



ARIZONA AUDITOR GENERAL

Lindsey A. Perry, Auditor General

Melanie M. Chesney, Deputy Auditor General

January 13, 2026

Members of the Arizona Legislature

The Honorable Katie Hobbs, Governor

Executive Director Vander Veen
Arizona State Board of Chiropractic Examiners

We have issued an initial followup report regarding the implementation statuses of the recommendations from the December 2024 *Special Audit of the Arizona State Board of Chiropractic Examiners* report (see report 24-115) conducted by the independent firm Sjoberg Evashenk Consulting under contract with the Arizona Auditor General. This audit was in response to a February 12, 2024, resolution of the Joint Legislative Audit Committee and was conducted under the authority vested in the Auditor General by Arizona Revised Statutes §41-1279.03.

The December 2024 report made 28 recommendations to the Arizona State Board of Chiropractic Examiners. My Office contracted with Sjoberg Evashenk Consulting to conduct initial followup work with the Arizona State Board of Chiropractic Examiners, and as of this initial followup report, 25 recommendations are in process and 3 recommendations have not been implemented.

My Office has contracted with Sjoberg Evashenk Consulting to follow up with the Arizona State Board of Chiropractic Examiners again at 18 months to assess its progress in implementing the 28 outstanding recommendations.

Sincerely,

Lindsey A. Perry

Lindsey A. Perry, CPA, CFE
Auditor General

The December 2024 Arizona Board of Chiropractic Examiners (Board) special audit found that the Board regularly subpoenaed or requested information outside the scope of complaint allegations, did not consistently apply statutes and rules regarding continuing education and record keeping, did not always report allegations of criminal wrongdoing to appropriate criminal justice agencies, did not resolve complaints within 180 days, engaged in advocacy activities with its licensees without clear statutory authority to do so, did not always comply with open meeting law, lacked established processes to ensure consistency in some practices, and did not comply with State conflict-of-interest requirements and recommended practices. We made 28 recommendations to the Board.

Board's status in implementing 28 recommendations

Implementation status	Number of recommendations
✓ Implemented	0 recommendations
🔄 In process	25 recommendations
✗ Not implemented	3 recommendations

While performing our followup work, we identified problems in 2 additional areas—the Board's processes for posting disciplinary and nondisciplinary actions and orders on its website and for fulfilling public records requests. We discuss these 2 additional areas on pages 16 through 17 following our discussion of the audit findings and recommendations and made 4 additional recommendations to the Board to help ensure the Board complies with statutory requirements for posting licensee information on its website and appropriately and timely responding to all public records requests. We will conduct an 18-month follow-up with the Board on the status of the recommendations that have not yet been implemented.

Finding 1: Board regularly requested or subpoenaed information outside the scope of complaint allegations contrary to statute, potentially resulting in unwarranted disciplinary actions and lengthy complaint investigations

1. The Board should cease its practice of subpoenaing and requesting information that is unrelated to complaint allegations when investigating complaints.

Implementation in process—In October and December 2025, the Board adopted policies regarding its complaint intake and investigation processes. These policies require the Board's Executive Director, Deputy Director, and assigned Assistant Attorney General (referred to as the "Intake Committee") to meet bi-weekly to review and establish investigative parameters for newly

received complaints based on identified allegations. The Intake Committee's responsibilities include determining whether to investigate a complaint and identifying appropriate scopes of information the Board may request or subpoena according to complaint allegations and Intake Committee-designated "complexity" levels. The Board also developed a guide for its staff that lists documentation that may be appropriate to request by allegation type and complexity and provided a memo to staff that further outlines the types of records that may be appropriate to request by the level of complexity of the complaint. To address the audit report finding that the Board's use of boiler-plate language in requests and subpoenas led to consistent unwarranted scope expansions, the Board also adopted a new subpoena template that limits standardized language to requests for responses to allegations and patient records, and staff training on subpoenas is planned for January 2026 and will be part of new investigator onboarding training going forward.

The Board's policies also require all new complaints to be reviewed by the Board's Executive Director and assigned Assistant Attorney General, who utilize a standard form to describe the allegations, the statutes and/or rules that authorize Board investigation, the specific records sought, and a justification for requesting or subpoenaing the records by stating investigative need. The policies specify that all subpoenas must align with statutory and rule-based authority, must be directly related to the complaint and within the scope of the investigation, and that the Board's Executive Director and assigned Assistant Attorney General must follow specified procedures during the intake process, including reviewing the subpoena before it is issued. Given the recent adoption of these procedures, we will further assess the Board's implementation of this recommendation during our next follow-up.

2. The Board should cease the practice of using investigations as a means to monitor compliance with continuing education requirements and to evaluate the quality of a licensee's recordkeeping, and develop administrative procedures for reviewing these matters outside of the complaint investigation process.

Implementation in process—The Board reported no longer monitoring continuing education compliance or evaluating the quality of a licensee's recordkeeping via the complaint handling process. Our review of subpoenas or requests for information for 10 of 59 complaints received or opened by the Board since the issuance of the audit report on December 20, 2024, revealed that none included requests for information relating to continuing education. However, as of October 2025, none of the 59 complaints were resolved, so full implementation of this recommendation will be assessed during our next followup.

Additionally, the Board adopted a policy requiring licensees to submit continuing education documentation during the licensing renewal process and directing Board staff to review a licensee's continuing education course certificates before approving a renewal application. In addition to requiring staff to verify continuing education compliance upon license renewal, the policy also allows Board staff to regularly audit licensees' continuing education. However, the Board has not developed procedures to evaluate licensee recordkeeping outside the complaint handling process. We will further assess the Board's implementation of this recommendation during our next followup.

3. The Board should develop and implement policies and/or procedures that include guidance for Board staff to tailor information requests and subpoenas that are directly related to the complaint filed and within the scope of the investigation.

Implementation in process—As explained in recommendation 1, the Board adopted a complaint intake policy establishing an Intake Committee that is responsible for identifying appropriate scopes of information the Board may request or subpoena. The intake policy requires the Intake Committee to identify and record information about the complaint and the investigative scope in one document for all investigative staff to reference, including a complaint summary, itemized allegations, and potential violations of statute and rule, which investigators are required to use to inform the development of subpoenas or information requests. The Board also established a subpoena development guidance form and revised its subpoena template, which limits standardized language to requests for responses to allegations and patient records. Finally, in December 2025, the Board adopted a policy covering its investigation processes. Together, these policies require new complaints to be reviewed by the Board's Executive Director and assigned Assistant Attorney General and identify documents to be included in the request for information or subpoena. Board policy also requires the Executive Director and assigned Assistant Attorney General to review subpoenas before they are issued. Given the recent adoption of these policies, we will further assess the Board's implementation of this recommendation during our next followup.

4. The Board should develop and implement a documented process for the Board's Executive Director and legal counsel to review subpoenas to help ensure that the information requested or required to be provided is directly related to the complaint filed and within the scope of the investigation.

Implementation in process—See explanation for recommendation 3.

5. The Board should include information in its subpoenas informing licensees regarding their ability to petition the Board or the Courts to revoke, limit or modify the subpoena, consistent with the practice of the Superior Courts of Arizona.

Implementation in process—The Board revised its subpoena template to include a paragraph advising licensees of their ability to petition the Board or the Courts to revoke, limit, or modify a subpoena. The Board has also adopted a letter for licensees to accompany any subpoena that provides information and instructions for petitioning to revoke, limit, or modify a subpoena. We reviewed 3 subpoenas the Board issued after the audit report was published December 20, 2024, and found that all 3 included the revised language. Our review of these 3 subpoenas revealed that in no case did the recipient petition the Board or court to revoke, limit, or modify the subpoena. To ensure consistent implementation over a longer period of time, we will further assess the Board's implementation of this recommendation during our next followup.

Finding 2: Board did not consistently apply statutes and rules regarding licensees' continuing education and recordkeeping, but did consistently initiate investigations for complaints related to improper division of fees for patient referrals

6. The Board should conduct a formal review of its use of psychosexual evaluations to assess and document their relevance and appropriateness in evaluating a chiropractor's professional competence. If determined appropriate, it should develop and implement policies, procedures, and/or guidance for when to order a licensee to complete psychosexual evaluation, including outlining how the Board will use the evaluation results.

Implementation in process—The Board began a review of its use of psychosexual evaluations by conducting a limited review of pertinent literature.¹ In December 2025, the Board adopted a policy to guide the Board in consistently applying psychosexual evaluations during complaint processing and adjudication by identifying what may trigger the use of these evaluations, the training psychosexual evaluators must complete, the documentation requirements for psychosexual evaluation referrals, the core components evaluations must include, and how the Board should address completed evaluations. The Board reported that it has not received any cases requiring a psychosexual evaluation since we issued our December 2024 special audit report. Given the recent adoption of this policy, we will further assess the Board's implementation of this recommendation during our next followup.

Finding 3: Board did not report allegations of criminal wrongdoing to appropriate criminal justice agencies as required by statute for applicable complaints we reviewed, with 1 exception, increasing public safety risks and potentially delaying or hindering criminal investigations.

7. The Board should revise and implement its policy to require it to report all allegations of evidence of criminal wrongdoing to the appropriate criminal justice agency within 48 hours.

Implementation in process—In December 2025, the Board adopted a policy that requires the Board to refer complaints to criminal justice agencies if evidence of criminal wrongdoing is found, and to do so within 48 hours of the determination. Statute requires the Board to report all allegations of evidence of criminal wrongdoing to the appropriate criminal justice agency, and the adopted policy falls short of this standard.

Since being informed of this problem during the audit engagement, the Board reported receiving 2 allegations involving potential criminal wrongdoing during the fall of 2024, and that it reported these allegations to criminal justice agencies in April and May 2025. In both instances, the Board reported allegations of potential criminal wrongdoing to the appropriate authorities, but did not do

¹ This literature included a sexual violence prevention report by the Arizona Department of Health Services, an article on the role of chiropractic leadership in the eradication of sexual abuse published by the Canadian Chiropractic Association, and a Substantive Policy Statement from a fellow Arizona health profession licensing board concerning the handling of criminal conduct, including sexual misconduct

so within 48 hours of receiving such evidence. We will further assess the Board's implementation of this recommendation during our next followup.

8. The Board should revise and/or develop and implement policies or procedures that include requirements and guidance for Board staff to coordinate with criminal justice agencies when conducting complaint investigations that include allegations of criminal wrongdoing. At a minimum, the requirements and guidance should outline how Board staff should work with criminal justice agencies to share information and/or coordinate investigations with criminal justice agency personnel and when and how its staff should review the results of these agencies' investigations.

Implementation in process—Board staff reported having gathered and reviewed applicable policies and procedures from other State regulatory boards, as well as literature on and audits of health regulatory boards to identify best practices for collaborating with criminal justice agencies during parallel investigations, and that the Board hired an investigator with criminal justice investigative experience. Additionally, the Board's policy revision discussed in recommendation 7 for reporting evidence of criminal wrongdoing to criminal justice agency directs staff to coordinate with the relevant agency throughout an investigation, but it does not provide guidance regarding how Board staff should work with criminal justice agencies to share information or materials, coordinate investigations with criminal justice agency personnel, or when and how its staff should review the results of these agencies' investigations. The Board has also drafted a policy addressing how it will share materials as allowed by law and review the criminal justice agency's investigative outcome for possible Board action and the Executive Director intends to bring the draft policy to the Board in January 2026. We will further assess the Board's implementation of this recommendation during our next followup.

9. The Board should provide training for Board members and staff on its policies and procedures related to reporting allegations of criminal wrongdoing to criminal justice agencies.

Implementation in process—The Board has adopted a policy for reporting allegations of criminal wrongdoing to criminal justice agencies, as discussed in recommendation 7. The Board also adopted a separate Board member training policy in October 2025 that specifies that Board members will receive monthly training on a variety of topics, including training on handling allegations of criminal wrongdoing on an annual basis (see recommendation 22 for more information on the Board member training policy). In addition to Board member training, the Board also reported holding monthly meetings for Board staff to review sections of governing statutes—including Arizona Revised Statutes (A.R.S.) §32-924, which covers the requirement to report criminal allegations—and corresponding rules.² We will further assess the Board's implementation of this recommendation during our next followup.

² A.R.S. §32-924(J) states that the Board shall report allegations of evidence of criminal wrongdoing to the appropriate criminal justice agency.

Finding 4: Board has made progress in resolving complaints dating back to fiscal year 2018 but continued to not resolve complaints within 180 days, which may affect patient safety and cause undue burden for licensees under investigation for lengthy periods of time.

10. The Board should resolve complaints within 180 days.

Not Implemented—The Board received 59 complaints between December 20, 2024, and September 25, 2025. As of October 2025, the Board had not resolved any of the complaints, and 11 of 59 complaints have been open for more than 180 days. See recommendations 11 through 13 for additional information on the steps the Board is taking to help it resolve complaints within 180 days and prioritize high-priority complaints for investigation. We will further assess the Board's implementation of this recommendation during our next followup.

11. The Board should develop and implement time frames for the various steps in its complaint investigation and resolution process based on severity-ranking, including notice of complaint, initial action, and final resolution.

Implementation in process—The Board reported reviewing the complaint-handling policies of other State regulatory boards, its existing complaint prioritization classifications, and the overall and sub-timelines of its prior complaints and, in December 2025, adopted a complaint handling timeline that outlines the number of days for each step of its complaint handling process. The timeline includes time frames for logging a complaint upon receipt, receiving the licensee's written response, and bringing the complaint before the Board for its review. The Board reported continuing to refine these timelines to effectively manage complaints and meet the goal of resolving complaints within 180 days. Given the recent adoption of this policy, we will further assess the Board's implementation of this recommendation during our next followup.

12. The Board should ensure high priority complaints are investigated and prioritized for Board review before low priority complaints by investigating and prioritizing Board review for high-priority complaints according to the developed time frame.

Implementation in process—In December 2025, the Board adopted a complaint prioritization matrix that categorizes complaint allegations by complexity (high, medium, and low), and dictates the priority with which these should be handled by Board staff via corresponding time frames for review and resolution. For example, according to the matrix, a high complexity complaint, such as an allegation of substance use during practice, should undergo initial review within 2 business days, and initial investigation and any needed interim action, such as an order for substance use testing, should be taken within 5 business days. Conversely, a low complexity complaint, such as a minor procedural allegation with minimal impact on patient safety, should undergo initial review within 14 days. This policy establishes timelines for key steps of the complaint handling process, irrespective of complexity level, methods to track complaints based on complexity, and executing key functions of the complaint handling process. Given the recent adoption of this policy, we will further assess the Board's implementation of this recommendation during our next followup.

13. The Board should avoid delaying complaint adjudication when the parties of the complaint may be subject to civil litigation unless necessary, and ensure timely completion of all complaints based on their severity level regardless of whether related complaints may be adjudicated by other agencies or courts unless otherwise ordered to do so by an appropriate authority.

Implementation in process—According to the Board, although it intends to avoid delaying complaint adjudication when the parties may be subject to civil litigation, unless necessary, it has not received any complaints subject to civil litigation since we issued our December 2024 special audit report. We will further assess the Board's implementation of this recommendation during our next followup.

Finding 5: The Board engaged in advocacy activities with its licensees without clear statutory authority to do so, and in these efforts, made statements that were potentially misleading to its licensees, and used its resources for purposes other than regulating the chiropractic profession.

14. The Board should immediately discontinue efforts to persuade licensees to support/oppose legislation, including using public resources to advocate for its position.

Implementation in process—In December 2025, the Board adopted a policy prohibiting Board members and staff from encouraging licensees or the public to support or oppose legislation. The Board has taken the additional step of creating a standing Legislative and Governance Committee to guide the Board in all matters pertaining to legislation and advocacy activities, including communication of such matters to licensees. In addition, the Board reported that it has not engaged in any advocacy campaigns since those cited in our December 2024 report. We will verify that the Board is no longer engaged in advocacy campaigns to persuade licensees on legislative matters during our next followup. See recommendation 15 for additional information on steps the Board is taking related to lobbying and advocacy activity.

15. The Board should develop and implement Board policies and procedures related to lobbying and advocacy activities, including:
 - a. Specifying that any efforts to influence legislation should be conducted through the Board's designated public lobbyist and within the framework provided by statute.
 - b. Developing a protocol for communicating with licensees about legislative issues to ensure the Board is providing complete and accurate information.

Implementation in process—Board staff reported reviewing guidance for complying with Arizona statutes and rules concerning lobbying and advocacy activity from other health profession regulatory boards. As discussed in recommendation 14, the Board also adopted a policy prohibiting Board members and staff from encouraging licensees or the public to support or oppose legislation. The adopted policy includes provisions for complying with State lobbying requirements, including defining when the Board may take official positions on legislation relevant to its governance of the chiropractic profession and specifying that Board updates to the public concerning legislation must be factual, non-advocacy-based, and compliant with Arizona lobbying

statutes. The policy also includes a process for communicating legislative issues to all stakeholders, including licensees and registered business entities, and also requires training for Board members and staff to help ensure adherence to the new policy. The Board reported that the training is scheduled for its January 2026 Board meeting.

However, the policy does not fully address the recommendation. Specifically, the policy specifies that “grassroots efforts” are exempt from Arizona lobbying registration requirements. Although the Executive Director clarified that this exemption is intended to provide for a Board Member’s right to free speech independent of their role with the Board, this provision could be misconstrued as supporting advocacy actions by Board members or staff outside of statutorily-authorized lobbying activities. That is, it could be construed to permit the Board or Board members to solicit advocacy action from the chiropractic community, for which there is not explicit statutory authority to do so. The Executive Director reported that a Board member code of conduct is being developed, which will address this concern. Overall, while the Board has begun efforts to comply with this recommendation, elements of the provided policy under development could be construed as continuing to support some of the improper actions we previously identified. We will further assess the Board’s implementation of this recommendation during our next followup.

Finding 6: Board did not always comply with open meeting law, including the call to the public, and altered 7 meeting recordings by deleting references to patients and licensees, limiting the public’s access to information on Board decisions and the public’s ability to address Board during public meetings.

16. The Board should comply with all statutory open meeting law requirements including but not limited to ensuring meeting notices, agendas, executive sessions, minutes, and calls to the public are handled and documented as required by statute.

Not implemented—We reviewed 2 of 6 Board meetings held between January and September 2025, and found that the Board complied with some, but not all, provisions of open meeting law. For example, consistent with statute and guidance provided by the Arizona Attorney General, the Board posted both meeting agendas at least 24-hours before the meetings and did not interfere with or limit any public comments during the calls to the public.³ However, the Board posted the audio recording for the January 22, 2025, meeting 8 days after the meeting, later than the 5-day statutory requirement.⁴ The Board also did not comply with all provisions of open meeting law by posting an incomplete audio recording of the meeting held on July 23, 2025. In this instance, the Board’s recording started after the meeting began, and the recording did not include a roll call identifying Board members in attendance, the date and time of the meeting, or the meeting location. The Board posted an “Audio Supplement” document along with the recording that included member and staff attendance, meeting location (virtual), and a Board member’s recusal that occurred before the recording began.

³ A.R.S. §38-431.02 and Arizona Attorney General Agency Handbook, Chapter 7, section 7.6.7.

⁴ A.R.S. §§32-4801(A)(1) and (2); and 32-3222(B)(1) and (2)

In addition, for both the January 22, 2025, and July 23, 2025, Board meetings, the Board's posted agendas misused the *ad hoc* executive session provision, similar to what we found during the audit. As discussed in our December 2024 special audit report, the Attorney General has opined that public bodies may include a general statement on its notices and agendas indicating that matters on the meeting agenda may be discussed in executive session on an *ad hoc* basis to receive legal advice that may be required during the course of a public meeting, but which cannot be anticipated at the time the agenda was prepared. The *Attorney General Agency Handbook* specifically states that generic or *ad hoc* "statements are not sufficient for other types of executive sessions."⁵ However, for both of these meeting agendas, the Board included a statement that it may enter into executive session on agenda items as needed, not only for legal advice, but also to discuss confidential records or information, despite the Attorney General's opinions indicating the *ad hoc* provision is only to be used for legal consultation. The statements in the 2 agendas also did not cite the statutory authority that would authorize the Board to enter into executive session according to this *ad hoc* provision, as required by statute.⁶ We will further assess the Board's implementation of this recommendation during our next followup.

17. The Board should consult with the Open Meeting Law Enforcement Team within the Attorney General's Office to determine what type of manner restrictions it can place on speakers during the call to the public, including whether it can prohibit speakers from discussing information the Board is required to keep confidential.

Not Implemented—Although the Board reported that it has not yet consulted with the Open Meeting Law Enforcement Team, it chose instead to consult with its newly assigned Assistant Attorney General representative.

The Board developed guidance for members of the public who wish to participate in calls to the public that explains the purpose of the call to the public and outlines key elements of due process and confidentiality for public speakers to observe during their comments. As discussed in recommendation 16, we reviewed 2 of 6 Board meetings held between January and September 2025, including the calls to the public. Our review of the calls to the public during these 2 Board meetings found that the Board did not interfere with or limit any public comments. We will further assess the Board's implementation of this recommendation during our next followup.

18. The Board should develop and implement a policy and revise its call to the public script to specify the time, place, and manner restrictions for calls to the public that are consistent with guidance it receives from the Open Meeting Law Enforcement Team within the Attorney General's Office.

Implementation in process—In conjunction with the guidance document for public participation in the call to the public explained in recommendation 17, Board staff also reported reviewing the policies of other health profession regulatory boards concerning call to the public guidance, developed a Board meeting conduct policy, and revised the Board's call to the public script accordingly. The revised script identifies the limitations of the call to the public—such as that the

⁵ Arizona Attorney General Agency Handbook, Chapter 7, section 7.6.7.

⁶ A.R.S. §38-431.02(B). If an executive session is scheduled, a notice of the executive session shall state the provision of law authorizing the executive session

Board cannot take action on matters raised during call to the public unless explicitly on the meeting agenda—and asks that speakers refrain from discussing personal health information, names of patients, or making speculative statements about open investigations. We will further assess the Board's implementation of this recommendation during our next followup.

19. The Board should post unaltered meeting recordings as required by statute, and cease the practice of deleting information from recordings.

Implementation in process—The Executive Director reported that the Board has posted unaltered meeting minutes for all 6 Board Meetings held between January and September 2025. Additionally, our review of 2 of these 6 meetings reviewed did not identify any indications that information that had been deleted previously, such as the names of patients, had been deleted. However, as described in recommendation 16, 1 of the 2 recordings reviewed was incomplete, starting in the middle of the Board's discussion of an agenda item. We will further assess the Board's implementation of this recommendation during our next followup.

20. The Board should provide regular training, during onboarding and annually, for all Board members and staff on Arizona's open meeting law, including specific requirements for meeting notices, agendas, executive sessions, minutes, and the call to the public.

Implementation in process—As of October 2025, our review of Board training documentation found that the Board has adopted a new annual Board member training policy, discussed in recommendation 9, that specifies that the Board will provide training on compliance with Arizona Open Meeting law every year, and the Board conducted a special Open Meeting Law training in December 2025. At the same time, the Board adopted a policy on confidentiality and implemented a memo that accompanies monthly Board meeting materials to members detailing the Board's confidentiality requirements. Specifically, the memo includes the open meeting law requirement of limiting discussion of cases before the Board to during public meetings and as detailed on the agenda. Finally, the Board has drafted a separate memo from the Executive Director to be sent to Board Members reminding members of open meeting law confidentiality requirements, such as withholding personally identifiable information—including patient names—from public discussion, the Board's practice of the Board Chair giving a pre-meeting reminder of confidentiality rules, handling public comments that mention confidential information by immediately reminding the speaker to avoid disclosing confidential information, the purpose of executive sessions for discussing confidential details, the requirement to post complete, non-redacted meeting minutes, and the prohibition on photocopying, sharing, or otherwise disseminating Board materials. We will further assess the Board's implementation of this recommendation during our next followup.

Finding 7: Board’s Executive Directors—past and present—have not established processes for ensuring consistency in some Board practices and communicating changes in Board practices to licensees and the public, resulting in several issues we identified during this audit and potential confusion among licensees and the public.

21. For all complaints received moving forward, the Board should use the Disciplinary and Sanctioning Guidelines adopted in July 2024 when adjudicating complaints to determine appropriate disciplinary and nondisciplinary actions to address violations.

Implementation in process—While the report acknowledged that the Board had developed the Disciplinary and Sanctioning Guidelines in July 2024, the Board reported being in the process of updating the guidelines to reflect and incorporate some of the recommendations from our December 2024 special audit report, which was issued after adoption of the guidelines in July 2024. Specifically, the Board intends to add assessment tools, such as the psychosexual evaluation discussed in recommendation 6, into the guidelines. The Board plans to adopt an updated Disciplinary and Sanctioning Guidelines document in spring 2026, and is preparing to do so by developing and implementing a remediation disciplinary matrix, which is a quick-reference guide with additional information. We will further assess the Board’s implementation of this recommendation during our next followup.

22. The Board should develop and provide training to Board members regarding key Board functions, including but not limited to complaint handling, the State’s open meeting law, and authorized lobbying/advocacy activities.

Implementation in process—The Board has adopted 2 new policies pertaining to Board member training, including an annual Board member training policy discussed in recommendations 9 and 20, and a new Board member onboarding policy. The Board’s Executive Director is responsible for developing and providing the training or arranging for training to be provided by another state agency or third party.

The annual training policy establishes the types and timing of trainings for Board members, to be conducted annually. Training topics include:

- Board structure, roles, and ethical conduct;
- Licensing and certification processes;
- Investigations and complaint handling, including complaint receipt, review, jurisdiction, investigations, subpoena authority, and permissible scope;
- Disciplinary and non-disciplinary action and consistent application of statutes and rules;
- Formal proceedings and legal frameworks;
- Special investigation considerations, including handling of allegations of evidence of criminal wrongdoing and the use of psychosexual evaluations;

- Board operations, communications, and public access, including Open Meeting Law Compliance and public records; and
- Rules and guidance concerning legislative engagement, lobbying, and advocacy.

This policy also provides some information on Board members' roles, communication protocols, professional conduct, and training compliance expectations, and requires the Executive Director to track all training activity and review this information annually for inclusion in the Board's Annual Report that it posts to its website.

The Board's new member onboarding policy outlines mandatory training that the Executive Director will provide to new Board members, including a general orientation that includes: An overview of the agency, national affiliations of the Board, a review of pertinent statute and rule, licensing and certification requirements and processes and other applications and registrations regulated by the Board, examinations for chiropractic licensure, and the Board's regulation and enforcement of various requirements. The Board's new member training materials also comprehensively cover Board meeting protocols and best practices, including parliamentary procedures, the role of the Board Chair, agenda and Boardroom management, and understanding the general operations and guiding rules and practices of meetings. The policy also requires new members to take CLEAR Board Member Training—Level Two, which is a third-party training program for new members of government regulatory boards, within 1 year of their appointment as part of ongoing onboarding and professional development.

As discussed in Recommendation 9, the Executive Director plans to prepare training materials for all training topics by spring 2026. We will further assess the Board's implementation of this recommendation during our next followup.

23. The Board should continue to develop and implement its IT system, including developing and implementing management reports for overseeing its licensing and complaint-handling processes.

Implementation in process—In November 2025, the Board implemented a different licensing platform because of the delayed implementation of the system that was under development at the time of the audit, prohibitive costs for building this system to meet the needs outlined by the audit, and significant cost increases for the coming years. Finally, the Board reported having working sessions with the developer twice a week for 2 hours since September 2025 to ensure the new system aligns with the needs of the Board. We will further assess the Board's implementation of this recommendation during our next followup.

24. The Board should conduct research to identify standard processes or recommended practices for developing substantive policy statements, including but not limited to contacting and requesting information from other State agencies and health regulatory boards about their substantive policy statement processes.

Implementation in process—The Board reviewed the processes of other health profession regulatory boards, including the Arizona Board of Medical Examiners, the Arizona State Board of Nursing, and the Arizona Board of Behavioral Health Examiners, related to drafting, approving in open meeting, and publishing substantive policy statements. Based in part on this research, the

Board adopted a charter for a new standing Board Legislative and Governance Committee, which is responsible for monitoring, evaluating, and reporting on proposed legislation, regulatory changes, and policy changes impacting the chiropractic profession and Board operations. This includes matters addressed in the December 2024 special audit report, such as conflict-of-interest requirements, discuss and develop Board positions on legislation or regulatory matters, Board governance, and the development of substantive policy statements. The Board also developed guidance for this Committee in June 2025, which defines one of the Committee's purposes as developing substantive policy statements. The guidance document also outlines steps for developing substantive policy statements, including reviewing relevant statutes, administrative code and case law, as well as national and professional guidelines and other state board practices, consulting with stakeholders or subject matter experts, drafting questions and structured agendas to facilitate Board discussion of the substantive policy statements, and presenting recommendations for proposed substantive policy language to the Board. The guidance further defines pertinent documentation for Board staff to provide the Committee, such as relevant laws or regulations, literature, public input, legal guidance, and also identifies steps for maintaining transparency and engaging the public. We will further assess the Board's implementation of this recommendation during our next followup.

25. The Board should develop and implement policies and procedures for creating and using substantive policy statements and other methods for communicating important information about its activities and practices to external parties, including but not limited to clarifying and/or communicating changes to its practices.

Implementation in process—See explanation for recommendation 24. The Board also reported that it is currently updating its website to include a page for communicating important information about its activities and practices to external parties. According to the Board, it is considering developing a quarterly newsletter to post on its website, and will also post the Board's Annual Report, and annually prepare and post an educational legislative summary of the previous year's legislative session, to be drafted by the new Legislative and Governance Committee. We will further assess the Board's implementation of this recommendation during our next followup.

26. The Board should discontinue using emails to licensees to communicate information that instead should be communicated through substantive policy statements.

Implementation in process—As explained in recommendation 14, the Board reported it has ceased advocacy campaigns and has not issued a mass communication to licensees since October 2024. As explained in recommendation 24, the Board established a new standing Legislative and Governance Committee in part to develop substantive policy statements. According to the Board, it will develop substantive policy statements when necessary in lieu of sending emails to licensees. The Board also reported that it is in the process of developing and implementing policies for tracking legislation that may impact its licensees, creating guidelines for communicating regulatory updates to external parties in a neutral and unbiased manner, and implementing a specific section on the Board's website for posting updates outside of substantive policy statements, as explained in recommendation 25. We will further assess the Board's implementation of this recommendation during our next followup.

27. The Board should review prior communications issued through less formal methods and determine whether those communications should have been issued as a substantive policy statement and, if so, issue a substantive policy statement on the matter.

Implementation in process—The draft guidance for the Legislative and Governance Committee discussed in recommendation 24 includes a list of topics that the Committee will prioritize for developing substantive policy statements previously addressed by the Board through less formal communications, including email correspondence and notices posted on its website, as well as topics addressed in our December 2024 audit report. The specific topics identified in the draft guidance as a priority include psychosexual evaluations, 48-hour referral of criminal wrongdoing, fee splitting, business entity registration, and others. However, because the Legislative and Governance Committee has not yet formally addressed these matters, we will further assess the Board's implementation of this recommendation during our next followup.

Finding 8: Board did not comply with some State conflict-of-interest requirements and recommended practices, increasing risk that employees and public officers had not disclosed substantial interests that might influence or could affect their official conduct.

28. The Board should revise and implement its conflict-of-interest policies and procedures to help ensure compliance with State conflict-of-interest requirements and implementation of recommended practices, including:
- a. Requiring Board members and employees to complete a conflict-of-interest disclosure form upon appointment/hire, including attesting that no conflicts exist, if applicable, and reminding them at least annually to update their disclosure form when their circumstances change.
 - b. Storing all substantial interest disclosures, including disclosure forms and meeting minutes, in a special file available for public inspection.
 - c. Developing and implementing a process to track Board member/employee completion of conflict-of-interest disclosure forms, including the date the form was completed.
 - d. Establishing a process to review and remediate disclosed conflicts.
 - e. Providing periodic training on its conflict-of-interest requirements, process, and disclosure form, including providing training to all Board members and employees on how the State's conflict-of-interest requirements relate to their unique programs, functions, or responsibilities.

Implementation in process—The Board has taken multiple steps to implement this multi-faceted recommendation, including adopting a policy for ensuring compliance with Arizona state conflict-of-interest requirements that requires all Board members and employees to complete the ADOA Conflict of Interest Disclosure Form, which includes an “affirmative ‘no’” attestation, upon appointment or hire, annually in July, and whenever circumstances change; drafting a memo to Board members and staff communicating the new policy; preparing a single dedicated special file

containing annual disclosure forms and Board meeting recusals; developing a conflict-of-interest tracking sheet to track Board member and employee conflict-of-interest disclosure forms, including the date completed; and establishing conflict-of-interest training materials.⁷ Additionally, the Board conducted conflict of interest training in October 2025. Given the recent adoption of the policy, we will further assess the Board's implementation of this recommendation during our next followup.

⁷ A.R.S §38-509. Every political subdivision and public agency subject to this article shall maintain for public inspection in a special file all documents necessary to memorialize all disclosures of substantial interest made known pursuant to this article.

Additional issues and recommendations we identified during our follow-up review

While performing our followup audit work, we identified problems in 2 additional areas that require corrective action. Below, we describe both and make 4 additional recommendations to the Board.

Board incorrectly posted information longer than allowed by statute and did not post other information required by statute.

Statute requires the Board to post disciplinary and non-disciplinary actions taken by the Board on its website for up to 5 years, excluding dismissed complaints and nondisciplinary letters of concern and advisory letters, which must be available via public request.^{8,9} While reviewing the Board's website for information pertinent to this follow-up review in September 2025, we found that the Board's webpage for disciplinary actions contains full documentation for 66 disciplinary actions taken more than 5 years ago, between 2015 and 2019, contrary to statute. The Board reported being unaware of this content still being available on the website, and we confirmed the noncompliant information had been removed as of November 2025. Further, although the Board reported posting nondisciplinary actions to the Board's licensee directory, there was no evidence of Board action for 2 licensees marked as having received nondisciplinary sanctions in the Board's complaint log. The Board reported that this issue was due to challenges with its complaint handling system, which the Board ceased using in November 2025, when it transitioned to a new licensing system.

Additional recommendations to the Board:

29. Remove disciplinary and non-disciplinary actions more than 5 years old from the Board's website and licensee directory.
30. Develop and implement procedures for timely posting all disciplinary and non-disciplinary actions to the Board's website and/or licensee directory; and for removing all disciplinary and non-disciplinary actions to the Board's website and licensee directory after 5 years.

Board did not maintain a complete log of public records requests received and lacked policies and procedures for how to respond to requests.

Although the Executive Director developed and implemented a digital tracking sheet for public records requests in March 2025, the Board did not maintain one prior to this date, and was thus out of compliance

⁸ A.R.S. §32-3214(B). All disciplinary actions against a licensee or certificate holder shall be available on the health profession regulatory board's website for not more than five years. If a health profession regulatory board issues a final nondisciplinary order or action, the record of the final nondisciplinary order or action shall be made available on the board's website for not more than five years. Letters of concern and advisory letters may not be made available on the website but a copy of such letters are available to the public pursuant to section 39-121 and shall be provided to any person on request.

⁹ A.R.S. §32-3214(A). If a health profession regulatory board dismisses a complaint, the record of that complaint is available to that regulatory board and the public pursuant to section 39-121 but may not appear on the board's website. For the purposes of this subsection, "dismisses a complaint" means that a board does not issue a disciplinary or nondisciplinary order or action against a licensee or certificate holder. A pending complaint or investigation may not be disclosed to the public.

with the statutory requirement to maintain adequate documentation of official activities.¹⁰ Additionally, the Board provides a fillable public records request form on its website, but did not require individuals to use the form to submit a formal request and the website does not include a statement pursuant to statute that a person may obtain additional public records relating to any licensee or certificate holder by contacting the Board directly.¹¹ According to the Executive Director, in an attempt to expeditiously respond to public records requests without creating a burden on members of the public, the Board had taken a less formal approach to public records requests. In doing so, it did not require the public to complete and submit the form, formally document requests, or perform other administrative tasks designed to ensure compliance with statute.

Failing to adequately track the Board's receipt and response to public requests for information increases the risk that the Board will not comply with statutory requirements to account for its official activities and duties, timely respond to public information requests, and provide the public with licensee information that may inform personal health and safety decisions. For example, our review identified 1 instance in which the Board received a public records request in Fall 2024, later realized in March 2025 that it had failed to respond to the request, and ultimately provided documentation to the requestor by October 2025. A contributing factor to this delay was that the request for information was submitted by a party to a lawsuit filed against the Board. The Executive Director reported providing the request to in-house counsel and then experiencing turnover of counsel. Because the request was never logged or tracked, the Executive Director neglected to follow up with the Attorney General's office on the status of their review of the request and only became aware when the requestor raised the matter in March 2025. At this time, the Executive Director established the tracking log and worked with the Attorney General's Office to prepare the Board's response to the request.

Additional recommendations to the Board:

31. Develop and implement policies and procedures for timely receiving, acknowledging, and responding to public records requests according to statute.
32. Post a statement to its website pursuant to A.R.S. §32-3214(C) that a person may obtain additional public records related to any licensee or certificate holder, including dismissed complaints and nondisciplinary actions and orders, by contacting the board directly.

¹⁰ Pursuant to A.R.S. §39-121.01(B), all officers and public bodies shall maintain all records, including records as defined in A.R.S. §41-151, reasonably necessary or appropriate to maintain an accurate knowledge of their official activities and of any of their activities that are supported by State monies.

¹¹ A.R.S. §32-3214(C). If a health profession regulatory board maintains a website, the board must display on its website a statement that a person may obtain additional public records related to any licensee or certificate holder, including dismissed complaints and nondisciplinary actions and orders, by contacting the board directly.