ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona Department of Health Services

Health Regulatory Board Analysis

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Executive Summary

The Arizona Department of Health Services ("ADHS") has been requested to evaluate the impact of consolidating various functions and facilities of twenty health regulatory boards (the "Subject Boards"). This follows a directive from Governor Ducey to promote efficiencies in government. In order to generate a comprehensive analysis on the consolidation of the Subject Boards, the ADHS contracted with Elliott D. Pollack & Company ("Elliott") and Beacon Information Designs LLC ("Beacon") who spent numerous hours compiling information from various states who have achieved some form of consolidation with regard to their heath regulatory boards.

This analysis was further prompted by a 2015 ruling by the United States Supreme Court in which antitrust concerns were raised relating to the independence of a regulatory board in North Carolina.

The concept of health regulatory board consolidation is not unique to Arizona. Many other states have adopted a variety of oversight models intending to streamline and make regulatory board management more efficient. The types of board oversight structures used across the country are broadly comprised of umbrella, autonomous, and hybrid oversight models.

An umbrella oversight model is typically run by an agency director or commissioner, with a central agency largely managing a wide range of services for all of the boards, as is the case in Illinois and Pennsylvania.

An autonomous oversight model confers most, if not all, decision making authority to each individual board including those involving facilities, policy and procedures and staffing. Broadly speaking, this model is the current regulatory structure for the Subject Boards in Arizona.

The hybrid oversight model, such as that adopted by Washington, involves either a consolidation of the majority of boards into a central oversight agency with a subset of autonomous health regulatory boards or some variation thereof.

Arizona has been wrestling with whether or not to adopt a different regulatory structure with its various regulated health professions since as early as 1995. Then Governor Symington commissioned an Auditor General Study resulting in a series of recommendations, including: creating an all-public complaints review board, and increasing public board membership to 50 percent on all licensing boards, among other recommendations.[1][2]

[1] Special Study, The Health Regulatory System, Report to the Arizona Legislature by the Auditor General; December 1995; Report #95-13

[2] Of these recommendations, several were implemented. Of note, the recommendation that public board membership be increased to 50 percent was not followed.

Currently, ADHS has regulatory oversight of Midwives, Audiologists and Speech Pathologists (the "ADHS Managed Boards"). These programs do not have independent boards, but do have advisory committees which include public and professional representation. Additionally, medical marijuana licensing and facilities fell under ADHS' purview in 2010. All licensing and complaint processing for these programs are handled within ADHS' umbrella organization. All functions relating to these programs occur at ADHS facilities.

For this report the twenty Subject Boards were identified as potential options for consolidation. They are as follows:

Figure 1: Subject Boards

Subject Board	Identified in the report as:
Arizona Acupuncture Board of Examiners	Acupuncture Board
Board of Athletic Training	AT Board
Arizona Board of Behavioral Health Examiners	BH Board
Arizona Board of Chiropractic Examiners	Chiropractic Board
Arizona State Board of Dental Examiners	Dental Board
Board of Homeopathic and Integrated Medicine Examiners	Homeopathic Board
Arizona Medical Board	MD/PA Board
Arizona Regulatory Board of Physician Assistants	MD/PA Board
Arizona State Board of Massage Therapy	MT Board
State of Arizona Naturopathic Physician's Medical Board	Naturopathic Board
Arizona State Board of Nursing	Nursing Board
State Board of Dispensing Opticians	Opticians Board
Arizona State Board of Optometry	Optometry Board
Arizona Board of Osteopathic Examiners in Arizona Board of Medicine and Surgery	Osteopathic Board
Board of Occupational Therapy Examiners	OT Board
Arizona State Board of Podiatry Examiners	Podiatry Board
Arizona Board of Psychologist Examiners	Psychologist Board
Arizona State Board of Physical Therapy	PT Board
Board of Respiratory Care Examiners	Respiratory Board
Medical Radiologic Technology Board of Examiners	RT Board

The Supreme Court case referenced earlier, North Carolina State Board of Dental Examiners v. Federal Trade Commission, 135 S.Ct. 1101, 191 L.Ed.2d 35 (2015), (referred to hereafter as the "**FTC Case**") held that North Carolina's independent dental board was liable for engaging in anti-competitive conduct. Effectively, the Court determined that the board suppressed competition by being mostly composed of dentists and failing to have adequate supervision from the state legislature, the executive branch or both.

The **FTC Case** resulted in the Commissioner of the FTC outlining a path for other states to avoid similar liability. "I believe state boards have several viable options for avoiding both antitrust liability for, and excessive oversight of, their conduct. These options should not be terribly onerous to implement…" Commissioner Maureen Ohlhausen continued by suggesting three broad changes: "First, boards should be more cognizant of trying to avoid making decisions that would hamper competition. Second, states might want to consider changing the makeups of their boards so the majority of members are not active market participants. Third, if a state still wants most of a board's members to be active market participants, the state could more actively supervise the board to help it avoid antitrust action. For example, ultimate regulatory decisions could be made by legislative committees, state agencies or other disinterested state officials."[3]

Arizona leadership has closely followed the results of the **FTC Case**, and subsequent guidance issued by the FTC Commissioner. The **FTC Case**, along with Governor Ducey's objectives in promoting government efficiencies, has led to consideration and review of current board policies, infrastructure and oversight.

1.0 Introduction

1.1 Purpose of Study

ADHS was requested to study and analyze possible realignment and integration options relating to licensing, management and operations of Arizona's health regulatory boards.

This study contains a summary of the potential benefits involved with board consolidation and a comparative review of how other states manage their regulatory boards.

The evaluation of health regulatory board oversight and management is not unique to Arizona. Most, if not all, states have engaged in some form of board consolidation, or alternatively, decoupled certain boards and agencies. These initiatives have resulted in three broadly defined oversight models:

1. Autonomous Oversight Model. In this instance, the boards are independent, hire their own staff, are housed in separate facilities, and develop unique processes relating to complaints and licensing.

2. Umbrella Oversight Model. In an umbrella environment, one agency has oversight over multiple regulated programs. Health regulatory boards may be advisory in nature or may require inclusion of an agency representative. Processing of complaints, investigations and licensing are handled in a consolidated fashion supporting multiple regulated programs or industries.

[3] Modern Healthcare, April 1, 2015

3. Hybrid Oversight Model. A hybrid regulatory structure may involve characteristics of both the autonomous and umbrella models. Boards may utilize shared services and facilities provided by a centralized agency. It often includes centralized complaint, investigations and licensing functions, as well as multi-purpose conference and board rooms shared by multiple boards. In other instances, a hybrid approach may reflect a majority of health regulatory boards being governed under an umbrella model, with a subset remaining autonomous.

Arizona's health regulatory boards currently operate primarily under the autonomous and to a much lesser degree, umbrella models. The oversight of licensing and board management for Midwives, Audiology and Speech Pathology (the ADHS Managed Boards) all fall under ADHS' umbrella structure with oversight by the Department's Bureau of Special Licensing. In addition to the management of these licensees, ADHS administers the state's Medical Marijuana Program. The Subject Boards, on the other hand, are largely autonomous with a mixture of hybrid functions, such as shared board facilities and administrative functions sprinkled amongst many of the boards.

In reviewing how other states address the issues and opportunities involved in health regulatory board consolidation very few trends emerge. Some states have actively sought to consolidate numerous boards and agencies, only to unwind certain agencies and functions years later (Washington). Others have rested on their umbrella consolidation model for over 50 years (Pennsylvania).

According to a 2003 Minnesota study commissioned by their health licensing boards, "…many states have moved to consolidate their boards or board functions in the last several decades, motivated by several factors:

- the expectation of cost savings as a result of economies of scale
- the prospect for small occupations to share otherwise redundant administrative inputs
- the opportunity to promote overlapping scopes of practice and share expertise for like occupations
- to encourage standardization of policies among boards"[4]

Wisconsin touts its accomplishments after engaging in substantial board consolidation. It's Department of Safety and Professional Services ("DSPS"), "since its creation,….has made great strides to increase responsiveness, drive productivity, and reduce operational costs to meet the increasing demands of its customers while making efficient use of valuable taxpayer dollars."[5] The DSPS provides administrative support to Wisconsin's various boards, has initiated a paperless office initiative, and created a centralized online license application system, among other operational consolidation measures.

[4] Health Licensing Boards and Governance Structure, Prepared for the Minnesota Health Licensing Boards, December 1, 2003, Anna Bonelli, Research Analyst.
[5] Wisconsin Department of Safety and Professional Services, Recent Accomplishments and Economic Footprint Report, September 2013.

Ultimately, this study seeks to present the results and experiences found in other states with Arizona's unique regulatory board environment.

Section 2 of the study describes the mission of health regulatory boards from a public health and safety perspective in conjunction with a high level review of their respective ability to manage complaints, investigations, licensing and related record keeping.

Section 3 reviews and presents the three board oversight models (umbrella, autonomous, and hybrid).

Sections 4, 5 and 6 delve into the approaches used by the various Subject Boards, in comparison to each of the oversight models when addressing operational protocols involved with health regulatory boards in terms of licensing, complaints and investigations, board and board subcommittee functions.

Section 7 gives a snapshot of the twenty Subject Boards studied, as well as a more detailed look at the 14 Sample Boards chosen for in-person interviews,

The Sample Boards included:

Figure 2: Sample Boards

Sample Board	Identified in the report as:
Board of Athletic Training	AT Board
Arizona Board of Behavioral Health Examiners	BH Board
Arizona Board of Chiropractic Examiners	Chiropractic Board
Arizona State Board of Dental Examiners	Dental Board
Arizona Medical Board	MD / PA Board
Arizona Regulatory Board of Physician Assistants	MD / PA Board
State of Arizona Naturopathic Physician's Medical Board	Naturopathic Board
Arizona State Board of Nursing	Nursing Board
Arizona State Board of Optometry	Optometry Board
Board of Occupational Therapy Examiners	OT Board
Arizona State Board of Podiatry Examiners	Podiatry Board
Arizona Board of Psychologist Examiners	Psychologist Board
Arizona State Board of Physical Therapy	PT Board
Board of Respiratory Care Examiners	Respiratory Board

Finally, Section 8 provides a summation of the study's analysis.

1.2 Acknowledgements

ADHS, Elliot, and Beacon (hereinafter collectively referred to as the "Project Team") is deeply indebted to many people in Arizona and across the nation involved in the operational oversight of regulatory boards and commissions. Without the above

mentioned players' dedicated time and thoughtful insights, the development of the accompanying analysis would have been impossible.

Special thanks to the executive directors of the following Subject Boards for their insight and valuable data: the Arizona Acupuncture Board of Examiners, the Board of Homeopathic and Integrated Medicine Examiners and the Arizona Board of Osteopathic Examiners in Medicine and Surgery.

Also, much appreciation is given to the employees of those Sample Boards selected for direct interviews who gave extensive time (and research) to meet with Beacon and provided them with tours of their facilities. This includes:

Arizona Board of Athletic Training and Arizona Board of Occupational Therapy Executive Director, Karen Whiteford; Arizona Board of Behavioral Health Examiners Executive Director Tobi Zavala, Deputy Director Donna Dalton and Operations Manager Susan Stumfoll; Arizona Board of Chiropractic Examiners Executive Director Justin Bohall and Deputy Director/Licensing Manager Lindsey Castro; Arizona State Board of Dental Examiners Executive Director Elaine Hugunin and Deputy Director Nancy Chambers; Arizona Medical Board and Arizona Regulatory Board of Physician Assistant Executive Director Patricia McSorley and Deputy Director Kristina Fredericksen; State of Arizona Naturopathic Physician's Medical Board Executive Director Gail Anthony; Arizona State Board of Nursing Executive Director Joey Ridenour RN, Associate Director Robert Ellis and Associate Director Janeen Dahn, Ph.D; Arizona Board of Optometry Therapy Executive Director Margaret Whelan; Arizona State Board of Physical Therapy Executive Director Charles Brown; Arizona State Board of Podiatry Examiners Executive Director Ryan Edmonson; Arizona Board of Psychologist Examiners Executive Director Dr. Cindy Olvey and Arizona Board of Respiratory Therapy Board of Examiners Executive Director Jack Confer and Investigator/Probation Compliance Officer David Germinsky.

The Project team also benefitted from the provision of materials and interviews with representatives from the States of Delaware, Maine, Minnesota, Oregon, Washington and Wisconsin and the Commonwealth of Pennsylvania. This included on-site interviews with Commissioner Ian Harlow, and Executive Deputy Chief Counsel Shannon Sprow with the Pennsylvania Department of State's Bureau of Professional and Occupational Affairs, as well as telephonic interviews with Jeff Weigand, Assistant Deputy Director of the Wisconsin Department of Safety and Professional Services, Anne Head, Commissioner of the Maine Department of Professional and Financial Regulations, Deputy Director Will Garber and Audit Manager Sherronne Blasi of the Oregon Secretary of State's Audit Division and Kimberly Frances, Human Resources, and WRAMP Case Manager Mikel Olsson of the Washington State Department of Health.

Lastly, the Project Team wishes to thank Dr. Ted Poister, Professor of Public Administration at the Andrew Young School of Policy Studies at Georgia State University. Dr. Poister provided a unique perspective of the need for strong performance measurement and

management policies, as well as quality improvement processes to improve customer satisfaction/stakeholder engagement.

The willingness of all participants to speak with the Project Team or provide valuable data information is greatly appreciated.

1.3 Study Methodology

The Project Team primarily used a qualitative approach in preparing this assessment. The first step was to review a series of responses submitted by each respective Subject Board in reply to questionnaires promulgated by Governor Ducey's office during 2015. The questions asked of each Subject Board covered a wide variety of data including, among other things, board membership and compensation, types of licenses/certifications issued, facilities expenses and support personnel.

Upon completion of the review of each Subject Board's questionnaire responses, a series of on-site interviews were conducted involving staff with 13 of the Subject Boards. These interviews were focused on gathering information in order to assess current operational practices and management of licensing and investigative processes. Additionally, in each instance, the Sample Board's current facilities were inspected.

An updated questionnaire, similar to the one used during the interviews with board staff, was sent to the remaining Subject Boards not selected as part of the interview sample set. The Information collected was utilized to further expand the data reviewed for the report.

Finally, research and analysis of the current operational protocols of the oversight of health regulatory boards in various other states was completed. This analysis focused on the facility and staffing requirements for boards and commissions similar to those in Arizona. A high level review of license and complaint processing times was also completed.

This research produced the findings detailed in this report.

1.4 Limiting Conditions and Standard of Care

It should be noted that the scope of this study is limited to a level analysis focused on the consolidation of functions, facilities and general operational practices. The study does not analyze the statutory requirements which may be faced in implementation. Due to scope limitations the following factors were not fully researched:

- The study does not include a review of legal processes and/or limitations governing the Subject Boards.
- While top line budget and revenue information was provided, budget/fee line items were not examined.
- Contracts and related terms and conditions with third party vendors supporting each of the Subject Boards were mot reviewed.

- In addressing personnel costs, salary numbers provided by ADOA were used, not fully burdened expense per employee.
- Many of the statements given to the Project Team during the various interviews with staff have not been independently verified.
- Some of the data provided by other states was obtained via interviews with state officials and not independently verified.
- Analysis of statutory limits and related restrictions placed on some of the Subject Boards which could potentially limit some efficiencies should consolidation occur.

The report was performed in accordance with generally accepted practices of this profession. The Project Team has endeavored to meet this standard of care but may be limited by conditions encountered during performance, or inability to review information not received. In conducting the limited scope of services described herein, certain sources of information and public records were not reviewed. No warranties, express or implied, are intended or made.

Information obtained in this report was received from several sources that the Project Team believes to be reliable; nonetheless, the authenticity or reliability of these sources is not warranted hereunder.

2.0 Role of Health Regulatory Boards

In talking with the Sample Boards, they almost uniformly cited the need to protect the safety and welfare of the general public as their top priority. Another consistent theme was the wish to promote fairness in regulating the profession over which each of the Sample Boards has oversight. Finally, the Sample Boards were confident in their core responsibilities of driving appropriate rulemaking, disciplinary actions, and ensuring competence within each regulated profession.

2.1 Licensure, Testing and Recordkeeping

All of the Subject Boards regulate and provide licenses for the individuals regulated in the professions under each respective board's purview. In certain instances, commercial entities are also regulated and licensed.

Many of the boards also administer credentialing exams (including jurisprudence testing) as a condition of licensure.

A number of the Subject Boards have ongoing continuing education requirements as a pre-condition prior to issuing renewal certifications. These boards track and audit compliance with continuing education requirements as part of their operational practices or during licensing renewal processes.

All Subject Boards have considerable record keeping requirements, often containing

confidential personal health information going back many years. Although many of the boards are working towards implementing digitized record keeping, most currently still keep the majority of their records in paper format.

2.2 Complaint and Investigation Responsibilities

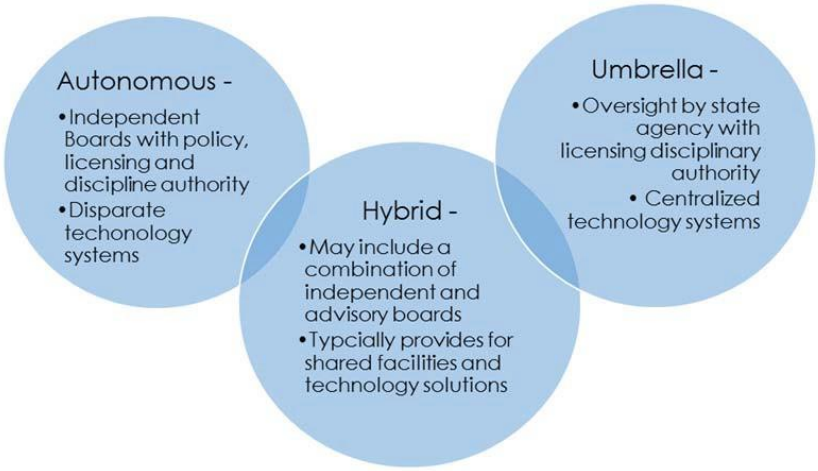
In reviewing the Subject Boards, as well as the ADHS Managed Boards, the average time expended in reviewing, investigating and resolving complaints ranged from less than three months to over a year. There are many factors that account for this broad timeline including complexity of the complaint, resource constraints and scheduling challenges. Many of the Subject Boards have dedicated staff to manage complaints, while others use a mixture of staff and independent specialists (depending upon the technical nature of the complaint). Certain boards use their executive director and/or board subcommittees to lead formal review processes or to handle the disposition of certain types of complaints, while others have multiple steps prior to a complaint being heard by the board for final disposition.

Across many of the Subject Boards, key personnel with management or investigative responsibilities participate in training through the Council on Licensure, Enforcement & Regulation ("CLEAR"). This nationally recognized program provides basic and specialized training.

3.1 Pros and Cons of Regulatory Board Oversight Models

Three Oversight Models of Health Regulatory Boards

Figure 3: Oversight Model Examples



In researching the types of health regulatory board oversight models in use around the country, we found a wide range. A third of the states use largely autonomous board governance structures, while numerous other states use a mixture of autonomous boards and boards governed by central agencies. Finally, a handful of states use a central agency with the various professional boards largely acting in advisory roles.
Broadly defined, the three regulatory board oversight models are:

1. Autonomous Oversight Model. In this instance, the boards are independent, hire their own staff, are housed in separate facilities, and develop unique processes relating to complaints and licensing.

2. Umbrella Oversight Model. In an umbrella environment, one agency has oversight over multiple regulated programs. Health regulatory boards may be advisory in nature or may require inclusion of an agency representative. Processing of complaints, investigations and licensing are handled in a consolidated fashion supporting multiple regulated programs or industries.

3. Hybrid Oversight Model. A hybrid regulatory structure may involve characteristics of both the autonomous and umbrella models. Boards may utilize shared services and facilities provided by a centralized agency. It often includes centralized complaint, investigations and licensing functions, as well as multi-purpose conference and board rooms shared by multiple boards. In other instances, a hybrid approach may reflect a majority of health regulatory boards being governed under an umbrella model, with a subset remaining autonomous.

3.1 Autonomous Oversight Boards

A 2005 study involving North Dakota's regulatory board governance structure described some of the benefits of autonomous boards. The study included such things as:

- Assurances that appropriate peer review of professional conduct and expertise occurs;
- Investigators are specifically qualified to address complaints;
- Provides easier accountability regarding the allocation of funds;
- Insulation from political interference – Provides for better understanding of the licensee's and public's concerns.[6];

States using the autonomous board oversight structure include Iowa, Louisiana, and Ohio.

It can be argued that Arizona, in part, uses the autonomous oversight model given that many of the Subject Boards operate in unique facilities, use unique websites, have one executive director servicing one board, and use policies and procedures specifically tailored for use in regulating one profession.

The negatives associated with use of autonomous boards include perhaps most prominently liability as a result of the **FTC CASE**. Completely autonomous boards often have very little participation/oversight from the Department of Health or other applicable central agencies, including limited participation at the board level. As better described in the Executive Summary, the North Carolina Dental board was found liable for regulating the Dental profession without adequate representation at the board level from the general public as well as lack of supervision/oversight from central agencies.

Other negatives include the substantial redundancies and inefficiencies resulting from having multiple autonomous boards. These are better described as follows:

- There is considerable redundancy in administrative staffing in terms of managing customer phone calls, complaint intake, renewal intake and document processing
- Having independent board and conference rooms can be grossly inefficient and expensive (especially when these facilities are only in use several days per month)
- Independent enforcement of compliance with disciplinary actions and substance abuse programs is inefficient in comparison with centralized programs deployed in umbrella or hybrid models

[6] North Dakota Legislative Council Staff for the Budget Committee on Health Care, November 2005

- Having independent technology systems can be redundant and expensive to the state and their licensees, as well as create reporting inconsistencies and unintended barriers to the sharing of data across state agencies and the general public
- Lack of standardization between various boards and agencies, leading to confusion for auditors and the general public alike

3.2 Umbrella Oversight Boards

A number of states have migrated to an umbrella oversight model for regulatory boards. In each instance they cite operational efficiencies, costs savings, and expanded legislative and agency oversight as prominent reasons for the migration. A 2013 study commissioned by the Washington State Department of Health provided substantial support for the umbrella oversight model:

"There are numerous other benefits inherent to being part of an umbrella agency.

- Infrastructure such as information technology, human resources, communications and other common business functions can be leveraged to benefit the entire agency at a lower per capita cost
- Assistive professions can be developed and implemented in consultation with the boards and commissions for the primary providers
- Centralized rulemaking ensures that unforeseen impacts to other professions are identified and addressed before the rules are effective
- Steering committees for credentialing and enforcement issues allow discussion of common issues by members from across the division, including staff supporting the boards and commissions. The steering committees propose changes and enhancements to credentialing and enforcement based on best practices, benchmarking data, technology, legislation and emerging case law
- Legislative initiatives such as the bills related to licensing military members, spouses and domestic partners, and HB 1493, the 2011 transparency in discipline bill, are coordinated to ensure consistent outcomes for all professions, efforts are not duplicated, and subject matter expertise is grown and consolidated
- One-stop-shopping for the public, health care employers, legislative staff, media and other stakeholders:
    - Complaint intake for all health care professions. Complainants often refer to the provider as "doctor" without specifying the actual credential type. We are able to accept these calls without additional questioning or inconvenience for the caller
    - One call center that can direct callers to the appropriate staff for any profession. Since 2008, HSQA contracts with interpreters to support callers to our call center and program areas who have different language preferences. This contract also allows for translation services for written correspondence
    - A single web site that includes a provider search feature covering all credentialed health care providers, a single complaint form for any health

profession, and individual information and application pages for each profession

- Staffing levels that allow for depth and cross-training so that individual illnesses, emergencies or position vacancies do not have such a significant impact"[7]

The Project Team studied several states with primarily an umbrella oversight model. They include Pennsylvania, Delaware and Wisconsin.

In 1963, Pennsylvania created the Bureau of Professional and Occupational Affairs ("BPOA"). This Bureau consolidated 29 licensing boards and commissions (including health regulatory boards) under one agency, providing administrative, logistical and legal support services to professional and occupational licensing boards and commissions. The 29 licensing boards and commissions operate under the Bureau's umbrella with each having their own enabling statute governing their powers and functions.

As of 2014, the Pennsylvania BPOA housed 400 employees. This includes 52 full time attorneys and 130 employees who are responsible for the processing and licensing for over a million licensees. The total square footage for the BPOA facility is 83,000 square feet. There are four dedicated board rooms (each 1,000 square feet) servicing all 29 boards as well as four hearing rooms.

The BPOA provides the 29 boards and commissions under its umbrella with "legal, technical and administrative support to conduct written practical licensure examinations; review and verify education and experience of candidates for licensure; certify providers of education; receive and investigate public complaints; conduct periodic facility inspections; prosecute, adjudicate, fine and sanction violators; administer licensure programs, revise standards for licensure to keep pace with changes in the professions and advise the legislature on proposed statutory changes." [8]

The Bureau of Enforcement and Investigation ("BEI") provides the boards and commissions with facility inspection and law enforcement capabilities. Regional offices are maintained in Harrisburg, Philadelphia, Pittsburgh and Scranton.[9]

Both the BPOA and BEI serve under the Commonwealth of Pennsylvania's Department of State.

Pennsylvania has also created the Professional Health Monitoring Program ("PHMP") a program which allows "for non-public agreements with licensees who are mentally or physically impaired. The impairments generally relate to drug and alcohol abuse and/or addiction…."[10] All 29 boards use the PHMP in order to track for compliance with

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[7] Health Systems Quality Assurance Division HB 1103 Report (Washington State), January 2013
[8] Pennsylvania Department of State, Office of Chief Counsel 2014 Annual Report.
[9] Taken from an interview with Executive Deputy Chief Counsel Shannon Sprow with the Pennsylvania Department of State's Bureau of Professional and Occupational Affairs
[10] Pennsylvania Department of State, Office of Chief Counsel 2014 Annual Report.

the program. A centralized system is used including consolidated reporting which is produced on behalf of all of the boards.

Approximately 95% of license renewals are processed online through a centralized portal. Renewals are typically processed within one to two days of filing. License applications can be filed either online or in writing (depending upon the documents required) and typically take five to ten days to process.

As mentioned above, each of the 29 Boards under BPOA in Pennsylvania operate under a specific statute conferring separate functions and oversight authority. On each board, either the Commissioner of BPOA or a member of his staff serve as a board member. There are 250 board members.

In calendar year 2014, Pennsylvania's BPOA opened 14,572 complaint files, and closed 13,270 cases[11]. Additionally, 2,857 matters were initiated seeking disciplinary action, resulting in 762 citations being issued.[12]

The Bureau of Enforcement and Investigation, operating out of four regional offices, handles all initial complaint intakes and then assigns each investigation to a subject matter expert.

Regarding Wisconsin, Governor Scott Walker signed the 2011-13 state budget, creating the new Wisconsin Department of Safety and Professional Services (DSPS) – formed by combining the Department of Regulation and Licensing and parts of the Department of Commerce. DSPS is an umbrella agency overseeing 51 boards.

The 51 boards have varying levels of responsibility and professional oversight based on statutory provisions. There are 105.5 FTE's and all of the boards are located in DSPS's 45,000 square foot facility.[13] This facility houses several other DSPS functional teams as well. There are three board rooms plus five additional conference or smaller meeting rooms for policy or subcommittee meetings. There are 42 FTE's responsible for licensing and renewals and 41.5 FTE's responsible for managing complaints (including attorneys, investigators and monitoring staff), and 22 FTE's handling policy issues (board management, rulemaking, policy updates and administrative oversight of scheduling board rooms and conference space).

There are four divisions under DSPS including:

(1) The Division of Policy Development ("DPD") which provides administrative support and policy guidance to the professional boards in the state by facilitating board meetings, serving as a liaison between the boards and the Department, and managing the administrative rule promulgation process for self-regulated professions. The DPD also manages the administrative rule

[11] Pennsylvania Department of State, Office of Chief Counsel 2014 Annual Report.
[12] Ibid.
[13] Taken from an interview with Jeff Weigand, Assistant Deputy Director of the Wisconsin Department of Safety and Professional Services.

promulgation process for professions that are directly regulated by the Department. In 2012, the DPD provided administrative services to over 40 boards and councils and facilitated approximately 180 meetings relating to board activities.[14]

(2) The Division of Professional Credential Processing ("DPCP") processes all credential applications and oversees credential eligibility, renewal, continuing education requirements, and examination requirements for regulated professions.[15]

(3) The Division of Legal Services and Compliance ("DLSC") provides legal services to professional boards regarding investigations and discipline of licensees. DLSC is also responsible for the complaint intake process, monitoring compliance with disciplinary orders, management a confidential program for impaired professionals, performing audits of trust accounts, and conducting business inspections for pharmacies, drug distributors and manufacturers, funeral establishments, and barber and cosmetology schools and establishments.[16]

(4) The Division of Industry Services ("DIS") contains multiple bureaus including the Bureau of Field Services, and the Bureau of Technical Services.

In 2012, DSPS commenced a paperless office initiative. This includes DPD providing electronic board agendas and laptops to board members in place of paper agendas. This initiative also allowed the elimination of 214 file cabinets, 18 bookcases, and 144 feet of open shelving allowing the Department to add workstations.[17]

DPCP has developed an online license application system, allowing for secure payment and processing of applications online.

Of note, online applications are typically processed within 5-7 days with renewals typically handled within two business days.

Wisconsin has also initiated a professional assistance plan ("PAP"), similar to Pennsylvania's PHMP. The PAP oversees voluntary and disciplinary related cases relating to substance abuse and medical fitness programs.

DIS has actively attempted, whenever possible, to standardize all inspections and related reporting formats. All investigations result in reports and recommendations getting forwarded to the appropriate examining board.

Delaware's Division of Professional Regulation ("DPR") is tasked with providing regulatory oversight for 34 boards/commissions, which are comprised of Governor-appointed public and professional members. This oversight includes administrative, fiscal, and investigative support for 54 professions, trades and events.[18]

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[14] Wisconsin Department of Safety and Professional Services, September 2013 Report.
[15] Ibid
[16] Ibid
[17] Wisconsin Department of Safety and Professional Services, September 2013 Report.
[18] www.dpr.delaware.gov

DPR has a staff of 51 FTE's of which 18 are responsible for investigations.[19] DPR has purview over approximately 85,000 licenses, this includes approximately 11,000 new licenses issued and over 30,000 renewals issued annually.[20]

DPS uses 18 FTE's to conduct investigations and report findings to the various boards under DPR's umbrella. Annually, approximately 900 complaints are processed leading to upwards of 600 investigations.[21]

In Delaware, all applications, renewals and complaints relating to the boards under DPR's umbrella are processed through a centralized intake system, follow ups (including applications confirmations), and subject matter expertise flowing to each of the respective boards.

3.3 Hybrid Oversight Boards

Oregon uses a hybrid oversight approach with 17 health regulatory boards among them Dentistry, Medical, Pharmacy, Nursing, Veterinary, and Chiropractic operating autonomously.[22]

Of these 17 boards, most perform their own criminal background checks, have unique policies and procedures relating to complaints and licensure processing, and have their own investigators on staff.[23] "Of these boards, 15 licensed 5,000 or fewer professionals and facilities, while the Pharmacy Board licensed about 24,000 and the Nursing Board about 44,000 in 2012."[24]

Three other health regulatory boards in Oregon that aren't autonomous are managed by the Oregon Health Authority. Their boards are advisory in nature and are further differentiated from the autonomous boards as they "do not have final decision making authority in matters such as whether to take disciplinary action against a licensed professional."[25]

Finally, Oregon's Health Licensing Office ("HLO"), part of the Oregon Health Authority's Public Health Division, is a central licensing and regulatory office managing 14 health related boards, councils and programs including, among others, Midwifery, Athletic Trainers, Denture Technology and Dieticians.[26] HLO reviews and approves applicant qualifications, conducts examinations, inspects thousands of licensed facilities and

[19] As of this writing, we were unable to obtain facilities particulars from Delaware.
[20] www.dpr.delaware.gov
[21] www.dpr.delaware.gov
[22] Secretary of State Audit Report, Report Number 2014-06, March 2014
[23] Ibid
[24] ibid
[25] ibid
[26] http://www.oregon.gov/oha/hlo/Pages/Boards.aspx

independent contractors, responds to and investigates consumer complaints, and disciplines licensees who are found in violation of state requirements.[27]

Of note, Oregon's health professional regulatory boards are required by law to undergo periodic peer reviews with an emphasis on reviewing each boards' ability to meet their public health and safety missions. Each board that are subject to a peer review face scrutiny of their strengths, weaknesses and "challenges within the board's core functions." [28] These reviews are conducted by a team of executive directors of other health professional regulatory boards and at least one public member.

Washington State is unusual in that it has migrated from an umbrella oversight model to one involving a mixture of umbrella and autonomous boards. The Department of Health's Systems Quality Assurance Division ("HSQA") is an umbrella agency having oversight over Washington's various health related boards and commissions.

During the 2008 legislative session, a pilot program was approved for the Medical Quality Assurance Commission ("MQAC") and the Nursing Care Quality Assurance Commission ("NCQAC") to give each of these commissions autonomous control over their budgets, staffing, and administrative duties. Prior to this pilot, this authority rested with the HSQA. [29]

In response to the success of these pilots, the legislature returned in 2013 and made the program permanent for the MQAC and NCQA, and in the same legislation extended the program to the Chiropractic Quality Assurance Commission ("CQAC"). Effectively, these three boards have been de-coupled from the remaining umbrella boards under HSQA's oversight.

The Washington State Legislature determined that the three agencies referenced above were unique in nature. Furthermore, "analysis of the performance measures shows that other healthcare professions managed under the HSQU "umbrella" structure either perform as well as the pilot models or are trending in that direction."[30]
The Washington Department of Health, in a January 2013 study, determined that the pilot program was beneficial for certain boards. However, it also listed numerous benefits inherent to its umbrella agencies, these include:

- Shared Infrastructure such as information technology, human resources, communications and other common business functions can be leveraged to benefit the entire agency at a lower per capita cost.
- One-stop-shopping for the public, health care employers, legislative staff, media and other stakeholders.
- Complaint intake for all health care professionals.
- One call center that can direct callers to the appropriate staff for any profession.

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[27] ibid
[28] ibid
[29] House Bill 1103 Report to the Legislature, Washington State Department of Health, Publication Number 631-041, page 1
[30] Ibid, page 3

- A single web site that includes a provider search feature covering all credentialed health care providers, a single complaint form for any health profession, and individual information and application pages for each profession.[31]

Summary

Several of the states studied including Delaware, Pennsylvania and Wisconsin have embraced the umbrella oversight model. While others such as Washington and Oregon have adopted a hybrid oversight model in which certain boards have been de-coupled and/or are wholly autonomous.

The 2003 study by the Minnesota Office of Legislative Auditor's perhaps described the current environment regarding board consolidation best:

> ""Despite the lack of conclusive evidence, many states have moved to consolidate their boards or board functions in the last several decades, motivated by several factors:
> - the expectation of cost savings as a result of economies of scale
> - the prospect for small occupations to share otherwise redundant administrative inputs
> - the opportunity to promote overlapping scopes of practice and share expertise for like occupations
> - to encourage standardization of policies among boards"

The Project Team's research found that many states operating under the umbrella oversight model have enjoyed many of the benefits outlined in the Minnesota study.
In cases such as Oregon and Washington, a modified approach has been applied in the majority of their health regulatory boards are consolidated into an umbrella oversight model with others remaining autonomous. Those left largely autonomous have substantial interaction with federal agencies and service large numbers of licensees.

4.1 Regulatory Board Licensing Policies, Procedures and Protocols

This Section compares how the Subject Boards manage their licensing processes including background checks, continuing education, administration of testing, document retention and related technology support.

The Chart below shows a comparison of Sample Boards (in aggregate) in comparison to other states in terms of staffing levels as it relates to management of licenses.

[31] Ibid, pages 10, 11

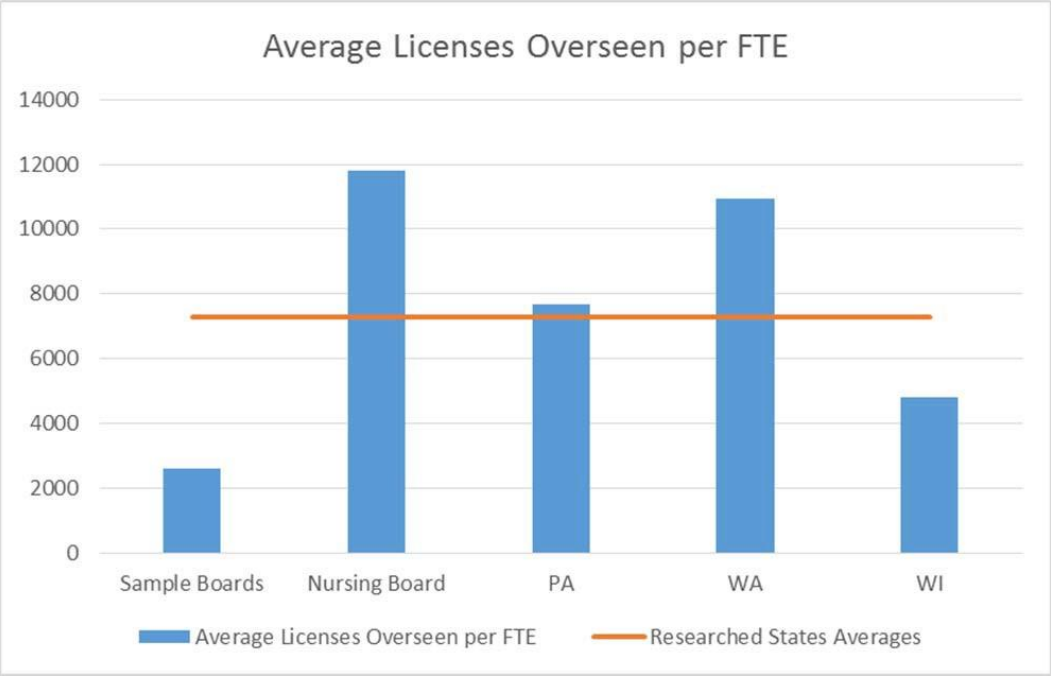

Figure 4: Per Employee Licensing Oversight

- Sample Board average does not include Nursing Board calculations.
- Nursing Board average licenses overseen per FTE is significantly higher than any other agency or state average with each employee responsible for over 11,800 licenses
- Average licenses overseen per FTE for researched states are approximately 7,850

4.1 Role of Staff in Licensure

Each of the Subject Boards have dedicated staff responsible for managing licenses. An example is the Board of Nursing, utilizing 11 FTE's to oversee approximately 130,000 licenses.[32]

Considerable pressures are placed on staff to efficiently, correctly, and quickly manage license application intake, processing and confirmations. Often the renewal cycles occur on a fixed date for all licensees. In some instances renewals occur one date every two years for all license renewals. Examples of this renewal cycles are found with the Psychologist Board. In other instances, license renewals are triggered on the month of a licensee's birthday or the anniversary month of the initial license issuance.

The inconsistent workload, particularly for those Subject Board's with a biennial renewal for all licensees, can lead to budgeting challenges. This may result in Boards collecting the vast majority of their licensing fees during a renewal year which may be misleading, as the following years' revenues are considerably less.

From a license processing stand point, the data contained in Figure 4 above shows the substantial differences in licenses processed per person in an autonomous governance environment such as Arizona's in comparison to the umbrella/hybrid governance models used in Pennsylvania, Wisconsin and Washington. Each of these states use

[32] https://www.azbn.gov

some form of centralized license processing system. In the case of Washington and Oregon, certain boards are excluded from the centralized processing system given complexities associated with the professions regulated.

4.2 Role of Boards in Licensure

Most of the Subject Boards approve the issuance of all licenses. Examples include Optometry, Podiatry, Chiropractic, and Dental. After that, the breadth and scope of the differences between the Subject Boards regarding processes, policies and management of licensing is considerable.

The PT Board's licensing approval process provides a good example of the internal review process involved in granting a license. A unique option available to PT Board applicants is the ability to apply for licensure prior to graduating from an accredited program. This process allows students to complete all steps necessary to sit for the national physical therapy or physical therapy assistant tests, which are only given four times per year, prior to graduation. Once the applicant has completed all requirements, including graduation from an accredited program their license will be finalized and issued.

Renewals for PT Board licenses are processed bi-annually during the month of July. Renewal notices are sent via mail and electronically. Approximately 90% of renewals are completed utilizing the Board's online registration portal.

Final approval for initial licensure by exam requires actions by the PT Board during a public meeting. The Executive Director then approves all licenses and renewals by endorsement.

In the case of the Psychologist Board, once an application is received, all documentation is reviewed by Board staff to determine completeness and either notify the applicant of additional information needed or refer the application to the Application Screening Committee for consideration at their monthly meetings.

The Committee is responsible for completing a substantive review of all applications for licensure including those professionals seeking licensure by exam, waiver, credentialing or work experience. The documentation requirements for each of these categories vary and may be quite voluminous and detailed.

Examples of documentation needed for review may include an applicant's relevant work experience, supervisor statements, work plans, course descriptions, continuing education certificates and syllabi to assure the regulatory requirements for licensure have been met. This review may require analysis of supervisor statements and employment records to confirm clinical practice requirements have been satisfied. In the event the committee identifies a deficiency an applicant is notified and provided the opportunity to submit additional supporting documentation or appear at a telephonic meeting to address concerns with the committee. The Application Review

Committee provides recommendations to the full Board for action on those applications which have met the statutory requirements for licensure.

4.3 Background Checks and Testing

Most, if not all of the Sample Boards perform some type of background investigation as a prerequisite to issuing a license and in some cases at the time of renewals. Some of the Boards go to great lengths in performing background reviews including fingerprint based FBI background checks. This is generally in line with what occurs in other states.

Oregon's health professional licensing boards that regulate healthcare professionals handle background checks as follows, "most boards perform initial criminal background checks of applicants, except for the Veterinary, Occupational Therapy, and Speech Pathology and Audiology Boards. Of the boards that do initial background checks, most perform a national fingerprint-based FBI check. However, most boards do not conduct subsequent checks upon renewal, and some professionals have never been checked."[33]

Subject Boards such as Behavioral Health, Nursing, Dental and Physical Therapy all require each prospective licensee to pass examinations designed to confirm their ability to practice within the regulated profession prior to licensure. These tests may be: (1) administered from a national organization and standardized across all states; or (2) be the product of a smaller subset of states participating in a reciprocity program; or (3) unique to Arizona. These examinations typically are offered only a few times each year.

4.4 Continuing Education

Many of the Subject Boards track and audit continuing education requirements. The Board of Physical Therapy is a good example. Charles Brown, the Executive Director, gave us a good overview of their obligations and process as it relates to continuing education:

> "Continuing competence activities are monitored through an auditing system. The Board is required to perform a random audit following every renewal period. The Board votes on the percentage of licensees that will be audited for the renewal period. The Board's database selects the licenses to be audited. They are contacted via certified mail and required to submit their documentation to prove compliance with the continuing competence activities. If they respond and are in compliance, the licensee is notified of the compliance findings. If they fail to respond an investigation is opened and disciplinary action may be taken. If they respond and are found deficient they are provided 6 months to complete deficient activities. If they are found to have provided false information on their application for renewal they face an investigation and possible disciplinary action in accordance with the Board's matrix for Continuing

[33] Secretary of State Audit Report (Oregon), Health Professional Regulatory Boards: General Review. March 2014

Competence Discipline."[34]

This process to a large extent is similar to processes used by other Subject Boards regarding tracking and auditing continuing education compliance. The majority of continuing education audits are conducted using a sampling of the licensees, however some Sample Board's such as Optometry and Respiratory Care audit 100% of licensees. In most instances a request is sent via U.S. mail to the licensee advising they've been selected for an audit and requesting supporting documentation.

Tracking of continuing education requirements has been challenging for some of the Subject Boards. The Arizona Auditor General recently was critical of the Acupuncture Board's management of continuing education tracking, finding that the Board had issued several license renewals "without ensuring that the licensees met continuing education requirements."[35] The Respiratory Board recognized this challenge and has significantly increased their continuing education audits during the past few years. The Respiratory Board also established a continuing education matrix to ensure consistency in its final decision and penalty enforcement. The Respiratory Board granted broader authority to the executive director to streamline the process to reduce the time needed to process these complaints.

Other states have advanced their tracking of continuing education processes beyond those currently in use in Arizona. A good example is found in Florida, where a centralized tracking system is in use. Their Department of Health, Division of Medical Quality Assurance, reviews a licensee's continuing education records using an electronic tracking system – as a contingency prior to issuing a license renewal. The review happens automatically when a licensee submits a request for a renewal. If the licensee's continuing education records are incomplete, the licensee is prompted to enter any required continuing education hours prior to proceeding with the renewal.[36]

4.5 Document Retention

Many of the Subject Boards rely on a paper system to maintain their records relating to licenses, and complaint investigations. However, ADHS is actively promoting a migration to a paperless office solution both in policy and by example. Case in point being its oversight of the medical marijuana program in which all records relating to licenses and renewals are electronically housed.

The Optometry Board has also embraced the goal to migrate to a paperless office. The Board has an online portal allowing for processing of license applications, renewals and secure payment processing. In furtherance of these efforts the Optometry Board has also digitized all archived records with the exception of licensing files. Most, if not all, of the other Subject Boards are either following the example set by the Optometry Board or are in various stages of planning a migration to a fully paperless office solution.

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[34] Responses to form Questionnaire dated September 13, 2016

[35] Arizona Auditor General - Performance Audit and Sunset Review, September 2016, Report 16-109

[36] http://www.floridahealth.gov/licensing-and-regulation/ce.html

Of the other states studied, Wisconsin has fully embraced a paperless office solution. Beginning in 2012, it's DSPS (umbrella board) commenced a paperless office initiative which now includes provision of electronic board agendas and laptops to boards members, as well as an online applications and renewals system, allowing for payment and processing of applications online.[37]

4.6 Technology Solutions

The Subject Boards each have a unique website, and primarily utilize separate technology systems tailored specifically to meet each individual board's needs.

Many of the Subject Boards continue to require submission of paper documentation in order to process license applications and payments. In most instances data gathered during investigations and processing of complaints are largely handled using paper.

Most of the Sample Boards are either considering or in process of implementing technology updates to better manage the flow of information and digitize document processing whenever possible. Several of the Sample Boards have made considerable strides in modernizing their technology platforms including the Optometry Board (referenced in Section 4.5) and the MD Board, among others. The MD Board is able to process via its online portal initial license applications, renewals as well as payments.[38]

A statewide enterprise eLicensing RFP has been issued in which it is contemplated that certain boards will opt in during fiscal year's '17 and '18. Over time, subject to funding, additional boards are expected to adopt the eLicensing platform.

Of the other states studied, Wisconsin (referenced in Section 4.5) and Pennsylvania provide good examples of states that have built centralized technology platforms to support the various needs of numerous agencies.

In Pennsylvania, a centralized portal is used to support 29 boards and agencies. This site supports a platform for submission of all licensing, filing of complaints, license verifications and payments. As of this writing, approximately 95% of license renewals are processed online. Renewals are typically processed within one or two days of filing. License applications can be filed online or in writing (depending on the documents required) and typically take five to ten days to process.

5.1 Regulatory Board Complaint, Disciplinary and Investigative Procedures and Protocols

How the initiation, investigation and enforcement of complaints are handled is critical to each respective board's primary mission in protecting the health and safety of the citizenry.

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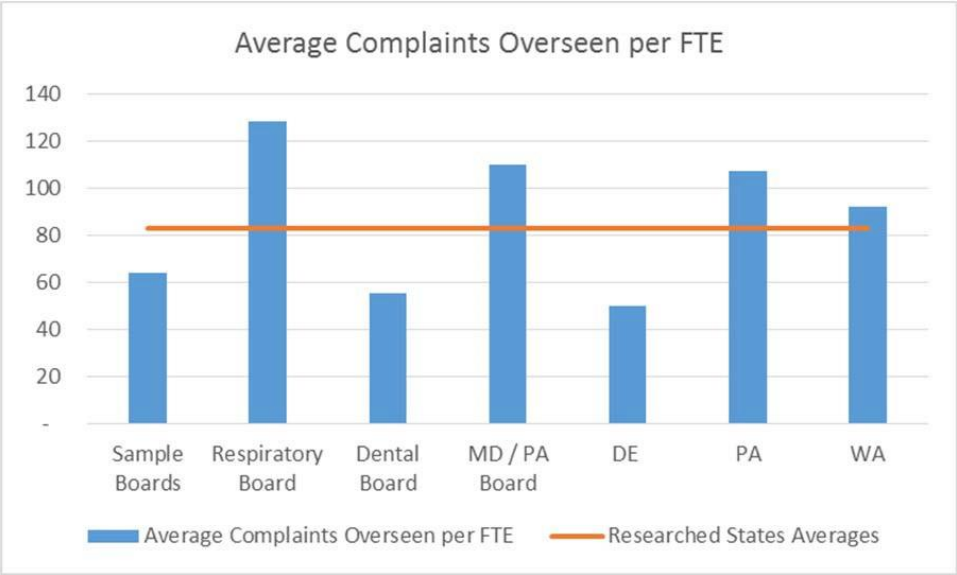
[37] Wisconsin Department of Safety and Professional Services, September 2013 Report

[38] An exception is licensees previously holding an Arizona license – applications must be filed via mail.

The following chart shows the resources needed to manage complaint investigations currently by the Sample Boards and comparison with certain other states interviewed.

Figure 5: Employee per Investigation Responsibility



- Sample Boards average complaints overseen does not include Respiratory Board, Dental Board or MD/PA Board
- The Respiratory Board initiated an audit of the continuing education requirements for all licensees during the reporting period. This resulted in a significant increase in complaints which will likely return to prior levels in coming years.
- The Dental Board and MD/PA Board utilize consultants on nearly every investigation. These experts are not included in the oversight per FTE calculation.
- Cumulative average of complaints overseen per FTE, including subject experts, for researched states is 85.

5.1 Role of Boards in Complaint, Disciplinary and Investigation Management

The pressure upon the Subject Boards to investigate and resolve complaints varies considerably. The OT and AT Boards collectively received less than 10 complaints regarding their 1,774 licensees during FY 2016, while Behavioral Health received approximately 130 complaints regarding their 10,226 licensees during the same period. On the high end of the scale lies Nursing which received approximately 2,000 complaints in reference to their 130,000 licensees.

In reviewing numerous Arizona Auditor General Reports, substantial emphasis has been placed on removing barriers to filing complaints, as well as developing enhanced policies and procedures in order to resolve complaints quickly, thoroughly and in a transparent fashion.

An example is the September 8, 2016 Auditor General Report involving the Acupuncture Board. The Report's findings include a request that the Board tighten its

policies relating to confirmation of citizenship; that priority be placed on reviewing complaints within the Board's jurisdiction; and, that additional focus be placed on the components of an adequate complaint investigation.[39]

Another example is found with the MD/PA Boards in which concentrated efforts have been made to improve the time it takes to open and close investigations in light of the findings of the 2013 Ombudsman and 2015 Auditor General Reports respectively. This is crucial to their missions in ensuring that potential public safety issues are addressed in a timely fashion.

The MD/PA Boards continue to strive towards a complaint processing time of 180 days or less with an average of 158 for FY 2016.

The MD/PA Boards have instituted a standardized complaint policy and procedure to establish minimum guidelines, procedures and policies for complaints. This policy details not only the protocols for receiving, documenting and processing a complaint, but also published timelines and prioritization guidelines. Upon completion of the investigation of all complaints are scheduled for an initial review before the Board.

The Psychologist Board receives two distinct categories of complaints. Those filed against a psychologist who performed court-ordered service for a complaint and filed against a licensee that do not relate to court-ordered services. A total of 50 complaints were filed in FY 2016. These complaints were reviewed and processed based on whether or not the complaint is based on services provided due to a court-order.

Regarding the Respiratory Care Board, a total of 192 complaints were filed in FY 2016. This represented a significant increase in complaints from prior years and is due in large part to the Board instituting expanded audits of licensee's continuing education requirements. The Respiratory Care Board established a continuing education matrix to establish consistency in its final decision and penalty enforcement. The Respiratory Care Board granted broader authority to the Executive Director to streamline the process to reduce the time needed to process these complaints.

Pennsylvania's umbrella oversight model drives all complaint intake and management to its BEI. After a complaint is screened and opened, it is assigned to an investigator having subject matter expertise.

In Delaware, complaints are filed with the Division of Professional Regulation. A statement of complaint form is filed with the Division and then forwarded to the Division's Investigative Unit. Within 15 days, or one week in the case of a complaint relating to the Board of Medical Licensure and Discipline, of a complaint being filed, the Division sends the complainant a letter to acknowledge receiving the complaint. Additionally, the complaint information is sent to the respondent. The respondent then

[39] September 8, 2016 Office of the Arizona Auditor General, re Performance Audit – Sunset Review, State of Arizona Acupuncture Board of Examiners

may file an answer to the complaint with the Division within 20 calendar days of receiving the complaint. The Division then must provide advice on the progress of the complaint at least every 90 days until it is resolved. The Division also provides the complainant with information on how to contact the investigator assigned to the complaint.[40]

5.2 Role of Staff in Complaint, Disciplinary and Investigation Management

Each of the Sample Boards individually handles the intake, processing, and investigation of complaints. The first step for most Boards is to confirm they have jurisdiction over a matter. If not, the complainant is notified and no case is opened. Typically, after a complaint is investigated, recommendations on disposition are set forth to the executive director, an advisory committee or both. Several of the Sample Boards have established criteria regarding disciplinary actions and rely on this criteria when drafting recommendations. With some of the boards, executive directors have authority to dismiss certain complaints. However, in most instances, it is left to the board to determine how best to address the disposition of complaints, usually with the support and guidance of an assistant attorney general.

The PT Board's initial step for all complaints is for the senior investigator to document the complaint and open a file. Although not a statutory requirement, the senior investigator is both a licensed physical therapist and has received basic and specialty certifications by CLEAR. The senior investigator gathers all relevant documents, conducts interviews and reviews all relevant information to complete the investigation report and submits to the executive director. The executive director will review and submit with recommendations to the PT Board for consideration at a public meeting.

The Psychologist Board has a unique complaint/claim process due to the fact that they handle two distinct categories of complaints. For complaints filed, but not related to court-ordered services, all relevant documentation and interviews are processed first by Board staff to complete the initial investigation. When completed, staff refers these complaints to the Board's Complaint Screening Committee ("CSC"). The CSC, comprised of three Board members including one public member and two licensees, completes a first level review of the complaint and may choose to dismiss or refer the complaint to the full Board for action. Claims filed against a licensee who performed court-ordered services are referred to three members of the Board ("Reviewers") for initial consideration and review. The Reviewers must be comprised of one public member and two licensees. All claim reviews are completed independently and if necessary additional information or documentation may be requested from the claimant. If one or more of the Reviewers determine there is merit to open a complaint, a recommendation is made to the Board's Executive Director. A complaint is then opened and an investigation initiated. If the three Reviewers independently recommend not opening a complaint, a complaint will not be opened.

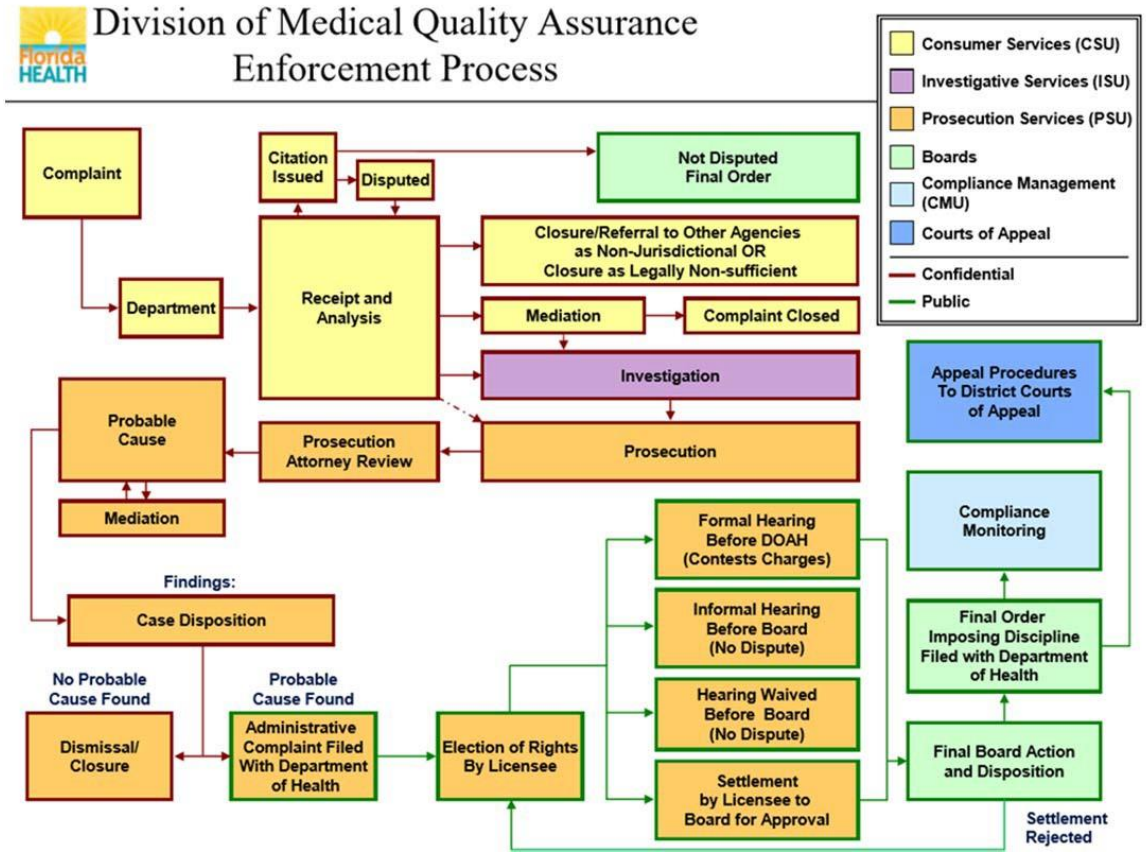
[40] http://www.dpr.delaware.gov/boards/investigativeunit/filecomplaint.shtml

The Podiatry Board's process is for the executive director to gather all relevant information relating to a complaint. In instances involving the need for specific medical expertise, a consultant is used to support gathering all relevant information relating to a complaint. The executive director then submits findings and disciplinary recommendations to the Board for consideration.

The BH Board has implemented a prioritization program in managing its portfolio of complaints, using a range of high, medium or low priority. Behavioral Health also implemented policies and procedures allowing its credentialing committees to dismiss certain low priority complaints without forwarding to the Board for formal approval. The staff sends all complaints deemed high priority (involving high risk and complex complaints) to the Board for formal review and disposition.

Florida's Division of Medical Quality Assurance's provides an excellent example of the process used to prosecution and investigation of complaints in the following chart:

Figure 6: Florida Division of Medical Quality Assurance Complaint Process



5.3 Complaint Filing Processes

Depending upon the Subject Board, complaints may be filed four ways, by phone, fax, and mail or online. Many of the Boards try to limit the filing of complaints to written form only. A good example being the Optometry Board in which complaints may be filed using the Board's website or via mail.

In reviewing how other states handle the filing of complaints, Illinois' Department of Public Health (an umbrella agency) allows complaints to be filed by phone, mail or fax. While in Florida, state law prohibits the oral filing of regulatory complaints, complaints involving unlicensed activities may be filed over the phone.[41]

[41] http://flboardofmedicine.gov/complaints-process-faqs/

5.4 Investigation Processes and Disciplinary Procedures

Most of the Sample Boards enlist the support of investigators (either on staff, volunteers or consultants) to investigate complaints.

The Nursing Board relies on their team of investigators, many of whom have expertise in criminal investigations or law enforcement, to complete a thorough investigation of all complaints. These investigations typically include a detailed document collection and review, interviews with the complainant and the licensee and review with subject matter experts as needed. The Nursing Board is in the process of migrating all processes and procedures relating to key elements of Board operations, including investigations to the Optimal Regulatory Board System or "ORBS". When fully implemented, this turnkey license management discipline enforcement system will be used by 59 state and territorial nursing regulatory agencies. This system will allow for all key data points to be centrally located in easily accessible to all staff and Board members. The Nursing Board will be the fourth agency to deploy this highly integrated system.

The MD/PA Board uses its Review Committee, comprised of key personnel including the executive director, chief medical consultant, assistant attorney general, investigative staff and operations manager. The Review Committee drafts the investigation report and presents recommendations to the Board.

The Chiropractic Board uses one part-time investigator with support from the executive director and the deputy director when handling complaint investigations. The investigator and when appropriate, executive director complete a detailed investigation of all opened complaints including record and documentation reviews, witness statements and scope of practice analysis. Upon completion, a report and recommendations are provided to the Chiropractic Board for consideration and disposition.

Following an investigation by Board staff, all complaints under the Dental Board's purview are reviewed by the Internal Investigative Review Committee ("IIRC"). The IIRC is comprised of the executive director, investigative supervisor, assistant attorney general and the assigned consulting investigator.

The IIRC reviews the complaint files and completes a detailed report of the findings. Additionally, the IIRC report includes any recommendations and rationale for disciplinary action. These recommendations are typically based on prior Board actions and documented practices. If the executive director believes a complaint does not have merit they may dismiss the complaint, so long at the IIRC is in agreement.

The executive director, with assistance from licensing administrator, gathers all relevant documents and records to complete the investigation. In the event specific medical expertise is needed a consultant may be retained. The executive director submits findings and disciplinary recommendations to the Optometry Board for consideration.

The MD/PA Boards requires that all of their investigators complete CLEAR training, and the majority of those responsible for investigations have also completed the Certified Medical Board Investigator Training Course ("CMBI"). A pool of outside medical consultants are also utilized for records reviews, particularly when specific clinical expertise is required. The findings of each investigation are considered by the Review Committee which is comprised of several key personnel including; Executive Director, Chief Medical Consultant, Assistant Attorney General, investigative staff and Board Operations Manager. This committee drafts the investigative report and provides recommendations to the Board.

Oregon's health regulatory boards handle complaints similarly to their equivalents in Arizona. When a complaint gets opened, the Board typically designates a staffer or an investigator employed by the board to handle the investigation. "An investigator is required to collect evidence, interview witnesses, and make a confidential report to the board describing the results of the investigation and any prior disciplinary history of the licensee."[42]

In Washington, "the legislature authorizes the Secretary of the Department of Health and 14 boards and commissions to discipline healthcare providers that violate the law. The boards work with the department to develop processes for receiving, investigating and determining appropriate discipline for violations. Action can only be taken against providers that are required to be licensed, certified or registered with the department."[43]

When a complaint is received, it must meet two thresholds: (1) the event is potentially a violation of the law; and (2) the Department of Health has legal authority to take action. "If these two conditions are not met, the file is closed below threshold. Below threshold means the complaint did not meet the legal requirements for us to investigate. If we determine the allegation might be a violation, and there is legal authority to take action, we conduct an investigation. We manage each case throughout the disciplinary process. We work with investigators, staff attorneys, and the Office of the Attorney General to identify violations and evaluate evidence. If the evidence does not support the complaint then the complaint is closed. If violations are found, the case is presented to a panel of members from the department, board or commission for approval to take action."[44]

Disciplinary Procedures

The range of procedures used by the Sample Boards to sanction licensees range from non-disciplinary measures (including monetary fines, letter of concern, additional continuing education) to disciplinary measures which may include remediation

[42] Secretary of State Audit Report, Health Professional Regulatory Boards: General Review, Report Number 2014-06, March 2014

[43] http://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility/HealthProfessionsComplaintProcess#5

[44] Ibid

programs (for such things as substance abuse), suspensions, revocations of licenses, and in certain instances criminal charges. Here are some examples:

- The MD/PA Board may utilize a broad spectrum of disciplinary and corrective actions ranging from letters of concern to revocation
- The PT Board may resolve complaints via dismissal, non-disciplinary action, or a hearing to take place at a later date, or impose a wide range of non-disciplinary or disciplinary actions
- The Optometry Board reviews all complaints during a public meeting and may elect to dismiss a complaint or impose a wide range of non-disciplinary or disciplinary actions. This may include a letter of reprimand, consent agreement scheduling of an initial interview or refer to a formal hearing
- Disciplinary actions taken by the Psychologist Board may range from dismissal of a complaint, to practice restrictions increased supervision, suspension or revocation

All of the states studied provide some of all of the disciplinary procedures available to the various Sample Boards. For example, the disciplinary actions that may be taken in Washington "against a healthcare provider are described in the Uniform Disciplinary Act under RCW 18.130.160. Actions include but are not limited to fines, counseling, re-training, practice limitations or suspension from practice. Both the department and the boards and commissions are responsible to ensure the public is protected and to rehabilitate the provider."[45]

6.0 Health Regulatory Board Operations

6.1 Board Appointments / Terms

All of the Subject Board members are appointed by the Governor and may be removed by the Governor. Each of the Subject Boards is comprised of at least a majority of its members coming from the profession that they regulate. Board terms typically are 3 to 5 years. However, many of the boards allow for members to serve multiple years and it's not unheard of to have members serve over ten years in some instances.

The ADHS Managed Boards have advisory committees who provide policy guidance to ADHS leadership, and do not have formal decision making authority.

6.2 Board and Committee Meeting Commitment

Many of the Sample Boards do not have subcommittees. In most instances, Board meetings are convened monthly or every other month.

[45] http://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility/HealthProfessionsComplaintProcess#5

In the case of the Chiropractic Board, meetings are typically held one day per month. However, an additional day is spent prior to each board meeting reviewing approximately 20 applications for doctor of chiropractic licenses.

The Naturopathic Board convenes meetings monthly, with each meeting lasting approximately four hours. When we asked about subcommittees, the executive director said that there are subcommittees, but meetings are rarely convened.

The OT/AT Boards meet on a monthly basis and do not have subcommittees.

In addition to convening a board meeting each month, the Behavioral Health Board has four academic review committees comprised of licensed professionals. These committees also typically meet each month and use the dedicated board room as the committee meetings are public hearings.

Many of the Subject Boards share board rooms with multiple boards.
In some of the states studied, boards are advisory in nature and convene periodically to provide policy guidance. This is the case in Illinois, which operates under an umbrella oversight model. In Washington, three boards operate with an autonomous oversight model, similar to the Subject Boards. The remaining health regulatory boards operated under an umbrella oversight model.

6.3 Staff Requirements to Support Board Operations

The Executive Directors and other support staff prepare board packages in advance of board meetings for all of the Subject Boards. In virtually every instance, these packages are prepared electronically and submitted either via email or dedicated online portals.

We found that most of the Sample Boards staffs work diligently to support the efforts of their respective boards. In addition to Board package presentations, they typically actively provide research materials, legislative updates, guidance on rules, and feedback on national trends and comparable agencies.

In looking at the requirements placed on board staff in other states, the Project Team came across a process used in Oregon which would support Arizona's goals of increasing board operational efficiencies. In 2009, Oregon passed legislation mandating peer reviews of each board. "The executive director shall prepare periodic reports regarding the licensing, monitoring and investigative activities of the board. The executive director shall submit the reports to the board and the Governor. The Oregon Department of Administrative Services, in consultation with the board, shall adopt rules specifying requirements for the report content and processes for preparing and submitting the reports. The rules may be consistent with performance management measures and processes initiated by the department. The rules shall require each board to undergo a peer review of board activities by a team of executive directors of other health professional regulatory boards and at least one public member. The department may assess the board for the cost of the peer review."

In Pennsylvania, the Commissioner of their umbrella agency sits on each of the boards under the BPOA's umbrella agency purview.[46] This requirement is in place to further transparency in Board management as well as to ensure that each board isn't operating in a silo and/or to promote consistencies in board management with the other Pennsylvania boards.

7.0 Health Regulatory Sample Board Profiles

The following is an abbreviated review of each of the Sample Boards and includes some thoughts on what components of each may be suitable for consolidation.

7.1 Arizona State Board of Athletic Trainers and Arizona Board of Occupational Therapy Examiners

The Arizona State Board of Athletic Trainers ("AT Board") is responsible for the licensing and oversight of 685 athletic training professionals.

The Arizona Board of Occupational Therapy Examiners ("OT Board") is responsible for the licensing and oversight of 3,182 occupational therapists.

These Boards operate autonomously, but share one executive director and are housed in one office.

7.1.1 Staffing and Facility Profiles

The AT/OT Boards are located in a privately owned 1295 sq. ft. facility. Two additional Subject Boards are housed in the same building, which includes use of a board room with video and audio conference capabilities. All four agencies share the board room. Combined, the AT/OT Boards employ 3 FTE positions. Each Board has 1 FTE employee with responsibility for the processing of licenses and renewals, as well as providing general operational support. The third FTE serves as the executive director for both boards.

7.1.2 Licenses Issued / Processing Procedures

The AT/OT Boards issue licenses for athletic trainers, occupational therapists and occupational therapy assistants respectively.

All applicants seeking licensure may obtain the necessary forms from each board's website. All forms must be returned, with the applicable fees, via mail or in person. Currently the AT/OT Boards do not accept online submissions or payments.

Renewal notices are provided via mail for all licensees.

7.1.3 Investigation Processing Procedure

Complaints regarding an AT/OT Board licensee may be filed utilizing the complaint form found on the Board's website or written request.

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[46] Technically, the Commissioner is state employee, hence the inclusion of this paragraph in this section of the study.

The Executive Director completes a detailed investigation of all opened complaints including record and documentation reviews, witness statements and scope of practice analysis. Upon completion, a report and recommendations are provided to the applicable board for consideration.

A total of 7 complaint files were opened in FY 2016 for both Boards.

Disciplinary actions may range from the issuance letter of concern to probation, suspension and or surrender of license.

7.2 Arizona Board of Behavioral Health Examiners

The Arizona Board of Behavioral Health Examiners ("BH Board") is responsible for the licensing and oversight of 10,226 professionals in four disciplines; counseling, marriage and family therapy, social work and substance abuse counseling. Approximately 560 individuals hold multiple licenses.

7.2.1 Staffing and Facility Profiles

The BH Board is located in a privately owned 5,760 sq. ft. facility. The facility includes a private board room and onsite document storage. The board room is utilized for hearings, interviews and several committee meetings each month by the Board.

The Board employs 15 FTE positions. There are 4 employee which have direct responsibility for the processing of licenses and renewals. 5 FTE are primarily dedicated to the oversight of complaints processing and investigations. The remaining staff are responsible for board operations and support.

In addition to the Board staff and members, the BH Board has four Academic Review Committees. The primary responsibility of these committees is to review licensure applications to assure all statutory requirements have been met. Each committee is comprised of three licensees who are volunteers.

The BH Board has implemented CLEAR training for not only key personnel, but also Behavioral Health Board and Academic Review Committee members.

7.2.2 Licenses Issued / Processing Procedures

The BH Board issues ten unique licenses across the four disciplines they oversee. These include licenses for those working under supervision within a practice or clinical setting, as well as, those licensees working independently.

Forms for all applicants seeking licensure may be found on the Board's website and submitted via mail. Once an application is received, all documentation is reviewed by board staff to determine completeness and either notify applicant of additional information needed or refer to appropriate Academic Review Committee.

These three-member committees are responsible for the review of all applications for licensure, including professionals seeking licensure in Arizona who have previously been licensed in another state. The committees review the applicants relevant work experience, course descriptions and syllabi to assure the regulatory requirements for

licensure have been met. This review may require analysis of job descriptions and employment records as well to confirm clinical practice requirements have been satisfied. In the event the committee identifies a deficiency an applicant is notified and provided the opportunity to submit additional supporting documentation or appear at a meeting to address concerns with the committee. The Academic Review Committee provides recommendations to the full Board for action on these applications.

In addition to review of all licenses, the Academic Review Committee also reviews educational programs from regionally accredited colleges or universities and provides recommendations regarding accreditation to the Board.

Renewals for all BH Board licensees may be processed online. Additionally, those with multiple licenses may apply via the Board's website to have their expiration dates synchronized.

7.2.3 Investigation Processing Procedure

Complaints regarding a BH Board licensee may be filed via the Board's website, mail or in person. The Board also considers complaints opened by the four Academic Review Committees.

A total of 133 complaints were filed in FY 2016. These complaints were reviewed and determined provided a rank of high, medium or low priority. This categorization is based on the severity of the alleged complaint and potential risk for public or patient safety.

In 2012, the Arizona Auditor General's Performance Division completed their Performance Audit and Sunset Review of the Behavioral Board.[47] This report determined that many of the complaints filed with the Behavioral Board were not resolved in a timely manner. The report cited a series of reasons for this delay in processing including staffing levels, duplicate reviews and the Board being required to review all complaints rather than staff dismissing without investigation based on scope or practice and jurisdiction constraints.

Since the 2012 audit, the BH Board has implemented many policy and procedural changes to address the concerns of the report and streamline the complaint process. Most notably is the implementation of the prioritization system for all complaints. By addressing complaints with the highest risk to patient or public safety in an expedited fashion, the Board has allowed for timeline of resolution within four months of receipt to be set. The BH Board also implemented a monitoring systems and protocol to provide greater accountability for all investigative staff. The Board continues to focus on improving timeliness of complaint processing to meet the 180 day resolution deadline.

[47] Office of the Auditor General, Report No. 12-03, Performance Audit and Sunset Review, Arizona State Board of Behavioral Examiners August, 2012

Disciplinary actions taken by the Behavioral Health Board may include dismissal of a complaint, licensing restrictions including increased supervision, suspension or revocation among other actions.

7.3 Arizona Board of Chiropractic Examiners

The Arizona Board of Chiropractic Examiners ("Chiropractic Board") is responsible for the licensing and oversight of 2,518 chiropractic professionals.

7.3.1 Staffing and Facility Profiles

The Chiropractic Board is located in a privately owned 2,844 sq. ft. facility. The facility includes a private board room and onsite document storage.

The board employs 4.5 FTE positions. 1.5 employee have direct responsibility for the processing of licenses and renewals. Approximately .75-1 FTE are dedicated to the oversight of complaints processing and investigations. Employees responsible for investigations have training through CLEAR. The remaining staff are responsible for board operations and support.

7.3.2 Licenses Issued / Processing Procedures

The Chiropractic Board issues chiropractic licenses, as well as two specialty certifications: Physical Medicine Modalities and Therapeutic Procedures and Acupuncture. The Board also requires non-physician owned clinics that offer chiropractic services to register as a business entity with the Board.

All applicants seeking licensure whether by examination, reciprocity or endorsement, must complete a request for application form and submit either via mail or in person to the board with an administrative fee. Upon receipt of the request for application form and appropriate fee, the applicant is provided all necessary documents.

Renewals for all Chiropractic Board licensees may be processed online.

Final approval for all initial licenses and specialty certifications requires an action by the Chiropractic Board during a public meeting, which are held monthly.

Statutorily, a license must be processed within 120 days. However, the Chiropractic Board strives to expedite this process and typically completes within two to three months.

7.3.3 Investigation Processing Procedure

Complaints regarding a Chiropractic Board licensee may be filed via the Board's website, mail or Ombudsman.

The investigator and when appropriate, Executive Director complete a detailed investigation of all opened complaints including record and documentation reviews, witness statements and scope of practice analysis. Upon completion, a report and recommendations are provided to the Chiropractic Board for consideration.

A total of 52 complaints were filed in FY 2016. During the same period 26 complaints were dismissed and disciplinary actions, including interviews and consent agreements occurred in 18 cases.

Disciplinary actions in FY 2016 included: civil penalty issuance, probation, suspension and voluntary surrender of license.

7.4 Arizona Board of Dental Examiners

The Arizona Board of Dental Examiners ("Dental Board") is responsible for the licensing and oversight of 29,617 dental professionals.

7.4.1 Staffing and Facility Profiles

The Dental Board is located in a privately owned 4,208 sq. ft. facility. The facility includes onsite document storage specifically designed with reinforced flooring. In addition to the office facility, the Dental Board has a 1,000 sq. ft. board room on the floor below. The board room has enhanced video streaming and audio recording capabilities. There is also an adjacent room which allows for the board to quickly go to an executive session if required.

The board has appropriation for 11 FTE positions, but current staffing level is 9 FTE. The current staff consists of 4 employees with direct responsibility for the processing of licenses and renewals. Approximately 5 FTEs are dedicated to the oversight of complaints processing and investigations. Additional staff duties include board operations and support services.

7.4.2 Licenses Issued / Processing Procedures

The Dental Board issues fourteen unique licenses, as well as four license add-ons for dentists, dental hygienists and dental assistants. The board also issues licenses for business entities and provides a mobile permit.

All initial licensing documents including initial applications, detailed instructions and renewal forms are available on the Dental Board's website. Applications for initial licensure, and applicable fees, must be submitted via mail or in person to the Dental Board's office. Renewals and applicable fees, may be submitted online.

Dental Board licensing staff review all applications upon receipt. If the requirements are not met the applicant receives notification of deficiency and has sixty days to submit any missing documentation. If the information is not received within this timeframe, the applicant must begin the licensing process again.

Upon completion, all applications for licensure are forwarded for inclusion on an upcoming Board agenda for action. The Dental Board provides cutoff dates for completed applications to be considered at the next board meeting.

7.4.3 Investigation Processing Procedure

Complaints relating to a Dental Board licensee may be filed via the Board's website, mail or Ombudsman. The Dental Board will investigate telephonic or anonymous complaints if related to substance abuse or impairment concerns.

A total of 276 complaints were reported in FY 2016. In many instances, the complaints filed relate to fees or insurance reimbursement issues which are outside the Board's jurisdiction. For complaints outside the Board's jurisdiction no file is opened.

Upon completion of the investigation by staff, all complaints under the Dental Board's purview are reviewed by the Internal Investigative Review Committee ("IIRC"). The IIRC is comprised of the executive director, investigative supervisor, assistant attorney general and the assigned consulting investigator.

The IIRC reviews the complaint files and completes a detailed report of the findings. Additionally, the IIRC report includes any recommendations and rationale for disciplinary action. These recommendations are typically based on prior Board actions and documented practices. If the executive director believes a complaint does not have merit they may dismiss the complaint, so long at the IIRC is in agreement.

Non -disciplinary actions may include; a letter of concern, imposition of a civil penalty or continuing education. Disciplinary actions may include imposition of an administrative penalty, probation, restitution, scope of practice restrictions, censure or revocation.

In 2014, the Arizona Auditor General completed a performance audit and sunset review of the Dental Board.[48] This report included findings relating to the board's public information policies to ensure complete and accurate information regarding complaints was provided in response to public requests. The Dental Board agreed to the findings and implemented several policy, training and technology initiatives to address these concerns.

7.5 Arizona Medical Board and Arizona Regulatory Board of Physician Assistants

The Arizona Medical Board and Regulatory Board of Physician Assistants ("MD / PA Boards") are responsible for the licensing and oversight of over 25,750 medical doctors and physician assistants. Although the MD/PA Boards share staff and facilities, they remain autonomous in regards to board activities.

7.5.1 Staffing and Facility Profiles

The MD/PA Boards are located in a state owned 13,993 sq. ft. facility outside of the Capitol Mall area and includes document storage and IT facilities.

Adjacent to the facility is a 1,330 sq. ft. board room with enhanced security and communications features including metal detectors and broadcast capabilities.

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[48] Office of the Auditor General, Report No. 14-103, Performance Audit and Sunset Review, Arizona State Board of Dental Examiners July, 2014

There are a total of 48.5 FTE positions. Of the total staff, 13 employees have direct responsibility for the processing of licenses and renewals. An additional 14 staff members have direct responsibility for oversight of complaints processing and investigations. The remaining staff consists of the following teams: board operations, executive, information technologies, medical consultants and support services.

7.5.2 Licenses Issued / Processing Procedures

The MD/PA Boards issue licenses for all allopathic physicians including; MD, MD Teaching, Pro Bono, MD Dispensing Registration, PGT and MD Education Permit and physician assistants. Both the MD and PA Boards provide all required forms online via their websites.

For applicants seeking licenses under the MD Board, who have not previously been licensed in the state, initial application, renewals, as well as payments may be submitted via an online portal. A licensee who has previously held an Arizona license may obtain the required documents online, but must submit applications via mail.

Applicants seeking licensure under the PA Board may obtain all required documents through the Board's website and submit via mail. Renewals for all PA's may be processed online, as well as payments.

During our interview with the MD/PA Boards we discussed a series of policy and procedure changes implemented in response to a 2013 Ombudsman Report[49] and an April, 2015 Auditor General Procedural Review[50]. These included expansions of the Board's document verification and retention protocols, revision of the application forms and implementation of a policies and procedures manual to ensure only those applicants who have satisfied all requirements are licensed.

The MD/PA Board has worked diligently to improve the processing time for all applications resulting in a decrease from FY 2015 to FY 2016 of 17.4% in average days to approve an application.

These changes are also likely reflected in the results of several customer service surveys recently circulated to assess the results of LEAN and personnel changes. These surveys show consistent improvement in customer satisfaction with processing times, directions provided and the professionalism and courtesy of Board staff. An example of the progress made can be seen by comparing results from June 2015 to those of the same period in June 2016. In the June 2015 results the Board received a 77.74% customer satisfaction rating, while recognizing a 92.92% rating for the same period ending in June 2016. The MD/PA Board continues to actively assess progress on their policies and procedures and address any concerns.

7.5.3 Investigation Processing Procedure

Complaints regarding a MD/PA Board licensee may be filed via each board's website, fax, mail or telephonically.

[49] Arizona Ombudsman-Citizens' Aide Case # 1202725 Arizona Medical Board October 9, 2013
[50] Office of the Auditor General, Report No. 15-103, Procedural Review, Arizona Medical Board, April, 2015

During 2016 approximately 1,432 complaints were opened by the MD Board and 111 were opened by the PA Board. This represented at 13% decrease from the prior year. At the close of FY 2016 there were a total of 634 open investigations, this represented a decrease of 21.6% from the prior year.

The MD/PA Boards have made a concentrated effort to improve the amount of time it takes to open and close investigations in light of the findings of the 2013 Ombudsman and 2015 Auditor General Reports respectively. This is crucial to their missions in ensuring that potential public safety issues are addressed in a timely fashion.

In addition to the CLEAR training completed by all investigators, the majority of those responsible for investigations have also completed the Certified Medical Board Investigator Training Course ("CMBI").

A pool of outside medical consultants is also utilized for records reviews, particularly when specific clinical expertise is required. The findings of each investigation are considered by the Review Committee which is comprised of several key personnel including; Executive Director, Chief Medical Consultant, Assistant Attorney General, investigative staff and Board Operations Manager. This committee drafts the investigative report and provides recommendations to the Board.

Similar to other health regulatory boards the Boards may utilize a broad spectrum of disciplinary and corrective actions ranging from letters of concern to revocation. The MD/PA Boards continue to strive towards a complaint processing time of 180 days or less with an average of 158 for FY 2016.

7.6 State of Arizona Naturopathic Physicians Medical Board

The State of Arizona Naturopathic Physicians Medical Board ("Naturopathic Board") is responsible for the licensing and oversight of 790 naturopathic physicians and 19 naturopathic medical assistants.

7.6.1 Staffing and Facility Profiles

The Naturopathic Board is located in a state owned facility on the Capitol Mall in a shared office space with several other regulatory boards. The Naturopathic Board's space allotment is approximately 500 sq. ft. The facility includes a shared board room, conference space, office equipment, security and receptionist services.

The board staff consists of 1.75 FTEs. The Executive Director dedicates approximately 60% of her time to investigations with the remainder being focused on board operations, licensing and executive functions. The remaining .75 FTE staffer provides administrative support.

7.6.2 Licenses Issued / Processing Procedures

The Naturopathic Board issues Naturopathic Medical Licenses, as well as certifications for dispensing, clinical training, preceptorship engagement, medical assistant and a specialty certificate. With the exception of the specialty certificate, all other licenses or certificates must be renewed annually.

For applicants seeking initial licensure or certification, the appropriate forms and documentation requirements may be obtained from the Naturopathic Board's website. These forms must be submitted with appropriate fees via mail or in person.

Renewals for all Naturopathic Physicians licensees may be processed online. Certifications must be submitted via mail or in person. All necessary forms are available on the Board's website.

Final approval for all initial licenses, specialty certifications and renewals require an action by the Naturopathic Board during a public meeting. However, the Executive Director may issue a temporary license if they applicant has no prior disciplinary action and the file is in order. Meetings are held monthly.

7.6.3 Investigation Processing Procedure

Complaints regarding a Naturopathic Board licensee may be filed via the Board's website or mail.

The Naturopathic Board receives an average of 25-27 complaints per year. The majority of these complaints are related to the issuance of recommendations for medical marijuana by licensees.

Due to confidentiality provisions in the Arizona Medical Marijuana Act, complaints regarding Naturopathic Physicians issuing recommendations relating to medical marijuana can be difficult to research and may require coordination with outside law enforcement entities.

The Executive Director presents all complaints to the Board who may elect to enter into a consent agreement or impose disciplinary action at the initial interview or refer to a formal hearing.

7.7 Arizona Board of Nursing

The Arizona Board of Nursing ("Nursing Board") is responsible for the licensing and oversight of over 130,000 nursing professionals including: Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Licensed Nursing Assistants, Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives and Certified Registered Nurse Anesthetists.

7.7.1 Staffing and Facility Profiles

The Nursing Board is located in a privately owned 13,847 sq. ft. facility which includes a board room with significant technology capabilities and storage facilities.

The Board has a total of 58 employees representing 55 FTE positions. Of the total staff, 11 employees have direct responsibility for the processing of licenses and renewals. An additional 23 staff members have direct responsibility for oversight of complaints processing and investigations. The remaining staff comprise the executive team and administrative functions.

7.7.2 Licenses Issued / Processing Procedures

The Nursing Board issues the following licenses: RN, LPN, CNA, LNA and Advanced Practice Certifications for NP, CNS, CNM and CRNA. The Nursing Board provides all required forms online via their website. All submissions and renewals, as well as payments, may be submitted via an online portal developed for the Nursing Board. Approximately 95% of licensees elect to renew online.

Completed application files, including all requisite background check documents, are either placed on the agenda for the next Board Meeting for approval (licensure by examination) or forwarded to the Executive Director for review and approval (licensure by endorsement).

7.7.3 Investigation Processing Procedure

Complaints regarding a licensee may be filed via the Board's website, fax, mail or telephonically. A filed is opened for all complaints, including anonymous submissions.

During 2016 approximately 2,000 complaints were filed with the Nursing Board. Of these, approximately 800 fell outside the Board's jurisdiction. The majority of complaints filed relate to either substance abuse concerns or scope of practice violations.

The Nursing Board staff and subject matter experts complete a diligent investigation including document collection, patient records review, witness interviews and internal review to complete a recommendation to the Board. This may include a wide array of disciplinary and corrective actions ranging from a letter of concern to revocation. The Nursing Board will utilize the Optimal Regulatory Board System or ORBS which provides insight on historical board actions and policies to help guide the parameters of any recommendation and present for Board action. A licensee may also choose to have a formal hearing.

In the event the Nursing Board receives a complaint that could be considered of a criminal nature, law enforcement authorities are notified immediately.

7.8 Arizona State Board of Optometry

The Arizona State Board of Optometry ("Optometry Board") is responsible for the licensing and oversight of 1189 optometrists.

7.8.1 Staffing and Facility Profiles

The Optometry Board is located in a state owned facility on the Capitol Mall. The Board shares office space with several other regulatory boards. The Optometry Board's space allotment is approximately 450 sq. ft. The facility includes a shared board room, conference space, security and receptionist services. The Optometry Board continues to strive for a paperless office with all investigative files being stored electronically.

The board staff consists of 2 FTEs. The Executive Director is responsible for all executive functions, investigations, board operations, and licensing oversight. The remaining staffer provides licensing administration and operational support.

7.8.2 Licenses Issued / Processing Procedures

The Optometry Board issues Optometrist licenses. All necessary forms and supporting resource documents are available on the Board's website.

For applicants seeking initial licensure, or certification the appropriate forms and documentation requirements may be obtained from the Optometry Board's website and must be submitted with appropriate fees via mail or in person.

Renewals for all Optometrist licenses are processed bi-annually during the licensee's month of birth. Renewal notices are sent via mail and electronically. All necessary forms are available on the board's website.

Final approval for all initial licenses require an action by the Optometry Board during a public meeting. The Executive Director approves all renewals.

In addition to licensure, the Optometry Board reviews and issues approval for continuing education programs.

The Optometry Board audits 100% of all continuing education requirements.

7.8.3 Investigation Processing Procedure

Complaints regarding an Optometry Board licensee may be filed using the form available on the Board's website or by mail. The Optometry Board receives an average of 18-25 complaints per year.

The executive director, with assistance from licensing administrator, gathers all relevant documents and records to complete the investigation. In the event specific medical expertise is needed a consultant may be retained. The executive director submits findings and disciplinary recommendations to the Optometry Board for consideration.

The Optometry Board reviews all complaints during a public meeting and may elect to dismiss a complaint or impose a wide range of non-disciplinary or disciplinary actions. This may include a letter of reprimand, consent agreement scheduling of an initial interview or refer to a formal hearing.

7.9 Board of Physical Therapy

The Arizona State Board of Physical Therapy ("PT Board") is responsible for the licensing and oversight of 6388 licensees including; physical therapists, physical therapy assistants, business entities.

7.9.1 Staffing and Facilities Profiles

The PT Board is located in a privately owned 978 sq. ft. facility. The Dental Board is located in the same building and the PT Board utilizes their board room with video and audio conference capabilities.

The board employs 4 FTE positions. There are 2.5 FTE's with direct responsibility for the processing of licenses and renewals. This includes approximately half of the Executive Director's FTE. 1.5 FTE is dedicated to the oversight of complaints processing and

investigations. Additional duties include responsibility for executive functions, board operations and operational support.

7.9.2 Licenses Issued / Processing Procedures

The PT Board issues license for physical therapists, physical therapist assistants, business entities and retirees. In addition, they manage inactive licenses.

All necessary forms and supporting resource documents are available on the Board's website.

For applicants seeking initial licensure or certification the appropriate forms and documentation requirements may be obtained from the PT Board's website and must be submitted with appropriate fees via mail or in person.

A unique option available to PT Board applicants is the ability to apply for licensure prior to graduating from an accredited program. This process allows students to complete all steps necessary to sit for the national physical therapy or physical therapy assistant tests, which are only given four times per year, prior to graduation. Once the applicant has completed all requirements, including graduation from an accredited program their license will be finalized and issued.

Renewals for PT Board licenses are processed bi-annually during the month of July. Renewal notices are sent via mail and electronically. Approximately 90% of renewals are completed utilizing the Board's online registration portal.

Final approval for initial licensure by exam requires actions by the PT Board during a public meeting. The Executive Director approves all licenses by endorsement and renewals.

In addition to their licenses, a Physical Therapist must receive additional education and training to perform dry needling. The PT Board tracks this additional requirement to assure compliance.

7.8.3 Investigation Processing Procedure

The PT Board accepts written complaints or directly from the Board members in regard to licensees. In FY 2016, 40 complaints were received.

The initial step for all complaints is for the PT Board senior investigator to document the complaint and open a file. Although not a statutory requirement, the senior investigator is both a licensed physical therapist and has received basic and specialty certifications by CLEAR. The senior investigator gathers all relevant documents, conducts interviews and reviews all relevant information to complete the investigation report and submits to the executive director. The executive director will review and submit with recommendations to the PT Board for consideration at a public meeting.

The PT Board may resolve the case via dismissal, non-disciplinary action, or a hearing to take place at a later date, or impose a wide range of non-disciplinary or disciplinary actions.

7.10 Arizona Board of Psychologist Examiners

The Arizona Board of Psychologist Examiners ("Psychologist Board") is responsible for the licensing and oversight of 1,729 psychologists. The Board also oversees 297 inactive and 8 temporary licenses.

7.10.1 Staffing and Facility Profiles

The Psychologist Board is located in a state owned 1,571 sq. ft. facility located on the Capitol Mall. The Board's suite has controlled access, multiple entry and exit points, a conference room and dedicated storage space. Although the Psychologist Board is located in the same building as several other health regulatory boards, due to heightened security requirements they do not utilize the board room. They do however share in the facility security services.

The board employs 4 FTE positions. The staff is comprised of 1 FTE's with direct responsibility for the processing of licenses and renewals. 1.5 FTE are dedicated to the oversight of complaint processing and investigations. Additional duties include responsibility for executive functions, board operations and administrative support. The Psychologist Board utilizes Application and Compliant Screening Committees to expedite processing of these two crucial functions.

7.10.2 Licenses Issued / Processing Procedures

The Psychologist Board issues licenses for psychologists by exam, licensure or credentialing, as well as, licenses for behavioral analysts.

All forms for initial licensure may be found on the Board's website and submitted via mail. The Psychologist Board anticipates implementation of an e-Licensing platform during FY 2018 as a part of the broader initiative currently underway with several of the health regulatory boards.

Once an application is received, all documentation is reviewed by board staff to determine completeness and either notify applicant of additional information needed or refer to the Application Screening Committee for consideration at their monthly meetings.

The Committee is responsible for completing a substantive review of all applications for licensure including those professionals seeking licensure by exam, waiver, credentialing or work experience. The documentation requirements for each of these categories vary and may be quite voluminous and detailed.

Examples of documentation needed for review may include an applicant's relevant work experience, supervisor statements, work plans, course descriptions, continuing education certificates and syllabi to assure the regulatory requirements for licensure have been met. This review may require analysis of supervisor statements and employment records to confirm clinical practice requirements have been satisfied. In the event the committee identifies a deficiency an applicant is notified and provided the opportunity to submit additional supporting documentation or appear at a

telephonic meeting to address concerns with the committee. The Application Review Committee provides recommendations to the full Board for action on those applications which have met the statutory requirements for licensure.

As of 2015, renewals for all Psychologist Board licensees may be processed online. All licenses expire on April 30th of odd-numbered years.

7.10.3 Investigation Processing Procedure

The Psychologist Board receives two distinct categories of complaints. Those filed against a psychologist who performed court-ordered service for a complaint and filed against a licensee that do not relate to court-ordered services.

A total of 50 complaints were filed in FY 2016. These complaints were reviewed and processed based on whether or not the complaint is based on services provided due to a court-order.

For complaints filed, but not related to court-ordered services, all relevant documentation and interviews are processed first by Board staff to complete the initial investigation. When completed, staff refers these complaints to the Board's Complaint Screening Committee ("CSC"). The CSC, comprised of three Board members including one public member and two licensees, completes a first level review of the complaint and may choose to dismiss or refer the complaint to the full Board for action.

Claims filed against a licensee who performed court-ordered services will be referred to three members of the Board ("Reviewers") for initial consideration and review. The Reviewers must be comprised of one public member and two licensees. All claim reviews are completed independently and if necessary additional information or documentation may be requested from the claimant. If one or more of the Reviewers determine there is merit to open a complaint, a recommendation is made to the Board's Executive Director. A complaint is then opened and an investigation initiated. If the three Reviewers independently recommend not opening a complaint, a complaint will not be opened.

Disciplinary actions taken by the Psychologist Board may range from dismissal of a complaint, to practice restrictions increased supervision, suspension or revocation.

7.11 Arizona State Board of Podiatry Examiners

The Arizona State Board of Podiatry ("Podiatry Board") is responsible for the licensing and oversight of 404 podiatrists.

7.11.1 Staffing and Facility Profiles

The Podiatry Board is located in a state owned facility on the Capitol Mall which houses several regulatory boards. The Podiatry Board's space allotment of a shared office space is approximately 340 sq. ft. The facility includes a shared board room, conference space, security, office equipment and administrative services.

The Executive Director is the Board's sole FTE and responsible for all executive functions, investigations, board operations, and licensing oversight. The Podiatry Board does utilize subject matter expert consultants to assist with investigations.

7.11.2 Licenses Issued / Processing Procedures

The Podiatry Board issues Podiatrist licenses. All necessary forms and supporting resource documents are available on the Board's website.

For applicants seeking initial licensure or certification, the appropriate forms and documentation requirements may be obtained from the Podiatry Board's website and must be submitted with appropriate fees via mail or in person. Currently the Podiatry Board cannot accept online submissions.

Final approval for all initial licenses require an action by the Podiatry Board during a public meeting.

The Podiatry Board has migrated from a paper board packet to electronic over the past few months. They continue to work towards more online materials with a goal for a paperless office.

7.11.3 Investigation Processing Procedure

Complaints regarding a Podiatry Board licensee may be filed using the form available on the Board's website or by mail. The Podiatry Board received 29 complaints during FY 2016 year.

The Executive Director gathers all relevant documents and records to complete the investigation. In the event specific medical expertise is needed a consultant may be retained. The executive director submits findings and disciplinary recommendations to the Podiatry Board for consideration.

The Podiatry Board reviews all complaints during a public meeting and may elect to dismiss a complaint or impose a wide range of non-disciplinary or disciplinary actions. This range from additional continuing medical education, civil monetary penalty, probation, suspension or revocation.

7.12 Arizona State Board of Respiratory Care Examiners

The Arizona State Board of Respiratory Care Examiners ("Respiratory Board") is responsible for the licensing and oversight of approximately 4,000 respiratory care practitioners.

7.12.1 Staffing and Facility Profiles

The Respiratory Care Board is located in a state owned 1,515 sq. ft. facility located on the Capitol Mall. Several other regulatory boards are located in the same building and share a board room and security services.

The board employs 3 FTE positions. The staff is comprised of 1.5 FTE's with direct responsibility for the processing of licenses and renewals. 1 FTE is dedicated to the

oversight of complaints processing and investigations. All investigative personnel have received CLEAR basic and specialized training. Additional duties include responsibility for executive functions, board operations and operational support.

7.12.2 Licenses Issued / Processing Procedures

The Respiratory Care Board issues practitioner licenses and renewals. The Respiratory Care Board strives for issuance of licenses within 60 days and in many instances renewals are issued within a week.

All licensing and renewals forms, instructions and resource materials are available on the Respiratory Care Board's website. All forms may be submitted via the Board's website for online processing and payment of all fees.

Final approval for all licenses and renewals requires an action by the Board during a public meeting. Meetings are held monthly.

The Respiratory Care Board strives to expedite all licensing and renewal processes and provides estimated processing timelines on their website.

7.12.3 Investigation Processing Procedure

Complaints regarding a Respiratory Care Board licensee may be filed via the Board's website, mail all must be made in written.

A total of 192 complaints were filed in FY 2016. This represented a significant increase in complaints from prior years and is due in large part to the Board instituting expanded audits of licensee's continuing education requirements. The Respiratory Care Board established a continuing education matrix to establish consistency in its final decision and penalty enforcement. The Respiratory Care Board granted broader authority to the Executive Director to streamline the process to reduce the time needed to process these complaints.

The Board has instituted a standardized Complaint Policy and Procedure to establish minimum guidelines, procedures and policies for complaints. This policy details not only the protocols for receiving, documenting and processing a complaint, but also published timelines and prioritization guidelines. Upon completion of the investigation of all complaints are schedule for and initial review before the Board.

7.13 Supplemental Information from Subject Boards

In addition to the data gathered during interviews with the Sample Boards, three of the Subject Boards provided us with operational overviews and policy summaries. The results of our review of the information provided by the Arizona Board of Acupuncture Examiners ("Acupuncture Board"), Arizona Board of Homeopathic and Integrated Medicine ("Homeopathic Board") and Arizona Board of Osteopathic Examiners of Medicine and Surgery ("Osteopathic Board") are detailed as follows.

7.13.1 Staffing and Facilities Profiles

The Acupuncture and Homeopathic Boards are both located in a state owned facility on the Capitol Mall which houses several other regulatory boards. The Acupuncture

Board's space allotment of a shared office space is approximately 354 sq. ft. and the Homeopathic Board's space allotment of shared space is approximately 368 sq. ft. The facility includes a shared board room, conference space, security, office equipment and receptionist services.

The executive directors of both the Acupuncture and Homeopathic Boards are the sole FTEs respectively and are responsible for all executive functions, investigations, board operations, and licensing oversight. The Homeopathic Board utilizes a licensed physician as a consultant for investigations.

The Osteopathic Board is located in a 2,821 sq. ft. facility outside the Capital Mall area. The Board's location is adjacent to the MD/PA Boards, as well as the Arizona Board of Veterinary Medicine. The Osteopathic Board utilizes the MD/PA Board room located onsite. This room provides enhanced security features, as well as advanced video conferencing capabilities.

The Osteopathic Board has 5.75 FTEs with 2.5 FTEs having direct responsibility for oversight of license and renewal processing. There are 3 FTEs with direct responsibility for investigations.

7.13.2 Licenses Issued / Processing Procedures

The Osteopathic Board oversees 3,100 licensees and 310 permittees. All required documents for an initial license application or a licensee seeking reinstatement following having a license expire may be found on the Board's website. The application with all applicable fees must be submitted via mail or in person. All renewal applications will be posted approximately 60 days prior to renewal by date and may be submitted online.

The Acupuncture Board oversees approximately 634 licensees. All documents and resources needed for initial applications and renewals may be found on the Board's website, but must be submitted via mail or in person.

The Homeopathic Board oversees 115 licensees including physicians, medical assistants and dispensing permits. The Board's website contains all required documents and resources needed for each of these license types to apply for initial licensure or renewal.

7.13.3 Investigation Processing Procedure

Both the Homeopathic and Osteopathic Board's utilize licensees for assistance with investigations, particularly for those involving the review of medical records. The Acupuncture Board's executive director is responsible for all investigations.

There were 292 complaints reported regarding Osteopathic licensees in FY 2016. These complaints were processed by Board staff in conjunction with a medical consultant. The medical consultant has received specialized training as an investigator and attended CMBI courses. The Board's investigative process includes several steps including referral to a specialist is necessary. The complaint may be dismissed by staff or referred to the Board of further action.

The Acupuncture Board received 7 complaints regarding licensees in FY 2016. These complaints were processed by the executive director in conjunction with a medical consultant. The Board reviews all complaints and may elect to dismiss or take further action.

There were 7 complaints reported regarding Homeopathic licensees in FY 2016. These complaints were processed by the executive director and referred to the Board for consideration. The executive director will refer complaints to a medical investigator, who is a physician, if patient care is at issue.

Figure 7: Sample Board Profiles

Name	Licensees	FTEs	Initial Processing Method	Renewal Processing Method	Complaints No. /year
AT/OT Board	3867	3	In Person or Mail	N/A	7
BH Board	10,226	15	Mail	Online	133
Chiropractic Board	2,518	4.5	In Person or Mail	Online	52
Dental Board	29,617	9	In Person or Mail	Online	276
MD/PA Board	25,750	48.5	Online	Online	1,543
Naturopathic Board	809	1.75	In Person or Mail	Online	25-27
Nursing Board	130,000	58	Online	Online	2,000
Optometry Board	1189	2	In Person or Mail	In Person or Mail	18-25
PT Board	6388	4	In Person or Mail	Online	40
Psychologist Board	2034	4	Mail	Mail	50
Podiatry Board	404	1	In Person or Mail	In Person or Mail	29
Respiratory Board	4000	3	Online	Online	192
Acupuncture Board	634	1	In Person or Mail	In Person or Mail	7
Homeopathic Board	115	1	In Person or Mail	In Person or Mail	7
Osteopathic Board	3,410	6	In Person or Mail	Online	292

8.0 Summary

The evaluation of health regulatory board oversight and management is not unique to Arizona. Most, if not all, states have engaged in some form of board consolidation, or alternatively, decoupled certain boards and agencies. These initiatives have resulted in three broadly defined oversight models as presented throughout this report.

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