

NOTICE OF FINAL RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. EMERGENCY MEDICAL SERVICES

ARTICLE 1. GENERAL

ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY

ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

ARTICLE 11. GROUND AMBULANCE SERVICE RATES AND CHARGES; CONTRACTS

ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS

PREAMBLE

<u>1.</u>	<u>Article, Part or Sections Affected (as applicable)</u>	<u>Rulemaking Action</u>
	R9-25-101	Amend
	R9-25-901	Amend
	R9-25-902	Amend
	R9-25-903	Re-number
	R9-25-903	Amend
	R9-25-904	Re-number
	R9-25-904	New Section
	R9-25-905	Amend
	R9-25-906	Re-number
	R9-25-906	Amend
	R9-25-907	Repeal
	R9-25-907	Re-number
	R9-26-907	Amend
	R9-25-908	Repeal
	R9-25-908	New Section
	R9-25-909	Repeal
	R9-25-909	Re-number
	R9-25-909	Amend
	R9-25-910	Re-number
	R9-25-910	New Section
	R9-25-911	Repeal
	R9-25-911	Re-number

R9-25-911	Amend
R9-25-912	Renumber
Exhibit 9A	Repeal
Exhibit 9B	Repeal
R9-25-1001	Amend
R9-25-1002	Renumber
R9-25-1002	New Section
R9-25-1003	Repeal
R9-25-1003	New Section
R9-25-1004	Repeal
R9-25-1004	New Section
R9-25-1005	Repeal
R9-25-1005	Renumber
R9-25-1005	Amend
R9-25-1006	Repeal
Table 10.1	New Section
Table 10.2	New Section
R9-25-1101	Amend
R9-25-1102	Amend
R9-25-1103	Amend
R9-25-1104	Amend
R9-25-1105	Amend
R9-25-1106	Amend
R9-25-1107	Amend
R9-25-1108	Amend
R9-25-1109	Amend
R9-25-1110	Amend
R9-25-1201	Amend
Table 12.1	Amend

2. Citations to the agency’s statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):

Authorizing Statutes: A.R.S. §§ 36-132(A)(7), 36-136(G), 36-2202(A)

Implementing Statutes: A.R.S. §§ 36-2202(A)(5), 36-2204, 36-2212, 36-2232, 36-2233, 36-2234, 36-2235, 36-2236, 36-2237, 36-2239, 36-2240, 36-2241, and 36-2247

3. The effective date of the rules:

The Arizona Department of Health Services (Department) requests an immediate effective date for the rules, to enable the rules to be effective as soon as possible after the effective date of the statutory changes made by Laws 2022, Ch. 381. The rulemaking satisfies the requirements in A.R.S. § 41-1032(A)(1) and (3) in that they improve public health and safety and provide a benefit to the public, and are necessary to comply with deadlines in amendments to governing statutes changed by Laws 2022, Ch. 381. In addition, some of the rules are less stringent and burdensome than the current rules.

4. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rule:

Notice of Proposed Rulemaking: 29 A.A.R. 2063, September 15, 2023

Notice of Rulemaking Docket Opening: 29 A.A.R. 1897, August 25, 2023

Notice of Rulemaking Docket Opening: 28 A.A.R. 593, March 11, 2022

Notice of Rulemaking Docket Opening: 27 A.A.R. 436, March 12, 2021

Notice of Rulemaking Docket Opening: 25 A.A.R. 3292, November 8, 2019

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

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

Arizona Revised Statutes (A.R.S.) §§ 36-2202(A)(3) and (4) and 36-2209(A)(2) require the Arizona Department of Health Services (Department) to adopt standards and criteria pertaining to the quality of emergency care, rules necessary for the operation of emergency medical services, and rules for carrying out the purposes of A.R.S. Title 36, Chapter 21.1. A.R.S. Title 36, Chapter 21.1, Article 2, specifies requirements related to the regulation of ground ambulance services. The Department has adopted rules to implement these statutes in 9 A.A.C. 25. The rules in 9 A.A.C. 25, Articles 9, 10, and 11, establish requirements for ground ambulance certificates of necessity, for registration of ground ambulance vehicles, and for ground ambulance service rates and charges and contracts, respectively, to ensure the health and safety of patients being transported. In a five-year-review report approved by the Governor's Regulatory Review Council on July 6, 2017, the Department identified several issues with these rules and proposed a rulemaking to address these issues. These issues include non-compliance with A.R.S. § 41-1080, unclear requirements, requirements inconsistent with current standards of operation for ground ambulance services, and poor organization of the rules. All of these issues may affect the effectiveness of the rules and, thus, threaten the health and safety of patients being transported. The Department also requested input from stakeholders to identify additional issues. Laws 2022, Ch. 381, made statutory changes that required additional revisions of the rules. The rulemaking revises the rules in 9 A.A.C. 25, Articles 9 through 11, to address these issues and other issues identified by stakeholders as part of the rulemaking process and to restructure the rules to improve clarity, remove duplication, and increase effectiveness. Clarifying changes are also being made in Articles 1 and 12. This rulemaking, which was begun in 2019 and continued through the summer of 2023, included multiple drafts, extensive comments from stakeholders, and many stakeholder meetings to develop the new rules. These changes conform to rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

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

The Department reviewed the following for this rulemaking:

- National Emergency Medical Services Information System (NEMSIS) reporting guidelines (<https://nemsis.org/v3-5-0-revision/v3-5-resources/>), which contain national standards for reporting quality assurance data, including standards for dispatch and patient care reports.

- National Association of State EMS Officials (NASEMSO) National Model EMS Clinical Guidelines (https://nasemso.org/wp-content/uploads/National-Model-EMS-Clinical-Guidelines_2022-ver2.pdf), which contains guidelines related to quality assurance and/or continued performance improvement programs, which facilitate the identification of gaps and potential avenues of their resolution within an EMS system.
- Prehospital Emergency Care Recommended Essential Equipment for Basic Life Support and Advanced Life Support Ground Ambulances 2020: A Joint Position Statement (<https://doi.org/10.1080/10903127.2021.1886382>), which identifies the equipment necessary to provide quality care according to the National EMS Model Guidelines with support from the National Association of EMS Physicians, American Academy of Pediatrics, American College of Surgeons Committee on Trauma, EMS for Children Innovation and Improvement Center, Emergency Nurses Association, and National Association of State EMS Officials, and National Association of Emergency Medical Technicians.
- Emergency Medical Services for Children (EMSC) Innovation and Improvement Center National Prehospital Pediatric Readiness Project guidelines (<https://emscimprovement.center/domains/prehospital-care/prehospital-pediatric-readiness/>), which provides guidelines, checklists, and toolkits for providing emergency care to children in a pre-hospital environment in accordance with national recommendations.

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

Not applicable

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

The Department anticipates that the rulemaking may affect the Department, applicants for and certificate holders of ground ambulance service certificates of necessity, health care institutions, emergency medical care technicians (EMCTs), patients and their families, and the general public. In addition, it is possible that air ambulance services and fire services could be affected. Annual costs/revenues changes are designated as minimal when more than \$0 and \$2,000 or less, moderate when between \$2,000 and \$20,000, and substantial when \$20,000 or greater in additional costs or revenues. A cost is listed as significant when meaningful or important, but not readily subject to quantification.

The Department believes that making changes to clarify the rules may make the rules easier to understand and comply with, and may provide a significant benefit to all stakeholders, including the Department. The Department may also receive a significant benefit from changes to the requirements in applications, specifying requirements for inspections and investigations, clarifying

information in Article 11, replacing Exhibits 9A and 9B, providing more specificity related to response-time determinations, requiring the submission of data related to patient care, and requiring performance improvement processes. With the improved clarity and specificity in the rules, the Department may receive a minimal-to-moderate reduction in costs for providing guidance and technical assistance on an ongoing basis to applicants and certificate holders regarding elements of the rules.

Applicants for ground ambulance service certificates of necessity may incur minimal increased costs from additional submission requirements now specified in the rules, but may also receive a significant benefit from knowing beforehand what information and documents should or could be provided, instead of being asked by the Department for these documents once an application has been submitted. A certificate holder could incur up to substantial costs or experience up to a substantial loss of revenue from requirements related to transfers, renewals, amendments, or determinations related to public necessity or response times, even though these changes mirror, for the most part, the current practice of the Department. Besides costs directly associated with Laws 2022, Ch. 381, certificate holders may incur up to substantial increased costs due to revising standards for ground ambulance vehicles and the categorization of major defects and minor defects, and requirements for additional supplies and equipment on ground ambulance vehicles, consistent with current industry standards. Certificate holders may also incur up to substantial costs due to requirements for dispatching and scheduling, as well as new requirements for interfacility transports. Depending on whether a ground ambulance service is currently performing these activities as a routine part of operating a ground ambulance service, conducting activities related to assessing performance, monitoring the performance of EMCTs under the certificate of necessity, and other quality assurance activities could cause a certificate holder to incur up to substantial costs. Requiring the submission of dispatch records could cause a ground ambulance service to incur up to moderate costs. For those few ground ambulance services that have not been submitting patient data to the Department for quality improvement purposes, doing so, to comply with new requirements, may cause the ground ambulance services to incur moderate increased costs. The Department anticipates that a certificate holder could incur up to minimal costs to become familiar with having the content of the Ambulance Revenue and Cost Report in rule, rather than having a form as an Exhibit in the rules, even though the online documents would be unchanged and still available. Clarifying requirements related to requested rates and other changes to requirements in Article 11 could cause a certificate holder to experience up to a substantial increase in costs or decrease in revenue.

Health care institutions have long informed the Department of issues they are experiencing with interfacility transports. However, because the Department does not have requirements specific to

interfacility transports in the current rules, the Department was limited in what could be done to address these issues from a regulatory stand-point. The new rules include requirements directly related to interfacility transports, both those for patients with time-critical conditions, and those with no time-critical condition. The Department anticipates that the new requirements related to interfacility transports may provide a significant benefit to health care institutions. Health care institutions may also receive a significant benefit from the changes for assessing response times and from clarifications and updates to the rules, making them more understandable and easier to follow.

The Department expects that making these changes to the rules could increase the standard of care for patients. While fire services that are not certificate holders are not directly affected by these rules, if fire services choose to provide the same, higher standard of care as would be provided by the EMCTs of ground ambulance services under these rules, they could experience up to a substantial increase in costs. If hospitals that were having issues with the timely arrival of a ground ambulance vehicle for an interfacility transport, and were therefore using air ambulance services to transport patients with time-critical conditions to another facility providing an appropriate level of care, begin to see more timely, consistent, and reliable transport from ground ambulance services due to the changes in the rules, they may reduce their use of transports by air ambulance services. If so, an air ambulance service could experience a substantial reduction of income due to the changes in the rules.

EMCTs may receive a significant benefit from having rules to follow that are clearer and easier to understand, as well as having the use of the added supplies and equipment in providing quality patient care. Because a ground ambulance service may be monitoring EMCT performance more closely due to changes in the rules, it is possible that an EMCT who is believed to be acting in an unprofessional manner could experience up to a substantial loss of income/revenue if the EMCT undergoes disciplinary action or is fired based on actions revealed during monitoring.

The new requirements related to interfacility transports and critical care services may also provide a significant benefit to patients and their families. The quality improvement processes, now required in rule, may also result in a significant benefit to patients and their families by enabling ground ambulance services to identify potential problems and to address them, which may result in better patient care. Similarly, specifying requirements related to critical care services may result in a significant benefit to patients and their families. The Department anticipates that the general public may receive a significant benefit from the changes to the rules, which are expected to improve the quality of emergency care in the state.

10. A description of any changes between the proposed rulemaking, to include supplemental notices, and the final rulemaking:

Between the proposed rulemaking and final rulemaking, the Department made some clarifying changes to the rules. In R9-25-901(42), the Department corrected the definition of “standby waiting rate” consistent with the wording in other rate definitions. In R9-25-908(E)(1), the Department clarified that the written agreement could be internal policies and procedures if the ground ambulance service performs its own dispatching and added in subsection (E)(1)(d) “or other agreement,” consistent with the lead-in in subsection (E)(1). In R9-25-911(B)(4) and (C), the word “disciplinary” was replaced with “enforcement,” consistent with the title of the Section. In R9-25-1102(E), the Department clarified that a certificate holder with a uniform general public rate would only need to submit an application for a different general public rate if notified that the Department had made a decision to grant a different general public rate to a certificate holder under subsection (D) that had been under the uniform general public rate and wanted a different general public rate as well. In addition, the Department made the following changes based on the comments received, as described below in paragraph 11:

- In R9-25-901(39), the Department is clarifying the rule by reverting back to the current definitions of “urban area,” “suburban area,” “rural area,” and “wilderness area” since they are what current response times are based on and what certificate holder are familiar with.
- In R9-25-908(E)(3)(a), the Department is clarifying that, if the ground ambulance service receiving a request for an interfacility transport has already specified the estimated time of arrival in a Department-approved service agreement with the person requesting the interfacility transport, the requirement in R9-25-908(E)(3)(a) has already been satisfied and another estimated time of arrival does not need to be provided again unless it needs to be amended.
- In R9-25-1106(C), the Department is changing the rule to the original wording on the understanding that the change would not be substantive since rates both higher and lower than 7% can be approved with justification.
- In R9-25-901(17) and R9-25-1107(D), the Department is revising the definition of “critical care rate” to be similar to the definitions for other rates and moving the requirement that the rate be equivalent to at least the amount for specialty care transport, as used in federal Medicare guidelines, from the definition into R9-25-1107(D), as well as clarifying in R9-25-1107(D) that the critical care rate would be greater than an ALS base rate.
- In R9-25-1108(B), the Department is adding a citation to A.R.S. § 36-2232(A)(4) to further clarify statutory authority for the rule.

In addition, the Department is adding a delayed effective date for requirements in R9-25-908 (C)(5)(b) and R9-25-908(E)(3)(c) and (H) to address stakeholder concerns, and clarifying the requirement in R9-25-1005(B)(36) at the request of the Governor’s Regulatory Review Council.

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

The Department received ten sets of written comments about the proposed rules. An Oral Proceeding was held on October 16, 2023, both in-person and virtually. Thirteen individuals attended in-person, and another six attended virtually. Nine individuals provided comments during the Oral Proceeding, including two individuals who also provided written comments covering the same topics. A summary of the comments and the Department’s responses are provided below. Statutory references are based on the statutes in effect as of January 1, 2024.

#	Comment	Department’s Response
The following written comments were received by the Department.		
1	The following comments were received from Public Policy Partners on behalf of clients:	
a	Concerns were expressed about the deletion of the definitions of subsections 37 (Rural area), 47 (Suburban area), and 52 (Urban area) and their replacement with a new definition in subsection 38, “Scenic locality.” The commenter stated that “[t]he current definitions more than adequately comply with the statutory requirements and are well-understood by the industry,” “[a]pplying singular dispatch thresholds statewide in a one size fits all manner fails to consider inconsistent population densities throughout the state,” and the changes “would result in rural areas such as Benson and Safford being defined as urban and, with the unreasonable statewide universal response time requirements in Article 9, would result in many rural towns having required response times that are the same as metropolitan Phoenix.	The definitions for “urban area,” “suburban area,” “rural area,” and “wilderness area” are not used in the body of the rules, only in the definition of the term “scene locality.” Therefore, the definitions/descriptions of these term are included in the definition of “scene locality.” While the definitions have not been changed in over 20 years, they are what current response times are based on and what stakeholders are familiar with. Since reporting response times is now being required by Laws 2022, Ch. 381, it would be a disservice to the EMS system in Arizona to change what a specific area is termed, based on the definitions in the current rules versus proposed rules. Therefore, the Department plans to revert back to the current definitions, and may further refine the definitions during a subsequent rulemaking to be more consistent with current GIS terminology. The Department does not believe this change to be substantive since the change would not be expected to affect existing certificate holders. Scene localities are closely associated with response times, because there may be different response times for different scene localities. The response times for specific scene localities are included on certificates of necessity and would not be changed unless and until a review of response times, required by A.R.S. 36-2232(A)(4), revealed that the response times were inappropriate, or if the certificate of necessity were amended. The Department does not plan to review existing response times until any outstanding issues are resolved.
b	Concerns were expressed about interfacility transports, both for patients with time-critical conditions and those with no time-critical condition, stating that the Department does not have statutory authority to regulate interfacility transports. New wording in	The Department believes the Department has statutory authority to regulate interfacility transports. A.R.S. § 36-2232(A)(3) requires the Department to “[r]egulate operating and response times of ambulances to meet the needs of the public and to ensure adequate service.” A.R.S. § 36-2232(A)(9) requires the Department to “[r]egulate ambulance services in all matters affecting services to the public.” A.R.S.

<p>R9-25-907(B)(8)(b) states that the Department may consider the anticipated volumes of both 9-1-1 calls and interfacility transfers in determining response times, if a certificate holder provides interfacility transports of patients with a time-critical condition. The commenter stated that this could force a certificate provider to choose whether to send an ambulance to respond to a 9-1-1 call or to a call for transporting a patient with a time-critical condition. The commenter stated a concern about interfacility transports of patients with no time-critical condition that R9-25-908(E)(3)(c) requires that an ambulance arrive within 60 minutes of the dispatch for 90% of these transports, which the commenter believed would put “unreasonable pressures on [a rural] ambulance provider.” The commenter also stated that they “work collaboratively to meet the needs of both the 9-1-1 system and interfacility transports” and that “[t]his process should remain unchanged to uphold the integrity of the emergency 9-1-1 calls.</p>	<p>§ 36-2202(J) now specifies requirements related to interfacility transports. The definition of “emergency ambulance services” in A.R.S. § 20-2801 includes “accessing an ambulance or emergency response by calling 911 or a designated telephone number to reach a public safety answering point and receiving time sensitive medical attention.” Based on stakeholder requests, the definition of “response time” now includes interfacility transports for patients with time-critical conditions. Under the current rules, the Department has very little ability to regulate interfacility transports for most certificate holders, despite receiving many calls and complaints expressing concerns about them.</p> <p>The Department has received information about estimated times of arrival being changed multiple times, or a ground ambulance vehicle showing up hours after it was expected. The new rules contain a benchmark for how much leeway a certificate holder has to get a ground ambulance vehicle to the patient’s location. They also require a certificate holder to review the factors that may have contributed to an interfacility transport not meeting the standards through the quality improvement process. Although they do not put a cap on the number of times an estimated time of arrival is amended, they do require a certificate holder to assess the performance of interfacility transports. They also allow the Department to collect information about how often an estimated time of arrival is amended and factors that may contribute to a ground ambulance service not meeting the standards in the rules.</p> <p>If an ambulance service is only equipping and staffing to meet anticipated 9-1-1 calls, then any interfacility transports may just be considered as providing extra revenue from an ambulance that is not otherwise occupied with a 9-1-1 transport. Many interfacility transports are just as, or even more, time-critical as many 9-1-1 calls. The Department must ensure that ground ambulance services can and do meet the needs of all transports in the certificated service area. Therefore, the anticipated number of interfacility transports, which also require ground ambulance service resources, are considered when gauging whether the current resources in a service area are sufficient for the population - for all types of transports.</p> <p>The rules do not require an arrival of an ambulance for an interfacility transport of a patient with no time-critical condition to be within 60 minutes of dispatch; the rules require arrival to be within 60 minutes of the time the ambulance service says they will be there to pick up the patient, unless the certificate holder has provided a justification as to why a different amount of leeway is needed. This allows a hospital to better plan the discharge and coordinate with the receiving facility. Currently, all</p>
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		<p>certificates of necessity with an interfacility transport time on them list arrival within 60 minutes of the estimated time, which is what was put into the rules. However, an applicant may provide information as part of an application that justifies why a different time should be made part of the certificate of necessity, both for response times and interfacility transports of patients with no time-critical condition.</p> <p>The Department has made many changes, based on stakeholder input, in the drafts leading to the Notice of Proposed Rulemaking, and does not plan to change the rules further based on the comment. However, the Department does plan to revise the rules to delay the implementation of R9-25-908(E)(3)(c) and (H) until January 1, 2025 and plans to work further with stakeholders during a subsequent rulemaking, for which the Department has already received approval under A.R.S. § 41-1039(A), to further refine the requirements.</p>
c	<p>A concern was expressed about the definition of “critical care rate,” stating that the definition would result in the critical care rate being less than the ALS rate or BLS rate.</p>	<p>Rate-setting should not be done in a definition. In R9-25-1107, the new rules specify that, when evaluating a proposed critical care rate, the Department shall consider the factors considered in setting a BLS rate, additional factors considered in setting an ALS rate, as well as additional costs associated with providing critical care services. Therefore, a critical care rate would always be at least the same as, or higher than, the ALS rate. To address stakeholder concerns, the Department is revising the rules to make the definition of “critical care rate” similar to the definitions for other rates and moving the requirement that the rate be equivalent to at least the amount for specialty care transport, as used in federal Medicare guidelines, from the definition into R9-25-1107, as well as clarifying that the critical care rate would be greater than an ALS base rate.</p>
d	<p>A concern was expressed about ambulance staffing for providing critical care services in R9-25-908(C)(5)(b), stating that there is currently no endorsement in critical care services available to a Paramedic in Arizona, so a register nurse must be on an ambulance providing a critical care transport.</p>	<p>The Department is currently drafting revisions to 9 A.A.C. 25, Article 3 and 4, to allow for an endorsement to be added to a Paramedic’s certification, along with updating the scope of practice for Paramedics. The current scope of practice does not include many of the skills that may be required during a critical care transport, so a nurse, not a Paramedic, should already be staffing such transports.</p> <p>The Department does not plan to change the rules based on the comment. However, the Department does plan to revise the rules to delay the implementation of R9-25-908(C)(5)(b) until January 1, 2025, by which time the revisions to Article 3 and 4 should be completed, and plans to work further with stakeholders during a subsequent rulemaking, for which the Department has already received approval under A.R.S. § 41-1039(A), to further refine the requirements.</p>
e	<p>A concern was expressed about having to contract for dispatching in R9-25-</p>	<p>The rules do not require contracting for dispatching. As mentioned in paragraph 10 above, the Department had</p>

	908(E)(1), rather than providing dispatching internally.	already identified the need to clarify that the written agreement for dispatching could be internal policies and procedures if the ground ambulance service performs its own dispatching and added in subsection (E)(1)(d) “or other agreement,” consistent with the lead-in in subsection (E)(1).
f	A concern was expressed about R9-25-1005(E)(5), stating that there are areas in the state where “GPS access is nonexistent.” The waiver to the requirement was stated as being put in place to allow rural providers to be exempt. A requirement to provide a future date by which a certificate holder will comply with the requirement was thought to be problematic and could lead to the loss of rural providers.	The Department has to implement the statute as written, regardless of the perceived intent. A rural provider with an ambulance deployed in an area with no connectivity would certainly qualify for a waiver for that ambulance. However, there are reasons other than GPS connectivity that may cause a certificate holder to request a waiver. The statute does not single out rural providers as the only ones who can request a waiver. Technology is changing all the time, and what is impossible or too costly today may not be so in the future. The Department had received feedback from several stakeholders that it would be easier and more efficient for them to request a waiver when an application for ambulance vehicle registration is submitted. The proposed rules better align requests for waiver with annual registrations, based on this feedback. Although the Department does not plan to change the rules based on the comment, the Department is developing forms for requesting a waiver, as well as training that may provide guidance to a certificate holder, which will be available on the Bureau’s webpages.
g	A concern was expressed about requirements in R9-25-1102 and that the proposed rules are silent about what happens if an ambulance service is granted authority to operate in an area with a uniform general public rate and applies for a different rate. Provisions in the rules for a certificate holder under a general public rate to request a different rate undermines the uniform general public rates process.	The Department does not have the authority to specify what general public rate an applicant for a certificate of necessity requests, only what is granted. If an applicant for a certificate of necessity, for a service area in which a uniform public rate is in existence, requests a different general public rate, concerns about what effect that will have on the certificate holders under the uniform public rate would be considered during the review and, if necessary, hearing process before a certificate of necessity/general public rate is granted and finalized. Nor do the statutes give the Department authority to stop a certificate holder under a uniform general public rate from applying for a different general public rate. However, the Department would consider what affect the request would have on other certificate holders and on the EMS system in general when making a decision about the requested general public rate. Other certificate holders under the uniform general public rate would only have to establish their own general public rates if the different general public rate is granted and the “uniform general public rate” is void. As mentioned in paragraph 10 above, the Department had already identified the need to clarify that the notification that would require a certificate holder with a uniform general public rate to submit an application for a different general public rate is the notification that the Department had made a decision to grant a different general public rate to a certificate holder under subsection (D) that had been under the uniform

		general public rate.
h	Concerns were expressed about the change in R9-25-1106(C) about the rate of return and the addition of R9-25-1108(B), stating that the rule currently requires the Director to establish rates to provide for at least a 7% rate of return unless the applicant request a lower amount. The new rules switch that and cap the rate of return at 7% unless a higher rate of return is requested and justified. Under R9-25-1108(B) and A.R.S. § 36-2232(A)(1), the Department can unilaterally change a rate of return. These are problematic.	As mentioned in the comment, the commenter does not recall any request for a rate of return more than 7%; nor does the Department. As mentioned and discussed during a stakeholder meeting, the rule was originally intended to cap the rate of return at 7%, absent justification for a higher rate. The author of the requirement stated during the meeting that it was meant to be “guidance for the Department” that 7% was a reasonable rate of return, that it “wasn’t meant to be a minimum or a maximum and both required justification for the filing.” Hence a <i>de facto</i> cap of 7% has been existence ever since. This rule change was to reinstate the original intent of the rule. A certificate holder could still be granted a higher than 7% rate of return, but just had to have justification for the higher rate. Since it is unlikely that a rate of return other than of 7% would be requested or granted, given the more than 20-year history, the Department will change the rule to the original wording, on the understanding that the change would not be substantive. The Department does not believe the change to be substantive since rates both higher and lower than 7% can be approved with justification and, thus, the change would have no effect on stakeholders. The provision in R9-25-1108(B) clarifies the ability of the Department under statute to “[d]etermine, fix, alter and regulate just, reasonable and sufficient rates and charges.” To further clarify and add to the statutory authority, the Department plans to add a citation to A.R.S. § 36-2232(A)(4), since a review of response times may result in changes, which could have a financial impact (as anticipated in statute) and lead to a need to alter rates and charges.
2	The following comment was received from a Deputy Chief of a fire district:	
	A concern was expressed about requirements in R9-25-901 in the definition of “standby waiting rate,” stating that the definition should be changed so a patient is not responsible for charges caused by the delay of a hospital.	All of the rate-related definitions use the same language “the monetary amount set by the Department for a certificate holder to bill a patient...” for consistency. While insurance or a third party may pay part or all of the amount billed, the amount billed is the responsibility of the patient/patient’s representative. The Department does not have the statutory authority to require a hospital to be billed (or pay for) a portion of the cost of a transport. The Department made several changes to the rate definitions during the course of the rulemaking, based on stakeholder input, and does not plan to change the rules further based on the comment.
3	The following comments were received from the Assistant Chief of a ground ambulance service:	

a	A concern was expressed about “generic interfacility response times,” especially when a Department-approved service agreement with a hospital partner specifies “negotiated and agreed upon response times when requested to transport urgent or non-urgent patients.”	If a certificate holder has such a service agreement, then the Department would be including these times into the certificate of necessity. Since R9-25-908(E)(3)(c) exempts a certificate holder with a time specified on the certificate of necessity from the requirement in the subsection, the requirement would not apply to that certificate holder. The Department does not plan to change the rules based on the comment.
b	A concern was expressed about having to provide an estimated time of arrival for an interfacility transport when the time has already been specified in a Department-approved service agreement with the requesting hospital partner.	The Department understands the concern and plans to clarify the rule that, if the ground ambulance service receiving a request for an interfacility transport has already specified the estimated time of arrival in a Department-approved service agreement with the person requesting the interfacility transport, the requirement in R9-25-908(E)(3)(a) has already been satisfied and another estimated time of arrival does not need to be provided again unless it needs to be amended.
c	A suggestion was made to include additional requirements and specifications for back-up agreements including “the process for developing back-up agreements, the definition of a back-up agreement, what is or is not allowed to be in a back-up agreement, who can enter into them, etc.”	During the four years in which requirements in this rulemaking were discussed with stakeholders, there were several discussions about back-up agreement, but the Department does not recall any requests to add such requirements into the rules. The Department is willing to discuss adding such requirements. The Department does not plan to change the rules based on the comment at this time. However, the Department does plan to work further with stakeholders during a subsequent rulemaking, for which the Department has already received approval under A.R.S. § 41-1039(A), to further refine the requirements in the rules and could include a discussion of this topic in that rulemaking.
d	A suggestion was made that the definition of “health care institution” be included in the rules.	The definitions of both “health care institution” and “interfacility transport” are included in R9-25-101, since the terms are used in more than one Article in the Chapter. The Department does not plan to change the rules based on the comment.
4	The following comment was received from the Prehospital Care Program Coordinator of a medical center:	
	A concern was expressed about having to include the administrative medical director be on a committee reviewing data related to the provision of services to ensure quality patient care every quarter as part of a quality improvement committee.	The definition of an administrative medical director is included in A.R.S. § 36-2201, and the duties of an administrative medical director are specified in R9-25-201 and R9-25-502. These duties include developing policies and procedures that govern the activities of the EMCTs under the administrative medical director’s purview, providing administrative medical direction (by statutory definition, supervision of EMCTs), and ensuring competency of an EMCT in performing skills that the EMCT has been authorized by the administrative medical director to perform. As such, the administrative medical director must be part of the committee that identifies and discusses issues related to the quality of patient care provided by EMCTs, and

		<p>implements activities to improve performance when deviations in patient care, transport, or documentation are identified.</p> <p>The Department does not plan to change the rules based on the comment.</p>
5	The following comments were originally directed to an Assistant Director of the Department by Public Policy Partners on behalf of clients and forwarded as formal comments about the rules:	
a	A concern was expressed about the definition of “scene locality.”	See the response to comment (1)(a).
b	Concerns were expressed about interfacility transports.	See the response to comment (1)(b).
c	A concern was expressed about the definition of “critical care rate.”	See the response to comment (1)(c).
d	A concern was expressed about ambulance staffing for providing critical care services.	See the response to comment (1)(d).
e	A concern was expressed about dispatch and scheduling.	See the response to comment (1)(e).
f	A concern was expressed about requirements for uniform rates.	See the response to comment (1)(g).
g	A concern was expressed about the rate of return.	See the response to comment (1)(h).
h	A concern was expressed about periodic review by the Department of rates and charges.	See the response to comment (1)(h).
i	A concern was expressed about the “GPS waiver requirements in R9-25-1102.”	See the response to comment (1)(f).
j	Concerns were expressed about the timing of the rulemaking process, suggesting that the rulemaking “be bifurcated so that all rules that are specifically needed to implement HB 2609 can move forward to meet the effective date of the bill. Any other issues such as IFTs [interfacility transfers], staffing requirements, etc. should be handled in a regular rulemaking process that is not on an accelerated time frame so that all parties can come to a consensus on any new rules.”	<p>This rulemaking has been ongoing for four years, with extensive stakeholder involvement. Most of the changes being made to address issues identified in the five-year-review reports approved by the Governor’s Regulatory Review Council of 2017 and 2022 are not in contention. Very few changes are required in the current rules to specifically address HB 2609, if the requirement for the Department to base decisions on quality patient care (A.R.S. § 36-2232(A)(2)) is ignored. Since most of the changes identified in the five-year-review reports could affect the quality of patient care, the decision was made to add the requirements specifically addressing HB 2609 to the ongoing rulemaking. If the rulemaking were bifurcated and only requirements specifically addressing HB 2609 were included in the rulemaking, the result would be a substantive change to the proposed rules, requiring the development, filing, publication, and 30-day formal comment period for supplemental rulemaking, delating the submission of a Notice of Final Rulemaking beyond the deadline imposed by HB 2609. As</p>

		<p>stated above, the Department recognizes that some additional discussion of some topics could help ensure consensus. Therefore, the Department has initiated a subsequent rulemaking to address these topics and is proposing to delay the implementation of R9-25-908(C)(5)(b) and R9-25-908(E)(3)(c) and (H) until January 1, 2025, to allow time for the subsequent rulemaking to be completed and any necessary changes made. The Department considers the delayed implementation of rule requirements to be a non-substantive change, which would not delay this rulemaking.</p>
6	<p>The following comments were received from Arizona Fire District Association, Arizona Fire Chiefs Association, and Arizona Ambulance Association:</p>	
a	<p>A comment was made asking for clarification of what type of agencies would qualify for a waiver under HB 2609 and what types of situations would justify receiving a waiver, as well as the need for annual renewal.</p>	<p>The Department believes that there are reasons other than GPS connectivity that may cause a certificate holder to request a waiver, including financial hardship, so the rules do not list what those reasons would have to be. Because technology is changing all the time, and what is impossible or too costly today may not be so in the future, the waiver is not forever. The Department had received feedback from several stakeholders that it would be easier and more efficient to request a waiver when an application for ambulance vehicle registration is submitted. The proposed rules better align requests for waiver with annual registrations, based on this feedback.</p> <p>As stated in the response to comment (1)(f), the Department is developing forms for requesting a waiver, as well as training that may provide guidance to a certificate holder, which will be available on the Bureau’s webpages. The Department believes these actions will provide clarification and assist certificate holder to obtain a waiver, if appropriate. The Department does not plan to change the rules based on the comment.</p>
b	<p>The comment was made that Section 11 of HB 2609 makes it so “HB 2609 is limited to initial and amended Certificates of Necessity.”</p>	<p>The Department believes that Section 11 of HB 2609 only pertains to A.R.S. § 36-2233 and to applications for initial or amended certificates of necessity filed with the Department, making them subject to the revisions made in A.R.S. § 36-2233 if filed on or after January 1, 2024. The Department believes that all other portions of HB 2609 have been correctly included in A.R.S. Title 36, Chapter 21.1, as codified, and pertain to all persons regulated under the Chapter as of January 1 2024.</p> <p>The Department does not plan to change the rules based on the comment.</p>
c	<p>A question was asked as to what would cause an amended certificate of necessity to be issued.</p>	<p>The Department issues certificates of necessity under A.R.S. §§ 36-2202(A), 36-2232, 36-2233, 36-2236, and 36-2240 to a specific person for a specific service area, type of service and level of service. The changes that would result in the Department issuing an amended certificate of necessity are specified in R9-25-905.</p>

		The Department does not plan to change the rules based on the comment.
d	A comment was made that “only part of the ground ambulance transport market is subject to increased reporting and other requirements of HB 2609,” stating that “[e]veryone should be subject to the statute and related regulations.”	As stated in the response to comment (6)(b), the statutes in A.R.S. Title 36, Chapter 21.1, are applicable to all ground ambulance service certificates of necessity, not just those resulting from an initial application or application for amendment. Therefore, the rules resulting from the statutes, included in this rulemaking, are applicable to all certificate holders. There is no “bifurcated regulatory scheme.” The Department does not plan to change the rules based on the comment.
e	A comment was made that the exempt rulemaking authority in HB 2609 is only for changes related to HB 2609. There are other issues that still need to be resolved, and that “[t]here is an effort to conflate the implementation of House Bill 2609 with rule modifications in Articles 9, 10, 11, and 12.”	The Department is aware that the exempt rulemaking authority given by HB 2609 is only to make changes related to HB 2609. That is why the Department has sought and received approval for conducting a subsequent rulemaking, during which any outstanding issues may be resolved. The Department does not plan to change the rules based on the comment.
f	A concern was expressed about the definition of “scene locality” in R9-25-901(39).	See the response to comment (1)(a). The Department developed definitions that can use data available through the Census Bureau but that are unique to Arizona. However, the current definitions are what current response times are based on and what stakeholders are familiar with. With certificate holders having to report response times, those response times would have been recorded based on the current definitions. Scene localities may not be in the same category of geographic region under the proposed definitions versus the current definitions, which may create unintended inconsistencies in reported data. To ensure that the Department is complying with the intent of Laws 2022, Ch 381, The Department is planning to revert back to the current definitions, but included under the defined term of “scene locality.” As stated above, the Department does not believe this change to be substantive since the change would not be expected to affect existing certificate holders. Although there may be different response times for different scene localities, the response times for specific scene localities are on certificates of necessity and would not be changed unless and until a review of response times, required by A.R.S. 36-2232(A)(4), revealed that the response times were inappropriate, or if the certificate of necessity were amended.
g	A concern was expressed about transfers of certificates of necessity in R9-25-904.	Subsection (B), which specifies when there is a change in the controlling influence is based on the content of a substantive policy statement that has been in effect, without issues, since 2015. The change of a fire chief would not be considered a change in the controlling influence, but the purchase of a

		<p>parent company by another entity would be.</p> <p>The prohibition of a service contract between one certificate holder and another certificate holder for one to provide services in a non-overlapping portion of the other’s service area does not prevent back-up agreements, which provide for temporary coverage, but is to prevent the <i>de facto</i> amendment/transfer of both certificate holders’ service areas without going through the amendment or transfer process.</p> <p>The Department does not plan to change the rules based on the comment.</p>
h	Concerns were expressed about interfacility transports.	<p>See the response to comment (1)(b). Interfacility transports have been discussed in meetings with stakeholders since December 2020, when the definition of “arrival time” was first discussed. The Department has made many changes to the rules since then, based on stakeholder input, related to interfacility transports, to ensure that requirements are not too burdensome on certificate holders while addressing the concerns of health care institutions, and is willing to continue the discussion to refine these rules during the subsequent rulemaking that the Department is beginning.</p>
i	A concern was expressed about the definition of “critical care rate” in R9-25-901(17).	<p>See the response to comment (1)(c).</p>
j	A concern was expressed about response times in R9-25-907, stating that the Department has changed the requirements multiple times during the course of the rulemaking.	<p>Throughout the rulemaking, the Department has expressed the intention of setting benchmark response times for different scene localities and has discussed several mechanisms for determining response times. Certificate holders have provided feedback that first one suggested mechanism to include them into the rules, then another, would not work, without suggesting an alternative that would work for them. During this time, the Department has done extensive research into historical response times, using actual data submitted to AZPIERS, the quality assurance database into which 90 of the 100 certificate holders have been reporting data for years. The Department has presented this data during numerous meetings with stakeholders and has developed the mechanism in rule based on the research and requirements in A.R.S. § 36-2232(A)(3). As specified in R9-25-907(B), the Department plans to set response times based on historical data, the population density and demographics in the service area or proposed service area, the geographic features and environmental conditions within the service area or proposed service area, and the geographic distribution of health care institutions within the service area or proposed service area.</p> <p>The Department does not plan to change the rules further based on the comment.</p>
k	A concern was expressed about ambulance staffing for providing	<p>See the response to comment (1)(d).</p>

	critical care services in R9-25-908(C)(5)(b).	
l	A concern was expressed about requirements in R9-25-908(E)(1) for certificate holders that opt to contract for external dispatch services, stating that these requirements do not exist for those with internal dispatching.	As stated in the response to comment (1)(e), the rules do not require contracting for dispatching, nor do they pertain only to those who contract for dispatching. As mentioned in paragraph 10 above, the Department had already identified the need to clarify that the written agreement for dispatching could be internal policies and procedures if the ground ambulance service performs its own dispatching and added in subsection (E)(1)(d) “or other agreement,” consistent with the lead-in in subsection (E)(1). Thus, the rule applies equally, regardless of how dispatching is done. The Department does not plan to make any other change to the rules based on the comment.
m	A concern was expressed about the reporting methodology for the Ambulance Revenue and Cost Report (ARCR) in R9-25-909, especially related to governmental entities.	The content of R9-25-909 is unchanged from the Exhibits that have been in the rules for over 20 years. It was not the intention in this rulemaking to make changes to the ARCR, just to put the current content into text, rather than in Exhibits. The ARCRs are submitted annually, according to A.R.S. § 36-2232(A)(8), and are used to compare one certificate holder to another when setting rates, and for other purposes. Therefore, all information needs to be provided in a uniform format, regardless of how normal accounting is done for the ground ambulance service. The Department does not plan to make any other change to the rules based on the comment.
n	A concern was expressed about requirements for uniform rates.	See the response to comment (1)(g). Because the Department does not have the authority to prevent a certificate holder under a uniform public rate from requesting a different rate, just authority to approve or deny the request, the new rules do contain a mechanism for a certificate holder to opt out of a uniform public rate. The Department does not plan to make any other change to the rules based on the comment.
o	A concern was expressed about the rate of return in R9-25-1106.	See the response to comment (1)(h).
p	A concern was expressed about periodic review by the Department of rates and charges.	See the response to comment (1)(h).
q	A comment was made that these rules require more stakeholder involvement and input, and that only those requirements in HB 2609 should go forward.	This rulemaking was begun in 2019 and included multiple drafts, extensive comments from stakeholders, and many stakeholder meetings to develop the new rules. For Article 9, seven sets of draft rules have been posted for comment and discussed during 14 meetings. For Article 10, four drafts were posted and two meetings held. Only one draft each has been posted for Articles 11 and 12 and the ARCR. A consolidated draft containing all the Articles was also posted for comment. Throughout the rulemaking process, changes have been made

		to drafts based on stakeholder input. While the Department is willing to continue the discussion of some issues in a subsequent rulemaking, the Department believes that there has been more than adequate input so far and that most elements of the proposed rules are not of concern. The Department hopes that this rulemaking will be approved as shown in this Notice, with the understanding that additional changes may be made through a subsequent regular rulemaking to address any outstanding stakeholder concerns.
7	The following comments were received from the Arizona Hospital and Healthcare Association:	
a	The commenter thanked the Department for the outreach during the rulemaking and for listening to member concerns.	The Department thanks the commenter.
b	A comment was made that the CON system “constitutes monopolies or near monopolies in all areas of the state,” and further stated that “[i]t is inexcusable that agencies granted this monopoly are permitted to “park” patients in an emergency department when those patients are in a medical crisis and require transportation to a higher level of care or specialty hospital.” Because the current rules do not contain a mechanism for the Department to address “non-compliance with appropriate, evidence-based, standards of care,” “[i]t is imperative that the CON process include accountability measures [for interfacility transports] in order to safeguard the public.”	The Department believes that the Department has the statutory authority to regulate the performance of interfacility transports, but has been unable to do so under the current rules, despite receiving multiple concerns and complaints over the years. The Department believes that the proposed rules provide a mechanism to protect patients with time-critical conditions, as well as to collect interfacility transport data for those patients without a time-critical condition, to better assess the extent and seriousness of the issue of the performance of interfacility transports. While acknowledging that the proposed rules do not go as far as some hospital stakeholders would like, the Department has tried to strike a balance between the benefit some stakeholders would receive without undue burden being put on other stakeholders. The Department does not plan to change the rules based on the comment.
c	A comment was made that some members had originally had concerns about proposed revisions, but that the proposed rules “strikes a compromise for all parties.” The comment was made that “AzHHA strongly recommends that ADHS finalize the revisions to Article 9 as proposed in the NOPR.”	The Department thanks the commenter for the support.
8	The following comments were received from the Dignity Healthcare System:	
a	The comment was made that “Dignity Health is pleased to offer this letter of support to the Ground Ambulance Rules proposed in Articles 9, 10, 11 and 12.”	The Department thanks the commenter for the support.
b	A comment was made that Dignity	The Department understands these concerns and has included

	Health facilitates more than 20,000 interfacility transports per year, and that “the lack of transparency, performance expectations and evidence-based data has seriously impacted patient care.”	in the rules mechanisms to try to address them without imposing an undue burden on ground ambulance services.
c	A comment was made that including a definition of “time-critical condition” with related requirements will greatly improve the health of these critically ill patients who would be harmed by delays in receiving appropriate treatment.	The Department agrees.
d	A comment was made that a certificate holder’s contention that “if an ambulance provider received a dispatch for an IFT [interfacility transfer] with a time-critical condition and a 9-1-1 dispatch at the same time, the ambulance provider will be forced to choose” demonstrates “the lack of clinical understanding and gravity of “time-critical conditions” as the patient’s needs are immediate and life-threatening. Under this scenario, the ambulance provider should provide an ambulance in BOTH situations.’	The Department agrees.
e	A comment was made that Dignity Health supports the changes in R9-25-906 and R9-25-907 that make “the quality of patient care a priority that must be weighed” by the Department when making a decision and “establishes specific data elements to be collected and analyzed for the purpose of establishing response times and compliance.”	The Department thanks the commenter for the support.
f	A comment was made that Dignity Health supports the changes in R9-25-908(E)(3) and (K)(2), but urges the Department to audit dispatches periodically to ensure that “ambulance providers are providing accurate reported data.”	The Department thanks the commenter for the support.
g	A comment was made that Dignity Health supports the changes in R9-25-1005 related to the installation of global positioning devices in ambulances, as required by statute, and the requirements for requesting a waiver	The Department thanks the commenter for the support. The Department believes that there are many reasons that may cause a certificate holder to request a waiver, and the rules do not list what those reasons would have to be. The Department had received feedback from several stakeholders that it would be easier and more efficient to request a waiver when an

	that is not permanent. However, the commenter “recommends a more restrictive waiver such as a ‘one-time temporary waiver of not more than 30 days.’”	application for ambulance vehicle registration is submitted. The proposed rules better align requests for waiver with annual registrations, based on this feedback, to reduce the financial burden on certificate holders.
The following were provided as oral comments during the Oral Proceeding held on October 16, 2023, then later as written comments.		
9	The following comments were provided on behalf of Global Medical Response:	
a	A comment was made that the rulemaking be bifurcated to include only those changes required by HB 2609 in one rulemaking and everything else in another. While acknowledging that the bifurcation would lead to a two-month delay in rules related to HB 2609, the commenter stated that this should not be a reason “to implement rules that have major opposition from the ambulance providers.”	The Department disagrees. The current rules have been in place for over 20 years and are badly in need of revision, as identified in two successive five-year-review reports. The Department has worked with stakeholders since 2019 on these rules and made many changes to better accommodate ground ambulance services. The Department believes that most of the changes unrelated to HB 2609 are not points of contention, and many reflect stakeholder suggestions. The few issues being brought up have been discussed, wording drafted, revisions made, and further discussed. The Department is willing to continue to discuss these few issues and refine the requirements, but believes that these few issues should not cause the rulemaking to be delayed.
b	The comment was made that only a few changes are required by HB 2609: - a definition of “response time” to mirror what is in statute; - the following content of the proposed R9-25-907: subsections (A)(1) through (3); subsection (B), with the revision of subsection (B)(9); and subsection (C), with the removal any mention of uniform standards; - the content of the proposed R9-25-908 (G)(1) and (3), specific to 9-1-1 calls; - the content of R9-25-1005(C)(2); and - the content of R9-25-1005(E), but as a permanent waiver.	The Department agrees that only a few changes are specifically required by HB 2609, if the statutory requirement for including quality patient care in decision-making is ignored. That is one reason for the Department’s decision to include them in the rulemaking that had been ongoing for three years at the time that HB 2609 was adopted, with only a few issues outstanding at the time. As discussed above, the interfacility transport of a patient with a time-critical condition meets the statutory definition of an “emergency ambulance transport” and may be requested through a designated telephone number to reach a public safety answering point. Therefore, the Department believes that ambulance stakeholders were correct in requesting that these transports be included under the dispatches for which a response time is applicable. They would also be subject to the other requirements related to response times, which were not included in the commenter’s proposed content. Nor are changes that reflect the emphasis on the provision of quality patient care, which are embedded throughout the proposed rules.
c	Regarding other changes, comments were made that: - the criteria for obtaining a waiver should be identified;	The Department deliberately left the requirement for providing a “reason and justification for the waiver” broad, because there could be many reasons besides connectivity issues or financial issues that could be applicable, and the Department did not want to prevent a waiver being granted on the basis of an unanticipated issue.
	- the definition of “response time” should not include interfacility	See the responses to comments (1)(b), (6)(h), (7)(b), (8)(b)

	transports, as it lacks statutory authority;	and (d), and (9)(b).
	- the current definitions of “urban area,” “suburban area,” “rural area,” and “wilderness area” should be retained;	See the response to comment (1)(a). Under the proposed rules all areas of a city would be considered an “urban area” (except a small city/town of less than 10,000 people, which would be considered a “rural area”), so the neighbor on the other side of the street in a city or town would have the same response time.
	- in R9-25-907(C)(1), developing a set of uniform standards for response times lacks statutory authority;	The Department disagrees. The development of historical response time data, while aggregated on the basis of scene locality, reflects the realities of geography and medical considerations in the areas in which the transport occurred. In addition, as specified in R9-25-907(C)(3), establishing a response time would include consideration of not only the historical data, in the form of the uniform standard, but also other factors specified in subsection (B). These include population demographics, geographic features and environmental conditions, and the geographic distribution of health care institutions within and surrounding the service area or proposed service area. Thus, the factors the statute requires to be considered would be included.
	- all references to interfacility transport response times must be removed because they lack statutory authority;	The Department disagrees. See the responses to comments (1)(b), (6)(h), (7)(b), (8)(b) and (d), and (9)(b).
	- the critical care rate definition should not mention specialty care transports and state that it should be greater than the ALS base rate;	See the response to comment (1)(c).
	- there are concerns about including provisions for joining or leaving a uniform rate group; and	See the responses to comments (1)(g) and (6)(n).
	- there are concerns about the changes to R9-25-1106(C).	See the response to comment (1)(h).
10	The following comments were provided on behalf of Guardian Medical Transport:	
a	A comment was made that HB 2609 can only be applied to initial and amended certificates of necessity.	See the responses to comments (6)(b) and (d).
b	A comment was made that “[r]esponse times, as written in the current proposed rules, is not clear and leads to speculation as to what are uniform and fair response times,” recommending that they should continue being discussed under exempt rulemaking in 2024.	The Department disagrees that requirements related to response times are unclear. Criteria and factors to be considered are spelled out, as is the methodology the Department plans to use, which reflects current practice but is not in the current rules. If issues arise after the rules are implemented, the Department would certainly address them under the exempt rulemaking authority granted by HB 2609 for 12 months after January 1, 2024.
c	A comment was made that interfacility transports should not come under the	See the responses to comments (1)(b), (6)(h), (7)(b), (8)(b) and (d), and (9)(b).

	response time requirements.	
d	A comment was made that the definition of “scene locality” is unclear.	See the responses to comments (1)(a) and (6)(f).
e	A comment was made that the definition of “critical care rate” needs to specify that it be greater than the ALS base rate.	See the response to comment (1)(c).
f	The comment was made that the requirements for dispatch records in R9-25-908(J)(2) should state that the information is only required “as available.”	Many of the elements in R9-25-908(J)(2) are required in the current rules in R9-25-910(B)(8) to be maintained by a certificate holder. Others are required so that response times can be calculated. All are fairly basic and necessary to assess performance. The Department will work with certificate holders to ensure that any information required can be collected and submitted as required to the Department.
The following oral comments were provided during the Oral Proceeding held on October 16, 2023.		
11	The following comment was provided by a representative of ABC Ambulance:	
	A comment was made that the commenter is looking for three things in a rule: is it in the public’s best interest, is it not arbitrary, and does it apply to all certificate holders. A concern was expressed about R9-25-1108(B), stating that it seems arbitrary and does not apply to everyone.	The Department disagrees that R9-25-1108 is arbitrary or that it does not apply to everyone. As stated above, R9-25-1108(B) clarifies the ability of the Department under statute to “[d]etermine, fix, alter and regulate just, reasonable and sufficient rates and charges.” As such, the review applies to all certificate holders, although not many rates and charges are likely to need adjustment, as indicated by the inclusion of “if appropriate.” To further clarify and add to the statutory authority, the Department plans to add a citation to A.R.S. § 36-2232(A)(4), since a review of response times may result in changes, which could have a financial impact (as anticipated in statute) and lead to a need to alter rates and charges.
12	The following comment was provided by a representative of the Arizona Ambulance Association and Golder Ranch Fire District:	
	In addition to the comments submitted as written comment set (6), a comment was made that the Association supports the changes needing to be made to implement HB 2609, but that other changes in the rules “are being pushed through. There is no time-line to implement them.” A request was made to only implement requirements associated with HB 2609 and continue working on other parts of the rule.	The Department stated during the Oral Proceeding that removing anything that is not specific to HB 2609 would constitute a substantive change and cause at least a two-month delay in the submission of a Notice of Final Rulemaking to GRRC. This Notice would also be in conflict with the plan of action that the department gave to GRRC as part of two five-year-review reports. If changes are needed to rules addressing changes made by HB 2609, the Department has stated repeatedly, that an exempt rulemaking would be initiated, with the Governor’s approval, to address them. Similarly, unresolved issues could be further discussed and tweaked as part of a subsequent regular rulemaking, given the Governor’s approval.
13	The following comments were provided by a representative of American Medical Response:	
	Two handouts were distributed, the first containing suggested wording to address elements of HB 2609, and the	The Department disagrees. Not just 9-1-1 calls can go through a public safety answering point (PSAP), as seen in the statutory definition of “emergency ambulance services” in

	<p>second listing concerns about other parts of the rulemaking. These handouts were also submitted as written comments, included as comment set (9). The commenter asked that the rules be bifurcated because “some is arbitrary and capricious, some has no statutory authority, some is very expensive.” The commenter reviewed the content of the handouts. Concerns were expressed about the definition of “response time,” inclusion of interfacility transports in R9-25-907(A), development of uniform standards for response times in R9-25-907(C), and requiring an annual waiver. The concerns in comment set (9)(c) were also reviewed.</p>	<p>A.R.S. § 20-2801. See also the response to comment (1)(b) regarding the statutory authority to regulate interfacility transports. See also the responses to comment set (9).</p>
14	<p>The following comments were provided by a representative of Health Care Innovations, Inc. in Cochise County:</p>	
	<p>A comment was made that “[i]nterfacility transport oversight reporting has no reason to be in rule and regulation.” The commenter was concerned about a doctor, nurse, other provider making a determination that a patient has a time-critical condition without knowing what else is going on in the CON “is outlandish.” Reporting will be expensive to small rural providers.</p>	<p>The Department believes that the individual actually providing services to a patient is in the best position to determine whether a patient has a time-critical condition. See also comment (8)(d). For the interfacility transport of a patient with no time-critical condition, the rules allow for a certificate holder to provide an amended estimated time of arrival if conditions, such as multiple 9-1-1 calls or other situations, occur that would prevent the timely arrival of an interfacility transport. The Department intends to make reporting as easy as possible to reduce the burden on all ground ambulance services.</p>
15	<p>The following comments were provided by a representative of Public Policy Partners, which also submitted comment set (1) on behalf of clients including American Medical Response:</p>	
a	<p>A comment was made that the Department has exempt rulemaking authority now to implement the requirements in HB 2609.</p>	<p>The Department disagrees. HB 2609 states that the Department is exempt from rulemaking requirements in Title 4, Chapter 6 “for one year after the effective date of this act.” The act “is effective from and after December 31, 2023.”</p>
b	<p>A question was asked about the purpose of the meeting if nothing will be done on the basis of comments received.</p>	<p>The Department is able to make clarifying changes to the proposed rules, as long as the changes are not substantive. As described above, the Department plans to make some clarifying changes on the basis of comments received. A great many changes have been made in drafts posted and discussed since 2019 on the basis of stakeholder comments. The Department disagrees with some comments made during the informal rulemaking process, has worked to make the requirements fair to all stakeholders, and has tried to make the rules something that everyone can live with. Ambulance services are not the only stakeholders. To address issues that some ambulance services have concerns about, the Department is willing to conduct subsequent rulemakings,</p>

		exempt for HB 2609 issues and regular for other issues, to attempt to improve consensus.
c	The comment was made that the rulemaking should be bifurcated and everything not required by HB 2609 be taken out of the rulemaking going to GRRC.	As stated before, the Department cannot make a substantive change to the proposed rules without filing a Notice of Supplemental Proposed Rulemaking, which would delay the submission of a Notice of Final Rulemaking to GRRC by at least two months. The Notice of Final Rulemaking would also not satisfy the commitment the Department gave to GRRC to address the issues identified in the five-year-review reports.
d	A comment was made that the Department does not have the statutory authority to make some of the changes in the proposed rules. Recent changes in A.R.S. Title 41 were cited as requiring statutory authority for a rule requirement. A statement was also made that the Department does not have authority to regulate hospitals.	The Department disagrees and believes there is statutory authority for everything in the proposed rules, as discussed above. With respect to the statement that the Department does not have statutory authority to regulate hospitals, the Department again disagrees, since A.R.S. Title 36, Chapter 4, gives the Department statutory authority to regulate health care institutions, and hospitals represent a class of health care institution.
e	A comment was made that exempt rulemaking authority only applies to things covered under HB 2609.	The Department agrees, as stated above.
16	The following comments were provided by a representative of the Mesa Fire Department and the Arizona Ambulance Association:	
a	A comment was made that most ambulance services do not think that the rules are being rushed, stating that it has been a very long process and expressing appreciation for engaging stakeholders early and often.	The Department thanks the commenter.
b	A comment was made that stakeholders are very diverse. Even among ambulance services, interests of one may be different from interests of another.	The Department agrees.
c	From the Mesa Fire Department standpoint, the commenter stated there were no concerns. From the Association's standpoint, the commenter stated that some have concerns about the GPS requirements and the waiver and want clarification.	The Department will work with and provide technical assistance to those who have questions about implementation of the GPS requirement. As stated in the responses to comments (1)(f) and (6)(a), the reasons for requesting a waiver may include other concerns besides connectivity or financial concerns, so the rules just require some reason and justification for the waiver. The annual timing for requesting the waiver was added at the suggestion of stakeholders who thought it would be better to request the waiver when submitting an application for registering the ambulance.
d	The statement was made that if interfacility transports are not working, it will impact the 9-1-1 side of operations. The commenter expressed	The Department agrees and thanks the commenter.

	appreciation for tying them into the rules.	
17	The following comments were provided by a representative of the Arizona Hospital and Healthcare Association, which also submitted comment set (7):	
a	A comment was made thanking the Department for the collaboration in developing these rules, stating that the rulemaking has been going on for a very long time and has not been rushed.	The Department agrees and thanks the commenter.
b	A comment was made that there have been consistent and increasing concerns expressed by members about the time delays for interfacility transports. There is no mechanism for collecting data, evaluating performance, or holding certificate holders responsible for providing a standard of care. The comment was made that it is very important to have these quality assurance methods to safeguard the public.	The Department agrees. The Department has also received complaints and concerns about the performance of interfacility transports. Under the current rules, however, there is very little the Department can do. See also the responses to comments (1)(b), (6)(h), and (8)(b).
c	A comment was made that, although the requirements for interfacility transports do not go as far as some members would like, they do strike a balance in minimizing the burden on certificate holders. They reflect the Department intention that the most medically fragile patients, whether held in an emergency department or in the field, receive appropriate treatment in a timely manner.	The Department agrees and thanks the commenter. The Department believes that, in establishing parameters for the performance of interfacility transports and in gathering information about them, the Department will be able to better target efforts to improve patient care and the safety of patients and the public.
18	The following comments were provided by a representative of Guardian Medical Transport:	
a	A comment was made that this rulemaking has taken cliff notes and transformed them into a book. However, some things are still unclear.	The Department is happy to try to clarify anything that is unclear.
b	The comment was made that HB 2609 only applies to initial and amended certificates of necessity. Requirements based on HB 2609 would not be applicable to existing certificate holders.	See the responses to comments (6)(b) and (6)(d).
c	Concerns were expressed about response times, interfacility transports, scene locality, critical care rate, and dispatch records.	See the responses to the comments above.

19	The following comments were provided by a representative of Health Care Innovations, Inc.:	
	A comment was made that there is “a lot of finger-pointing between hospitals and ambulance services. We need to start working together so you are not holding us up, and we are not holding you up.” The commenter also stated that they “have a great relationship with our two hospitals.”	The Department thanked the commenter for the comment.

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

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

A general permit is not applicable under A.R.S. § 41-1037(A)(2). The Department issues certificates of necessity under A.R.S. §§ 36-2202(A), 36-2232, 36-2233, 36-2236, and 36-2240, and registers and renews registration of ground ambulance vehicles under A.R.S. §§ 36-2212, 36-2232, and 36-2240.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

Not applicable

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

No such analysis was submitted.

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

No incorporations by reference are included in the rulemaking.

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

Not applicable

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES
CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

ARTICLE 1. GENERAL

Section

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

ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY

Section

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

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. §§ 36-2201(11)(h), 36-2204, 36-2232, ~~36-2233(B)~~ 36-2233, 36-2234, 36-2236(A) ~~and (B)~~, 36-2240)

~~R9-25-904~~R9-25-903. Application for Renewal of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2233, 36-2235, 36-2238, 36-2240, 36-2242)

R9-25-904. Transfer of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2232, 36-2233, 36-2236(A) and (B), 36-2238)

R9-25-905. Application for Amendment of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2232(A)(4) 36-2232, 36-2240, 36-2247)

~~R9-25-903~~R9-25-906. Determining Public Necessity (Authorized by A.R.S. § 36-2233(B)(2) 36-2233(F))

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

~~R9-25-906~~R9-25-907. Determining Response Times, ~~Response Codes~~ Priority for Responses, and Response Time Tolerances for Certificates of Necessity and Provision of ALS Services Compliance with Specified Times (Authorized by A.R.S. §§ 36-2232, 36-2233, 36-2236)

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

R9-25-908. Operations (Authorized by A.R.S. §§ 36-2201(4), 36-2202(A)(5), 36-2204.02, 36-2211, 36-2224, 36-2232, 36-2233, 36-2237, 36-2241)

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

~~R9-25-910~~R9-25-909. Record and Ambulance Revenue and Cost Reporting Requirements (Authorized by A.R.S. §§ 36-2232, 36-2241, 36-2246)

R9-25-910. Inspections and Investigations (Authorized by A.R.S. §§ 36-2204, 36-2212, 36-2232, 36-2241, 36-2245)

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

~~R9-25-912~~R9-25-911. Disciplinary Enforcement Action (Authorized by A.R.S. §§ 36-2234(L), 36-2244,

36-2245, 41-1092.03, 41-1092.11(B))

R9-25-912. Renumbered

Exhibit 9A Ambulance Revenue and Cost Report, General Information and Certification Repealed

Exhibit 9B Ambulance Revenue and Cost Report, Fire District and Small Rural Company Repealed

ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

Section

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

R9-25-1002. Term and Transferability of Certificates of Registration (Authorized by A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 41-1092.11)

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

R9-25-1003. Changes Affecting Registration (Authorized by A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2238, and 36-2247)

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

R9-25-1004. Ground Ambulance Vehicle Inspections (Authorized by A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2232(A)(11), and 36-2241)

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

~~R9-25-1002.~~R9-25-1005. Minimum Standards for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))

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

Table 10.1. Major and Minor Defects (Authorized by A.R.S. §§ 36-2202(A)(5), 36-2212, 36-2232, 36-2234)

Table 10.2. Minimum Equipment and Supplies for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))

ARTICLE 11. GROUND AMBULANCE SERVICE RATES AND CHARGES; CONTRACTS

Section

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

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

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)~~ 36-2234(I) and (K), 36-2239)

- R9-25-1104. Ground Ambulance Service Contracts (A.R.S. §§ 36-2232, ~~36-2234(K)~~ 36-2234(M))
- R9-25-1105. Application for Provision of Subscription Service or to Establish a Subscription Service Rate (A.R.S. § 36-2232(A)(1))
- R9-25-1106. Rate of Return Setting Considerations (A.R.S. §§ 36-2232, 36-2239)
- R9-25-1107. Rate Calculation Factors (A.R.S. § 36-2232)
- R9-25-1108. Implementation of Rates and Charges (A.R.S. §§ 36-2232, 36-2239)
- R9-25-1109. Charges (A.R.S. §§ 36-2232, 36-2239(D))
- R9-25-1110. Invoices (A.R.S. §§ 36-2234, 36-2239)

ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS

Section

- R9-25-1201. Time-frames (Authorized by A.R.S. §§ 41-1072 through 41-1079)
 - Table 12.1. Time-frames (in days)

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. “BLS” has the same meaning as “basic life support” in A.R.S. § 36-2201.
- ~~7-8.~~ “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.
- ~~8-9.~~ “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.
- ~~9-10.~~ “Clinical training” means experience and instruction in providing direct patient care in a health care institution.
- ~~10-11.~~ “Controlled substance” has the same meaning as in A.R.S. § 32-1901.
- ~~11-12.~~ “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.

- ~~12.13.~~ “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.
- ~~13.14.~~ “Current” means up-to-date and extending to the present time.
- ~~14.15.~~ “Day” means a calendar day.
- ~~15.16.~~ “Document” or “documentation” means signed and dated information in written, photographic, electronic, or other permanent form.
- ~~16.17.~~ “Drug” has the same meaning as in A.R.S. § 32-1901.
- ~~17.18.~~ “Electronic signature” has the same meaning as in A.R.S. § 44-7002.
- ~~18.19.~~ “EMCT” has the same meaning as “emergency medical care technician” in A.R.S. § 36-2201.
- ~~19.20.~~ “EMT” has the same meaning as “emergency medical technician” in A.R.S. § 36-2201.
- ~~20.21.~~ “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.
- ~~21.22.~~ “EMS” has the same meaning as “emergency medical services” subsections (17)(a) through (d) in A.R.S. § 36-2201.
- ~~22.23.~~ “Field training” means emergency medical services experience and training outside of a health care institution or a training program facility.
- ~~23.24.~~ “General hospital” has the same meaning as in A.A.C. R9-10-101.
- ~~24.25.~~ “Health care institution” has the same meaning as in A.R.S. § 36-401.
- ~~25.26.~~ “Hospital” has the same meaning as in A.A.C. R9-10-101.
- ~~26.27.~~ “In use” means in the immediate physical possession of an EMCT and readily accessible for potential imminent administration to a patient.
- ~~27.28.~~ “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.
- ~~28.29.~~ “Interfacility transport” means an ambulance transport of a patient from one health care institution to another health care institution.
- ~~29.30.~~ “IV” means intravenous.
- ~~30.31.~~ “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.
- ~~31.32.~~ “Medical direction” means administrative medical direction or on-line medical direction.

- ~~32.~~33. “Medical record” has the same meaning as in A.R.S. § 36-2201.
- ~~33.~~34. “Minor” means an individual younger than 18 years of age who is not emancipated.
- ~~34.~~35. “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.~~36. “On-line medical direction” means emergency medical services guidance or information provided to an EMCT by a physician through two-way voice communication.
- ~~36.~~37. “Patient” means an individual who is sick, injured, or wounded and who requires medical monitoring, medical treatment, or transport.
- ~~37.~~38. “Pediatric” means pertaining to a child.
- ~~38.~~39. “Person” has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.
- ~~39.~~40. “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- ~~40.~~41. “Practical nurse” has the same meaning as in A.R.S. § 32-1601.
- ~~41.~~42. “Practicing emergency medicine” means acting as an emergency medicine physician in a hospital emergency department.
- ~~42.~~43. “Prehospital incident history report” has the same meaning as in A.R.S. § 36-2220.
- ~~43.~~44. “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.~~45. “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.~~46. “Registered nurse” has the same meaning as in A.R.S. § 32-1601.
- ~~46.~~47. “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.
- ~~47.~~48. “Scene” means the location of the patient to be transported or the closest point to the patient at which an ambulance can arrive.
- ~~48.~~49. “Special hospital” has the same meaning as in A.A.C. R9-10-101.
- ~~49.~~50. “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.~~51. “Transfer of care” means to relinquish to the control of another person the ongoing medical treatment of a patient.
- ~~51.~~52. “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.

ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY

R9-25-901. Definitions (Authorized 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. “Accounting period” means a continuous 12-month span of time used by an applicant or a certificate holder for purposes of planning, budgeting, or annual financial reporting to the Department.
- ~~1-2.~~ “Adjustment” means a modification, correction, or alteration to a rate or charge.
- ~~2-3.~~ “ALS base rate” means the monetary amount ~~assessed to~~ set by the Department for a certificate holder to bill a patient according to A.R.S. § 36-2239(F).
4. “Ambulance response” means EMS provided by a ground ambulance service.
- ~~3-5.~~ “Ambulance Revenue and Cost Report” means ~~Exhibit A or Exhibit B~~ the information required in R9-25-909, which records and reports the financial activities of an applicant or a certificate holder.
- ~~4-6.~~ “Application packet” means the ~~fee, information, applicable fees, and documents, forms, and additional information~~ required by the Department requires to be submitted by an applicant or on an applicant’s behalf when making a decision for certification, licensure, or approval of a request.
- ~~5-7.~~ “Back-up agreement” means a written arrangement, which may include one of the following, between a certificate holder and a neighboring or overlapping certificate holder ~~for temporary coverage during limited times when the neighboring certificate holder’s ambulances are not available for service~~ to allow one of the certificate holders to provide ambulance response or transport within the other certificate holder’s service area on a limited basis when the certificate holder’s ambulances are temporarily not able to provide needed services in it’s the certificate holder’s service area;
 - a. A mutual aid agreement, or
 - b. A Memorandum of Understanding.
- ~~6-8.~~ “BLS base rate” means the monetary amount ~~assessed to~~ set by the Department for a certificate holder to bill a patient according to A.R.S. § 36-2239(G).
- ~~7-9.~~ “Certificate holder” means a person to whom the Department issues a certificate of necessity.
- ~~8-10.~~ “Certificate of registration” means an authorization issued by the Department to a certificate holder to operate a ground ambulance vehicle.

- ~~9-11.~~ “Change of ownership” means a transfer of controlling legal or controlling financial interest and authority in a ground ambulance service, as demonstrated according to R9-25-904(A)(1):
- ~~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
 - ~~e.~~ The controlling influence changes to the extent that the management and control of the ground ambulance service is significantly altered.
- ~~10-12.~~ “Charge” means the monetary amount assessed to a patient billed for disposable supplies, medical supplies, medication, and oxygen-related costs used in providing care to a patient.
- ~~11-13.~~ “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.
14. “Controlling person” means an individual who:
- a. Owns at least a 20% interest in the business organization that operates or is applying to operate as a ground ambulance service;
 - b. If an applicant or certificate holder is a partnership, is a general partner or is a limited partner who holds at least 20% of the voting rights of the partnership;
 - c. If an applicant or certificate holder is a corporation, association, or limited liability company, is the president, chief executive officer, or incorporator, or an individual who owns or controls at least 20% of the voting securities; or
 - d. Is responsible for the overall day-to-day management and operation of the ground ambulance service.
15. “Contract rate or range of rates” means the monetary amount established by the Department according to R9-25-1103.
- ~~12.~~ “Convalescent transport” means a scheduled transport other than an interfacility transport.
16. “Convalescent transport” means a ground ambulance service’s response to a request for ambulance response or transport that is:
- a. Not an interfacility transport, and
 - b. Pre-arranged to occur at a specific time.
17. “Critical care rate” means the monetary amount that is set by the Department for a certificate

- holder to bill a patient for critical care services.
18. “Critical care services” means care provided during an interfacility transport to a patient who has an illness or injury acutely or chronically 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.
- ~~13-19.~~ “Dispatch” means the direction to a ~~ground ambulance service or vehicle~~ certificate holder or an emergency medical services provider to respond to a call for EMS ambulance response or transport.
- 14-20. “Driver’s compartment” means the part of a ground ambulance vehicle that contains the controls and instruments for operation of the ground ambulance vehicle.
- 15-21. “Financial statements” means an applicant’s balance sheet, annual income statement, and annual cash flow statement, or corresponding documents if applicable to the type of business organization, prepared according to the conventions, and rules and procedures for accounting, including broad and specific guidelines, established by the Financial Accounting Standards Board or the Governmental Accounting Standards Board.
- ~~16-22.~~ “Frame” means the structural foundation on which a ground ambulance vehicle chassis is constructed.
- 17-23. “General public rate” means the monetary amount assessed to set by the Department for a certificate holder to bill a patient by a ~~ground ambulance service~~ for critical care services, ALS services, BLS services, mileage, standby waiting, or according to a subscription service contract.
- ~~18-24.~~ “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.
- ~~20-25.~~ “Gross revenue” means the total monetary amount billed by a certificate holder during an accounting period, prior to any deductions, for providing ambulance response or transport:
- 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.
- 21-26. “Ground ambulance service” means an ambulance service that operates on land.
- ~~22-27.~~ “Ground ambulance service contract” means a written agreement between a certificate

- holder and a person for the provision of ~~ground ambulance service~~ ambulance response or transport.
- ~~23-28.~~ “Ground ambulance vehicle” means a motor vehicle, defined in A.R.S. § 28-101, specifically designed to ~~transport~~ carry 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.~~
- ~~26-29.~~ “Level of service” means critical care services, ALS services, or BLS services ~~ground ambulance service, including~~ based on the type of ambulance attendants ~~used~~ and the services provided by the ground ambulance service.
- ~~27-30.~~ “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~~ makes the ground ambulance vehicle unsafe to use for providing transport.
- ~~28-31.~~ “Mileage rate” means the monetary amount ~~assessed to~~ set by the Department for a certificate holder to bill for transport of a patient for each mile traveled from the point of patient pick up to the patient’s destination point during the transport.
- ~~29-32.~~ “Minor defect” means a condition that exists on a ground ambulance vehicle that ~~is not a major defect may cause the ground ambulance vehicle to become unsafe to use for providing transport if allowed to continue.~~
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.~~
- ~~31-33.~~ “Out-of-service” means a ground ambulance vehicle cannot be operated ~~to transport patients for transport.~~
- ~~32-34.~~ “Patient compartment” means the part of a ground ambulance vehicle ~~body part that holds~~ is intended to hold a patient during transport.
35. “Priority” means whether a response mode to a dispatch, on the basis of the information available to the certificate holder, is:
- a. Emergent, that is, an immediate response is required due to a patient’s perceived condition; or
 - b. Non-emergent, that is, a response is required at a time appropriate to a patient’s perceived condition.
- ~~33-36.~~ “Public necessity” means that a need exists within an identified population ~~needs or requires and service area for all or part of the services of a ground ambulance service proposed by an~~

- applicant or determined by the Department.
- ~~34.37.~~ “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.
- ~~35.38.~~ “Response time” means the difference between the time a certificate holder is notified that a need exists for immediate receives:
- a. A 9-1-1 or similar system dispatch and the time the certificate holder’s first ground ambulance vehicle arrives at the scene; or
 - b. A request for an interfacility transport of a patient with a time-critical condition and the time the certificate holder’s ground ambulance vehicle arrives at the health care institution to provide transport. 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.
- ~~38.39.~~ “Scene locality” means:
- a. an An urban area, a geographic region delineated as an urbanized area by the United States Department of Commerce, Bureau of the Census;
 - b. A suburban area, 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;
 - c. A rural area, a geographic region with a population of less than 40,000 residents that is not a suburban area; or
 - d. A wilderness area, a geographic region that has a population density of less than one resident per square mile.
- ~~39.40.~~ “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.
- ~~40.41.~~ “Service area” means the geographical boundary designated ~~in~~ on a certificate of necessity using the criteria in A.R.S. § ~~36-2233(F)~~ 36-2233(I).
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 set by the Department for a certificate holder to bill 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 ambulance response or transport by a certificate holder to a group of individuals within the certificate holder’s service area who contracted with the certificate holder for coverage to provide ambulance response or transport 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 set by the Department for a certificate holder to bill to a person for coverage 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~~
 - e. ~~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.~~46. “Third-party payor” means a person, other than a patient, who is financially responsible for the payment, in whole or in part, of a patient’s assessed billed general public rates and charges for EMS ambulance response or transport provided to the patient by a ground ambulance service.
47. “Time-critical condition” means a patient’s illness or injury, such as ST Elevated Myocardial Infarction, stroke, trauma that meets the criteria in R9-25-1308(H)(6)(b)(i), or hemodynamic instability, for which research has shown that a transport to a specialized health care institution or a higher level of care improves patient outcomes.
48. “Time-sensitive condition” means a patient’s illness or injury for which, in the opinion of one of the following, a delay in the patient receiving appropriate medical services may result in harm to the patient:
- a. For an interfacility transport, a physician, physician assistant, or registered nurse

practitioner providing medical services to the patient; and

- b. For a transport that results from a 9-1-1 or similar system dispatch, an EMCT or the physician providing on-line medical direction for the patient.

~~50-49.~~ “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~~ a specified destination.

~~51-50.~~ “Type of ~~ground ambulance~~ service” means an interfacility transport, a convalescent transport, or a transport that ~~requires an immediate response~~ results from a 9-1-1 or similar system dispatch, which is provided by a ground ambulance service.

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. §§ 36-2201(11)(h), 36-2204, 36-2232, 36-2233(B) 36-2233, 36-2234, 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~~ The following information in a Department-provided format:

a. The legal business or corporate name, mailing address, physical address if different from the mailing address, telephone number, ~~and~~ facsimile number if any, and e-mail address of the ground ambulance service;

b. Any other names by which the applicant is known;

c. If the applicant is a:

i. Governmental entity, the type of governmental entity; or

ii. Business organization:

(1) The type of business organization, and

(2) Whether the business organization is proprietary or non-profit;

d. A list of all business organizations or governmental entities affiliated with the applicant, if applicable, including for each:

i. The legal name;

ii. The type of business organization, if applicable; and

iii. Whether the relationship to the applicant is as a:

(1) Parent organization,

- (2) Subordinate organization.
- (3) Subsidiary organization.
- (4) Member organization, or
- (5) Business organization related to an ambulance service, ambulance response, or transport for which a controlling person of the applicant is also a controlling person of the business organization;

- ~~b-e.~~ 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~~ individual acting for the applicant according to R9-25-102;
 - iii. The individual to contact to access the ground ambulance service's records required in ~~R9-25-910~~ R9-25-908(B); and
 - iv. The statutory agent for the ground ambulance service, ~~if applicable~~ or the individual designated by the applicant to accept service of process and subpoenas for the ground ambulance service;
- ~~e.~~ ~~The name, address, and telephone number of the base hospital or centralized medical direction communications center for the ground ambulance service;~~
- ~~d-f.~~ The name, address, email address, and telephone number of the person providing dispatch for the ground ambulance service's dispatch center service;
- ~~e-g.~~ The address, hours of operation, and, if available, telephone number of each suboperation station located within the proposed service area;
- ~~h.~~ Whether the applicant has a proposed deployment plan for the ground ambulance vehicles in subsection (A)(1)(m), including:
 - i. Whether the purchase and deployment of additional ground ambulance vehicles are planned for the first 12 months following the applicant receiving a certificate of necessity;
 - ii. Whether additional purchases and further deployment of additional ground ambulance vehicles are planned for the second 12-month-period following the applicant receiving a certificate of necessity; and
 - iii. Whether ground ambulance vehicles will be deployed based on knowledge of the level of service, types of service provided, and locations of calls;
- ~~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;
- ~~i.~~ Whether the applicant has a plan for participating in the implementation of a political subdivision's emergency preparedness plan;
- ~~j.~~ A list of EMS providers in surrounding service areas with whom the applicant has a back-up agreement or from whom the applicant has a letter of support;
- ~~h-k.~~ A description of the communication equipment to be used in each ground ambulance vehicle and suboperation station;
- ~~l.~~ If applicable, a description of traffic preemption equipment that the applicant plans to use to facilitate movement of a ground ambulance vehicle through traffic;
- ~~i-m.~~ The make and year of For each ground ambulance vehicle proposed to be used by the ground ambulance service, the manufacturer's name, the year the ground ambulance vehicle was manufactured, and, if available, the current mileage;
- ~~j-n.~~ The number of ambulance attendants and the type of licensure, certification, or registration for each attendant;
- ~~k-o.~~ The proposed hours of operation for the ground ambulance service;
- ~~l-p.~~ The type of ground ambulance service;
- ~~m-q.~~ The level of ground ambulance service;
- ~~r.~~ If the applicant plans to provide ALS services or critical care services, a description of how the applicant plans to provide administrative medical direction according to R9-25-201 and on-line medical direction according to R9-25-202, including, as applicable:
 - ~~i.~~ The name, address, and telephone number of the base hospital or centralized medical direction communications center for the ground ambulance service;
 - ~~ii.~~ The name, address, professional license number, and telephone number of the physician providing administrative medical direction; and
 - ~~iii.~~ The name, address, professional license number, and telephone number of the physician or group of physicians providing on-line medical direction;
- ~~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;
- ~~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 applicant is familiar with the requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter and will comply with applicable statutes and rules in any matter relating to or affecting the ground ambulance service;
- ~~o-u.~~ A statement Attestation that any information or documents submitted to the Department are true and correct; and
- ~~p-v.~~ The signature of the applicant or the applicant's designated representative individual acting for the applicant according to R9-25-102 and the date signed;

2. The following information about the proposed service area:

- ~~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;
- a. The square miles within the proposed service area;
- b. Whether a ground ambulance service currently operates in all or part of the proposed service area and, if so, a list of the ground ambulance services currently operating in the proposed service area;
- c. The population demographics within the proposed service area;
- d. Any changes in the population since the last national census;
- e. Any change in the population demographics since the last national census;
- f. The medical needs of the population within the proposed service area;

- g. The number of anticipated requests for each type of service and level of service in the proposed service area, including the basis for the estimate;
 - h. The available routes of travel within the proposed service area;
 - i. The anticipated average mileage per transport within the proposed service area, including the basis for the estimate;
 - j. The geographic features and environmental conditions within the proposed service area;
 - k. The available medical and emergency medical resources within the proposed service area;
 - l. The geographic distribution of health care institutions within and surrounding the service area to which and from which the ground ambulance service may be transporting patients;
 - m. A statement of the proposed general public rates for services provided within the proposed service area;
 - n. A statement of the proposed charges; and
 - o. The proposed response times and a compliance percentage, for each scene locality in the proposed service area and priority that will be assigned by the applicant to a response; and
 - p. If planning to provide interfacility transports within the proposed service area:
 - i. The response times and compliance percentages for the interfacility transport of a patient with a time-critical condition for each scene locality; and
 - ii. Either:
 - (1) A plan for complying with the requirements in R9-25-908(E)(3)(c) that demonstrates how quality patient care will be provided, including to patients with a time-sensitive condition; or
 - (2) A plan and justification for a standard different from that in R9-25-908(E)(3)(c);
- e.3. A plan to provide temporary ~~ground~~ ambulance response or transport service to the proposed service area for a limited time when the applicant is unable to provide ~~ground~~ ambulance response or transport service to the proposed service area, including the criteria for the person providing dispatch to implement the plan;
4. Copies of the back-up agreements supporting the plan in subsection (A)(3) or letters of support specified according to subsection (A)(1)(j);

- ~~5.~~ A plan for orientation and on-going training of employees;
- ~~6.~~ If applicable, a copy of a plan for implementing deployment of ground ambulance vehicles as specified in subsection (A)(1)(h), including the timeframe, if applicable, for the purchase and deployment of additional ground ambulance vehicles during the first 12 months after receiving a certificate of necessity;
 - ~~f.~~ Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and
- ~~g-7.~~ Whether an the applicant or a designated manager the individual acting for the applicant according to R9-25-102:
 - ~~i-a.~~ Has ever been convicted of a felony or a misdemeanor involving moral turpitude,
 - ~~ii-b.~~ 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-c.~~ Has ever operated a ground ambulance service without the required certification or licensure in this or any other state;
- ~~3.~~ The following documents:
 - ~~a-8.~~ A description of the proposed service area by any method specified in A.R.S. § 36-2233(E) and global positioning system data, in a Department-specified format, that would allow a map to be created that illustrates the proposed service area;
 9. Documentation for the individual specified according to subsection (A)(1)(e)(ii) that complies with A.R.S. § 41-1080;
 10. A copy of the business organization’s articles of incorporation, articles of organization, or partnership documents, if applicable;
 11. A copy of an organizational chart, illustrating both:
 - a. The relationships in subsection (A)(1)(d) with two levels of supervision; and
 - b. At least three levels of supervision of key individuals operating the ground ambulance service, including the individuals listed in subsection (A)(1)(e)(i) through (iii);
 - ~~b-12.~~ A projected Ambulance Revenue and Cost Report covering the first consecutive 12 months of operation, as specified in R9-25-909(A);
 13. A written explanation of why the applicant believes there is a public need for the applicant to receive an initial certificate of necessity, including:
 - a. A summary of how the applicant plans to address the factors in subsection (A)(2) to ensure the provision of quality patient care,
 - b. Justification for the proposed level of service,

- c. Justification for proposed response times or compliance percentage, and
- d. Supporting documentation;
- 14. If available, any study or statistical analysis that examines the need for ground ambulance service within a service area or proposed service area that:
 - a. Considers the current or proposed service area’s medical, fire, and police services; and
 - b. Was created for or adopted by:
 - i. A political subdivision, or
 - ii. A local emergency medical services coordinating system under A.R.S. § 36-2210(1);
- 15. A summary of the applicant’s financial history, including:
 - a. Documentation of capital resources and financial reserves, if applicable, that is available for the establishment and operation of the ground ambulance service; and
 - b. A plan for coverage of expected and unexpected expenses, including 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, with supporting documentation;
- 16. If the applicant is intending to bill for services, the method and plan for the applicant to bill for services;
- e-17. ~~The financing agreement for all capital acquisitions exceeding \$5,000~~ A list of all actual or anticipated purchase agreements or lease agreements to be used in connection with the ground ambulance service, including the monetary amount and duration of each agreement, for:
 - a. Real estate,
 - b. Ground ambulance vehicles, or
 - c. Equipment exceeding \$10,000;
 - 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-18. ~~Any~~ Documentation supporting the estimate of the number of transports to be provided, as shown in the Ambulance Revenue and Cost Report, including any proposed ground ambulance service contract under A.R.S. §§ § 36-2232(A)(1) and ~~36-2234(K)~~ or 36-2234(M);
- f-19. ~~The information and documents specified in R9-25-1101, if~~ If the applicant is requesting to

- establish general public rates, the information and documents specified in R9-25-1101(A);
20. If the applicant is proposing charges to patients under R9-25-1109, the information required in R9-25-1109(A);
- ~~g.~~21. Any subscription service contract under A.R.S. §§ § 36-2232(A)(1) and ~~36-2237(B)~~ R9-25-1105;
22. If using a contracted person to provide dispatch, a copy of the contract;
23. If the applicant is planning to provide ALS services or critical care services:
- a. A copy of each current written contract for providing administrative medical direction,
 - b. A copy of each current written contract for providing on-line medical direction, and
 - c. Proof of professional liability insurance for personnel providing ALS services or critical care services required in R9-25-908(A)(1)(a)(iii);
- ~~h.~~24. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and ~~R9-25-909~~ R9-25-908(A)(1)(a)(i) and (ii);
- ~~i.~~25. A surety bond if required under A.R.S. § 36-2237(B); and
- ~~j.~~26. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service of the individuals specified according to subsection (A)(1)(b);
27. If applicable, a copy of the applicant's plan for participating in the implementation of a political subdivision's emergency preparedness plan according to subsection (A)(1)(h), including as applicable:
- a. Mass casualty protocols;
 - b. The provision of ambulance response and transport in the event of a local, state-wide, or national emergency;
 - c. Description of the applicant's experience in disaster response command and control structure; and
 - d. Special situations in the proposed service area that need to be taken into consideration; and
- ~~4.~~28. Any other documents, exhibits, or statements that the applicant believes 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-, such as:
- a. The quality improvement process, as required in R9-25-908(K)(2);
 - b. A plan to collect and submit electronic patient care reports consistent with R9-25-908(K)(2)(a);

- c. A plan to adopt clinical guidelines and operating procedures, consistent with national and state guidelines;
- d. If applicable, a plan to initiate guideline-based pre-arrival instructions for all callers accessing 9-1-1 or a similar system for assistance;
- e. Evidence of regular attendance and participation in meetings of the emergency medical services council, established according to A.R.S. § 36-2203, or a regional emergency medical and trauma services system, established according to A.R.S. § 36-2210;
- f. Evidence of participation in a community-level injury prevention program; or
- g. Documentation demonstrating that the service model will be cost effective.

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.B. ~~A~~ In addition to the information and documents specified in subsection (A), applicant for an initial certificate of necessity 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.C. ~~The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12 A.R.S. § 36-2233 and Article 12 of this Chapter.~~

D. The Department may approve an application with special limitations or conditions, based on the best interest of the public.

E. If the Department approves an application and sends the applicant the written notice of approval, specified in R9-25-1201(C)(5), the Department shall issue the certificate of necessity to the applicant, consistent with A.R.S. §§ 36-2233(E) and 36-2234(A):

- 1. After the applicant has submitted to the Department for each ground ambulance vehicle to

be operated by the ground ambulance service:

- a. An application for registration of the ground ambulance vehicle that includes all of the information required according to R9-25-1001(B)(1);
- b. A copy of a current and valid motor vehicle registration for the ground ambulance vehicle, issued according to A.R.S. Title 28, Chapter 7, Article 2, or similar statutes in another state; and
- c. Unless the applicant intends to operate the ground ambulance vehicle only as a volunteer not-for-profit service, the following fees for each ground ambulance vehicle to be registered:
 - i. A \$50 registration fee, as required under A.R.S. § 36-2212(D); and
 - ii. A \$200 ambulance operation fee, as required under A.R.S. § 36-2240(3);
and
2. When the certificate of registration for the first ground ambulance vehicle to be operated by the ground ambulance service is issued.

F. The Department may deny an application according to A.R.S. § 36-2233 if an applicant:

1. Fails to comply with any provision in A.R.S. Title 36, Chapter 21.1;
2. Fails to comply with any provision in this Article or Article 2, 10, or 11 of this Chapter;
3. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
4. 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).

~~R9-25-904.~~R9-25-903. Application for Renewal of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2233, 36-2235, 36-2238, 36-2240, 36-2242)

A. An applicant for a renewal of a certificate of necessity shall submit to the Department, not less than ~~60~~ 30 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;~~ The following information in a Department-provided format:
 - a. The identifying number on the applicant's current certificate of necessity;
 - b. The legal business or corporate name, address, telephone number, and facsimile number of the ground ambulance service;
 - c. Any other names by which the applicant is known;
 - d. The names of all other business organizations operated by the applicant related to

the ground ambulance service;

- e. 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 individual acting for the applicant according to R9-25-102,
 - iii. The individual to contact to access the ground ambulance service's records required in R9-25-908(B), and
 - iv. The statutory agent for the ground ambulance service or the individual designated by the applicant to accept service of process and subpoenas for the ground ambulance service;
 - f. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);
 - g. Attestation that the applicant has analyzed response times according to R9-25-908(G)(2) and, if applicable, performance of interfacility transports of patients with no time-critical condition according to R9-25-908(H)(1);
 - h. Attestation that the applicant is familiar with the requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter and will comply with applicable statutes and rules in any matter relating to or affecting the ground ambulance service;
 - i. Attestation that the certificate holder, except as provided in R9-25-908(G)(4), R9-25-908(H)(3), or R9-25-908(K)(1)(c), has and is continuing to meet the conditions of the certificate of necessity;
 - j. Attestation that any information or documents submitted to the Department are true and correct; and
 - k. The signature of the applicant or the applicant's designated representative and the date signed;
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~~ R9-25-908(A);
 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~~
 5. A list of all certificate holders with which the applicant has back-up agreements;

6. If an instance of noncompliance has been identified, a corrective action plan or documentation specified in R9-25-908(G)(4), R9-25-908(H)(3), or R9-25-908(K)(1)(c), as applicable, if not already submitted to the Department; and
- ~~6.7.~~ \$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:
1. ~~cease~~ Cease operations at 12:01 a.m. on the date the certificate of necessity expires;
 - ~~C.2.~~ To commence operations after failing to file a timely renewal application, a person shall If planning to continue operating as a ground ambulance service, file an initial certificate of necessity application according to R9-25-902; and meet all the requirements for an initial certificate of necessity
 3. Not resume operations without receiving a new certificate of necessity from the Department.
- ~~D.C.~~ The Department shall ~~approve or deny~~ review an application packet under this Section according to ~~9 A.A.C. 25, Article 12~~ A.R.S. §§ 36-2233 and 36-2235 and Article 12 of this Chapter, and:
1. Approve the application;
 2. Approve the application with a corrective action plan, as specified in subsection (A)(6);
 3. Approve the application with special limitations or conditions; or
 4. Deny the application.
- D.** The Department may deny an application according to A.R.S. § 36-2235 if an applicant:
1. Fails to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 2. Fails to comply with any provision in this Article or Article 2, 10, or 11 of this Chapter;
 3. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
 4. 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).
- E.** If a certificate holder submits an application for renewal according to subsection (A), the current certificate of necessity 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.
- F.** If a certificate holder does not intend to apply for renewal of a certificate of necessity, the certificate holder shall:
1. At least 90 days before the expiration date of the certificate of necessity, send the Department written notice of the certificate holder's intention to cease operating, effective on the expiration date; and
 2. Not discontinue service, except as provided in A.R.S. § 36-2238.

R9-25-904. Transfer of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2232, 36-2233, 36-2236(A) and (B), 36-2238)

A. A certificate holder shall request that a certificate of necessity be transferred if:

1. There is an anticipated change of ownership, which is considered to occur when:
 - 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, as determined according to subsection (B);
2. The certificate holder and another certificate holder plan to execute a ground ambulance service contract for the provision of ambulance response or transport by one of the certificate holder's ground ambulance service in a portion of the other certificate holder's service area, except as part of a backup agreement; or
3. There is a change in the type of business organization.

B. The Department shall consider the following when determining whether a controlling influence in the ground ambulance service is changing to the extent that the management and control of the ground ambulance service has altered significantly:

1. Whether there has been or will be a change in who manages or controls the day-to-day operations of one or more ground ambulance vehicles operated by the ground ambulance service, including whether the certificate holder has entered into or intends to enter into a contract or an agreement with another person or entity to supervise or manage all or a part of the ground ambulance service;
2. Whether there has been or will be a change in who manages or controls staffing and personnel decisions for one or more ground ambulance vehicles operated by the ground ambulance service;
3. Whether there has been or will be a change in the operating policies and procedures for one or more ground ambulance vehicles operated by the ground ambulance service;
4. Whether there has been or will be a change in who pays the operating expenses or who receives the operating revenue;
5. Whether there has been or will be a change in the policy holder on the insurance coverage of one or more ground ambulance vehicles operated by the ground ambulance service;
6. Whether there has been or will be a change in ownership, management, or control of the

supplies, equipment, and materials for one or more ground ambulance vehicles operated by the ground ambulance service;

7. Whether there has been or will be a change in the risk or liability attendant to the operation of one or more ground ambulance vehicles operated by the ground ambulance service;
8. Whether there has been or will be a change in who manages or controls the strategic or long-term planning of the ground ambulance service;
9. Whether the certificate holder has changed or intends to change affiliations, such as a parent company or a subsidiary owned or operated by the certificate holder, from that specified according to R9-25-902(A)(1)(d); and
10. Other information related to the management and control of the ground ambulance service that the Department deems relevant.

C. When requesting a transfer of a certificate of necessity:

1. A certificate holder wanting to transfer the certificate of necessity shall submit the following information to the Department in a written format:
 - a. The name and certificate of necessity number of the certificate holder;
 - b. A request that the certificate of necessity be transferred, including the rationale for the transfer;
 - c. Whether the transfer is due to a change of ownership or to a change in the type of business organization; and
 - d. If the transfer is due to a change of ownership, the name of the person to whom the certificate of necessity is to be transferred; and
2. The person identified in subsection (C)(1)(d) or the individual acting according to R9-25-102 for the new type of business organization shall submit to the Department:
 - a. The information and documents specified in R9-25-902(A)(1), (3) through (7), (9) through (12), (15) through (18), and (22) through (29);
 - b. The \$50 application filing fee for a transfer of a certificate of necessity, as required under A.R.S. § 36-2240(3); and
 - c. A description of any planned amendments to the certificate of necessity during the next 12 months.

D. In deciding whether to transfer a certificate of necessity is in the public's best interest, the Director shall consider the following:

1. The information required in subsections (C)(2)(a) and (c);
2. Whether the person specified according to subsection (C)(1)(d) is fit and proper;
3. Whether there is a public need for the transfer to take place;

- a. Based on a possible gap in service or unmet needs in the service area; and
 - b. To ensure consistent service provision, efficiency, cost-effectiveness, and the health and safety of individuals in the service area;
 - 4. Whether the person specified according to subsection (C)(1)(d) demonstrates the ability to provide quality patient care; and
 - 5. Other matters determined by the Director or the applicant to be relevant to the determination of public necessity.
- E.** The Department shall approve or deny an application under this Section according to A.R.S. § 36-2233 and Article 12 of this Chapter.
- F.** If the Department approves an application for a transfer and sends the person in subsection (C)(1)(d) the written notice of approval, specified in R9-25-1201(C)(5), the Department shall issue the certificate of necessity to the person in subsection (C)(1)(d):
- 1. After the person in subsection (C)(1)(d) has submitted to the Department for each ground ambulance vehicle to be operated by the ground ambulance service:
 - a. An application for registration of the ground ambulance vehicle that includes all of the information required according to R9-25-1001(B)(1);
 - b. A copy of a current and valid motor vehicle registration for the ground ambulance vehicle, issued according to A.R.S. Title 28, Chapter 7, Article 2, or similar statutes in another state; and
 - c. Unless the person in subsection (C)(1)(d) intends to operate the ground ambulance vehicle only as a volunteer not-for-profit service, the following fees for each ground ambulance vehicle to be registered:
 - i. A \$50 registration fee, as required under A.R.S. § 36-2212(D); and
 - ii. A \$200 ambulance operation fee, as required under A.R.S. § 36-2240(3);

and
 - 2. When the certificate of registration for the first ground ambulance vehicle to be operated by the ground ambulance service is issued.
- G.** The Department may deny an application under this Section if an applicant:
- 1. Fails to comply with any provision in A.R.S. Title 36, Chapter 21.1;
 - 2. Fails to comply with any provision in this Article or Article 2, 10, or 11 of this Chapter;
 - 3. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
 - 4. 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).

H. If the Department denies the transfer of a certificate of necessity, the certificate holder shall not discontinue service, except as provided in A.R.S. § 36-2238.

R9-25-905. Application for Amendment of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2232(A)(4) 36-2232, 36-2240, 36-2247)

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.~~

A. A certificate holder requesting to amend the certificate of necessity due to a change in the legal name of the ground ambulance service shall submit to the Department:

1. The certificate of necessity number for the ground ambulance service;
2. The name of the ground ambulance services on the certificate of necessity;
3. The new legal name of the ground ambulance service;
4. The name, title, address, e-mail address, and telephone number of an individual whom the Department may contact about the requested amendment;
5. Documentation demonstrating that the change in the name of the ground ambulance service does not constitute a change of ownership; and
6. If applicable, documentation showing the new legal name of the ground ambulance service on;

- a. Documentation of insurance coverage required according to R9-25-908(A), and
- b. Coverage by a surety bond if required under A.R.S. § 36-2237(B).

B. A certificate holder requesting to amend the certificate of necessity for a reason other than a change in subsection (A) shall submit to the Department:

- 1. The following information in a Department-provided format:
 - a. The certificate of necessity number for the ground ambulance service;
 - b. The name and address of the ground ambulance service on the certificate of necessity;
 - c. The name, title, address, e-mail address, and telephone number of an individual whom the Department may contact about the requested amendment;
 - d. A description of the requested change and the rationale for the change;
 - e. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);
 - f. Attestation that the applicant is familiar with the requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter and will comply with applicable statutes and rules in any matter relating to or affecting the ground ambulance service;
 - g. Attestation that the certificate holder will meet the conditions of a modified certificate of necessity, including billing only those rates and charges approved and set by the Director;
 - h. Attestation that any information or documents submitted to the Department are true and correct; and
 - i. The signature of the applicant or the applicant's designated representative and the date signed;
- 2. For a change in the legal address of the ground ambulance service:
 - a. The new legal address of the ground ambulance service; and
 - b. If applicable, documentation showing the new legal address of the ground ambulance service on documentation of insurance coverage required according to R9-25-908(A);
- 3. For a change in the hours of service:
 - a. The current and proposed new hours of service,
 - b. The date on which the applicant plans to implement the change,
 - c. Information about the effect the requested change is expected to have on patients,
 - d. Information about the effect the requested change is expected to have on other EMS providers or ground ambulance services in or around the service area, and

- e. Information about the financial effect the requested change is expected to have on the ground ambulance service;
- 4. For a change in the level of service to be provided:
 - a. If planning to begin providing critical care services or ALS services:
 - i. A description of how the certificate holder plans to provide administrative medical direction according to R9-25-201 and on-line medical direction according to R9-25-202.
 - ii. A copy of a current written contract for providing administrative medical direction.
 - iii. A copy of a current written contract for providing on-line medical direction, and
 - iv. Proof of professional liability insurance for personnel providing ALS services or critical care services as required in R9-25-908(A)(1)(a)(iii);
 - b. If planning to begin providing only BLS services:
 - i. A description of the rationale for stopping the provision of ALS services or critical care services.
 - ii. An acknowledgement that another emergency medical services provider may be granted a certificate of necessity to provide ALS services or critical care services in the service area to meet the needs of patients, and
 - iii. A plan for rendezvousing with another ground ambulance service providing ALS services or critical care services, if applicable, for patients requiring more than BLS services, including the identification of the other ground ambulance service;
 - c. Information about the effect the requested change is expected to have on patients, including how the requested change will result in quality patient care;
 - d. Information about the effect the requested change is expected to have on other EMS providers or ground ambulance services in or around the service area; and
 - e. Information about the financial effect the requested change is expected to have on the ground ambulance service;
- 5. For a change in the type of service to be provided:
 - a. If planning to begin providing interfacility transports of patients with a time-critical condition:
 - i. An estimate of the number of transports to be provided;
 - ii. The names of the health care institutions anticipated to be the source or

- destination of the transports:
- iii. The proposed response times and compliance percentages for the interfacility transport of a patient with a time-critical condition;
 - iv. A justification for the response time or compliance percentage that demonstrates how quality patient care will be provided; and
 - v. Whether another ground ambulance service is currently providing interfacility transports of patients with a time-critical condition in the service area and, if so, the name of the other ground ambulance service and the anticipated financial impact on the other ground ambulance service if the change is approved;
- b. If planning to begin providing interfacility transports of patients who do not have a time-critical condition or convalescent transports:
- i. An estimate of the number of transports to be provided;
 - ii. The names of the health care institutions anticipated to be the source or destination of the transports;
 - iii. Either:
 - (1) A plan for complying with the requirements in R9-25-908(E)(3)(c) that demonstrates how quality patient care will be provided, including to patients with a time-sensitive condition; or
 - (2) A plan and justification for a standard different from that in R9-25-908(E)(3)(c);
 - iv. If the certificate holder is requesting to amend the certificate of necessity according to A.R.S. § 36-2234.01, the information required according to A.R.S. § 36-2234.01(B)(1) and (2); and
 - v. Whether another ground ambulance service is currently providing interfacility transports or convalescent transports in the service area and, if so, the name of the other ground ambulance service and the anticipated financial impact on the other ground ambulance service if the change is approved;
- c. If planning to begin providing ambulance response or transport requested through 9-1-1 or a similar system:
- i. An estimate of the number of transports to be provided;
 - ii. The names of the health care institutions anticipated to be the destination of the transports;

- iii. The proposed response times or compliance percentage;
- iv. A justification for the response times or compliance percentage that demonstrates how quality patient care will be provided; and
- v. Whether another ground ambulance service is currently providing ambulance response or transport requested through 9-1-1 or a similar system in the service area and, if so, the name of the other ground ambulance service and the anticipated financial impact on the other ground ambulance service if the change is approved;
- d. Information about the effect the requested change is expected to have on patients, including how the requested change will result in quality patient care;
- e. Information about the effect the requested change is expected to have on health care institutions within and surrounding the service area to which and from which the ground ambulance service would be transporting patients;
- f. Information about the effect the requested change is expected to have on other EMS providers or ground ambulance service in or around the service area;
- g. Information about the financial effect the requested change is expected to have on the ground ambulance service; and
- h. If the planned change will result in new or revised back-up agreements, a copy of the new or revised back-up agreement;
- 6. Except as specified in subsection (D), for a change in the service area:
 - a. A description of the current service area and the proposed service area by any method specified in A.R.S. § 36-2233(E) and global positioning system data that would allow a map to be created that illustrates the current service area and the proposed service area;
 - b. The following information about the proposed service area to be used by the Director in assessing the need for the proposed change:
 - i. The square miles within the proposed service area;
 - ii. The population demographics within the proposed service area;
 - iii. The change in the population demographics since the last national census;
 - iv. The medical needs of the population within the proposed service area;
 - v. The number of anticipated requests for each type of service and level of service in the proposed service area;
 - vi. The available routes of travel within the proposed service area;
 - vii. The geographic features and environmental conditions within the proposed

- service area;
- viii. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where;
 - ix. The available medical and emergency medical resources within the proposed service area;
 - x. The geographic distribution of health care institutions within and surrounding the proposed service area to which and from which the ground ambulance service would be transporting patients; and
 - xi. The proposed response times and compliance percentage, for each scene locality and priority that will be assigned by the applicant to a response;
 - c. Information about the effect the requested change is expected to have on patients, including how the requested change will result in quality patient care;
 - d. Information about the effect the requested change is expected to have on health care institutions within and surrounding the proposed service area to which and from which the ground ambulance service would be transporting patients;
 - e. Information about the effect the requested change is expected to have on EMS providers in the proposed service area that do not provide transport;
 - f. Information about the financial effect the requested change is expected to have on the ground ambulance service;
 - g. Whether the applicant has a proposed deployment plan for the ground ambulance vehicles registered under Article 10 of this Chapter to the applicant, including:
 - i. Whether suboperation stations will be used or whether ground ambulance vehicles will be deployed based on experience with the level and types of calls; and
 - ii. If suboperation stations will be used, where the applicant plans to locate suboperation stations within the applicant's proposed service area;
 - h. Whether the applicant has a plan for participating in the implementation of a political subdivision's emergency preparedness plan;
 - i. A list of EMS providers in surrounding service areas with whom the applicant has a back-up agreement or from whom the applicant has a letter of support; and
 - j. Any other information specified in R9-25-906 that the applicant believes relevant to a determination of the public necessity for the change in the service area;
7. For a change in the ground ambulance service's response times for ambulance response or transport requested through 9-1-1 or a similar system or for an interfacility transport of a

patient with a time-critical condition:

- a. A description of the ground ambulance service's current response times and compliance percentage;
 - b. The results of the analysis of response time performance required in R9-25-908(G)(2);
 - c. The requested response times or compliance percentage, including a justification for each response time;
 - d. Information about the effect the requested change is expected to have on patients, including applicable information in subsections (B)(6)(b) and (c);
 - e. Information about the effect the requested change is expected to have on health care institutions within and surrounding the service area to which and from which the ground ambulance service would be transporting patients;
 - f. Information about the effect the requested change is expected to have on EMS providers in the service area that do not provide transport; and
 - g. Information about the financial effect the requested change is expected to have on the ground ambulance service;
8. For a change in the plan for complying with the requirements in R9-25-908(E)(3)(c), or with a standard different from that in R9-25-908(E)(3)(c), that demonstrates how quality patient care will be provided, including to patients with a time-sensitive condition:
- a. A description of the ground ambulance service's current plan;
 - b. The results of the analysis of the performance required in R9-25-908(H)(2);
 - c. The requested standard if different from that in R9-25-908(E)(3)(c);
 - d. Information about the effect the requested change is expected to have on patients, including applicable information in subsections (B)(6)(b) and (c);
 - e. Information about the effect the requested change is expected to have on health care institutions within and surrounding the service area to which and from which the ground ambulance service would be transporting patients; and
 - f. Information about the financial effect the requested change is expected to have on the ground ambulance service;
9. For a change in the special limitations or conditions on the ground ambulance service's certificate of necessity:
- a. A description of the special limitations or conditions on the ground ambulance service's certificate of necessity;
 - b. The requested change to the special limitations or conditions on the ground

ambulance service's certificate of necessity, including a justification for each change and how the change is in the best interest of the public;

- c. Information about the effect the requested change is expected to have on patients, including how the requested change will result in quality patient care;
- d. Information about the effect the requested change is expected to have on health care institutions within and surrounding the service area to which and from which the ground ambulance service would be transporting patients;
- e. Information about the effect the requested change is expected to have on EMS providers in the service area that do not provide transport; and
- f. Information about the financial effect the requested change is expected to have on the ground ambulance service;

10. Information required in R9-25-1102 and R9-25-1109(B), as applicable, related to the change, including any change in:

- a. The proposed general public rates for services provided, or
- b. The proposed charges;

11. If applicable, letters of support for the change;

12. Any other information or documentation demonstrating the public necessity for the change or otherwise justifying the change;

13. Any other information or documents requested by the Director to clarify incomplete or ambiguous information or documents;

14. Any documents, exhibits, or statements that the amending certificate holder wishes to submit to assist the Director in evaluating the proposed amendment; and

15. The \$50 application filing fee.

C. A certificate holder subject to special limitations or conditions that are not displayed on the certificate holder's certificate of necessity may request, according to subsections (B)(1) and (9), to have the special limitations or conditions modified if the special limitations or conditions were the result of a final decision of the Director, established according to A.R.S. § 41-1092.08(F), issued before January 1, 2024.

D. If a certificate of necessity was granted to a certificate holder under A.R.S. § 36-2233(I)(2), the certificate holder shall notify the Department of a change in the service area within 30 calendar days after the change is finalized and include:

1. The following information in a Department-provided format:

- a. The certificate of necessity number for the ground ambulance service,
- b. The name and address of the ground ambulance service on the certificate of

necessity.

- c. A description of the change and the reason for the change,
- d. The effective date of the change,
- e. Attestation that the information or documents submitted to the Department are true and correct, and
- f. The signature of the certificate holder's designated representative and the date signed;

- 2. A description of the current service area and the proposed service area by any method specified in A.R.S. § 36-2233(E) and global positioning system data that would allow a map to be created that illustrates the current service area and the proposed service area; and
- 3. Documentation establishing that the change in service area is under A.R.S. § 36-2233(E)(2).

C.E. The Department shall approve or deny an application under ~~this Section~~ subsection (B) or (C) according to ~~9 A.A.C. 25, Article 12~~ A.R.S. § 36-2233, Article 12 of this Chapter, and, if applicable, R9-25-1106 and R9-25-1107.

R9-25-903-R9-25-906. Determining Public Necessity (Authorized by A.R.S. § 36-2233(B)(2) 36-2233(F))

A. In determining public necessity for an initial or amended certificate of necessity, the Director shall consider the following to ensure quality patient care:

- 1. The following information, as ~~response times, response codes, and response time tolerances~~ proposed by the applicant for the service area:
 - a. Proposed response times or compliance percentage.
 - b. The priority that may be assigned by an applicant or a certificate holder to a response, and
 - c. The percentage of time the actual response time for a run is or is anticipated to be compliant with the proposed response times during a 12-month period;
- 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;~~
 - e. ~~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;~~
- 2. Whether issuing the certificate of necessity is in the public's best interest:
 - a. Based on a possible gap in service or unmet needs in the service area; and
 - b. To ensure consistent service provision, efficiency, cost-effectiveness, and the health and safety of individuals in the service area;
- 5-3. The information in R9-25-902(A)(1) ~~and (A)(2)~~ through (4), (6), (8), (12) through (14), and (19) through (22);
- 4. If applicable, the information in subsection (B); and
- 6-5. Other matters determined by the Director or the applicant to be relevant to the determination of public necessity.

B. In deciding whether ~~to issue~~ issuing 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 is in the public's best interest, the Director shall consider the following in addition to the information in subsections (A)(1) through (3):

- 1- ~~The factors in subsections (A)(2), (A)(3), (A)(4)(a), (A)(4)(c), (A)(4)(d), (A)(5), and (A)(6);~~
- 1. The existence of another ground ambulance service providing ambulance response or transport to all or part of the service area, including the level of service and type of service being provided;
- 2. The current response times and compliance percentages achieved for requests made through 9-1-1 or a similar system in all or part of the service area;
- 3. If applicable, the current response times and compliance percentages achieved for interfacility transports for patients with a time-critical condition in all or part of the service area;
- 4. If applicable, the applicant's plans to provide interfacility transports for patients with no time-critical condition in all or part of the service area in compliance with R9-25-908(E)(3);
- 5. The applicant's plans for implementation, taking into consideration the stability and consistency of service provision;
- 6. If available, information or data that demonstrates the inability of the other certificate holder to provide services in all or part of the service area;
- 7. How the applicant plans to interact with the ground ambulance service currently providing services in all or part of the service area, including the information in R9-25-908(E)(1)(a), (b), and (c);
- 8. The availability of emergency medical services in all or part of the service area;
- 2-9. The financial impact on certificate holders whose service area includes all or part of the

service area in the requested certificate of necessity;

~~3-10.~~ The demonstrated need for additional 9-1-1 or similarly dispatched transport, convalescent transport, or interfacility transport, as applicable, including:

a. Whether a study or statistical analysis demonstrating need has been created for or adopted by the applicant, a political subdivision within the current or proposed service area, or a local emergency medical services coordinating system under A.R.S. § 36-2210 that:

i. Examines whether another ground ambulance service is necessary within the service area or proposed service area to provide ambulance response or transport; and

ii. Takes into account the current or proposed service area's medical, fire, and police services and the other ground ambulance service;

b. If a study or statistical analysis in subsection (B)(11)(a) exists, the content of the study or statistical analysis demonstrating need; and

c. Information received by the Department from a political subdivision, a health care institution, an elected official, or another interested party, as described in A.R.S. § 36-2233(D), indicating a need;

11. For an application for additional 9-1-1 or similarly dispatched transport, the difference between the current response times in the service area for 90% compliance and the response times for 90% compliance proposed by the applicant; and

4-12. Whether a certificate holder for the service area has demonstrated ~~substandard performance~~ noncompliance with requirements in this Article, Articles 2, 10, or 11 of this Chapter, or A.R.S. Title 36, Chapter 21.1.

~~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.~~

C. The Department may periodically assess whether there have been changes in public necessity associated with a certificate of necessity, to include ensuring quality patient care.

~~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.~~

~~R9-25-906.~~R9-25-907. Determining Response Times, ~~Response Codes~~ Priority for Responses, and ~~Response Time Tolerances for Certificates of Necessity and Provision of ALS Services~~ Compliance with Specified Times (Authorized by A.R.S. §§ 36-2232, 36-2233, 36-2236)

A. The Department may periodically assess whether the following parameters, as associated with a certificate of necessity, are appropriate to ensure quality patient care:

1. Response times, consistent with A.R.S. §§ 36-2232(A)(4) and 36-2236(E);
2. The priority to be assigned by a certificate holder to a response;
3. The percentage of time that the actual response time for a run is compliant with the response times for the certificate of necessity during a 12-month period;
4. If applicable, the plan for complying with the requirements in R9-25-908(E)(3)(c), or with a standard different from that in R9-25-908(E)(3)(c), that demonstrates how quality patient care will be provided, including to patients with a time-sensitive condition; and
5. If applicable, the percentage of time that the certificate holder is compliant with the standards in the plan in subsection (A)(4) during a 12-month period.

B. In determining response times, ~~response codes~~ the priority to be assigned by a certificate holder to a response, and ~~response time tolerances~~ the percentage of time the actual response time for a run is compliant with the proposed response times during a 12-month period for all or part of a service area or proposed service area, the Director may consider the following:

1. Differences in scene locality, if applicable;
2. The response times and compliance percentages of other ground ambulance services in similar scene localities, as determined by historical response time data;
3. The population density and demographics in the service area or proposed service area;
4. The geographic features and environmental conditions within the service area or proposed service area;
5. The geographic distribution of health care institutions within and surrounding the service area or proposed service area to which and from which the ground ambulance service would be transporting patients;
- 2-6. Requirements of a 9-1-1 or similar dispatch system for all or part of the service area;

- ~~3-7.~~ Requirements in a contract approved by the Department between a ground ambulance service and a political subdivision or health care institution;
- 8. Whether the certificate holder provides interfacility transports of patients with a time-critical condition and, if so:
 - a. The geographic distribution of health care institutions in the service area, and
 - b. The anticipated volumes of 9-1-1 dispatches and of interfacility transports;
- ~~4-9.~~ ~~Medical prioritization~~ The basis for prioritization for the dispatch of a ground ambulance vehicle according to procedures established by the certificate holder's medical direction authority or an emergency medical services provider;
- 10. Information from a political subdivision, a health care institution, an elected official, or another interested party, as described in A.R.S. § 36-2233(D), in the service area that was received by the Department about the request; and
- 11. Other information submitted according to R9-25-902(A)(2) and (14) or R9-25-905(B), as applicable; and
- ~~5-12.~~ Other matters determined by the Director to be relevant to ~~the measurement~~ a determination of response times, response codes and response time tolerances compliance percentage, for each scene locality and priority that will be assigned by the applicant to a response.

C. The Department may:

- 1. Develop a set of uniform standards for response times based on historical response time data:
 - a. By using the scene locality of a service area or proposed service area, and
 - b. Considering the response time for 90 percent of runs;
- 2. Compare the actual performance of a ground ambulance service to the applicable uniform standard developed according to subsection (C)(1);
- 3. Establish response times based on the applicable uniform standard and the factors specified in subsection (B); and
- 4. Take enforcement action, if appropriate, against a certificate holder based on response-time performance compared with the uniform standard, taking into consideration the factors in subsection (B).

D. In determining compliance with the standards in the plan in subsection (A)(4) during a 12-month period, the Director may consider the following:

- 1. The information submitted according to R9-25-902(A)(2) and (14) or R9-25-905(B), as applicable;
- 2. The geographic distribution of health care institutions in the service area and the anticipated

volumes of interfacility transports and 9-1-1 dispatches;

3. Requirements in a contract approved by the Department between a ground ambulance service and health care institution;
4. The basis for prioritization for the dispatch of a ground ambulance vehicle according to procedures established by the certificate holder's medical direction authority;
5. Information from a political subdivision, a health care institution, an elected official, or another interested party, as described in A.R.S. § 36-2233(D), in the service area that was received by the Department about the request; and
6. Other matters determined by the Director to be relevant to a determination of compliance with the standards in the plan in subsection (A)(4).

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.~~

R9-25-908. Operations (Authorized by A.R.S. §§ 36-2204.02, 36-2211, 36-2224, 36-2232, 36-2233, 36-2237, 36-2241)

A. Insurance: A certificate holder shall:

1. Either:
 - a. Maintain with an insurance company authorized to transact business in this state:
 - i. A minimum single occurrence automobile liability insurance coverage of \$1,000,000 for ground ambulance vehicles;
 - ii. A minimum single occurrence professional liability insurance coverage for the ground ambulance service of \$1,000,000; and
 - iii. If the certificate holder provides ALS services or critical care services, a minimum single occurrence professional liability insurance coverage for personnel of the ground ambulance service providing ALS services or critical care services of \$1,000,000; or

- b. Be self-insured for the amounts in subsection (A)(1)(a); and
 - 2. Submit to the Department within seven days after renewal of the insurance coverage in subsection (A)(1)(a) or a change in how the insurance coverage in subsection (A)(1)(a) or (b) is obtained:
 - a. A copy of the certificate of insurance in subsection (A)(1)(a); or
 - b. Documentation of self-insurance according to subsection (A)(1)(b).
- B.** Record Retention: 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 used to reconcile accounts;
 - 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 prehospital history incident reports, as specified in subsection (J)(1);
 - 7. All patient billing and reimbursement records;
 - 8. All dispatch records, as specified in subsection (J)(2);
 - 9. All policies and procedures required by this Article or Article 2, 10, or 11 of this Chapter;
 - 10. All plans required by this Article or Article 2, 10, or 11 of this Chapter;
 - 11. Documentation of the analysis of response time performance according to subsection (G)(2);
 - 12. Documentation of the analysis of performance of interfacility transports of patients with no time-critical condition, including patients with a time-sensitive condition, according to subsection (H)(1);
 - 13. Documentation of notification to the Department of instances of noncompliance according to subsection (K)(1)(c);
 - 14. All back-up agreements, contracts, grants, and financial assistance records related to ground ambulance vehicles, ambulance response, and transport;
 - 15. All written complaints about the ground ambulance service; and
 - 16. 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.

C. Staffing: A certificate holder shall ensure that:

1. If a ground ambulance vehicle is marked with a level of service, the ground ambulance vehicle is staffed to provide the level of service identified;
2. An administrative medical director for the ground ambulance service complies with requirements in R9-25-201(F) and R9-25-502(B);
3. Policies and procedures are established, implemented, and maintained that cover:
 - a. Job descriptions, duties, and qualifications, including required skills and knowledge for EMCTs and other employees; and
 - b. Orientation and in-service education for EMCTs and other employees;
4. An EMCT employed by the ground ambulance service:
 - a. Is assigned patient care duties consistent with the EMCT's scope of practice and the administrative medical director's evaluation of the EMCT's skills and capabilities;
 - b. Complies with the protocols required in R9-25-201(E)(2);
 - c. Receives training on the policies and procedures required in R9-25-201(E)(3)(b); and
 - d. Receives ongoing education, training, or remediation consistent with the policies and procedures required in R9-25-201(E)(3)(b)(x); and
5. Staffing of ground ambulance vehicles:
 - a. For the provision of BLS or ALS, is consistent with A.R.S. § 36-2239; and
 - b. Effective January 1, 2025, for critical care services, includes at least one:
 - i. Paramedic with an additional endorsement, indicating additional training and authorization from the Department to provide critical care services; or
 - ii. Registered nurse.

D. Communications and Advertising: A certificate holder shall ensure that the ground ambulance service:

1. Makes a good faith effort to communicate information:
 - a. About its hours of operation to the general public through print media, broadcast media, the Internet, or other means; and
 - b. About resource availability and deployment to other EMS providers in overlapping and surrounding service areas;
2. Does not advertise that the ground ambulance service:
 - a. Provides a type of service or level of service other than what is granted in the certificate of necessity,
 - b. Operates in the service area other than what is granted in the certificate of necessity,

or

c. In a manner that circumvents the use of 9-1-1 or another similarly designated emergency telephone number;

3. Establishes, implements, and maintains the protocol for providing information to emergency receiving facility staff concurrent with the transfer of care, required in R9-25-201(E)(2)(d)(i), which includes:

a. The date and time the dispatch was received by the ground ambulance service;

b. The unique number used by the ground ambulance service to identify the run;

c. The name of the ground ambulance service;

d. The number or other identifier of the ground ambulance vehicle used for the run;

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; and

4. Establishes, implements, and maintains a protocol for providing information to another certificate holder, ambulance service, EMS provider, or health care institution concurrent with the transfer of care, which includes the information in subsections (D)(3)(c), (d), (e), and (f).

E. Dispatch and Scheduling: A certificate holder shall ensure that:

1. A contract or other agreement, including internal policies and procedures, to provide dispatch exists and includes:
 - a. Information about other certificate holders with which the certificate holder has a back-up agreement;
 - b. The process and parameters under which a ground ambulance vehicle of another certificate holder will be dispatched to respond to a call to which a ground ambulance vehicle of the certificate holder cannot respond;
 - c. Except as specified in subsection (E)(2), for an area within the certificate holder's service area that overlaps with another certificate holder's service area, that the nearest ground ambulance vehicle to the patient's location, under either certificate holder that can provide the necessary level of service, will be directed to respond to a call made through 9-1-1 or a similar dispatch system; and
 - d. If the entity providing dispatch is external to the ground ambulance service, a requirement that the certificate holder receive a copy of each dispatch made under the contract or other agreement;
2. If a certificate holder has a ground ambulance service contract under R9-25-1104 with a political subdivision, the ground ambulance service contract contains requirements that specify a method for dispatch, which may differ from requirements in subsection (E)(1)(c); and
3. For an interfacility transport of a patient with no time-critical condition:
 - a. Unless already specified in a written agreement between the certificate holder and the person requesting the interfacility transport, the entity receiving the request for the interfacility transport provides an estimated time of arrival to the person requesting the interfacility transport at the time that the interfacility transport is requested;
 - b. If the estimated time of arrival provided according to subsection (E)(3)(a) changes to a later time, the ground ambulance service, either directly or indirectly, does one of the following:
 - i. Contacts another ground ambulance service to respond to the dispatch, based on the ground ambulance service's back-up plan and back-up agreements;
 - ii. Provides to the contact at the requesting health care institution the name and telephone number of another ground ambulance service with which the ground ambulance service has a back-up agreement; or

iii. Provides an amended estimated time of arrival to the person requesting transport that takes into consideration:

(1) The patient's condition and needs, and

(2) Health and safety;

c. Effective January 1, 2025, unless otherwise specified on the certificate holder's certificate of necessity, the actual time of arrival of a ground ambulance vehicle at a health care institution for an interfacility transport of a patient who does not have a time-critical condition is within 60 minutes of the estimated time of arrival in subsection (E)(3)(a) or amended estimated time of arrival in subsection (E)(3)(b)(iii) for at least 90% of the interfacility transports; and

d. If the interfacility transport does not meet the standards in subsection (E)(3)(c), factors that may have contributed to not meeting the standards are considered through the quality improvement process in subsection (K)(2)(b).

F. Transport: A certificate holder:

1. Shall only provide ambulance response or transport within the service area identified in the certificate holder's certificate of necessity except:

a. When authorized by a service area's dispatch, before the service area's ground ambulance vehicle arrives at the scene;

b. According to a back-up agreement; or

c. If the area is not included in the service area of another certificate holder;

2. Except as specified in subsection (F)(3), shall transport a patient in the certificate holder's service area who requests transport; and

3. May deny transport to a patient in the certificate holder's service area:

a. As limited by A.R.S. § 36-2224;

b. 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;

c. If the transport may result in an immediate threat to the ambulance attendant's safety, as determined by the ambulance attendant, the certificate holder, the administrative medical director, or a physician providing on-line medical direction and does not affect the ground ambulance service's hours of operation;

d. If the patient is 18 years or age or older, or meets the requirements in A.R.S. § 12-2451, 44-131, or 44-132, and refuses to be transported; or

e. 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.

G. Response Time Performance: A certificate holder shall ensure that:

1. Response times resulting from a 9-1-1 or similar system dispatch or, if applicable, a request for the interfacility transport of a patient with a time-critical condition comply with requirements of the certificate holder's certificate of necessity;
2. Response time performance, based on the information in subsection (J)(2), is assessed at least every six months for compliance with requirements of the certificate holder's certificate of necessity;
3. The following are reported to the Department annually, in a Department-provided format, concurrent with the submission of the information required in R9-25-909:
 - a. Response time data that complies with requirements in A.R.S. § 36-2232(A)(3), and
 - b. The results of the response time performance assessments in subsection (G)(2); and
4. If response time performance does not comply with requirements of the certificate holder's certificate of necessity, either:
 - a. A corrective action plan, developed according to R9-25-910(E)(2)(a) through (d), is submitted to the Department with the information required in subsection (G)(3); or
 - b. The certificate holder submits to the Department with the information required in subsection (G)(3) documentation demonstrating that noncompliance was due to:
 - i. A situation specified in A.R.S. § 36-2232(G), or
 - ii. An external factor beyond the control of the certificate holder.

H. Performance of Interfacility Transports of Patients with No Time-Critical Condition: Effective January 1, 2025, a certificate holder shall ensure that:

1. The performance of interfacility transports of patients with no time-critical condition, including patients with a time-sensitive condition:
 - a. Is based on the information in subsection (J)(2);
 - b. Is assessed at least every six months;
 - c. Includes the analysis of:
 - i. The number of calls received;
 - ii. The time a call was received;
 - iii. The estimated time of arrival;
 - iv. The time of arrival at the patient's location; and
 - v. Any other information about cancelled calls, amended estimated times of arrival, or delays that may have factored into performance; and

- d. Includes a description of any actions taken by the certificate holder to improve performance;
 - 2. The results of the performance assessments in subsection (H)(1) are reported to the Department annually in a Department-provided format, concurrent with the submission of the information required in R9-25-909; and
 - 3. If the performance of interfacility transports of patients with no time-critical condition does not comply with subsection (E)(3)(c) or requirements of the certificate holder's certificate of necessity, as applicable, either:
 - a. A corrective action plan, developed according to R9-25-910(E)(2)(a) through (d), is submitted to the Department with the information required in subsection (H)(2); or
 - b. The certificate holder submits to the Department with the information required in subsection (H)(2) documentation demonstrating that noncompliance was due to an external factor beyond the control of the certificate holder.
- I. The Department may require that a certificate holder contract for third-party monitoring of response time performance as part of a:
 - 1. Political subdivision contract, unless both parties to the contract waive the requirement; or
 - 2. Corrective action plan.
- J. Records: A certificate holder shall ensure that:
 - 1. A prehospital incident history report, in a Department-provided format, is created for each patient that includes the following information, as available:
 - a. The name and identification number of the ground 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 run;
 - d. The unique number assigned to the patient;
 - e. Information about the response to the dispatch, including:
 - i. The level of service requested;
 - ii. Information obtained by the person providing dispatch about the request;
 - iii. Information about the ground ambulance vehicle assigned to the dispatch;
 - iv. Information about the EMCTs responding to the dispatch;
 - v. The priority assigned to the dispatch; and
 - vi. Response delays, as applicable;
 - f. The date and time that:
 - i. The call requesting service was received through the 9-1-1 or similar

- dispatch system.
 - ii. The request was received by the person providing dispatch,
 - iii. The ground ambulance service received the dispatch,
 - iv. The ground ambulance vehicle left for the patient's location,
 - v. The ground ambulance vehicle arrived at the patient's location,
 - vi. The EMCTs in the ground ambulance vehicle arrived at the patient's side,
 - vii. Transfer of care for the patient occurred at a location other than the destination,
 - viii. The ground ambulance vehicle departed the patient's location,
 - ix. The ground ambulance vehicle arrived at the destination,
 - x. Transfer of care for the patient occurred at the destination, and
 - xi. The ground ambulance vehicle was available to take another call;
- g. 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;
- h. The primary method of payment for services and anticipated level of payment;
- i. Information about the scene, including:
 - i. Specific information about the location of the scene;
 - ii. Whether the ground ambulance vehicle 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;
- j. 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 principal reason the patient needs services;
 - iii. The patient's symptoms;
 - iv. The results of the EMCT'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;
 - k. Information about any specific barriers to providing care to the patient;
 - l. 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;
 - m. Information about the patient's current medical condition, including the information in subsections (D)(2)(e)(v) through (xi) and the time and method of assessment;
 - n. 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;
 - o. If not specifically included under subsection (J)(1)(l), (l)(iv), (m), or (n), the information required in A.A.C. R9-4-602(A);
 - p. Information about any procedures performed on the patient and the patient's response to the procedure;
 - q. Whether the patient was transported and, if so, information about the transport;
 - r. Information about the destination of the transport, including the reason for choosing the destination;
 - s. Whether transfer of care for the patient to another EMS provider or ambulance service occurred and, if so, identification of the EMS provider or ambulance service;
 - t. Unless transfer of care for the patient to another EMS provider or ambulance service occurred, information about:
 - i. Whether the destination facility was notified that the patient being transported has a time-critical condition and the time of notification,
 - ii. The disposition of the patient at the destination, and
 - iii. The disposition of the run;
 - u. Any other narrative information about the patient, care receive by the patient, or transport; and
 - v. The name and certification level of the EMCT providing the information; and
2. Dispatch records for each call or request for service, including all cancelled runs, contain the

following information, in a Department-provided format:

- a. The name of the ground ambulance service;
- b. The date;
- c. Level of service;
- d. Type of service;
- e. Staffing of the run;
- f. Time of receipt of the call;
- g. Time of the dispatch;
- h. The estimated time of arrival, as provided according to subsection (E)(3)(a) if applicable;
- i. Departure time to the patient's location;
- j. Address of the patient's location;
- k. Time of arrival 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. Time of arrival at the destination health care institution;
- o. Any type of delay, if applicable;
- p. The unique reference number used by the ground ambulance service to identify the patient, dispatch, or run;
- q. The number assigned to the ground ambulance vehicle by the certificate holder;
- r. The priority assigned by a certificate holder to the response;
- s. The scene locality; and
- t. Whether the dispatch is a scheduled transport.

K. Assuring Consistent, Compliant Performance: A certificate holder shall:

- 1. Adopt, implement, and maintain policies and procedures for:
 - a. Complaint resolution;
 - b. Assessing the ground ambulance service's compliance with requirements in this Article, Articles 2, 10, or 11 of this Chapter, or A.R.S. Title 36, Chapter 21.1, including the review of:
 - i. The information provided to an emergency receiving facility for compliance with the protocol required in R9-25-201(E)(2)(d).
 - ii. Chain of custody for drugs,
 - iii. Compliance with minimum equipment requirements for a ground ambulance vehicle,

- iv. Compliance with requirements in R9-25-201(E)(3), and
 - v. The quality improvement parameters in subsection (K)(2)(b) related to the provision of services;
 - c. Notifying the Department within 30 calendar days after completing an assessment in subsection (K)(1)(b), during which an instance of noncompliance was identified, and submitting a corrective action plan that complies with requirements in R9-25-910(E)(2)(a) through (d); and
 - d. A quality improvement process according to subsection (K)(2);
- 2. Establish, document, and implement a quality improvement process, 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 (J)(1), submitted to the Department, in a format specified by the Department and within 48 hours after the beginning of a run, for quality improvement purposes; and
 - iii. If notified that the submission of information to the Department according to subsection (K)(2)(a)(ii) was unsuccessful, corrected and resubmitted within seven days after notification;
 - b. Continuous quality improvement processes are developed and implemented to identify, document, and evaluate issues related to the provision of services to ensure quality patient care, including:
 - i. Care provided to patients with time-critical conditions, including deviations from national treatment standards for a patient with a time-critical condition;
 - ii. Transport, including an interfacility transport of a patient that does not have a time-critical condition;
 - iii. Documentation; and
 - iv. Patient status upon arrival at the destination;
 - c. A committee consisting of the administrative medical director, the individual managing the ground ambulance service or designee, and other employees as appropriate:
 - i. Review the data in subsection (K)(2)(a) and any issues identified in subsection (K)(2)(b) on at least a quarterly basis; and

1. The certificate of necessity number for the ground ambulance service;
2. The name of the ground ambulance services on the certificate of necessity;
3. The name, title, address, e-mail address, and telephone number of an individual whom the Department may contact about the notification; and
4. Information about the change, including, as applicable:
 - a. How the number of suboperation stations is changed from the information on the certificate holder's certificate of necessity;
 - b. The address of each suboperation station that is being removed from service; and
 - c. The address, hours of operation, and telephone number of each new suboperation station located within the service area.

N. A certificate holder shall submit to the Department, no later than 180 days after the certificate holder's fiscal year end, the information in the Ambulance Revenue and Cost Report specified in R9-25-909(A) or (C), as appropriate to the certificate holder's business organization.

~~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, R9-25-909.~~ Record and Ambulance Revenue and Cost Reporting Requirements
(Authorized by 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.~~

A. Except as provided in subsection (C), a certificate holder shall ensure that an Ambulance Revenue and Cost Report for a ground ambulance service includes, in a Department-provided format:

1. The following information to identify the source and time period for the Ambulance Revenue and Cost Report:

- a. The legal name of the ground ambulance service and any other names by which the ground ambulance service is known;
 - b. The identifying number on the certificate holder's current certificate of necessity, if applicable;
 - c. The physical address at which financial records on which the information in the Ambulance Service and Cost Report is based are maintained;
 - d. The mailing address for the ground ambulance service, if different from the address in subsection (A)(1)(c);
 - e. The name, title, e-mail address, and telephone number of the following:
 - i. The individual responsible for managing the ground ambulance service; and
 - ii. The individual to contact regarding the information in the Ambulance Service and Cost Report;
 - f. The beginning date and ending date of the reporting period; and
 - g. Whether the method of valuing inventory is:
 - i. First-in-first-out;
 - ii. Last-in-first-out; or
 - iii. Another method, including a description of the method;
2. The following information to provide data in support of information in other portions of the Ambulance Revenue and Cost Report:
- a. Except as provided in subsection (B), for each of the following, for the reporting period, under the ground ambulance service's subscription service rate, contract rate, or general public rate, the number of:
 - i. Transports billed at the critical care rate,
 - ii. Transports billed at the ALS base rate,
 - iii. Transports billed at the BLS base rate,
 - iv. Miles billed at the mileage rate while a patient is being transported,
 - v. Hours and minutes billed according to R9-25-1108(E), and
 - vi. Canceled and non-billable runs;
 - b. For each of subsections (A)(2)(a)(i) through (vi), the total number for all three rates for the reporting period; and
 - c. If applicable, the number of hours different classifications of EMCT and other ambulance attendants volunteered for the ground ambulance service and the total number of volunteer hours for the reporting period;

3. The following information about revenue generated for the reporting period from routine operations of the ground ambulance service:
 - a. Except as provided in subsection (B), the amount of revenue generated from the following sources of revenue:
 - i. Transports billed at the critical care rate;
 - ii. Transports billed at the ALS base rate;
 - iii. Transports billed at the BLS base rate;
 - iv. Miles billed at the mileage rate while a patient is being transported;
 - v. Hours and minutes billed according to R9-25-1108(E),
 - vi. Charges for disposable supplies, medical supplies, medications, and oxygen-related items;
 - vii. Charges for nursing services;
 - viii. Charges for positioning a staffed ground ambulance vehicle at a public or private event, such as a sporting event or car race; and
 - ix. Other sources of routine operating revenue; and
 - b. The total amount of revenue generated for the reporting period from routine operations of the ground ambulance service;
4. The costs of goods, such as disposable supplies, medical supplies, medications, and oxygen-related items, charged to patients for the reporting period, calculated as:
 - a. The cost of the beginning inventory of all such goods,
 - b. Plus the costs of purchased items,
 - c. Plus any other costs, and
 - d. Minus the cost of the ending inventory of all such goods;
5. The following information about revenue generated for the reporting period from sources other than routine operations of the ground ambulance service:
 - a. For each entity with which the ground ambulance service has a ground ambulance service contract:
 - i. The name of the entity with which the ground ambulance service has the contract,
 - ii. The total number of billable runs for the reporting period,
 - iii. The amount billed for the reporting period based on the general public rate,
 - iv. The percent discount under the contract, and
 - v. The resulting discount amount;
 - b. The total amount of the discount amount from all the entities listed according to

subsection (A)(5)(a); and

- c. For a ground ambulance service providing subscription service, subscription service revenue and direct expenses, including:
 - i. The amount billed for the reporting period at the general public rate established according to R9-25-1101 or R9-25-1102;
 - ii. Any reductions to the amount in subsection (A)(5)(c)(i) due to:
 - (1) The discount amount the ground ambulance service receives from AHCCCS as an allowable rate,
 - (2) The discount amount the ground ambulance service receives from Medicare as an allowable rate,
 - (3) The subscription service rate established according to R9-25-1105, and
 - (4) Uncollectable revenue associated with subscription service;
 - iii. The total of the amounts in subsections (A)(5)(c)(ii)(1) through (4);
 - iv. The difference between the amount in subsection (A)(5)(c)(i) and the amount in subsection (A)(5)(c)(iii);
 - v. The amount of revenue from the sales of subscription service contracts;
 - vi. A description of other revenue associated with subscription service and the amount of revenue;
 - vii. The total subscription service revenue, calculated as the sum of the amounts in subsections (A)(5)(c)(iv) through (vi); and
 - viii. Direct expenses incurred selling subscription service contracts, by type of expense and in total;
 - d. The amount of revenue generated for the reporting period, by type of source of revenue, including from any other sources of revenue besides routine operations of the ground ambulance service;
 - e. The total amount of revenue generated for the reporting period from sources other than routine operations of the ground ambulance service;
6. Except as provided in subsection (B), the following information about discounts for all applicable patients for the reporting period, based on the difference between the general public rate a ground ambulance service assesses a patient and the discount amount the ground ambulance service receives for each of the following:
- a. From AHCCCS reimbursement;
 - b. From Medicare reimbursement;

- c. From a contact rate or range of rates established according to R9-25-1103; and
 - d. From the provision of subscription service established according to R9-25-1105;
 - e. From any other discount amount, including a description of the source and the amount; and
 - f. The totals of subsections (A)(6)(a) through (e);
7. The total amount of revenue generated and allowances given by the ground ambulance service for the reporting period;
8. The following information about personnel of the ground ambulance service:
- a. Except as provided in subsection (B), the number of FTEs, calculated as the sum of all hours for which employee wages were paid for the reporting period divided by 2,080, for each of the following categories of personnel, for the reporting period:
 - i. Owners or officers of the ground ambulance service;
 - ii. Managers of the ground ambulance service;
 - iii. Each classification of ambulance attendants who provide services on a ground ambulance vehicle, not including personnel who were paid wages on a per run basis; and
 - iv. Other types of employees;
 - b. The total number of FTEs for the reporting period;
 - c. Except as provided in subsection (B), the following for each category of personnel in subsections (A)(8)(a)(i) through (iv), including personnel who were paid wages on a per run basis:
 - i. Gross wages,
 - ii. Payroll taxes,
 - iii. Employee fringe benefits, and
 - iv. The totals of subsections (A)(8)(c)(i) through (iii);
 - d. The total amount of personnel expenses in subsection (A)(8)(c) for all personnel;
 - e. Details of salaries and wages paid to officers or owners of the ground ambulance service, including:
 - i. The name, title, and percentage ownership of each officer or owner;
 - ii. The salary or wages paid and FTE equivalent for the time the officer or owner spent performing management duties, for each officer or owner;
 - iii. The salary or wages paid and FTE equivalent for the time the officer or owner spent performing duties as an EMCT, for each officer or owner;
 - iv. The salary or wages paid and FTE equivalent for the time the officer or

- owner spent performing office or administrative duties, for each officer or owner;
- v. The salary or wages paid and FTE equivalent for the time the officer or owner spent performing other types of duties, for each officer or owner; and
 - vi. The total salary or wages paid and FTE equivalent for the time all officers or owners spent performing the types of duties in subsections (A)(8)(e)(ii) through (v); and
- f. Details on scheduled shifts, hourly wages, annual salary, and amount per run or shift for each category of personnel in subsection (A)(8)(b)(ii) through (iv);
9. Except as provided in subsection (B), the operating expenses incurred by the ground ambulance service for the reporting period, for each type of operating expense;
10. The total operating expenses incurred by the ground ambulance service for the reporting period;
11. Ambulance service income, calculated as the difference between the amount identified in subsection (A)(7) and the amount identified in subsection (A)(10);
12. The income and expenses, other than revenue and operating expenses, for each type of income received and expense incurred by the ground ambulance service for the reporting period;
13. The total income and expenses, other than revenue and operating expenses, for the reporting period;
14. The net income or loss for the reporting period, before taxes, calculated as the sum of the amounts identified in subsections (A)(11) and (A)(13);
15. The amounts of:
- a. State income taxes,
 - b. Federal income taxes, and
 - c. The total of subsections (A)(15)(a) and (b);
16. The net income or loss for the reporting period, after taxes, calculated as the difference between the amounts in subsections (A)(14) and (A)(15)(c);
17. Information pertaining to depreciation of property or equipment;
18. The amount of assets, for each type of asset, of the ground ambulance service for the reporting period;
19. The total amount of assets of the ground ambulance service for the reporting period;
20. The amount of liabilities, for each type of liability, of the ground ambulance service for the reporting period;

21. The total amount of liabilities of the ground ambulance service for the reporting period;
22. The amount of long-term debt, for each type of long-term debt, of the ground ambulance service for the reporting period;
23. The total amount of long-term debt of the ground ambulance service for the reporting period;
24. The amount of equity, for each type of equity, of the ground ambulance service for the reporting period;
25. The total amount of equity of the ground ambulance service for the reporting period;
26. The total amount of liabilities and equity of the ground ambulance service for the reporting period;
27. The statement of cash flows for the reporting period;
28. A list of all business organizations or governmental entities affiliated with the certificate holder, if applicable, including for each:
 - a. The legal name;
 - b. The type of business organization, if applicable; and
 - c. Whether the relationship to the applicant is as a:
 - i. Parent organization,
 - ii. Subordinate organization,
 - iii. Subsidiary organization,
 - iv. Member organization, or
 - v. Business organization related to an ambulance service, EMS, or transport for which a controlling person of the applicant is also a controlling person of the business organization; and
29. An attestation including:
 - a. The signature of the individual specified in subsection (A)(1)(e)(i), including the individual's title and date of signature;
 - b. A statement that the individual in subsection (A)(29)(a) directed the preparation of the Ambulance Revenue and Cost Report in accordance with requirements in this Article and using an accrual basis of accounting; and
 - c. A statement that the information provided in the Ambulance Revenue and Cost Report is true and correct.

B. If a ground ambulance service applies local resident subsidization to reimbursement under the general public rate, a certificate holder shall ensure that the Ambulance Revenue and Cost Report for a ground ambulance service includes, in a Department-provided format:

1. The following, in total and broken out for both subsidized patients and non-subsidized patients:
 - a. The information for subsections (A)(2)(a)(i) through (vi) under the ground ambulance service's general public rate;
 - b. The amount of revenue generated from the sources of revenue specified in subsections (A)(3)(a)(i) through (ix) from routine operations of the ground ambulance service; and
 - c. The amount of discount for all applicable patients for the reporting period, based on the difference between the general public rate a ground ambulance service assesses a patient and the discount amount the ground ambulance service receives:
 - i. From AHCCCS reimbursement,
 - ii. From Medicare reimbursement, and
 - iii. Due to the local resident subsidization;
2. The number of FTEs, calculated as the sum of all hours for which employee wages were paid for the reporting period divided by 2,080, for each of the following categories of personnel, for the reporting period:
 - a. Managers of the ground ambulance service;
 - b. Ambulance attendants who provide services on a ground ambulance vehicle, not including personnel who were paid wages on a per run basis; and
 - c. Other types of employees;
3. The following for each category of personnel in subsection (B)(2)(a) through (c):
 - a. Gross wages,
 - b. Payroll taxes,
 - c. Employee fringe benefits, and
 - d. The totals of subsections (B)(3)(a) through (c);
4. If applicable, for each category of employee in subsection (B)(2)(a) through (c), the basis of allocation of gross wages, payroll taxes, employee fringe benefits, and the totals of the allocations; and
5. If applicable, for each category of employee in subsection (B)(2)(a) through (c), the allocation percentage for gross wages, payroll taxes, and employee fringe benefits;
6. The operating expenses incurred, for each type of operating expense, by the ground ambulance service for the reporting period in total and with the allocation percentage for each category of operating expense, including the basis of allocation.

- C. A certificate holder shall ensure that an Ambulance Revenue and Cost Report for a ground ambulance service under A.R.S. § 36-2246(C) includes, in a Department-provided format:
1. The following information to identify the source and time period for the Ambulance Revenue and Cost Report:
 - a. The legal name of the ground ambulance service and any other names by which the ground ambulance service is known; and
 - b. The beginning date and ending date of the reporting period; and
 2. The following information to provide data in support of information in other portions of the Ambulance Revenue and Cost Report:
 - a. For each of the following, for the reporting period, under the ground ambulance service's subscription service rate, contract rate, or general public rate, the number of:
 - i. Transports billed at the critical care rate,
 - ii. Transports billed at the ALS base rate,
 - iii. Transports billed at the BLS base rate,
 - iv. Miles billed at the mileage rate while a patient is being transported,
 - v. Hours and minutes billed according to R9-25-1108(E), and
 - vi. Canceled and non-billable runs;
 - b. For each of subsections (C)(2)(a)(i) through (vi), the total number for all three rates for the reporting period; and
 - c. If applicable, the number of hours different classifications of EMCT and other ambulance attendants volunteered for the ground ambulance service and the total number of volunteer hours for the reporting period;
 3. The following information about revenue generated for the reporting period from routine operations of the ground ambulance service:
 - a. The amount of revenue generated from the following sources of revenue:
 - i. Transports billed at the critical care rate;
 - ii. Transports billed at the ALS base rate;
 - iii. Transports billed at the BLS base rate;
 - iv. Miles billed at the mileage rate while a patient is being transported;
 - v. Hours and minutes billed according to R9-25-1108(E),
 - vi. Charges for disposable supplies, medical supplies, medications, and oxygen-related items;
 - vii. Charges for nursing services; and

- viii. Charges for positioning a staffed ground ambulance vehicle at a public or private event, such as a sporting event or car race; and
 - b. The total amount of revenue generated for the reporting period from routine operations of the ground ambulance service;
- 4. The following information about discounts for all applicable patients for the reporting period, based on the difference between the general public rate a ground ambulance service assesses a patient and the discount amount the ground ambulance service receives:
 - a. From AHCCCS reimbursement,
 - b. From Medicare reimbursement,
 - c. Due to a contact rate or range of rates established according to R9-25-1103,
 - d. Due to a subscription service rate established according to R9-25-1105,
 - e. Due to any other revenue reduction, and
 - f. From the totals of subsections (C)(4)(a) through (e);
- 5. The total amount of revenue generated, less allowances given, by the ground ambulance service from routine operations for the reporting period;
- 6. The following information about personnel of the ground ambulance service:
 - a. The total number of FTEs, calculated as the sum of all hours for which employee wages were paid for the reporting period divided by 2,080, for the reporting period;
 - b. The number of FTEs, for each of the following categories of personnel, for the reporting period, not including personnel who were paid wages on a per run basis:
 - i. Managers of the ground ambulance service,
 - ii. Ambulance attendants who provide services on a ground ambulance vehicle, and
 - iii. Other types of employees;
 - c. The gross wages for each category of personnel in subsection (C)(6)(b)(i) through (iii);
 - d. Payroll taxes and employee fringe benefits for each category of personnel; and
 - e. The total gross wages taxes and fringe benefits for all category of personnel in subsections (C)(6)(b)(i) through (iii);
- 7. The operating expenses incurred by the ground ambulance service for the reporting period for each type of operating expense;
- 8. The total operating expenses incurred by the ground ambulance service for the reporting period;
- 9. The total operating income or loss, calculated as the difference between the amount

- identified in subsection (C)(5) and the amount identified in subsection (C)(8):
10. The amount of revenue generated or income derived for the reporting period by type of source of revenue or income, from sources other than routine operations of the ground ambulance service, including from:
 - a. The sale of subscription service contracts under R9-25-1105;
 - b. Any other sources of operating revenue besides routine operations of the ground ambulance service, including a description of the sources and amount of revenue;
 - c. Local supportive funding; and
 - d. Any other sources of income besides routine operations of the ground ambulance service, including a description of the sources and amount of income;
 11. Any other expenses incurred by the ground ambulance service for the reporting period, including a description of the sources and amount of expenses;
 12. The net income or loss for the reporting period, before taxes, from sources other than routine operations of the ground ambulance service, calculated as the sum of the amounts identified in subsections (C)(9) and (C)(10), minus the amount in subsection (C)(11);
 13. The amounts of:
 - a. State income taxes,
 - b. Federal income taxes, and
 - c. The total of subsections (C)(13)(a) and (b);
 14. The net income or loss for the reporting period, after taxes, calculated as the difference between the amounts in subsections (C)(12) and (C)(13)(c);
 15. The amount of assets, for each type of asset, of the ground ambulance service for the reporting period;
 16. The total amount of current assets of the ground ambulance service for the reporting period;
 17. Information pertaining to depreciation of property or equipment;
 18. The amount of liabilities, for each type of liability, of the ground ambulance service for the reporting period;
 19. The total amount of liabilities of the ground ambulance service for the reporting period;
 20. The amount of long-term debt, for each type of long-term debt, of the ground ambulance service for the reporting period;
 21. The total amount of long-term debt of the ground ambulance service for the reporting period;
 22. The amount of equity, for each type of equity, of the ground ambulance service for the reporting period;

- 23. The total amount of equity of the ground ambulance service for the reporting period;
- 24. The total amount of liabilities and equity of the ground ambulance service for the reporting period;
- 25. The statement of cash flows for the reporting period.

R9-25-910. Inspections and Investigations (Authorized by A.R.S. §§ 36-2204, 36-2212, 36-2232, 36-2241, 36-2245)

- A.** The Department may conduct an inspection of a ground ambulance service, which may include the ground ambulance service’s premises, records, and equipment, and each ground ambulance vehicle operated or to be operated by the ground ambulance service.
- B.** If the Department receives written or verbal information alleging a violation of this Article; Article 2, 10, or 11 of this Chapter; or A.R.S. Title 36, Chapter 21.1, the Department may conduct an investigation.
 - 1. The Department may conduct an inspection as part of an investigation.
 - 2. A certificate holder shall allow the Department to inspect the ground ambulance service’s premises, records, and equipment, and each ground ambulance vehicle and to interview personnel as part of an investigation.
- C.** When an application for a certificate of necessity for a ground ambulance service 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.
- D.** The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.
- E.** If the Department determines that a ground ambulance service is not in compliance with the requirements in this Article; Article 2, 10, or 11 of this Chapter; or A.R.S. Title 36, Chapter 21.1, the Department may:
 - 1. Take an enforcement action as described in R9-25-911; or
 - 2. As part of a stipulated agreement under A.R.S. § 36-2245(I), require that the ground ambulance service submit to the Department, within 30 days after written notice from the Department, a corrective action plan acceptable to the Department 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 noncompliance will be corrected and reoccurrence prevented;
 - b. Includes a date for correcting each instance of noncompliance that is appropriate to the actions necessary to correct the instance of noncompliance;
 - c. Includes the signature of the individual acting for the certificate holder according to R9-25-102 and date signed; and

- d. If noncompliance is associated with medical direction, EMCT skills or performance, or other issues related to compliance with Article 2 or Article 5 of this Chapter, includes the dated signature of the administrative medical director.

~~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.~~R9-25-911. Disciplinary Enforcement Action (Authorized by A.R.S. §§ 36-2234(L), 36-2244, 36-2245, 41-1092.03, 41-1092.11(B))

- ~~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 it's ground ambulance vehicles or ground ambulance service; or
 - e. 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.

A. The Department may take an action listed in subsection (B) against a ground ambulance service that:

- 1. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
- 2. Fails or has failed to comply with any provision in this Article or Article 2, 10, or 11 of this Chapter;
- 3. Does not submit a corrective action plan, as provided in R9-25-903(A)(6), R9-25-908(G)(4)(a), R9-25-908(H)(3)(a), R9-25-908(K)(1)(c), or R9-25-910(E)(2), that is acceptable to the Department;
- 4. Does not complete a corrective action plan submitted according to R9-25-903(A)(8) or R9-

25-910(E)(2); or

5. 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 a ground 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 ground ambulance service's certificate of necessity, or
 - b. The certificate of registration of a ground ambulance vehicle operated by the ground 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 ground ambulance service's certificate of necessity, or
 - b. The certificate of registration of a ground ambulance vehicle operated by the ground ambulance service;
3. As permitted under A.R.S. §§ 36-2234(N) and 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 ground ambulance service's certificate of necessity pending proceedings for revocation or other action, or
 - b. The certificate of registration of a ground ambulance vehicle operated by the ground ambulance service pending proceedings for revocation or other action; or
4. Another enforcement action according to A.R.S. § 36-2245(I), (J), or (K).

B.C. In determining the type of disciplinary enforcement 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;
5. The duration of each violation;
6. The frequency and nature of complaints received by the Department about a certificate holder; and
- ~~5-7.~~ The impact of the penalty or assessment on the provision of ~~ground ambulance service~~ ambulance response or transport in the certificate holder's service area.

R9-25-912. **Renumbered**

**Exhibit 9A. ~~Ambulance Revenue and Cost Report, General Information and Certification~~
Repealed**

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): _____

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

<p>CERTIFICATION</p> <p><i>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></p> <p><i>I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.</i></p> <p><i>This report has been prepared using the accrual basis of accounting.</i></p> <p>Authorized Signature: _____</p> <p>Title: _____ Date: _____</p>

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

	(1)	(2)**	(3)	(4)
Line	SUBSCRIPTION	TRANSPORTS	TRANSPORTS	
No.	SERVICE	UNDER	NOT UNDER	
DESCRIPTION	TRANSPORTS	CONTRACT	CONTRACT	TOTALS
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
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	_____	_____	_____	_____

**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

		(1)	(2)	(3)
Line		SUBSIDIZED	NON-	
No.	TYPE OF SERVICE	PATIENTS	SUBSIDIZED	TOTALS
			PATIENTS	
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

		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	_____

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	Plus Purchases	_____
13	Plus 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

		(1)	(2)	(3)
Line		NON-	SUBSIDIZED	
No.	DESCRIPTION	PATIENTS	PATIENTS	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	AHCCCS Settlement	\$ _____	\$ _____	\$ _____
12	Medicare Settlement	_____	_____	_____
13	Subsidy	_____	XXXXXXXXXXXXXX	_____
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 Schedule I, 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 1

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 IEMT 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

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>
01	Gross Wages - Management	
02	Payroll Taxes	
03	Employee Fringe Benefits	
04	Total	

<u>Gross Wages - Ambulance Personnel:</u>		<u>Contractual</u>	<u>Wages</u>
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		

<u>Gross Wages - Other Personnel:</u>			
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

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>(1) Total Expenditure</u>	<u>(2) Allocation Percentage</u>	<u>(3) Ambulance Amount</u>
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.)

<u>Line</u>	<u>No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>
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)	(2)	(3)
	Total	Allocation	Ambulance
<u>OTHER OPERATING EXPENSES</u>	<u>Expenditure</u>	<u>Percentage</u>	<u>Amount</u>
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

<u>Line</u>	<u>Name of Contracting Entity</u>	<u>Total</u> <u>Billable</u>	<u>Gross</u> <u>Billing</u>	<u>Percent</u> <u>Discount</u>	<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 Owner-ship	Management	*FTE	EMCT	*FTE	Office	*FTE	Other	<u>Totals</u>		
											*FTE	Wages Paid To Owners	
01	_____	_____	_____	\$_____	_____	\$_____	_____	\$_____	_____	\$_____	_____	\$_____	_____
02	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____1	_____
07	TOTAL	_____	_____	\$_____	_____	\$_____	_____	\$_____	_____	\$_____	_____	\$_____	_____

* 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	Scheduled Shifts	Hourly	Annual	\$s Per Run
and/or Title	(I.e. 40 or 60 hours a week)	Wage	Salary	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 EXPENSE
 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 No.	Description	(1)	(2)	(3)	(4)	(5)
		Interest Rate	Principal Balance Beginning of Period	End of Period	Interest Expense Related Persons or 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 Long Term 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 Repealed~~

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

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: _____

~~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

	(1)	*(2)	(3)	(4)
Line	SUBSCRIPTION	TRANSPORTS	TRANSPORTS	
No.	DESCRIPTION	UNDER	NOT UNDER	TOTALS
	TRANSPORTS	CONTRACT	CONTRACT	
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 IEMTs 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 Long term 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		_____

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 the report.~~

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 IEMTs 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 (Authorized by A.R.S. §§ 36-2212, 36-2232, 36-2240)

A. To be eligible to obtain a certificate of registration for a ground ambulance vehicle, an applicant shall:

1. Hold a current and valid certificate of necessity issued under Article 9 of this Chapter;
2. Possess a copy of a current and valid motor vehicle registration for the ground ambulance vehicle, issued according to A.R.S. Title 28, Chapter 7, Article 2, or similar statutes in another state; and
3. Comply with all applicable requirements of this Article; Articles 2, 9, and 11 of this Chapter; and A.R.S. Title 36, Chapter 21.1.

~~A.B.~~ ~~A person applying~~ An applicant for an initial or renewal certificate of registration of a ground ambulance vehicle shall submit an application ~~form~~ packet to the Department that contains:

1. The following information in a Department-provided format:

- ~~1.a.~~ The applicant's legal business or corporate name, including all other business names used by the applicant related to the use of a ground ambulance vehicle;
- ~~2.b.~~ The applicant's mailing address; e-mail address; physical address of the business, if different from the mailing address; fax number, if any; and ~~business, facsimile, and emergency telephone numbers~~ telephone number;
- ~~3.c.~~ The ~~identifying~~ following information ~~of~~ about the ground ambulance vehicle; including:
 - ~~a.i.~~ The ~~make of the ground ambulance vehicle~~ manufacturer's name;
 - ~~b.ii.~~ The ~~year the~~ ground ambulance vehicle ~~manufacture year was~~ manufactured;
 - ~~e.iii.~~ The ~~ground ambulance~~ vehicle identification number of the ground ambulance vehicle;
 - ~~d.iv.~~ The unit number of the ground ambulance vehicle, assigned by the applicant;
 - ~~e.v.~~ The ground ambulance vehicle's state license plate number; and
 - ~~f.vi.~~ The location at which the ground ambulance vehicle will be available for inspection;
- ~~4.d.~~ The ~~If applicable, the~~ identification number of the certificate of necessity ~~to~~ under which the ground ambulance vehicle is registered;

- 5-e. The name, e-mail address, and telephone number of the ~~person~~ individual to contact to arrange for inspection, if the inspection is ~~pre-announced~~ preannounced;
 - f. The name, title, address, e-mail address, and telephone number of the individual acting on behalf of the applicant according to R9-25-102;
 - g. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);
 - h. Attestation that the information provided in the application packet, including the information in the accompanying documents, is accurate and complete; and
 - 6-i. The signature of the applicant or applicant's designated representative and date signed;
- 2. A copy of documentation demonstrating compliance with subsection (A)(2); and
 - 3. Unless the applicant operates or intends to operate the ground ambulance vehicle 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).
- B.C.** ~~Under~~ Except as provided in A.R.S. § 36-2232(A)(11), the Department shall inspect each ground ambulance vehicle according to R9-25-1004(A) and (B) to determine compliance with the provisions of A.R.S. Title 36, Chapter 21.1 and this Article:
- 1. ~~before~~ Within 30 calendar days before an initial certificate of registration is issued by the Department; and
 - 2. At least every 12 months thereafter, before issuing a renewal certificate of registration.
- 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.D.** ~~The Department shall review and approve or deny an each application under this Section according to 9 A.A.C. 25, as described in Article 12 of this Chapter.~~
- E.** 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 certificate of necessity issued under Article 9 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 certificate of necessity issued under Article 9 of this Chapter, when the certificate of necessity is issued.

F. The Department may deny a certificate of registration for a ground ambulance vehicle 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, 9, or 11 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).

R9-25-1002. Term and Transferability of Certificates 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 ground ambulance vehicles 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 R9-25-1001 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 a ground ambulance vehicle or the person who can legally possess and operate the ground ambulance vehicle, the new owner or person who can legally possess and operate the ground ambulance vehicle shall apply for and obtain a new certificate of registration before operating the ground ambulance vehicle in this state.

R9-25-1003. Minimum Equipment and Supplies for Ground Ambulance Vehicles (Authorized 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 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 may authorize for an EMT;
2. 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) ~~(B)~~, a ground ambulance vehicle equipped to provide ALS shall contain at least the minimum supply of agents required 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 may authorize 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 service's 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.~~

R9-25-1003. Changes Affecting Registration (Authorized by A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2238, and 36-2247)

- 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.** Within 30 days after the date of receipt of a notice described in subsection (A), the Department shall issue an amended certificate of registration that incorporates the name change but retains the expiration date of the current certificate of registration.
- C.** No later than 10 days after a certificate holder ceases to operate a ground ambulance vehicle, the certificate holder shall send the Department written notice of the date that the certificate holder ceased to operate the ground ambulance vehicle and of the certificate holder's intention to relinquish the certificate of registration for the ground ambulance vehicle as of that date.
- D.** Within 30 days after the date of receipt of a notice described in subsection (C), the Department:
 - 1. Shall:
 - a. Void the certificate of registration for the ground ambulance vehicle; 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; and
 - 2. If the ground ambulance vehicle is the only ground ambulance vehicle operated by a ground ambulance service, may revoke the certificate of necessity of the ground ambulance service.
- E.** 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 a ground ambulance vehicle under R9-25-1001(A)(2) or (3).

- F.** Upon receiving a notification required in subsection (E), the Department:
1. Shall revoke the certificate for the ground ambulance vehicle; and
 2. If the ground ambulance vehicle is the only ground ambulance vehicle operated by a ground ambulance service, may revoke the certificate of necessity of the ground ambulance service.

R9-25-1004. Minimum Staffing Requirements for Ground Ambulance Vehicles (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).~~

R9-25-1004. Ground Ambulance Vehicle Inspections (Authorized by A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2232(A)(11), and 36-2241)

- A.** Except as provided in R9-25-910(B) and subsection (B)(2), an applicant or a certificate holder shall:
1. Make a ground ambulance vehicle, equipment, and supplies available for inspection within Arizona within 10 working days after a request by the Department; and
 2. Upon the Department's request, provide the opportunity to ride in or operate the ground ambulance vehicle being inspected.
- B.** The Department:
1. Shall inspect:
 - a. Each ground ambulance vehicle according to R9-25-1005 and Table 10.1,
 - b. Supplies and equipment according to Table 10.2, and
 - c. For the level of service the ground ambulance vehicle is expected to be used to provide;
 2. May inspect, without prior notification, a ground ambulance vehicle or supplies and equipment, for the level of service a ground ambulance vehicle is being used to provide at the time of inspection; and
 3. 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 a ground ambulance vehicle required for renewal of a certificate of registration may be conducted by a Department-approved inspection facility according to Table 10.1.
- D.** A certificate holder may request the Department to inspect all of the certificate holder's ground ambulance vehicles at the same date and location.
- E.** If, after inspection of a certificate holder's ground ambulance vehicle according to Table 10.1, the Department determines that the ground ambulance vehicle has:
1. A major defect, the certificate holder shall take the ground ambulance vehicle out-of-service

until the major defect is corrected; or

2. A minor defect, the certificate holder:

a. May allow the ground ambulance vehicle to be operated to transport patients for up to 15 calendar days while the minor defect is corrected; and

b. After 15 calendar days, shall take the ground ambulance vehicle out-of-service until the minor defect is corrected, unless granted an extension of time, according to subsection (F), to repair the minor defect.

F. The Department may grant an extension of time for a certificate holder to repair a minor defect upon a written request from the certificate holder, detailing the reasons for the need of an extension of time.

G. Within 15 calendar days after the date of repair of a major defect or minor defect, a certificate holder shall submit written notice and documentation of the repair to the Department.

~~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:

INSPECTION 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
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
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.

~~R9-25-1002~~, R9-25-1005. Minimum Standards for Ground Ambulance Vehicles (Authorized by A.R.S. § §§ 36-2202(A)(5), 36-2232(C)(5))

A. An applicant for a certificate of registration or a certificate holder shall ensure that a ground ambulance vehicle is marked on the sides of the ground ambulance vehicle with the legal business or corporate name of the applicant or certificate holder, with letters not less than six inches in height.

B. An applicant for a certificate of registration or a 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 that meet the requirements in A.R.S. § 28-955 under the ground ambulance vehicle and securely attached to the chassis;
9. A frame capable of supporting the:
 - a. ~~gross~~ Gross vehicle weight of the ground ambulance vehicle; and
 - b. The anticipated weight of ambulance attendants, supplies and equipment, and patients;
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. For a hydraulic power steering system:

- ~~i.~~ Power-steering belts free from frays, cracks, or slippage;
 - ~~b-ii.~~ Power-steering system that is free from leaks; and
 - ~~e-iii.~~ Fluid in the power-steering system that fills the reservoir between the full level and the add level indicator on the dipstick;
 - b. For an electrical or other type of steering system that does not contain the components of a hydraulic power steering system, components that:
 - i. Provide the same functions as a hydraulic power steering system, and
 - ii. Meet manufacturer's specifications; and
 - ~~d-c.~~ 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, either disposable with an indicator of a full charge or 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~~ being used;
- 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 or other optical devices allowing monitoring of the area surrounding the ground ambulance vehicle;
- 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~~ three-point occupant restraint system installed for each seat in the driver's compartment;
- 36. ~~Belts or devices installed on a stretcher to be used to secure a patient;~~
- 37.36. A ~~seat belt~~ restraint system installed for each seat in the patient compartment:
 - a. For a ground ambulance vehicle manufactured before January 1, 2025, that consists of at least a seat belt; and

- b. For a ground ambulance vehicle manufactured on or after January 1, 2025, with at least three-points of contact with the occupant of a seat;
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 either:
 - i. Up to 350 pounds, or
 - ii. For a ground ambulance vehicle capable of transporting a patient weighing over 350 pounds, up to the rated capability of the ground ambulance vehicle;
 - 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 that is free of cracks, cuts, or tears and capable of being disinfected;
 - f. Equipped with a five-point restraint system 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 subsection (B)(38);
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~~ or 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.
- C.** An applicant for a certificate of registration or a certificate holder shall ensure that a ground ambulance vehicle is equipped:
- 1. To provide, and capable of providing, voice communication between:

- a. An ambulance attendant and the dispatch center; and
- b. An ambulance attendant and a source from which the ambulance attendant may request and receive on-line medical direction, according to R9-25-201(E)(2)(a)(i); and
- 2. Except as provided in subsection (E), with a global positioning monitoring device to enable the recording of times of arrival on-scene for determining response times.
- D.** An applicant for a certificate of registration or a certificate holder shall ensure that a ground ambulance vehicle is equipped, as specified in Table 10.2, to provide the level of service for which the ground ambulance vehicle is to be used.
- E.** An applicant for a certificate of registration or a certificate holder may request a waiver of the requirement in subsection (C)(2) by submitting to the Department, on an annual basis and in a Department-provided format, the following information:
 - 1. The applicant's or certificate holder's name;
 - 2. If applicable, the identification number of the certificate of necessity under which the ground ambulance vehicle is registered;
 - 3. The identifying information specified in R9-25-1001(B)(1)(c) for the ground ambulance vehicle to which the waiver would pertain;
 - 4. A reason and justification for the waiver;
 - 5. The name, title, address, e-mail address, and telephone number of the individual acting on behalf of the applicant or certificate holder according to R9-25-102;
 - 6. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);
 - 7. Attestation that the information provided is accurate and complete; and
 - 8. The signature of the specified according to subsection (E)(5) and date signed.

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

- 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.

Table 10.1. Major and Minor Defects (Authorized by A.R.S. §§ 36-2202(A)(5), 36-2212, 36-2232, 36-2234)

The Department classifies defects on a ground ambulance vehicle as major or minor as follows:

<u>INSPECTION ITEM</u>	<u>MAJOR DEFECT</u>	<u>MINOR DEFECT</u>
<u>EXTERIOR:</u>		
<u>Emergency warning lights</u>	<u>Lack of 360° of conspicuity</u>	<u>Cracked, broken, or missing lens</u> <u>Inoperative lamps</u>
<u>Ground ambulance vehicle body</u>	<u>Damage or rust to the exterior of the ground ambulance vehicle, which interferes with the operation of the ground ambulance vehicle</u> <u>Damage resulting in a hole in the driver’s compartment or the patient compartment</u> <u>Holes that may allow exhaust or dust to enter the patient compartment</u> <u>Bolts attaching body to chassis loose, broken, or missing</u>	<u>Damage resulting in cuts or rips to the exterior of the ground ambulance vehicle</u>
<u>Marking</u>		<u>Missing company identification</u> <u>Incorrect size or location</u>
<u>Mirrors or other optical devices allowing monitoring of the area surrounding the ground ambulance vehicle</u>	<u>Exterior rear vision or wide vision mirrors missing</u> <u>or</u> <u>An optical device not functioning according to manufacturer’s specifications</u>	<u>Cracked mirror glass</u> <u>Loose mounting bracket bolts or screws</u> <u>Broken mirrors</u> <u>Loose or broken mounting brackets</u> <u>Missing mounting bracket bolts or screws</u>
<u>Windshield</u>		<u>Unrepaired starred cracks or line cracks extending more than 1 inch from the bottom or side of the windshield</u> <u>Unrepaired starred cracks or line cracks extending more than 2 inches from the top of the windshield</u>
<u>Windows</u>		<u>Placement of nontransparent materials which obstruct view</u> <u>Cracked or broken</u>
<u>Fuel caps</u>	<u>Fuel caps missing or of a type not specified by the manufacturer</u>	
<u>Bumpers</u>		<u>Loose or missing bumper</u>
<u>Patient compartment doors</u>	<u>Completely or partially missing window panel</u> <u>Two means of egress missing or inoperative</u>	<u>Inoperative open door securing devices</u> <u>Cracked window panels</u>

<u>Padding over exit areas</u>		<u>Missing padding over exits in the patient compartment</u> <u>Deterioration of padding</u>
<u>Fire extinguisher</u>	<u>Absent or non-functional</u>	<u>Not at full charge</u> <u>Expired inspection tag</u>
<u>Exhaust system</u>	<u>Exhaust fumes in the patient or driver compartment</u>	<u>Muffler not securely attached to the chassis and tailpipe</u> <u>Exhaust pipe brackets not securely attached to the chassis and tailpipe</u> <u>End of tailpipe pinched or bent</u>
<u>Wheels</u>	<u>Loose or missing lug nuts</u> <u>Broken lugs</u> <u>Cracked or bent rims</u>	
<u>Tires</u>	<u>Tires on each axle are not of equal size, equal ply ratings, and equal type</u> <u>Bumps, knots, or bulges on any tire</u> <u>Exposed ply or belting on any tire</u> <u>Flat tire on any wheel</u>	<u>Tread groove depth less than 4/32" measured in a tread groove on any tire</u> <u>Not properly inflated</u>
<u>EXTERIOR LIGHTING:</u>		
<u>Head lamps</u>	<u>Inoperative</u>	<u>High beam inoperative</u> <u>Low beam inoperative</u> <u>Inoperative dimmer switch</u>
<u>Brake lamps</u>	<u>Both inoperative</u>	<u>One inoperative</u>
<u>Parking lamps</u>		<u>Inoperative</u>
<u>Back-up lamps</u>		<u>Inoperative</u> <u>Cracked, broken, or missing lens</u>
<u>Tail lamps</u>	<u>Both inoperative</u>	<u>One inoperative</u> <u>Cracked, broken, or missing lens</u>
<u>Turn signal lamps</u>		<u>Any turn signal lamp inoperative</u> <u>Cracked, broken, or missing lens</u>
<u>Side marker lamps</u>		<u>Inoperative</u> <u>Cracked, broken, or missing lens</u>
<u>Hazard lamps</u>		<u>Inoperative</u>
<u>Loading lamps</u>		<u>Inoperative</u>

		<u>Cracked, broken, or missing lens</u>
ENGINE COMPARTMENT AND BATTERY:		
<u>Engine compartment</u>		<u>Inoperative hood latch</u> <u>Deterioration of hoses, belts, or wiring</u> <u>Air cooling and heater hoses not secured</u> <u>Fluid leaks other than engine cooling system</u>
<u>Battery</u>	<u>Not secured</u> <u>For a vehicle powered by an electric motor, not meeting manufacturer's guidelines for use</u>	<u>Deterioration of battery hold-down clamps</u> <u>Corrosive acid buildup on battery terminals</u> <u>Incapable of generating voltage in compliance with R9-25-1005(B)(4)(b)</u>
<u>Electrical system</u>	<u>Does not comply with R9-25-1005(B)(7)</u>	
<u>Engine compartment wiring system</u>		<u>Does not comply with R9-25-1005(B)(5)</u>
<u>Engine cooling system</u>	<u>Does not comply with R9-25-1005(B)(3)</u>	<u>Leaks in system</u> <u>Inadequate fluid in reservoir</u>
<u>Engine intake air cleaner</u>		<u>Does not comply with R9-25-1005(B)(1)</u>
DRIVER'S COMPARTMENT:		
<u>Air cooling system</u>	<u>Does not maintain temperature required according to R9-25-1005(B)(17)</u>	<u>Unsecured hoses</u>
<u>Instrument panel</u>		<u>Inoperative gauges, switches, or illumination</u>
<u>Global positioning monitoring device</u>		<u>Except if under a waiver granted under R9-25-1005(E), lack of operative equipment</u>
<u>Horn</u>		<u>Inoperative</u>
<u>Siren</u>	<u>Inoperative</u>	
<u>Steering wheel bracing</u>	<u>Steering wheel bracing cracked</u>	
<u>Windshield-washer system</u>		<u>Does not comply with R9-25-1005(B)(41)</u>
<u>Windshield defroster/defogger</u>		<u>Inoperative</u> <u>Ventilation system openings partially</u>

		<u>blocked</u>
<u>Windshield wipers</u>	<u>Inoperative wiper on driver's side</u>	<u>Inoperative speed control</u> <u>Split or cracked wiper blade</u> <u>Inoperative wiper on passenger's side</u>
<u>Windshield</u>	<u>Windshield that is obstructed</u> <u>Placement of nontransparent materials that obstruct view</u>	
<u>Equipment</u>		<u>Inability to secure equipment</u>
<u>Occupant restraint system</u>	<u>Absence of an occupant restraint system or inoperative occupant restraint system in the driver's compartment</u>	<u>Frayed material on the occupant restraint system</u>
<u>Spot lamp in driver's compartment</u>		<u>Inoperative</u>
<u>Exhaust system</u>	<u>Exhaust fumes in the driver's compartment</u>	
<u>PATIENT COMPARTMENT:</u>		
<u>Air cooling system</u>	<u>Does not maintain temperature required according to R9-25-1005(B)(17)</u>	<u>Unsecured hoses</u>
<u>Heating system</u>		<u>Unsecured hoses</u> <u>Does not maintain minimum temperature required in R9-25-1005(B)(23)</u>
<u>Equipment</u>	<u>Inability to secure oxygen tanks</u> <u>Inability of fixed oxygen tank to hold pressure</u>	<u>Inability to secure other equipment</u> <u>Inability of portable oxygen tank to hold pressure</u>
<u>Interior wall and floor coverings and seat upholstery</u>	<u>Visible blood, body fluids, or tissue</u>	<u>Unrepaired cuts or holes in seats</u> <u>Missing pieces of floor covering</u> <u>Upholstery, floor, walls, or ceiling not capable of being disinfected</u>
<u>Occupant restraint systems and securing belts</u>	<u>More than one inoperative occupant restraint system in the patient compartment</u> <u>Absence of securing belts on a stretcher</u>	<u>Frayed material on the occupant restraint system or securing belt</u> <u>One inoperative occupant restraint system in the patient compartment</u>
<u>Stretcher fastener</u>	<u>Does not comply with R9-25-1005(B)(38)</u>	
<u>Hangers</u>		<u>Supports or hangers protruding more than 2" when not being used</u>
<u>Edges</u>		<u>Presence of exposed sharp edges</u>

<u>Patient Compartment interior lamps</u>	<u>All lamps inoperative</u>	<u>Inoperative individual lamps</u> <u>Missing lens</u>
<u>Stretcher</u>	<u>Does not comply with R9-25-1005(B)(37)</u>	
<u>Exhaust system</u>	<u>Exhaust fumes in the patient compartment</u>	
<u>COMMUNICATION EQUIPMENT:</u>		
<u>Communication capability between an ambulance attendant and the dispatch center</u>	<u>Lack of operative communication equipment</u>	
<u>Communication capability between an ambulance attendant and the physician providing on-line medical direction</u>	<u>Lack of operative communication equipment</u>	
<u>GENERAL SYSTEMS:</u>		
<u>Frame</u>	<u>Cracks in frame</u>	
<u>Suspension</u>	<u>Broken suspension parts</u> <u>U-bolts loose or missing</u>	<u>Bent suspension parts</u> <u>Leaking shock absorbers</u> <u>Cracks or breaks in shock absorber mounting brackets</u>
<u>Side insulation</u>	<u>Missing or settled insulation</u>	<u>Inadequate insulation</u>
<u>Parking brake</u>		<u>Inoperative</u>
<u>Vehicle brakes</u>	<u>Inoperative</u>	<u>Fluid leaks</u>
<u>Steering system</u>	<u>Inoperative</u>	<u>Power steering belts slipping</u> <u>Power steering belts cracked or frayed</u> <u>Fluid leaks</u> <u>Fluid does not fill the reservoir between the full level and the add level indicator on the dipstick</u>

Table 10.2. Minimum Equipment and Supplies for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))

An applicant for a certificate of registration or a certificate holder shall ensure that a ground ambulance vehicle contains, at a minimum, the following operational equipment and supplies based on the level of service of use:

<u>MINIMUM EQUIPMENT AND SUPPLIES</u>	<u>BLS</u>	<u>ALS</u>
<u>A. Ventilation and Airway Equipment</u>		
1. <u>Portable and fixed suction apparatus</u>	<u>X</u>	<u>X</u>
2. <u>Wide-bore tubing, rigid pharyngeal curved suction tip and flexible suction catheters in the following French sizes:</u> a. <u>Two in 6, 8, or 10; and</u> b. <u>Two in 12, 14, or 16</u>	<u>X</u>	<u>X</u>
3. <u>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</u>	<u>X</u>	<u>X</u>
4. <u>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</u>	<u>X</u>	<u>X</u>
5. <u>Oxygen administration equipment, including tubing; non-rebreathing masks (adult, pediatric, and infant sizes); and nasal cannulas (adult, Pediatric, and infant sizes)</u>	<u>X</u>	<u>X</u>
6. <u>Bag-valve mask, with hand-operated, self-reexpanding bag (adult size), with oxygen reservoir/accumulator; mask (adult, pediatric, infant, and neonate sizes); and valve</u>	<u>X</u>	<u>X</u>
7. <u>Airways, nasal (adult, pediatric, and infant sizes), one each in French sizes 16 to 34</u>	<u>X</u>	<u>X</u>
8. <u>Airways, oropharyngeal, two each in adult, pediatric, and infant sizes</u>	<u>X</u>	<u>X</u>
9. <u>Laryngoscope handle, adult and pediatric, with, if applicable, extra batteries and bulbs</u>	=	<u>X</u>
10. <u>Laryngoscope blades, one each in sizes 0, 1, and 2, straight; sizes 3 and 4, straight and curved</u>	=	<u>X</u>
11. <u>Endotracheal tubes, sizes 2.5-5.5 mm cuffed or uncuffed and 6.0-9.0 mm cuffed</u>	=	<u>X</u>
12. <u>Endotracheal tube cuff pressure manometer</u>	=	<u>X</u>
13. <u>Stylettes for Endotracheal tubes, one each in adult and pediatric sizes</u>	=	<u>X</u>
14. <u>One type of supraglottic airway device</u>	=	<u>X</u>
15. <u>Two 10 mL straight-tip syringes</u>	=	<u>X</u>

16. <u>Two long, large-bore needles for needle chest decompression, 2” to 3.25” long and 14-16G</u>	=	<u>X</u>
17. <u>Hand-held nebulizer(s)</u>	=	<u>X</u>
18. <u>Aerosol masks, one each adult and pediatric</u>	=	<u>X</u>
19. <u>Magill forceps, adult and pediatric</u>	=	<u>X</u>
20. <u>Nasogastric tubes, sizes 5F and 8F, Salem sump sizes 14F and 18F</u>	=	<u>X</u>
21. <u>End-tidal CO₂ detectors, quantitative, with capability for adult and pediatric patients</u>	=	<u>X</u>
22. <u>Non-Invasive Positive Pressure Ventilation (NIPPV) device with one mask in each available size</u>	=	<u>X</u>
23. <u>In-line viral/bacterial filter</u>	=	<u>X</u>
<u>B. Monitoring and Defibrillation</u>		
1. <u>Automatic external defibrillator</u>	<u>X</u>	=
2. <u>One portable, battery-operated monitor/defibrillator, with tape write-out/recorder, defibrillator pads, adult and pediatric paddles or hands-free patches, ECG leads, and adult and pediatric chest attachment electrodes</u>	=	<u>X</u>
3. <u>Transcutaneous cardiac pacemaker, either stand-alone unit or integrated into monitor/defibrillator, including pediatric pads and cables</u>	=	<u>X</u>
<u>C. Stretchers and Immobilization Devices</u>		
1. <u>One stair chair or another mechanism for safely moving a patient in an upright sitting position</u>	<u>X</u>	<u>X</u>
2. <u>Cervical immobilization devices, rigid, adjustable or two each in small, medium, and large sizes</u>	<u>X</u>	<u>X</u>
3. <u>Head immobilization device, either firm padding or another commercial device</u>	<u>X</u>	<u>X</u>
4. <u>Lower extremity (femur) traction device, including lower extremity, limb support slings, padded ankle hitch, padded pelvic support, and traction strap (one adult-sized and one child-sized)</u>	<u>X</u>	<u>X</u>
5. <u>Two upper and two lower extremity immobilization splints in each of small, medium and large sizes</u>	<u>X</u>	<u>X</u>
6. <u>Two full-length spine boards</u>	<u>X</u>	<u>X</u>
7. <u>Supplies to secure a patient to a spine board, including at least three appropriate restraint straps (not using a single chin strap for head immobilization)</u>	<u>X</u>	<u>X</u>
8. <u>One cervical-thoracic spinal immobilization device for extrication</u>	<u>X</u>	<u>X</u>
<u>D. Bandages</u>		

1. <u>Burn pack, including standard package, two sterile burn sheets</u>	<u>X</u>	<u>X</u>
2. <u>Dressings, including sterile multi-trauma dressings (various large and small sizes, including three sized 10" x 12" or larger)</u>	<u>X</u>	<u>X</u>
3. <u>Two abdominal pads, 10" x 12" or larger</u>	<u>X</u>	<u>X</u>
4. <u>Fifty non-sterile 4" x 4" gauze sponges</u>	<u>X</u>	<u>X</u>
5. <u>Two triangular bandages</u>	<u>X</u>	<u>X</u>
6. <u>Four gauze rolls, sterile (4" or larger)</u>	<u>X</u>	<u>X</u>
7. <u>Ten soft roller bandages, non-sterile (4" or larger)</u>	<u>X</u>	<u>X</u>
8. <u>Four occlusive dressing, sterile, 3" x 8" or larger</u>	<u>X</u>	<u>X</u>
9. <u>Adhesive or self-adhesive tape, including various sizes (1" or larger) hypoallergenic adhesive and two various sizes (1" or larger) adhesive or self-adhesive</u>	<u>X</u>	<u>X</u>
<u>E. Obstetrical</u>		
1. <u>Sterile obstetrical kit, including towels, 4" x 4" dressing, umbilical tape, sterile scissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, blankets, and a head cover</u>	<u>X</u>	<u>X</u>
2. <u>An alternate portable patient heat source or 2 heat packs</u>	<u>X</u>	<u>X</u>
<u>F. Miscellaneous</u>		
1. <u>Sphygmomanometer (infant, pediatric, and adult regular and large sizes)</u>	<u>X</u>	<u>X</u>
2. <u>Stethoscope</u>	<u>X</u>	<u>X</u>
3. <u>Pediatric equipment sizing reference guide</u>	-	<u>X</u>
4. <u>Thermometer with low temperature capability</u>	<u>X</u>	<u>X</u>
5. <u>Paramedic or trauma shears capable of cutting heavy bandages, clothing, belts, and boots</u>	<u>X</u>	<u>X</u>
6. <u>Cold packs</u>	<u>X</u>	<u>X</u>
7. <u>Two flashlights with extra batteries or recharger, as applicable</u>	<u>X</u>	<u>X</u>
8. <u>Two blankets</u>	<u>X</u>	<u>X</u>
9. <u>One blanket with head cover made of heat-reflective material</u>	<u>X</u>	<u>X</u>
10. <u>Two sheets</u>	<u>X</u>	<u>X</u>
11. <u>Two cloth towels, each at least 12" by 12" in size</u>	<u>X</u>	<u>X</u>
12. <u>Five disposable emesis bags or basins</u>	<u>X</u>	<u>X</u>
13. <u>Lubricating jelly (water soluble)</u>	<u>X</u>	<u>X</u>
14. <u>Glucometer or blood glucose measuring device with reagent strips</u>	<u>X</u>	<u>X</u>

15. <u>Pulse oximeter with pediatric and adult probes</u>	<u>X</u>	<u>X</u>
16. <u>Automatic blood pressure monitor</u>	=	<u>X</u>
17. <u>Trauma arterial tourniquet</u>	<u>X</u>	<u>X</u>
18. <u>One scalpel</u>	=	<u>X</u>
19. <u>Mass casualty triage sorting capability for at least 50 individuals (triage tags)</u>	<u>X</u>	<u>X</u>
20. <u>Beginning April 2024, a method to electronically document patient information and treatment that is capable of being transferred</u>	<u>X</u>	<u>X</u>
<u>G. Infection Control (Latex-free equipment shall be available)</u>		
1. <u>Two sets of eye protection (full peripheral glasses or goggles, face shield)</u>	<u>X</u>	<u>X</u>
2. <u>Two masks, at least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator, which are fit-tested</u>	<u>X</u>	<u>X</u>
3. <u>Two pairs of gloves, non-sterile, and three pairs of non-latex gloves</u>	<u>X</u>	<u>X</u>
4. <u>Two jumpsuits or gowns</u>	<u>X</u>	<u>X</u>
5. <u>Two pairs of shoe covers</u>	<u>X</u>	<u>X</u>
6. <u>Disinfectant hand wash, commercial antimicrobial (towelette, spray, or liquid)</u>	<u>X</u>	<u>X</u>
7. <u>Disinfectant solution for cleaning equipment</u>	<u>X</u>	<u>X</u>
8. <u>Standard sharps containers</u>	<u>X</u>	<u>X</u>
9. <u>Disposable red trash bags</u>	<u>X</u>	<u>X</u>
10. <u>Ten protective facemasks or cloth face coverings for patients</u>	<u>X</u>	<u>X</u>
<u>H. Injury Prevention Equipment</u>		
1. <u>Safety vest or other garment with reflective material for each personnel member</u>	<u>X</u>	<u>X</u>
2. <u>Hazardous material reference guide</u>	<u>X</u>	<u>X</u>
3. <u>Hearing protection for personnel</u>	<u>X</u>	<u>X</u>
<u>I. Vascular Access</u>		
1. <u>The following intravenous solution administration sets:</u> a. <u>Four intravenous solution administration sets, capable of delivering 10 drops per cc</u> b. <u>Four intravenous solution administration sets capable of delivering 60 drops per cc</u>	=	<u>X</u>
2. <u>Antiseptic solution (alcohol wipes and povidone-iodine wipes)</u>	<u>X</u>	<u>X</u>

3. <u>Intravenous pressure infuser device or mechanical capability</u>	=	<u>X</u>
4. <u>Intravenous catheters, one each of 14, 16, 18, 20, 22, and 24 G</u>	=	<u>X</u>
5. <u>Two intraosseous needles, each capable of use in adult and pediatric patients</u>	=	<u>X</u>
6. <u>Venous tourniquet</u>	=	<u>X</u>
7. <u>The following syringes:</u> a. <u>Two 1 mL tuberculin,</u> b. <u>Four 3 mL,</u> c. <u>Four 5 mL,</u> d. <u>Four 10-12 mL,</u> e. <u>Two 20 mL, and</u> f. <u>Two 50-60 mL</u>	=	<u>X</u>
8. <u>Three 5 micron filter needles</u>	=	<u>X</u>
9. <u>Assorted sizes of non-filter needles</u>	=	<u>X</u>
10. <u>Intravenous arm boards, adult and pediatric</u>	=	<u>X</u>
J. <u>Medications</u>		
1. <u>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 may authorize for use based on the EMCT classification</u>	<u>X</u>	<u>X</u>
2. <u>Sterile saline for irrigation</u>	<u>X</u>	<u>X</u>

ARTICLE 11. GROUND AMBULANCE SERVICE RATES AND CHARGES; CONTRACTS

R9-25-1101. ~~Application for Establishment of~~ Establishing Initial General Public Rates (Authorized by 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.~~
- A.** As provided in R9-25-902(A)(19), an applicant wanting to establish initial general public rates as part of an application for an initial certificate of necessity shall include the following in the application packet submitted to the Department according to R9-25-902(A):
1. A copy of the applicant's financial statements, covering the most recent consecutive 12-month period;

2. A copy of the purchase agreements or lease agreements listed according to R9-25-902(A)(17), if not already submitted according to R9-25-902(A)(28);
3. For all business organizations or governmental entities affiliated with the applicant listed according to R9-25-902(A)(1)(d), the methodology and calculations used in allocating costs among the applicant and government entities or profit or not-for-profit businesses;
4. Other documents, exhibits, or statements that may assist the Department in setting the general public rates; and
5. Any other information or documents requested by the Director to clarify or complete the application.

B. A certificate holder applying for initial general public rates shall submit to the Department:

1. The following information, in a Department-provided format:
 - a. The identifying number on the certificate holder's current certificate of necessity;
 - b. The legal business or corporate name, address, telephone number, and facsimile number of the ground ambulance service;
 - c. Any other names by which the certificate holder is known;
 - d. The names of all other business organizations or governmental entities operated by the certificate holder related to the ground ambulance service;
 - e. The name, title, address, e-mail address, and telephone number of the following:
 - i. Each certificate holder and individual responsible for managing the ground ambulance service,
 - ii. The individual acting for the certificate holder according to R9-25-102,
 - iii. The individual to contact to access the ground ambulance service's records required in R9-25-908(B), and
 - iv. The statutory agent for the ground ambulance service or the individual designated by the certificate holder to accept service of process and subpoenas for the ground ambulance service;
 - f. The requested general public rates;
 - g. Whether the certificate holder agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);
 - h. Attestation that the information or documents submitted to the Department are true and correct; and
 - i. The signature of the individual acting for the certificate holder according to R9-25-102 and the date signed;
2. A copy of the certificate holder's financial statements, covering the most recent consecutive

12-month period;

3. A projected Ambulance Revenue and Cost Report covering the first consecutive 12 months of operation under the requested general public rates in subsection (B)(1)(f);
4. A copy of all actual or anticipated purchase agreements or lease agreements to be used in connection with the ground ambulance service, including the monetary amount and duration of each agreement, for:
 - a. Real estate,
 - b. Ground ambulance vehicles, or
 - c. Equipment exceeding \$10,000;
5. For all business organizations or governmental entities affiliated with the certificate holder listed according to subsection (B)(1)(d), the methodology and calculations used in allocating costs among the certificate holder and business organizations or governmental entities;
6. Other documents, exhibits, or statements that may assist the Department in setting the general public rates; and
7. Any other information or documents requested by the Director to clarify or complete the application.

C. Each certificate holder requesting to apply for a uniform general public rate under A.R.S. § 36-2232(E) shall submit to the Department:

1. The information required in subsection (B)(1);
2. The documents required in subsections (B)(4) through (7);
3. A copy of the certificate holder's financial statements, covering the most recent consecutive 24-month period;
4. Projected Ambulance Revenue and Cost Reports covering the first consecutive 24 months of operation under the requested general public rates in subsection (B)(1)(f); and
5. A document signed by each certificate holder requesting to apply for a uniform general public rate under A.R.S. § 36-2232(E).

B.D. The Department shall review an application under subsection (B) or (C) according to R9-25-1106, R9-25-1107, and R9-25-1201 and approve or deny an the application under this Section according to ~~9 A.A.C. 25,~~ A.R.S. § 36-2232 and Article 12 of this Chapter.

R9-25-1102. Application for Adjustment of General Public Rates (Authorized by 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)~~ 36-2234(G) shall submit ~~an application form~~ an application to the Department ~~that includes,~~ in a Department-provided format:

1. The name of the applicant certificate holder;
2. The identifying number on the certificate holder's current certificate of necessity;
- ~~2-3.~~ A statement that the applicant certificate holder is making the request according to A.R.S. § 36-2234(E) 36-2234(G);
- ~~3-4.~~ A statement that the applicant certificate holder has not applied for an adjustment to its the certificate holder's general public rates within the last previous six months;
5. The amount of the requested general public rate;
- ~~4-6.~~ The effective date of the proposed requested general public rate adjustment; and
- ~~5-7.~~ An attestation signed by the applicant that the information and documents provided by the applicant are certificate holder is true and correct; and
8. The signature of the individual acting for the certificate holder according to R9-25-102 and the date signed.

B. ~~An applicant~~ A certificate holder requesting an adjustment of general public rates exceeding the monetary amount calculated according to A.R.S. § ~~36-2234(E)~~ 36-2234(G) shall submit ~~an application packet~~ to the Department ~~that includes:~~

1. ~~The name of the applicant;~~ The following information in a Department-provided format:
 - a. The identifying number on the certificate holder's current certificate of necessity;
 - b. The legal business or corporate name, address, telephone number, and facsimile number of the ground ambulance service;
 - c. Any other names by which the certificate holder is known;
 - d. The names of all other business organizations or governmental entities operated by the certificate holder related to the ground ambulance service;
 - e. The name, title, address, e-mail address, and telephone number of the following:
 - i. Each entity and individual responsible for managing the ground ambulance service;
 - ii. The individual acting for the certificate holder according to R9-25-102;
 - iii. The individual to contact to access the ground ambulance service's records required in R9-25-908(B), and
 - iv. The statutory agent for the ground ambulance service or the individual designated by the certificate holder to accept service of process and subpoenas for the ground ambulance service;
- ~~2-f.~~ A statement that the applicant certificate holder is making the request according to A.R.S. § 36-2234(A) 36-2234(C);
- ~~3-g.~~ The reason for the general public rate adjustment request;

- h. The requested general public rates;
- 4-i. A statement that the applicant certificate holder has not applied for an adjustment to its the certificate holder's general public rates within the last previous six months;
- 5-j. The effective date of the proposed requested general public rate adjustment;
- k. Whether the certificate holder agrees to allow the Department to submit supplemental requests for information under R9-25-1201(C)(3);
- l. An attestation that the information and documents provided by the certificate holder are true and correct, and
- m. The signature of the individual acting for the certificate holder according to R9-25-102 and the date signed;
- 6-2. A copy of the applicant's certificate holder's most recent financial statements, covering at least:
 - a. If applicable under A.R.S. § 36-2234(H), the most recent consecutive 24-month period; or
 - b. The most recent consecutive 12-month period;
- 7-3. A copy of the certificate holder's most recent Ambulance Revenue and Cost Report;
- 4. A projected Ambulance Revenue and Cost Report covering the first consecutive 12 months of operation under the requested general public rates in subsection (B)(1)(h);
- 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;
- 11-5. A If the ground ambulance service has a contract with a federal or tribal entity, a copy of the applicant's certificate holder's contract with each federal or tribal entity for a ground ambulance service, if applicable unless the contract has been submitted to the Department and reviewed according to R9-25-1104;
- 6. A copy of all actual or anticipated purchase agreements or lease agreements to be used in

connection with the ground ambulance service, including the monetary amount and duration of each agreement, for:

- a. Real estate,
- b. Ground ambulance vehicles, or
- c. Equipment exceeding \$10,000;

7. For all business organizations or governmental entities affiliated with the certificate holder listed according to subsection (B)(1)(d), the methodology and calculations used in allocating costs among the certificate holder and business organizations or governmental entities;

~~12.8.~~ Other documents, exhibits, or statements that support the reason for the general public rate adjustment request as specified in subsection (B)(1)(g) and 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

~~14.9.~~ Any other information or documents requested by the Director to clarify or complete the application.

C. An applicant under R9-25-902, requesting to join a group of certificate holders, with a uniform general public rate established according to A.R.S. § 36-2232(E) and R9-25-1101(C), shall submit to the Department:

1. The information required in R9-25-902(A) and R9-25-1101(A)(1);

2. The documents required in subsections (B)(5) through (9);

3. A copy of the applicant's financial statements, covering the most recent consecutive 24-month period;

4. Projected Ambulance Revenue and Cost Reports covering the first consecutive 24 months of operation under the uniform general public rate; and

5. Documentation supporting the request, signed by each certificate holder with the uniform general public rate.

D. A certificate holder with a uniform general public rate, established according to A.R.S. § 36-2232(E) and R9-25-1101(C), that wants to establish a different general public rate shall submit to the Department:

1. A request according to subsection (A) or (B), as applicable; and

2. Documentation that the certificate holder has notified the other certificate holders with the uniform public rate of the certificate holder's intention of establishing a different general public rate.

E. A certificate holder with a uniform general public rate, established according to A.R.S. § 36-2232(E)

and R9-25-1101(C), that is notified according to subsection (D)(2) shall, within 60 calendar days after the date of notification of the Department's decision to grant the different general public rate:

1. Notify the Department of the intention to retain the rate currently on the certificate of necessity, or
2. Submit to the Department the information and documentation required in subsection (B).

C.F. The Department shall review an application under this Section according to R9-25-1106, R9-25-1107, and R9-25-1201 and approve or deny an the application under this Section according to 9 A.A.C. 25, A.R.S. §§ 36-2234 and 36-2239 and Article 12 of this Chapter.

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)~~ 36-2234(I) and (K), 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).~~

A. A certificate holder applying for approval of a contract rate or range of rates under A.R.S. § 36-2234(I) shall submit to the Department:

1. The following information, in a Department-provided format:
 - a. The name of the certificate holder,
 - b. The identifying number on the certificate holder's current certificate of necessity,
 - c. A statement that the certificate holder is making the request under A.R.S. § 36-2234(I),
 - d. The contract rate or range of rates being requested,
 - e. The effective date of the requested contract rate or range of rates,
 - f. An attestation that the information and documents provided by the certificate holder are true and correct, and
 - g. The signature of the individual acting for the certificate holder according to R9-25-

102 and the date signed; and

2. Information demonstrating the cost and economics of providing the transports for the requested contract rate or range of rates, such as:

- a. A copy of the certificate holder's most recent Ambulance Revenue and Cost Report; and
- b. A projected Ambulance Revenue and Cost Report covering the first consecutive 12 months of operation under the requested contract rate or range of rates in subsection (A)(1)(d).

B. A certificate holder applying for approval of a contract rate or range of contract rates under A.R.S. § 36-2234(K) shall submit to the Department:

- 1. The information in subsection (A)(1), in a Department-provided format; and
- 2. The documents required in R9-25-1102(B)(2) through (8).

B.C. The Department shall review an application under this Section according to R9-25-1106, R9-25-1107, and R9-25-1201 and approve or deny an the application under this Section according to 9 A.A.C. 25, A.R.S. §§ 36-2234 and 36-2239 and Article 12 of this Chapter.

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

A. A certificate holder shall not institute a new service contract between the ground ambulance service and a political subdivision of this state except as provided in A.R.S. § 36-2234(M).

A.B. 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. A cover letter from the certificate holder, including:
 - a. The name of the certificate holder;
 - b. The identifying number on the certificate holder's current certificate of necessity;
 - c. A statement that the certificate holder is submitting a copy of a ground ambulance service contract according to A.R.S. § 36-2234(M);
 - d. The name of the other party to the ground ambulance service contract, including, if applicable, the name of a political subdivision;
 - e. The name, title, address, e-mail address, and telephone number of an individual representing the other party, as specified according to subsection (B)(1)(d), who the Department may contact about the proposed ground ambulance service contract if necessary;
 - f. The total number of pages of the proposed ground ambulance service contract, and
 - g. The signature of the individual acting for the certificate holder according to R9-25-

102 and the date signed; and

2. A copy of the proposed ground ambulance service contract that:

- 1-a. ~~Include~~ Includes 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)~~ current certificate of necessity;
- b. Includes the name of the other party to the ground ambulance service contract, as specified according to subsection (B)(1)(d);
- c. Identifies each type of service and level of service to be provided under the proposed ground ambulance service contract;
- 2-d. ~~List~~ Lists the general public rates or contract rate or range of rates approved by the Director according to R9-25-1101, R9-25-1102, or R9-25-1103;
- 3-e. ~~Comply~~ Complies with A.R.S. §§ 36-2201 through 36-2246 and ~~9 A.A.C. 25~~ this Chapter; and
- 4-f. ~~Not~~ Does not preclude use of the 9-1-1 system or a ~~similarly designated emergency telephone number~~ similar system.

C. Except as provided in R9-25-904(A)(2), the Department shall not approve a proposed ground ambulance service contract between two certificate holders.

~~B.D.~~ The Department shall ~~approve or deny an application~~ review a proposed ground ambulance service contract under this Section according to A.R.S. §§ 36-2232 and, if applicable, 36-2234(M) and 9 A.A.C. 25, Article 12 of this Chapter.

E. The Department shall not enforce the provisions of a ground ambulance service contract unless the executed ground ambulance service contract has been approved by the Department and contains language authorizing the Department to enforce the provisions of the ground ambulance service contract.

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~~ An applicant for an initial certificate of necessity or 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, in a Department-provided format:

- a. The name of the applicant or certificate holder;
- b. The identifying number on the certificate holder's current certificate of necessity, if applicable;
- a-c. The number of estimated subscription service contracts and documents supporting

~~the estimate, such as a survey of the service area;~~

- ~~b.d.~~ An estimate of the number of annual subscription service transports for the service area;
 - ~~e.e.~~ The proposed subscription service rate;
 - ~~d.f.~~ An estimate of the cost of providing subscription service to the service area;
 - ~~g.~~ An attestation that the information and documents provided by the applicant or certificate holder are true and correct; and
 - ~~h.~~ The signature of the individual acting for the applicant or certificate holder according to R9-25-102 and the date signed; 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;
 - 3. Documents supporting the estimate in subsection (A)(1)(c), such as a survey of the service area;
 - 4. Documents supporting the estimate in subsection (A)(1)(f); and
 - 5. Any other information or documents that the certificate holder believes may assist the Department in setting a subscription service rate.
- B.** The Department shall review an application under this Section according to R9-25-1106, R9-25-1107, and R9-25-1201 and approve or deny a subscription service rate ~~under this Section~~ according to 9 A.A.C. 25, Article 12 of this Chapter.

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(I)(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, including the costs of supplies and equipment;
 - 2. ~~Balance sheet~~ Indirect costs for operating the ground ambulance service within its service area, such as costs that do not include the costs of supplies or equipment;
 - 3. ~~Income statement~~ Financial statements;
 - 4. ~~Cash flow statement;~~
 - ~~5-4.~~ Ratio between variable and fixed costs on the financial statements;
 - ~~6-5.~~ Method of indirect costs allocation to specific cost-center areas;
 - ~~7-6.~~ Return on equity;
 - ~~8-7.~~ Reimbursable and non-reimbursable charges;
 - ~~9-8.~~ Type of business entity;

- ~~10.9.~~ Monetary amount and type of debt financing;
- ~~11.10.~~ Replacement and expansion costs;
- ~~12.11.~~ Number of calls, transports, and billable miles;
- ~~13.12.~~ Costs associated with rules, inspections, and audits;
- ~~14.13.~~ Substantiated prior reported losses;
- ~~15.14.~~ Medicare and AHCCCS settlements, the difference between the general public rate a ground ambulance service assesses a patient and what a ground ambulance service receives from Medicare or AHCCCS as an allowable rate; and
- ~~16.15.~~ 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~~ EMS or transport;:
- 3. The monetary value of any goodwill accumulated by the certificate holder, that is, 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;
- 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~~ 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~~ The Department shall calculate the rate of return on gross revenue is calculated by dividing Ambulance Revenue and Cost Report Exhibit A or Exhibit B net income or loss, as specified according to R9-25-909(A)(16) or (C)(14) as applicable, by gross revenue, as specified according to R9-25-909((A)(3)(b) or (C)(3)(b) as applicable.

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 EMS and transport provided by a ground ambulance service, including considerations to maximize Medicare reimbursement.
- 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, and professional liability insurance for ALS personnel.
- ~~D.~~** ~~In evaluating rates, the Director shall make adjustments to a certificate holder's rates to maximize Medicare reimbursements.~~
- D.** When evaluating a proposed critical care rate, the Department shall:
1. Consider the factors in subsections (B) and (C) and the additional costs of providing critical care services; and
 2. Ensure that the critical care rate is:
 - a. Equivalent to at least the amount for specialty care transport, as used in federal Medicare guidelines; and
 - b. Greater than an ALS base rate.
- E.** The Department shall determine the standby waiting rate as no higher than ~~by dividing~~ the BLS base rate divided by 4.

R9-25-1108. Implementation of Rates and Charges (A.R.S. §§ 36-2232, 36-2239)

- A.** Except as provided in A.R.S. § 36-2239(B) and (E), a certificate holder shall not institute a new general public rate, new contract rate or range of rates, or subscription service rate before receiving from the Department an approval of the new general public rate, new contract rate or range of rates, or subscription service rate.
- B.** Under A.R.S. § 36-2232(A)(1) and (4), the Department may periodically review and, if appropriate,

adjust rates and charges for a ground ambulance service to ensure that the rates and charges are just, reasonable, and sufficient.

A.C. 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~~ When calculating the number of miles for a transport, ~~by using~~ use one of the following, with the number of miles rounded as specified in subsection (C)(1):
 - a. The ground ambulance vehicle's odometer reading;
 - b. Software designed to calculate mileage, or
 - ~~b.c.~~ A regional map;
3. ~~The certificate holder shall calculate~~ When calculating the reimbursement amount for mileage of a transport, ~~by multiplying~~ multiply 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 to 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)~~; (E); and
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.D. 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.E. 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.F. When a certificate holder responds to a request outside the certificate holder's service area, the

certificate holder shall assess ~~it's~~ the certificate holder's own rates and charges for EMS or transport provided to the patient.

E.G. 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~~ after 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:

1. a A list of the items and the proposed charges. ~~The list shall include a, and~~
2. A non-retroactive effective date.

B. A certificate holder shall submit to the Department a new list, containing the information required in subsection (A), 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~~ A certificate holder shall ensure that:

1. ~~Each~~ Each invoice for rates and charges ~~shall contain~~ contains the following:
 - ~~1-a.~~ 2-a. The patient's name;
 - ~~2-b.~~ 3-b. The certificate holder's name, address, and telephone number;
 - ~~3-c.~~ 4-c. The date of service;
 - ~~4-d.~~ 5-d. An itemized list of the rates and charges assessed;
 - ~~5-e.~~ 6-e. The total monetary amount owed the certificate holder; and
 - ~~6-f.~~ 7-f. The payment due date; and

~~B.2.~~ B.2. Any subsequent invoice to the same patient for the same EMS or transport ~~shall contain~~ contains all the information in subsection (A) except the information in subsection ~~(A)(4)~~ (A)(1)(d).

C.B. ~~Charges may be combined~~ A certificate holder may combine into one line item the charges for multiple items if:

1. ~~the~~ The supplies are used together for a specific purpose, and
2. ~~the~~ The name of the combined item is included in the certificate holder's ~~disposable medical supply listing~~ list provided to the Department ~~under~~ according to R9-25-1109.

D.C. 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. §§ 36-2235, 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 time-frame 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 time-frame 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~~:
- a. Who:
 - i. Meets the qualifications in A.R.S. Title 36, Chapter 21.1 and this Chapter for the type of application submitted; or
 - ~~b-ii.~~ 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; and
 - b. For an application under R9-25-902 or R9-25-903, which may include special conditions or limitations, including a shorter renewal term, according to A.R.S § 36-2235.
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.
- G.** A person may appeal a decision according to A.R.S § 36-2234 or Title 41, Chapter 6, Article 6.

Table 12.1. Time-frames (in days)

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,	90	30	60	60	60

	and 36-2215					
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 <u>180</u>	30	60	420 <u>120</u>	60
Provision of ALS Services (R9-25-902)	A.R.S. §§ 36-2232, 36-2233, 36-2240	450	30	60	420	60
Renewal of a Certificate of Necessity (R9-25-903)	<u>A.R.S. §§ 36-2233, 36-2235, 36-2240</u>	<u>90</u>	<u>30</u>	<u>60</u>	<u>60</u>	<u>60</u>
Transfer of a Certificate of Necessity (R9-25-902 <u>R9-25-904</u>)	A.R.S. §§ 36-2236(A) and (B), 36-2240	450 <u>180</u>	30	60	420 <u>120</u>	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 <u>180</u>	30	60	420 <u>120</u>	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	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60

Registration (R9-25-1001)						
Establishment of Initial General Public Rates (R9-25-1101)	A.R.S. §§ 36-2232, 36-2239	450 <u>180</u>	30	60	420 <u>120</u>	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