

## NOTICES OF PROPOSED RULEMAKING

Unless exempted by A.R.S. § 41-1005, each agency shall begin the rulemaking process by first submitting to the Secretary of State's Office a Notice of Rulemaking Docket Opening followed by a Notice of Proposed Rulemaking that contains the preamble and the full text of the rules. The Secretary of State's Office publishes each Notice in the next available issue of the *Register* according to the schedule of deadlines for *Register* publication. Due to time restraints, the Secretary of State's Office will no longer edit the text of proposed rules. We will continue to make numbering and labeling changes as necessary.

Under the Administrative Procedure Act (A.R.S. § 41-1001 et seq.), an agency must allow at least 30 days to elapse after the publication of the Notice of Proposed Rulemaking in the *Register* before beginning any proceedings for adoption, amendment, or repeal of any rule. A.R.S. §§ 41-1013 and 41-1022.

### NOTICE OF PROPOSED RULEMAKING

#### TITLE 2. ADMINISTRATION

#### CHAPTER 12. OFFICE OF THE SECRETARY OF STATE

##### PREAMBLE

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <b><u>1. Sections Affected</u></b> | <b><u>Rulemaking Action</u></b> |
| Article 9                          | New Article                     |
| R2-12-901                          | New Section                     |
- 2. The specific authority for the rulemaking, including both the authorizing statutes (general) and the statutes the rules are implementing (specific):**  
Authorizing statute: A.R.S. § 47-9410
- 3. A list of all previous notices appearing in the Register addressing the proposed rule:**  
Notice of Rulemaking Docket Opening: 6 A.A.R. 658, February 11, 2000
- 4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
- |            |   |
|------------|---|
| Name:      | Connie Copeland<br>Director of Business Services  |
| Address:   | Office of the Secretary of State<br>Business Services<br>1700 West Washington, 7th Floor<br>Phoenix, AZ 85007 |
| Telephone: | (602) 542-5561  |
| Fax:       | (602) 542-7386  |
- 5. An explanation of the rule, including the agency's reason for initiating the rule:**  
In accordance with A.R.S. § 41-9410, the Secretary of State may establish rules to permit delivering by means of facsimile or electronic transmission a document that is required or permitted by Title 41 to be delivered to the Secretary of State for filing.
- 6. A reference to any study that the agency proposes to rely on its evaluation of or justification for the proposed rule and where the public may obtain or review the study, all data underlying each study, and analysis of the study and other supporting material:**  
None
- 7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**  
Not applicable
- 8. The preliminary summary of the economic, small business, and consumer impact:**  
Excellent service to consumers which will eliminate mailing and postage costs and provide an expeditious means for our customers to file.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

**9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:**

Name: Connie Copeland  
Director of Business Services

Address: Office of the Secretary of State  
Business Services  
1700 West Washington, 7th Floor  
Phoenix, AZ 85007

Telephone: (602) 542-5561

Fax: (602) 542-7386

**10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rule, or if no proceedings is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

A public hearing will be held February 19, 2000, at 9:00 a.m. in the conference room of the Secretary of State, 1700 West Washington, 7th floor, Phoenix, AZ 85007.

**11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable

**12. Incorporation by reference and their location in the rules:**

None

**13. The full text of the rules follows:**

**TITLE 2. ADMINISTRATION**

**CHAPTER 12. OFFICE OF THE SECRETARY OF STATE**

**ARTICLE 9. BUSINESS SERVICES - FAX FILINGS, FAX FILINGS OF UNIFORM COMMERCIAL CODE**

**R2-12-901. Procedures**

**ARTICLE 9. BUSINESS SERVICES - FAX FILINGS, FAX FILINGS OF UNIFORM COMMERCIAL CODE**

**R2-12-901. Procedures**

- A.** The following procedures have been established and are authorized by A.R.S. § 47-9410; Entities, who establish a pre-paid account pursuant to A.R.S. § 35-149 and A.R.S. § 35-142 (A) with the Secretary of State and maintain a minimum deposit of \$25 in their account, may request to file Uniform Commercial Code filings by facsimile (fax). The applicant will submit a complete application form for a pre-paid account prescribed by the Secretary of State signed by an authorized representative of the applicant. The application will include the following information, but not necessarily in this order: account name, account street address, contact person, phone number for the contact person, and the mailing address for the monthly statement. Attached to the application form shall be a list of each person who will file on this account and a specific facsimile number from which each registered filer will send and receive facsimiles. The facsimile filing services commonly referred to as the fax filing service will be available for initial financing statements (UCC-1) and applicable subsequent filing statements (UCC-2).
- B.** Upon approval of the application form, the Office of the Secretary of State will assign a pre-paid account number and a separate identifying number to each individual filer on the same pre-paid account. The prepaid account number and the identifying number will be used in conjunction on the fax filing transmittal form to identify the account and the individual submitting a document for filing. A transmittal form prescribed by the Secretary of State will include the following information, not necessarily in that order, the total number of pages included in the filing excluding the transmittal form; the pre-paid account number, the identifying number, the account name, account phone number, the contact person, the fax number from which the fax originated; and the type of UCC and number of UCC requests contained in the fax.
- C.** Uniform Commercial Code documents approved and received by fax will receive a return fax from the Secretary of State indicating that the document has been accepted for filing or was rejected. Uniform Commercial Code fax filings accepted for filing will receive a date, time, and file number. UCC-2 fax filings accepted for filing will receive a date and time stamp only.
- D.** Fax filings must meet the requirements of the Arizona Uniform Commercial Code, Arizona Revised Statutes, Title 47. Fax filings will also be rejected for filing should any of the following reasons occur during transmission:
- 1.** The fax was not sent in 200 x 200-dpi "fine" resolution mode.
  - 2.** Page count does not match pages received excluding the transmittal cover sheet form.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

3. Documents were skewed or in other ways of low quality.
4. Pre-Paid Account/identifying number information is incorrect, out of date, or otherwise invalid.
5. Pre-Paid Account does not include sufficient funds to process the filing.
6. Requests included in the filing do not match number/type or requests specified on the transmittal form.
7. All filings must use standard UCC forms on 8 1/2 by 11-inch paper.
8. The filing office is unable to read or decipher the information on the UCC form without regard to the person or entity that is responsible for the document being unreadable or indecipherable.
- E. Any fax filing received by 3:00 p.m. on any regular business day will be processed on the same day. Any filing received after 3:00 p.m. will be processed by the following regular business day. Special requests for filing after the 3:00 p.m. deadline may be made by contacting the Office of the Secretary of State and requesting expedited services as prescribed by A.R.S. § 41-126.
- E. Each fax filing will be sent a confirmation or rejection by facsimile from the Office of the Secretary of State. It is the responsibility of the filer to check for confirmation of the filing or rejection of the filing and to maintain those receipts for their records. All charges for faxed filings will be itemized on monthly statements.

**NOTICE OF PROPOSED RULEMAKING**

**TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 7. BOARD CHIROPRACTIC EXAMINERS**

**PREAMBLE**

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <b><u>1. Sections Affected</u></b> | <b><u>Rulemaking Action</u></b> |
| Article 5                          | Amend                           |
| R4-7-501                           | Amend                           |
| Article 6                          | Amend                           |
| R4-7-601                           | Amend                           |
| Article 8                          | Amend                           |
| R4-7-801                           | Amend                           |
- 2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**  
Authorizing statute: A.R.S. § 32-904(B)(2)  
Implementing statutes: A.R.S. §§ 32-923, 32-922.02, and 32-931
- 3. A list of all previous notices appearing in the Register addressing the proposed rule:**  
Notice of Rulemaking Docket Opening: 6 A.A.R. 4121, October 27, 2000
- 4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
- |            |   |
|------------|---|
| Name:      | Patrice A. Pritzl<br>Executive Director                     |
| Address:   | 5060 North 19th Avenue, Suite 416<br>Phoenix, AZ 85015-3210 |
| Telephone: | (602) 255-1444  |
| Fax:       | (602) 255-4289  |
- 5. An explanation of the rule, including the Agency's reasons for initiating the rule:**  
The proposed rule amendments will clarify that a licensee must keep their certification of renewal available for inspection, add acupuncture techniques to those already defined in rule, and amend the continuing education rule to allow for distance learning.
- 6. A reference to any study that the agency proposes to rely on in its evaluation of or justification for the proposed rule and where the public may obtain or review the study, all data underlying each study, any analysis of the study and other supporting material:**  
Not applicable
- 7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**  
Not applicable

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

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

For the most part, the economic impact is minor. The proposed amendments to R4-7-501 and R4-7-601 are technical in nature and will provide clarification of existing law. The amendment to R4-7-801 will produce a considerable and favorable impact for licensees. Currently, licensees must personally attend a course, which may require travel to a city or state beyond the licensees city of residence. With the proposed amendment, licensees who do not reside in a city or town where an applicable course may be offered may attend a course by a distance learning application such as the Internet.

**9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement.**

Name: Patrice A. Pritzl  
Executive Director

Address: 5060 North 19th Avenue, Suite 416  
Phoenix, AZ 85015-3210

Telephone: (602) 255-1444

Fax: (602) 255-4289

**10. The time, place and nature of the proceedings for adoption, amendment, or repeal of the rule or, if no proceeding is scheduled when, where, or how persons may request an oral proceeding on the proposed rule:**

Written comment will be accepted at the Board office, 5060 N. 19th Ave., #416, Phoenix, AZ 85015 on a business day between the hours of 8:00 a.m. until 5:00 p.m. on February 12, 2001. An oral proceeding is not scheduled but may be requested.

**11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable

**12. Incorporation by reference and their location in the rules:**

Not applicable

**13. The full text of the rules as follows:**

**TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 7. BOARD OF CHIROPRACTIC EXAMINERS**

**ARTICLE 5. LICENSES**

R4-7- 501. Display of licenses

**ARTICLE 6. ACUPUNCTURE CERTIFICATION**

R4-7-601. Definition of acupuncture as applied to chiropractic

**ARTICLE 8. CONTINUING EDUCATION**

R4-7-801. Continuing Education

**ARTICLE 5. LICENSES**

**R4-7-501. Display of licenses**

A licensee shall at all times display the license issued him by the board in a conspicuous place in his office and shall upon request, produce for inspection the certification demonstrating license renewal for the current calendar year.

**ARTICLE 6. ACUPUNCTURE CERTIFICATION**

**R4-7-601. Definition of acupuncture as applied to chiropractic**

- A. Acupuncture as applied to chiropractic is a stimulation of a certain meridian point or points on or near the surface of the body for the purpose of controlling and regulating the flow and balance of energy of the body preparatory and complementary to an adjustment.
- B. Acupuncture includes acupuncture by needle, electrical stimulation, ultrasound, acupressure, laser, ~~and~~ auricular therapy or any implement that stimulates acupuncture points.
- C. Acupuncture does not include cupping, moxibustion or cosmetic therapy.

**ARTICLE 8. CONTINUING EDUCATION**

**R4-7-801. Continuing Education Requirements**

- A.** To be eligible to renew a license, a licensee shall complete twelve (12) credits of continuing education between January 1 and December 31 of each year. A credit of continuing education shall be defined as 60 minutes of education.
- B.** A licensee shall obtain continuing education credit in the following manner:
1. By attending or participating in a course, seminar, or workshop on subjects listed in A.R.S. § 32-922(B) or A.R.S. § 32-922.02 that are taught at or sponsored by a Council on Chiropractic Education accredited chiropractic college or accredited college or university in the United States pursuant to A.R.S. § 32-931(B).
  2. By teaching a post-graduate course as a faculty member or a Council in Chiropractic Education accredited chiropractic college. Continuing education credits earned in this manner shall be calculated as two credits of continuing education for each hour of postgraduate course instruction for the first course presentation, and one credit for each hour of instruction thereafter. A maximum of 6 credits of continuing education credit may be obtained in this manner annually.
  3. By completing mediated instruction or programmed learning courses offered through postgraduate studies under an accredited college or university only. Mediated instruction refers to learning transmitted via intermediate mechanisms such as audio and or/ visual tape and telephonic transmissions. A certificate or program completion must be obtained from the accredited college or university to verify compliance with this provision.
- C.** The Board shall award continuing education credit only for the subjects listed in A.R.S. § 32-922(B) or 32-922.02.
- D.** The Board may grant an extension of 90 days to comply with the continuing education requirements. To qualify for an extension, a licensee shall:
1. Timely file a license renewal application and renewal fee; and
  2. Submit a written request for an extension, including good cause why the continuing education requirements were not met.
- E.** The following reasons may constitute good cause for the board to grant an extension of time to comply with the continuing education requirements.
1. The licensee graduated from an accredited chiropractic college, or a college that meets the requirements of A.A.C. R4-7-702 during the year that the continuing education requirements were to be met;
  2. The licensee lived in a country where there was no accredited chiropractic college, or a college that meets the requirements of A.A.C. R4-7-702 for at least 7 months during the year that the continuing education requirements were to be met.
  3. The licensee was in active military service for at least 7 months during the year that the continuing education requirements were to be met; or
  4. The licensee was not able to complete the continuing education requirements because of a documented disability of the licensee or the licensee's spouse, child, or parent.
- F.** If the Board grants an extension of time in which to complete the continuing education requirements, the continuing education credits obtained during the 90-day extension shall be applied to meet only the requirements for which the extension was granted. A licensee shall not report continuing education credit earned during the 90-day extension for a subsequent renewal year.

**NOTICE OF PROPOSED RULEMAKING**

**TITLE 9. HEALTH SERVICES**

**CHAPTER 15. DEPARTMENT OF HEALTH SERVICES  
LOAN REPAYMENT**

**PREAMBLE**

**1. Sections Affected**

Article 1  
R9-15-101  
R9-15-102  
Article 2  
R9-15-201  
R9-15-202  
R9-15-203  
R9-15-204  
R9-15-205  
R9-15-206

**Rulemaking Action**

New Article  
New Section  
New Section  
New Article  
New Section  
New Section  
New Section  
New Section  
New Section  
New Section

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

R9-15-207	New Section
R9-15-208	New Section
R9-15-209	New Section
R9-15-210	New Section
R9-15-211	New Section
R9-15-212	New Section
R9-15-213	New Section
R9-15-214	New Section
R9-15-215	New Section
R9-15-216	New Section
R9-15-217	New Section
R9-15-218	New Section
Article 3	New Article
R9-15-301	New Section
R9-15-302	New Section
R9-15-303	New Section
R9-15-304	New Section
R9-15-305	New Section
R9-15-306	New Section
R9-15-307	New Section
R9-15-308	New Section
R9-15-309	New Section
R9-15-310	New Section
R9-15-311	New Section
R9-15-312	New Section
R9-15-313	New Section
R9-15-314	New Section
R9-15-315	New Section
R9-15-316	New Section
R9-15-317	New Section
R9-15-318	New Section

**2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statutes: A.R.S. §§ 36-132(A), 36-136(F), 36-2172, and 36-2174

Implementing statutes: A.R.S. §§ 36-2172 and 36-2174

**3. A list of all previous notices appearing in the Register addressing the proposed rule:**

Notice of Rulemaking Docket Opening: 5 A.A.R. 4376, November 19, 1999

Notice of Rulemaking Docket Opening: 6 A.A.R. 1032, March 17, 2000

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

Name: Doug Hirano  
Bureau Chief

Address: Arizona Department of Health Services  
Bureau of Health Systems Development  
1740 West Adams, Room 302  
Phoenix, Arizona 85007

Telephone: (602) 542-2981

Fax: (602) 542-2011

E-mail: dhirano@hs.state.az.us

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

or

Name: Kathleen Phillips  
Rules Administrator

Address: Arizona Department of Health Services  
Office of Administrative Rules  
1740 West Adams, Room 102  
Phoenix, Arizona 85007

Telephone: (602) 542-1264

Fax: (602) 542-1090

E-mail: kphilli@hs.state.az.us

**5. An explanation of the rule, including the agency's reasons for initiating the rule:**

A.R.S. § 36-2172 authorizes the Primary Care Provider Loan Repayment Program (PCPLRP) within the Department. The PCPLRP makes repayment of eligible educational loans for primary care providers in exchange for a term of service in a federally designated health professional shortage area. The proposed rulemaking adopts new rules for the PCPLRP in a new Chapter dedicated to Loan Repayment. The new rules replace the rules that are being repealed from 9 A.A.C. 24, Article 4 in a separate rulemaking. The new rules streamline the loan repayment process by eliminating vacancy notification; replace the percentages of funding set aside for rural, remote rural, and urban areas with a prioritization scheme that reflects statutory authority; implement a quarterly repayment award timetable to allow for prioritization among primary care providers; and clarify the criteria used to select providers for loan repayment. The rulemaking also adds dentists as eligible providers, eliminates the use of exhibits in the rules, clarifies the rules, and conforms to statutory authority and current rulemaking format and style requirements.

A.R.S. § 36-2174 authorizes the Rural Private Primary Care Provider Loan Repayment Program (RPPCPLRP) within the Department. The RPPCPLRP makes repayment of eligible educational loans for private primary care providers in exchange for a term of service in a rural Arizona medically underserved area. The Department has not promulgated rules to implement this statutory mandate since its creation in 1997. The proposed rulemaking will implement A.R.S. § 36-2174 by establishing the procedures to be followed by the Department and applicants for and recipients of funds under the RPPCPLRP.

**6. A reference to any study that the agency relied on in its evaluation of or justification for the proposed rule and where the public may obtain or review the study, all data underlying each study, any analysis of the study and other supporting material:**

None

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

Not applicable

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

The Department will bear the costs of the rulemaking process, which are moderate. The Governor's Regulatory Review Council and the Office of the Secretary of State will also bear minimal-to-moderate costs from the rulemaking process.

The Department does not expect any other persons to incur costs directly as a result of this rulemaking.

The Department will benefit from the rulemaking because the proposed rules will clarify the procedure that the Department has been using for the PCPLRP and will notify the public of the procedure that the Department has been using for the RPPCPLRP. The rulemaking will make the rules easier to find, resulting in the Department's needing to respond to fewer inquiries from a confused public. The Department will also benefit from the rulemaking because the proposed rules will allow the Department to use a more meaningful prioritization scheme that reflects statutory authority for both programs. This benefit, though significant, is unquantifiable.

Individuals and service sites that are interested in the PCPLRP or the RPPCPLRP will benefit from the rulemaking because the rulemaking will clarify the procedure that the Department has been using for the PCPLRP and will notify the public of the procedure that the Department has been using for the RPPCPLRP. The rulemaking will also benefit these individuals and services sites by making the rules easier to find and use.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

**9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:**

Name: Doug Hirano  
Bureau Chief

Address: Arizona Department of Health Services  
Bureau of Health Systems Development  
1740 West Adams, Room 302  
Phoenix, Arizona 85007

Telephone: (602) 542-2981

Fax: (602) 542-2011

E-mail: dhirano@hs.state.az.us

or

Name: Kathleen Phillips  
Rules Administrator

Address: Arizona Department of Health Services  
Office of Administrative Rules  
1740 West Adams, Room 102  
Phoenix, Arizona 85007

Telephone: (602) 542-1264

Fax: (602) 542-1090

E-mail: kphilli@hs.state.az.us

**10. The time, place, and nature of the proceedings for the adoption, amendment, or repeal of the rule or, if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

The Department has scheduled the following oral proceeding:

Date: February 12, 2001

Time: 9:00 a.m.

Location: Arizona Department of Health Services  
1740 West Adams  
Conference Rooms A and B  
Phoenix, Arizona 85007

Nature: Oral Proceeding

Written comments on the proposed rulemaking or the preliminary economic, small business, and consumer impact summary may be submitted to the individuals listed in questions 4 and 9 until the close of record at 5:00 p.m. on February 12, 2001.

**11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable

**12. Incorporations by reference and their location in the rules:**

None

**13. The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES**

**CHAPTER 15. DEPARTMENT OF HEALTH SERVICES  
LOAN REPAYMENT**

**ARTICLE 1. GENERAL**

R9-15-101. Definitions



**ARTICLE 2. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM**

- R9-15-201. Definitions
- R9-15-202. Loans Qualifying for Repayment
- R9-15-203. Loan Repayment Application and Award Timetable
- R9-15-204. Award Amounts
- R9-15-205. Loan Repayment Contract
- R9-15-206. Primary Care Provider Eligibility Criteria
- R9-15-207. Service Site Eligibility Criteria
- R9-15-208. Prioritization of Eligible Service Sites
- R9-15-209. Service Site Application
- R9-15-210. Primary Care Provider Application
- R9-15-211. Selection of Primary Care Providers
- R9-15-212. Reapplication
- R9-15-213. Service Verification
- R9-15-214. Loan Repayments
- R9-15-215. Notice of Failure to Complete Full Term of Service under the Contract at the Service Site
- R9-15-216. Liquidated Damages for Failure to Complete Full Term of Service under the Contract
- R9-15-217. Suspension of Service under the Contract to Transfer to Another Eligible Service Site
- R9-15-218. Waiver of Liquidated Damages

**ARTICLE 3. RURAL PRIVATE PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM**

- R9-15-301. Definitions
- R9-15-302. Loans Qualifying for Repayment
- R9-15-303. Loan Repayment Application and Award Timetable
- R9-15-304. Award Amounts
- R9-15-305. Loan Repayment Contract
- R9-15-306. Primary Care Provider Eligibility Criteria
- R9-15-307. Service Site Eligibility Criteria
- R9-15-308. Prioritization of Eligible Service Sites
- R9-15-309. Service Site Application
- R9-15-310. Primary Care Provider Application
- R9-15-311. Selection of Primary Care Providers
- R9-15-312. Reapplication
- R9-15-313. Service Verification
- R9-15-314. Loan Repayments
- R9-15-315. Notice of Failure to Complete Full Term of Service under the Contract at the Service Site
- R9-15-316. Liquidated Damages for Failure to Complete Full Term of Service under the Contract
- R9-15-317. Suspension of Service under the Contract to Transfer to Another Eligible Service Site
- R9-15-318. Waiver of Liquidated Damages

**ARTICLE 1. GENERAL**

**R9-15-101. Definitions**

In this Chapter, unless otherwise specified:

1. “AHCCCS” means Arizona Health Care Cost Containment System.
2. “Ambulatory care services” means all types of primary care services that are provided only on an outpatient basis.
3. “Arizona medically underserved area” means a primary care area that is designated by the Secretary of the United States Department of Health and Human Services as a health professional shortage area or that is designated by the Department using the methodology described in A.A.C. R9-24-203.
4. “Business organization” means an entity such as a sole proprietorship, an unincorporated association, a corporation, a limited liability company, a partnership, or a governmental entity.
5. “Commercial loan” means an advance of money made by a bank, credit union, savings and loan association, insurance company, school, or other financial or credit institution that is subject to examination and supervision in its capacity as a lender by an agency of the United States or of the state in which the lender has its principal place of business.
6. “Complete application” means a submission from a primary care provider that contains all documents and information listed in either A.A.C. R9-15-209(A) and R9-15-210(A) and (B) or A.A.C. R9-15-309(A) and R9-15-310(A) and (B).

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

7. "Days" means calendar days, excluding the day of the act, event, or default from which a designated period of time begins to run and excluding the last day of the period if it is a Saturday, a Sunday, or a legal holiday, in which event the period runs until the end of the next day that is not a Saturday, a Sunday, or a legal holiday.
8. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
9. "Department" means the Arizona Department of Health Services.
10. "Educational expenses" has the same meaning as in 42 C.F.R. § 62.22.
11. "Family unit" means a group of individuals residing together who are related by birth, marriage, or adoption or an individual who does not reside with an individual to whom the individual is related by birth, marriage, or adoption.
12. "Fiscal year" means the 12-month period from July 1 of one calendar year to June 30 of the following calendar year.
13. "Full-time" means for at least 40 hours during the 7-day period between Sunday at 12:01 a.m. and Saturday at 12:00 a.m.
14. "Government loan" means an advance of money made by a federal, state, county, or city agency.
15. "Health professional school" has the same meaning as "school" in 42 C.F.R. § 62.2.
16. "Health professional shortage area" means a geographic region designated by the Secretary of the United States Department of Health and Human Services under 42 U.S.C. § 254e.
17. "Immediate family" means an individual in any of the following relationships to the primary care provider:
  - a. Spouse.
  - b. Natural or adopted child.
  - c. Stepchild.
  - d. Natural or adoptive parent.
  - e. Stepparent.
  - f. Full or partial brother or sister.
  - g. Stepbrother or stepsister.
  - h. Grandparent or spouse of grandparent.
  - i. Grandchild or spouse of grandchild.
  - j. Father-in-law or mother-in-law.
  - k. Brother-in-law or sister-in-law, and
  - l. Son-in-law or daughter-in-law.
18. "Living expenses" has the same meaning as in 42 C.F.R. § 62.22.
19. "Mid-level provider" has the same meaning as in A.R.S. § 36-2171.
20. "Nurse midwife" means a registered nurse practitioner who is certified by the Arizona State Board of Nursing to perform as a midwife.
21. "Physician" has the same meaning as in A.R.S. § 36-2351.
22. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
23. "Population" means the total of permanent residents, according to the most recent decennial census published by the United States Census Bureau or according to the most recent Population Estimates for Arizona's Counties and Incorporated Places published by the Arizona Department of Economic Security.
24. "Poverty level" means the annual income expressed as the poverty guideline for a family unit of a particular size by the poverty guidelines updated annually in the Federal Register by the United States Department of Health and Human Services.
25. "Primary care area" means a geographic region designated as a primary care area by the Department under A.A.C. R9-24-204.
26. "Primary care index" means the report in which the Department designates primary care areas as medically underserved by using the methodology described in A.A.C. R9-24-203.
27. "Primary care provider" means:
  - a. One of the following providing direct patient care in general or family practice, general internal medicine, pediatrics, or obstetrics and gynecology:
    - i. A physician.
    - ii. Physician assistant.
    - iii. Registered nurse practitioner, or
    - iv. Nurse midwife; or
  - b. A dentist.
28. "Primary care services" means health care provided by a primary care provider.
29. "Private" means owned by and operated under the direction of an entity other than the federal or state government or a political subdivision of the state.
30. "Public" means owned by and operated under the direction of the federal or state government or a political subdivision of the state.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

31. "Reasonable educational expenses" means educational expenses that are equal to or less than the health professional school's estimated standard student budget for educational expenses for the course of study and for the year or years during which the primary care provider pursued the course of study.
32. "Reasonable living expenses" means living expenses that are equal to or less than the health professional school's estimated standard student budget for living expenses for the course of study and for the year or years during which the primary care provider pursued the course of study.
33. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
34. "Rural" has the same meaning as in A.R.S. § 36-2171.
35. "Service site" means a medical or dental practice providing primary care services.
36. "Student" means an individual pursuing a course of study at a health professional school.
37. "Tuition" means the amount actually paid for instruction at a health professional school.

**ARTICLE 2. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM**

**R9-15-201. Definitions**

In this Article, unless otherwise specified:

1. "Degree-of-shortage ranking" means a number assigned to a HPSA by the United States Secretary of Health and Human Services to indicate the severity of need for primary care providers.
2. "HPSA" means health professional shortage area.
3. "Nonprofit" means owned by and operated under the direction of an entity that is recognized as exempt under § 501 of the United States Internal Revenue Code.
4. "PCPLRP" means primary care provider loan repayment program.

**R9-15-202. Loans Qualifying for Repayment**

**A.** The Department shall use PCPLRP funds only to repay:

1. Principal, interest, and related expenses of government loans and commercial loans taken out by a primary care provider while obtaining a degree in allopathic or osteopathic medicine or dentistry or as a physician assistant, registered nurse practitioner, or nurse midwife to pay contemporaneous:
  - a. Tuition.
  - b. Reasonable educational expenses, and
  - c. Reasonable living expenses; or
2. Government or commercial loans resulting from the refinancing or consolidation of loans described in subsection (A)(1).

**B.** Obligations or debts incurred under the following are ineligible for repayment:

1. The National Health Service Corps Scholarship Program.
2. The Armed Forces Health Professional Scholarship Program.
3. The Indian Health Service Scholarship Program, and
4. The Arizona Medical Student Loan Program.

**R9-15-203. Loan Repayment Application and Award Timetable**

**A.** The Department shall accept applications for the PCPLRP from primary care providers on a quarterly basis each fiscal year, as described below.

1. A primary care provider who wants to be considered for a contract term to commence on July 1 shall submit a complete application so that it is received by the Department between December 16 and March 15.
2. A primary care provider who wants to be considered for a contract term to commence on October 1 shall submit a complete application so that it is received by the Department between March 16 and June 15.
3. A primary care provider who wants to be considered for a contract term to commence on January 1 shall submit a complete application so that it is received by the Department between June 16 and September 15.
4. A primary care provider who wants to be considered for a contract term to commence on April 1 shall submit a complete application so that it is received by the Department between September 16 and December 15.

**B.** Only two primary care providers from a service site are eligible to receive loan repayment each fiscal year.

1. The Department shall waive this restriction on November 1 if funds remain for the fiscal year.
2. A primary care provider whose application has been denied under subsection (B) may reapply between November 1 and December 15 to be considered for a contract term to commence on April 1.

**C.** The Department shall deny applications when no funds remain for the fiscal year. A primary care provider whose application has been denied due to unavailability of funds for the current fiscal year may reapply after December 15 to be considered for a contract term for the next fiscal year.

**R9-15-204. Award Amounts**

**A.** The Department determines the annual amount of a loan repayment award based upon:

1. The priority ranking of the service site at which the primary care provider plans to serve the contract obligation.

**Arizona Administrative Register**  
**Notices of Proposed Rulemaking**

---

2. The amount of loan repayment requested.
3. The contract year of service, and
4. The availability of funds.

**B.** The Department provides loan repayment awards to physicians and dentists according to the following schedule:

<u>Contract Year of Service</u>	<u>Maximum Annual Award Amount Allowable</u> <u>by Priority of Service Site</u>		
	<u>Priority 1</u>	<u>Priority 2</u>	<u>Priority 3</u>
<u>1st year</u>	<u>\$20,000</u>	<u>\$18,000</u>	<u>\$16,000</u>
<u>2nd year</u>	<u>\$20,000</u>	<u>\$18,000</u>	<u>\$16,000</u>
<u>3rd year</u>	<u>\$22,000</u>	<u>\$20,000</u>	<u>\$18,000</u>
<u>4th year</u>	<u>\$25,000</u>	<u>\$22,000</u>	<u>\$20,000</u>

**C.** The Department provides loan repayment awards to mid-level providers according to the following schedule:

<u>Contract Year of Service</u>	<u>Maximum Annual Award Amount Allowable</u> <u>by Priority of Service Site</u>		
	<u>Priority 1</u>	<u>Priority 2</u>	<u>Priority 3</u>
<u>1st year</u>	<u>\$7,500</u>	<u>\$6,000</u>	<u>\$5,000</u>
<u>2nd year</u>	<u>\$7,500</u>	<u>\$6,000</u>	<u>\$5,000</u>

- D.** The Department shall not award an amount that exceeds the primary care provider's total qualifying loan indebtedness.
- E.** The Department shall award a primary care provider the amount of loan repayment requested unless the amount requested exceeds the maximum annual amount allowable according to subsection (B) or (C) above or the Department has inadequate funds to provide the maximum annual amount allowable and the primary care provider agrees to contract for a lesser amount.

**R9-15-205. Loan Repayment Contract**

- A.** In exchange for loan repayment, a primary care provider shall contract with the Department to provide full-time continuous services at a specific eligible service site for a minimum of 24 months in accordance with the agreements described in A.A.C. R9-15-206(A). The primary care provider shall sign and return the contract to the Department.
- B.** The contract shall comply with A.R.S. Title 41, Chapter 23 and A.A.C. Title 2, Chapter 7.
- C.** Primary care services performed before the effective date of the PCPLRP contract do not count toward satisfaction of the period of service under the contract.

**R9-15-206. Primary Care Provider Eligibility Criteria**

- A.** To be eligible to participate in the PCPLRP, a primary care provider shall:
1. Be a United States citizen;
  2. Have completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
  3. Hold a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
  4. If a physician, have completed a professional residency program and be board certified or eligible to sit for the certifying examination in:
    - a. Family or general practice.
    - b. Pediatrics.
    - c. Obstetrics and gynecology, or
    - d. Internal medicine;
  5. Have a signed contract for current or prospective employment at an eligible service site or a letter of intent signed by the individual in the senior leadership position at an eligible service site indicating an intent to hire the primary care provider;
  6. Agree to contract with the Department to serve full-time providing primary care services at the eligible service site for a minimum of 24 months, with 12- or 24-month contract extensions available to physicians and dentists upon mutual agreement with the individual in the senior leadership position at the service site;
  7. Agree, unless an obstetrician/gynecologist or nurse midwife, to work at least 32 of the minimum 40 hours per week providing ambulatory care services at the service site during scheduled office hours;
  8. Agree, if an obstetrician/gynecologist or nurse midwife, to work at least 21 hours per week providing ambulatory care services at the service site during scheduled office hours;

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

9. Agree to charge for services at the usual and customary rates prevailing in the primary care area, except that patients unable to pay the usual and customary rates shall be charged a reduced rate according to the service site's sliding-fee scale based on poverty level or not charged;
10. Agree not to discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS;
11. Agree to accept assignment for payment under Medicare and to participate in AHCCCS; and
12. Have satisfied any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity before beginning a period of service under the PCPLRP.

**B.** The following shall not be eligible to participate:

1. A primary care provider who has breached a health professional services contract with a federal, state, or local government or another entity;
2. A primary care provider against whose property there is a judgment lien for a debt to the United States; and
3. A primary care provider who is in a for-profit practice.

**R9-15-207. Service Site Eligibility Criteria**

To be eligible to have a primary care provider participate in the PCPLRP, a service site shall:

1. Provide primary care services in a public or nonprofit private practice located in a HPSA;
2. Accept Medicare assignment;
3. Be an AHCCCS provider;
4. Charge for services at the usual and customary rates prevailing in the primary care area, except that the service site shall have a policy providing that patients unable to pay the usual and customary rates shall be charged a reduced rate according to the service site's sliding-fee scale based on poverty level or not charged; and
5. Not discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS.

**R9-15-208. Prioritization of Eligible Service Sites**

**A.** The Department shall prioritize eligible service sites by assigning points based upon the following criteria:

1. Location of the service site:

<u>Location</u>	<u>Points</u>
Rural	4
Non-rural	0
2. Degree-of-shortage ranking assigned to the HPSA in which the service site is located by the United States Secretary of Health and Human Services:

<u>Degree-of-shortage ranking</u>	<u>Points</u>
1	4
2	3
3	2
4	1
3. Population-to-primary-care-provider ratio points received by the primary care area in which the service site is located on the most recent primary care index generated under A.A.C. R9-24-203.
4. Percentage of minority population in the primary care area in which the service site is located as set forth in the most recent primary care index:

<u>Percentage</u>	<u>Points</u>
>50%	4
40-50%	3
30-39%	2
20-29%	1
<20%	0
5. Distance from the service site to the nearest city or town with a population of 20,000 or greater:

<u>Miles</u>	<u>Points</u>
≥45	4
<45	0

**B.** The Department shall prioritize each eligible service site according to the sum of the points for each factor described in subsection (A):

1. A service site that scores 18 to 26 points is priority 1;
2. A service site that scores 9 to 17 points is priority 2; and
3. A service site that scores 8 or fewer points is priority 3.

**R9-15-209. Service Site Application**

- A.** The individual in the senior leadership position at a service site shall complete a service site application form, available from the Department, in order to have the Department determine eligibility and a priority score. The individual in the senior leadership position at the service site shall provide the completed service site application to the primary care provider. The completed service site application shall include the following information:
1. The name and street address of the service site;
  2. The service site's business organization type;
  3. The following information about the HPSA in which the service site is located, if known:
    - a. Name;
    - b. Federal identification number, and
    - c. Federal degree-of-shortage ranking;
  4. The name and address of the primary care provider's prospective employer, if different from the name and address of the service site;
  5. The prospective employer's business organization type, if the prospective employer is different from the service site;
  6. A statement that the service site is in compliance with the requirements of A.A.C. R9-15-207;
  7. A statement that the service site has financial means available to provide the following to the primary care provider for a minimum of 24 months of full-time services:
    - a. Salary;
    - b. Benefits, and
    - c. Malpractice insurance expenses;
  8. The service site's Medicare identification number;
  9. The service site's AHCCCS provider number;
  10. The notarized signature of the individual in the senior leadership position at the service site, certifying that all of the information on the application is true; and
  11. The following documentation:
    - a. A copy of the service site's sliding-fee scale, and
    - b. A copy of the service site's policy for using the sliding-fee scale.
- B.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to the individual in the senior leadership position at a service site that is determined to be ineligible to have a primary care provider participate in the PCPLRP. If the individual in the senior leadership position at the service site decides to appeal, the individual in the senior leadership position at the service site shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

**R9-15-210. Primary Care Provider Application**

- A.** To apply for loan repayment, a primary care provider shall submit to the Department the following documents:
1. A completed primary care provider application on a form provided by the Department, including the information described in subsection (B) below;
  2. A copy of one of the following issued to the primary care provider:
    - a. Social security card;
    - b. Birth certificate;
    - c. United States passport, or
    - d. Naturalization papers;
  3. A copy of the loan documents for each qualifying loan for which repayment is requested;
  4. Documentation showing that the primary care provider has completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
  5. Documentation showing that the primary care provider holds a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
  6. If a physician, documentation showing that the primary care provider has completed a professional residency program in and is either board certified or eligible to sit for the certifying examination in:
    - a. Family or general practice;
    - b. Pediatrics;
    - c. Obstetrics and gynecology, or
    - d. Internal medicine;

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

7. A copy of the contract signed by both the individual in the senior leadership position at the service site and the primary care provider evidencing current or prospective employment with the service site, which may include a provision that the primary care provider may or shall be released from the contract if not selected for a loan repayment award, or a copy of the letter of intent signed by the individual in the senior leadership position at the service site indicating an intent to hire the primary care provider;
  8. Documentation showing that any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity will be satisfied before beginning a period of service under the PCPLRP;
  9. A completed service site application; and
  10. A copy of the primary care provider's curriculum vitae.
- B.** A completed primary care provider application form shall include the following:
1. The following information about the primary care provider:
    - a. Full name;
    - b. Social security number;
    - c. Date of birth;
    - d. Citizenship;
    - e. Ethnicity;
    - f. Gender;
    - g. Home address;
    - h. Home and alternate telephone numbers;
    - i. Work address;
    - j. Work telephone number;
    - k. Whether the primary care provider is:
      - i. A physician,
      - ii. A physician assistant,
      - iii. A registered nurse practitioner,
      - iv. A nurse midwife, or
      - v. A dentist;
    - l. Whether the primary care provider specializes in:
      - i. Family or general practice,
      - ii. Pediatrics,
      - iii. Obstetrics and gynecology, or
      - iv. Internal medicine;
    - m. The primary care provider's subspecialty, if any;
    - n. Whether the primary care provider is fluent in:
      - i. Spanish;
      - ii. A Native American language, which shall be identified; or
      - iii. Another non-English language, which shall be identified;
    - o. The method by which the primary care provider learned of the PCPLRP;
    - p. The degrees held by the primary care provider, including majors or fields of study;
    - q. Whether the primary care provider has a prior or existing health professional service obligation and the following information about each prior or existing service obligation:
      - i. The name and address of the program,
      - ii. The name and telephone number of an individual with the program who may be contacted for further information, and
      - iii. The terms of the obligation;
    - r. Whether the primary care provider is in default of a health professional service obligation described under subsection (B)(1)(q) and a description of the circumstances of default, if any; and
    - s. Whether any of the primary care provider's property is subject to a judgment lien for a debt to the United States;
  2. The following information about each undergraduate school that the primary care provider attended:
    - a. Name;
    - b. Address;
    - c. Month and year that attendance commenced;
    - d. Month and year of graduation or termination of attendance;
    - e. Degree obtained by the primary care provider; and
    - f. The following information about one reference at the school:
      - i. Full name,
      - ii. Title, and
      - iii. Telephone number;

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

3. The following information about each graduate school that the primary care provider attended:
  - a. Name;
  - b. Address;
  - c. Month and year that attendance commenced;
  - d. Month and year of graduation or termination of attendance;
  - e. Degree obtained by the primary care provider; and
  - f. The following information about one reference at the school:
    - i. Full name;
    - ii. Title, and
    - iii. Telephone number;
4. The following information about each institution where the primary care provider commenced or completed an internship:
  - a. Name;
  - b. Address;
  - c. Month and year that the internship commenced;
  - d. Month and year of graduation or termination of the internship;
  - e. The following information about one reference at the institution:
    - i. Full name;
    - ii. Title, and
    - iii. Telephone number, and
  - f. The name and address of the affiliated university or health professional program;
5. The following information about each institution where the primary care provider commenced or completed a residency:
  - a. Name;
  - b. Address;
  - c. Month and year that the residency commenced;
  - d. Month and year of graduation or termination of the residency;
  - e. The following information about one reference at the institution:
    - i. Full name;
    - ii. Title, and
    - iii. Telephone number; and
  - f. The name and address of the affiliated university or health professional program;
6. The following information about each license held by the primary care provider:
  - a. Type of license;
  - b. Issuing state;
  - c. License number;
  - d. Term of the license; and
  - e. A description of any license restrictions;
7. The following information about each certification held by the primary care provider:
  - a. Type of certification;
  - b. Issuing state;
  - c. Term of the certification; and
  - d. A description of any certification restrictions;
8. The following information about each location where the primary care provider has practiced since completing health professional training:
  - a. Name;
  - b. Address;
  - c. The following information about the individual in the senior leadership position at the location:
    - i. Full name;
    - ii. Title, and
    - iii. Telephone number;
9. The following information about the service site:
  - a. Name;
  - b. Address;
  - c. Telephone number; and
  - d. Name of the individual in the senior leadership position at the service site;
10. The following information about the prospective employer, if different from the service site:
  - a. Name;
  - b. Address; and



*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

- c. Telephone number;
- 11. The dates on which service under the contract is to commence and end;
- 12. The following information about each of three professional references not provided elsewhere in the application for the primary care provider:
  - a. Full name;
  - b. Title;
  - c. Address; and
  - d. Telephone number;
- 13. The following information about each loan for which repayment is sought:
  - a. Lender name;
  - b. Lender address;
  - c. Lender telephone number;
  - d. Loan identification number;
  - e. Primary care provider name as it appears on the loan;
  - f. Original amount of the loan;
  - g. Current balance of the loan, including the date provided;
  - h. Interest rate on the loan;
  - i. Whether it is simple interest and an explanation if it is not simple interest;
  - j. Purpose for the loan as indicated on the loan application; and
  - k. The month and year of the beginning and end of the academic period covered by the loan;
- 14. The following statements:
  - a. That the information provided in the application is accurate;
  - b. That the primary care provider is applying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the application;
  - c. That the Department is authorized to verify all information provided in the application;
  - d. That the loans listed in the application were incurred solely for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect consolidated loans for other purposes;
  - e. That each government or financial institution named as a lender in the application is authorized to release to the Department information about the loan received by the primary care provider; and
  - f. That the primary care provider understands that the primary care provider could be fined or imprisoned for:
    - i. Making a false statement, misrepresentation, or material omission in the application;
    - ii. Fraudulently obtaining repayment for a loan; or
    - iii. Committing any other illegal action in connection with the PCPLRP;
- 15. The notarized signature of the primary care provider, certifying that the statements listed in subsection (B)(15) are true; and
- 16. For each loan for which repayment is sought, the notarized signature of an individual authorized to sign for the lender certifying that the loan from that lender is a bona fide and legally enforceable commercial or government loan made to meet the costs of the primary care provider's health professional education.
- C.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
- D.** The Department shall verify all loan information with each lender. The Department may verify any other information provided by the primary care provider.

**R9-15-211. Selection of Primary Care Providers**

- A.** Each quarter, provided that funds are available, the Department shall review all complete applications received from eligible primary care providers and make awards in order of service site priority, subject to the following:
  - 1. The service site limit described in A.A.C. R9-15-203(B);
  - 2. The extent to which a primary care provider's training is in a health profession or specialty determined by the Department to be needed by the primary care area in which the service site is located; and
  - 3. The primary care provider's professional competence and conduct, as evidenced by:
    - a. Academic standing;
    - b. Prior professional experience in a HPSA;
    - c. Board certification, if applicable;
    - d. Residency achievements, if applicable;
    - e. Reference recommendations;
    - f. Depth of past residency practice experience, if applicable; and
    - g. Other information related to professional competence and conduct, if any.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

- B.** The Department shall follow the procedure described in subsection (A) until no funds remain for the fiscal year or all complete applications have been processed.
- C.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to each primary care provider who:
  - 1. Is denied a loan repayment award;
  - 2. Receives less than the maximum loan repayment award authorized for the primary care provider's service site; or
  - 3. Receives less than the amount requested, if the amount requested is less than the maximum loan repayment award authorized for the primary care provider's service site.
- D.** A primary care provider who receives notice of appealable agency action may appeal the Department's decision.
  - 1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
  - 2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

**R9-15-212. Reapplication**

- A.** If the information provided in the original service site application is still accurate, and the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate, a primary care provider may reapply by submitting a completed reapplication form supplied by the Department. A completed reapplication form shall include the following:
  - 1. The following information about the primary care provider:
    - a. Full name,
    - b. Social security number,
    - c. Date of birth,
    - d. Home address,
    - e. Home and alternate telephone numbers,
    - f. Work address, and
    - g. Work telephone number;
  - 2. The current balance of and repayment amount requested for each loan listed in the original primary care provider application;
  - 3. The following statements:
    - a. That the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate;
    - b. That the primary care provider is reapplying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the original primary care provider application;
    - c. That the Department is authorized to verify all information provided in the original primary care provider application and the current balance of each loan;
    - d. That the loans listed in the original primary care provider application were incurred solely for the costs of the primary care provider's health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect consolidated loans for other purposes;
    - e. That each government or financial institution named as a lender in the original primary care provider application is authorized to release to the Department information about the loan received by the primary care provider; and
    - f. That the primary care provider understands that the primary care provider could be fined or imprisoned for:
      - i. Making a false statement, misrepresentation, or material omission in the application;
      - ii. Fraudulently obtaining repayment for a loan; or
      - iii. Committing any other illegal action in connection with the PCPLRP;
  - 4. The notarized signature of the primary care provider, by which the primary care provider certifies that the statements listed in subsection (A)(3) are true;
  - 5. The full name and title of the individual in the senior leadership position at the service site;
  - 6. A statement that the information on the original service site application is still accurate; and
  - 7. The notarized signature of the individual in the senior leadership position at the service site by which the individual in the senior leadership position at the service site certifies that the statement in subsection (A)(6) is true.
- B.** If the original service site application is no longer accurate, or the original primary care provider application contains inaccurate information other than loan balances and requested repayment amounts, a primary care provider may reapply only by submitting the documents and information required by A.A.C. R9-15-209(A) and R9-15-210(A)-(B).

**R9-15-213. Service Verification**

- A.** The Department awards loan repayment for continuous service during the contract period in accordance with the agreements set forth in A.A.C. R9-15-206(A).
- B.** To demonstrate continuous service, a primary care provider who has received a loan repayment award shall submit to the Department a completed service verification form, provided by the Department, at the end of each 90 days of service.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

1. The primary care provider shall submit the service verification form no later than 14 days after the end of the 90-day period.
2. Failure to submit the service verification form in a timely manner may result in delay of payment to the lender or lenders.
- C. The service verification form shall contain the following:
  1. The name of the primary care provider;
  2. The name and address of the service site;
  3. The beginning and ending dates of the 90-day period;
  4. A statement that the primary care provider has provided full-time and continuous service at the service site for the 90-day period;
  5. The notarized signature of the primary care provider, certifying that the statement in subsection (C)(4) is true; and
  6. The notarized signature of the individual in the senior leadership position at the service site, certifying that the statement in subsection (C)(4) is true.

**R9-15-214. Loan Repayments**

- A. Upon receipt of a completed service verification form, the Department shall make payment for the 90-day period directly to the primary care provider's lender or lenders.
- B. The Department restricts loan repayment to a maximum of three lenders.
- C. If more than one loan is eligible for repayment, the primary care provider shall advise the Department of the percentage split of the repayment award to each lender.
- D. The primary care provider remains responsible for timely repayment of the loan or loans.
- E. The primary care provider shall arrange with each lender to make necessary changes in the payment schedule for each loan so that quarterly payments will not result in default.
- F. The primary care provider is responsible for payment of tax liabilities resulting from a loan repayment award.
- G. Loan repayment awards shall be in addition to salary or compensation the primary care provider receives from employment at the service site.

**R9-15-215. Notice of Failure to Complete Full Term of Service under the Contract at the Service Site**

- A. A primary care provider who is unable to complete the full term of service under the contract at the service site shall notify the Department in writing within 10 days of making that determination. A primary care provider who does not intend to complete the full term of service under the contract at the service site shall notify the Department in writing at least 10 days before terminating service under the contract at the service site.
- B. If a primary care provider dies or is incapacitated, the individual in the senior leadership position at the service site shall notify the Department in writing within 10 days of the primary care provider's death or incapacitation.
- C. In the written notice under subsection (A) or (B), the primary care provider or individual in the senior leadership position at the service site shall provide the reasons for the primary care provider's failure to complete the full term of service under the contract at the service site.

**R9-15-216. Liquidated Damages for Failure to Complete Full Term of Service under the Contract**

- A. A primary care provider who fails to complete the full term of service under the contract shall pay to the Department the liquidated damages owed under A.R.S. § 36-2172(J), unless the primary care provider receives a waiver of the liquidated damages under A.A.C. R9-15-218.
- B. A primary care provider shall pay the liquidated damages to the Department within one year of termination of service under the contract or within one year of the end of a suspension granted under A.A.C. R9-15-217, whichever is later.

**R9-15-217. Suspension of Service under the Contract to Transfer to Another Eligible Service Site**

- A. A primary care provider who is unable or does not intend to complete the full term of service under the contract at the original service site may transfer to another eligible service site to complete the remainder of the term of service under the contract.
- B. Upon request, the Department shall provide to a primary care provider a list of all known eligible service sites within the state.
- C. The primary care provider is responsible for obtaining employment at another eligible service site in order to transfer.
- D. A primary care provider who desires to transfer from the original service site to another eligible service site may request suspension of the contract for a period of up to six months to allow the primary care provider to obtain employment at another eligible service site.
  1. To request suspension, the primary care provider shall submit to the Department a written request for suspension that includes:
    - a. The following information about the primary care provider:
      - i. Full name,
      - ii. Address, and

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

- iii. Telephone number;
- b. The following information about the original service site:
  - i. Name,
  - ii. Address,
  - iii. Telephone number, and
  - iv. Full name and telephone number of the individual in the senior leadership position;
- c. The reasons for the primary care provider's inability or intention not to complete the full term of service under the contract at the original service site;
- d. The beginning and ending dates of the requested suspension;
- e. A statement that all of the information included in the request for suspension is true and accurate; and
- f. The signature of the primary care provider.
- 2. Upon receiving a request for suspension, the Department shall contact the individual in the senior leadership position at the original service site:
  - a. To verify the information in the request for suspension, and
  - b. To obtain the original service site's position regarding the circumstances that caused the request for suspension.
- 3. The Department shall grant a suspension within 30 days of receiving a complete request for suspension.
- E. During the suspension period, the Department shall not make loan payments. The primary care provider is responsible for making loan payments during the suspension period.
- F. If the primary care provider has not obtained employment at another eligible service site by the end of the suspension period, the primary care provider shall pay to the Department liquidated damages owed under A.R.S. § 36-2172(J) as prescribed in A.A.C. R9-15-216, unless the primary care provider is able to obtain a waiver under A.A.C. R9-15-218.

**R9-15-218. Waiver of Liquidated Damages**

- A. The Department shall waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable to complete the full term of service under the contract due to the primary care provider's death.
- B. The Department may waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable or does not intend to complete the full term of service under the contract because:
  - 1. The primary care provider suffers from a physical or mental disability resulting in the primary care provider's permanent inability to perform the services required by the contract; or
  - 2. The primary care provider has:
    - a. A physical or mental disability,
    - b. A terminal illness in the immediate family, or
    - c. Another problem of a personal nature; and
    - d. The Department determines that the circumstance or condition described in subsection (B)(2)(a), (b), or (c) intrudes on the primary care provider's present and future ability to perform the services required by the contract so much that the primary care provider will not be able to perform under the contract.
- C. A primary care provider may request a waiver of liquidated damages under this Section by submitting to the Department a written request for waiver that includes:
  - 1. The following information about the primary care provider:
    - a. Full name,
    - b. Address, and
    - c. Telephone number;
  - 2. The following information about the service site:
    - a. Name,
    - b. Address,
    - c. Telephone number, and
    - d. Full name and telephone number of the individual in the senior leadership position;
  - 3. Each circumstance or condition that the primary care provider believes makes the primary care provider eligible for waiver under this Section, including the date on which each circumstance or condition arose;
  - 4. If the primary care provider asserts eligibility under subsection (B)(1) or (B)(2) due to a physical or mental disability, documentation of the physical or mental disability from the primary care provider's physician or mental health care provider;
  - 5. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's present financial resources and obligations;
  - 6. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's estimated future financial resources and obligations;
  - 7. A statement that all of the information included in the request for waiver is true and accurate; and
  - 8. The signature of the primary care provider.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

- D.** Upon receiving a request for waiver, the Department shall contact the individual in the senior leadership position at the service site to verify the information in the request for waiver and to obtain the service site's position regarding the circumstance or condition that caused the request for waiver.
- E.** In determining whether to grant a waiver under this Section, the Department shall consider:
1. If the primary care provider is asserting eligibility under subsection (B)(1), the nature, extent, and duration of the primary care provider's physical or mental disability;
  2. If the primary care provider is asserting eligibility under subsection (B)(2):
    - a. The nature, extent, and duration of the problem described;
    - b. The primary care provider's present financial resources and obligations; and
    - c. The primary care provider's estimated future financial resources and obligations; and
  3. Whether the primary care provider would be eligible to receive a cancellation or waiver of a service or payment obligation from the Secretary of the United States Department of Health and Human Services under 42 C.F.R. §§ 62.12 and 62.28.
- F.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to a primary care provider who is denied a waiver under this Section.
- G.** A primary care provider may appeal the Department's denial of a waiver.
1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
  2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

**ARTICLE 3. RURAL PRIVATE PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM**

**R9-15-301. Definitions**

In this Article, unless otherwise specified:

1. "AzMUA" means Arizona medically underserved area.
2. "Encounter" means an incident during which a primary care provider provides health care.
3. "RPPCPLRP" means Rural Private Primary Care Provider Loan Repayment Program.

**R9-15-302. Loans Qualifying for Repayment**

- A.** The Department shall use RPPCPLRP funds only to repay:
1. Principal, interest, and related expenses of government loans and commercial loans taken out by a primary care provider while obtaining a degree in allopathic or osteopathic medicine or dentistry or as a physician assistant, registered nurse practitioner, or nurse midwife to pay contemporaneous:
    - a. Tuition.
    - b. Reasonable educational expenses, and
    - c. Reasonable living expenses; or
  2. Government or commercial loans resulting from the refinancing or consolidation of loans described in subsection (A)(1).
- B.** Obligations or debts incurred under the following are ineligible for repayment:
1. The National Health Service Corps Scholarship Program.
  2. The Armed Forces Health Professional Scholarship Program.
  3. The Indian Health Service Scholarship Program, and
  4. The Arizona Medical Student Loan Program.

**R9-15-303. Loan Repayment Application and Award Timetable**

- A.** The Department shall accept applications for the RPPCPLRP from primary care providers on a quarterly basis each fiscal year, as described below.
1. A primary care provider who wants to be considered for a contract term to commence on July 1 shall submit a complete application so that it is received by the Department between December 16 and March 15.
  2. A primary care provider who wants to be considered for a contract term to commence on October 1 shall submit a complete application so that it is received by the Department between March 16 and June 15.
  3. A primary care provider who wants to be considered for a contract term to commence on January 1 shall submit a complete application so that it is received by the Department between June 16 and September 15.
  4. A primary care provider who wants to be considered for a contract term to commence on April 1 shall submit a complete application so that it is received by the Department between September 16 and December 15.
- B.** Only two primary care providers from a service site are eligible to receive loan repayment each fiscal year.
1. The Department shall waive this restriction on November 1 if funds remain for the fiscal year.
  2. A primary care provider whose application has been denied under subsection (B) may reapply between November 1 and December 15 to be considered for a contract term to commence on April 1.

**Arizona Administrative Register**  
**Notices of Proposed Rulemaking**

---

- C.** The Department shall deny applications received when no funds remain for the fiscal year. A primary care provider whose application has been denied due to unavailability of funds for the current fiscal year may reapply after December 15 to be considered for a contract term for the next fiscal year.

**R9-15-304. Award Amounts**

- A.** The Department determines the annual amount of a loan repayment award based upon:
1. The priority ranking of the service site at which the primary care provider plans to serve the contract obligation.
  2. The amount of loan repayment requested.
  3. The contract year of service, and
  4. The availability of funds.
- B.** The Department provides loan repayment awards to physicians and dentists according to the following schedule:

<u>Contract Year of Service</u>	<u>Maximum Annual Award Amount Allowable by Priority of Service Site</u>		
	<u>Priority 1</u>	<u>Priority 2</u>	<u>Priority 3</u>
<u>1st year</u>	<u>\$20,000</u>	<u>\$18,000</u>	<u>\$16,000</u>
<u>2nd year</u>	<u>\$20,000</u>	<u>\$18,000</u>	<u>\$16,000</u>
<u>3rd year</u>	<u>\$22,000</u>	<u>\$20,000</u>	<u>\$18,000</u>
<u>4th year</u>	<u>\$25,000</u>	<u>\$22,000</u>	<u>\$20,000</u>

- C.** The Department provides loan repayment awards to mid-level providers according to the following schedule:

<u>Contract Year of Service</u>	<u>Maximum Annual Award Amount Allowable by Priority of Service Site</u>		
	<u>Priority 1</u>	<u>Priority 2</u>	<u>Priority 3</u>
<u>1st year</u>	<u>\$7,500</u>	<u>\$6,000</u>	<u>\$5,000</u>
<u>2nd year</u>	<u>\$7,500</u>	<u>\$6,000</u>	<u>\$5,000</u>

- D.** The Department shall not award an amount that exceeds the primary care provider's total qualifying loan indebtedness.
- E.** The Department shall award a primary care provider the amount of loan repayment requested unless the amount requested exceeds the maximum annual amount allowable according to subsection (B) or (C) above or the Department has inadequate funds to provide the maximum annual amount allowable and the primary care provider agrees to contract for a lesser amount.

**R9-15-305. Loan Repayment Contract**

- A.** In exchange for loan repayment, a primary care provider shall contract with the Department to provide full-time continuous services at a specific eligible service site for a minimum of 24 months in accordance with the agreements described in A.A.C. R9-15-306(A). The primary care provider shall sign and return the contract to the Department.
- B.** The contract shall comply with A.R.S. Title 41, Chapter 23 and A.A.C. Title 2, Chapter 7.
- C.** Primary care services performed before the effective date of the RPPCPLRP contract do not count toward satisfaction of the period of service under the contract under the contract.

**R9-15-306. Primary Care Provider Eligibility Criteria**

- A.** To be eligible to participate in the RPPCPLRP, a primary care provider shall:
1. Be a United States citizen;
  2. Have completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
  3. Hold a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;
  4. If a physician, have completed a professional residency program and be board certified or eligible to sit for the certifying examination in:
    - a. Family or general practice,
    - b. Pediatrics,
    - c. Obstetrics and gynecology, or
    - d. Internal medicine;
  5. Have a signed contract for current or prospective employment at an eligible service site or a letter of intent signed by the individual in the senior leadership position at an eligible service site indicating an intent to hire the primary care provider or be a sole practitioner running an eligible service site;

**Arizona Administrative Register**  
**Notices of Proposed Rulemaking**

---

6. Agree to contract with the Department to serve full-time providing primary care services at the eligible service site for a minimum of 24 months, with 12- or 24-month contract extensions available to physicians and dentists upon mutual agreement with the individual in the senior leadership position at the service site;
7. Agree, unless an obstetrician/gynecologist or nurse midwife, to work at least 32 of the minimum 40 hours per week providing ambulatory care services at the service site during scheduled office hours;
8. Agree, if an obstetrician/gynecologist or nurse midwife, to work at least 21 hours per week providing ambulatory care services at the service site during scheduled office hours;
9. Agree to charge for services at the usual and customary rates prevailing in the primary care area, except that medically uninsured individuals from family units with annual incomes below 200% of the poverty level shall be charged according to a discounted sliding-fee scale approved by the Department;
10. Agree to notify consumers of the availability of the discounted sliding-fee scale to eligible individuals;
11. Agree not to discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS;
12. Agree to accept assignment for payment under Medicare and to participate in AHCCCS; and
13. Have satisfied any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity before beginning a period of service under the RPPCPLRP.

**B. The following shall not be eligible to participate:**

1. A primary care provider who has breached a health professional services contract with a federal, state, or local government or another entity;
2. A primary care provider against whose property there is a judgment lien for a debt to the United States; and
3. A primary care provider whose service site is located in a non-rural area.

**R9-15-307. Service Site Eligibility Criteria**

To be eligible to have a primary care provider participate in the RPPCPLRP, a service site shall:

1. Provide primary care services in a rural private practice located in an AzMUA;
2. Accept Medicare assignment;
3. Be an AHCCCS provider;
4. Charge for services at the usual and customary rates prevailing in the primary care area, except that the service site shall have a policy providing that medically uninsured individuals from family units with annual incomes below 200% of the federal poverty level shall be charged a reduced rate according to a discounted sliding-fee scale approved by the Department or not charged;
5. Submit the discounted sliding-fee scale to the Department for approval;
6. Ensure notice to consumers of the availability of the discounted sliding-fee scale to eligible individuals by, at a minimum, posting in the reception area a poster provided by the Department that advertises the availability of the discounted sliding-fee scale for eligible individuals; and
7. Not discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare or AHCCCS.

**R9-15-308. Prioritization of Eligible Service Sites**

**A. The Department shall prioritize eligible service sites by assigning points based upon the following criteria:**

1. Placement of the AzMUA in which the service site is located on the most recent primary care index generated under A.A.C. R9-24-203:

<u>Placement</u>	<u>Points</u>
<u>Top 25th Percentile</u>	<u>4</u>
<u>Next 25th Percentile</u>	<u>3</u>
<u>Next 25th Percentile</u>	<u>2</u>
<u>Bottom 25th Percentile</u>	<u>1</u>

2. Population-to-primary-care-provider ratio points received by the AzMUA in which the service site is located on the most recent primary care index generated under A.A.C. R9-24-203.
3. Percentage of minority population in the AzMUA in which the service site is located as set forth in the most recent primary care index generated under A.A.C. R9-24-203:

<u>Percentage</u>	<u>Points</u>
<u>&gt;50%</u>	<u>4</u>
<u>40-50%</u>	<u>3</u>
<u>30-39%</u>	<u>2</u>
<u>20-29%</u>	<u>1</u>
<u>&lt;20%</u>	<u>0</u>

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

4. Distance from the service site to the nearest city or town with a population of 20,000 or greater:

<u>Miles</u>	<u>Points</u>
<u>≥45</u>	<u>4</u>
<u>&lt;45</u>	<u>0</u>

- B.** The Department shall prioritize each eligible service site according to the sum of the points for each factor described in subsection (A):

1. A service site that scores 15 to 22 points is priority 1;
2. A service site that scores 7 to 14 points is priority 2; and
3. A service site that scores 6 or fewer points is priority 3.

**R9-15-309. Service Site Application**

- A.** The individual in the senior leadership position at a service site shall complete a service site application form, available from the Department, in order to have the Department determine eligibility and a priority score. The individual in the senior leadership position at the service site shall provide the completed service site application to the primary care provider. The completed service site application shall include the following information:

1. The name and street address of the service site;
2. The service site's business organization type;
3. The name of the AzMUA in which the service site is located;
4. The name and address of the primary care provider's prospective employer, if different from the name and address of the service site;
5. The prospective employer's business organization type, if the prospective employer is different from the service site;
6. A statement that the service site is in compliance with the requirements of A.A.C. R9-15-307;
7. A statement that the service site has financial means available to provide the following to the primary care provider for a minimum of 24 months of full-time services:
  - a. Salary,
  - b. Benefits, and
  - c. Malpractice insurance expenses;
8. The service site's Medicare identification number;
9. The service site's AHCCCS provider number;
10. The notarized signature of the individual in the senior leadership position at the service site, certifying that all of the information on the application is true; and
11. The following documentation:
  - a. A copy of the service site's sliding-fee scale, and
  - b. A copy of the service site's policy for using the sliding-fee scale.

- B.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to the individual in the senior leadership position at a service site that is determined to be ineligible to have a primary care provider participate in the RPPCPLRP. If the individual in the senior leadership position at the service site decides to appeal, the individual in the senior leadership position at the service site shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

**R9-15-310. Primary Care Provider Application**

- A.** To apply for loan repayment, a primary care provider shall submit to the Department the following documents:

1. A completed primary care provider application on a form provided by the Department, including the information described in subsection (B) below;
2. A copy of one of the following issued to the primary care provider:
  - a. Social security card,
  - b. Birth certificate,
  - c. United States passport, or
  - d. Naturalization papers;
3. A copy of the loan documents for each qualifying loan for which repayment is requested;
4. Documentation showing that the primary care provider has completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
5. Documentation showing that the primary care provider holds a current Arizona license or certificate in good standing in a health profession licensed under A.R.S. Title 32;



*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

6. If a physician, documentation showing that the primary care provider has completed a professional residency program and is either board certified or eligible to sit for the certifying examination in:
    - a. Family or general practice.
    - b. Pediatrics.
    - c. Obstetrics and gynecology, or
    - d. Internal medicine;
  7. If the primary care provider is not a sole practitioner running an eligible service site:
    - a. A copy of the contract signed by both the individual in the senior leadership position at the service site and the primary care provider evidencing current or prospective employment with the service site, which may include a provision that the primary care provider may or shall be released from the contract if not selected for a loan repayment award; or
    - b. A copy of the letter of intent signed by the individual in the senior leadership position at the service site indicating an intent to hire the primary care provider;
  8. Documentation showing that any other obligation for health professional service owed under a contract with a federal, state, or local government or another entity will be satisfied before beginning a period of service under the RPPCPLRP;
  9. A completed service site application; and
  10. A copy of the primary care provider's curriculum vitae.
- B.** A completed primary care provider application form shall include the following:
1. The following information about the primary care provider:
    - a. Full name;
    - b. Social security number;
    - c. Date of birth;
    - d. Citizenship;
    - e. Ethnicity;
    - f. Gender;
    - g. Home address;
    - h. Home and alternate telephone numbers;
    - i. Work address;
    - j. Work telephone number;
    - k. Whether the primary care provider is:
      - i. A physician.
      - ii. A physician assistant.
      - iii. A registered nurse practitioner.
      - iv. A nurse midwife, or
      - v. A dentist;
    - l. Whether the primary care provider specializes in:
      - i. Family or general practice,
      - ii. Pediatrics.
      - iii. Obstetrics and gynecology, or
      - iv. Internal medicine;
    - m. The primary care provider's subspecialty, if any;
    - n. Whether the primary care provider is fluent in:
      - i. Spanish;
      - ii. A Native American language, which shall be identified; or
      - iii. Another non-English language, which shall be identified;
    - o. The method by which the primary care provider learned of the RPPCPLRP;
    - p. The degrees held by the primary care provider, including majors or fields of study;
    - q. Whether the primary care provider has a prior or existing health professional service obligation and the following information about each prior or existing service obligation:
      - i. The name and address of the program.
      - ii. The name and telephone number of an individual with the program who may be contacted for further information, and
      - iii. The terms of the obligation;
    - r. Whether the primary care provider is in default of a health professional service obligation described under subsection (B)(1)(q) and a description of the circumstances of default, if any; and
    - s. Whether any of the primary care provider's property is subject to a judgment lien for a debt to the United States;

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

2. The following information about each undergraduate school that the primary care provider attended:
  - a. Name;
  - b. Address;
  - c. Month and year that attendance commenced;
  - d. Month and year of graduation or termination of attendance;
  - e. Degree obtained by the primary care provider; and
  - f. The following information about one reference at the school:
    - i. Full name,
    - ii. Title, and
    - iii. Telephone number;
3. The following information about each graduate school that the primary care provider attended:
  - a. Name;
  - b. Address;
  - c. Month and year that attendance commenced;
  - d. Month and year of graduation or termination of attendance;
  - e. Degree obtained by the primary care provider; and
  - f. The following information about one reference at the school:
    - i. Full name,
    - ii. Title, and
    - iii. Telephone number;
4. The following information about each institution where the primary care provider commenced or completed an internship:
  - a. Name;
  - b. Address;
  - c. Month and year that the internship commenced;
  - d. Month and year of graduation or termination of the internship;
  - e. The following information about one reference at the institution:
    - i. Full name,
    - ii. Title, and
    - iii. Telephone number, and
  - f. The name and address of the affiliated university or health professional program;
5. The following information about each institution where the primary care provider commenced or completed a residency:
  - a. Name;
  - b. Address;
  - c. Month and year that the residency commenced;
  - d. Month and year of graduation or termination of the residency;
  - e. The following information about one reference at the institution:
    - i. Full name,
    - ii. Title, and
    - iii. Telephone number; and
  - f. The name and address of the affiliated university or health professional program;
6. The following information about each license held by the primary care provider:
  - a. Type of license;
  - b. Issuing state;
  - c. License number;
  - d. Term of the license; and
  - e. A description of any license restrictions;
7. The following information about each certification held by the primary care provider:
  - a. Type of certification;
  - b. Issuing state;
  - c. Term of the certification; and
  - d. A description of any certification restrictions;
8. The following information about each location where the primary care provider has practiced since completing health professional training:
  - a. Name;
  - b. Address;

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

- c. The following information about the individual in the senior leadership position at the location:
    - i. Full name;
    - ii. Title; and
    - iii. Telephone number;
- 9. The following information about the service site:
  - a. Name;
  - b. Address;
  - c. Telephone number; and
  - d. Name of the individual in the senior leadership position at the service site;
- 10. The following information about the prospective employer, if different from the service site:
  - a. Name;
  - b. Address; and
  - c. Telephone number; and
  - d. Name of the individual in the senior leadership position at the service site;
- 11. The dates on which service under the contract is to commence and end;
- 12. The following information about each of three professional references not provided elsewhere in the application for the primary care provider:
  - a. Full name;
  - b. Title;
  - c. Address; and
  - d. Telephone number;
- 13. The following information about each loan for which repayment is sought:
  - a. Lender name;
  - b. Lender address;
  - c. Lender telephone number;
  - d. Loan identification number;
  - e. Primary care provider name as it appears on the loan;
  - f. Original amount of the loan;
  - g. Current balance of the loan, including the date provided;
  - h. Interest rate on the loan;
  - i. Whether it is simple interest and an explanation if it is not simple interest;
  - j. Purpose for the loan as indicated on the loan application; and
  - k. The month and year of the beginning and end of the academic period covered by the loan;
- 14. The following statements:
  - a. That the information provided in the application is accurate;
  - b. That the primary care provider is applying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the application;
  - c. That the Department is authorized to verify all information provided in the application;
  - d. That the loans listed in the application were incurred solely for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect consolidated loans for other purposes;
  - e. That each government or financial institution named as a lender in the application is authorized to release to the Department information about the loan received by the primary care provider; and
  - f. That the primary care provider understands that the primary care provider could be fined or imprisoned for:
    - i. Making a false statement, misrepresentation, or material omission in the application;
    - ii. Fraudulently obtaining repayment for a loan; or
    - iii. Committing any other illegal action in connection with the RPPCPLRP;
- 15. The notarized signature of the primary care provider, certifying that the statements listed in subsection (B)(14) are true; and
- 16. For each loan for which repayment is sought, the notarized signature of an individual authorized to sign for the lender certifying that the loan from that lender is a bona fide and legally enforceable commercial or government loan made to meet the costs of the primary care provider's health professional education.
- C.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
- D.** The Department shall verify all loan information with each lender. The Department may verify any other information provided by the primary care provider.

**R9-15-311. Selection of Primary Care Providers**

- A.** Each quarter, provided that funds are available, the Department shall review all complete applications received from eligible primary care providers and make awards in order of service site priority, subject to the following:
1. The service site limit described in A.A.C. R9-15-303(B);
  2. The extent to which a primary care provider's training is in a health profession or specialty determined by the Department to be needed by the primary care area in which the service site is located; and
  3. The primary care provider's professional competence and conduct, as evidenced by:
    - a. Academic standing;
    - b. Prior professional experience in an AzMUA.
    - c. Board certification, if applicable;
    - d. Residency achievements, if applicable;
    - e. Reference recommendations;
    - f. Depth of past residency practice experience, if applicable; and
    - g. Other information related to professional competence and conduct, if any.
- B.** The Department shall follow the procedure described in subsection (A) until no funds remain for the fiscal year or all complete applications have been processed.
- C.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to each primary care provider who:
1. Is denied a loan repayment award;
  2. Receives less than the maximum loan repayment award authorized for the primary care provider's service site; or
  3. Receives less than the amount requested, if the amount requested is less than the maximum loan repayment award authorized for the primary care provider's service site.
- D.** A primary care provider who receives notice of appealable agency action may appeal the Department's decision.
1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
  2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

**R9-15-312. Reapplication**

- A.** If the information provided in the original service site application is still accurate, and the information provided in the original primary care provider application, other than loan balanced and requested repayment amounts, is still accurate, a primary care provider may reapply by submitting a completed reapplication form supplied by the Department. A completed reapplication form shall include the following:
1. The following information about the primary care provider:
    - a. Full name.
    - b. Social security number.
    - c. Date of birth.
    - d. Home address.
    - e. Home and alternate telephone numbers.
    - f. Work address, and
    - g. Work telephone number.
  2. The current balance of and repayment amount requested for each loan listed in the original primary care provider application;
  3. The following statements:
    - a. That the information provided in the original primary care provider application, other than loan balances and requested repayment amounts, is still accurate;
    - b. That the primary care provider is reapplying to enter into a contract with the State of Arizona for repayment of all or part of the educational loans listed in the original primary care provider application;
    - c. That the Department is authorized to verify all information provided in the original primary care provider application and the current balance of each loan;
    - d. That the loans listed in the original primary care provider application were incurred solely for the costs of the primary care provider's health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect consolidated loans for other purposes;
    - e. That each government or financial institution named as a lender in the original primary care provider application is authorized to release to the Department information about the loan received by the primary care provider; and
    - f. That the primary care provider understands that the primary care provider could be fined or imprisoned for:
      - i. Making a false statement, misrepresentation, or material omission in the application;
      - ii. Fraudulently obtaining repayment for a loan; or
      - iii. Committing any other illegal action in connection with the RPPCPLRP;

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

4. The notarized signature of the primary care provider, by which the primary care provider certifies that the statements listed in subsection (A)(3) are true;
  5. The full name and title of the individual in the senior leadership position at the service site;
  6. A statement that the information on the original service site application is still accurate; and
  7. The notarized signature of the individual in the senior leadership position at the service site by which the individual in the senior leadership position at the service site certifies that the statement in subsection (A)(6) is true.
- B.** If the original service site application is no longer accurate, or the original primary care provider application contains inaccurate information other than loan balances and requested repayment amounts, a primary care provider may reapply only by submitting the documents and information required by A.A.C. R9-15-309(A) and R9-15-310(A)-(B).

**R9-15-313. Service Verification**

- A.** The Department awards loan repayment for continuous service during the contract period in accordance with the agreements set forth in A.A.C. R9-15-306(A).
- B.** To demonstrate continuous service, a primary care provider who has received a loan repayment award shall submit to the Department a completed service verification form and a completed encounter report, provided by the Department, at the end of each 90 days of service.
1. The primary care provider shall submit the service verification form and the encounter report no later than 14 days after the end of the 90-day period.
  2. Failure to submit the service verification form and the encounter report in a timely manner may result in delay of payment to the lender or lenders.
- C.** The service verification form shall contain the following:
1. The name of the primary care provider;
  2. The name and address of the service site;
  3. The beginning and ending dates of the 90-day period;
  4. A statement that the primary care provider has provided full-time and continuous service at the service site for the 90-day period;
  5. The notarized signature of the primary care provider, certifying that the statement in subsection (C)(4) is true; and
  6. If the primary care provider is not a sole practitioner running an eligible service site, the notarized signature of the individual in the senior leadership position at the service site, certifying that the statement in subsection (C)(4) is true.
- D.** The encounter form shall contain the following:
1. The name of the primary care provider;
  2. The name and address of the service site;
  3. The number of encounters during the 90-day-period with individuals who were charged using the sliding-fee scale or were not charged;
  4. The beginning and ending dates of the 90-day period;
  5. A statement that the primary care provider has provided the services reported in the encounter report in accordance with the terms and conditions of the primary care provider's loan repayment contract with the Department;
  6. The notarized signature of the primary care provider, certifying that the statement in subsection (D)(5) is true; and
  7. If the primary care provider is not a sole practitioner running an eligible service site, the notarized signature of the individual in the senior leadership position at the service site, certifying that the statement in subsection (D)(5) is true.

**R9-15-314. Loan Repayments**

- A.** Upon receipt of a completed service verification form and a completed encounter report, the Department shall make payment for the 90-day period directly to the primary care provider's lender or lenders.
- B.** The Department restricts loan repayment to a maximum of three lenders.
- C.** If more than one loan is eligible for repayment, the primary care provider shall advise the Department of the percentage split of the repayment award to each lender.
- D.** The primary care provider remains responsible for timely repayment of the loan or loans.
- E.** The primary care provider shall arrange with each lender to make necessary changes in the payment schedule for each loan so that quarterly payments will not result in default.
- F.** The primary care provider is responsible for payment of tax liabilities resulting from a loan repayment award.
- G.** Loan repayment awards shall be in addition to salary or compensation the primary care provider receives from employment at the service site.

**R9-15-315. Notice of Failure to Complete Full Term of Service under the Contract at the Service Site**

- A.** A primary care provider who is unable to complete the full term of service under the contract at the service site shall notify the Department in writing within 10 days of making that determination. A primary care provider who does not intend to complete the full term of service under the contract at the service site shall notify the Department in writing at least 10 days before terminating service under the contract at the service site.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

- B.** If a primary care provider dies or is incapacitated, the individual in the senior leadership position at the service site shall notify the Department in writing within 10 days of the primary care provider's death or incapacitation.
- C.** In the written notice under subsection (A) or (B), the primary care provider or individual in the senior leadership position at the service site shall provide the reasons for the primary care provider's failure to complete the full term of service under the contract at the service site.

**R9-15-316. Liquidated Damages for Failure to Complete Full Term of Service under the Contract**

- A.** A primary care provider who fails to complete the full term of service under the contract shall pay to the Department the liquidated damages owed under A.R.S. § 36-2172(J), unless the primary care provider receives a waiver of the liquidated damages under A.A.C. R9-15-318.
- B.** A primary care provider shall pay the liquidated damages to the Department within one year of termination of service under the contract or within one year of the end of a suspension granted under A.A.C. R9-15-317, whichever is later.

**R9-15-317. Suspension of Service under the Contract to Transfer to Another Eligible Service Site**

- A.** A primary care provider who is unable or does not intend to complete the full term of service under the contract at the original service site may transfer to another eligible service site to complete the remainder of the term of service under the contract.
- B.** Upon request, the Department shall provide to a primary care provider a list of all known eligible service sites within the state.
- C.** The primary care provider is responsible for obtaining employment at another eligible service site in order to transfer.
- D.** A primary care provider who desires to transfer from the original service site to another eligible service site may request suspension of the contract for a period of up to six months to allow the primary care provider to obtain employment at another eligible service site.
  - 1.** To request suspension, the primary care provider shall submit to the Department a written request for suspension that includes:
    - a.** The following information about the primary care provider:
      - i.** Full name,
      - ii.** Address, and
      - iii.** Telephone number;
    - b.** The following information about the original service site:
      - i.** Name,
      - ii.** Address,
      - iii.** Telephone number, and
      - iv.** Full name and telephone number of the individual in the senior leadership position;
    - c.** The reasons for the primary care provider's inability or intention not to complete the full term of service under the contract at the original service site;
    - d.** The beginning and ending dates of the requested suspension;
    - e.** A statement that all of the information included in the request for suspension is true and accurate; and
    - f.** The signature of the primary care provider.
  - 2.** Upon receiving a request for suspension, the Department shall contact the individual in the senior leadership position at the original service site:
    - a.** To verify the information in the request for suspension, and
    - b.** To obtain the original service site's position regarding the circumstances that caused the request for suspension.
  - 3.** The Department shall grant a suspension within 30 days of receiving a complete request for suspension.
- E.** During the suspension period, the Department shall not make loan payments. The primary care provider is responsible for making loan repayments during the suspension period.
- F.** If the primary care provider has not obtained employment at another eligible service site by the end of the suspension period, the primary care provider shall pay to the Department liquidated damages owed under A.R.S. § 36-2172(J) as prescribed in A.A.C. R9-15-316, unless the primary care provider is able to obtain a waiver under A.A.C. R9-15-318.

**R9-15-318. Waiver of Liquidated Damages**

- A.** The Department shall waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable to complete the full term of service under the contract due to the primary care provider's death.
- B.** The Department may waive liquidated damages owed under A.R.S. § 36-2172(J) if the primary care provider is unable or does not intend to complete the full term of service under the contract because:
  - 1.** The primary care provider suffers from a physical or mental disability resulting in the primary care provider's permanent inability to perform the services required by the contract; or
  - 2.** The primary care provider has:
    - a.** A physical or mental disability,
    - b.** A terminal illness in the immediate family, or

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

- c. Another problem of a personal nature; and
    3. The Department determines that the circumstance or condition described in subsection (B)(2)(a), (b), or (c) intrudes on the primary care provider's present and future ability to perform the services required by the contract so much that the primary care provider will not be able to perform under the contract.
  - C. A primary care provider may request a waiver of liquidated damages under this Section by submitting to the Department a written request for waiver that includes:
    1. The following information about the primary care provider:
      - a. Full name,
      - b. Address, and
      - c. Telephone number;
    2. The following information about the service site:
      - a. Name,
      - b. Address,
      - c. Telephone number, and
      - d. Full name and telephone number of the individual in the senior leadership position;
    3. Each circumstance or condition that the primary care provider believes makes the primary care provider eligible for waiver under this Section, including the date on which each circumstance or condition arose;
    4. If the primary care provider asserts eligibility under subsection (B)(1) or (B)(2) due to a physical or mental disability, documentation of the physical or mental disability from the primary care provider's physician or mental health care provider;
    5. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's present financial resources and obligations;
    6. If the primary care provider asserts eligibility under subsection (B)(2), the primary care provider's estimated future financial resources and obligations;
    7. A statement that all of the information included in the request for waiver is true and accurate; and
    8. The signature of the primary care provider.
  - D. Upon receiving a request for waiver, the Department shall contact the individual in the senior leadership position at the service site to verify the information in the request for waiver and to obtain the service site's position regarding the circumstance or condition that caused the request for waiver.
  - E. In determining whether to grant a waiver under this Section, the Department shall consider:
    1. If the primary care provider is asserting eligibility under subsection (B)(1), the nature, extent, and duration of the primary care provider's physical or mental disability;
    2. If the primary care provider is asserting eligibility under subsection (B)(2):
      - a. The nature, extent, and duration of the problem described;
      - b. The primary care provider's present financial resources and obligations; and
      - c. The primary care provider's estimated future financial resources and obligations.
  - F. The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to a primary care provider who is denied a waiver under this Section.
  - G. A primary care provider may appeal the Department's denial of a waiver.
    1. If a primary care provider decides to appeal, the primary care provider shall file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action.
    2. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.

**NOTICE OF PROPOSED RULEMAKING**

**TITLE 9. HEALTH SERVICES**

**CHAPTER 24. DEPARTMENT OF HEALTH SERVICES  
MEDICALLY UNDERSERVED AREA MEDICAL SERVICES**

**PREAMBLE**

**1. Sections Affected**

R9-24-401  
R9-24-402  
R9-24-403  
R9-24-404  
R9-24-405  
Exhibit A

**Rulemaking Action**

Repeal  
Repeal  
Repeal  
Repeal  
Repeal  
Repeal

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

R9-24-406	Repeal
R9-24-407	Repeal
R9-24-408	Repeal
Exhibit B	Repeal
R9-24-409	Repeal
R9-24-410	Repeal
R9-24-411	Repeal
Exhibit C	Repeal
R9-24-412	Repeal
Exhibit D	Repeal

**2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**

Authorizing statutes: A.R.S. §§ 36-132(A), 36-136(F), and 36-2172

Implementing statute: A.R.S. § 36-2172

**3. A list of all previous notices appearing in the Register addressing the proposed rule:**

Notice of Rulemaking Docket Opening: 5 A.A.R. 4376, November 19, 1999

Notice of Rulemaking Docket Opening: 6 A.A.R. 1034, March 17, 2000

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

Name: Doug Hirano  
Bureau Chief

Address: Arizona Department of Health Services  
Bureau of Health Systems Development  
1740 West Adams, Room 302  
Phoenix, Arizona 85007

Telephone: (602) 542-2981

Fax: (602) 542-2011

E-mail: dhirano@hs.state.az.us

or

Name: Kathleen Phillips  
Rules Administrator

Address: Arizona Department of Health Services  
Office of Administrative Rules  
1740 West Adams, Room 102  
Phoenix, Arizona 85007

Telephone: (602) 542-1264

Fax: (602) 542-1090

E-mail: kphilli@hs.state.az.us

**5. An explanation of the rule, including the agency's reasons for initiating the rule:**

A.R.S. § 36-2172 authorizes the Primary Care Provider Loan Repayment Program (PCPLRP) within the Department. The PCPLRP makes repayment of eligible education loans for primary care providers in exchange for a term of service in a public or nonprofit private site in a federally designated health professional shortage area. The proposed rulemaking will repeal all of the Sections and Exhibits within Chapter 24, Article 4 so that the Department can adopt new rules for the PCPLRP in a new Chapter 15 entitled Loan Repayment. The Department intends to run both rulemakings simultaneously so that the repeal of Article 4 and the adoption of the new rules in Chapter 15 will take effect at the same time.

**6. A reference to any study that the agency relied on in its evaluation of or justification for the proposed rule and where the public may obtain or review the study, all data underlying each study, any analysis of the study and other supporting material:**

None



*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

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

Not applicable

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

The Department expects that this rulemaking will impose no economic burden other than the expense of the rulemaking process to the Department, the Office of the Secretary of State, and the Governor's Regulatory Review Council. The rulemaking will minimally benefit the Department and individuals who are interested in the PCPLRP, because it will allow the Department to adopt rules for the PCPLRP in a new Chapter 15 entitled Loan Repayment.

**9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:**

Name: Doug Hirano  
Bureau Chief

Address: Arizona Department of Health Services  
Bureau of Health Systems Development  
1740 West Adams, Room 302  
Phoenix, Arizona 85007

Telephone: (602) 542-2981

Fax: (602) 542-2011

E-mail: dhirano@hs.state.az.us

or

Name: Kathleen Phillips  
Rules Administrator

Address: Arizona Department of Health Services  
Office of Administrative Rules  
1740 West Adams, Room 102  
Phoenix, Arizona 85007

Telephone: (602) 542-1264

Fax: (602) 542-1090

E-mail: kphilli@hs.state.az.us

**10. The time, place, and nature of the proceedings for the adoption, amendment, or repeal of the rule or, if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

The Department has scheduled the following oral proceeding:

Date: February 12, 2001

Time: 9:00 a.m.

Location: Arizona Department of Health Services  
1740 West Adams  
Conference Rooms A and B  
Phoenix, Arizona 85007

Nature: Oral Proceeding

Written comments on the proposed rulemaking or the preliminary economic, small business, and consumer impact summary may be submitted to the individuals listed in questions 4 and 9 until the close of record at 5:00 p.m. on February 12, 2001.

**11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

Not applicable

**12. Incorporations by reference and their location in the rules:**

Not applicable

**13. The full text of the rules follows:**

**TITLE 9. HEALTH SERVICES**

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

**ARTICLE 4. ARIZONA LOAN REPAYMENT PROGRAM REPEALED**

- R9-24-401. Definitions Repealed
- R9-24-402. Service Site Eligibility Repealed
- R9-24-403. Funding Set Asides Repealed
- R9-24-404. Annual Loan Repayment Award Cycle Repealed
- R9-24-405. Site Vacancy Register Eligibility Repealed
  - Exhibit A. Notification of Vacancy for Participation in Arizona Loan Repayment Program (ALRP) Repealed
- R9-24-406. Ranking of Eligible Sites Repealed
- R9-24-407. Applicant Eligibility Criteria Repealed
- R9-24-408. Application and Selection of Program Participants Repealed
  - Exhibit B. Health Professional Application Repealed
- R9-24-409. Loans Qualifying for Repayment Repealed
- R9-24-410. Allowable Award Amounts Repealed
- R9-24-411. Contracting Process Repealed
  - Exhibit C. Arizona Loan Repayment Program Contract Repealed
- R9-24-412. Loan Repayments Repealed
  - Exhibit D. Service Verification Form Repealed

**ARTICLE 4. ARIZONA LOAN REPAYMENT PROGRAM REPEALED**

**R9-24-401. Definitions Repealed**

In this Article, unless the context otherwise requires:

1. “ADHS” means the Arizona Department of Health Services.
2. “ALRP” means Arizona Loan Repayment Program.
3. “Ambulatory care services” means all types of primary health care services.
4. “Clinical services” means primary health care services provided in a clinic.
5. “Commercial loans” means loans made by banks, credit unions, savings and loan associations, and other financial or credit institutions whose lending activities are subject to examination and supervision by a federal or state agency.
6. “Degree of shortage ranking” means a ranking assigned to a HPSA by the Secretary of Health and Human Services based on severity of need for primary care providers.
7. “Director” means the Director of the Arizona Department of Health Services.
8. “Health Professional Shortage Area” or “HPSA” means a service area designated by the U.S. Secretary of Health and Human Services as having insufficient primary care physicians pursuant to 42 CFR Part 5.
9. “Medically Underserved Area” or “MUA” means an area in Arizona designated by the state as medically underserved pursuant to A.R.S. § 36-2352.
10. “Minority” means Black, Hispanic, Native American, Eskimo, Aleut, Asian, or Pacific Islander.
11. “National Health Service Corps Health Professional Opportunities List” means the registry of vacancies for provider recruitment assistance approved by the U.S. National Health Service Corps.
12. “Nurse midwife” means a registered nurse practitioner who is certified by the state Board of Nursing to provide midwifery services.
13. “Nurse practitioner” means a registered nurse certified by the Arizona State Board of Nursing to function in an extended role pursuant to A.R.S. Title 32, Chapter 15, and who provides primary health care services.
14. “Physician” means a physician holding a current and valid Arizona license pursuant to A.R.S. Title 32, Chapter 13 or 17, who has completed a professional residency program accredited by the Accreditation Council for Graduate Medical Education of the American Medical Association, or the Executive Committee of the Council of Post-Doctoral Training of the American Osteopathic Association, in one of the following primary health care specialties: family practice or osteopathic general practice, obstetrics-gynecology, pediatrics, or internal medicine; and who is board-certified in the primary health care specialty, or eligible to sit for the certifying exam.
15. “Physician assistant” means a person certified pursuant to A.R.S. §32-2501, and who provides primary health care services.
16. “Primary health care professional” means physicians serving in the field of family practice, pediatrics, obstetrics, or internal medicine; nurse practitioners; certified nurse midwives; and physician assistants.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

17. "Primary health care services" means services provided to persons that preserve health, prevent disease and dysfunction, and care for common illnesses and disabilities.
18. "Provider recruitment awards" means payments that are made available to eligible primary health care professionals who have qualifying educational loans and are beginning practice at an eligible service site.
19. "Provider retention awards" means payments that are made available to eligible primary health care professionals who have qualifying educational loans pursuant to R9-24-410 and who are already practicing at an eligible service site.
20. "Public or nonprofit private entity" means a migrant and community health center funded under Section 329 or 330 of the Public Health Service Act, 42 CFR 51(e); and, a health care entity that delivers primary health services targeted to underserved populations such as low-income individuals, pregnant women, children, the uninsured, the homeless, substance abusers, HIV-infected persons, and the elderly; or other system of care which provides a full range of primary and preventive health and social services and which is recognized as nonprofit under the United States Internal Revenue Code.
21. "Remote rural area" means a rural HPSA that is located 45 miles or more from a city or town with a population of 20,000 or greater.
22. "Rural" means a county with a population of less than 400,000, or a Census County Division with fewer than 50,000 persons in a county with a population of 400,000 or more persons.
23. "Service site" means the location where a public or nonprofit private entity provides primary health care services in a HPSA.
24. "Urban" means an area other than rural or remote rural.

**R9-24-402. Service Site Eligibility Repealed**

- A.** To be eligible to participate in the ALRP, a service site shall meet the following qualifications:
1. Be a public or nonprofit private entity located and providing primary health care services in a HPSA.
  2. Accept Medicare and Medicaid assignment.
  3. Charge patients at the usual and prevailing rates in the area, and have a sliding fee scale in place for patients based on their ability to pay for services.
  4. Have a record of sound fiscal management as evidenced by audited financial statements for the most recent two years of operation.
  5. Provide a written statement certifying that financial means are available to support a position that receives a loan repayment award, including salary benefits, and malpractice insurance expenses for a minimum of two years.
- B.** Primary health care professionals who are in for-profit solo or group practices are not eligible to participate in the ALRP, even though they are located in a HPSA.
- C.** Sites determined not to be eligible for loan repayment program participation may submit a written request to the Director within 15 days of receipt of the notice denying eligibility for a hearing appealing such denial. The appeal shall be conducted in accordance with the Department's rules of practice and procedure, A.A.C. Title 9, Chapter 1, Article 1.

**R9-24-403. Funding Set Asides Repealed**

- A.** ALRP funds shall be set aside each year for retention and recruitment loan repayment awards to primary care health professionals who contract to serve at eligible service sites in HPSA's in rural and remote rural areas of the state as follows:
1. 64% for awards in rural areas;
  2. 20% for awards in remote rural areas.
- B.** Sixteen percent of the ALRP funding each year shall be set aside for loan repayment awards to primary health care professionals who contract to serve at eligible sites in HPSA's in urban areas of the state.

**R9-24-404. Annual Loan Repayment Award Cycle Repealed**

- A.** ALRP loan repayment awards shall be made in three sequential phases during the state fiscal year. The first phase shall be for provider retention loan repayment awards. If funds remain after the retention award phase, there shall be a provider recruitment loan repayment award phase. If funds remain after the provider recruitment awards phase, there shall be a final award phase where all urban and rural set aside funds are collapsed into a general pool of funds available for recruitment loan repayment awards.
- B.** A schedule of the specific dates that each phase of the loan repayment cycle will open and close shall be published each year by ADHS at least three weeks prior to the start of the first phase of the cycle.
- C.** Each service site shall be eligible to receive only one retention and one recruitment loan repayment award during an annual award cycle. The restriction on one recruitment award per site shall be waived midway during phase three if ALRP funds still remain and sites with vacancies that have not received an award indicate they will be unable to match with an eligible provider.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

**~~R9-24-405: Site Vacancy Register Eligibility Repealed~~**

- ~~A. Only eligible service sites with primary health care professional vacancies which are listed on the ALRP Site Vacancy Register and for which they are seeking loan repayment shall be eligible to participate in the ALRP.~~
  - ~~B. Service sites which seek to be included on the site vacancy register shall complete and submit a Notification of Vacancy form as shown in Exhibit A to ADHS at the beginning of the annual loan repayment award cycle, or at any time throughout the cycle as requested.~~
  - ~~C. In completing the form, sites may include both currently vacant positions and those anticipated to become vacant before the end of the annual loan repayment cycle.~~
  - ~~D. Service sites determined by ADHS to meet the eligibility requirements of R9-24-402 shall be listed on the Vacancy Register by HPSA. The sites shall be ranked by score and prioritized in accordance with R9-24-406 and the vacancies at each site shall be listed.~~
  - ~~E. More than one vacancy for each site may be listed on the Vacancy Register.~~
- ~~Vacancies that appear on the National Health Service Corps Health Professional Opportunities List shall not be placed on the ALRP Vacancy Register. Sites shall determine in advance whether a vacancy is to be considered for loan repayment by the National Health Service Corps or by the ALRP.~~

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

**~~Exhibit A. Notification of Vacancy for Participation in Arizona Loan Repayment Program (ALRP) Repealed~~**

Arizona Loan Repayment Program  
Office of Health Planning,  
Evaluation and Statistics  
Arizona Department of Health Services  
1740 West Adams Street, Room 312  
Phoenix, Arizona 85007  
(602) 542-1216 FAX: (602) 542-1244

**NOTIFICATION OF VACANCY**

**For Participation in Arizona Loan Repayment Program (ALRP)**

Complete a separate application for each service delivery site. Use the instructions provided as a guide to completing this application.

Date submitted \_\_\_\_\_

1. Name of service site: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

2. Name of HPSA service area: \_\_\_\_\_

Federal degree-of-shortage ranking of the HPSA: (circle one)      1      2      3      4

3. Percent minority population in HPSA: \_\_\_\_\_

4. Is the practice located in a state-designated Medically Underserved Area (MUA)?

Yes                      No

Name of State MUA \_\_\_\_\_

5. How many miles is it from this site to the nearest city or town with a population of 20,000 or greater? \_\_\_\_\_

Name of town: \_\_\_\_\_

6. Name of sponsoring organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Executive director / manager's name: \_\_\_\_\_

**Arizona Administrative Register**  
**Notices of Proposed Rulemaking**

7. Type of organization: \_\_\_\_\_ Public \_\_\_\_\_ Private Non-Profit

\_\_\_\_\_ Government  
(State/County/City)

Specify: \_\_\_\_\_

\_\_\_\_\_ University

\_\_\_\_\_ Hospital

\_\_\_\_\_ Public Health Services (PHS)  
Funded

\_\_\_\_\_ Other

Specify: \_\_\_\_\_

8. List each position eligible for participation in the ALRP and the following information for each position.

Discipline	Speciality	Retain Existing Provider? (List Name)	Length of Time Position Vacant	Projected Hire Date	Minority Preference?	Bilingual Preference?	Does Position Require Call Duty?

**Discipline** - Physician, Physician Assistant, Nurse Practitioner, Certified Nurse Midwife.  
Specify NP or PA if only one is acceptable, or NPA if either is acceptable.

**Speciality** - Family Medicine, Internal Medicine, Pediatrics, OB/GYN.

**Length of Time** - Length of time vacant position has been actively recruited (in months).

**Minority** - Black, Hispanic, Asian, Native American, Other.

**Bilingual** - Specify language needed.

**Call Duty** - Put X for positions that require call after-hours at least every other night. Put OB for positions that require after-hours obstetric calls at least five night a week.

9. Name of site recruitment contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

10. Site profile- please attach to this application a description of your site and geographic area including educational and recreational opportunities, churches in the area, industry information, etc.

11. Assurances (for executive director / manager's initial)

- \_\_\_\_\_ A. Funds are available to support position(s) that receive a loan repayment award to include salary, benefits, and malpractice insurance expenses for a minimum of two years.
- \_\_\_\_\_ B. We have a documented record of sound fiscal management.
- \_\_\_\_\_ C. We accept people covered by Titles XVIII (Medicare) and XIX (Medicaid) and those who have no health insurance coverage.
- \_\_\_\_\_ D. We charge patients at the usual and prevailing rates in the area, and have a sliding-fee scale in place for patients based on ability to pay.
- \_\_\_\_\_ E. Any health professional awarded loan repayment funds will work full-time (a minimum of 40 hours a week) in their profession.

12. I certify that to the best of my knowledge and belief, all data provided in this application is true and correct.

Executive director / manager:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone No. \_\_\_\_\_  
(If other than executive director)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

**R9-24-406: Ranking of Eligible Sites Repealed**

**A.** ~~Service sites which meet the eligibility requirements of R9-24-402 and which complete and submit to ADHS a Notification of Vacancy form shall be assigned points for purposes of ranking and shall receive a total score based upon the following criteria and scales:~~

1. ~~Whether the practice site is in a rural, remote rural, or urban HPSA~~

	Points
Remote Rural	4
Rural	2
Urban	0

2. ~~Degree of shortage level ranking assigned by the Federal Office of Shortage Designation for the HPSA:~~

	Points
Level 1	4
Level 2	3
Level 3	2
Level 4	1

3. ~~Whether the HPSA is located in a state-designated MUA:~~

	Points
Yes	4
No	0

4. ~~The percent of minority population in the HPSA as set forth in the Arizona data from the most recent U.S. decennial census:~~

	Points
>50%	4
40-50%	3
30-39%	2
20-29%	1
<20%	0

5. ~~Hardship characteristics at the practice site, including the presence of a hard-to-fill position, that is one which has been vacant and actively recruited 12 months or longer; or one that requires after-hours on call duty at least every other~~

	Points
Vacancy	2
After-hours Call	2
OB-Call	2

**B.** ~~Eligible service sites shall be prioritized for loan repayment placements and maximum award amounts based upon the total number of points assigned for the five criteria listed in subsection (A). Sites shall be ranked as Priority 1, 2, or 3 based on their total point score as follows:~~

Priority Rank	Total Points Required
1	14-22
2	8-13
3	<8

**C.** ~~Information needed to establish priority for each service site shall be provided by the service site on the Notification of Vacancy form at the start of the retention and recruitment cycle each year in accordance with R9-24-405, or at any time during the cycle as requested.~~

**R9-24-407: Applicant Eligibility Criteria Repealed**

**A.** ~~To be eligible to participate in the ALRP, an individual shall comply with the following:~~

- ~~1. Be a U.S. Citizen.~~
- ~~2. Be a physician in the field of family practice, pediatrics, obstetrics, or internal medicine; or a nurse practitioner, certified nurse-midwife, or physician assistant who provides primary care services.~~
- ~~3. Have completed the final year of a course of study or program in one of the licensed health professions listed above, or hold a current Arizona license or certificate in good standing in accordance with Arizona Revised Statutes, Title 32.~~
- ~~4. If a physician, shall have completed a professional residency program in a primary health care specialty, and be board certified or eligible to sit for the certifying examination in the specialty.~~
- ~~5. Provide evidence of current or prospective employment with an eligible service site.~~
- ~~6. Agree to contract with ADHS to serve full-time, 40 hours per week, at an approved service site for a minimum of two years, with one or two year contract extensions available to physicians upon mutual agreement with the service site.~~



*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

7. Agree, with the exception of obstetrician / gynecologists and registered nurse midwives, to work at least 32 of the minimum 40 hours per week providing clinical services in the ambulatory setting at the approved service site during normally scheduled office hours. For an OB/GYN practitioner or registered nurse midwife, agree that not less than 21 hours per week shall be spent providing ambulatory care services during normally scheduled office hours.
  8. Agree to charge for professional services at the usual and customary rates prevailing in the area, except that a patient unable to pay the charge shall be charged at a reduced rate or not charged.
  9. Agree not to discriminate on the basis of the patient's ability to pay for care or the source of payment, including Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act, and participate in the Arizona Health Care Cost Containment System, Arizona Revised Statutes, Title 36, Chapter 22.
  10. Have completely satisfied any other obligation for health professional service which is owed under an agreement with a federal, state, or local government, or other entity such as a health care facility/organization or community, prior to beginning a period of service under this program.
- B.** In addition to those individuals not meeting the requirements of subsection (A), the following individuals shall not be eligible to participate:
1. Persons who have breached a health professional services contract to the federal government, state, or local government, or other entity such as a health care facility/organization or community.
  2. Persons who have a judgement lien against their property for a debt to the United States.

**R9-24-408. Application and Selection of Program Participants Repealed**

- A.** Persons who desire to apply for loan repayment award shall complete a Health Professional Application as shown in Exhibit B, provide complete information on each loan they have taken out, provide evidence of compliance with the requirements of R9-24-407(A) and (B), and submit the application and required information to ADHS. All information shall be complete and accurate.
- B.** Applicants shall provide a copy of an agreement or contract signed by both the executive director or manager of the service site and the applicant evidencing current or prospective employment with the service site. The contract may specify that the applicant shall be released from the contract if not selected for a loan repayment award.
- C.** Each program participant shall execute such consents or releases of information necessary for the Department to access loan records and acquire information from lenders necessary to verify eligibility and to determine payment amounts. Each loan repayment application shall be checked by ADHS program staff to assure it is complete, and all loan information shall be verified with each lender. ADHS staff shall review the application for eligibility for loan repayment and priority of the service site based upon criteria established in R9-24-406.
- D.** At the close of each phase of the loan repayment award cycle, ADHS staff shall review all loan repayment applications received during that phase, and make awards based on the priority of the applicants' service sites. Applicants shall be funded in order of the score their service site received pursuant to R9-24-406, with higher scores funded first, until available funds in rural and urban set-asides are exhausted. Any funds collapsed during phase three into a general pool shall be awarded to applicants based on the ranking of the service site. The amount of award shall be determined as prescribed by R9-24-410.
- E.** Persons determined not to be eligible to participate or not receiving awards in the loan repayment program may submit a written request for a hearing to the Director not later than 15 days after receipt of the notice denying the person eligibility or award. The appeal shall be conducted in accordance with the Department's rules of practice and procedure, A.A.C. Title 9, Chapter 1, Article 1.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

**Exhibit B: ~~Health Professional Application~~ Repealed**

Office of Health Planning, Evaluation  
and Statistics  
Arizona Department of Health Services  
1740 West Adams Street, Room 312  
Phoenix, Arizona 85007  
(602) 542-1216 FAX: (602) 542-1244

**HEALTH PROFESSIONAL  
APPLICATION**

**Arizona Loan Repayment Program**

\*\*\*PLEASE PRINT\*\*\*

Page 1 of 11

**SECTION I**

DATE: \_\_\_\_\_

Type of Application:

Retention Award \_\_\_\_\_

Recruitment Award \_\_\_\_\_

**PERSONAL INFORMATION**

1. Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

2. Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Month/Day/Year)

3. Home Address \_\_\_\_\_  
(Number) (Street) (Apt Number)

\_\_\_\_\_  
(City) (State) (Zip)

4. Telephone Number: Home: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

5. Work/School Address \_\_\_\_\_  
Organization Name

\_\_\_\_\_  
(Number) (Street) (Mail Stop)

\_\_\_\_\_  
(City) (State) (Zip)

6. Work/School Telephone (\_\_\_\_) \_\_\_\_\_

7. Are You A Citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach a copy of your social security card, birth certificate, a U.S. passport, or naturalization papers.

8. Indicate Your Professional Status:

Physician \_\_\_\_\_

Nurse Midwife \_\_\_\_\_

Nurse Practitioner \_\_\_\_\_

Physician Assistant \_\_\_\_\_

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

Office of Health Planning, Evaluation  
and Statistics  
Arizona Department of Health Services  
1740 West Adams Street, Room 312  
Phoenix, Arizona 85007  
(602) 542-1216 FAX: (602) 542-1244

**HEALTH PROFESSIONAL  
APPLICATION**

**Arizona Loan Repayment Program**

\*\*\*PLEASE PRINT\*\*\*

Page 2 of 11

9. Indicate Your Professional Speciality

General Practice	OB/GYN
Family Medicine	Internal Medicine
Pediatrics	Other (Specify)

10. Subspecialty If Applicable: \_\_\_\_\_

11. Indicate Your Ethnic Category:

Asian or Pacific Islander	White, Non Hispanic
Native American (Indian)	Hispanic
Black	Other

12. Indicate Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

13. Do You Fluently Speak: \_\_\_\_\_ Spanish  
\_\_\_\_\_ Native Arizona Indian Language (Specify Which Language) \_\_\_\_\_  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

14. How Did You Find Out About This Program?

\_\_\_\_\_ Arizona Health Providers Resources (AHPR)  
\_\_\_\_\_ Program Flyer  
\_\_\_\_\_ National Health Services Corps  
\_\_\_\_\_ Practice Site  
\_\_\_\_\_ Local AHEC Office  
\_\_\_\_\_ Friend  
\_\_\_\_\_ School/College Financial Aid Office  
\_\_\_\_\_ Professional Organization (Please specify) \_\_\_\_\_  
\_\_\_\_\_ Other Please specify) \_\_\_\_\_

**SECTION II**

**Education Information**

1. Type of Degrees Held:

BA/BS (Specify Major):	MD
MA/MS (Specify Field):	DO
Other:	

# Arizona Loan Repayment Program

Page 3 of 11

- Name of Institution: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Begin Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
(Month/Year) (Month/Year)  
Degree Obtained: \_\_\_\_\_  
Name of School Reference: \_\_\_\_\_  
(Last) (First) (Title)

- Name of Institution: \_\_\_\_\_  
Name of Program: \_\_\_\_\_  
Program Address: \_\_\_\_\_  
Begin Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
(Month/Year) (Month/Year)  
Name of Program Reference \_\_\_\_\_  
(Last) (First) (Title)

Name of Institution: \_\_\_\_\_

\_\_\_\_\_

Affiliated with what University or Medical Program: \_\_\_\_\_

\_\_\_\_\_

Complete Address: \_\_\_\_\_

\_\_\_\_\_

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

Office of Health Planning, Evaluation  
and Statistics  
Arizona Department of Health Services  
1740 West Adams Street, Room 312  
Phoenix, Arizona 85007  
(602) 542-1216 FAX: (602) 542-1244

**HEALTH PROFESSIONAL  
APPLICATION**

**Arizona Loan Repayment Program**

\*\*\*PLEASE PRINT\*\*\*

Page 4 of 11

Begin Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
(Month/Year) (Month/Year)

Name of Program Reference \_\_\_\_\_  
(Last) (First) (Title)

Telephone: \_\_\_\_\_ ( ) \_\_\_\_\_

5. Post-Graduate Professional Training: (Residency)

Name of Institution: \_\_\_\_\_

Affiliated with what University or Medical Program: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Begin Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
(Month/Year) (Month/Year)

Name of Program Reference \_\_\_\_\_  
(Last) (First) (Title)

Telephone: \_\_\_\_\_ ( ) \_\_\_\_\_

**SECTION III**

**CREDENTIALS AND CERTIFICATIONS**

1. Licensing:

Type of License: \_\_\_\_\_

State of Licensing: \_\_\_\_\_ License Number: \_\_\_\_\_

License Term: Start: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Arizona Administrative Register**  
**Notices of Proposed Rulemaking**

Office of Health Planning, Evaluation  
and Statistics  
Arizona Department of Health Services  
1740 West Adams Street, Room 312  
Phoenix, Arizona 85007  
(602) 542-1216 FAX: (602) 542-1244

**HEALTH PROFESSIONAL  
APPLICATION**

**Arizona Loan Repayment Program**

\*\*\*PLEASE PRINT\*\*\*

Page 5 of 11

Description of License Restrictions (If Any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Certification (Including Board Certification):

Type of Certificate: \_\_\_\_\_

State of Certification: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Certification Term: Start: \_\_\_\_\_ Expiration: \_\_\_\_\_

Description of Certification Restrictions (If Any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION IV**

**PROFESSIONAL EMPLOYMENT EXPERIENCE**

1. Practice Site Information: Provide name and contact (director or official) of site where you practiced since completing your medical training.

a. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

(Complete Site Name)

\_\_\_\_\_

(Number)

(Street)

(Site Number)

\_\_\_\_\_

(City)

(State/Province)

(County)

(Zip Code)

Telephone: \_\_\_\_\_ ( ) \_\_\_\_\_

2. Practice Site Information: Provide name and contact (director or official) of site where you practiced since completing your medical training.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

Office of Health Planning, Evaluation  
and Statistics  
Arizona Department of Health Services  
1740 West Adams Street, Room 312  
Phoenix, Arizona 85007  
(602) 542-1216 FAX: (602) 542-1244

**HEALTH PROFESSIONAL  
APPLICATION**

**Arizona Loan Repayment Program**

\*\*\*PLEASE PRINT\*\*\*

Page 6 of 11

a. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

(Number)

(Street)

(Site Number)

(City)

(State/Province)

(County)

(Zip Code)

Telephone: \_\_\_\_\_ ( ) \_\_\_\_\_

3. Practice Site Information: Provide name and contact (director or official) of site where you practiced since completing your medical training.

a. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

(Complete Site Name)

(Number)

(Street)

(Site Number)

(City)

(State/Province)

(County)

(Zip Code)

Telephone: \_\_\_\_\_ ( ) \_\_\_\_\_

If you have additional employment experience, attach information on a separate piece of paper, with your name and social security number at the top

**SECTION V**

**EXISTING OR PRIOR SERVICE COMMITMENTS**

1. Do you have any existing service obligations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name of Program: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Office of Health Planning, Evaluation  
and Statistics  
Arizona Department of Health Services  
1740 West Adams Street, Room 312  
Phoenix, Arizona 85007  
(602) 542-1216 FAX: (602) 542-1244

**HEALTH PROFESSIONAL  
APPLICATION**

**Arizona Loan Repayment Program**

\*\*\*PLEASE PRINT\*\*\*

Page 7 of 11

Contact Entity: \_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_

Terms of obligation: \_\_\_\_\_

\_\_\_\_\_

2. Are you in default of this or any other obligation: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION VI**

**SERVICE COMMITMENT FOR  
ARIZONA LOAN REPAYMENT AWARD**

1. Service/Employer: Community-Based Primary Care Center: \_\_\_\_\_ Other \_\_\_\_\_

2. Location of Service: \_\_\_\_\_

3. Employer and Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

Name of Center Director/Administrator: \_\_\_\_\_

4. Obligation Service Dates:

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

5. Attach Documentation (Signed Employment Contract) of Current or Prospective Employment at Practice Site.



Office of Health Planning, Evaluation  
and Statistics  
Arizona Department of Health Services  
1740 West Adams Street, Room 312  
Phoenix, Arizona 85007  
(602) 542-1216 FAX: (602) 542-1244

HEALTH PROFESSIONAL  
APPLICATION

Arizona Loan Repayment Program

\*\*\*PLEASE PRINT\*\*\*

Page 8 of 11

SECTION VII

**PROFESSIONAL REFERENCE**

1. Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code) ( ) (Telephone)
2. Reference Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code) ( ) (Telephone)
3. Reference Name \_\_\_\_\_ Title: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code) ( ) (Telephone)

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

Office of Health Planning, Evaluation  
and Statistics  
Arizona Department of Health Services  
1740 West Adams Street, Room 312  
Phoenix, Arizona 85007  
(602) 542-1216 FAX: (602) 542-1244

**HEALTH PROFESSIONAL  
APPLICATION**

**Arizona Loan Repayment Program**

\*\*\*PLEASE PRINT\*\*\*

Page 9 of 11

**SECTION VIII**

**LOAN INFORMATION**

Please copy and complete this form for each loan which you are applying to have repaid under the Arizona Loan Repayment Program. This form will be sent to each of your lenders for verification.

Name of Lender: \_\_\_\_\_

Complete Address of Lender: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Lending Institution's Tax Identification Number: \_\_\_\_\_

Loan Identification Number: \_\_\_\_\_

Original Amount of Loan: \$ \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_ Date of this balance: \_\_\_\_\_  
(Month/Year)

Monthly Payment Amount: \$ \_\_\_\_\_ Number of payments made: \_\_\_\_\_

Term of Loan/Number of Payments Remaining: \_\_\_\_\_ / \_\_\_\_\_

Interest Rate: \_\_\_\_\_ % Simple Interest? Yes \_\_\_\_\_ No \_\_\_\_\_

If other than simple interest, explain: \_\_\_\_\_  
\_\_\_\_\_

Provide purpose(s) of loan(s) as indicated on loan application(s): \_\_\_\_\_  
\_\_\_\_\_

Academic period covered by this loan: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

**Office of Health Planning, Evaluation  
and Statistics  
Arizona Department of Health Services  
1740 West Adams Street, Room 312  
Phoenix, Arizona 85007  
(602) 542-1216 FAX: (602) 542-1244**

**HEALTH PROFESSIONAL  
APPLICATION**

**Arizona Loan Repayment Program**

\*\*\*PLEASE PRINT\*\*\*

Page 10 of 11

**Certification by Applicant Borrower and Release of Loan Information**

I hereby certify to the accuracy of the previous information and apply to enter into an agreement with the State of Arizona for repayment of all or the appropriate portion of the education loan(s) listed in Section VIII hereof, which loans were incurred solely for the costs of medical education, including reasonable living expenses. I hereby authorize the government or financial institution named in Section VIII to release this information about the loan listed in Section VIII to the administrators of the Arizona Loan Repayment Program.

Legal Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number of Applicant: \_\_\_\_\_

Name as it appears on loan: \_\_\_\_\_  
(Print or Type)

**Lending Institution's Certification**

The undersigned states that, to the best of his or her knowledge, the loan identified in Section VIII is a bona fide legally enforceable commercial, state, or government educational loan made for the purpose of meeting the borrower's costs of attending undergraduate school or graduate school in a health profession.

**Government / State or Bank Authorized Official**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Arizona Administrative Register**  
**Notices of Proposed Rulemaking**

Office of Health Planning, Evaluation  
and Statistics  
Arizona Department of Health Services  
1740 West Adams Street, Room 312  
Phoenix, Arizona 85007  
(602) 542-1216 FAX: (602) 542-1244

**HEALTH PROFESSIONAL  
APPLICATION**

**Arizona Loan Repayment Program**

\*\*\*PLEASE PRINT\*\*\*

Page 11 of 11

**Section IX**

**Certification**

1. I hereby certify that, to the best of my knowledge, the loans identified in this application are professional medical educational loans, incurred solely for the costs of medical education, including reasonable living expenses, at an undergraduate school, or a school of medicine, osteopathy, or other health profession; and that the loan amounts do not reflect consolidated loans for other purposes.
2. I hereby certify that, to the best of my knowledge, the information contained in this application is accurate, and authorize the Arizona Department of Health Services or its designee to verify all information presented.

**WARNING:**

Any person who knowingly makes a false statement or misrepresentation or material omission in this loan repayment application, fraudulently obtains repayment for a loan, or commits any other illegal action in connection with this transaction is subject to fine or imprisonment. I have read this statement and understand its contents.

Typed or Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

State of Arizona )

)

County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_, by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public

**PLEASE SEND YOUR CURRICULUM VITAE WITH THIS APPLICATION**

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

**R9-24-409: Loans Qualifying for Repayment Repealed**

- A.** Repayment shall be available for the principal, interest, and related expenses of government and commercial loans taken out by the participant for the following:
1. Actual costs paid for school tuition and required fees for undergraduate and graduate education.
  2. Reasonable education expenses required by the undergraduate and graduate school, including books, fees, laboratory expenses, educational equipment and supplies.
  3. Reasonable living expenses, including room and board, transportation costs, and other costs paid during an individual's attendance at a college, university or health professions school, which are equal to or less than the school's estimated standard student budget.
- B.** Obligations or debts incurred under any of the following programs shall not be eligible for repayment:
1. National Health Service Corps Scholarship Program;
  2. Armed Forces Health Professional Scholarship Program;
  3. Indian Health Service Scholarship Program; or
  4. Arizona Medical Student Loan Program.
- C.** Any professional practice performed prior to the effective date of the ALRP contract, including any practice done while the provider is in professional school or a graduate training program shall not count toward satisfying a period of obligated service under this contract.
- D.** Loan repayment awards shall not be used to pay loans from family members.

**R9-24-410: Allowable Award Amounts Repealed**

- A.** The amount of the loan repayment award for a primary care physician shall be determined based upon the priority ranking assigned to the service site at which the physician plans to serve the two-year contract obligation and the physician's total student loan indebtedness. Physicians shall be awarded amounts according to the following schedule:

Contracted Years of Service	Maximum Awards Amount Allowable By Priority of Service Site		
	Priority 1	Priority 2	Priority 3
1st year	\$20,000	\$18,000	\$16,000
2nd year	\$20,000	\$18,000	\$16,000
3rd year	\$22,000	\$20,000	\$18,000
4th year	\$25,000	\$22,000	\$20,000

- B.** A nurse practitioner, certified nurse-midwife, or physician assistant shall receive a loan repayment award of up to \$7,500 per year depending upon the priority ranking of the service site at which the provider contracts to serve and the provider's total student loan indebtedness. Maximum award amounts are as follows:

Contracted Years of Service	Maximum Awards Amount Allowable By Priority of Service Site		
	Priority 1	Priority 2	Priority 3
1st year	\$7,500	\$6,000	\$5,000
2nd year	\$7,500	\$6,000	\$5,000

- C.** An award to a recipient shall not exceed the recipient's total student loan indebtedness. Loan repayment awards shall be in addition to any salary or compensation the provider receives from employment at the service site.
- D.** Awards to loan repayment recipients shall be for continuous service during the two-year contract period in accordance with the agreements set forth in R9-24-407.
- E.** The recipient shall receive the amount of loan repayment requested unless it exceeds the maximum amount allowable pursuant to subsections (A) and (B), or unless there is inadequate funding left to provide the maximum amount allowable and the recipient agrees to contract for a lesser amount.
- F.** Loan repayment to lenders shall be restricted to a maximum of three lending institutions for each recipient. Upon receipt of the award notification letter, the recipient shall complete and return to ADHS a Priority for Repayment form setting forth the priority of payment to the lenders and providing the following information for each lender:
1. Name of the lending institution;
  2. Address;
  3. Telephone number;

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

4. Contact person;
5. The lending institution's tax identification number;
6. The loan identification number;
7. Loan amount;
8. Interest rate;
9. Monthly payment amount, and
10. Balance remaining on the loan.

**~~R9-24-411. Contracting Process Repealed~~**

- ~~**A.** An applicant who receives a loan repayment award shall execute a contract with ADHS as shown in Exhibit C to provide services in exchange for loan repayment. The recipient shall sign and return the contract to ADHS.~~
- ~~**B.** The contract shall become a binding agreement in which ADHS agrees to make payments on the participant's qualified loans and the participant agrees to provide services according to the specification of the contract upon signature of the Director or the Director's designee. The effective date for the start of obligated service shall be stated in the contract.~~

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

**Exhibit C: ~~Arizona Loan Repayment Program Contract~~ Repealed**

**CONTRACT NUMBER**

**SIGNATURE PAGE**

**PAGE 1**

1. Type of Solicitation: **Not Applicable**
2. Type of Procurement: **Pursuant to A.R.S. §36-2172, Primary Care Provider Loan Repayment**
3. Project Title: **Arizona Loan Repayment Program**
4. Geographic Service Area: (as stated in Section C. of the Work Statement)
5. ADHS authority to contract for services specified herein: **A.R.S. §§36-104, 36-132 and 36-2172**
6. Contractor represents that he is authorized to contract for the performance of, and to perform the services provided herein pursuant to:

**Sole Proprietor**

7. Term: Effective Date:  
  
Termination Date:
8. CONTRACTOR AGREES to perform all the services set forth in the attached Work Statement for the consideration stated herein. The rights and obligations of the parties to this Contract shall be subject to and governed by the General Provisions. To the extent of any inconsistency between the General Provisions and the Work Statement, the terms of the Work Statement shall govern. To the extent of any inconsistency between the Work Statement and the Payment and Budget Page, the terms of the Payment and Budget Page shall govern. To the extent of any inconsistency between the General Provisions, Work Statement, Payment and Budget Page and the Signature Page, the terms of the Signature Page shall govern. Amendments signed by each of the parties and attached hereto are hereby adopted by reference as a part of this Contract, from the effective date of the Amendment, as if fully set out herein.
9. IN WITNESS WHEREOF, the parties hereto have executed this Contract on the date specified below.

<b>10. NAME AND ADDRESS OF CONTRACTOR</b>		<b>11. ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 WEST ADAMS STREET PHOENIX, ARIZONA 85007</b>	
<b>12. SIGNATURE OF AUTHORIZED INDIVIDUAL:</b>	<b>13. DATE</b>	<b>14. SIGNATURE OF AUTHORIZED INDIVIDUAL:</b>	<b>15. DATE</b>
<b>16. TYPED NAME AND TITLE:</b>		<b>17. TYPED NAME AND TITLE:</b>	

**CONTRACT NUMBER**

**GENERAL PROVISIONS**

**PAGE 2**

1. **DEFINITIONS:**

As used throughout this document, the following terms shall have the meanings set forth.

- a. "ADHS" means the Arizona Department of Health Services.
- b. "Contractor" means the person, firm, or organization performing, or accountable for performing the services or delivering the items described in this Contract.
- c. "Department" means the Arizona Department of Health Services.
- d. "Director" means the Director of the Arizona Department of Health Services or his duly authorized representative.
- e. "EDA" means effective date of Amendment.
- f. "Fixed Price" means a set price per unit of measurement as specified in the Contract.
- g. "Professional acts" means services or acts of persons whose vocation or occupation requires special, usually advanced, education and skill which is predominantly mental or intellectual rather than physical or manual.
- h. "Program Director" means the person designated to represent the Department only in the program administration of this Contract. The Program Director does not have authority to waive or amend Contract requirements.
- i. "Reimbursement" means the payment method whereby payment(s) shall be made upon receipt of the approved Service Verification Form.
- j. "Service Recipients" means persons who are eligible for services provided by the Department or its authorized Contractor.
- k. "Shall" means mandatory.
- l. "State" means the State of Arizona.
- m. "Work Statement" means those provisions of this Contract which delineate the scope and manner of the specific services to be performed and/or describe the items to be supplied in the performance of this Contract. If the provisions of the Work Statement conflict with the General Provisions, the terms of the Work Statement shall govern.

2. **GENERAL REQUIREMENTS:**

- a. This Contract, and any amendments thereto, shall become effective on the date specified (t)herein.
- b. The Contractor, unless otherwise exempt by law, shall obtain and maintain all licenses, permits and authority necessary to do business and render services under this Contract.
- c. This Contract may be extended for physicians only, by mutual agreement of both parties, for a period not to exceed four years from the original effective date.



**CONTRACT NUMBER**

**GENERAL PROVISIONS**

**PAGE 3**

- d. The parties hereto agree that the Contractor is an independent Contractor in the performance of this Contract and is not an officer, employee or agent of the State.
- e. No individual employed by the State shall have a substantial interest in this Contract or receive a substantial benefit that may arise therefrom.
- f. Contractors receiving both Federal and State funds under this Contract shall comply with the certified financial and compliance audit provisions of Office of Management and Budget Circular A-128 or A-133, whichever is applicable and the certified financial and compliance audit provisions of A.R.S. § 35-181.03.

**3. OTHER CONTRACTS:**

The Department may perform additional work related to this Contract or award other Contracts for such work. The Contractor shall cooperate fully with such other Contractors and/or State employees in scheduling and coordinating its work with such additional work. The Contractor shall afford other Contractors reasonable opportunity for the execution of their work and shall not commit or permit any act which will interfere with the performance of work by any other Contractor or by State employees. The Department shall equitably enforce this Section as to all Contractors to prevent unreasonably burdening any Contractor.

**4. ASSIGNMENTS:**

The Contractor's rights or obligations under this Contract shall not be assigned without the prior written consent of the Department. The Director may void the Contract if the Contractor becomes insolvent or files bankruptcy or reorganization proceedings under Title XI, United States Code.

**5. OWNERSHIP OF INFORMATION:**

The Contractor agrees to give recognition to the Department for its support of the program when publishing program material or releasing program related public information.

**6. CONFIDENTIALITY OF RECORDS:**

The Contractor shall establish and maintain written procedures and controls that comply with Arizona Administrative Code (A.A.C.) R9-1-311 through R9-1-315 regarding disclosure of confidential medical information and records. Upon Department approval of Contractor's written procedures governing confidentiality, the Contractor may release information pursuant to its approved procedures. In the absence of approved procedures, requests for medical information shall be in writing and disclosure authorized by the Department, or where permitted by the rules, by the director of a local health Department. No medical information contained in Contractor's records or obtained from the Department or from others in carrying out its functions under this Contract shall be used or disclosed by Contractor, its agents, officers or employees except as is essential to the performance of duties under this Contract or otherwise permitted under the statutes and rules of the Department. Disclosure to the Department is deemed

**CONTRACT NUMBER**

**GENERAL PROVISIONS**

**PAGE 4**

essential to the performance of duties under this Contract. Neither medical information nor names or other information regarding any person applying for, claiming, or receiving items or services contemplated in this Contract, or any employer of such person shall be made available for any political or commercial purpose. Information received from a Federal agency or from any person or provider acting under the Federal agency pursuant to Federal law, shall be disclosed only as provided by Federal law.

**7. RECORDS:**

- a. Contractors who submit cost or pricing data as provided in A.R.S. § 41-2543 shall maintain books and records which reflect that cost or pricing data under the Contract and shall reflect the Contract services and expenditures. All books and records shall be maintained in accordance with Generally Accepted Accounting Principles (GAAP).
- b. Contractor further agrees:
  - (1) To submit all reports and invoices as specified in the Work Statement of this Contract.
  - (2) The Contractor shall preserve and make available to the Department and its auditors all records for a period of five (5) years from the date of final payment under this Contract and for such period as is required by any other paragraph of this Contract including the following:
    - (a) If this Contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of five (5) years from the date of any such termination.
    - (b) Records which relate to disputes, litigation or the settlement of claims arising out of the performance of this Contract or to cost and expenses of this Contract to which exception has been taken by the Director shall be retained by the Contractor until such appeals, litigation, claims or exceptions have been finally resolved.
    - (c) If requested, the Contractor shall submit such records relating to the Contract to the address specified in Section D.2 of the Work Statement.

**8. INDEMNIFICATION:**

- a. The Contractor shall at all times indemnify, defend and save harmless the State and/or any of its agents, officials and employees from any and all claims, demands, suits, actions, proceedings, loss, cost and/or damages of every kind and description including any attorney's fees and/or litigation expenses brought or made against or incurred by the State on account of loss of or damage to any property or for injuries to or death of any person caused by, arising out of, or contributed to, in whole or in part, by reasons of any alleged act, omission, professional error, fault, mistake, or negligence of the Contractor, its employees, agents, representatives, or Subcontractors, their employees, agents, or representatives in connection with or incident to the performance of this Contract or arising out of Workers' Compensation claims, Unemployment Compensation claims, or Unemployment Disability Compensation claims of employees of the Contractor and/or its Subcontractors or claims under similar such laws or obligations. The Contractor's obligation under this paragraph shall not extend to any liability caused by the sole negligence of the State or its employees.
- b. The Department shall not be liable for damages to Contractor caused by late disbursement of loan repayment proceeds.

**CONTRACT NUMBER**

**GENERAL PROVISIONS**

**PAGE 5**

**9. WARRANTY:**

The Contractor warrants that all services shall be performed in conformity with the requirements of this Contract by qualified personnel in accordance with generally recognized standards.

**10. AMENDMENTS AND NOTICES:**

- a. No condition or requirement contained in or made a part of this Contract shall be waived or modified without an approved, written amendment to this Contract. Amendments shall be effective only if in writing and signed by all parties.
- b. Subsection (a) above notwithstanding, Contractor shall give notice to the Department of any non-material alteration to this Contract. Non-material alterations do not require a written amendment and are:
  - (1) Change of address.
  - (2) Change of telephone number.
  - (3) Change of authorized signatory.
  - (4) Changes in the name and/or address of the person to whom notices are to be sent.
  - (5) Change in the name of the Contractor where the ownership remains the same.
- c. Subsection (a) above notwithstanding, a written amendment shall not be required for funding source change(s) by the Department when the amount of the Contract remains unchanged.
- d. Whenever notice is required pursuant to the terms of this Contract, said notice shall be in writing, shall be delivered in person or by certified mail, return receipt requested, and shall be directed to the persons and addresses specified for such purpose in Section D of the Work Statement or to such other persons and/or addresses as either party may designate to the other party by written notice.

**11. DISPUTES:**

- a. In the event of a dispute under this Contract, the parties agree to make a good faith attempt to resolve the dispute prior to taking formal action.
- b. The parties agree to make use of arbitration in all Contracts subject to mandatory arbitration pursuant to rules adopted under A.R.S. § 12-133.
- c. This Contract shall be construed in accordance with Arizona law and any legal action thereupon shall be initiated in an appropriate court of the State of Arizona.

**12. TERMINATION OF CONTRACT:**

The Department or the State may terminate this Contract under the following conditions:

- a. The Director, in addition to other rights set forth elsewhere in the Contract, reserves the right to terminate this Contract in whole or in part without cause effective thirty (30) days after mailing written notice of termination by certified mail, return receipt requested to the Contractor. Upon such

**CONTRACT NUMBER**

**GENERAL PROVISIONS**

**PAGE 6**

termination, the Contractor shall deliver to the Department a complete set of all documents, programs and other information described in the Contract.

- b. The Director may also terminate this Contract in whole or in part if, during the term of this Contract, the Contractor is listed on the Master List of debarments, suspensions and voluntary exclusions maintained pursuant to A.A.C. R2-7-933. In such case, the Director shall transmit written notice of termination to the Contractor by certified mail, return receipt requested, and this Contract shall be terminated effective upon receipt thereof by the Contractor or such later date as is specified in the notice. In the event the Director terminates this Contract in whole or in part as provided in this subsection, subsection (b), (c), (e) and (f) of Section 13 are incorporated into this Subsection by reference and shall apply to the same extent as if expressly set out herein.
  - c. The Director may terminate this Contract by written notice to the Contractor if it is found by the Director after notice and opportunity for a hearing that gratuities in the form of entertainment, gifts, or otherwise were offered or given by the Contractor or any agent or representative of the Contractor to any officer or employee of the State with a view toward securing a Contract or securing favorable treatment with respect to the awarding or amending or the making of any determinations with respect to the performing of such Contract.
  - d. Pursuant to A.R.S. § 38-511 the Department may, within three (3) years after its execution, cancel this Contract without penalty or further obligation by the Department if any person significantly involved in initiating, negotiating, securing, drafting or creating this Contract on behalf of the Department is, at any time while the Contract or any extension of the Contract is in effect, an employee or agent of any other party to the Contract in any capacity or a consultant to any other party of the Contract with respect to the subject matter of the Contract. Cancellation under this subsection by the Department shall be effective when written notice from the Department is received by all other parties to the Contract unless the notice specifies a later time. In addition to the right to cancel this Contract as provided in this Subsection, the Department may recoup any fee or commission paid or due to any person significantly involved in initiating, negotiating, securing, drafting or creating this Contract on behalf of the Department from any other party to this Contract arising as the result of this Contract.
  - e. This Contract may be terminated by mutual written agreement of the parties specifying the termination date therein.
13. DEFAULT:
- a. The Director, in addition to other rights set forth elsewhere in the Contract, may at any time terminate this Contract in whole or in part if the Director determines that the Contractor has failed to perform any requirement.
  - b. The Contractor shall continue the performance of this Contract to the extent not terminated.
  - c. If this Contract is terminated as provided herein, the Director, in addition to any other rights provided in this Section, may require the Contractor to transfer title and deliver to the State, in the manner and to the extent directed by the Director, such partially completed reports or other documentation as the Contractor has specifically produced or specifically acquired for the performance of such part of this Contract which has been terminated. Payments for completed reports and other documentation delivered to and accepted by the Director shall be at the Contract price.
  - d. The rights and remedies of the Department enumerated in this Section shall be in addition to any other rights and remedies provided by or under this Contract by law.

**CONTRACT NUMBER**

**GENERAL PROVISIONS**

**PAGE 7**

**14. NON-DISCRIMINATION:**

The Contractor shall comply with Title VII of the Civil Rights Act of 1964, as amended, the Age Discrimination in Employment Act of 1975 and the Federal Executive Order 11246, State Executive Order No. 75-5 and A.R.S. § 41-1461 et seq., which mandate that all persons, regardless of race, color, religion, sex, age, national origin or political affiliation, shall have equal access to employment opportunities. The Contractor shall comply with Section 503 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination in the employment or advancement in employment of qualified persons because of physical or mental handicap. The Contractor shall comply with Title VI of the Civil Rights Act of 1964, as amended, which prohibits the denial of benefits or participation in Contract services on the basis of race, color, or national origin. The Contractor shall comply with the requirements of Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination on the basis of handicap in delivering Contract services. The Contractor shall comply with the Americans With Disabilities Act of 1990 (Public Law 101-336) and the Arizona Disability Act of 1992 (A.R.S. § 41-1492 et seq.) which prohibit discrimination on the basis of physical or mental disabilities in delivering contract services or in the employment or advancement in employment of qualified persons.

**15. ASSIGNMENT OF OVERCHARGES:**

The Contractor, the Department and the State recognize that in actual economic practice overcharges resulting from anti-trust violations are in fact borne by the purchaser. Therefore, the Contractor hereby assigns to the Department and the State any and all claims for such overcharges.

**16. CONTRACT PAYMENTS:**

- a. Payments made by the Department pursuant to this Contract are conditioned upon the availability to the Department of funds authorized for expenditure in the manner and for the purposes provided herein. The Department shall not be liable for any purchases entered into by the Contractor in anticipation of such funding.
- b. Payments made by the Department are conditioned upon receipt of applicable, accurate and complete reports from the Contractor.
- c. If the Contractor is in any manner in default in the performance of any obligation under this Contract, or if audit exceptions are identified, the Department may, at its option and in addition to other available remedies, either adjust the amount of payment or withhold payment until satisfactory resolution of the default or exception. The Contractor shall have the right to written notice of the Department's action in adjusting the amount of payment or withholding payment. Under no circumstances shall the Department authorize payments that exceeds an amount specified in the Contract without an approved written amendment to the Contract. The Department may, at its option, withhold final payment under the Contract until receipt of all final reports and deliverables.

**17. RECOUPMENT OF CONTRACT PAYMENTS:**

- a. Unacceptable Expenditures  
The Contractor agrees to reimburse the Department for all Contract funds expended which are determined by the Department or the Auditor General not to have been disbursed in accordance with the terms of this Contract.

**CONTRACT NUMBER**

**GENERAL PROVISIONS**

**PAGE 8**

b. Contracted Services

Contractors who do not complete the service obligation pursuant to this Contract shall be liable to the Department for liquidated damages in an amount equivalent to twice the total uncredited amount of the loan repayment contracted for on a prorated monthly basis. The Department may waive the liquidated damages provision of this section if the Department determines that death or permanent physical disability accounted for the failure of the Contractor to fulfill the Contract.

c. Refunds

The liquidated damages stated in 17(b) above shall be paid to the Department within one year of the date of default. If the Contractor does not make payment within this time period, the Department may institute legal action to enforce repayment, and may:

- (1) Recover interest on the liquidated damages at the legal rate of ten percent (10%) per annum;
- (2) Recover the costs of a collection agency;
- (3) Recover attorney's fees and costs incurred in collecting payment of the liquidated damages.

18. VISITATION AND INSPECTION:

The Contractor agrees that the Department and any other appropriate agent of the State or Federal Government, or any of their duly authorized representatives, shall have access during reasonable hours to the Contractor's facilities and the right to examine Contractor's books, documents and records involving transactions related to this Contract.

19. INFRINGEMENT OF PATENTS AND COPYRIGHTS:

- a. The Contractor, at its own expense, shall defend any claim or suit which may be brought against the State for the infringement of United States patents or copyrights arising from the Contractor's use of any equipment, materials, or information prepared or developed in connection with performance of this Contract and in any suit shall satisfy any final judgment for such infringement. The Department shall give the Contractor written notice of such claim or suit and full right and opportunity to conduct the defense thereof, together with full information and all reasonable cooperation.
- b. If principles of governmental or public law are involved, the State may participate in the defense of any such action, but no costs or expenses shall be incurred for the account of Contractor without written consent.
- c. If, in the Contractor's opinion the equipment, materials or information mentioned in Subsection a above is likely to or does become the subject of a claim of infringement of a United States patent or copyright, then without diminishing the Contractor's obligation to satisfy any final award, the Contractor may, with the Director's written consent, substitute other equally suitable equipment, materials and information, or at the Contractor's option and expense, obtain the right for the Contractor or the Department to continue the use of such equipment, material and information.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

**CONTRACT NUMBER**

**WORK STATEMENT**

**PAGE 9**

**ARIZONA LOAN REPAYMENT PROGRAM**

- A. PURPOSE OF CONTRACT:** For repayment of the qualifying educational loans of primary care physicians, nurse practitioners, certified nurse midwives, and physician assistants in exchange for their provision of primary care provider services at an approved site in a Health Professional Shortage Area (HPSA) for the term of this contract.
- B. SERVICE RECIPIENTS:** HPSA residents.
- C. FACILITY LOCATION(S):**  
Services provided under this Contract shall be delivered at the following location(s):
- |                            |   |
|----------------------------|---|
| 1. NAME AND ADDRESS:       | DAYS/HOURS OF OPERATION:<br>As scheduled. |
| 2. SUBCONTRACTOR(S)<br>N/A | DAYS/HOURS OF OPERATION:<br>N/A           |
- D. NOTICES, CORRESPONDENCE, REPORTS AND PAYMENTS:**
1. Reporting Requirements to the Arizona Department of Health Services (ADHS):
    - a. Fiscal: The Contractor shall submit a Service Verification Form verifying that the terms of the contract have been met on a quarterly basis. The Service Verification Form shall be submitted within 10 days after the end of each of quarter (three month period of service) beginning on the effective date of the contract.
    - b. Programmatic: N/A
  2. Notices, Correspondence and Reports from the Contractor shall be sent to:  
Arizona Loan Repayment Program Manager  
Office of Health Planning, Evaluation and Statistics  
Arizona Department of Health Services  
1740 West Adams, Room #312  
Phoenix, AZ 85007
  3. Notices, Correspondence and Reports from the ADHS shall be sent to:  
(Name of Contractor and address)

**CONTRACT NUMBER**

**GENERAL PROVISIONS**

**PAGE 10**

4. Quarterly loan payments from the ADHS will be sent directly to the Contractor's lenders as listed below:
- a. Lending Institution:
    - Department:
    - Address:
  
    - Telephone:
    - Loan Number:
    - Tax Identification Number:
  - b. Lending Institution:
    - Department:
    - Address:
  
    - Telephone:
    - Loan Number:
    - Tax Identification Number:
  - c. Lending Institution:
    - Department:
    - Address:
  
    - Telephone:
    - Loan Number:
    - Tax Identification Number:



**CONTRACT NUMBER**

**WORK STATEMENT**

**PAGE 11**

**E. LICENSURE/CERTIFICATION REQUIREMENTS:**

In addition to General Provisions 2.b., the Contractor shall also obtain and/or maintain the following license(s) and/or certification(s):

1. Personnel: Each primary health care provider shall have a current Arizona license or certificate as required by the specific licensure/certification requirements for their particular health profession. Physicians shall have completed a professional residency program in Family Practice, Pediatrics, Obstetrics, or Internal Medicine.
2. Facility: N/A

**F. RESTRICTIONS:**

1. In providing health services, Contractor shall not discriminate against any person on the basis of ability to pay for services or because payment for the health services provided will be made pursuant to the program established in Title XVIII (Medicare) of the Social Security Act or pursuant to the program established in Title XIX (Medicaid) of such Act.
2. Contractor must be a United States citizen.
3. Contractor must not have previously incurred an obligation for health professional service to the Federal, State or local government, or other entity unless said obligation(s) is completely satisfied prior to the beginning of service under this contract.
4. Contractor is not in breach of a health professional service contract to the Federal government, State or local government or other entity.
5. Contractor does not have a judgment lien against property for a debt to the United States.
6. Contractor is not allowed to use funds received under this agreement for any professional practice performed prior to the effective date of this agreement. This restriction on use of funds includes any practice performed while the provider is in a professional school or graduate training program.

**CONTRACT NUMBER**

**WORK STATEMENT**

**PAGE 12**

**G. SCOPE OF WORK:**

**MEDICAL AND RELATED SERVICES**

These services pertain to medical care that is performed by physicians, dentists, oral surgeons, or specialists in a discipline necessary for the maintenance or improvement of health (i.e., optometrists, psychologists, genetic counselors) or at the direction of a physician.

**1. ACTIVITY:** The Contractor shall provide primary health care services at an approved site in a federally designated HPSA in Arizona. The primary health care professional shall:

- a. with the exception of obstetrician/gynecologists (OB/GYN), work a minimum of forty (40) hours a week with at least thirty-two (32) of the minimum 40 hours per week providing clinical services in the ambulatory setting at the approved service site, during normally scheduled office hours. OB/GYN practitioners and certified nurse midwives must provide ambulatory care services during normally scheduled office hours the majority of the 40 hours per week (not less than 21 hours per week).
- b. charge for professional services at the usual and customary prevailing rates in the area(s) in which such services are provided, except that if a person is unable to pay such charge(s), such person shall be charged at a reduced rate or not charged any fee.
- c. accept an assignment for payment under the terms specified in Title XVIII (Medicare) of the Social Security Act, Section 18.42(b)(3)(B)(ii).
- d. enter into an agreement with the Arizona Health Care Cost Containment System (AHCCCS) to provide services to individuals entitled to medical assistance thereunder.

**2. SERVICE DELIVERY METHODOLOGY:**

Provide primary health care services in accordance with the terms and requirements of the employment contract with the approved service site.

**3. EVALUATION METHODOLOGY:**

Quarterly Service Verification Forms submitted.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

**CONTRACT NUMBER**

**PAYMENT AND BUDGET PAGE**

**PAGE 13**

1. Contract Term:
2. Compensation Type: **Fixed Price**
3. Payment Method: **Reimbursement**
4. Billing Method: **Quarterly Invoice**
5. Source of Funds  
Federal (\*CFDA # 93.165)      \$ \_\_\_\_\_ ADHS Share      \$ \_\_\_\_\_  
State:      \$ \_\_\_\_\_ Contractor's Match:      \$ \_\_\_\_\_  
Other      \$ \_\_\_\_\_ Contract Total:      \$ \_\_\_\_\_

**6. UNITS AND FUNDING SCHEDULE**

Budget Term	Lending Institution	No. Units	Type of Units	Unit Rate
Total				

**R9-24-412: Loan Repayments Repealed**

- ~~A.~~** Each participant shall submit to ADHS a Service Verification Form as shown in Exhibit D at the end of each quarter of service, certifying full time, continuous service by the recipient. The form shall be signed by both the award recipient and the executive director or manager of the service site. Failure to timely submit a Service Verification Form may result in delay of payment to lenders.
- ~~B.~~** The Department, following receipt of a participant's quarterly Service Verification Form, shall make payments to the participant's lending institutions for each quarter of service over the term of the participant's contract.
- ~~C.~~** Award payments shall be made directly to the lending institution for each program participant. Participants shall inform their financial lending institutions of any change in the schedule of payments on their loans.

**Arizona Administrative Register**  
**Notices of Proposed Rulemaking**

**~~Exhibit D: Service Verification Form~~ Repealed**

**Service Verification Form**

This is to verify that \_\_\_\_\_ has completed full-time, continuous employment in  
(Loan Repayment Recipient)  
good standing at \_\_\_\_\_, for the service quarter beginning \_\_\_\_\_  
(Practice Site)  
and ending \_\_\_\_\_, as specified in the Arizona Loan Repayment Program contract executed with the  
Arizona Department of Health Services. This signed form is due on or before 10 business days after the last day of the  
completed quarter of service to assure timely payment on the recipient's education loan(s). The form shall be submitted  
to:

**Arizona Loan Repayment Program**  
**Office of Health Planning, Evaluation and Statistics -Rm 312**  
**Arizona Department of Health Services**  
**1740 West Adams Street**  
**Phoenix, Arizona 85007**

I hereby verify I have completed this service quarter as in my contract and seek payment required on my educational loans.

\_\_\_\_\_  
Signature of Loan Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Service Site  
Executive Director/Administrator or authorized signatory

\_\_\_\_\_  
Date

\*\*\*\*\*

State of Arizona )

County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public

\*\*\*\*\*

State of Arizona )

County of )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public

===== FOR OFFICE USE =====

Contract No. \_\_\_\_\_ Quarterly Payment Amount \$ \_\_\_\_\_

Approved for Payment by \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF PROPOSED RULEMAKING**

**TITLE 17. TRANSPORTATION**

**CHAPTER 4. DEPARTMENT OF TRANSPORTATION - MOTOR VEHICLE DIVISION**

**PREAMBLE**

- 1. Sections Affected**  
R17-4-265
- Rulemaking Action**  
Repeal
- 2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**  
Authorizing statute: A.R.S. § 28-366  
Implementing statutes: Arizona Revised Statutes, Title 28, Chapter 9, Article 8; A.R.S. §§ 5-321, 28-304, 28-1764, 42-1204, 42-1215, and 42-1231
- 3. A list of all previous notices appearing in the Register addressing the proposed rule:**  
Notice of Rulemaking Docket Opening, 6 A.A.R., 4274, November 13, 2000
- 4. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**  
Name: Ellen Damron  
Rules Analyst  
  
Address: Arizona Department of Transportation  
Administrative Rules Unit, Mail Drop 507M  
3737 North Seventh Street, Suite 160  
Phoenix, Arizona 85014-5017  
  
Telephone: (602) 712-6722  
Fax: (602) 241-1624  
E-mail: edamron@dot.state.az.us
- 5. An explanation of the rule, including the agency's reasons for initiating the rule:**  
R17-4-265 reflects an amendment of Arizona Revised Statutes, Title 28, Chapter 9, which added Article 8, and also amended A.R.S. §§ 5-321, 28-304, 28-1764, 42-1204, 42-1215, 42-1231. The amendment established a minimum value for private vehicles being sold and transferred between individuals and also provided for the conditional enactment of the statute. An emergency version of this rule allowed for its immediate implementation and the regular rule was completed in October 1984. The underlying statute was repealed in 1986, removing necessity for the rule. This rule was part of the 5-year review report (F-98-0401) and approved by the Governor's Regulatory Review Council on May 5, 1998.
- 6. A reference to any study that the agency proposes to rely on in its evaluation of or justification for the proposed rule and where the public may obtain or review the study, all data underlying each study, any analysis of the study and other supporting material:**  
None
- 7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:**  
Not applicable
- 8. The preliminary summary of the economic, small business, and consumer impact:**  
This proposed rulemaking is a repeal of R17-4-265, and A.R.S. § 41-1055(D) exempts this action from the economic impact statement requirement.

*Arizona Administrative Register*  
**Notices of Proposed Rulemaking**

---

**9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:**

Name: Ellen Damron  
Rules Analyst

Address: Arizona Department of Transportation  
Administrative Rules Unit, Mail Drop 507M  
3737 North Seventh Street, Suite 160  
Phoenix, Arizona 85014-5017

Telephone: (602) 712-6722

Fax: (602) 241-1624

E-mail: edamron@dot.state.az.us

**10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

No public hearing is scheduled in this rulemaking. Requests for a public hearing, oral or written comments may be made Monday through Friday, 8:00 a.m. through 4:30 p.m., at the address listed in #9. Such requests and comments will be accepted until 4:30 p.m. on February 9, 2001, at which time the public record will close.

**11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**

None

**12. Incorporations by reference and their location in the rules:**

None

**13. The full text of the rule follows:**

**TITLE 17. TRANSPORTATION**

**CHAPTER 4. DEPARTMENT OF TRANSPORTATION - MOTOR VEHICLE DIVISION**

**ARTICLE 2. TITLES AND REGISTRATION**

R17-4-265. ~~Minimum value for vehicles for the purpose of the vehicle transfer tax~~ Repealed

**ARTICLE 2. TITLES AND REGISTRATION**

~~R17-4-265. Minimum value for vehicles for the purpose of the vehicle transfer tax~~ Repealed

**A. Vehicle minimum value:**

1. ~~For the purposes of ensuring that the sales price on which tax is levied is correct, the registering officer shall compare the dollar value of the consideration exchanged between the transferee and the transferor as shown on the Affidavit of Sales Price with a generally accepted and published value guide utilized by the vehicle dealer industry. The value guides shall be selected by the Director for use by the registering officer. The most current issue of the value guides which are available on the market shall be used for reference by the registering officer.~~
2. ~~The minimum value to be referred to for comparison purposes by the registering officer is "used wholesale" or "average trade in value". If the value guide which lists the vehicle does not list values in the above terms, the registering officer shall refer to "average price" value. If the value guide which lists the vehicle does not list values in terms of the "average price", the registering officer shall refer to "price comparable to market value". If there is no generally accepted value guide utilized by the vehicle dealer industry which lists the vehicle, the value shall be established by reference to the Affidavit of Sales Price and any other evidence of value on which responsible persons are accustomed to relying on in the conduct of serious matters.~~

**B. Hearings:**

1. ~~Any taxpayer who contests the value attributed to the vehicle by the registering officer may request an informal reconsideration of the tax assessment.~~
2. ~~If the taxpayer contests the outcome of the informal reconsideration, the taxpayer may request a hearing subject to the provisions of administrative rules R17-4-901 and R17-4-902.~~
3. ~~The request for a hearing must be received within thirty (30) days of the application date for transfer of ownership. All requests for a hearing must be in writing and sent or hand delivered to the Executive Hearing Office, Motor Vehicle Division, Room 202, 1801 West Jefferson Street, Phoenix, Arizona 85007.~~