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OFFICE OF THE  
**AUDITOR GENERAL**

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DEPUTY AUDITOR GENERAL

June 30, 2016

The Honorable John Allen, Chair  
Joint Legislative Audit Committee

The Honorable Judy Burges, Vice Chair  
Joint Legislative Audit Committee

Dear Representative Allen and Senator Burges:

Our Office has recently completed an initial followup of the Arizona Radiation Regulatory Agency (ARRA), Arizona Radiation Regulatory Hearing Board, and Medical Radiologic Technology Board of Examiners (MRTBE) regarding the implementation status of the 69 audit recommendations (including sub-parts of the recommendations) presented in the performance audit report released in September 2015 (Auditor General Report No. 15-115). As the attached grid indicates:

- 20 have been implemented;
- 2 were implemented in a different manner;
- 22 are in the process of being implemented;
- 16 have not been implemented;
- 7 are not yet applicable; and
- 2 are no longer applicable.

Our Office will conduct an 18-month followup with ARRA and the MRTBE on the status of those recommendations that have not yet been fully implemented.

Sincerely,

Dale Chapman, Director  
Performance Audit Division

DC:ka  
Attachment

cc: Aubrey Godwin, Director  
Arizona Radiation Regulatory Agency  
  
Dr. Dean Gain, Chair  
Arizona Radiation Regulatory Hearing Board  
  
Shanna Farish, Executive Director  
Medical Radiologic Technology Board of Examiners

# Arizona Radiation Regulatory Agency

## Auditor General Report No. 15-115

### Initial Follow-Up Report

#### Recommendation

#### Status/Additional Explanation

#### **X-ray Inspections: ARRA's continued inability to perform timely x-ray facility inspections threatens public health and safety**

1. ARRA should continue to identify and implement steps that will reduce inspectors' administrative work so that they can devote more time to conducting inspections.

#### **Implementation in process**

ARRA is still in the process of implementing the efforts that it began during the audit to reduce inspectors' administrative workload, such as moving to an electronic filing system and developing a new database to provide ARRA the ability to accept credit card payments. In addition, ARRA reported that it plans to cross-train its administrative staff on these new electronic systems to reduce inspectors' administrative tasks.

2. ARRA should establish and coordinate with work groups to determine what inspection approach(es) it should adopt to ensure it can meet inspection frequencies. These work groups should comprise ARRA personnel as well as representatives from various external stakeholder groups and professional organizations who are affected by the x-ray inspection program. For example, depending on the facility type discussed, the work groups could include, but are not necessarily limited to,

#### **Implementation in process**

As of May 2016, ARRA has held three work group meetings with representatives from various external stakeholder groups and professional organizations, including representatives from the medical and dental communities, to discuss what inspection approach(es) ARRA should adopt to ensure it can meet its inspection frequencies. ARRA reported that it is planning to hold additional meetings in the future as the work groups have not yet developed recommendations for ARRA's inspection approach (see Recommendation 3).

- Representative(s) from hospitals;
- Representative(s) of medical, osteopathic, and/or naturopathic physicians, chiropractors, veterinarians, and podiatrists;
- Representative(s) of the dental community;
- Representative(s) of industrial and/or educational facility registrants;
- Representative(s) of certified technologists who operate x-ray machines; and
- Representative(s) of the general public.

## Recommendation

## Status/Additional Explanation

3. ARRA should ensure that the work groups research the inspection approaches employed by other states, evaluate the various approaches, and determine what approach(es) ARRA should adopt to ensure that x-ray facilities are inspected in a timely manner. As part of their evaluation, the work groups should assess and develop recommendations regarding:
  - The inspection approach(es) that will help ensure the public is adequately protected, such as using certified private inspectors, and what quality assurance processes would be needed to ensure that inspections are being adequately performed;
  - What financial resources, including fees and appropriations, would be necessary to cover the cost of its recommended inspection approach(es);
  - What training requirements would be necessary to implement its recommended inspection approach(es); and
  - The inspection frequencies and whether more or less frequent facility inspections are warranted.

### Implementation in process

The work groups that ARRA has convened have begun to research the inspection approaches employed by other states to evaluate the various inspection approaches ARRA could adopt to help ensure that x-ray facilities are inspected in a timely manner. The work groups have also begun to discuss the quality assurance processes, financial resources, training requirements, and inspection frequencies that would help ensure that the public is adequately protected. However, the groups have not yet determined what approach(es) ARRA should adopt.

4. Once the work groups have developed their recommendations, ARRA should evaluate them and implement the recommendations that will help ensure that the public is adequately protected, working with its Attorney General representative to make recommendations to the Legislature, as necessary.

### Not yet applicable

Although ARRA has begun coordinating with work groups to consider options for performing x-ray facility inspections in a timely manner, the work groups have not yet provided recommendations to ARRA for its review.

## Certification: **MRTBE should improve its process for issuing certificates**

1. The MRTBE should develop and implement the following policies and procedures for reviewing and processing initial and renewal certificate applications:
  - a. Administration and scoring of exams. Specifically:
    - Prohibiting MRTBE staff from allowing applicants a second chance to answer questions they miss or allowing applicants to retake the entire test without reapplying;
    - Requiring applicants who fail examinations to reapply and repay the examination fee in order to retake the test as required by A.R.S. §32-2813(D); and
    - Directing staff on how to administer an examination.

### Implementation in process

In September 2015, the MRTBE developed a policy which states that MRTBE staff may not allow applicants a second chance to answer questions they miss and states that applicants who fail must reapply to retake the test. This policy also requires two individuals to grade the exam. In April 2016, the MRTBE drafted procedures for administering exams. However, these procedures do not provide direction on how staff should grade or score an exam.

## Recommendation

## Status/Additional Explanation

- b. Accepting external certificates. Specifically:
- Requiring MRTBE staff to only accept certificates that are valid and current at the time of application; and
  - Developing procedures for verifying and documenting an applicant's external certificate prior to issuing a certificate.
- c. Establishing a reconciliation procedure to ensure that the correct certificate is issued based on the application.
- d. Ensuring applicants complete an MRTBE-approved school or training program. Specifically:
- Developing a method, in consultation with its Attorney General representative, for approving out-of-state schools and training programs;
  - Requiring all applicants, including out-of-state applicants, to graduate from an MRTBE-approved school or training program as required by statute and rule.
- e. Modifying its application forms to require applicants to provide appropriate documentation demonstrating completion of an MRTBE-approved school or training program and completion of high school or its equivalent.

**Implemented at 6 months**

**Not implemented**

As part of this followup, auditors reviewed a sample of six initial certificates and found that all six applicants were issued the correct certificate type. However, the MRTBE has not developed a reconciliation procedure to ensure that the correct certificate is issued based on the application. Instead, the MRTBE developed a policy indicating that the program manager and MRTBE chair would review applications, which is the same process that was in place during the audit when auditors found that MRTBE staff issued the wrong certificate type to an applicant.

**Implemented in a different manner at 6 months**

During the 2016 legislative session, the MRTBE sought legislation to address this recommendation. Specifically, the Legislature enacted Laws 2016, Ch. 141, which amended A.R.S. §32-2812 to allow applicants to attend an out-of-state school of radiologic technology that is approved by other entities, including the Joint Review Committee on Education in Radiologic Technology, the American Registry of Radiologic Technologists, and the Nuclear Medicine Technology Certification Board.

**Not implemented**

The MRTBE has not modified its application forms to require applicants to provide appropriate documentation demonstrating completion of an MRTBE-approved school or training program. MRTBE staff reported that they plan to revise their rules to allow applicants to submit an external certificate as evidence of completing an approved school or training program.

In addition, the MRTBE's application forms do not require applicants to provide any kind of documentation indicating they have completed high school or its equivalent. The Legislature amended A.R.S. §32-2812 in the 2016 legislative session to remove the requirement for radiologic, radiation therapy, and nuclear medicine technologists to complete high school or its equivalent. However, this legislation did not change the requirement for practical technologists in podiatry, practical technologists in bone densitometry, and practical technologists in radiology to complete high school or its equivalent.

## Recommendation

## Status/Additional Explanation

- f. Specifying what documentation must be submitted to demonstrate compliance with continuing education requirements and verifying and documenting a valid external certificate when it is submitted showing completion of the continuing education requirements.

### Implementation in process

The MRTBE has developed a policy that requires staff to verify external certifications that are submitted as evidence of completing the continuing education requirements and to document this verification in the applicant's file. However, MRTBE staff have not always complied with this policy. Specifically, in three of the five renewal applications auditors reviewed as part of this followup, there was no indication that staff verified the external certifications the applicants had submitted. In April 2016, the MRTBE drafted another policy which specifies the other forms of continuing education that the MRTBE will accept if applicants do not supply an external certification. Specifically, the draft policy states that applicants must supply a formal certificate or card from a job-related continuing education course.

- g. Requiring that applicants renew their certificates on the appropriate renewal form prior to staff issuing the renewal.

### Not implemented

Although all five certificate holders' renewal forms that auditors reviewed as part of this followup were issued on the correct form, the MRTBE has not developed policies and procedures requiring that applicants renew their certificates on the appropriate renewal form prior to staff issuing the renewal. The MRTBE reported that it does not plan on creating such policies and procedures.

2. The MRTBE should develop and implement oversight mechanisms to ensure that MRTBE management issues certificates only to applicants who meet the qualifications established in statute and rule. These oversight mechanisms could include requiring MRTBE management to submit management reports to the MRTBE that provide information about issued certificates and denied applications and/or periodic review of issued certificates by the MRTBE to ensure that MRTBE management issued the certificates to qualified applicants.

### Not implemented

The MRTBE has not developed and implemented oversight mechanisms to ensure that MRTBE management issues certificates only to applicants who meet the qualifications established in statute and rule.

3. The MRTBE should develop and implement policies and procedures that establish a reconciliation procedure to ensure that data is entered into the database correctly.

### Not implemented

The MRTBE has not developed a reconciliation procedure to guide staff on checking the database for accuracy. Instead, the MRTBE developed a policy indicating that the program manager and MRTBE chair would review data base printouts, which is the same process that was in place during the audit when auditors identified errors and incomplete information in the MRTBE's database. During the followup, auditors identified at least one error in the MRTBE's database. Specifically, auditors found that one certificate was listed as being issued in December 2017 when the certificate was actually issued in December 2015.

4. The MRTBE should implement its new policy requiring staff to submit quarterly timeliness reports to the MRTBE.

### Implemented at 6 months

## Recommendation

## Status/Additional Explanation

5. The MRTBE should develop and implement procedures directing staff on how to prepare these reports, such as the information that should be included in these reports, and who is responsible for preparing and sending these reports.

### Implementation in process

MRTBE staff have been preparing and submitting quarterly timeliness reports to the MRTBE. In April 2016, staff developed procedures on how to prepare these reports. However, these procedures are not adequately detailed as they only direct staff to collect data on applications, but do not direct staff on what data to collect. In addition, these procedures do not indicate who is responsible for preparing and sending these reports.

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## Complaint Resolution: MRTBE does not always adequately investigate and may inappropriately dismiss complaints

1. The MRTBE should ensure that its staff follow the MRTBE's established complaint investigation policies and procedures, which require staff to identify the certificate holder who is the subject of the complaint and document their investigative activities on each case.

### Implementation in process

Auditors' review of nine complaints that the MRTBE received following the conclusion of the audit found that staff appropriately identified the certificate holder who is the subject of the complaint when applicable in all nine complaints. However, for one of the nine complaints reviewed, auditors found that staff did not clearly document how they determined how long a certificate holder had practiced uncertified. Auditors will assess the MRTBE's continued implementation of this recommendation during the 18-month followup.

2. The MRTBE should develop and implement complaint investigation policies and procedures requiring staff to make reasonable efforts to verify the certificate holder's response.

### Implementation in process

Although the MRTBE has developed a policy that requires staff to verify a certificate holder's response if there is a question about the response, staff have not always followed this policy. Auditors' review of nine complaints that the MRTBE received following the conclusion of the audit found one complaint where staff did not take steps to verify the certificate holder's response. Specifically, staff closed a complaint without performing additional work, such as contacting the certificate holder's supervisor, to verify a certificate holder's response that she did not practice while her certificate was expired. Auditors will assess the MRTBE's continued implementation of this recommendation during the 18-month followup.

3. The MRTBE should modify and implement its draft policy to provide direction on whether the MRTBE Chair should either dismiss a complaint or forward it to the MRTBE for review and require that the basis for the MRTBE Chair's decision be documented.

### Implementation in process

The MRTBE has developed a policy that the MRTBE Chair should review any complaint that staff determine to be unfounded, not within the MRTBE's jurisdiction, or for another reason may be closed or requires no further action. However, this policy does not direct the Chair to review complaints that staff believe are supported and to determine whether these complaints should be dismissed or referred to a board meeting as statute requires.

## Recommendation

## Status/Additional Explanation

4. The MRTBE should develop and implement policies and procedures that specify when it will charge a certificate holder with uncertified practice and when it will require the certificate holder to pay a late fee, as well as how staff should determine the duration of a certificate holder's uncertified practice.

### Implementation in process

The MRTBE has not developed policies and procedures to direct staff on when it should charge a certificate holder with uncertified practice versus when it should require the certificate holder to pay a late fee. When staff do decide to charge a certificate holder with uncertified practice, the MRTBE has developed a policy for how staff should calculate the duration of the uncertified practice. However, MRTBE staff have not followed this policy. Specifically, although the policy requires staff to first determine whether a certificate holder works full-time or part-time prior to determining the length of time the certificate holder will be charged with uncertified practice, staff do not comply with the policy. Instead, staff calculate the duration of uncertified practice based on when the certificate expired and when it was renewed, without taking into account whether a certificate holder works full-time or part-time.

5. The MRTBE should review and modify as necessary its new policy for disciplining individuals who practice uncertified for the first time and then adhere to this policy to ensure that it consistently disciplines instances of uncertified practice.

### Not implemented

The MRTBE has not reviewed or modified its policy for disciplining individuals who practice uncertified for the first time during the two board meetings it has held following the conclusion of the audit. In addition, the MRTBE had continued to deviate from its policy without providing an adequate explanation for the deviation. Specifically, auditors found that the MRTBE deviated from its policy in 9 of the 14 complaint cases alleging uncertified practice that it reviewed at its January 2016 board meeting.

6. The MRTBE should implement the new policy it developed that requires staff to notify complainants of the results of an investigation within 30 days of the investigation's completion.

### Implemented at 6 months

7. The MRTBE should meet frequently enough to ensure complaints are resolved within 180 days.

### Implementation in process

Although the MRTBE is complying with the statutory requirement that it meet at least once every 6 months, the MRTBE may not be scheduling these meetings frequently enough to resolve complaints within 180 days. Auditors' review of three pending complaints that the MRTBE received following the conclusion of the audit found that because the next MRTBE meeting was not scheduled until June 22, 2016, one complaint will not be resolved within 180 days. Specifically, in this case the complaint will remain open for at least 233 days before the MRTBE reviews it.

## Recommendation

## Status/Additional Explanation

8. The MRTBE should develop and implement policies and procedures that:

a. Establish requirements for tracking and monitoring complaint timeliness and require staff to actively monitor the progress of complaint investigations and address the reasons for any delays; and

b. Require staff to submit reports to the MRTBE at its meetings regarding complaint-processing timeliness to help the MRTBE identify and address factors in the complaint-handling process that may impact timeliness.

### Implementation in process

The MRTBE has developed a policy that requires staff to enter every complaint received into the investigation log and make every effort to resolve complaints within 180 days. However, there are no procedures directing staff on how they should actively monitor the progress of complaint investigations to ensure that they are resolved in a timely manner and to address the reasons for any delays.

### Implementation in process

In April 2016, MRTBE staff developed a policy which requires staff to annually prepare a report for the MRTBE that provides information on how many complaints the MRTBE received and how quickly these complaints were resolved. However, staff have not yet provided this report to the MRTBE.

9. The MRTBE should develop and implement an electronic tracking system, or modify its electronic complaint tracking log, to track the terms of consent agreements, including when these terms are required to be met.

**Implemented at 6 months**

10. The MRTBE should develop and implement policies and procedures for tracking certificate holder compliance with the terms of consent agreements. These policies and procedures should require staff to enter information into the electronic tracking system and regularly review the cases to ensure timely followup if a consent agreement requirement has not been satisfied in a timely manner.

**Implemented at 6 months**

11. The MRTBE should establish agreements with one or more outside organization(s) that provide drug-monitoring services and require certificate holders who have been ordered to complete random drug testing to use this outside organization(s) for these services. The MRTBE should also require that the certificate holders pay for their own drug testing.

### Implementation in process

The MRTBE has established an agreement with an outside organization that provides drug-monitoring services. However, none of the complaints that the MRTBE has received, investigated, and adjudicated following the conclusion of the audit have resulted in the MRTBE ordering drug testing. Therefore, auditors will assess the MRTBE's use of this organization during the 18-month followup.

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**Public Information: MRTBE's Web site has not always provided accurate certificate status**


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1. The MRTBE should ensure it provides accurate, complete, and timely information to the public by:

a. Developing and implementing a mechanism to ensure that certificates do not show as issued on its Web site when they have not been issued. For example, the MRTBE could develop and implement policies and procedures to direct staff not to enter information about an applicant into the database until after the certificate is approved or add a database feature that would not publish new certificates on its Web site until MRTBE management approves them;

b. Finalizing and implementing its public information policy for providing disciplinary, nondisciplinary, and dismissed complaint information over the phone; and

c. Modifying the notice on its Web site that requires the public to submit a notarized public records request to obtain information about certificate holders to instead inform the public that they can obtain information about certificate holders by contacting the MRTBE directly.

**Implemented at 6 months**

**Implementation in process**

Although the MRTBE has finalized a policy regarding what disciplinary, nondisciplinary, and dismissed complaint information staff can provide over the phone, it has not implemented this policy. Specifically, the policy states that staff can share certain information with the public without forwarding the call to the MRTBE Executive Director, such as whether any disciplinary action has been taken against a licensee. However, when auditors placed a call requesting this information about a licensee, auditors were told that the Executive Director would have to provide the information. Auditors will assess the MRTBE's continued implementation of its public information policy during the 18-month followup.

**Not implemented**

The MRTBE has removed the requirement that the form for requesting public records be notarized. However, it has not modified the notice on its Web site to state that the public can obtain information about any certificate holder by contacting the MRTBE directly. Instead the notice says that the public can request information about a certificate holder by filling out a public records request form. The MRTBE Executive Director reported that they do not plan on modifying the notice to state that the public can obtain information about any certificate holder by contacting the MRTBE directly.

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**Recommendation****Status/Additional Explanation****ARRA Sunset Factor 2: The extent to which ARRA and the Hearing Board have met their statutory objective and purpose and the efficiency with which they have operated.**

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| 1. ARRA should implement the recommendations of the Office of the Auditor General's May 2015 procedural review, conducted in conjunction with this audit. Specifically, ARRA should:  |  |
| a. Maintain evidence of written quotations or written sole source determinations, as applicable, in the contract file;  | <b>Implemented at 6 months</b>   |
| b. Consult with the State Procurement Office in making sole source determinations and request written permission before exceeding its delegated purchasing authority;   | <b>Implemented at 6 months</b>   |
| c. Require that two personnel who do not have direct custodial responsibility for the assets perform a physical inventory annually, document the physical inventory results on the capital assets list, document management reviews and the property control officer's tests on the capital list to test the list's accuracy, and retain all documentation supporting the physical inventory; | <b>Implementation in process</b><br>ARRA reported that it planned on implementing this recommendation for the physical inventory it conducted on May 31, 2016. However, because this inventory was not performed until after auditors completed their follow-up work, auditors could not fully assess ARRA's implementation of this recommendation. Auditors will assess the implementation of this recommendation during the 18-month followup. |
| d. Use restricted monies only for their authorized purposes;  | <b>Implementation in process</b><br>Although auditors found that ARRA used restricted monies only for authorized purposes, ARRA reported that it is still reviewing transactions to ensure that they were charged to the correct fund.   |
| e. Prepare detailed personnel activity reports demonstrating that the payroll costs ARRA charges for its employees to each funding source represent the actual time the employees worked on the project; and  | <b>Implemented at 6 months</b>   |
| f. If ARRA distributes payroll costs based on budgeted amounts for interim accounting purposes, it should adjust payroll costs at least quarterly to reflect actual costs.  | <b>Implemented at 6 months</b>   |
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## Recommendation

## Status/Additional Explanation

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| <p>2. In conjunction with establishing work groups to identify, research, and evaluate an alternative x-ray inspection approach(es) for ARRA as recommended on page 13, ARRA should also establish work groups to examine options for performing nonionizing inspections in a timely manner. In assessing these options, these work groups should:</p> <p>a. Include various stakeholders, such as nonionizing radiation experts and representatives from relevant professional associations;</p> <p>b. Research and evaluate the inspection approaches taken by other states, and make recommendations about what approach(es) ARRA should adopt; and</p> <p>c. Determine what financial resources, including fees and appropriations, would be necessary to cover the cost of the work groups' recommended inspection approach(es).</p> | <p><b>Implementation in process</b><br/>Although ARRA held one work group meeting that included representatives from nonionizing stakeholder groups, it has decided not to hold further meetings to address nonionizing inspections until after it has decided what approach(es) to take in addressing x-ray inspections (see X-ray Inspections Recommendations 2, 3, and 4).</p> <p><b>Not yet applicable</b><br/>See explanation for ARRA Sunset Factors Recommendation 2a.</p> <p><b>Not yet applicable</b><br/>See explanation for ARRA Sunset Factors Recommendation 2a.</p> |
| <p>3. Once the work groups make their recommendations, ARRA should evaluate the work groups' recommendations and implement the recommendations that will help ensure that the public is adequately protected, working with its Attorney General representative to make recommendations to the Legislature, as necessary.</p>  | <p><b>Not yet applicable</b><br/>See explanation for ARRA Sunset Factors Recommendation 2a.</p>   |
| <p>4. ARRA should evaluate its registration requirements against accepted standards and practices.</p>  | <p><b>Implementation in process</b><br/>ARRA has identified some areas where its registration requirements in rule need to be updated, such as some registration requirements for nonionizing radiation sources. However, it has not finished evaluating its registration requirements for all nonionizing radiation sources and has not yet evaluated other registration requirements against accepted standards and practices, including requirements for industrial x-rays and other ionizing radiation sources.</p>   |
| <p>5. Once ARRA determines what rules are necessary to protect the public health and safety, it should:</p> <p>a. Seek to remove unnecessary rules; and</p>   | <p><b>Not yet applicable</b><br/>As indicated in ARRA Sunset Factors Recommendation 4, although ARRA has started to identify areas where its rules should be updated, it has yet to fully evaluate its registration requirements against accepted standards and practices to ensure its registration requirements are necessary to protect the public health and safety.</p>  |

| Recommendation   | Status/Additional Explanation   |
|--|---|
| b. Update its registration forms.  | <b>Not yet applicable</b><br>See explanation for ARRA Sunset Factors Recommendation 5a.   |
| 6. ARRA should consult with its Attorney General representative to determine whether and when it can make the rule changes necessary to update its registration process, as well as the other rule changes suggested throughout this report.   | <b>Not implemented</b><br>ARRA reported that it plans to assess the audit report's suggested rule changes by December 2016 to determine whether they can be made.   |
| 7. ARRA should develop and implement policies and procedures for the practices it already has in place in its x-ray and nonionizing programs, such as instructions on the information and forms staff review for all types of x-ray and nonionizing registrations, and procedures for how the peer review process should be conducted. | <b>Not implemented</b><br>ARRA reported that it plans to implement this recommendation by March 2017.   |
| 8. ARRA should consistently and accurately track all dates regarding its timeliness in processing x-ray and nonionizing registration applications, such as the date an application is received, the date more information is requested and received, the date payment is approved or denied, and the date the registration is mailed.  | <b>Implementation in process</b><br>ARRA has added the relevant data fields to its timeliness tracking databases, such as the date an application is received. However, ARRA reported that because of its efforts to implement other recommendations, it has not yet taken the necessary steps to ensure that staff consistently and accurately record all dates related to timeliness. |
| 9. ARRA should develop and implement policies and procedures that require staff to periodically assess timeliness to ensure that ARRA is complying with its required time frames for processing and issuing x-ray and nonionizing registrations.   | <b>Not implemented</b><br>ARRA reported that it plans to implement this recommendation by November 2016.  |
| <b>ARRA Sunset Factor 5: The extent to which ARRA and the Hearing Board have encouraged input from the public before adopting their rules and the extent to which they have informed the public as to their actions and their expected impact on the public.</b>   |   |
| 10. To comply with the State's open meeting law, the Hearing Board should ensure that it has meeting minutes with all required elements for all of its meetings and that it can provide a copy of its meeting minutes within 3 business days following its meetings, if requested.   | <b>Implemented at 6 months</b>  |

**Recommendation****Status/Additional Explanation**

11. To comply fully with A.R.S. §41-1091.01, ARRA should post on its Web site the full text of each substantive policy statement currently in use, if practicable.

**Not implemented**

Although ARRA agreed to implement this recommendation during the audit, ARRA now reports that it has already met the intent of A.R.S. §41-1091.01 because its Web site has links to notices of ARRA's substantive policy statements, the full text of which can be viewed by the public at ARRA's offices. However, statute requires state agencies to post the full text of substantive policy statements on their Web site, if practicable. General Counsel for the Office of the Auditor General has determined that it is practicable for ARRA to post its substantive policies on its Web site unless it can demonstrate why it cannot do so.

12. ARRA should update its notice that substantive policy statements are advisory only, consistent with the amended version of A.R.S. §41-1091.

**Implemented at 6 months**

13. ARRA should respond to public information requests in a timely manner.

**Implemented at 6 months**


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**ARRA Sunset Factor 6: The extent to which ARRA and the Hearing Board have been able to investigate and resolve complaints that are within their jurisdiction.**

14. ARRA should develop and implement policies and procedures to require staff to track the dates when a complaint was resolved and determine the time it takes to resolve complaints.

**Not implemented**

ARRA reported that it plans to implement this recommendation by November 2016.

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

15. To appropriately investigate and resolve complaints against cosmetic laser technicians, ARRA should work with its Attorney General representative to pursue one of two options:

- a. Seek an amendment to statute and rule to:
  - Provide ARRA with the ability to issue civil penalties; and
  - Define unprofessional conduct.
- b. Propose statutory changes to transfer the responsibility for regulating cosmetic laser technicians to the MRTBE. If ARRA decides to seek legislation to transfer the responsibility for regulating cosmetic laser technicians to the MRTBE, it should propose statutory changes to modify the membership of the MRTBE to include at least one certified cosmetic laser technician.

**Not implemented**

ARRA reported that it will not make a decision on how to address this recommendation until the fall of 2016.

**Not implemented**

See explanation for ARRA Sunset Factors Recommendation 15a.

## Recommendation

## Status/Additional Explanation

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| 16. Before the MRTBE takes on the responsibility of regulating cosmetic laser technicians, it should address the various issues with its performance that are discussed in this report.                        | <b>Not yet applicable</b><br>This recommendation does not apply until ARRA decides whether it will seek to transfer the regulation of cosmetic laser technicians to the MRTBE (see explanations for ARRA Sunset Factors Recommendations 15a and 15b). |
| 17. ARRA should work with its Attorney General representative to propose statutory and/or rule changes that would provide it with explicit authority to investigate complaints regarding sources of radiation. | <b>Not implemented</b><br>ARRA reported that it would not make a decision on how to address this recommendation until the fall of 2016.   |

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

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| 1. The MRTBE does not have statutory authority to issue certificates for radiation therapy, computed tomography, and student mammography and should:   | <b>Implemented at 6 months</b>  |
| a. Consult with its Attorney General representative to identify the necessary statutory changes needed to give MRTBE the specific authority to issue these certificates;   | <b>Implemented at 6 months</b>  |
| b. Work with the Legislature to make these changes; and  | <b>No longer applicable</b><br>The MRTBE reported that it has continued to issue these certificates based on the advice of its attorney general representative. However, the Legislature enacted Laws 2016, Ch. 141, which amended A.R.S. §32-2812 and A.R.S. §32-2841 to give MRTBE the authority to issue certificates for radiation therapy, computed tomography, and student mammography effective August 2016.           |
| c. Stop issuing these certificates until it has the authority to do so.  | <b>Implemented in a different manner at 6 months</b><br>During the 2016 legislative session, the MRTBE sought legislation to address this recommendation. Specifically, the Legislature enacted Laws 2016, Ch. 141, which amended A.R.S. §32-2812 to require nuclear medicine and practical technologist in bone density applicants to comply with the same application requirements as MRTBE's other certificate applicants. |
| 2. The MRTBE should stop imposing the application requirements of AAC R12-2-301 on nuclear medicine and practical technologist in bone density applicants because these requirements do not apply to these applicants. | <b>Implementation in process</b><br>The MRTBE developed a policy that certificates may not be issued for more than 2 years. However, it has not developed procedures for staff to help ensure that certificates are not issued for more than 2 years. Further, auditors reviewed six certificates issued after October 1, 2015, and found that three were issued for more than 2 years.                                       |
| 3. The MRTBE should develop and implement policies and procedures to help ensure that certificates are issued for the appropriate length of time.  |   |

**Recommendation****Status/Additional Explanation**

4. The MRTBE should modify its initial application to require mammography applicants to demonstrate that they have completed the required initial training.

**Not implemented**

The MRTBE has not modified its initial application to require mammography applicants to demonstrate that they have met the initial training requirements. The MRTBE reported that it plans to revise its rules to specify that mammography applicants must submit an external certification card to demonstrate completing the initial training requirements.

5. The MRTBE should develop and implement policies and procedures for obtaining the necessary inspection results from ARRA inspectors to show that renewal applicants have completed the required continuing education.

**Implementation in process**

In April 2016, MRTBE staff drafted a policy stating that ARRA inspectors should notify MRTBE of any discrepancies found during inspections dealing with the mammography technologists, including discrepancies with continuing education. However, auditors were not able to verify the implementation of the policy as it was drafted during the follow-up process. In addition, MRTBE staff did not develop procedures for how this notification will occur and how it will be documented. Auditors will assess the MRTBE's continued implementation of this recommendation during the 18-month followup.

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

6. The MRTBE should consult with its Attorney General representative and seek statutory authority to issue a radiation therapy technologist, a bone density technologist, and a computed tomography technologist certificate and/or modify the administrative rules for these certificates types.

**Implemented at 6 months****MRTBE Sunset Factor 5: The extent to which the MRTBE 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.**

7. To comply fully with A.R.S. §41-1091.01, the MRTBE should post on its Web site the full text of each substantive policy statement currently in use, if practicable, and should update its advisory statement that substantive policy statements are advisory only to cite the new law.

**No longer applicable**

The MRTBE has reviewed the substantive policy statements that are listed on the Web site that it shares with ARRA and has determined that none of these policies apply to the MRTBE. The MRTBE does not have other substantive policy statements that need to be posted on its Web site.

**Recommendation****Status/Additional Explanation****MRTBE Sunset Factor 9: The extent to which changes are necessary in the laws of the MRTBE to adequately comply with the factors listed in the sunset law.**

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| 8. The MRTBE, in consultation with its Attorney General representative, should propose the following statutory changes:   |   |
| a. Removing the requirement for it to approve high schools for radiologic technologist applicants;  | <b>Implemented at 6 months</b><br>The Legislature enacted Laws 2016, Ch. 141, which amended A.R.S. §32-2812 to remove the requirement for the MRTBE to approve high schools for radiologic technologist applicants.   |
| b. Removing the requirement that external certifying organizations be approved by the American Medical Association or the American Osteopathic Association; and | <b>Implemented at 6 months</b><br>The Legislature enacted Laws 2016, Ch. 141, which amended A.R.S. §32-2812 to remove the requirement that external certifying organizations be approved by the American Medical Association or the American Osteopathic Association. |
| c. Authorizing the MRTBE to charge an application fee for nuclear medicine certificates. Until it has the authority, the MRTBE should stop imposing this fee.   | <b>Implemented at 6 months</b><br>The Legislature enacted Laws 2016, Ch. 141 to amend A.R.S. §32-2812 to allow the MRTBE to charge an application fee for nuclear medicine certificates.  |
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| 9. The MRTBE should, in consultation with its Attorney General representative, propose statutory and/or rule changes specifically authorizing it to investigate complaints against certificate holders. | <b>Implemented at 6 months</b><br>The Legislature enacted Laws 2016, Ch. 141, which amended A.R.S. §32-2824 to give the MRTBE specific authority to investigate complaints against certificate holders. |
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