



Arizona State Board of Dental Examiners






24-Month Followup of Report 22-110

The September 2022 Arizona State Board of Dental Examiners performance audit and sunset review found that the Board may not have taken enforcement action consistent with the nature and severity of some complaints' substantiated violations and did not resolve complaints in a timely manner, potentially affecting public health and safety, and has not complied with conflict-of-interest requirements.

We made **32** recommendations to the Board and **1** recommendation to the Legislature.

Recommendation implementation statuses

Board's status in implementing 32 recommendations

Implementation status	Number of recommendations
 Implemented	11 recommendations
 In process	14 recommendations
 In process in a different manner	1 recommendation
 Not yet applicable	2 recommendations
 Not implemented	4 recommendations

Legislature's status in implementing 1 recommendation

Implementation status	Number of recommendations
 Not implemented	1 recommendation

We will conduct another followup in fall 2025 with the Board on the status of the recommendations that have not yet been implemented.

Recommendations

Finding 1: Board has not considered nature and severity of some complaints' substantiated violations or licensees' history when taking enforcement action, potentially jeopardizing public health and welfare

1. The Board should work with its legal counsel to develop and implement policies and procedures for determining and taking enforcement actions that address the nature and severity of the substantiated violations, including:

a. Establishing when to use nondisciplinary versus disciplinary actions.

▶ Status: **Implemented at 24 months.**

As reported in our initial followup, the Board developed and began implementing a policy that includes guidelines for adjudicating complaints in March 2023. The policy outlines when the Board should use nondisciplinary versus disciplinary enforcement actions, including possible factors to consider when determining whether a complaint rises to the level of discipline, such as the degree to which a treatment provided by a licensee was deficient and the number of times the conduct was repeated. Our review of a random sample of 9 of 106 complaints that the Board resolved between May 2023 and June 2024 by taking either nondisciplinary or disciplinary action found that the Board imposed nondisciplinary or disciplinary action consistent with its policy for all 9 complaints.

b. Implementing a graduated and equitable system of sanctions structured so that the discipline rendered is sufficient to achieve the desired results of ensuring that public health and welfare are protected.

▶ Status: **Implementation in process.**

As previously discussed in recommendation 1a, the Board has developed a policy that includes guidelines for the Board on adjudicating complaints. In December 2024, after we had completed our work on this followup, the Board further revised the policy to include additional details related to taking graduated and equitable enforcement, including outlining mitigating and aggravating factors that can be considered and some guidance to assist the Board in determining enforcement actions. We will further assess the Board's implementation of its policy during our next followup.

c. Documenting its consideration of mitigating and/or aggravating factors when determining enforcement actions, including licensee disciplinary and nondisciplinary histories.

▶ Status: **Not implemented.**

As previously discussed in recommendation 1a, the Board developed and began implementing a policy that includes guidelines for the Board on adjudicating complaints. The policy outlines various factors the Board should consider when deciding whether a complaint rises to the level of discipline but does not outline a process for documenting the Board's consideration of mitigating and/or aggravating factors, such as the number of patients involved and/or any remediation/rehabilitation efforts taken by the licensee related to the violation, when determining enforcement actions. Board staff reported that prior to determining enforcement action during its public meeting, a Board member will make a verbal statement attesting that Board members have reviewed the investigative report, which includes mitigating and/or aggravating factors. However, the Board lacks a documented procedure for this process and the Board's consideration of mitigating and/or aggravating factors when determining enforcement action is not documented or explained during Board meetings.

Further, our review of 7 complaint investigative reports that cited mitigating and/or aggravating factors found that for the 4 complaints that resulted in a disciplinary action, a Board member included this verbal statement during the applicable Board meeting.¹ However, for the 3 complaints that resulted in a nondisciplinary action, a Board member did not include this verbal statement during the applicable Board meeting. The lack of a documented procedure likely contributed to it inconsistently following the process. We will further assess the Board's implementation of this recommendation during our next followup.

2. The Board should, consistent with its statutory authority and written procedures, review and consider a licensee's history when determining enforcement action.

▶ Status: **Implemented at 24 months.**

As previously discussed in recommendation 1a, the Board developed and began implementing a policy that includes guidelines for adjudicating complaints. The policy states that Board members may consider prior history when determining disciplinary action after finding evidence of statutory and/or rule violations, consistent with its statutory authority and written procedures. Additionally, the policy includes parameters for considering the Board's prior actions, such as the relevancy of the conduct that resulted in prior action in relation to the current case and previous actions it has taken, to determine whether sanctions should be elevated. Our review of the random sample of 9 complaints discussed in recommendation 1a identified 4 complaints where Board members could have considered the licensee's nondisciplinary/disciplinary history prior to imposing disciplinary action.² The Board requested the licensee's nondisciplinary/disciplinary history prior to taking disciplinary action for 3 of these complaints. For the remaining 1 complaint, the Board did not request the licensee's nondisciplinary/disciplinary history, consistent with statute and the Board's policy, which indicate the Board may but is not required to consider a licensee's nondisciplinary/disciplinary history prior to taking enforcement action.³

3. The Board should adhere to its statutory authority when resolving complaints, such as by refraining from dismissing complaints without prejudice.

▶ Status: **Implemented at 6 months.**

Our review of the Board's resolution explanations for all 168 complaints it resolved between October 1, 2022 and April 7, 2023, found that the Board adhered to its statutory authority for resolving complaints for all 168 complaints, including refraining from dismissing complaints without prejudice.

¹ We reviewed the complaint investigative reports and meeting minutes for the 9 complaints discussed in recommendation 1a and found that 7 complaint investigative reports included mitigating and/or aggravating factors and 2 complaint investigative reports did not.

² According to Arizona Revised Statutes (A.R.S.) §32-1263.02(P), the Board may consider any previous nondisciplinary and disciplinary actions against a licensee when determining the appropriate disciplinary action. The Board issued a nondisciplinary letter of concern for 5 of 9 complaints we reviewed.

³ As of January 2025, the Board's website did not have any disciplinary history posted within the past 5 years for the licensee that was the subject of this 1 complaint.

Finding 2: Board has not resolved some complaints in a timely manner, which may affect patient safety

4. The Board should investigate and resolve complaints within 180 days.

▶ Status: **Implementation in process.**

The Board continues to make progress in investigating and resolving complaints within 180 days. Specifically, our review of 109 complaints the Board received or initiated and resolved between October 2023 and June 2024 found that it resolved 73 of these complaints, or 67 percent, within 180 days, while taking more than 180 days to resolve 36 complaints. By comparison, during our audit, we found that the Board did not resolve 32 of 35, or 91 percent of complaints we reviewed within 180 days. We will further assess the Board's efforts to resolve complaints within the 180-day time frame during our next followup.

5. The Board should assess the impact of its current number of contracted investigators on its complaint-resolution timeliness and take action as needed to ensure it has a sufficient number of investigators to resolve complaints within 180 days.

▶ Status: **Implementation in process in a different manner.**

According to the Board's fiscal year 2026 budget request that it submitted to the Governor's Office of Strategic Planning and Budgeting in August 2024, the Board determined its average number of days to resolve complaints exceeded 180 days due to the lack of administrative staff needed to process all complaints timely. As a result, instead of requesting additional monies for more contract investigators, the Board requested an increased appropriation and the authority to hire 2 additional full-time administrative employees to help collect complaint investigative case materials and distribute complaint investigative cases and materials to contract investigators to help meet the 180-day complaint-handling time frame. The Board reported that it believes the additional administrative employees will help the Board resolve complaints more timely. We will further assess the impact of any additional staff on the Board's efforts to resolve complaints within the 180-day time frame during our next followup.

6. The Board should continue to develop and implement written policies and procedures for processing complaints, including:

a. Time frames for completing all key steps in its complaint-handling process, including opening the complaint, assigning the complaint for investigation, completing the investigative report, placing the complaint on the Board's meeting agenda for its review, and time frames for the Board to review and resolve the complaint.

▶ Status: **Implementation in process.**

The Board has revised its policies and procedures to establish time frames for various steps in its complaint-handling process, including opening a complaint, assigning a complaint for investigation, and completing an investigation report. Additionally, the Board has updated its procedures to include a goal of placing complaints on Board meeting agendas for initial Board review within 180 days

from the date the complaint was opened and after the initial investigation is completed. Board staff further reported that the Board attempts to resolve all complaints during its initial review, and thus, its goal for resolving complaints is 180 days. Our review of a random sample of 3 of 106 complaints the Board resolved between May 2023 and June 2024, found that it complied with established time frames for assigning the complaint for investigation and completing the investigative report for all 3 complaints but did not comply with its established time frames for some complaint-handling steps.⁴ Specifically:

- 2 of 3 complaints exceeded the 10-day time frame for opening the complaint after receipt; the complaints were opened in 13 and 51 days.
- All 3 complaints exceeded the Board’s goal of placing the complaint on the Board’s agenda for initial discussion within 180 days by between 5 and 12 days. The Board took between 196 and 395 days to fully resolve these complaints.

We will further assess the Board’s implementation of this recommendation during our next followup.

b. Criteria for prioritizing complaints based on the nature of the alleged violations and the extent to which these alleged violations endanger the public’s health and safety.

▶ Status: **Not implemented.**

In May 2023, the Board developed a policy and procedure for prioritizing complaints involving deaths or incidents requiring emergency medical response during the administration of or recovery from general anesthesia or sedation by a treating dentist, referred to in the Board’s rules as an adverse occurrence. Our review of 2 of 19 complaint investigations that involved a reported adverse occurrence and were resolved by the Board between May 2024 and June 2024 found that the Board did not comply with all investigative time frames outlined in its policy. For example, for 1 complaint, the contract investigator took 48 days to complete the investigation and associated investigative report—13 days longer than required by policy. For the other complaint, the Board took 210 days after receiving the complaint to agendize the complaint for the Board for review—30 days longer than the Board’s goal of 180 days. Further, this complaint took 287 days to resolve.

Additionally, the Board has not established any criteria for prioritizing other complaints it receives based on the nature of the alleged violations and the extent to which these alleged violations endanger the public’s health and safety, such as allegations of practicing while impaired and allowing staff to perform procedures they are not authorized to perform and has not indicated any intention to do so. Instead, the Board reported that it prioritizes complaints in the order

⁴ We initially selected a random sample of 9 of 106 complaints that the Board resolved between May 2023 and June 2024 for review (see recommendation 1a). However, the Board received and began processing 6 of these complaints prior to May 2023 when it updated its policies and procedures to include time frames for various steps in its complaint-handling process. Because it began processing the 6 complaints prior to the establishment of time frames, we excluded these complaints from our review.

they are received. We will further assess the Board's implementation of this recommendation during our next followup.

7. The Board should develop and implement a process for tracking and monitoring the complaint process, including the timeliness of opening, investigating, and resolving complaints; and taking action to address delays in complaint processing.

▶ Status: **Implementation in process.**

As reported in our initial followup, the Board has taken some steps to develop and implement a process for tracking and monitoring its complaint-handling process by developing an open complaint log that tracks the overall time frame from when complaints are opened to the earliest possible date they could be closed based on when complaints could be forwarded to the Board for its review, and a closed complaint log that tracks the timeliness of all resolved complaints. However, our review of the complaint logs identified various data entry errors resulting in inaccuracies and missing information, such as inaccurate meeting dates when complaints were reviewed, duplicate complaint numbers, and an inaccurate licensee name. The lack of accurate complaint information, including dates, may impact the Board's ability to monitor, track, and take action to address untimely complaints as necessary. The Board began implementing a new database in November 2024 that the Board reported will allow Board staff to generate comprehensive reports for tracking and monitoring the complaint process, including the timeliness of opening, investigating, and resolving complaints (see recommendation 9a for more information). We will further assess the Board's implementation of this recommendation during our next followup.

8. The Board should develop and implement a process that requires the Executive Director to regularly report to the Board on the timeliness of closed complaints and the status of open complaints to provide information the Board needs to monitor, review, and discuss the timeliness of complaint handling.

▶ Status: **Not implemented.**

As reported in our initial followup, the Board established a process to review and discuss the status of open complaints during Board meetings as part of the executive director's report agenda item. Our review of the meeting minutes and recordings for the Board's May, June, and August 2024 meetings found that as part of the executive director's report, the Board received the open complaint log prior to all 3 meetings and was given the opportunity to discuss the complaint log during the meetings. Although the open complaint log contains a list of all open complaints, including the date received and how long each complaint has been open, it does not include the investigation status for most open complaints and contained no information on the timeliness of closed complaints, thereby not providing the Board with all the information it needs to monitor, review, and address complaint-handling timeliness issues. According to the Board, it has focused on implementing its new database that will be used for tracking and monitoring the complaint-handling process rather than continuing to ensure the complaint logs are fully and accurately completed. We will further assess the Board's implementation of this recommendation during our next followup.

9. The Board should ensure its database can be used to monitor complaint timeliness, by:

a. Developing and implementing policies and procedures to help ensure consistent and accurate information is entered into its database.

▶ Status: **Implementation in process.**

In November 2024, the Board began implementing a new database, and as of December 2024, the Board reported it was working with the database contractor to fully transition its complaint-handling process to the new database and troubleshoot technical issues. The Board reported that it plans to fully transition to the new database by the end of fiscal year 2025. Additionally, the Board began developing policies and procedures to help ensure consistent and accurate information is entered into its database for complaint-handling and licensing, and guidance for compiling and using reports in its database to track and monitor this information. The Board reported it will finalize its policies, procedures, and guidance, including performing risk-based supervisory review of data entry by end of calendar year 2025, pending full implementation of its new database. We will further assess the Board's implementation of this recommendation during our next followup.

b. Developing and implementing guidance for compiling and using the reports in its database system to track complaints.

▶ Status: **Implementation in process.**

See explanation for recommendation 9a.

c. Developing and providing training for staff responsible for using the database.

▶ Status: **Implementation in process.**

As discussed in recommendation 9a, the Board began implementing a new database in November 2024. Our review of training invitation documentation showed that all Board staff attended a training administered by the database contractor on the database's features and functionalities, including generating and using data reports for complaint handling and licensing tracking. However, the Board has not developed Board-specific training material for using the database to monitor licensing and complaint handling or associated policies and procedures but reported it plans to do so by end of calendar year 2025, pending full implementation of its new database. We will further assess the Board's implementation of this recommendation during our next followup.

Finding 3: Board did not comply with some State- and Board-specific conflict-of-interest requirements, increasing risk that employees, public officers, and contract investigators had not disclosed substantial interests that might influence or could affect their official conduct

10. The Board should develop and implement conflict-of-interest policies and procedures to help ensure compliance with State conflict-of-interest requirements and implementation of recommended practices, including:

- a.** Ensuring all employees and Board members complete a conflict-of-interest disclosure form upon hire/appointment, including attesting that no conflicts exist, if applicable, and reminding them at least annually to update their form when their circumstances change, consistent with State requirements and recommended practices.

▶ Status: **Implementation in process.**

As reported in our initial followup, the Board has developed and implemented conflict-of-interest policies and procedures that align with some State conflict-of-interest requirements and recommended practices, including requiring Board members and employees to complete a conflict-of-interest disclosure form upon hire or appointment and annually or whenever circumstances change. Consistent with the Board's policy, all Board members and employees completed an annual disclosure form in calendar year 2024.

Board employees are required to complete the Arizona Department of Administration (ADOA)-developed disclosure form that incorporates statutory requirements and recommended practices. Board and Investigative Committee members are required to complete a Board-developed disclosure form. This disclosure form requires Board and Investigative Committee members to recuse themselves from participating in Board matters due to a potential conflict of interest—real or perceived—and to disclose that conflict and make decisions that are supported and allowed under statutes and rules. However, the disclosure form does not specifically require Board or Investigative Committee members to disclose whether they or a relative have any substantial interest in any contract, sale, purchase, or service or any decision-making interests and does not require an affirmative no attesting that no conflicts exist. By not using a disclosure form that addresses all statutorily required disclosures and recommended practices, such as the ADOA-developed form, the Board cannot ensure that Board and Investigative Committee members have fully disclosed all statutorily required interests or have no interests to disclose. We will further assess the Board's implementation of this recommendation during our next followup.

- b.** Requiring Board members to fully disclose the nature of their interests when making a conflict-of-interest disclosure and documenting these disclosures in the Board's meeting minutes.

▶ Status: **Not implemented.**

The Board has developed a conflict-of-interest policy that requires Board members to declare conflicts of interest in its public meetings and to fully disclose

the nature of their interests by completing and signing a recusal form. The policy requires Board members to complete the recusal form on the day of the Board meeting, for each agenda item for which they are declaring a conflict of interest and to indicate whether they plan to recuse themselves from participation on those items. However, similar to our initial followup, Board members have not timely completed recusal forms. Specifically, although Board members declared conflicts with agenda items and recused themselves from participating on those items 10 separate times during Board meetings held between May 2023 and June 2024, they did not complete the required recusal form on the day of the meeting or otherwise fully disclose the nature of the interest in the meeting minutes for 4 of these recusals, contrary to the Board's policy. The 4 recusal forms, which included the nature of the conflicts, were completed between 10 and 258 days after the applicable meeting. As a result of this untimely completion of recusal forms, the public lacks information on the nature of the Board member's interests at the time they recuse themselves from voting on an agenda item. We will further assess the Board's implementation of this recommendation during our next followup.

- c.** Storing all substantial interest disclosures, including disclosure forms and meeting minutes, in a special file available for public inspection.

- ▶ Status: **Implemented at 6 months.**

The Board's conflict-of-interest policy developed in January 2023 requires all employee and Board member annual disclosures and Board member recusal forms to be stored in an electronic special file available for public inspection. Our review of the electronic file found that it contained all 12 Board member recusal forms for the 12 instances in which Board members declared a conflict at 4 Board meetings held from January 2023 to April 2023.

- d.** Establishing a process to review and remediate disclosed employee conflicts, consistent with recommended practices.

- ▶ Status: **Not yet applicable.**

As reported in our initial followup, the Board has developed a conflict-of-interest policy that includes a process for reviewing and remediating disclosed employee conflicts, consistent with recommended practices. However, our review of calendar year 2024 disclosure forms completed by 13 employees found that none of these forms included a disclosed substantial financial or decision-making interest. Therefore, we were unable to test the implementation of this policy. We will further assess the Board's implementation of this recommendation during our next followup.

- 11.** The Board should continue the efforts it initiated during the audit to ensure all complaint investigators complete a conflict-of-interest disclosure form prior to being assigned a case for review, as required by the Board's compliance manual.

- ▶ Status: **Implemented at 24 months.**

Our review of a random sample of 7 complaints the Board resolved between May 2023 and June 2024 found that the Board obtained completed conflict-of-interest forms

from investigators that disclosed no conflicts prior to assigning the complaints for all 7 complaints, as required by the Board's complaint-handling procedures.

Sunset Factor 2: The extent to which the Board has met its statutory objective and purpose and the efficiency with which it has operated.

12. The Board should develop and implement written policies and procedures for reviewing and approving license, permit, and business entity registration applications, including:

a. Ensuring applicants meet licensing requirements for submitting CPR certification as specified in rule.

▶ Status: **Implemented at 24 months.**

As reported in our initial followup, the Board developed and began implementing policies and procedures to ensure applicants meet initial licensing requirements for license, permit, and business entity registration applications, including processes for ensuring applicants meet requirements specified in rule for submitting CPR certification. Our review of 6 of 702 applications for dentist and dental hygienist licenses that the Board received and approved in fiscal year 2024 found that all 6 applicants submitted a current and valid provider-level CPR certification that was issued by an allowed entity, consistent with rule.⁵

b. Requiring Board staff to confirm the validity of fingerprint clearance cards at initial licensure.

▶ Status: **Implemented at 24 months.**

As reported in our initial followup, the Board developed and began implementing policies and procedures requiring its staff to confirm the validity of fingerprint clearance cards for initial licensure by reviewing the Arizona Department of Public Safety's website and storing the fingerprint clearance card within the applicant's electronic administrative file. Our review of the 6 of 702 dentist and dental hygienist licensure applications discussed in recommendation 12a found that all 6 applicants provided a copy of their valid and current fingerprint clearance card, and Board staff verified these fingerprint clearance cards consistent with the Board's policies and procedures.

13. The Board should develop and implement written policies and procedures for annually conducting continuing education audits, as required by rule.

▶ Status: **Implementation in process.**

In December 2024, the Board developed draft policies and procedures for annually conducting continuing education audits, as required by rule, and plans to vote on approving the policies and procedures during its January 24, 2025, Board meeting. We

⁵ Our review included 6 randomly selected applications from the following 6 licensing categories: dentists by examination, dentists by universal recognition, dentists by credential, dental hygienists by examination, dental hygienists by universal recognition, and dental hygienists by credential. We did not review denturist license applications because the Board reported it did not receive any in fiscal year 2024.

will further assess the Board's implementation of this recommendation during our next followup.

14. The Board should improve the use of its database for licensing and complaint handling by:

- a.** Developing and implementing policies and procedures to help ensure the consistent and accurate entry of licensing and complaint information into its database, including performing risk-based supervisory review of data entry.

▶ Status: **Implementation in process.**

See explanation for recommendation 9a.

- b.** Working with its contractor to develop and provide training to all staff who use the database, ensuring staff are trained upon hire, and/or as changes to the system are made, to fully implement database features, such as generating and using data reports.

▶ Status: **Implementation in process.**

As discussed in recommendation 9c, the Board provided training invitation documentation showing that all Board staff attended a training administered by the database contractor on the database's features and functionalities, including generating and using data reports for complaint handling and licensing tracking. As discussed in recommendation 9a, the Board plans to fully transition to the new database by the end of fiscal year 2025. Further, the Board reported that it will develop and provide additional training to all staff who use the database by the end of calendar year 2025, pending full implementation of its new database. We will further assess the Board's implementation of this recommendation during our next followup.

15. The Board should develop and implement written policies and procedures for protecting complainants who request anonymity, including procedures for:

- Ensuring information provided to licensees does not include information identifying complainants wishing to remain anonymous.
- Conducting a secondary review of information that is sent to licensees to help ensure that information regarding complainants who wish to remain anonymous is not provided to licensees.

▶ Status: **Implemented at 24 months.**

As reported in our initial followup, the Board developed and began implementing procedures for processing complaints when a complainant requests anonymity. These procedures require Board staff to consult with the Board's Chief Compliance Officer and/or Assistant Attorney General to determine the feasibility of investigating the complaint while allowing the complainant to remain anonymous and to obtain guidance on how to redact the complaint files provided to the licensee. In July 2024, the Board further revised its procedures to include a process for the Board's Chief Compliance Officer and/or Assistant Attorney General to complete a secondary review

of the redacted file before it is sent to the licensee to help ensure that information regarding complainants who wish to remain anonymous is not provided. Our review of all 3 anonymous complaints the Board received between July 2024 and November 2024 found that for all 3 complaints, the Board created a redacted version of the complaint files, and the Chief Compliance Officer performed a secondary review of the redacted files before they were sent to the licensee for review. Additionally, for all 3 complaints, the complainant was referred to as “anonymous” in the complaint notice letter sent to the licensee.

16. The Board should work with its legal counsel to determine its authority to periodically review the appropriateness of each individual fee it assesses, in addition to its renewal fees, and develop and implement written policies and procedures for analyzing the costs of its regulatory processes, comparing these costs to the associated fees, determining the appropriate licensing fees, and then revising its fees as applicable.

▶ Status: **Implemented at 24 months.**

As reported in our initial followup, the Board established a fee review policy that includes procedures for annually analyzing the cost of its regulatory processes and comparing the cost to the associated fees to determine whether the fees are appropriate. In calendar years 2023 and 2024, Board staff provided the Board with a review of Board funds and projected revenues and expenditures to facilitate the Board’s review of its fees. During its December 2024 Board meeting, the Board reviewed a cost analysis letter developed by Board staff that included its current fund balance and estimates of its ending fund balances for fiscal years 2025 and 2026. Based on this review and discussion, the Board voted to implement the maximum fees authorized by statute for dentist, dental therapist, dental hygienist, and denturist licensure beginning January 1, 2025.

Sunset Factor 4: The extent to which rules adopted by the Board are consistent with the legislative mandate.

17. The Board should continue with the rulemaking process to adopt rules for dental therapists, including establishing application fees, and continuing education and licensing requirements as required by A.R.S. §§32-1276.01, 32-1276.02, and 32-1276.07.

▶ Status: **Implemented at 6 months.**

18. The Board should seek an exemption from the rulemaking moratorium and, contingent on receiving an exemption, adopt rules as required by A.R.S. §32-1299.23(A)(B).

▶ Status: **Implemented at 24 months.**

Effective January 29, 2024, the Board adopted rules as required by A.R.S. §32-1299.23(A)(B).

19. The Board should comply with statutory requirements for adopting rules as specified in A.R.S. §§32-1213(M) and 32-1295(C), including taking action to seek exemptions from the rulemaking moratorium where necessary. If the Board does not comply with a statutory

requirement for adopting a rule as specified in statute, it should obtain legislation that eliminates the statutory requirement to adopt the rule.

▶ Status: **Implementation in process.**

The Board has submitted a proposed rulemaking to the Arizona Secretary of State to adopt rules as required by A.R.S. §§32-1213(M) and 32-1295(C) and scheduled an oral proceeding for January 27, 2025. We will further assess the Board's implementation of this recommendation during our next followup.

Sunset Factor 5: The extent to which the Board has encouraged input from the public before adopting its rules and the extent to which it has informed the public as to its actions and their expected impact on the public.

20. The Board should comply with all statutory requirements for providing public information, including ensuring all required nondisciplinary and disciplinary information is accurately reported and included on the Board's website and is posted for not more than 5 years.

▶ Status: **Implementation in process.**

Board staff reported that they monitor the Board's website monthly to ensure that all required nondisciplinary and disciplinary actions are accurately posted. Our review of a random sample of 9 of 106 complaints resolved during Board meetings held between May 2023 and June 2024 found that the Board's website contained accurate information for all 4 complaints resulting in nondisciplinary or disciplinary action required to be posted on the Board's website and did not post the 5 complaints that resulted in a nondisciplinary letter of concern, in accordance with statute.⁶ However, we reported in our September 2023 initial followup that the Board's website still reflected inaccurate information for 2 of 7 licensees that we originally identified as having inaccurate information posted to the Board's website in our September 2022 Sunset Review. After we brought this to the Board's attention in January 2025, the Board updated its website to reflect accurate information for these 2 licensees. We will further assess the Board's implementation of this recommendation during our next followup.

Sunset Factor 6: The extent to which the Board has been able to investigate and resolve complaints that are within its jurisdiction and the ability of the Board to timely investigate and resolve complaints within its jurisdiction.

21. The Board should develop and implement a process to track and ensure that its staff and investigators comply with statute and its complaint-handling procedures, including:

- Contacting complainants and licensees for investigation interviews.
- Notifying licensees of Board meetings where the complaint will be discussed.
- Notifying complainants of complaint outcomes.

▶ Status: **Implementation in process.**

⁶ These 9 complaints were the same random sample of 9 of 106 complaints we reviewed in recommendation 1a.

During its sunset review, the Board revised its policy to include a process for Board staff to review the complaint-investigation report for compliance with complaint-handling procedures, such as contacting licensees and complainants for investigation interviews. Our review of a random sample of 9 of 106 complaints that the Board resolved between May 2023 and June 2024 found that Board staff conducted the required review of the investigative report for all 9 complaints. However, 1 investigative report did not indicate whether the investigator contacted the licensee and the complainant for an investigation interview. Additionally, the Board reported that it uses a tracking sheet to ensure Board staff notify licensees about when the complaint will be discussed during a Board meeting. Our review of the 9 complaints found that the Board notified all licensees of the Board meeting where their complaint would be reviewed and discussed.

Finally, the Board reported that it uses a separate tracking sheet to ensure that Board staff have notified complainants of complaint outcomes. Our review of the random sample of 7 of 106 complaints that were resolved by the Board between May 2023 and June 2024 found that, for 6 of the 7 complaints, the Board notified the complainant about the final outcome of their complaint.⁷ However, for 1 of the 7 complaints, the Board did not notify the complainant of the final outcome of their complaint, and the Board could not explain why. We will further assess the Board's implementation of this recommendation during our next followup.

Sunset Factor 9: The extent to which changes are necessary in the laws of the Board to adequately comply with the factors listed in this sunset law.

22. The Legislature should consider revising Board statutes to require licensees to maintain a valid fingerprint clearance card and submit them at renewal.

▶ Status: **Not implemented.**

The Legislature did not introduce legislation in 2024 to revise Board statutes to require licensees to maintain a valid fingerprint clearance card and submit them at renewal.

23. If the Legislature revises Board statutes to require licensees to maintain a valid fingerprint clearance card and submit them at renewal, the Board should confirm the validity of fingerprint clearance cards at the time of license renewal.

▶ Status: **Not yet applicable.**

See explanation for recommendation 22.

⁷ We could not assess Board compliance with complainant-notification requirements for 2 complaints because these complaints were Board-initiated.