

**NOTICE OF PROPOSED RULEMAKING**  
**TITLE 4. PROFESSIONS AND OCCUPATIONS**  
**CHAPTER 22. BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY**  
**PREAMBLE**

1. **Permission to proceed with this proposed rulemaking was granted under A.R.S. § 41-1039 by the governor on:**  
April 21, 2025

<b>2. Article, Part, or Section Affected (as applicable)</b>	<b>Rulemaking Action</b>
R4-22-106	Amend
R4-22-202	Amend
R4-22-207	Amend
R4-22-208	New Section
R4-22-301	Amend
R4-22-302	Amend
R4-22-304	Amend
R4-22-401	Amend
R4-22-402	Amend
R4-22-501	Amend
R4-22-503	Amend
R4-22-504	Amend
R4-22-505	Amend
R4-22-506	Amend
R4-22-507	Amend
R4-22-508	Amend

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

Authorizing statute: A.R.S. § 32-1803(C)(1)

Implementing statute: A.R.S. § 32-1825

4. **Citations to all related notices published in the *Register* that pertain to the current record of the proposed rule:**

Notice of Rulemaking Docket Opening: 32 A.A.R. 2336, Issue Date: July 11, 2025, Issue Number: 28, File number: R25-155

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

Name: Justin Bohall

Title: Executive Director

Address: 1740 W Adams, Suite 2410, Phoenix, AZ 85007

Telephone: (480) 657-7703

Email: Justin.bohall@azdo.gov

Website: www.azdo.gov

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 **An agency's justification and reason why a rule should be made, amended, repealed or renumbered, to include an explanation about the rulemaking:**

As a result of a 5YRR approved by the Council on April 1, 2025, and a recommendation by the Arizona Auditor General (See Report 24-112), the Board is updating the Board's rules regarding continuing medical education and

adding a provision regarding auditing CME reports of licensees. The Board is also correcting some internal references and making minor edits.

**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:**

Not applicable

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

Not applicable

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

The rulemaking will impose minimal costs on licensees who are chosen for an audit of compliance with the CME requirements. These costs include submitting required documentation of compliance to the Board.

**10. The agency's contact person who can answer questions about the economic, small business and consumer impact statement:**

Name: Justin Bohall  
Title: Executive Director  
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**11. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

Written comments about this proposed rulemaking will be accepted in person at the address provided under Item #5, Monday through Friday from 8 a.m. to 5 p.m. except for state holidays. Comments will also be accepted via email at the email address provided under Item #5. Mailed written comments shall be postmarked within 30 days of this published notice. An oral proceeding is scheduled on this proposed rulemaking.

Date: July 30, 2026  
Time: 11:00 am  
Location: Virtually, via Google Meet Oral Preceding for Rule Making

Thursday, July 30 · 11:00 am  
Time zone: America/Phoenix  
Google Meet joining info  
Video call link: <https://meet.google.com/tca-zwss-phi>  
Or dial: (US) +1 475-277-0104 PIN: 456 354 964#  
More phone numbers:

<https://tel.meet/tca-zwss-phi?pin=6342965497624>

Nature: Public meeting

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

None

**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:**

Osteopathic physicians are required to be licensed by the Board. However, the license is not a general permit because under A.R.S. § 32-1822 the Board is required to issue licenses based on an assessment of individual qualification. This individual assessment includes the results of a criminal records check, taking required examinations, and physical, mental, and emotional fitness for practice.

**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:**

There are numerous federal laws with which a physician must comply but none is directly applicable to the subject of this rulemaking,

**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:**

Not applicable

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

R4-22-402: Commission on Accreditation of Allied Health Education Programs' *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*, 2022 edition

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

**TITLE 4. PROFESSIONS AND OCCUPATIONS**  
**CHAPTER 22. BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY**  
**ARTICLE 1. GENERAL PROVISIONS**

**Section**

R4-22-106. ~~Specialist Designation~~ Approved Specialty Boards

**ARTICLE 2. LICENSING**

**Section**

R4-22-202. Determining Qualification for Licensure

R4-22-207. Continuing Medical Education; Waiver; Extension of Time to Complete

R4-22-208. ~~Reserve~~ Audit of Continuing Medical Education

**ARTICLE 3. DISPENSING DRUGS**

**Section**

R4-22-301. Registration to Dispense Required

R4-22-302. Packaging and Inventory

R4-22-304. Recordkeeping and Reporting Shortages

**ARTICLE 4. MEDICAL ASSISTANTS**

**Section**

R4-22-401. Approval of Educational Programs for Medical Assistants

R4-22-402. Medical Assistants—Authorized Procedures

**ARTICLE 5. OFFICE-BASED SURGERY**

**Section**

R4-22-501. Definitions

R4-22-503. Administrative Provisions

R4-22-504. Procedure and Patient Selection

R4-22-505. Sedation Monitoring Standards

R4-22-506. Perioperative Period; Patient Discharge

R4-22-507. Emergency Drugs; Equipment and Space Used for Office-based Surgery

R4-22-508. Emergency and Transfer Provisions

## ARTICLE 1. GENERAL PROVISIONS

### R4-22-106. ~~Specialist Designation~~ Approved Specialty Boards

- ~~A. For the purpose of A.R.S. § 32-1800(21), the Board approves specialty boards recognized by the:~~
- ~~1. American Osteopathic Association (AOA) Bureau of Osteopathic Specialists and the listed in the *Handbook of the Bureau of Osteopathic Specialists (BOS)*, revised March 2013, available from the AOA at 142 E. Ontario Street, Chicago, IL 60644, 800-624-1773, or [www.osteopathic.org](http://www.osteopathic.org); and~~
  - ~~2. American Board of Medical Specialties (ABMS) and listed in the *ABMS Guide to Medical Specialties, 2013*, available from the ABMS at 222 N. LaSalle Street, Suite 1500, Chicago, IL 60601, 312-436-2600, or [www.abms.org](http://www.abms.org).~~
- ~~B. The Board incorporates the materials listed in subsection (A) by reference. The materials include no future editions or amendments. The Board shall make the materials available at the Board office and on its web site.~~

## ARTICLE 2. LICENSING

### R4-22-202. Determining Qualification for Licensure

- A. To obtain a license, an applicant shall submit:
1. The application form specified in R4-22-201;
  2. The proof required under A.R.S. § 32-1822(A);
  3. A list of all Board-certified specializations, the certifying entity, and a copy of each certification or letter verifying specialization;
  4. A list of each health care facility or employer at which the applicant obtained practice experience. If the applicant has not passed an examination approved under R4-22-203 within the last seven years, the Board may obtain verification of practice experience from the health care facilities or employers listed for the last seven years;
  5. A malpractice claim or suit questionnaire for each instance of medical malpractice in which there was an award, settlement, or payment;
  6. A full set of fingerprints and the charge specified in R4-22-102~~(B)~~(C);
  7. A passport-size picture taken within the last 60 days; and
  8. ~~The application fee~~ All applicable fees required under R4-22-102(A).
- B. In addition to the materials required under subsection (A), an applicant shall have the following information submitted directly to the Board by the specified entity:
1. Professional Education Verification form or an official transcript submitted by the osteopathic college from which the applicant graduated;
  2. Verification of Postgraduate Training form submitted by each postgraduate facility or program at which the applicant trained;
  3. Verification of passing an examination approved under R4-22-203 submitted by the examining entity; and
  4. Verification of licensure form submitted by every state in which the applicant is or has been licensed as an osteopathic physician.
- C. If an applicant has established a credentials portfolio with the FCVS or AOIA, the applicant may request that the FCVS forward to the Board some or all of the materials required under subsection (B).
- D. The Board shall conduct a substantive review of the information submitted under subsections (A) and (B) and determine whether the applicant is qualified for licensure by virtue of:
1. Possessing the knowledge and skills necessary to practice medicine safely and skillfully;
  2. Demonstrating a history of professional conduct; and

3. Possessing the physical, mental, and emotional fitness to practice medicine.
- E. If the substantive review referenced in subsection (D) does not yield sufficient information for the Board to determine whether an applicant is qualified for licensure, the Board shall request that the applicant appear before the Board for an interview.
1. The Board shall conduct ~~an application~~ the interview in the same manner as an informal hearing conducted under A.R.S. § 32-1855 and shall accord the applicant the same rights as a respondent.
  2. In conjunction with ~~an application~~ the interview, the Executive Director or Board may require that the applicant, at the applicant's expense:
    - a. Provide additional documentation,
    - b. Submit to a physical or psychological examination,
    - c. Submit to a practice assessment evaluation,
    - d. Pass an approved special purposes competency examination listed in R4-22-203(A)(3), or
    - e. Fulfill any combination of the requirements listed in subsections (E)(2)(a) through (d).
- F. If the substantive review referenced in subsection (D) reveals ~~that~~ an applicant has been subject to disciplinary action or criminal conviction, the Board shall consider the following factors to determine whether the applicant has been rehabilitated from the conduct underlying the disciplinary action or criminal conviction:
1. Nature of the disciplinary or criminal action including charges and final disposition;
  2. Whether all terms of court-ordered sentencing or Board-issued order were satisfied;
  3. Whether the disciplinary action or criminal conviction was set aside, dismissed with prejudice, or reduced;
  4. Whether a diversion program was entered and completed;
  5. Whether the circumstances, relationships, or personal attributes that caused or contributed to the underlying conduct changed;
  6. Personal and professional references attesting to rehabilitation; and
  7. Other information the Board determines demonstrates whether the applicant has been rehabilitated.

**R4-22-207. Continuing Medical Education; Waiver; Extension of Time to Complete**

- A. Under A.R.S. § 32-1825(B), a licensee is required to obtain 40 hours of Board-approved CME in the two years before license renewal. The Board shall approve the CME of a licensee if the CME complies with the following:
1. At least 24 hours are obtained by completing CME classified by the AOA as Category 1A<sub>1</sub>;
  2. No more than 16 hours are obtained by completing CME:
    - a. ~~classified~~ Classified as American Medical Association AMA Category 1 ~~approved~~ by an organization accredited by the Accreditation Council for Continuing Medical Education; ACCME-accredited CME provider, and or
    - b. American Academy of Family Physicians prescribed credit; and
  3. At least the number of CME hours specified under A.R.S. § 32-3248.02 address opioid-related, substance use disorder-related, or addiction-related prescribing and are obtained under subsection (A)(1) or (2).
- B. A licensee may fulfill ~~40 hours of the~~ 40-hour CME requirement for a biennial license renewal period by:
1. Participating in CME described under subsection (A);
  2. ~~participating~~ Participating in an approved a Board-approved postgraduate training program or preceptorship ~~during that biennial license renewal period;~~
  3. Participating in developing or proctoring an examination or assessment provided by the NBOME or the NBME;
  4. Attending a Board meeting at which the licensee is not listed on the agenda as a topic of discussion;
  5. Maintaining certification with a Board-approved specialty board;

6. Participating in either the ABMS continuing certification program or AOA Osteopathic continuous certification in the licensee's specialty area;
  7. Participating on a staff, quality of care, or utilization review committee of a hospital, health care institution, or government agency; and
  8. Serving as an outside medical consultant for the Board and completing a case review.
- C. The Board shall accept the following documentation as evidence of compliance with the CME requirement if the documentation indicates the CME was obtained within the current biennial license renewal period;
1. ~~For a CME under subsection (A)(1):~~
    - ~~a.1. The AOA A printout of the licensee's CME from the AOA, AMA, or Board-approved specialty board; or;~~
    - ~~b.2. A copy of the certificate of attendance from the provider of the CME showing:~~
      - ~~i.a. Licensee's name,~~
      - ~~ii.b. Title of the CME,~~
      - ~~iii.c. Name of the provider of the CME,~~
      - ~~iv.d. Category of the CME,~~
      - ~~v.e. Number of hours in the CME, and~~
      - ~~vi.f. Date of attendance;~~
  2. ~~For a CME under subsection (A)(2):~~
    - ~~a. A copy of the certificate of attendance from the provider of the CME showing the information listed in subsection (C)(1)(b); or~~
    - ~~b. A specialty board's printout showing a licensee's completion of CME.~~
  3. ~~For a CME under subsection (B), either a A letter from the Director of Medical Education or a certificate of completion for the from an approved postgraduate training program or preceptorship;~~
  4. A certificate or letter from the NBOME or USMLE verifying participation in developing or proctoring an examination;
  5. A certificate from the Board verifying attendance at a Board meeting;
  6. Verification from a Board-approved specialty board of preparation for certification or recertification;
  7. A letter or report from a hospital, health care institution, or government agency verifying participation as an outside medical consultant on a staff, quality of care, or utilization review committee; or
  8. A letter from the Board verifying service as an outside medical consultant on a case review.
- D. Waiver of CME requirements. To obtain a waiver under A.R.S. § 32-1825(C) of the CME requirements, a licensee shall submit to the Board a written request that includes the following:
1. The period for which the waiver is requested,
  2. CME completed during the current license period and the documentation required under subsection (C), and
  3. Reason that a waiver is needed and the applicable documentation:
    - a. For military service. A copy of current orders or a letter on official letterhead from the licensee's commanding officer;
    - b. For absence from the United States. A copy of pages from the licensee's passport showing exit and reentry dates;
    - c. For disability. A letter from the licensee's treating physician stating the nature of the disability; or
    - d. For circumstances beyond the licensee's control:
      - i. A letter from the licensee stating the nature of the circumstances, and
      - ii. Documentation that provides evidence of the circumstances.
- E. The Board shall grant a request for waiver of CME requirements that:
1. Is based on a reason listed in subsection (D)(3),

2. Is supported by the documentation required under subsection (D)(3),
  3. Is filed no sooner than 60 days before and no later than 30 days after the license renewal date, and
  4. Will promote the safe and professional practice of osteopathy in this state.
- F. Extension of time to complete CME requirements. To obtain an extension of time under A.R.S. § 32-1825(C) to complete the CME requirements, a licensee shall submit to the Board a written request that includes the following:
1. Ending date of the requested extension,
  2. CME completed during the current license period and the documentation required under subsection (C),
  3. Proof the licensee is registered for additional CME sufficient to enable the licensee to complete all CME required for license renewal before the end of the requested extension, and
  4. Licensee's attestation that the CME obtained under the extension will be reported only to fulfill the current license renewal requirement and will not be reported on a subsequent license renewal application.
- G. The Board shall grant a request for an extension that:
1. Specifies an ending date no later than May 1 following the license renewal date,
  2. Includes the documentation and attestation required under subsection (F),
  3. Is submitted no sooner than 60 days before and no later than 30 days after the license renewal date, and
  4. Will promote the safe and professional practice of osteopathy in this state.

**R4-22-208. ~~Reserved~~ Audit of Continuing Medical Education**

- A.** As authorized under A.R.S. § 32-1825(B), the Board shall conduct an audit of a selection of licensees to verify compliance with the CME requirement specified in A.R.S. § 32-1825(B). The Board shall provide notice to those selected at the time of license renewal.
- B.** A licensee selected for audit shall submit the documentation specified under R4-22-207(C) within 10 days after receiving the notice of audit.
- C.** The Board shall review the submitted documentation to confirm whether the licensee complied with the CME requirement under R4-22-207. The Board's review may include verification the submitted documentation is authentic and accurate.
- D.** If the audit appears to indicate the licensee failed to comply with the CME requirements, the Board shall provide an opportunity for the licensee to explain the apparent failure, submit additional documentation, or complete additional CME activities.
- E.** The Board may determine a licensee's failure to comply with the CME requirements or furnishing a false statement under A.R.S. § 32-1825(B) is unprofessional conduct as defined at A.R.S. § 32-1854.

**ARTICLE 3. DISPENSING DRUGS**

**R4-22-301. Registration to Dispense Required**

- A.** An osteopathic physician shall register with the Board annually if the osteopathic physician:
1. Maintains a supply of controlled substances, ~~as defined in A.R.S. § 32-1901(13)~~, prescription-only drugs, ~~as defined in A.R.S. § 32-1901(76)~~, or prescription-only devices, as defined in A.R.S. § 32-1901(75), excluding manufacturers' samples;
  2. Prescribes the items listed in subsection (A)(1) to a patient of the osteopathic physician for use outside the office of the osteopathic physician; and
  3. Obtains payment for the items listed in subsection (A)(1) at a practice location in Arizona.

- B. To register with the Board to dispense, an osteopathic physician shall:
  - 1. Submit the form referenced in R4-22-201,
  - 2. Submit a copy of the osteopathic physician's current Drug Enforcement Administration certificate of registration for each location from which the osteopathic physician will dispense a controlled substance, and
  - 3. Pay the fee specifically authorized by A.R.S. § 32-1826(A)(44) and established at R4-22-102(A).
- C. An osteopathic physician who is registered with the Board to dispense shall renew the registration by December 31 of each year by complying with subsection (B). If an osteopathic physician submits a timely and complete application to renew a registration to dispense, the osteopathic physician may continue to dispense until the Board approves or denies the renewal application.
- D. If an osteopathic physician fails to submit a timely and complete application to renew a registration to dispense, the osteopathic physician shall immediately cease dispensing.
  - 1. If the osteopathic physician wishes to resume dispensing, the osteopathic physician shall register with the Board by complying with subsection (B) and shall not dispense until the osteopathic physician receives notice from the Board that the registration is approved.
  - 2. If the osteopathic physician does not wish to resume dispensing, the osteopathic physician shall, as required by A.R.S. § 32-1871(F)(H), submit to the Board an inventory disposal form, which is available from the Board office or on its ~~web-site~~ website.

**R4-22-302. Packaging and Inventory**

- A. An osteopathic physician shall dispense a controlled substance or prescription-only drug in a prepackaged or light-resistant container with a consumer safety cap that complies with standards specified in the official compendium, as defined at A.R.S. § 32-1901(55), and state and federal law, unless a patient or the patient's representative requests a non-safety cap.
- B. An osteopathic physician shall ensure ~~that~~ a dispensed controlled substance or prescription-only drug is labeled with the following information:
  - 1. The name, address, and telephone number of the dispensing osteopathic physician;
  - 2. The date the controlled substance or prescription-only drug is dispensed;
  - 3. The patient's name;
  - 4. The name of the controlled substance or prescription-only drug, strength, dosage, form, name of manufacturer, quantity dispensed, directions for use, and any cautionary statement necessary for the safe and effective use of the controlled substance or prescription-only drug; and
  - 5. A beyond-use date not to exceed one year from the date of dispensing or the manufacturer's expiration date if less than one year.
- C. An osteopathic physician shall:
  - 1. Secure all controlled substances in a locked cabinet or room;
  - 2. Control access to the locked cabinet or room by a written procedure that includes, at a minimum:
    - a. Designation of the persons who have access to the locked cabinet or room, and
    - b. Procedures for recording requests for access to the locked cabinet or room;
  - 3. Make the written procedure required under subsection (C)(2) available on demand by the Board or its authorized representative for inspection or copying;
  - 4. Store prescription-only drugs so they are not accessible to patients; and
  - 5. Store controlled substances and prescription-only drugs not requiring refrigeration in an area where the temperature does not exceed 85° F.

- D. An osteopathic physician shall maintain a dispensing log for all controlled substances and the prescription-only drug nalbuphine hydrochloride (Nubain) dispensed. The osteopathic physician shall ensure ~~that~~ the dispensing log includes the following information on a separate inventory sheet for each controlled substance or prescription-only drug:
  1. Date the drug is dispensed;
  2. Patient's name;
  3. Name of controlled substance or prescription-only drug, strength, dosage, form, and name of manufacturer;
  4. Number of dosage units dispensed;
  5. Running total of each controlled substance or prescription-only drug dispensed; and
  6. Written signature of the osteopathic physician next to each entry.
- E. An osteopathic physician may use a computer to maintain the dispensing log required under subsection (D) if the log is quickly accessible through either on-screen viewing or printing a copy.
- F. This Section does not apply to a prepackaged manufacturer sample of a controlled substance or prescription-only drug unless otherwise provided by federal law.

**R4-22-304. Recordkeeping and Reporting Shortages**

- A. An osteopathic physician who dispenses a controlled substance or prescription-only drug shall ensure that an original prescription order, as defined in A.R.S. § 32-1901(~~77~~), for the controlled substance or prescription-only drug dispensed is dated, consecutively numbered in the order in which originally dispensed, and filed separately from patient medical records. The osteopathic physician shall ensure that original prescription orders are maintained in three separate files, as follows:
  1. Schedule II controlled substances, which are listed at ~~A.R.S. § 36-2513~~ 21 CFR, Chapter II, Part 1308.12;
  2. Schedule III, IV, and V controlled substances, which are ~~defined or~~ listed at ~~A.R.S. §§ 36-2514 through 36-2516~~ 21 CFR, Chapter II, Parts 1308.13 through 1308.15, and
  3. Prescription-only drugs.
- B. An osteopathic physician shall ensure ~~that~~ purchase orders and invoices for all dispensed controlled substances and prescription-only drugs are maintained for three years from the date on the purchase order or invoice in three separate files as follows:
  1. Schedule II controlled substances;
  2. Schedule III, IV, and V controlled substances and nalbuphine; and
  3. All other prescription-only drugs.
- C. An osteopathic physician who discovers a theft or loss of a controlled substance or dangerous drug, as defined in ~~at~~ A.R.S. Title 36, Chapter 27, Article 2 § 13-3401, from the physician's office shall:
  1. Immediately notify the local law enforcement agency,
  2. Provide the local law enforcement agency with a written report, and
  3. Send a copy of the report to the U.S. Drug Enforcement Administration and the Board within seven days of the discovery of the theft or loss.

**ARTICLE 4. MEDICAL ASSISTANTS**

**R4-22-401. Approval of Educational Programs for Medical Assistants**

- A. For purposes of this Section, a Board-approved medical assistant training program is a program:
  1. Accredited by the CAAHEP;
  2. Accredited by the ABHES;
  3. ~~Accredited by any accrediting agency recognized by the United States Department of Education; or~~

4-3. Designed and offered by a licensed osteopathic physician, that meets or exceeds the standards of one of the accrediting programs listed in subsections (A)(1) ~~through (A)(3)~~ or (A)(2), and the licensed osteopathic physician verifies that those who complete the program have the entry level competencies referenced in R4-22-402; or

4. That requires a participant to pass the medical assistant examination administered by a certifying organization accredited by either the National Commission for Certifying Agencies or the American National Standards Institute.

B. A person seeking approval of a training program for medical assistants shall submit to the Board the application required under R4-22-201 and verification ~~that~~ the program meets the requirements in subsection (A).

#### **R4-22-402. Medical Assistants – Authorized Procedures**

A. A medical assistant may, under the direct supervision of a licensed osteopathic physician, perform the medical procedures listed in the Commission on Accreditation of Allied Health Education Programs' *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*, revised ~~2008~~ 2022. This material is incorporated by reference, does not include any later revisions, amendments or editions, is on file with the Board, and may be obtained from the Commission on Accreditation of Allied Health Education Programs, 1361 Park Street, Clearwater, FL 33756, ~~727-240-2350~~, or [www.caahep.org](http://www.caahep.org).

B. Additionally, a medical assistant working under the direct supervision of a licensed osteopathic physician may:

1. Perform physical medicine modalities, including administering whirlpool treatments, diathermy treatments, electronic galvanic stimulation treatments, ultrasound therapy, massage therapy, and traction treatments;
2. Apply Transcutaneous Nerve Stimulation units and hot and cold packs;
3. Administer small volume nebulizers;
4. Draw blood;
5. Prepare proper dosages of medication and administer the medication as directed by the physician;
6. Assist in minor surgical procedures;
7. Perform urine analyses, strep screens, and urine pregnancy tests;
8. Perform EKGs; and
9. Take vital signs.

### **ARTICLE 5. OFFICE-BASED SURGERY**

#### **R4-22-501. Definitions**

In this Article,

“ACLS” means advanced cardiac life support performed according to certification standards of the American Heart Association.

“Auscultation” means the act of listening to sounds within the human body either directly or ~~through use of~~ using a stethoscope or other means.

“BLS” means basic life support performed according to certification standards of the American Heart Association.

“Capnography” means monitoring the concentration of exhaled carbon dioxide of a sedated patient to determine adequacy of the patient’s ventilatory function.

“Deep sedation” means a drug-induced depression of consciousness during which a patient:

Cannot be easily aroused, but

Responds purposefully following repeated or painful stimulation, and

May partially lose the ability to maintain ventilatory function.

“Discharge” means a written or electronic documented termination of office-based surgery provided to a patient.

“Emergency” means an immediate threat to the life or health of a patient.

“General anesthesia” means a drug-induced loss of consciousness during which a patient:

Can not be aroused even with painful stimulus; and

May partially or completely lose the ability to maintain ventilatory, neuromuscular, or cardiovascular function or airway.

“Health care professional” means a registered nurse or a registered nurse practitioner, as defined in A.R.S. § 32-1601, physician assistant, as defined in A.R.S. § 32-2501, and any individual authorized to perform surgery under A.R.S. Title 32 who participates in office-based surgery.

“Informed consent” means advising a patient of the:

Purpose for and alternatives to office-based surgery,

Risks associated with office-based surgery, and

Possible benefits and complications from office-based surgery.

“Malignant hyperthermia” means a life-threatening condition in an individual who has a genetic sensitivity to inhalant anesthetics and depolarizing neuromuscular blocking drugs that occurs during or after the administration of an inhalant anesthetic or depolarizing neuromuscular blocking drug.

“Minimal sedation” means a drug-induced state during which:

A patient responds to verbal commands,

Cognitive function and coordination may be impaired, and

A patient’s ventilatory and cardiovascular functions are unaffected.

“Moderate sedation” means a drug-induced depression of consciousness during which:

A patient responds to verbal commands or light tactile stimulations, and

No interventions are required to maintain ventilatory or cardiovascular function.

“Monitor” means to assess the condition of a patient.

“Office-based surgery” means a medical procedure performed by an osteopathic physician in the physician’s office or other practice location that is not part of a licensed hospital or licensed ambulatory surgical center while using sedation.

“PALS” means pediatric advanced life support performed according to certification standards of the American Academy of Pediatrics or the American Heart Association.

“Rescue” means to correct adverse physiologic consequences of deeper than intended level of sedation and return the patient to the intended level of sedation.

“Staff member” means an individual who:

Is not a health care professional, and

Assists with office-based surgery under the supervision of the osteopathic physician performing the office-based surgery.

“Transfer” means a physical relocation of a patient from the office or other practice location of an osteopathic physician to a licensed health care institution.

**R4-22-503. Administrative Provisions**

- A.** An osteopathic physician who performs office-based surgery shall:
1. Establish, document, and implement written policies and procedures that cover:
    - a. Patients' rights,
    - b. Informed consent,
    - c. Care of patients in an emergency, and
    - d. Transfer of patients ~~to a local accredited or licensed acute care hospital~~;
  2. Ensure ~~that~~ a staff member who assists with or a health care professional who participates in office-based surgery:
    - a. Has sufficient education, training, and experience to perform assigned duties;
    - b. If applicable, has a current license or certification required to perform assigned duties; and
    - c. Performs only those acts that are within the scope of practice established in the staff member's or health care professional's governing statutes;
  3. Ensure ~~that~~ the office or other practice location where office-based surgery is performed has all equipment necessary for:
    - a. The osteopathic physician to perform the office-based surgery safely,
    - b. The osteopathic physician or health care professional to administer the sedation safely,
    - c. The osteopathic physician or health care professional to monitor the use of sedation, and
    - d. The osteopathic physician and health care professional administering the sedation to rescue a patient after the sedation is administered if the patient enters into a deeper state of sedation than was intended by the osteopathic physician;
  4. Ensure ~~that~~ a copy of the patients' rights policy is provided to each patient before performing office-based surgery;
  5. Obtain informed consent from the patient before performing office-based surgery that:
    - a. Authorizes the office-based surgery, and
    - b. Authorizes the office-based surgery to be performed at the specific practice location; and
  6. Review all policies and procedures at least every 12 months and update as needed.
- B.** An osteopathic physician who performs office-based surgery shall comply with:
1. The local jurisdiction's fire code;
  2. The local jurisdiction's building codes for construction and occupancy;
  3. The ~~bio-hazardous~~ biohazardous waste and hazardous waste standards in 18 A.A.C. 13, Article 14; and
  4. The controlled substances administration, supply, and storage standards in 4 A.A.C. 23, ~~Article 5~~.

**R4-22-504. Procedure and Patient Selection**

- A.** An osteopathic physician shall ensure ~~that~~ each office-based surgery performed:
1. Can be performed safely with the equipment, staff members, and health care professionals at the osteopathic physician's office;
  2. Is of duration and degree of complexity that allows a patient to be discharged from the osteopathic physician's office within 24 hours;
  3. Is within the education, training, experience, skills, and licensure of the osteopathic physician; and
  4. Is within the education, training, experience, skills, and licensure of the staff members and health care professionals at the osteopathic physician's office.
- B.** An osteopathic physician shall not perform office-based surgery if the patient:

1. Has a medical condition or other condition that indicates the procedure should not be performed in the osteopathic physician's office, or
2. Will require inpatient services at a hospital.

**R4-22-505. Sedation Monitoring Standards**

- A.** An osteopathic physician who performs office-based surgery when minimal sedation is administered to a patient shall ensure from the time sedation is administered until post-sedation monitoring begins that a quantitative method of assessing the patient's oxygenation, such as pulse oximetry, is used.
- B.** An osteopathic physician who performs office-based surgery when moderate or deep sedation is administered to a patient shall ensure from the time sedation is administered until post-sedation monitoring begins that:
1. A quantitative method of assessing the patient's oxygenation, such as pulse oximetry, is used;
  2. The patient's ventilatory function is monitored by any of the following:
    - a. Direct observation,
    - b. Auscultation, or
    - c. Capnography;
  3. The patient's circulatory function is monitored by:
    - a. Having a continuously displayed electrocardiogram,
    - b. Documenting arterial blood pressure and heart rate at least every five minutes, and
    - c. Evaluating the patient's cardiovascular function by pulse plethysmography;
  4. The patient's temperature is monitored if the osteopathic physician expects the patient's temperature to fluctuate; and
  5. A licensed and qualified health care professional, other than the osteopathic physician performing the office-based surgery, is:
    - a. Present throughout the office-based surgery, and
    - b. Has the sole responsibility of attending to the patient.

**R4-22-506. Perioperative Period; Patient Discharge**

An osteopathic physician performing office-based surgery shall ensure all of the following:

1. The osteopathic physician is physically present in the room where office-based surgery is performed while the office-based surgery is performed;
2. After the office-based surgery is performed and until the patient's post-sedation monitoring is discontinued, a physician is at the osteopathic physician's office and sufficiently free of other duties to respond to an emergency;
3. If using minimal sedation, the osteopathic physician or a health care professional certified in ACLS, PALS, or BLS is at the osteopathic physician's office and sufficiently free of other duties to respond to an emergency until the patient is discharged;
4. If using moderate or deep sedation, the osteopathic physician or a health care professional certified in ACLS or PALS is at the osteopathic physician's office and sufficiently free of other duties to respond to an emergency until the patient is discharged;
5. A discharge is documented in the patient's medical record including:
  - a. The date and time of the patient's discharge, and
  - b. A description of the patient's medical condition at the time of discharge; and
6. The patient receives discharge instructions and receipt of the discharge instructions is documented in the patient's medical record.

**R4-22-507. Emergency Drugs; Equipment and Space Used for Office-based Surgery**

- A.** In addition to the requirements in R4-22-503(A)(3) and R4-22-504(A)(1), an osteopathic physician who performs office-based surgery shall ensure ~~that~~ the osteopathic physician's office has at a minimum:
1. The following:
    - a. A reliable oxygen source with a SaO2 monitor;
    - b. Suction;
    - c. Resuscitation equipment, including a defibrillator;
    - d. Emergency drugs; and
    - e. A cardiac monitor;
  2. The equipment for patient monitoring according to the standards in R4-22-505;
  3. Space large enough to:
    - a. Allow access to the patient during office-based surgery, recovery, and any emergency;
    - b. Accommodate all equipment necessary to perform the office-based surgery; and
    - c. Accommodate all equipment necessary for sedation monitoring;
  4. A source of auxiliary electrical power available in the event of a power failure;
  5. Equipment, emergency drugs, and resuscitative capabilities required under this Section for patients less than 18 years of age, if office-based surgery is performed on these patients; and
  6. Procedures to minimize the spread of infection.
- B.** An osteopathic physician who performs office-based surgery shall:
1. Ensure ~~that~~ all equipment used for office-based surgery is maintained, tested, and inspected according to manufacturer specifications; and
  2. Maintain documentation of manufacturer-recommended maintenance of all equipment used in office-based surgery.

**R4-22-508. Emergency and Transfer Provisions**

- A.** An osteopathic physician who performs office-based surgery shall ensure ~~that~~ a health care professional who participates in with or a staff member who assists with office-based surgery receives instruction in the following:
1. Policy and procedure in cases of emergency,
  2. Policy and procedure for office evacuation, and
  3. Safe and timely patient transfer.
- B.** When performing office-based surgery, an osteopathic physician shall not use any drug or agent that may trigger malignant hyperthermia.