

REFERENCE TITLE: **medical boards; complaints; time limit**

State of Arizona
Senate
Fifty-seventh Legislature
First Regular Session
2025

SB 1072

Introduced by
Senator Petersen

AN ACT

AMENDING SECTIONS 32-1451 AND 32-1803, ARIZONA REVISED STATUTES; RELATING TO HEALTH PROFESSION REGULATORY BOARDS.

(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 impairment.
25 It is an act of unprofessional conduct for any doctor of medicine to fail
26 to report as required by this section. The board shall report any health
27 care institution that fails to report as required by this section to that
28 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

1 defined in section 36-401 and the Arizona health care cost containment
2 system administration of a resignation, denial, revocation, suspension or
3 limitation, and the general reason for that action, without divulging the
4 name of the reporting health care institution. A person who reports
5 information in good faith pursuant to this subsection is not subject to
6 civil liability.

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

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

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

- 37 1. Dismiss if, in the opinion of the board, the information is
38 without merit.
- 39 2. Require the licensee to complete designated continuing medical
40 education courses.
- 41 3. File an advisory letter. The licensee may file a written
42 response with the board within thirty days after receiving the advisory
43 letter.

1 F. If the board finds that it can take rehabilitative or
2 disciplinary action without the presence of the doctor **OF MEDICINE** at a
3 formal interview, it may enter into a consent agreement with the doctor **OF**
4 **MEDICINE** to limit or restrict the **doctor's DOCTOR OF MEDICINE'S** practice
5 or to rehabilitate the doctor **OF MEDICINE** in order to protect the public
6 and ensure the **doctor's DOCTOR OF MEDICINE'S** ability to safely engage in
7 the practice of medicine. The board may also require the doctor **OF**
8 **MEDICINE** to successfully complete a **board approved BOARD-APPROVED**
9 rehabilitative, retraining or assessment program at the **doctor's DOCTOR OF**
10 **MEDICINE'S** own expense.

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

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

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

29 1. Dismiss if, in the opinion of the board, the complaint is
30 without merit.

31 2. Require the licensee to complete designated continuing medical
32 education courses.

33 3. File an advisory letter. The licensee may file a written
34 response with the board within thirty days after the licensee receives the
35 advisory letter.

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

1 5. File a letter of reprimand.

2 6. Issue a decree of censure. A decree of censure is an official
3 action against the ~~doctor's~~ DOCTOR OF MEDICINE'S license and may include a
4 requirement for restitution of fees to a patient resulting from violations
5 of this chapter or rules adopted under this chapter.

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

24 J. If the board finds that the information provided in subsection A
25 of this section warrants suspension or revocation of a license issued
26 under this chapter, it shall initiate formal proceedings pursuant to title
27 41, chapter 6, article 10.

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

34 L. An advisory letter is a public document.

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

1 N. If the ARIZONA MEDICAL board acts to modify any doctor of
2 medicine's prescription writing privileges, the ARIZONA MEDICAL board
3 shall immediately notify the ARIZONA state board of pharmacy of the
4 modification.

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

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

13 1. Dismiss the complaint if a committee determines that the
14 complaint is without merit.

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

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

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

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

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

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

1 representative if the examination was conducted pursuant to section
2 23-1026.

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

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

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

11 V. In determining the appropriate action under this section, the
12 board may consider a direct or indirect competitive relationship between
13 the complainant and the respondent as a mitigating factor.

14 W. THE BOARD OR, IF DELEGATED BY THE BOARD, THE EXECUTIVE DIRECTOR
15 SHALL TAKE FINAL ACTION ON A COMPLAINT THAT IS UNRELATED TO PROTECTING THE
16 PUBLIC HEALTH AND SAFETY WITHIN ONE YEAR AFTER RECEIVING THE COMPLAINT.
17 AFTER ONE YEAR, IF THE BOARD OR, IF DELEGATED BY THE BOARD, THE EXECUTIVE
18 DIRECTOR HAS NOT TAKEN FINAL ACTION ON THE COMPLAINT, THE COMPLAINT IS
19 DEEMED ADMINISTRATIVELY CLOSED.

20 Sec. 2. Section 32-1803, Arizona Revised Statutes, is amended to
21 read:

22 **32-1803. Powers and duties**

23 A. The board shall:

24 1. Protect the public from unlawful, incompetent, unqualified,
25 impaired and unprofessional practitioners of osteopathic medicine.

26 2. Issue licenses, conduct hearings, place physicians on probation,
27 revoke or suspend licenses, enter into stipulated orders, issue letters of
28 concern or decrees of censure and administer and enforce this chapter.

29 3. Maintain a record of its acts and proceedings, including the
30 issuance, denial, renewal, suspension or revocation of licenses to
31 practice according to this chapter. The board shall delete records of
32 complaints only as follows:

33 (a) If the board dismisses a complaint, the board shall delete the
34 public record of the complaint five years after the board dismissed the
35 complaint.

36 (b) If the board has issued a letter of concern but has taken no
37 further action on the complaint, the board shall delete the public record
38 of the complaint five years after the board issued the letter of concern.

39 (c) If the board has required additional continuing medical
40 education pursuant to section 32-1855 but has not taken further action,
41 the board shall delete the public record of the complaint five years after
42 the person satisfies this requirement.

43 4. Maintain a public directory of all physicians and surgeons who
44 are or were licensed pursuant to this chapter that includes:

(a) The name of the physician.
(b) The physician's current or last known address of record.
(c) The date and number of the license issued to the physician pursuant to this chapter.
(d) The date the license is scheduled to expire if not renewed or the date the license expired or was revoked, suspended or canceled.
(e) Any disciplinary actions taken against the physician by the board.
(f) Letters of concern, remedial continuing medical education ordered and dismissals of complaints against the physician until deleted from the public record pursuant to paragraph 3 of this subsection.

5. Adopt rules regarding the regulation, qualifications and training of medical assistants. The training requirements for a medical assistant may be satisfied through a training program that meets all of the following:

- (a) Is designed and offered by a physician.
- (b) Meets or exceeds any of the approved training program requirements specified in rule.
- (c) Verifies the entry-level competencies of a medical assistant as prescribed by rule.
- (d) Provides written verification to the individual of successful completion of the program.

6. Discipline and rehabilitate osteopathic physicians.

7. Determine whether a prospective or current Arizona licensed physician has the training or experience to demonstrate the physician's ability to treat and manage opiate-dependent patients as a qualifying physician pursuant to 21 United States Code section 823(g)(2)(G)(ii).

8. Issue registrations to administer general anesthesia and sedation in dental offices and dental clinics pursuant to section 32-1272 to physicians who have completed residency training in anesthesiology.

B. The public records of the board are open to inspection at all times during office hours.

C. The board may:

- 1. Adopt rules necessary or proper to administer this chapter.
- 2. Appoint one of its members to the jurisdiction arbitration panel pursuant to section 32-2907, subsection B.
- 3. Accept and spend federal monies and private grants, gifts, contributions and devises. These monies do not revert to the state general fund at the end of a fiscal year.
- 4. Develop and publish advisory opinions and standards governing the profession.

D. The board shall adopt and use a seal, the imprint of which, together with the signature of either the president, vice president or executive director, is evidence of its official acts.

1 E. In conducting investigations pursuant to this chapter, the board
2 may receive and review confidential internal staff reports relating to
3 complaints and malpractice claims.

4 F. The board may make available to academic and research
5 organizations public records regarding statistical information on doctors
6 of osteopathic medicine and applicants for licensure.

7 G. THE BOARD OR, IF DELEGATED BY THE BOARD, THE EXECUTIVE DIRECTOR
8 SHALL TAKE FINAL ACTION ON A COMPLAINT THAT IS UNRELATED TO PROTECTING THE
9 PUBLIC HEALTH AND SAFETY WITHIN ONE YEAR AFTER RECEIVING THE COMPLAINT.
10 AFTER ONE YEAR, IF THE BOARD OR, IF DELEGATED BY THE BOARD, THE EXECUTIVE
11 DIRECTOR HAS NOT TAKEN FINAL ACTION ON THE COMPLAINT, THE COMPLAINT IS
12 DEEMED ADMINISTRATIVELY CLOSED.