

ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION

Section

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

DRAFT July 2018 - with possible changes to the rules highlighted

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.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
 - d.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, ~~in:~~
 - (1) Airway management during respiratory arrest;
 - (2) Recognition of tachycardia, bradycardia, pulseless ventricular tachycardia, ventricular fibrillation, pulseless electrical activity, and asystole;
 - (3) Pharmacologic, mechanical, and electrical arrhythmia interventions; and
 - (4) Immediate post-cardiac arrest care;
 - ii. Advanced 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 life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association, ~~in:~~

DRAFT July 2018 - with possible changes to the rules highlighted

- ~~(1) Pediatric rhythm interpretation;~~
- ~~(2) Oral, tracheal, and nasal airway management;~~
- ~~(3) Peripheral and central intravenous lines;~~
- ~~(4) Intraosseous infusion;~~
- ~~(5) Needle thoracostomy; and~~
- ~~(6) Pharmacologic, mechanical, and electrical arrhythmia interventions;~~

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

DRAFT July 2018 - with possible changes to the rules highlighted

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 ~~(d)~~ (f).

- D.** An emergency medical services provider or ambulance service may provide administrative medical direction through an ALS base hospital ~~that is a special hospital~~ certified according to R9-25-203(C), if the emergency medical services provider or ambulance service:
1. Uses the ALS base hospital ~~that is a special 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 for the provision of administrative medical direction.
- 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

DRAFT July 2018 - with possible changes to the rules highlighted

- 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, including for:
 - i. The What information is required to be communicated to emergency receiving facility staff upon transfer of care, including the condition of the patient, the treatment provided to the patient, and the patient's response to the treatment;
 - ii. The What information is 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 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;
 - iii. Processing 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

DRAFT July 2018 - with possible changes to the rules highlighted

- 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~~ **was** withdrawn from an EMCT, **providing information about why administrative medical direction was withdrawn**; 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)

DRAFT July 2018 - with possible changes to the rules highlighted

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

DRAFT July 2018 - with possible changes to the rules highlighted

(F)(2)(d)(i); and

iii. If a controlled substance, **in the receptacle specified in subsection (F)(2)(d)(i) and locked in an ambulance in a hard-shelled container that is difficult to breach without the use of a power cutting tool;**

(1) In the receptacle specified in subsection (F)(2)(d)(i).

(2) In a hard-shelled container that is difficult to breach without the use of a power cutting tool, and

(3) Locked in a motor vehicle or aircraft registered to the emergency medical services provider or ambulance service;

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 the same as in R9-25-1301. [This definition includes an individual licensed as a physician in another state who is working in a federal or tribal health care institution and addresses the issue of non-AZ physicians in federal or tribal facilities providing on-line medical direction.]

A.B. An emergency medical services provider or ambulance service shall:

DRAFT July 2018 - with possible changes to the rules highlighted

1. ~~Ensure~~ **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.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
 - ~~d.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)(d)(i) through (iii) 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 **(A)(1) (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

DRAFT July 2018 - with possible changes to the rules highlighted

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).

B.C. An emergency medical services provider or ambulance service may provide on-line medical direction through an ALS base hospital ~~that is a special hospital~~ **certified according to R9-25-203(C)**, if the emergency medical services provider or ambulance service:

1. Uses the ALS base hospital ~~that is a special hospital~~ for on-line medical direction only for patients who are children, and
2. Has a 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) or a centralized medical direction communications center ~~for the provision of on line medical direction~~.

C.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 (A)(1)~~ **(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

DRAFT July 2018 - with possible changes to the rules highlighted

- 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);
[R9-25-201(E)(3)(c) currently includes a quality assurance process to evaluate administrative medical direction. Should an ALS base hospital have a similar QA process to assess the provision of on-line medical direction?]
 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); ~~and~~
 - 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:**
 - i. Meets the requirements in R9-25-202(B)(1) and has completed fellowship training in pediatric emergency medicine accredited by the Accreditation Council for Graduate Medical Education; or**
 - ii. Has completed a residency training program in pediatrics and fellowship training in pediatric emergency medicine, accredited by the Accreditation Council for Graduate Medical Education.**
- 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 **24 36** months after certification, the Department shall **inspect, according to A.R.S. § 41-1009, 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:

DRAFT July 2018 - with possible changes to the rules highlighted

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 calendar 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, in a Department-provided format, including:
 1. A form containing:
 - 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 ~~current~~ proposed written agreement described in A.R.S. § 36-2201(4) to provide administrative medical direction and on-line medical direction;

DRAFT July 2018 - with possible changes to the rules highlighted

- 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(C) 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 10 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.

DRAFT July 2018 - with possible changes to the rules highlighted

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: [From R9-25-206(C)(2)]
 - 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: [from R9-25-206(B)]

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.

B-D. No later than 10 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:

DRAFT July 2018 - with possible changes to the rules highlighted

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. ~~Except as provided in subsection (D), the~~ **The** requirements in R9-25-201 for administrative medical direction; and
 - c. The requirements in R9-25-202 for on-line medical direction; and
 3. Ensure that personnel are available to provide administrative medical direction and on-line medical direction.
- B.** ~~No later than 10 days after the date of a change in an administrative medical director listed on the ALS base hospital's application, as required in 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:~~ **[Moved to the Changes Section in R9-25-205(C)]**
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.~~
- C.** An ALS base hospital certificate holder shall:
1. ~~Notify~~ **notify** the Department in writing no later than 24 hours after ~~ceasing to meet the requirement in:~~
 - a.1. ~~Ceasing to meet a requirement in~~ R9-25-203(B)(1) or (2); or
 - b.2. 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) ~~or (C); and,~~
 2. ~~No later than 48 hours after terminating, adding, or amending a written agreement required in R9-25-203(B)(2), notify the Department in writing and, if applicable, submit to the Department a copy of the new or amended written agreement described in A.R.S. § 36-2201(4).~~ **[Moved to Changes Section in R9-25-205(B)]**
- D.** An ALS base hospital may act as a training program without training program certification from

DRAFT July 2018 - with possible changes to the rules highlighted

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.
- E.** 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 (E)(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 (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))

- A.** 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~~ **In** R9-25-203(B)(1) or (2) ~~or (C); 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 acceptable to the Department as provided in R9-25-203(G)(2);**
 - 4. Does not complete a corrective action plan submitted according to R9-25-203(G)(2); or**
 - 3.5.** 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

DRAFT July 2018 - with possible changes to the rules highlighted

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.