or a nurse practitioner licensed pursuant to title 32, chapter 15 and authorized by law to prescribe drugs, an emergency medical care technician, peace officer or ancillary law enforcement employee who is trained in the administration

of naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration and designated by the director may administer naloxone hydrochloride or another opioid antagonist to a person who the emergency medical care technician, peace officer or ancillary law enforcement employee believes is suffering from an opioid-related drug overdose.

- B. The department, in coordination with the Arizona peace officer standards and training board, shall develop a training module for emergency medical care technicians, peace officers and ancillary law enforcement employees that provides training regarding the identification of a person suffering from an opioid-related drug overdose and the use of naloxone hydrochloride or other opioid antagonists.
- C. Physicians who are licensed pursuant to title 32, chapter 13 or 17 and who issue a standing order, nurse practitioners who are licensed pursuant to title 32, chapter 15 and authorized by law to prescribe drugs and who issue a standing order and emergency medical care technicians, peace officers and ancillary law enforcement employees who administer naloxone hydrochloride or any other opioid antagonist pursuant to this section are immune from professional liability and criminal prosecution for any decision made, act or omission or injury that results from that act if those persons act with reasonable care and in good faith, except in cases of wanton or wilful neglect. This section does not create a duty to act or standard of care for peace officers or ancillary law enforcement employees to administer an opioid antagonist.
- D. The director shall designate opioid antagonists that may be used pursuant to this section based on an evaluation of the opioid antagonist's safety and efficacy.
- E. For purposes of this section, "ancillary law enforcement employee" means a detention officer, a probation or surveillance officer, a police aide or assistant, a crime scene specialist, a crime laboratory employee or any other type of law enforcement employee or employee of the state department of corrections who is authorized by the person's employing agency to administer naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration and designated by the director pursuant to this section.

36-2229. Emergency administration of inhalers; authorized entities; training; immunity; definitions

- A. A physician who is licensed pursuant to title 32, chapter 13 or 17 or a nurse practitioner who is licensed pursuant to title 32, chapter 15 may prescribe inhalers and spacers or holding chambers in the name of an authorized entity for use in accordance with this section, and pharmacists may dispense inhalers and spacers or holding chambers pursuant to a prescription issued in the name of an authorized entity. A prescription issued pursuant to this section is valid for two years.
- B. An authorized entity may acquire and stock a supply of inhalers and spacers or holding chambers pursuant to a prescription issued in accordance with this section. The inhalers shall be stored in a location that is readily accessible in an emergency and in accordance with the inhaler's instructions for use. An authorized entity shall designate employees or agents who have completed the training required by subsection D of this section to be responsible for the storage, maintenance, control and general oversight of the inhalers and spacers or holding chambers acquired by the authorized entity.
- C. If an employee or agent of an authorized entity or another individual who has completed the training required by subsection D of this section believes in good faith that an individual is experiencing respiratory distress, the employee, agent or other individual may provide and administer an inhaler to that individual or may provide an inhaler to the parent, guardian or caregiver of that individual, for immediate administration, regardless of whether the individual who is believed to be experiencing respiratory distress has a prescription for an inhaler and spacer or holding chamber or has previously been diagnosed with a condition requiring an inhaler.
- D. An employee, agent or other individual described in subsection B or C of this section shall complete initial training for the use of inhalers and, at least every two years thereafter, shall complete subsequent training. The training shall be conducted by a nationally recognized organization that is experienced in training laypersons in emergency health treatment. Training may be conducted online or in person and, at a minimum, shall cover:

1. How to recognize signs and symptoms of respiratory distress.
 2. Standards and procedures for the storage and administration of an inhaler.
 3. Emergency follow-up procedures after the administration of an inhaler.
- E.** The organization that conducts the training required by subsection D of this section shall issue a certificate to each person who successfully completes the training.
- F.** The administration of an inhaler pursuant to this section is not the practice of medicine or any other profession that otherwise requires licensure.
- G.** Physicians licensed pursuant to title 32, chapter 13 or 17 and nurse practitioners licensed pursuant to title 32, chapter 15 who prescribe an inhaler and spacer or holding chamber in the name of an authorized entity, authorized entities and employees and agents of authorized entities that provide or administer inhalers and organizations that provide training pursuant to subsection D of this section are immune from civil liability with respect to all decisions made and actions or omissions taken that are based on good faith implementation of the requirements of this section, except in cases of gross negligence, wilful misconduct or intentional wrongdoing.
- H.** The immunity from civil liability provided in subsection G of this section does not affect a manufacturer's product liability regarding the design, manufacturing or instructions for use of an inhaler and spacer or holding chamber.
- I.** An authorized entity may accept monetary donations to purchase inhalers and spacers or holding chambers and may accept donations of inhalers and spacers or holding chambers directly from the product manufacturer.
- J.** For the purposes of this section:
1. "Authorized entity" means any entity or organization in connection with or at which allergens capable of causing respiratory distress symptoms may be present, including recreation camps, day care facilities, youth sports leagues, amusement parks, restaurants and sports arenas.
 2. "Bronchodilator" means albuterol or another short-acting bronchodilator that is approved by the United States food and drug administration for the treatment of respiratory distress.
 3. "Inhaler" means a device that delivers a bronchodilator to alleviate symptoms of respiratory distress, that is manufactured in the form of a metered-dose inhaler or dry-powder inhaler and that includes a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator.
 4. "Respiratory distress" includes the perceived or actual presence of coughing, wheezing or shortness of breath.

ARTICLE 2 REGULATION OF AMBULANCES AND AMBULANCE SERVICES

36-2232. Director; powers and duties; regulation of ambulance services; inspections; response time compliance; mileage rate calculation factors

- A.** The director shall adopt rules to regulate the operation of ambulances and ambulance services in this state. Each rule shall identify all sections and subsections of this chapter under which the rule was formulated. The rules shall provide for the department to do the following:
1. Consistent with the requirements of Subsection H of this Section, determine, fix, alter and regulate just, reasonable and sufficient rates and charges for the provision of ambulances, including rates and charges for advanced life support service, basic life support service, patient loaded mileage, standby waiting, subscription service contracts and other contracts for services related to the provision of ambulances. The director shall inform all ambulance services of the procedures and methodology used to determine ambulance rates or charges.
 2. Regulate operating and response times of ambulances to meet the needs of the public and to ensure adequate service. The rules adopted by the director for certificated ambulance service response times shall include uniform standards for urban, suburban, rural and wilderness geographic areas within the certificate of necessity based on, at a minimum, population density, geographic and medical considerations.
 3. Determine, fix, alter and regulate bases of operation. The director may issue a certificate of necessity to more than one ambulance service within any base of operation. For the purposes of this paragraph, "base of operation" means a service area granted under a certificate of necessity.
 4. Issue, amend, transfer, suspend or revoke certificates of necessity under terms consistent with this article.
 5. Prescribe a uniform system of accounts to be used by ambulance services that conforms to standard accounting forms and principles for the ambulance industry and generally accepted accounting principles.
 6. Require the filing of an annual financial report and other data. These rules shall require an ambulance service to file the report with the department not later than one hundred eighty days after the completion of its annual accounting period.
 7. Regulate ambulance services in all matters affecting services to the public to the end that this article may be fully carried out.
 8. Prescribe bonding requirements, if any, for ambulance services granted authority to provide any type of subscription service.
 9. Offer technical assistance to ambulance services to maximize a healthy and viable business climate for the provision of ambulances.
 10. Offer technical assistance to ambulance services in order to obtain or to amend a certificate of necessity.
 11. Inspect, at a maximum of twelve-month intervals, each ambulance registered pursuant to section 36-2212 to ensure that the vehicle is operational and safe and that all required medical equipment is operational. At the request of the provider, the inspection may be performed by a facility approved by the director. If a provider requests that the inspection be performed by a facility approved by the director, the provider shall pay the cost of the inspection.
- B.** The director may require any ambulance service offering subscription service contracts to obtain a bond in an amount determined by the director that is based on the number of subscription service contract holders and to file the bond with the director to protect all subscription service contract holders in this state who are covered under that subscription contract.

- C.** An ambulance service shall:
1. Maintain, establish, add, move or delete suboperation stations within its base of operation to ensure that the ambulance service meets the established response times or those approved by the director in a political subdivision contract.
 2. Determine the operating hours of its suboperation stations to provide for coverage of its base of operation.
 3. Provide the department with a list of suboperation station locations.
 4. Notify the department not later than thirty days after the ambulance service makes a change in the number or location of its suboperation stations.
- D.** At any time the director or the director's agents may:
1. Inquire into the operation of an ambulance service, including a person operating an ambulance that has not been issued a certificate of registration or a person who does not have or is operating outside of a certificate of necessity.
 2. Conduct on-site inspections of facilities, communication equipment, vehicles, procedures, materials and equipment.
 3. Review the qualifications of ambulance attendants.
- E.** If all ambulance services that have been granted authority to operate within the same service area or that have overlapping certificates of necessity apply for uniform rates and charges, the director may establish uniform rates and charges for the service area.
- F.** In consultation with the medical director of the emergency medical services and trauma system, the emergency medical services council and the medical direction commission, the director of the department of health services shall establish protocols for ambulance services to refer and advise a patient or transport a patient by the most appropriate means to the most appropriate provider of medical services based on the patient's condition. The protocols shall include triage and treatment protocols that allow all classifications of emergency medical care technicians responding to a person who has accessed 911, or a similar public dispatch number, for a condition that does not pose an immediate threat to life or limb to refer and advise a patient or transport a patient to the most appropriate health care institution as defined in section [36-401](#) based on the patient's condition, taking into consideration factors including patient choice, the patient's health care provider, specialized health care facilities and local protocols.
- G.** The director, when reviewing an ambulance service's response time compliance with its certificate of necessity, shall consider in addition to other factors the effect of hospital diversion, delayed emergency department admission and the number of ambulances engaged in response or transport in the affected area.
- H.** The Department shall incorporate all of the following factors when calculating the proposed mileage rate:
1. The cost of licensure and registration of each ground ambulance vehicle.
 2. The cost of fuel.
 3. The cost of ground ambulance vehicle maintenance.
 4. The cost of ground ambulance vehicle repair.
 5. The cost of tires.
 6. The cost of ground ambulance vehicle insurance.
 7. The cost of mechanic wages, benefits and payroll taxes.
 8. The cost of loan interest related to the ground ambulance vehicles.

9. The cost of weighted allocation of overhead.
10. The cost of ground ambulance vehicle depreciation.
11. The cost of reserves for replacement of ground ambulance vehicles and equipment.

36-2233. Certificate of necessity to operate an ambulance service; termination; exceptions; service are as

- A.** Any person wishing to operate an ambulance service in this state shall apply to the department on a form prescribed by the director for a certificate of necessity.
- B.** The director shall issue a certificate of necessity if all of the following apply:
 1. The ambulance service has a certificate of registration issued by the department for at least one ambulance pursuant to section 36-2212.
 2. The director finds that public necessity requires the service or any part of the service proposed by the applicant.
 3. The director finds that the applicant is fit and proper to provide the service.
 4. The applicant has paid the appropriate fees pursuant to section 36-2240.
 5. The applicant has filed a surety bond pursuant to section 36-2237.
- C.** A certificate of necessity issued pursuant to subsection B of this section shall be for all or part of the service proposed by the applicant as determined necessary by the director for public convenience and necessity.
- D.** This section does not require a certificate of necessity for:
 1. Vehicles and persons that are exempt from a certificate of registration pursuant to section 36-2217.
 2. Ambulance services operating under temporary authority pursuant to section 36-2242.
- E.** The director may grant a service area by one or any combination of the following descriptions:
 1. Metes and bounds.
 2. A city, town or political subdivision not limited to a specific date. The merger or consolidation of two or more fire districts pursuant to section [48-820](#) or [48-822](#) does not expand the service area boundaries of an existing certificate of necessity.
 3. A city, town or political subdivision as of a specific date that does not include annexation.

36-2234. Hearings; waiver of hearing; emergency action; judicial review; definition

- A.** The director shall require a public hearing on any proposed action related to rates, fares or charges, operating or response times, bases of operation or certificates of necessity unless subsection C, E, or M of this section applies.
- B.** A public hearing held pursuant to subsection A of this section shall meet the following requirements:
 1. The hearing shall be held pursuant to title 41, chapter 6, article 10.
 2. The director shall mail notice of the hearing to every ambulance service in the affected region no later than fifteen days before the hearing.
 3. The director may mail notice to other persons who the director determines are interested in the hearing.
 4. In a hearing or rehearing conducted pursuant to this article, an ambulance service may be represented by a corporate officer, an employee or a designee who has been specifically authorized by the ambulance service to represent it.
 5. A certificate of necessity hearing may not last more than ten days unless the administrative law judge determines, in writing, on the final day of the hearing that there is an extraordinary need for additional hearing days.

- C. The director may waive the hearing required under subsection A of this section if notification, including a general description of the proposed action of the department and the time and manner for any interested person to request a hearing, is given and all of the following apply:
1. Notification of the proposed action has been sent to every ambulance service in the affected region no later than fifteen days before the action.
 2. The director has notified other persons who the director determines are interested in the proposed action no later than fifteen days before the action.
 3. The director has published notice of the proposed action in a newspaper of general circulation in the affected region at least once each week for two consecutive weeks before the action is taken.
 4. The director has received no requests within the fifteen-day notification period for a hearing to be held on the proposed action.
- D. If the director receives a request pursuant to subsection C, paragraph 4 of this section, the director shall hold a hearing in compliance with subsection B of this section.
- E. The director shall not hold a hearing if a person requests a hearing regarding a rate increase that does not exceed the amount computed as follows:
1. Determine the percentage growth in the transportation consumer price index of the United States department of labor, bureau of labor statistics, from the end of the second preceding calendar year to the calendar year immediately preceding the calendar year for which the rate increase is requested.
 2. Determine the percentage growth in the medical care consumer price index of the United States department of labor, bureau of labor statistics, from the end of the second preceding calendar year to the calendar year immediately preceding the calendar year for which the rate increase is requested.
 3. Add the amount determined in paragraph 1 of this subsection to the amount determined in paragraph 2 of this subsection and divide the sum by two.
- F. A rate increase authorized pursuant to subsection E of this section is deemed to be fixed by the department at the requested level. Notwithstanding subsection C of this section, the department shall hold a hearing pursuant to section 36-2232, subsection E for any proposed uniform rate or charge that exceeds the annual rate increase prescribed in subsection E of this section. The department shall require the applicants to submit the following information signed by the designated financial officer and the chief executive of the ambulance service who has fiduciary responsibility for providing accurate financial information:
1. A financial statement for the previous twenty-four months relating to the certificated areas.
 2. Any additional information the department requires to analyze the request.
- G. If an ambulance service with an established general public rate applies for a contract rate or range of rates that is up to thirty percent less than its established rate, the director shall grant the rate without a public hearing or waiver, and without any right of intervention, unless within ninety days of the filing of a completed application the director determines that the contract rate or range of rates applied for does not accurately reflect the cost and economics of providing the contract services, would adversely affect the service available to the general public in the area of service as designated by its certificate of necessity or would cause any fixed rate, fare or charge to the general public to be adversely affected.
- H. If the department disallows a proposed contract rate pursuant to subsection G of this section, the ambulance service has a right to a hearing for review of the proposed contract rate or range of rates.
- I. The director may adopt rules for the establishment of a contract rate or range of rates that may be implemented and that exceeds the thirty percent rate variance identified pursuant to subsection G of this section.

- J. Subsections G, H and I of this section are limited to contract rates or a range of rates applied for prescheduled, interfacility or convalescent transports.
- K. A service contract between an ambulance service and a political subdivision of this state, including local fire districts, shall be filed with and approved by the department in accordance with the following requirements:
 - 1. On receipt of the proposed contract, the department has fifteen days to review the contract and notify the ambulance service of any additional information the department requires, recommended corrections or any provision that does or may violate this article.
 - 2. The ambulance service has fifteen days to provide the department with the information requested or to submit a revised or amended contract if required under paragraph 1 of this subsection.
 - 3. The contract becomes effective fifteen days after the ambulance service complies with the department's request unless the department determines that any rate or charge or other provisions specified in the contract will cause any fixed rate or charge to the general public rate to be adversely affected or the contract would be in violation of the ambulance service's certificate of necessity.
 - 4. If the department disallows a proposed contract pursuant to this subsection, the ambulance service has a right to a hearing for review of the proposed contract.
 - 5. The rates and charges contained in the contract are the rates and charges fixed by the director in a decision or order for the ambulance service and conform to the ambulance service's current or subsequent general public rates and charges.
 - 6. The area of response is within the ambulance service's certificated area.
- L. In case of emergency, the director may take action providing for immediate suspension of a certificate of registration or a certificate of necessity, or both, under this section without notice or a hearing if the director determines that a potential threat to the public health and safety exists. If such action is taken by the director, the director shall conduct a hearing within ten days after the date of the director's action unless the person against whom the action is directed waives the right to have a hearing held within ten days. If the ten-day hearing requirement is waived, the director shall set a date mutually agreeable to the interested parties. The purpose of the hearing is to review the decision of the director to take such action. The director shall make findings of fact and may continue, suspend or modify the director's action.
- M. The director shall waive the hearing required under subsection A of this section if geographical changes in suboperation stations do not alter the service area or adversely affect approved response times.
- N. Except as provided in section [41-1092.08](#), subsection H, a final decision of the director is subject to judicial review pursuant to title 12, chapter 7, article 6.
- O. For the purposes of this section, "hearing day":
 - 1. Means any portion of a business day that is used for any hearing-related activity, including testimony, argument or presentation of evidence.
 - 2. Does not include prehearing conferences or other administrative matters that occur before the start of the hearing.

[36-2234.01](#). Certificate of necessity; amendment; interfacility transport; definitions

- A. A city or town that has a licensed health care institution within its jurisdictional boundaries and that operates an ambulance service may apply to amend its certificate of necessity pursuant to this article to provide interfacility transports in lieu of transports by a peace officer as authorized by section 36-503.02.
- B. In addition to any other information required by the Department, a city or town must include the following information with the application to amend its certificate of necessity pursuant to subsection A of this section of this section for the purposes of providing interfacility transports:

1. The number of interfacility transports made by peace officers in the applicant city or town from health care institutions to evaluation agencies or mental health treatment agencies in the preceding two years.
 2. The projected call volume in the next year for the applicant city or town for interfacility transports to be made in lieu of peace officer transports from health care institutions to evaluation agencies or mental health treatment agencies.
- C. For purposes of this section:
1. "Evaluation Agency" has the same meaning prescribed in section 36-501.
 2. "Interfacility Transport" means the transport of a patient from a licensed health care institution to an evaluation agency or mental health treatment agency as authorized by section 36-503.02.
 3. "Mental Health Treatment Agency" has the same meaning prescribed in section 36-501.

36-2235. Terms of certificates of necessity; initial term; renewal

- A. The initial certificate of necessity issued pursuant to section 36-2233 to each ambulance service shall be for a term of one year.
- B. On the expiration of a certificate of necessity, if the holder of the certificate meets all requirements, applies for a renewal and pays the fees prescribed in section 36-2240, the director shall renew the certificate for a term of three years without public hearing or waiver unless cause is shown to set a hearing to consider denial or renewal for a shorter term.
- C. If the director does not conclude a hearing to show cause within ninety days of the expiration date of the certificate, the certificate shall be renewed for a period of not less than one year. The term of the certificate shall be extended to three years if the director determines that cause is not established for denial or renewal for a shorter term. For the purposes of this subsection, "hearing to show cause" means a hearing ordered by the director pursuant to section 36-2245 to determine if any grounds exist to prevent an ambulance service from carrying out the provisions of subsection B of this section during the current term of the certificate.

36-2236. Nature of certificates of necessity; transfer; suspension; service area

- A. A certificate of necessity issued pursuant to this article is not a franchise, may be revoked by the director and does not confer a property right on its holder.
- B. A certificate of necessity shall not be assigned or otherwise transferred without the written approval of the director. When any certificate is assigned or transferred, the director shall issue to the assignee or transferee a new certificate valid only for the unexpired term of the transferred or assigned certificate.
- C. In case of emergency, the director may suspend a certificate of necessity as provided in section 36-2234.
- D. If a certificate of necessity issued pursuant to this article includes any city, town or other political subdivision of this state, the service area shall be all the geographical area lying within the city, town, or political subdivision, unless the certificate issued by the director specifically excludes a portion of the city, town, or political subdivision. This subsection does not affect the validity of any previously granted certificate for an unincorporated area lying within the boundaries of a city.

36-2237. Required insurance, financial responsibility or bond; revocation for failure to comply

- A. The director shall not issue a certificate of necessity to an ambulance service unless the service has filed with the department a certificate of insurance or other evidence of financial responsibility in an amount the director deems necessary to adequately protect the interests of the public. The liability insurance shall bind the insurer to pay compensation for injuries to persons and for loss or damage to property resulting from the negligent operation of the ambulance service.

- B. If an application for a certificate of necessity includes any type of subscription service contract and, in the director's discretion, a surety bond is necessary pursuant to section 36-2232, the director shall not issue a certificate of necessity until the applicant has filed a surety bond with the director in the form and amount determined by him on which bond the applicant is the principal obligor and this state is the obligee. The director shall approve the bond and the bond must be with a surety company authorized to transact business in this state as surety on the bond. The bond must be conditioned on the payment by the applicant to any subscribers that may be parties to any type of subscription service contract.
- C. The director shall fix the total amount of the bond required and the director may increase or decrease the bond amount subject to criteria adopted by rule and regulation.
- D. The director shall revoke the certificate of necessity of any ambulance service which fails to comply with this section.

36-2238. Termination of service under certificate of necessity

An ambulance service which is authorized to operate under any certificate of necessity issued pursuant to this article shall not abandon or discontinue any service to any portion of the service area established under the certificate without an order from the department, unless the certificate has expired, becomes invalid or is suspended or revoked.

36-2239. Rates or charges of ambulance service

- A. An ambulance service that applies for an adjustment in its rates or charges shall automatically be granted a rate increase equal to the amount determined under section 36-2234, subsection E, if the ambulance service is so entitled. An automatic rate adjustment that is granted pursuant to this subsection and that is filed on or before April 1 is effective June 1 of that year. The department shall notify the applicant and each health care services organization as defined in section [20-1051](#) of the rate adjustment on or before May 1 of that year.
- B. Notwithstanding subsection E of this section, if the department does not hold a hearing within ninety days after an ambulance service submits an application to the department for an adjustment of its rates or charges, the ambulance service may adjust its rates or charges to an amount not to exceed the amount sought by the ambulance service in its application to the department. An ambulance service shall not apply for an adjustment of its rates or charges more than once every six months.
- C. At the time it holds a hearing on the rates or charges of an ambulance service pursuant to section 36-2234, the department may adjust the rates or charges adjusted by the ambulance service pursuant to subsection B of this section, but the adjustment shall not be retroactive.
- D. Except as provided in subsection H of this section, an ambulance service shall not charge, demand or collect any remuneration for any service greater or less than or different from the rate or charge determined and fixed by the department as the rate or charge for that service. An ambulance service may charge for disposable supplies, medical supplies and medication and oxygen related costs if the charges do not exceed the manufacturer's suggested retail price, are uniform throughout the ambulance service's certificated area and are filed with the director. An ambulance service shall not refund or limit in any manner or by any device any portion of the rates or charges for a service that the department has determined and fixed or ordered as the rate or charge for that service.
- E. The department shall determine and render its decision regarding all rates or charges within ninety days after commencement of the applicant's hearing for an adjustment of rates or charges. If the department does not render its decision as required by this subsection, the ambulance service may adjust its rates and charges to an amount that does not exceed the amounts sought by the ambulance service in its application to the department. If the department renders a decision to adjust the rates or charges to an amount less than that requested in the application and the ambulance service has made an adjustment to its rates and charges that is higher than the adjustment approved by the department, within thirty days after the department's decision the ambulance service shall refund to the appropriate ratepayer the difference between the ambulance service's adjusted rates and charges and the rates and charges ordered by the department. The ambulance service shall provide evidence

to the department that the refund has been made. If the ambulance service fails to comply with this subsection, the director may impose a civil penalty subject to the limitations provided in section 36-2245.

- F.** An ambulance service shall charge the advanced life support base rate as prescribed by the director under any of the following circumstances:
 - 1. A person requests an ambulance by dialing telephone number 911, or a similarly designated telephone number for emergency calls, and the ambulance service meets the following:
 - (a) The ambulance is staffed with at least one ambulance attendant.
 - (b) The ambulance is equipped with all required advanced life support medical equipment and supplies for the advanced life support attendants in the ambulance.
 - (c) The patient receives advanced life support services or is transported by the advanced life support unit.
 - 2. Advanced life support is requested by a medical authority or by the patient.
 - 3. The ambulance attendants administer one or more specialized treatment activities or procedures as prescribed by the department by rule.
- G.** An ambulance service shall charge the basic life support base rate as prescribed by the director under any of the following circumstances:
 - 1. A person requests an ambulance by dialing telephone number 911, or a similarly designated telephone number for emergency calls, and the ambulance service meets the following:
 - (a) The ambulance is staffed with two ambulance attendants certified by this state.
 - (b) The ambulance is equipped with all required basic life support medical equipment and supplies for the basic life support medical attendants in the ambulance.
 - (c) The patient receives basic life support services or is transported by the basic life support unit.
 - 2. Basic life support transportation or service is requested by a medical authority or by the patient, unless any provision of subsection F of this section applies, in which case the advanced life support rate shall apply.
- H.** For each contract year, the Arizona health care cost containment system administration and its contractors and subcontractors shall provide remuneration for ambulance services for persons who are enrolled in or covered by the Arizona health care cost containment system in an amount equal to 68.59 percent of the amounts as prescribed by the department as of July 1 of each year for services specified in subsections F and G of this section and 68.59 percent of the mileage charges as determined by the department as of July 1 of each year pursuant to section 36-2232. The Arizona health care cost containment system administration shall make annual adjustments to the Arizona health care cost containment system fee schedule according to the department's approved ambulance service rate in effect as of July 1 of each year. The rate adjustments made pursuant to this subsection are effective beginning October 1 of each year.
- I.** In establishing rates and charges the director shall consider the following factors:
 - 1. The transportation needs assessment of the medical response system in a political subdivision.
 - 2. The medical care consumer price index of the United States department of labor, bureau of labor statistics.
 - 3. Whether a review is made by a local emergency medical services coordinating system in regions where that system is designated as to the appropriateness of the proposed service level.
 - 4. The rate of return on gross revenue.
 - 5. Response times pursuant to section 36-2232, subsection A, paragraph 2.

- J. Notwithstanding section 36-2234, an ambulance service may charge an amount for medical assessment, equipment or treatment that exceeds the requirements of section 36-2205 if requested or required by a medical provider or patient.
- K. Notwithstanding subsections D, F and G of this section, an ambulance service may provide gratuitous services if an ambulance is dispatched and the patient subsequently declines to be treated or transported.

36-2240. Fees

Fees not to exceed the following amounts shall be paid by the owner of an ambulance service to the department for deposit in the state general fund to be available for legislative appropriation in order to carry out the provisions of this chapter:

1. One hundred dollars upon filing an application for a certificate of necessity.
2. Fifty dollars upon filing an application to amend, transfer or renew a certificate of necessity.
3. For the issuance of an initial certificate of necessity, two hundred dollars for each ambulance proposed to be operated by the ambulance service to which the certificate is granted.
4. An annual regulatory fee of two hundred dollars for each ambulance issued a certificate of registration pursuant to section 36-2212, to be collected at the same time as the certificate of registration fee imposed by section 36-2212.

36-2241. Required records; inspection by the department

- A. Pursuant to rules adopted by the director, an owner of an ambulance service shall maintain and keep within this state reasonable records, books and other data the director requires to enforce the provisions of this article. These records, books and other data shall not be destroyed for a period of three years after they are recorded. The records, books and other data shall be open to inspection by the department during reasonable office hours if the department is conducting an investigation into the operation of an ambulance service pursuant to section 36-2245.
- B. If the director is holding a public rate increase hearing pursuant to section 36-2234, the department may inspect the records, books and other data to verify the truth and accuracy of these documents. The department shall conduct the inspection of these documents for a rate increase hearing only during reasonable office hours and only after giving the service at least one working day's notice.
- C. If an audit is required, the department shall accept a certified audit that is performed by an independent auditor at the provider's expense in place of a department audit if the audit:
 1. Is conducted in accordance with generally accepted auditing standards.
 2. Includes findings regarding the ambulance service's compliance with the schedule of rates and charges approved by the director.
 3. Is completed and forwarded to the department in a timely manner.

36-2242. Temporary authority to operate in urgent circumstances; application; application to provide permanent service

- A. If the director determines that there is an immediate and urgent need for service to one or more points or within an area lacking adequate ambulance service, the director may, at his discretion and without a hearing or other proceeding, grant an ambulance service temporary authority to provide the needed service. The temporary authority is valid for the period specified by the director, not to exceed ninety days, and may not be renewed.
- B. An applicant for temporary authority pursuant to this section shall submit to the director a verified written statement setting forth the circumstances of the immediate and urgent need for service. The director shall prescribe a temporary schedule of rates and charges which shall not exceed rates and charges established by the director for similar services.

- C. The department may make an independent investigation to determine whether there is an immediate and urgent need for the authority requested.
- D. During the period of temporary authority, a person granted temporary authority shall file an application for a certificate of necessity to conduct the service if he intends to continue the service after the temporary authority expires. A grant of temporary authority pursuant to this section does not create a presumption that permanent authority for the service should be granted.

36-2243. Interagency service agreement

The department may enter into an interagency service agreement with the department of transportation pursuant to section 35-148 to implement the provisions of this chapter.

36-2244. Legal action for enforcement

The department may institute and maintain in the name of this state an action to enforce this article or any rule adopted pursuant to this article by mandatory injunction or other appropriate remedy.

36-2245. Investigations; dispute resolution; informal interviews; hearings; stipulations; judicial review; civil penalty

- A. The department may conduct an investigation into the operation of ambulances and ambulance services.
- B. Proceedings under this section may be initiated by the department.
- C. If the department receives a written and signed statement of dissatisfaction or dispute of charges or any matter relating to the regulation of ambulance services, the customer is deemed to have filed an informal complaint against the ambulance service. Within fifteen days of receipt of the complaint, a designated representative of the department shall inform the ambulance service that an informal complaint has been filed, state the nature of the allegations made, specify the purported rule violation and identify specific records relating to the purported rule violation that the ambulance service shall provide to the department. The ambulance service shall comply with the request for records in a timely manner.
- D. Within forty-five days of receipt of the records, the department shall determine if the complaint is nonsubstantive or substantive.
- E. If the department determines that a complaint filed pursuant to this section is nonsubstantive, it shall render a written decision to all parties within five days of that determination. The complainant may make a formal complaint to the department if the complainant disagrees with the department's decision. If the nonsubstantive complaint involves rates and charges, a designated representative of the department shall attempt to resolve the dispute by correspondence or telephone with the ambulance service and the customer.
- F. If the department determines that a complaint filed pursuant to this section is substantive, the complaint becomes a formal complaint. The department shall inform the ambulance service that the initial investigation was substantive in nature and may warrant action pursuant to this article. The department shall inform the ambulance service of the specific rule violation and shall allow the ambulance service thirty days to answer the complaint in writing.
- G. The department may issue a written request for an informal interview with the ambulance service if the department believes that the evidence indicates that grounds for action exist. The request shall state the reasons for the interview and shall schedule an interview at least ten days from the date that the department sends the request for an interview.
- H. If the department determines that evidence warrants action or if the ambulance service refuses to attend the informal interview, the director shall institute formal proceedings and hold a hearing pursuant to title 41, chapter 6, article 10.
- I. If the department believes that a lesser disciplinary action is appropriate, the department may enter into a stipulated agreement with the ambulance service. This stipulation may include a civil penalty as provided under subsection J of this section.

- J. In addition to other disciplinary action provided under this section, the director may impose a civil penalty of not more than three hundred fifty dollars for each violation of this chapter that constitutes grounds to suspend or revoke a certificate of necessity. This penalty shall not exceed fifteen thousand dollars. Each day that a violation occurs constitutes a separate offense. The director shall deposit, pursuant to sections [35-146](#) and [35-147](#), all monies collected under this subsection in the emergency medical services operating fund established under section 36-2218.
- K. The director may suspend a certificate of necessity without holding a hearing if the director determines that the certificate holder has failed to pay a civil penalty imposed under this section. The director shall reinstate the certificate of necessity when the certificate holder pays the penalty in full.
- L. Except as provided in section [41-1092.08](#), subsection H, a final decision of the department pursuant to this section is subject to judicial review pursuant to title 12, chapter 7, article 6.
- M. Information, documents and records received by the department or prepared by the department in connection with an investigation that is conducted pursuant to this article and that relates to emergency medical care technicians are confidential and are not subject to public inspection or civil discovery. When the investigation has been completed and the investigation file has been closed, the results of the investigation and the decision of the department shall be available to the public.

[36-2246. Fire districts; rural ambulance services; request for information; format](#)

- A. The department shall implement a format to govern its requests for information from each fire district that holds a certificate of necessity to operate an ambulance service under this chapter that substantially conforms to the annual report prescribed by section [48-251](#).
- B. The department's request for financial information from each fire district that holds a certificate of necessity to operate an ambulance service under this chapter shall substantially conform to the accounting method prescribed by section 48-251.
- C. The department's request for information from each rural ambulance service that holds a certificate of necessity under this chapter shall include the minimum information the department requires under section 36-2232, subsection A, paragraphs 5 and 6.

[36-2247. Certificates of necessity; ambulance services; name change](#)

At least thirty days before the date an ambulance service changes its legal name, the ambulance service shall send the department written notice of the name change. Within thirty days after the date of receiving the notice, the department shall issue an amended certificate of necessity that incorporates the name change but retains the expiration date of the current certificate of necessity.

ARTICLE 3 AUTOMATED EXTERNAL DEFIBRILLATORS

36-2261. Definitions

In this article, unless the context otherwise requires:

1. **"Automated external defibrillator"** means a medical device heart monitor and defibrillator that:
 - (a) Is approved for premarket modification by the United States food and drug administration pursuant to 21 United States Code section [360\(k\)](#)
 - (b) Is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia and is capable of determining, without intervention by an operator, if defibrillation should be performed.
 - (c) Automatically charges and delivers an electrical impulse to a person's heart when it determines that defibrillation should be performed.
2. **"Defibrillation"** means the administration of a controlled electrical charge to the heart to restore a viable cardiac rhythm.
3. **"Physician"** means a physician who is licensed pursuant to title 32, chapter 13 or 17, and who provides medical oversight services pursuant to section 36-2262.
4. **"Trained user"** means a person who is the expected user of an automated external defibrillator and who has completed training in its use.
5. **"Training"** means a state approved course in cardiopulmonary resuscitation and the use of an automated external defibrillator for the lay rescuer and first responder, including the course adopted by the American heart association and in effect as of December 31, 1998.

36-2262. Automate d external defibrillators; use; requirements

Except as provided in section 36-2264, a person or entity that acquires an automated external defibrillator shall:

1. Enter into an agreement with a physician who shall oversee the aspects of public access to defibrillation.
2. Require each trained user who uses an automated external defibrillator on a person in cardiac arrest to call telephone number 911 as soon as possible.
3. Submit a written report to the bureau of emergency medical services and trauma systems in the department of health services within five working days after its use.
4. Ensure that the automated external defibrillator is maintained in good working order and tested according to the manufacturer's guidelines.

36-2263. Civil liability; limited immunity; Good Samaritan

- A. The following persons and entities are not subject to civil liability for any personal injury that results from any act or omission that does not amount to wilful misconduct or gross negligence:
 1. A physician who provides oversight.
 2. A person or entity that provides training in cardiopulmonary resuscitation and use of an automated external defibrillator.
 3. A person or entity that acquires an automated external defibrillator pursuant to this article.
 4. The owner of the property or facility where the automated external defibrillator is located.
 5. A person or entity that provides the automated external defibrillator pursuant to this article.

6. A nonprofit entity that, in the placement of an automated external defibrillator pursuant to this article, acts as an intermediary between the provider of an automated external defibrillator and the person or entity that acquired the automated external defibrillator or the owner of the property or facility where the automated external defibrillator is located.
 7. A Good Samaritan. For the purposes of this paragraph, "**Good Samaritan**" means a person who uses an automated external defibrillator to render emergency care or assistance in good faith and without compensation at the scene of any accident, fire or other life-threatening emergency.
 8. A trained user.
- B.** The exception from civil liability provided in subsection A does not affect a manufacturer's product liability regarding the design, manufacturing or instructions for use and maintenance of an automated external defibrillator.

36-2264. Exemption from regulation

- A.** A person who obtains an automated external defibrillator for home use pursuant to a physician's prescription is exempt from the requirements of this article.
- B.** A person who is employed as a firefighter, emergency medical care technician or ambulance attendant by a fire district established pursuant to title 48, chapter 5 is exempt from the requirements of this article.
- C.** A person who is employed as a firefighter, emergency medical care technician or ambulance attendant by a public or private fire department or an ambulance service regulated by this chapter is exempt from the requirements of this article.

ARTICLE 4 OPIOID ANTAGONISTS

36-2266. Prescribing and dispensing; immunity; good faith statement; definition

- A. A physician who is licensed pursuant to title 32, chapter 13 or 17, a nurse practitioner licensed pursuant to title 32, chapter 15 and authorized by law to prescribe drugs or any other health professional who has prescribing authority and who is acting within the health professional's scope of practice may prescribe or dispense, directly or by a standing order, naloxone hydrochloride or any other opioid antagonist that is approved by the United States food and drug administration for use according to the protocol specified by the physician, nurse practitioner or other health professional to a person who is at risk of experiencing an opioid-related overdose, to a family member of that person, to a community organization that provides services to persons who are at risk of an opioid-related overdose or to any other person who is in a position to assist a person who is at risk of experiencing an opioid-related overdose.
- B. A physician, nurse practitioner or other health professional who prescribes or dispenses naloxone hydrochloride or any other opioid antagonist pursuant to subsection A of this section shall instruct the individual to whom the opioid antagonist is dispensed to summon emergency services as soon as practicable, either before or after administering the opioid antagonist.
- C. Except in cases of gross negligence, wilful misconduct or intentional wrongdoing, a physician, nurse practitioner or other health professional who in good faith prescribes or dispenses an opioid antagonist pursuant to subsection A of this section is immune from professional liability and criminal prosecution for any decision made, act or omission or injury that results from that act if the physician, nurse practitioner or other health professional acts with reasonable care and in good faith.
- D. For the purposes of this section, "person" includes an employee of a school district or charter school who is acting in the person's official capacity.

36-2267. Administration of opioid antagonist; exemption from civil liability; definition

- A. A person may administer an opioid antagonist that is prescribed or dispensed pursuant to section [32-1979](#) or 36-2266 in accordance with the protocol specified by the physician, nurse practitioner, pharmacist or other health professional or that is received from a county health department pursuant to section [36-192](#) to a person who is experiencing an opioid-related overdose.
- B. A person who in good faith and without compensation administers an opioid antagonist to a person who is experiencing an opioid-related overdose is not liable for any civil or other damages as the result of any act or omission by the person rendering the care or as the result of any act or failure to act to arrange for further medical treatment or care for the person experiencing the overdose, unless the person while rendering the care acts with gross negligence, wilful misconduct or intentional wrongdoing.
- C. For the purposes of this section, "**person**" includes an employee of a school district or charter school who is acting in the person's official capacity.

ADDITIONAL RELEVANT A.R.S. PROVISIONS

Title 36. Public Health and Safety

Chapter 5 Mental Health Services

Article 1 General Provisions

36-501. Definitions 5 In this chapter, unless the context otherwise requires:

1. "Administration" means the Arizona health care cost containment system administration.
2. "Admitting officer" means a psychiatrist or other physician or psychiatric and mental health nurse practitioner with experience in performing psychiatric examinations who has been designated as an admitting officer of the evaluation agency by the person in charge of the evaluation agency.
3. "Authorized Transporter" means a transportation entity that is contracted with a city, a town or county to provide services pursuant to this chapter and that is either:
 - (a) An ambulance service that holds a valid certificate of necessity.
 - (b) A transportation provider authorized by this state to provide safe behavioral health transportation pursuant to this chapter.
4. "Chief medical officer" means the chief medical officer under the supervision of the superintendent of the state hospital.
5. "Contraindicated" means that access is reasonably likely to endanger the life or physical safety of the patient or another person.
6. "Court" means the superior court in the county in this state in which the patient resides or was found before screening or emergency admission under this title.
7. "Criminal history" means police reports, lists of prior arrests and convictions, criminal case pleadings and court orders, including a determination that the person has been found incompetent to stand trial pursuant to section 13-4510.
8. "Danger to others" means that the judgment of a person who has a mental disorder is so impaired that the person is unable to understand the person's need for treatment and as a result of the person's mental disorder the person's continued behavior can reasonably be expected, on the basis of competent medical opinion, to result in serious physical harm.
9. "Danger to self":
 - (a) Means behavior that, as a result of a mental disorder:
 - (i) Constitutes a danger of inflicting serious physical harm on oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in light of the individual's previous acts, it is substantially supportive of an expectation that the threat will be carried out.
 - (ii) Without hospitalization will result in serious physical harm or serious illness to the person.
 - (b) Does not include behavior that establishes only the condition of having a grave disability.
10. "Department" means the department of health services.
11. "Detention" means the taking into custody of a patient or proposed patient.
12. "Director" means the director of the administration.

13. "Evaluation" means:

- (a) A professional multidisciplinary analysis that may include firsthand observations or remote observations by interactive audiovisual media and that is based on data describing the person's identity, biography and medical, psychological and social conditions carried out by a group of persons consisting of not less than the following:
 - (i) Two licensed physicians, who shall be ARE qualified psychiatrists, if possible, or at least experienced in psychiatric matters, and who shall examine and report their findings independently. The person against whom a petition has been filed shall be notified that the person may select one of the physicians. A psychiatric resident in a training program approved by the American medical association or by the American osteopathic association may examine the person in place of one of the psychiatrists if the resident is supervised in the examination and preparation of the affidavit and testimony in court by a qualified psychiatrist appointed to assist in the resident's training, and if the supervising psychiatrist is available for discussion with the attorneys for all parties and for court appearance and testimony if requested by the court or any of the attorneys.
 - (ii) Two other individuals, one of whom, if available, shall be IS a psychologist and in any event a social worker familiar with mental health and human services that may be available placement alternatives appropriate for treatment. An evaluation may be conducted on an inpatient basis, an outpatient basis or a combination of both, and every reasonable attempt shall be made to conduct the evaluation in any language preferred by the person.
- (b) A physical examination that is consistent with the existing standards of care and that is performed by one of the evaluating physicians or by or under the supervision of a physician who is licensed pursuant to title 32, chapter 13 or 17 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15 if the results of that examination are reviewed or augmented by one of the evaluating physicians.

- 14. "Evaluation agency" means a health care agency that is licensed by the department and that has been approved pursuant to this title, providing those services required of such agency by this chapter.
- 15. "Family member" means a spouse, parent, adult child, adult sibling or other blood relative of a person undergoing treatment or evaluation pursuant to this chapter.
- 16. "Grave disability" means a condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because the person is unable to provide for the person's own basic physical needs.
- 17. "Health care decision maker" has the same meaning prescribed in section 12-2801.
- 18. "Health care entity" means a health care provider, the department, the administration or a regional behavioral health authority THAT IS under contract with the administration.
- 19. "Health care provider" means a health care institution as defined in section 36-401 that is licensed as a behavioral health provider pursuant to department rules or a mental health provider.
- 20. "Independent evaluator" means a licensed physician, psychiatric and mental health nurse practitioner or psychologist WHO IS selected by the person to be evaluated or by such person's attorney.
- 21. "Informed consent" means a voluntary decision following presentation of all facts necessary to form the basis of an intelligent consent by the patient or guardian with no minimizing of known dangers of any procedures.
- 22. "Least restrictive treatment alternative" means the treatment plan and setting that infringe in the least possible degree with the patient's right to liberty and that are consistent with providing needed treatment in a safe and humane manner.
- 23. "Licensed physician" means any medical doctor or doctor of osteopathy who is either:
 - (a) Licensed in this state.

- (b) A full-time hospital physician licensed in another state and serving on the staff of a hospital operated or licensed by the United States government.
- 24. "Medical director of an evaluation agency" means a psychiatrist, or other licensed physician experienced in psychiatric matters, who is designated in writing by the governing body of the agency as the person in charge of the medical services of the agency for the purposes of this chapter and may include the chief medical officer of the state hospital.
 - 25. "Medical director of a mental health treatment agency" means a psychiatrist, or other licensed physician experienced in psychiatric matters, who is designated in writing by the governing body of the agency as the person in charge of the medical services of the agency for the purposes of this chapter and includes the chief medical officer of the state hospital.
 - 26. "Mental disorder" means a substantial disorder of the person's emotional processes, thought, cognition or memory. Mental disorder is distinguished from:
 - (a) Conditions that are primarily those of drug abuse, alcoholism or intellectual disability, unless, in addition to one or more of these conditions, the person has a mental disorder.
 - (b) The declining mental abilities that directly accompany impending death.
 - (c) Character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns, including sexual behaviors that are abnormal and prohibited by statute unless the behavior results from a mental disorder.
 - 27. "Mental health provider" means any physician or provider of mental health or behavioral health services WHO IS involved in evaluating, caring for, treating or rehabilitating a patient.
 - 28. "Mental health treatment agency" means the state hospital or a health care agency that is licensed by the department and that provides those services that are required of the agency by this chapter.
 - 29. "Outpatient treatment" or "combined inpatient and outpatient treatment" means any treatment program not requiring continuous inpatient hospitalization.
 - 30. "Outpatient treatment plan" means a treatment plan that does not require continuous inpatient hospitalization.
 - 31. "Patient" means any person WHO IS undergoing examination, evaluation or behavioral or mental health treatment under this chapter.
 - 32. "Peace officers" means sheriffs of counties, constables, marshals and policemen of cities and towns.
 - 33. "Persistent or acute disability" means a severe mental disorder that meets all the following criteria:
 - (a) If not treated has a substantial probability of causing the person to suffer or continue to suffer severe and abnormal mental, emotional or physical harm that significantly impairs judgment, reason, behavior or capacity to recognize reality.
 - (b) Substantially impairs the person's capacity to make an informed decision regarding treatment, and this impairment causes the person to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages and alternatives are explained to that person.
 - (c) Has a reasonable prospect of being treatable by outpatient, inpatient or combined inpatient and outpatient treatment.
 - 34. "Prepetition screening" means the review of each application requesting court-ordered evaluation, including an investigation of facts alleged in such THE application, an interview with each applicant and an interview, if possible, with the proposed patient. The purpose of the interview with the proposed patient is to assess the problem, explain the application and, when indicated, attempt to persuade the proposed patient to receive, on

a voluntary basis, evaluation or other services.

35. "Prescribed form" means a form established by a court or the rules of the administration in accordance with the laws of this state.
36. "Professional" means a physician who is licensed pursuant to title 32, chapter 13 or 17, a psychologist who is licensed pursuant to title 32, chapter 19.1 or a psychiatric and mental health nurse practitioner who is certified pursuant to title 32, chapter 15.
37. "Proposed patient" means a person for whom an application for evaluation has been made or a petition for court-ordered evaluation has been filed.
38. "Prosecuting agency" means the county attorney, attorney general or city attorney who applied or petitioned for an evaluation or treatment pursuant to this chapter.
39. "Psychiatric and mental health nurse practitioner" means a registered nurse practitioner as defined in section 32-1601 who has completed an adult or family psychiatric and mental health nurse practitioner program and who is certified as an adult or family psychiatric and mental health nurse practitioner by the state board of nursing.
40. "Psychiatrist" means a licensed physician who has completed three years of graduate training in psychiatry in a program approved by the American medical association or the American osteopathic association.
41. "Psychologist" means a person who is licensed under title 32, chapter 19.1 and who is experienced in the practice of clinical psychology.
42. "Records" means all communications that are recorded in any form or medium and that relate to patient examination, evaluation or behavioral or mental health treatment. Records include medical records that are prepared by a health care provider or other providers. Records do not include:
 - (a) Materials that are prepared in connection with utilization review, peer review or quality assurance activities, including records that a health care provider prepares pursuant to section 36-441, 36-445, 36-2402 or 36-2917.
 - (b) Recorded telephone and radio calls to and from a publicly operated emergency dispatch office relating to requests for emergency services or reports of suspected criminal activity.
43. "Regional behavioral health authority" has the same meaning prescribed in section 36-3401.
44. "Screening agency" means a health care agency that is licensed by the department and that provides those services required of such agency by this chapter.
45. "Social worker" means a person who has completed two years of graduate training in social work in a program approved by the council of social work education and who has experience in mental health.
46. "State hospital" means the Arizona state hospital.
47. "Superintendent" means the superintendent of the state hospital.

36-503.02. Apprehension and transportation by authorized transporters; immunity

- A. When in any section of articles 4 and 5 of this chapter, a court, a person, an evaluation agency or a mental health treatment agency is allowed to authorize, request or order the apprehension and transportation of a patient or proposed patient by a peace officer to an evaluation agency or mental health treatment agency, the court, person, evaluation agency or mental health treatment agency may authorize the apprehension and transportation by an authorized transporter if available in the city, town or county if there are reasonable grounds to believe that the patient or proposed patient may be safely apprehended and transported by an authorized transporter without the assistance of a peace officer.

- B. Any person who provides a court, a person, an evaluation agency or a mental health treatment agency authorized to request or order the apprehension and transportation of a patient or proposed patient with facts and circumstances or expresses an opinion that there may be reasonable grounds to believe a patient or proposed patient may be safely apprehended and transported to an evaluation agency or mental health treatment agency by an authorized transporter without the assistance of a peace officer, the court, the person, the evaluation agency or the mental health treatment agency that authorizes the use of an authorized transporter and the authorized transporter that apprehends and transports the patient or proposed patient to an evaluation agency or mental health treatment agency pursuant to an authorization, Request or order issued under this chapter are not subject to civil liability for the apprehension or transportation. This liability exclusion does not apply to a person who acts with gross negligence.
- C. This chapter does not require a city, town or county to contract with an authorized transporter to provide services pursuant to this chapter instead of a peace officer. A city, town or county that enters into a contract with an authorized transporter is financially responsible for the contracted services provided pursuant to this chapter by the authorized transporter.
- D. For the purposes of this chapter, an evaluation agency or mental health treatment agency authorizing the use of an authorized transporter is not financially responsible for the use of the authorized transporter.

Chapter 25. Health Care

Article 1. Health Care Entity Quality Assurance Activities

36-2401. Definitions

In this article, unless the context otherwise requires:

- 1. "Health care entity" means any of the following:
 - (a) A licensed health care provider.
 - (b) An entity that provides health care services through one or more licensed health care providers.
 - (c) An entity that contracts to provide or pays for health care services.
 - (d) A professional organization of licensed health care providers.
 - (e) A utilization or quality control peer review organization.
 - (f) A state health care provider.
 - (g) A component of the statewide emergency medical services and trauma system.
 - (h) A qualifying community health center as defined in section 36-2907.06.
 - (i) A committee or other organizational structure of a health care entity.
- 2. "Licensed health care provider" means a person or institution that is licensed or certified by this state to provide health care, medical services, nursing services or other health-related services.
- 3. "Quality assurance activities" means activities or proceedings of a health care entity:
 - (a) That are established for the purposes of reducing morbidity and mortality and for improving the quality of health care or encouraging proper utilization of health care services and facilities through the review of the qualifications, professional practices, training, experience, patient care, conduct, processes or data of licensed health care providers.
 - (b) That follow a process adopted by the health care entity that includes written standards and criteria.
- 4. "Quality assurance information" means information in oral, written or digital form that is submitted to, prepared for or by or considered by a health care entity for or in the course of quality assurance activities, including the record of the health care entity's actions and proceedings.

5. "State health care provider" means a department, agency, board or commission of the state and its officers, agents and employees that is a health care provider to clients, wards, patients or other persons in the control or custody of a department, agency, board or commission of the state and a health care provider rendering health care services on behalf of the state that is covered by insurance or self-insurance pursuant to section [41-621](#), [41-622](#) or [41-623](#).

36-2402. Quality assurance activities; sharing of quality assurance information; immunity

- A. State health care providers, hospitals and outpatient surgical centers shall, and other health care entities may, conduct quality assurance activities.
- B. A health care entity may share quality assurance information with appropriate state licensing or certifying agencies and with licensed health care providers who are the subject of quality assurance activities. A hospital may share quality assurance information with other health care entities only with the approval of the hospital's medical executive committee or an equivalent committee.
- C. A health care entity may share quality assurance information with other health care entities only for the purpose of conducting quality assurance activities.
- D. A health care entity or person that provides or receives information, that participates, takes any action or makes any decision or recommendation in the course of quality assurance activities or that furnishes any records, information or assistance to a health care entity for or in the course of quality assurance activities is not subject to liability for civil damages or any legal action in consequence of such action except as provided in section 36-445.02.
- E. Quality assurance activities conducted by state, county or local medical, pharmacy and dental associations and societies on behalf of a health care entity are immune from civil liability to the same degree as the facility for which the review activities are conducted.
- F. Health care entities may jointly conduct quality assurance activities.
- G. This section does not relieve any health care entity from liability arising from the treatment of a patient or from negligent credentialing decisions.

36-2403. Confidentiality; protection from discovery proceedings and subpoena; exceptions

- A. Quality assurance information shall be confidential and is not subject to subpoena or order to produce except in proceedings before the appropriate state licensing or certifying agency, or in actions by a licensed health care provider against a health care entity arising from the discipline of the licensed health care provider or the refusal, termination, suspension or limitation of privileges. A health care entity or a person who provides or receives information or who participates in, takes any action in or makes any decision or recommendation for or in the course of quality assurance activities may not be subpoenaed to testify in any judicial or quasi-judicial proceeding relating to the subject matter of the quality assurance activities.
- B. This article shall not be construed to affect any patient's claim to privilege or privacy or to prevent the subpoena of a patient's health care records if they are otherwise subject to discovery. In any legal action brought pursuant to section 36-2402 in which it is alleged that quality assurance activities were inadequate or were negligently conducted, representatives of a health care entity are permitted to testify only as to whether there were quality assurance activities relating to the subject matter being litigated and the date or dates of the quality assurance activities.
- C. Sharing of information about quality assurance activities in accordance with section 36-2402 does not waive or otherwise impair the confidentiality of the information shared. Governing bodies and administrative and other personnel of a health care entity may participate in quality assurance activities without waiving confidentiality. All individuals or entities sharing or receiving quality assurance information shall maintain the information confidentially in accordance with this section.

- D. A state agency or the affected licensed health care provider receiving or reviewing quality assurance information pursuant to section 36-2402 shall maintain the information confidentially, and such entities and individuals are subject to the same provisions concerning discovery and use in legal actions as are health care entities.
- E. Except as otherwise provided in this subsection, information that is otherwise discoverable does not become confidential based solely on its submission to or consideration by a health care entity conducting confidential quality assurance activities. A health care entity conducting quality assurance activities may not produce such information if discovery of such information might reveal the deliberative process engaged in during such quality assurance activities.
- F. This section does not apply to information considered confidential under section 36-2917.

Title 41. State Government

Chapter 6. Administrative Procedure

Article 1. General Provisions

41-1009. Inspections and audits; applicability; exceptions

- A. An agency inspector, auditor or regulator who enters any premises of a regulated person for the purpose of conducting an inspection or audit shall, unless otherwise provided by law:
 - 1. Present photo identification on entry of the premises.
 - 2. On initiation of the inspection or audit, state the purpose of the inspection or audit and the legal authority for conducting the inspection or audit.
 - 3. Disclose any applicable inspection or audit fees.
 - 4. Afford an opportunity to have an authorized on-site representative of the regulated person accompany the agency inspector, auditor or regulator on the premises, except during confidential interviews.
 - 5. Provide notice of the right to have on request:
 - (a) Copies of any original documents taken by the agency during the inspection or audit if the agency is permitted by law to take original documents.
 - (b) A split of any samples taken during the inspection if the split of any samples would not prohibit an analysis from being conducted or render an analysis inconclusive.
 - (c) Copies of any analysis performed on samples taken during the inspection.
 - (d) Copies of any documents to be relied on to determine compliance with licensure or regulatory requirements if the agency is otherwise permitted by law to do so.
 - 6. Inform each person whose conversation with the agency inspector, auditor or regulator during the inspection or audit is tape recorded that the conversation is being tape recorded.
 - 7. Inform each person who is interviewed during the inspection or audit that:
 - (a) Statements made by the person may be included in the inspection or audit report.
 - (b) Participation in an interview is voluntary, unless the person is legally compelled to participate in the interview.
 - (c) The person is allowed at least twenty-four hours to review and revise any written witness statement that is drafted by the agency inspector, auditor or regulator and on which the agency inspector, auditor or regulator requests the person's signature.
 - (d) The agency inspector, auditor or regulator may not prohibit the regulated person from having an attorney or any other experts in their field present during the interview to represent or advise the regulated person.

- B.** On initiation of an audit or an inspection of any premises of a regulated person, an agency inspector, auditor or regulator shall provide the following in writing:
1. The rights described in subsection A of this section and section [41-1001.01](#), subsection C.
 2. The name and telephone number of a contact person who is available to answer questions regarding the inspection or audit.
 3. The due process rights relating to an appeal of a final decision of an agency based on the results of the inspection or audit, including the name and telephone number of a person to contact within the agency and any appropriate state government ombudsman.
 4. A statement that the agency inspector, auditor or regulator may not take any adverse action, treat the regulated person less favorably or draw any inference as a result of the regulated person's decision to be represented by an attorney or advised by any other experts in their field.
 5. A notice that if the information and documents provided to the agency inspector, auditor or regulator become a public record, the regulated person may redact trade secrets and proprietary and confidential information unless the information and documents are confidential pursuant to statute.
 6. The time limit or statute of limitations applicable to the right of the agency inspector, auditor or regulator to file a compliance action against the regulated person arising from the inspection or audit, which applies to both new and amended compliance actions.
- C.** An agency inspector, auditor or regulator shall obtain the signature of the regulated person or on-site representative of the regulated person on the writing prescribed in subsection B of this section and section 41-1001.01, subsection C, if applicable, indicating that the regulated person or on-site representative of the regulated person has read the writing prescribed in subsection B of this section and section 41-1001.01, subsection C, if applicable, and is notified of the regulated person's or on-site representative of the regulated person's inspection or audit and due process rights. The agency inspector, auditor or regulator may provide an electronic document of the writing prescribed in subsection B of this section and section 41-1001.01, subsection C and, at the request of the regulated person or on-site representative, obtain a receipt in the form of an electronic signature. The agency shall maintain a copy of this signature with the inspection or audit report and shall leave a copy with the regulated person or on-site representative of the regulated person. If a regulated person or on-site representative of the regulated person is not at the site or refuses to sign the writing prescribed in subsection B of this section and section 41-1001.01, subsection C, if applicable, the agency inspector, auditor or regulator shall note that fact on the writing prescribed in subsection B of this section and section 41-1001.01, subsection C, if applicable.
- D.** An agency that conducts an inspection shall give a copy of the inspection report to the regulated person or on-site representative of the regulated person either:
1. At the time of the inspection.
 2. Notwithstanding any other state law, within thirty working days after the inspection.
 3. As otherwise required by federal law.
- E.** The inspection report shall contain deficiencies identified during an inspection. Unless otherwise provided by state or federal law, the agency shall provide the regulated person an opportunity to correct the deficiencies unless the agency documents in writing as part of the inspection report that the deficiencies are:
1. Committed intentionally.
 2. Not correctable within a reasonable period of time as determined by the agency.
 3. Evidence of a pattern of noncompliance.
 4. A risk to any person, the public health, safety or welfare or the environment.

- F.** If the agency is unsure whether a regulated person meets the exemptions in subsection E of this section, the agency shall provide the regulated person with an opportunity to correct.
- G.** If the agency allows the regulated person an opportunity to correct the deficiencies pursuant to subsection E of this section, the regulated person shall notify the agency when the deficiencies have been corrected. Within thirty days after receipt of notification from the regulated person that the deficiencies have been corrected, the agency shall determine if the regulated person is in substantial compliance and notify the regulated person whether or not the regulated person is in substantial compliance. If the regulated person fails to correct the deficiencies or the agency determines the deficiencies have not been corrected within a reasonable period of time, the agency may take any enforcement action authorized by law for the deficiencies.
- H.** If the agency does not allow the regulated person an opportunity to correct deficiencies pursuant to subsection E of this section, on the request of the regulated person, the agency shall provide a detailed written explanation of the reason that an opportunity to correct was not allowed.
- I.** An agency decision pursuant to subsection E or G of this section is not an appealable agency action.
- J.** At least once every month after the commencement of the inspection, an agency shall provide a regulated person with an update on the status of any agency action resulting from an inspection of the regulated person. An agency is not required to provide an update after the regulated person is notified that no agency action will result from the agency inspection or after the completion of agency action resulting from the agency inspection.
- K.** For agencies with authority under title 49, if, as a result of an inspection or any other investigation, an agency alleges that a regulated person is not in compliance with licensure or other applicable regulatory requirements, the agency shall provide written notice of that allegation to the regulated person. The notice shall contain the following information:
 - 1. A citation to the statute, regulation, license or permit condition on which the allegation of noncompliance is based, including the specific provisions in the statute, regulation, license or permit condition that are alleged to be violated.
 - 2. Identification of any documents relied on as a basis for the allegation of noncompliance.
 - 3. An explanation stated with reasonable specificity of the regulatory and factual basis for the allegation of noncompliance.
 - 4. Instructions for obtaining a timely opportunity to discuss the alleged violation with the agency.
- L.** Subsection K of this section applies only to inspections necessary for the issuance of a license or to determine compliance with licensure or other regulatory requirements. Subsection K of this section does not apply to an action taken pursuant to section [11-871](#), [11-876](#), [11-877](#), [49-457.01](#), [49-457.03](#) or [49-474.01](#). Issuance of a notice under subsection K of this section is not a prerequisite to otherwise lawful agency actions seeking an injunction or issuing an order if the agency determines that the action is necessary on an expedited basis to abate an imminent and substantial endangerment to public health or the environment and documents the basis for that determination in the documents initiating the action.
- M.** This section does not authorize an inspection or any other act that is not otherwise authorized by law.
- N.** Except as otherwise provided in subsection L of this section, this section applies only to inspections necessary for the issuance of a license or to determine compliance with licensure or other regulatory requirements applicable to a licensee and audits pursuant to enforcement of title 23, chapters 2 and 4. This section does not apply:
 - 1. To criminal investigations, investigations under tribal state gaming compacts and undercover investigations that are generally or specifically authorized by law.
 - 2. If the agency inspector, auditor or regulator has reasonable suspicion to believe that the regulated person may be engaged in criminal activity.

3. To the Arizona peace officer standards and training board established by section [41-1821](#).
 4. To certificates of convenience and necessity that are issued by the corporation commission pursuant to title 40, chapter 2.
- O. If an agency inspector, auditor or regulator gathers evidence in violation of this section, the violation may be a basis to exclude the evidence in a civil or administrative proceeding.
 - P. Failure of an agency, board or commission employee to comply with this section:
 1. May subject the employee to disciplinary action or dismissal.
 2. Shall be considered by the judge and administrative law judge as grounds for reduction of any fine or civil penalty.
 - Q. An agency may make rules to implement subsection A, paragraph 5 of this section.
 - R. Nothing in this section shall be used to exclude evidence in a criminal proceeding.
 - S. Subsection A, paragraph 7, subdivision (c) and subsection E of this section do not apply to the department of health services for the purposes of title 36, chapters 4 and 7.1.
 - T. Subsection B, paragraph 5 and subsection E of this section do not apply to the corporation commission for the purposes of title 44, chapters 12 and 13.

Title 48. Special Taxing Districts

Chapter 5. Fire Districts

Article 1. General Provisions

48-820. Election to merge fire districts; notice; hearing; approval; joint meeting; merged district board

- A. Except as provided in subsection L of this section, the board of supervisors shall make an order calling for an election to decide whether to merge fire districts when a resolution for merger from each district is submitted to the board. The board of supervisors shall not make an order calling for an election to merge the same fire districts more frequently than once every two years. Whether or not the districts are merged, the fire districts are each liable to reimburse the counties for the expenses of the election, including the cost of mailing any notices required pursuant to this section. If the proposed district is located in more than one county, the resolutions shall be submitted to the board of supervisors of the county in which the majority of the assessed valuation of the proposed district is located as of the date of the adoption of the earliest resolution that called for the merger. The words appearing on the ballot shall be "(insert fire districts' names) merge as a fire district--yes" and "(insert fire districts' names) merge as fire district--no."
- B. Except for a district organized pursuant to article 3 of this chapter, at least six days but not more than twenty days after the election, the board of supervisors shall meet and canvass the returns, and if it is determined that a majority of the votes cast at the election in each of the affected districts is in favor of merging the fire districts, the board shall enter that fact on its minutes.
- C. For a district organized pursuant to article 3 of this chapter, within fourteen days after the election, the board of supervisors shall meet and canvass the returns, and if it is determined that a majority of the votes cast at the election in each of the affected districts is in favor of merging the fire districts, the board shall enter the fact on its minutes.
- D. Except as prescribed in subsection E of this section, two or more fire districts may merge if the governing body of each affected fire district, by a majority vote of the members of each governing body, adopts a resolution declaring that a merger be considered and a public hearing be held to determine if a merger would be in the best interests of the district and would promote public health, comfort, convenience, necessity or welfare. After each district adopts such a resolution, the governing body of each district by first class mail shall send notice of the day, hour and place of a hearing on the proposed merger to each owner of taxable property within the

boundaries of the district. The notice shall state the purpose of the hearing and shall describe where information on the proposed merger may be obtained and reviewed. The information on the proposed merger shall be posted promptly on each affected fire district's website. The information provided by the affected districts and posted to each affected district's website shall include the name and a general description of the boundaries of each district proposed to be merged and a general map of the area to be included in the merger. The information posted to the website of each affected district also shall include an estimate of the assessed value of the merged district as of the date of the adoption of the earliest resolution that called for the merger as prescribed in subsection A of this section, the estimated change in property tax liability for a typical resident of the proposed merged district and a list of the benefits and injuries that may result from the proposed merged district. New territory may not be included as a result of the merger.

- E. A noncontiguous county island fire district formed pursuant to section [48-851](#) shall not merge with a fire district formed pursuant to section [48-261](#).
- F. The clerk of the governing body of each affected district shall post notice in at least three conspicuous public places in the district and shall also publish notice twice in a newspaper of general circulation in the county in which the district is located, at least ten days before the public hearing. The clerk of each governing body affected by the proposed merger shall also mail notice and a copy of the resolution in support of considering the merger to the chairman of the board of supervisors of the county or counties in which the affected districts are located. The chairman of the board of supervisors shall order a review of the proposed merger and may submit written comments to the governing body of each fire district located in that county within ten days after receipt of the notice.
- G. At the hearing prescribed in subsection D of this section, each governing body of the district shall consider the comments of the board of supervisors, hear those persons who appear for or against the proposed merger and determine whether the proposed merger will promote public safety, health, comfort, convenience, necessity or welfare. If, after the public hearing each of the governing bodies of the districts affected by the proposed merger adopt a resolution by a majority vote declaring that the merger will promote public safety, health, comfort, convenience, necessity or welfare, each of the governing bodies of the districts affected by the proposed merger shall submit to the board of supervisors the resolutions that call for an election.
- H. Before considering any resolution of merger pursuant to this section, the governing body of each affected district shall obtain written consent to the merger from any single taxpayer residing within each of the affected districts who owns thirty percent or more of the net assessed valuation of the total net assessed valuation of the district as of the date the district's resolution is submitted to the board of supervisors. If written consent from the taxpayers prescribed by this subsection is not obtained, subsections A and B of this section apply, and the merger may only be accomplished by an election held by the affected district that was unable to obtain the written consent. The other affected districts may pursue merger by unanimous consent and, if one or more of those districts fail to obtain unanimous consent, any remaining affected districts that have obtained unanimous consent or received voter approval may proceed with the merger unless the governing body of one of those districts withdraws from the merger. If one of the districts withdraws, the remaining affected districts shall revise the information prescribed by subsection D of this section and post the revised information as prescribed in subsection F of this section. If one or any of the affected districts does not have a single taxpayer residing in the district who owns thirty percent or more of the net assessed valuation of the total net assessed valuation of the district, this subsection does not apply to that district and written consent is not required for that district.
- I. If the merger is approved as provided by subsection B, L or N of this section, immediately after the approval, the governing body of the affected district with the largest net assessed value as of the date of the adoption of the earliest resolution that calls for the merger as prescribed in subsection A of this section shall call a joint meeting of the governing bodies of all of the affected districts. At the joint meeting, a majority of the members of the governing body of each affected district constitutes a quorum for the purpose of transacting business. The members of the governing body of each affected district shall by majority vote of each separate governing body appoint a total of five persons from those currently serving on the governing bodies of the districts who shall

complete their regular terms of office, except that not more than three of the persons appointed may serve terms that end in the same year. Not more than three members shall be appointed from the same fire district board. If the merger affects only two fire districts, the fire districts with the largest net assessed valuation shall appoint three members to the governing body of the newly merged district and the district with the lesser net assessed value shall appoint two members. Subsequent terms of office for district board members shall be filled by election of board members who shall be qualified electors of the merged district.

- J. The appointed governing body shall immediately meet and organize itself and elect from its members a chairman and a clerk. The appointed governing body shall immediately have the powers and duties prescribed by law for governance and operation of the newly merged district. The appointed board by resolution shall declare the districts merged and each affected district joined and the name of the newly merged fire district. The appointed governing body may take any action necessary to prevent interruption of fire protection and emergency medical services delivery. The merged districts may be temporarily operated separately by the appointed governing body to prevent service delivery interruption and for the purposes of transition of personnel and transferring assets and liabilities. The resolution and the names of the new board members for the newly organized district shall be sent to the board of supervisors, and the districts are deemed legally merged effective immediately on the adoption of the resolution. Any challenge to the merger must be filed within the thirty-day period after adoption of the resolution. If the newly merged district is authorized to operate an ambulance service pursuant to title 36, chapter 21.1, article 2, or if the newly merged district includes one or more districts that participated in a joint powers authority pursuant to section [48-805.01](#) and is authorized to operate an ambulance service pursuant to title 36, chapter 21.1, article 2, the name of the ambulance service shall be changed administratively by the director of the department of health services to the name of the newly merged district and a hearing on the matter is not required pursuant to section 36-2234.
- K. The merger of two or more fire districts pursuant to this section or the consolidation with one or more fire districts pursuant to section [48-822](#) shall not expand the boundaries of an existing certificate of necessity unless authorized pursuant to title 36, chapter 21.1, article 2.
- L. If the requirements of subsection H of this section are met and the governing body votes required by subsection G of this section are unanimous, the following apply:
 - 1. The governing bodies of each district may choose to merge by unanimous resolution without an election and subsections A and B of this section do not apply.
 - 2. The governing bodies of each district may choose to hold an election on the question of merger and subsections A and B of this section apply.
- M. If the merger is approved pursuant to subsection B, L or N of this section, the most recent edition of the fire code adopted by the affected districts shall be the fire code of the newly merged district. The district shall keep a copy of the adopted fire code on file for public inspection.
- N. After the hearing prescribed by subsection D of this section and on compliance with subsection H of this section, the governing bodies of the affected districts may approve the merger by a majority vote of each affected district's governing body and subsections A and B of this section do not apply if either of the following conditions is met:
 - 1. An affected district has obtained a study of merger consolidation or joint operating alternatives as required by section 48-805.02, subsection D, paragraph 3.
 - 2. An affected district's tax rate is at or above the maximum allowable tax rate prescribed in section 48-807.

[48-822. Election to merge fire districts; notice; hearing; approval; joint meeting; merged district board](#)

Title 12 Courts & Civil Proceedings

Chapter 5. Limitations of Actions

Article 1. General Provisions

12-515. Emergency declaration for a public health pandemic; immunity from liability; burden of proof; presumption; applicability; definition

- A.** If the governor declares a state of emergency for a public health pandemic pursuant to title 26, chapter 2, a person or provider that acts in good faith to protect a customer, student, tenant, volunteer, patient, guest or neighbor or the public from injury from the public health pandemic is not liable for damages in any civil action for any injury, death or loss to person or property that is based on a claim that the person or provider failed to protect the customer, student, tenant, volunteer, patient, guest, neighbor or public from the effects of the public health pandemic unless it is proven by clear and convincing evidence that the person or provider failed to act or acted and the failure to act or action was due to that person's or provider's wilful misconduct or gross negligence. A person or provider is presumed to have acted in good faith if the person or provider adopted and implemented reasonable policies related to the public health pandemic.
- B.** This section applies to all claims that are filed before or after September 29, 2021 for an act or omission by a person or provider that occurred on or after March 11, 2020 and that relates to a public health pandemic that is the subject of the state of emergency declared by the governor.
- C.** This section does not apply to any claim that is subject to title 23, chapter 6.
- D.** For the purposes of this section, "provider" means any of the following:
 - 1. A person who furnishes consumer or business goods or services or entertainment.
 - 2. An educational institution or district.
 - 3. A school district or charter school.
 - 4. A property owner, property manager or property lessor or lessee.
 - 5. A nonprofit organization.
 - 6. A religious institution.
 - 7. This state or an agency or instrumentality of this state.
 - 8. A local government or political subdivision of this state, including a department, agency or commission of a local government or political subdivision of this state.
 - 9. A service provider as defined in section 36-551.
 - 10. A health professional as defined in section 32-3201, including a person who is supervised by the health professional in the course of providing health care services.
 - 11. A health care institution as defined in section 36-401.

Chapter 13. Evidence,

Article 7.1 Medical Records

12-2291. Definitions

In this article, unless the context otherwise requires:

- 1. "Clinical laboratory" has the same meaning prescribed in section 36-451.
- 2. "Contractor" means an agency or service that duplicates medical records on behalf of health care providers.
- 3. "Department" means the department of health services.

4. "Health care decision maker" means an individual who is authorized to make health care treatment decisions for the patient, including a parent of a minor or an individual who is authorized pursuant to section 8-514.05, title 14, chapter 5, article 2 or 3 or section 36-3221, 36-3231 or 36-3281.
5. "Health care provider" means:
 - (a) A person who is licensed pursuant to title 32 and who maintains medical records.
 - (b) A health care institution as defined in section 36-401.
 - (c) An ambulance service as defined in section 36-2201.
 - (d) A health care services organization licensed pursuant to title 20, chapter 4, article 9.
6. "Medical records" means all communications related to a patient's physical or mental health or condition that are recorded in any form or medium and that are maintained for purposes of patient diagnosis or treatment, including medical records that are prepared by a health care provider or by other providers. Medical records do not include materials that are prepared in connection with utilization review, peer review or quality assurance activities, including records that a health care provider prepares pursuant to section 36-441, 36-445, 36-2402 or 36-2917. Medical records do not include recorded telephone and radio calls to and from a publicly operated emergency dispatch office relating to requests for emergency services or reports of suspected criminal activity, but include communications that are recorded in any form or medium between emergency medical personnel and medical personnel concerning the diagnosis or treatment of a person.
7. "Payment records" means all communications related to payment for a patient's health care that contain individually identifiable information.
8. "Source data" means information that is summarized, interpreted or reported in the medical record, including x-rays and other diagnostic images.

12-2292. Confidentiality of medical records and payment records

- A. Unless otherwise provided by law, all medical records and payment records, and the information contained in medical records and payment records, are privileged and confidential. A health care provider may only disclose that part or all of a patient's medical records and payment records as authorized by state or federal law or written authorization signed by the patient or the patient's health care decision maker.
- B. This article does not limit the effect of any other federal or state law governing the confidentiality of medical records and payment records.

12-2294. Release of medical records and payment records to third parties

- A. A health care provider shall disclose medical records or payment records, or the information contained in medical records or payment records, without the patient's written authorization as otherwise required by law or when ordered by a court or tribunal of competent jurisdiction.
- B. A health care provider may disclose medical records or payment records, or the information contained in medical records or payment records, pursuant to written authorization signed by the patient or the patient's health care decision maker.
- C. A health care provider may disclose medical records or payment records or the information contained in medical records or payment records and a clinical laboratory may disclose clinical laboratory results without the written authorization of the patient or the patient's health care decision maker as otherwise authorized by state or federal law, including the health insurance portability and accountability act privacy standards (45 Code of Federal Regulations part 160 and part 164, subpart E), or as follows:
 1. To health care providers who are currently providing health care to the patient for the purpose of diagnosis or treatment of the patient.

2. To health care providers who have previously provided treatment to the patient, to the extent that the records pertain to the provided treatment.
 3. To ambulance attendants as defined in section 36-2201 for the purpose of providing care to or transferring the patient whose records are requested.
 4. To a private agency that accredits health care providers and with whom the health care provider has an agreement requiring the agency to protect the confidentiality of patient information.
 5. To a health profession regulatory board as defined in section 32-3201.
 6. To health care providers for the purpose of conducting utilization review, peer review and quality assurance pursuant to section 36-441, 36-445, 36-2402 or 36-2917.
 7. To a person or entity that provides services to the patient's health care providers or clinical laboratories and with whom the health care provider or clinical laboratory has an agreement requiring the person or entity to protect the confidentiality of patient information and as required by the health insurance portability and accountability act privacy standards, 45 Code of Federal Regulations part 164, subpart E.
 8. To the legal representative of a health care provider in possession of the medical records or payment records for the purpose of securing legal advice.
 9. To the patient's third party payor or the payor's contractor.
 10. To the industrial commission of Arizona or parties to an industrial commission claim pursuant to title 23, chapter 6.
- D.** A health care provider may disclose a deceased patient's medical records or payment records or the information contained in medical records or payment records to the patient's health care decision maker at the time of the patient's death. A health care provider also may disclose a deceased patient's medical records or payment records or the information contained in medical records or payment records to the personal representative or administrator of the estate of a deceased patient, or if a personal representative or administrator has not been appointed, to the following persons in the following order of priority, unless the deceased patient during the deceased patient's lifetime or a person in a higher order of priority has notified the health care provider in writing that the deceased patient opposed the release of the medical records or payment records:
1. The deceased patient's spouse, unless the patient and the patient's spouse were legally separated at the time of the patient's death.
 2. The acting trustee of a trust created by the deceased patient either alone or with the deceased patient's spouse if the trust was a revocable inter vivos trust during the deceased patient's lifetime and the deceased patient was a beneficiary of the trust during the deceased patient's lifetime.
 3. An adult child of the deceased patient.
 4. A parent of the deceased patient.
 5. An adult brother or sister of the deceased patient.
 6. A guardian or conservator of the deceased patient at the time of the patient's death.
- E.** A person who receives medical records or payment records pursuant to this section shall not disclose those records without the written authorization of the patient or the patient's health care decision maker, unless otherwise authorized by law.
- F.** If a health care provider releases a patient's medical records or payment records to a contractor for the purpose of duplicating or disclosing the records on behalf of the health care provider, the contractor shall not disclose any part or all of a patient's medical records or payment records in its custody except as provided in this article. After duplicating or disclosing a patient's medical records or payment records on behalf of a health care provider, a contractor must return the records to the health care provider who released the medical records or

payment records to the contractor.

“RULES” ARIZONA ADMINISTRATIVE CODE (“A.A.C.”)

TITLE 9, HEALTH SERVICES

CHAPTER 25, DEPARTMENT OF HEALTH SERVICES – EMERGENCY MEDICAL SERVICES

ARTICLE 1. GENERAL

R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, and 36-2205)

In addition to the definitions in A.R.S. § 36-2201, the following definitions apply in this Chapter, unless otherwise specified:

1. “Administer” or “administration” means to directly apply or the direct application of an agent to the body of a patient by injection, inhalation, ingestion, or any other means and includes adjusting the administration rate of an agent.
2. “AEMT” has the same meaning as “advanced emergency medical technician” in A.R.S. § 36-2201.
3. “Agent” means a chemical or biological substance that is administered to a patient to treat or prevent a medical condition.
4. “ALS” has the same meaning as “advanced life support” in A.R.S. § 36-2201.
5. “ALS base hospital” has the same meaning as “advanced life support base hospital” in A.R.S. § 36-2201.
6. “Applicant” means a person requesting certification, licensure, approval, or designation from the Department under this Chapter.
7. “Chain of custody” means the transfer of physical control of and accountability for an item from one individual to another individual, documented to indicate the:
 - a. Date and time of the transfer,
 - b. Integrity of the item transferred, and
 - c. Signatures of the individual relinquishing and the individual accepting physical control of and accountability for the item.
8. “Chief administrative officer” means:
 - a. For a hospital, the same as in A.A.C. [R9-10-101](#); and
 - b. For a training program, an individual assigned to act on behalf of the training program by the body organized to govern and manage the training program.
9. “Clinical training” means experience and instruction in providing direct patient care in a health care institution.
10. “Controlled substance” has the same meaning as in A.R.S. § [32-1901](#).
11. “Course” means didactic instruction and, if applicable, hands-on practical skills training, clinical training, or field training provided by a training program to prepare an individual to become or remain an EMCT.
12. “Course session” means an offering of a course, during a period of time designated by a training program certificate holder, for a specific group of students.
13. “Current” means up-to-date and extending to the present time.
14. “Day” means a calendar day.
15. “Document” or “documentation” means signed and dated information in written, photographic, electronic, or other permanent form.
16. “Drug” has the same meaning as in A.R.S. § [32-1901](#).

17. "Electronic signature" has the same meaning as in A.R.S. § [44-7002](#).
18. "EMCT" has the same meaning as "emergency medical care technician" in A.R.S. § 36-2201.
19. "EMT" has the same meaning as "emergency medical technician" in A.R.S. § 36-2201.
20. "EMT-I(99)" means an individual, other than a Paramedic, who:
 - a. Was certified as an EMCT by the Department before January 28, 2013 to perform ALS, and
 - b. Has continuously maintained the certification.
21. "EMS" has the same meaning as "emergency medical services" subsections (17)(a) through (d) in A.R.S. § 36-2201.
22. "Field training" means emergency medical services experience and training outside of a health care institution or a training program facility.
23. "General hospital" has the same meaning as in A.A.C. [R9-10-101](#).
24. "Health care institution" has the same meaning as in A.R.S. § [36-401](#).
25. "Hospital" has the same meaning as in A.A.C. [R9-10-101](#).
26. "In use" means in the immediate physical possession of an EMCT and readily accessible for potential imminent administration to a patient.
27. "Infusion pump" means a device approved by the U.S. Food and Drug Administration that, when operated mechanically, electrically, or osmotically, releases a measured amount of an agent into a patient's circulatory system in a specific period of time.
28. "Interfacility transport" means an ambulance transport of a patient from one health care institution to another health care institution.
29. "IV" means intravenous.
30. "Locked" means secured with a key, including a magnetic, electronic, or remote key, or combination so that opening is not possible except by using the key or entering the combination.
31. "Medical direction" means administrative medical direction or on-line medical direction.
32. "Medical record" has the same meaning as in A.R.S. § 36-2201.
33. "Minor" means an individual younger than 18 years of age who is not emancipated.
34. "Monitor" means to observe the administration rate of an agent and the patient's response to the agent and may include discontinuing administration of the agent.
35. "On-line medical direction" means emergency medical services guidance or information provided to an EMCT by a physician through two-way voice communication.
36. "Patient" means an individual who is sick, injured, or wounded and who requires medical monitoring, medical treatment, or transport.
37. "Pediatric" means pertaining to a child.
38. "Person" has the same meaning as in A.R.S. § [1-215](#) and includes governmental agencies.
39. "Physician assistant" has the same meaning as in A.R.S. § [32-2501](#).
40. "Practical nurse" has the same meaning as in A.R.S. § [32-1601](#).
41. "Practicing emergency medicine" means acting as an emergency medicine physician in a hospital emergency department.

42. "Prehospital incident history report" has the same meaning as in A.R.S. § [36-2220](#).
43. "Refresher challenge examination" means a test given to an individual to assess the individual's knowledge, skills, and competencies compared with the national education standards established for the applicable EMCT classification level.
44. "Refresher course" means a course intended to reinforce and update the knowledge, skills, and competencies of an individual who has previously met the national educational standards for a specific level of EMS personnel.
45. "Registered nurse" has the same meaning as in A.R.S. § [32-1601](#).
46. "Registered nurse practitioner" has the same meaning as in A.R.S. § [32-1601](#).
47. "Scene" means the location of the patient to be transported or the closest point to the patient at which an ambulance can arrive.
48. "Special hospital" has the same meaning as in A.A.C. [R9-10-101](#).
49. "STR skill" means "Specialty Training Requirement skill," a medical treatment, procedure, or technique or administration of a medication for which an EMCT needs specific training beyond the training required in 9 A.A.C. 25, Article 4 in order to perform or administer.
50. "Transfer of care" means to relinquish to the control of another person the ongoing medical treatment of a patient.
51. "Transport agent" means an agent that an EMCT at a specified level of certification is authorized to administer only during interfacility transport of a patient for whom the agent's administration was started at the sending health care institution.

[R9-25-102](#). Individuals to Act for a Person Regulated Under This Chapter (Authorized by A.R.S. § 36-2202)

When a person regulated under this Chapter is required by this Chapter to provide information on or sign an application form or other document, the following individual shall satisfy the requirement on behalf of the person regulated under this Chapter:

1. If the person regulated under this Chapter is an individual, the individual; or
2. If the person regulated under this Chapter is a business organization, political subdivision, government agency, or tribal government, the individual who the business organization, political subdivision, government agency, or tribal government has designated to act on behalf of the business organization, political subdivision, government agency, or tribal government and who:
 - a. Is a U.S. citizen or legal resident, and
 - b. Has an Arizona address.

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

R9-25-201. Administrative Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (D))

- A.** An emergency medical services provider or ambulance service shall:
1. Except as specified in subsection (B) or (C), designate a physician as administrative medical director who meets one of the following:
 - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
 - b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
 - c. Has emergency medicine certification issued by the American Osteopathic Board of Emergency Medicine;
 - d. Has emergency medicine certification issued by the American Board of Physician Specialties;
 - e. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - f. Is an emergency medicine physician in an emergency department located in Arizona and has current certification in:
 - i. Advanced emergency cardiac life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association;
 - ii. Advanced emergency trauma life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American College of Surgeons; and
 - iii. Pediatric advanced emergency life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association;
 2. If the emergency medical services provider or ambulance service designates a physician as administrative medical director according to subsection (A)(1), notify the Department in writing:
 - a. Of the identity and qualifications of the designated physician within 10 days after designating the physician as administrative medical director; and
 - b. Within 10 days after learning that a physician designated as administrative medical director is no longer qualified to be an administrative medical director; and
 3. Maintain for Department review:
 - a. A copy of the policies, procedures, protocols, and documentation required in subsection (E); and
 - b. Either:
 - i. The name, e-mail address, telephone number, and qualifications of the physician providing administrative medical direction on behalf of the emergency medical services provider or ambulance service; or
 - ii. If the emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the administrative medical director is qualified under subsection (A)(1).

- B. Except as provided in R9-25-502(A)(3), if an emergency medical services provider or ambulance service provides only BLS, the emergency medical services provider or ambulance service is not required to have an administrative medical director.
- C. If an emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, the emergency medical services provider or ambulance service shall ensure that the ALS base hospital or centralized medical direction communications center designates a physician as administrative medical director who meets one of the requirements in subsections (A)(1)(a) through (f).
- D. An emergency medical services provider or ambulance service may provide administrative medical direction through an ALS base hospital certified according to R9-25-203(C), if the emergency medical services provider or ambulance service:
 - 1. Uses the ALS base hospital for administrative medical direction only for patients who are children, and
 - 2. Has a written agreement for the provision of administrative medical direction with an ALS base hospital that meets the requirements in R9-25-203(B)(1) or a centralized medical direction communications center.
- E. An emergency medical services provider or an ambulance service shall ensure that:
 - 1. An EMCT receives administrative medical direction as required by A.R.S. Title 36, Chapter 21.1 and this Chapter;
 - 2. Protocols are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that include:
 - a. A communication protocol for:
 - i. How and from what sources an EMCT requests and receives on-line medical direction,
 - ii. When and how an EMCT notifies a health care institution of the EMCT's intent to transport a patient to the health care institution, and
 - iii. What procedures an EMCT follows in the event of a communications equipment failure;
 - b. A triage protocol for:
 - i. How an EMCT assesses and prioritizes the medical condition of a patient,
 - ii. How an EMCT selects a health care institution to which a patient may be transported,
 - iii. How a patient is transported to the health care institution, and
 - iv. When on-line medical direction is required;
 - c. A treatment protocol for:
 - i. How an EMCT performs a medical treatment on a patient or administers an agent to a patient, and
 - ii. When on-line medical direction is required while an EMCT is providing treatment; and
 - d. A protocol for the transfer of information to the emergency receiving facility for:
 - i. What information required to be communicated to emergency receiving facility staff concurrent with the transfer of care and by what method, including the condition of the patient, the treatment provided to the patient, and the patient's response to the treatment;
 - ii. What information required to be documented on a prehospital incident history report; and
 - iii. The time-frame, which is associated with the transfer of care, for completion and submission of a prehospital incident history report;

3. Policies and procedures are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that:
 - a. Are consistent with an EMCT's scope of practice, as specified in [Table 5.1](#);
 - b. Cover:
 - i. Medical recordkeeping;
 - ii. Medical reporting including to whom and by what method medical reporting is accomplished;
 - iii. Completion and submission of prehospital incident history reports;
 - iv. Obtaining, storing, transferring, and disposing of agents to which an EMCT has access including methods to:
 - (1) Identify individuals authorized by the administrative medical director to have access to agents,
 - (2) Maintain chain of custody for controlled substances, and
 - (3) Minimize potential degradation of agents due to temperature extremes;
 - v. Administration, monitoring, or assisting in patient self-administration of an agent;
 - vi. Monitoring and evaluating an EMCT's compliance with treatment protocols, triage protocols, and communications protocols specified in subsection (E)(2);
 - vii. Monitoring and evaluating an EMCT's compliance with medical recordkeeping, medical reporting, and prehospital incident history report requirements;
 - viii. Monitoring and evaluating an EMCT's compliance with policies and procedures for agents to which the EMCT has access;
 - ix. Monitoring and evaluating an EMCT's competency in performing skills authorized for the EMCT by the EMCT's administrative medical director and within the EMCT's scope of practice, as specified in Table 5.1;
 - x. Ongoing education, training, or remediation necessary to maintain or enhance an EMCT's competency in performing skills within the EMCT's scope of practice, as specified in Table 5.1;
 - xi. The process by which administrative medical direction is withdrawn from an EMCT; and
 - xii. The process for reinstating an EMCT's administrative medical direction; and
 - c. Include a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMCTs;
 4. Protocols in subsection (E)(2) and policies and procedures in subsection (E)(3) are reviewed annually by the administrative medical director and updated as necessary;
 5. Requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter are reviewed annually by the administrative medical director; and
 6. The Department is notified in writing no later than ten days after the date:
 - a. Administrative medical direction is withdrawn from an EMCT; or
 - b. An EMCT's administrative medical direction is reinstated.
- F.** An administrative medical director for an emergency medical services provider or ambulance service shall ensure that:
1. An EMCT for whom the administrative medical director provides administrative medical direction:
 - a. Has access to at least the minimum supply of agents required for the highest level of service to be

- provided by the EMCT, consistent with requirements in Article 5 of this Chapter;
- b. Administers, monitors, or assists in patient self-administration of an agent according to the requirements in policies and procedures; and
 - c. Has access to a copy of the policies and procedures required in subsection (F)(2) while on duty for the emergency medical services provider or ambulance service;
2. Policies and procedures for agents to which an EMCT has access:
- a. Specify that an agent is obtained only from a person:
 - i. Authorized by law to prescribe the agent, or
 - ii. Licensed under A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23 to dispense or distribute the agent;
 - b. Cover chain of custody and transfer procedures for each supply of agents, requiring an EMCT for whom the administrative medical director provides administrative medical direction to:
 - i. Document the name and the EMCT certification number or employee identification number of each individual who takes physical control of the supply of agents;
 - ii. Document the time and date that each individual takes physical control of the supply of agents;
 - iii. Inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted, visibly adulterated, or missing agents upon taking physical control of the supply of agents;
 - iv. Document any of the conditions in subsection (F)(2)(b)(iii);
 - v. Notify the administrative medical director of a depleted, visibly adulterated, or missing controlled substance;
 - vi. Obtain a replacement for each affected agent in subsection (F)(2)(b)(iii) for which the minimum supply is not present; and
 - vii. Record each administration of an agent on a prehospital incident history report;
 - c. Cover mechanisms for controlling inventory of agents and preventing diversion of controlled substances; and
 - d. Include that an agent is kept inaccessible to all individuals who are not authorized access to the agent by policies and procedures required under subsection (E)(3)(b)(iv)(1) and, when not being administered, is:
 - i. Secured in a dry, clean, washable receptacle;
 - ii. While on a motor vehicle or aircraft registered to the emergency medical services provider or ambulance service, secured in a manner that restricts movement of the agent and the receptacle specified in subsection (F)(2)(d)(i); and
 - iii. If a controlled substance, in a hard-shelled container that is difficult to breach without the use of a power cutting tool and:
 - (1) Locked inside a motor vehicle or aircraft registered to the emergency medical services provider or ambulance service,
 - (2) Otherwise locked and secured in such a manner as to deter misappropriation, or
 - (3) On the person of an EMCT authorized access to the agent;

3. The Department is notified in writing within 10 days after the administrative medical director receives notice, as required subsection (F)(2)(b)(v), that any quantity of a controlled substance is depleted, visibly adulterated, or missing; and
 4. Except when the emergency medical services provider or ambulance service obtains all agents from an ALS base hospital pharmacy, which retains ownership of the agents, agents to which an EMCT has access are obtained, stored, transferred, and disposed of according to policies and procedures; A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; 4 A.A.C. 23; and requirements of the U.S. Drug Enforcement Administration.
- G.** An administrative medical director may delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:
1. Another physician,
 2. A physician assistant,
 3. A registered nurse practitioner,
 4. A registered nurse,
 5. A Paramedic, or
 6. An EMT-I(99).

R9-25-202. On-line Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (D))

- A.** In this Section, “physician” means an individual licensed:
1. According to A.R.S. Title 32, Chapter 13 or 17; or
 2. When working in a health care institution operating under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation, by a similar licensing board in another state.
- B.** An emergency medical services provider or ambulance service shall:
1. Except as provided in R9-25-203(C)(3), ensure that a physician provides on-line medical direction to EMCTs on behalf of the emergency medical services provider or ambulance service only if the physician meets one of the following:
 - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
 - b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
 - c. Has emergency medicine certification issued by the American Osteopathic Board of Emergency Medicine;
 - d. Has emergency medicine certification issued by the American Board of Physician Specialties;
 - e. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
 - f. Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in R9-25-201(A)(1)(f)(i) through (iii);
 2. For each physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service, maintain for Department review either:
 - a. The name, e-mail address, telephone number, and qualifications of the physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service; or

- b. If the emergency medical services provider or ambulance service provides on-line medical direction through
 - an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the physician providing on-line medical direction is qualified under subsection(B)(1);
- 3. Ensure that the on-line medical direction provided to an EMCT on behalf of the emergency medical services provider or ambulance service is consistent with:
 - a. The EMCT's scope of practice, as specified in [Table 5.1](#); and
 - b. Communication protocols, triage protocols, treatment protocols, and protocols for prehospital incident history reports, specified in R9-25-201(E)(2); and
- 4. Ensures that a physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service relays on-line medical direction only through one of the following individuals, under the supervision of the physician and consistent with the individual's scope of practice:
 - a. Another physician,
 - b. A physician assistant,
 - c. A registered nurse practitioner,
 - d. A registered nurse,
 - e. A Paramedic, or
 - f. An EMT-I(99).
- C. An emergency medical services provider or ambulance service may provide on-line medical direction through an ALS base hospital certified according to R9-25-203(C), if the emergency medical services provider or ambulance service:
 - 1. Uses the ALS base hospital for on-line medical direction only for patients who are children, and
 - 2. Has an additional written agreement for the provision of on-line medical direction with an ALS base hospital that meets the requirements in R9-25-203(B)(1) R9-25-202(B)(1) or a centralized medical direction communications center.
- D. An emergency medical services provider or ambulance service shall ensure that the emergency medical services provider or ambulance service, or an ALS base hospital or a centralized medical direction communications center providing on-line medical direction on behalf of the emergency medical services provider or ambulance service, has:
 - 1. Operational and accessible communication equipment that will allow on-line medical direction to be given to an EMCT;
 - 2. A written plan for alternative communications with an EMCT in the event of a disaster, communication equipment breakdown or repair, power outage, or malfunction; and
 - 3. A physician qualified under subsection (B)(1) available to give on-line medical direction to an EMCT 24 hours a day, seven days a week.

R9-25-203. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))

- A. A person shall not operate as an ALS base hospital without certification from the Department.

- B.** The Department shall certify an ALS base hospital if the applicant:
1. Is:
 - a. Licensed as a general hospital under 9 A.A.C. 10, Article 2; or
 - b. A facility operated as a hospital in this state by the United States federal government or by a sovereign tribal nation;
 2. Maintains at least one current written agreement described in A.R.S. § 36-2201(4);
 3. Has not been decertified as an ALS base hospital by the Department within five years before submitting the application;
 4. Submits an application that is complete and compliant with the requirements in this Article; and
 5. Has not knowingly provided false information on or with an application required by this Article.
- C.** The Department may certify as an ALS base hospital a special hospital, which is licensed under 9 A.A.C. 10, Article 2 and provides surgical services and emergency services only to children, if the applicant:
1. Meets the requirements in subsection (B)(2) through (5);
 2. Provides administrative medical direction or on-line medical direction only for patients who are children; and
 3. Ensures that:
 - a. Administrative medical direction is provided by a physician who meets the requirements in R9-25-201(A)(1); and
 - b. On-line medical direction is provided by a physician who meets one of the following:
 - i. Meets the requirements in R9-25-202(B)(1),
 - ii. Has board certification in pediatric emergency medicine from either the American Board of Pediatrics or the American Board of Emergency Medicine, or
 - iii. Is board eligible in pediatric emergency medicine.
- D.** An ALS base hospital certificate is valid only for the name and address listed by the Department on the certificate.
- E.** At least every 36 months after certification, the Department shall assess an ALS base hospital to determine ongoing compliance with the requirements of this Article.
- F.** The Department may inspect an ALS base hospital according to A.R.S. § 41-1009:
1. As part of the substantive review time-frame required in A.R.S. §§ [41-1072](#) through [41-1079](#); or
 2. As necessary to determine compliance with the requirements of this Article.
- G.** If the Department determines that an ALS base hospital is not in compliance with the requirements in this Article, the Department may:
1. Take an enforcement action as described in R9-25-207; or
 2. Require that an ALS base hospital submit to the Department, within 15 days after written notice from the Department, a corrective action plan to address issues of compliance that do not directly affect the health or safety of a patient that:
 - a. Describes how each identified instance of non-compliance will be corrected and reoccurrence prevented, and

- b. Includes a date for correcting each instance of non-compliance that is appropriate to the actions necessary to correct the instance of non-compliance.

R9-25-204. Application Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))

- A. An applicant for ALS base hospital certification shall submit to the Department an application, including:
 - 1. The following information in a Department-provided format:
 - a. The applicant's name, address, and telephone number;
 - b. The name, email address, and telephone number of the applicant's chief administrative officer;
 - c. The name, email address, and telephone number of the applicant's chief administrative officer's designee if the chief administrative officer will not be the liaison between the ALS base hospital and the Department;
 - d. Whether the applicant is applying for certification of a:
 - i. General hospital licensed under 9 A.A.C. 10, Article 2;
 - ii. Special hospital licensed under 9 A.A.C. 10, Article 2, that provides surgical services and emergency services only to children; or
 - iii. Facility operating as a federal or tribal hospital;
 - e. The name of each emergency medical services provider or ambulance service for which the applicant has a proposed written agreement described in A.R.S. § 36-2201(4) to provide administrative medical direction or on-line medical direction;
 - f. The name, address, email address, and telephone number of each administrative medical director;
 - g. The name of each physician providing on-line medical direction;
 - h. Attestation that the applicant meets the requirements in R9-25-202(D);
 - i. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter;
 - j. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - k. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature;
 - 2. A copy of the applicant's current hospital license issued under 9 A.A.C. 10, Article 2, if applicable; and
 - 3. A copy of each executed written agreement described in A.R.S. § 36-2201(4), including all attachments and exhibits.
- B. The Department shall approve or deny an application under this Section according to Article 12 of this Chapter.

R9-25-205. Changes Affecting an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))

- A. No later than 30 days after the date of a change in the name listed on the ALS base hospital certificate, an ALS base hospital certificate holder shall notify the Department of the change, in a Department-provided format, including:
 - 1. The current name of the ALS base hospital;
 - 2. The ALS base hospital's certificate number;

3. The new name and the effective date of the name change;
 4. Documentation supporting the name change;
 5. Documentation of compliance with the requirements in A.A.C. [R9-10-109\(A\)](#), if applicable;
 6. Attestation that all information submitted to the Department is true and correct; and
 7. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.** No later than 48 hours after changing the information provided according to R9-25-204(A)(1)(e) by terminating, adding, or amending a written agreement required in R9-25-203(B)(2), an ALS base hospital certificate holder shall notify the Department of the change, including:
1. The following information in a Department-provided format:
 - a. The name of the ALS base hospital;
 - b. The ALS base hospital's certificate number; and
 - c. As applicable, the name of the emergency medical services provider or ambulance service for which the ALS base hospital:
 - i. Has a newly executed or amended written agreement described in A.R.S. § 36-2201(4), or
 - ii. Is no longer providing administrative medical direction or on-line medical direction under a written agreement described in A.R.S. § 36-2201(4); and
 2. If applicable, a copy of the newly executed or amended written agreement described in A.R.S. § 36-2201(4), including all attachments and exhibits.
- C.** No later than 10 days after the date of a change in an administrative medical director provided according to R9-25-204(A)(1)(f), an ALS base hospital certificate holder shall notify the Department of the change, in a Department-provided format, including:
1. The name of the ALS base hospital,
 2. The ALS base hospital's certificate number,
 3. The name of the new administrative medical director and the effective date of the change,
 4. Attestation that the new administrative medical director meets the requirements in R9-25-201(A)(1),
 5. Attestation that all information submitted to the Department is true and correct, and
 6. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- D.** No later than 30 days after the date of a change in the address listed on an ALS base hospital certificate or a change in ownership, as defined in A.A.C. [R9-10-101](#), an ALS base hospital certificate holder shall submit to the Department an application required in R9-25-204(A).

[R9-25-206. ALS Base Hospital Authority and Responsibilities \(Authorized by A.R.S. §§ 36-2201, 36-2202\(A\)\(3\) and \(A\)\(4\), 36-2204\(5\) and \(6\), 36-2208\(A\), and 36-2209\(A\)\(2\)\)](#)

- A.** An ALS base hospital certificate holder shall:
1. Have the capability of providing both administrative medical direction and on-line medical direction;
 2. Provide administrative medical direction and on-line medical direction to an EMCT according to:
 - a. A written agreement described in A.R.S. § 36-2201(4);
 - b. The requirements in R9-25-201 for administrative medical direction; and

- c. The requirements in R9-25-202 for on-line medical direction;
 - 3. Ensure that personnel are available to provide administrative medical direction and on-line medical direction; and
 - 4. Establish, document, and implement policies and procedures, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that include a quality assurance process to evaluate the effectiveness of the on-line medical direction provided to EMCTs.
- B.** An ALS base hospital certificate holder shall notify in writing:
- 1. The Department no later than 24 hours after:
 - a. Ceasing to meet a requirement in R9-25-203(B)(1) or (2); or
 - b. For a special hospital, ceasing to be licensed under 9 A.A.C. 10, Article 2, as a special hospital or to meet the requirement in R9-25-203(B)(2); and
 - 2. Each emergency medical services provider or ambulance service with which the ALS base hospital has a current written agreement to provide administrative medical direction or on-line medical direction no later than seven days before ceasing to provide administrative medical direction or on-line medical direction or as specified in the written agreement, whichever is earlier.
- C.** An ALS base hospital may act as a training program without training program certification from the Department, if the ALS base hospital:
- 1. Is eligible for training program certification as provided in R9-25-301(C); and
 - 2. Complies with the requirements in R9-25-301(D), R9-25-302, R9-25-303(B), (C), and (F), and R9-25-304 through R9-25-306.
- D.** If an ALS base hospital's pharmacy provides all of the agents for an emergency medical services provider or ambulance service, and the ALS base hospital owns the agents provided, the ALS base hospital's certificate holder shall ensure that:
- 1. Except as stated in subsections(D)(2) and (3), the policies and procedures for agents to which an EMCT has access that are established by the administrative medical director for the emergency medical services provider or ambulance service comply with requirements in R9-25-201(F)(2);
 - 2. The emergency medical services provider or ambulance service requires an EMCT for the emergency medical services provider or ambulance service to notify the pharmacist in charge of the hospital pharmacy of a missing, visibly adulterated, or depleted controlled substance; and
 - 3. The pharmacist in charge of the hospital pharmacy notifies the Department, as specified in R9-25-201(F)(3), of a missing, visibly adulterated, or depleted controlled substance.

R9-25-207. ALS Base Hospital Enforcement Actions (Authorize d by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))

- A.** Except as provided in subsection (C), the Department may take an action listed in subsection (B) against an ALS base hospital certificate holder who:
- 1. Does not meet the certification requirements:
 - a. In R9-25-203(B)(1) or (2); or
 - b. For a special hospital, in R9-25-203(B)(2) and being licensed under 9 A.A.C. 10, Article 2, as a special hospital;
 - 2. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25;

3. Does not submit a corrective action plan, as provided in R9-25-203(G)(2), that is acceptable to the Department;
 4. Does not complete a corrective action plan submitted according to R9-25-203(G)(2); or
 5. Knowingly or negligently provides false documentation or information to the Department.
- B.** The Department may take the following action against an ALS base hospital certificate holder:
1. After notice is provided according to A.R.S. Title 41, Chapter 6, Article 10, issue a letter of censure,
 2. After notice is provided according to A.R.S. Title 41, Chapter 6, Article 10, issue an order of probation,
 3. After notice and an opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10, suspend the ALS base hospital certificate, or
 4. After notice and an opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10, decertify the ALS base hospital.
- C.** An ALS base hospital operated as a hospital in this state by the United States federal government or by a sovereign tribal nation is under federal or tribal government jurisdiction.

ARTICLE 3. TRAINING PROGRAMS

R9-25-301. Definitions; Application for Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

- A.** To apply for certification as a training program, an applicant shall submit an application to the Department, in a Department-provided format, including:
1. The applicant's name, address, and telephone number;
 2. The name, telephone number, and e-mail address of the applicant's chief administrative officer;
 3. The name of each course the applicant plans to provide;
 4. Attestation that the applicant has the equipment and facilities that meet the requirements established according to
A.R.S. § 36-2204 and available through the Department at www.azdhs.gov for the courses specified in subsection (A)(3);
 5. The name, telephone number, and e-mail address of the training program medical director;
 6. The name, telephone number, and e-mail address of the training program director;
 7. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
 8. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 9. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.** An applicant may submit to the Department a copy of an accreditation report if the applicant is currently accredited by a national accrediting organization.
- C.** The Department shall certify a training program if the applicant:
1. Has not operated a training program that has been decertified by the Department within five years before submitting the application,
 2. Submits an application that is complete and compliant with requirements in this Article, and
 3. Has not knowingly provided false information on or with an application required by this Article.
- D.** The Department:
1. Shall assess a training program at least once every 24 months after certification to determine ongoing compliance with the requirements of this Article; and
 2. May inspect a training program according to A.R.S. § 41-1009:
 - a. As part of the substantive review time-frame required in A.R.S. §§ [41-1072](#) through [41-1079](#), or
 - b. As necessary to determine compliance with the requirements of this Article.
- E.** The Department shall approve or deny an application under this Article according to Article 12 of this Chapter.
- F.** A training program certificate is valid only for the name of the training program certificate holder and the courses listed by the Department on the certificate and may not be transferred to another person.

R9-25-302. Administration (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

- A.** A training program certificate holder shall ensure that a training program medical director:

1. Is a physician or exempt from physician licensing requirements under A.R.S. §§ [32-1421\(A\)\(7\)](#) or [32-1821\(3\)](#);
 2. Meets one of the following:
 - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties,
 - b. Has emergency medical services certification issued by the American Board of Emergency Medicine,
 - c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association, or
 - d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in R9-25-201(A)(1)(d)(i) through (iii); and
 3. Before the start date of a course session, reviews the course content outline and final examinations to ensure consistency with the national educational standards for the applicable EMCT classification level.
- B.** A training program certificate holder shall ensure that a training program director:
1. Is one of the following:
 - a. A physician with at least two years of experience providing emergency medical services as a physician;
 - b. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years of experience providing emergency medical services as a doctor of allopathic medicine or osteopathic medicine;
 - c. An individual who meets the definition of registered nurse in A.R.S. § [32-1601](#) with at least two years of experience providing emergency medical services as a registered nurse;
 - d. A physician assistant with at least two years of experience providing emergency medical services as a physician assistant; or
 - e. An EMCT with at least two years of experience at that classification of EMCT, only for courses to prepare an individual for certification or recertification at the same or lower level of EMCT;
 2. Has completed 24 hours of training related to instructional methodology including:
 - a. Organizing and preparing materials for didactic instruction, clinical training, field training, and skills practice;
 - b. Preparing and administering tests and practical examinations;
 - c. Using equipment and supplies;
 - d. Measuring student performance;
 - e. Evaluating student performance;
 - f. Providing corrective feedback; and
 - g. Evaluating course effectiveness;
 3. Supervises the day-to-day operation of the courses offered by the training program;
 4. Supervises and evaluates the lead instructor for a course session;
 5. Monitors the training provided by all preceptors providing clinical training or field training; and
 6. Does not participate as a student in a course session, take a refresher challenge examination, or receive a certificate of completion for a course given by the training program.

- C. A training program certificate holder shall:
 - 1. Maintain with an insurance company authorized to transact business in this state:
 - a. A minimum single claim professional liability insurance coverage of \$500,000, and
 - b. A minimum single claim general liability insurance coverage of \$500,000 for the operation of the training program; or
 - 2. Be self-insured for the amounts in subsection (C)(1).
- D. A training program certificate holder shall ensure that policies and procedures are:
 - 1. Established, documented, and implemented covering:
 - a. Student enrollment, including verification that a student has proficiency in reading at the 9th grade level and meets all course admission requirements;
 - b. Maintenance of student records and medical records, including compliance with all applicable state and federal laws governing confidentiality, privacy, and security; and
 - c. For each course offered:
 - i. Student attendance requirements, including leave, absences, make-up work, tardiness, and causes for suspending or expelling a student for unsatisfactory attendance;
 - ii. Grading criteria, including the minimum grade average considered satisfactory for continued enrollment and standards for suspending or expelling a student for unsatisfactory grades;
 - iii. Administration of final examinations; and
 - iv. Student conduct, including causes for suspending or expelling a student for unsatisfactory conduct;
 - 2. Reviewed annually and updated as necessary; and
 - 3. Maintained on the premises and provided to the Department at the Department's request.

R9-25-303. Changes Affecting a Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

- A. No later than 10 days after a change in the name, address, or e-mail address of the training program certificate holder listed on a training program certificate, the training program certificate holder shall notify the Department of the change, in a Department-provided format, including:
 - 1. The current name, address, and e-mail address of the training program certificate holder;
 - 2. The certificate number for the training program;
 - 3. The new name, new address, or new e-mail address and the date of the name, address, or e-mail address change;
 - 4. If applicable, attestation that the training program certificate holder has insurance required in R9-25-302(C) that is valid for the new name or new address;
 - 5. Attestation that all information submitted to the Department is true and correct; and
 - 6. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B. No later than 10 days after a change in the training program medical director or training program director, a training program certificate holder shall notify the Department, in a Department-provided format, including:
 - 1. The name and address of the training program certificate holder;
 - 2. The certificate number for the training program;

3. The name, telephone number, and e-mail address of the new training program medical director or training program director and the date of the change; and
 4. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- C. A training program certificate holder that intends to add a course shall submit to the Department a request for approval, in a Department-provided format, including:
1. The name and address of the training program certificate holder;
 2. The certificate number for the training program;
 3. The name, telephone number, and e-mail address of the applicant's chief administrative officer;
 4. The name of each course the training program certificate holder plans to add;
 5. Attestation that the training program certificate holder has the equipment and facilities that meet the requirements established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov for the courses specified in subsection (C)(4);
 6. Attestation that all information required as part of the request is true and accurate; and
 7. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- D. For notification made under subsection (A) of a change in the name or address of a certificate holder, the Department shall issue an amended certificate to the training program certificate holder that incorporates the new name or address but retains the date on the current certificate.
- E. The Department shall approve or deny a request for the addition of a course in subsection (C) according to Article 12 of this Chapter.
- F. A training program certificate holder shall not conduct a course until an amended certificate is issued by the Department.

R9-25-304. Course and Examination Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1), (2), and (3))

- A. For each course provided, a training program director shall ensure that:
1. The required equipment and facilities established for the course are available for use;
 2. The following are prepared and provided to course applicants before the start date of a course session:
 - a. A description of requirements for admission, course content, course hours, course fees, and course completion, including whether the course prepares a student for:
 - i. A national certification organization examination for the specific EMCT classification level,
 - ii. A statewide standardized certification test under the state certification process, or
 - iii. Recertification at a specific EMCT classification level;
 - b. A list of books, equipment, and supplies that a student is required to purchase for the course;
 - c. Notification of eligibility for the course as specified in R9-25-305(B), (D)(1) and (2), or (F)(1) and (2), as applicable;
 - d. Notification of any specific requirements for a student to begin any component of the course, including, as applicable:
 - i. Prerequisite knowledge, skill, and abilities;

- ii. Physical examinations;
 - iii. Immunizations;
 - iv. Documentation of freedom from infectious tuberculosis;
 - v. Drug screening; and
 - vi. The ability to perform certain physical activities; and
 - e. The policies for the course on student attendance, grading, student conduct, and administration of final examinations, required in R9-25-302(D)(1)(c)(i) through (iv);
3. Information is provided to assist a student to:
- a. Register for and take an applicable national certification organization examination;
 - b. Complete application forms for registration in a national certification organization; and
 - c. Complete application forms for certification under 9 A.A.C. 25, Article 4;
4. A lead instructor is assigned to each course session who:
- a. Is one of the following:
 - i. A physician with at least two years of experience providing emergency medical services;
 - ii. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years of experience providing emergency medical services;
 - iii. An individual who meets the definition of registered nurse in A.R.S. § 32-1601 with at least two years of experience providing emergency medical services;
 - iv. A physician assistant with at least two years of experience providing emergency medical services; or
 - v. An EMCT with at least two years of experience at that classification of EMCT, only for courses to prepare an individual for certification or recertification at the same or lower EMCT classification level;
 - b. Has completed training related to instructional methodology specified in R9-25-302(B)(2);
 - c. Except as provided in subsection (A)(4)(d), is available for student-instructor interaction during all course hours established for the course session; and
 - d. Designates an individual who meets the requirements in subsections (A)(4)(a) and (b) to be present and act as the lead instructor when the lead instructor is not present; and
5. Clinical training and field training are provided:
- a. Under the supervision of a preceptor who has at least two years of experience providing emergency medical services and is one of the following:
 - i. An individual licensed in this or another state or jurisdiction as a doctor of allopathic medicine or osteopathic medicine;
 - ii. An individual licensed in this or another state or jurisdiction as a registered nurse;
 - iii. An individual licensed in this or another state or jurisdiction as a physician assistant; or
 - iv. An EMCT, only for courses to prepare an individual for certification or recertification at the same or lower EMCT classification level;
 - b. Consistent with the clinical training and field training requirements established for the course; and

- c. If clinical training or field training are provided by a person other than the training program certificate holder, under a written agreement with the person providing the clinical training or field training that includes a termination clause that provides sufficient time for a student to complete the training upon termination of the written agreement.
- B.** A training program director may combine the students from more than one course session for didactic instruction.
- C.** For a final examination or refresher challenge examination for each course offered, a training program director shall ensure that:
 - 1. The final examination or refresher challenge examination for the course is completed onsite at the training program or at a facility used for course instruction;
 - 2. Except as provided in subsection (D), the final examination or refresher challenge examination for a course includes a:
 - a. Written test:
 - i. With one absolutely correct answer, two incorrect answers, and one distractor, none of which is “all of the above” or “none of the above”;
 - ii. With 150 multiple-choice questions for the:
 - (1) Final examination for a refresher course, or
 - (2) Refresher challenge examination for a course;
 - iii. That covers the learning objectives of the course with representation from all topics covered by the course; and
 - iv. That requires a passing score of 75% or higher in no more than three attempts for a final examination and no more than one attempt for a refresher challenge examination; and
 - b. Comprehensive practical skills test:
 - i. Evaluating the student’s technical proficiency in skills consistent with the national education standards for the applicable EMCT classification level, and
 - ii. Reflecting the skills necessary to pass a national certification organization examination at the applicable EMCT classification level;
 - 3. The identity of each student taking the final examination or refresher challenge examination is verified;
 - 4. A student does not receive verbal or written assistance from any other individual or use notes, books, or documents of any kind as an aid in taking the examination;
 - 5. A student who violates subsection (C)(4) is not permitted to complete the examination or to receive a certificate of completion for the course or refresher challenge examination; and
 - 6. An instructor who allows a student to violate subsection (C)(4) or assists a student in violating subsection (C)(4) is no longer permitted to serve as an instructor.
- D.** A training program director shall ensure that a standardized certification test for a student under the state certification process includes:
 - 1. A written test that meets the requirements in subsection (C)(2)(a); and
 - 2. Either:
 - a. A comprehensive practical skills test that meets the requirements in subsection (C)(2)(b), or
 - b. An attestation of practical skills proficiency on a Department-provided form.

- E.** A training program director shall ensure that:
1. A student is allowed no longer than six months after the date of the last day of classroom instruction for a course session to complete all course requirements,
 2. There is a maximum ratio of four students to one preceptor for the clinical training portion of a course, and
 3. There is a maximum ratio of one student to one preceptor for the field training portion of a course.
- F.** A training program director shall:
1. For a student who completes a course, issue a certificate of completion containing:
 - a. Identification of the training program,
 - b. Identification of the course completed,
 - c. The name of the student who completed the course,
 - d. The date the student completed all course requirements,
 - e. Attestation that the student has met all course requirements, and
 - f. The signature or electronic signature of the training program director and the date of signature or electronic signature; and
 2. For an individual who passes a refresher challenge examination, issue a certificate of completion containing:
 - a. Identification of the training program,
 - b. Identification of the refresher challenge examination administered,
 - c. The name of the individual who passed the refresher challenge examination,
 - d. The date or dates the individual took the refresher challenge examination,
 - e. Attestation that the individual has passed the refresher challenge examination, and
 - f. The signature or electronic signature of the training program director and the date of signature or electronic signature.

R9-25-305. Supplemental Requirements for Specific Courses (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

- A.** Except as specified in subsection (B), a training program certificate holder shall ensure that a certification course offered by the training program:
1. Covers knowledge, skills, and competencies comparable to the national education standards established for a specific EMCT classification level;
 2. Prepares a student for:
 - a. A national certification organization examination for the specific EMCT classification level, or
 - b. A standardized certification test under the state certification process;
 3. Has no more than 24 students enrolled in each session of the course; and
 4. Has a minimum course length of:
 - a. For an EMT certification course, 130 hours;
 - b. For an AEMT certification course, 244 hours, including:
 - i. A minimum of 100 contact hours of didactic instruction and practical skills training, and
 - ii. A minimum of 144 contact hours of clinical training and field training; and

- c. For a Paramedic certification course, 1000 hours, including:
 - i. A minimum of 500 contact hours of didactic instruction and practical skills training, and
 - ii. A minimum of 500 contact hours of clinical training and field training.
- B.** A training program director shall ensure that, for an AEMT certification course or a Paramedic certification course, a student has one of the following:
 - 1. Current certification from the Department as an EMT or higher EMCT classification level,
 - 2. Documentation of completion of prior training in an EMT course or a course for a higher EMCT classification level provided by a training program certified by the Department or an equivalent training program, or
 - 3. Documentation of current registration in a national certification organization at the EMT classification level or higher EMCT classification level.
- C.** A training program director shall ensure that for a course to prepare an EMT-I(99) for Paramedic certification:
 - 1. A student has current certification from the Department as an EMT-I(99);
 - 2. The course covers the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov;
 - 3. The minimum course length is 600 hours, including:
 - a. A minimum of 220 contact hours of didactic instruction and practical skills training, and
 - b. A minimum of 380 contact hours of clinical training and field training; and
 - 4. A minimum of 60 contact hours of training in anatomy and physiology are completed by the student:
 - a. As a prerequisite to the course,
 - b. As preliminary instruction completed at the beginning of the course session before the didactic instruction required in subsection (C)(34)(a) begins, or
 - c. Through integration of the anatomy and physiology material with the units of instruction required in subsection (C)(34).
- D.** A training program director shall ensure that for an EMT refresher course:
 - 1. A student has one of the following:
 - a. Current certification from the Department as an EMT or higher EMCT classification level,
 - b. Documentation of completion of prior training in an EMT course or a course for a higher EMCT classification level provided by a training program certified by the Department or an equivalent training program,
 - c. Documentation of current registration in a national certification organization at the EMT classification level or higher EMCT classification level, or
 - d. Documentation from a national certification organization requiring the student to complete the EMT refresher course to be eligible to apply for registration in the national certification organization;
 - 2. A student has documentation of current certification in adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs;
 - 3. The EMT refresher course covers the knowledge, skills, and competencies in the national education standards established at the EMT classification level;
 - 4. No more than 32 students are enrolled in each session of the course; and

5. The minimum course length is 24 contact hours.
- E. A training program authorized to provide an EMT refresher course may administer a refresher challenge examination covering materials included in the EMT refresher course to an individual eligible for admission into the EMT refresher course.
- F. A training program director shall ensure that for an ALS refresher course:
 1. A student has one of the following:
 - a. Current certification from the Department as an AEMT, EMT-I(99), or Paramedic;
 - b. Documentation of completion of a prior training course, at the AEMT classification level or higher, provided by a training program certified by the Department or an equivalent training program;
 - c. Documentation of current registration in a national certification organization at the AEMT or Paramedic classification level; or
 - d. Documentation from a national certification organization requiring the student to complete the ALS refresher course to be eligible to apply for registration in the national certification organization;
 2. A student has documentation of current certification in:
 - a. Adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs, and
 - b. For a student who has current certification as an EMT-I(99) or higher level of EMCT classification, advanced emergency cardiac life support;
 3. The ALS refresher course covers:
 - a. For a student who has current certification as an AEMT or documentation of completion of prior training at an AEMT classification level, the knowledge, skills, and competencies in the national education standards established for an AEMT;
 - b. For a student who has current certification as an EMT-I(99), the knowledge, skills, and competencies established according to A.R.S. § 36-2204 for an EMT-I(99) as of the effective date of this Section and available through the Department at www.azdhs.gov;
 - c. For a student who has current certification as a Paramedic or documentation of completion of prior training at a Paramedic classification level, the knowledge, skills, and competencies in the national education standards established for a Paramedic; and
 4. No more than 32 students are enrolled in each session of the course; and
 5. The minimum course length is 48 contact hours.
- G. A training program authorized to provide an ALS refresher course may administer a refresher challenge examination covering materials included in the ALS refresher course to an individual eligible for admission into the ALS refresher course.

R9-25-306. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

- A. At least 10 days before the start date of a course session, a training program certificate holder shall submit to the Department the following information in a Department-provided format:
 1. Identification of the training program;
 2. Identification of the course;
 3. The name of the training program medical director;

4. The name of the training program director;
 5. The name of the course session's lead instructor;
 6. The course session start date and end date;
 7. The physical location at which didactic training and practical skills training will be provided;
 8. The days of the week and times of each day during which didactic training and practical skills training will be provided;
 9. The number of clock hours of didactic training and practical skills training;
 10. If applicable, the number of hours of clinical training and field training included in the course session;
 11. The date, start time, and location of the final examination for the course;
 12. Attestation that the lead instructor is qualified under R9-25-304(A)(4)(a); and
 13. The name and signature of the chief administrative officer or program director and the date signed.
- B.** The Department shall review the information submitted according to subsection (A) and, within five days after receiving the information:
1. Approve a course session, issue an identifying number to the course session, and notify the training program certificate holder of the approval and identifying number; or
 2. Disapprove a course session that does not comply with requirements in this Article and notify the training program certificate holder of the disapproval.
- C.** A training program certificate holder shall ensure that:
1. No later than 10 days after the date a student completes all course requirements, the training program director submits to the Department the following information in a Department- provided format:
 - a. Identification of the training program;
 - b. The name of the training program director;
 - c. Identification of the course and the start date and end date of the course session completed by the student;
 - d. The name, date of birth, and mailing address of the student who completed the course;
 - e. The date the student completed all course requirements;
 - f. The score the student received on the final examination;
 - g. Attestation that the student has met all course requirements;
 - h. Attestation that all information submitted is true and accurate; and
 - i. The signature of the training program director and the date signed; and
 2. No later than 10 days after the date an individual passes a refresher challenge examination administered by the training program, the training program director submits to the Department the following information in a Department-provided format:
 - a. Identification of the training program;
 - b. Identification of the:
 - i. Refresher challenge examination administered, and
 - ii. Course for which the refresher challenge examination substitutes;

- c. The name of the training program medical director;
- d. The name of the training program director;
- e. The name, date of birth, and mailing address of the individual who passed the refresher challenge examination;
- f. The date and location at which the refresher challenge examination was administered;
- g. The score the individual received on the refresher challenge examination;
- h. Attestation that the individual:
 - i. Met the requirements for taking the refresher challenge examination, and
 - ii. Passed the refresher challenge examination;
- i. Attestation that all information submitted is true and accurate; and
- j. The name and signature of the training program director and the date signed.

D. A training program certificate holder shall ensure that:

1. A record is established for each student enrolled in a course session, including:
 - a. The student's name and date of birth;
 - b. A copy of the student's enrollment agreement or contract;
 - c. Identification of the course in which the student is enrolled;
 - d. The start date and end date for the course session;
 - e. Documentation supporting the student's eligibility to enroll in the course;
 - f. Documentation that the student meets prerequisites for the course, established as specified in R9-25-304(A)(2)(d)(i)
 - g. The student's attendance records;
 - h. The student's clinical training records, if applicable;
 - i. The student's field training records, if applicable;
 - j. The student's grades;
 - k. Documentation of the final examination for the course, including:
 - i. A copy of each scored written test attempted or completed by the student, and
 - ii. All forms used as part of the comprehensive practical skills test attempted or completed by the student; and
 - l. A copy of the student's certificate of completion required in R9-25-304(F)(1);
2. A student record required in subsection (D)(1) is maintained for at least three years after the end date of a student's course session and provided to the Department at the Department's request;
3. A record is established for each individual to whom a refresher challenge examination is administered, including:
 - a. The individual's name and date of birth;
 - b. Identification of the refresher challenge examination administered to the individual;
 - c. Documentation supporting the individual's eligibility for a refresher challenge examination;
 - d. The date the refresher challenge examination was administered;

- e. Documentation of the refresher challenge examination, including:
 - i. A copy of the scored written test attempted or completed by the individual, and
 - ii. All forms used as part of the comprehensive practical skills test attempted or completed by the individual; and
- f. A copy of the individual's certificate of completion required in R9-25-304(F)(2); and
- 4. A record required in subsection (D)(3) is maintained for at least three years after the date the refresher challenge examination was administered and provided to the Department at the Department's request.

R9-25-307. Training Program Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

- A.** The Department may take an action listed in subsection (B) against a training program certificate holder who:
 - 1. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25; or
 - 2. Knowingly or negligently provides false documentation or information to the Department.
- B.** The Department may take the following action against a training program certificate holder:
 - 1. After notice is provided according to A.R.S. Title 41, Chapter 6, Article 10, issue:
 - a. A letter of censure, or
 - b. An order of probation; or
 - 2. After notice and opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10:
 - a. Suspend the training program certificate, or
 - b. Decertify the training program.

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

ARTICLE 3. TRAINING PROGRAMS R9-25-303 TABLES

ALS MINIMUM EQUIPMENT LIST			
Quantity	Equipment	Quantity	Equipment
1	Moulage or Casualty Simulation Equipment	5	Occlusive dressings
6	Trauma Dressings	2	Traction splint devices
1 per student	Penlights (or provided by the student)	2	Cervical-thoracic spinal immobilization device for extrication, with straps
1 per student	Scissors (or provided by the student)	2	Long spine boards with securing devices
4	Stethoscopes (or provided by the student)	3 of each size	Cervical collars (small, regular, medium, large, and extra-large) NOTE: may substitute 6 adjustable devices <i>Soft collars and foam types are not acceptable</i>
4	Blood pressure cuffs-adult sizes	2	Head immobilization materials/devices
4	Blood pressure cuffs-child size	1	Ambulance stretcher
4	Bag-valve-mask devices-adult size	2	Blood glucose monitoring devices
4	Bag-valve-mask devices –pediatric size	2	Portable suction devices
2	Oxygen tank with regulator and key	3	Rigid suction catheters
4	Oxygen mask non-rebreather-adult	3	Flexible suction catheters
4	Oxygen mask non-rebreather - child	2 of each size	Oropharyngeal airways
4	Nasal Cannulas	2 of each size	Nasopharyngeal airways
2 Boxes	Alcohol preps	2 of each size	Rigid splints (6 inch, 12 inch, 18 inch, 24 inch, and 36 inch)
1 Box per student	Gloves – (small, medium, Large, and extra-large, non-latex) <i>Ensure each student has on box of an appropriate size available during the course)</i>	2	Burn sheets
6 Packages	4X4 sponges (non-sterile)	2	OB kits
5 Boxes	5X9 sponges (non-sterile)	2 of each size	CPR Manikins (adult, child, infant)

BLS MINIMUM EQUIPMENT LIST			
Quantity	Equipment	Quantity	Equipment
1 per student	Pocket mask (or provided by the student)	5	Occlusive dressings
1 per student	Eye Protection	2	Traction splint devices
1 per student	Penlights (or provided by the student)	2	Cervical-thoracic spinal immobilization device for extrication, with straps
1 per student	Scissors (or provided by the student)	2	Long spine boards with securing devices
4	Stethoscopes (or provided by the student)	3 of each size	Cervical collars (small, regular, medium, large, and extra-large) NOTE: may substitute 6 adjustable devices <i>Soft collars and foam types are not acceptable</i>
4 of each size	Blood pressure cuffs-adult, large adult, child, sizes	2	Head immobilization materials/devices
4	Nasal Cannulas	1	Pneumatic anti-shock garment
4 of each size	Bag-valve-mask devices-adult, pediatric	4	Suction Units
4 of each size	Oxygen mask non-rebreather-adult, child	2	Portable suction devices
2	Oxygen tank with regulator and key	3	Rigid suction catheters
1 per student	CPR face shields or similar barrier device (or provided by the student)	3	Flexible suction catheters
1 Box per student	Gloves – (small, medium, Large, and extra-large, non-latex) <i>Ensure each student has on box of an appropriate size available during the course)</i>	2 of each size	Oropharyngeal airways
1	Semi-Automatic Defibrillator or AED training device	2 of each size	Nasopharyngeal airways
2	Defibrillator manikins	1	Blanket
2 of each size	CPR Manikins (adult, child, infant)	2 of each size	Rigid splints (6 inch, 12 inch, 18 inch, 24 inch, and 36 inch)
6	Trauma Dressings	2	Burn sheets
6 Packages	4X4 sponges (non-sterile)	2	OB kits
5 Boxes	5X9 sponges (non-sterile)	36 Roles	Rolled gauze (non-sterile)

R9-25-305 DOCUMENTS

EMT-I(99) to Paramedic Bridge Course Requirements R925-305(C)(2)

EMT-I(99) Refresher Course R9-25-305(F)(3)

ARTICLE 4. EMCT CERTIFICATION

R9-25-401. EMCT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H) and 36-2204(1), (6), and (7))

- A.** Except as provided in R9-25-404(E) and R9-25-405, an individual shall not act as an EMCT unless the individual has current certification or recertification from the Department.
- B.** An EMCT shall act as an EMCT only:
 - 1. As authorized under the EMCT's scope of practice as specified in Article 5 of this Chapter; and
 - 2. For an EMCT required to have medical direction according to A.R.S. Title 36, Chapter 21.1 and R9-25-502, as authorized by the EMCT's administrative medical director under:
 - a. Treatment protocols, triage protocols, and communication protocols approved by the EMCT's administrative medical director as specified in R9-25-201(E)(2); and
 - b. Medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMCT's administrative medical director as specified in R9-25-201(E)(3)(b).
- C.** Except as provided in A.R.S. § 36-2211, the Department shall certify or recertify an individual as an EMCT for a period of two years.
- D.** An individual whose EMCT certificate is expired shall not apply for recertification, except as provided in R9-25-404(A).
- E.** The Department shall comply with the confidentiality requirements in A.R.S. §§ 36-2220(E) and 36-2245(M).

R9-25-402. EMCT Certification and Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H) and 36-2204(1), (6), and (7))

- A.** The Department shall not certify an EMCT if the applicant:
 - 1. Is currently:
 - a. Incarcerated for a criminal conviction,
 - b. On parole for a criminal conviction,
 - c. On supervised release for a criminal conviction, or
 - d. On probation for a criminal conviction;
 - 2. Within 10 years before the date of filing an application for certification required by this Article, has been convicted of any of the following crimes, or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated:
 - a. 1st or 2nd degree murder;
 - b. Attempted 1st or 2nd degree murder;
 - c. Sexual assault;
 - d. Attempted sexual assault;
 - e. Sexual abuse of a minor;
 - f. Attempted sexual abuse of a minor;
 - g. Sexual exploitation of a minor;
 - h. Attempted sexual exploitation of a minor;
 - i. Commercial sexual exploitation of a minor;

- j. Attempted commercial sexual exploitation of a minor;
 - k. Molestation of a child;
 - l. Attempted molestation of a child; or
 - m. A dangerous crime against children as defined in A.R.S. § [13-705](#);
3. Within five years before the date of filing an application for certification required by this Article, has been convicted of a misdemeanor involving moral turpitude or a felony in this state or any other state or jurisdiction, other than a misdemeanor involving moral turpitude or a felony listed in subsection (A)(2), unless the conviction has been absolutely discharged, expunged, or vacated;
 4. Within five years before the date of filing an application for certification required by this Article, has had EMCT certification or recertification revoked in this state or certification, recertification, or licensure at an EMCT classification level revoked in any other state or jurisdiction; or
 5. Knowingly provides false information in connection with an application required by this Article.
- B.** The Department shall not recertify an EMCT, if:
1. While certified, the applicant has been convicted of a crime listed in subsection (A)(2) or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated; or
 2. The applicant knowingly provides false information in connection with an application required by this Article.
- C.** The Department shall make probation a condition of EMCT certification if, within two years before the date of filing an application under R9-25-403, an applicant has been convicted of a misdemeanor in this state or in any other state or jurisdiction, involving:
1. Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, or narcotic drug, as defined in A.R.S. § [13-3401](#), unless the conviction has been absolutely discharged, expunged, or vacated; or
 2. Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, a dangerous drug, or a narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated.
- D.** Except as provided in subsection (E), the Department shall make probation a condition of EMCT recertification if an applicant:
1. Is currently:
 - a. Incarcerated for a criminal conviction,
 - b. On parole for a criminal conviction,
 - c. On supervised release for a criminal conviction, or
 - d. On probation for a criminal conviction; or
 2. Within five years before the date of filing an application under R9-25-404, has been convicted of a misdemeanor involving moral turpitude or a felony in this state or any other state or jurisdiction, other than those listed in subsection (A)(2), unless the conviction has been absolutely discharged, expunged, or vacated.
- E.** As specified in R9-25-409, the Department may make probation a condition of EMCT recertification if an applicant, within two years before the date of filing an application under R9-25-404, has been convicted of a misdemeanor in this state or in any other state or jurisdiction, involving:

1. Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, or narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated; or
 2. Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, a dangerous drug, or a narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated.
- F. If the Department makes probation a condition of EMCT certification or recertification, the Department shall fix the period and terms of probation that will:
1. Protect the public health and safety, and
 2. Rehabilitate and educate the applicant.

R9-25-403. Application Requirements for EMCT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (H) and 36-2204(1) and (6))

- A. An individual may apply for initial EMCT certification if:
1. The individual is at least 18 years of age;
 2. The individual complies with the requirements in A.R.S. § [41-1080](#);
 3. The individual is not ineligible under R9-25-402; and
 4. One of the following applies to the individual:
 - a. The individual has not previously applied for certification from the Department or has withdrawn an application for certification;
 - b. An application for certification submitted by the individual was denied by the Department two or more years before the present date;
 - c. Except as provided in R9-25-404(A)(2) or (3), the individual's certification as an EMCT is expired;
 - d. The individual's certification as an EMCT was revoked by the Department five or more years before the present date; or
 - e. The individual has current certification as an EMCT and is applying for certification at a different classification level of EMCT.
- B. An applicant for initial EMCT certification shall submit to the Department an application in a Department-provided format, including:
1. A form containing:
 - a. The applicant's name, address, telephone number, email address, date of birth, gender, and Social Security number;
 - b. The level of EMCT certification being requested;
 - c. Responses to questions addressing the applicant's criminal history according to R9- 25-402(A)(1) through (3) and (C);
 - d. Whether the applicant has within the five years before the date of the application had:
 - i. EMCT certification or recertification revoked in Arizona; or
 - ii. Certification, recertification, or licensure at an EMCT classification level revoked in another state or jurisdiction;
 - e. Attestation that all information required as part of the application has been submitted and is true and accurate; and

- f. The applicant's signature or electronic signature and date of signature;
- 2. For each affirmative response to a question addressing the applicant's criminal history required in subsection (B)(1)(c), a detailed explanation on a Department-provided form and supporting documentation;
- 3. For each affirmative response to subsection (B)(1)(d), a detailed explanation on a Department-provided form and supporting documentation;
- 4. If applicable, a copy of certification, recertification, or licensure at an EMCT classification level issued to the applicant in another state or jurisdiction;
- 5. A copy of one of the following for the applicant:
 - a. U.S. passport, current or expired;
 - b. Birth certificate;
 - c. Naturalization documents; or
 - d. Documentation of legal resident alien status; and
- 6. One of the following:
 - a. Either:
 - i. A certificate of completion showing that within two years before the date of the application, the applicant completed statewide standardized training; and
 - ii. A statewide standardized certification test; or
 - b. Documentation of current registration in a national certification organization at the applicable or higher level of EMCT classification.
- B. The Department shall approve or deny an application for initial EMCT certification according to Article 12 of this Chapter.
- C. If the Department denies an application for initial EMCT certification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.

R9-25-404. Application Requirements for EMCT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), (B), and (H) and 36-2204(1), (4), and (6))

- A. An individual may apply for recertification at the same level of EMCT certification held or at a lower level of EMCT certification:
 - 1. Within 90 days before the expiration date of the individual's current EMCT certification;
 - 2. Within the 30-day period after the expiration date of the individual's EMCT certification, as provided in subsection (E); or
 - 3. Within the extension time period granted under R9-25-405.
- B. To apply for recertification, an applicant shall submit to the Department an application, in a Department-provided format, including:
 - 1. A form containing:
 - a. The applicant's name, address, telephone number, email address, date of birth, and Social Security number;
 - b. The applicant's current certification number;
 - c. Responses to questions addressing the applicant's criminal history according to R9-25-402(B), (D), and (E);

- d. Whether the applicant has within the five years before the date of the application had:
 - i. EMCT certification or recertification revoked in Arizona; or
 - ii. Certification, recertification, or licensure at an EMCT classification level revoked in another state or jurisdiction;
 - e. An indication of the level of EMCT certification held currently or within the past 30 days and of the level of EMCT certification for which recertification is requested;
 - f. Attestation that all information required as part of the application has been submitted and is true and accurate; and
 - g. The applicant's signature or electronic signature and date of signature;
- 2. For each affirmative response to a question addressing the applicant's criminal history required in subsection (B)(1)(c), a detailed explanation on a Department-provided form and supporting documentation;
 - 3. For an affirmative response to subsection (B)(1)(d), a detailed explanation on a Department- provided form; and
 - 4. For an application submitted within 30 days after the expiration date of EMCT certification, a nonrefundable certification extension fee of \$150.
- C.** In addition to the application in subsection (B), an applicant for EMCT recertification shall submit one of the following to the Department:
- 1. A certificate of course completion issued by the training program director under R9-25-304(F) showing that within two years before the date of the application, the applicant completed either the applicable refresher course or applicable refresher challenge examination;
 - 2. Documentation of current registration in a national certification organization at the applicable or higher level of EMCT classification; or
 - 3. Attestation on a Department-provided form that the applicant:
 - a. Has documentation of current certification in adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs;
 - b. For EMT-I(99) recertification or Paramedic recertification, has documentation of current certification in advanced emergency cardiac life support;
 - c. Has documentation of having completed within the previous two years the following number of hours of continuing education in topics that are consistent with the content of the applicable refresher course:
 - i. For EMT recertification, a minimum of 24 hours;
 - ii. For AEMT recertification, EMT-I(99) recertification, or Paramedic recertification, a minimum of 48 hours; and
 - iii. Included in the hours required in subsections (C)(3)(c)(i) or (ii), as applicable, a minimum of 5 hours in pediatric emergency care; and
 - d. For EMT recertification, has functioned in the capacity of an EMT for at least 240 hours during the previous two years.
- D.** An applicant who submits an attestation under subsection (C)(3) shall maintain the applicable documentation for at least three years after the date of the application.

- E. If an individual submits an application for recertification, with a certification extension fee, within 30 days after the expiration date of the individual's EMCT certification, the individual:
 - 1. Was authorized to act as an EMCT during the period between the expiration date of the individual's EMCT certification and the date the application was submitted, and
 - 2. Is authorized to act as an EMCT until the Department makes a final determination on the individual's application for recertification.
- F. If an individual does not submit an application for recertification before the expiration date of the individual's EMCT certification or, with a certification extension fee, within 30 days after the expiration date of the individual's EMCT certification, the individual:
 - 1. Is not an EMCT,
 - 2. Was not authorized to act as an EMCT during the 30-day period after the expiration date of the individual's EMCT certification, and
 - 3. May submit an application to the Department for initial EMCT certification according to R9-25-403.
- G. The Department shall approve or deny an application for recertification according to Article 12 of this Chapter.
- H. If the Department denies an application for recertification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.
- I. The Department may deny, based on failure to meet the standards for recertification in A.R.S. Title 36, Chapter 21.1 and this Article, an application submitted with a certification extension fee.

R9-25-405. Extension to File an Application for EMCT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H) and 36-2204(1), (4), (5), and (7))

- A. Before the expiration of a current certificate, an EMCT who is unable to meet the recertification requirements in R9-25-404 because of personal or family illness, military service, or authorized federal or state emergency response deployment may apply to the Department in writing for an extension of time to file for recertification by submitting:
 - 1. The following information in a Department-provided format:
 - a. The EMCT's name, address, telephone number, and email address;
 - b. The EMCT's current certification number;
 - c. The reason for requesting the extension; and
 - d. The EMCT's signature or electronic signature and date of signature; and
 - 2. For an exemption based on military service or authorized federal or state emergency response deployment, a copy of the EMCT's military orders or documentation of authorized federal or state emergency response deployment.
- B. The Department may grant an extension of time to file for recertification:
 - 1. For personal or family illness, for no more than 180 days; or
 - 2. For each military service or authorized federal or state emergency response deployment, for the term of service or deployment plus 180 days.
- C. An individual applying for or granted an extension of time to file for recertification:
 - 1. Remains certified according to A.R.S. § [41-1092.11](#) during the extension period, and
 - 2. Shall submit an application for recertification according to R9-25-404.

- D. An individual who does not meet the recertification requirements in R9-25-404 within the extension period or has the application for recertification denied by the Department:
 - 1. Is not an EMCT, and
 - 2. May submit an application to the Department for initial EMCT certification according to R9-25-403.
- E. The Department shall approve or deny a request for an extension to file for EMCT recertification according to Article 12 of this Chapter.
- F. If the Department denies a request for an extension to file for EMCT recertification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.

R9-25-406. Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (H) and 36-2204(1) and (6))

An individual who holds current EMCT certification at a classification level higher than EMT and who is not under investigation according to A.R.S. § 36-2211 may apply for:

- 1. Continued certification at a lower EMCT classification level for the remainder of the certification period by submitting to the Department:
 - a. A written request containing:
 - i. The EMCT's name, address, email address, telephone number, date of birth, and Social Security number;
 - ii. The lower EMCT classification level requested;
 - iii. Attestation that the applicant has not committed an act or engaged in conduct that would warrant revocation of a certificate under A.R.S. § 36-2211;
 - iv. Attestation that all information submitted is true and accurate; and
 - v. The applicant's signature or electronic signature and date of signature; and
 - b. Either:
 - i. A written statement from the EMCT's administrative medical director attesting that the EMCT is able to perform at the lower EMCT classification level requested; or
 - ii. If applying for continued certification as an EMT, an Arizona EMT refresher certificate of completion or an Arizona EMT refresher challenge examination certificate of completion signed by the training program director designated for the Arizona EMT refresher course; or
- 2. Recertification at a lower EMCT classification level according to R9-25-404.

R9-25-407. Notification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2204(1) and (6), and 36-2211)

- A. No later than 30 days after the date an EMCT's name legally changes, the EMCT shall submit to the Department:
 - 1. A completed form provided by the Department containing:
 - a. The name under which the EMCT is currently certified by the Department;
 - b. The EMCT's address, telephone number, and Social Security number; and
 - c. The EMCT's new name; and
 - 2. Documentation showing that the name has been legally changed.
- B. No later than 30 days after the date an EMCT's address or email address changes, the EMCT shall submit to the Department a completed form provided by the Department containing:

1. The EMCT's name, telephone number, and Social Security number; and
 2. The EMCT's new address or email address.
- C. An EMCT shall notify the Department in writing no later than 10 days after the date the EMCT:
1. Is incarcerated or is placed on parole, supervised release, or probation for any criminal conviction;
 2. Is convicted of:
 - a. A crime specified in R9-25-402(A)(2),
 - b. A misdemeanor involving moral turpitude,
 - c. A felony in this state or any other state or jurisdiction, or
 - d. A misdemeanor specified in R9-25-402(E);
 3. Has registration revoked or suspended by a national certification organization; or
 4. Has certification, recertification, or licensure at an EMCT classification level revoked or suspended in another state or jurisdiction.

R9-25-408. Unprofessional Conduct; Physical or Mental Incompetence; Gross Incompetence; Gross Negligence
(Authorize d by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H), 36-2204(1), (6), and (7), and 36-2211)

- A. For purposes of A.R.S. § 36-2211(A)(1), unprofessional conduct is an act or omission made by an EMCT that is contrary to the recognized standards or ethics of the Emergency Medical Technician profession or that may constitute a danger to the health, welfare, or safety of a patient or the public, including:
1. Impersonating an EMCT of a higher level of certification or impersonating a health professional as defined in A.R.S. § [32-3201](#);
 2. Permitting or allowing another individual to use the EMCT's certification for any purpose;
 3. Aiding or abetting an individual who is not certified according to this Chapter in acting as an EMCT or in representing that the individual is certified as an EMCT;
 4. Engaging in or soliciting sexual relationships, whether consensual or nonconsensual, with a patient while acting as an EMCT;
 5. Physically or verbally harassing, abusing, threatening, or intimidating a patient or another individual while acting as an EMCT;
 6. Making false or materially incorrect entries in a medical record or wilful destruction of a medical record;
 7. Failing or refusing to maintain adequate records on a patient;
 8. Soliciting or obtaining monies or goods from a patient by fraud, deceit, or misrepresentation;
 9. Aiding or abetting an individual in fraud, deceit, or misrepresentation in meeting or attempting to meet the application requirements for EMCT certification or EMCT recertification contained in this Article, including the requirements established for:
 - a. Completing and passing a course provided by a training program; and
 - b. The national certification organization examination process and national certification organization registration process;
 10. Providing false information or making fraudulent or untrue statements to the Department or about the Department during an investigation conducted by the Department;
 11. Being incarcerated or being placed on parole, supervised release, or probation for any criminal conviction;

12. Being convicted of a misdemeanor identified in R9-25-402(E), which has not been absolutely discharged, expunged, or vacated;
 13. Having national certification organization registration revoked or suspended by the national certification organization for material noncompliance with national certification organization rules or standards; and
 14. Having certification, recertification, or licensure at an EMCT classification level revoked or suspended in another state or jurisdiction.
- B.** Under A.R.S. § 36-2211, physical or mental incompetence of an EMCT is the EMCT's lack of physical or mental ability to provide emergency medical services as required under this Chapter.
- C.** Under A.R.S. § 36-2211 gross incompetence or gross negligence is an EMCT's wilful act or wilful omission of an act that is made in disregard of an individual's life, health, or safety and that may cause death or injury.

R9-25-409. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H), 36-2204(1), (6), and (7), and 36-2211)

- A.** If the Department determines that an applicant or EMCT is not in substantial compliance with applicable laws and rules, under A.R.S. §§ 36-2204 or 36-2211, the Department may:
1. Take the following action against an applicant or EMCT:
 - a. After notice is provided according to A.R.S. § 36-2211 and, if applicable, A.R.S. Title 41, Chapter 6, Article 10, issue:
 - i. A decree of censure to the EMCT, or
 - ii. An order of probation to the EMCT; or
 - b. After notice and opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10:
 - i. Deny an application,
 - ii. Suspend the EMCT's certificate, or
 - iii. Revoke the EMCT's certificate; and
 2. Assess civil penalties against the EMCT.
- B.** In determining which action in subsection (A) is appropriate, the Department shall consider:
1. Prior disciplinary actions;
 2. The time interval since a prior disciplinary action, if applicable;
 3. The applicant's or EMCT's motive;
 4. The applicant's or EMCT's pattern of conduct;
 5. The number of offenses;
 6. Whether the applicant or EMCT failed to comply with instructions from the Department;
 7. Whether interim rehabilitation efforts were made by the applicant or EMCT;
 8. Whether the applicant or EMCT refused to acknowledge the wrongful nature of the misconduct;
 9. Whether the applicant or EMCT made timely and good-faith efforts to rectify the consequences of the misconduct;
 10. The submission of false evidence, false statements, or other deceptive practices during an investigation or disciplinary process;
 11. The vulnerability of a patient or other victim of the applicant's or EMCT's conduct, if applicable; and

12. How much control the applicant or EMCT had over the processes or situation leading to the misconduct.

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL CARE TECHNICIANS

R9-25-501. Definitions

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article, unless otherwise specified:

1. “ALS skill” means a medical treatment, procedure, or technique or administration of a medication that is indicated by a check mark in [Table 5.1](#) under AEMT, EMT-I(99), or Paramedic, but not under EMT.
2. “Immunizing agent” means an immunobiologic recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

R9-25-502. Scope of Practice for EMCTs

A. An EMCT shall perform a medical treatment, procedure, or technique or administer a medication only:

1. If the skill is within the EMCT’s scope of practice skills, as specified in [Table 5.1](#);
2. For an ALS skill:
 - a. If authorized for the EMCT by the EMCT’s administrative medical director, and
 - b. If the EMCT is able to receive on-line medical direction;
3. For a STR skill:
 - a. If the EMCT has documentation of having completed training specific to the skill that is consistent with the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at; <https://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#regulatory-references>;
 - b. If authorized for the EMCT by the EMCT’s administrative medical director; and
 - c. If the EMCT is able to receive on-line medical direction;
4. If the medication is listed as an agent in a table of agents, established according to A.R.S. § 36-2204 and available through the Department at <https://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#regulatory-references>, that the EMCT’s administrative medical director may authorize the EMCT to administer, monitor, or assist a patient in self-administration based on the classification for which the EMCT is certified;
5. If the EMCT is authorized to administer the medication by the:
 - a. EMCT’s administrative medical director, if applicable; or
 - b. If the EMCT is an EMT with no administrative medical director, emergency medical services provider or ambulance service by which the EMCT is employed or for which the EMCT volunteers; and
6. In a manner consistent with standards described in R9-25-408 and, if applicable, with the training in 9 A.A.C. 25, Article 3.

B. An administrative medical director:

1. Shall:
 - a. Ensure that an EMCT has completed training in administration or monitoring of an agent before authorizing the EMCT to administer or monitor the agent;
 - b. Ensure that an EMCT has competency in an ALS skill before authorizing the EMCT to perform the ALS skill;

- c. Before authorizing an EMCT to perform a STR skill, ensure that the EMCT has:
 - i. Completed training specific to the skill, consistent with the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov/ems-regulatory-references; and
 - ii. Demonstrated competency in the skill;
 - d. Periodically thereafter assess an EMCT's competency in an authorized ALS skill and STR skill, according to policies and procedures required in R9-25-201(C)(3)(b)(viii), to ensure continued competency;
 - e. Document the EMCT's:
 - i. Completion of training in administration or monitoring of an agent required in subsection (B)(1)(a),
 - ii. Competency in performing an ALS skill required in subsection (B)(1)(b),
 - iii. Specific training required in subsection (B)(1)(c)(i) and competency required in subsection (B)(1)(c)(ii), and
 - iv. Periodic reassessment required in subsection (B)(1)(d); and
 - f. Maintain documentation of an EMCT's completion of training in administration or monitoring of an agent and competency in performing an authorized ALS skill or STR skill; and
2. May authorize an EMCT to perform all of the ALS skills in Table 5.1 for the application level of EMCT or restrict the EMCT to a subset of the ALS skills in Table 5.1 for the applicable level of EMCT.

R9-25-503. Testing of Medical Treatments, Procedures, Medications, and Techniques that May Be Administered or Performed by an EMCT

- A. Under A.R.S. § 36-2205, the Department may authorize the testing and evaluation of a medical treatment, procedure, technique, practice, medication, or piece of equipment for possible use by an EMCT or an emergency medical services provider.
- B. Before authorizing any test and evaluation according to subsection (A), the Department director shall approve the test and evaluation according to subsections (C), (D), (E).
- C. The Department director shall consider approval of a test and evaluation conducted according to subsection (A), only if a written request for testing and evaluation:
 - 1. Is submitted to the Department director from:
 - a. The Department,
 - b. A state agency other than the Department,
 - c. A political subdivision of this state,
 - d. An EMCT,
 - e. An emergency medical services provider,
 - f. An ambulance service, or
 - g. A member of the public; and
 - 2. Includes:
 - a. A cover letter, signed and dated by the individual making the request;
 - b. An identification of the person conducting the test and evaluation;
 - c. An identification of the medical treatment, procedure, technique, practice, medication, or piece of equipment to be tested and evaluated;

- d. An explanation of the reasons for and the benefits of the test and evaluation;
 - e. The scope of the test and evaluation, including the:
 - i. Projected number of individuals, EMCTs, emergency medical services providers, or ambulance services involved; and
 - ii. Proposed length of time required to complete the test and evaluation; and
 - f. The methodology to be used to evaluate the test's and evaluation's findings.
- D.** The Department director shall approve a test and evaluation if:
- 1. The test and evaluation does not pose a threat to the public health, safety, or welfare;
 - 2. The test is necessary to evaluate the safest and most current advances in medical treatments, procedures, techniques, practices, medications, or equipment; and
 - 3. The medical treatment, procedure, technique, practice, medication, or piece of equipment being tested and evaluated may:
 - a. Reduce or eliminate the use of outdated or obsolete medical treatments, procedures, techniques, practices, medications, or equipment;
 - b. Improve patient care; or
 - c. Benefit the public's health, safety, or welfare.
- E.** Within 180 days after receiving a written request for testing and evaluation that contains all of the information in subsection (C), the Department director shall send written notification of approval or denial of the test and evaluation to the individual making the request.
- F.** Upon completion of a test and evaluation authorized by the Department director, the person conducting the test and evaluation shall submit a written report to the Department director that includes:
- 1. An identification of the test and evaluation;
 - 2. A detailed evaluation of the test; and
 - 3. A recommendation regarding future use of the medical treatment, procedure, technique, practice, medication, or piece of equipment tested and evaluated.

R9-25-504. Protocol for Se lection of a Health Care Institution for Transport

- A.** Except as provided in subsection (B), an EMCT shall transport a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to:
- 1. An emergency receiving facility, or
 - 2. A special hospital that is physically connected to an emergency receiving facility.
- B.** Under A.R.S. §§ 36-2205(D) and 36-2232(F), an EMCT who responds to a call made to 9-1-1 or a similar public emergency dispatch number may refer, advise, or transport the patient at the scene to a health care institution other than a health care institution specified in subsection (A), if the EMCT determines that:
- 1. The patient's condition does not pose an immediate threat to life or limb, based on medical direction; and
 - 2. The health care institution is the most appropriate for the patient, based on the following:
 - a. The patient's:
 - i. Medical condition,
 - ii. Choice of health care institution, and

- iii. Health care provider;
 - b. The location of the health care institution and the emergency medical resources available at the health care institution; and
 - c. A determination by the administrative medical director that the health care institution is able to accept and capable of treating the patient.
- C.** Before initiating transport of a patient accessing emergency medical services through a call to 9- 1-1 or a similar public emergency dispatch number, an EMCT, emergency medical services provider, or ambulance service shall:
- 1. Notify, by radio or telephone communication, a health care institution that is not an emergency receiving facility of the EMCT's intent to transport the patient to the health care institution; and
 - 2. Receive confirmation of the willingness of the health care institution to accept the patient.
- D.** An EMCT transporting a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to a health care institution that is not an emergency receiving facility shall transfer care of the patient to a designee authorized by:
- 1. A physician,
 - 2. A registered nurse practitioner,
 - 3. A physician assistant, or
 - 4. A registered nurse.
- E.** An emergency medical services provider or an ambulance service that implements this rule shall make available for Department review and inspection written records relating to the transport of a patient under subsections (B), (C), and (D).

R9-25-505. Protocol for an EMT-I(99) or a Paramedic to Become Eligible to Administer an Immunizing Agent

- A.** An EMT-I(99) or a Paramedic may be authorized by the EMT-I(99)'s or Paramedic's administrative medical director to administer an immunizing agent if the EMT-I(99) or Paramedic completes training that:
- 1. Includes:
 - a. Basic immunology and the human immune response;
 - b. Mechanics of immunity, adverse effects, dose, and administration schedule of available immunizing agents;
 - c. Response to an emergency situation, such as an allergic reaction, resulting from the administration of an immunization;
 - d. Routes of administration for available immunizing agents;
 - e. A description of the individuals to whom an EMCT may administer an immunizing agent; and
 - f. The requirements in [9 A.A.C. 6, Article 7](#) related to:
 - i. Obtaining written consent for administration of an immunizing agent,
 - ii. Providing immunization information and written immunization records, and
 - iii. Recordkeeping and reporting;
 - 2. Requires the EMT-I(99) or Paramedic to demonstrate competency in the subject matter listed in subsection (A)(1); and
 - 3. Is approved by the EMT-I(99)'s or Paramedic's administrative medical director based upon a determination that the training meets the requirements in subsections (A)(1) and (A)(2).

- B.** An administrative medical director of an EMT-I(99) or a Paramedic who completes the training required in subsection (A) shall maintain for Department review and inspection written evidence that the EMT-I(99) or Paramedic has completed the training required in subsection (A), including at least:
1. The name of the training.
 2. The date the training was completed, and
 3. A signed and dated attestation from the administrative medical director that the training is approved.
- C.** Before administering an immunizing agent to an individual, an EMT-I(99) or a Paramedic shall:
1. Receive written consent with the requirements in 9 A.A.C. 6, Article 7;
 2. Provide immunization information and written immunization records consistent with the requirements in 9 A.A.C. 6, Article 7; and
 3. Provide documentary proof of immunity to the individual consistent with the requirements in 9.A.A.C. 6, Article 7.

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL CARE TECHNICIANS

Agents specified in a table of agents, established according to A.R.S. § 36-2204 and available through the Department at <https://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#regulatory-references>, that an administrative medical director may authorize for administration or monitoring.

1. [R9-25-502\(A\)\(3\)\(a\)](#):

- [Table 5.1 Arizona Scope of Practice Skills](#)

[R9-25-502\(A\)\(4\)](#) – Tables of Agents

- [Table 1: EMCT Drug Box](#)
- [Table 2: Agents Eligible for Administration During a Hazardous Material Incident](#)
- [Table 3: Special Agents Eligible for Administration and Monitoring](#)

ARTICLE 6. STROKE CARE

R9-25-601. Definitions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article, unless otherwise specified:

1. “Acute stroke-ready hospital” means a hospital that is certified by a national stroke center certification organization as meeting national stroke care standards for the initial assessment, diagnosis, stabilization, and either:
 - a. Transfer of a stroke patient to a primary stroke center or comprehensive stroke center, or
 - b. Care of a stroke patient with input from the staff of a primary stroke center or comprehensive stroke center.
2. “Comprehensive stroke center” means a hospital that is certified by a national stroke center certification organization as meeting national stroke care standards for the assessment, diagnosis using advanced imaging devices, and treatment of stroke patients with complex cases of ischemic stroke, caused by the loss of the blood supply to a part of the brain, or hemorrhagic stroke, caused by bleeding into a part of the brain.
3. “Council” means the emergency medical services council established under A.R.S. § 36-2203.
4. “Health care provider” means an individual licensed according to [A.R.S. Title 32](#), Chapter 13, 15, 17, 19, 25, or 34.
5. “Local EMS coordinating system” means the same as in A.R.S. § 36-2210.
6. “National stroke care standards” means criteria for the assessment and treatment of stroke that are consistent with guidelines established by the American Heart Association/American Stroke Association, an organization that focuses on reducing the impact of stroke.
7. “National stroke center certification organization” means an entity:
 - a. Such as:
 - i. The Joint Commission;
 - ii. The Healthcare Facilities Accreditation Program;
 - iii. Det Norske Veritas Healthcare, Inc.; or
 - iv. The American Heart Association/American Stroke Association;
 - b. That assesses the compliance of a hospital with national stroke care standards; and
 - c. That documents hospitals that meet national stroke care standards.
8. “Primary stroke center” means a hospital that is certified by a national stroke center certification organization as meeting national stroke care standards for the assessment, diagnosis, and treatment of stroke patients.
9. “Stroke patient” means an individual who has signs or symptoms of a stroke and is receiving assessment or treatment for a stroke.
10. “Transport” means the same as in A.A.C. [R9-10-101](#).

R9-25-602. Emergency Stroke Care Protocols (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

- A. The council shall:
 1. Establish emergency stroke care protocols, and
 2. Support the adoption of emergency stroke care protocols by emergency medical services providers through local EMS coordinating systems.

- B.** The council shall ensure that emergency stroke care protocols:
1. Are developed and implemented in coordination with:
 - a. Local EMS coordinating systems,
 - b. National organizations that focus on heart disease and stroke,
 - c. Emergency medical services providers, and
 - d. Health care providers;
 2. Include procedures for the pre-hospital assessment and treatment of stroke patients, which may include education about identifying stroke patients who may have an emergent large vessel occlusion, the blockage of a large blood vessel that causes an individual to have an ischemic stroke;
 3. Provide for transport of stroke patients to the most appropriate emergency receiving facility, consistent with A.R.S. § 36-2205(E), taking into account the:
 - a. Needs of a stroke patient;
 - b. Availability of resources in urban areas, suburban areas, rural areas, and wilderness areas;
 - c. Capability of an emergency receiving facility to practice telemedicine, as defined in A.R.S. § [36-3601](#), with specialists in stroke care;
 - d. Location of emergency receiving facilities that:
 - i. Are:
 - (1) Acute stroke-ready hospitals,
 - (2) Primary stroke centers, or
 - (3) Comprehensive stroke centers; and
 - ii. Participate in quality improvement activities, including the submission of data on stroke care provided by the emergency receiving facility that may be compiled on a statewide basis;
 - e. Capability of an emergency receiving facility that is not a primary stroke center or comprehensive stroke center to stabilize a stroke patient before initiating a transfer to a primary stroke center or comprehensive stroke center;
 - f. Capability of an emergency receiving facility that is not a primary stroke center or comprehensive stroke center to stabilize and admit a stroke patient; and
 - g. Distance and duration of transport;
 4. Are consistent with national stroke care standards; and
 5. Are based on data on stroke care from:
 - a. National organizations that focus on heart disease and stroke;
 - b. U.S. Department of Transportation, National Highway Traffic Safety Administration; and
 - c. Statewide data on stroke care, as available.
- C.** The council shall review and update, as necessary, the emergency stroke care protocols in subsection (A) after seeking input from:
1. Local EMS coordinating systems,
 2. National organizations that focus on heart disease and stroke,
 3. Nonprofit organizations that focus on the development of stroke systems of care,

4. Emergency medical services providers, and
5. Health care providers.

ARTICLE 7. AIR AMBULANCE SERVICE LICENSING

R9-25-701. Definitions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article and in Article 8 of this Chapter, unless otherwise specified:

1. “Air ambulance” means an aircraft that is an “ambulance” as defined in A.R.S. § 36-2201.
2. “Air ambulance service” means an ambulance service that uses an air ambulance.
3. “Application packet” means the information, applicable fees, and documents required by the Department when making a decision for:
 - a. Licensing an air ambulance service, or
 - b. Issuing a certificate of registration for an air ambulance.
4. “Base location” means a physical location at which a person houses an air ambulance or equipment and supplies used for the operation of an air ambulance service or provides administrative or other support for the operation of an air ambulance service.
5. “CAMTS” means the Commission on Accreditation of Medical Transport Systems, formerly known as the Commission on Accreditation of Air Medical Services.
6. “Certificate holder” means a person who holds a current and valid certificate of registration for an air ambulance.
7. “Change of ownership” means a transfer of controlling legal or controlling equitable interest and authority in an air ambulance service.
8. “Critical care” means pertaining to a patient who has an illness or injury acutely impairing one or more organ systems, such that the conditions are life-threatening and require constant monitoring to avoid deterioration of the patient’s condition.
9. “Estimated time of arrival” means the number of minutes from the time that an air ambulance service agrees to perform a mission to the time that an air ambulance arrives at the scene.
10. “Interfacility” means between two health care institutions.
11. “Interfacility maternal transport” means an interfacility transport of a woman:
 - a. Whose pregnancy is considered by a physician to be high risk,
 - b. Who is in need of critical care services related to the pregnancy, and
 - c. Who is being transferred to a medical facility that has the specialized perinatal and neonatal resources and capabilities necessary to provide an appropriate level of care.
12. “Interfacility neonatal transport” means an interfacility transport of an infant who is 28 days of age or younger and who is in need of critical care services.
13. “Licensed respiratory care practitioner” has the same meaning as in A.R.S. § 32-3501.
14. “Licensee” means a person who holds a current and valid license from the Department to operate an air ambulance service.
15. “Medical team” means personnel whose main function on a mission is the medical care of the patient being transported.

16. “Mission” means a transport event that involves an air ambulance service’s sending an air ambulance to a patient’s location to provide transport of the patient from one location to another, whether or not transport of the patient is actually provided.
17. “Mission level” means critical care services or ALS services, based on the staffing and the services provided by the air ambulance service.
18. “Mission type” means an emergency medical services transport, interfacility transport, interfacility maternal transport, or interfacility neonatal transport provided by an air ambulance service.
19. “On-line medical guidance” means emergency medical services direction or information provided to a non-EMCT medical team member by a physician through two-way voice communication.
20. “Operate an air ambulance service” means to use an air ambulance:
 - a. To transport a patient from a location in this state to another location in this state,
 - b. From a base location in this state, or
 - c. To transport a patient from a location in this state to a location outside of this state more than once per month.
21. “Owner” means a person that holds a controlling legal or equitable interest and authority in a business organization.
22. “Personnel” means individuals who work for an air ambulance service, with or without compensation, whether as employees, contractors, or volunteers.
23. “Premises” means each physical location of air ambulance service operations and includes all equipment and records at each location.
24. “Proficiency in neonatal resuscitation” means current and valid certification in neonatal resuscitation obtained through completing a nationally recognized training program such as the American Academy of Pediatrics and American Heart Association NRP: Neonatal Resuscitation Program.
25. “Regularly” means at recurring, fixed, or uniform intervals.
26. “Subspecialization” means:
 - a. For a physician board certified by a specialty board approved by the American Board of Medical Specialties, subspecialty certification;
 - b. For a physician board certified by a specialty board approved by the American Osteopathic Association, attainment of either a certification of special qualifications or a certification of added qualifications; and
 - c. For a physician who has completed an accredited residency program, completion of at least one year of training pertaining to the specified area of medicine.
27. “Two-way voice communication” means that two individuals are able to convey information back and forth to each other orally, either directly or through a third-party relay.
28. “Valid” means that a license, certification, or other form of authorization is in full force and effect and not suspended.
29. “Working day” means the period between 8:00 a.m. and 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

R9-25-702. Applicability (A.R.S. §§ 36-2202(A)(4) and 36-2217)

This Article and Article 8 of this Chapter do not apply to persons and vehicles exempted from the provisions of A.R.S. Title 36, Chapter 21.1 as provided in A.R.S. § 36-2217(A).

R9-25-703. Requirement and Eligibility for a License (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)

- A.** A person shall not operate an air ambulance service in this state unless the person has a current and valid air ambulance service license and, except as provided in A.R.S. § 36-2212(C), a current and valid certificate of registration for an air ambulance as required under Article 8 of this Chapter.
- B.** To be eligible to obtain an air ambulance service license, an applicant shall:
 - 1. Have applied for a certificate of registration, issued by the Department under Article 8 of this Chapter, for each aircraft to be used as an air ambulance by the air ambulance service;
 - 2. Possess a copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4, for each aircraft to be used as an air ambulance by the air ambulance service;
 - 3. Have current and valid liability insurance coverage for the air ambulance service that complies with A.R.S. § 36-2215 and that has at least the following liability limits:
 - a. \$1 million for injuries to or death of any one person arising out of any one incident or accident;
 - b. \$3 million for injuries to or death of more than one person in any one incident or accident; and
 - c. \$500,000 for damage to property arising from any one incident or accident;
 - 4. Have current and valid malpractice insurance coverage for the air ambulance service that complies with A.R.S. § 36-2215 and that has a maximum liability limit of at least \$1 million per occurrence; and
 - 5. Comply with all applicable requirements of this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- C.** To maintain eligibility for an air ambulance service license, a licensee shall meet the requirements of subsections (B)(2) through (5) and hold a current and valid certificate of registration, issued by the Department under Article 8 of this Chapter, for each aircraft used as an air ambulance in Arizona by the air ambulance service.

R9-25-704. Application and Licensing Process (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)

- A.** An applicant for an initial license shall submit an application packet to the Department, including:
 - 1. The following information in a Department-provided format:
 - a. The applicant's name; mailing address; e-mail address; fax number, if any; and telephone number;
 - b. The names of all other business organizations operated by the applicant related to the air ambulance service;
 - c. The physical and mailing addresses to be used for the air ambulance service, if different from the applicant's mailing address;
 - d. The name, title, address, e-mail address, and telephone number of the applicant's statutory agent or the individual designated by the applicant to accept service of process and subpoenas for the air ambulance service;
 - e. The name, title, address, e-mail address, and telephone number of the individual acting on behalf of the applicant according to R9-25-102;
 - f. If the applicant is a business organization:
 - i. The type of business organization; and
 - ii. The name; address; e-mail address; telephone number; and fax number, if any, of the individual who is to serve as the primary contact for information regarding the application;

- g. The name and Arizona license number for the physician who is to serve as the administrative medical director for the air ambulance service;
 - h. The intended hours of operation for the air ambulance service;
 - i. The intended schedule of rates for the air ambulance service;
 - j. Which of the following mission types is to be provided:
 - i. Emergency medical services transports,
 - ii. Interfacility transports,
 - iii. Interfacility maternal transports, or
 - iv. Interfacility neonatal transports;
 - k. Which of the following mission levels is to be provided:
 - i. Critical care, or
 - ii. Advanced life support;
 - l. Whether the applicant plans to use fixed-wing or rotor-wing aircraft for the air ambulance service;
 - m. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);
 - n. Attestation that the applicant will comply with all applicable requirements in this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1;
 - o. Attestation that the information provided in the application packet, including the information in the accompanying documents, is accurate and complete; and
 - p. The signature of the applicant and the date signed;
2. Documentation for the individual specified according to subsection (A)(1)(e) that complies with A.R.S. § 41-1080;
 3. A copy of the business organization's articles of incorporation, articles of organization, or partnership documents, if applicable;
 4. For each aircraft to be used as an air ambulance by the air ambulance service:
 - a. An application for registration that includes all of the information and ~~items~~ documents required under R9-25-801(B); and
 - b. A copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. [Title 28](#), Chapter 25, Article 4;
 5. A certificate of insurance establishing that the applicant has current and valid liability insurance coverage for the air ambulance service as required under R9-25-703(B)(3);
 6. A certificate of insurance establishing that the applicant has current and valid malpractice insurance coverage for the air ambulance service as required under R9-25-703(B)(4);
 7. A list of each entity that or physician who is to provide on-line medical direction to EMCTs of the air ambulance service, including:
 - a. For each entity, such as an ALS base hospital, centralized medical direction communications center, or physician group practice, the name, mailing address, e-mail address, and telephone number of the entity; or

- b. For each physician who is to provide on-line medical direction, the name, professional license number, mailing address, e-mail address, and telephone number for the physician;
- 8. If the applicant holds current CAMTS accreditation for the air ambulance service, a copy of the current CAMTS accreditation report.
- B.** No more than 30 days before the expiration date of the current license, a licensee shall submit to the Department a renewal application packet including:
 - 1. The information required in subsection (A)(1), in a Department-provided format;
 - 2. The documents required in subsections (A)(5),(6), (7), and, if applicable, (8) ; and
 - 3. For each aircraft used or to be used as an air ambulance by the air ambulance service:
 - a. Either:
 - i. A copy of a current and valid certificate of registration issued by the Department under Article 8 of this Chapter, or
 - ii. An application packet for registration that includes all of the information and documents required under R9-25-801(B); and
 - b. A copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4.
- C.** Unless an applicant or licensee documents current CAMTS accreditation, as provided in subsection (A)(10), or is applying for an initial license because of a change of ownership as described in R9-25-710(D), the Department shall conduct an inspection, as required under A.R.S. § 36-2214(B) and R9-25-711, during the substantive review period for the application for a license.
- D.** The Department shall review each application packet as described in Article 12 of this Chapter, and:
 - 1. Approve the application;
 - 2. Approve the application with a corrective action plan, as specified in R9-25-711(G)(2); or
 - 3. Deny the application.
- E.** The Department may deny an application if an applicant or licensee:
 - 1. Fails to meet the eligibility requirements of R9-25-703(B);
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
 - 4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
 - 5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3) and requests a denial as permitted under R9-25-1201(E).

R9-25-705. Minimum Standards for Operations as an Air Ambulance Service (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

- A.** A licensee shall ensure that the air ambulance service:
 - 1. Maintains eligibility for licensure as required under R9-25-703(C);
 - 2. Makes a good faith effort to communicate information about its hours of operation to the general public through print media, broadcast media, the Internet, or other means;

3. Makes the air ambulance service's schedule of rates available to any individual upon request and, if requested, in writing;
4. Provides an accurate estimated time of arrival to the person requesting transport at the time that transport is requested and provides an amended estimated time of arrival to the person requesting transport if the estimated time of arrival changes;
5. Except as provided in subsection (B), only transports patients for whom the air ambulance service has the resources to provide appropriate medical care;
6. Does not perform interfacility transport of a patient unless:
 - a. The transport is initiated by the sending health care institution, and
 - b. The destination health care institution confirms that a bed is available for the patient;
7. Ensures that the protocol for the transfer of information to be communicated to emergency receiving facility staff concurrent with the transfer of care, required in R9-25-201(E)(2)(d)(i), includes:
 - a. The date and time the call requesting service was received by the air ambulance service;
 - b. The unique number used by the air ambulance service to identify the mission;
 - c. The name of the air ambulance service;
 - d. The number or other identifier of the air ambulance used for the mission;
 - e. The following information about the patient:
 - i. The patient's name;
 - ii. The patient's date of birth or age, as available;
 - iii. The principal reason for requesting services for the patient;
 - iv. The patient's medical history, including any chronic medical illnesses, known allergies to medications, and medications currently being taken by the patient;
 - v. The patient's level of consciousness at initial contact and when reassessed;
 - vi. The patient's pulse rate, respiratory rate, oxygen saturation, and systolic blood pressure at initial contact and when reassessed;
 - vii. The results of an electrocardiograph, if available;
 - viii. The patient's glucose level at initial contact and when reassessed, if applicable;
 - ix. The patient's level of responsiveness score, as applicable, at initial contact and when reassessed;
 - x. The results of the patient's neurological assessment, if applicable; and
 - xi. The patient's pain level at initial contact and when reassessed; and
 - f. Any procedures or other treatment provided to the patient at the scene or during transport, including any agents administered to the patient;
8. Creates a prehospital incident history report, in a Department-provided format, for each patient that includes the following information:
 - a. The name and identification number of the air ambulance service;
 - b. Information about the software for the storage and submission of the prehospital incident history report;
 - c. The unique number assigned to the mission;

- d. The unique number assigned to the patient;
- e. Information about the response to the call requesting service, including:
 - i. The mission level requested;
 - ii. Information obtained by the person providing direction for response to the request;
 - iii. Information about the air ambulance assigned to the mission;
 - iv. Information about the medical team responding to the call requesting service;
 - v. The priority assigned to the response; and
 - vi. Response delays, as applicable;
- f. Whether patient care was transferred from another EMS provider or ambulance service and, if so, identification of the EMS provider or ambulance service;
- g. The date and time that:
 - i. The call requesting service was received;
 - ii. The request was received by the person coordinating transport;
 - iii. The air ambulance service received the transport request;
 - iv. The air ambulance left for the patient's location;
 - v. The air ambulance arrived at the patient's location;
 - vi. The medical team in the air ambulance arrived at the patient's side;
 - vii. Transfer of the patient's care occurred at a location other than the destination, if applicable;
 - viii. The air ambulance departed the patient's location;
 - ix. The air ambulance arrived at the destination;
 - x. Transfer of the patient's care occurred at the destination;
 - xi. The air ambulance was available to take another mission;
- h. Information about the patient, including:
 - i. The patient's first and last name;
 - ii. The address of the patient's residence;
 - iii. The county of the patient's residence;
 - iv. The country of the patient's residence;
 - v. The patient's gender, race, ethnicity, and age;
 - vi. The patient's estimated weight;
 - vii. The patient's date of birth; and
 - viii. If the patient has an alternate residence, the address of the alternate residence;
- i. The primary method of payment for services and anticipated level of payment;
- j. Information about the scene, including:
 - i. Specific information about the location of the scene;
 - ii. Whether the air ambulance was first on the scene;

- iii. The number of patients at the scene;
 - iv. Whether the scene was the location of a mass casualty incident; and
 - v. If the scene was the location of a mass casualty incident, triage information;
- k. Information about the reason for requesting service for the patient, including:
 - i. The date and time of onset of symptoms and when the patient was last well;
 - ii. Information about the complaint;
 - iii. The patient's symptoms;
 - iv. The results of the medical team's initial assessment of the patient;
 - v. If the patient was injured, information about the injury and the cause of the injury;
 - vi. If the patient experienced a cardiac arrest, information about the etiology of the cardiac arrest and subsequent treatment provided; and
 - vii. For an interfacility transport, the reason for the transport;
- l. Information about any specific barriers to providing care to the patient;
- m. Information about the patient's medical history, including:
 - i. Known allergies to medications,
 - ii. Surgical history,
 - iii. Current medications, and
 - iv. Alcohol or drug use;
- n. Information about the patient's current medical condition, including the information in subsections (A)(7)(e)(v) through (xi) and the time and method of assessment;
- o. Information about agents administered to the patient, including the dose and route of administration, time of administration, and the patient's response to the agent;
- p. If not specifically included under subsection (A)(8)(k), (m)(iv), (n), or (o), the information required in A.A.C. R9-4-602(A);
- q. Information about any procedures performed on the patient and the patient's response to the procedure;
- r. Whether the patient was transported and, if so, information about the transport;
- s. Information about the destination of the transport, including the reason for choosing the destination;
- t. Whether patient care was transferred to another EMS provider or ambulance service and, if so, identification of the EMS provider or ambulance service;
- u. Unless patient care was transferred to another EMS provider or ambulance service, information about:
 - i. Whether the destination facility was notified that the patient being transported has a time-sensitive condition and the time of notification;
 - ii. The disposition of the patient at the destination; and
 - iii. The disposition of the mission;
- v. Any other narrative information about the patient, care received by the patient, or transport; and
- w. The name and certification level of the medical team member providing the information;

9. Creates a record for each mission that includes:
 - a. Mission date;
 - b. Mission level;
 - c. Mission type;
 - d. Staffing of the mission;
 - e. Aircraft type—fixed-wing aircraft or rotor-wing aircraft;
 - f. Name of the person requesting the transport;
 - g. Time of receipt of the transport request;
 - h. The estimated time of arrival, as provided according to subsection (A)(4);
 - i. Departure time to the patient's location;
 - j. Address of the patient's location;
 - k. Arrival time at the patient's location;
 - l. Departure time to the destination health care institution;
 - m. Name and address of the destination health care institution;
 - n. Arrival time at the destination health care institution;
 - o. Either the:
 - i. Unique reference number used by the air ambulance service to identify the patient, or
 - ii. Unique call number used by the air ambulance service to identify the specific mission; and
 - p. Aircraft tail number for the air ambulance used on the mission;
10. Establishes, documents, and, if necessary, implements a plan to address and minimize potential issues of patient health and safety due to the air ambulance service terminating operations at a physical address used for the air ambulance service that:
 - a. Is developed in conjunction with hospitals near the physical address used for the air ambulance service and other persons who may be adversely affected by the air ambulance service terminating operations;
 - b. Includes notification by the air ambulance service of the persons in subsection (A)(9)(a) of the intent to terminate operations, at least 30 calendar days before the termination of operations; and
 - c. Includes temporary measures that will be used until alternate methods may be arranged for patient transport that address patient health and safety;
11. Establishes, documents, and implements a quality improvement program, as specified in policies and procedures, through which:
 - a. Data related to initial patient assessment, patient care, transport services provided, and patient status upon arrival at the destination are:
 - i. Collected continuously;
 - ii. For the information required in subsection (A)(8), submitted to the Department, in a Department-provided format and within 48 hours after the date of a mission, for quality improvement purposes; and

- iii. If the air ambulance service is notified that the submission of information to the Department according to subsection (A)(11)(a)(ii) was unsuccessful, corrected and resubmitted within seven days after notification;
 - b. Continuous quality improvement processes are developed to identify, document, and evaluate issues related to the provision of services, including:
 - i. Care provided to patients with time-sensitive conditions;
 - ii. Transport or documentation, and
 - iii. Patient status upon arrival at the destination;
 - c. A committee consisting of the administrative medical director, the individual managing the air ambulance service or designee, and other employees as appropriate:
 - i. Review the data in subsection (A)(11)(a) and any issues identified in subsection (A)(11)(b) on at least a quarterly basis; and
 - ii. Implement activities to improve performance when deviations in patient care, transport, or documentation are identified; and
 - d. The activities in subsection (A)(11)(c) are documented, consistent with A.R.S. §§ 36-2401, 36-2402, and 36-2403; and
- 12. Beginning within 12 months after the effective date of this Section, establish and maintain a method to electronically document patient information and treatment that is capable of being transferred.
- B.** An air ambulance service may transport a patient for whom the air ambulance does not have the resources to provide appropriate medical care:
 - 1. In a rescue situation in which:
 - a. An individual's life, limb, or health is imminently threatened;
 - b. The threat may be reduced or eliminated by removing the individual from the situation to a location in which medical services may be provided; and
 - c. There is no other practical means of transport, including another air ambulance service, available; or
 - 2. For an interfacility transport of a patient if:
 - a. The sending health care institution provides medically appropriate life support measures, staff, and equipment to sustain the patient during the interfacility transport; and
 - b. Each staff member provided by the sending health care institution has completed training in the subject areas listed in R9-25-707(A) before participating in the interfacility transport.
- C.** If an air ambulance service completes a mission under subsection (B) for which the air ambulance service does not have the resources to provide appropriate medical care, the licensee shall ensure that the air ambulance service creates a record within five working days after the mission, including:
 - 1. The information required under subsection (A)(8),
 - 2. The manner in which the air ambulance service deviated from subsection (A)(5), and
 - 3. The justification for operating under subsection (B).
- D.** If an air ambulance service uses a single-member medical team as authorized under R9-25-706(B) and (C), the licensee shall ensure that the air ambulance service creates a record within five working days after the mission, including:
 - 1. The information required under subsection (A)(9),

2. The name and qualifications of the individual comprising the single-member medical team, and
 3. The justification for using a single-member medical team.
- E.** If an air ambulance service completes a critical care interfacility transport mission under conditions permitted in R9-25-802(F), the licensee shall ensure that the air ambulance service creates a record within five working days after the mission, including:
1. The information required under subsection (A)(9),
 2. A description of the life-support equipment used on the mission,
 3. A list of the equipment and supplies required in R9-25-802(C) that were removed from the air ambulance for the mission, and
 4. The justification for conducting the mission as permitted under R9-25-802(F).
- F.** A licensee shall ensure that an individual does not serve on the medical team for an interfacility maternal transport unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in R9-25-706(A)(2).
- G.** A licensee shall ensure that an individual does not serve on the medical team for an interfacility neonatal transport unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in R9-25-706(A)(3).
- H.** A licensee shall ensure that the air ambulance service:
1. Retains each document required to be created or maintained under this Article or Article 2 or 8 of this Chapter for at least three years after the last event recorded in the document, and
 2. Produces each document for Department review upon request.
- I.** A licensee shall ensure that, while on a mission, two-way voice communication is available:
1. Between and among personnel on the air ambulance, including the pilot; and
 2. Between personnel on the air ambulance and the following persons on the ground:
 - a. Personnel;
 - b. Physicians providing on-line medical direction or on-line medical guidance to medical team members; and
 - c. For a rotor-wing air ambulance mission:
 - i. Emergency medical services providers, and
 - ii. Law enforcement agencies.

R9-25-706. Minimum Standards for Mission Staffing (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

- A.** A licensee shall ensure that, except as provided in subsection (B):
1. Each critical care mission is staffed by a medical team of at least two individuals with the following qualifications:
 - a. For a critical care interfacility transport mission:
 - i. A physician or registered nurse; and
 - ii. Another physician, another registered nurse, Paramedic, or licensed respiratory care practitioner; and
 - b. For a critical care mission that is an emergency medical services transport:

- i. A physician or registered nurse, and
 - ii. A Paramedic or another registered nurse;
- 2. Each interfacility maternal transport mission is staffed by a medical team that:
 - a. Complies with the requirements for a critical care mission medical team in subsection (A)(1); and
 - b. Has the following additional qualifications:
 - i. Proficiency in advanced emergency cardiac life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association;
 - ii. Proficiency in neonatal resuscitation; and
 - iii. Proficiency in stabilization and transport of the pregnant patient;
- 3. Each interfacility neonatal transport mission is staffed by a medical team that:
 - a. Complies with the requirements for a critical care mission medical team in subsection (A)(1); and
 - b. Has the following additional qualifications:
 - i. Proficiency in pediatric advanced emergency life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association; and
 - ii. Proficiency in neonatal resuscitation and stabilization of the neonatal patient; and
- 4. Each advanced life support mission is staffed by a medical team of at least two individuals with the following qualifications:
 - a. For an advanced life support mission that is an emergency medical services transport:
 - i. A physician, registered nurse, or Paramedic; and
 - ii. Another Paramedic or another registered nurse;
 - b. For an advanced life support interfacility transport mission:
 - i. A physician, registered nurse, or Paramedic, and
 - ii. Another Paramedic or a licensed respiratory care practitioner, or another registered nurse.
- B.** If the pilot on a mission using a rotor-wing air ambulance determines, in accordance with the air ambulance service's written guidelines required under subsection (C)(1), that the weight of a second medical team member could potentially compromise the performance of the rotor-wing air ambulance and the safety of the mission, and the use of a single-member medical team is consistent with the on-line medical direction or on-line medical guidance received as required under subsection (C)(2), an air ambulance service may use a single-member medical team consisting of an individual with the following qualification:
 - 1. For a critical care mission, a physician or registered nurse; and
 - 2. For an advanced life support mission, a physician, registered nurse, or Paramedic.
- C.** A licensee shall ensure that:
 - 1. Each air ambulance service rotor-wing pilot is provided with written guidelines to use in determining when the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission, including the conditions of density altitude and weight that warrant the use of a single-member medical team;
 - 2. The following are done, without delay, after an air ambulance service rotor-wing pilot determines that the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission:

- a. The pilot communicates that information to the medical team,
 - b. The medical team obtains on-line medical direction or on-line medical guidance regarding the use of a single-member medical team, and
 - c. The medical team proceeds in compliance with the on-line medical direction or on-line medical guidance;
 3. A single-member medical team has the knowledge and medical equipment to perform one-person cardiopulmonary resuscitation;
 4. The patient care provided by each single-member medical team, including consideration of each patient's status upon arrival at the destination health care institution, is reviewed through the quality improvement processes in R9-25-705(A)(11)(b) and (c); and
 5. A single-member medical team is used only when no other transport team is available that would be more appropriate for delivering the level of care that a patient requires.
- D. A licensee shall ensure that the air ambulance service creates and maintains for each personnel member a file containing documentation of the personnel member's qualifications, including, as applicable, licenses, certifications, and training records.

R9-25-707. Minimum Standards for Training (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)

- A. A licensee shall ensure that each medical team member completes training in the following subjects before serving on a mission:
1. Aviation terminology;
 2. Physiological aspects of flight;
 3. Patient loading and unloading;
 4. Safety in and around the aircraft;
 5. In-flight communications;
 6. Use, removal, replacement, and storage of the medical equipment installed on the aircraft;
 7. In-flight emergency procedures;
 8. Emergency landing procedures; and
 9. Emergency evacuation procedures.
- B. A licensee shall ensure that the air ambulance service documents each medical team member's completion of the training required under subsection (A), including the name of the medical team member, each training component completed, and the date of completion.

R9-25-708. Minimum Standards for Medical Control (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)

- A. A licensee shall ensure that:
1. The air ambulance service has an administrative medical director who:
 - a. Meets the qualifications in subsection (B);
 - b. Supervises and evaluates the quality of medical care provided by medical team members;
 - c. Ensures the competency and current qualifications of all medical team members;
 - d. Except as provided in subsections (A)(3) and (4), ensures that:
 - i. Each EMCT medical team member receives medical direction as required under Article 2 of this Chapter; and

- ii. Each non-EMCT medical team member receives medical guidance through written treatment protocols and according to subsection (C); and
 - e. Approves, ensures implementation of, and annually reviews treatment protocols to be followed by medical team members;
 - 2. The administrative medical director reviews data related to patient care and transport services provided, documentation, and patient status upon arrival at destination that are collected through the quality management program in R9-25-705(A)(11);
 - 3. For an interfacility maternal transport mission, on-line medical direction or on-line medical guidance provided to medical team member is provided by a physician who meets the qualifications of subsection (B)(2)(b)(i);
 - 4. For an interfacility neonatal transport mission, on-line medical direction or on-line medical guidance provided to medical team member is provided by a physician who meets the qualifications of subsection (B)(2)(b)(ii);
- B. An administrative medical director shall:**
- 1. Be a physician; and
 - 2. Comply with one of the following:
 - a. If the air ambulance service provides emergency medical services transports, meet the qualifications of R9-25-201(A)(1); or
 - b. If the air ambulance service does not provide emergency medical services transports, meet the qualifications of R9-25-201(A)(1) or one of the following:
 - i. If the air ambulance service provides interfacility maternal transport missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
 - (1) Obstetrics and gynecology, with subspecialization in critical care medicine or maternal and fetal medicine; or
 - (2) Pediatrics, with subspecialization in neonatal-perinatal medicine;
 - ii. If the air ambulance service provides interfacility neonatal transport missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
 - (1) Obstetrics and gynecology, with subspecialization in maternal and fetal medicine; or
 - (2) Pediatrics, with subspecialization in neonatal-perinatal medicine, neonatology, pediatric critical care medicine, or pediatric intensive care; or
 - iii. If neither subsection (B)(2)(b)(i) or (ii) applies, have board certification or have completed an accredited residency program in one of the following specialty areas:
 - (1) Anesthesiology, with subspecialization in critical care medicine;
 - (2) Internal medicine, with subspecialization in critical care medicine;
 - (3) If the air ambulance service transports only pediatric patients, pediatrics, with subspecialization in pediatric critical care medicine or pediatric emergency medicine; or
 - (4) If the air ambulance service transports only surgical patients, surgery, with subspecialization in surgical critical care.

- C. An administrative medical director shall ensure that each non-EMCT medical team member receives on-line medical guidance provided by:
 - 1. The administrative medical director;
 - 2. Another physician designated by the administrative medical director; or
 - 3. If the medical guidance needed exceeds the administrative medical director's area of expertise, a consulting specialty physician.

R9-25-709. Changes Affecting a License (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)

- A. At least 30 days before the date of a change in an air ambulance service's name, the licensee shall send the Department written notice of the name change.
- B. At least 90 days before an air ambulance service ceases to operate, the licensee shall send the Department written notice of the intention to cease operating, effective on a specific date, and the licensee's intention to relinquish ~~its~~ the air ambulance service's license as of that date.
- C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:
 - 1. For a notice described in subsection (A), issue an amended license that incorporates the name change but retains the expiration date of the current license; and
 - 2. For a notice described in subsection (B), send the licensee written confirmation of the voluntary relinquishment of the air ambulance service's license, with an effective date consistent with the written notice.
- D. A licensee shall notify the Department in writing at least 30 calendar days before:
 - 1. Changing the physical address used for the air ambulance service, as provided according to R9-25-704(A)(1)(c); or
 - 2. Terminating operations at a physical address used for the air ambulance service, as provided according to R9-25-704(A)(1)(c).
- E. A licensee shall notify the Department in writing within one working day after:
 - 1. A change in the air ambulance service's eligibility for licensure under R9-25-703(B) or (C);
 - 2. A change in the business organization information most recently submitted to the Department according to R9-25-704(A)(1)(f);
 - 3. A change in the air ambulance service's CAMTS accreditation status, including a copy of the air ambulance service's new CAMTS accreditation report, if applicable;
 - 4. A change in the air ambulance service's hours of operation, as specified according to R9-25-704(A)(1)(h);
 - 5. A change in the air ambulance service's schedule of rates, as specified according to R9-25-704(A)(1)(i); or
 - 6. A change in the mission types provided, as specified according to R9-25-704(A)(1)(j).
- F. If the Department receives a notice specified in subsection (E)(6), the Department:
 - 1. Shall reissue a license for the air ambulance service reflecting the change, but retaining the expiration date on the original license; and
 - 2. May conduct an inspection according to R9-25-711.

R9-25-710. Term and Transferability of License (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, and 41-1092.11)

- A. The Department shall issue an initial license:

1. When based on current CAMTS accreditation, with a term beginning on the date of issuance of the initial license and ending on the expiration date of the CAMTS accreditation upon which licensure is based; and
 2. When based on Department inspection, with a term beginning on the date of issuance of the initial license and ending three years later.
- B.** The Department shall issue a renewal license with a term beginning on the day after the expiration date shown on the previous license and ending:
1. When based on current CAMTS accreditation, on the expiration date of the CAMTS accreditation upon which licensure is based; and
 2. When based on Department inspection, three years after the effective date of the renewal license.
- C.** If a licensee submits an application packet for renewal as described in R9-25-704(B), the current license does not expire until the Department has made a final determination on the application for renewal, as provided in A.R.S. § 41-1092.11.
- D.** At least 30 days before an anticipated change of ownership:
1. A licensee wanting to transfer an air ambulance service license shall submit a letter to the Department that contains:
 - a. A request that the air ambulance service license be transferred,
 - b. The name and license number of the currently licensed air ambulance service, and
 - c. The name of the person to whom the air ambulance service license is to be transferred; and
 2. The person to whom the license is to be transferred shall submit to the Department an application packet that complies with R9-25-704(A).
- E.** A new owner shall not operate an air ambulance service in this state until:
1. The new owner complies with requirements in Articles 7 and 8 of this Chapter, and
 2. The Department has issued an air ambulance service license to the new owner.

R9-25-711. Inspections and Investigations (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, and 36-2214)

- A.** Except as provided in subsections (D) and (E), the Department shall inspect an air ambulance service, as required under A.R.S. § 36-2214(B), before issuing an initial or renewal license and as necessary to determine compliance with this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- B.** A Department inspection may include the air ambulance service's premises, records, and equipment, and each air ambulance used by the air ambulance service.
- C.** If the Department receives written or verbal information alleging a violation of this Article, Article 2 or 8 of this Chapter, or A.R.S. Title 36, Chapter 21.1, the Department shall conduct an investigation.
 1. The Department may conduct an inspection as part of an investigation.
 2. A licensee shall allow the Department to inspect the air ambulance service's premises, records, and equipment, and each air ambulance and to interview personnel as part of an investigation.
- D.** Except as provided in subsection (C), the Department shall not conduct an inspection of an air ambulance service before issuing an initial or renewal license if an applicant or licensee provides documentation of current CAMTS certification as part of the application packet according to R9-25-704(A)(8).
- E.** When an application for an air ambulance service license is submitted along with a transfer request due to a change of ownership, the Department shall determine whether an inspection is necessary based upon the potential impact to public health, safety, and welfare.

- F. The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.
- G. If the Department determines that an air ambulance service is not in compliance with the requirements in this Article, Article 2 or 8 of this Chapter, or A.R.S. Title 36, Chapter 21.1, the Department may:
 - 1. Take an enforcement action as described in R9-25-712; or
 - 2. Require that the air ambulance service submit to the Department, within 15 days after written notice from the Department, a corrective action plan to address issues of compliance that do not directly affect the health or safety of a patient that:
 - a. Describes how each identified instance of non-compliance will be corrected and reoccurrence prevented, and
 - b. Includes a date for correcting each instance of non-compliance that is appropriate to the actions necessary to correct the instance of non-compliance.

R9-25-712. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, 36-2215, 41-1092.03, and 41-1092.11(B))

- A. The Department may take an action listed in subsection (B) against an air ambulance service that:
 - 1. Fails to meet the eligibility requirements of R9-25-703;
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
 - 4. Does not submit a corrective action plan, as provided in R9-25-711(G)(2), that is acceptable to the Department;
 - 5. Does not complete a corrective action plan submitted according to R9-25-711(G)(2); or
 - 6. Knowingly or negligently provides false documentation or false or misleading information to the Department or to a patient, third-party payor, or other person billed for service.
- B. The Department may take the following actions against an air ambulance service:
 - 1. Except as provided in subsection (B)(3), after notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, suspend:
 - a. The air ambulance service license, or
 - b. The certificate of registration of an aircraft to be used as air ambulance by the air ambulance service;
 - 2. After notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, revoke:
 - a. The air ambulance service license, or
 - b. The certificate of registration of an aircraft to be used as an air ambulance by the air ambulance service; and
 - 3. As permitted under A.R.S. § 41-1092.11(B), if the Department determines that the public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in the Department's order, immediately suspend:
 - a. The air ambulance service license pending proceedings for revocation or other action, or
 - b. The certificate of registration of an aircraft to be used as an air ambulance by the air ambulance service pending proceedings for revocation or other action.
- C. In determining whether to take action under subsection (B), the Department shall consider:
 - 1. The severity of each violation relative to public health and safety;

2. The number of violations relative to the transport volume of the air ambulance service;
3. The nature and circumstances of each violation;
4. Whether each violation was corrected and, if so, the manner of correction; and
5. The duration of each violation.

ARTICLE 8. AIR AMBULANCE REGISTRATION

R9-25-801. Requirement, Eligibility, and Application for an Initial or Renewal Certificate of Registration for an Air Ambulance (Authorized by A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, 36-2232(A)(11), and 36-2240(4))

- A.** To be eligible to obtain a certificate of registration for an air ambulance, an applicant shall:
1. Ensure that the aircraft is not currently registered with the Department by another air ambulance service
 2. Hold a current and valid air ambulance service license issued under Article 7 of this Chapter;
 3. Possess a copy of a current and valid registration for the air ambulance, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4; and
 4. Comply with all applicable requirements of this Article, Articles 2 and 7 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- B.** An applicant for an initial or renewal certificate of registration for an air ambulance shall submit an application packet to the Department, including:
1. The following information in a Department-provided format:
 - a. The applicant's name; mailing address; e-mail address; fax number, if any; and telephone number;
 - b. The names of all other business organizations operated by the applicant related to the use of an air ambulance;
 - c. The physical address of the applicant, if different from the mailing address;
 - d. If applicable, the number of the applicant's air ambulance service license;
 - e. The name, title, address, e-mail address, and telephone number of the individual acting on behalf of the applicant according to R9-25-102;
 - f. The name, address, telephone number, and e-mail address of the owner of the air ambulance, if different from the applicant;
 - g. Whether the air ambulance is a fixed-wing or rotor-wing aircraft;
 - h. The number of engines on the air ambulance;
 - i. The manufacturer's name;
 - j. The model name of the air ambulance;
 - k. The year the air ambulance was manufactured;
 - l. The serial number of the air ambulance;
 - m. The tail number of the air ambulance;
 - n. The aircraft colors, including fuselage, stripe, and lettering;
 - o. A description of any insignia, monogram, or other distinguishing characteristics of the aircraft's appearance;
 - p. The address at which the air ambulance is usually based;
 - q. The address in Arizona at which the air ambulance will be available for inspection;
 - r. The name and telephone number of the individual to contact to arrange for inspection, if the inspection is preannounced;

- s. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);
 - t. Attestation that the information provided in the application packet, including the information in the accompanying documents, is accurate and complete; and
 - u. The dated signature of the applicant;
- 2. A copy of a current and valid registration for the air ambulance, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
- 3. Unless the applicant uses or intends to use the aircraft as an air ambulance only as a volunteer not-for-profit service, the following fees:
 - a. A \$50 registration fee, as required under A.R.S. § 36-2212(D); and
 - b. A \$200 annual regulatory fee, as required under A.R.S. § 36-2240(4).
- C. The Department requires submission of a separate application and the fees in subsection ((b)(3) for each air ambulance.
- D. Except as provided in A.R.S. § 36-2232(A)(11), the Department shall inspect each air ambulance according to R9-25-805(A) and (B) to determine compliance with the provisions of A.R.S. Title 36, Chapter 21.1 and this Article:
 - 1. Within 30 calendar days before issuing an initial certificate of registration; and
 - 2. At least every 12 months thereafter, before issuing a renewal certificate of registration.
- E. The Department shall review and approve or deny each application as described in Article 12 of this Chapter.
- F. If the Department approves the application and sends the applicant the written notice of approval, specified in R9-25-1201(C)(5), the Department shall issue the certificate of registration to the applicant:
 - 1. For an applicant with a current and valid air ambulance service license issued under Article 7 of this Chapter, within five working days after the date on the written notice of approval; and
 - 2. For an applicant that does not have a current and valid air ambulance service license issued under Article 7 of this Chapter, when the air ambulance service license is issued.
- G. The Department may deny a certificate of registration for an air ambulance if the applicant:
 - 1. Fails to meet the eligibility requirements of subsection (A);
 - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 7 of this Chapter;
 - 4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
 - 5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3) and requests a denial as permitted under R9-25-1201(E).

R9-25-802. Minimum Standards for an Air Ambulance (Authorized by A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)

- A. An applicant or certificate holder shall ensure that an air ambulance has:
 - 1. A climate control system to prevent temperature extremes that would adversely affect patient care;
 - 2. If a fixed-wing air ambulance, pressurization capability;
 - 3. Interior lighting that allows for patient care and monitoring without interfering with the pilot's vision;

4. For each place where a patient may be positioned, at least one electrical power outlet or other power source that is capable of operating all electrically powered medical equipment without compromising the operation of any electrical aircraft equipment;
5. A back-up source of electrical power or batteries capable of operating all electrically powered life-support equipment for at least one hour;
6. An entry that allows for patient loading and unloading without rotating a patient and stretcher more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis and without compromising the operation of monitoring systems, intravenous lines, or manual or mechanical ventilation;
7. A configuration that allows each medical team member sufficient access to each patient to begin and maintain treatment modalities, including complete access to the patient's head and upper body for effective airway management;
8. A configuration that allows for rapid exit of personnel and patients, without obstruction from stretchers and medical equipment;
9. A configuration that protects the aircraft's flight controls, throttles, and communications equipment from any intentional or accidental interference from a patient or equipment and supplies;
10. A padded interior or an interior that is clear of objects or projections in the head strike envelope;
11. An installed self-activating emergency locator transmitter;
12. A voice communications system that:
 - a. Is capable of air-to-ground communication, and
 - b. Allows the flight crew and medical team members to communicate with each other during flight;
13. Interior patient compartment wall and floor coverings that are:
 - a. Free of cuts or tears,
 - b. Made from non-absorbent material,
 - c. Capable of being disinfected, and
 - d. Maintained in a sanitary manner; and
14. If a rotor-wing air ambulance, the following:
 - a. A searchlight that:
 - i. Has a range of motion of at least 90 degrees vertically and 180 degrees horizontally,
 - ii. Is capable of illuminating a landing site, and
 - iii. Is located so that the pilot can operate the searchlight without removing the pilot's hands from the aircraft's flight controls;
 - b. Restraining devices that can be used to prevent a patient from interfering with the pilot or the aircraft's flight controls; and
 - c. A light to illuminate the tail rotor.

B. An applicant or certificate holder shall ensure that:

1. Except as provided in subsections (D), (E), and (F), each air ambulance has the equipment and supplies required in subsection (C) for each mission for which the air ambulance is used; and
2. The equipment and supplies on an air ambulance are secured, stored, and maintained in a manner that prevents hazards to personnel and patients.

- C. An applicant or certificate holder shall ensure that an air ambulance used for an advanced life support mission or critical care mission has the following equipment and supplies:
1. The following ventilation and airway equipment and supplies:
 - a. Portable and fixed suction apparatus, with wide-bore tubing, rigid pharyngeal curved suction tip, tonsillar and flexible suction catheters, 5F-14F;
 - b. Portable and fixed oxygen equipment, with variable flow regulators;
 - c. Oxygen administration equipment, including: tubing; non-rebreathing masks (adult and pediatric sizes); and nasal cannulas (adult and pediatric sizes);
 - d. Bag-valve mask, with hand-operated, self-reexpanding bag (adult size), with oxygen reservoir/accumulator; mask (adult, pediatric, infant, and neonate sizes); and valve;
 - e. Airways, oropharyngeal (adult, pediatric, and infant sizes);
 - f. Laryngoscope handle, adult and pediatric, with, if applicable, extra batteries and bulbs;
 - g. Laryngoscope blades, sizes 0, 1, and 2, straight; sizes 3 and 4, straight and curved;
 - h. Endotracheal tube cuff pressure manometer;
 - i. Endotracheal tubes, sizes 2.5-5.0 mm cuffed or uncuffed and 6.0-8.0 mm cuffed;
 - j. Stylettes for Endotracheal tubes, adult and pediatric;
 - k. Airways, nasal (adult, pediatric, and infant sizes), one each in French sizes 16 to 34;
 - l. One type of supraglottic airway device, adult and pediatric;
 - m. 10 mL straight-tip syringes;
 - n. Small volume nebulizer(s) and aerosol masks, adult and pediatric;
 - o. Magill forceps, adult and pediatric;
 - p. Nasogastric tubes, sizes 5F and 8F, Salem sump sizes 14F and 18F;
 - q. End-tidal CO₂ detectors, quantitative;
 - r. Portable automatic ventilator with positive end expiratory pressure; and
 - s. In-line viral/bacterial filter;
 2. The following monitoring and defibrillation equipment and supplies:
 - a. Portable, battery-operated monitor/defibrillator, with:
 - i. Tape write-out/recorder,
 - ii. Defibrillator pads,
 - iii. Adult and pediatric paddles or hands-free patches,
 - iv. ECG leads,
 - v. Adult and pediatric chest attachment electrodes, and
 - vi. Capability to provide electrical discharge below 25 watt-seconds; and
 - b. Transcutaneous cardiac pacemaker, either stand-alone unit or integrated into monitor/defibrillator;
 3. For rotor wing aircraft only, the following immobilization devices and supplies:
 - a. Cervical collars, rigid, adjustable or in an assortment of adult and pediatric sizes;

- b. Head immobilization device, either firm padding or another commercial device;
 - c. Lower extremity (femur) traction device, including lower extremity, limb support slings, padded ankle hitch, padded pelvic support, and traction strap; and
 - d. Upper and lower extremity immobilization splints;
4. The following bandages:
- a. Burn pack, including standard package, clean burn sheets;
 - b. Dressings, including:
 - i. Sterile multi-trauma dressings (various large and small sizes);
 - ii. Abdominal pads, 10" x 12" or larger; and
 - iii. 4" x 4" gauze sponges;
 - c. Gauze rolls, sterile (4" or larger);
 - d. Elastic bandages, non-sterile (4" or larger);
 - e. Occlusive dressing, sterile, 3" x 8" or larger; and
 - f. Adhesive or self-adhesive tape, including various sizes (1" or larger) hypoallergenic and various sizes (1" or larger) adhesive or self-adhesive;
5. The following obstetrical equipment and supplies:
- a. Separate sterile obstetrical kit, including:
 - i. Towels,
 - ii. 4" x 4" dressing,
 - iii. Umbilical tape,
 - iv. Sterile scissors or other cutting utensil,
 - v. Bulb suction,
 - vi. Clamps for cord,
 - vii. Sterile gloves,
 - viii. Blankets, and
 - ix. A head cover; and
 - b. An alternate portable patient heat source or two heat packs;
6. The following infection control equipment and supplies, including the availability of latex-free:
- a. Eye protection (full peripheral glasses or goggles, face shield);
 - b. Masks, at least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator, which are fit-tested;
 - c. Gloves, non-sterile;
 - d. Jumpsuits or gowns;
 - e. Shoe covers;
 - f. Disinfectant hand wash, commercial antimicrobial (towelette, spray, or liquid);
 - g. Disinfectant solution for cleaning equipment;

- h. Standard sharps containers;
 - i. Disposable red trash bags; and
 - j. Protective facemasks or cloth face coverings for patients;
7. The following injury prevention equipment:
- a. Appropriate restraints, such as seat belts or, if applicable, child safety restraints, for patient, personnel, and family members;
 - b. For rotor wing aircraft only, safety vest or other garment with reflective material for each personnel member;
 - c. Fire extinguisher, either disposable with an indicator of a full charge or with a current inspection tag;
 - d. Hazardous material reference guide; and
 - e. Hearing protection for patient and personnel;
8. The following vascular access equipment and supplies:
- a. Intravenous administration equipment, with fluid in bags;
 - b. Antiseptic solution (alcohol wipes and povidone-iodine wipes);
 - c. Intravenous pole or roof hook;
 - d. Intravenous catheters 14G-24G;
 - e. Intraosseous needles, adult and pediatric sizes;
 - f. Venous tourniquet;
 - g. One of each of the following types of intravenous solution administration sets:
 - i. A set with blood tubing,
 - ii. A set capable of delivering 60 drops per cc, and
 - iii. A set capable of delivering 10 or 15 drops per cc;
 - h. Intravenous arm boards, adult and pediatric;
 - i. IV pump or pumps (minimum of 3 infusion lines); and
 - j. IV pressure bag;
9. The agents, specified in a table of agents established according to A.R.S. § 36-2204 and available through the Department at www.azdhs.gov/ems-regulatory-references, that an administrative medical director has authorized for use, based on the EMCT classification of the medical team; and
10. The following miscellaneous equipment and supplies:
- a. Sphygmomanometer (infant, pediatric, and adult regular and large sizes);
 - b. Stethoscope;
 - c. Pediatric equipment sizing reference guide;
 - d. Thermometer with low temperature capability;
 - e. Heavy bandage or paramedic scissors for cutting clothing, belts, and boots;
 - f. Cold packs;
 - g. Flashlight (1) with extra batteries or recharger, as applicable;

- h. Blankets;
 - i. Sheets;
 - j. Disposable emesis bags or basins;
 - k. For fixed wing aircraft only, a disposable bedpan;
 - l. For fixed wing aircraft only, a disposable urinal;
 - m. Properly secured patient transport system;
 - n. Lubricating jelly (water soluble);
 - o. Glucometer or blood glucose measuring device with reagent strips;
 - p. Pulse oximeter with pediatric and adult probes;
 - q. Automatic blood pressure monitor; and
 - r. A commercially available trauma arterial tourniquet.
- D.** An applicant or certificate holder shall ensure that an air ambulance used for an interfacility maternal transport mission has:
- 1. The equipment and supplies in subsection (C); and
 - 2. The following:
 - a. A Doppler fetal heart monitor;
 - b. Unless use is not indicated for the patient as determined through on-line medical direction or on-line medical guidance provided as described in R9-25-708(A)(3), an external fetal heart and tocographic monitor with printer capability;
 - c. Tocolytic and anti-hypertensive medications;
 - d. Advanced emergency cardiac life support equipment and supplies; and
 - e. Neonatal resuscitation equipment and supplies.
- E.** An applicant or certificate holder shall ensure that an air ambulance used for an interfacility neonatal transport mission has:
- 1. The equipment and supplies in subsection (C); and
 - 2. The following:
 - a. A transport incubator with:
 - i. Battery and inverter capabilities,
 - ii. An infant safety restraint system, and
 - iii. An integrated neonatal-capable pressure ventilator with oxygen-air supply and blender;
 - b. An invasive automatic blood pressure monitor;
 - c. A neonatal monitor or monitors with heart rate, respiratory rate, temperature, non-invasive blood pressure, and pulse oximetry capabilities;
 - d. Neonatal-specific drug concentrations and doses;
 - e. Thoracostomy supplies;
 - f. Neonatal resuscitation equipment and supplies;
 - g. A neonatal size cuff (size 2, 3, or 4) for use with an automatic blood pressure monitor; and

- h. A neonatal probe for use with a pulse oximeter.
- F. A certificate holder may conduct a critical care interfacility transport mission using an air ambulance that does not have all of the equipment and supplies required in subsection (C) if:
 - 1. Care of the patient to be transported necessitates use of life-support equipment that, because of its size or weight or both, makes it unsafe or impossible for the air ambulance to carry all of the equipment and supplies required in subsection (C), as determined by the certificate holder based upon:
 - a. The individual aircraft's capabilities,
 - b. The size and weight of the equipment and supplies required in subsection (C) and of the additional life-support equipment,
 - c. The composition of the required medical team, and
 - d. Environmental factors such as density altitude;
 - 2. The certificate holder ensures that, during the mission, the air ambulance has the equipment and supplies necessary to provide an appropriate level of medical care for the patient and to protect the health and safety of the personnel on the mission; and
 - 3. The certificate holder ensures that the air ambulance is not used for another mission until the air ambulance has all of the equipment and supplies required in subsection (C).

R9-25-803. Changes Affecting Registration (Authorized by A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), and 36-2212)

- A. At least 30 days before the date of a change in a certificate holder's name, the certificate holder shall send the Department written notice of the name change.
- B. No later than 10 days after a certificate holder ceases to use an aircraft as an air ambulance, the certificate holder shall send the Department written notice of the date that the certificate holder ceased to use the aircraft as an air ambulance and of the certificate holder's intention to relinquish the certificate of registration for the use as an air ambulance as of that date.
- C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:
 - 1. For a notice described in subsection (A), issue an amended certificate of registration that incorporates the name change but retains the expiration date of the current certificate of registration; and
 - 2. For a notice described in subsection (B):
 - a. Void the certificate of registration for the air ambulance; and
 - b. Send the certificate holder written confirmation of the voluntary relinquishment of the certificate of registration, with an effective date that corresponds to the written notice.
- D. A certificate holder shall notify the Department in writing within one working day after a change in the certificate holder's eligibility to hold a certificate of registration for an air ambulance under R9-25-801(A).
- E. Upon receiving a notification required in subsection (D), the Department:
 - 1. Shall revoke the certificate for the aircraft used as an air ambulance; and
 - 2. If the air ambulance is the only aircraft used as an air ambulance by an air ambulance service, may revoke the license of the air ambulance service.

R9-25-804. Term and Transferability of Certificate of Registration (Authorized by A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 41-1092.11)

- A. The Department shall issue an initial certificate of registration:
 - 1. With a term of one year from date of issuance of the initial certificate of registration; or

2. If requested by the applicant, with a term shorter than one year that allows for the Department to conduct annual inspections of all of the applicant's air ambulances at one time.
- B. The Department shall issue a renewal certificate of registration with a term of one year from the expiration date on the previous certificate of registration.
- C. If a certificate holder submits an application for renewal as described in R9-25-801 before the expiration date of the current certificate of registration, the current certificate of registration does not expire until the Department has made a final determination on the application for renewal, as provided in A.R.S. § 41-1092.11.
- D. A certificate of registration is not transferable from one person to another.
- E. If there is a change in the ownership of an aircraft used as an air ambulance or the person who can legally use the aircraft as an air ambulance, the new owner or person who can use the aircraft as an air ambulance shall apply for and obtain a new certificate of registration before using the aircraft as an air ambulance in this state.

R9-25-805. Inspections (Authorized by A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 36-2232(A)(11))

- A. Except as provided in R9-25-711(C), an applicant or a certificate holder shall make an air ambulance available for inspection within Arizona within 10 working days after a request by the Department.
- B. The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.
- C. As permitted under A.R.S. § 36-2232(A)(11), upon a certificate holder's request and at the certificate holder's expense, the annual inspection of an air ambulance required for renewal of a certificate of registration may be conducted by a Department-approved inspection facility.

ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY

R9-25-901. Definitions (Authorize d by A.R.S. § 36-2202 (A))

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in Articles 9, 10, 11, and 12 unless otherwise specified:

1. "Adjustment" means a modification, correction, or alteration to a rate or charge.
2. "ALS base rate" means the monetary amount assessed to a patient according to A.R.S. § 36-2239(F).
3. "Ambulance Revenue and Cost Report" means Exhibit A or Exhibit B, which records and reports the financial activities of an applicant or a certificate holder.
4. "Application packet" means the fee, documents, forms, and additional information the Department requires to be submitted by an applicant or on an applicant's behalf.
5. "Back-up agreement" means a written arrangement between a certificate holder and a neighboring certificate holder for temporary coverage during limited times when the neighboring certificate holder's ambulances are not available for service in its service area.
6. "BLS base rate" means the monetary amount assessed to a patient according to A.R.S. § 36-2239(G).
7. "Certificate holder" means a person to whom the Department issues a certificate of necessity.
8. "Certificate of registration" means an authorization issued by the Department to a certificate holder to operate a ground ambulance vehicle.
9. "Change of ownership" means:
 - a. In the case of ownership by a sole proprietor, 20% or more interest or a beneficial interest is sold or transferred;
 - b. In the case of ownership by a partnership or a private corporation, 20% or more of the stock, interest, or beneficial interest is sold or transferred; or
 - c. The controlling influence changes to the extent that the management and control of the ground ambulance service is significantly altered.
10. "Charge" means the monetary amount assessed to a patient for disposable supplies, medical supplies, medication, and oxygen-related costs.
11. "Chassis" means the part of a ground ambulance vehicle consisting of all base components, including front and rear suspension, exhaust system, brakes, engine, engine hood or cover, transmission, front and rear axles, front fenders, drive train and shaft, fuel system, engine air intake and filter, accelerator pedal, steering wheel, tires, heating and cooling system, battery, and operating controls and instruments.
12. "Convalescent transport" means a scheduled transport other than an interfacility transport.
13. "Dispatch" means the direction to a ground ambulance service or vehicle to respond to a call for EMS or transport.
14. "Driver's compartment" means the part of a ground ambulance vehicle that contains the controls and instruments for operation of the ground ambulance vehicle.
15. "Financial statements" means an applicant's balance sheet, annual income statement, and annual cash flow statement.
16. "Frame" means the structural foundation on which a ground ambulance vehicle chassis is constructed.
17. "General public rate" means the monetary amount assessed to a patient by a ground ambulance service for ALS, BLS, mileage, standby waiting, or according to a subscription service contract.

18. "Generally accepted accounting principles" means the conventions, and rules and procedures for accounting, including broad and specific guidelines, established by the Financial Accounting Standards Board.
19. "Goodwill" means the difference between the purchase price of a ground ambulance service and the fair market value of the ground ambulance service's identifiable net assets.
20. "Gross revenue" means:
 - a. The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit A, page 2, lines 1, 9, and 20; or
 - b. The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit B, page 3, lines 1, 24, 25, and 26.
21. "Ground ambulance service" means an ambulance service that operates on land.
22. "Ground ambulance service contract" means a written agreement between a certificate holder and a person for the provision of ground ambulance service.
23. "Ground ambulance vehicle" means a motor vehicle, defined in A.R.S. § 28-101, specifically designed to transport ambulance attendants and patients on land.
24. "Indirect costs" means the cost of providing ground ambulance service that does not include the costs of equipment.
25. "Interfacility transport" means a scheduled transport between two health care institutions.
26. "Level of service" means ALS or BLS ground ambulance service, including the type of ambulance attendants used by the ground ambulance service.
27. "Major defect" means a condition that exists on a ground ambulance vehicle that requires the Department or the certificate holder to place the ground ambulance vehicle out-of-service.
28. "Mileage rate" means the monetary amount assessed to a patient for each mile traveled from the point of patient pick-up to the patient's destination point.
29. "Minor defect" means a condition that exists on a ground ambulance vehicle that is not a major defect.
30. "Needs assessment" means a study or statistical analysis that examines the need for ground ambulance service within a service area or proposed service area that takes into account the current or proposed service area's medical, fire, and police services.
31. "Out-of-service" means a ground ambulance vehicle cannot be operated to transport patients.
32. "Patient compartment" means the ground ambulance vehicle body part that holds a patient.
33. "Public necessity" means an identified population needs or requires all or part of the services of a ground ambulance service.
34. "Response code" means the priority assigned to a request for immediate dispatch by a ground ambulance service on the basis of the information available to the certificate holder or the certificate holder's dispatch authority.
35. "Response time" means the difference between the time a certificate holder is notified that a need exists for immediate dispatch and the time the certificate holder's first ground ambulance vehicle arrives at the scene. Response time does not include the time required to identify the patient's need, the scene, and the resources necessary to meet the patient's need.
36. "Response-time tolerance" means the percentage of actual response times for a response code and scene locality that are compliant with the response time approved by the Department for the response code and scene locality, for any 12-month period.

37. "Rural area" means a geographic region with a population of less than 40,000 residents that is not a suburban area.
38. "Scene locality" means an urban, suburban, rural, or wilderness area.
39. "Scheduled transport" means to convey a patient at a prearranged time by a ground ambulance vehicle for which an immediate dispatch and response is not necessary.
40. "Service area" means the geographical boundary designated in a certificate of necessity using the criteria in A.R.S. § 36-2233(E).
41. "Settlement" means the difference between the monetary amount Medicare establishes or AHCCCS pays as an allowable rate and the general public rate a ground ambulance service assesses a patient.
42. "Standby waiting rate" means the monetary amount assessed to a patient by a certificate holder when a ground ambulance vehicle is required to wait in excess of 15 minutes to load or unload the patient, unless the excess delay is caused by the ground ambulance vehicle or the ambulance attendants on the ground ambulance vehicle.
43. "Subscription service" means the provision of EMS or transport by a certificate holder to a group of individuals within the certificate holder's service area and the allocation of annual costs among the group of individuals.
44. "Subscription service contract" means a written agreement for subscription service.
45. "Subscription service rate" means the monetary amount assessed to a person under a subscription service contract.
46. "Substandard performance" means a certificate holder's:
 - a. Noncompliance with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, or the terms of the certificate holder's certificate of necessity, including all decisions and orders issued by the Director to the certificate holder;
 - b. Failure to ensure that an ambulance attendant complies with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, for the level of ground ambulance service provided by the certificate holder; or
 - c. Failure to meet the requirements in 9 A.A.C. 25, Article 10.
47. "Suburban area" means a geographic region within a 10-mile radius of an urban area that has a population density equal to or greater than 1,000 residents per square mile.
48. "Third-party payor" means a person, other than a patient, who is financially responsible for the payment of a patient's assessed general public rates and charges for EMS or transport provided to the patient by a ground ambulance service.
49. "Transfer" means:
 - a. A change of ownership or type of business entity; or
 - b. To move a patient from a ground ambulance vehicle to an air ambulance.
50. "Transport" means the conveyance of one or more patients in a ground ambulance vehicle from the point of patient pick-up to the patient's initial destination.
51. "Type of ground ambulance service" means an interfacility transport, a convalescent transport, or a transport that requires an immediate response.
52. "Urban area" means a geographic region delineated as an urbanized area by the United States Department of Commerce, Bureau of the Census.

53. "Wilderness area" means a geographic region that has a population density of less than one resident per square mile.

R9-25-902. Application for an Initial Certificate of Necessity; Provision of ALS Services; Transfer of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2204, 36-2232, 36-2233(B), 36-2236(A) and (B), 36-2240)

- A. An applicant for an initial certificate of necessity shall submit to the Department an application packet, in a Department-provided format, that includes:
1. An application form that contains:
 - a. The legal business or corporate name, address, telephone number, and facsimile number of the ground ambulance service;
 - b. The name, title, address, e-mail address, and telephone number of the following:
 - i. Each applicant and individual responsible for managing the ground ambulance service;
 - ii. The business representative or designated manager;
 - iii. The individual to contact to access the ground ambulance service's records required in R9-25-910; and
 - iv. The statutory agent for the ground ambulance service, if applicable;
 - c. The name, address, and telephone number of the base hospital or centralized medical direction communications center for the ground ambulance service;
 - d. The address and telephone number of the ground ambulance service's dispatch center;
 - e. The address and telephone number of each suboperation station located within the proposed service area;
 - f. Whether the ground ambulance service is a corporation, partnership, sole proprietorship, limited liability corporation, or other;
 - g. Whether the business entity is proprietary, non-profit, or governmental;
 - h. A description of the communication equipment to be used in each ground ambulance vehicle and suboperation station;
 - i. The make and year of each ground ambulance vehicle to be used by the ground ambulance service;
 - j. The number of ambulance attendants and the type of licensure, certification, or registration for each attendant;
 - k. The proposed hours of operation for the ground ambulance service;
 - l. The type of ground ambulance service;
 - m. The level of ground ambulance service;
 - n. Acknowledgment that the applicant:
 - i. Is requesting to operate ground ambulance vehicles and a ground ambulance service in this state;
 - ii. Has received a copy of 9 A.A.C. 25 and A.R.S. Title 36, Chapter 21.1; and
 - iii. Will comply with the Department's statutes and rules in any matter relating to or affecting the ground ambulance service;
 - o. A statement that any information or documents submitted to the Department are true and correct; and
 - p. The signature of the applicant or the applicant's designated representative and the date signed;

2. The following information:
 - a. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant's proposed service area;
 - b. A statement of the proposed general public rates;
 - c. A statement of the proposed charges;
 - d. The applicant's proposed response times, response codes, and response-time tolerances for each scene locality in the proposed service area, based on the following:
 - i. The population demographics within the proposed service area;
 - ii. The square miles within the proposed service area;
 - iii. The medical needs of the population within the proposed service area;
 - iv. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area;
 - v. The available routes of travel within the proposed service area;
 - vi. The geographic features and environmental conditions within the proposed service area; and
 - vii. The available medical and emergency medical resources within the proposed service area;
 - e. A plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area;
 - f. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and
 - g. Whether an applicant or a designated manager:
 - i. Has ever been convicted of a felony or a misdemeanor involving moral turpitude,
 - ii. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision, or
 - iii. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state;
3. The following documents:
 - a. A description of the proposed service area by any method specified in A.R.S. § 36-2233(E) and a map that illustrates the proposed service area;
 - b. A projected Ambulance Revenue and Cost Report;
 - c. The financing agreement for all capital acquisitions exceeding \$5,000;
 - d. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses;
 - e. Any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)(1) and 36-2234(K);
 - f. The information and documents specified in R9-25-1101, if the applicant is requesting to establish general public rates;
 - g. Any subscription service contract under A.R.S. §§ 36-2232(A)(1) and 36-2237(B);
 - h. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and R9-25-909;

- i. A surety bond if required under A.R.S. § 36-2237(B); and
 - j. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service; and
- 4. Any documents, exhibits, or statements that may assist the Director in evaluating the application or any other information or documents needed by the Director to clarify incomplete or ambiguous information or documents.
- B. Before an applicant provides ALS, the applicant shall submit to the Department the application packet required in subsection (A) and the following:
 - 1. A current written contract for ALS medical direction; and
 - 2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b).
- C. When requesting a transfer of a certificate of necessity:
 - 1. The person wanting to transfer the certificate of necessity shall submit a letter to the Department that contains:
 - a. A request that the certificate of necessity be transferred, and
 - b. The name of the person to whom the certificate of necessity is to be transferred; and
 - 2. The person identified in subsection (C)(1)(b) shall submit:
 - a. The application packet in subsection (A); and
 - b. The information in subsection (B), if ALS is provided.
- D. An applicant shall submit the following fees:
 - 1. \$100 application filing fee for an initial certificate of necessity, or
 - 2. \$50 application filing fee for a transfer of a certificate of necessity.
- E. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

R9-25-903. Determining Public Necessity (A.R.S. § 36-2233(B)(2))

- A. In determining public necessity for an initial or amended certificate of necessity, the Director shall consider the following:
 - 1. The response times, response codes, and response-time tolerances proposed by the applicant for the service area;
 - 2. The population demographics within the proposed service area;
 - 3. The geographic distribution of health care institutions within and surrounding the service area;
 - 4. Whether issuing a certificate of necessity to more than one ambulance service within the same service area is in the public's best interest, based on:
 - a. The existence of ground ambulance service to all or part of the service area;
 - b. The response times of and response-time tolerances for ground ambulance service to all or part of the service area;
 - c. The availability of certificate holders in all or part of the service area; and
 - d. The availability of emergency medical services in all or part of the service area;
 - 5. The information in R9-25-902(A)(1) and (A)(2); and

6. Other matters determined by the Director or the applicant to be relevant to the determination of public necessity.
- B.** In deciding whether to issue a certificate of necessity to more than one ground ambulance service for convalescent or interfacility transport for the same service area or overlapping service areas, the Director shall consider the following:
1. The factors in subsections (A)(2), (A)(3), (A)(4)(a), (A)(4)(c), (A)(4)(d), (A)(5), and (A)(6);
 2. The financial impact on certificate holders whose service area includes all or part of the service area in the requested certificate of necessity;
 3. The need for additional convalescent or interfacility transport; and
 4. Whether a certificate holder for the service area has demonstrated substandard performance.
- C.** In deciding whether to issue a certificate of necessity to more than one ground ambulance service for a 9-1-1 or similarly dispatched transport within the same service area or overlapping service areas, the Director shall consider the following:
1. The factors in subsections (A), (B)(2), and (B)(4);
 2. The difference between the response times in the service area and proposed response times by the applicant;
 3. A needs assessment adopted by a political subdivision, if any; and
 4. A needs assessment, referenced in A.R.S. § 36-2210, adopted by a local emergency medical services coordinating system, if any.

R9-25-904. Application for Renewal of a Certificate of Necessity (A.R.S. §§ 36-2233, 36-2235, 36-2240)

- A.** An applicant for a renewal of a certificate of necessity shall submit to the Department, not less than 60 days before the expiration date of the certificate of necessity, an application packet that includes:
1. An application form that contains the information in R9-25-902(A)(1)(a) through (A)(1)(m) and the signature of the applicant;
 2. Proof of continuous insurance coverage or a statement of continuing self-insurance, including a copy of the current certificate of insurance or current statement of self-insurance required in R9-25-909;
 3. Proof of continued coverage by a surety bond if required under A.R.S. §§ 36-2237(B);
 4. A copy of the list of current charges required in R9-25-1109;
 5. An affirmation that the certificate holder has and is continuing to meet the conditions of the certificate of necessity, including assessing only those rates and charges approved and set by the Director; and
 6. \$50 application filing fee.
- B.** A certificate holder who fails to file a timely application for renewal of the certificate of necessity according to A.R.S. § 36-2235 and this Section, shall cease operations at 12:01 a.m. on the date the certificate of necessity expires.
- C.** To commence operations after failing to file a timely renewal application, a person shall file an initial certificate of necessity application according to R9-25-902 and meet all the requirements for an initial certificate of necessity.
- D.** The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

R9-25-905. Application for Amendment of a Certificate of Necessity (A.R.S. §§ 36-2232(A)(4), 36-2240)

- A. A certificate holder that wants to amend its certificate of necessity shall submit to the Department the application form in R9-25-902(A)(1) and an application filing fee of \$50 for changes in:
1. The legal name of the ground ambulance service;
 2. The legal address of the ground ambulance service;
 3. The level of ground ambulance service;
 4. The type of ground ambulance service;
 5. The service area; or
 6. The response times, response codes, or response-time tolerances.
- B. In addition to the application form in subsection (A), an amending certificate holder shall submit:
1. For the addition of ALS ground ambulance service, the information required in R9-25-902(B)(1) and (B)(2).
 2. For a change in the service area, the information required in R9-25-902(A)(3)(a);
 3. For a change in response times, the information required in subsection R9-25-902(A)(2)(d);
 4. A statement explaining the financial impact and impact on patient care anticipated by the proposed amendment;
 5. Any other information or documents requested by the Director to clarify incomplete or ambiguous information or documents; and
 6. Any documents, exhibits, or statements that the amending certificate holder wishes to submit to assist the Director in evaluating the proposed amendment.
- C. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

R9-25-906. Determining Response Times, Response Codes, and Response-Time Tolerances for Certificates of Necessity and Provision of ALS Services (A.R.S. §§ 36-2232, 36-2233)

In determining response times, response codes, and response-time tolerances for all or part of a service area, the Director may consider the following:

1. Differences in scene locality, if applicable;
2. Requirements of a 9-1-1 or similar dispatch system for all or part of the service area;
3. Requirements in a contract approved by the Department between a ground ambulance service and a political subdivision;
4. Medical prioritization for the dispatch of a ground ambulance vehicle according to procedures established by the certificate holder's medical direction authority; and
5. Other matters determined by the Director to be relevant to the measurement of response times, response codes, and response-time tolerances.

R9-25-907. Observance of Service Area; Exceptions (A.R.S. § 36-2232)

A certificate holder shall not provide EMS or transport within an area other than the service area identified in the certificate holder's certificate of necessity except:

1. When authorized by a service area's dispatch, before the service area's ground ambulance vehicle arrives at the scene; or
2. According to a back-up agreement.

R9-25-908. Transport Requirements; Exceptions (A.R.S. §§ 36-2224, 36-2232)

A certificate holder shall transport a patient except:

1. As limited by A.R.S. § 36-2224;
2. If the patient is in a health care institution and the patient's medical condition requires a level of care or monitoring during transport that exceeds the scope of practice of the ambulance attendants' certification;
3. If the transport may result in an immediate threat to the ambulance attendant's safety, as determined by the ambulance attendant, certificate holder, or medical direction authority;
4. If the patient is more than 17 years old and refuses to be transported; or
5. If the patient is in a health care institution and does not meet the federal requirements for medically necessary ground vehicle ambulance transport as identified in [42 CFR 410.40](#).

R9-25-909. Certificate of Insurance or Self-Insurance (A.R.S. §§ 36-2232, 36-2233, 36-2237)

A. A certificate holder shall:

1. Maintain with an insurance company authorized to transact business in this state:
 - a. A minimum single occurrence automobile liability insurance coverage of \$500,000 for ground ambulance vehicles; and
 - b. A minimum single occurrence malpractice or professional liability insurance coverage of \$500,000; or
2. Be self-insured for the amounts in subsection (A)(1).

B. A certificate holder shall submit to the Department:

1. A copy of the certificate of insurance; or
2. Documentation of self-insurance.

C. A certificate holder shall submit a copy of the certificate of insurance to the Department no later than five days after the date of issuance of:

1. A renewal of the insurance policy; or
2. A change in insurance coverage or insurance company.

R9-25-910. Record and Reporting Requirements (A.R.S. §§ 36-2232, 36-2241, 36-2246)

A. A certificate holder shall submit to the Department, no later than 180 days after the certificate holder's fiscal year end, the appropriate Ambulance Revenue and Cost Report.

B. According to A.R.S. § 36-2241, a certificate holder shall maintain the following records for the Department's review and inspection:

1. The certificate holder's financial statements;
2. All federal and state income tax records;
3. All employee-related expense reports and payroll records;
4. All bank statements and documents verifying reconciliation;
5. All documents establishing the depreciation of assets, such as schedules or accounting records on ground ambulance vehicles, equipment, office furniture, and other plant and equipment assets subject to depreciation;
6. All first care forms required in R9-25-514 and R9-25-615;
7. All patient billing and reimbursement records;

8. All dispatch records, including the following:
 - a. The name of the ground ambulance service;
 - b. The month of the record;
 - c. The date of each transport;
 - d. The number assigned to the ground ambulance vehicle by the certificate holder;
 - e. Names of the ambulance attendants;
 - f. The scene;
 - g. The actual response time;
 - h. The response code;
 - i. The scene locality;
 - j. Whether the scene to which the ground ambulance vehicle is dispatched is outside of the certificate holder's service area; and
 - k. Whether the dispatch is a scheduled transport;
9. All ground ambulance service back-up agreements, contracts, grants, and financial assistance records related to ground ambulance vehicles, EMS, and transport;
10. All written ground ambulance service complaints; and
11. Information about destroyed or otherwise irretrievable records in a file including:
 - a. A list of each record destroyed or otherwise irretrievable;
 - b. A description of the circumstances under which each record became destroyed or otherwise irretrievable; and
 - c. The date each record was destroyed or became otherwise irretrievable.

R9-25-911. Ground Ambulance Service Advertising (A.R.S. § 36-2232)

- A. A certificate holder shall not advertise that it provides a type or level of ground ambulance service or operates in a service area different from that granted in the certificate of necessity.
- B. When advertising, a certificate holder shall not direct the circumvention of the use of 9-1-1 or another similarly designated emergency telephone number.

R9-25-912. Disciplinary Action (A.R.S. §§ 36-2244, 36-2245)

- A. After notice and opportunity to be heard is given according to the procedures in A.R.S. [Title 41](#), Chapter 6, Article 10, a certificate of necessity may be suspended, revoked, or other disciplinary action taken for the following reasons:
 1. The certificate holder has:
 - a. Demonstrated substandard performance; or
 - b. Been determined not to be fit and proper by the Director;
 2. The certificate holder has provided false information or documents:
 - a. On an application for a certificate of necessity;
 - b. Regarding any matter relating to its ground ambulance vehicles or ground ambulance service; or
 - c. To a patient, third-party payor, or other person billed for service; or

3. The certificate holder has failed to:
 - a. Comply with the applicable requirements of A.R.S. Title 36, Chapter 21.1, Articles 1 and 2 or 9 A.A.C. 25; or
 - b. Comply with any term of its certificate of necessity or any rates and charges schedule filed by the certificate holder and approved by the Department.
- B.** In determining the type of disciplinary action to impose under A.R.S. § 36-2245, the Director shall consider:
 1. The severity of the violation relative to public health and safety;
 2. The number of violations relative to the annual transport volume of the certificate holder;
 3. The nature and circumstances of the violation;
 4. Whether the violation was corrected, the manner of correction, and the time-frame involved; and

The impact of the penalty or assessment on the provision of ground ambulance service in the certificate holder's service area.

EXHIBIT 9A. AMBULANCE REVENUE AND COST REPORT, GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: _____ CON No. _____
D.B.A. (Doing Business As): _____ Business Phone: () _____
Financial Records Address: _____ City: _____ Zip Code: _____
Mailing Address (If Different): _____ City: _____ Zip Code: _____
Owner/Manager: _____
Report Contact Person: _____ Phone: () _____ Ext. _____
Report for Period From: _____ To: _____
Method of Valuing Inventory: LIFO: () FIFO: () Other (Explain): _____

**C
CERTIFICATION**

I hereby certify that I have directed the preparation of the Arizona Ambulance Revenue and Cost Report for the facility listed above in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/ vesting.

Mail to:

Department of Health Services
Bureau of Emergency Medical Services and Trauma System Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540, Phoenix, AZ 85007
Telephone: (602) 364-3150; Fax: (602) 364-3567

Revised December 2013

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

STATISTICAL SUPPORT DATA

Line No. DESCRIPTION	(1) SUBSCRIPTION SERVICE <u>TRANSPORTS</u>	(2)** TRANSPORTS UNDER <u>CONTRACT</u>	(3) TRANSPORTS NOT UNDER <u>CONTRACT</u>	(4) <u>TOTALS</u>
01 Number of ALS Billable Runs	_____	_____	_____	_____
02 Number of BLS Billable Runs	_____	_____	_____	_____
03 Number of Loaded Billable Miles	_____	_____	_____	_____
04 Waiting Time (Hr. & Min.)	_____	_____	_____	_____
05 Total Canceled (Non-Billable) Runs				

Number

Donated
Hours

Volunteer Services: (OPTIONAL)

06 Paramedic, EMT-I(99), and AEMT	_____
07 Emergency Medical Technician (EMT)	_____
08 Other Ambulance Attendants	_____
09 Total Volunteer Hours	_____

**This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

STATISTICAL SUPPORT DATA

Line No.	TYPE OF SERVICE	(1) SUBSIDIZED PATIENTS	(2) (3) NON- SUBSIDIZED PATIENTS	TOTALS
01	Number of Advanced Life Support Billable Runs	_____	_____	_____
02	Number of Basic Life Support Billable Runs	_____	_____	_____
03	Number of Loaded Billable Miles	_____	_____	_____
04	Waiting Time (Hours and Minutes)	_____	_____	_____
05	Total Canceled (Non-Billable) Runs	_____	_____	_____
				Number
	Volunteer Services: (OPTIONAL)			Donated Hours
06	Paramedic, EMT-I(99), and AEMT			_____
07	Emergency Medical Technician (EMT)			_____
08	Other Ambulance Attendants _____			_____
09	Total Volunteer Hours			_____

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

STATEMENT OF INCOME

Line

No.	DESCRIPTION	FROM	
	Operating Revenue:		
01	Ambulance Service Routine Operating Revenue	Page 3 Line 10	\$ _____
	Less:		
02	AHCCCS Settlement		_____
03	Medicare Settlement		_____
04	Contractual Discounts	Page 7 Line 22	_____
05	Subscription Service Settlement	Page 8 Line 4	_____
06	Other (Attach Schedule)		_____
07	Total		_____
08	Net Revenue from Ambulance Runs		\$ _____
09	Sales of Subscription Service Contracts	Page 8 Line 8	_____
10	Total Operating Revenue		\$ _____
	Ambulance Operating Expenses:		
11	Bad Debt (Includes Subscription Services Bad Debt)		\$ _____
12	Wages, Payroll Taxes, and Employee Benefits	Page 4 Line 22	_____
13	General and Administrative Expenses	Page 5 Line 20	_____
14	Cost of Goods Sold	Page 3 Line 15	_____
15	Other Operating Expenses	Page 6 Line 28	_____
16	Interest Expense (Attach Schedule IV)	Page 14 CI 4 & 5 Line 28	_____
17	Subscription Service Direct Selling	Page 8 Line 23	_____
18	Total Operating Expenses		_____
19	Ambulance Service Income (Loss) (Line 10 minus Line 18)		\$ _____
	Other Revenue/Expenses:		
20	Other Operating Revenue and Expenses	Page 9 Line 17	\$ _____
21	Non-Operating Revenue and Expense		_____
22	Non-Deductible Expenses (Attach Schedule)		_____
23	Total Other Revenues/Expenses		_____
24	Ambulance Service Income (Loss) - Before Income Taxes		\$ _____
	Provision for Income Taxes:		
25	Federal Income Tax		\$ _____
26	State Income Tax		_____
27	Total Income Tax		_____
28	Ambulance Service - Net Income (Loss)		\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

ROUTINE OPERATING REVENUE

Line

No. DESCRIPTION

Ambulance Service Routine Operating Revenue:		
01	ALS Base Rate	\$ _____
02	BLS Base Rate	_____
03	Mileage Charge	_____
04	Waiting Charge	_____
05	Medical Supplies (Gross Charges)	_____
06	Nurses Charges	_____
07	Total	\$ _
08	Standby Revenue (Attach Schedule)	_____
09	Other Ambulance Service Revenue (Attach Schedule)	_____
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 01)	\$ _

COST OF GOODS SOLD: (MEDICAL SUPPLIES)

11	Inventory at Beginning of Year	_____
12	<u>Plus</u> Purchases	_____
13	<u>Plus</u> Other Costs	_____
14	Less Inventory at End of Year	(_____)
15	Cost of Goods Sold (To Page 2, Line 14)	\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

ROUTINE OPERATING REVENUE

Line No. DESCRIPTION	(1) SUBSIDIZED PATIENTS	(2) NON- SUBSIDIZED PATIENTS	(3) TOTALS
AMBULANCE SERVICE OPERATING REVENUE			
01 ALS Base Rate	\$ _____	\$ _____	\$ _____
02 BLS Base Rate	_____	_____	_____
03 Mileage Charge	_____	_____	_____
04 Waiting Charge	_____	_____	_____
05 Medical Supplies (Gross Charges)	_____	_____	_____
06 Nurses' Charges	_____	_____	_____
07 Total	\$ _____	\$ _____	\$ _____
08 Standby Revenue (Attach Schedule)			_____
09 Other Ambulance Service Revenue (Attach Schedule)			_____
10 Total Ambulance Service Routine Operating Revenue (Column 3 to Page 2, Line 01)			\$ _____
Less:			
11 AHCOCS Settlement	\$ _____	\$ _____	\$ _____
12 Medicare Settlement	_____	_____	_____
13 Subsidy	_____	XXXXXXXXXXXX	_____
14 Other (Attach Schedule)	_____	_____	_____
15 Total Settlements (Column 3 to Page 2, Line 06)	\$ _____	\$ _____	\$ _____
Cost of Goods Sold:			
16 Inventory at Beginning of Year			\$ _____
17 Plus Purchases			_____
18 Plus Other Costs			_____
19 Less Inventory at End of Year			(_____)
20 Cost of Goods Sold (Column 3 to Page 2, Line 14)			\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line	No. DESCRIPTION	No. of *F.T.E.s	AMOUNT
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule1, Page 10, Line 7)		\$
02	Payroll Taxes		
03	Employee Fringe Benefits		
04	Total		\$
05	Gross Wages - MANAGEMENT (Attach Schedule II)		\$
06	Payroll Taxes		
07	Employee Fringe Benefits		
08	Total		\$
Gross Wages - AMBULANCE PERSONNEL (Attach Schedule II)			
	**Casual Labor Wages		
09	Paramedic, EMT-I(99), and AEMT		\$
10	Emergency Medical Technician (EMT) . .		
11	Nurses		
12	Payroll Taxes		
13	Employee Fringe Benefits		
14	Total		\$
Gross Wages - OTHER PERSONNEL (Attach Schedule II)			
15	Dispatch		\$
16	Mechanics		
17	Office and Clerical		
18	Other		
19	Payroll Taxes		
20	Employee Fringe Benefits		
21	Total		\$
22	Total F.T.E.s* Wages, Payroll Taxes, & Employee Benefits (To Page 2, Line 12) . .		\$

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS I

Line No.	DESCRIPTION	(1) No. of *F.T.E.s	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
01	Gross Wages - Management (Attach Schedule II)	_____	\$ _____	_____	_____
02	Payroll Taxes	_____	_____	_____	_____
03	Employee Fringe Benefits	_____	_____	_____	_____
04	Total	_____	\$ _____	_____	_____

Gross Wages - Ambulance Personnel (Attach Schedule):

	**Contractual	Wages			
05	Paramedic, EMT-I(99), and AEMT	_____	_____	\$ _____	_____
06	Emergency Medical Technician (EMT) ..	_____	_____	_____	_____
07	Nurses	_____	_____	_____	_____
08	Drivers	_____	_____	_____	_____
09	Payroll Taxes	_____	_____	_____	_____
10	Employee Fringe Benefits	_____	_____	_____	_____
11	Total	_____	_____	\$ _____	_____

Gross Wages - Other Personnel (Attach Schedule II):

12	Dispatch	_____	\$ _____	-	_____
13	Mechanics	_____	_____	-	_____
14	Office and Clerical	_____	_____	-	_____
15	Other	_____	_____	-	_____
16	Payroll Taxes	_____	_____	-	_____
17	Employee Fringe Benefits	_____	_____	-	_____
18	Total	_____	\$ _____	-	_____
19	Total F.T.E.s* Wages, Payroll Taxes, and Employee Benefits (To Page 2, Line 12)	_____	\$ _____		_____

* Full-Time Equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Contractual + Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.s, do not include contractual hours worked or expenses incurred.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line

No. DESCRIPTION

Basis of Allocations

01	Gross Wages - Management		
02	Payroll Taxes		
03	Employee Fringe Benefits		
04	Total		

Gross Wages - Ambulance Personnel:

Contractual

Wages

05	Paramedic, EMT-I(99), and AEMT		
06	Emergency Medical Technician (EMT)		
07	Nurses		
08	Drivers		
09	Payroll Taxes		
10	Employee Fringe Benefits		
11	Total		

Gross Wages - Other Personnel:

12	Dispatch		
13	Mechanics		
14	Office and Clerical		
15	Other		
16	Payroll Taxes		
17	Employee Fringe Benefits		
18	Total		

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

GENERAL AND ADMINISTRATIVE EXPENSES

Line

No. DESCRIPTION

Professional Services:

01	Legal Fees	\$ _____	
02	Collection Fees	_____	
03	Accounting and Auditing	_____	
04	Data Processing Fees	_____	
05	Other (Attach Schedule)	_____	
06	Total		\$ _____

Travel and Entertainment:

07	Meals and Entertainment	\$ _____	
08	Transportation - Other Company Vehicles	_____	
09	Travel	_____	
10	Other (Attach Schedule)	_____	
11	Total		\$ _____

Other General and Administrative:

12	Office Supplies	\$ _____	
13	Postage	_____	
14	Telephone	_____	
15	Advertising	_____	
16	Professional Liability Insurance	_____	
17	Dues and Subscriptions	_____	
18	Other (Attach Schedule)	_____	
19	Total		\$ _____
20	Total General and Administrative Expenses (To Page 2, Line 13)		\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

GENERAL AND ADMINISTRATIVE EXPENSES

Line No. DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Services:			
01 Legal Fees	\$ _____	_____	\$ _____
02 Collection Fees	_____	_____	_____
03 Accounting and Auditing	_____	_____	_____
04 Data Processing Fees	_____	_____	_____
05 Other (Attach Schedule)	_____	_____	_____
06 Total	\$ _____		\$ _____
Travel and Entertainment:			
07 Meals and Entertainment	\$ _____	_____	\$ _____
08 Transportation - Other Company Vehicles	_____	_____	_____
09 Travel	_____	_____	_____
10 Other (Attach Schedule)	_____	_____	_____
11 Total	\$ _____		\$ _____
Other General and Administrative:			
12 Office Supplies	\$ _____	_____	\$ _____
13 Postage	_____	_____	_____
14 Telephone	_____	_____	_____
15 Advertising	_____	_____	_____
16 Professional Liability Insurance	_____	_____	_____
17 Dues and Subscriptions	_____	_____	_____
18 Other (Attach Schedule)	_____	_____	_____
19 Total	\$ _____		\$ _____
20 Total General & Administrative Expenses (to Page 2, Line 13)	\$ _____		\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

GENERAL AND ADMINISTRATIVE EXPENSES (cont.)

Line

No. DESCRIPTION

Basis of Allocations

Professional Services:

01	Legal Fees	_____
02	Collection Fees	_____
03	Accounting and Auditing	_____
04	Data Processing Fees	_____
05	Other (Attach Schedule)	_____
06	Total	_____

Travel and Entertainment:

07	Meals and Entertainment	_____
08	Transportation - Other Company Vehicles	_____
09	Travel	_____
10	Other (Attach Schedule)	_____
11	Total	_____

Other General and Administrative:

12	Office Supplies	_____
13	Postage	_____
14	Telephone	_____
15	Advertising	_____
16	Professional Liability Insurance	_____
17	Dues and Subscriptions	_____
18	Other (Attach Schedule)	_____
19	Total	_____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

OTHER OPERATING EXPENSES

Line

No. OTHER OPERATING EXPENSES

Depreciation and Amortization:

01	Depreciation (Attach Schedule III) (From Line 20, Col I, Page 13)	\$ 02	
	Amortization	_____	
03	Total		\$ _____
04	Rent/Lease (Attach Schedule III) (From Line 20, Col K, Page 13)		\$ _____

Building/Station Expense:

05	Building and Cleaning Supplies	\$ 06 Utilities	
	_____	_____	
07	Property Taxes	_____	
08	Property Insurance	_____	
09	Repairs and Maintenance	_____	
10	Other (Attach Schedule)	_____	
11	Total		\$ _____

Vehicle Expense - Ambulance Units:

12	License/Registration	\$ _____	
13	Fuel	_____	
14	General Vehicle Service and Maintenance	_____	
15	Major Repairs	_____	
16	Insurance - Service Vehicles	_____	
17	Other (Attach Schedule)	_____	
18	Total		\$ _____

Other Expenses:

19	Dispatch	_____	
20	Education/Training	_____	
21	Uniforms and Uniform Cleaning	_____	
22	Meals and Travel for Ambulance Personnel	_____	
23	Maintenance Contracts	_____	
24	Minor Equipment - Not Capitalized	_____	
25	Ambulance Supplies - Nonchargeable	_____	
26	Other (Attach Schedule)	_____	
27	Total		\$ _____
28	Total Other Operating Expenses (To Page 2, Line 15)		\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

OTHER OPERATING EXPENSES

	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
OTHER OPERATING EXPENSES			
Depreciation and Amortization:			
Depreciation (Attach Schedule III) (From Line 20, Col I, Page 12)	\$ _____	_____	_____
Amortization	_____	_____	_____
Total	\$ _____	_____	_____
Rent/Lease (Attach Schedule III) Line 20, Col K, Page 12	\$ _____	_____	_____
Building/Station Expense:			
Building and Cleaning Supplies	\$ _____	_____	_____
Utilities	_____	_____	_____
Property Taxes	_____	_____	_____
Property Insurance	_____	_____	_____
Repairs and Maintenance	_____	_____	_____
Other (Attach Schedule)	_____	_____	_____
Total	\$ _____	_____	_____
Vehicle Expense - Ambulance Units:			
License/Registration	\$ _____	_____	_____
Fuel	_____	_____	_____
General Vehicle Service and Maintenance	_____	_____	_____
Major Repairs	_____	_____	_____
Insurance - Service Vehicles	_____	_____	_____
Other (Attach Schedule)	_____	_____	_____
Total	\$ _____	_____	_____
Other Expenses:			
Dispatch	\$ _____	_____	_____
Education/Training	_____	_____	_____
Uniforms and Uniform Cleaning	_____	_____	_____
Meals and Travel for Ambulance Personnel	_____	_____	_____
Maintenance Contracts	_____	_____	_____
Minor Equipment - Not Capitalized	_____	_____	_____
Ambulance Supplies - Nonchargeable	_____	_____	_____
Other (Attach Schedule)	_____	_____	_____
Total	\$ _____	_____	_____
Total Other Operating Expenses (To Page 2, Line 15)	\$ _____	_____	_____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

OTHER OPERATING EXPENSES

Line

No. OTHER OPERATING EXPENSES

Basis of Allocations

Depreciation and Amortization:

01	Depreciation	_____
02	Amortization	_____
03	Total	_____
04	Rent/Lease	_____

Building/Station Expense:

05	Building and Cleaning Supplies	_____
06	Utilities	_____
07	Property Taxes	_____
08	Property Insurance	_____
09	Repairs and Maintenance	_____
10	Other (Attach Schedule)	_____
11	Total	_____

Vehicle Expense - Ambulance Units:

12	License/Registration	_____
13	Fuel	_____
14	General Vehicle Service and Maintenance	_____
15	Major Repairs	_____
16	Insurance - Service Vehicles	_____
17	Other (Attach Schedule)	_____
18	Total	_____

Other Expenses:

19	Dispatch	_____
20	Education/Training	_____
21	Uniforms and Uniform Cleaning	_____
22	Meals and Travel for Ambulance Personnel	_____
23	Maintenance Contracts	_____
24	Minor Equipment - Not Capitalized	_____
25	Ambulance Supplies - Nonchargeable	_____
26	Other (Attach Schedule)	_____
27	Total	_____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross <u>Billing</u>	Percent Discount	<u>Allowance</u>
01	_____	_____	—	_____	_____
02	_____	_____	—	_____	_____
03	_____	_____	—	_____	_____
04	_____	_____	—	_____	_____
05	_____	_____	—	_____	_____
06	_____	_____	—	_____	_____
07	_____	_____	—	_____	_____
08	_____	_____	—	_____	_____
09	_____	_____	—	_____	_____
10	_____	_____	—	_____	_____
11	_____	_____	—	_____	_____
12	_____	_____	—	_____	_____
13	_____	_____	—	_____	_____
14	_____	_____	—	_____	_____
15	_____	_____	—	_____	_____
16	_____	_____	—	_____	_____
17	_____	_____	—	_____	_____
18	_____	_____	—	_____	_____
19	_____	_____	—	_____	_____
20	_____	_____	—	_____	_____
21	_____	_____	—	_____	_____
22	Total (To Page 2, Line 4)				_____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line

No.	Description	To	
01	Billings at Fully Established Rate		\$ _____
	Less:		
02	AHCCCS Settlement	_____	
03	Medicare Settlement	_____	
04	Subscription Service Settlements (To Page 2, Line 5)	_____	
05	Subscription Service Bad Debt	_____	
06	Total		\$ _____
07	Net Revenue from Subscription Service Runs		-
08	Sales of Subscription Service (To Page 2, Line 9)		-
09	Other Revenue (Attach Schedule)		-
10	Total Subscription Service Revenue		\$ _____
Direct Expenses Incurred Selling Subscription Contracts:			
11	Salaries/Wages	\$ _____	
12	Payroll Taxes	_____	
13	Employee Fringe Benefits	_____	
14	Professional Services	_____	
15	Contract Labor	_____	
16	Travel	_____	
17	Other General and Administrative Expenses	_____	
18	Depreciation/Amortization	_____	
19	Rent/Lease	_____	
20	Building/Station Expense	_____	
21	Transportation/Vehicles	_____	
22	Other (Attach Schedule)	_____	
23	Total Subscription Service Expenses (To Page 2, Line 17)		\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

OTHER OPERATING REVENUES AND EXPENSES

Line

No. DESCRIPTION

Other Operating Revenues:

01	Supportive Funding - Local (Attach Schedule)	\$ _____	
02	Grant Funds - State (Attach Schedule)	_____	
03	Grant Funds - Federal (Attach Schedule)	_____	
04	Grant Funds - Other (Attach Schedule)	_____	
05	Patient Finance Charges	_____	
06	Patient Late Payment Charges	_____	
07	Interest Earned - Related Person/Organization	_____	
08	Interest Earned - Other	_____	
09	Gain on Sale of Operating Property	_____	
10	Other: _____	_____	
11	Other: _____	_____	
12	Total Operating Revenue		\$ _____

Other Operating Expenses:

13	Loss on Sale of Operating Property	\$ _____	
14	Other: _____	_____	
15	Other: _____	_____	
16	Total Other Operating Expenses		\$ _____
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		\$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

DETAIL OF SALARIES/WAGES
OFFICERS/OWNERS

SCHEDULE 1

Wages Paid by Category

Line No.	Name	Title	% of Ownership	Management	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	<u>Totals</u>	
												Wages Paid To Owners	*FTE
01	_____	_____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
02	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
07	TO TAL			\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080.

1 Total wages paid to owners to Page 4 Col 2 Line 01

2 Total FTEs to Page 4 Col 1 Line 01

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

OPERATING EXPENSES DETAIL OF SALARIES/WAGES

SCHEDULE II

Line

No. Detail of Salaries/Wages - Other Than Officers/Owners

01 MANAGEMENT:

METHOD OF COMPENSATION:

Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	\$s Per Run or Shift
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

02 AMBULANCE PERSONNEL:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

03 OTHER PERSONNEL:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

DEPRECIATION AND/OR RENT/LEASE EXPENSE SCHEDULE III

AMBULANCE VEHICLES AND ACCESSORIAL EQUIPMENT ONLY

	A	B	C	D	E	F	G	H	I	J	K
Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	XXX	2

* Complete Description of property, date placed in service, and rent/lease amount only. 1 To Page 13, Line 19, Column I

2 To Page 13, Line 19, Column K

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

DEPRECIATION AND/OR RENT/LEASE EXPENSES SCHEDULE III

ALL OTHER ITEMS

	A	B	C	D	E	F	G	H	I	J	K
Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
19	SUBTOTAL from Page 12, Line 20	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
20	SUM of Line 18 and 19	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	XXX	4

* Complete Description of property, date placed in service, and rent/lease amount only. 3 To Page 6, Line 01

4 To Page 6, Line 04

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

DETAIL OF INTEREST - Schedule IV

Line		(1) Principal Interest	(2) Balance Beginning of	(3) End of	(4) Interest Expense Related Persons or	(5) Other
No.	Description	Rate	Period	Period	Organizations	Other
	Service Vehicles & Accessorial Equipment					
	Name of Payee:					
01	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
02	_____	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____	_____
	Communication Equipment					
	Name of Payee:					
05	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
06	_____	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____	_____
	Other Property and Equipment					
	Name of Payee:					
08	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
09	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
	Working Capital					
	Name of Payee:					
11	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
	Other					
	Name of Payee:					
14	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
15	TOTAL		\$ _____	\$ _____	\$ _____	\$ _____

----- (To Page 2, Column 2, Line 16) -----

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

BALANCE SHEET

ASSETS

CURRENT ASSETS

01	Cash	\$ _____	
02	Accounts Receivable	_____	
03	Less: Allowance for Doubtful Accounts	_____	
04	Inventory	_____	
05	Prepaid Expenses	_____	
06	Other Current Assets	_____	
07	TOTAL CURRENT ASSETS		\$ __

PROPERTY & EQUIPMENT

08	Less: Accumulated Depreciation		\$ __
09	OTHER NONCURRENT ASSETS		\$ __
10	TOTAL ASSETS		\$ __

LIABILITIES AND EQUITY

CURRENT LIABILITIES

11	Accounts Payable	\$ _____	
12	Current Portion of Notes Payable	_____	
13	Current Portion of <u>Long-Term</u> Debt	_____	
14	Deferred Subscription Income	_____	
15	Accrued Expenses and Other	_____	
16	_____	_____	
17	_____	_____	
18	TOTAL CURRENT LIABILITIES		\$ __

19	NOTES PAYABLE	_____	
20	LONG TERM DEBT OTHER	_____	
21	TOTAL LONG-TERM DEBT		\$ __

EQUITY AND OTHER CREDITS

Paid-in Capital:

22	Common Stock	\$ _____	
23	Paid-In Capital in Excess of Par Value	_____	
24	Contributed Capital	_____	
25	Retained Earnings	_____	
26	Fund Balances	_____	
27	TOTAL EQUITY		\$ __
28	TOTAL LIABILITIES & EQUITY		\$ __

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:

01	Net (loss) Income	\$ _____	
	Adjustments to reconcile net income to net cash provided by operating activities:		
02	Depreciation Expense	_____	
03	Deferred Income Tax	_____	
04	Loss (gain) on Disposal of Property and Equipment	_____	
	(Increase) Decrease in:		
05	Accounts Receivable	_____	
06	Inventories	_____	
07	Prepaid Expenses	_____	
	(Increase) Decrease in:		
08	Accounts Payable	_____	
09	Accrued Expenses	_____	
10	Deferred Subscription Income	_____	

11	Net Cash Provided (Used) by Operating Activities		\$ _____

INVESTING ACTIVITIES:

12	Purchases of Property and Equipment	\$ _____	
13	Proceeds from Disposal of Property and Equipment	_____	
14	Purchases of Investments	_____	
15	Proceeds from Disposal of Investments	_____	
16	Loans Made	_____	
17	Collections on Loans	_____	
18	Other _____	_____	
19	Net Cash Provided (Used) by Investing Activities		\$ _____

FINANCING ACTIVITIES:

New Borrowings:

20	Long-Term	\$ _____	
21	Short-Term	_____	
	Debt Reduction:		
22	Long-Term	_____	
23	Short-Term	_____	
24	Capital Contributions	_____	
25	Dividends paid	_____	
26	Net Cash Provided (Used) by Financing Activities		\$ _____
27	Net Increase (Decrease) in Cash		\$ _____
28	Cash at Beginning of Year		\$ _____
29	Cash at End of Year		\$ _____

SUPPLEMENTAL DISCLOSURES:

Non-cash Investing and Financing Transactions:

31	_____	\$ _____
32	_____	_____
33	Interest Paid (Net of Amounts Capitalized)	_____
34	Income Taxes Paid	_____

EXHIBIT 9B. AMBULANCE REVENUE AND COST REPORT, FIRE DISTRICT AND SMALL RURAL COMPANY

**Department of Health Services Annual
Ambulance Financial Report**

Reporting Ambulance Service

Report Fiscal Year
From: / / To: / / Mo.
Day Year Mo. Day Year

CERTIFICATION

I hereby certify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____ Date: _____ Print Name and Title: _____

Mail to:

Department of Health Services
Bureau of Emergency Medical Services and Trauma System
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007
Telephone: (602) 364-3150
Fax: (602) 364-3567

Revised December 2013

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

STATISTICAL SUPPORT DATA

Line No. DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	*(2) TRANS PORTS UNDER CONTRACT	(3) TRANS PORTS NOT UNDER CONTRACT	(4) TOTALS
01 Number of ALS Billable Transports:	_____	_____	_____	_____
02 Number of BLS Billable Transports:	_____	_____	_____	_____
03 Number of Loaded Billable Miles:	_____	_____	_____	_____
04 Waiting Time (Hr. & Min.):	_____	_____	_____	_____
05 Canceled (Non-Billable) Runs:	_____	_____	_____	_____

AMBULANCE SERVICE ROUTINE OPERATING REVENUE

06 ALS Base Rate Revenue	\$ _____
07 BLS Base Rate Revenue	_____
08 Mileage Charge Revenue	_____
09 Waiting Charge Revenue	_____
10 Medical Supplies Charge Revenue	_____
11 Nurses Charge Revenue	_____
12 Standby Charge Revenue (Attach Schedule)	_____
13 TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE	\$ _____

SALARY AND WAGE EXPENSE DETAIL

GROSS WAGES:

		**No. of F.T.E.s
14 Management	\$ _____	\$ _____
15 Paramedics, EMT-I(99)s, and AEMTs	\$ _____	\$ _____
16 Emergency Medical Technician (EMT)	\$ _____	\$ _____
17 Other Personnel	\$ _____	\$ _____
18 Payroll Taxes and Fringe Benefits - All Personnel	\$ _____	\$ _____

*This column reports only those runs where a contracted discount rate was applied.

**Full-time equivalents (F.T.E.) is the sum of all hours for which employees' wages were paid during the year divided by 2080.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

SCHEDULE OF REVENUES AND EXPENSES

Line

No. DESCRIPTION

FROM

Operating Revenues:

01 Total Ambulance Service Operating Revenue Page 2, Line 13 \$ _____

Settlement Amounts:

02 AHCCCS ()

03 Medicare ()

04 Subscription Service ()

05 Contractual ()

06 Other ()

07 Total (Sum of Lines 02 through 06) ()

08 Total Operating Revenue (Line 01 minus Line 07) \$ _____

Operating Expenses:

09 Bad Debt

10 Total Salaries, Wages, and Employee- Related Expenses \$ _____

11 Professional Services _____

12 Travel and Entertainment _____

13 Other General Administrative _____

14 Depreciation _____

15 Rent/Leasing _____

16 Building/Station _____

17 Vehicle Expense _____

18 Other Operating Expense _____

19 Cost of Medical Supplies Charged to Patients _____

20 Interest _____

21 Subscription Service Sales Expense _____

22 Total Operating Expense (Sum of Lines 09 through 21) _____

23 Total Operating Income or Loss (Line 08 minus Line 22) \$ _____

24 Subscription Contract Sales _____

25 Other Operating Revenue _____

26 Local Supportive Funding _____

27 Other Non-Operating Income (Attach Schedule) _____

28 Other Non-Operating Expense (Attach Schedule) _____

29 NET INCOME/(LOSS) (Line 23 plus Sum of Lines 24 through 28) \$ _____

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

BALANCE SHEET

ASSETS

CURRENT ASSETS

01	Cash	\$ _____	
02	Accounts Receivable	_____	
03	Less: Allowance for Doubtful Accounts	_____	
04	Inventory	_____	
05	Prepaid Expenses	_____	
06	Other Current Assets	_____	
07	TOTAL CURRENT ASSETS		\$ _
PROPERTY & EQUIPMENT			
08	Less: Accumulated Depreciation		\$ _____
09	OTHER NONCURRENT ASSETS		\$ _____
10	TOTAL ASSETS		\$ _____

LIABILITIES AND EQUITY

CURRENT LIABILITIES

11	Accounts Payable	\$ _____	
12	Current Portion of Notes Payable	_____	
13	Current Portion of <u>Long-term</u> Debt	_____	
14	Deferred Subscription Income	_____	
15	Accrued Expenses and Other	_____	
16	_____	_____	
17	_____	_____	
18	TOTAL CURRENT LIABILITIES		\$ _
19	NOTES PAYABLE	_____	
20	LONG TERM DEBT OTHER	_____	
21	TOTAL LONG-TERM DEBT		\$ _

EQUITY AND OTHER CREDITS

Paid-in Capital:

22	Common Stock	\$ _____	
23	Paid-in Capital in Excess of Par Value	_____	
24	Contributed Capital	_____	
25	Retained Earnings	_____	
26	Fund Balances	_____	
27	TOTAL EQUITY		\$ _
28	TOTAL LIABILITIES & EQUITY		\$ _

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:		
01	Net (loss) Income	\$ _____
	Adjustments to reconcile net income to net cash provided by operating activities:	
02	Depreciation Expense	_____
03	Deferred Income Tax	_____
04	Loss (gain) on Disposal of Property and Equipment	_____
	(Increase) Decrease in:	
05	Accounts Receivable	_____
06	Inventories	_____
07	Prepaid Expenses	_____
	(Increase) Decrease in:	
08	Accounts Payable	_____
09	Accrued Expenses	_____
10	Deferred Subscription Income	_____
10	Net Cash Provided (Used) by Operating Activities	\$ _____
INVESTING ACTIVITIES:		
11	Purchases of Property and Equipment	_____
12	Proceeds from Disposal of Property and Equipment	_____
13	Purchases of Investments	_____
14	Proceeds from Disposal of Investments	_____
15	Loans Made	_____
16	Collections on Loans	_____
17	Other _____	_____
18	Net Cash Provided (Used) by Investing Activities	\$ _____
FINANCING ACTIVITIES:		
New Borrowings:		
20	Long-Term	_____
21	Short-Term	_____
Debt Reduction:		
22	Long-Term	_____
23	Short-Term	_____
24	Capital Contributions	_____
25	Dividends paid	_____
26	Net Cash Provided (Used) by Financing Activities	\$ _____
27	Net Increase (Decrease) in Cash	\$ _____
28	Cash at Beginning of Year	\$ _____
29	Cash at End of Year	\$ _____
30	SUPPLEMENTAL DISCLOSURES:	
Non-cash Investing and Financing Transactions:		
31	_____	\$ _____
32	_____	_____
33	Interest Paid (Net of Amounts Capitalized)	_____
34	Income Taxes Paid	_____

INSTRUCTIONS

Page 1: COVER

1. Enter the name of the ambulance service on the line "Reporting Ambulance Service."
2. Print the name and title of the ambulance service's authorized representative on the lines indicated; enter the date of signature; authorized representative must sign thereport.

Page 2: STATISTICAL SUPPORT DATA and ROUTINE OPERATING REVENUE

Enter the ambulance service's business name and the appropriate reporting period.

Statistical Support Data:

- Lines 01-02: Enter the number of billable ALS and BLS transports for each of the three categories. Subscription Service Transports should not be included with Transports Under Contract.
- Lines 03-04: Enter the total of patient loaded transport miles and waiting times for each of the transport categories.
- Line 05: List TOTAL of canceled/non-billable runs.

Ambulance Service Routine Operating Revenue:

- Line 06: Enter the total amount of all ALS Base Rate gross billings.
- Line 07: Enter the total amount of all BLS Base Rate gross billings.
- Line 08: Enter the total of Mileage Charge gross billings.
- Line 09: Enter the total Waiting Time gross billings.
- Line 10: Enter the total of all gross billings of Medical Supplies to patients.
- Line 11: RESERVED FOR FUTURE USE - Charges for Nurses currently are not allowed. Line 12: Enter the total of all Standby Time charges. (Attach a schedule showing sources.)
- Line 13: Add the totals from Line 06 through Line 12. Enter sum on Line 13.

Salary and Wage Expense Detail:

- Line 14: Enter the total salary amount allocated and paid to Management of the ambulance service.
- Line 15: Enter the total salary amount allocated and paid to Paramedics, EMT-I(99)s, and AEMTs
- Line 16: Enter the total salary amount allocated and paid to Emergency Medical Technicians (EMTs).
- Line 17: Enter the total salary amount allocated and paid to Other Personnel involved with the ambulance service. (Examples: Dispatch, Mechanics, Office)
- Line 18: Enter the total allocated amount of Payroll Taxes and Fringe Benefits paid to employees included in lines 14 through 17.

ANNUAL AMBULANCE FINANCIAL REPORT

EXPENSE CATEGORIES FOR USE ON PAGE 3

Line 09 Bad Debt

Line 10 Total Salaries, Wages, and Employee-Related Expenses

- Salaries, Wages, Payroll Taxes, and Employee Benefits

Line 11 Professional Services

- Legal/Management Fees
- Collection Fees
- Accounting/Auditing
- Data Processing Fees

Line 12 Travel and Entertainment (Administrative)

- Meals and Entertainment
- Travel/Transportation

Line 13 Other General and Administrative

- Office Related (Supplies, Phone, Postage, Advertising)
- Professional Liability Insurance
- Dues, Subscriptions, Miscellaneous

Line 14 Depreciation

Line 15 Rent/Leasing

Line 16 Building/Station

- Utilities, Property Taxes/Insurance,

Cleaning/Maintenance Line 17 Vehicle Expenses

- License/Registration
- Repairs/Maintenance
- Insurance

Line 18 Other Operating Expenses

- Dispatch Contracts
- Employee Education/Training, Uniforms, Travel/Meals
- Maintenance Contracts
- Minor Equipment, Non-Chargeable Ambulance Supplies

Line 19 Cost of Medical Supplies Charged to Patients

Line 20 Interest Expense

- Interest on: Bank Loans/Lines of Credit

Line 21 Subscription Service Sales Expenses

- Sales Commissions, Printing

INSTRUCTIONS (cont'd)

Page 3: SCHEDULE OF REVENUES AND EXPENSES

Operating Revenues:

- Line 01: Transfer appropriate total from Page 2 as indicated.
Line 02: Enter settlement amounts from AHCCCS transports. (DO NOT include settlement amounts resulting from a transport made under a SUBSCRIPTION SERVICE CONTRACT)
Line 03: Enter settlement amounts from Medicare transports. (DO NOT include settlement amounts resulting from
a transport made under a SUBSCRIPTION SERVICE CONTRACT)
Line 04: Enter total of ALL settlement amounts from Subscription Service Contract transports.
Line 05: Enter total of ALL settlement amounts from Contractual transports only.
Line 06: Enter total from any other settlement sources.
Line 07: Enter sum of lines 02 through 06.
Line 08: Total Operating Revenue (The amount from Line 01 minus Line 07).

Operating Expenses:

- Lines 09-21: Report as either actual or allocated from expenses shared with Fire or other departments.
Line 22: Enter the total sum of lines 09 through 21.
Line 23: Enter the difference of line 08 minus line 22.
Line 24: Enter the gross amount of sales from Subscription Service Contracts.
Line 25: Enter the amount of Other Operating Revenues.
Ex: Federal, State or Local Grants, Interest Earned, Patient Finance Charges.
Line 26: Enter the total of Local Supportive Funding.
Line 27: List other non-operating revenues (Ex: Donations, sales of assets, fund raisers).
Line 28: List other non-operating expenses (Ex: Civil fines or penalties, loss on sale of assets).
Line 29: Net Income (Line 23 plus Lines 24 through 27, minus Line 28).

Page 4: BALANCE SHEET

Current audited financial statements may be submitted in lieu of this page.

Page 5: STATEMENT OF CASH FLOWS

Current audited financial statements may be submitted in lieu of this page.

Questions regarding this reporting form can submitted
to: Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
Certificate of Necessity and Rates
Section 150 North 18th Avenue,
Suite 540
Phoenix, AZ 85007
Telephone: (602) 364-3150
Fax: (602) 364-3567

ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

R9-25-1001. Initial and Renewal Application for a Certificate of Registration (A.R.S. §§ 36-2212, 36-2232, 36-2240)

- A. A person applying for an initial or renewal certificate of registration of a ground ambulance vehicle shall submit an application form to the Department that contains:
1. The applicant's legal business or corporate name;
 2. The applicant's mailing address, physical address of the business, and business, facsimile, and emergency telephone numbers;
 3. The identifying information of the ground ambulance vehicle, including:
 - a. The make of the ground ambulance vehicle;
 - b. The ground ambulance vehicle manufacture year;
 - c. The ground ambulance vehicle identification number;
 - d. The unit number of the ground ambulance vehicle;
 - e. The ground ambulance vehicle's state license number; and
 - f. The location at which the ground ambulance vehicle will be available for inspection;
 4. The identification number of the certificate of necessity to which the ground ambulance vehicle is registered;
 5. The name and telephone number of the person to contact to arrange for inspection, if the inspection is pre-announced; and
 6. The signature of the applicant or applicant's designated representative.
- B. Under A.R.S. § 36-2232(A)(11), the Department shall inspect each ambulance before an initial certificate of registration is issued by the Department.
- C. Under A.R.S. § 36-2232(A)(11), the Department shall either inspect an ambulance or receive an inspection report that meets the requirements in this Article by a Department-approved inspection facility before a renewal certificate of registration is issued by the Department.
- D. An applicant shall submit the following fees:
1. \$50 application filing fee for an initial certificate of registration;
 2. \$200 annual regulatory fee for each ground ambulance vehicle issued a certificate of registration; and
 3. \$50 application filing fee for the renewal of a certificate of registration.
- E. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

R9-25-1002. Minimum Standards for Ground Ambulance Vehicle s (Authorized by A.R.S. § 36-2202(A)(5))

An applicant for a certificate of registration or certificate holder shall ensure a ground ambulance vehicle is equipped with the following:

1. An engine intake air cleaner that meets the ground ambulance vehicle manufacturer's engine specifications;
2. A brake system that meets the requirements in A.R.S. § [28-952](#);
3. A cooling system in the engine compartment that maintains the engine temperature operating range required to prevent damage to the ground ambulance vehicle engine;
4. A battery:
 - a. With no leaks, corrosion, or other visible defects; and

- b. As measured by a voltage meter, capable of generating:
 - i. 12.6 volts at rest; and
 - ii. 13.2 to 14.2 volts on high idle with all electrical equipment turned on;
- 5. A wiring system in the engine compartment designed to prevent the wire from being cut by or tangled in the engine or hood;
- 6. Hoses, belts, and wiring with no visible defects;
- 7. An electrical system capable of maintaining a positive amperage charge while the ground ambulance vehicle is stationary and operating at high idle with headlights, running lights, patient compartment lights, environmental systems, and all warning devices turned on;
- 8. An exhaust pipe, muffler, and tailpipe under the ground ambulance vehicle and securely attached to the chassis;
- 9. A frame capable of supporting the gross vehicle weight of the ground ambulance vehicle;
- 10. A horn that meets the requirements in A.R.S. § [28-954](#)(A);
- 11. A siren that meets the requirements in A.R.S. § 28-954(E);
- 12. A front bumper that is positioned at the forward-most part of the ground ambulance vehicle extending to the ground ambulance vehicle's outer edges;
- 13. A fuel cap of a type specified by the manufacturer for each fuel tank;
- 14. A steering system to include:
 - a. Power-steering belts free from frays, cracks, or slippage;
 - b. Power-steering that is free from leaks;
 - c. Fluid in the power-steering system that fills the reservoir between the full level and the add level indicator on the dipstick; and
 - d. Bracing extending from the center of the steering wheel to the steering wheel ring that is not cracked;
- 15. Front and rear shock absorbers that are free from leaks;
- 16. Tires on each axle that:
 - a. Are properly inflated;
 - b. Are of equal size, equal ply ratings, and equal type;
 - c. Are free of bumps, knots, or bulges;
 - d. Have no exposed ply or belting; and
 - e. Have tread groove depth equal to or more than 4/32 inch;
- 17. An air cooling system capable of achieving and maintaining a 20° F difference between the air intake and the cool air outlet;
- 18. Air cooling and heater hoses secured in all areas of the ground ambulance vehicle and chassis to prevent wear due to vibration;
- 19. Body free of damage or rust that interferes with the physical operation of the ground ambulance vehicle or creates a hole in the driver's compartment or the patient compartment;
- 20. Windshield defrosting and defogging equipment;
- 21. Emergency warning lights that provide 360° conspicuity;

22. At least one 5-lb. ABC dry, chemical, multi-purpose fire extinguisher in a quick release bracket with a current inspection tag;
23. A heating system capable of achieving and maintaining a temperature of not less than 68° F in the patient compartment within 30 minutes;
24. Sides of the ground ambulance vehicle insulated and sealed to prevent dust, dirt, water, carbon monoxide, and gas fumes from entering the interior of the patient compartment and to reduce noise;
25. Interior patient compartment wall and floor coverings that are:
 - a. In good repair and capable of being disinfected, and
 - b. Maintained in a sanitary manner;
26. Padding over exit areas from the patient compartment and over sharp edges in the patient compartment;
27. Secured interior equipment and other objects;
28. When present, hangers or supports for equipment mounted not to protrude more than 2 inches when not in use;
29. Functional lamps and signals, including:
 - a. Bright and dim headlamps,
 - b. Brake lamps,
 - c. Parking lamps,
 - d. Backup lamps,
 - e. Tail lamps,
 - f. Turn signal lamps,
 - g. Side marker lamps,
 - h. Hazard lamps,
 - i. Patient loading door lamps and side spot lamps,
 - j. Spot lamp in the driver's compartment and within reach of the ambulance attendant, and
 - k. Patient compartment interior lamps;
30. Side-mounted rear vision mirrors and wide vision mirror mounted on, or attached to, the side-mounted rear vision mirrors;
31. A patient loading door that permits the safe loading and unloading of a patient occupying a stretcher in a supine position;
32. At least two means of egress from the patient compartment to the outside through a window or door;
33. Functional open door securing devices on a patient loading door;
34. Patient compartment upholstery free of cuts or tears and capable of being disinfected;
35. A seat belt installed for each seat in the driver's compartment;
36. Belts or devices installed on a stretcher to be used to secure a patient;
37. A seat belt installed for each seat in the patient compartment;
38. A crash stable side or center mounting fastener of the quick release type to secure a stretcher to a ground ambulance vehicle;

39. Windshield and windows free of obstruction;
40. A windshield free from unrepaired starred cracks and line cracks that extend more than 1 inch from the bottom and sides of the windshield or that extend more than 2 inches from the top of the windshield;
41. A windshield-washer system that applies enough cleaning solution to clear the windshield;
42. Operable windshield wipers with a minimum of two speeds;
43. Functional hood latch for the engine compartment;
44. Fuel system with fuel tanks and lines that meets manufacturer's specifications;
45. Suspension system that meets the ground ambulance vehicle manufacturer's specifications;
46. Instrument panel that meets the ground ambulance vehicle manufacturer's specifications; and
47. Wheels that meet and are mounted according to manufacturer's specifications.

R9-25-1003. Minimum Equipment and Supplies for Ground Ambulance Vehicles (Authorize d by A.R.S. § 36-2202(A)(5))

- A. A ground ambulance vehicle used for either BLS or ALS level of service shall contain the following operational equipment and supplies:
 1. A portable and a fixed suction apparatus;
 2. Wide-bore tubing, a rigid pharyngeal curved suction tip, and a flexible suction catheter in the following French sizes:
 - a. Two in 6, 8, or 10; and
 - b. Two in 12, 14, or 16;
 3. One fixed oxygen cylinder or equivalent with a minimum capacity of 106 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
 4. One portable oxygen cylinder with a minimum capacity of 13 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
 5. Oxygen administration equipment including: tubing, two adult-size and two pediatric-size non-rebreather masks, and two adult-size and two pediatric-size nasal cannula;
 6. One adult-size, one child-size, one infant-size, and one neonate-size hand-operated, disposable, self-expanding bag-valve with one of each size bag-valve mask;
 7. Nasal airways in the following French sizes:
 - a. One in 16, 18, 20, 22, or 24; and
 - b. One in 26, 28, 30, 32, or 34;
 8. Two adult-size, two child-size, and two infant-size oropharyngeal airways;
 9. Two large-size, two medium-size, and two small-size cervical immobilization devices;
 10. Two small-size, two medium-size, and two large size upper extremities splints;
 11. Two small-size, two medium-size, and two large size lower extremities splints;
 12. One child-size and one adult-size lower extremity traction splints;
 13. Two full-length spine boards;
 14. Supplies to secure a patient to a spine board;

15. One cervical-thoracic spinal immobilization device for extrication;
16. Two sterile burn sheets;
17. Two triangular bandages;
18. Three sterile multi-trauma dressings, 10" x 30" or larger;
19. Fifty non-sterile 4" x 4" gauze sponges;
20. Ten non-sterile soft roller bandages, 4" or larger;
21. Four sterile occlusive dressings, 3" x 8" or larger;
22. Two 2" or 3" adhesive tape rolls;
23. Containers for biohazardous medical waste that comply with requirements in 18 A.A.C. 13, Article 14;
24. A sterile obstetrical kit containing towels, 4" x 4" dressing, scissors, bulb suction, and clamps or tape for cord;
25. One blood glucose testing kit;
26. A meconium aspirator adapter;
27. A length/weight-based pediatric reference guide to determine the appropriate size of medical equipment and drug dosing;
28. A pulse oximeter with both pediatric and adult probes;
29. One child-size, one adult-size, and one large adult-size sphygmomanometer;
30. One stethoscope;
31. One heavy duty scissors capable of cutting clothing, belts, or boots;
32. Two blankets;
33. One thermal absorbent blanket with head cover or blanket of other appropriate heat- reflective material;
34. Two sheets;
35. Body substance isolation equipment, including:
 - a. Two pairs of non-sterile disposable gloves;
 - b. Two gowns;
 - c. Two masks that are at least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator, which may be of universal size;
 - d. Two pairs of shoe coverings; and
 - e. Two sets of protective eye wear;
36. At least three pairs of non-latex gloves; and
37. A wheeled, multi-level stretcher that is:
 - a. Suitable for supporting a patient at each level;
 - b. At least 69 inches long and 20 inches wide;
 - c. Rated for use with a patient weighing up to or more than 350 pounds;
 - d. Adjustable to allow a patient to recline and to elevate the patient's head and upper torso to an angle at least 70° from the horizontal plane;

- e. Equipped with a mattress that has a protective cover;
 - f. Equipped with at least two attached straps to secure a patient during transport; and
 - g. Equipped to secure the stretcher to the interior of the vehicle during transport using the fastener required under R9-25-1002(38).
- B.** In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide BLS shall contain at least:
- 1. The minimum supply of agents required in Table 5.2 for an EMT;
 - 2. By January 1, 2016, the capability of providing automated external defibrillation;
 - 3. Two 3 mL syringes; and
 - 4. Two 10-12 mL syringes.
- C.** In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide ALS shall contain at least the minimum supply of agents required in Table 5.2 for the highest level of service to be provided by the ambulance's crew and at least the following:
- 1. Four intravenous solution administration sets capable of delivering 10 drops per cc;
 - 2. Four intravenous solution administration sets capable of delivering 60 drops per cc;
 - 3. Intravenous catheters in:
 - a. Three different sizes from 14 gauge to 20 gauge, and
 - b. Either 22 or 24 gauge;
 - 4. One child-size and one adult-size intraosseous needle;
 - 5. Venous tourniquet;
 - 6. Two endotracheal tubes in each of the following sizes: 2.5 mm, 3.0 mm, 3.5 mm, 4.0 mm, 4.5 mm, 5.0 mm, 5.5 mm, 6.0 mm, 7.0 mm, 8.0 mm, and 9.0 mm;
 - 7. One pediatric-size and one adult-size stylette for endotracheal tubes;
 - 8. End tidal CO₂ monitoring/capnography equipment with capability for pediatric and adult patients;
 - 9. One laryngoscope with blades in sizes 0-4, straight or curved or both;
 - 10. One pediatric-size and one adult-size Magill forceps;
 - 11. One scalpel;
 - 12. One portable, battery-operated cardiac monitor-defibrillator with strip chart recorder and adult and pediatric EKG electrodes and defibrillation capabilities;
 - 13. Electrocardiogram leads;
 - 14. The following syringes:
 - a. Two 1 mL tuberculin,
 - b. Four 3 mL,
 - c. Four 5 mL,
 - d. Four 10-12 mL,
 - e. Two 20 mL, and
 - f. Two 50-60 mL;

15. Three 5 micron filter needles; and
 16. Assorted sizes of non-filter needles.
- D. A ground ambulance vehicle shall be equipped to provide, and capable of providing, voice communication between:
1. The ambulance attendant and the dispatch center;
 2. The ambulance attendant and the ground ambulance services assigned medical direction authority, if any; and
 3. The ambulance attendant in the patient compartment and the ground ambulance service's assigned medical direction authority, if any.

R9-25-1004. Minimum Staffing Requirements for Ground Ambulance Vehicle s (Authorized by A.R.S. §§ 36-2201(4), 36-2202(A)(5))

When transporting a patient, a ground ambulance service shall staff a ground ambulance vehicle according to A.R.S. § 36-2202(J).

R9-25-1005. Ground Ambulance Vehicle Inspection; Major and Minor Defects (A.R.S. §§ 36-2202(A)(5), 36-2212, 36-2232, 36-2234)

- A. A certificate holder shall make the ground ambulance vehicle, equipment, and supplies available for inspection at the request of the Director or the Director's authorized representative.
- B. If inspected by the Department, a certificate holder shall allow the Director or the Director's authorized representative to ride in or operate the ground ambulance vehicle being inspected.
- C. A certificate holder may request the Department to inspect all of the certificate holder's ground ambulance vehicles at the same date and location.
- D. A Department-approved inspection facility may inspect a ground ambulance vehicle under A.R.S. § 36-2232(A)(11).
- E. The Department classifies defects on a ground ambulance vehicle as major or minor as follows:

INS PECTION ITEM	MAJOR DEFECT	MINOR DEFECT
LAMPS:		
Emergency warning lights	Lack of 360° of conspicuity	Cracked, broken, or missing lens Inoperative lamps
Back-up lamps		Inoperative Cracked, broken, or missing lens
Brake lamps	Both inoperative	1 inoperative
Hazard lamps		Inoperative
Head lamps	Inoperative	High beam inoperative Low beam inoperative Inoperative dimmer switch
Loading lamps		Inoperative Cracked, broken, or missing lens
Parking lamps		Inoperative
Patient Compartment interior lamps	All lamps inoperative	Inoperative individual lamps Missing lens
Side marker lamps		Inoperative Cracked, broken, or missing lens
Spot lamp in driver's compartment		Inoperative

Tail lamps	Both inoperative	1 inoperative Cracked, broken, or missing lens
Turn signal lamps		Any turn signal lamp inoperative Cracked, broken, or missing lens

INS PECTION ITEM	MAJOR DEFECT	MINOR DEFECT
MECHANICAL, STRUCTURAL, ELECTRICAL:		
Bumpers		Loose or missing bumper
Defroster		Inoperative Ventilation system openings partially blocked
Electrical system	Does not comply with R9-25-1002(6)	
Engine compartment		Inoperative hood latch Deterioration of hoses, belts, or wiring Deterioration of battery hold-down clamps Corrosive acid buildup on battery terminals Incapable of generating voltage in compliance with R9-25-1002(4)(b)
Engine compartment wiring system		Does not comply with R9-25-1002(5)
Engine cooling system	Does not comply with R9-25-1002(3)	Leaks in system
Engine intake air cleaner		Does not comply with R9-25-1002(1)
Exhaust	Exhaust fumes in the patient or driver compartment	Exhaust pipe brackets not securely attached to the chassis and tailpipe End of tailpipe pinched or bent
Frame	Cracks in frame	
Fuel system	Fuel tank not mounted according to manufacturer's specifications Fuel tank brackets cracked or broken Leaking fuel tanks or fuel lines Fuel caps missing or of a type not specified by the manufacturer	
Ground ambulance vehicle body	Damage or rust to the exterior of the ground ambulance vehicle, which interferes with the operation of the ground ambulance vehicle Damage resulting in a hole in the driver's compartment or the patient compartment Holes that may allow exhaust or dust to enter the patient compartment Bolts attaching body to chassis loose, broken, or missing	Damage resulting in cuts or rips to the exterior of the ground ambulance vehicle
Heating and air conditioning systems		Unsecured hoses Does not maintain minimum temperature required in R9-25-1002(23) and 1002(17)
Horn		Inoperative
Parking brake		Inoperative
Siren	Inoperative	
Steering	Steering wheel bracing cracked Inoperative	Power steering belts slipping Power steering belts cracked or frayed Fluid leaks Fluid does not fill the reservoir between the full level and the add level indicator on the dipstick

Suspension	Broken suspension parts U-bolts loose or missing	Bent suspension parts Leaking shock absorbers Cracks or breaks in shock absorber mounting brackets
INS PECTION ITEM	MAJOR DEFECT	MINOR DEFECT
Vehicle brakes	Inoperative	Fluid leaks
INTERIOR:		
Communication equipment	Lack of operative communication equipment	Inoperative communication equipment in the patient compartment
Edges		Presence of exposed sharp edges
Equipment	Inability to secure oxygen tanks	Inability to secure other equipment
Fire extinguisher	Absent	Not at full charge Expired inspection tag
Hangers		Supports or hangers protruding more than 2" when not in use
Instrument panel		Inoperative gauges, switches, or illumination
Padding		Missing padding over exits in the patient compartment
Patient compartment	Visible blood, body fluids, or tissue	Unrepaired cuts or holes in seats Missing pieces of floor covering
Seat belts and securing belts	Absence of seat belt or inoperative seat belt in the driver's compartment More than one inoperative seat belt in the patient compartment Absence of securing belts on a stretcher	Frayed seat belt or securing belt material One inoperative seat belt in the patient compartment
Stretcher fastener	Does not comply with R9-25-1002(36)	
EXTERIOR:		
Patient compartment doors	Completely or partially missing window panel	Inoperative open door securing devices Cracked window panels
Marking		Missing company identification Incorrect size or location
Mirrors	Exterior rear vision or wide vision mirrors missing	Cracked mirror glass Loose mounting bracket bolts or screws Broken mirrors Loose or broken mounting brackets Missing mounting bracket bolts or screws
Tires	Tires on each axle are not of equal size, equal ply ratings, and equal type Bumps, knots, or bulges on any tire Exposed ply or belting on any tire Flat tire on any wheel	Tread groove depth less than 4/32" measured in a tread groove on any tire
Wheels	Loose or missing lug nuts Broken lugs Cracked or bent rims	
Windows		Placement of nontransparent materials which obstruct view Cracked or broken
Windshield	Windshield that is obstructed Placement of nontransparent materials which obstruct view	Unrepaired starred cracks or line cracks extending more than 1 inch from the bottom or side of the windshield Unrepaired starred cracks or line cracks extending more than 2 inches from the top of the windshield

Windshield-washer system		Does not comply with R9-25-1002(39)
Windshield wipers	Inoperative wiper on driver's side	Inoperative speed control Split or cracked wiper blade Inoperative wiper on passenger's side

- F. If the Department determines that there is a major defect on the ground ambulance vehicle after inspection, the certificate holder shall take the ground ambulance vehicle out-of-service until the defect is corrected.
- G. If the Department finds a minor defect on the ground ambulance vehicle after inspection, the ground ambulance vehicle may be operated to transport patients for up to 15 days until the minor defect is corrected.
 - 1. The Department may grant an extension of time to repair the minor defect upon a written request from the certificate holder detailing the reasons for the need of an extension of time.
 - 2. If the minor defect is not repaired within the time prescribed by the Department, and an extension has not been granted, the certificate holder shall take the ground ambulance vehicle out-of-service until the minor defect is corrected.
- H. Within 15 days of the date of repair of the major or minor defect, the certificate holder shall submit written notice of the repair to the Department.

R9-25-1006. Ground Ambulance Vehicle Identification (A.R.S. §§ 36-2212, 36-2232)

- A. A ground ambulance vehicle shall be marked on its sides with the certificate of registration applicant's legal business or corporate name with letters not less than 6 inches in height.
- B. A ground ambulance vehicle marked with a level of ground ambulance service shall be equipped and staffed to provide the level of ground ambulance service identified while in service.

ARTICLE 11. GROUND AMBULANCE SERVICE RATES AND CHARGES; CONTRACTS

R9-25-1101. Application for Establishment of Initial General Public Rates (A.R.S. §§ 36-2232, 36-2239)

- A.** An applicant for a certificate of necessity or a certificate holder applying for initial general public rates shall submit an application packet to the Department that includes:
1. The applicant's name;
 2. The requested general public rates;
 3. A copy of the applicant's most recent financial statements or an Ambulance Revenue and Cost Report;
 4. For a consecutive 12-month period:
 - a. A projected income statement; and
 - b. A projected cash-flow statement;
 5. A list of all purchase agreements or lease agreements for real estate, ground ambulance vehicles, and equipment exceeding \$5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement;
 6. The identification of:
 - a. Each of the applicant's affiliations, such as a parent company or subsidiary owned or operated by the applicant; and
 - b. The methodology and calculations used in allocating costs among the applicant and government entities or profit or not-for-profit businesses;
 7. A copy of the applicant's contract with each federal or tribal entity for ground ambulance service, if applicable;
 8. Other documents, exhibits, or statements that may assist the Department in setting the general public rates;
 9. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct; and
 10. Any other information or documents requested by the Director to clarify or complete the application.
- B.** The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

R9-25-1102. Application for Adjustment of General Public Rates (A.R.S. §§ 36-2234, 36-2239)

- A.** A certificate of necessity holder applying for an adjustment of general public rates not exceeding the monetary amount calculated according to A.R.S. § 36-2234(E) shall submit an application form to the Department that includes:
1. The name of the applicant;
 2. A statement that the applicant is making the request according to A.R.S. § 36-2234(E);
 3. A statement that the applicant has not applied for an adjustment to its general public rates within the last six months;
 4. The effective date of the proposed general public rate adjustment; and
 5. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct.
- B.** An applicant requesting an adjustment of general public rates exceeding the monetary amount calculated according to A.R.S. § 36-2234(E) shall submit an application packet to the Department that includes:
1. The name of the applicant;

2. A statement that the applicant is making the request according to A.R.S. § 36-2234(A);
3. The reason for the general public rate adjustment request;
4. A statement that the applicant has not applied for an adjustment to its general public rates within the last six months;
5. The effective date of the proposed general public rate adjustment;
6. A copy of the applicant's most recent financial statements;
7. A copy of the Ambulance Revenue and Cost Report;
8. For a consecutive 12-month period:
 - a. A projected income statement; and
 - b. A projected cash-flow statement;
9. A list of all purchase agreements or lease agreements for real estate, ground ambulance vehicle, and equipment exceeding \$5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement;
10. The identification of:
 - a. Each of the applicant's affiliations, such as a parent company or subsidiary owned or operated by the applicant; and
 - b. The methodology and calculations used in allocating costs among the applicant and government entities or profit or not for profit businesses;
11. A copy of the applicant's contract with each federal or tribal entity for a ground ambulance service, if applicable;
12. Other documents, exhibits, or statements that may assist the Department in setting the general public rates;
13. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct; and
14. Any other information or documents requested by the Director to clarify or complete the application.

C. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

R9-25-1103. Application for a Contract Rate or Range of Rates Less than General Public Rates (A.R.S. §§ 36-2234(G) and (I), 36-2239)

- A. Before providing interfacility transports or convalescent transports, a certificate holder shall apply to the Department for approval of a contract rate or range of contract rates under A.R.S. § 36-2234(G).
 1. For a contract rate or range of rates under A.R.S. § 36-2234(G), the certificate holder shall submit an application form to the Department that contains:
 - a. The name of the certificate holder;
 - b. A statement that the certificate holder is making the request under A.R.S. § 36-2234(G);
 - c. The contract rate or range of rates being requested; and
 - d. Information demonstrating the cost and economics of providing the transports for the requested contract rate or range of rates.
 2. For a contract rate or range of rates under A.R.S. § 36-2234(I), the certificate holder shall submit the information required in R9-25-1102(B)(1) and (B)(6) through (B)(14).
- B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

R9-25-1104. Ground Ambulance Service Contracts (A.R.S. §§ 36-2232, 36-2234(K))

- A. Before implementing a ground ambulance service contract, a certificate holder shall submit to the Department for approval a copy of the contract with a cover letter that indicates the total number of pages in the contract. The contract shall:
1. Include the certificate holder's legal name and any other name listed on the certificate holder's initial application required in R9-25-902(A)(1)(a);
 2. List the contract rate or range of rates approved by the Director according to R9-25-1101, R9-25-1102, or R9-25-1103;
 3. Comply with A.R.S. §§ 36-2201 through 36-2246 and 9 A.A.C. 25; and
 4. Not preclude use of the 9-1-1 system or a similarly designated emergency telephone number.
- B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

R9-25-1105. Application for Provision of Subscription Service or to Establish a Subscription Service Rate (A.R.S. § 36-2232(A)(1))

- A. A certificate holder applying to provide subscription service, establish a subscription service rate, or request approval of a subscription service contract shall submit an application packet to the Department that includes:
1. The following information:
 - a. The number of estimated subscription service contracts and documents supporting the estimate, such as a survey of the service area;
 - b. An estimate of the number of annual subscription service transports for the service area;
 - c. The proposed subscription service rate;
 - d. An estimate of the cost of providing subscription service to the service area; and
 - e. Any other information or documents that the certificate holder believes may assist the Department in setting a subscription service rate; and
 2. A copy of the proposed subscription service contract.
- B. The Department shall approve or deny a subscription service rate under this Section according to 9 A.A.C. 25, Article 12.

R9-25-1106. Rate of Return Setting Considerations (A.R.S. §§ 36-2232, 36-2239)

- A. In determining the rate of return on gross revenue in A.R.S. § 36-2239(l)(4), the Director shall consider a ground ambulance service's:
1. Direct and indirect costs for operating the ground ambulance service within its service area;
 2. Balance sheet;
 3. Income statement;
 4. Cash flow statement;
 5. Ratio between variable and fixed costs on the financial statements;
 6. Method of indirect costs allocation to specific cost-center areas;
 7. Return on equity;
 8. Reimbursable and non-reimbursable charges;
 9. Type of business entity;

10. Monetary amount and type of debt financing;
 11. Replacement and expansion costs;
 12. Number of calls, transports, and billable miles;
 13. Costs associated with rules, inspections, and audits;
 14. Substantiated prior reported losses;
 15. Medicare and AHCCCS settlements; and
 16. Any other information or documents needed by the Director to clarify incomplete or ambiguous information or documents.
- B.** In determining the rate of return on gross revenue in A.R.S. § 36-2239(I)(4), the Director shall not consider:
1. Depreciation of the portion of ground ambulance vehicles and equipment obtained through Department funding,
 2. The certificate holder's travel and entertainment expenses that do not directly relate to providing the ground ambulance service,
 3. The monetary value of any goodwill accumulated by the certificate holder,
 4. Any penalties or fines imposed on the certificate holder by a court or government agency, and
 5. Any financial contributions received by the certificate holder.
- C.** In determining just, reasonable, and sufficient rates in A.R.S. § 36-2232(A)(1) the director shall establish rates to provide for a rate of return that is at least 7% of gross revenue, calculated using the accrual method of accounting according to generally accepted accounting principles, unless the certificate holder requests a lower rate of return.
- D.** Rate of return on gross revenue is calculated by dividing Ambulance Revenue and Cost Report Exhibit A or Exhibit B net income or loss by gross revenue.

R9-25-1107. Rate Calculation Factors (A.R.S. § 36-2232)

- A.** When evaluating a proposed mileage rate, the Department shall consider the following factors:
1. The cost of licensure and registration of each ground ambulance vehicle;
 2. The cost of fuel;
 3. The cost of ground ambulance vehicle maintenance;
 4. The cost of ground ambulance vehicle repair;
 5. The cost of tires;
 6. The cost of ground ambulance vehicle insurance;
 7. The cost of mechanic wages, benefits, and payroll taxes;
 8. The cost of loan interest related to the ground ambulance vehicles;
 9. The cost of the weighted allocation of overhead;
 10. The cost of ground ambulance vehicle depreciation;
 11. The cost of reserves for replacement of ground ambulance vehicles and equipment; and
 12. Mileage reimbursement as established by Medicare guidelines for ground ambulance service.
- B.** When evaluating a proposed BLS base rate, the Department shall consider the costs associated with providing EMS and transport.

- C. When evaluating a proposed ALS base rate, the Department shall consider the factors in subsection (B) and the additional costs of ALS ambulance equipment and ALS personnel.
- D. In evaluating rates, the Director shall make adjustments to a certificate holder's rates to maximize Medicare reimbursements.
- E. The Department shall determine the standby waiting rate by dividing the BLS base rate by 4.

R9-25-1108. Implementation of Rate s and Charge s (A.R.S. §§ 36-2232, 36-2239)

- A. A certificate holder shall assess rates and charges as follows:
 - 1. When calculating a rate or charge, the certificate holder shall:
 - a. Omit fractions of less than 1/2 of 1 cent; or
 - b. Increase to the next whole cent, fractions of 1/2 of 1 cent or greater.
 - 2. The certificate holder shall calculate the number of miles for a transport by using:
 - a. The ground ambulance vehicle's odometer reading; or
 - b. A regional map.
 - 3. The certificate holder shall calculate the reimbursement amount for mileage of a transport by multiplying the number of miles for the transport by the mileage rate.
 - 4. When transporting two or more patients in the same ground ambulance vehicle, the certificate holder shall assess each patient:
 - a. Fifty percent of the mileage rate and one hundred percent of the ALS or BLS base rate; and
 - b. One hundred percent of:
 - i. The charge for each disposable supply, medical supply, medication, and oxygen- related cost used on the patient; and
 - ii. Waiting time assessed according to subsection (C).
 - 5. When agreed upon by prior arrangement to transport a patient to one destination and return to the point of pick-up or to one destination and then to a subsequent destination, assess only the ALS or BLS base rate, mileage rate, and standby waiting rate for the transport.
- B. When a certificate holder transfers a patient to an air ambulance, the certificate holder shall assess the patient the rates and charges for EMS and transport provided to the patient before the transfer.
- C. A certificate holder shall assess a standby waiting rate in quarter-hour increments, except for:
 - 1. The first 15 minutes after arrival to load the patient at the point of pick-up;
 - 2. The time, exceeding the first 15 minutes, required by ambulance attendants to provide necessary medical treatment and stabilization of the patient at the point of pick-up; and
 - 3. The first 15 minutes to unload the patient at the point of destination.
- D. When a certificate holder responds to a request outside the certificate holder's service area, the certificate holder shall assess its own rates and charges for EMS or transport provided to the patient.
- E. When the Department or the certificate holder determines that a refund of a rate or a charge is required, the certificate holder shall refund the rate or charge within 90 days from the date of the determination.

R9-25-1109. Charges (A.R.S. §§ 36-2232, 36-2239(D))

- A.** A certificate holder that charges patients for disposable supplies, medical supplies, medications, and oxygen-related costs shall submit to the Department a list of the items and the proposed charges. The list shall include a non- retroactive effective date.
- B.** A certificate holder shall submit to the Department a new list each time the certificate holder proposes a change in the items or the amount charged. The list shall contain the information required in subsection (A), including a non- retroactive effective date.

R9-25-1110. Invoices (A.R.S. §§ 36-2234, 36-2239)

- A.** Each invoice for rates and charges shall contain the following:
 - 1. The patient's name;
 - 2. The certificate holder's name, address, and telephone number;
 - 3. The date of service;
 - 4. An itemized list of the rates and charges assessed;
 - 5. The total monetary amount owed the certificate holder; and
 - 6. The payment due date.
- B.** Any subsequent invoice to the same patient for the same EMS or transport shall contain all the information in subsection (A) except the information in subsection (A)(4).
- C.** Charges may be combined into one line item if the supplies are used for a specific purpose and the name of the combined item is included in the certificate holder's disposable medical supply listing provided to the Department under R9-25-1109.
- D.** A certificate holder may combine rates and charges into one line item if required by a third-party payor.

ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS

R9-25-1201. Time-Frames (Authorized by A.R.S. §§ 41-1072 through 41-1079)

- A. The overall time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department is listed in Table 12.1. The applicant and the Director may agree in writing to extend the overall time-frame. The substantive review timeframe shall not be extended by more than 25% of the overall time-frame.
- B. The administrative completeness review time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department is listed in Table 12.1. The administrative completeness review time-frame begins on the date that the Department receives an application form or an application packet.
 - 1. If the application packet is incomplete, the Department shall send to the applicant a written notice specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the postmark date of the written request until the date the Department receives a complete application packet from the applicant.
 - 2. When an application packet is complete, the Department shall send a written notice of administrative completeness.
 - 3. If the Department grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame described in A.R.S. § 41- 1072 is listed in Table 12.1 and begins on the postmark date of the notice of administrative completeness.
 - 1. As part of the substantive review time-frame for an application for an approval other than renewal of an ambulance registration, the Department shall conduct inspections, conduct investigations, or hold hearings required by law.
 - 2. If required under R9-25-402, the Department shall fix the period and terms of probation as part of the substantive review.
 - 3. During the substantive review time-frame, the Department may make one comprehensive written request for additional documents or information and may make supplemental requests for additional information with the applicant's written consent.
 - 4. The substantive review time-frame and the overall timeframe are suspended from the postmark date of the written request for additional information or documents until the Department receives the additional information or documents.
 - 5. The Department shall send a written notice of approval to an applicant who meets the qualifications in A.R.S. Title 36, Chapter 21.1 and this Chapter for the type of application submitted.
 - a. Meets the qualifications in A.R.S. Title 36, Chapter 21.1 and this Chapter for the type of application submitted; or
 - b. Is not in compliance with requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter, for the type of application submitted, that do not directly affect the health or safety of a patient and submits to the Department a corrective action plan that is acceptable to the Department to address issues of compliance.
 - 6. The Department shall send a written notice of denial to an applicant who fails to meet the qualifications in A.R.S. Title 36, Chapter 21.1, and this Chapter for the type of application submitted.
- D. If an applicant fails to supply the documents or information under subsections (B)(1) and (C)(3) within the number of days specified in Table 12.1 from the postmark date of the written notice or comprehensive written request, the Department shall consider the application withdrawn.

- E. An applicant that does not wish an application to be considered withdrawn may request a denial in writing within the number of days specified in Table 12.1 from the postmark date of the written notice or comprehensive written request for documents or information under subsections (B)(1) and (C)(3).
- F. If a time-frame's last day falls on a Saturday, Sunday, or an official state holiday, the Department shall consider the next business day as the time-frame's last day.

TABLE 12.1 R9-25-1201 TIME-FRAMES						
Type of Application	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Time to Respond to Written Notice	Substantive Review Time- frame	Time to Respond to Comprehensive Written Request
ALS Base Hospital Certification (R9-25-204)	A.R.S. §§ 36-2201, 36-2202(A)(3) and 36-2204(5)	45	15	60	30	60
Training Program Certification (R9-25-301)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	120	30	60	90	60
Addition of a Course (R9-25-303)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	90	30	60	60	60
EMCT Certification (R9-25-403)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1)	120	30	90	90	270
EMCT Recertification (R9-25-404)	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (4)	120	30	60	90	60
Extension to File for EMCT Recertification (R9-25-405)	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (7)	30	15	60	15	60
Downgrading of Certification (R9-25-406)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1) and (6)	30	15	60	15	60
Initial Air Ambulance Service License (R9-25-704)	A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215	150	30	60	120	60
Renewal of an Air Ambulance Service License (R9-25-704)	A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215	90	30	60	60	60
Initial Certificate of Registration for an Air Ambulance (R9-25-801)	A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4)	90	30	60	60	60
Renewal of a Certificate of Registration for an Air Ambulance (R9-25-801)	A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4)	90	30	60	60	60
Initial Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2204, 36-2232, 36-2233, 36-2240	450	30	60	420	60
Provision of ALS Services (R9-25-902)	A.R.S. §§ 36-2232, 36-2233, 36-2240	450	30	60	420	60
Transfer of a Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2236(A) and (B), 36-2240	450	30	60	420	60
Renewal of a Certificate of Necessity (R9-25-904)	A.R.S. §§ 36-2233, 36-2235, 36-2240	90	30	60	60	60
Amendment of a Certificate of Necessity (R9-25-905)	A.R.S. §§ 36-2232(A)(4), 36-2240	450	30	60	420	60
Initial Registration of a Ground Ambulance Vehicle (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Renewal of a Ground Ambulance Vehicle Registration (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Establishment of Initial General Public Rates (R9-25-1101)	A.R.S. §§ 36-2232, 36-2239	450	30	60	420	60
Adjustment of General Public Rates (R9-25-1102)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60
Contract Rate or Range of Rates Less than General Public Rates (R9-25-1103)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60
Ground Ambulance Service Contracts (R9-25-1104)	A.R.S. § 36-2232	450	30	60	420	60
Ground Ambulance Service Contracts with Political Subdivisions (R9-25-1104)	A.R.S. §§ 36-2232, 36-2234(K)	30	15	15	15	Not Applicable
Subscription Service Rate (R9-25-1105)	A.R.S. § 36-2232(A)(1)	450	30	60	420	60

ARTICLE 13. TRAUMA CENTERS AND TRAUMA REGISTRIES

R9-25-1301. Definitions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article, unless otherwise specified:

1. “Admitted” means when a patient is either:
 - a. Held for observation of a trauma-related injury; or
 - b. Considered an inpatient, as defined in A.A.C. [R9-10-201](#).
2. “Business day” means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.
3. “Designation” means a formal determination by the Department that a health care institution complies with requirements in A.R.S. § 36-2225 and this Article for providing a particular Level of trauma service.
4. “Emergency department” means a designated area of a hospital that provides emergency services, as defined in A.A.C. R9-10-101, as an organized service, 24 hours per day, seven days per week, to individuals who present for immediate medical services.
5. “ICD-code” means an International Classification of Diseases code, a set of numbers or letters or a combination of letters and numbers that specify a disease, condition, or injury; the location of the disease, condition, or injury; or the circumstances under which a patient may have incurred the disease, condition or injury, which is used by a health care institution for billing purposes.
6. “Level I Pediatric trauma center” means a Level I trauma center that has a trauma service specifically intended to meet the needs of children requiring trauma care.
7. “Level II Pediatric trauma center” means a Level II trauma center that has a trauma service specifically intended to meet the needs of children requiring trauma care.
8. “Medical services” means the services pertaining to the “practice of medicine,” as defined in A.R.S. § [32-1401](#), or “medicine,” as defined in A.R.S. § [32-1800](#), performed at the direction of a physician.
9. “National verification organization” has the same meaning as in A.R.S. § 36-2225.
10. “Nursing services” means services that pertain to the curative, restorative, and preventive aspects of “registered nursing,” as defined in A.R.S. § [32-1601](#), performed:
 - a. At the direction of a physician; and
 - b. By or under the supervision of a registered nurse licensed:
 - i. According to [Title 32](#), Chapter 15; or
 - ii. When performed in a health care institution operating under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation, by a similar licensing board in another state.
11. “On-call” means assigned to respond and, if necessary, come to a health care institution when notified by a personnel member of the health care institution.
12. “Organized service” has the same meaning as in A.A.C. R9-10-201.
13. “Owner” means one of the following:
 - a. For a health care institution licensed under 9 A.A.C. 10, the licensee;
 - b. For a health care institution operated under federal or tribal laws, the administrative unit of the U.S. government or sovereign tribal nation operating the health care institution.
14. “Personnel member” means an individual providing medical services, nursing services, or health-related services, as defined in A.R.S. § [36-401](#), to a patient.

15. "Physician" means an individual licensed:
 - a. According to A.R.S. Title 32, Chapter 13 or 17; or
 - b. When working in a health care institution operating under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation, by a similar licensing board in another state.
16. "Signature" means:
 - a. A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
 - b. An "electronic signature" as defined in A.R.S. § [44-7002](#).
17. "Substantial compliance" has the same meaning as in A.R.S. § [36-401](#).
18. "Transport" means the conveyance of a patient by ground ambulance or air ambulance from one location to another location.
19. "Trauma care" means medical services and nursing services provided to a patient suffering from a sudden physical injury.
20. "Trauma center" has the same meaning as in A.R.S. § 36-2225.
21. "Trauma critical care course" means a multidisciplinary class or series of classes consisting of interactive tutorials, skills teaching, and simulated patient management scenarios of trauma care, consistent with training recognized by the American College of Surgeons.
22. "Trauma facility" means a health care institution that provides trauma care to a patient as an organized trauma service.
23. "Trauma service" means designated personnel members, equipment, and area within a health care institution and the associated policies and procedures for the personnel members to follow when providing trauma care to a patient.
24. "Trauma team" means a group of personnel members with defined roles and responsibilities in providing trauma care to a patient.
25. "Trauma team activation" means a notification to respond that is sent to trauma team personnel members in reaction to triage information received concerning a patient with injury or suspected injury.
26. "Verification" means formal confirmation by a national verification organization that a health care institution meets the national verification organization's standards for providing trauma care at a specific Level of trauma service.

[R9-25-1302](#). Eligibility for Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

- A. A health care institution is eligible for designation as a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, Level II Pediatric trauma center, or Level III trauma center if the health care institution:
 1. Is either:
 - a. Licensed by the Department under [9 A.A.C. 10](#) to operate as a hospital; or
 - b. Operating as a hospital under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation; and
 2. For designation as a:
 - a. Level I trauma center:
 - i. Holds verification, issued within the six months before the date of designation, as a Level I trauma facility;

- ii. Has documentation issued by a national verification organization, within the six months before the date of designation, stating that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for a Level I trauma center; or
 - iii. Meets the requirements in subsection (C);
- b. Level I Pediatric trauma center:
 - i. Holds verification, issued within the six months before the date of designation, as a Level I Pediatric trauma facility;
 - ii. Has documentation issued by a national verification organization, within the six months before the date of designation, stating that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for a Level I Pediatric trauma center; or
 - iii. Meets the requirements in subsection (C);
- c. Level II trauma center:
 - i. Holds verification, issued within the six months before the date of designation, as a Level II trauma facility; or
 - ii. Has documentation issued by a national verification organization, within the six months before the date of designation, stating that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for a Level II trauma center; or
 - iii. Meets the requirements in subsection (C);
- d. Level II Pediatric trauma center:
 - i. Holds verification, issued within the six months before the date of designation, as a Level II Pediatric trauma facility;
 - ii. Has documentation issued by a national verification organization, within the six months before the date of designation, stating that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for a Level II Pediatric trauma center; or
 - iii. Meets the requirements in subsection (C); or
- e. Level III trauma center:
 - i. Holds verification, issued within the six months before the date of designation, as a Level III trauma facility; or
 - ii. Has documentation issued by a national verification organization or the Department, within the six months before the date of designation, stating that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for a Level III trauma center.
- B. A health care institution is eligible for designation as a Level IV trauma center if the health care institution:**
 - 1. Is either:
 - a. Licensed by the Department under 9 A.A.C. 10 to operate as:
 - i. A hospital; or
 - ii. An outpatient treatment center authorized to provide emergency room services, as defined in A.A.C. R9-10-1001, according to A.A.C. R9-10-1019; or
 - b. Operating as a hospital or an outpatient treatment center providing emergency services under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation; and

2. Either:
 - a. Holds verification, issued within the six months before the date of designation, as a Level IV trauma facility; or
 - b. Has documentation issued by a national verification organization or the Department, within the six months before the date of designation, stating that the health care institution meets the standards specified in R9-25- 1308 and Table 13.1 for a Level IV trauma center.
- C. A health care institution is eligible for designation as a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center based on assessment by the Department that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for the Level of trauma center for which designation is requested if the health care institution:
 1. Applies for verification from a national verification organization;
 2. Informs the Department, at least 30 calendar days before, of the dates the national verification organization will be on the premises of the health care institution to assess the health care institution for compliance with the national verification organization's standards for verification;
 3. Invites the Department to review the facility and documentation of capabilities of the health care institution during the national verification organization's assessment in subsection (C)(2);
 4. Is not issued verification from the national verification organization at the Level of designation sought;
 5. Does not receive the documentation required in subsection (A)(2)(a)(ii), (b)(ii), (c)(ii), or (d)(ii), as applicable; and
 6. Receives the documentation specified in R9-25-1306(G) and, if applicable, submits to the Department a written plan in R9-25-1306(H), acceptable to the Department, to correct instances of non-compliance.
- D. A health care institution is eligible to retain designation as a specific Level of trauma center if the health care institution complies with the applicable requirements in this Article for the specific Level of trauma center.

R9-25-1303. Application and Designation Process (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

- A. An owner applying for initial designation or to renew designation for a health care institution shall submit to the Department an application including:
 1. The following information, in a Department-provided format:
 - a. The name, address, and telephone number of the health care institution for which the owner is requesting designation;
 - b. The owner's name, address, e-mail address, telephone number, and, if available, fax number;
 - c. The name, e-mail address, telephone number, and, if available, fax number of the chief administrative officer, as defined in A.A.C. [R9-10-101](#), for the health care institution for which the owner is requesting designation;
 - d. The designation Level for which the owner is applying;
 - e. Whether the owner is requesting designation for the health care institution based on:
 - i. Verification, or
 - ii. Meeting the applicable standards specified in R9-25-1308 and Table 13.1;
 - f. If the owner is requesting designation for the health care institution based on verification:
 - i. The name of the national verification organization;
 - ii. The name, telephone number, and e-mail address for a representative of the national verification

- organization;
- iii. The Level of verification held;
- iv. The effective date of the verification, and
- v. The expiration date of the verification;
- g. If the owner is requesting designation for the health care institution based on the health care institution meeting the applicable standards specified in R9-25-1308 and Table 13.1:
 - i. Whether:
 - (1) A national verification organization has assessed the health care institution, or
 - (2) The Department will be assessing the health care institution;
 - ii. If a national verification organization has assessed the health care institution:
 - (1) The name of the national verification organization;
 - (2) The name, telephone number, and e-mail address for a representative of the national verification organization; and
 - (3) The date the national verification organization assessed the health care institution; and
 - iii. If the Department will be assessing the health care institution, the date the health care institution will be ready for the Department to assess the health care institution;
- h. Unless the owner is an administrative unit of the U.S. government or a sovereign tribal nation, the license number, issued by the Department, for the health care institution for which designation is being requested;
- i. The name, e-mail address, telephone number, and, if available, fax number of the health care institution's trauma program manager;
- j. Whether the health care institution's trauma registry will be located at the health care institution or be part of a centralized trauma registry;
- k. The name, e-mail address, telephone number, and, if available, fax number of the health care institution's trauma registrar;
- l. If applying for designation as a Level IV trauma center, whether the health care institution plans to submit, in addition to the information required in R9-25-1309(A), the information specified in R9-25-1309(B);
- m. If not already submitting trauma registry information to the Department, the time period for which the health care institution plans to begin submitting trauma registry information;
- n. Except for a health care institution applying for designation as a Level IV trauma center, the name, e-mail address, telephone number, and, if available, fax number of the health care institution's trauma medical director;
- o. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
- p. Attestation that:
 - i. The owner will comply with all applicable requirements in A.R.S. Title 36, Chapter 21.1 and this Article; and
 - ii. The information and documents provided as part of the application are accurate and complete; and

- q. The dated signature of the applicable individual according to R9-25-102;
- 2. If applicable, documentation demonstrating that the health care institution is operating as a hospital or an outpatient treatment center providing emergency services under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation; and
- 3. One of the following:
 - a. Documentation from the national verification organization, identified according to subsection (A)(1)(f)(i), establishing that the owner holds verification for the health care institution at the Level of designation being requested and showing the effective date and expiration date of the verification;
 - b. Documentation from the national verification organization, identified according to subsection (A)(1)(g)(ii)(1), demonstrating that the health care institution meets the applicable standards specified in R9-25-1308 and Table 13.1;
 - c. The information and documents required in R9-25-1307(C), (D), or (F), as applicable.
- B.** An owner applying to renew designation for a health care institution shall submit the application in subsection (A) to the Department at least 60 calendar days and no more than 90 calendar days before the expiration of the current designation.
- C.** Within 30 calendar days after receiving an application submitted according to subsection (A), the Department shall review the application submitted for completeness, and, if the application is:
 - 1. Incomplete, provide to the owner a written notice listing each missing item and the information or items needed to complete the application; and
 - 2. Complete and based on:
 - a. Verification, comply with R9-25-1307(A);
 - b. A national verification organization assessing the health care institution's meeting the applicable standards specified in R9-25-1308 and Table 13.1, comply with R9-25-1307(B); or
 - c. The Department assessing the health care institution's meeting the applicable standards specified in R9-25-1308 and Table 13.1, assess compliance with applicable requirements in A.R.S. Title 36, Chapter 21.1 and this Article according to R9-25-1307(E) or (G).
- D.** The Department shall consider an application withdrawn if an owner:
 - 1. Fails to submit to the Department all of the information or items listed in a notice of missing items within 60 calendar days after the date on the notice of missing items, unless the Department and the owner agree to an extension of this time; or
 - 2. Submits a written request withdrawing the application.
- E.** If an owner submits an application for renewal of designation for a health care institution according to subsection (A) before the expiration date of the current designation, the designation of the health care institution remains in effect until the:
 - 1. Department has determined whether or not to issue a renewal of the designation, or
 - 2. Application is withdrawn.

R9-25-1304. Changes Affecting Designation Status (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

- A.** An owner of a trauma center shall:
 - 1. Notify the Department, in writing or in a Department-provided format, no later than 60 calendar days after the date of a change in the health care institution's:
 - a. Name,

- b. Trauma program manager, or
 - c. If applicable, trauma medical director; and
- 2. Provide the effective date of the change and, as applicable, the:
 - a. Current and new name of the health care institution, or
 - b. Name of the new trauma program manager or trauma medical director.
- B.** An owner of a trauma center shall notify the Department in writing within three business days after:
 - 1. The trauma center's health care institution license expires or is suspended or revoked;
 - 2. The trauma center's health care institution license is changed to a provisional license under A.R.S. § [36-425](#);
 - 3. The trauma center no longer holds verification; or
 - 4. A change, which is expected to last for more than seven consecutive calendar days, in the trauma center's ability to meet:
 - a. The applicable standards specified in R9-25-1308 and Table 13.1, or
 - b. If designation is based on verification, the national verification organization's standards for verification.
- C.** At least 90 calendar days before a trauma center ceases to provide a trauma service, the owner of the trauma center shall notify the Department, in writing or in a Department-provided format, of the owner's intention to cease providing the trauma service and to relinquish designation, including the effective date.
- D.** The Department shall, upon receiving a notice described in:
 - 1. Subsection (A), issue an amended designation that incorporates the name change but retains the expiration date of the current designation;
 - 2. Subsection (B)(1), send the owner a written notice stating that the health care institution no longer meets the definition of a trauma center and that the Department intends to dedesignate the health care institution, according to R9-25-1307(J)(2);
 - 3. Subsection (B)(2), evaluate the restrictions on the provisional license to determine if the trauma service was affected and may send the owner a written notice of the Department's intention to:
 - a. Dedesignate the health care institution, according to R9-25-1307(J) through (M);
 - b. Require a modification of the health care institution's designation within 15 calendar days after the date of the notice, according to R9-25-1305; or
 - c. Require a corrective action plan to address issues of compliance with the applicable standards specified in R9- 25-1308 and Table 13.1, according to R9-25-1306(E);
 - 4. Subsection (B)(3), send the owner written notice that the owner is required, within 15 calendar days after the date of the notice, to submit to the Department:
 - a. An application for designation at a specific Level of trauma center, according to R9-25-1303, based on meeting the applicable standards specified in R9-25-1308 and Table 13.1; or
 - b. Written notification of the owner's intention to relinquish designation;
 - 5. Subsection (B)(4), send the owner written notice that the owner is required, within 15 calendar days after the date of the notice, to submit to the Department:
 - a. An application for modification of the health care institution's designation, according to R9-25-1305;
 - b. A corrective action plan to address issues of compliance with the applicable standards specified in R9-

25- 1308 and Table 13.1, according to R9-25-1306(E); or

c. Written notification of the owner's intention to relinquish designation; or

6. Subsection (C), (D)(4)(b), or (D)(5)(c), send the owner written confirmation of the voluntary relinquishment of designation.

E. An owner of a trauma center, who obtains verification for the trauma center during a term of designation that was based on the trauma center meeting the applicable standards specified in R9-25-1308 and Table 13.1, may obtain a new initial designation based on verification, with a designation term based on the dates of the verification, by submitting an application according to R9-25-1303.

R9-25-1305. Modification of Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

- A. Except as provided in R9-25-1304(D)(3)(b) and (5)(a), at least 30 calendar days before ceasing to provide a trauma service consistent with a trauma center's current designation, an owner of a trauma center may request a designation that requires fewer resources and capabilities than the trauma center's current designation by submitting to the Department an application for modification of the trauma center's designation, in a Department-provided format, that includes:
1. The name and address of the trauma center for which the owner is requesting modification of designation;
 2. A list of the criteria for the current designation with which the owner no longer intends to comply;
 3. An explanation of the changes being made in the trauma center's resources or operations, related to each criterion specified according to subsection (A)(2), to ensure the health and safety of a patient;
 4. The Level of designation being requested;
 5. An attestation that:
 - a. The owner will be in compliance with all applicable requirements in A.R.S. Title 36, Chapter 21.1 and this Article for the Level of designation requested if modified designation is issued; and
 - b. The information provided in the application is accurate and complete; and
 6. The dated signature of the applicable individual according to R9-25-102.
- B. The Department shall review the application submitted according to R9-25-1307(I) to determine whether, with the changes being made in the trauma center's resources and operations, the trauma center will be in substantial compliance based the applicable standards specified in R9-25-1308 and Table 13.1 for the Level of designation requested.
- C. To retain trauma center designation for a health care institution, an owner who holds modified designation shall, before the expiration date of the modified designation:
1. Apply for renewal of designation according to R9-25-1303, based on the health care institution's meeting the applicable standards specified in R9-25-1308 and Table 13.1, for the Level of the modified designation; or
 2. Apply for initial designation according to R9-25-1303, based on the health care institution meeting the applicable standards specified in R9-25-1308 and Table 13.1, for a Level other than the Level of the modified designation.

R9-25-1306. Inspections (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

- A. When the Department inspects a health care institution applying for a trauma center designation or a health care institution designated as a trauma center to determine compliance with the applicable requirements in this Article, the Department:
1. Shall use criteria for assessing compliance developed using recommendations from the State Trauma Advisory Board, according to A.R.S. § 36-2222(E)(1); and

2. May:
 - a. Evaluate the health care institution's equipment and physical plant;
 - b. Interview the health care institution's personnel members, including any individuals providing trauma care; and
 - c. Review any of the following:
 - i. Medical records;
 - ii. Patient discharge summaries;
 - iii. Patient care logs;
 - iv. Rosters and schedules of personnel members and individuals who provide trauma care as part of the trauma service;
 - v. Performance-improvement-related documents, including quality management program documents required in A.A.C. [R9-10-204](#) or [R9-10-1004](#) as applicable; and
 - vi. Other documents relevant to the provision of trauma care as part of the trauma service.
- B. The Department shall determine whether there is a need for an inspection of a health care institution and which components in subsection (A)(2) to include in an inspection, based on the health care institution's application; previous inspections, if applicable; and the operating history of the health care institution and may conduct an announced inspection of the identified components:
 1. Before issuing an initial, renewal, or modified designation to an owner applying for designation of a health care institution as a trauma center;
 2. If an owner of a health care institution designated as a trauma center has submitted a corrective action plan under subsection (E); or
 3. A health care institution designated as a trauma center is randomly selected to receive an inspection.
- C. If the Department has reason to believe that a trauma center is not complying with applicable requirements in A.R.S. Title 36, Chapter 21.1 and this Article, the Department may conduct an announced or unannounced inspection of the trauma center according to subsection (A).
- D. Within 30 calendar days after completing an inspection, the Department shall send to an owner a written report of the Department's findings, including, if applicable, a list of any instances of non-compliance identified during the inspection and a request for a written corrective action plan.
- E. Within 15 calendar days after receiving a request for a written corrective action plan, an owner shall submit to the Department a written corrective action plan that includes for each identified instance of non-compliance:
 1. A description of how the instance of non-compliance will be corrected and reoccurrence prevented, and
 2. A date of correction for the instance of non-compliance.
- F. The Department shall accept a written corrective action plan if the corrective action plan:
 1. Describes how each identified instance of non-compliance will be corrected and reoccurrence prevented, and
 2. Includes a date for correcting each instance of non-compliance that is appropriate to the actions necessary to correct the instance of non-compliance.
- G. If the Department reviews a health care institution's facility and documentation of capabilities during a national verification organization's assessment according to R9-25-1302(C)(3) and the health care institution is not issued

verification from the national verification organization at the Level of designation sought, the Department shall send to an owner of the health care institution, within 30 calendar days after the review, a written report of the Department's findings, including, if applicable, a list of any instances of non-compliance with requirements in R9-25-1308 and Table 13.1 identified during the review.

- H. A health care institution receiving a written report in subsection (G) containing a list of instances of non-compliance with requirements in R9-25-1308 and Table 13.1 identified during a review of the health care institution's facility and documentation of capabilities may submit to the Department a written plan to correct instances of non-compliance that includes:
1. A description of how the health care institution will correct each instance of non-compliance and prevent the reoccurrence, and
 2. A date by which the health care institution plans to correct each instance of non-compliance.

R9-25-1307. Designation and De designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

- A. For initial designation or renewal of designation of a health care institution based on verification, the Department shall, within 45 calendar days after receiving a complete application from an owner:
1. Except as provided in subsection (H)(2), if the application complies with the applicable requirements in this Article, issue a designation for the health care institution that is valid for the duration of the verification; or
 2. If the application does not comply with the applicable requirements in this Article, provide a written notice that complies with A.R.S. [Title 41](#), Chapter 6, Article 10 that the Department intends to decline to issue a designation for the health care institution.
- B. Except as provided in subsection (F) specifying requirements for renewal of a one-year designation, for initial designation or renewal of designation of a health care institution based on an assessment by a national verification organization, the Department shall, within 60 calendar days after receiving a complete application from an owner, review the application and, if the Department determines that:
1. The application and the health care institution comply with the applicable requirements in this Article, except as provided in subsection (H)(1), issue a designation for the health care institution that is valid for three years from the issue date;
 2. The application complies with the applicable requirements in this Article, the health care institution is in substantial compliance with the applicable requirements in this Article, and the Department has accepted a written corrective action plan submitted according to R9-25-1306(E), issue a designation for the health care institution that is valid for one year from the issue date; or
 3. The application or the health care institution does not comply with the applicable requirements in this Article, provide a written notice that complies with A.R.S. [Title 41](#), Chapter 6, Article 10 that the Department intends to decline to issue a designation for the health care institution.
- C. Except as provided in subsection (F) specifying requirements for renewal of a one-year designation, for initial designation or renewal of designation of a health care institution as a Level III trauma center or a Level IV trauma center based on an assessment by the Department, an owner shall include as part of the application required in R9-25-1303(A):
1. The following information in a Department-provided format:
 - a. The name of the health care institution for which the owner is requesting designation;
 - b. The services the health care institution is providing or plans to provide as part of the trauma service;
 - c. The name and title of the liaison to the trauma service from each of the services listed according to subsection (C)(1)(b);
 - d. If applicable, the name, e-mail address, telephone number, and, if available, fax number of the health

- care institution's emergency department physician director;
- e. If applicable, the name, e-mail address, telephone number, and, if available, fax number of the health care institution's surgical director or co-director;
 - f. If a multidisciplinary peer review committee is required according to Table 13.1 for the Level of the trauma center, the name and title of each member of the multidisciplinary peer review committee;
 - g. If the health care institution's trauma registry will be part of a centralized trauma registry, a description of the training provided to the trauma program manager to enable the trauma program manager to comply with R9-25-1308(D)(2);
 - h. If applicable, for an application for initial designation, a description of the health care institution's plans for the continuing education activities related to trauma care, required in R9-25-1308(G)(4);
 - i. For renewal of designation, a description of the continuing education activities conducted during the term of the designation;
 - j. If applicable, the name, e-mail address, telephone number, and, if available, fax number of the health care institution's injury prevention coordinator;
 - k. A description of the methods by which trauma team personnel members communicate with EMS personnel;
 - l. A description of the trauma-related training received by registered nurses in the intensive care unit;
 - m. An attestation that the owner of the health care institution will prohibit:
 - i. The trauma medical director from serving as trauma medical director for another health care institution; and
 - ii. A physician on-call for general surgery, neurosurgery, or orthopedic surgery to be on-call or on a back-up call list at another health care institution; and
 - n. The dated signature of the applicable individual according to R9-25-102;
2. A copy of the policies and procedures required in R9-25-1308(B)(6) for the health care institution's trauma registry;
 3. A copy of the policies and procedures required in R9-25-1308(B)(7) for the health care institution's performance improvement program;
 4. A copy of the policies and procedures required in R9-25-1308(F)(2) for the health care institution's trauma service;
 5. If applicable, a copy of the policies and procedures required in R9-25-1308(F)(9) for operating rooms;
 6. A copy of the applicable policies and procedures required in R9-25-1308(H)(4);
 7. A copy of the health care institution's clinical practice guidelines, describing the health care institution's capability to resuscitate, stabilize, and transfer pediatric patients;
 8. If applicable, a copy of the bylaws of the health care institution's multidisciplinary peer review committee;
 9. Copies of the job descriptions for the health care institution's:
 - a. Trauma program manager;
 - b. Trauma registrar; and
 - c. If applicable, injury prevention coordinator;
 10. A list of the trauma care parameters the health care institution is or will be monitoring as part of the performance improvement program;

11. A list of trauma team members, including:
 - a. Name,
 - b. Title, and
 - c. Role on the trauma team;
 12. If required for an individual listed according to subsection (C)(11), a copy of documentation of the individual's:
 - a. Board certification or board eligibility,
 - b. Most recent certification in a trauma critical care course,
 - c. Pediatric-specific credentials, and
 - d. Other trauma-related training; and
 13. If the trauma medical director is not a member of the trauma team, the applicable documentation required in subsection (C)(12) for the trauma medical director.
- D.** Except as provided in subsection (F) specifying requirements for renewal of a one-year designation, for initial designation or renewal of designation of a health care institution as a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center based on an assessment by the Department under R9-25-1302(C), an owner shall include as part of the application required in R9-25-1303(A):
1. A copy of the documentation submitted to the national verification organization as part of an application for verification;
 2. If not included in the documentation in subsection (D)(1):
 - a. Any information or documents required in subsection (C);
 - b. For an application for initial designation, a description of the health care institution's plans for:
 - i. Injury prevention activities, required in R9-25-1308(G)(5)(a); and
 - ii. Educational outreach activities, required in R9-25-1308(G)(5)(b); and
 - c. For an application for renewal of designation, a description of the injury prevention activities and educational outreach activities conducted during the term of the designation;
 3. A copy of the national verification's organization's written report to the health care institution describing the results of the national verification organization's assessment of the health care organization;
 4. A copy of the written report in R9-25-1306(G); and
 5. If applicable, the written plan to correct instances of non-compliance in R9-25-1306(H).
- E.** Except for renewal of a one-year designation as provided in subsection (G), for initial designation or renewal of designation of a health care institution based on an assessment by the Department according to subsection (C) or (D), the Department shall, within 90 calendar days after receiving a complete application from an owner, review the application, inspect the health care institution, if applicable, and, if the Department determines that:
1. The application and the health care institution comply with the applicable requirements in this Article, except as provided in subsection (H)(1), issue a designation for the health care institution that is valid for three years from the issue date;
 2. The application complies with the applicable requirements in this Article, the health care institution is in substantial compliance with the applicable requirements in this Article, and the Department has accepted the document submitted according to R9-25-1306(E) or subsection (D)(5), issue a designation for the health care institution that is valid for one year from the issue date; or

3. The application or the health care institution does not comply with the applicable requirements in this Article, provide a written notice that complies with A.R.S. Title 41, Chapter 6, Article 10 that the Department intends to decline to issue a designation for the health care institution.
- F.** For renewal, at the same Level of trauma center, of a one-year designation issued according to subsection (B)(2) or (E)(2), an owner shall include, as part of the application required in R9-25-1303(A), documentation related to the completion of the plan specified in the document accepted by the Department in subsection (B)(2) or (E)(2).
- G.** The Department shall, within 60 calendar days after receiving from an owner an application submitted according to subsection (F), review the information and documentation, inspect the health care institution if applicable, and:
1. Issue a designation for the health care institution that is valid for two years from the issue date if the Department determines that:
 - a. The application and the health care institution comply with the applicable requirements in this Article; and
 - b. The owner has completed the plan specified in the document accepted by the Department in subsection (B)(2) or (E)(2), as applicable; or
 2. Provide a written notice that complies with A.R.S. Title 41, Chapter 6, Article 10 that the Department intends to decline to issue a designation for the health care institution if the Department determines that:
 - a. The application or the health care institution do not comply with the applicable requirements in this Article; or
 - b. The owner has not completed all of the components of the plan specified in the document accepted by the Department in subsection (B)(2) or (E)(2), as applicable.
- H.** The Department may:
1. Issue or extend a designation to a health care institution that is longer than three years if:
 - a. The health care institution would be eligible for designation under R9-25-1302(A)(2)(a)(ii) or (iii), (A)(2)(b)(ii) or (iii), (A)(2)(c)(ii) or (iii), (A)(2)(d)(ii) or (iii), or (A)(2)(e)(ii) with assessment from a national verification organization;
 - b. The national verification organization either:
 - i. Will not allow the health care institution to apply for verification within the time-frame necessary to comply with R9-25-1302(C), or
 - ii. Does not schedule an assessment visit to the health care institution within six months after the date of the health care institution's request;
 - c. The health care institution and, if applicable, the application comply with the applicable requirements in this Article; and
 - d. The health care institution provides to the Department documentation supporting subsection (H)(1)(b); or
 2. Issue a designation based on verification to a health care institution, according to subsection (A)(1), that is shorter than the duration of the verification if the expiration of the verification is more than five years after the date of issuance.
- I.** For modification of a designation according to R9-25-1305, the Department shall, within 30 calendar days after receiving a complete application for modification in R9-25-1305(A) from an owner, review the application, inspect the health care institution, if applicable, and:
1. Issue a modified designation for the Level of designation requested for the health care institution that is valid for the duration of the original designation or one year from the issue date, whichever is longer, if the

Department determines that:

- a. The application and the health care institution comply with the applicable requirements in this Article for the Level of designation requested; or
 - b. The application complies with the applicable requirements in this Article, the health care institution is in substantial compliance with the applicable requirements in this Article for the Level of designation requested, and the Department has accepted a written corrective action plan submitted according to R9-25-1306(E);
2. Issue a modified designation for a lower Level of designation than the Level of designation requested for the health care institution that is valid for the duration of the original designation or one year from the issue date, whichever is longer, if the Department determines that:
 - a. The application and the health care institution comply with the applicable requirements in this Article for the lower Level of designation and the health care institution:
 - i. Does not comply with the applicable requirements in this Article for the Level of designation requested; or
 - ii. Is in substantial compliance with the applicable requirements in this Article for the Level of designation requested, and the Department has not accepted a written corrective action plan submitted according to R9-25-1306(E); or
 - b. The application complies with the applicable requirements in this Article, the health care institution is in substantial compliance with the applicable requirements in this Article for the lower Level of designation, and the Department has accepted a written corrective action plan according to R9-25-1306(E); or
 3. Provide a written notice that complies with A.R.S. Title 41, Chapter 6, Article 10 that the Department intends to decline to issue a modified designation for the health care institution if the Department determines that the application or the health care institution does not comply with the applicable requirements in this Article.
- J.** The Department may dedesignate a health care institution as a trauma center if an owner:
1. Has provided false or misleading information to the Department;
 2. Is not eligible for designation under R9-25-1302(A) or (B); or
 3. Fails to comply with an applicable requirement in A.R.S. Title 36, Chapter 21.1 or this Article.
- K.** In determining whether to dedesignate a health care institution as a trauma center, the Department shall consider:
1. The severity of each instance relative to public health and safety;
 2. The number of instances;
 3. The nature and circumstances of each instance;
 4. Whether each instance was corrected, the manner of correction, and the duration of the instance; and
 5. Whether the instances indicate a lack of commitment to having the trauma center meet the verification standards of a national verification organization or, if applicable, the standards specified in R9-25-1308 and Table 13.1.
- L.** If the Department intends to dedesignate a health care institution, the Department shall send to the owner a written notice that complies with A.R.S. Title 41, Chapter 6, Article 10.
- M.** An owner who receives a written notice in subsection (A)(2), (B)(3), (E)(3), (G)(2), (I)(3), or (J) may file a written notice of appeal with the Department that complies with A.R.S. Title 41, Chapter 6, Article 10.

R9-25-1308. Trauma Center Responsibilities (A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(4), (5), and (6))

- A.** The owner of a trauma center shall ensure that:
1. If designation is based on:
 - a. Verification, the trauma center meets the applicable standards of the verifying national verification organization; or
 - b. Meeting the applicable standards specified in this Section and Table 13.1, the trauma center meets the applicable standards for the Level of trauma center for which designation has been issued;
 2. The trauma center complies with a written corrective action plan accepted by the Department according to R9-25-1306(F); and
 3. The Department has access to:
 - a. The trauma center and to personnel members present in the trauma center; and
 - b. Documents that are requested by the Department and not confidential under A.R.S. Title 36, Chapter 4, Article 4 or 5, within two hours after the Department's request.
- B.** The owner of a trauma center shall ensure that the trauma center:
1. Except as provided in subsection (D), establishes a trauma registry of patients receiving trauma care who meet the criteria specified in subsection (C)(1) that contains the information required in R9-25-1309, as applicable for the specific Level of the trauma center;
 2. Appoints an individual to act as trauma registrar to coordinate trauma registry activities;
 3. If necessary to comply with subsections (C)(2) and (3), provides sufficient additional individuals to assist with trauma registry activities;
 4. Establishes a performance improvement program for the trauma service to develop and implement processes to improve trauma care parameters;
 5. If required according to Table 13.1 for the Level of the trauma center, establishes as part of the performance improvement program, established according to subsection (B)(4), a multidisciplinary peer review committee to review the quality of trauma care provided by the trauma center, including information from the trauma registry, and suggest methods to improve the quality of trauma care;
 6. Establishes, documents, and implements policies and procedures for the trauma registry established according to subsection (B)(1) that include:
 - a. Ensuring that individuals responsible for collecting, entering, or reviewing information in the trauma registry have received training in gaining access to, and retrieving information from, the trauma registry;
 - b. Collection of the information required in R9-25-1309 about the patients specified in subsection (C)(1) receiving trauma care;
 - c. Submission to the Department of the information required in subsection (C)(2);
 - d. Review of information in the trauma center's trauma registry; and
 - e. Performance improvement activities required in R9-25-1310; and
 7. Establishes, documents, and implements policies and procedures for the performance improvement program established according to subsection (B)(4), including:
 - a. A list of the positions of personnel members who have defined roles in the performance improvement program and, if applicable, a list of positions that are dedicated to performance improvement activities for patients receiving trauma care from the trauma center;

- b. The qualifications, skills, and knowledge required of the personnel members in the positions specified according to subsection(B)(7)(a);
- c. The role each personnel member specified according to subsection (B)(7)(a) plays in the performance improvement program;
- d. The trauma care parameters to be reviewed as part of the performance improvement program;
- e. The frequency of review of trauma care parameters;
- f. If an issue related to trauma care or to trauma care parameters is identified:
 - i. How a plan to address the issue is developed to reduce the chance of the issue recurring in the future;
 - ii. How the plan is documented;
 - iii. The mechanism and criteria by which the plan is reviewed and approved;
 - iv. How the plan is implemented; and
 - v. How implementation of the plan and future recurrences are monitored;
- g. If applicable, the composition, duties, responsibilities, and frequency of meetings of the multidisciplinary peer review committee established according to subsection (B)(5);
- h. If applicable, how the multidisciplinary peer review committee collaborates with the trauma center's quality management program; and
- i. How changes proposed by the performance improvement program are reviewed by the trauma center's quality management program.

C. The owner of a trauma center shall ensure that:

- 1. The trauma registry, established according to subsection (B)(1), includes the information required in R9-25-1309 for each patient with whom the trauma center had contact who meets one or more of the following criteria:
 - a. A patient with injury or suspected injury who is:
 - i. Transported from a scene to a trauma center or an emergency department based on the responding emergency medical services provider's or ambulance service's triage protocol required in R9-25-201(E)(2)(b), or
 - ii. Transferred from one health care institution to another health care institution by an emergency medical services provider or ambulance service;
 - b. A patient with injury or suspected injury for whom a trauma team activation occurs; or
 - c. A patient with injury, who is admitted as a result of the injury or who dies as a result of the injury, and whose medical record includes one or more of specific ICD-codes indicating that:
 - i. At the initial encounter with the patient, the patient had:
 - (1) An injury or injuries to specific body parts,
 - (2) Unspecified multiple injuries,
 - (3) Injury of an unspecified body region,
 - (4) A burn or burns to specific body parts,
 - (5) Burns assessed through Total Body Surface Area percentages, or
 - (6) Traumatic Compartment Syndrome; and

- ii. The patient's injuries or burns were not only:
 - (1) An isolated distal extremity fracture from a same-level fall,
 - (2) An isolated femoral neck fracture from a same-level fall,
 - (3) Effects resulting from an injury or burn that developed after the initial encounter,
 - (4) A superficial injury or contusion, or
 - (5) A foreign body entering through an orifice;
- 2. The following information is submitted to the Department, in a Department-provided format, according to subsection (C)(3):
 - a. The name and physical address of the trauma center;
 - b. The date the trauma registry information is being submitted to the Department;
 - c. The total number of patients whose trauma registry information is being submitted;
 - d. The quarter and year for which the trauma registry information is being submitted;
 - e. The range of emergency department or hospital arrival dates for the patients for whom trauma registry information is being submitted;
 - f. The name, title, e-mail address, telephone number, and, if available, fax number of the trauma center's point of contact for the trauma registry information;
 - g. Any special instructions or comments to the Department from the trauma center's point of contact;
 - h. The information from the trauma registry for patients identified during the quarter specified according to subsection (C)(2)(d); and
 - i. Updated information for any patients identified during the previous quarter, including the patient's name, medical record number, and admission date; and
- 3. The information required in subsection (C)(2) is submitted:
 - a. For patients identified between January 1 and March 31, so that the information in subsections (C)(2)(a) through (h) is received by the Department by July 1 of the same calendar year;
 - b. For patients identified between April 1 and June 30, so that the information in subsections (C)(2)(a) through (h) is received by the Department by October 1 of the same calendar year;
 - c. For patients identified between July 1 and September 30, so that the information in subsections (C)(2)(a) through (h) is received by the Department by January 2 of the following calendar year; and
 - d. For patients identified between October 1 and December 31, so that the information in subsections (C)(2)(a) through (h) is received by the Department by April 1 of the following calendar year.
- D.** Trauma centers under the same governing authority, as defined in A.R.S. § [36-401](#), may establish a single, centralized trauma registry and submit to the Department consolidated information from the trauma registry, according to subsections (C)(2) and (3), if:
 - 1. The information submitted to the Department specifies for each patient in the trauma registry the trauma center that had contact with the patient, and
 - 2. Each trauma center contributing information to the centralized trauma registry is able to:
 - a. Access, edit, and update the information contributed by the trauma center to the centralized trauma registry; and
 - b. Use the information contributed by the trauma center to the centralized trauma registry when

complying with performance improvement program requirements in this Section.

- E.** As part of the performance improvement program, the owner of a trauma center shall ensure that the trauma program manager and, if applicable, trauma medical director periodically, according to policies and procedures:
1. Review the information in the trauma center's trauma registry; and
 2. Monitor at least the following trauma care parameters, as applicable, for patients in the trauma registry:
 - a. EMS received by a patient;
 - b. Length of stay longer than two hours in the emergency department before transfer;
 - c. Instances of trauma team activation to determine if trauma team activation was timely and appropriate;
 - d. Instances where trauma care was provided to a patient but trauma team activation did not occur;
 - e. Time from notification of a surgeon on the trauma team that a patient described in subsection (H)(6)(b)(i) is in the emergency department to when the surgeon arrives in the emergency department;
 - f. Documentation of the nursing services provided to a patient;
 - g. Instances and reasons for transfer of a patient;
 - h. Instances and reasons for transfer to a hospital not designated as a trauma center;
 - i. For a hospital designated as a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center, instances and reasons for diversion, as defined in A.A.C. R9-10-201, of a patient requiring trauma care;
 - j. Instances of and circumstances related to the death of a patient;
 - k. Instances related to the assessment of child maltreatment;
 - l. Other patient outcomes;
 - m. Trauma care parameters for pediatric patients, including pediatric-specific measures; and
 - n. The completeness and timeliness of trauma data submission.
- F.** In addition to the requirements in subsections (A) through (E), the owner of a trauma center designated based on meeting the applicable standards specified in this Section and Table 13.1 shall:
1. Ensure that a trauma service is established if required by Table 13.1;
 2. Ensure that policies and procedures for the trauma service are established, documented, and implemented that include:
 - a. The composition of the trauma team;
 - b. The qualifications, skills, and knowledge required of each personnel member of the trauma team;
 - c. Continuing education or continuing medical education requirements for each personnel member of the trauma team;
 - d. The roles and responsibilities of each personnel member of the trauma team;
 - e. Under what circumstances the trauma team is activated; and
 - f. How the trauma team is activated;
 3. Ensure that the personnel members on the trauma team have the qualifications, skills, and knowledge required in the policies and procedures;
 4. If the trauma center is required according to Table 13.1 to have a trauma medical director, appoint a board-certified or board-eligible surgeon as trauma medical director;

5. Prohibit a physician from serving as trauma medical director for the trauma center if the physician is serving as trauma medical director for another health care institution;
6. Ensure that the trauma medical director completes:
 - a. If the trauma center's designation is for a three-year period, at least 48 hours of external trauma-related continuing medical education during the term of the designation;
 - b. If the trauma center's designation is for a one-year period, at least 16 hours of external trauma-related continuing medical education during the term of the designation; and
 - c. If the trauma center is designated as a Level I Pediatric trauma center or Level II Pediatric trauma center, at least 12 of the 48 hours required in subsection (F)(6)(a) or four of the 16 hours required in subsection (F)(6)(b) in pediatric trauma-related continuing medical education;
7. Appoint an individual to act as trauma program manager to coordinate trauma service activities;
8. If the trauma center is required by Table 13.1 to have a multidisciplinary peer review committee, ensure that each surgeon on the trauma team designated according to subsection (F)(3) attends at least 50% of the meetings of the multidisciplinary peer review committee;
9. If the trauma center provides surgical services, ensure that policies and procedures for operating rooms and an operating room team are established, documented, and implemented that include:
 - a. The availability of an operating room for trauma care;
 - b. The composition of an operating room team;
 - c. The qualifications, skills, and knowledge required of each personnel member of an operating room team;
 - d. The roles and responsibilities of each personnel member of an operating room team;
 - e. If an operating room team is not on the premises of the health care institution 24 hours a day, under what circumstances the operating room team is notified to come to the trauma center; and
 - f. How the operating room team is notified;
10. Ensure that the following personnel members on the trauma team:
 - a. Hold current certification in a trauma critical care course:
 - i. Trauma medical director, if applicable;
 - ii. Each emergency medicine physician who is not board-certified or board-eligible; and
 - iii. Each physician assistant or registered nurse practitioner who is responsible for providing trauma care to patients in an emergency department in the absence of an emergency physician; or
 - b. Have held certification in a trauma critical care course:
 - i. Each general surgeon other than the trauma medical director, and
 - ii. Each emergency medicine physician who is board-certified or board-eligible;
11. If the trauma center is designated as a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center, ensure that each of the trauma team personnel members required in Table 13.1(C)(2) and (C)(3)(a) through (f) are board-certified or board-eligible;
12. If the trauma center is designated as a Level I Pediatric trauma center, ensure that the following trauma team members are fellowship-trained:
 - a. The surgeon credentialed for pediatric trauma care required in Table 13.1(C)(2)(a)(iii),

- b. The pediatric emergency medicine physician required in Table 13.1(C)(2)(c),
 - c. The pediatric-credentialed orthopedic surgeon required in Table 13.1(C)(3)(b),
 - d. The pediatric-credentialed neurosurgeon required in Table 13.1(C)(3)(d), and
 - e. The pediatric-credentialed critical care medicine physician required in Table 13.1(C)(3)(f);
13. If the trauma center is designated as a Level II Pediatric trauma center, ensure that:
- a. The pediatric-credentialed critical care medicine physician required in Table 13.1(C)(3)(f) is fellowship-trained, and
 - b. A fellowship-trained pediatric emergency medicine physician:
 - i. Provides supervision for pediatric emergency trauma care and oversight of the treatment of pediatric patients as part of the performance improvement program, and
 - ii. Is appointed as a liaison to the multidisciplinary peer review committee established according to subsection (B)(5); and
14. If the trauma center is not designated as a Level I Pediatric trauma center or Level II Pediatric trauma center and annually provides trauma care to 100 or more injured children younger than 15 years of age who meet one or more of the criteria in subsection (C)(1)(c), ensure that the trauma center:
- a. Complies with subsection (F)(13) and Table 13.1(C)(2)(a)(iii), (3)(b), (3)(d), and (3)(f) and (F)(2); and
 - b. Has a:
 - i. Pediatric emergency department area,
 - ii. Pediatric intensive care area, and
 - iii. Pediatric-specific trauma performance improvement program.
- G.** In addition to the requirements in subsections (A) through (E), the owner of a trauma center designated based on meeting the applicable standards specified in this Section and Table 13.1 shall ensure that the trauma center:
- 1. Establishes, documents, and implements a patient transfer plan, consistent with A.A.C. R9-10-211, that includes:
 - a. The criteria for transferring a patient,
 - b. The health care institution to which a patient meeting specific criteria will be transferred,
 - c. The personnel members who are responsible for coordinating the transfer of a patient, and
 - d. The process for transferring a patient;
 - 2. Participates in state, local, or regional trauma-related activities such as:
 - a. The State Trauma Advisory Board, established by A.R.S. § 36-2222;
 - b. A regional emergency medical services coordinating council described in A.R.S. § 36-2222(A)(3);
 - c. Trauma Registry Users Group, established by the Department;
 - d. Trauma Managers Workgroup, established by the Department; or
 - e. Injury Prevention Council;
 - 3. Participates in injury prevention programs specific to the trauma center's patient population at the national, regional, state, or local levels;
 - 4. Except for a Level IV trauma center, conducts trauma care continuing education activities for physicians, trauma center personnel members, and EMCTs;

5. If required for the trauma center according to Table 13.1, establishes and maintains:
 - a. An injury prevention program:
 - i. Independently or in collaboration with other health care institutions, health advocacy groups, or the Department; and
 - ii. That includes:
 - (1) Designating a prevention coordinator who serves as the trauma center's representative for injury prevention and injury control activities;
 - (2) Carrying out injury prevention and injury control activities, including activities specific to the patient population;
 - (3) Conducting injury control studies;
 - (4) Monitoring the progress and effect of the injury prevention program; and
 - (5) Providing injury prevention and injury control information resources for the public; and
 - b. An educational outreach program:
 - i. Independently or in collaboration with other health care institutions, health advocacy groups, or the Department;
 - ii. That includes providing education to physicians, trauma center personnel members, EMCTs, and the general public; and
 - iii. That may include education about:
 - (1) Injury prevention,
 - (2) Trauma care,
 - (3) Other topics specific to the patient population,
 - (4) Criteria for assessing a patient who may require trauma care, and
 - (5) Criteria for the transfer of a patient requiring trauma care; and
 6. If the trauma center holds a designation as a Level I trauma center or Level I Pediatric trauma center:
 - a. Establishes and maintains, either independently or in collaboration with other hospitals, a residency program or fellowship program that provides advanced medical training in emergency medicine, general surgery, orthopedic surgery, or neurosurgery;
 - b. Participates in the provision of a trauma critical care course;
 - c. Conducts or participates in research related to trauma and trauma care; and
 - d. Maintains an Institutional Review Board, established consistent with 45 CFR Part 46, to review biomedical and behavioral research related to trauma and trauma care involving human subjects, conducted, funded, or sponsored by the trauma center, in order to protect the rights of the human subjects of such research.
- H.** In addition to the requirements in subsections (A) through (E), the owner of a trauma center designated based on meeting the applicable standards specified in this Section and Table 13.1 shall:
1. Ensure the presence of a surgeon at all operative procedures;
 2. If the trauma center provides emergency medicine, neurosurgery, orthopedic surgery, anesthesiology, critical care, or radiology as an organized service, ensure that:
 - a. A physician from the organized service is appointed to act as a liaison between the organized service and the trauma center's trauma service;

- b. The physician in subsection (H)(2)(a) completes:
 - i. If the trauma center's designation is for a three-year period, at least 48 hours of trauma-related continuing medical education during the term of the designation;
 - ii. If the trauma center's designation is for a one-year period, at least 16 hours of trauma-related continuing medical education during the term of the designation; and
 - iii. If the trauma center is designated as a Level I Pediatric trauma center or Level II Pediatric trauma center, at least 12 of the 48 hours required in subsection (H)(2)(b)(i) or four of the 16 hours required in subsection (H)(2)(b)(ii) in pediatric trauma-related continuing medical education; and
- c. If the trauma center is required by Table 13.1 to have a multidisciplinary peer review committee, ensure the physician in subsection (H)(2)(a) attends at least 50% of the meetings of the multidisciplinary peer review committee;
3. Ensure that, when a physician is on-call for general surgery, neurosurgery, or orthopedic surgery, the physician is not on-call or on a back-up call list at another health care institution;
4. Ensure that policies and procedures are established, documented, and implemented for:
 - a. Except for a Level IV trauma center, the formulation of blood products to be available during an event requiring multiple blood transfusions for a patient or patients; and
 - b. For a Level IV trauma center, the expedited release of blood products during an event requiring multiple blood transfusions for a patient or patients;
5. Ensure that the patient transfer plan required in subsection (G)(1) includes processes for transferring a patient needing:
 - a. Acute hemodialysis or pediatric trauma care to a hospital providing the required service if the trauma center is designated as a:
 - i. Level III or Level IV trauma center; or
 - ii. Level II trauma center and does not provide, as applicable, acute hemodialysis or pediatric trauma care;
 - b. Burn care as an organized service, acute spinal cord management, microvascular surgery, or replant surgery to a hospital providing the required service if the trauma center is designated as a:
 - i. Level III or Level IV trauma center; or
 - ii. Level I or Level II trauma center and does not provide, as applicable, burn care as an organized service, acute spinal cord management, microvascular surgery, or replant surgery; or
 - c. Another service that the trauma center is not authorized or not able to provide to a hospital providing the required service;
6. Except for a Level IV trauma center or as provided in subsection (I), require that:
 - a. An emergency medicine physician is present in the emergency department at all times;
 - b. A surgeon on the trauma team is present in the emergency department:
 - i. For a patient:
 - (1) If an adult, with a systolic blood pressure less than 90 mm Hg or, if a child, with confirmed age-specific hypotension;
 - (2) With respiratory compromise, respiratory obstruction, or intubation;

- (3) Who is transferred from another hospital and is receiving blood to maintain vital signs;
- (4) Who has a gunshot wound to the abdomen, neck, or chest;
- (5) Who has a Glasgow Coma Scale score less than 8 associated with an injury attributed to trauma; or
- (6) Who is determined by an emergency department physician to have an injury that has the potential to cause prolonged disability or death; and
- ii. No later than the following times:
 - (1) For a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center, within 15 minutes after notification or at the time the patient arrives in the emergency department, whichever is later; or
 - (2) For a Level III trauma center, within 30 minutes after notification or at the time the patient arrives in the emergency department, whichever is later; and
- c. One of the following anesthesia personnel members is available for an operative procedure on a patient at the indicated time point:
 - i. For a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center, an anesthesiologist, anesthesiology chief resident, or certified registered nurse anesthetist is present in the emergency department or in an operating room area awaiting the patient no later than 15 minutes after patient arrival in the emergency department; and
 - ii. For a Level III trauma center, an anesthesiologist, anesthesiology chief resident, or certified registered nurse anesthetist is present in the emergency department or in an operating room area awaiting the patient no later than 30 minutes after patient arrival in the emergency department;
- 7. For a clinical capability required for the trauma center according to Table 13.1(C)(3), require that the on-call radiologist, critical care medicine physician, or surgical specialist is available to provide medical services, as applicable to the specialist, for a patient requiring trauma care within 45 minutes after notification; and
- 8. For personnel members assigned to an operating room team according to subsection (F)(9), require that the personnel members on the operating room team are on the premises of the trauma center while on duty or:
 - a. For a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, Level II Pediatric trauma center:
 - i. Are available to provide operative services for a patient requiring trauma care within 15 minutes after notification or patient arrival at the trauma center, whichever is later; and
 - ii. Have response times and patient outcomes monitored through the performance improvement program; and
 - b. For a Level III trauma center or Level IV trauma center, if the Level IV trauma center provides surgical services:
 - i. Are available to provide operative services for a patient requiring trauma care within 30 minutes after notification or patient arrival at the trauma center, whichever is later; and
 - ii. Have response times and patient outcomes monitored through the performance improvement program.
- I. The Department shall consider a trauma center designated based on meeting the applicable standards specified in this Section and Table 13.1 to be in compliance with subsection (H)(6)(a), (b), or (c), as applicable, if the trauma center has documentation showing that:
 - 1. The individual required to be present at the indicated location and within the indicated time period was

present 80% or more of the time, and

2. The trauma center monitors the rate of compliance with subsection (H)(6) and patient outcomes through the performance improvement program.
- J.** The requirement in subsection (H)(6)(b) applies whether or not the owner of a trauma center allows a surgery resident in the fourth or fifth year of residency training to begin treating a patient described in subsection (H)(6)(b)(i) while awaiting the arrival of the surgeon on the trauma team, as required in subsection (H)(6)(b)(ii)(1) or (2).
- K.** An ALS base hospital certificate holder that chooses to submit trauma registry information to the Department, as allowed by A.R.S. § 36-2221(A), shall:
1. Include in the ALS base hospital's trauma registry at least the information required in R9-25-1309(A) for each patient who meets one or more of the criteria in subsections (C)(1)(a) through (c), and
 2. Comply with the submission requirements in subsections (C)(2) and (3).

Table 13.1. Arizona Trauma Center Standards (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

Key:

- E = Essential and required
- I(P) = Level I Pediatric trauma center
- II(P) = Level II Pediatric trauma center ICU = Intensive care unit
- In-house = On the premises of the health care institution
- ISS = Injury severity score, the sum of the squares of the abbreviated injury scale scores of the three most severely injured body regions
- Child life = A program of support to injured children and their families to reduce stress and anxiety by:
- a. Explaining medical equipment and procedures to children in a non-threatening and age-appropriate manner,
 - b. Explaining a diagnosis to a child in an age-appropriate manner, and
 - c. Helping children and their families develop strategies to cope with the diagnosis and expected outcome

Trauma Facilities Criteria	Levels					
	I	I(P)	II	II(P)	III	IV
A. Institutional Organization						
1. Trauma service	E	E	E	E	E	-
2. Trauma medical director	E	E	E	E	E	-
3. Trauma multidisciplinary peer review committee	E	E	E	E	E	-
4. Injury prevention program (R9-25-1308(G)(5)(a))	E	E	E	E	-	-
5. Injury prevention activities (R9-25-1308(G)(3))	E	E	E	E	E	E
6. Educational outreach program (R9-25-1308(G)(5)(b))	E	E	E	E	-	-
7. Educational outreach activities (R9-25-1308(G)(4))	E	E	E	E	E	-
8. Child maltreatment assessment capability	E	E	E	E	E	E
B. Hospital Departments/Divisions/Sections						
1. Surgery	E	E	E	E	E	-
2. Neurosurgery	E	E	E	E	-	-
3. Orthopedic surgery	E	E	E	E	E	-
4. Emergency medicine	E	E	E	E	E	-
5. Pediatric emergency department area	-	E	-	E	-	-

6. Anesthesia	E	E	E	E	E	-
C. Clinical Capabilities						
1. Written on-call schedule for each component of the trauma service if a team member not in-house	E	E	E	E	E	E
2. Physician specialist available 24 hours/day						
a. General surgeon	E	E	E	E	E	-
i. Published back-up schedule	E	E	E	E	-	-
ii. Dedicated to single hospital when on- call	E	E	E	E	-	-
iii. Surgeon credentialed for pediatric trauma care	-	E	-	E	-	-
b. Emergency medicine physician	E	E	E	E	E	-
c. Pediatric emergency medicine physician	-	E	-	-	-	-
3. Specialist on-call and available 24 hours/day						
a. Orthopedic surgeon	E	E	E	E	E	-
b. Pediatric-credentialed orthopedic surgeon	-	E	-	E	-	-
c. Neurosurgeon	E	E	E	E	-	-
d. Pediatric-credentialed neurosurgeon	-	E	-	E	-	-
e. Critical care medicine physician	E	E	E	E	-	-
f. Pediatric-credentialed critical care medicine physician	-	E	-	E	-	-
g. Radiologist	E	E	E	E	E	-
h. Hand surgeon	E	E	E	E	-	-
i. Ophthalmic surgeon	E	E	E	E	-	-
j. Plastic surgeon	E	E	E	E	-	-
k. Thoracic surgeon	E	E	E	E	-	-
l. Cardiac surgeon	E	E	-	-	-	-
m. Obstetrics/gynecologic surgeon	E	E	-	-	-	-
n. Oral/maxillofacial surgeon (plastic surgeon, otolaryngologist, or oral/maxillofacial surgeon)	E	E	E	E	-	-
4. Qualified anesthesia personnel member on-call and available 24 hours/day						
a. Physician or certified nurse anesthetist	E	E	E	E	E	-
b. Physician or certified nurse anesthetist with a pediatric credential	-	E	-	E	-	-
5. Volume performance standards:						
a. 1200 trauma admissions per year, b. 240 admissions with ISS > 15 per year, or c. Average of 35 patients with ISS > 15 for each trauma team surgeon per year	E	-	-	-	-	-
d. 200 trauma admissions < 15 years of age per year,	-	E	-	-	-	-
D. Facilities/Resources/Capabilities						
1. Emergency department						
a. Designated physician director	E	E	E	E	E	-
b. Personnel members with pediatric-specific trauma-related training	-	E	-	E	-	-

c. Resuscitation equipment for patients of all sizes						
i. Airway control and ventilation equipment	E	E	E	E	E	E
ii. Pulse oximetry	E	E	E	E	E	E
iii. Suction devices	E	E	E	E	E	E
iv. Electrocardiograph-oscilloscope- defibrillator	E	E	E	E	E	E
v. Color-coded, length-based tool to assist with medication dosing and equipment selection for children	E	E	E	E	E	E
vi. Central venous pressure monitoring equipment	E	E	E	E	E	-
vii. Standard intravenous fluids and administration sets	E	E	E	E	E	E
viii. Large-bore intravenous catheters	E	E	E	E	E	E
ix. Sterile surgical sets for:						
(1) Airway control/cricothyrotomy	E	E	E	E	E	E
(2) Thoracostomy	E	E	E	E	E	E
(3) Central line insertion	E	E	E	E	E	-
(4) Thoracotomy	E	E	E	E	E	-
x. Arterial catheters	E	E	E	E	-	-
xi. X-ray availability 24 hours/day	E	E	E	E	E	-
xii. Thermal control equipment						
(1) For patient	E	E	E	E	E	E
(2) For fluids and blood	E	E	E	E	E	E
xiii. Rapid infusion system/capability	E	E	E	E	E	E
xiv. Qualitative end-tidal CO ₂ monitoring	E	E	E	E	E	E
d. Communication with EMS personnel	E	E	E	E	E	E
e. Capability to resuscitate, stabilize, and transfer pediatric patients	E	E	E	E	E	E
2. Operating room						
a. Immediately available 24 hours/day						
b. Size-specific equipment						
i. Cardiopulmonary bypass	E	E	-	-	-	-
ii. Operating microscope	E	E	-	-	-	-
c. Thermal control equipment						
i. For patient	E	E	E	E	E	E
ii. For fluids and blood	E	E	E	E	E	E
d. X-ray capability including C-arm image intensifier	E	E	E	E	E	-
e. Endoscopes, bronchoscope	E	E	E	E	E	-
g. Craniotomy instruments	E	E	E	E	-	-
h. Equipment for long bone and pelvic fixation	E	E	E	E	E	-
i. Rapid infusion system/capability	E	E	E	E	E	E

3. Postanesthesia recovery room or surgical ICU						
a. Registered nurses available 24 hours/day	E	E	E	E	E	E
b. Equipment for monitoring and resuscitation	E	E	E	E	E	E
c. Intracranial pressure monitoring equipment	E	E	E	E	-	-
d. Pulse oximetry	E	E	E	E	E	E
e. Thermal control equipment						
i. For patient	E	E	E	E	E	E
ii. For fluids and blood	E	E	E	E	E	E
4. ICU or critical care unit for injured patients						
a. Pediatric ICU	-	E	-	E	-	-
b. Registered nurses with trauma-related training	E	E	E	E	E	-
c. Registered nurses with pediatric-specific trauma-related training	-	E	-	E	-	-
d. Designated surgical director or surgical co- director	E	E	E	E	E	-
e. Physician (fourth year of residency training or higher) assigned to surgical ICU service and in-house 24 hours/day	E	E	-	-	-	-
f. Physician (fourth year of residency training or higher) with a pediatric credential assigned to surgical ICU service and in- house 24 hours/day	-	E	-	-	-	-
g. Surgically directed and staffed ICU service	E	E	E	E	-	-
h. Equipment for monitoring and resuscitation	E	E	E	E	E	-
i. Intracranial pressure monitoring equipment	E	E	E	E	-	-
5. Respiratory therapy services (Available 24 hours/day)						
a. Available in-house	E	E	E	E	-	-
b. On-call and available within 45 minutes after notification	-	-	-	-	E	-
6. Radiological services (Available 24 hours/day)						
a. In-house radiology technologist	E	E	E	E	E	-
b. Radiology technologist on-call and available within 45 minutes after notification	-	-	-	-	-	E
c. Resuscitation equipment for patients of all sizes, as specified in subsection (D)(1)(c)(i) to (v)	E	E	E	E	E	E
d. Angiography	E	E	E	E	-	-
e. Sonography	E	E	E	E	E	-
f. Computed tomography (CT)	E	E	E	E	E	-
i. In-house CT technician	E	E	E	E	-	-
ii. CT technician on-call and available within 45 minutes after notification	-	-	-	-	E	-
f. Magnetic resonance imaging	E	E	E	E	-	-
7. Clinical laboratory service (Available 24 hours/day)						
a. Standard analyses of blood, urine, and other body fluids	E	E	E	E	E	E
b. Blood typing and cross-matching	E	E	E	E	E	-
c. Coagulation studies	E	E	E	E	E	E

d. Comprehensive blood bank or access to a community central blood bank and adequate storage facilities	E	E	E	E	E	-
e. Blood gases and pH determinations	E	E	E	E	E	E
f. Microbiology	E	E	E	E	E	-
E. Rehabilitation Services Specific to the Patient Population						
1. Physical therapy	E	E	E	E	E	-
2. Occupational therapy	E	E	E	E	-	-
3. Speech therapy	E	E	E	E	-	-
F. Social Services Specific to the Patient Population						
1. Social services	E	E	E	E	E	-
2. Child life program	-	E	-	E	-	-
G. Performance Improvement						
1. Multidisciplinary peer review committee	E	E	E	E	E	-
2. Performance improvement personnel dedicated to the trauma service	E	E	E	E	-	-

R9-25-1309. Trauma Registry Data (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))

- A.** A trauma registry established according to R9-25-1308(B)(1) includes the following in the record of a patient's episode of care, as defined in A.A.C. R9-11-101, for each patient meeting the criteria in R9-25-1308(C)(1):
1. An identification code specific to the health care institution that had contact with the patient during the episode of care;
 2. Demographic information about the patient:
 - a. The unique number assigned by the health care institution to the patient;
 - b. A code indicating whether the patient's record will be submitted to the Department as required in R9-25-1308(C)(2);
 - c. The unique number assigned by the health care institution for the episode of care;
 - d. The date the patient arrived at the health care institution for the episode of care;
 - e. For the episode of care, a code indicating whether the patient:
 - i. Was directly admitted to the health care institution,
 - ii. Was admitted to the health care institution through the emergency department,
 - iii. Was seen in the emergency department then transferred to another health care institution by an ambulance service or emergency medical services provider,
 - iv. Was seen in the emergency department and discharged, or
 - v. Died in the emergency department or was dead on arrival;
 - f. The patient's first name, middle initial, and last name;
 - g. The patient's Social Security Number;
 - h. The patient's date of birth and age;
 - i. Codes indicating the patient's gender, race, and ethnicity;
 - j. The zip code of the patient's residence or, if applicable, an indication of why no zip code was reported;

and

- k. The city, state, and county of the patient's residence;
3. Information about the occurrence of the patient's injury:
- a. The date and time the injury occurred;
 - b. The ICD-code describing the type of location where the injury occurred;
 - c. The zip code of the location where the injury occurred;
 - d. The city, state, and county where the injury occurred;
 - e. A code indicating whether the patient's injury resulted from blunt force trauma, a penetrating wound, or a burn;
 - f. The ICD-code indicating the primary mechanism or cause of the patient's injury resulting in the episode of care and the manner or intent through which the injury occurred;
 - g. A description of the cause and circumstances leading to the patient's injury;
 - h. Whether the patient was using a protective device or safety equipment at the time of the injury and, if so, the type or types of protective device or safety equipment being used;
 - i. If the patient was subject to the requirements in A.R.S. § [28-907](#) at the time of the injury, whether the patient was using a child restraint system, as defined in A.R.S. § 28-907, at the time of the injury and, if so, the type of child restraint system being used; and
 - j. If the patient's injury resulted from a motor vehicle crash, a code describing the status of airbag deployment;
4. Information about the patient's arrival at the health care institution:
- a. A code identifying the mode of transportation by which the patient arrived at the health care institution; and
 - b. If applicable:
 - i. The ambulance service or emergency medical services provider that transported the patient to the health care institution;
 - ii. The unique identifier given by the ambulance service or emergency medical services provider to the incident during which the patient received EMS;
 - iii. The date the ambulance service or emergency medical services provider transported the patient to the trauma center; and
 - iv. If the patient was transferred from another health care institution, the name of the other health care institution;
5. Information about the health care institution's assessment or treatment of the patient in the emergency department:
- a. A code indicating which of the criteria in R9-25-1308(C)(1) the patient met;
 - b. A code indicating whether an ambulance service or emergency medical services provider transported the patient to the health care institution and, if so, the criteria used by the transporting ambulance service or emergency medical services provider for transporting the patient to the health care institution;
 - c. The date and time the patient arrived at the emergency department of the health care institution for the episode of care;
 - d. The date and time the patient died or left the emergency department of the health care institution for

- the episode of care;
- e. The length of time in hours and in minutes that the patient remained in the emergency department of the health care institution during the episode of care;
- f. If trauma team activation occurred, the time when the last trauma team personnel member arrived at their assigned location in the health care institution;
- g. Whether the patient showed signs of life when the patient arrived at the health care institution;
- h. The values of the following for the patient at the time of their first assessment at the health care institution:
 - i. Pulse rate;
 - ii. Respiratory rate;
 - iii. Oxygen saturation;
 - iv. Systolic blood pressure; and
- i. Temperature, including the units of temperature and the route used to measure the patient's temperature;
A code indicating whether the patient was receiving respiratory assistance at the time the patient's respiratory rate was assessed;
- j. A code indicating whether the patient was receiving supplemental oxygen at the time the patient's oxygen saturation was assessed;
- k. Codes indicating the Glasgow Coma Score for:
 - i. Eye opening,
 - ii. Verbal response to stimulus, and
 - iii. Motor response to stimulus;
- l. The patient's total Glasgow Coma Score;
- m. Whether the patient was intubated at the time of the patient's assessments in subsections (A)(5)(h)(ii), (k)(ii), and (l);
- n. A code indicating whether a paralytic agent or sedative had been administered to the patient at the time the patient's Glasgow Coma Score was measured;
- o. A code indicating another factor that may have affected the patient's Glasgow Coma Score;
- p. A revised trauma score for the patient, auto-calculated based on the patient's systolic blood pressure, respiratory rate, and Glasgow Coma Score;
- q. A code indicating the status of alcohol use by the patient and, if applicable, the blood alcohol concentration in the patient's blood;
- r. A code indicating the status of drug use by the patient and, if applicable, the code for each drug class detected in the patient's blood;
- s. A code indicating the disposition of the patient at the time the patient was discharged from the emergency department; and
- t. If the patient was transferred to another health care institution upon discharge from the emergency department:

- i. The name of the health care institution to which the patient was transferred;
 - ii. The name of the ambulance service or emergency medical services provider providing the interfacility transport;
 - iii. A code indicating the reason for transfer; and
 - iv. If there was a delay in transferring the patient to another health care institution, a code indicating the reason for the delay;
- 6. Information about the patient's discharge from the health care institution:
 - a. The date and time the patient was discharged from the health care institution;
 - b. The length of time the patient remained as an inpatient, as defined in A.A.C. [R9-10-201](#), in the health care institution;
 - c. The length of time the patient remained in the health care institution's intensive care unit;
 - d. A code indicating whether the patient was alive or dead at the time of discharge from the health care institution;
 - e. The ICD-code for each injury identified in the patient, including an indication of whether the ICD-code is for:
 - i. The principle diagnosis, the reason believed by the health care institution to be chiefly responsible for the patient's need for the episode of care; or
 - ii. A secondary diagnosis, another reason believed by the health care institution to have contributed to the patient's need for the episode of care;
 - f. The patient's Injury Severity Score;
 - g. A code indicating the disposition of the patient at the time the patient was discharged from the health care institution;
 - h. Whether a report of suspected physical abuse was reported to law enforcement or as required by A.R.S. § 13-3620 or [46-454](#), if applicable, and, if so:
 - i. Whether an investigation into the suspected physical abuse was initiated by an entity to which the suspected physical abuse was reported; and
 - ii. If the patient is a child, whether the patient was discharged in the care of a person other than the person responsible for the care of the patient at the time the patient arrived at the health care institution; and
 - i. If the patient was transferred to a hospital upon discharge from the health care institution:
 - i. The name of the hospital to which the patient was transferred,
 - ii. The name of the ambulance service or emergency medical services provider providing the interfacility transport, and
 - iii. A code indicating the reason for transfer; and
- 7. Financial information about the episode of care:
 - a. A code for the primary source of payment for the episode of care;
 - b. A code for a secondary source of payment for the episode of care, if applicable.
 - c. The total amount of charges for the episode of care; and
 - d. The total amount collected by the health care institution for the episode of care.

- B.** In addition to the information required in subsection (A), a trauma registry established according to R9-25-1308(B)(1) by a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, Level II Pediatric trauma center, or Level III trauma center includes the following in the record of a patient's episode of care, as defined in A.A.C. R9-11-101, for each patient meeting the criteria in R9-25-1308(C)(1):
1. Demographic information about the patient:
 - a. The country of the patient's residence;
 - b. The country where the patient was found or from which an ambulance service or emergency medical services provider transported the patient; and
 - c. Any pre-existing medical conditions diagnosed for the patient, unrelated to the reason for the episode of care;
 2. Information about the occurrence of the patient's injury:
 - a. Whether the time specified according to subsection (A)(3)(a) is the actual time of occurrence or an estimate;
 - b. The street address of the location where the injury occurred or, if the location at which the injury occurred does not have a street address, another indicator of the location at which the injury occurred;
 - c. Any additional ICD-code describing the mechanism or cause of the patient's injury resulting in the episode of care and the manner or intent through which the injury occurred;
 - d. The ICD-code indicating the activity the patient was engaged in that resulted in the patient's injury;
 - e. If the patient's injury resulted from a crash involving a means of transportation, including a motor vehicle, other motorized means of transportation, watercraft, bicycle, or aircraft, a code describing the type of vehicle in use at the time of the injury and the patient's location in the vehicle;
 - f. A description of any issues related to a protective device or safety equipment in use at the time of the patient's injury; and
 - g. Whether the patient's injury occurred during the patient's paid employment and, if so, a code indicating:
 - i. The type of occupation associated with the patient's employment, and
 - ii. The patient's occupation;
 3. A code indicating whether EMS was provided to the patient and, if applicable, the type of transport provided to the patient;
 4. If EMS was provided to the patient, whether a prehospital incident history report was provided to the trauma center and, if so:
 - a. The date on the prehospital incident history report;
 - b. The identifying number on the prehospital incident history report assigned by the ambulance service or emergency medical services provider;
 - c. The date and time the ambulance service or emergency medical services provider was dispatched, as defined in R9-25-901, to the scene;
 - d. The date and time the ambulance service or emergency medical services provider responded to the dispatch;
 - e. The date and time the ambulance service or emergency medical services provider arrived at the scene;
 - f. The date and time the ambulance service or emergency medical services provider established contact with the patient;

- g. The date and time the ambulance service or emergency medical services provider left the scene;
 - h. The date and time the ambulance service or emergency medical services provider arrived at the health care institution that was the transport destination;
 - i. The date and time the patient's pulse, respiration, oxygen saturation, and systolic blood pressure were first measured;
 - j. At the date and time the patient's pulse, respiration, oxygen saturation, and systolic blood pressure were first measured, the patient's:
 - i. Pulse rate,
 - ii. Respiratory rate,
 - iii. Oxygen saturation, and
 - iv. Systolic blood pressure;
 - k. Whether the patient was intubated at the date and time the patient's pulse, respiration, and oxygen saturation were first measured;
 - l. Codes indicating the Glasgow Coma Score for:
 - i. Eye opening,
 - ii. Verbal response to stimulus, and
 - iii. Motor response to stimulus;
 - m. The patient's total Glasgow Coma Score;
 - n. A code indicating whether a paralytic agent or sedative had been administered to the patient at the date and time the patient's Glasgow Coma Score was measured;
 - o. A revised trauma score for the patient, auto-calculated based on the patient's systolic blood pressure, respiratory rate, and Glasgow Coma Score;
 - p. Codes indicating all airway management procedures performed on the patient by an ambulance service or emergency medical services provider before the patient's arrival at the first health care institution; and
 - q. Whether the patient experienced cardiac arrest subsequent to the injury before the patient's arrival at the first health care institution;
5. The amount of time that elapsed from the date and time the ambulance service or emergency medical services provider:
 - a. Was dispatched and the date and time the ambulance service or emergency medical services provider arrived at the scene,
 - b. Arrived at the scene and the date and time the ambulance service or emergency medical services provider left the scene,
 - c. Left the scene and the date and time the ambulance service or emergency medical services provider arrived at the transport destination, and
 - d. Was dispatched and the date and time the ambulance service or emergency medical services provider arrived at the transport destination;
 6. Whether the patient arrived at the trauma center for treatment of the injury resulting in the episode of care through an interfacility transport;
 7. If the patient arrived at the trauma center through an interfacility transport, the following information about

the health care institution at which the patient was seen immediately before arriving at the trauma center:

- a. The name of the health care institution;
 - b. The date and time the patient arrived at the health care institution in subsection (B)(7)(a); and
 - c. The date and time the patient left the health care institution in subsection (B)(7)(a);
8. If the patient arrived at the health care institution in subsection (B)(7)(a) through an interfacility transport, the information in subsections (B)(7)(a) through (c) about each health care institution at which the patient was seen for the injury resulting in the episode of care before arriving at the health care institution in subsection (B)(7)(a);
9. If the patient arrived at the trauma center through an interfacility transport, for each health care institution at which the patient was seen for the injury resulting in the episode of care before arriving at the trauma center, information for the first instance of assessing the patient's:
- a. Respiratory rate,
 - b. Systolic blood pressure,
 - c. The patient's total Glasgow Coma Score, and
 - d. Revised trauma score; and
10. Information about the patient's episode of care at the trauma center and the patient's discharge from the trauma center:
- a. The patient's height and weight when the patient arrived at the trauma center;
 - b. The number of days the patient spent on a mechanical ventilator;
 - c. If applicable, the identification number assigned by a medical examiner or alternate medical examiner, as defined in A.R.S. § [11-591](#), to the documentation of the patient's autopsy;
 - d. The total length of time the patient remained at the trauma center before discharge;
 - e. For each ICD-code identified according to subsection (A)(6)(e), a code that reflects the severity of the injury to which the ICD-code refers;
 - f. For each ICD-code identified according to subsection (A)(6)(e) that does not include an indication of the part of the patient's body that was injured, a code supplementing the ICD-code that indicates the part of the body that was injured;
 - g. For each procedure performed on the patient:
 - i. The ICD-code for the procedure,
 - ii. The health care institution at which the procedure was performed,
 - iii. A code indicating the organized service unit within the health care institution in which the procedure was performed, and
 - iv. The date and time the procedure was begun;
 - h. Any complications experienced by the patient while the patient remained at the trauma center;
 - i. The Abbreviated Injury Scale code indicating the severity of each of the patient's injuries;
 - j. The Abbreviated Injury Scale code indicating the body region affected by each of the patient's injuries;
 - k. If the trauma center is designated as a Level I trauma center or Level I Pediatric trauma center, the six-digit Abbreviated Injury Scale code and the software version used to calculate the six-digit Abbreviated Injury Scale code; and

I. The patient's probability of survival.

R9-25-1310. Trauma Registry Data Quality Assurance (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2220(A), 36-2221, and 36-2225(A)(5) and (6))

- A. To ensure the completeness and accuracy of trauma registry reporting, a health care institution submitting trauma registry information to the Department shall allow the Department to review the following, upon prior notice from the Department of at least five business days:
 - 1. The health care institution's trauma registry or other database containing trauma registry information;
 - 2. Patient medical records; and
 - 3. Any record, other than those specified in subsections (A)(1) and (2), that may contain information about diagnostic evaluation or treatment provided to a patient receiving trauma care.
- B. Upon prior notice from the Department of at least five business days, a health care institution submitting trauma registry information to the Department shall provide the Department with all patient medical records for a time period specified by the Department, to allow the Department to determine the accuracy and completeness of the information submitted to the trauma registry for patients receiving trauma care during the period.
- C. For purposes of subsection (B), the Department considers a health care institution to be in compliance with R9-25-1308(C)(2) if the health care institution submitted to the Department trauma registry information for 97% of the patients receiving trauma care during the period.
- D. If trauma registry information submitted to the Department by a health care institution according to R9-25-1308(C)(2) and (3) is not in compliance with requirements in R9-25-1308 or R9-25-1309, the Department shall:
 - 1. Notify the health care institution that the trauma registry information submitted to the Department is not in compliance with requirements in R9-25-1308 or R9-25-1309, and
 - 2. Identify the revisions or actions that are needed to bring the data into compliance with R9-25-1308 and R9-25-1309.
- E. A health care institution that has trauma registry information returned, as provided in subsection (D), shall:
 - 1. Revise the trauma registry information as identified by the Department, and
 - 2. Submit the revised data to the Department within 15 business days after the date the Department notified the health care institution according to subsection (D)(1) or within a longer period agreed upon between the Department and the health care institution.
- F. Within 15 business days after receiving a written request from the Department that includes a simulated patient medical record, a health care institution submitting trauma registry information to the Department shall prepare and submit to the Department the information required in R9-25-1309, applicable to the Level of health care institution, for the patient described in the simulated patient medical record.

ADDITIONAL A.A.C. PROVISIONS (ABRIDGED)

Title 9. Health Services

Chapter 4. Noncommunicable Diseases

Article 6. Opioid Poisoning-Related Reporting

R9-4-601. Definitions

In this Article, unless otherwise specified:

2. "Ambulance service" has the same meaning as in A.R.S. § 36-2201.
3. "Business day" means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.
5. "Correctional facility" has the same meaning as in A.A.C. R9-6-101.
7. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
8. "First response agency" means:
 - a. An ambulance service,
 - b. An emergency medical services provider, or
 - c. A law enforcement agency.
9. "Health care institution" has the same meaning as in A.R.S. § 36-401.
11. "Law enforcement agency" has the same meaning as in A.A.C. R13-1-101.
13. "Naloxone" means a specific opioid antagonist that has been used since 1971 to block the effects of an opioid in an individual.
15. "Opioid" means the same as "opiate" in A.R.S. § 36- 2501.
16. "Opioid antagonist" means a prescription medication, as defined in A.R.S. § [32-1901](#), that:
 - a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
 - b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
17. "Opioid overdose" means respiratory depression, slowing heart rate, or unconsciousness or mental confusion caused by the administration, including self-administration, of an opioid to an individual.

R9-4-602. Opioid Poisoning-Related Reporting Requirements

- A. A first response agency shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with a suspected opioid overdose, that includes:
 1. The following information about the first response agency:
 - a. Name;
 - b. Street address, city, county, and zip code;
 - c. Whether the first response agency reporting is:
 - i. An ambulance service,
 - ii. An emergency medical services provider, or
 - iii. A law enforcement agency; and
 - d. If applicable, the certificate number issued by the Department to the ambulance service;

2. The name, title, telephone number, and email address of a point of contact for the first response agency required to report;
3. The following information about the location at which the first response agency encountered the individual:
 - a. Street address or, if the location at which the first response agency encountered the individual does not have a street address, another indicator of the location at which the encounter occurred;
 - b. City, if applicable;
 - c. County;
 - d. State; and
 - e. Zip code;
4. If applicable, the date and time the first response agency was dispatched to the location specified according to subsection (A)(3);
5. The following information, as known, about the individual with a suspected opioid overdose or who died of a suspected opioid overdose:
 - a. Name,
 - b. Date of birth,
 - c. Age in years,
 - d. Gender,
 - e. Race and ethnicity, and
 - f. Reason for suspecting that the individual had an opioid overdose;
6. Whether naloxone or another opioid antagonist designated according to A.R.S. § 36-2228 was administered to the individual before the first response agency encountered the individual and, if so:
 - a. The number of doses of naloxone or other opioid antagonist administered to the individual; and
 - b. As applicable, that the naloxone or other opioid antagonist was administered to the individual by:
 - i. Another individual; or
 - ii. Another first response agency and, if so the type of first response agency that administered the naloxone or other opioid antagonist to the individual;
7. Whether naloxone or another opioid antagonist designated according to A.R.S. § 36-2228 was administered to the individual by the first response agency and, if so, the number of doses of naloxone or other opioid antagonist administered to the individual;
8. Whether the disposition of the individual was that the individual:
 - a. Survived the suspected opioid overdose; or
 - b. Was pronounced dead:
 - i. At the location specified according to subsection (A)(3), or
 - ii. After leaving the location specified according to subsection (A)(3);
9. If the individual was transported by a first response agency:
 - a. The type of first response agency that transported the individual; and
 - b. Whether the individual was transported to:

- i. A hospital and, if so, the name of the hospital to which the individual was transported;
- ii. Another class of health care institution and, if so, the name of the health care institution to which the individual was transported; or
- iii. A correctional facility and, if so, the name of the correctional facility to which the individual was transported; and

10. The date of the report.

Title 9. Health Services

Chapter 6. Department of Health Services – Communicable Diseases and Infestations

Article 8. Assaults on Hospital Employees, Public Safety Employees and Volunteers, or State Hospital Employees

R9-6-801. Definitions

In addition to the definitions in A.R.S. § 13-1210 and R9-6-101, the following definitions apply in this Article unless otherwise specified:

- 1. “Employer” means an individual in the senior leadership position with an agency or entity for which a named employee or volunteer works or that individual’s designee.
- 2. “Named employee or volunteer” means one of the following who is listed as the assaulted individual in a petition, filed under A.R.S. § 13-1210 and granted by a court: a. Hospital employee, b. Public safety employee or volunteer, or c. Arizona State Hospital employee.
- 3. “Occupational health provider” means a physician, physician assistant, registered nurse practitioner, or registered nurse, as defined in A.R.S. § 32-1601, who provides medical services for work-related health conditions for an agency or entity for which a named employee or volunteer works.

R9-6-802. Notice of Test Results

- A.** Within 10 working days after the date of receipt of a laboratory report for a test ordered by a health care provider as a result of a court order issued under A.R.S. § 13-1210, the ordering health care provider shall:
 - 1. If the test is conducted on the blood of a court-ordered subject who is incarcerated or detained:
 - a. Provide a written copy of the laboratory report to the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained; and
 - b. Notify the occupational health provider in writing of the results of the test; and
 - 2. If the test is conducted on the blood of a court-ordered subject who is not incarcerated or detained:
 - a. Unless the court-ordered subject is deceased, notify the court-ordered subject as specified in subsection (D);
 - b. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court ordered subject; and
 - c. Notify the occupational health provider in writing of the results of the test.
- B.** Within five working days after the date of receipt of a laboratory report for a court-ordered subject who is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained shall:
 - 1. Notify the court-ordered subject as specified in subsection (D);
 - 2. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
 - 3. Notify the officer in charge of the correctional facility as specified in subsection (E).

- C.** Within five working days after an occupational health provider receives written notice of test results as required in subsection (A), the occupational health provider shall notify:

 - 1. The named employee or volunteer as specified in subsection (D); and
 - 2. The employer as specified in subsection (E).
- D.** An individual who provides notice to a court-ordered subject or named employee or volunteer as required under subsection (A), (B), or (C) shall describe the test results and provide or arrange for the court-ordered subject or named employee or volunteer to receive the following information about each agent for which the court-ordered subject was tested:

 - 1. A description of the disease or syndrome caused by the agent, including its symptoms;
 - 2. A description of how the agent is transmitted to others;
 - 3. The average window period for the agent;
 - 4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
 - 5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
 - 6. That it is necessary to notify others that they may be or may have been exposed to the agent by the individual receiving notice;
 - 7. The availability of assistance from local health agencies or other resources; and
 - 8. The confidential nature of the court-ordered subject's test results.
- E.** An individual who provides notice to the officer in charge of a correctional facility, as required under subsection (B), or to an employer, as required under subsection (C), shall describe the test results and provide or arrange for the officer in charge of the facility or the employer to receive the following information about each agent for which a court-ordered subject's test results indicate the presence of infection:

 - 1. A description of the disease or syndrome caused by the agent, including its symptoms;
 - 2. A description of how the agent is transmitted to others;
 - 3. Measures to reduce the likelihood of transmitting the agent to others;
 - 4. The availability of assistance from local health agencies or other resources; and
 - 5. The confidential nature of the court-ordered subject's test results.
- F.** An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the court-ordered subject and, if the court-ordered subject is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained.
- G.** An individual who provides notice under this Section shall protect the confidentiality of the court-ordered subject's personal identifying information and test results.
- H.** A health care provider who orders a test on the blood of a court-ordered subject who is not incarcerated or detained may, at the time the court-ordered subject is seen by the ordering health care provider, present the court-ordered subject with a telephone number and instruct the court-ordered subject to contact the ordering health care provider after a stated period of time for notification of the test results.

- I. A health care provider who orders a test has not satisfied the obligation of the health care provider to notify under subsection (A) if:
 - 1. The health care provider provides a telephone number and instructions, as allowed by subsection (H), for a court-ordered subject to contact the ordering health care provider and receive the information specified in subsection (D); and
 - 2. The court-ordered subject does not contact the ordering health care provider.
- J. A health care provider who orders a test on a court-ordered subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

SUBSTANTIVE POLICY STATEMENTS

SP-097-PHS-EMS	International classification of diseases codes for trauma centers
SP-083-PHS-EMS	Interpretation of A.R.S. § 36-2220(A) through (D), as related to disclosures by ADHS
SP-082-PHS-EMS	Emergency Medical Care Technicians practicing in hospitals
SP-078-PHS-EMS	Interpretation of how scope of practice applies to a student enrolled in a course
SP-073-PHS-EMS	Approval of medical devices
SP-072-PHS-EMS	Interpretation of "Authorized Federal or State Emergency Response Deployment"
SP-057-PHS-EMS	Clarification of observance of service area under 9 A.A.C. 25, Article 9
SP-055-PHS-EMS	Clarification of requirements for a transfer of a certificate of necessity
SP-053-PHS-EMS	Clarification of requirements for an invoice prepared for a third-party payer under 9 A.A.C. 25, Article 11
SP-052-PHS-EMS	Clarification for when a transfer of a certificate of necessity is required under A.R.S. § 36-2236 and 9 A.A.C. 25, Article 9
SP-041-PHS-EMS	Attendance at an informal interview conducted under A.R.S. § 36-2211(C)

AGENCY GUIDANCE DOCUMENTS

Curricula

GD-112-PHS-EMS	Curriculum for law enforcement/EMT administration of Naloxone in the pre-hospital setting
GD-098-PHS-EMS	Curriculum for helicopter scene safety – Arizona

Protocols

GD-116-PHS-EMS	Trauma center child maltreatment assessment capabilities
GD-106-PHS-EMS	Transport protocols
GD-101-PHS-EMS	Alternate triage, treatment and transport guidelines for pandemic influenza
GD-097-PHS-EMS	Triage, treatment and transport guidelines (PPT)
	Triage, treatment and transport guidelines (PDF)

Miscellaneous

GD-111-PHS-EMS	Utilization of over-the-counter medications by Arizona EMS agencies
GD-110-PHS-EMS	Controlled substance storage security guidance
GD-104-PHS-EMS	Drug shortages
GD-103-PHS-EMS	Criteria for behavioral health situation ambulance transports
GD-102-PHS-EMS	Political subdivision contracts for ambulance service
GD-099-PHS-EMS	Certificates of necessity for ambulance service
GD-064-PHS-EMS	Recommendations for safety and operation of air ambulance transportation