






# Arizona State Board of Dental Examiners

## 36-Month Followup of Sunset Review Report 22-110

The September 2022 Arizona State Board of Dental Examiners (Board) Performance Audit and Sunset Review found that the Board may not have taken enforcement action consistent with the nature and severity of some complaints’ substantiated violations and did not resolve complaints in a timely manner, potentially affecting public health and safety, and has not complied with conflict-of-interest requirements. We made **32** recommendations to the Board and **1** recommendation to the Legislature.

### Board’s status in implementing 32 recommendations

Implementation status	Number of recommendations
 Implemented	18 recommendations
 In process	2 recommendations
 In process in a different manner	1 recommendation
 Not yet applicable	7 recommendations
 <b>Not implemented</b>	<b>4 recommendations</b>

### Legislature’s status in implementing 1 recommendation

Implementation status	Number of recommendations
 In process	1 recommendation

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

# Recommendations to the Board and Legislature

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

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

a. Establishing when to use nondisciplinary versus disciplinary actions.

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

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

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

▶ Status: **Implemented at 36 months.**

As reported in our January 2025 24-month followup report, to ensure actions Board members take are graduated and equitable, the Board revised its policies and procedures for adjudicating complaints to include guidance for identifying the types of actions that may result in violations of Board statutes and rules, when to consider disciplinary and nondisciplinary action, and the types of mitigating and aggravating factors to consider when taking enforcement action, including reviewing licensee disciplinary and nondisciplinary history. Our review of a judgmental sample of 9 of 47 substantiated complaints for which the Board considered potential enforcement actions during its June, August, and September 2025 Board meetings found that the Board discussed various mitigating and aggravating factors identified in its procedures during its public Board meetings consistent with its policy for all 9 complaints we reviewed. The Board's discussion included considering licensees' prior disciplinary/nondisciplinary histories when determining actions for all 6 complaints involving a statutory violation, as required by Board policy, including 5 complaints for which the Board took disciplinary action and 1 complaint for

which the Board took a nondisciplinary action.<sup>1</sup> Finally, our review found that the Board took enforcement action consistent with its procedures and Board member discussions documented in the meeting minutes for all 5 complaints we reviewed for which the Board took enforcement action.

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

▶ Status: **Implemented at 36 months.**

The Board's policies and procedures discussed in recommendation 1b that provide staff guidance on reviewing mitigating and/or aggravating factors when determining and taking enforcement actions direct Board members to discuss these matters during public Board meetings, which are documented in Board meeting minutes. Our review of Board meeting minutes for a judgmental sample of 9 of 47 substantiated complaints the Board considered for enforcement during its June, August, and September 2025 Board meetings found that the Board documented its consideration of mitigating and aggravating factors, including licensee disciplinary and nondisciplinary histories, in its meeting minutes for all 9 complaints.

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

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

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

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<sup>1</sup> For the remaining 3 complaints we reviewed, the Board did not identify a statutory violation during the meeting and, consistent with policy, did not request prior history when considering and determining whether to take a nondisciplinary action.

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

disciplinary history, consistent with statute and the Board's policy, which indicate the Board may but is not required to consider a licensee's nondisciplinary/disciplinary history prior to taking enforcement action.<sup>3</sup>

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

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

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

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

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

▶ Status: **Implementation in process.**

The Board continues to make progress in investigating and resolving complaints within 180 days. Specifically, our review of the Board's complaint log found that it resolved 120 of 164 complaints the Board received/initiated and resolved in fiscal year 2025, or 73%, within 180 days. By comparison, during our 24-month followup, we found that the Board resolved 67% of complaints we reviewed within 180 days.

Additionally, in September 2025, the Board revised its complaint-handling policies and procedures to increase the required time frame for resolving complaints from 180 days to 220 days. Although this policy change occurred during fiscal year 2025, according to Department data, 28 of 164 complaints the Department received or initiated and resolved in fiscal year 2025, or approximately 17%, were not resolved within 220 days. We will further assess the Board's implementation of this recommendation during our next followup.

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

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

As reported in our 24-month followup, the Board determined its average number of days to resolve complaints exceeded 180 days due to the lack of administrative staff needed to process all complaints timely, and its fiscal year 2026 budget it submitted to the Governor's Office of Strategic Planning and Budgeting requested 2 additional

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

full-time administrative employees to help collect and distribute complaint investigative case materials to contract investigators. The Board reported that this request was not approved. Because its request for additional positions was not approved, the Board reclassified one of its licensing positions to an administrative assistant position and had filled the position as of September 2025. Additionally, the Board's fiscal year 2027 budget request submitted to the Governor's Office of Strategic Planning and Budgeting in August 2025 included a request for 2 additional full-time administrative employees to help collect and distribute complaint investigative case materials to contract investigators. We will further assess the impact of the additional staff member on the Board's efforts to timely resolve complaints during our next followup.

6. The Board should continue to develop and implement written policies and procedures for processing complaints, including:
  - a. Time frames for completing all key steps in its complaint-handling process, including opening the complaint, assigning the complaint for investigation, completing the investigative report, placing the complaint on the Board's meeting agenda for its review, and time frames for the Board to review and resolve the complaint.

► Status: **Not implemented.**

As reported in our 24-month followup, although the Board began implementing policies and procedures with time frames for various steps in its complaint-handling process, the Board had not complied with its established time frames for some complaint-handling steps, including for opening the complaint after receipt and placing it on the Board's agenda for initial discussion within 180 days from the date the complaint was opened and after the initial investigation is completed.

Similarly, during this followup, our review of a random sample of 2 of 507 closed complaints that the Board resolved between January 2024 and June 2025 found that although the Board complied with its established time frames for assigning the complaint for investigation for both complaints we reviewed, it did not comply with its established time frames for other complaint-handling steps.<sup>4</sup> Specifically, the Board took 23 days to open 1 complaint after receiving it, exceeding its 10-day time frame requirement by 13 days. Additionally, for the other complaint we reviewed, the Board exceeded its 35-day time frame for completing the investigation report by 6 days. Further, the Board took 182 and 219 days, respectively, to agendize the 2 complaints we reviewed, exceeding the Board's time frame for placing the complaint on the Board's agenda for initial discussion within 180 days by between 2 and 39 days, respectively.<sup>5</sup> We will further assess the Board's implementation of this recommendation during our next followup.

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<sup>4</sup> The 507 closed complaints consist of all complaints the Board resolved between January 2024 and June 2025, regardless of when they were received/initiated.

<sup>5</sup> As reported in our 24-month followup, Board staff reported that the Board attempts to resolve all complaints during its initial review, and thus its goal for resolving these 2 complaints, was 180 days. Additionally, as discussed in recommendation 4, although the Board revised its policy to adjust the time frame for resolving complaints from 180 days from the date the complaint was opened and after the initial investigation is completed to 220 days, the Board did not revise its policy with this change until September 2025, after the complaints we reviewed had already been resolved.

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

▶ Status: **Not implemented.**

As reported in our 24-month followup, the Board began implementing a policy and procedure for prioritizing complaints involving deaths or incidents requiring emergency medical response during the administration of or recovery from general anesthesia or sedation by a treating dentist, referred to in the Board’s rules as an adverse occurrence; however, we found that the Board had not complied with all investigative time frames outlined in its adverse occurrence policy. Similarly, during this followup, our judgmental review of 1 of 5 open complaints as of September 2025 that involved a reported adverse occurrence found that the Board did not comply with some steps and applicable investigative time frames outlined in its adverse occurrence policy and procedure.<sup>6</sup>

Specifically, the Board exceeded its 5-day time frame for opening the complaint by 17 days. Additionally, if a reported adverse occurrence involves any individuals who are licensed by another State agency such as a certified registered nurse anesthetist, the Board’s adverse occurrence policy requires its staff to forward a copy of the complaint to the appropriate regulatory board within 7 business days. However, for the complaint we reviewed, the Board took 414 days, more than a year, to notify the appropriate regulatory board of the reported adverse occurrence involving one of its licensees. Further, although the Board’s adverse occurrence policy requires staff to assign an investigator within 12 days of the Board’s motion to open a complaint, the Board took nearly a year to assign an investigator to the complaint after it determined that the investigator it planned to assign the complaint to did not have the appropriate credentials. However, the Board could not explain why it took nearly a year to re-assign the complaint, and according to the Board, it was not aware that the complaint had been awaiting re-assignment until a new compliance officer was hired. We will continue to further assess the Board’s implementation of its adverse occurrence policy during our next followup.

Further, since our 24-month followup, the Board still has not established any criteria for prioritizing other complaints it receives based on the nature of the alleged violations and the extent to which these alleged violations endanger the public’s health and safety. Instead, the Board reported that it prioritizes all other complaints in the order they are received because it lacks staff with the necessary expertise to appropriately prioritize complaints based on the nature of the alleged violations. The Board reported it would consider whether it could incorporate changes to its prioritization process with the new database it intends to implement by the end of calendar year 2026.

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<sup>6</sup> We judgmentally selected the oldest open complaint involving an adverse occurrence as of September 2025.

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

▶ Status: **Not implemented.**

The Board has not made further progress toward implementing this recommendation since the previous followup. As reported in our 24-month followup, the Board began implementing a process for tracking and monitoring its complaint-handling process by developing an open complaint log that tracks the overall time frame from when complaints are opened to the earliest possible date they could be closed based on when complaints could be forwarded to the Board for its review, and a closed complaint log that tracks the timeliness of all resolved complaints. Additionally, during our 24-month followup, we identified various data entry errors resulting in inaccuracies and missing information in the Board's logs.

Our review of the Board's open and closed complaint logs as of September 2025 identified similar data entry errors and missing information in the Board's logs, such as multiple complaints that were assigned the same case numbers. Additionally, although the Board's logs track the overall timeliness of complaints, the Board's logs do not track the timeliness of key steps in the Board's complaint-handling process, including for opening and investigating complaints, which may impact the Board's ability to identify and address delays in complaint processing. Further, as reported in our 24-month followup, the Board began implementing a new database in November 2024 that the Board reported will allow Board staff to generate comprehensive reports for tracking and monitoring the complaint process, including the timeliness of opening, investigating, and resolving complaints. However, the Board's implementation date for the new database has been delayed until the end of calendar year 2026 (see recommendation 9 for more information). We will further assess the Board's implementation of this recommendation during our next followup.

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

▶ Status: **Not implemented.**

The Board has not made further progress toward implementing this recommendation since the previous followup. As reported in our 24-month followup, the Board established a process to review and discuss the status of open complaints during Board meetings as part of the executive director's report agenda item. Additionally, during our 24-month followup, we found that although the Board timely received the open complaint log and was provided the opportunity to discuss the log in the Board meetings we reviewed, the open complaint log did not include key information the Board needs to monitor, review, and address complaint-handling timeliness issues.

Similarly, during this followup, our review of the meeting minutes and recordings for the Board’s January 24, 2025 and May 16, 2025, meetings found that the Board timely received the open complaint log and was provided the opportunity to discuss the log in both meetings, but the Board’s open complaint log still did not include key information the Board needs to monitor, review, and address complaint-handling timeliness issues, including the investigation status for most open complaints and information on the timeliness of closed complaints. As discussed in recommendation 7, the Board reported it anticipated that its new database system would help its staff track and monitor key steps in the Board’s complaint-handling process, which would also help the Executive Director when reporting complaint timeliness and status information to the Board. We will further assess the Board’s implementation of this recommendation during our next followup, including evaluating whether the Board’s new database allows it to monitor key information that was missing from its logs (see recommendation 9a for more information on the Board’s implementation of a new database).

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

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

▶ Status: **Not yet applicable.**

As reported in the 24-month followup, as of December 2024, the Board was working with a contractor to develop and implement a new database by the end of fiscal year 2025, and to develop and implement policies and procedures to help ensure consistent and accurate information is entered into the database. However, the Board transitioned to a new contractor in May 2025, which, according to the Board, was because of the initial contractor’s lack of communication and failure to provide deliverables by contract deadlines. The Board reported that it expects the new database to be complete by the end of calendar year 2026 (see recommendation 14a for more information about the Board’s database development and implementation status as of February 2026). Due to this transition, the Board reported that it is working to update its draft policies and procedures that were created for the initial contractor to ensure that they align with the new contractor’s database. As such, this recommendation is not yet applicable and we will assess this recommendation during our next followup.

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

▶ Status: **Not yet applicable.**

See explanation for recommendation 9a.

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

- ▶ Status: **Not yet applicable.**

- See explanation for recommendation 9a.

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

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

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

- ▶ Status: **Implemented at 36 months.**

- As reported in our 24-month followup, the Board developed and implemented conflict-of-interest policies and procedures requiring all Board staff and Board and Investigative Committee members to annually complete a conflict-of-interest disclosure form upon hire or appointment and annually or whenever circumstances change; however, the Board's disclosure form for Board and Investigative Committee members did not address all State requirements and recommended practices.

- During this followup, we found that the Board continued to implement its policy requiring Board staff to annually complete a disclosure form. Additionally, as of January 2026, the Board began using the Arizona Department of Administration-developed disclosure form for Board and Investigative Committee members, which incorporates all statutory requirements and recommended practices. As of our February 2026 review, the Board had collected all active Board and Investigative Committee members' disclosure forms after reminding all members to do so.<sup>7</sup>

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

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<sup>7</sup> According to the Board's website as of February 2026 and the Investigative Committee's January 20, 2026 written meeting minutes, the Board and the Investigative Committee each had 1 vacant position.

▶ Status: **Implemented at 36 months.**

As reported in our 24-month followup, the Board developed a conflict-of-interest policy that requires Board members to declare conflicts of interest in its public meetings and to fully disclose the nature of their interests by completing and signing a recusal form. Our review of a random sample of 6 of the 35 recusals announced by Board members during the August and September 2025 Board meetings found that Board members disclosed the full nature of their conflict in the required recusal form on or before the date of the meeting in which the recusal occurred, consistent with Board policy.

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

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

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

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

▶ Status: **Not yet applicable.**

As reported in our previous followups, the Board has developed a conflict-of-interest policy that includes a process for reviewing and remediating disclosed employee conflicts, consistent with recommended practices. However, our review of calendar year 2025 disclosure forms completed by 13 employees found that none of these forms included a disclosed substantial financial or decision-making interest. Therefore, we were unable to test the implementation of this policy. We will further assess the Board's implementation of this recommendation during our next followup.

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

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

Our review of a random sample of 7 complaints the Board resolved between May 2023 and June 2024 found that the Board obtained completed conflict-of-interest forms from investigators that disclosed no conflicts prior to assigning the complaints for all 7 complaints, as required by the Board's complaint-handling procedures.

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

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

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

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

As reported in our initial followup, the Board developed and began implementing policies and procedures to ensure applicants meet initial licensing requirements for license, permit, and business entity registration applications, including processes for ensuring applicants meet requirements specified in rule for submitting CPR certification. Our review of 6 of 702 applications for dentist and dental hygienist licenses that the Board received and approved in fiscal year 2024 found that all 6 applicants submitted a current and valid provider-level CPR certification that was issued by an allowed entity, consistent with rule.<sup>8</sup>

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

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

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

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

▶ Status: **Implementation in process.**

In January 2025, the Board developed written policies and procedures for conducting monthly continuing education audits.<sup>9</sup> The policy requires Board staff to:

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<sup>8</sup> Our review included 6 randomly selected applications from the following 6 licensing categories: dentists by examination, dentists by universal recognition, dentists by credential, dental hygienists by examination, dental hygienists by universal recognition, and dental hygienists by credential. We did not review denturist license applications because the Board reported it did not receive any in fiscal year 2024.

<sup>9</sup> Arizona Administrative Code (A.A.C.) R4-11-1202(G) requires the Board to conduct annual continuing education audits of licensees on a random basis.

- Randomly select 5 licensees who have renewed their license, certificate, or restricted permits during the previous month or had a deficient continuing education outcome during a prior audit review, each month.
- Notify the selected licensees of the audit process with a certified letter and email and to request documentation of related continuing education within 35 days.
- Review licensee-provided documentation and determine the status of the audit as either satisfactory, deficient, or noncompliant based on the required education hours for license profession, completed courses in the required subject area, and if the licensee completed more self-study courses than permitted.

If a licensee receives a status of noncompliance, the policy requires Board staff to forward the audit to the Board for further review, and Board staff must notify the licensee of the Board meeting at least 10 days prior to the meeting.

In March 2025, the Board began implementing its policies and procedures for conducting its monthly continuing education audit. The Board selected 5 licensees for review and determined that 4 had successfully completed the requirements for continuing education and 1 received a noncompliant status because the licensee did not complete all required continuing education before the review period. For the 1 licensee with a noncompliant status, our review found that Board staff forwarded the audit findings to the Board for its review and notified the licensee of the Board meeting 10 days prior to the meeting. Although we did not identify any issues with the Board's continuing education audits for the 5 licensees it reviewed, because the Board's rule requires it to conduct continuing education audits each year, we will further assess the Board's continued implementation of this recommendation during our next followup.

- 14.** The Board should improve the use of its database for licensing and complaint handling by:
- a.** Developing and implementing policies and procedures to help ensure the consistent and accurate entry of licensing and complaint information into its database, including performing risk-based supervisory review of data entry.

▶ Status: **Not yet applicable.**

As discussed in recommendation 9a, the Board began working with a new contractor in May 2025 to develop and implement a new database. As of February 2026, the Board reported that it had not yet started working on database improvements related to complaint functionality because it was still in process of working on critical fixes to the database's licensing functionality and it has not yet started developing policies and procedures related to data entry. As such, this recommendation is not yet applicable and we will assess this recommendation during our next followup.

- b. Working with its contractor to develop and provide training to all staff who use the database, ensuring staff are trained upon hire, and/or as changes to the system are made, to fully implement database features, such as generating and using data reports.
- ▶ Status: **Not yet applicable.**

See explanation for recommendation 14a.

- 15.** The Board should develop and implement written policies and procedures for protecting complainants who request anonymity, including procedures for:
- Ensuring information provided to licensees does not include information identifying complainants wishing to remain anonymous.
  - Conducting a secondary review of information that is sent to licensees to help ensure that information regarding complainants who wish to remain anonymous is not provided to licensees.

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

As reported in our initial followup, the Board developed and began implementing procedures for processing complaints when a complainant requests anonymity. These procedures require Board staff to consult with the Board’s chief compliance officer and/or assistant attorney general to determine the feasibility of investigating the complaint while allowing the complainant to remain anonymous and to obtain guidance on how to redact the complaint files provided to the licensee. In July 2024, the Board further revised its procedures to include a process for the Board’s chief compliance officer and/or assistant attorney general to complete a secondary review of the redacted file before it is sent to the licensee to help ensure that information regarding complainants who wish to remain anonymous is not provided. Our review of all 3 anonymous complaints the Board received between July 2024 and November 2024 found that for all 3 complaints, the Board created a redacted version of the complaint files, and the chief compliance officer performed a secondary review of the redacted files before they were sent to the licensee for review. Additionally, for all 3 complaints, the complainant was referred to as “anonymous” in the complaint notice letter sent to the licensee.

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

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

As reported in our initial followup, the Board established a fee review policy that includes procedures for annually analyzing the cost of its regulatory processes and comparing the cost to the associated fees to determine whether the fees are appropriate. In calendar years 2023 and 2024, Board staff provided the Board with a review of Board funds and projected revenues and expenditures to facilitate the Board’s

review of its fees. During its December 2024 Board meeting, the Board reviewed a cost analysis letter developed by Board staff that included its current fund balance and estimates of its ending fund balances for fiscal years 2025 and 2026. Based on this review and discussion, the Board voted to implement the maximum fees authorized by statute for dentist, dental therapist, dental hygienist, and denturist licensure beginning January 1, 2025.

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

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

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

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

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

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

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

▶ Status: **Implemented at 36 months.**

Effective August 3, 2025, the Board adopted rules that require the Board to provide an opportunity for any licensee, certificate holder, or business entity to provide advice and/or assistance to the Board, as specified in A.R.S. §§32-1213(M) and 32-1295(C). Specifically, these rules require the Board to provide this opportunity at least once per year during a public meeting.

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

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

▶ Status: **Implemented at 36 months.**

The Board reported that as of June 2025, it launched a new database system that will automatically remove nondisciplinary and disciplinary actions from the Board's website after 5 years. Additionally, the Board reported that it monitors the Board's website to ensure that the system automatically removes nondisciplinary and disciplinary actions from the Board's website after 5 years. Our October 2025 review of a stratified random sample of 3 disciplinary and 2 nondisciplinary actions of 84 total actions taken by the Board during its public meetings between September 2019 and October 2020 found that those 5 actions had been appropriately removed from the Board's website. Further, in September 2025, the Board modified its procedures to require that finalized nondisciplinary and disciplinary actions are posted on its website and removed after 5 years.

Additionally, our review of a judgmental sample of 5 disciplinary and 5 nondisciplinary actions of 47 total actions from the Board's June, August, and September 2025 Board meetings found that 7 of the 10 actions had been posted to the Board's website as of our February 2026 review. For the remaining 3 actions, the Board reported that it was in process of issuing 2 finalized actions to the licensees and had agendized 1 action for the Board's March 2026 meeting because it had not received a response from the licensee.

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

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

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

▶ Status: **Implemented at 36 months.**

As reported in our 24-month followup, the Board developed and began implementing a process for Board staff to review complaint-investigation reports for compliance with its complaint-handling procedures. During this followup, our review of a random sample of 2 of 507 closed complaints that the Board resolved between January 2024 through June 2025 and judgmental review of the oldest open complaint involving an adverse occurrence as of September 2025 found that Board staff conducted the required review of the investigative report for both of the resolved complaints, and all 3 complaints we reviewed included documentation of the investigation interviews conducted with the

licensees and complainants.<sup>10</sup> Additionally, our review of the 2 closed complaints found that the Board timely notified the licensees of their respective Board meetings where their case would be reviewed and discussed, and notified both the complainants and licensees of the complaints' outcomes.<sup>11</sup>

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

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

▶ Status: **Implementation in process.**

In 2025, during the Fifty-seventh Legislature, first regular session, the Legislature considered House Bill 2828, a bill that proposed revising Board statute to authorize the Board to deny a license renewal application if the applicant had not maintained a valid fingerprint clearance card. The bill received first and second readings in the House of Representatives on February 11, 2025 and February 12, 2025, respectively; however, the bill was not heard in a legislative committee and thus was not enacted by the Legislature during the 2025 legislative session. As of September 2025, the Board reported that, should the Legislature pass legislation to address this recommendation, the Board will adhere to such legislation. As such, we will continue to monitor legislation to determine if the Legislature modifies Board statutes to require licensees to maintain a valid fingerprint clearance card and submit them at renewal.

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

▶ Status: **Not yet applicable.**

See explanation for recommendation 22.

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<sup>10</sup> Board policy requires the Board to prioritize complaints that involve an adverse occurrence, such as those that involve death or require immediate emergency medical response (see explanation for recommendation 6b for more information on the Board's prioritization of complaints). According to Board data, 5 of 322 of the Board's open complaints as of September 2025 involved an adverse occurrence. As of September 2025, the open complaint involving an adverse occurrence that we reviewed had been open for 451 days.

<sup>11</sup> For the 1 open complaint we reviewed, the complaint had not yet been provided to the Board at the time of our review, and therefore the Board was not yet required to notify the licensee of the Board meetings where the complaint would be discussed or notify the complainant(s) of the complaint's outcome.