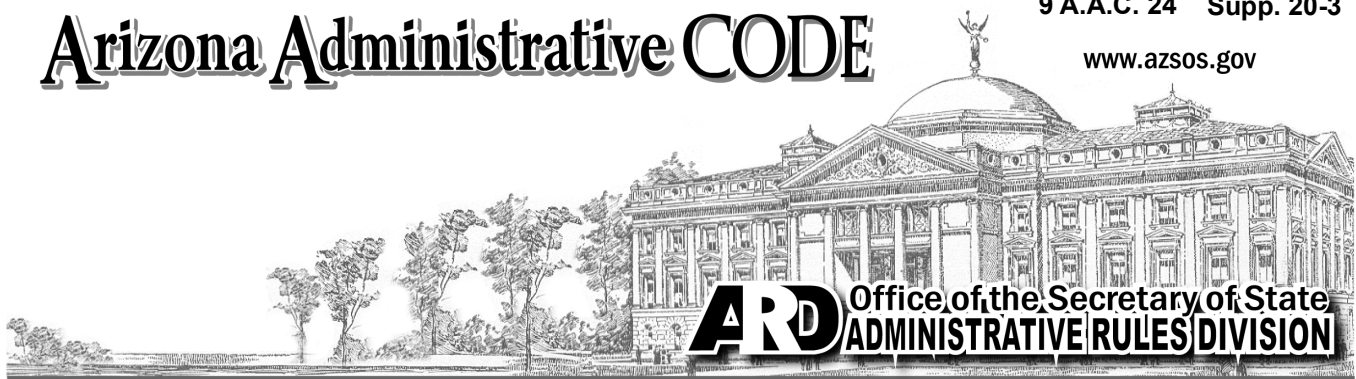




TITLE 9. HEALTH SERVICES

CHAPTER 24. DEPARTMENT OF HEALTH SERVICES - ARIZONA MEDICALLY UNDERSERVED AREA HEALTH SERVICES

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2020 through September 30, 2020 (Supp. 20-3).

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The release of this Chapter in Supp. 20-3 replaces Supp. 06-3, 1-8 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

PERSONAL USE/COMMERCIAL USE

This chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.



Administrative Rules Division

The Arizona Secretary of State electronically publishes each A.A.C. Chapter with a digital certificate. The certificate-based signature displays the date and time the document was signed and can be validated in Adobe Acrobat Reader.

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ARTICLE 4. REPEALED

Article 4, consisting of Sections R9-24-401 through R9-24-412 and Exhibits A, B, C, and D, repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

Article 4, consisting of Sections R9-24-401 through R9-24-412, adopted effective March 17, 1995 (Supp. 95-2).

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ARTICLE 1. REPEALED**R9-24-101. Repealed****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1). Section repealed by final rulemaking at 12 A.A.R. 3048, effective September 30, 2006 (Supp. 06-3).

R9-24-102. Repealed**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1). Section repealed by final rulemaking at 12 A.A.R. 3048, effective September 30, 2006 (Supp. 06-3).

R9-24-103. Reserved**R9-24-104. Reserved****R9-24-105. Reserved****R9-24-106. Reserved****R9-24-107. Reserved****R9-24-108. Reserved****R9-24-109. Reserved****R9-24-110. Reserved****R9-24-111. Repealed****Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). Section repealed by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

R9-24-112. Repealed**Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). Section repealed by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

R9-24-113. Repealed**Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). Section repealed by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1).

ARTICLE 2. ARIZONA MEDICALLY UNDERSERVED AREAS**R9-24-201. Definitions**

In addition to the definitions in A.R.S. § 36-2351, the following definitions apply in this Article, unless otherwise specified:

1. "Agency" has the same meaning as in A.R.S. § 41-1001.
2. "Arizona Medical Board" means the agency established by A.R.S. § 32-1402 to regulate physicians licensed under A.R.S. Title 32, Chapter 13.
3. "Arizona medically underserved area" means:
 - a. A primary care area with the designation described in R9-24-202(1), or
 - b. A primary care area with the designation described in R9-24-202(2).
4. "Board of Osteopathic Examiners in Medicine and Surgery" means the agency established by A.R.S. § 32-1801 to regulate physicians licensed under A.R.S. Title 32, Chapter 17.
5. "Census tract" means a small, relatively permanent statistical subdivision of a county established by the U.S. Bureau of Census.

6. "Communities of color" means individuals who self identify their race/ethnicity as anything other than Non-Hispanic White.
7. "Disability" means physical, mental, or sensory impairment as reported to the American Community Survey that may include hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty.
8. "Federal poverty level" means a set of money income thresholds that vary by family size and composition used by the U.S. Census Bureau to determine who is in poverty.
9. "First health care contact" means the initial telephone call or visit to a health care provider as defined in 45 CFR 160.103 for an individual's health issue.
10. "Full-time" means providing primary care services for at least 40 hours between a Sunday at 12:00 midnight and the next Sunday at 12:00 midnight.
11. "Health organization" means:
 - a. A person or entity that provides medical services;
 - b. A third party payor defined in A.R.S. § 36-125.07(C); or
 - c. A trade or professional association described in 501(c)(3), (4), (5), or (6) of the Internal Revenue Code, 26 U.S.C. 501(c), that is exempt from federal income taxes.
12. "Indian reservation" has the same meaning as in A.R.S. § 11-801.
13. "Local planning personnel" means an individual who develops programs related to the delivery of and access to medical services for places or areas:
 - a. Under the jurisdiction of an Arizona city or county, or
 - b. In an Arizona Indian reservation or less than 50 miles outside the boundaries of an Indian reservation.
14. "Low birthweight" means any neonate weighing less than 2,500 grams at birth or less than 5 pounds 8 ounces.
15. "Medical services" has the same meaning as in A.R.S. § 36-401.
16. "Nonresidential" means not primarily used for living and sleeping.
17. "Person" has the same meaning as in A.R.S. § 41-1001.
18. "Political subdivision" means a county, city, town, district, association, or authority created by state law.
19. "Population" means the number of residents of a place or an area, according to the most recent American Community Survey prepared by the U.S. Census Bureau.
20. "Primary care area" means a geographic region determined by the Department under R9-24-204.
21. "Primary care HPSA" means primary care health professional shortage area designated by the U.S. Department of Health and Human Services under 42 U.S.C. 254e, 42 CFR 5.1 through 5.4, and 42 CFR Part 5, Appendix A.
22. "Primary care index" means the document in which the Department designates primary care areas as medically underserved according to R9-24-203 and Table 2.1.
23. "Primary care physician" means an Arizona licensed practitioner who:
 - a. Except for emergencies, is an individual's first health care contact; and
 - b. Provides primary care services in general or family practice, general internal medicine, pediatrics, or obstetrics and gynecology.
24. "Primary care services" means health care provided by a primary care physician, including:

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- a. Illness and injury prevention,
 - b. Health promotion and education,
 - c. Identification of individuals at special risk for illness,
 - d. Early detection of illness,
 - e. Treatment of illness and injury, and
 - f. Referral to specialists.
25. "Primary care services utilization pattern" means a distribution of the use of primary care services resulting from the factors listed in R9-24-204(A)(3)(a).
26. "Resident" means an individual who lives and sleeps in a place or an area more than one-half of the time.
27. "Residential" means primarily used for living and sleeping.
28. "Specialist" means an individual who:
- a. Is regulated under:
 - i. A.R.S. Title 32, Chapters 7, 8, 11, 13, 14, 15, 15.1, 16, 17, 18, 19, 19.1, 25, 28, 29, 33, 34, 35, 39, or 41;
 - ii. A.R.S. Title 36, Chapter 6, Article 7; or
 - iii. A.R.S. Title 36, Chapter 17; and
 - b. Meets the education, knowledge, and skill requirements generally recognized in the profession related to a specific service or procedure, patient category, body part or system, or type of disease.
29. "Topography" means the surface configuration of a place or region, including elevations and positions of the physical features.
30. "Travel pattern" means a prevalent flow of vehicles resulting from:
- a. The configuration of streets, and
 - b. The location of residential and nonresidential areas.
31. "Value" means a number within a value range.
32. "Value range" means, for a criterion listed in R9-24-203(B) and Table 2.1, a measurement:
- a. Consisting of a scale between upper and lower limits, except for the supplementary criteria score under R9-24-203(B)(8); and
 - b. To which Table 2.1 assigns points or 0 points.

Historical Note

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-201 recodified from R9-24-121 (Supp. 95-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1). Amended by final rulemaking at 12 A.A.R. 3048, effective September 30, 2006 (Supp. 06-3). Amended by final expedited rulemaking at 26 A.A.R. 1991, with an immediate effective date of September 4, 2020 (Supp. 20-3).

R9-24-202. Arizona Medically Underserved Area Designation

The Department shall designate as Arizona medically underserved areas:

- 1. The primary care areas designated as primary care HPSAs by the U.S. Department of Health and Human Services, and
- 2. The primary care areas designated as medically underserved by the Department under R9-24-203 and Table 2.1.

Historical Note

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-202 recodified from R9-24-122 (Supp. 95-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1). Amended by final rulemaking at 12 A.A.R. 3048, effective September 30, 2006 (Supp. 06-3). Amended by final

expedited rulemaking at 26 A.A.R. 1991, with an immediate effective date of September 4, 2020 (Supp. 20-3).

R9-24-203. Primary Care Index

- A. Every 24 months, the Department shall prepare, according to this Section, a primary care index for designating primary care areas determined under R9-24-204 as Arizona medically underserved areas.
- 1. For each primary care area determined under R9-24-204, the Department shall calculate the value for each criterion in subsection (B).
 - a. After calculating the value for each criterion in subsection (B), the Department shall assign points to each value according to Table 2.1.
 - b. A primary care area's score is the sum of the points received by the primary care area for each criterion in subsection (B).
 - 2. The Department shall designate as Arizona medically underserved:
 - a. The primary care areas that, according to subsection (B) and Table 2.1 score within the top 25 percent on the primary care index or that obtain more than 30 points, whichever results in the designation of more Arizona medically underserved areas; and
 - b. The primary care areas with the designation described in R9-24-202(1).
- B. For each primary care area determined by the Department under R9-24-204, the primary care index shall include a score for each of the following:
- 1. Population-to-primary-care-physician ratio, determined by dividing the population of the primary care area by the number of primary care physicians in the primary care area:
 - a. Using primary care physician data from the Arizona Medical Board and the Board of Osteopathic Examiners in Medicine and Surgery,
 - b. The Department shall determine an equivalency for a full-time physician where 40 hours equals 1 and 20 hours equal 0.5.
 - 2. Travel distance to the nearest primary care physician, determined by:
 - a. Estimating the distance in miles:
 - i. From the center of the most densely populated area in the primary care area determined from the most recent American Community Survey prepared by the U.S. Census Bureau; and
 - ii. To the nearest primary care physician determined from the data described in subsection (B)(1)(a); and
 - b. Using the most direct street route;
 - 3. Percentage of population with calendar year income less than 200% of the Federal poverty level, determined from data in the most recent American Community Survey prepared by the U.S. Census Bureau;
 - 4. Percentage of population who do not have health insurance as determined by the most recent American Community Survey prepared by the U.S. Census Bureau;
 - 5. Low birthweight rate percent of births;
 - 6. Late or no prenatal care percent of births;
 - 7. Infant mortality rate per 1,000 live births;
 - 8. Supplementary criteria score, based on a rate greater than the state wide average for:
 - a. Percentage of population age 65 and older;
 - b. Percentage of population age 14 and younger;
 - c. Percentage of population with a disability;
 - d. Percentage of communities of color; and

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- e. Percentage of population who speaks a language other than English.
- C. Every 24 months, according to subsections (A) and (B) and Table 2.1, the Department shall:
1. Withdraw an Arizona medically underserved area designation,
 2. Continue an Arizona medically underserved area designation, or
 3. Designate a new Arizona medically underserved area.
- D. A list of current Arizona medically underserved areas is available in the Department's biennial Arizona Medically Underserved Areas Report at <http://www.azdhs.gov/hsd/>.

Historical Note

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-203 recodified from R9-24-123 (Supp. 95-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1). Amended by final rulemaking at 12 A.A.R. 3048, effective September 30, 2006 (Supp. 06-3). Amended by final expedited rulemaking at 26 A.A.R. 1991, with an immediate effective date of September 4, 2020 (Supp. 20-3).

Table 1. Renumbered**Historical Note**

New Table adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1). Amended by final rulemaking at 12 A.A.R. 3048, effective September 30, 2006 (Supp. 06-3). Table 1 renumbered to Table 2.1 by final expedited rulemaking at 26 A.A.R. 1991, with an immediate effective date of September 4, 2020 (Supp. 20-3).

Table 2.1. Primary Care Index Scoring

CRITERIA	VALUE RANGE	POINTS
Population-to-primary care physician ratio	≤ 3000:1	0
	3001:1 to 3500:1	2
	3501:1 to 4000:1	4
	4001:1 to 5000:1	6
	5001:1 to 10,000:1	8
	>10,000:1 or no physician	10
Travel distance to nearest primary care physician	≤ 10.0 miles	0
	10.1-20.0 miles	2
	20.1-30.0 miles	4
	30.1-40.0 miles	6
	40.1-50.0 miles	8
	> 50.0 miles	10
Percentage of population with annual income less than 200% of Federal poverty level	≤ 20.0%	0
	20.1-32.0%	2
	32.1-39.0%	4
	39.1-51.0%	6
	>51.0%	8
Percentage of population who do not have health insurance	≤ 6.2%	0
	6.3-9.6%	2
	9.7-12.2%	4
	12.3-17.2%	6
	>17.2%	8
Low Birthweight Rate (percent of births)	≤ 6.2%	0
	6.3-6.9%	2
	7.0-7.5%	4
	7.6-8.2%	6
	>8.2%	8
Late or No Prenatal Care Rate (percent of births)	≤ 4.6%	0
	4.7-6.2%	2
	6.3-8.2%	4
	8.3-12.4%	6
	>12.4%	8

Infant Mortality Rate (per 1,000 live births)	≤ 3.5	0
	3.6-5.4	2
	5.5-7.0	4
	7.1-10.0	6
	>10.0	8

In addition to the criteria specified in R9-24-203(B) and listed above, if a primary care area satisfies one or more of the following supplementary criteria, add one additional point to the primary care area score for each supplementary criteria satisfied.

Supplementary criteria score, based on a rate greater than the state wide average for:

1. Percentage of population age 65 and older;
2. Percentage of population age 14 and younger;
3. Percentage of population with a disability;
4. Percentage of population who are communities of color; and
5. Percentage of population who speaks a language other than English.

Key to Symbols: ≤ represents "less than or equal to" and > represents "more than"

Historical Note

Table 2.1 renumbered from Table 1 and amended by final expedited rulemaking at 26 A.A.R. 1991, with an immediate effective date of September 4, 2020 (Supp. 20-3).

R9-24-204. Primary Care Area Boundaries Determination

- A. The Department shall determine the boundaries of primary care areas for the entire state. A primary care area's boundaries shall meet the following requirements:
1. The geographic area within the boundaries corresponds to or is larger than a census tract identified for the geographic area in the most recent American Community Survey prepared by the U.S. Census Bureau;
 2. The boundaries are consistent with the population's primary care services utilization patterns; and
 3. The primary care utilization patterns are determined by considering:
 - a. The geographic area's:
 - i. Topography,
 - ii. Social and cultural relationships of the people living within the geographic area,
 - iii. Political subdivision boundaries, and
 - iv. Travel patterns; and
 - b. Data about the type, amount, and location of primary care services used by the geographic area's population, obtained from local planning personnel, government officials, health organizations, primary care physicians, and residents of the geographic area.
- B. In addition to the requirements for primary care area boundaries in subsection (A), the Department shall consider:
1. Indian reservation boundaries, and
 2. Primary care HPSA boundaries.

Historical Note

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-204 recodified from R9-24-124 (Supp. 95-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1). Amended by final rulemaking 12 A.A.R. 3048, effective September 30, 2006 (Supp. 06-3). Amended by final expedited rulemaking at 26 A.A.R. 1991, with an immediate effective date of September 4, 2020 (Supp. 20-3).

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R9-24-205. Repealed**Historical Note**

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-205 recodified from R9-24-125 (Supp. 95-2). Section repealed by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1). New Section made by final rulemaking at 12 A.A.R. 3048, effective September 30, 2006 (Supp. 06-3). Repealed by final expedited rulemaking at 26 A.A.R. 1991, with an immediate effective date of September 4, 2020 (Supp. 20-3).

ARTICLE 3. COORDINATING MEDICAL PROVIDERS**R9-24-301. Definitions**

In addition to the definitions in A.R.S. § 36-2351 and 9 A.A.C. 24, Article 2, the following definitions apply in this Article, unless otherwise specified:

1. "CMP" means coordinating medical provider.
2. "Continuing education" means instruction that meets the requirements in:
 - a. A.A.C. R4-17-205 for a physician assistant licensed under A.R.S. Title 32, Chapter 25; or
 - b. A.A.C. R4-19-511 for authorization from the Arizona State Board of Nursing for a registered nurse practitioner to prescribe and dispense drugs and devices.
3. "Drug prescription services" means providing medication that requires an order by medical personnel authorized by law to order the medication.
4. "Governing authority" has the same meaning as in A.R.S. § 36-401.
5. "Independent decision" means a registered nurse practitioner's action without a physician's order according to A.A.C. R4-19-508 and A.A.C. R4-19-511.
6. "Medical direction" means guidance, advice, or consultation provided by a CMP to a registered nurse practitioner.
7. "Medical personnel" means a medical clinic's physicians, physician assistants, registered nurse practitioners, and nurses.
8. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
9. "Order" means a written directive.
10. "Practice requirements" means the standards for physicians established in:
 - a. A.R.S. Title 32, Chapter 13 and 4 A.A.C. 16; or
 - b. A.R.S. Title 32, Chapter 17 and 4 A.A.C. 22.
11. "Referral source" means a person who sends an individual to a third person for medical services.
12. "Registered nurse practitioner" means an individual licensed under A.R.S. Title 32, Chapter 15.
13. "Social services" means assistance, other than medical services, provided to maintain or improve an individual's physical, mental, and social participation capabilities.
14. "Supervision" has the same meaning as in A.R.S. § 32-2501.
15. "Support services" means drug prescription services, social services, and provision of durable medical equipment.
16. "Work schedule coverage" means a medical clinic's system for ensuring that a sufficient number of medical personnel are present at the medical clinic.
17. "Written protocol" means an agreement that identifies and is signed by a CMP and a registered nurse practitioner or a physician assistant.

Historical Note

Adopted effective July 27, 1978 (Supp. 78-4). R9-24-301 recodified from R9-24-131 (Supp. 95-2). Former Section R9-24-301 renumbered to R9-24-302; new Section R9-24-301 adopted by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1). Amended by final rulemaking at 12 A.A.R. 3048, effective September 30, 2006 (Supp. 06-3). Amended by final expedited rulemaking at 26 A.A.R. 1991, with an immediate effective date of September 4, 2020 (Supp. 20-3).

R9-24-302. CMP Functions**A. A CMP shall:**

1. Participate in planning for the delivery of medical services and support services within the Arizona medically underserved area that includes ways to increase access to medical services and support services for the Arizona medically underserved area's residents;
2. Develop written protocols that:
 - a. Describe the manner and frequency that a registered nurse practitioner or a physician assistant at a medical clinic will communicate with the CMP, in addition to the face-to-face meeting required in subsection (A)(5);
 - b. Specify the criteria used by a registered nurse practitioner at the medical clinic in making an independent decision to refer an individual to a physician; and
 - c. Specify procedures to be followed by a physician assistant at the medical clinic when the CMP's supervision of the physician assistant is by a means other than physical presence;
3. Approve or disapprove the selection of registered nurse practitioners and physician assistants who will work at the medical clinic;
4. Provide:
 - a. Medical direction to the registered nurse practitioners at the medical clinic, and analysis
 - b. Supervision to the physician assistants at the medical clinic;
5. At least weekly, conduct a face-to-face meeting with each registered nurse practitioner and each physician assistant at the medical clinic to evaluate the medical services provided by the registered nurse practitioner or physician assistant;
6. For continuing education of a medical clinic's medical personnel:
 - a. Recommend specific areas of instruction, including instruction in referral sources; and
 - b. Develop a written plan for work schedule coverage to accommodate continuing education; and
7. At least annually, meet with the medical clinic's governing authority to evaluate the medical clinic's program and the medical care provided by the medical clinic's medical personnel.

B. The requirements in subsection (A) do not replace the practice requirements applicable to a CMP.**Historical Note**

New Section renumbered from R9-24-301 and amended by final rulemaking at 7 A.A.R. 715, effective January 17, 2001 (Supp. 01-1). Amended by final rulemaking at 12 A.A.R. 3048, effective September 30, 2006 (Supp. 06-3). Amended by final expedited rulemaking at 26 A.A.R. 1991, with an immediate effective date of September 4, 2020 (Supp. 20-3).

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ARTICLE 4. REPEALED**R9-24-401. Repealed****Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

R9-24-402. Repealed**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

R9-24-403. Repealed**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

R9-24-404. Repealed**Historical Note**

Adopted effective March 17, 1995. Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

R9-24-405. Repealed**Historical Note**

Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

Exhibit A. Repealed**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

R9-24-406. Repealed**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

R9-24-407. Repealed**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

R9-24-408. Repealed**Historical Note**

Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

Exhibit B. Repealed**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

R9-24-409. Repealed**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

R9-24-410. Repealed**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

R9-24-411. Repealed**Historical Note**

Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

Exhibit C. Repealed**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

R9-24-412. Repealed**Historical Note**

Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).

Exhibit D. Repealed**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 2849, effective August 9, 2001 (Supp. 01-2).