





Arizona State Board of Optometry

42-Month Followup of Performance Audit Report 22-102

The April 2022 Arizona State Board of Optometry (Board) Performance Audit and Sunset Review found that the Board did not comply with some State conflict-of-interest requirements, did not answer or respond to our anonymous phone calls or provide some required information on its website, and licensed some applicants without ensuring they met all requirements. We made **19** recommendations to the Board.

Board's status in implementing 19 recommendations

Implementation status	Number of recommendations
 Implemented	6 recommendations
 Partially implemented	1 recommendation
 In process	6 recommendations
 Not implemented	6 recommendations

We will conduct a final followup with the Board on the status of the recommendations that have not yet been implemented.

Recommendations to the Board

Finding 1: Board did not comply with some State conflict-of-interest requirements, increasing risk that employees and public officers had not disclosed substantial interests that might influence or could affect their official conduct

1. The Board should revise its internal conflict-of-interest policies and procedures to help ensure compliance with State conflict-of-interest requirements, including:
 - a. Requiring all employees and Board members to complete a conflict-of-interest disclosure form upon hire/appointment and reminding them at least annually to update their form when their circumstances change, including attesting that no conflicts exist, if applicable, consistent with State requirements and recommended practices.

▶ Status: **Implemented at 42 months.**

The Board has developed a conflict-of-interest policy that requires Board employees and members to complete a conflict-of-interest disclosure form annually and upon hire/appointment. Additionally, the Board's conflict-of-interest disclosure form addresses both financial and decision-making conflicts and requires Board employees and members to attest if they have no conflicts, when applicable. Our review found all 9 Board members and employees completed a conflict-of-interest form for calendar year 2025.

- b. Using a conflict-of-interest disclosure form that addresses both financial and decision-making conflicts of interest, as required by statute.

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

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

▶ Status: **Not implemented.**

The Board's conflict-of-interest policy requires all Board member and employee conflict-of-interest forms and meeting minutes that disclose a conflict of interest, including any meeting-specific conflict-of-interest forms (recusal forms) completed by Board members, to be stored in a special file available for public inspection. Our review of the Board's April and June 2025 meeting minutes found that Board members declared 2 conflicts of interest in those meetings and recused themselves from participating in the associated Board meeting agenda item. However, our July 2025 review of the Board's special file found that the Board had not included any recusal forms or the applicable Board meeting minutes in its special file, contrary to its policy and statute.¹ By not including this information in its special file, the

¹ Arizona Revised Statutes (A.R.S.) §38-509.

Board does not track Board members' substantial interest disclosures and does not make this information available to the public. When we brought this to the Board's attention in August 2025, Board staff added the missing recusal forms to the special file but did not add the meeting minutes. We will further assess the Board's implementation of this recommendation during our next followup.

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

▶ Status: **Implementation in process.**

The Board's conflict-of-interest policies and procedures include a process for reviewing and remediating disclosed employee conflicts, consistent with recommended practices. However, the calendar year 2025 disclosure forms completed by 2 employees did not include any disclosures requiring review and remediation. As a result, we were unable to assess the Board's implementation of its procedures for reviewing and remediating disclosed employee conflicts. We will further assess the Board's implementation of this recommendation during our next followup.

- 2. The Board should provide periodic training on its conflict-of-interest requirements, process, and form, including providing training to all employees and Board members on how the State's conflict-of-interest requirements relate to their unique program, function, or responsibilities.

▶ Status: **Not implemented.**

Although the Board reported it provided conflict-of-interest training at the February 2026 Board meeting, our review of this meeting's minutes did not find evidence that any conflict-of-interest training was provided. Specifically, the Board did not provide training on its conflict-of-interest requirements, process, disclosure forms, and how the State's conflict-of-interest requirements relate to the Board's program, functions, and responsibilities. By not providing conflict-of-interest training to its members and employees, the Board cannot ensure that they both understand and fully comply with all conflict-of-interest requirements. The Board reported it has scheduled conflict-of-interest Board member training for its March 2026 Board meeting. We will further assess the Board's implementation of this recommendation during our next followup.

Finding 2: Board did not answer or respond to any of our anonymous phone calls or provide some required information on its website, restricting access to information public needs to make informed decisions about eye care

- 3. Comply with all statutory requirements for providing public information, including:
 - a. Providing public records and information to the public; ensuring that its staff answer phone calls and timely return voicemail messages; and determining whether its staff

need to respond to any prior voicemail messages.

▶ Status: **Partially implemented at 6 months.**

As stated in our initial followup, we placed 2 anonymous phone calls to the Board requesting information about 2 different licensed optometrists. Board staff promptly answered the phone calls and provided requested information as authorized by statute. However, the Board reported that it did not determine whether any prior voicemail messages needed to be returned and does not plan to do so.

- b.** Posting nondisciplinary actions and orders required by statute, such as nondisciplinary orders for continuing education hours, to the Board’s website, and maintaining these records on its website for not more than 5 years.

▶ Status: **Not implemented.**

Our review of the Board’s website as of July 2025 found that it included 5 disciplinary actions and associated orders, none of which exceeded the 5-year statutory period but did not list any nondisciplinary actions or orders as required by statute. Following our review of the Board’s website, Board staff posted 5 nondisciplinary actions to the Board’s website. Similarly, our review of the Board’s complaint log from September 2020 through August 2025 identified an additional 4 nondisciplinary actions the Board issued during this 5-year period that had not been posted on its website. After we informed the Board, it posted these 4 nondisciplinary actions to its website in February 2026.

Although the Board has developed policies and procedures for identifying the disciplinary and nondisciplinary actions and orders that should be posted on the Board’s website and then posting these actions and orders (see explanation for recommendation 4b), the Board reported not posting the 9 nondisciplinary actions because it misinterpreted statute and understood that it was not permitted to post any nondisciplinary actions to its website. However, statute requires that all final nondisciplinary orders or actions, with the exception of letters of concern and advisory letters, be made available on the Board’s website for not more than 5 years.² By not posting these actions and orders to its website, the public does not have access to accurate and complete information about licensed optometrists to help make informed decisions when choosing an optometrist. We will further assess the Board’s implementation of this recommendation during our next followup.

- 4.** Develop and implement written internal policies and procedures to help ensure staff comply with public information requirements that include:
 - a.** Providing complete and accurate public records and information to the public in a timely manner, during business hours and over the phone, including establishing required time frames for returning phone calls requesting public records and information and

² A.R.S. §32-3214(B).

processes for reviewing public requests for information to ensure Board staff respond to all requests.

▶ Status: **Implementation in process.**

As reported in our initial followup, the Board had developed a policy for answering telephone calls that includes required time frames for when voicemail messages should be returned. However, the policy does not reference all information that can be provided to the public upon request, such as information related to nondisciplinary actions, and does not include processes for reviewing public requests for information to ensure Board staff respond to all requests. In August 2025, after we informed the Board about the gaps in its policy, it revised the policy to include providing information related to nondisciplinary orders to the public upon request. Additionally, the Board has developed a separate process to review and log all incoming public information requests and for the executive director to review all public information requests and responses for accuracy, completeness, and legal compliance. We will further assess the Board's implementation of this recommendation during our next followup.

- b. Ensuring required disciplinary and nondisciplinary actions and orders are posted to the Board's website as allowed and required by statute and are maintained for not more than 5 years.

▶ Status: **Implemented at 42 months.**

The Board has developed a policy and procedures that require its staff to post disciplinary and nondisciplinary actions on the Board's website as required by statute. Specifically, the Board's policy includes procedures for identifying disciplinary and nondisciplinary actions and orders that are subject to website posting, as required by A.R.S. §32-4801, and that these actions and orders must be posted to the Board's website within 5 business days of finalization. Additionally, the policy requires the actions and orders to be maintained on the website for a period not exceeding 5 years and assigns Board staff responsibilities for processing and publishing actions and orders on the Board's website. Finally, the policy requires the Board's executive director to periodically review these policies and procedures to ensure ongoing alignment with statutory requirements.

- c. Requiring the Board's executive director to review Board staff's compliance with the policies and procedures, including time frames for doing so.

▶ Status: **Implementation in process.**

The Board developed a policy in January 2023 requiring its executive director to perform annual or semiannual reviews of Board staff's compliance with policies and procedures for processing public information requests and posting disciplinary and nondisciplinary actions and orders on the Board's website. In January 2026, the Board's executive director sent Board members a memorandum detailing her initial review of staff compliance with statutory requirements and procedures.

This memorandum included the executive director’s review of compliance with open meeting law, conflict-of-interest requirements, and public records requests policies and procedures. Although the memorandum states that Board staff is compliant with all Board policies and procedures, it does not include information or evidence supporting how the executive director made this determination. We will further assess the Board’s implementation of this recommendation during our next followup.

5. Post records of disciplinary actions on its website, such as copies of Board orders or agreements, consistent with other health profession regulatory boards, and maintaining these records on its website for not more than 5 years.

▶ Status: **Implementation in process.**

Our review of the Board’s complaint log as of September 2025 found that the Board posted Board orders or agreements, consistent with other health profession regulatory boards, for all 4 disciplinary actions with consent agreements the Board issued from February 2022 through October 2024. Our review also found that none of the posted actions or orders exceeded the required 5-year time frame requirement. However, our review of the Board’s October 2025 meeting minutes identified 1 disciplinary action that it imposed but, as of February 2026, had yet to post on its website. After we brought this missing disciplinary action to the Board’s attention in February 2026, the Board posted the disciplinary action to its website. We will further assess the Board’s implementation of this recommendation during our next followup.

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

6. Ensure that applicants meet all statute and rule requirements for initial and renewal licensure, including:

- a. Submitting a government-issued photograph to help verify lawful presence.

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

- b. Working with its Assistant Attorney General to determine whether and when it can make rule changes to modify its CPR requirements. These rule changes should ensure that the Board can assess license applicant compliance with and enforce all CPR requirements as specified in rule.

▶ Status: **Implementation in process.**

The Board has received approval from the Governor’s office to open a rulemaking docket. At the Board’s February 2026 meeting, the Board’s executive director provided an overview of draft rule changes, including rule changes to CPR requirements, and further reported expecting to finalize the rulemaking process for these proposed rules by August 2026. We will further assess the Board’s implementation of this recommendation during our next followup.

7. Develop and implement internal policies and procedures for periodically reviewing the appropriateness of its fees that direct it to analyze the costs of its regulatory processes, compare these costs to the associated fees, determine the appropriate licensing fees, and then revise its fees as needed.

▶ Status: **Not implemented.**

In April 2022, the Board developed a policy requiring the executive director to conduct a fee analysis at least every 2 years. The policy requires the executive director to review the Board's actual costs for its regulatory processes; compare the costs to similar health-related boards, when available; compare the costs to its current associated fees; determine the appropriate licensing fees; and revise the fees as needed, pending Board approval. Although the executive director performed a comparison of the Board's fees to fees charged by other states' optometry boards in June 2025, as of January 2026, the executive director has yet to conduct a fee analysis as required by the Board's policy.³

The Board stated that it has not conducted a fee analysis because Laws 2024, Ch. 222, §23, adjusted the percentage of fees the Board retains to 85% of all monies collected rather than the previously authorized 90% through the end of fiscal year 2028; and Laws 2024, Ch. 222, §55, does not allow the Board to adopt a license fee increase in fiscal years 2025 or 2026 without submitting an emergency request to the Governor's Regulatory Review Council. However, these changes do not prevent the Board from conducting a fee analysis to determine if its current fees are appropriate to sustain operations, should be increased through an emergency request, or should be decreased due to potentially causing undue burden on initial or renewal license applicants. We will further assess the Board's implementation of this recommendation during our next followup.

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

8. Comply with all open meeting law requirements, including:
 - a. Ensuring meeting minutes, or digital recordings, are available upon request within 3 working days of Board meetings, and that digital recordings, or a notice of the availability of digital recordings, are posted to the website within 5 working days of Board meetings.

▶ Status: **Implemented at 6 months.**
 - b. Ensuring a digital recording is made of all open meetings and maintained for 3 years.

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

³ In June 2025, the executive director compared the Board's fees to the fees charged by the Utah, California, New Mexico, and Nevada optometry boards.

9. Develop and implement internal policies and procedures to ensure staff comply with all open meeting law requirements.

▶ Status: **Not implemented.**

The Board developed an internal open meeting law (OML) compliance policy in June 2022 but has yet to fully implement the policy. The policy includes requirements for Board members and staff to complete annual OML training and for the executive director to perform biannual reviews of meeting notices, agendas, and minutes to assess their compliance with OML. Although Board members and staff have yet to complete the OML training, the executive director reported that this training will be provided in February 2026. The executive director reported she has conducted the required biannual reviews of meeting notices, agendas, and minutes and submitted the results of her initial review to the Board at its February 2026 Board meeting. However, despite our request, the Board did not provide documentation of this review, and our review of the February 2026 Board meeting did not identify that the executive director shared the results of her review or that the required OML training was provided to Board members. The Board reported that it has scheduled OML Board member training for its March 2026 Board meeting.

Additionally, although the Board's OML policy requires meeting notices to be posted on the Board's website at least 24-hours in advance of a public meeting, the policy does not include the requirement for the website to display a conspicuously labeled link to public meeting notices, as required by statute, and our review determined that the link for meeting agendas and notice was not conspicuously labeled. Following our inquiry, the Board moved the website link for public meeting notices to the top of its home page and updated the description to make it more conspicuous. We will further assess the Board's implementation of this recommendation during our next followup.

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

10. Continue to develop and implement internal policies and procedures for handling complaints, including internal policies and procedures for:
 - a. Tracking licensee responses to complaints to ensure that licensees provide a response to the notification of a complaint within 20 days, and, if needed, sending a reminder notification to licensees.

▶ Status: **Not implemented.**

The Board has developed and uses a complaint-resolution checklist to assist with complaint handling that includes steps for notifying licensees of a complaint and requesting their response. Our review of a random sample of 5 of 39 complaints the Board received from January 1, 2025 through August 31, 2025, found that although

the Board notifies licensees of the requirement to respond to complaint notices within 20 days and documents the receipt of licensee responses, it does not ensure that all licensees provide responses within the statutorily required 20 days.⁴ For 2 of 5 complaints we reviewed, the licensee took 28 days to respond, and despite our request, the Board did not provide examples of any reminder notifications sent to these licensees.⁵ For the other 3 complaints, licensees responded within the required 20 days. For the complaints where the licensees took 28 days to respond, the executive director reported that the Board allows each licensee one 20-day extension to provide their response, although this is not authorized by statute. Additionally, statute states that a licensee’s failure to respond within 20 days is deemed an admission of the act, or acts, charged in the complaint.⁶ However, this statutory provision is not included in the complaint-notification letter the Board sends to licensees, nor has the Board taken this action when licensees fail to respond within 20 days. Although the Board reported preferring to be lenient with licensees and allowing additional days to respond, by not ensuring licensees provide responses within 20 days, the Board is potentially delayed in resolving complaints and addressing violations, if needed. We will further assess the Board’s implementation of this recommendation during our next followup.

- b.** Documenting complaint investigation activities and notifying complainants regarding the resolution of their complaint.

▶ Status: **Implementation in process.**

Although the Board has not developed complaint-handling policies and procedures, as explained in recommendation 10a, it has developed a complaint-resolution checklist. The checklist includes some steps for complaint intake; gathering information for review, such as the licensee’s response, necessary documents and evidence, and interviewing relevant parties, if necessary; communicating the final disposition of the complaint to the complainant; and following up on the required resolution. Our review of a random sample of 5 of 39 complaints the Board received from January 1, 2025 through August 31, 2025, found that it followed its checklist by acknowledging receipt of the complaint to the complainant, requesting and receiving necessary documents and evidence from the complainant and licensee, and notifying the complainant of the final outcomes for all 5 complaints.

However, our review of the Board’s complaint-handling practices, complaint documentation from a random sample of 5 complaints, and Board meeting observations found that the Board does not have documentation to support that it conducts statutorily-required complaint investigations.⁷ Specifically, when the Board

⁴ Our random sample included 1 complaint that resulted in a letter of concern and 4 complaints that were dismissed.

⁵ Although the Board did not provide any reminder notices sent to these licensees, the Board provided an example of a reminder notice it sent to a licensee that was not included in our sample.

⁶ A.R.S. §32-1744(G) states that a licensee who has been notified of a complaint pursuant to this subsection must file with the Board a written response not more than 20 days after service of the complaint and notice of hearing. If the licensee fails to answer in writing, it is deemed an admission of the act or acts charged in the complaint and notice of hearing. The Board may then take disciplinary action pursuant to this chapter without a hearing.

⁷ A.R.S. §32-1744(B) requires the Board to investigate all complaints.

receives a complaint, the Board's executive director reviews the complaint, requests that the licensee provide a response, gathers relevant evidence, and compiles this information for Board review, but does not conduct any further investigative activities/analysis or prepare a documented investigation report or summary. For example, our review of the random sample of 5 complaints found that none included a documented investigation report or summary. Absent such a report or summary, the Board lacks documentation of conducting complaint investigations, the evidence evaluated, witnesses interviewed, facts identified and conclusions reached, and a determination of whether all complaint allegations were investigated and either substantiated or unsubstantiated. This lack of an investigation summary or report could potentially result in the Board reaching erroneous and unsupported conclusions and adjudication decisions regarding complaints. Additionally, because most of the complaint evidence the Board gathers is not subject to public disclosure, the Board's lack of investigation reports, which are public documents, limits transparency for the public.⁸ For example, although statute requires the Board to provide information to the public about dismissed complaints upon request, without investigation reports, members of the public may not be able to discern/ understand why complaints against a licensee were dismissed—information that could help them make healthcare decisions.⁹

The Board's practice also differs from other Arizona health regulatory boards' complaint-handling practices. For example, the Arizona Regulatory Board of Physician Assistants, Arizona State Board of Dental Examiners, and State of Arizona Naturopathic Physicians Medical Board all conduct or contract for complaint investigations that result in an investigative report prepared for the respective boards to use when reviewing and adjudicating complaints. These reports typically include summaries of the complaint and licensee response; delineation of the alleged violations of State statutes and rules; summaries of the evidence evaluated and analyzed, including applicable medical documentation; and whether the investigation substantiated that a violation of statute or rule occurred.

Two factors contributed to deficiencies in the Board's complaint-handling process. First, the Board's checklist does not include guidance and/or procedures in key areas of the complaint-handling process. For example, although the checklist directs Board staff to gather the information that would be needed to conduct complaint investigations, it does not include any steps or procedures regarding the performance of a complaint investigation, nor does it require the preparation of a documented investigation report or summary for the Board's review. Additionally, the checklist lacks guidance directing Board staff on completing other complaint-handling steps, such as criteria or guidance for prioritizing complaints and when to perform additional interviews as part of a complaint investigation.

⁸ A.R.S. §32-1744(P)(4).

⁹ A.R.S. §32-3214(A) states that records of dismissed complaints are available to the health profession regulatory board and the public but may not appear on the board's website.

Second, the Board may lack the resources to conduct complaint investigations and prepare investigative reports or summaries. Specifically, the Board does not employ a separate staff investigator and reported it lacks the resources to hire staff or a contractor to conduct complaint investigations. Given its limited resources, the Board should consider various options to fully investigate complaints. This can include reviewing the staff responsibilities for its 2 staff and reallocating these responsibilities to provide time and resources to conduct complaint investigations and/or reallocating resources to contract for investigative services. The Board could also consider assigning 1 of its members to investigate complaints, including reviewing all relevant documentation and conducting necessary interviews. This member could then prepare a complaint-investigation report summarizing his/her investigation results for all Board members but then recuse themselves from all other decisions and discussions regarding the complaint. Alternatively, the Board could seek volunteers from the licensed optometry community to assist in conducting complaint investigations. We will further assess the Board's implementation of this recommendation during our next followup.