

REFERENCE TITLE: **medical board; disciplinary action**

State of Arizona  
House of Representatives  
Fifty-seventh Legislature  
First Regular Session  
2025

## **HB 2808**

Introduced by  
Representatives Heap: Keshel, Way

**AN ACT**

**AMENDING SECTION 32-1451, ARIZONA REVISED STATUTES; RELATING TO THE  
ARIZONA MEDICAL BOARD.**

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Section 32-1451, Arizona Revised Statutes, is amended to  
3 read:

4 32-1451. Grounds for disciplinary action; duty to report;  
5 immunity; proceedings; board action; notice  
6 requirements

7 A. The board on its own motion may investigate any evidence that  
8 appears to show that a doctor of medicine is or may be medically  
9 incompetent, is or may be guilty of unprofessional conduct or is or may be  
10 mentally or physically unable safely to engage in the practice of  
11 medicine. On written request of a complainant, the board shall review a  
12 complaint that has been administratively closed by the executive director  
13 and take any action it deems appropriate. Any person may, and a doctor of  
14 medicine, the Arizona medical association, a component county society of  
15 that association and any health care institution shall, report to the  
16 board any information that appears to show that a doctor of medicine is or  
17 may be medically incompetent, is or may be guilty of unprofessional  
18 conduct or is or may be mentally or physically unable safely to engage in  
19 the practice of medicine. The board or the executive director shall  
20 notify the doctor OF MEDICINE as to the content of the complaint as soon  
21 as reasonable. Any person or entity that reports or provides information  
22 to the board in good faith is not subject to an action for civil damages.  
23 If requested, the board shall not disclose the name of a person who  
24 supplies information regarding a licensee's drug or alcohol  
25 impairment. It is an act of unprofessional conduct for any doctor of  
26 medicine to fail to report as required by this section. The board shall  
27 report any health care institution that fails to report as required by  
28 this section to that institution's licensing agency.

29 B. The chief executive officer, the medical director or the medical  
30 chief of staff of a health care institution shall inform the board if the  
31 privileges of a doctor OF MEDICINE to practice in that health care  
32 institution are denied, revoked, suspended or limited because of actions  
33 by the doctor OF MEDICINE that appear to show that the doctor OF MEDICINE  
34 is or may be medically incompetent, is or may be guilty of unprofessional  
35 conduct or is or may be mentally or physically unable to safely engage in  
36 the practice of medicine, along with a general statement of the reasons,  
37 including patient chart numbers, that led the health care institution to  
38 take the action. The chief executive officer, the medical director or the  
39 medical chief of staff of a health care institution shall inform the board  
40 if a doctor OF MEDICINE under investigation resigns or if a doctor OF  
41 MEDICINE resigns in lieu of disciplinary action by the health care  
42 institution. Notification shall include a general statement of the  
43 reasons for the resignation, including patient chart numbers. The board  
44 shall inform all appropriate health care institutions in this state as  
45 defined in section 36-401 and the Arizona health care cost containment

1 system administration of a resignation, denial, revocation, suspension or  
2 limitation, and the general reason for that action, without divulging the  
3 name of the reporting health care institution. A person who reports  
4 information in good faith pursuant to this subsection is not subject to  
5 civil liability.

6 C. The board or, if delegated by the board, the executive director  
7 shall require, at the ~~doctor's~~ DOCTOR OF MEDICINE'S expense, any  
8 combination of mental, physical or oral or written medical competency  
9 examinations and conduct necessary investigations, including  
10 investigational interviews between representatives of the board and the  
11 doctor OF MEDICINE to fully inform itself with respect to any information  
12 filed with the board under subsection A of this section. These  
13 examinations may include biological fluid testing and other examinations  
14 known to detect the presence of alcohol or other drugs. The board or, if  
15 delegated by the board, the executive director may require the doctor OF  
16 MEDICINE, at the ~~doctor's~~ DOCTOR OF MEDICINE'S expense, to undergo  
17 assessment by a ~~board-approved~~ BOARD-APPROVED rehabilitative, retraining  
18 or assessment program. This subsection does not establish a cause of  
19 action against any person, facility or program that conducts an  
20 assessment, examination or investigation in good faith pursuant to this  
21 subsection.

22 D. If the board finds, based on the information it receives under  
23 subsections A and B of this section, that the public health, safety or  
24 welfare imperatively requires emergency action, and incorporates a finding  
25 to that effect in its order, the board may restrict a license or order a  
26 summary suspension of a license pending proceedings for revocation or  
27 other action. If the board takes action pursuant to this subsection, it  
28 shall also serve the licensee with a written notice that states the  
29 charges and that the licensee is entitled to a formal hearing before the  
30 board or an administrative law judge within sixty days.

31 E. If, after completing its investigation, the board finds that the  
32 information provided pursuant to subsection A of this section is not of  
33 sufficient seriousness to merit disciplinary action against the license of  
34 the doctor OF MEDICINE, the board or a board committee may take any of the  
35 following actions:

36 1. Dismiss if, in the opinion of the board, the information is  
37 without merit.

38 2. Require the licensee to complete designated continuing medical  
39 education courses.

40 3. File an advisory letter. The licensee may file a written  
41 response with the board within thirty days after receiving the advisory  
42 letter.

43 F. If the board finds that it can take rehabilitative or  
44 disciplinary action without the presence of the doctor OF MEDICINE at a  
45 formal interview, it may enter into a consent agreement with the doctor OF

1 ~~DOCTOR'S~~ DOCTOR OF MEDICINE'S practice  
2 or to rehabilitate the doctor OF MEDICINE in order to protect the public  
3 and ensure the ~~doctor's~~ DOCTOR OF MEDICINE'S ability to safely engage in  
4 the practice of medicine. The board may also require the doctor OF  
5 MEDICINE to successfully complete a ~~board-approved~~ BOARD-APPROVED  
6 rehabilitative, retraining or assessment program at the ~~doctor's~~ DOCTOR OF  
7 MEDICINE'S own expense.

8 G. The board shall not disclose the name of the person who provided  
9 information regarding a licensee's drug or alcohol impairment or the name  
10 of the person who files a complaint if that person requests anonymity.

11 H. If after completing its investigation the board believes that  
12 the information is or may be true, it may request a formal interview with  
13 the doctor OF MEDICINE. If the doctor OF MEDICINE refuses the invitation  
14 for a formal interview or accepts and the results indicate that grounds  
15 may exist for revocation or suspension of the ~~doctor's~~ DOCTOR OF  
16 MEDICINE'S license for more than twelve months, the board shall issue a  
17 formal complaint and order that a hearing be held pursuant to title 41,  
18 chapter 6, article 10. If after completing a formal interview the board  
19 finds that the protection of the public requires emergency action, it may  
20 order a summary suspension of the license pending formal revocation  
21 proceedings or other action authorized by this section.

22 I. If after completing the formal interview the board finds the  
23 information provided under subsection A of this section is not of  
24 sufficient seriousness to merit suspension for more than twelve months or  
25 revocation of the license, it may take the following actions:

26 1. Dismiss if, in the opinion of the board, the complaint is  
27 without merit.

28 2. Require the licensee to complete designated continuing medical  
29 education courses.

30 3. File an advisory letter. The licensee may file a written  
31 response with the board within thirty days after the licensee receives the  
32 advisory letter.

33 4. Enter into an agreement with the doctor OF MEDICINE to restrict  
34 or limit the ~~doctor's~~ DOCTOR OF MEDICINE'S practice or professional  
35 activities or to rehabilitate, retrain or assess the doctor OF MEDICINE in  
36 order to protect the public and ensure the ~~doctor's~~ DOCTOR OF MEDICINE'S  
37 ability to safely engage in the practice of medicine. The board may also  
38 require the doctor OF MEDICINE to successfully complete a ~~board-approved~~  
39 BOARD-APPROVED rehabilitative, retraining or assessment program at the  
40 ~~doctor's~~ DOCTOR OF MEDICINE'S own expense pursuant to subsection F of this  
41 section.

42 5. File a letter of reprimand.

43 6. Issue a decree of censure. A decree of censure is an official  
44 action against the ~~doctor's~~ DOCTOR OF MEDICINE'S license and may include a

1 requirement for restitution of fees to a patient resulting from violations  
2 of this chapter or rules adopted under this chapter.

3 7. Fix a period and terms of probation best adapted to protect the  
4 public health and safety and rehabilitate or educate the doctor OF  
5 MEDICINE concerned. Probation may include temporary suspension for not to  
6 exceed MORE THAN twelve months, restriction of the doctor's DOCTOR OF  
7 MEDICINE'S license to practice medicine, a requirement for restitution of  
8 fees to a patient or education or rehabilitation at the licensee's own  
9 expense. If a licensee fails to comply with the terms of probation, the  
10 board shall serve the licensee with a written notice that states that the  
11 licensee is subject to a formal hearing based on the information  
12 considered by the board at the formal interview and any other acts or  
13 conduct alleged to be in violation of this chapter or rules adopted by the  
14 board pursuant to this chapter, including noncompliance with the term of  
15 probation, a consent agreement or a stipulated agreement. A licensee  
16 shall pay the costs associated with probation monitoring each year during  
17 which the licensee is on probation. The board may adjust this amount on  
18 an annual basis. The board may allow a licensee to make payments on an  
19 installment plan if a financial hardship occurs. A licensee who does not  
20 pay these costs within thirty days after the due date prescribed by the  
21 board violates the terms of probation.

22 J. If the board finds that the information provided in subsection A  
23 of this section warrants suspension or revocation of a license issued  
24 under this chapter, it shall initiate formal proceedings pursuant to title  
25 41, chapter 6, article 10.

26 K. In a formal interview pursuant to subsection H of this section  
27 or in a hearing pursuant to subsection J of this section, the board in  
28 addition to any other action may impose a civil penalty in the amount of  
29 ~~not less than one thousand dollars nor~~ AT LEAST \$1,000 AND NOT more than  
30 ~~ten thousand dollars~~ \$10,000 for each violation of this chapter or a rule  
31 adopted under this chapter.

32 L. An advisory letter is a public document.

33 M. Any doctor of medicine who after a formal hearing is found by  
34 the board to be guilty of unprofessional conduct, to be mentally or  
35 physically unable safely to engage in the practice of medicine or to be  
36 medically incompetent is subject to censure, probation as provided in this  
37 section, suspension of license or revocation of license or any combination  
38 of these, including a stay of action, and for a period of time or  
39 permanently and under conditions as the board deems appropriate for the  
40 protection of the public health and safety and just in the  
41 circumstance. The board may charge the costs of formal hearings to the  
42 licensee who it finds to be in violation of this chapter.

43 N. If the ARIZONA MEDICAL board acts to modify any doctor of  
44 medicine's prescription writing privileges, the ARIZONA MEDICAL board

1 shall immediately notify the ARIZONA state board of pharmacy of the  
2 modification.

3 0. If the board, during the course of any investigation, determines  
4 that a criminal violation may have occurred involving the delivery of  
5 health care, it shall make the evidence of violations available to the  
6 appropriate criminal justice agency for its consideration.

7 P. The board may divide into review committees of ~~not less than~~ AT  
8 LEAST three members, including a public member. The committees shall  
9 review complaints not dismissed by the executive director and may take the  
10 following actions:

11 1. Dismiss the complaint if a committee determines that the  
12 complaint is without merit.

13 2. Issue an advisory letter. The licensee may file a written  
14 response with the board within thirty days after the licensee receives the  
15 advisory letter.

16 3. Conduct a formal interview pursuant to subsection H of this  
17 section. This includes initiating formal proceedings pursuant to  
18 subsection J of this section and imposing civil penalties pursuant to  
19 subsection K of this section.

20 4. Refer the matter for further review by the full board.

21 Q. Pursuant to sections 35-146 and 35-147, the board shall deposit  
22 all monies collected from civil penalties paid pursuant to this chapter in  
23 the state general fund.

24 R. Notice of a complaint and hearing is effective by a true copy of  
25 it being sent by certified mail to the ~~doctor's~~ DOCTOR OF MEDICINE'S last  
26 known address of record in the board's files. Notice of the complaint and  
27 hearing is complete on the date of its deposit in the mail. The board  
28 shall begin a formal hearing within one hundred twenty days ~~of~~ AFTER that  
29 date.

30 S. A physician who submits an independent medical examination  
31 pursuant to an order by a court or pursuant to section 23-1026 is not  
32 subject to a complaint for unprofessional conduct unless, in the case of a  
33 court-ordered examination, the complaint is made or referred by a court to  
34 the board, or in the case of an examination conducted pursuant to section  
35 23-1026, the complaint alleges unprofessional conduct based on some act  
36 other than a disagreement with the findings and opinions expressed by the  
37 physician as a result of the examination. For the purposes of this  
38 subsection, "independent medical examination" means a professional  
39 analysis of medical status that is based on a person's past and present  
40 physical, medical and psychiatric history and conducted by a licensee or  
41 group of licensees on a contract basis for a court or for a workers'  
42 compensation carrier, self-insured employer or claims processing  
43 representative if the examination was conducted pursuant to section  
44 23-1026.

1           T. The board may accept the surrender of an active license from a  
2 person who admits in writing to any of the following:

- 3           1. Being unable to safely engage in the practice of medicine.
- 4           2. Having committed an act of unprofessional conduct.
- 5           3. Having violated this chapter or a board rule.

6           U. In determining the appropriate disciplinary action under this  
7 section, the board shall consider all previous nondisciplinary and  
8 disciplinary actions against a licensee.

9           V. THE BOARD MAY NOT REQUIRE OR TAKE ANY ACTION AGAINST A LICENSEE  
10 THAT WOULD CAUSE THE LICENSEE TO WAIVE ANY FUNDAMENTAL LEGAL RIGHT OR  
11 LIBERTY WITHOUT A SHOWING OF COMPELLING INTEREST AND BY A SHOWING THAT THE  
12 WAIVER IS REQUIRED TO FURTHER THE BOARD'S PURPOSE IN PROTECTING THE PUBLIC  
13 HEALTH AND SAFETY.

14          ~~V.~~ W. In determining the appropriate action under this section,  
15 the board may consider a direct or indirect competitive relationship  
16 between the complainant and the respondent as a mitigating factor.