Senate Engrossed House Bill

nursing board; regulatory actions; expungement

State of Arizona
House of Representatives
Fifty-seventh Legislature
Second Regular Session
2026

CHAPTER 251

HOUSE BILL 2408

AN ACT

AMENDING SECTIONS 32-1601, 32-1606 AND 32-1644, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 15, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 32-1664.01, 32-1664.02 AND 32-1664.03; RELATING TO THE ARIZONA STATE BOARD OF NURSING.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

Section 1. Section 32-1601, Arizona Revised Statutes, is amended to read:

32-1601. Definitions

In this chapter, unless the context otherwise requires:

1. "Absolute discharge from the sentence" means completion of any sentence, including imprisonment, probation, parole, community supervision or any form of court supervision.

2. "Appropriate health care professional" means a licensed health care professional whose scope of practice, education, experience, training and accreditation are appropriate for the situation or condition of the patient who is the subject of a consultation or referral.

3. "Approval" means that a regulated training or educational program to prepare persons for licensure, certification or registration has met standards established by the board.

4. "Board" means the Arizona state board of nursing.

5. "Certified nurse midwife" means a registered nurse who:

(a) Is certified by the board.

(b) Has completed a nurse midwife education program THAT IS approved or recognized by the board and educational requirements THAT ARE prescribed by the board by rule.

(c) Holds a national certification as a certified nurse midwife from a national certifying body THAT IS recognized by the board.

(d) Has an expanded scope of practice in providing health care services for women from adolescence to beyond menopause, including antepartum, intrapartum, postpartum, reproductive, gynecologic and primary care, for normal newborns during the first twenty-eight days of life and for men for the treatment of sexually transmitted diseases. The expanded scope of practice under this subdivision includes:

(i) Assessing patients, synthesizing and analyzing data and understanding and applying principles of health care at an advanced level.

(ii) Managing the physical and psychosocial health care of patients.

(iii) Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting, implementing and evaluating appropriate treatment.

(iv) Making independent decisions in solving complex patient care problems.

(v) Diagnosing, performing diagnostic and therapeutic procedures and prescribing, administering and dispensing therapeutic measures, including legend drugs, medical devices and controlled substances, within the scope of the certified nurse midwife practice after meeting requirements established by the board.

(vi) Recognizing the limits of the ~~nurse's~~ CERTIFIED NURSE MIDWIFE'S knowledge and experience by consulting with or referring

patients to other appropriate health care professionals if a situation or condition occurs that is beyond the knowledge and experience of the CERTIFIED nurse MIDWIFE or if the referral will protect the health and welfare of the patient.

(vii) Delegating to a medical assistant pursuant to section 32-1456.

(viii) Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a certified nurse midwife.

6. "Certified nursing assistant" means a person who is registered on the registry of nursing assistants pursuant to this chapter to provide or assist in delivering nursing or nursing-related services under the supervision and direction of a licensed nursing staff member. Certified nursing assistant does not include a person who:

(a) Is a licensed health care professional.

(b) Volunteers to provide nursing assistant services without monetary compensation.

(c) Is a licensed nursing assistant.

7. "Certified registered nurse" means a registered nurse who has been certified by a national nursing credentialing agency THAT IS recognized by the board.

8. "Certified registered nurse anesthetist" means a registered nurse who meets the requirements of section 32-1634.03 and who practices pursuant to the requirements of section 32-1634.04.

9. "Clinical nurse specialist" means a registered nurse who:

(a) Is certified by the board as a clinical nurse specialist.

(b) Holds a graduate degree with a major in nursing and completes educational requirements as prescribed by the board by rule.

(c) Is nationally certified as a clinical nurse specialist or, if certification is not available, provides proof of competence to the board.

(d) Has an expanded scope of practice based on advanced education in a clinical nursing specialty that includes:

(i) Assessing clients, synthesizing and analyzing data and understanding and applying nursing principles at an advanced level.

(ii) Managing directly and indirectly a client's physical and psychosocial health status.

(iii) Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting appropriate nursing interventions.

(iv) Developing, planning and guiding programs of care for populations of patients.

(v) Making independent nursing decisions to solve complex client care problems.

(vi) Using research skills and acquiring and applying critical new knowledge and technologies to nursing practice.

(vii) Prescribing and dispensing durable medical equipment.

(viii) Consulting with or referring a client to other health care providers based on assessment of the client's health status and needs.

(ix) Facilitating collaboration with other disciplines to attain the desired client outcome across the continuum of care.

(x) Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a clinical nurse specialist.

(xi) Prescribing, ordering and dispensing pharmacological agents THAT ARE subject to the requirements and limits specified in section 32-1651.

10. "Conditional license" or "conditional approval" means a license or approval that specifies the conditions under which the regulated party is allowed to practice or to operate and that is prescribed by the board pursuant to section 32-1644 or 32-1663.

11. "Delegation" means transferring to a competent individual the authority to perform a selected nursing task in a designated situation in which the nurse making the delegation retains accountability for the delegation.

12. "Disciplinary action" means a regulatory sanction of a license, certificate or approval pursuant to this chapter in any combination of the following:

(a) A civil penalty for each violation of this chapter, not to exceed $1,000 for each violation.

(b) Restitution made to an aggrieved party.

(c) A decree of censure.

(d) A conditional license or a conditional approval that ~~fixed~~ FIXES a period and terms of probation.

(e) Limited licensure.

(f) Suspension of a license, a certificate or an approval.

(g) Voluntary surrender of a license, a certificate or an approval.

(h) Revocation of a license, a certificate or an approval.

13. "Health care institution" has the same meaning prescribed in section 36-401.

14. "Licensed health aide" means a person who:

(a) Is licensed pursuant to this chapter to provide or to assist in providing nursing-related services authorized pursuant to section 36-2939.

(b) Is the parent, guardian or family member by affinity or consanguinity of the Arizona long-term care system member receiving services who may provide licensed health aide services only to that member and only consistent with that member's plan of care.

(c) Has a scope of practice that is the same as a licensed nursing assistant and may also provide medication administration, tracheostomy care, enteral care and routine ventilator care and therapy and any other tasks approved by the board in rule.

(d) Has supervision requirements that are the same as a certified nursing assistant.

15. "Licensed nursing assistant" means a person who is licensed pursuant to this chapter to provide or assist in delivering nursing or nursing-related services under the supervision and direction of a licensed nursing staff member. Licensed nursing assistant does not include a person who:

(a) Is a licensed health care professional.

(b) Volunteers to provide nursing assistant services without monetary compensation.

(c) Is a certified nursing assistant.

16. "Licensee" means a person who is licensed pursuant to this chapter or in a party state as defined in section 32-1668.

17. "Limited license" means a license that restricts the scope or setting of a licensee's practice.

18. "Medication order" means a written or verbal communication given by a certified registered nurse anesthetist to a health care professional to administer a drug or medication, including controlled substances.

19. "Practical nurse" means a person who holds a practical nurse license issued pursuant to this chapter or pursuant to a multistate compact privilege and who practices practical nursing ~~as defined in this section~~.

20. "Practical nursing" includes the following activities that are performed under the supervision of a physician or a registered nurse:

(a) Contributing to the assessment of the health status of individuals and groups.

(b) Participating in the development and modification of the strategy of care.

(c) Implementing aspects of the strategy of care within the nurse's scope of practice.

(d) Maintaining safe and effective nursing care that is rendered directly or indirectly.

(e) Participating in the evaluation of responses to interventions.

(f) Delegating nursing activities within the scope of practice of a practical nurse.

(g) Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a practical nurse.

21. "Presence" means within the same health care institution or office as specified in section 32-1634.04, subsection A~~,~~ and available as necessary.

22. "Registered nurse" or "professional nurse" means a person who practices registered nursing and who holds a registered nurse license

issued pursuant to this chapter or pursuant to a multistate compact privilege.

23. "Registered nurse practitioner" means a registered nurse who:

(a) Is certified by the board.

(b) Has completed a nurse practitioner education program THAT IS approved or recognized by the board and educational requirements THAT ARE prescribed by the board by rule.

(c) If applying for certification after July 1, 2004, holds national certification as a nurse practitioner from a national certifying body THAT IS recognized by the board.

(d) Has an expanded scope of practice within a specialty area that includes:

(i) Assessing clients, synthesizing and analyzing data and understanding and applying principles of health care at an advanced level.

(ii) Managing the physical and psychosocial health status of patients.

(iii) Analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting, implementing and evaluating appropriate treatment.

(iv) Making independent decisions in solving complex patient care problems.

(v) Diagnosing, performing diagnostic and therapeutic procedures, and prescribing, administering and dispensing therapeutic measures, including legend drugs, medical devices and controlled substances within the scope of registered nurse practitioner practice on meeting the requirements established by the board.

(vi) Recognizing the limits of the ~~nurse's~~ REGISTERED NURSE PRACTITIONER'S knowledge and experience by consulting with or referring patients to other appropriate health care professionals if a situation or condition occurs that is beyond the knowledge and experience of the REGISTERED nurse PRACTITIONER or if the referral will protect the health and welfare of the patient.

(vii) Delegating to a medical assistant pursuant to section 32-1456.

(viii) Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a REGISTERED nurse practitioner.

24. "Registered nursing" includes the following:

(a) Diagnosing and treating human responses to actual or potential health problems.

(b) Assisting individuals and groups to maintain or attain optimal health by implementing a strategy of care to accomplish defined goals and evaluating responses to care and treatment.

(c) Assessing the health status of individuals and groups.

(d) Establishing a nursing diagnosis.

(e) Establishing goals to meet identified health care needs.

(f) Prescribing nursing interventions to implement a strategy of care.

(g) Delegating nursing interventions to others who are qualified to do so.

(h) Providing for the maintenance of safe and effective nursing care that is rendered directly or indirectly.

(i) Evaluating responses to interventions.

(j) Teaching nursing knowledge and skills.

(k) Managing and supervising the practice of nursing.

(l) Consulting and coordinating with other health care professionals in the management of health care.

(m) Performing additional acts that require education and training as prescribed by the board and that are recognized by the nursing profession as proper to be performed by a registered nurse.

25. "Registry of nursing assistants" means the nursing assistants registry maintained by the board pursuant to the omnibus budget reconciliation act of 1987 (P.L. 100-203; 101 Stat. 1330), as amended by the medicare catastrophic coverage act of 1988 (P.L. 100-360; 102 Stat. 683).

26. "Regulated party" means any person or entity that is licensed, certified, registered, recognized or approved pursuant to this chapter.

27. "Unprofessional conduct" includes the following, whether occurring in this state or elsewhere:

(a) Committing fraud or deceit in obtaining, attempting to obtain or renewing a license or a certificate issued pursuant to this chapter.

(b) Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by a court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.

(c) Aiding or abetting in a criminal abortion or attempting, agreeing or offering to procure or assist in a criminal abortion.

(d) COMMITTING any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public.

(e) Being mentally incompetent or physically unsafe to a degree that is or might be harmful or dangerous to the health of a patient or the public.

(f) Having a license, certificate, permit or registration to practice a health care profession denied, suspended, conditioned, limited or revoked in another jurisdiction and not reinstated by that jurisdiction.

(g) Wilfully or repeatedly violating a provision of this chapter or a rule adopted pursuant to this chapter.

(h) Committing an act that deceives, defrauds or harms the public.

(i) Failing to comply with a stipulated agreement, consent agreement or board order.

(j) Violating this chapter or a rule that is adopted by the board pursuant to this chapter.

(k) Failing to report to the board any evidence that a registered ~~or~~ NURSE, practical nurse or ~~a~~ nursing assistant is or may be:

(i) Incompetent to practice.

(ii) Guilty of unprofessional conduct.

(iii) Mentally or physically unable to safely practice nursing or to perform nursing-related duties. A nurse who is providing therapeutic counseling for a nurse who is in a drug rehabilitation program is required to report that nurse only if the nurse providing therapeutic counseling has personal knowledge that patient safety is being jeopardized.

(l) Failing to self-report a conviction for a felony or undesignated offense within ten days after the conviction.

(m) Cheating or assisting another to cheat on a licensure or certification examination.

(n) ENGAGING IN SEXUAL CONDUCT WITH A CURRENT PATIENT OR WITH A FORMER PATIENT WITHIN SIX MONTHS AFTER THE LAST TREATMENT UNLESS THE PATIENT WAS THE LICENSEE'S SPOUSE AT THE TIME OF THE CONTACT OR, IMMEDIATELY PRECEDING THE NURSE-PATIENT RELATIONSHIP, WAS IN A DATING OR ENGAGEMENT RELATIONSHIP WITH THE LICENSEE. FOR THE PURPOSES OF THIS SUBDIVISION, "SEXUAL CONDUCT" INCLUDES:

(i) ENGAGING IN OR SOLICITING A SEXUAL RELATIONSHIP, WHETHER CONSENSUAL OR NONCONSENSUAL.

(ii) MAKING SEXUAL ADVANCES, REQUESTING SEXUAL FAVORS OR ENGAGING IN ANY OTHER VERBAL CONDUCT OR PHYSICAL CONTACT OF A SEXUAL NATURE.

(iii) INTENTIONALLY VIEWING A COMPLETELY OR PARTIALLY DISROBED PATIENT IN THE COURSE OF TREATMENT IF THE VIEWING IS NOT RELATED TO PATIENT DIAGNOSIS OR TREATMENT UNDER CURRENT PRACTICE STANDARDS.

Sec. 2. Section 32-1606, Arizona Revised Statutes, is amended to read:

32-1606. Powers and duties of board

A. The board may:

1. Adopt and revise rules necessary to carry into effect this chapter.

2. Publish advisory opinions regarding registered and practical nursing practice and nursing education.

3. Issue limited licenses or certificates if it determines that an applicant or licensee cannot function safely in a specific setting or within the full scope of practice.

4. Refer criminal violations of this chapter to the appropriate law enforcement agency.

5. Establish a confidential program for monitoring licensees who are chemically dependent and who enroll in rehabilitation programs that

meet the criteria established by the board. The board may take further action if the licensee refuses to enter into a stipulated agreement or fails to comply with its terms. In order to protect the public health and safety, the confidentiality requirements of this paragraph do not apply if the licensee does not comply with the stipulated agreement.

6. On the applicant's or regulated party's request, establish a payment schedule with the applicant or regulated party.

7. Provide education regarding board functions.

8. Collect or assist in collecting workforce data.

9. Adopt rules to conduct pilot programs consistent with public safety for innovative applications in nursing practice, education and regulation.

10. Grant retirement status on request to retired nurses who are or were licensed under this chapter, who have no open complaint or investigation pending against them and who are not subject to discipline.

11. Accept and spend federal monies and private grants, gifts, contributions and devises to assist in carrying out the purposes of this chapter. These monies do not revert to the state general fund at the end of the fiscal year.

B. The board shall:

1. Approve regulated training and educational programs that meet the requirements of this chapter and rules adopted by the board.

2. By rule, establish approval and reapproval processes for nursing and nursing assistant training programs that meet the requirements of this chapter and board rules.

3. Prepare and maintain a list of approved nursing programs to prepare registered nurses and practical nurses whose graduates are eligible for licensing under this chapter as registered nurses or as practical nurses if they satisfy the other requirements of this chapter and board rules.

4. Examine qualified registered nurse and practical nurse applicants.

5. License and renew the licenses of qualified registered nurse and practical nurse applicants and licensed nursing assistants who are not qualified to be licensed by the executive director.

6. Adopt a seal, which the executive director shall keep.

7. Keep a record of all proceedings.

8. For proper cause, deny or rescind approval of a regulated training or educational program for failure to comply with this chapter or the rules of the board.

9. Adopt rules to approve credential evaluation services that evaluate the qualifications of applicants who graduated from an international nursing program.

10. Determine and administer appropriate disciplinary action against all regulated parties who are found guilty of violating this chapter or rules adopted by the board.

11. Perform functions necessary to carry out the requirements of the nursing assistant and nurse aide training and competency evaluation program as set forth in the omnibus budget reconciliation act of 1987 (P.L. 100-203; 101 Stat. 1330), as amended by the medicare catastrophic coverage act of 1988 (P.L. 100-360; 102 Stat. 683). These functions shall include:

(a) Testing and registering certified nursing assistants.

(b) Testing and licensing licensed nursing assistants.

(c) Maintaining a list of board-approved training programs.

(d) Maintaining a registry of nursing assistants for all certified nursing assistants and licensed nursing assistants.

(e) Assessing fees.

12. Adopt rules establishing acts that may be performed by a registered nurse practitioner or certified nurse midwife, except that the board does not have authority to decide scope of practice relating to abortion as defined in section 36-2151.

13. Adopt rules that prohibit registered nurse practitioners, clinical nurse specialists or certified nurse midwives from dispensing a schedule II controlled substance that is an opioid, except for an implantable device or an opioid that is for medication-assisted treatment for substance use disorders or as provided in section 32-3248.03.

14. Adopt rules establishing educational requirements to certify school nurses.

15. Publish copies of board rules and distribute these copies on request.

16. Require each applicant for initial licensure or certification to submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the federal bureau of investigation.

17. Except for a licensee who has been convicted of a felony that has been designated a misdemeanor pursuant to section 13-604, revoke a license of a person, revoke the multistate licensure privilege of a person pursuant to section 32-1669 or not issue a license or renewal to an applicant who has one or more felony convictions and who has not received an absolute discharge from the sentences for all felony convictions three or more years before the date of filing an application pursuant to this chapter.

18. Establish standards to approve and reapprove registered nurse practitioner and clinical nurse specialist programs and provide for surveys of registered nurse practitioner and clinical nurse specialist programs as the board deems necessary.

19. Provide the licensing authorities of health care institutions, facilities and homes with any information the board receives regarding practices that place a patient's health at risk.

20. Limit the multistate licensure privilege of any person who holds or applies for a license in this state pursuant to section 32-1668.

21. Adopt rules to establish competency standards for obtaining and maintaining a license.

22. Adopt rules to qualify and certify clinical nurse specialists.

23. Adopt rules to approve and reapprove refresher courses for nurses who are not currently practicing.

24. Maintain a list of approved medication assistant training programs.

25. Test and certify medication assistants.

26. Maintain a registry and disciplinary record of medication assistants who are certified pursuant to this chapter.

27. Adopt rules to establish the requirements for a clinical nurse specialist to prescribe and dispense drugs and devices consistent with section 32-1651 and within the clinical nurse specialist's population or disease focus.

28. Issue registrations to administer general anesthesia and sedation in dental offices and dental clinics pursuant to section 32-1272 to certified registered nurse anesthetists who have national board certification in anesthesiology.

29. POST ALL SUBSTANTIVE POLICY STATEMENTS AS DEFINED IN SECTION 41-1001 IN A CLEARLY IDENTIFIABLE SECTION ON THE BOARD'S PUBLIC WEBSITE AS REQUIRED BY SECTION 41-1091.01.

C. The board may conduct an investigation on receipt of information that indicates that a person or regulated party may have violated this chapter or a rule adopted pursuant to this chapter. Following the investigation, the board may take disciplinary action pursuant to this chapter.

D. The board may limit, revoke or suspend the privilege of a nurse to practice in this state granted pursuant to section 32-1668.

E. Failure to comply with any final order of the board, including an order of censure or probation, is cause for suspension or revocation of a license or a certificate.

F. The president or a member of the board designated by the president may administer oaths in transacting the business of the board.

Sec. 3. Section 32-1644, Arizona Revised Statutes, is amended to read:

32-1644. Approval of nursing schools and nursing programs; application; maintenance of standards

A. The board shall approve all new prelicensure nursing, REGISTERED nurse practitioner and clinical nurse specialist programs pursuant to this section. A postsecondary educational institution or school in this state

that is accredited by an accrediting agency recognized by the United States department of education desiring to conduct a registered nursing, practical nursing, REGISTERED nurse practitioner or clinical nurse specialist program shall apply to the board for approval and submit satisfactory proof that ~~it~~ THE INSTITUTION OR SCHOOL is prepared to meet and maintain the minimum standards prescribed by this chapter and board rules.

B. The board or its authorized agent shall conduct a survey of the institution or program applying for approval and shall submit a written report of its findings to the board. If the board determines that the program meets the requirements prescribed in its rules, ~~it~~ THE BOARD shall approve the applicant as either a registered nursing program, practical nursing program, REGISTERED nurse practitioner program or clinical nurse specialist program in a specialty area.

C. A nursing program approved by the board may also be accredited by a national nursing accrediting agency recognized by the board. If a prelicensure nursing program is accredited by a national nursing accrediting agency recognized by the board, the board does not have authority over ~~it~~ THE PROGRAM unless any of the following occurs:

1. The board receives a complaint about the program relating to patient safety.

2. The program falls AND REMAINS below the standards prescribed by the board in its rules FOR ANNUAL NATIONAL COUNCIL LICENSURE EXAMINATION PASS RATES.

3. The program loses its accreditation by a national nursing accrediting agency recognized by the board.

4. The program allows its accreditation by a national nursing accrediting agency recognized by the board to lapse.

D. From time to time the board, through its authorized employees or representatives, may resurvey all approved programs in ~~the~~ THIS state and shall file written reports of these resurveys with the board. If the board determines that an approved nursing program is not maintaining the required standards, ~~it~~ THE BOARD shall ~~immediately~~ give written notice to the program specifying the defects. If the defects are not corrected within ~~a reasonable~~ THE time ~~as determined~~ PRESCRIBED by the board BY RULE, the board may take either of the following actions:

1. Approve the program but restrict the program's ability to admit new students until the program complies with board standards.

2. Remove the program from the list of approved nursing programs until the program complies with board standards.

E. All approved nursing programs shall maintain accurate and current records showing in full the theoretical and practical courses given to each student.

F. The board does not have regulatory authority over the following approved REGISTERED nurse practitioner or clinical nurse specialist

programs unless the conditions prescribed in subsection C OF THIS SECTION are met:

1. A REGISTERED nurse practitioner or clinical nurse specialist program that is part of a graduate program in nursing accredited by an agency recognized by the board if the program was surveyed as part of the graduate program accreditation.

2. A REGISTERED nurse practitioner or clinical nurse specialist program that is accredited by an agency recognized by the board.

G. THE ARIZONA STATE BOARD OF NURSING SHALL SHARE, WITHIN FIVE BUSINESS DAYS, ANY COMPLAINT IT RECEIVES AGAINST A NURSING PROGRAM OR NURSING SCHOOL WITH THE STATE BOARD FOR PRIVATE POSTSECONDARY EDUCATION, THE ARIZONA BOARD OF REGENTS OR THE COMMUNITY COLLEGE DISTRICT GOVERNING BOARD, AS APPLICABLE.

Sec. 4. Title 32, chapter 15, article 3, Arizona Revised Statutes, is amended by adding sections 32-1664.01, 32-1664.02 and 32-1664.03, to read:

32-1664.01. Investigation of complaints; confidentiality; limits; notice; evaluations; time frame; definition

A. NOTWITHSTANDING ANY OTHER PROVISION OF THIS CHAPTER OR CHAPTER 32 OF THIS TITLE TO THE CONTRARY:

1. EXCEPT AS SET FORTH IN PARAGRAPH 3 OF THIS SUBSECTION, THE BOARD SHALL REQUIRE COMPLAINANTS TO IDENTIFY THEMSELVES IN THE COMPLAINT AND MAKE THEMSELVES AVAILABLE FOR AN EVIDENTIARY INTERVIEW. COMPLAINANTS MAY REQUEST THAT THEIR IDENTITY REMAIN CONFIDENTIAL DURING THE INVESTIGATORY PROCESS. IF THE INVESTIGATORY PROCESS RESULTS IN A DETERMINATION THAT A VIOLATION OF LAW MAY HAVE OCCURRED, THE RESPONDENT IS ENTITLED TO REVIEW THE COMPLETE INVESTIGATORY FILE, INCLUDING THE IDENTITY OF THE COMPLAINANT EXCEPT AS PROVIDED IN PARAGRAPH 2 OF THIS SUBSECTION.

2. THE BOARD, SOLELY AT THE BOARD'S DISCRETION, ON FINDING CAUSE THAT A COMPLAINANT MAY REASONABLY FEAR RETALIATION OR BE ENDANGERED IF THE COMPLAINANT'S IDENTITY IS REVEALED OR IF THE COMPLAINT DIRECTLY IMPACTS PATIENT SAFETY, MAY CONTINUE TO MAINTAIN THE COMPLAINANT'S CONFIDENTIALITY FROM THE LICENSEE UNTIL THE CONCLUSION OF THE INVESTIGATIVE AND ADMINISTRATIVE PROCESS. THE BOARD MAY CONDUCT A CLOSED EVIDENTIARY HEARING IF THE COMPLAINANT REQUESTS THAT THE COMPLAINANT'S IDENTITY REMAIN PRIVATE AND THE BOARD HAS A REASONABLE BASIS TO CONDUCT THE HEARING. A COMPLAINANT'S ANONYMITY MAY CONTINUE UNTIL EVIDENCE BY THE COMPLAINANT IS REQUIRED AT AN ADMINISTRATIVE PROCEEDING PURSUANT TO TITLE 41 OR A LEGAL PROCEEDING.

3. THE BOARD MAY TAKE ACTION ON A COMPLAINT IF THE COMPLAINANT REFUSES TO IDENTIFY HIMSELF OR HERSELF ONLY IF THE BOARD HAS SUFFICIENT INFORMATION THAT A VIOLATION MAY HAVE OCCURRED WITHIN ITS JURISDICTION THAT DIRECTLY IMPACTS THE SAFETY OF PATIENTS WITHOUT THE TESTIMONY OF THE ANONYMOUS COMPLAINANT. THE BOARD MAY ATTEMPT TO SUBSTANTIATE AN ANONYMOUS

COMPLAINT THROUGH FURTHER INVESTIGATION PURSUANT TO THE BOARD'S POLICIES AND MAY OPEN A COMPLAINT AGAINST A LICENSEE OR CERTIFICATE HOLDER IF THE ANONYMOUS COMPLAINT IS SUBSTANTIATED THROUGH CORROBORATION FROM RECORDS, OTHER WITNESSES, PATTERN EVIDENCE OR DATA SOURCES.

4. THE BOARD SHALL LIMIT AN INVESTIGATION OF A COMPLAINT TO THOSE INVESTIGATIVE SUBJECTS AND ACTIONS THAT ARE RELEVANT AND MATERIAL TO THE ISSUES RAISED IN THE COMPLAINT AND THAT WOULD REASONABLY BE TAKEN TO INVESTIGATE THE ISSUES IN THE COMPLAINT. THIS PARAGRAPH DOES NOT PROHIBIT THE BOARD FROM INVESTIGATING ANY ISSUE OR EVIDENCE OF UNPROFESSIONAL CONDUCT THAT IS DISCOVERED OR BROUGHT TO THE ATTENTION OF THE BOARD DURING THE INVESTIGATION OF THE ORIGINAL COMPLAINT.

5. ON REASONABLE BELIEF THAT A CRIME HAS BEEN COMMITTED, THE BOARD SHALL REPORT THE ALLEGED CRIMINAL CONDUCT TO THE APPROPRIATE CRIMINAL JUSTICE AGENCY. IF THE BOARD HAS A REASONABLE BELIEF THAT CONDUCT BY A LICENSED, PERMITTED OR CERTIFICATED INDIVIDUAL OR OTHER ENTITY OVER WHICH THE BOARD DOES NOT HAVE JURISDICTION MAY VIOLATE THE LAW OR CODES OF CONDUCT, THE BOARD SHALL REPORT THE CONDUCT TO THE APPROPRIATE STATE REGULATORY BOARD OR STATE AGENCY THAT THE BOARD REASONABLY BELIEVES HAS JURISDICTION OVER THE LICENSEE, PERMITTEE OR CERTIFICATE HOLDER OR OTHER ENTITY.

6. THE BOARD SHALL IMPLEMENT A POLICY PRIORITIZING COMPLAINTS BASED ON THE HARM TO A PATIENT OR POTENTIALLY TO THE PUBLIC. THE BOARD SHALL ASSIGN THE HIGHEST PRIORITY TO COMPLAINTS ALLEGING SEXUAL MISCONDUCT WITH A PATIENT, ABUSE OR NEGLECT OF A PATIENT, PRACTICE BEYOND THE SCOPE OF PRACTICE THAT CREATED A SIGNIFICANT RISK OF HARM, CRIMINAL ASSAULT OR THEFT OR PROVIDING SERVICES WHILE UNDER THE INFLUENCE OF ANY ILLEGAL OR LEGAL SUBSTANCE THAT IMPAIRS THE LICENSEE OR CERTIFICATE HOLDER.

7. THE BOARD SHALL PROVIDE THE RESPONDENT WITH A WRITTEN NOTICE STATING THAT THERE IS AN OPEN INVESTIGATION, THE SUBSTANCE OF THE COMPLAINT, THAT THE RESPONDENT HAS THE RIGHT TO BE REPRESENTED BY LEGAL COUNSEL AND THAT THE RESPONDENT HAS AT LEAST FIFTEEN BUSINESS DAYS AFTER RECEIVING THE WRITTEN NOTICE BEFORE THE BOARD REQUIRES A RESPONSE, EXCEPT THAT THE BOARD MAY REQUIRE AN IMMEDIATE RESPONSE OR PRODUCTION OF RECORDS WHEN NECESSARY TO PROTECT PUBLIC HEALTH AND SAFETY. THE WRITTEN NOTICE SHALL ALSO INFORM THE RESPONDENT THAT THE BOARD MAY USE ANY STATEMENT THE RESPONDENT MAKES AGAINST THE RESPONDENT. THE RESPONDENT MAY WAIVE THE FIFTEEN-DAY TIME FRAME BY WRITTEN COMMUNICATION.

8. IF THE BOARD DETERMINES THAT A PSYCHOLOGICAL, PSYCHIATRIC OR OTHER MEDICAL EVALUATION OF THE LICENSEE OR CERTIFICATE HOLDER IS ESSENTIAL FOR THE BOARD TO MAKE A DECISION REGARDING A COMPLAINT AND ORDERS THE LICENSEE OR CERTIFICATE HOLDER TO OBTAIN AN EVALUATION, AND THE LICENSEE OR CERTIFICATE HOLDER REQUESTS THAT THE EVALUATION BE MADE BY A PROFESSIONAL OTHER THAN THE PROFESSIONAL RECOMMENDED BY THE BOARD, THE BOARD OR ITS DESIGNEE SHALL CONSIDER THE ALTERNATIVE EVALUATOR'S CREDENTIALS, INDEPENDENCE AND CONFLICT DISCLOSURE AND MAY ACCEPT AND

APPROVE AN EVALUATION FROM A PROFESSIONAL WHO HAS THE CREDENTIALS, TRAINING, EXPERTISE AND IMPARTIALITY REQUIRED TO ADDRESS THE ISSUES THE BOARD HAS REQUESTED IN ITS ORDER.

9. WITHIN ONE HUNDRED EIGHTY DAYS AFTER THE BOARD RECEIVES A COMPLAINT AGAINST A LICENSEE OR CERTIFICATE HOLDER, THE BOARD SHALL DO ONE OF THE FOLLOWING:

(a) SUBMIT THE INVESTIGATION FOR REVIEW.

(b) ADMINISTRATIVELY DISMISS THE COMPLAINT IF THE BOARD FINDS IT IS UNSUBSTANTIATED.

(c) REPORT A DETERMINATION EITHER THAT THE COMPLAINT INVESTIGATION CANNOT BE REASONABLY COMPLETED WITHIN ONE HUNDRED EIGHTY DAYS DUE TO THE COMPLEXITY OF THE MATTER, THE RESPONDENT'S REQUEST FOR ADDITIONAL TIME TO RESPOND OR CAUSING DELAYS IN THE INVESTIGATION OR THE FAILURE OF A PERSON OR ENTITY TO TIMELY RESPOND TO A BOARD SUBPOENA. IF THIS DETERMINATION IS MADE, THE BOARD, WITHIN THE ONE HUNDRED EIGHTY-DAY PERIOD, SHALL TAKE ONE OF THE FOLLOWING ACTIONS:

(i) CONTINUE THE INVESTIGATION FOR AN ADDITIONAL ONE HUNDRED DAYS TO COMPLETE THE INVESTIGATION AND PROCEED WITH THE ADMINISTRATIVE PROCEDURE TO SUBMIT THE COMPLAINT FOR FINAL BOARD REVIEW AND ACTION.

(ii) ADMINISTRATIVELY DISMISS THE COMPLAINT WITHOUT PREJUDICE. IF THE BOARD ADMINISTRATIVELY DISMISSES THE COMPLAINT WITHOUT PREJUDICE, THE BOARD MAY REOPEN THE INVESTIGATION ONLY IF THE BOARD RECEIVES ADDITIONAL EVIDENCE, INFORMATION OR TESTIMONY SUFFICIENT TO CONCLUDE THE INVESTIGATION WITHIN TWO YEARS AFTER THE ADMINISTRATIVE DISMISSAL AS DESCRIBED IN THIS ITEM.

10. IF ANOTHER HEALTH PROFESSION REGULATORY BOARD OR A CRIMINAL JUSTICE AGENCY IS INVESTIGATING THE CIRCUMSTANCES ALLEGED IN A COMPLAINT, THE TIME FRAMES PRESCRIBED IN PARAGRAPH 9 OF THIS SUBSECTION ARE SUSPENDED UNTIL THE INVESTIGATION IS COMPLETED.

B. FOR THE PURPOSES OF THIS SECTION, "WITHOUT PREJUDICE" MEANS THAT THE BOARD MAY OPEN ANOTHER COMPLAINT BASED ON THE SAME SET OF FACTS OF A COMPLAINT THAT HAS BEEN DISMISSED IF ADDITIONAL EVIDENCE OR INFORMATION BECOMES AVAILABLE TO SUBSTANTIATE THE COMPLAINT, INCLUDING NEW WITNESSES.

32-1664.02. Investigative files; access; confidentiality; definition

A. NOTWITHSTANDING ANY PROVISION OF THIS CHAPTER OR CHAPTER 32 OF THIS TITLE TO THE CONTRARY:

1. THE BOARD SHALL PROVIDE NOTICE TO A RESPONDENT AT LEAST FIFTEEN BUSINESS DAYS BEFORE A MEETING OF THE BOARD TO REVIEW THE STATUS OF AN INVESTIGATION. THE BOARD SHALL PROVIDE THE RESPONDENT WITH ACCESS TO THE INVESTIGATIVE FILE BY EITHER OF THE FOLLOWING METHODS AT THE DISCRETION OF THE RESPONDENT:

(a) ALLOW THE RESPONDENT TO REVIEW THE FILE AT THE BOARD OFFICE AND RECEIVE COPIES.

(b) PROVIDE THE FILE TO THE RESPONDENT OR THE RESPONDENT'S ATTORNEY BY ELECTRONIC TRANSMISSION.

2. A PERSON WHO OBTAINS INFORMATION FROM THE BOARD PURSUANT TO THIS SECTION MAY NOT RELEASE THE INFORMATION TO ANY OTHER PERSON OR ENTITY OR USE THE INFORMATION IN ANY PROCEEDING OR ACTION EXCEPT IN CONNECTION WITH THE BOARD'S REVIEW OF THE INVESTIGATION, THE DISCIPLINARY INTERVIEW AND ANY ADMINISTRATIVE PROCEEDING OR APPEAL RELATED TO THE DISCIPLINARY INTERVIEW OR HEARING. A PERSON WHO VIOLATES THIS PARAGRAPH COMMITS AN ACT OF UNPROFESSIONAL CONDUCT.

3. THE BOARD MAY NOT MAKE AN ADMINISTRATIVE DISMISSAL OR NONDISCIPLINARY REMEDIAL ACTION PUBLICLY AVAILABLE OR REPORT THE ACTION TO THE NATIONAL PRACTITIONER DATA BANK, CONSISTENT WITH FEDERAL LAW.

B. FOR THE PURPOSES OF THIS SECTION, "INVESTIGATIVE FILE" INCLUDES:

1. ANY WITNESS OR COMPLAINANT STATEMENT AND ANY DOCUMENTARY EVIDENCE OBTAINED DURING THE INVESTIGATION.

2. ANY REVIEW CONDUCTED BY AN EXPERT OR CONSULTANT PROVIDING AN EVALUATION OF OR OPINION ON THE ALLEGATIONS.

3. ANY RECORDS ON THE PATIENT OBTAINED BY THE BOARD FROM OTHER HEALTH CARE PROVIDERS.

4. THE RESULTS OF ANY EVALUATION OR TEST OF THE LICENSEE OR CERTIFICATE HOLDER CONDUCTED AT THE BOARD'S DIRECTION.

5. ANY OTHER FACTUAL INFORMATION THAT THE BOARD WILL USE IN MAKING ITS DETERMINATION.

6. ANY RECOMMENDATION TO THE BOARD FOR THE DISPOSITION OF THE INVESTIGATION.

32-1664.03. Disciplinary actions; expungement; exceptions

NOTWITHSTANDING ANY OTHER PROVISION OF THIS CHAPTER TO THE CONTRARY:

1. THE BOARD, SOLELY AT THE BOARD'S DISCRETION, MAY GRANT A REQUEST FOR EXPUNGEMENT OF A DISCIPLINARY ACTION PREVIOUSLY IMPOSED AGAINST A LICENSEE OR CERTIFICATE HOLDER, WHETHER FORMAL OR INFORMAL, ONLY AS AUTHORIZED BY THIS SECTION. THE BOARD MAY GRANT AN EXPUNGEMENT OF A DISCIPLINARY ACTION ONLY ONCE FOR A LICENSEE OR CERTIFICATE HOLDER.

2. ANY REQUEST FOR EXPUNGEMENT PURSUANT TO THIS SECTION SHALL BE MADE IN WRITING AND SHALL COMPLY WITH THIS SECTION.

3. ANY DISCIPLINARY ACTION ARISING FROM THE FAILURE TO TIMELY RENEW A LICENSE OR CERTIFICATE, THE FAILURE TO COMPLETE CONTINUING EDUCATION OR A DOCUMENTATION ERROR SHALL BE EXPUNGED BY THE BOARD IF ALL OF THE FOLLOWING APPLY:

(a) THE DISCIPLINARY ACTION IS AT LEAST TWO YEARS OLD.

(b) THE TERMS OF THE DISCIPLINARY ACTION HAVE BEEN MET.

(c) THERE HAVE BEEN NO SUBSEQUENT VIOLATIONS OF ANY OTHER PROVISIONS OF THIS CHAPTER OR THE RULES ADOPTED PURSUANT TO THIS CHAPTER.

4. EXCEPT AS PROVIDED IN PARAGRAPH 5 OF THIS SECTION, FOR ANY OTHER DISCIPLINARY ACTION NOT IDENTIFIED IN PARAGRAPH 3 OF THIS SECTION, THE BOARD MAY EXPUNGE A DISCIPLINARY ACTION IF ALL OF THE FOLLOWING APPLY:

(a) THE DISCIPLINARY ACTION AT ISSUE IS AT LEAST FIVE YEARS OLD.

(b) THE TERMS OF THE DISCIPLINARY ACTION HAVE BEEN MET.

(c) THERE HAVE BEEN NO SUBSEQUENT VIOLATIONS OF ANY OTHER PROVISIONS OF THIS CHAPTER OR THE RULES ADOPTED PURSUANT TO THIS CHAPTER.

(d) THE LICENSEE OR CERTIFICATE HOLDER HAS HAD A TOTAL OF NOT MORE THAN TWO DISCIPLINARY ACTIONS IMPOSED, INCLUDING THE DISCIPLINARY ACTION FOR WHICH EXPUNGEMENT IS REQUESTED, BY THE BOARD OR ANY OTHER REGULATORY BOARD OR AUTHORITY FROM THIS STATE OR ANY OTHER STATE.

5. THE BOARD MAY NOT GRANT A REQUEST FOR EXPUNGEMENT IF ANY OF THE FOLLOWING APPLIES TO THE DISCIPLINARY ACTION FOR WHICH EXPUNGEMENT IS REQUESTED:

(a) THE DISCIPLINARY ACTION WAS BASED ON A CRIMINAL CONVICTION RESULTING FROM:

(i) ASSAULT, ABUSE, FRAUD OR ANY OTHER FELONIOUS CONDUCT THAT RESULTED IN PHYSICAL OR FINANCIAL HARM TO OR THE DEATH OF AN INDIVIDUAL.

(ii) ATTEMPTED MURDER, ASSAULT, ABUSE OR FRAUD.

(b) THE LICENSEE OR CERTIFICATE HOLDER ASSAULTED OR ABUSED A PATIENT OR THE CONDUCT RESULTED IN HARM TO A PATIENT.

(c) THE LICENSEE'S OR CERTIFICATE HOLDER'S CONDUCT, INCLUDING A MEDICATION OR CLINICAL PRACTICE ERROR, CAUSED HARM OR DEATH TO A PATIENT.

(d) THE LICENSEE OR CERTIFICATE HOLDER COMMITTED SEXUAL MISCONDUCT WITH A PATIENT.

(e) THE LICENSEE OR CERTIFICATE HOLDER WAS PRACTICING WHILE IMPAIRED OR DEMONSTRATED A PATTERN OF DIVERSION OF CONTROLLED SUBSTANCES.

(f) THE LICENSEE OR CERTIFICATE HOLDER COMMITTED FRAUD OR FALSIFIED OR MALICIOUSLY ALTERED RECORDS IN A HEALTH CARE SETTING.

6. THE BOARD SHALL REPORT AN EXPUNGEMENT UNDER THIS SECTION TO ANY NATIONAL DATABASE TO WHICH THE BOARD PREVIOUSLY REPORTED THE DISCIPLINARY ACTION.

7. A LICENSEE OR CERTIFICATE HOLDER IS NOT REQUIRED TO REPORT AN EXPUNGED DISCIPLINARY ACTION ON ANY FUTURE APPLICATION FOR ISSUANCE OR RENEWAL OF A LICENSE, PERMIT OR CERTIFICATE TO ANY REGULATORY BOARD OR AGENCY IN THIS STATE.

APPROVED BY THE GOVERNOR JUNE 22, 2026.

FILED IN THE OFFICE OF THE SECRETARY OF STATE JUNE 22, 2026.