

**NOTICE OF PROPOSED EXPEDITED RULEMAKING**  
**TITLE 9. HEALTH SERVICES**  
**CHAPTER 4. DEPARTMENT OF HEALTH SERVICES - NONCOMMUNICABLE DISEASES**

**PREAMBLE**

**1. Permission to proceed with this proposed expedited rulemaking was granted under A.R.S. § 41-1039(A) by the governor on:**

July 31, 2024

**2. Article, Part, or Section Affected (as applicable)                      Rulemaking Action**

R9-4-602

Amend

**3. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**

Authorizing statutes:        A.R.S. § 36-132(A)(1), 36-136(G)

Implementing statutes:     A.R.S. § 36-133

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

Notice of Rulemaking Docket Opening: 30 A.A.R. 2903, Issue Date: September 27, 2024, Issue Number: 39, File number: R24-181

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

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Division:                  Public Health Prevention Services  
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Fax:  
Email:                        Celia.Nabor@azdhs.gov  
or  
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Title:                        Office Chief, Administrative Counsel and Rules  
Division:                  Policy and Intergovernmental Affairs  
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Telephone:                (602) 542-1020  
Fax:                          (602) 364-1150

Email: Stacie.Gravito@azdhs.gov  
Website: azdhs.gov/policy-intergovernmental-affairs/administrative-counsel-rules/rules/index.php

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 An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**

Arizona Revised Statutes § 36-133 requires the Arizona Department of Health Services (Department) to develop a chronic disease surveillance system for the collection, management, and analysis of information on the incidence of chronic diseases in Arizona. The Department has implemented this statute in Arizona Administrative Code (A.A.C.) Title 9, Chapter 4. The Department believes that opioid use disorder, which can lead to opioid overdose and death, has become a chronic disease in Arizona. The Department adopted rules for Opioid Poisoning-Related Reporting under 9 A.A.C. 4, Article 6. On June 21, 2024, Governor Hobbs signed SB1211 (Laws 2024, Chapter 232) with an emergency measure. This emergency measure permits a pharmacist to dispense naloxone hydrochloride or any other opioid antagonist approved by the U.S. Food and Drug Administration without a signed prescription and repeals reporting requirements. With this rulemaking, the Department intends to align the rules with statute by removing the same reporting requirement that was repealed in statute.

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

The Department of Health Services did not review or rely on any study for this rulemaking.

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

Not applicable

**9. A statement that the agency is exempt from the requirements under A.R.S. § 41-1055(G) to obtain and file a preliminary summary of the economic, small business, and consumer impact under A.R.S. § 41-1055(D)(2):**

Under A.R.S. 41-1055(D)(2), the Department is not required to provide an economic, small business, and consumer impact statement.

**10. Where, when, and how a person may provide written comments on the proposed expedited rule:**

Close of record: November 29, 2024

A person may submit written comments on the proposed expedited rules no later than the close of record to either of the individuals listed in item 5.

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

There are no other matters prescribed by statute applicable specifically to the Department or this specific rulemaking.

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

The rules do not require a permit.

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

Not applicable

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

No business competitiveness analysis was received by the Department of Health Services.

**12. List all incorporated by reference material as specified in A.R.S. § 41-1028 and include a citation where the material is located:**

Not applicable

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

**TITLE 9. HEALTH SERVICES**

**CHAPTER 4. DEPARTMENT OF HEALTH SERVICES - NONCOMMUNICABLE DISEASES**

**ARTICLE 6. OPIOID POISONING-RELATED REPORTING**

**Section**

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

## ARTICLE 6. OPIOID POISONING-RELATED REPORTING

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

- A. No change
  - 1. No change
    - a. No change
    - b. No change
    - c. No change
      - i. No change
      - ii. No change
      - iii. No change
    - d. No change
  - 2. No change
  - 3. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
  - 4. No change
  - 5. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
    - f. No change
  - 6. No change
    - a. No change
    - b. No change
      - i. No change
      - ii. No change
  - 7. No change
  - 8. No change

- a. No change
- b. No change
  - i. No change
  - ii. No change
- 9. No change
  - a. No change
  - b. No change
    - i. No change
    - ii. No change
    - iii. No change
- 10. No change
- B.** No change
  - 1. No change
  - 2. No change
- C.** No change
  - 1. No change
  - 2. No change
  - 3. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
    - e. No change
    - f. No change
    - g. No change
    - h. No change
      - i. No change
      - ii. No change
  - 4. No change
    - a. No change
    - b. No change
    - c. No change
    - d. No change
      - i. No change

- ii. No change
- iii. No change
- iv. No change
- v. No change

5. No change

- a. No change
- b. No change
- c. No change
- d. No change
- e. No change
- f. No change
- i. No change
- ii. No change
- iii. No change

6. No change

- a. No change
- i. No change
- ii. No change
- iii. No change
- iv. No change
- v. No change
- b. No change

7. No change

**D.** No change

- 1. No change
- 2. No change
- 3. No change
- a. No change
- b. No change
- c. No change
- d. No change
- e. No change
- f. No change
- 4. No change

- a. No change
- b. No change
- c. No change
- d. No change
  - i. No change
  - ii. No change
  - iii. No change
  - iv. No change
  - v. No change
- e. No change
  - i. No change
  - ii. No change
  - iii. No change
- 5. No change
  - a. No change
  - b. No change
- 6. No change

~~**E.** A pharmacist who dispenses naloxone or another opioid antagonist to an individual according to A.R.S. § 32-1979 shall, either personally or through a representative, submit a report as required in A.R.S. § 32-1979 to document the dispensing.~~

**F.E.** A medical examiner shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after the completion of the death investigation required in A.R.S. § 11-594 on the human remains of a deceased individual with a suspected opioid overdose, that includes:

- 1. The following information about the medical examiner:
  - a. Name; and
  - b. Street address, city, county, and zip code;
- 2. The following information about the deceased individual with a suspected opioid overdose:
  - a. The deceased individual's name;
  - b. The deceased individual's date of birth;
  - c. The deceased individual's gender;
  - d. The deceased individual's race and ethnicity;



- e. Whether the deceased individual was pregnant and, if so, the expected date of delivery;
  - f. If applicable, the name of the deceased individual's guardian; and
  - g. Whether naloxone or another opioid antagonist was administered to the deceased individual before the deceased individual's death and, if known:
    - i. The type of first response agency that administered the naloxone or other opioid antagonist to the deceased individual, or
    - ii. That the naloxone or other opioid antagonist was administered to the deceased individual by another individual;
3. The following information about the diagnosis of opioid overdose:
- a. The reason for suspecting that the deceased individual had an opioid overdose;
  - b. The date of the opioid overdose;
  - c. The date of diagnosis; and
  - d. If the diagnosis was confirmed by clinical laboratory tests:
    - i. The name, address, and telephone number of the clinical laboratory;
    - ii. The date a specimen was collected from the deceased individual;
    - iii. The type of specimen collected;
    - iv. The type of laboratory test performed; and
    - v. The laboratory test result and date of the result;
4. If applicable, a copy of the clinical laboratory test results;
5. If known, the following information about the suspected opioid overdose:
- a. Whether the opioid overdose appeared to be intentional or unintentional;
  - b. The location where the opioid overdose took place;
  - c. Whether the deceased individual was alone at the time of the opioid overdose;
  - d. The specific opioid that appeared to be responsible for the opioid overdose;
  - e. Whether the deceased individual was prescribed an opioid within the 90 calendar days before the date of the opioid overdose; and
  - f. Whether the opioid overdose was the first time the deceased individual was known to have had an opioid overdose and, if not, the number of previous opioid overdoses the deceased individual had
6. Whether the deceased individual with the suspected opioid overdose:
- a. Died from the suspected opioid overdose and, if so, the date of death; or
  - b. Died from another cause after experiencing a suspected opioid overdose and, if so, the date of death; and

7. The date of the report.

**G.F.** Information collected on individuals pursuant to this Article is confidential according to:

1. A.R.S. § 36-133(F); and

2. If applicable, A.R.S. §§ 36-2401 through 36-2403.