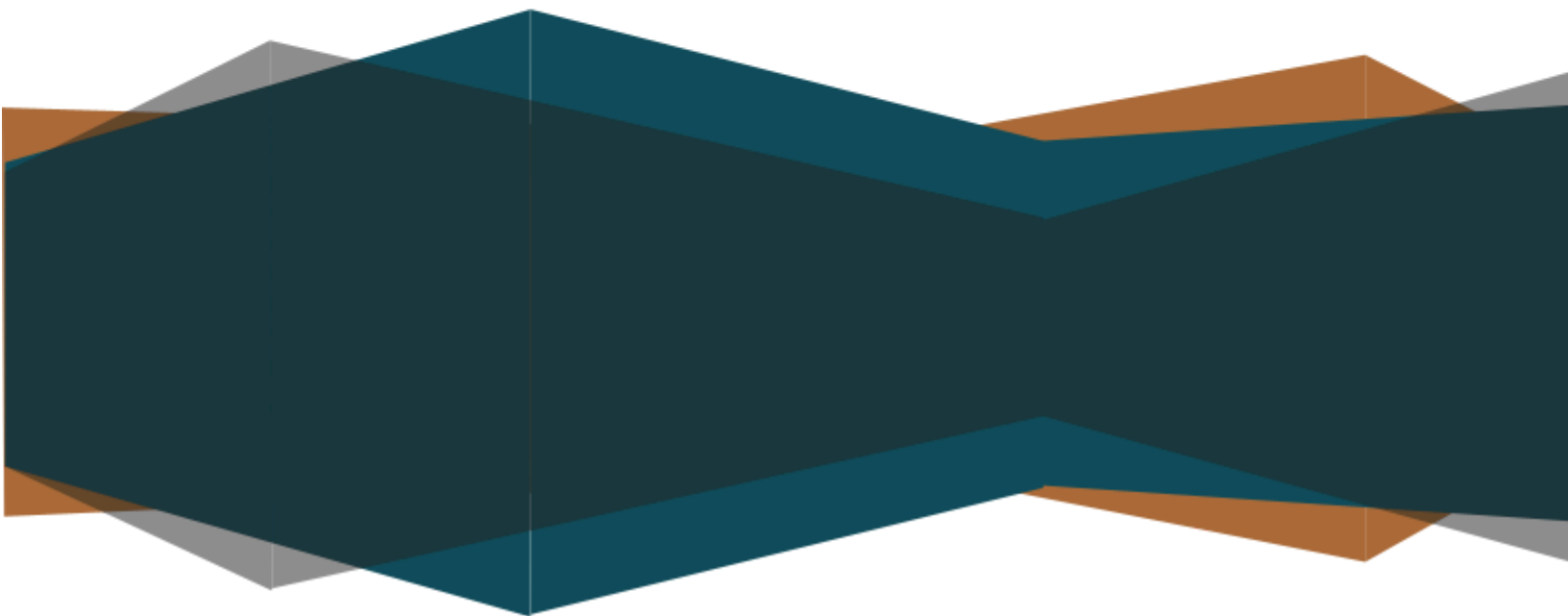


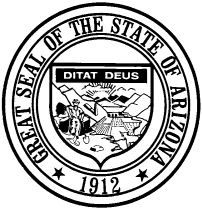
ARIZONA

Arizona Board of Osteopathic Examiners In Medicine and Surgery

Fiscal Year 2026

Budget Request





**ARIZONA BOARD OF OSTEOPATHIC EXAMINERS
IN MEDICINE AND SURGERY**
1740 WEST ADAMS STREET, SUITE 2410
PHOENIX, ARIZONA 85007
PH (480) 657-7703 | FX (480) 657-7715
www.azdo.gov | questions@azdo.gov

Board Members:
Jonathan A. Maitem, D.O., Pres.
Samara Shipon, D.O., V.P.
Gary A. Erbstoesser, D.O.
Jeffrey H. Burg, AIF
Dawn K. Walker, D.O.
Ken S. Ota, D.O.
Michael Goodman

Executive Director
Justin Bohall

Governor
Katie Hobbs

Tuesday, September 3, 2024

The Honorable Katie Hobbs
Office of the Governor
1700 W. Washington – 9th Floor
Phoenix, AZ 85007

Re: Budget Proposal Fiscal Year 2026

Dear Governor Hobbs,

On behalf of the Arizona Board of Osteopathic Examiners in Medicine and Surgery, I am pleased to present the enclosed budget plan for Fiscal Year 2026.

The Board remains committed to the Arizona Management System's LEAN principles, striving to protect public health and remove barriers for osteopathic physicians who choose to live and work in Arizona. Our dedication to these principles is more critical than ever as the osteopathic profession continues to grow rapidly in Arizona. Since 2000, our licensee base has increased by 300%, from 1,500 to over 5,000 in July 2024. Application numbers continue to rise by about 20% annually, a trend further bolstered by our participation in the Interstate Medical Licensure Compact. With four additional states (Hawaii, Florida, Missouri, and Rhode Island) on-boarding, we anticipate a significant increase in compact applications, further emphasizing the need for enhanced resources.

This fiscal year, we seek your approval to use \$636,000 from the Osteopathic Examiners Board Fund (OS2048) which has no impact on the General Fund or General Fund Revenue to support critical initiatives, including:


- **Increased Staffing:** To manage the growing volume of applications, complaints, and to ensure timely licensure and complaint resolution, we are requesting funds to hire additional licensing and investigative staff.
- **Enhanced Monitoring Program:** We seek funding to expand our confidential monitoring program for physicians undergoing substance use treatment, vital for maintaining public safety as well providing needed options for rehabilitation.
- **Salary Increases:** To remain competitive and retain skilled staff, we propose a 10% salary increase for all agency employees, supported by existing revenue from licensing fees.

Our plan also includes a comprehensive upgrade to our cloud database to accommodate recent legislative changes, improve security, and streamline case management processes.

We are proud to provide exceptional service to the citizens of Arizona and look forward to continuing our work as the state's medical profession expands. Your support will enable us to meet the demands of this rapidly growing field without raising licensing fees.

If you have any questions, please do not hesitate to contact me at 602.771.2522 or at Justin.Bohall@azdo.gov.

Kind Regards,


Justin Bohall
Executive Director



State of Arizona Budget Request

State Agency

Board of Osteopathic Examiners

A.R.S. Citation: **A.R.S. §§ 32-1800 et seq.**

Governor Hobbs:

This and the accompanying budget schedules, statements and explanatory information constitute the operating budget request for this agency for Fiscal Year 2026.

To the best of my knowledge all statements and explanations contained in the estimates submitted are true and correct.

Agency Head: **Justin Bohall**
 Title: **Executive Director**

Justin Bohall 8/31/2024

 (signature)

Phone: 6027712522

Prepared by: Justin Bohall
 Email Address: Justin.Bohall@azdo.gov

Date Prepared: August 31, 2024

Appropriated Funds

Total Amount Requested:
 Osteopathic Examiners Board Fund

Non-Appropriated Funds

Board of Osteopathic Examiners Total:

	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Total Amount Requested:	1,403.1	636.0	2,039.1
Osteopathic Examiners Board Fund	1,403.1	636.0	2,039.1
	-	-	-
Board of Osteopathic Examiners Total:	1,403.1	636.0	2,039.1

Revenue Schedule

Agency: Board of Osteopathic Examiners

Fund: AA1000 General Fund

AFIS Code	Category of Receipt and Description	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Request
4372	Publications & Reproductions	1.2	1.2	1.2
4417	Regulatory Licenses	147.8	184.8	231.0
4439	Other Permits	5.0	6.0	7.2
4449	Other Fees	27.2	34.7	44.4
4519	Other Fines, Forfeitures, Penalties and Liquidated Damages	2.4	3.1	3.8
General Fund Total:		183.6	229.8	287.6

Forecast Methodology

The methodology is a forecast of 3 year averages. The Board notes a 5% increase in General Fund Revenue beginning in September of FY25 in response to HB2910. This increase will continue until the end of FY28 at which time that revenue will return to the 90/10 split. Publications (4372) shows stagnate projection based on historical trends and adjusted growth factors. Regulatory Licenses (4417), Other Permits (4439), Other Fees (4449), and Other Fines (4519) exhibit substantial growth due to the anticipated increase in the licensee base and the addition of four new states (including Florida) to the Interstate Medical Licensure Compact.

Fund: OS2048 Osteopathic Examiners Board Fund

AFIS Code	Category of Receipt and Description	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Request
4372	Publications & Reproductions	11.1	12.2	12.3
4417	Regulatory Licenses	1,348.0	1,489.0	1,631.1
4439	Other Permits	44.8	49.3	54.2
4449	Other Fees	245.6	273.0	304.3
4519	Other Fines, Forfeitures, Penalties and Liquidated Damages	21.7	25.0	28.7
Osteopathic Examiners Board Fund Total:		1,671.2	1,848.5	2,030.6

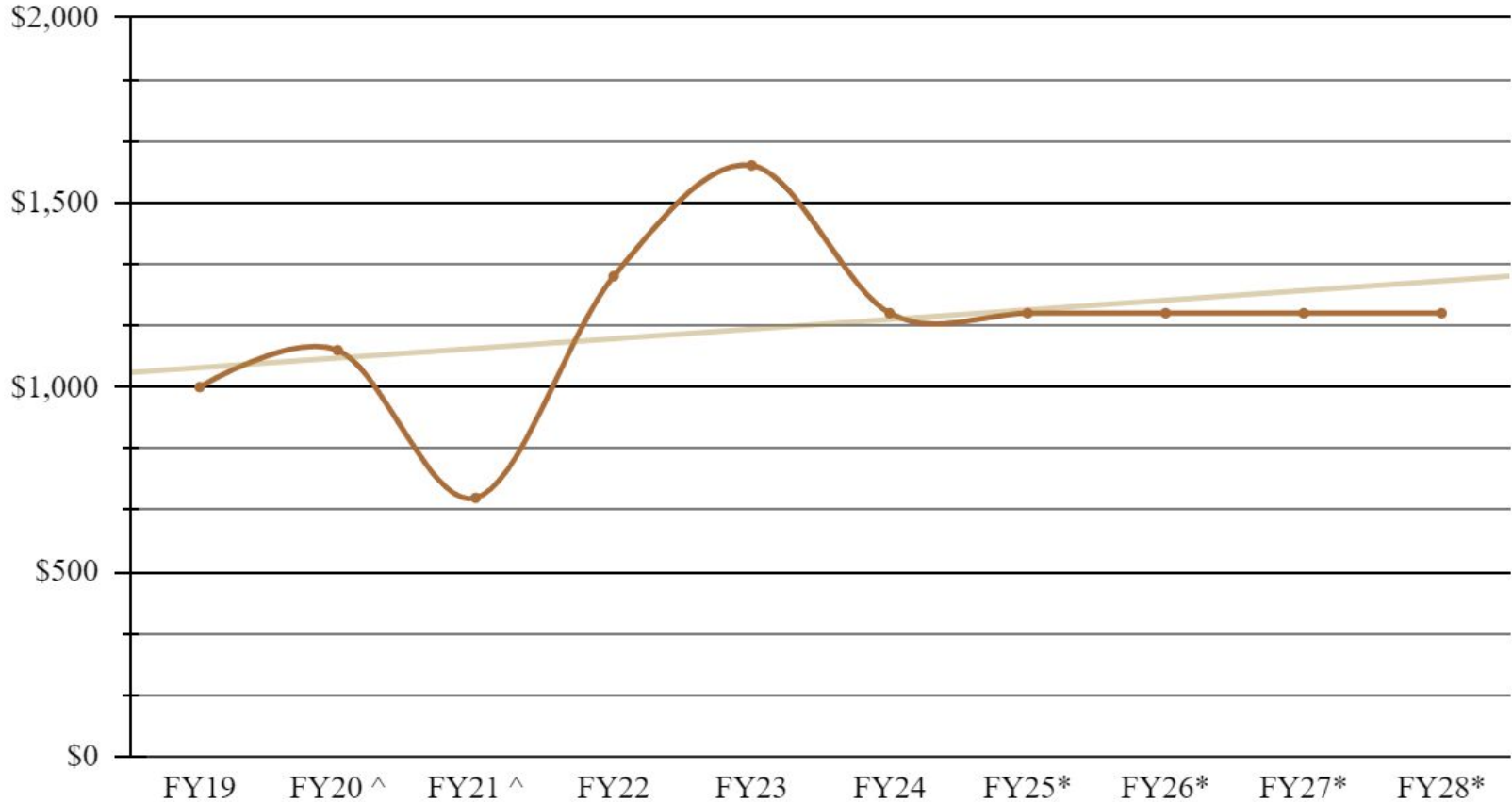
Forecast Methodology

The methodology is a forecast of 3 year averages. The Board notes a 5% increase in General Fund Revenue beginning in September of FY25 in response to HB2910. This increase will continue until the end of FY28 at which time that revenue will return to the 90/10 split. This projections include adjustments based on licensing application growth. Publications (4372) shows stagnate projection based on historical trends and adjusted growth factors. Regulatory Licenses (4417), Other Permits (4439), Other Fees (4449), and Other Fines (4519) exhibit substantial growth due to the anticipated increase in the licensee base and the addition of four new states (including Florida) to the Interstate Medical Licensure Compact.

Revenue Schedule

Agency: Board of Osteopathic Examiners

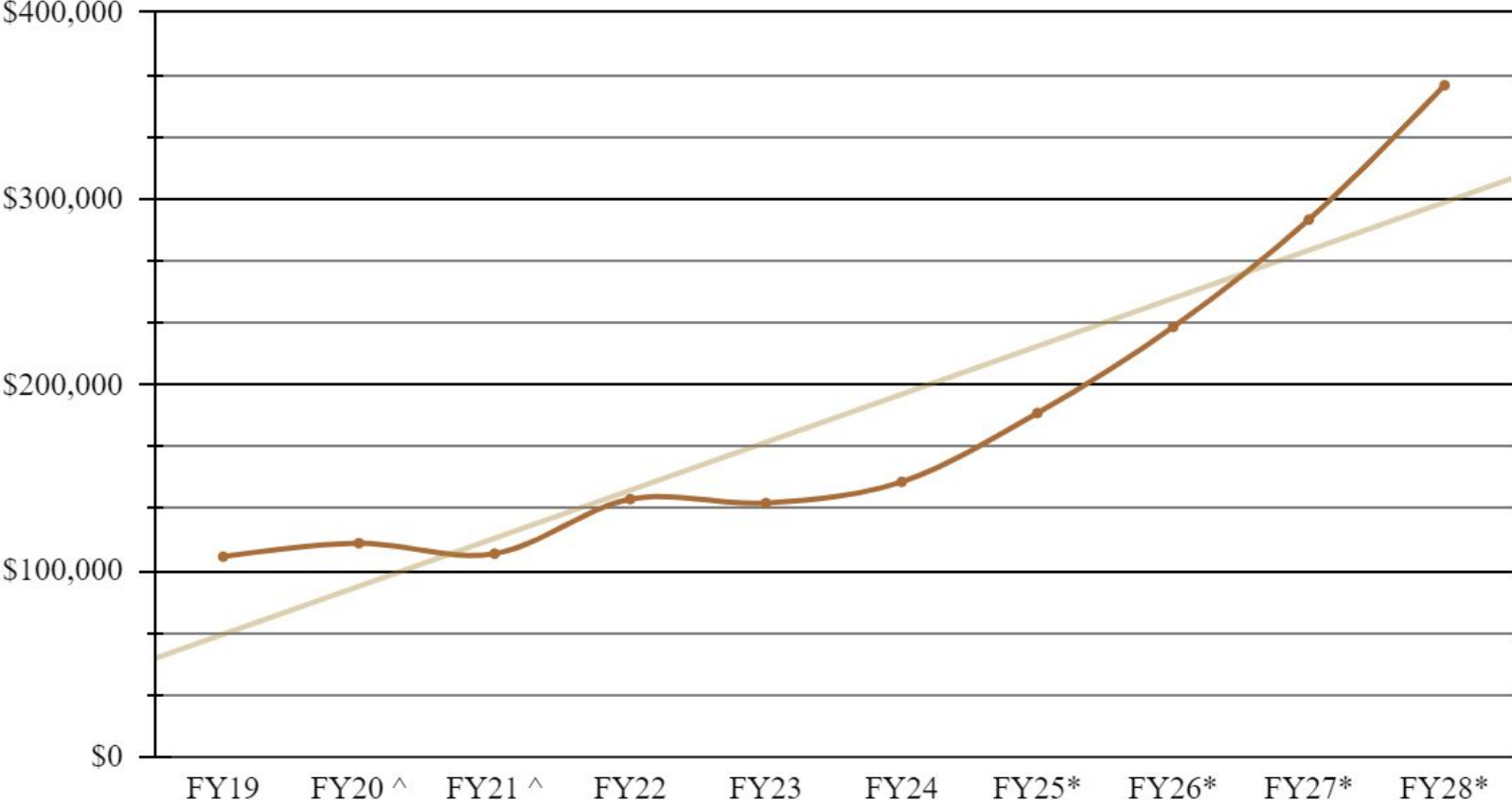
GF Fund 1000 Revenue - 4372 Publications



^Waived certain application and licensing fees as a part of the Governor's Public Health Emergency.

*Based upon current and projected licensee base numbers and current applications as well as renewal fees.

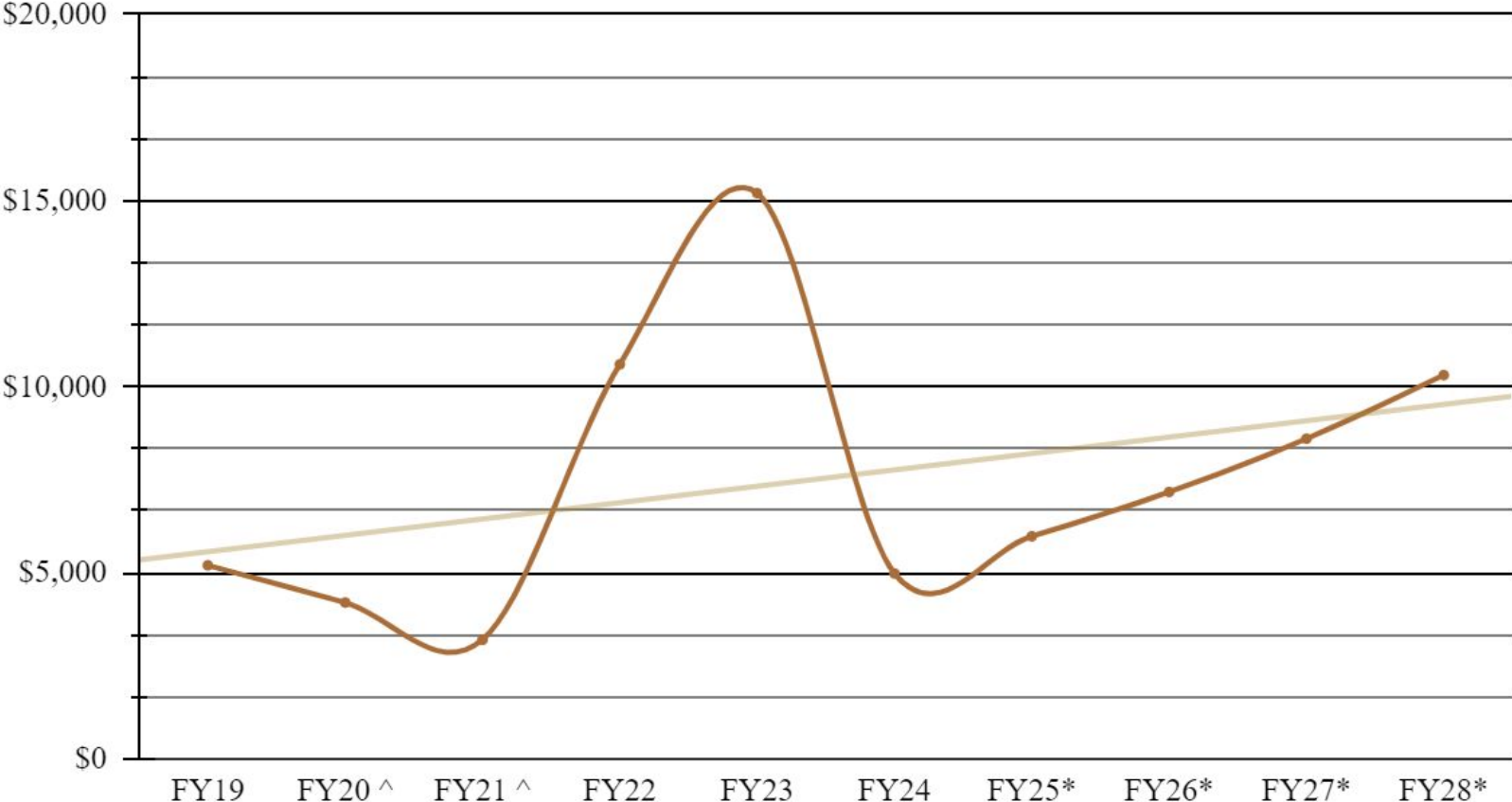
GF Fund 1000 Revenue - 4417 Regulatory Licenses



^Waived certain application and licensing fees as a part of the Governor's Public Health Emergency.

*Based upon current and projected licensee base numbers and current applications as well as renewal fees.

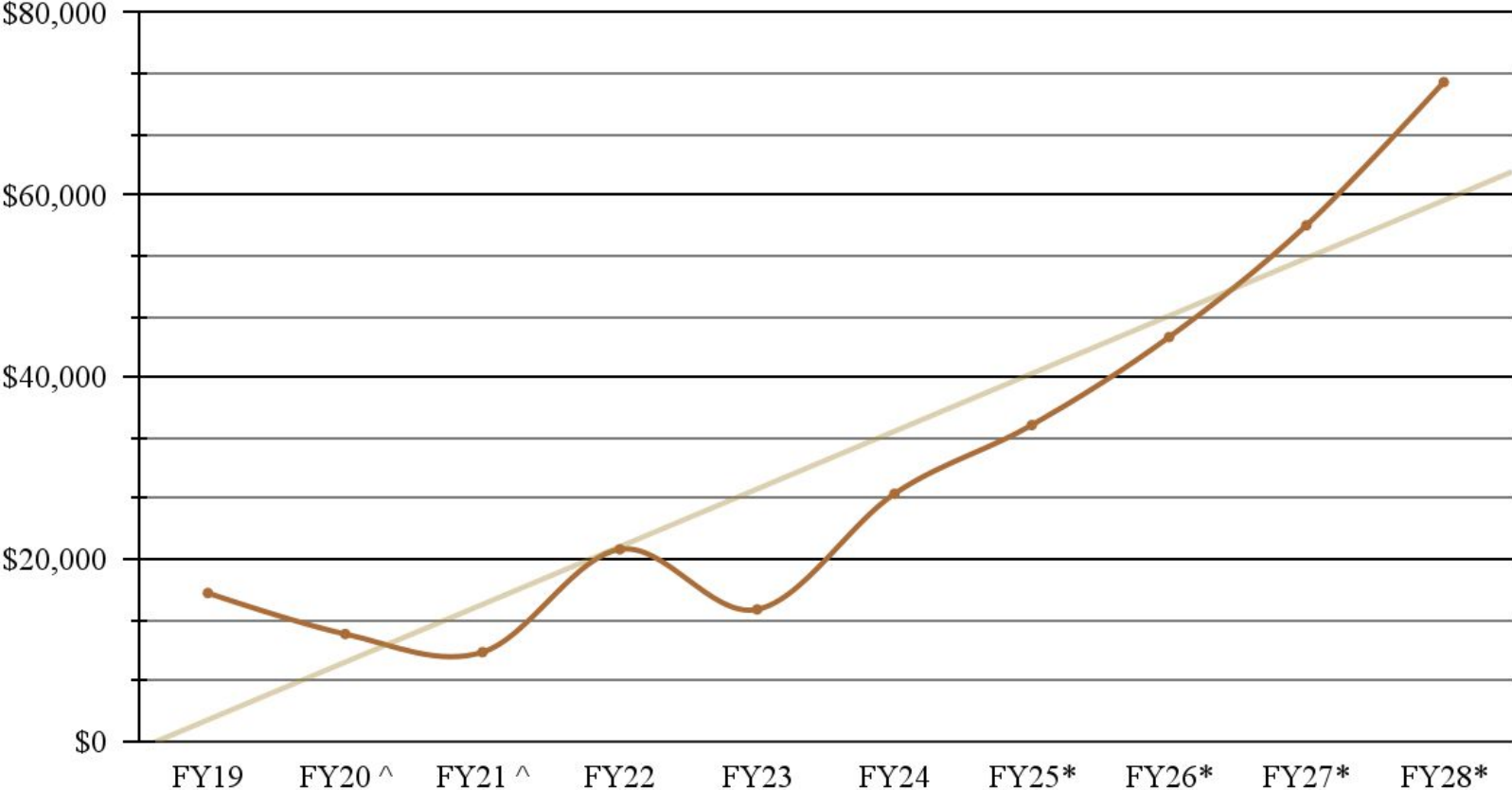
GF Fund 1000 Revenue - 4439 Other Permits



^Waived certain application and licensing fees as a part of the Governor's Public Health Emergency.

*Based upon current and projected licensee base numbers and current applications as well as renewal fees.

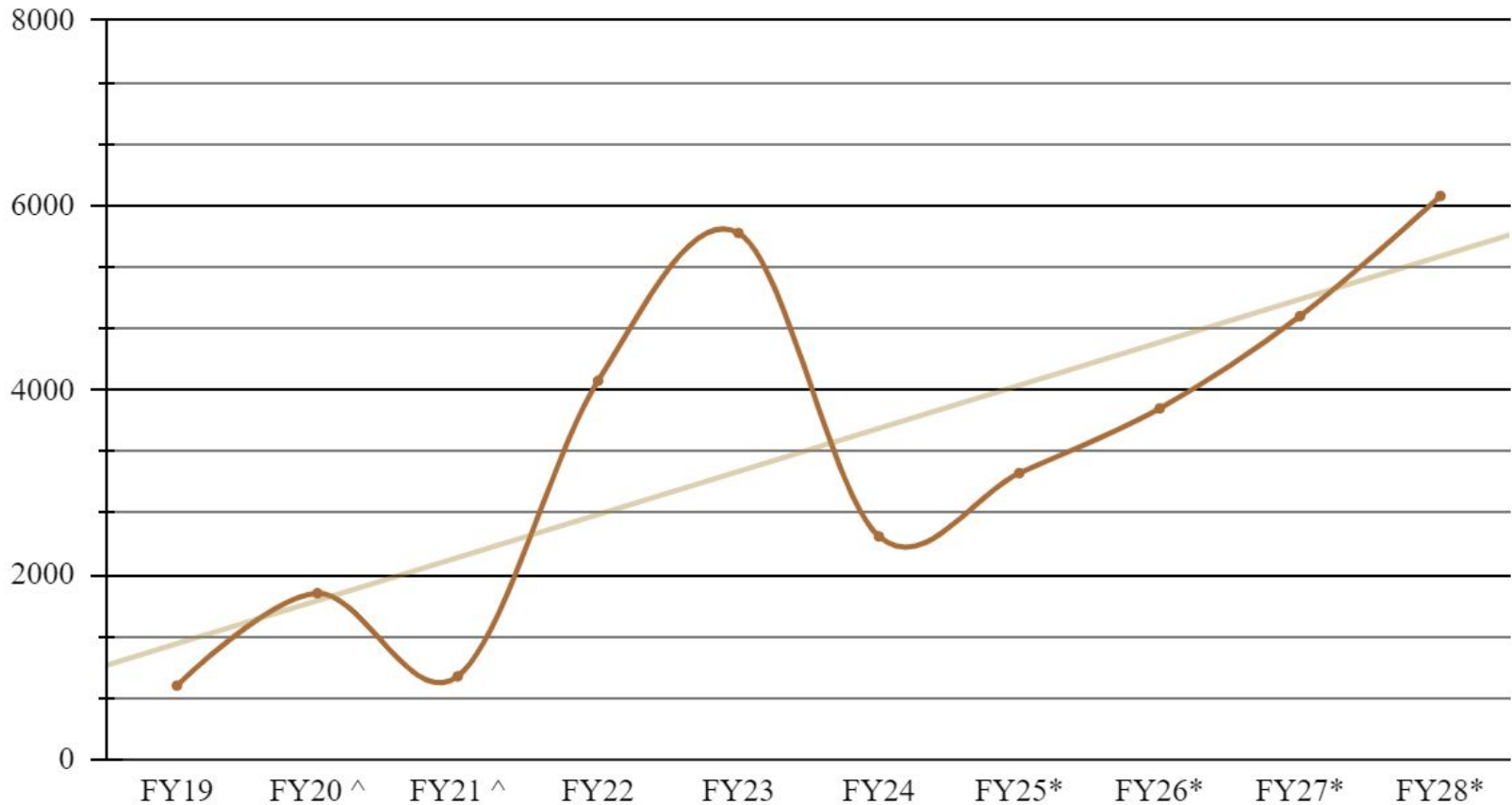
GF Fund 1000 Revenue - 4449 Other Fees



^Waived certain application and licensing fees as a part of the Governor's Public Health Emergency.

*Based upon current and projected licensee base numbers and current applications as well as renewal fees.

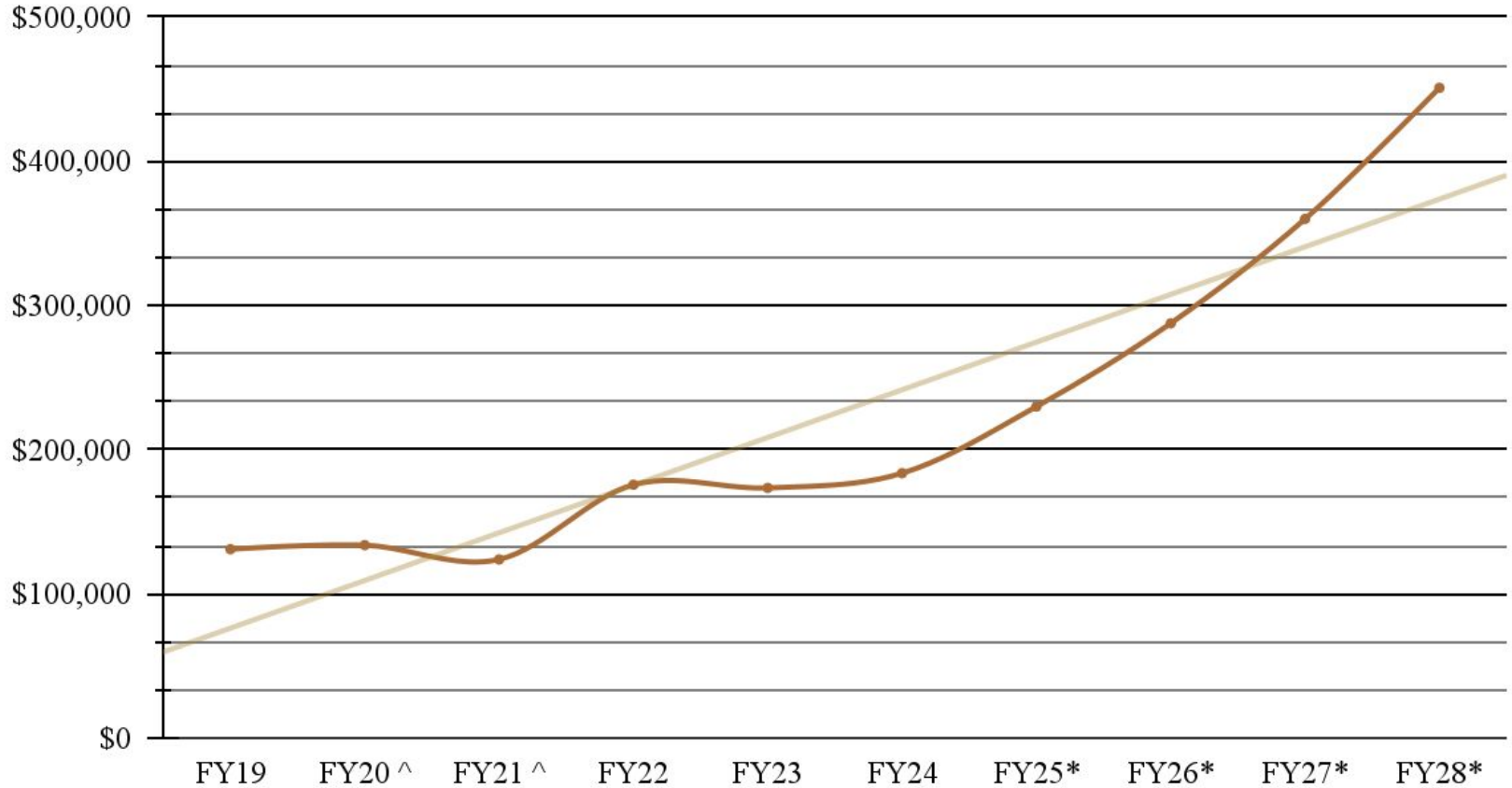
GF Fund 1000 Revenue - 4519 Other Fines



^Waived certain application and licensing fees as a part of the Governor's Public Health Emergency.

*Based upon current and projected licensee base numbers and current applications as well as renewal fees.

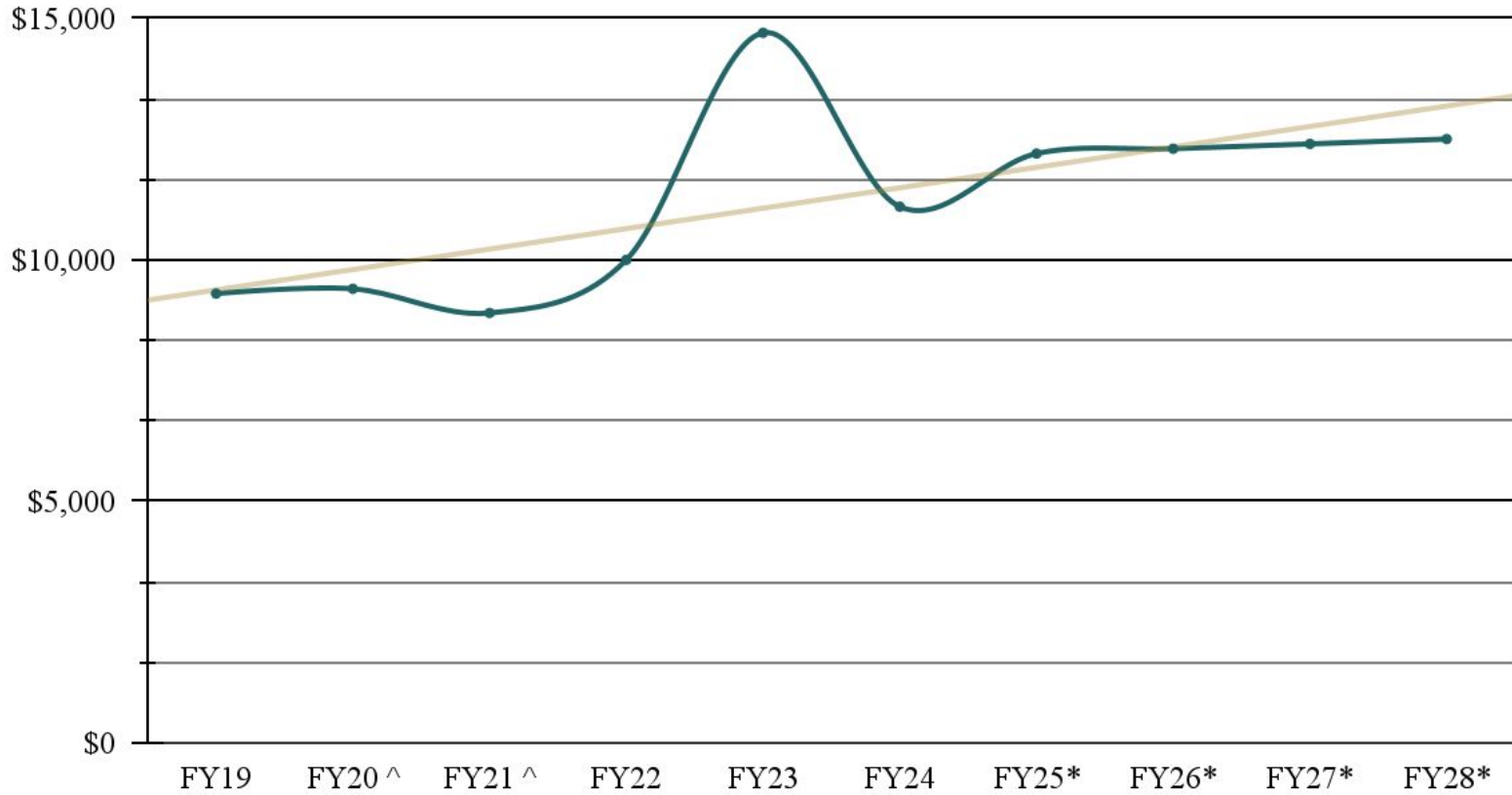
GF Fund 1000 Revenue - Total



^Waived certain application and licensing fees as a part of the Governor's Public Health Emergency.

*Based upon current and projected licensee base numbers and current applications as well as renewal fees.

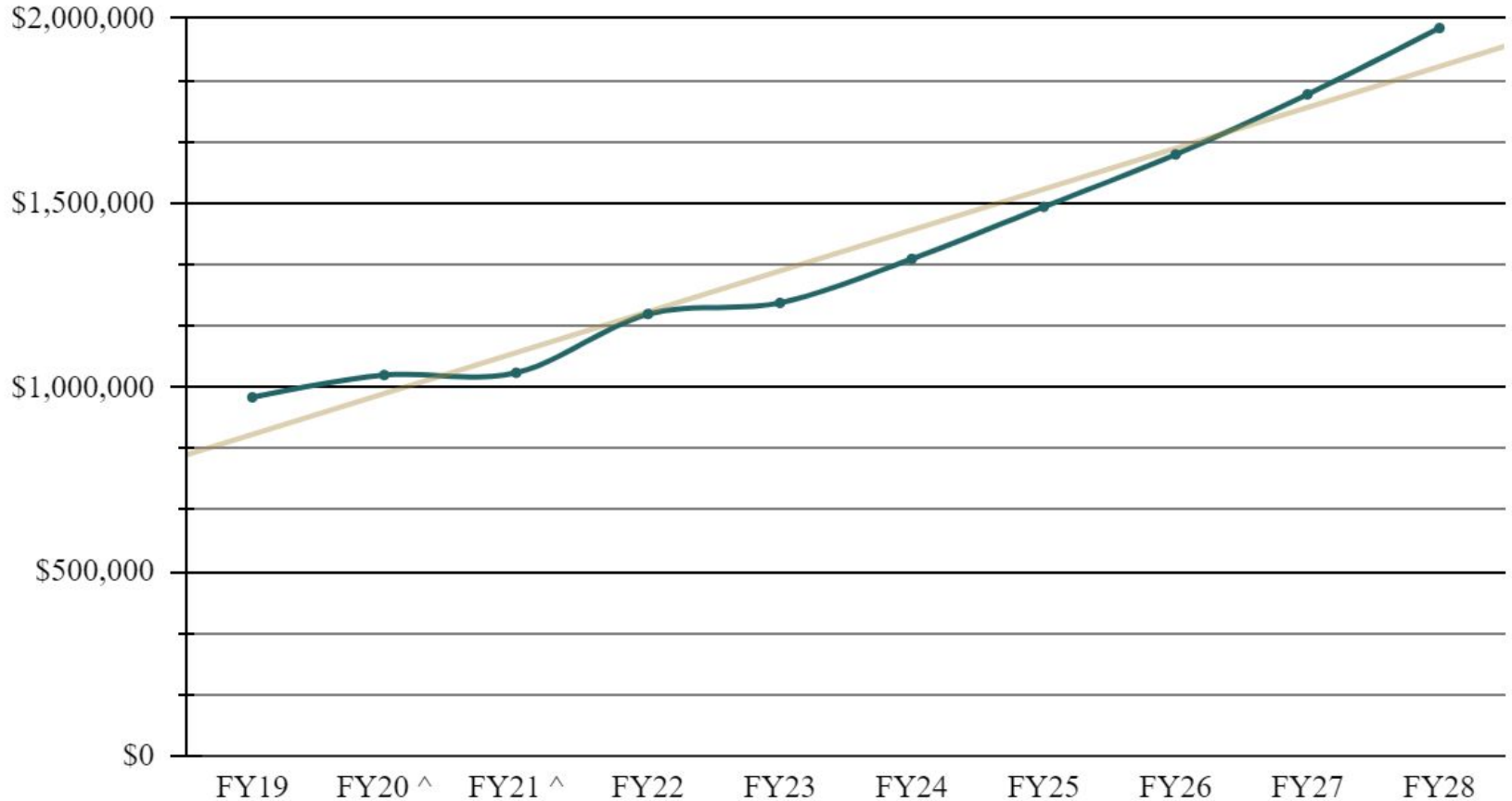
OSA Fund 2048 Revenue - 4372 Publications



^Waived certain application and licensing fees as a part of the Governor's Public Health Emergency.

*Based upon current and projected licensee base numbers and current applications as well as renewal fees.

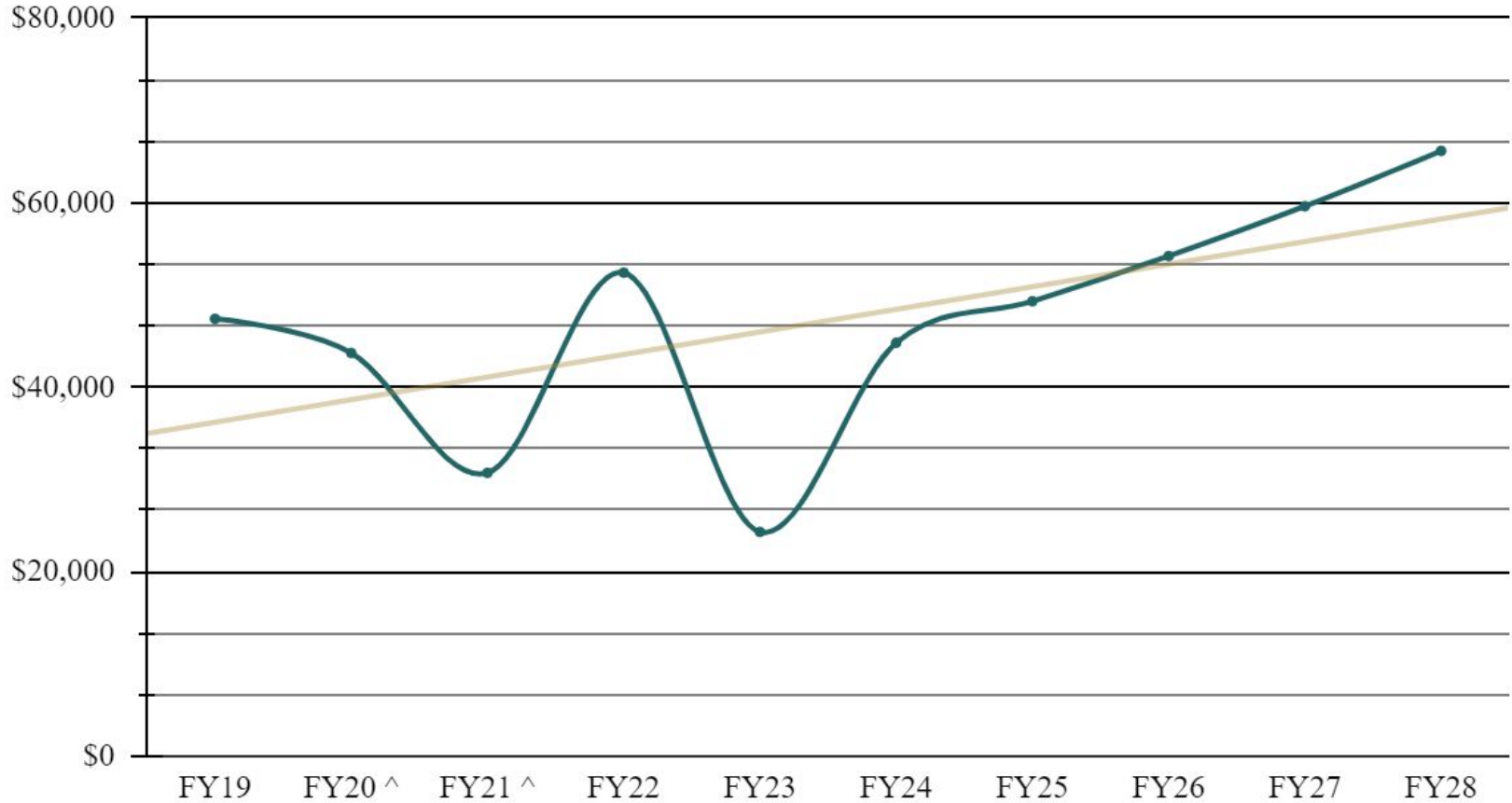
OSA Fund Revenue - 4417 Regulatory Licenses



^Waived certain application and licensing fees as a part of the Governor's Public Health Emergency.

*Based upon current and projected licensee base numbers and current applications as well as renewal fees.

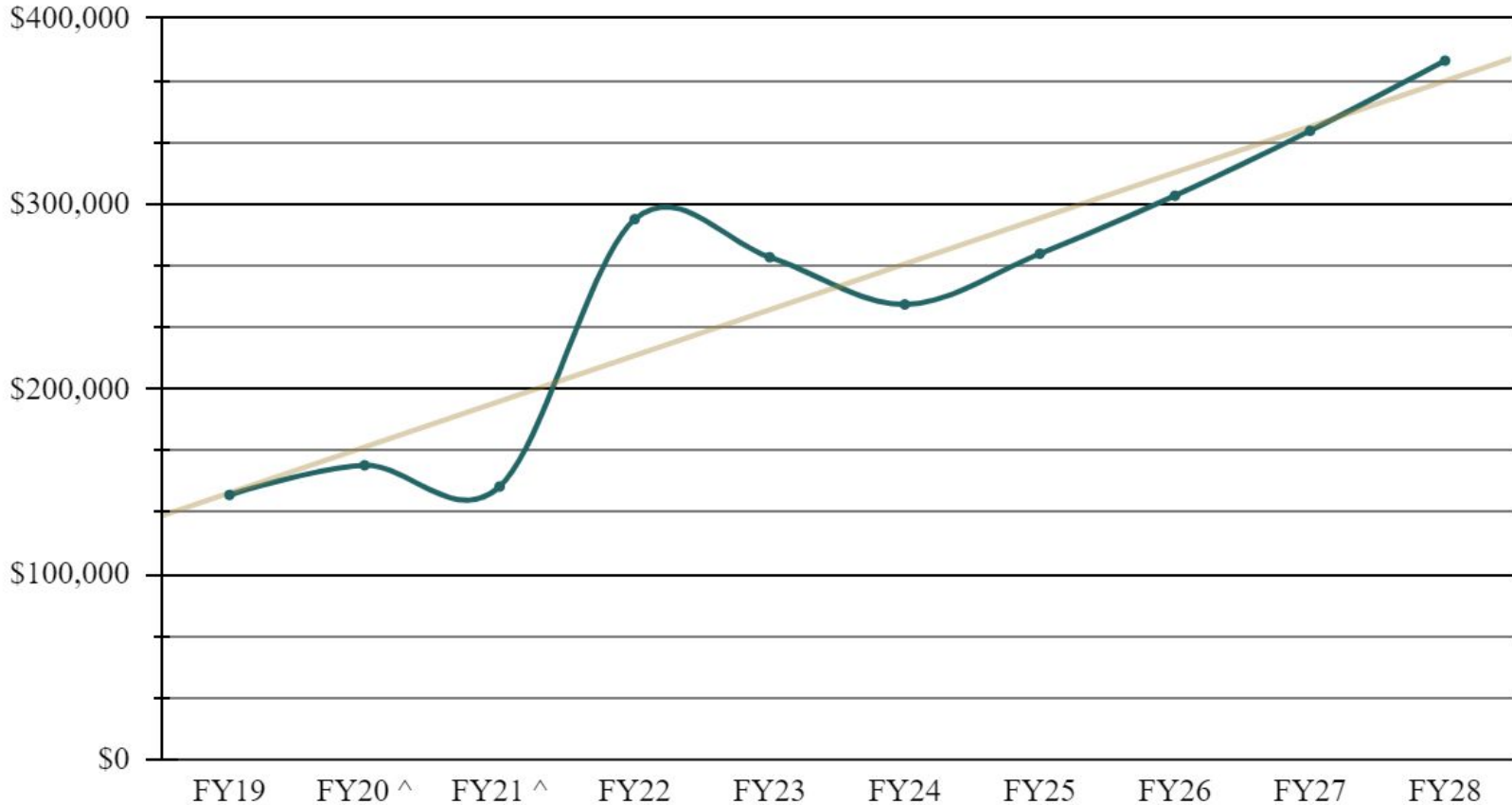
OSA Fund 2048 Revenue - 4439 Other Permits



^Waived certain application and licensing fees as a part of the Governor's Public Health Emergency.

*Based upon current and projected licensee base numbers and current applications as well as renewal fees.

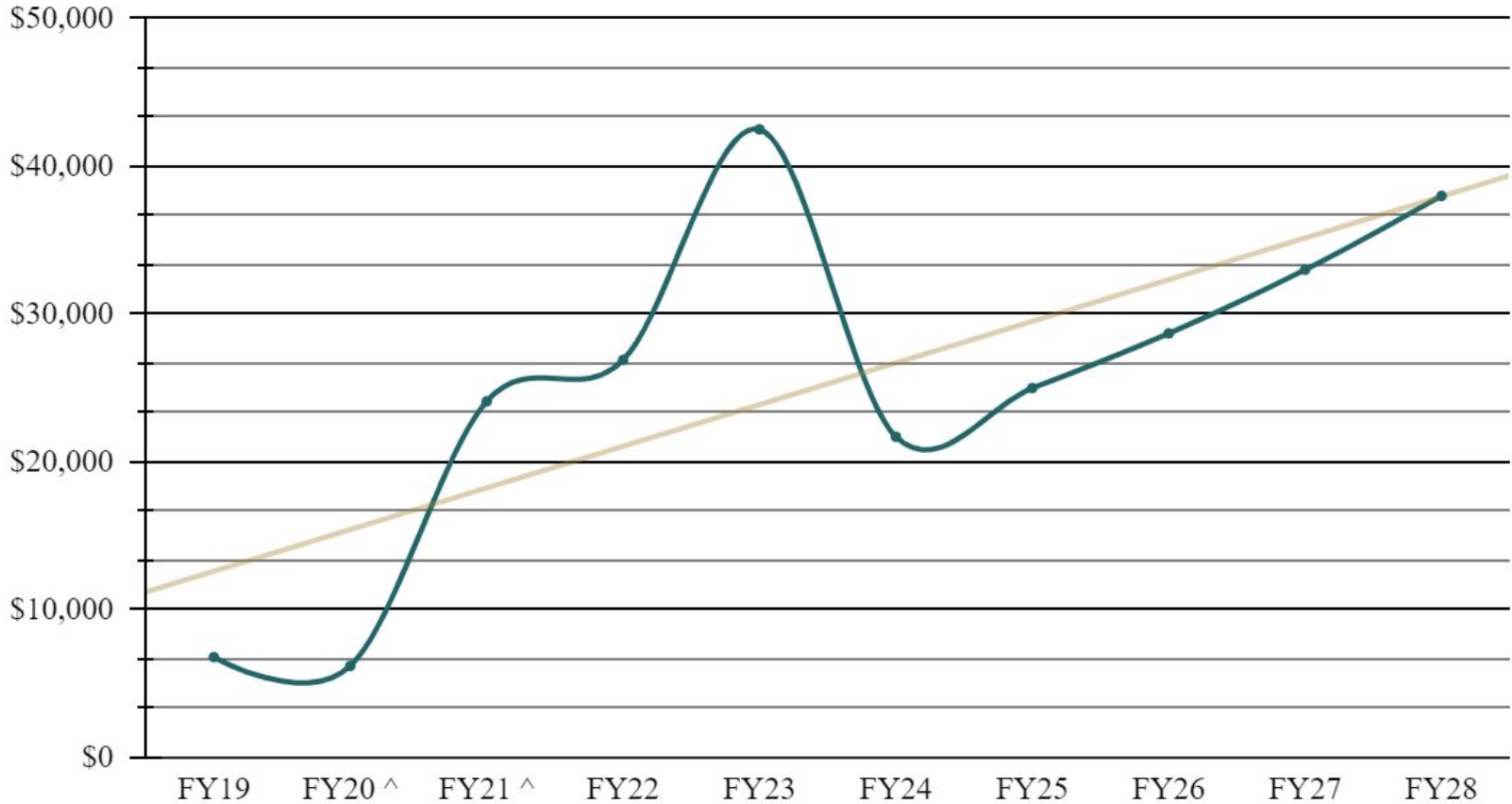
OSA Fund 2048 Revenue - 4449 Other Fees



^Waived certain application and licensing fees as a part of the Governor's Public Health Emergency.

*Based upon current and projected licensee base numbers and current applications as well as renewal fees.

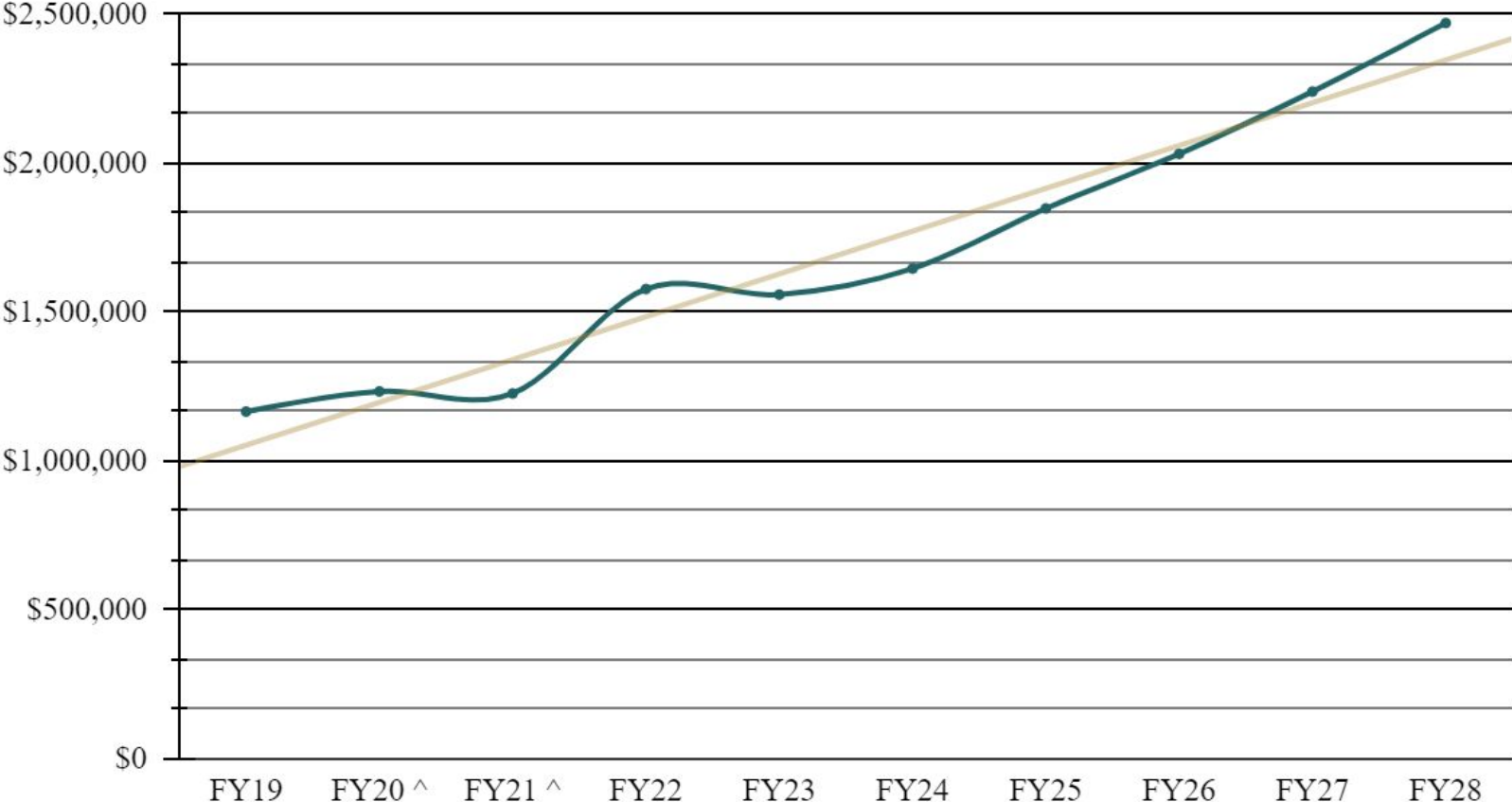
OSA Fund 2048 Revenue - 4519 Other Fines



^Waived certain application and licensing fees as a part of the Governor's Public Health Emergency.

*Based upon current and projected licensee base numbers and current applications as well as renewal fees.

OSA Fund 2048 Revenue - Total



^Waived certain application and licensing fees as a part of the Governor's Public Health Emergency.

*Based upon current and projected licensee base numbers and current applications as well as renewal fees.

Sources and Uses

Agency: Board of Osteopathic Examiners

Fund: OS2048 Osteopathic Examiners Board Fund

Revenues are the fees, fines, and other revenue received by the Board. Funds are used to license and regulate medical physicians who practice osteopathic medicine. Licensure renewal occurs on a biennial basis.

Cash Flow Summary	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Request
Beginning Balance	3,583.8	1,323.2	1,768.6
Revenue (from Revenue Schedule)	1,671.2	1,848.5	2,030.6
Total Available	5,255.0	3,171.7	3,799.2
Total Appropriated Disbursements	3,931.7	1,403.1	2,039.1
Total Non-Appropriated Disbursements	-	-	-
Balance Forward to Next Year	1,323.2	1,768.6	1,760.2

Explanation for Negative Ending Balance(s): Board of Osteopathic Examiners

Appropriated Expenditure	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Request
Expenditure Categories			
Personal Services	617.8	622.2	930.4
Employee Related Expenditures	210.8	296.3	420.1
Professional & Outside Services	121.0	171.9	239.9
Travel In-State	8.8	2.5	2.5
Travel Out-Of-State	11.6	5.5	5.5
Food	-	-	-
Aid To Organizations & Individuals	-	-	-
Other Operating Expenditures	144.4	304.7	428.2
Equipment	-	-	-
Capital Outlay	-	-	-
Capital Equipment	1.0	-	12.5
Non-Capital Equipment	16.0	-	-
Debt Service	-	-	-
Cost Allocation & Indirect Costs	-	-	-
Transfers-Out	2,800.4	-	-
Appropriated Expenditure Sub-Total:	3,931.7	1,403.1	2,039.1
Non-Lapsing Authority from Prior Years	-	-	-
Administrative Adjustments	-	-	-
Capital Projects (Land, Bldgs, Improv)	-	-	-
Appropriated 27th Pay Roll	-	-	-
Legislative Fund Transfers	-	-	-
IT Project Transfers	-	-	-

Sources and Uses

Agency:	Board of Osteopathic Examiners
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Fund:	OS2048 Osteopathic Examiners Board Fund
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Proposed Fund Transfer	-	-	-
Residual Equity Transfer	-	-	-
Transfer Due to Fund Balance Cap	-	-	-
Prior Committed or Obligated Expenditures (no entry for AY)	-	-	-
Non-Appropriated 27th Pay Roll	-	-	-
Appropriated Expenditure Total:	3,931.7	1,403.1	2,039.1
Appropriated FTE	10.0	10.0	15.0

Non-Appropriated Expenditure

	FY 2024 Actuals	FY 2025 Estimate	FY 2026 Request
Expenditure Categories			
Personal Services	-	-	-
Employee Related Expenditures	-	-	-
Professional & Outside Services	-	-	-
Travel In-State	-	-	-
Travel Out-Of-State	-	-	-
Food	-	-	-
Aid To Organizations & Individuals	-	-	-
Other Operating Expenditures	-	-	-
Equipment	-	-	-
Capital Outlay	-	-	-
Capital Equipment	-	-	-
Non-Capital Equipment	-	-	-
Debt Service	-	-	-
Cost Allocation & Indirect Costs	-	-	-
Transfers-Out	-	-	-
Non-Appropriated Expenditure Sub-Total:	-	-	-
Non-Lapsing Authority from Prior Years	-	-	-
Administrative Adjustments	-	-	-
Capital Projects (Land, Bldgs, Improv)	-	-	-
Appropriated 27th Pay Roll	-	-	-
Legislative Fund Transfers	-	-	-
IT Project Transfers	-	-	-
Proposed Fund Transfer	-	-	-
Residual Equity Transfer	-	-	-
Transfer Due to Fund Balance Cap	-	-	-
Prior Committed or Obligated Expenditures (no entry for AY)	-	-	-

Sources and Uses

Agency: Board of Osteopathic Examiners

Fund: OS2048 Osteopathic Examiners Board Fund

Non-Appropriated 27th Pay Roll	-	-	-
Non-Appropriated Expenditure Total:	-	-	-
Non-Appropriated FTE	-	-	-

House Engrossed

general appropriations act; 2024-2025

State of Arizona
House of Representatives
Fifty-sixth Legislature
Second Regular Session
2024

CHAPTER 209
HOUSE BILL 2897

AN ACT

AMENDING LAWS 2022, CHAPTER 313, SECTIONS 31 AND 38; AMENDING LAWS 2022, CHAPTER 313, SECTION 110, AS AMENDED BY LAWS 2023, CHAPTER 121, SECTION 1; AMENDING LAWS 2022, CHAPTER 313, SECTION 128; REPEALING LAWS 2022, CHAPTER 366, SECTION 33; AMENDING LAWS 2023, CHAPTER 133, SECTIONS 9, 17, 23, 77, 97 AND 113; APPROPRIATING MONIES.

(TEXT OF BILL BEGINS ON NEXT PAGE)

- i -

1	35-190, Arizona Revised Statutes, relating to lapsing of appropriations,		
2	until June 30, 2025.		
3	Sec. 71. BOARD OF EXAMINERS OF NURSING CARE INSTITUTION ADMINISTRATORS		
4	AND ASSISTED LIVING FACILITY MANAGERS		
5			<u>2024-25</u>
6	FTE positions		7.0
7	Lump sum appropriation	\$	604,900
8	Fund sources:		
9	Nursing care institution		
10	administrators' licensing and		
11	assisted living facility		
12	managers' certification fund	\$	604,900
13	Sec. 72. BOARD OF OCCUPATIONAL THERAPY EXAMINERS		
14			<u>2024-25</u>
15	FTE positions		2.0
16	Lump sum appropriation	\$	303,000
17	Fund sources:		
18	Occupational therapy fund	\$	303,000
19	Sec. 73. STATE BOARD OF DISPENSING OPTICIANS		
20			<u>2024-25</u>
21	FTE positions		1.0
22	Lump sum appropriation	\$	198,200
23	Fund sources:		
24	Board of dispensing opticians fund	\$	198,200
25	Sec. 74. STATE BOARD OF OPTOMETRY		
26			<u>2024-25</u>
27	FTE positions		2.0
28	Lump sum appropriation	\$	289,200
29	Fund sources:		
30	Board of optometry fund	\$	289,200
31	Sec. 75. ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY		
32			<u>2024-25</u>
33	FTE positions		10.0
34	Lump sum appropriation	\$	1,394,300
35	Fund sources:		
36	Arizona board of osteopathic		
37	examiners in medicine		
38	and surgery fund	\$	1,394,300
39	Sec. 76. ARIZONA STATE PARKS BOARD		
40			<u>2024-25</u>
41	FTE positions		167.0
42	Operating lump sum appropriation	\$	18,140,100
43	Arizona trail fund deposit		100,000
44	State parks store		1,513,100

1 19. \$1,000,000 to the department of health services for senior
2 health promotion and coordination in Santa Cruz county.

3 20. \$500,000 to the department of health services for heat
4 mitigation programs in southern Arizona.

5 21. \$200,000 to the Arizona department of homeland security for
6 cybersecurity programs.

7 22. \$1,000,000 to the Arizona board of regents for onetime teachers
8 academy funding.

9 23. \$1,000,000 to the secretary of state for onetime operating
10 expenses.

11 24. \$500,000 to the department of veterans' services to distribute
12 to a veterans center that provides referral services for employment and
13 job training, housing and utility assistance.

14 Sec. 131. Phoenix convention center; allocation; fiscal year
15 2024-2025

16 Pursuant to section 9-602, Arizona Revised Statutes, \$25,998,700 of
17 state general fund revenue is allocated in fiscal year 2024-2025 to the
18 Arizona convention center development fund established by section 9-601,
19 Arizona Revised Statutes.

20 Sec. 132. Rio Nuevo multipurpose facility district; estimated
21 distribution; fiscal year 2024-2025

22 Pursuant to section 42-5031, Arizona Revised Statutes, a portion of
23 the state transaction privilege tax revenues will be distributed to a
24 multipurpose facility district. The Rio Nuevo multipurpose facility
25 district is estimated to receive \$17,000,000 in fiscal year 2024-2025.
26 The actual amount of the distribution will be made pursuant to section
27 42-5031, Arizona Revised Statutes.

28 Fund Balance Transfers

29 Sec. 133. Fund balance transfers; fiscal year 2023-2024

30 Notwithstanding any other law, on or before June 30, 2024, the
31 following amounts from the following fund sources are transferred to the
32 state general fund for the purposes of providing adequate support and
33 maintenance for agencies of this state:

34	1. Department of administration	
35	Certificate of participation fund	\$ 2,550,000
36	State employee travel reduction fund	\$ 900,000
37	State web portal fund	\$ 4,000,000
38	Capitol mall consolidation fund	\$ 700,000
39	Fire incident management fund	\$ 6,100,000
40	Construction insurance fund	\$ 8,100,000
41	Cyber risk insurance fund	\$ 11,200,000
42	Risk management revolving fund	\$ 70,000,000
43	Automation projects fund - department	
44	of administration subaccount	\$ 7,000,000

1	25.	Department of liquor licenses and control	
2		Liquor licenses fund	\$ 400,000
3		License fees - audit - enforcement	
4		surcharges fund - multiple complaints	\$ 170,000
5	26.	Board of massage therapy	
6		Board of massage therapy fund	\$ 600,000
7	27.	Arizona medical board	
8		Arizona medical board fund	\$ 9,300,000
9	28.	State mine inspector	
10		Aggregate mining reclamation fund	\$ 38,500
11	29.	Naturopathic physicians medical board	
12		Naturopathic physicians medical board fund	\$ 1,700,000
13	30.	Arizona state board of nursing	
14		Board of nursing fund	\$ 9,400,000
15	31.	Board of occupational therapy examiners	
16		Occupational therapy fund	\$ 900,000
17	32.	State board of optometry	
18		Board of optometry fund	\$ 387,100
19	33.	Arizona board of osteopathic examiners in	
20		medicine and surgery	
21		Arizona board of osteopathic examiners	
22		in medicine and surgery fund	\$ 2,800,000
23	34.	Arizona state board of pharmacy	
24		Arizona state board of pharmacy fund	\$ 6,300,000
25	35.	Board of physical therapy	
26		Board of physical therapy fund	\$ 680,000
27	36.	State board of psychologist examiners	
28		Board of psychologist examiners fund	\$ 1,800,000
29	37.	Department of public safety	
30		Fingerprint clearance card fund	\$ 3,900,000
31		Department of public safety licensing	
32		fund	\$ 85,000
33		Gang and immigration team enforcement	
34		Mission border security and law	
35		Enforcement subaccount	\$ 1,000,000
36		Records processing fund	\$ 200,000
37		Public safety equipment fund	\$ 500,000
38	38.	Residential utility consumer office	
39		Residential utility consumer office	
40		revolving fund	\$ 425,000
41	39.	State board of technical registration	
42		Technical registration fund	\$ 5,600,000

Funding Issue List

Agency: Board of Osteopathic Examiners

FY 2026

Priority	Funding Issue Title	Total FTE	Total Amount	General Fund	Other Appropriated Funds	Non- Appropriated Funds
1	Additional FTEs (Investigations)	3.0	237.3	-	237.3	-
2	Additional FTEs (Licensing)	2.0	157.4	-	157.4	-
3	National Practitioner Data Bank (NPDB) Enrollment	-	15.0	-	15.0	-
4	Database Enhancements	-	24.0	-	24.0	-
5	Agency Employee Salary Increases	-	62.2	-	62.2	-
6	Outside Medical Consultant Costs	-	68.0	-	68.0	-
7	Office Space Expansion for Improved Operations	-	22.0	-	22.0	-
8	Supporting the Physician Rehabilitation Program	-	50.0	-	50.0	-
Total:		5.0	636.0	-	636.0	-

Funding Issue Detail

Agency: Board of Osteopathic Examiners

Issue: 1 Additional FTEs (Investigations)

Calculated ERE: 74.34
Uniform Allowance:

Program: Licensing and Regulation
Fund: OS2048 Osteopathic Examiners Board Fund (Appropriated)

Expenditure Categories		FY 2026
FTE	FTE	3.0
6000	Personal Services	148.0
6100	Employee Related Expenditures	74.3
	Subtotal Personal Services and ERE	222.3
7000	Other Operating Expenditures	7.5
8400	Capital Equipment	7.5
	Program/Fund Total:	237.3

Issue: 2 Additional FTEs (Licensing)

Calculated ERE: 49.41
Uniform Allowance:

Program: Licensing and Regulation
Fund: OS2048 Osteopathic Examiners Board Fund (Appropriated)

Expenditure Categories		FY 2026
FTE	FTE	2.0
6000	Personal Services	98.0
6100	Employee Related Expenditures	49.4
	Subtotal Personal Services and ERE	147.4
7000	Other Operating Expenditures	5.0
8400	Capital Equipment	5.0
	Program/Fund Total:	157.4

Issue: 3 National Practitioner Data Bank (NPDB) Enrollment

Calculated ERE:
Uniform Allowance:

Funding Issue Detail

Agency: Board of Osteopathic Examiners

Issue: 3 National Practitioner Data Bank (NPDB) Enrollment

Program: Licensing and Regulation
Fund: OS2048 Osteopathic Examiners Board Fund (Appropriated)

	Expenditure Categories	FY 2026
7000	Other Operating Expenditures	15.0
Program/Fund Total:		15.0

Issue: 4 Database Enhancements

Calculated ERE:
Uniform Allowance:

Program: Licensing and Regulation
Fund: OS2048 Osteopathic Examiners Board Fund (Appropriated)

	Expenditure Categories	FY 2026
7000	Other Operating Expenditures	24.0
Program/Fund Total:		24.0

Issue: 5 Agency Employee Salary Increases

Calculated ERE:
Uniform Allowance:

Program: Licensing and Regulation
Fund: OS2048 Osteopathic Examiners Board Fund (Appropriated)

	Expenditure Categories	FY 2026
6000	Personal Services	62.2
	Subtotal Personal Services and ERE	62.2
Program/Fund Total:		62.2

Issue: 6 Outside Medical Consultant Costs

Calculated ERE:
Uniform Allowance:

Funding Issue Detail

Agency: Board of Osteopathic Examiners

Issue: 6 Outside Medical Consultant Costs

Program: Licensing and Regulation
Fund: OS2048 Osteopathic Examiners Board Fund (Appropriated)

	Expenditure Categories	FY 2026
6200	Professional & Outside Services	68.0
Program/Fund Total:		68.0

Issue: 7 Office Space Expansion for Improved Operations

Calculated ERE:
Uniform Allowance:

Program: Licensing and Regulation
Fund: OS2048 Osteopathic Examiners Board Fund (Appropriated)

	Expenditure Categories	FY 2026
7000	Other Operating Expenditures	22.0
Program/Fund Total:		22.0

Issue: 8 Supporting the Physician Rehabilitation Program

Calculated ERE:
Uniform Allowance:

Program: Licensing and Regulation
Fund: OS2048 Osteopathic Examiners Board Fund (Appropriated)

	Expenditure Categories	FY 2026
7000	Other Operating Expenditures	50.0
Program/Fund Total:		50.0

Funding Issue Narrative

Agency: Board of Osteopathic Examiners

Issue: 1 Additional FTEs (Investigations)

Description of Issue: The Arizona Board of Osteopathic Examiners is facing significant challenges in completing investigations within the 180-day target, a standard set by both the Board and the Auditor General. In FY23, 60% of investigations exceeded this timeframe, and currently, 72% of open investigations have been ongoing for more than 180 days. These delays not only hinder the Board's ability to protect public safety but also affect the confidence of both the public and the profession in the regulatory process. To match our increased number of applications and licensees, the Board is receiving an increase of about 25% more complaints annually. This is further aggravated by delayed care by patients and doctors during the peaks of the pandemic.

To address these concerns, the Board is requesting funding for three additional full-time investigative staff. This increase in personnel is crucial to reduce the backlog of cases, improve the timeliness of complaint resolution, and ensure that investigations are completed within the 180-day target. The additional staff will also help alleviate the workload on current investigators, allowing for more thorough and timely investigations.

The recent performance audit highlighted the Board's inability to resolve some complaints promptly due to insufficient staffing, leading to delays in addressing both lower-priority and more complex cases. By increasing the investigative team, the Board will be better equipped to handle the rising number of complaints and ensure that all cases are resolved efficiently and in line with statutory expectations.

This proposal aligns with the Board's statutory responsibilities to protect public health and safety by regulating the practice of osteopathic medicine. Furthermore, it supports the Governor's priorities of ensuring public safety and maintaining a robust and effective regulatory framework for healthcare professionals in Arizona. The Board's ability to conduct timely investigations is essential to maintaining public trust and ensuring that only qualified and competent practitioners are allowed to provide care to Arizona residents.

Failure to fund this request will result in continued delays, further backlogs, and potentially unaddressed risks to public safety, undermining the Board's mission and the state's healthcare standards. The additional staffing is not just a need but a critical requirement to fulfill the Board's mandate effectively.

Proposal: The Arizona Board of Osteopathic Examiners is seeking funding to hire three additional full-time investigative staff members to address significant delays in the complaint investigation process. Currently, the Board operates with two full-time investigative processing staff, one part-time investigator, and one part-time medical consultant. Despite these resources, the complexity of cases and the increasing number of complaints have overwhelmed the current staff, resulting in 60% of investigations exceeding the 180-day target in FY23, with 72% of open investigations now older than 180 days.

The Board's ability to fulfill its statutory obligation to protect public health is compromised by these delays, which increase the risk of unqualified or unsafe practitioners continuing to operate unchecked. The need for additional staffing is urgent; without it, the Board cannot guarantee the timely resolution of cases, which is essential for maintaining public trust and ensuring the safety of Arizona's residents.

The Board has requested additional investigative staff in previous budget cycles, including last year, but did not receive the necessary funding. However, the workload has continued to grow, with cases becoming more complex and time-consuming. Although the Board received increases in investigative staff two and six years ago, these additions have not been sufficient to keep pace with the demands of current casework.

The Arizona Osteopathic Medical Association (AOMA) strongly supports this request, recognizing that additional investigative staff is critical to the Board's ability to operate effectively and protect public safety. The proposed increase in staffing aligns with the Board's mission to ensure that all investigations are conducted thoroughly and within the targeted 180-day timeframe, thereby enhancing the quality of healthcare in Arizona.

Failure to secure this funding will perpetuate delays, reduce the quality of investigations, and place the public at greater risk. Additionally, the Board is seeking supplementary funding to contract with more Outside Medical Consultants, further bolstering its capacity to manage complex cases. This comprehensive approach is essential to meet the growing demands placed on the Board and to uphold the standards of safety and integrity expected by the citizens of Arizona.

Alternatives Considered: Reallocation of Current Staff: The current team is already at capacity, and reallocating existing staff is not feasible without impacting other critical functions.
Temporary Staffing: Hiring temporary staff was considered but is not a sustainable solution due to the specialized nature of investigative work.
Outsourcing Investigations: Outsourcing was considered but deemed impractical due to the need for consistent, in-depth knowledge of Arizona statutes and regulations.

Funding Issue Narrative

Agency: Board of Osteopathic Examiners

Issue: 1 Additional FTEs (Investigations)

Impact of Not Funding This Year: Delays in resolving complaints will continue, leading to potential risks to public safety as unqualified or unsafe practitioners may remain active longer than necessary. The quality of investigations may decline due to overworked staff, increasing the likelihood of errors or missed critical information. Public trust in the Board's ability to effectively regulate and protect healthcare standards may be eroded.

Statutory Reference: A.R.S. §32-1800 to §32-1871: These statutes govern the Arizona Board of Osteopathic Examiners and outline the Board's responsibilities, including the investigation of complaints and disciplinary actions against licensees.

Equipment to be Purchased (if applicable): Computers, Monitors, and Software: For three new full-time investigative staff, including necessary licenses for investigative tools and case management systems.

Classification of New Positions:
Title: Medical Investigator Senior
Grade: 19 (AUN09058 for Medical Investigator Senior)
FTE: Two full-time employees

Title: Administrative Assistant III
Grade: 17 (AUN01152 for Administrative Assistant III)
FTE: 1 full-time employee

Annualization(s): Ongoing Costs: Salaries and Employee Related Expenses (ERE) will be required annually. One-Time Costs: Equipment purchases, with periodic updates as needed.

Alignment with Agency's Strategic Plan or Statutory Responsibilities: The request aligns with the Board's strategic goal of protecting public health by ensuring timely and thorough investigations of complaints. It is also directly tied to the statutory responsibility to regulate and oversee osteopathic practitioners in Arizona.

Impact on Historically Underserved, Marginalized, or Adversely Affected Groups: Delayed investigations could disproportionately impact underserved communities that already face challenges in accessing quality healthcare. Ensuring timely complaint resolution is critical to maintaining healthcare standards across all communities.

How has feedback been incorporated from groups directly impacted by proposal?: Feedback from the Arizona Osteopathic Medical Association (AOMA) and other stakeholders has been integral in shaping this proposal. Their support underscores the necessity of additional investigative staff to maintain public safety and uphold the integrity of the profession.

Description of how this furthers the Governor's priorities: This proposal supports the Governor's priority of ensuring public safety by strengthening the Board's capacity to effectively investigate and resolve complaints. By hiring additional investigative staff, the Board will enhance its ability to protect Arizona residents and maintain high standards in healthcare.

Issue: 2 Additional FTEs (Licensing)

Funding Issue Narrative

Agency: Board of Osteopathic Examiners

Issue: 2 Additional FTEs (Licensing)

Description of Issue: The Arizona Board of Osteopathic Examiners is requesting funding to add two full-time Licensing Specialists to address the growing volume of applications from osteopathic physicians seeking licensure in Arizona. Our Board has experienced a 20% annual increase in applications, reflecting both national growth in the osteopathic profession and Arizona's attractiveness as a place to live and work. This trend has occurred each year and is reflective of an overall increase in our licensing base by nearly 300% since FY2000. We project that the additional staff will help reduce the current average processing time by at least 30 business days, ensuring that healthcare professionals can enter the workforce more quickly.

This funding will cover the salaries and related expenses for two new positions, along with necessary equipment and training. The impact of not funding these positions would be significant, leading to longer processing times, potential delays in healthcare access, and increased workloads for existing staff, risking burnout and reduced service quality.

This proposal aligns with the Governor's priorities of expanding access to healthcare and supporting economic development by ensuring timely licensure and entry of healthcare professionals into Arizona's workforce. Feedback from the Arizona Osteopathic Medical Association (AOMA) has underscored the critical need for this increase in staffing to prevent delays and maintain the state's healthcare standards.

Proposal: The Arizona Board of Osteopathic Examiners seeks to address the growing demand for physician licensure by adding two full-time Licensing Specialists. With a 20% annual increase in applications, the Board is currently challenged by extended processing times, which delay the entry of qualified healthcare professionals into the workforce. This proposal requests funding for salaries, equipment, and training necessary to reduce the average processing time 30 business days.

The proposal is driven by the state's urgent need for healthcare providers, particularly in underserved rural areas where osteopathic physicians play a crucial role. The funding will directly impact Arizona's ability to maintain its healthcare standards, ensuring timely licensure and better access to care.

Feedback from the Arizona Osteopathic Medical Association (AOMA) and other stakeholders has highlighted the necessity of this investment, stressing that delays in licensure could exacerbate the existing physician shortage in Arizona. By supporting this proposal, the state will align with the Governor's priorities to expand healthcare access and foster economic growth, making Arizona an attractive destination for healthcare professionals.

Without this funding, the Board faces continued delays, potential staff burnout, and a negative impact on Arizona's public health system. The requested increase in staffing is essential to meeting the state's growing healthcare needs and supporting the long-term health and well-being of Arizona residents.

Alternatives Considered: Reallocation of Existing Resources: The Board has already optimized the use of its current staff, with no additional capacity for reassignment to licensing tasks. Temporary Staffing: Temporary staff has been utilized in the past but is not a cost-effective long-term solution given the ongoing increase in demand. Technology Enhancements: The Board has implemented technological upgrades but these alone cannot address the increasing application volume. Outsourcing Processing: This was considered but deemed impractical due to the need for specialized knowledge and consistent application of state regulations.

Impact of Not Funding This Year: Increased Processing Times: Without additional staff, the average processing time for applications will increase from the current processing time at an expected rate of 2 days per month until additional staff is appropriated. Negative Impact on Healthcare Access: Delays in processing applications could slow down the entry of new healthcare professionals into the Arizona workforce, exacerbating healthcare access issues. Staff Burnout and Turnover: Existing staff will face increased workloads, leading to potential burnout and higher turnover, further reducing the Board's capacity to process applications efficiently. Decreased work product quality: If funding is not provided for additional licensing staff, the Board will continue to face overwhelming workloads that can lead to a significant decrease in work product quality. With the current staff already stretched thin, the ability to maintain thorough, accurate, and timely reviews of licensing applications is compromised. This can result in errors, incomplete reviews, and ultimately, the approval of unqualified applicants or delays in processing, which jeopardizes the integrity of the licensing process and could have serious implications for public safety.

Funding Issue Narrative

Agency: Board of Osteopathic Examiners

Issue: 2 Additional FTEs (Licensing)

Statutory Reference: A.R.S. § 32-1822: Outlines the powers and duties of the Arizona Board of Osteopathic Examiners in Medicine and Surgery, including the responsibility to license qualified osteopathic physicians and ensure public safety.

A.R.S. §§ 32-3241 to 32-3245: Outlines the powers, duties, and participation of the Arizona Board of Osteopathic Examiners in Medicine and Surgery in the Interstate Medical Licensure Compact, including the responsibility to license qualified osteopathic physicians through the compact process and ensure public safety.

Equipment to be Purchased (if applicable): Laptops and Monitors: For the two new staff members, including software licenses and initial training materials.
Estimated Cost: \$5,000 in one-time expenses per employee.

Classification of New Positions: Title: Licensing Specialist
Grade: 22 (AUN06937 for Administrative Assistant III)
FTE: Two full-time employees

Annualization(s): Ongoing Costs: Salaries and Employee Related Expenses (ERE) will be required on an ongoing basis, totaling \$98,000 annually.
One-Time Costs: Equipment purchases totaling \$10,000, with potential for periodic upgrades as needed.

Alignment with Agency's Strategic Plan or Statutory Responsibilities: Strategic Goal Alignment: The request aligns with the Board's goal of improving operational efficiency and ensuring timely licensure of qualified osteopathic physicians, which is critical to supporting Arizona's healthcare infrastructure.
Statutory Alignment: The request supports the Board's statutory responsibility to protect public safety through the efficient and effective licensing of osteopathic physicians.

Impact on Historically Underserved, Marginalized, or Adversely Affected Groups: Improved Access to Care: Reducing processing times will help increase the number of healthcare providers in Arizona, particularly benefiting underserved and marginalized communities by improving access to medical care.
Reduction of Health Disparities: Timely licensure of physicians is crucial to reducing health disparities in underserved areas by ensuring that communities have access to qualified healthcare providers.
Osteopathic physicians (DOs) are increasingly filling healthcare gaps in rural and underserved areas, where access to medical care is often limited. With their holistic approach and focus on primary care, DOs are well-suited to serve these communities, which often face barriers like geographical isolation, lower socioeconomic status, and limited healthcare infrastructure. By expediting the licensing process, this proposal will help ensure that more osteopathic physicians can quickly begin practicing in these critical areas, thereby improving healthcare access and outcomes for historically underserved populations. This alignment with the Governor's priorities further emphasizes the importance of addressing health disparities through the timely deployment of qualified healthcare professionals.

This revision should more effectively highlight the critical role of osteopathic physicians in serving underserved communities and the importance of timely licensure in supporting this mission.

How has feedback been incorporated from groups directly impacted by proposal?: Stakeholder Feedback: Applicants and healthcare facilities have expressed frustration with current processing delays. This proposal directly addresses their concerns by improving response times and customer service through the addition of dedicated licensing staff.
Continuous Improvement: The Board has consistently sought feedback from constituents, leading to this proposal that aims to meet their demand for faster, more efficient service.
The Arizona Osteopathic Medical Association (AOMA) has expressed strong support for the Board's FY25 budget request, highlighting the critical importance of timely physician licensing in addressing the state's ongoing healthcare provider shortage. AOMA's advocacy reflects the concerns of its 2,600 members, including active and retired physicians, residents, and students, who emphasize the need for increased staffing to prevent delays in licensure. This feedback has been integral to shaping the Board's proposal, ensuring that it addresses the needs of both the profession and public health in Arizona.

This revision incorporates the direct feedback from AOMA and emphasizes the importance of the proposal in meeting the needs of those impacted.

Description of how this furthers the Governor's priorities: Healthcare Priority: By reducing licensing delays, this proposal aligns with Governor Hobbs' priority to expand access to healthcare in Arizona. Quicker licensure allows more healthcare providers to enter the workforce sooner, supporting both public health and economic growth.
Economic Development: This proposal supports economic development by facilitating the rapid entry of osteopathic physicians into Arizona's workforce, thus contributing to the state's economic health and resilience.

Funding Issue Narrative

Agency: Board of Osteopathic Examiners

Issue: 3 National Practitioner Data Bank (NPDB) Enrollment

Description of Issue: The Arizona Board of Osteopathic Examiners currently faces a significant gap in monitoring licensed practitioners, as only new applicants are enrolled in the National Practitioner Data Bank (NPDB) Continuous Query service for a limited period. The NPDB is the national repository for all adverse actions and malpractice payments made against a physician's license. The NPDB is the national repository for all adverse actions and malpractice payments made against a physician's license. After the initial 1 year enrollment period lapses, the onus is on practitioners to self-report any disciplinary actions or malpractice payments—a system that has proven unreliable. There have been instances where practitioners failed to report critical information, leading to delayed investigations and posing risks to public safety.

Proposal: The Arizona Board of Osteopathic Examiners seeks funding to enroll all 6,000 licensees and permit holders in the National Practitioner Data Bank (NPDB) Continuous Query service. Currently, only new applicants are enrolled for a year during their initial application process. After this period, it is the responsibility of the licensee to report any disciplinary actions or malpractice payments. This system has proven insufficient, as there have been instances where physicians failed to report such actions, leading to delays in investigations and potential risks to public safety.

By enrolling all licensees in the NPDB's Continuous Query service at a cost of \$2.50 per individual, the Board will be able to receive real-time updates on any changes in a practitioner's status, including disciplinary actions and malpractice payments. This enhanced monitoring will significantly improve public safety, reduce the administrative burden on both the Board and the practitioners, and close the reporting gaps that currently exist.

Furthermore, continuous monitoring aligns with the Board's mission to protect public health by ensuring that only qualified and competent practitioners are licensed to practice. This proactive approach also supports the Governor's priorities of ensuring public safety and maintaining high standards in healthcare.

The Arizona Osteopathic Medical Association (AOMA) supports this proposal as part of the Board's overall effort to secure increased funding to better serve the osteopathic community and the public. Failure to fund this initiative would perpetuate existing gaps in monitoring, increasing the risk of unreported issues and delayed Board actions, ultimately compromising public trust and safety.

Alternatives Considered: Maintaining Current System: Continue with the current approach where only new applicants are enrolled for one year, but this leaves gaps in monitoring.
Manual Monitoring: Increase staff to manually check the NPDB for updates, but this is inefficient and prone to delays and errors.
Self-Reporting: Continue relying on practitioners to self-report, though past instances show this approach is unreliable and poses risks to public safety.

Impact of Not Funding This Year: The Board will continue to experience gaps in monitoring, which could result in delayed responses to disciplinary actions or malpractice settlements. This delay increases risks to public safety and may allow unqualified practitioners to continue practicing without the Board's knowledge.

Statutory Reference: A.R.S. §32-1800 to §32-1871 - These statutes outline the Board's powers and duties, including the responsibility to license and regulate osteopathic physicians and take disciplinary action when necessary.

Equipment to be Purchased (if applicable): No additional equipment is required for this proposal.

Classification of New Positions: No new positions are required for this proposal.

Annualization(s): The cost of enrolling all practitioners in the NPDB Continuous Query service will be \$15,000 annually, based on the \$2.50 per practitioner fee for 6,000 practitioners.

Alignment with Agency's Strategic Plan or Statutory Responsibilities: This proposal aligns with the Board's strategic goal of protecting public health by ensuring continuous monitoring of practitioners. It supports the Board's statutory responsibility to oversee the professional conduct of osteopathic physicians in Arizona.

Impact on Historically Underserved, Marginalized, or Adversely Affected Groups: Continuous monitoring of all practitioners ensures that all communities, including historically underserved and marginalized groups, are protected from practitioners who may have undisclosed disciplinary actions or malpractice claims. This enhances the overall quality of care available to these groups.

Funding Issue Narrative

Agency: Board of Osteopathic Examiners

How has feedback been incorporated from groups directly impacted by proposal?:

Although no specific feedback was received regarding this proposal, the Arizona Osteopathic Medical Association (AOMA) supports the Board's efforts to secure increased funding to better serve the osteopathic community and protect public safety.

Description of how this furthers the Governor's priorities:

This proposal directly supports the Governor's priority of enhancing public safety by ensuring that all licensed practitioners are continuously monitored for any disciplinary actions or malpractice claims. This proactive measure strengthens the regulatory framework and helps maintain high standards in Arizona's healthcare system.

Issue: 4 Database Enhancements

Description of Issue:

The Arizona Board of Osteopathic Examiners is facing critical challenges with its current cloud database, which lacks the functionality needed to manage newly required collaborative practice agreements and fails to provide secure, efficient access for Board members and outside consultants. Recent legislative changes mandate tracking agreements with pharmacists, dentists, and potentially psychologists, but the current system is not equipped to handle these updates. Furthermore, a recent review of the Board's database raised concerns about the Board's inability to generate comprehensive reports on complaint progress and closure rates, highlighting the need for immediate database enhancements.

To address these challenges, the Board proposes a series of updates to the existing database platform, managed by its current vendor. These updates will include functionality for tracking collaborative agreements, secure online access for external reviewers, and robust reporting capabilities. The total cost for these enhancements is \$24,000 initially, with an ongoing annual maintenance cost of \$5,000.

Enhancing the database will not only bring the Board into compliance with legislative requirements and audit recommendations but also streamline operations, improve data security, and ensure more efficient complaint resolution. These improvements are essential for maintaining the Board's ability to regulate osteopathic practice effectively and protect public health and safety in Arizona.

Proposal:

The Arizona Board of Osteopathic Examiners seeks funding to enhance its existing cloud database to meet new legislative requirements and address critical operational needs. Recent legislative changes, such as HB2582 and anticipated regulations related to prescribing psychologists, necessitate modifications to the database to manage and track collaborative practice agreements effectively.

Additionally, the current system does not allow Board members and outside medical consultants to securely access and review case-related documents online, leading to inefficient and potentially insecure processes. The proposed enhancements will enable these stakeholders to log in, review confidential materials, and provide feedback or reports directly within the system, significantly improving workflow efficiency and data security.

The enhancements also respond to concerns raised in a recent audit, which highlighted the database's inability to generate comprehensive reports on complaint progress, timelines, and closure rates. Addressing these gaps is crucial for the Board to monitor and resolve complaints effectively, thereby fulfilling its mandate to protect public health.

The Board's existing vendor will complete the necessary updates at a one-time cost of \$24,000, with an ongoing maintenance fee of \$5,000 annually. These investments align with the Board's strategic goals and statutory responsibilities, ensuring that the Board can adapt to evolving regulatory demands and continue to operate efficiently and securely. The proposal also supports the Governor's priorities by enhancing public safety through improved regulatory processes.

Alternatives Considered:

Maintaining the Current System: Continuing with the existing database without enhancements would leave the Board unable to comply with new legislative requirements and other recommendations.
Manual Processes: Using manual methods to track collaborative agreements and compile complaint reports was considered but is highly inefficient and prone to errors. The manual process is time consuming and costly of the Board's personnel resources.

Impact of Not Funding This Year:

The Board will remain non-compliant with legislative changes and other recommendations, resulting in inefficient operations and potential security risks. Additionally, the lack of necessary database enhancements could lead to delays in complaint resolution, affecting public safety.

Funding Issue Narrative

Agency: Board of Osteopathic Examiners

Issue: 4 Database Enhancements

Statutory Reference: A.R.S. §32-1800 to §32-1871 - These statutes outlines the Board's powers and duties, including the responsibility to license and regulate osteopathic physicians and take disciplinary action when necessary.
2023 - SB1602 - amended §32-1803 and added §32-1855.02
2024 - HB2582 - added §32-1970

Equipment to be Purchased (if applicable): No additional physical equipment is required; however, the cloud database will be enhanced by the existing vendor at the specified cost.

Classification of New Positions: No new positions are required for this proposal.

Annualization(s): There is an initial one-time cost of \$24,000 for the database enhancements, with an ongoing annual maintenance cost of \$5,000.

Alignment with Agency's Strategic Plan or Statutory Responsibilities: The enhancements align with the Board's strategic goals of improving operational efficiency and ensuring compliance with new legislative requirements. The updates will allow the Board to fulfill its statutory responsibilities more effectively.

Impact on Historically Underserved, Marginalized, or Adversely Affected Groups: Enhancing the database will improve the Board's ability to regulate osteopathic practices efficiently, ensuring that all communities, including historically underserved groups, receive safe and high-quality healthcare services.

How has feedback been incorporated from groups directly impacted by proposal?: The Board past audit's findings and recommendations have been directly incorporated into the proposal. While specific stakeholder feedback on the database enhancements has not been received, the Arizona Osteopathic Medical Association (AOMA) supports overall improvements to better serve the osteopathic community and protect public safety.

Description of how this furthers the Governor's priorities: This proposal supports the Governor's priorities by enhancing public safety through improved regulatory processes. By ensuring that the Board can efficiently manage collaborative agreements and track complaints, these enhancements will help maintain high standards in Arizona's healthcare system.

Issue: 5 Agency Employee Salary Increases

Description of Issue: The Arizona Board of Osteopathic Examiners faces significant challenges in retaining and attracting talented staff due to uncompetitive salaries. Despite a 10% salary increase for state employees in July 2022, the Board's salaries remain below midgrade for similar roles in other agencies and significantly lower than those in the private sector. This has led to a 20% turnover rate, difficulties in filling vacancies, and declining staff morale. A 10% salary increase is essential to maintain operational efficiency, improve morale, and ensure continued high-quality service delivery.

Proposal: The Arizona Board of Osteopathic Examiners requests funding to provide a 10% salary increase to all agency employees, addressing significant retention and recruitment challenges. The most recent state employee salary increase occurred in July 2022, with a 10% raise, but prior to that, the last increase was in 2005 with only a 3% raise. The Board is struggling to fill a vacant position due to non-competitive salaries, and last year experienced a 20% turnover rate, with departing employees citing salary concerns despite their satisfaction with the work and colleagues.

Currently, the Board's salaries are below midgrade for similar roles in other state agencies and are significantly lower than those in the private sector. This disparity has led to declining morale, with staff expressing intentions to seek other employment if raises are not provided. While performance has not yet declined, the risk of burnout is increasing.

The requested salary increase can be supported by the Board's existing revenue from licensing fees. This raise will enhance operational efficiency, improve customer service, and demonstrate to staff that their dedication and hard work are valued, ultimately contributing to better service delivery and staff retention.

Funding Issue Narrative

Agency: Board of Osteopathic Examiners

Issue: 5 Agency Employee Salary Increases

Alternatives Considered:	Maintaining Current Salaries: Continuing with the current salary structure would likely lead to further difficulties in recruitment and retention, increased turnover, and potential declines in staff morale and performance. Non-Monetary Benefits: While non-monetary benefits, such as flexible working arrangements, could help, they are not sufficient to address the gap between current salaries and those offered by other agencies or the private sector.
Impact of Not Funding This Year:	Failure to secure funding for the salary increase will exacerbate existing recruitment and retention challenges, leading to higher turnover, reduced operational efficiency, and potential negative impacts on the quality of service delivery. The agency may face further difficulties in filling vacant positions and retaining skilled employees.
Statutory Reference:	A.R.S. §32-1804: This statute outlines the responsibilities of the Executive Director, including managing the Board's offices and staff, which is directly impacted by the ability to offer competitive salaries.
Equipment to be Purchased (if applicable):	No additional equipment is required for this proposal.
Classification of New Positions:	No new positions are being requested as part of this proposal.
Annualization(s):	The proposed salary increase will result in ongoing annual costs that will be covered by the Board's existing revenue from licensing fees.
Alignment with Agency's Strategic Plan or Statutory Responsibilities:	This proposal aligns with the Board's strategic goal of maintaining a skilled and motivated workforce, which is essential for ensuring high-quality service delivery and fulfilling the Board's statutory responsibilities.
Impact on Historically Underserved, Marginalized, or Adversely Affected Groups:	By improving staff retention and morale, the Board can continue to provide consistent, high-quality service to all communities, including those that are historically underserved or marginalized.
How has feedback been incorporated from groups directly impacted by proposal?:	Feedback from staff has indicated a strong need for salary increases to prevent further turnover and improve morale. This feedback has been a key driver in the decision to request additional funding for salary increases. The Board has had difficulty in filling vacancies as prospective candidates expressed dissatisfaction with the agencies salary limitations.
Description of how this furthers the Governor's priorities:	This proposal supports the Governor's priorities by ensuring that state employees are compensated fairly, which is critical for attracting and retaining the talent necessary to deliver effective public services and maintain operational excellence in state government.

Issue: 6 Outside Medical Consultant Costs

Description of Issue: The Arizona Board of Osteopathic Examiners seeks additional funding to expand its use of Outside Medical Consultants (OMCs) from 60 to 160 cases annually. This increase is essential to manage the growing complexity of cases, reduce investigation timelines to under 180 days, and address the backlog of unresolved cases. The Board plans to raise the payment per case by \$300 to attract more specialized expertise, resulting in a \$68,000 annual increase in costs. This initiative will enhance the quality and efficiency of investigations, ultimately improving public safety and healthcare standards in Arizona.

Funding Issue Narrative

Agency: Board of Osteopathic Examiners

Issue: 6 Outside Medical Consultant Costs

Proposal: The Arizona Board of Osteopathic Examiners is requesting additional funding to expand its use of Outside Medical Consultants (OMCs) to enhance the quality and efficiency of case investigations. Currently, the Board sends approximately 60 cases annually to OMCs, but with the growing complexity of cases and the need to reduce investigation timeframes below 180 days, the Board proposes increasing this number to 160 cases per year.

To attract more qualified consultants, the Board plans to raise the payment per case from \$200 to \$500, resulting in an annual cost increase of \$68,000. Utilizing more OMCs will allow the Board to tap into specialized expertise, improve case resolution times, and ensure thorough, high-quality investigations. This approach, combined with increased investigative staff, will help reduce individual investigator caseloads and expedite the overall investigation process.

The Arizona Osteopathic Medical Association (AOMA) has expressed support for the Board's funding request, recognizing the importance of timely and expert-led investigations in protecting public health and maintaining high standards in medical practice.

Alternatives Considered: Maintaining Current Levels: Keeping the current number of cases sent to OMCs would not address the backlog or reduce investigation timelines effectively.
Increasing Internal Resources Only: Relying solely on internal investigative staff would not provide the specialized expertise that OMCs offer, limiting the quality and efficiency of investigations.

Impact of Not Funding This Year: Without additional funding, the Board will face continued delays in case resolution, potentially compromising the quality of investigations and public safety. The backlog of cases may increase, leading to extended investigation times.

Statutory Reference: A.R.S. §32-1822: This statute outlines the Board's duties, including investigating complaints against licensees. The use of OMCs supports the Board's mandate to ensure thorough and timely investigations.

Equipment to be Purchased (if applicable): No new equipment is required for this proposal.

Classification of New Positions: No new positions are being requested as part of this proposal.

Annualization(s): The proposal requires an annual increase of \$68,000 to cover the costs associated with sending additional cases to OMCs.

Alignment with Agency's Strategic Plan or Statutory Responsibilities: This proposal aligns with the Board's strategic goal of ensuring high-quality, timely investigations. By expanding the use of OMCs, the Board will fulfill its statutory responsibilities more effectively.

Impact on Historically Underserved, Marginalized, or Adversely Affected Groups: Expanding the use of OMCs ensures that all investigations, including those involving practitioners serving marginalized communities, are handled with the highest level of expertise, thereby protecting all patients' health and safety.

How has feedback been incorporated from groups directly impacted by proposal?: Feedback from the Arizona Osteopathic Medical Association (AOMA) has been positive, supporting the Board's efforts to enhance the quality and timeliness of investigations through the expanded use of OMCs.

Description of how this furthers the Governor's priorities: This proposal supports the Governor's priorities by improving public safety through more efficient and expert-led investigations. By reducing investigation timelines and enhancing the quality of case resolutions, the Board contributes to maintaining high standards in healthcare across Arizona.

Issue: 7 Office Space Expansion for Improved Operations

Funding Issue Narrative

Agency: Board of Osteopathic Examiners

Issue: 7 Office Space Expansion for Improved Operations

Description of Issue: The Arizona Board of Osteopathic Examiners is facing significant challenges due to limited office space, resulting in insufficient room for staff and inadequate facilities for meetings. To address these issues, the Board is relocating to a larger office within its current state-owned building, increasing its space by 1,300 square feet. This expansion, at an additional cost of \$22,000 annually, is crucial for accommodating more staff, improving workflow, and enhancing customer service. The move is scheduled to occur in September of 2024, making timely funding essential for ensuring a smooth transition and continued efficient operations.

Proposal: The Arizona Board of Osteopathic Examiners is requesting additional funding to cover the costs associated with relocating to a larger office space within the current state-owned building. The Board will expand its office by 1,300 square feet to address current limitations, including insufficient room for staff and inadequate facilities for meetings. The expanded space, with an increased cost of \$22,000 annually, will accommodate more staff, improve workflow, and enhance customer service. This move is essential to improving staff efficiency, better serving the public, and ensuring compliance with health and safety regulations. The relocation is set to occur in September of 2024, making it crucial to secure the necessary funding in the upcoming budget.

Alternatives Considered: Remain in Current Space: Continuing in the current space was considered but would exacerbate issues with overcrowding, inadequate meeting facilities, and inefficiencies in operations. External Meeting Spaces: Renting external meeting spaces was considered but is not cost-effective or practical for daily operations.

Impact of Not Funding This Year: Without funding, the Board will face continued overcrowding, reduced staff efficiency, and challenges in providing effective public service. This could also impact the Board's compliance with health and safety regulations. Continuing in the current space limits the amount of staff members that can utilize workspace at the same time.

Statutory Reference: A.R.S. § 32-1804 - This statute outlines the responsibilities of the Executive Director, including the management of the Board's offices. It aligns directly with the statutory duty to manage the Board's facilities effectively to support its operations and to ensure that the Board has adequate office space to carry out the Board's responsibilities efficiently.

Equipment to be Purchased (if applicable): No new equipment is required specifically for the office expansion; existing equipment will be utilized in the new space.

Classification of New Positions: No new positions are being requested as part of this proposal.

Annualization(s): The additional annual cost for the expanded office space is \$22,000.

Alignment with Agency's Strategic Plan or Statutory Responsibilities: The expansion aligns with the Board's strategic goals to enhance operational efficiency, provide better customer service, and ensure a safe and compliant working environment.

Impact on Historically Underserved, Marginalized, or Adversely Affected Groups: The improved space will enhance the Board's ability to serve all members of the public, including historically underserved and marginalized groups, by providing more efficient and accessible services.

How has feedback been incorporated from groups directly impacted by proposal?: Staff and public feedback have highlighted the limitations of the current space, reinforcing the need for expansion to improve service delivery and operational efficiency.

Funding Issue Narrative

Agency: Board of Osteopathic Examiners

Issue: 7 Office Space Expansion for Improved Operations

Description of how this furthers the Governor's priorities: This proposal supports the Governor's priorities by ensuring that the Board can operate efficiently and effectively, providing high-quality public service and maintaining a safe and compliant working environment.

Issue: 8 Supporting the Physician Rehabilitation Program

Description of Issue: The Arizona Board of Osteopathic Examiners operates a confidential monitoring program aimed at rehabilitating physicians impaired by substance use, allowing them to safely return to practice. However, the program faces funding challenges as it has not been allocated the \$20 per license renewal fee authorized by statute, leading the Board to use existing funds to maintain the program. The Board seeks an additional \$50,000 to cover operational costs, increased caseloads, and enhanced outreach efforts to raise awareness among medical students, residents, and licensed practitioners. Increased funding is essential to sustaining and expanding this vital program, which has a 95% success rate in rehabilitating physicians, thereby protecting public health and ensuring the safety of Arizona's healthcare system.

Proposal: The Arizona Board of Osteopathic Examiners is seeking an additional \$50,000 in funding to support and expand its confidential monitoring program for physicians undergoing substance use treatment. While the Board is authorized to allocate \$20 from each license renewal fee for this purpose, these funds have not been appropriated, forcing the Board to rely on existing funds to operate the program.

The requested funding will address critical gaps, covering operational costs, increased caseloads, substance use evaluations, educational materials, outreach efforts, and training. With a 95% success rate in rehabilitating physicians, this program plays a vital role in ensuring that practitioners can safely return to practice, thereby protecting public health and safety.

Despite its success, the program remains underutilized due to low awareness among medical students, residents, and licensed practitioners. The Board aims to use the additional funds to increase awareness through targeted campaigns, partnerships with medical schools, and workshops, particularly focusing on Arizona's two medical schools and 60 residency programs.

This proposal aligns with the Board's statutory responsibilities under A.R.S. §32-1861, which allows for the establishment of a confidential program for impaired licensees. The additional funding will enhance the Board's ability to fulfill its mission of protecting public health while supporting the rehabilitation of physicians in need.

Alternatives Considered: Continue with Current Funding: This would limit the program's reach and effectiveness due to insufficient resources.
Reduce Outreach Efforts: Scaling back outreach would maintain operational costs but reduce program awareness and potentially leave at-risk physicians untreated.

Impact of Not Funding This Year: The program may struggle to meet increasing demands, limiting its ability to rehabilitate physicians and potentially leading to untreated substance use issues among practitioners, which could endanger public safety.

Statutory Reference: A.R.S. §32-1861: Authorizes the Board to establish a confidential program for the treatment and rehabilitation of licensees impaired by substance use and to allocate up to \$20 from each license renewal for this purpose.

Equipment to be Purchased (if applicable): No additional equipment is required for this proposal.

Classification of New Positions: No new positions are required for this proposal.

Annualization(s): The \$50,000 requested is intended to cover costs associated with the program's operation, outreach, and education efforts on an ongoing basis.

Alignment with Agency's Strategic Plan or Statutory Responsibilities: The request aligns with the Board's mission to protect public health by ensuring that impaired physicians receive the necessary treatment to safely return to practice.

Funding Issue Narrative

Agency: Board of Osteopathic Examiners

Issue: 8 Supporting the Physician Rehabilitation Program

Impact on Historically Underserved, Marginalized, or Adversely Affected Groups:

The program ensures that all physicians, including those from underserved and marginalized communities, have access to confidential treatment, which supports equity in healthcare.

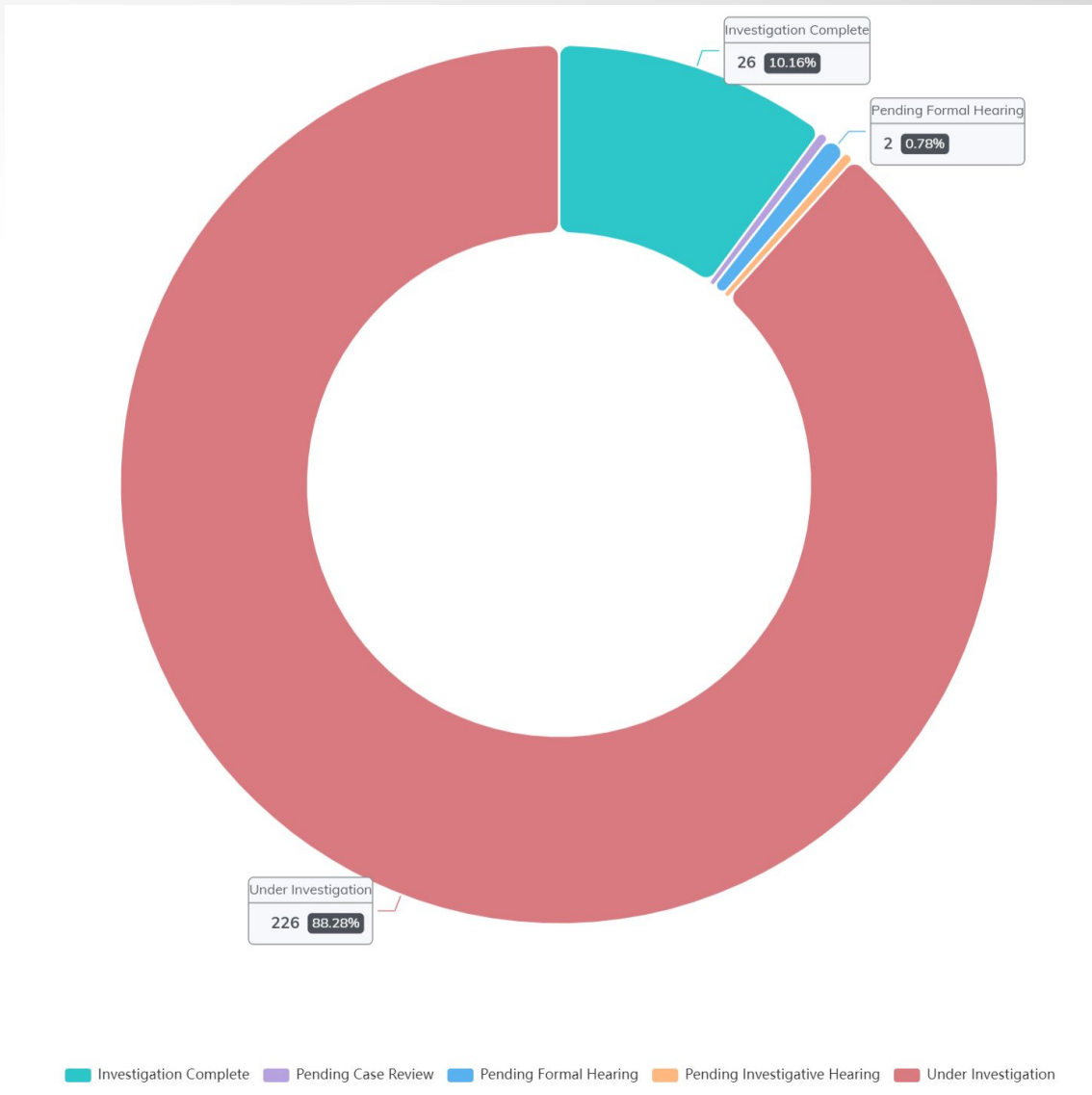
How has feedback been incorporated from groups directly impacted by proposal?:

The program has received positive feedback from rehabilitated physicians who have successfully returned to practice, reinforcing the need for sustained and enhanced funding.

Description of how this furthers the Governor's priorities:

This proposal supports the Governor's priorities by enhancing public safety through the rehabilitation of impaired physicians, ensuring they can return to providing high-quality care in Arizona's healthcare system.

Pending Investigations



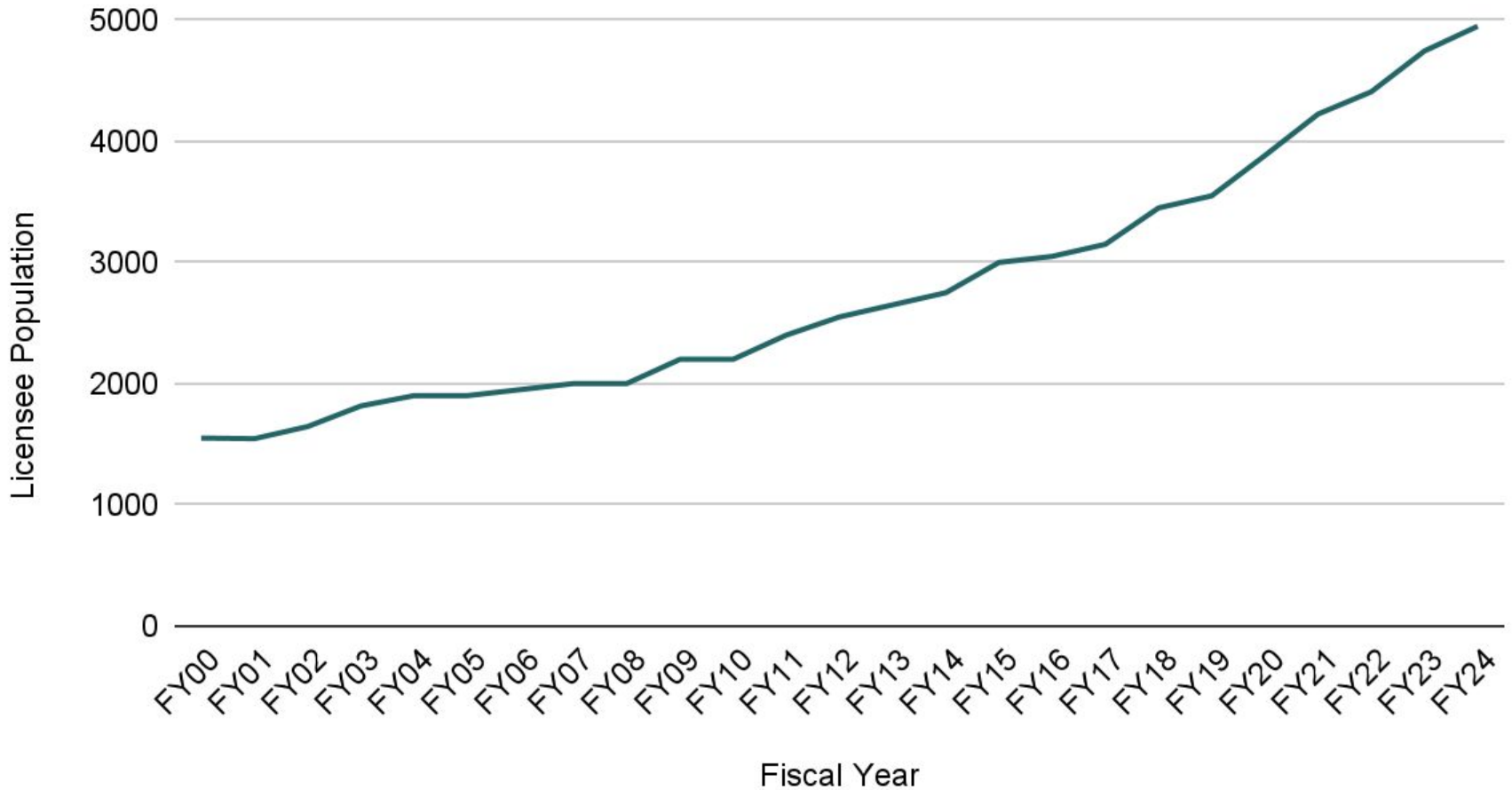
Closing Cases in 180 days

Staff notes the following trends in investigations:

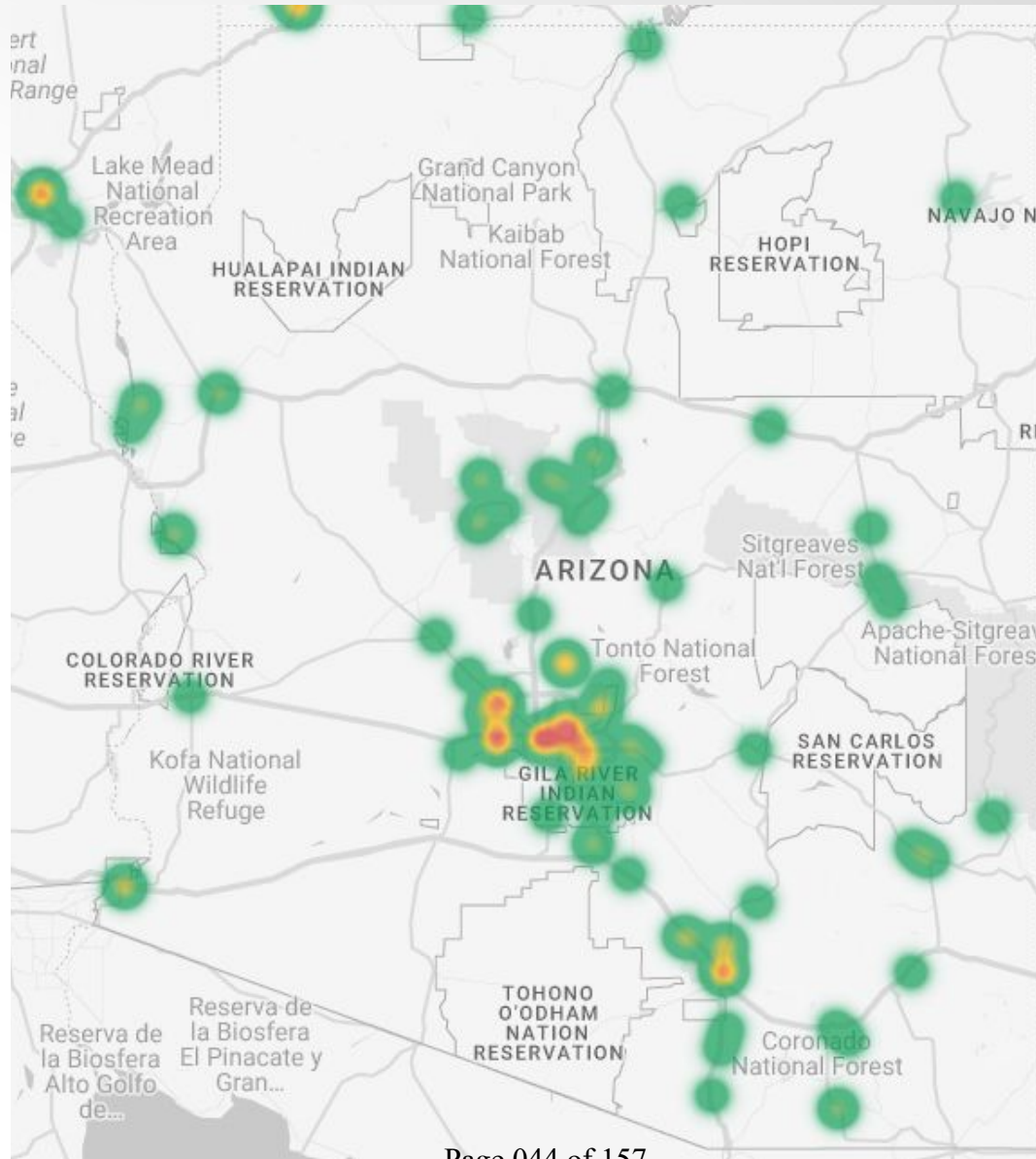
- Cases are becoming more and more complex.
- As staff workload increases the average time frames increases to match.
- Each time the Board received either a partial or full additional FTE through the budget process, case time frames reduced in the following fiscal year.
 - As demonstrated in FY16 with a decrease of 20 days, FY19 with 36.5 days, FY22 with 17.2 days, and FY23 with 43 days. Therefore, adding 3 full-time equivalent (FTE) employees is estimated to reduce the average investigations time by about 34.38 days. This would put us at an average of 176.9 days.
- We need to reduce individual workloads to increase the number of cases closed, as well as cases closed in less than 180 days.
- Increased staffing numbers will allow us to partner with more outside medical consultants and increase our ability to respond to complaints quicker.

Licensing Demographics

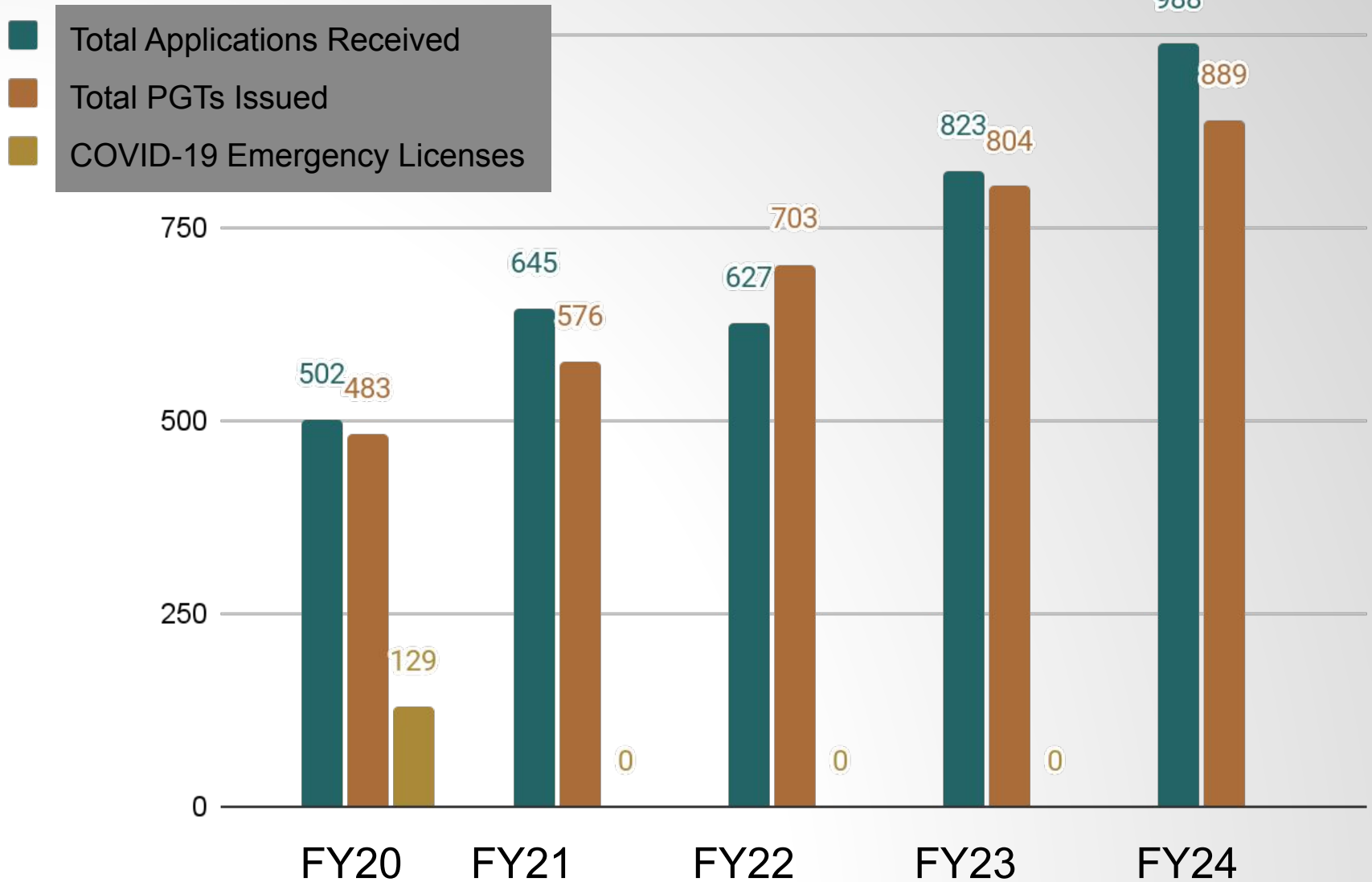
Licensee Population vs. Fiscal Year



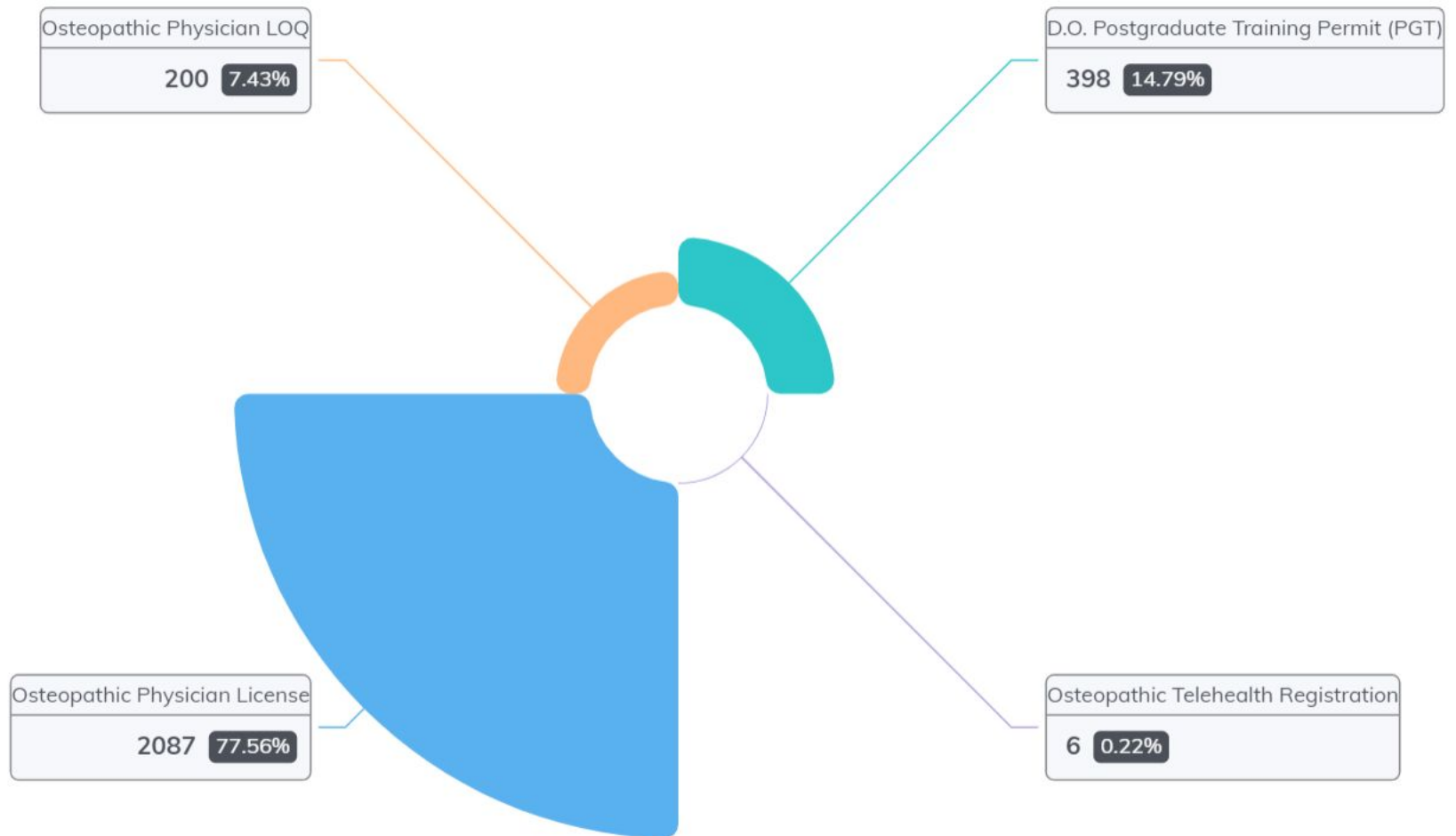
Licensee Map (Arizona) 2024



Licensing Last 5 Fiscal Years

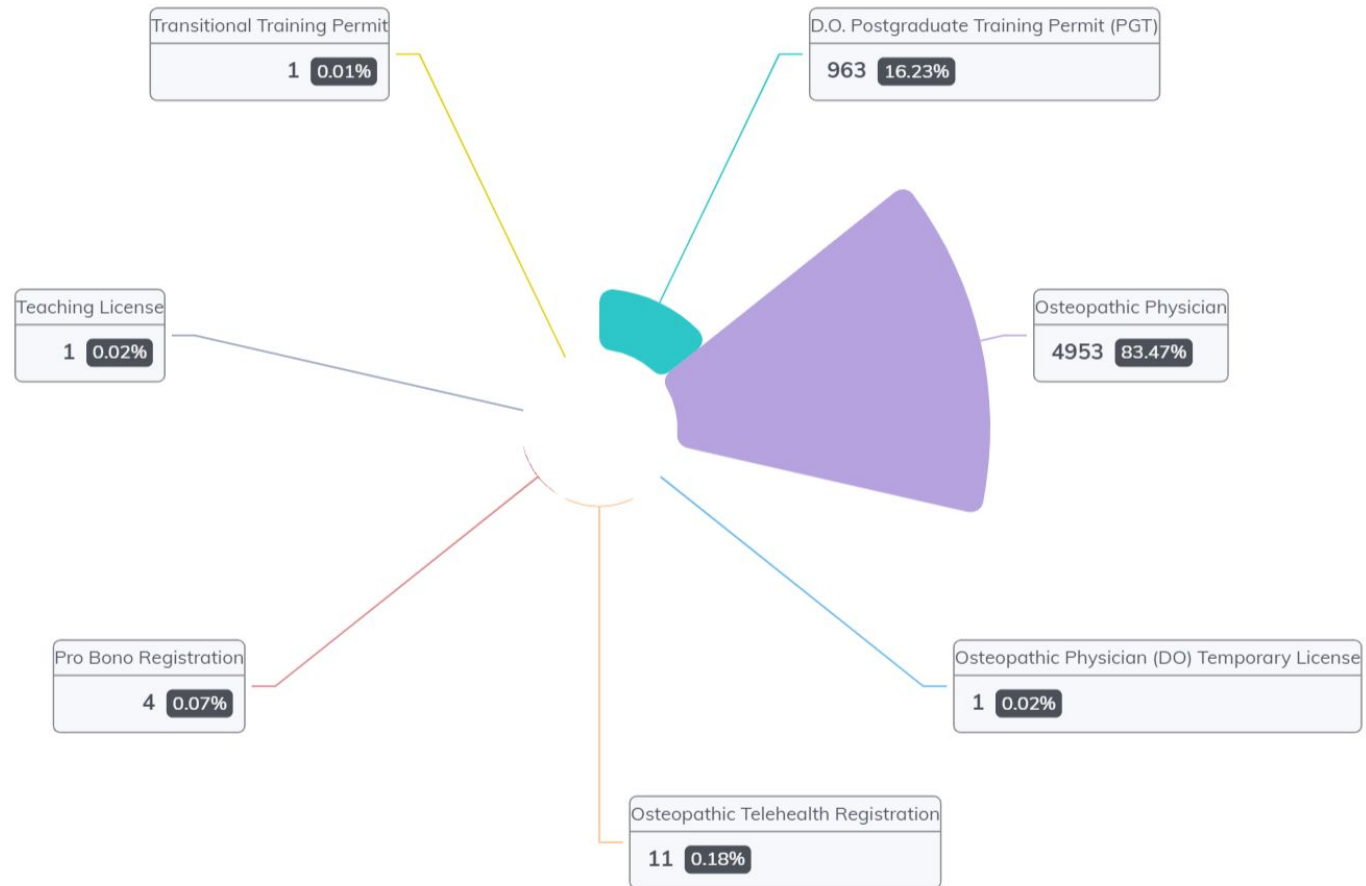


Licensing Renewals in FY24



■ D.O. Postgraduate Training Permit (PGT) ■ Osteopathic Telehealth Registration ■ Osteopathic Physician License ■ Osteopathic Physician LOQ

Active Licenses by Type



D.O. Postgraduate Training Permit (PGT) Osteopathic Physician Osteopathic Physician (DO) Temporary License Osteopathic Telehealth Registration Pro Bono Registration Teaching License Transitional Training Permit



2024

American Osteopathic Association

Annual Report

[Osteopathic.org](https://osteopathic.org)



From your AOA leaders

Osteopathic medicine's milestone: Building on 150 years of distinctiveness

This year, we join with colleagues and partner organizations across the globe to celebrate the 150-year history of our distinctive osteopathic philosophy, which was introduced by Andrew Taylor Still, MD, DO, in 1874. Since that time, the osteopathic medical profession has evolved to become a critical pillar of our nation's health care system, accounting for more than 11% of all physicians and 25% of all medical students in the U.S.

As we honor our osteopathic heritage, we reflect on the significant milestones that helped advance the profession and spark exponential growth of osteopathic principles and practice across the full spectrum of medicine. The pioneering spirit of progress and innovation that inspired Dr. Still to establish osteopathic medicine is still a hallmark of the profession today. In this report, we share the latest updates on the evolution of osteopathic medicine, as well as the AOA's efforts to advance the profession and provide value to our members.

Each July, AOA leaders identify key strategic goals to help guide the work of the AOA during the coming year. In addition to aligning with the AOA Strategic Plan, these goals support collaboration across the entire profession in areas where we can make the biggest impact on behalf of our members. The following goals were identified as top priorities for the 2023-24 fiscal year:

- Enhance the value of AOA membership.
- Refine and promote the unique value of AOA Board Certification.
- Create strategic budgeting processes to align the AOA's resources.
- Establish strong working relationships with key strategic partners.

We are pleased to report significant progress in these areas over the past 12 months. Our osteopathic physician and medical student volunteer leaders have played a critical role

in advancing our efforts by establishing task forces and work groups focused on AOA membership and board certification. In addition to refining existing processes, these groups have helped define an exciting new vision for innovating the service and value we offer our AOA members and board-certified diplomates.

In addition, the AOA Board of Trustees has appointed a Strategic Finance Task Force to ensure available resources are leveraged to position the organization for long-term growth. The AOA also remains focused on paving the way for members of the osteopathic medical profession to influence and guide key health care policies that impact the practice of medicine and delivery of care to millions of patients across the nation.

The following sections of this report provide more detail on these activities, as well as others we are leading in service of the AOA and its members. It is an honor to work on your behalf to help shepherd the osteopathic medical profession into its next 150 years. Thank you for joining us on the journey.

Sincerely,



Ira P. Monka, DO, FACOFP dist.
2023-24 AOA President



Kathleen S. Creason, MBA
AOA Chief Executive Officer



AOA President Ira Monka, DO (center right), visits congressional offices with his state delegation during DO Day on Capitol Hill.

— Amplifying your voice

AOA Public Policy Team works to champion the practice of osteopathic medicine

A cornerstone of the AOA's work on behalf of the profession is advocating for laws and policies that benefit DOs, osteopathic medical students and patients at the international, federal and state levels. The AOA's Public Policy team works to promote health care policy advancements that reduce regulatory burdens, expand graduate medical education (GME) training opportunities and improve access to patient care.

During the past year, AOA efforts resulted in several notable advocacy wins for members of the osteopathic medical profession. Many of these initiatives provided opportunities for close collaboration with osteopathic affiliate partners, including state associations and specialty colleges.

— — Advocacy at the federal level

Notable year in AOA advocacy results in Medicare wins, non-compete clause bans and federal DO appointment

The AOA public policy team works continuously at the federal level to amplify the voice of the osteopathic medical profession among policymakers and create opportunities for DOs to share their unique perspectives on advisory committees and panels. These efforts helped advance the following accomplishments in the past year:

- Mitigation of a cumulative 3.4% Medicare physician pay reduction and prevention of a 15% payment cut in laboratory services scheduled to take effect in 2024.
- Extension of the Geographic Practice Cost Index floor for physician payment under the Medicare Physician Fee Schedule, which helps protect access to care in rural areas that would otherwise be disproportionately impacted by lower payments.
- Continuation of incentives for participation in Medicare's Alternative Payment Model.
- A \$353.5-million increase in funding for the Teaching Health Center Graduate Medical Education program, the National Health Service Corps and community health centers.
- Extension of numerous Medicare telehealth services that were temporarily available during the COVID-19 public health emergency.
- Substantial reforms to prior authorization (PA), including prohibiting Medicare Advantage plans from using proprietary, internal or non-public information to develop PA coverage criteria or make coverage determinations; and requiring Medicare Advantage, Medicaid managed care, and ACA marketplace plans to support electronic PA transactions.
- Enhanced payment for comprehensive services, such as screening for social determinants of health, community health integration and principal illness navigation.
- Finalization of a ban on non-compete clauses in employment contracts to support competition in health care marketplaces and protect patient-physician relationships.
- Appointment of Mark Bailey, DO, PhD, to the Current Procedural Terminology (CPT) Editorial Panel, ensuring the osteopathic perspective is integrated into the CPT code set used for medical records and insurance claims.
- Unanimous adoption of Senate Resolution 661, which designated April 15-21, 2024, as National Osteopathic Medicine Week.

In addition to these activities, AOA leaders and representatives have an increasingly important seat at the table for health policy discussions at the highest levels of federal government. This past January, AOA President Ira P. Monka, DO, and CEO Kathleen S. Creason, MBA, met with the White House Domestic Policy Council, which works across a broad range of domestic topics, including health, immigration, education and urban and rural affairs. During the meeting, AOA leaders discussed important issues that impact DOs and osteopathic medical students, including access to care, Medicare physician payment, telehealth services, mental health and workplace safety. The meeting highlights the importance of osteopathic advocacy in shaping health care policy and addressing pivotal issues in the medical community.



AOA leaders meet with Physician to the President Kevin C. O'Connor, DO (far left), at the White House.

— Advocacy at the state level

AOA mobilizes grassroots network for impact

At the state level, the AOA's public policy team collaborated with osteopathic affiliate organizations this year to send 26 letters on 14 issues and 12 state-specific grassroots alerts to state lawmakers. In addition, more than 1,100 members of the osteopathic medical profession from 12 states sent more than 2,300 messages to state legislators. Collectively, these actions helped achieve a 92% success rate for AOA policy initiatives, resulting in the following wins for DOs and osteopathic medical students:

- Defeat of legislation that would have advanced scope of practice expansion in four states.
- Veto of a bill that proposed consolidating DO and MD licensing boards in West Virginia, ensuring continued recognition of osteopathically distinctive education and training.
- Enactment of health care truth in advertising protections in Tennessee.



Advocacy across the globe

From India to Ontario: AOA advocacy expands rights, recognition for DOs

Beyond the U.S., the AOA is strongly committed to increasing global awareness of osteopathic medicine. Through ongoing collaboration with the international medical community, the AOA's policy team works to expand licensure and practice rights for U.S.-educated DOs and increase the impact of osteopathic medicine within the global health community. These efforts resulted in the following advancements during the past year:

- Following more than a decade of advocacy, Sonali Shah, DO, became the first DO to be eligible for medical licensure in India. With advocacy support from the AOA, Dr. Shah obtained her medical license and looks forward to helping pave the way for future DOs to practice in India.
- In November, the International Association of Medical Regulatory Authorities (IAMRA) passed a resolution supporting the equivalency of U.S.-trained DOs and MDs among its 47 member countries worldwide.
- AOA Past President Boyd R. Buser, DO, was elected in November to a four-year term on the IAMRA Board of Directors, further strengthening the AOA's connection to other leading medical groups and licensing bodies across the globe.
- In May, the College of Physicians and Surgeons of Ontario (CPSO) voted to amend its bylaws to recognize AOA Board Certification. In addition, the CPSO will accept AOA residency programs that were subsequently accepted by the Accreditation Council of Graduate Medical Education during the transition to a single accreditation system.
- The AOA continues close collaboration with the Osteopathic International Alliance and the World Health Organization, which recently approved a plan calling for updates to WHO guidance documents that will help inform global stakeholders about the U.S. osteopathic medical profession.



Nearly 350 DOs and osteopathic medical students gathered on Capitol Hill to advocate for the osteopathic medical profession.

— DO Day

Osteopathic profession unites to protect patient access, ensure safety and address student debt

In April, nearly 350 osteopathic physicians, medical students and other participants traveled to Washington, DC, to represent the voice of the profession at the AOA's DO Day on Capitol Hill. Participants educated members of Congress about key policy issues impacting members of the osteopathic profession and their patients, including the following:

- Protecting patient access to care and physician practices through the Strengthening Medicare for Patients and Providers Act (HR 2474).
- Creating a safe working environment for physicians and other health care workers through the Safety from Violence for Healthcare Employees (SAVE) Act (HR 2584/S 2768).
- Alleviating the financial burden of student debt by encouraging Congress to support the Resident Education Deferred Interest (REDI) Act (S 704/HR 1202).

Osteopathic Advocacy Network

You have the power to help shape the future of osteopathic medicine! The AOA is working each day on your behalf, but your personal experience and knowledge plays a key role in guiding lawmakers to advance critical legislation that will enhance your practice and improve the lives of your patients. Together, we can make a difference. Join the OAN today to raise your voice:

osteopathic.org/OAN

— Demonstrating your distinctiveness

Evolving certification processes to enhance flexibility, accessibility and relevance for DOs

Building on more than 80 years of excellence, AOA Board Certification is the premier certification pathway for all members of the osteopathic profession. Offering certifications through 16 specialty certifying boards representing 27 primary specialties and 48 subspecialties, AOA Board Certification is as distinctive as the osteopathic medical profession itself.

With a focus on innovation, the AOA is committed to ongoing enhancement of certification policies and processes to make board certification more flexible, accessible and relevant for DOs seeking initial and continuous certification. In addition, AOA Board Certification serves as an important quality marker for prospective patients, signifying an expert level of clinical knowledge and mastery of the osteopathic approach to care.

To support the strategic goal of refining and promoting the unique value of AOA Board Certification, the AOA established a Certifying Board Services Workgroup composed of 25 AOA board-certified physicians representing a broad spectrum of osteopathic medical specialties. Members of the workgroup created an action plan focused on streamlining processes for candidates and diplomates, and developing educational resources for colleges of osteopathic medicine, residency programs and specialty societies.



This past year, the AOA administered exams in 63 specialties and subspecialties:

90

Written exams

22

Oral exams

6

Clinical exams

2

Performance exams

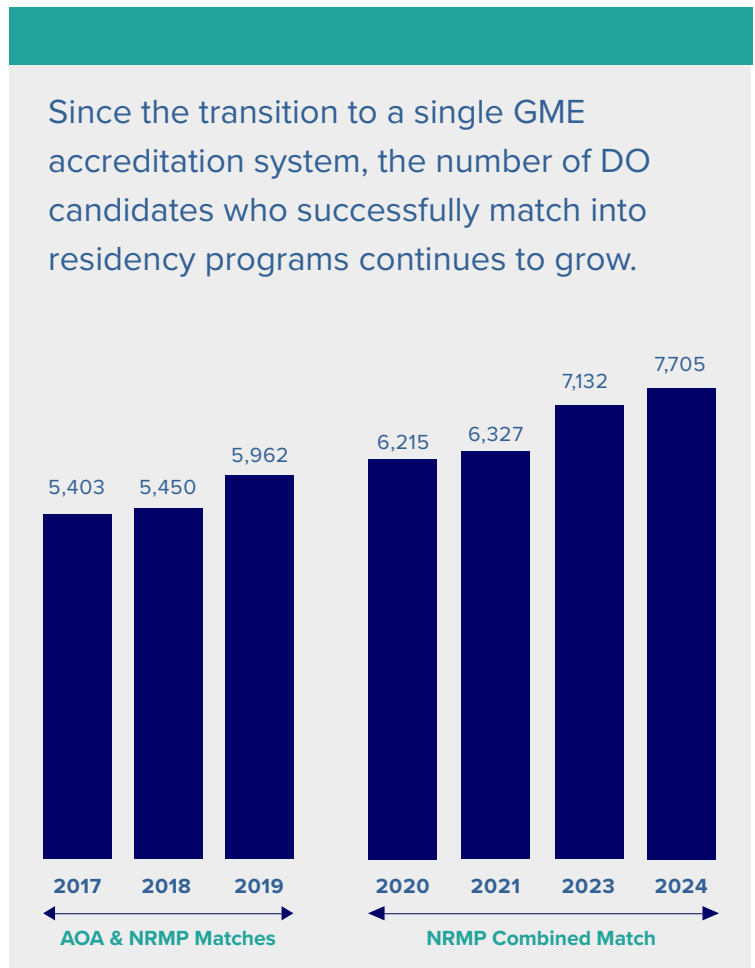
— Making a match

DO placements in NRMP Match reach all-time high

Breaking all previous records, a total of 7,705 osteopathic medical students and past DO graduates matched into residency positions through the 2024 National Resident Matching Program (NRMP) match on March 15. The NRMP reports that the match rate for fourth-year osteopathic medical students has increased by 4.2 percentage points since 2019.

Following completion of the Supplemental Offer and Acceptance Program (SOAP), the American Association of Colleges of Osteopathic Medicine (AACOM) reported a 99% final placement rate for graduating DOs, adding that a record-high 8,117 graduates were accepted into residency positions for 2024.

Reflecting the growing expansion of osteopathic medicine across the full span of specialties, participating fourth-year osteopathic medical students matched into 25 specialties and 16 combined specialties. Approximately 53% of DO students matched into primary care residency programs (family medicine, internal medicine, internal medicine-pediatrics and pediatrics), with the remaining 47% securing positions in non-primary care programs across a variety of specialties. Osteopathic placements increased significantly this year in emergency medicine, psychiatry, internal medicine, obstetrics and gynecology, general surgery, diagnostic radiology, anesthesiology and physical medicine and rehabilitation.



Source: American Osteopathic Association, American Association of Colleges of Osteopathic Medicine



— Working to address training barriers

From summits to advocacy, AOA champions equitable GME practices, universal acceptance of COMLEX

As the professional home for the nation's 38,000+ osteopathic medical students, the AOA works to identify and address barriers that adversely impact access to training opportunities for members of the osteopathic medical profession. In furtherance of this goal, the AOA worked closely this year with AACOM and the National Board of Osteopathic Medical Examiners (NBOME) to develop initiatives that promote equitable treatment of DO applicants to training programs.

The following list provides an overview of activities advanced on behalf of osteopathic medical students and trainees:

- The AOA joined with AACOM to host a summit on student parity, during which AOA President Ira P. Monka, DO, and CEO Kathleen S. Creason, MBA, met with leaders from national organizations that oversee osteopathic and allopathic medical education and training, including the American Medical Association, the Association of American Medical Colleges and the NRMP. The AOA and AACOM continue to advance numerous action items that came out of the summit.
- The AOA engages in ongoing collaboration with osteopathic partner organizations, including

AACOM and NBOME, to identify and pursue non-legislative solutions that will help achieve the following: universal acceptance of COMLEX-USA, equitable treatment of DO applicants to training programs, reduction of medical training biases and advocacy for DO credentials.

- AOA leaders serve as members of the Joint Osteopathic Organization Leadership (JOOL) coalition, which meets regularly to discuss issues that impact members of the osteopathic medical profession, including concerns related to student parity and professional advocacy..
- AOA leaders and staff communicate directly with members of the program director and GME community about inequities that osteopathic medical students face.
- AOA leaders advocate for GME equity through presentations and remarks delivered at state and national medical conferences, including a presentation earlier this year at the ACGME Annual Education Conference.

We will continue working to eliminate obstacles by educating GME stakeholders and advancing equal access to opportunities for DO and MD candidates.

— Creating new partnerships

New alliances help elevate relationships with federal agencies and national organizations

In addition to developing meaningful education, resources and services for its members, the AOA works to increase the visibility and reach of the osteopathic medical profession through strategic partnerships with external public health organizations and governmental agencies. During the past year, these efforts included the following activities:

- **Physician & patient education:** The AOA's Department of Strategic Partnerships and Health Initiatives developed patient resources and physician education activities focused on pain management and opioids, infectious diseases, vaccine awareness, mental health and social determinants of health.
- **Strategic partnerships:** AOA leaders and staff developed new relationships with a variety of national organizations, federal agencies, corporate groups and affiliates to increase the AOA's level of engagement on critical public health initiatives. Recent activities include:
 - Joining the National Academy of Medicine's Action Collaborative on Clinician Well-being and Resilience.
 - Co-hosting a National Health Service Corps webinar with the Health Resources and Services Administration.
 - Establishing a Corporate Membership Strategic Plan with the American Osteopathic Foundation.
- **Collaboration with colleges of osteopathic medicine (COMs):** AOA representatives joined to develop a strategic plan focused on increasing research and quality improvement projects across COMs in partnership with the AOA and AACOM.

Focus on patient safety

DOs working together to address safety risks and enhance quality of care

Building on a strong commitment to quality improvement, the AOA has launched the AOA Patient Safety Organization (PSO), which is a federally approved program



dedicated to identifying and addressing potential patient safety risks while promoting a culture of transparency and accountability. Members of the osteopathic medical profession collaborate to promote improvement opportunities by breaking down barriers to communication and fostering a culture of learning.

The AOA PSO offers the following benefits:

- Fulfillment of Component 4 of Osteopathic Continuous Certification.
- Access to patient safety resources, quality improvement tools and Category 1 AOA CME opportunities.
- Ability to report barriers in your practice and/or safety events using a confidential online platform.
- Access to Safe Tables and networking events related to patient safety and quality improvement.
- Access to policy templates designed to enhance quality and safety in your practice.

PSO participation is complimentary for AOA members, so sign up today to join the patient safety community!

Expanding the evidence base of osteopathic medicine

27 projects funded to promote the profession's distinctive approach

Research is one of the AOA's top strategic priorities and is an excellent way for DOs and osteopathic medical students to contribute to the evidence base supporting osteopathic medicine. Since 2020, the AOA Board of Trustees has joined with the Bureau of Osteopathic Research and Public Health to award 27 grants for research projects that address the tenets of osteopathic medicine and advance the distinctiveness of osteopathic medicine in the following areas:

- Osteopathic manipulative medicine (OMM) and osteopathic manipulative treatment (OMT) on the prevention and management of musculoskeletal injuries.
- Acute/chronic pain management.
- The impact of the osteopathic approach on chronic disease and elderly care.
- OMM observational and explorative research studies.

In addition to funding osteopathic research grants, the AOA provides opportunities for researchers to disseminate their findings during the annual OMED research poster session. At last year's conference, more than 100 researchers presented abstracts in the areas of basic science, clinical science, health services and public health. All abstracts were published in the December 2023 issue of the *Journal of Osteopathic Medicine*.



Fostering diverse communities

AOA advances diversity goals through leadership academy, data analysis and OMED

The AOA continues striving each day to provide a welcoming and inclusive workplace where staff and members of the osteopathic medical community feel valued, connected and productive. During the past year, AOA leaders and staff worked with internal and external stakeholders to deliver on the diversity, equity and inclusion (DEI) objectives outlined in the AOA's five-year Strategic Plan, which extends through 2026. Goals achieved during the past year include the following:

- Launch of the second AOA Leadership Academy cohort, which includes 29 members of the osteopathic medical profession spanning all segments of the career spectrum.
- Analysis of three years of demographic data summarizing trends among DO members, students, leadership and staff.
- Development and execution of a successful OMED general session focused on the impact of DEI and social determinants of health.
- Collaboration on a joint webinar with the Student National Medical Association focusing on underrepresented populations in medicine.
- Launch of the AOA Staff DEI Committee, which is focused on ensuring that DEI principles are considered when developing departmental processes and programs.



— Navigating the Change Healthcare disruption

AOA mobilizes to guide members through challenges of network interruptions and delays

One of the key ways the AOA supports its members is by providing tools and resources to navigate challenges that place added burdens on physician practices or threaten patient access to care. Earlier this year, Change Healthcare reported a network interruption related to a cybersecurity issue that resulted in significant hardships across the health care industry, including limitations and delays for e-prescribing; provider claims submission and processing; pharmacy claims transactions; and payment.

In response to the disruption, the AOA quickly mobilized to keep members continually informed, as well as provide ongoing support for private practice physicians impacted by the delays. The AOA provided members with information on alternative methods for processing claims, circulated frequently asked questions and advocated for osteopathic physicians during a White House roundtable convened by the Biden Administration to discuss the impact of the cyberattack.

Illustrating the value of the osteopathic medical community, leaders from Change Healthcare's parent company, UnitedHealth Group, communicated directly with AOA leadership to ensure access to financial, process and technical support for members of the osteopathic profession. In addition, the AOA met with leaders from the U.S. Department of Health and Human Services and other federal agencies working to understand and mitigate the impact of the data breach.

The AOA will continue to represent the best interests of the osteopathic medical profession as the issue evolves and will keep members informed with the latest updates regarding the cyberattack and its impact on physician practices and patient data.



Leveraging affiliate partnerships

AOA supports growth and engagement across student and affiliate communities

Our osteopathic affiliate organizations play a central role in helping support, engage and unify the osteopathic medical profession. The AOA's Department of Affiliate Relations works to help ensure the success of all osteopathic state associations, specialty colleges and other stakeholder groups dedicated to serving the needs of osteopathic physicians and medical students across the nation. During the past year, the AOA Affiliate Relations team helped achieve the following goals in support of osteopathic affiliate organizations:

- Led onboarding activities for 10 new osteopathic affiliate leaders, including an overview of Affiliate Relations initiatives, priorities and team roles. In addition, the AOA team created an on-demand video tour of the online Affiliate Workspace to help users easily locate AOA information and resources.
- Utilized feedback from an affiliate survey to enhance "Affiliate News," transitioning the newsletter to a biweekly frequency, streamlining content and adding a new section titled "How did they DO that?," which shares innovative solutions and best practices that can be adapted by other organizations seeking to implement similar initiatives.
- Enhanced AOA engagement with students and COMs through reinstatement of AOA leadership visits and development of a new Affiliate Student Engagement resource.

In addition, the AOA continues to partner with the Student Osteopathic Medical Association (SOMA) and the Advocates for the American Osteopathic Association (AAOA) to build the future of the osteopathic profession. Together, these organizations provide support, education, advocacy and collaboration to advance osteopathic education and professional development.



Members of the 2024-25 SOMA Board of Trustees gather to plan for the year ahead.



Students at the Kansas City University College of Osteopathic Medicine established a community for first-generation medical students.

These efforts include:

- Implementation of a new membership management platform and SOMA website to facilitate growth, collaboration and engagement at all levels of the student experience.
- Launch of the Affiliate Student Engagement Resource, which assists affiliates seeking to implement a student engagement structure.
- Continued development of the student track at OMED.
- Facilitation of communication, branding and strategic planning processes for the AAOA.

— Unifying the profession at OMED

More than 6,000 attendees convene for profession’s premier event

More than 6,000 osteopathic physicians, medical students and affiliate leaders attended OMED23, which provided opportunities for both virtual and in-person attendance in Orlando, Florida, last October. Attendees received access to more than 200 hours of high-quality osteopathic CME programming offered in partnership with 21 specialty colleges.

As the largest gathering of DOs and osteopathic medical students in the world, OMED offers unmatched opportunities each year for networking and knowledge-sharing with like-minded osteopathic colleagues. The OMED23 program spotlighted three osteopathic trailblazers who captivated the crowd with inspiring keynotes; Omar Lateef, DO, president and CEO of RUSH University Medical Center in Chicago, discussed strategies for addressing system inequities in health care; Cole Zanetti, DO, senior advisor for the Department of Veterans Affairs Center for Care and Payment Innovation, examined the impact of technology on the practice of medicine; and U.S. Army Brigadier General Mary V. Krueger, DO, highlighted osteopathic “game changers” who have made an impact during their time in the military by successfully leading through change.

We look forward to uniting the osteopathic medical profession once again for OMED24, set for Sept. 20-22 in San Antonio, Texas. Participants will have the opportunity to earn up to 60 CME credit hours and engage in valuable networking opportunities, including a new AOIA Innovation Hub in the OMED Exhibit Hall.



— Statement of Financial Position

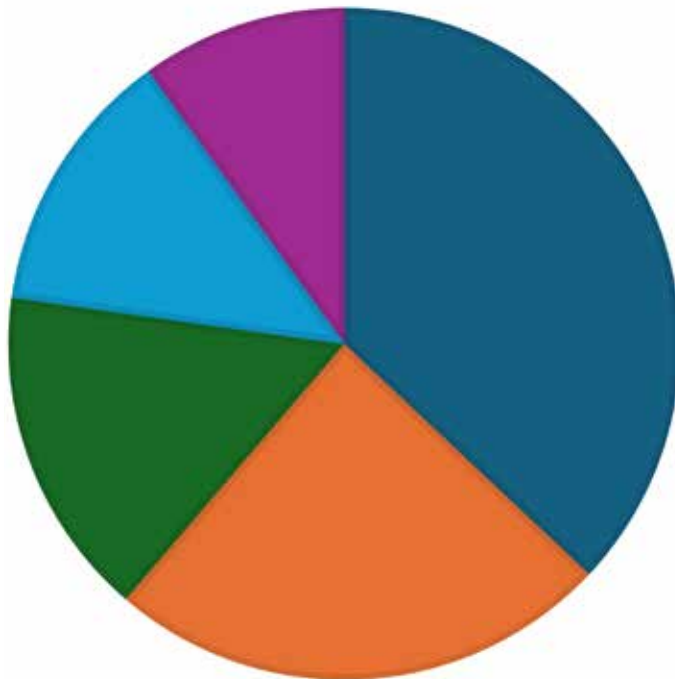
As of May 31, 2024 (unaudited)

Assets	2024	2023
Cash & Investments	\$81,444,566	\$72,582,571
Building and other Fixed Assets	9,890,041	9,424,377
Other Assets	2,699,243	2,397,045
Total Assets	\$94,033,850	\$84,403,994
Liabilities and Net Assets		
Liabilities		
Deferred Revenue	\$14,197,778	\$13,402,561
Accounts Payable and Accrued Expenses	4,548,377	3,987,547
Other Liabilities	521,985	213,048
Total Liabilities	19,268,139	17,603,156
Net Assets		
Unrestricted Net Assets (Reserves)	65,588,825	59,043,096
ORDF Net Assets (Temporarily restricted)	5,952,931	5,325,717
Dale Dodson Net Assets (Temporarily restricted)	3,223,955	2,432,024
Total Net Assets	74,765,711	66,800,838
Total Liabilities and Net Assets	\$94,033,850	\$84,403,994

Revenues and Expenses

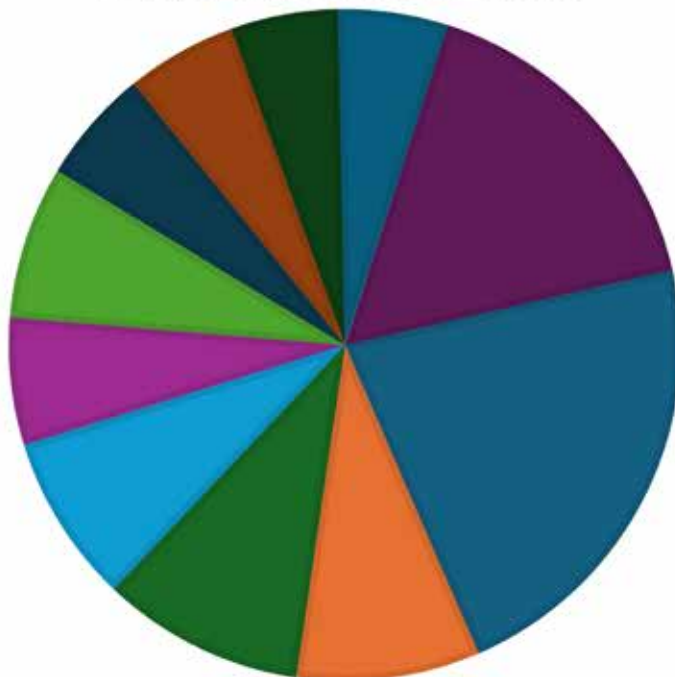
For the 12 months ended May 31, 2024 (unaudited)

OPERATING REVENUES - \$33.6M



- Membership Dues - 37%
- Certifying Board Services - 24%
- Accreditation - 16%
- OMED - 13%
- Other Revenues - 10%

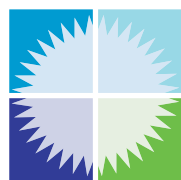
OPERATING EXPENSES - \$31.9M



- Certifying Board Services - 22%
- OMED - 9%
- Information Technology - 10%
- Government Relations - 8%
- Governance - 6%
- Communications - 7%
- Executive - 6%
- Finance - 5%
- Membership - 5%
- COCA - 5%
- Other Expenses - 17%



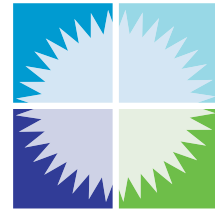
FY2023
ANNUAL
REPORT



**Interstate
Medical Licensure
Compact**

Submitted by the Interstate Medical Licensure Compact Commission

Michael Rodman, Communications Committee Chair
Marschall Smith, Executive Director

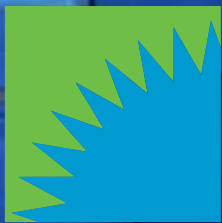
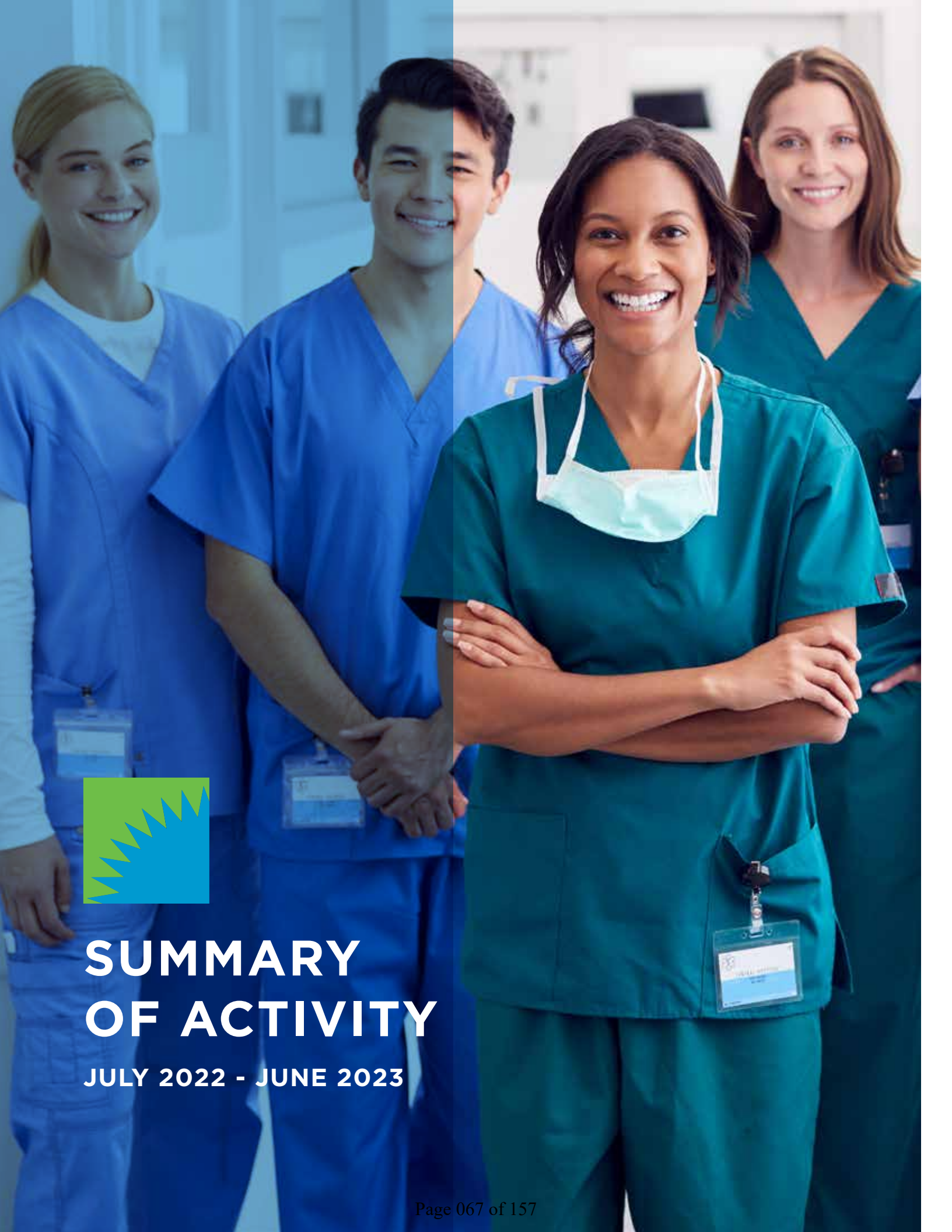


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Two important terms used throughout this document:

- The Interstate Medical Licensure Compact, aka IMLC, represents the process and activities related to the organization in general and as established in statute.
- The Interstate Medical Licensure Compact Commission, aka IMLCC, represents the actions and activities of the compact’s commissioners and staff.



SUMMARY OF ACTIVITY

JULY 2022 - JUNE 2023

The Interstate Medical Licensure Compact Commission (IMLCC) celebrated its 6th year of operations in April 2023 and the 10th year from the inaugural discussion about forming a compact for physicians hosted by the Federation of Medical Boards. Those anniversary dates mark the evolution of an idea about creating an expedited pathway to address critical physician shortages in states to thriving, expanding enterprise where over 70,000 new licenses have been issued to physicians by 47 member boards.

The passing of time has also created opportunities to study the data and gather information about the impacts of the IMLCC on the licensure process in states. The recently published data study shows that over 17% of all new licenses issued to physicians in 2022 were done via the IMLC process. Additional data studies show that the member boards continue to process the applications quickly and effectively, with the average time between requesting a license and issuance is 7 to 10 days, with some boards issuing requested licenses in 48 hours. The process is safe, effective, and reliable. Out of over 52,000 Letters of Qualification issued by member boards, only 22 were later determined to be invalid. An incredible testament to the work and dedication of the member board staff who process the applications.

Much activity and discussion has taken place about the “Dobbs decision” and how that might impact the physician trust in using the IMLCC process. The IMLCC remains apolitical in the discussion about the practice of medicine but firmly committed to the federalist principal that each member state has the sovereign authority to regulate and enforce its regulations about how medicine is practiced within its state’s borders. License portability, a key aspect of why the IMLCC exists, relies on the understanding and the protections provided to physicians who obtain multiple licenses to practice in different states. Physicians, who are at the “tip of the spear” in these discussions, trust the IMLCC’s requirements and the state law protections provided in the IMLC statute and rules. Best demonstrated by the volume of license requests in both “blue and red” states – the number of license requests has nearly doubled year over year and the trend is anticipated to continue.

Fiscal Year 2023 was a year marked by challenges accepted and goals accomplished. Fiscal Year 2024 looks to hold much the same. The IMLCC staff are dedicated to the purpose of the IMLCC and the success of our member boards, processing partners, and most importantly, the physicians we all serve.

PROCESSING VOLUME FOR FY2023



BUDGET REPORT

The IMLCC FY2024 budget was approved by the Executive Committee at its May 16, 2023 meeting. A copy of the original and amended budgets are available on the IMLCC webpage at <https://www.imlcc.org/imlc-commission/budgets/>

The IMLCC will not levy or assess fees to member states for FY2024. The IMLCC has never levied or assessed fees to member states and remains fiscally sound with reserves sufficient to cover at least 24 months of operating expenses.

EXECUTIVE DIRECTOR REPORT

The IMLCC has changed the process by which physicians obtain licenses. It is a revolutionary action that has been made possible through the hard work of member board licensing staff and board leadership. A recent data study has shown that in calendar year 2022 over 17% of all the new licenses obtained by physicians in the US were through the IMLC process and over 31% of the new licenses issued by member states were through the IMLC process. This change of processing will continue to increase as more states join the IMLCC.

An interesting revelation from the data study is that the number of new licenses issued by member states grew through the IMLC process, but they also demonstrated a steady growth in the licenses issued through the traditional or state-based process as well. Documentation shows that the IMLCC is helping our member states address their physician shortages. Physicians, hospital systems, and states continue to find new ways to utilize the IMLC process to address the individual needs of their states.

The IMLC staff has grown, and we moved our office in October to a space that will accommodate our staffing needs for the short and long term. We anticipate that we will grow from our current level of 12 to 15 over the course of the next year.

Efforts to expand the IMLCC into the remaining 11 states and 3 territories continues as partners are found to sponsor the bills. The information available through data studies, which factually demonstrate the claims made, show that the IMLCC brings high quality physicians to states and increases patient access to quality care. Over 35% of the licenses obtained are used by physicians in rural and underserved areas. The wealth of data and information from our member boards will continue to be gathered and published.

A recent data study has shown that in calendar year 2022 over 17% of all the new licenses obtained by physicians in the US were through the IMLC process and over 31% of the new licenses issued by member states were through the IMLC process.

FISCAL YEAR	APPLICATIONS PROCESSED	LICENSES ISSUED
FY2017	125	81
FY2018	1,447	2,220
FY2019	2,698	3,980
FY2020	4,430	4,578
FY2021	5,560	10,198
FY2022	10,832	17,973
FY2023	19,147	30,691



2022 ANNUAL MEETING

The IMLCC held its seventh annual meeting, both in-person and virtually in Gulf Shores, Alabama on November 8, 2022. The meeting included a rulemaking hearing, that amended IMLC Rules Chapter 6. The changes to Chapter 6 added paragraph 6.6, which clarified each board’s authority to regulate and control the license issued by their board, including those issued through the IMLC process. The minutes from the meeting can be found on the IMLC webpage at <https://www.imlcc.org/imlc-commission/public-notices-agendas-and-minutes/>. The 2023 annual meeting was held in Denver, Colorado on November 14, 2023.

OTHER IMLCC MEETINGS

The Commissioners met on May 16, 2023 to approve the FY2024 budget and to discuss the draft Physician Associate Compact. Minutes from the meeting can be found on the IMLCC webpage at <https://www.imlcc.org/imlc-commission/public-notices-agendas-and-minutes/>.

RULEMAKING AND POLICY DEVELOPMENT

The Commission made the following decisions regarding rules and policy development.

Rules adopted: None

Rules amended: IMLC Rule – Chapter 6 – amended to add paragraph 6.6

Bylaws adopted or amended: None

Policies adopted: None

Policies amended: None

Advisory Opinions issued or amended: None

OUTREACH AND EDUCATIONAL ACTIVITIES

The IMLCC Staff and Commissioners provided orientation training, onboarding instructions, and detailed operational discussion with the following boards:

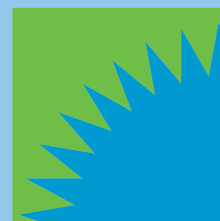
- Alabama Board of Medical Examiners and Medical Licensure Commission
- Alaska State Medical Board
- Colorado Medical Board
- Connecticut Medical Examining Board
- Delaware Division of Professional Regulation
- District of Columbia Board of Medicine
- Georgia Composite Medical Board
- Hawaii Medical Board
- Louisiana State Board of Medicine
- Maine Board of Licensure in Medicine
- Maine Board of Osteopathic Medicine
- Medical Licensing Board of Indiana
- Missouri Board of Registration for the Healing Arts
- Nevada State Board of Medical Examiners
- New Mexico Medical Board
- New York State Board of Regents
- New Jersey State Board of Medical Examiners
- North Carolina Medical Board
- Oregon Medical Board
- Pennsylvania State Board of Medicine
- State Medical Board of Ohio
- State of Wisconsin Medical Examining Board
- Vermont Secretary of State (DO Board)
- Virginia Board of Medicine
- Washington Medical Commission
- West Virginia Board of Medicine

The IMLCC staff participated in the following outreach and educational activities during FY2023:

- AMA – State Advocacy Summit
- American Society of Hematology Clinical News
- American Veterinary Medical Association

- Baton Health
- Bloomberg Press
- CE Broker
- Counsel of State Governments
- Compact Administrators Executive Director Forum
- CTel
- Dermatology World
- Everyday Life Foundation
- Federation of Podiatric Medical Boards
- Federation of State Medical Boards – Legal Roundtable
- Federation of State Medical Boards – Annual Meeting
- Fort Payne Pediatrics
- Fulgent Genetics
- General Court of Massachusetts
- Grassroot Institute of Hawaii
- Hawaii State Legislature
- Healthcare IT Leaders
- Interstate Healthcare Collaborative
- Jackson-Coker Healthcare
- Kaiser Permanente
- KNWA TV – Arkansas
- Medical Board Roundtable
- Mid-America Regional Council
- Missouri General Assembly
- Missouri Medical Society
- National Conference of State Legislatures
- New England Journal of Medicine
- New Mexico Health Care Workforce Committee
- New Mexico Legislature
- New Mexico Hospital Association
- New York Times
- North Carolina General Assembly
- Philadelphia Inquirer
- Pyramid Health Care – Pennsylvania
- Rutgers Health Policy Forum
- St. Elizabeth Physicians
- Sandrow Consulting
- SOC Telemed
- Vermont General Assembly
- Virginia General Assembly
- Virginia Hospital & Healthcare Association
- Virginia Medical Society

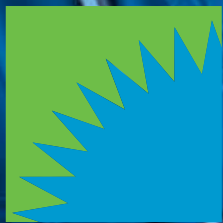
The latest information about the IMLC can be found by clicking on the “News” tab on our webpage at: <https://www.imlcc.org/>



FY 2022 AUDIT REPORTS

The IMLCC FY2022 audit reports were approved by the Budget Committee on behalf of the IMLCC at the committee’s March 15, 2022 meeting. The FY2022 Financial Statements document can be found by clicking [FY2022 Audit](#)

The Compact makes it possible to extend the reach of physicians, improve access to medical specialists, and leverage the use of new medical technologies, such as telemedicine.



ROSTER OF COMMISSIONERS



ALABAMA

Commissioner Tiffany Seamon (9/16/2021)

Personnel Committee Member

Commissioner Karen Silas (5/20/2017)

*Vice Chair
Executive Committee Member*



ARIZONA

Commissioner Justin Bohall (11/15/2019)

*Rules & Administrative Procedures
Executive Committee Member*

Commissioner Patricia McSorley (6/1/2016)

Personnel Committee Member



COLORADO

**Commissioner Roland Flores, MD
(11/21/2022)**

Personnel Committee Member

**Commissioner Nate Brown
(11/21/2022)**

Budget Committee Member



CONNECTICUT

**Commissioner Chris Andresen, MPH
(9/29/2022)**

Budget Committee Member

Appointment Pending



DELAWARE

**Commissioner Shauna Slaughter
(10/13/2022)**

Budget Committee Member

**Commissioner Joseph Ruback, III, D.O.
(10/13/2022)**

Communications Committee Member



DISTRICT OF COLUMBIA

Commissioner Aisha Nixon (7/18/2023)

Committee Assignment Pending

Appointment Pending

ROSTER OF COMMISSIONERS



GEORGIA

Commissioner Jeff Marshall, MDN
(5/20/2022)

Communications Committee Member

Commissioner Daniel Dorsey (2/21/2022)

Technology Committee Member



GUAM

Commissioner Kia Rahmani, MD
(11/20/2018)

Personnel Committee Member

Appointment Pending



IDAHO

Commissioner Mark Grajcar, DO
(5/28/2021)

Communications Committee Member

Commissioner Nicki Chopski (4/4/2022)

Personnel Committee Member



ILLINOIS

Commissioner Cecilia Abundis (10/11/2019)
Communications Committee Member

Appointment Pending



INDIANA

Appointment Pending

Appointment Pending



IOWA

Commissioner Dennis Tibben (5/2/2023)

Commissioner Dennis Tibben (5/2/2023)

Commissioner Patricia Fasbender, DO (11/4/2021)

Committee Assignment Pending



KANSAS

Commissioner Thomas Estep, MD (12/13/2021)

Communications Committee Member

Commissioner Susan Gile (10/08/2021)

Rules & Administrative Procedures Committee Member



KENTUCKY

Commissioner Michael S. Rodman (6/20/2019)

*Communications Committee Chair
Executive Committee Member*

Commissioner Heidi M. Koenig, MD, FASA (12/17/2020)

Budget Committee Member



LOUISIANA

Commissioner Vincent A. Culotta, Jr. MD (12/2/2021)

Technology Committee Member

Commissioner Lester Johnson MD (12/2/2021)

Rules & Administrative Procedures Committee Member



MAINE

Commissioner Timothy (Tim) E. Terranova (8/8/2017)

Communications Committee Member

Commissioner Susan E. Strout (10/12/2017)

Personnel Committee Member



MARYLAND

Commissioner Christine A. Farrelly
(5/25/2018)

Budget Committee Member

Commissioner Ellen Douglas Smith
(5/28/2018)

Technology Committee Member



MICHIGAN

Commissioner Dawn Gage (9/15/2021)

Technology Committee Member

Commissioner Michael Chafty, MD
(9/18/2019)

Personnel Committee Member



MINNESOTA

Commissioner Elizabeth Huntley
(3/29/2023)

Technology Committee Member

Commissioner John (Jake) M. Manahan
(11/18/2019)

Technology Committee Chair
Executive Committee Member



MISSISSIPPI

Commissioner Kenneth Cleveland, MD
(8/19/2019)

IMLCC Treasurer
Budget Committee Chair
Executive Committee Member

Commissioner Anna Boone (3/29/2021)

Personnel Committee Member



MONTANA

Commissioner James Burkholder
(11/21/2019)

Rules & Administrative Procedures Committee Member

Commissioner Samuel Hunthausen
(7/21/2021)

Technology Committee Member



NEBRASKA

Appointment Pending

Commissioner Maria Michaelis, MD
(3/25/2021)

Communications Committee Member



NEW HAMPSHIRE

Commissioner Michael Barr, MD (4/5/2017)

Technology Committee Member

Appointment Pending



NEW JERSEY

Commissioner Paul Carniol, MD (10/21/2022)

Communications Committee Member

Commissioner Chetan Shah, MD (10/21/2022)

Personnel Committee Member



NEVADA

Commissioner Edward Cousineau, JD (12/4/2015)

Budget Committee Member

Commissioner Frank DiMaggio (10/1/2022)

Rules & Administrative Procedures Committee Member



NORTH DAKOTA

Commissioner Lynette McDonald (9/12/2019)

Technology Committee Member

Commissioner Zena Homan, MD (8/2/2023)

Committee Assignment Pending



OHIO

Commissioner Stephanie Loucka (10/25/2021)

Rules & Administrative Procedures Committee Member

Commissioner Michael Schottenstein, MD (10/25/2021)

Communications Committee Member



OKLAHOMA

Commissioner Christi Aquino (10/18/2019)

Communications Committee Member

Appointment Pending



PENNSYLVANIA

Appointment Pending

Appointment Pending



RHODE ISLAND

Appointment Pending

Appointment Pending



SOUTH DAKOTA

Commissioner Margaret Hansen
(7/21/2015)

Rules & Administrative Procedures Committee Member

Commissioner Suzanne Veenis (8/28/2020)

Budget Committee Member



TENNESSEE

Commissioner Stacy Tarr (3/27/2022)

Rules & Administrative Procedures Committee Member

Commissioner Penny Judd (9/12/2018)

Budget Committee Member



TEXAS

Commissioner Devinder Bhatia
(6/10/2022)

Committee Assignment Pending

Commissioner Robert Martinez
(6/10/2022)

Committee Assignment Pending



UTAH

Commissioner Larry Marx (10/4/2016)

Rules & Administrative Procedures Committee Member

Appointment Pending



VERMONT

Commissioner David Herlihy (6/11/2020)

*Personnel Committee Chair
Executive Committee Member*

Commissioner Lauren Layman (5/16/2023)

*Rules & Administrative Procedures
Committee Member*



WASHINGTON

Commissioner Kyle Karinen, J.D. (7/28/2023)

Committee Assignment Pending

Commissioner Lisa Galbraith (11/2/2018)

Budget Committee Member



WEST VIRGINIA

Commissioner Jonathan T. Osborne (10/21/2021)

*Rules & Administrative Procedures
Committee Member*

Commissioner Mark A. Spangler (1/23/2017)

*IMLCC Chair
Executive Committee Member*



WISCONSIN

Commissioner Sheldon Wasserman (10/21/2020)

Communications Committee Member

Commissioner Clarence Chou (10/21/2020)

Personnel Committee Member



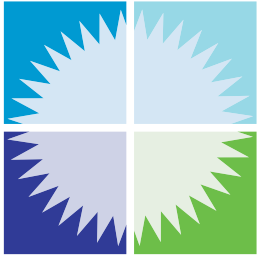
WYOMING

Commissioner Kevin Bohnenblust (7/30/2015)

Technology Committee Member

Commissioner Michael Jording (4/12/2022)

*Rules & Administrative Procedures
Committee member*



Interstate Medical Licensure Compact

Helping Physicians Since 2017

imlcc.org

NEW LICENSE VOLUME

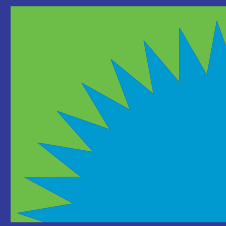
DATA REPORT
September 15, 2023

Initial Licenses Reported As Issued -

Data source is the Federation of State Medical Board (FSMB) Physician Data Center

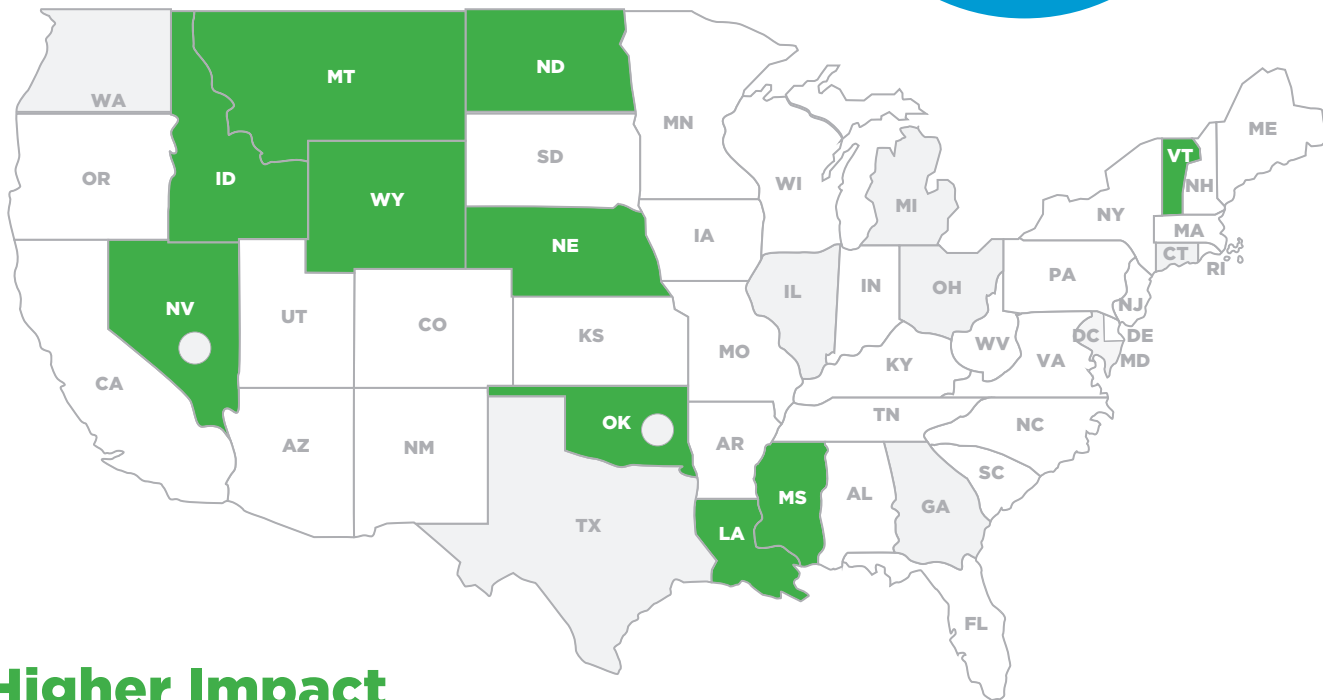
Initial Licenses Via The IMLCC Pathway -

Data source is the Interstate Medical Licensure Compact Commission's iStarsII System



2022
DATA

31%
OF INITIAL LICENSES
REPORTED WERE
ISSUED VIA THE
IMLCC PATHWAY



Higher Impact

MT	LA	ND	WY	MS	NV	OK MD	VT DO	ID	NE
70%	69%	61%	49%	48%	47%	47%	46%	46%	44%

Lower Impact

GA	NV DO	OK DO	IL	WA DO	MD	MI DO	TX	OH	CT
24%	24%	21%	21%	21%	20%	18%	18%	10%	3%

Counts from the Guam Board of Medical Examiners and South Dakota Board of Medical & Osteopathic Examiners are missing as these boards do not provide the data to the FSMB Physician Data Center.

Please contact the IMLCC Executive Director at imlccexecutivedirector@imlcc.net with questions.

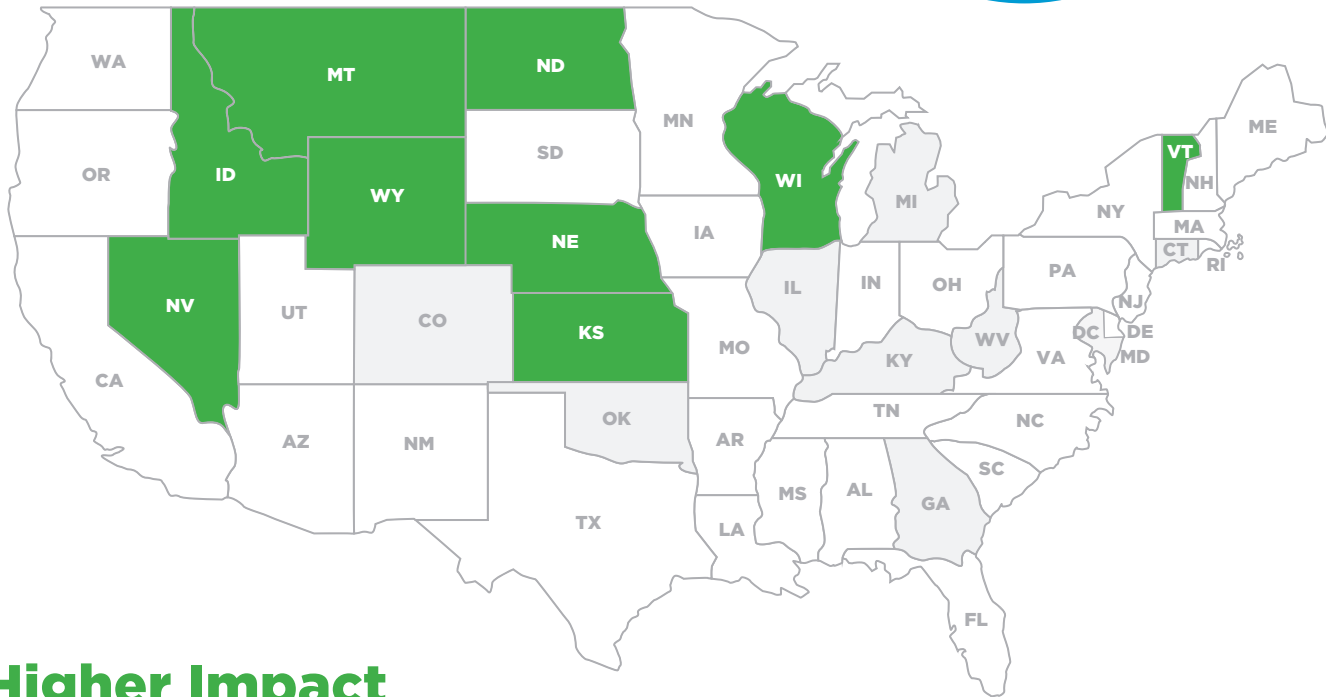
STATE BOARD
2022 Data

		Initial licenses reported as issued - Total	Initial licenses via the IMLCC Pathway	Percentage of initial licenses via the IMLCC Pathway
Alabama State Board of Medical Examiners	AL	2,255	725	32%
Arizona Board of Osteopathic Examiners in Medicine & Surgery	AZ	547	142	26%
Arizona Medical Board	AZ	2,915	936	32%
Colorado Medical Board	CO	3,515	900	26%
Connecticut Medical Examining Board	CT	3,166	86	3%
Delaware Board of Medical Lincensure and Discipline	DE	1,400	490	35%
Georgia Composite Medical Board	GA	3,436	811	24%
Guam Board of Medical Examiners	GU	0	86	0%
Idaho State Board of Medicine	ID	1,635	755	46%
Illinois Department of Financial and Professional Regulation	IL	4,218	887	21%
Iowa Board of Medicine	IA	1,668	640	38%
Kansas State Board of Healing Arts	KS	1,459	528	36%
Kentucky Board of Medical Licensure	KY	2,289	723	32%
Louisiana State Board of Medical Examiners	LA	1,225	840	69%
Maine Board of Licensure in Medicine	ME	1,011	353	35%
Maine Board of Osteopathic Licensure	ME	191	82	43%
Maryland Board of Physicians	MD	2,876	564	20%
Michigan Board of Medicine	MI	2,232	638	29%
Michigan Board of Osteopathic Medicine and Surgery	MI	556	102	18%
Minnesota Board of Medical Practice	MN	2,547	749	29%
Mississippi State Board of Medical Licensure	MS	1,336	641	48%
Montana Board of Medical Examiners	MT	1,053	734	70%
Nebraska Board of Medicine and Surgery	NE	1,201	528	44%
Nevada State Board of Medical Examiners	NV	1,431	678	47%
Nevada State Board of Osteopathic Medicine	NV	293	69	24%
New Hampshire Board of Medicine	NH	1,230	460	37%
North Dakota Board of Medicine	ND	957	583	61%
Oklahoma Board of Osteopathic Examiners	OK	378	81	21%
Oklahoma State Board of Medical Licensure & Supervision	OK	1,608	749	47%
South Dakota Board of Medical & Osteopathic Examiners	SD	0	467	0%
State Medical Board of Ohio	OH	3,831	380	10%
Tennessee Board of Medical Examiners	TN	2,287	798	35%
Tennessee Board of Osteopathic Examiners	TN	405	145	36%
Texas Medical Board	TX	6,691	1,191	18%
Utah Osteopathic Physician and Surgeons Licensing Board	UT	280	93	33%
Utah Physicians Licensing Board	UT	1,389	493	35%
Vermont Board of Medical Practice	VT	951	411	43%
Vermont Board of Osteopathic Physicians and Surgeons	VT	145	67	46%
Washington Board of Osteopathic Medicine and Surgery	WA	488	102	21%
Washington Medical Commission	WA	2,220	717	32%
West Virginia Board of Medicine	WV	1,084	453	42%
West Virginia Board of Osteopathy	WV	194	63	32%
Wisconsin Medical Examining Board	WI	2,758	1,057	38%
Wyoming Board of Medicine	WY	1,188	580	49%
IMLCC Member Boards		72,539	22,577	31%
All Boards		129,956		



2020
DATA

15%
OF INITIAL LICENSES
REPORTED WERE
ISSUED VIA THE
IMLCC PATHWAY



Higher Impact

VT	ND	WY	MT	ID	NV	VT DO	WI	NE	KS
46%	43%	43%	41%	39%	37%	32%	26%	25%	24%

Lower Impact

CO	MI	MD	IL	WV DO	GA	OK MD	MI MD	OK DO	KY
15%	13%	11%	11%	11%	10%	8%	7%	7%	3%

Counts from the Guam Board of Medical Examiners and South Dakota Board of Medical & Osteopathic Examiners are missing as these boards do not provide the data to the FSMB Physician Data Center.

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STATE BOARD
2020 Data

		Initial licenses reported as issued - Total	Initial licenses via the IMLCC Pathway	Percentage of initial licenses via the IMLCC Pathway
Alabama State Board of Medical Examiners	AL	1,646	375	23%
Arizona Board of Osteopathic Examiners in Medicine & Surgery	AZ	478	81	17%
Arizona Medical Board	AZ	1,999	368	18%
Colorado Medical Board	CO	2,714	400	15%
Connecticut Medical Examining Board	CT	2,372	0	0%
Delaware Board of Medical Lincensure and Discipline	DE	552	0	0%
Georgia Composite Medical Board	GA	2,931	286	10%
Guam Board of Medical Examiners	GU	0	19	0%
Idaho State Board of Medicine	ID	1,123	440	39%
Illinois Department of Financial and Professional Regulation	IL	3,656	401	11%
Iowa Board of Medicine	IA	1,397	308	22%
Kansas State Board of Healing Arts	KS	1,184	288	24%
Kentucky Board of Medical Licensure	KY	2,190	75	3%
Louisiana State Board of Medical Examiners	LA	1,338	0	0%
Maine Board of Licensure in Medicine	ME	732	162	22%
Maine Board of Osteopathic Licensure	ME	168	32	19%
Maryland Board of Physicians	MD	1,995	223	11%
Michigan Board of Medicine	MI	2,038	264	13%
Michigan Board of Osteopathic Medicine and Surgery	MI	589	41	7%
Minnesota Board of Medical Practice	MN	2,101	454	22%
Mississippi State Board of Medical Licensure	MS	1,180	255	22%
Montana Board of Medical Examiners	MT	761	310	41%
Nebraska Board of Medicine and Surgery	NE	1,092	277	25%
Nevada State Board of Medical Examiners	NV	1,173	429	37%
Nevada State Board of Osteopathic Medicine	NV	228	47	21%
New Hampshire Board of Medicine	NH	880	194	22%
North Dakota Board of Medicine	ND	777	335	43%
Oklahoma Board of Osteopathic Examiners	OK	384	26	7%
Oklahoma State Board of Medical Licensure & Supervision	OK	1,798	140	8%
South Dakota Board of Medical & Osteopathic Examiners	SD	0	219	0%
State Medical Board of Ohio	OH	3,385	0	0%
Tennessee Board of Medical Examiners	TN	1,781	294	17%
Tennessee Board of Osteopathic Examiners	TN	299	58	19%
Texas Medical Board	TX	4,736	0	0%
Utah Osteopathic Physician and Surgeons Licensing Board	UT	176	42	24%
Utah Physicians Licensing Board	UT	1,051	221	21%
Vermont Board of Medical Practice	VT	301	137	46%
Vermont Board of Osteopathic Physicians and Surgeons	VT	63	20	32%
Washington Board of Osteopathic Medicine and Surgery	WA	351	55	16%
Washington Medical Commission	WA	1,965	340	17%
West Virginia Board of Medicine	WV	697	152	22%
West Virginia Board of Osteopathy	WV	119	13	11%
Wisconsin Medical Examining Board	WI	2,124	551	26%
Wyoming Board of Medicine	WY	725	310	43%

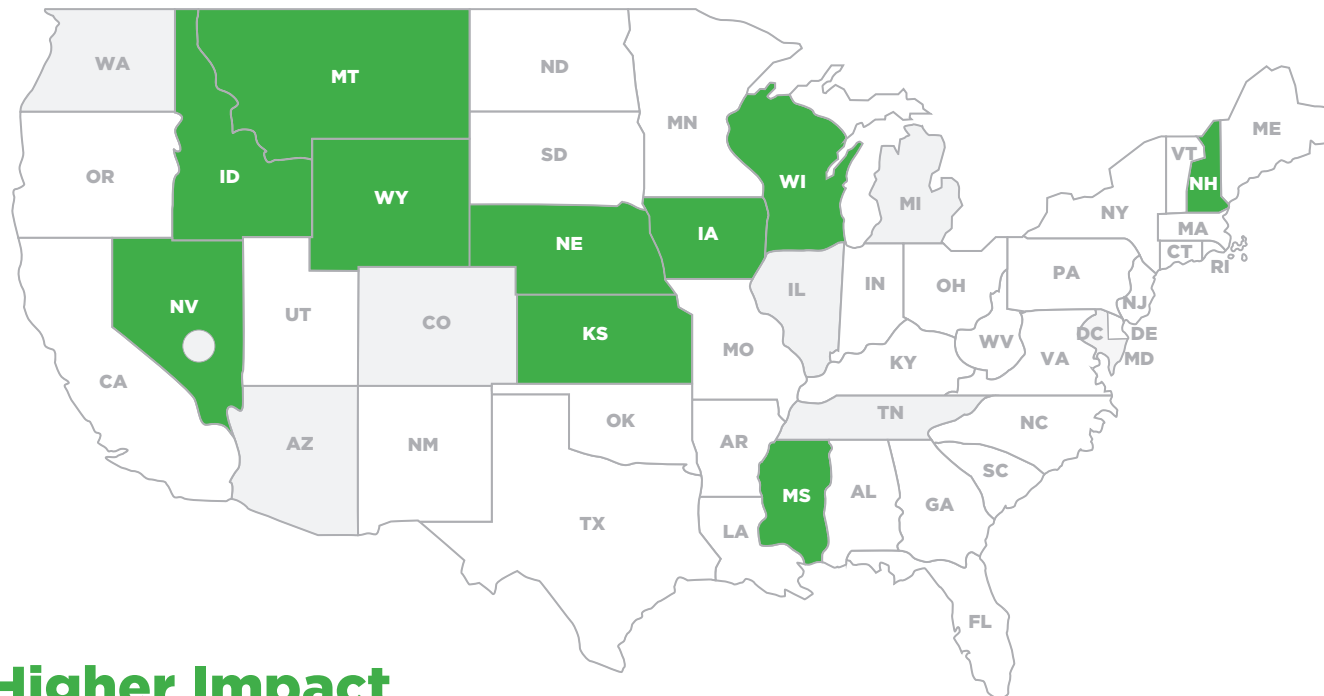
IMLCC Member Boards	57,249	8,642	15%
All Boards	102,029		



**2019
DATA**

10%

OF INITIAL LICENSES
REPORTED WERE
ISSUED VIA THE
IMLCC PATHWAY



Higher Impact

WY	ID	NV	MT	IA	KS	MS	WI	NE	NH
34%	28%	27%	23%	22%	20%	19%	18%	18%	17%

Lower Impact

NV DO	CO	WA DO	TN	IL	AZ DO	TN DO	MD	MI	MI DO
13%	12%	11%	11%	10%	10%	9%	4%	1%	1%

Counts from the Guam Board of Medical Examiners and South Dakota Board of Medical & Osteopathic Examiners are missing as these boards do not provide the data to the FSMB Physician Data Center.

Please contact the IMLCC Executive Director at imlccexecutivedirector@imlcc.net with questions.

**STATE BOARD
2019 Data**

		Initial licenses reported as issued - Total	Initial licenses via the IMLCC Pathway	Percentage of initial licenses via the IMLCC Pathway
Alabama State Board of Medical Examiners	AL	1,394	194	14%
Arizona Board of Osteopathic Examiners in Medicine & Surgery	AZ	397	38	10%
Arizona Medical Board	AZ	1,951	274	14%
Colorado Medical Board	CO	2,487	308	12%
Connecticut Medical Examining Board	CT	2,326	0	0%
Delaware Board of Medical Lincensure and Discipline	DE	560	0	0%
Georgia Composite Medical Board	GA	2,683	0	0%
Guam Board of Medical Examiners	GU	0	0	0%
Idaho State Board of Medicine	ID	878	242	28%
Illinois Department of Financial and Professional Regulation	IL	3,434	339	10%
Iowa Board of Medicine	IA	1,197	261	22%
Kansas State Board of Healing Arts	KS	990	196	20%
Kentucky Board of Medical Licensure	KY	1,481	1	0%
Louisiana State Board of Medical Examiners	LA	1,213	0	0%
Maine Board of Licensure in Medicine	ME	733	111	15%
Maine Board of Osteopathic Licensure	ME	101	15	15%
Maryland Board of Physicians	MD	2,045	92	4%
Michigan Board of Medicine	MI	2,172	26	1%
Michigan Board of Osteopathic Medicine and Surgery	MI	547	5	1%
Minnesota Board of Medical Practice	MN	1,868	268	14%
Mississippi State Board of Medical Licensure	MS	847	165	19%
Montana Board of Medical Examiners	MT	956	219	23%
Nebraska Board of Medicine and Surgery	NE	1,087	194	18%
Nevada State Board of Medical Examiners	NV	957	259	27%
Nevada State Board of Osteopathic Medicine	NV	189	24	13%
New Hampshire Board of Medicine	NH	794	135	17%
North Dakota Board of Medicine	ND	661	94	14%
Oklahoma Board of Osteopathic Examiners	OK	113	0	0%
Oklahoma State Board of Medical Licensure & Supervision	OK	926	0	0%
South Dakota Board of Medical & Osteopathic Examiners	SD	0	166	0%
State Medical Board of Ohio	OH	3,173	0	0%
Tennessee Board of Medical Examiners	TN	1,787	190	11%
Tennessee Board of Osteopathic Examiners	TN	264	23	9%
Texas Medical Board	TX	4,819	0	0%
Utah Osteopathic Physician and Surgeons Licensing Board	UT	156	24	15%
Utah Physicians Licensing Board	UT	850	131	15%
Vermont Board of Medical Practice	VT	377	0	0%
Vermont Board of Osteopathic Physicians and Surgeons	VT	44	0	0%
Washington Board of Osteopathic Medicine and Surgery	WA	354	39	11%
Washington Medical Commission	WA	1,840	267	15%
West Virginia Board of Medicine	WV	724	113	16%
West Virginia Board of Osteopathy	WV	140	19	14%
Wisconsin Medical Examining Board	WI	1,965	363	18%
Wyoming Board of Medicine	WY	630	214	34%

IMLCC Member Boards	52,110	5,007	10%
All Boards	99,724		

WHAT IS THE NPDB? The National Practitioner Data Bank



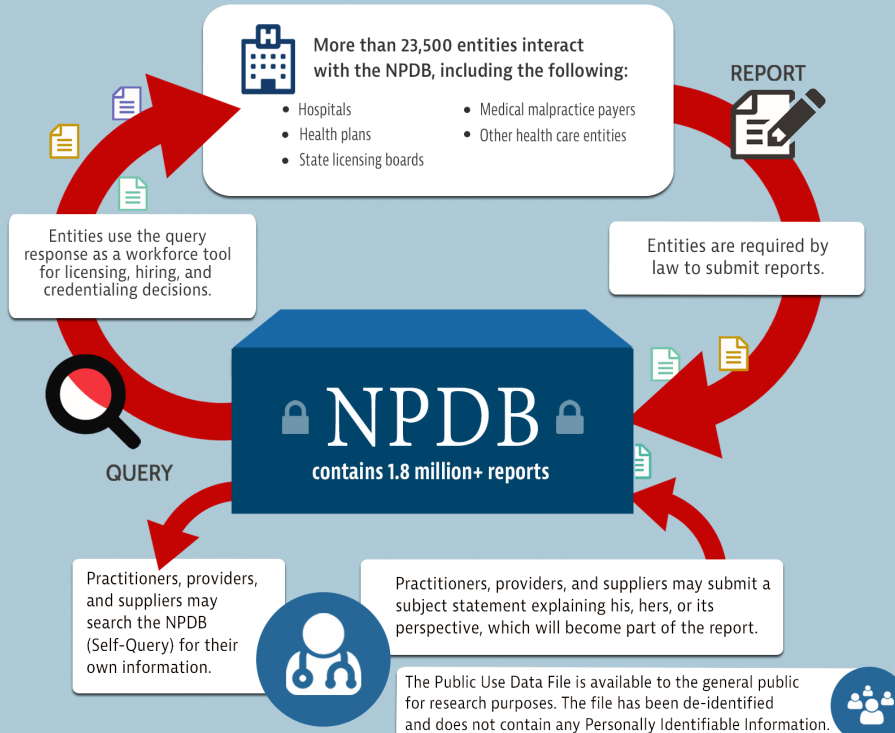
is a web-based repository of reports used as a workforce tool to enhance professional review efforts, and prevent health care fraud and abuse, with the ultimate goal of protecting the public.



Registered, authorized entities must submit certain information concerning medical malpractice payments, adverse actions, and judgment or conviction reports regarding health care practitioners, providers, and suppliers.

HOW THE NPDB WORKS

Only registered entities have access to reports.



WHAT'S IN THE NPDB?

- ~1.25 million Adverse Action Reports**
Certain adverse licensure, certification, and clinical privileges actions taken by state and federal licensing and certification authorities, hospitals, and other health care organizations.
- ~507,000 Medical Malpractice Payment Reports**
Payments made for the benefit of a health care practitioner relating to a written claim or judgment for medical malpractice.
- ~43,000 Judgment or Conviction Reports**
Health care-related civil judgments or criminal convictions taken in a federal or state court.

~ means approximate
Cumulative data as of Dec. 2023

In 2023 the NPDB provided 12.5 million+ query responses and received 65,000+ new reports

Data for Jan.-Dec. 2023



U.S. Department of Health and Human Services

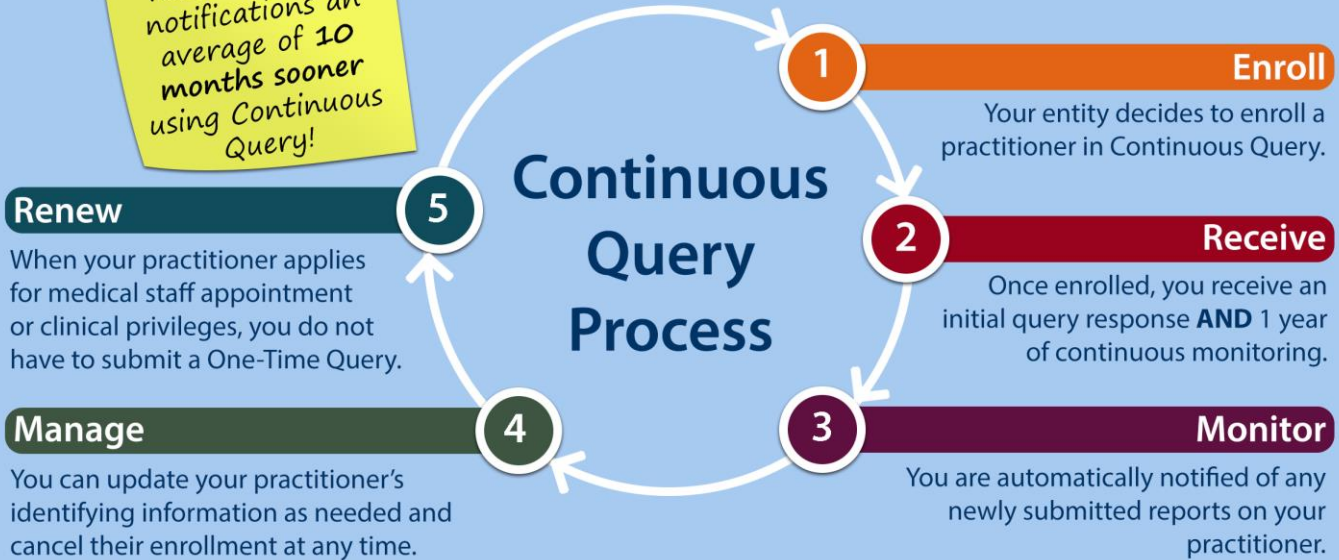


Why Choose Continuous Query?

www.npdb.hrsa.gov

Receive report notifications an average of 10 months sooner using Continuous Query!

Continuous Query Process



No more One-Time Queries needed

Accreditation organization approved

Meets hospitals' querying requirements

Features

- \$2.50 processing fee
- Accepted by accreditation organizations and meets hospitals' querying requirements
- Provides an initial query response
- Compatible with credentialing software
- Edit and update practitioners' identifying information
- Notifies you when the NPDB receives new reports on your enrolled practitioners
- Retrieve an updated query response at any time
- Stores query responses for more than 45 days
- Provides a monthly summary of all reports received on your enrolled practitioners
- Renew continuous monitoring for re-credentialing

	Continuous Query	One-Time Query
\$2.50 processing fee	✓	✓
Accepted by accreditation organizations and meets hospitals' querying requirements	✓	✓
Provides an initial query response	✓	✓
Compatible with credentialing software	✓	✓
Edit and update practitioners' identifying information	✓	✗
Notifies you when the NPDB receives new reports on your enrolled practitioners	✓	✗
Retrieve an updated query response at any time	✓	✗
Stores query responses for more than 45 days	✓	✗
Provides a monthly summary of all reports received on your enrolled practitioners	✓	✗
Renew continuous monitoring for re-credentialing	✓	✗



U.S. Department of Health and Human Services



House Engrossed

pharmacists; collaborative practice agreements

State of Arizona
House of Representatives
Fifty-sixth Legislature
Second Regular Session
2024

CHAPTER 123
HOUSE BILL 2582

AN ACT

AMENDING SECTION 32-1970, ARIZONA REVISED STATUTES; RELATING TO THE
ARIZONA STATE BOARD OF PHARMACY.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:
2 Section 1. Section 32-1970, Arizona Revised Statutes, is amended to
3 read:
4 32-1970. Collaborative practice agreements; requirements;
5 rules; definitions
6 A. A pharmacist who is licensed pursuant to this chapter may enter
7 into a collaborative practice agreement with a provider pursuant to this
8 section to initiate, monitor and modify drug therapy or provide disease
9 management assistance. The collaborative practice agreement may be
10 between one or more pharmacists and one or more providers. The
11 collaborative practice agreement shall:
12 1. Outline the duties related to drug therapy and disease
13 management that the provider is delegating to the pharmacist to perform,
14 including drug therapy that the pharmacist may initiate, monitor and
15 modify and laboratory tests that the pharmacist may order, and the
16 eligible group of patients that may be treated under the collaborative
17 practice agreement.
18 2. Specify, at a minimum, the conditions to be managed by the
19 pharmacist through disease management and drug therapy management, the
20 circumstances for which the pharmacist must notify the provider and any
21 documentation or recordkeeping requirements.
22 3. Specify that the pharmacist must follow the written drug therapy
23 and disease management guidelines provided by the provider and may provide
24 drug therapy and disease management services only pursuant to those
25 guidelines. The guidelines shall specify, at a minimum, the specific
26 drug, drugs or drug classes and the conditions to be managed by the
27 pharmacist, the conditions and events for which the pharmacist must notify
28 the provider and the laboratory tests the pharmacist may order.
29 B. A provider who enters into a collaborative practice agreement
30 under this section must have a previously established provider-patient
31 relationship with a patient in order for that patient to be a part of the
32 eligible group of patients who may be included under the collaborative
33 practice agreement.
34 C. A licensee who violates this section commits an act of
35 unprofessional conduct.
36 D. A pharmacist is responsible for the pharmacist's negligent acts
37 that are the result of the clinical decisions made pursuant to the
38 collaborative practice agreement. This subsection does not limit a
39 provider's liability for negligent acts that are not related to a
40 pharmacist's change of medication pursuant to the collaborative practice
41 agreement.
42 E. The pharmacist shall maintain a copy of the collaborative
43 practice agreement and make the collaborative practice agreement available
44 to the board on request.

1 F. The Arizona state board of pharmacy, the Arizona medical board,
2 the Arizona board of osteopathic examiners in medicine and surgery and the
3 Arizona state board of nursing may adopt rules relating to collaborative
4 practice agreements.

5 G. For the purposes of this section:

6 1. "Collaborative practice agreement" means an agreement between a
7 pharmacist and a provider that outlines the drug therapy and disease
8 management services, including initiating, monitoring and modifying
9 prescription drug and laboratory test orders, that are authorized by the
10 provider and delegated to the pharmacist for the purposes of drug therapy
11 management or disease management based on the pharmacist's skills or
12 training.

13 2. Initiate, monitor and modify does not include a pharmacist's
14 selection of drug products that are not prescribed by the provider unless
15 the selection of specific drug products is authorized by the collaborative
16 practice agreement.

17 3. "Provider" means a physician who is licensed pursuant to chapter
18 13 or 17 of this title, ~~or~~ a registered nurse practitioner OR CERTIFIED
19 NURSE MIDWIFE who is licensed pursuant to chapter 15 of this title OR A
20 PHYSICIAN ASSISTANT WHO IS LICENSED PURSUANT TO CHAPTER 25 OF THE TITLE.

APPROVED BY THE GOVERNOR APRIL 9, 2024.

FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 9, 2024.

State of Arizona
Senate
Fifty-sixth Legislature
First Regular Session
2023

CHAPTER 200
SENATE BILL 1602

AN ACT

AMENDING SECTIONS 32-1201 AND 32-1207, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 11, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1272; AMENDING SECTION 32-1403, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 13, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1459; AMENDING SECTIONS 32-1606, 32-1664 AND 32-1803, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 17, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-1855.02; RELATING TO THE STATE BOARD OF DENTAL EXAMINERS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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

2 Section 1. Section 32-1201, Arizona Revised Statutes, is amended to
3 read:

4 32-1201. Definitions

5 In this chapter, unless the context otherwise requires:

6 1. "Affiliated practice dental hygienist" means any licensed dental
7 hygienist who is able, pursuant to section 32-1289.01, to initiate
8 treatment based on the dental hygienist's assessment of a patient's needs
9 according to the terms of a written affiliated practice agreement with a
10 dentist, to treat the patient without the presence of a dentist and to
11 maintain a provider-patient relationship.

12 2. "Auxiliary personnel" means all dental assistants, dental
13 technicians, dental x-ray technicians and other persons employed by
14 dentists or firms and businesses providing dental services to dentists.

15 3. "Board" means the state board of dental examiners.

16 4. "Business entity" means a business organization that has an
17 ownership that includes any persons who are not licensed or certified to
18 provide dental services in this state, that offers to the public
19 professional services regulated by the board and that is established
20 pursuant to the laws of any state or foreign country.

21 5. "Dental assistant" means any person who acts as an assistant to
22 a dentist, dental therapist or dental hygienist by rendering personal
23 services to a patient that involve close proximity to the patient while
24 the patient is under treatment or observation or undergoing diagnostic
25 procedures.

26 6. "Dental hygienist" means any person who is licensed and engaged
27 in the general practice of dental hygiene and all related and associated
28 duties, including educational, clinical and therapeutic dental hygiene
29 procedures.

30 7. "Dental incompetence" means lacking in sufficient dentistry
31 knowledge or skills, or both, in that field of dentistry in which the
32 dentist, dental therapist, denturist or dental hygienist concerned
33 engages, to a degree likely to endanger the health of that person's
34 patients.

35 8. "Dental laboratory technician" means any person, other than a
36 licensed dentist, who, pursuant to a written work order of a dentist,
37 fabricates artificial teeth, prosthetic appliances or other mechanical and
38 artificial contrivances designed to correct or alleviate injuries or
39 defects, both developmental and acquired, disorders or deficiencies of the
40 human oral cavity, teeth, investing tissues, maxilla or mandible or
41 adjacent associated structures.

42 9. "Dental therapist" means any person who is licensed and engaged
43 in the general practice of dental therapy and all related and associated
44 duties, including educational, clinical and therapeutic dental therapy
45 procedures.

1 10. "Dental x-ray laboratory technician" means any person, other
2 than a licensed dentist, who, pursuant to a written work order of a
3 dentist, performs dental and maxillofacial radiography, including
4 cephalometrics, panoramic and maxillofacial tomography and other dental
5 related nonfluoroscopic diagnostic imaging modalities.

6 11. "Dentistry", "dentist" and "dental" mean the general practice
7 of dentistry and all specialties or restricted practices of dentistry.

8 12. "Denturist" means a person practicing denture technology
9 pursuant to article 5 of this chapter.

10 13. "Disciplinary action" means regulatory sanctions that are
11 imposed by the board in combination with, or as an alternative to,
12 revocation or suspension of a license and that may include:

13 (a) Imposition of an administrative penalty in an amount not to
14 exceed two thousand dollars for each violation of this chapter or rules
15 adopted under this chapter.

16 (b) Imposition of restrictions on the scope of practice.

17 (c) Imposition of peer review and professional education
18 requirements.

19 (d) Imposition of censure or probation requirements best adapted to
20 protect the public welfare, which may include a requirement for
21 restitution to the patient resulting from violations of this chapter or
22 rules adopted under this chapter.

23 14. "Irregularities in billing" means submitting any claim, bill or
24 government assistance claim to any patient, responsible party or
25 third-party payor for dental services rendered that is materially false
26 with the intent to receive unearned income as evidenced by any of the
27 following:

28 (a) Charges for services not rendered.

29 (b) Any treatment date that does not accurately reflect the date
30 when the service and procedures were actually completed.

31 (c) Any description of a dental service or procedure that does not
32 accurately reflect the actual work completed.

33 (d) Any charge for a service or procedure that cannot be clinically
34 justified or determined to be necessary.

35 (e) Any statement that is material to the claim and that the
36 licensee knows is false or misleading.

37 (f) An abrogation of the copayment provisions of a dental insurance
38 contract by a waiver of all or a part of the copayment from the patient if
39 this results in an excessive or fraudulent charge to a third party or if
40 the waiver is used as an enticement to receive dental services from that
41 provider. This subdivision does not interfere with a contractual
42 relationship between a third-party payor and a licensee or business entity
43 registered with the board.

44 (g) Any other practice in billing that results in excessive or
45 fraudulent charges to the patient.

1 15. "Letter of concern" means an advisory letter to notify a
2 licensee or a registered business entity that, while the evidence does not
3 warrant disciplinary action, the board believes that the licensee or
4 registered business entity should modify or eliminate certain practices
5 and that continuation of the activities that led to the information being
6 submitted to the board may result in board action against the
7 practitioner's license or the business entity's registration. A letter of
8 concern is not a disciplinary action. A letter of concern is a public
9 document and may be used in a future disciplinary action.

10 16. "Licensed" means licensed pursuant to this chapter.

11 17. "Place of practice" means each physical location at which a
12 person who is licensed pursuant to this chapter performs services subject
13 to this chapter.

14 18. "Primary mailing address" means the address on file with the
15 board and to which official board correspondence, notices or documents are
16 delivered in a manner determined by the board.

17 19. "QUALIFIED ANESTHESIA PROVIDER" MEANS ANY OF THE FOLLOWING:

18 (a) A LICENSEE WHO HOLDS A PERMIT TO ADMINISTER ANESTHESIA AND
19 SEDATION FROM THE BOARD PURSUANT TO SECTION 32-1207.

20 (b) A PHYSICIAN WHO HAS COMPLETED RESIDENCY TRAINING IN
21 ANESTHESIOLOGY, WHO IS LICENSED PURSUANT TO CHAPTER 13 OR 17 OF THIS TITLE
22 AND WHO IS REGISTERED WITH THE ARIZONA MEDICAL BOARD OR THE ARIZONA BOARD
23 OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY TO ADMINISTER ANESTHESIA
24 IN DENTAL OFFICES AND DENTAL CLINICS PURSUANT TO SECTION 32-1403 OR
25 32-1803.

26 (c) A CERTIFIED REGISTERED NURSE ANESTHETIST WHO HAS A NATIONAL
27 BOARD CERTIFICATION IN ANESTHESIOLOGY, WHO IS LICENSED PURSUANT TO CHAPTER
28 15 OF THIS TITLE AND WHO IS REGISTERED WITH THE ARIZONA STATE BOARD OF
29 NURSING TO ADMINISTER ANESTHESIA IN DENTAL OFFICES AND DENTAL CLINICS
30 PURSUANT TO SECTION 32-1606.

31 ~~19.~~ 20. "Recognized dental hygiene school" means a school that has
32 a dental hygiene program with a minimum two academic year curriculum, or
33 the equivalent of four semesters, and that is approved by the board and
34 accredited by the American dental association commission on dental
35 accreditation.

36 ~~20.~~ 21. "Recognized dental school" means a dental school that is
37 accredited by the American dental association commission on dental
38 accreditation.

39 ~~21.~~ 22. "Recognized dental therapy school" means a school that is
40 accredited or that has received initial accreditation by the American
41 dental association commission on dental accreditation.

42 ~~22.~~ 23. "Recognized denturist school" means a denturist school
43 that maintains standards of entrance, study and graduation and that is
44 accredited by the United States department of education or the council on
45 higher education accreditation.

1 (c) If the board has required additional nondisciplinary continuing
2 education pursuant to section 32-1263.01 but has not taken further action,
3 the record of the complaint shall be available to the public only for a
4 period of five years after the licensee satisfies this requirement.

5 (d) If the board has assessed a nondisciplinary civil penalty
6 pursuant to section 32-1208 but has not taken further action, the record
7 of the complaint shall be available to the public only for a period of
8 five years after the licensee satisfies this requirement.

9 4. Establish a uniform and reasonable standard of minimum
10 educational requirements consistent with the accreditation standards of
11 the American dental association commission on dental accreditation to be
12 observed by dental schools, dental therapy schools and dental hygiene
13 schools in order to be classified as recognized dental schools, dental
14 therapy schools or dental hygiene schools.

15 5. Establish a uniform and reasonable standard of minimum
16 educational requirements that are consistent with the accreditation
17 standards of the United States department of education or the council on
18 higher education accreditation and that must be observed by denture
19 technology schools in order to be classified as recognized denture
20 technology schools.

21 6. Determine the reputability and classification of dental schools,
22 dental therapy schools, dental hygiene schools and denture technology
23 schools in accordance with their compliance with the standard set forth in
24 paragraph 4 or 5 of this subsection, whichever is applicable.

25 7. Issue licenses to persons who the board determines are eligible
26 for licensure pursuant to this chapter.

27 8. Determine the eligibility of applicants for restricted permits
28 and issue restricted permits to those found eligible.

29 9. Pursuant to section 32-1263.02, investigate charges of
30 misconduct on the part of licensees and persons to whom restricted permits
31 have been issued.

32 10. Issue a letter of concern, which is not a disciplinary action
33 but refers to practices that may lead to a violation and to disciplinary
34 action.

35 11. Issue decrees of censure, fix periods and terms of probation,
36 suspend or revoke licenses, certificates and restricted permits, as the
37 facts may warrant, and reinstate licenses, certificates and restricted
38 permits in proper cases.

39 12. Collect and disburse monies.

40 13. Perform all other duties that are necessary to enforce this
41 chapter and that are not specifically or by necessary implication
42 delegated to another person.

43 14. Establish criteria for the renewal of permits issued pursuant
44 to board rules relating to general anesthesia and sedation.

- 1 B. The board may:
- 2 1. Sue and be sued.
- 3 2. Issue subpoenas, including subpoenas to the custodian of patient
- 4 records, compel attendance of witnesses, administer oaths and take
- 5 testimony concerning all matters within the board's jurisdiction. If a
- 6 person refuses to obey a subpoena issued by the board, the refusal shall
- 7 be certified to the superior court and proceedings shall be instituted for
- 8 contempt of court.
- 9 3. Adopt rules:
- 10 (a) Prescribing requirements for continuing education for renewal
- 11 of all licenses issued pursuant to this chapter.
- 12 (b) Prescribing educational and experience prerequisites for
- 13 administering intravenous or intramuscular drugs for the purpose of
- 14 sedation or for using general anesthetics in conjunction with a dental
- 15 treatment procedure.
- 16 (c) Prescribing requirements for obtaining licenses for retired
- 17 licensees or licensees who have a disability, including the triennial
- 18 license renewal fee.
- 19 4. Hire consultants to assist the board in the performance of its
- 20 duties and employ persons to provide investigative, professional and
- 21 clerical assistance as the board deems necessary.
- 22 5. Contract with other state or federal agencies as required to
- 23 carry out the purposes of this chapter.
- 24 6. If determined by the board, order physical, psychological,
- 25 psychiatric and competency evaluations of licensed dentists, dental
- 26 therapists and dental hygienists, certified denturists and applicants for
- 27 licensure and certification at the expense of those individuals.
- 28 7. Establish an investigation committee consisting of not more than
- 29 eleven licensees who are in good standing, who are appointed by the board
- 30 and who serve at the pleasure of the board to investigate any complaint
- 31 submitted to the board, initiated by the board or delegated by the board
- 32 to the investigation committee pursuant to this chapter.
- 33 C. The executive director or the executive director's designee may:
- 34 1. Issue and renew licenses, certificates and permits to applicants
- 35 who meet the requirements of this chapter.
- 36 2. Initiate an investigation if evidence appears to demonstrate
- 37 that a dentist, dental therapist, dental hygienist, denturist or
- 38 restricted permit holder may be engaged in unprofessional conduct or may
- 39 be unable to safely practice dentistry.
- 40 3. Initiate an investigation if evidence appears to demonstrate
- 41 that a business entity may be engaged in unethical conduct.
- 42 4. Subject to board approval, enter into a consent agreement with a
- 43 dentist, dental therapist, denturist, dental hygienist or restricted
- 44 permit holder if there is evidence of unprofessional conduct.

1 5. Subject to board approval, enter into a consent agreement with a
2 business entity if there is evidence of unethical conduct.

3 6. Refer cases to the board for a formal interview.

4 7. If delegated by the board, enter into a stipulation agreement
5 with a person under the board's jurisdiction for the treatment,
6 rehabilitation and monitoring of chemical substance abuse or misuse.

7 D. Members of the board are personally immune from liability with
8 respect to all acts done and actions taken in good faith and within the
9 scope of their authority.

10 E. The board by rule shall require that a licensee obtain a permit
11 for applying general anesthesia, ~~semiconscious sedation or conscious~~ AND
12 sedation, shall establish and collect a fee of not more than \$300 to cover
13 administrative costs connected with issuing the permit and shall conduct
14 inspections to ensure compliance.

15 F. The board by rule may establish and collect fees for license
16 verification, board meeting agendas and minutes, published lists and
17 mailing labels.

18 G. This section does not prohibit the board from conducting its
19 authorized duties in a public meeting.

20 H. For the purposes of this section:

21 1. "Good standing" means that a person holds an unrestricted and
22 unencumbered license that has not been suspended or revoked pursuant to
23 this chapter.

24 2. "Record of complaint" means the document reflecting the final
25 disposition of a complaint or investigation.

26 Sec. 3. Title 32, chapter 11, article 3, Arizona Revised Statutes,
27 is amended by adding section 32-1272, to read:

28 32-1272. Dental anesthesia; requirements

29 A. A DENTAL OFFICE OR DENTAL CLINIC AT WHICH GENERAL ANESTHESIA OR
30 SEDATION IS ADMINISTERED MUST CONTAIN PROPERLY OPERATING EQUIPMENT AND
31 SUPPLIES AS PRESCRIBED BY THE BOARD IN RULE AND HAVE PROPER EMERGENCY
32 RESPONSE PROTOCOLS IN PLACE, INCLUDING ADVANCED CARDIAC LIFE SUPPORT AND
33 AIRWAY MANAGEMENT AND PEDIATRIC ADVANCED LIFE SUPPORT, AS APPLICABLE, WHEN
34 ADMINISTERING GENERAL ANESTHESIA OR SEDATION AS PRESCRIBED BY THE BOARD IN
35 RULE THAT IS CONSISTENT WITH THE STANDARDS AND PRACTICES RECOMMENDED BY
36 THE AMERICAN HEART ASSOCIATION.

37 B. A QUALIFIED ANESTHESIA PROVIDER WHO IS LICENSED BY THE BOARD AND
38 WHO FAILS TO COMPLY WITH THE REQUIREMENTS OF THIS SECTION OR APPLICABLE
39 BOARD RULES COMMITS AN ACT THAT CONSTITUTES A DANGER TO THE HEALTH,
40 WELFARE OR SAFETY OF THE PUBLIC PURSUANT TO SECTION 32-1201.01.

41 C. IF A QUALIFIED ANESTHESIA PROVIDER WHO IS NOT LICENSED BY THE
42 STATE BOARD OF DENTAL EXAMINERS FAILS TO COMPLY WITH THE REQUIREMENTS OF
43 THIS SECTION OR APPLICABLE BOARD RULES, THE STATE BOARD OF DENTAL
44 EXAMINERS SHALL PROMPTLY REPORT THE QUALIFIED ANESTHESIA PROVIDER'S
45 CONDUCT TO THE REGULATORY BOARD THAT LICENSES THE QUALIFIED ANESTHESIA

1 PROVIDER. IF AN ADVERSE ANESTHESIA OUTCOME INVOLVES A QUALIFIED
2 ANESTHESIA PROVIDER WHO IS NOT LICENSED BY THE STATE BOARD OF DENTAL
3 EXAMINERS, THE STATE BOARD OF DENTAL EXAMINERS SHALL PROMPTLY REPORT THE
4 ADVERSE ANESTHESIA OUTCOME TO THE REGULATORY BOARD THAT LICENSES THE
5 QUALIFIED ANESTHESIA PROVIDER.

6 D. IF A DEATH OR AN INCIDENT REQUIRING EMERGENCY MEDICAL RESPONSE
7 OCCURS IN A DENTAL OFFICE OR DENTAL CLINIC DURING THE ADMINISTRATION OF OR
8 RECOVERY FROM GENERAL ANESTHESIA OR SEDATION BY A QUALIFIED ANESTHESIA
9 PROVIDER, THE TREATING DENTIST SHALL SUBMIT A REPORT OF THE INCIDENT TO
10 THE STATE BOARD OF DENTAL EXAMINERS WITHIN SEVEN BUSINESS DAYS AFTER THE
11 OCCURRENCE. IF THE INCIDENT INVOLVES A QUALIFIED ANESTHESIA PROVIDER WHO
12 IS NOT LICENSED BY THE STATE BOARD OF DENTAL EXAMINERS, THE STATE BOARD OF
13 DENTAL EXAMINERS SHALL IMMEDIATELY FORWARD A COPY OF THE INCIDENT REPORT
14 TO THE REGULATORY BOARD THAT LICENSES THE QUALIFIED ANESTHESIA PROVIDER.

15 Sec. 4. Section 32-1403, Arizona Revised Statutes, is amended to
16 read:

17 32-1403. Powers and duties of the board; compensation;
18 immunity; committee on executive director
19 selection and retention

20 A. The primary duty of the board is to protect the public from
21 unlawful, incompetent, unqualified, impaired or unprofessional
22 practitioners of allopathic medicine through licensure, regulation and
23 rehabilitation of the profession in this state. The powers and duties of
24 the board include:

25 1. Ordering and evaluating physical, psychological, psychiatric and
26 competency testing of licensed physicians and candidates for licensure as
27 may be determined necessary by the board.

28 2. Initiating investigations and determining on ~~its~~ THE BOARD'S own
29 motion whether a doctor of medicine has engaged in unprofessional conduct
30 or provided incompetent medical care or is mentally or physically unable
31 to engage in the practice of medicine.

32 3. Developing and recommending standards governing the profession.

33 4. Reviewing the credentials and the abilities of applicants whose
34 professional records or physical or mental capabilities may not meet the
35 requirements for licensure or registration as prescribed in article 2 of
36 this chapter in order for the board to make a final determination whether
37 the applicant meets the requirements for licensure pursuant to this
38 chapter.

39 5. Disciplining and rehabilitating physicians.

40 6. Engaging in a full exchange of information with the licensing
41 and disciplinary boards and medical associations of other states and
42 jurisdictions of the United States and foreign countries and the Arizona
43 medical association and its components.

44 7. Directing the preparation and circulation of educational
45 material the board determines is helpful and proper for licensees.

1 8. Adopting rules regarding the regulation and the qualifications
2 of doctors of medicine.

3 9. Establishing fees and penalties as provided pursuant to section
4 32-1436.

5 10. Delegating to the executive director the board's authority
6 pursuant to section 32-1405 or 32-1451. The board shall adopt substantive
7 policy statements pursuant to section 41-1091 for each specific licensing
8 and regulatory authority the board delegates to the executive director.

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

13 12. ISSUING REGISTRATIONS TO ADMINISTER GENERAL ANESTHESIA AND
14 SEDATION IN DENTAL OFFICES AND DENTAL CLINICS PURSUANT TO SECTION 32-1272
15 TO DOCTORS OF MEDICINE WHO HAVE COMPLETED RESIDENCY TRAINING IN
16 ANESTHESIOLOGY.

17 B. The board may appoint one of its members to the jurisdiction
18 arbitration panel pursuant to section 32-2907, subsection B.

19 C. There shall be no monetary liability on the part of and no cause
20 of action shall arise against the executive director or such other
21 permanent or temporary personnel or professional medical investigators for
22 any act done or proceeding undertaken or performed in good faith and in
23 furtherance of the purposes of this chapter.

24 D. In conducting its investigations pursuant to subsection A,
25 paragraph 2 of this section, the board may receive and review staff
26 reports relating to complaints and malpractice claims.

27 E. The board shall establish a program that is reasonable and
28 necessary to educate doctors of medicine regarding the uses and advantages
29 of autologous blood transfusions.

30 F. The board may make statistical information on doctors of
31 medicine and applicants for licensure under this article available to
32 academic and research organizations.

33 G. The committee on executive director selection and retention is
34 established consisting of the Arizona medical board and the chairperson
35 and vice chairperson of the Arizona regulatory board of physician
36 assistants. The committee is a public body and is subject to the
37 requirements of title 38, chapter 3, article 3.1. The committee is
38 responsible for appointing the executive director pursuant to section
39 32-1405. All members of the committee are voting members of the
40 committee. The committee shall elect a chairperson and a vice chairperson
41 when the committee meets but ~~no~~ NOT more frequently than once a year. The
42 chairperson shall call meetings of the committee as necessary, and the
43 vice chairperson may call meetings of the committee that are necessary if
44 the chairperson is not available. The presence of eight members of the
45 committee at a meeting constitutes a quorum. The committee meetings may

1 be held using communications equipment that allows all members who are
2 participating in the meeting to hear each other. If any discussions occur
3 in an executive session of the committee, notwithstanding the requirement
4 that discussions made at an executive session be kept confidential as
5 specified in section 38-431.03, the chairperson and vice chairperson of
6 the Arizona regulatory board of physician assistants may discuss this
7 information with the Arizona regulatory board of physician assistants in
8 executive session. This disclosure of executive session information to
9 the Arizona regulatory board of physician assistants does not constitute a
10 waiver of confidentiality or any privilege, including the attorney-client
11 privilege.

12 H. The officers of the Arizona medical board and the Arizona
13 regulatory board of physician assistants shall meet twice a year to
14 discuss matters of mutual concern and interest.

15 I. The board may accept and expend grants, gifts, devises and other
16 contributions from any public or private source, including the federal
17 government. Monies received under this subsection do not revert to the
18 state general fund at the end of a fiscal year.

19 Sec. 5. Title 32, chapter 13, article 3, Arizona Revised Statutes,
20 is amended by adding section 32-1459, to read:

21 32-1459. Duty to report

22 IF A DEATH OR AN INCIDENT REQUIRING EMERGENCY MEDICAL RESPONSE
23 OCCURS IN A DENTAL OFFICE OR DENTAL CLINIC DURING THE ADMINISTRATION OF OR
24 RECOVERY FROM GENERAL ANESTHESIA OR SEDATION BY A DOCTOR OF MEDICINE, THE
25 DOCTOR OF MEDICINE SHALL, AND ANY OTHER PERSON MAY, REPORT THE DEATH OR
26 INCIDENT TO THE BOARD WITHIN SEVEN BUSINESS DAYS AFTER THE OCCURRENCE.

27 Sec. 6. Section 32-1606, Arizona Revised Statutes, is amended to
28 read:

29 32-1606. Powers and duties of board

30 A. The board may:

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

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

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

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

40 5. Establish a confidential program for monitoring licensees who
41 are chemically dependent and who enroll in rehabilitation programs that
42 meet the criteria established by the board. The board may take further
43 action if the licensee refuses to enter into a stipulated agreement or
44 fails to comply with its terms. In order to protect the public health and

1 safety, the confidentiality requirements of this paragraph do not apply if
2 the licensee does not comply with the stipulated agreement.

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

5 7. Provide education regarding board functions.

6 8. Collect or assist in collecting workforce data.

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

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

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

17 B. The board shall:

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

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

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

28 4. Examine qualified registered **NURSE** and practical nurse
29 applicants.

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

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

34 7. Keep a record of all proceedings.

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

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

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

- 1 11. Perform functions necessary to carry out the requirements of
2 **THE** nursing assistant and nurse aide training and competency evaluation
3 program as set forth in the omnibus budget reconciliation act of 1987
4 (P.L. 100-203; 101 Stat. 1330), as amended by the medicare catastrophic
5 coverage act of 1988 (P.L. 100-360; 102 Stat. 683). These functions shall
6 include:
- 7 (a) Testing and registering certified nursing assistants.
 - 8 (b) Testing and licensing licensed nursing assistants.
 - 9 (c) Maintaining a list of board-approved training programs.
 - 10 (d) Maintaining a registry of nursing assistants for all certified
11 nursing assistants and licensed nursing assistants.
 - 12 (e) Assessing fees.
- 13 12. Adopt rules establishing ~~those~~ acts that may be performed by a
14 registered nurse practitioner or certified nurse midwife, except that the
15 board does not have authority to decide scope of practice relating to
16 abortion as defined in section 36-2151.
- 17 13. Adopt rules that prohibit registered nurse practitioners,
18 clinical nurse specialists or certified nurse midwives from dispensing a
19 schedule II controlled substance that is an opioid, except for an
20 implantable device or an opioid that is for medication-assisted treatment
21 for substance use disorders.
- 22 14. Adopt rules establishing educational requirements to certify
23 school nurses.
- 24 15. Publish copies of board rules and distribute these copies on
25 request.
- 26 16. Require each applicant for initial licensure or certification
27 to submit a full set of fingerprints to the board for the purpose of
28 obtaining a state and federal criminal records check pursuant to section
29 41-1750 and Public Law 92-544. The department of public safety may
30 exchange this fingerprint data with the federal bureau of investigation.
- 31 17. Except for a licensee who has been convicted of a felony that
32 has been designated a misdemeanor pursuant to section 13-604, revoke a
33 license of a person, revoke the multistate licensure privilege of a person
34 pursuant to section 32-1669 or not issue a license or renewal to an
35 applicant who has one or more felony convictions and who has not received
36 an absolute discharge from the sentences for all felony convictions three
37 or more years before the date of filing an application pursuant to this
38 chapter.
- 39 18. Establish standards to approve and reapprove **REGISTERED** nurse
40 practitioner and clinical nurse specialist programs and provide for
41 surveys of **REGISTERED** nurse practitioner and clinical nurse specialist
42 programs as ~~+~~ **THE BOARD** deems necessary.
- 43 19. Provide the licensing authorities of health care institutions,
44 facilities and homes with any information the board receives regarding
45 practices that place a patient's health at risk.

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

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

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

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

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

10 25. Test and certify medication assistants.

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

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

17 28. **ISSUE REGISTRATIONS TO ADMINISTER GENERAL ANESTHESIA AND**
18 **SEDATION IN DENTAL OFFICES AND DENTAL CLINICS PURSUANT TO SECTION 32-1272**
19 **TO CERTIFIED REGISTERED NURSE ANESTHETISTS WHO HAVE NATIONAL BOARD**
20 **CERTIFICATION IN ANESTHESIOLOGY.**

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

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

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

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

33 Sec. 7. Section 32-1664, Arizona Revised Statutes, is amended to
34 read:

35 32-1664. Investigation; hearing; notice

36 A. In connection with an investigation, the board or its duly
37 authorized agents or employees may obtain any documents, reports, records,
38 papers, books and materials, including hospital records, medical staff
39 records and medical staff review committee records, or any other physical
40 evidence that indicates that a person or regulated party may have violated
41 this chapter or a rule adopted pursuant to this chapter:

42 1. By entering the premises, at any reasonable time, and inspecting
43 and copying materials in the possession of a regulated party that relate
44 to nursing competence, unprofessional conduct or **THE** mental or physical
45 ability of a licensee to safely practice nursing.

1 2. By issuing a subpoena under the board's seal to require the
2 attendance and testimony of witnesses or to demand the production for
3 examination or copying of documents or any other physical evidence.
4 Within five days after a person is served with a subpoena, that person may
5 petition the board to revoke, limit or modify the subpoena. The board
6 shall do so if in its opinion the evidence required does not relate to
7 unlawful practices covered by this chapter, is not relevant to the charge
8 that is the subject matter of the hearing or investigation or does not
9 describe with sufficient particularity the physical evidence whose
10 production is required.

11 3. By submitting a written request for the information.

12 4. In the case of an applicant's or a regulated party's personal
13 medical records, as defined in section 12-2291, by any means ~~permitted~~
14 **ALLOWED** by this section if the board either:

15 (a) Obtains from the applicant or regulated party, or the health
16 care decision maker of the applicant or regulated party, a written
17 authorization that satisfies the requirements of title 12, chapter 13,
18 article 7.1.

19 (b) Reasonably believes that the records relate to information
20 already in the board's possession regarding the competence, unprofessional
21 conduct or mental or physical ability of the applicant or regulated party
22 as it pertains to safe practice. If the board adopts a substantive policy
23 statement pursuant to section 41-1091, it may authorize the executive
24 director, or a designee in the absence of the executive director, to make
25 the determination of reasonable belief.

26 B. A regulated party and a health care institution as defined in
27 section 36-401 shall, and any other person may, report to the board any
28 information the licensee, certificate holder, health care institution or
29 individual may have that appears to show that a regulated party or
30 applicant is, was or may be a threat to the public health or safety.

31 **C. IF A DEATH OR AN INCIDENT REQUIRING EMERGENCY MEDICAL RESPONSE**
32 **OCCURS IN A DENTAL OFFICE OR DENTAL CLINIC DURING THE ADMINISTRATION OF OR**
33 **RECOVERY FROM GENERAL ANESTHESIA OR SEDATION BY A CERTIFIED REGISTERED**
34 **NURSE ANESTHETIST, THE CERTIFIED REGISTERED NURSE ANESTHETIST SHALL, AND**
35 **ANY OTHER PERSON MAY, REPORT THE DEATH OR INCIDENT TO THE BOARD WITHIN**
36 **SEVEN BUSINESS DAYS AFTER THE OCCURRENCE.**

37 ~~C.~~ D. The board retains jurisdiction to proceed with an
38 investigation or a disciplinary proceeding against a regulated party whose
39 license or certificate expired not more than five years before the board
40 initiates the investigation.

41 ~~D.~~ E. Any regulated party, health care institution or other person
42 that reports or provides information to the board in good faith is not
43 subject to civil liability. If requested the board shall not disclose the
44 name of the reporter unless the information is essential to proceedings
45 conducted pursuant to this section.

1 ~~F.~~ F. Any regulated party or person who is subject to an
2 investigation may obtain representation by counsel.

3 ~~F.~~ G. On determination of reasonable cause, the board, or if
4 delegated by the board the executive director, may require a licensee,
5 certificate holder or applicant to undergo at the expense of the licensee,
6 certificate holder or applicant any combination of mental, physical or
7 psychological examinations, assessments or skills evaluations necessary to
8 determine the person's competence or ability to practice safely. These
9 examinations may include bodily fluid testing and other examinations known
10 to detect the presence of alcohol or drugs. If the executive director
11 orders the licensee, applicant or certificate holder to undertake an
12 examination, assessment or evaluation pursuant to this subsection, and the
13 licensee, certificate holder or applicant fails to affirm to the board in
14 writing within fifteen days after receipt of the notice of the order that
15 the licensee, certificate holder or applicant intends to comply with the
16 order, the executive director shall refer the matter to the board to
17 ~~permit~~ ALLOW the board to determine whether to issue an order pursuant to
18 this subsection. At each regular meeting of the board the executive
19 director shall report to the board data concerning orders issued by the
20 executive director pursuant to this subsection since the last regular
21 meeting of the board and any other data requested by the board.

22 ~~G.~~ H. The board shall provide the investigative report if
23 requested pursuant to section 32-3206.

24 ~~H.~~ I. If after completing its investigation the board finds that
25 the information provided pursuant to this section is not of sufficient
26 seriousness to merit disciplinary action against the regulated party or
27 applicant, it may take either of the following actions:

28 1. Dismiss if in the opinion of the board the information is
29 without merit.

30 2. File a letter of concern if in the opinion of the board there is
31 insufficient evidence to support disciplinary action against the regulated
32 party or applicant but sufficient evidence for the board to notify the
33 regulated party or applicant of its concern.

34 ~~I.~~ J. Except as provided pursuant to section 32-1663, subsection F
35 and subsection ~~J.~~ K of this section, if the investigation in the opinion
36 of the board reveals reasonable grounds to support the charge, the
37 regulated party is entitled to an administrative hearing pursuant to title
38 41, chapter 6, article 10. If notice of the hearing is served by
39 certified mail, service is complete on the date the notice is placed in
40 the mail.

41 ~~J.~~ K. A regulated party shall respond in writing to the board
42 within thirty days after notice of the hearing is served as prescribed in
43 subsection ~~I.~~ J of this section. The board may consider a regulated
44 party's failure to respond within this time as an admission by default to

1 the allegations stated in the complaint. The board may then take
2 disciplinary actions allowed by this chapter without conducting a hearing.

3 ~~K.~~ L. An administrative law judge or a panel of board members may
4 conduct hearings pursuant to this section.

5 ~~L.~~ M. In any matters pending before it, the board may issue
6 subpoenas under its seal to compel the attendance of witnesses.

7 ~~M.~~ N. Patient records, including clinical records, medical
8 reports, laboratory statements and reports, any file, film, other report
9 or oral statement relating to diagnostic findings or treatment of
10 patients, any information from which a patient or a patient's family might
11 be identified or information received and records kept by the board as a
12 result of the investigation procedure outlined in this chapter are not
13 available to the public and are not subject to discovery in civil or
14 criminal proceedings.

15 ~~N.~~ O. Hospital records, medical staff records, medical staff
16 review committee records, testimony concerning these records and
17 proceedings related to the creation of these records shall not be
18 available to the public. They shall be kept confidential by the board and
19 shall be subject to the same provisions concerning discovery and use in
20 legal actions as are the original records in the possession and control of
21 hospitals, their medical staffs and their medical staff review committees.
22 The board shall use these records and testimony during the course of
23 investigations and proceedings pursuant to this chapter.

24 ~~O.~~ P. If the regulated party is found to have committed an act of
25 unprofessional conduct or to have violated this chapter or a rule adopted
26 pursuant to this chapter, the board may take disciplinary action.

27 ~~P.~~ Q. The board may subsequently issue a denied license or
28 certificate and may reissue a revoked or voluntarily surrendered license
29 or certificate.

30 ~~Q.~~ R. On application by the board to any superior court judge, a
31 person who without just cause fails to comply with a subpoena issued
32 pursuant to this section may be ordered by the judge to comply with the
33 subpoena and punished by the court for failing to comply. Subpoenas shall
34 be served by regular or certified mail or in the manner required by the
35 Arizona rules of civil procedure.

36 ~~R.~~ S. The board may share investigative information that is
37 confidential under subsections ~~M.~~ N and ~~N.~~ O of this section with other
38 state, federal and international health care agencies and with state,
39 federal and international law enforcement authorities if the recipient is
40 subject to confidentiality requirements similar to those established by
41 this section. A disclosure made by the board pursuant to this subsection
42 is not a waiver of the confidentiality requirements established by this
43 section.

1 Sec. 8. Section 32-1803, Arizona Revised Statutes, is amended to
2 read:

3 32-1803. Powers and duties

4 A. The board shall:

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

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

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

14 (a) If the board dismisses a complaint, the board shall delete the
15 public record of the complaint five years after ~~it~~ THE BOARD dismissed the
16 complaint.

17 (b) If the board has issued a letter of concern but has taken no
18 further action on the complaint, the board shall delete the public record
19 of the complaint five years after ~~it~~ THE BOARD issued the letter of
20 concern.

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

25 4. Maintain a public directory of all ~~osteopathic~~ physicians and
26 surgeons who are or were licensed pursuant to this chapter that includes:

27 (a) The name of the physician.

28 (b) The physician's current or last known address of record.

29 (c) The date and number of the license issued to the physician
30 pursuant to this chapter.

31 (d) The date the license is scheduled to expire if not renewed or
32 the date the license expired or was revoked, suspended or canceled.

33 (e) Any disciplinary actions taken against the physician by the
34 board.

35 (f) Letters of concern, remedial continuing medical education
36 ordered and dismissals of complaints against the physician until deleted
37 from the public record pursuant to paragraph 3 of this subsection.

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

42 (a) Is designed and offered by a physician.

43 (b) Meets or exceeds any of the approved training program
44 requirements specified in rule.

1 (c) Verifies the entry-level competencies of a medical assistant as
2 prescribed by rule.

3 (d) Provides written verification to the individual of successful
4 completion of the program.

5 6. Discipline and rehabilitate osteopathic physicians.

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

10 8. ISSUE REGISTRATIONS TO ADMINISTER GENERAL ANESTHESIA AND
11 SEDATION IN DENTAL OFFICES AND DENTAL CLINICS PURSUANT TO SECTION 32-1272
12 TO PHYSICIANS WHO HAVE COMPLETED RESIDENCY TRAINING IN ANESTHESIOLOGY.

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

15 C. The board may:

16 1. Adopt rules necessary or proper to administer this chapter.

17 2. Appoint one of its members to the jurisdiction arbitration panel
18 pursuant to section 32-2907, subsection B.

19 3. Accept and spend federal monies and private grants, gifts,
20 contributions and devises. These monies do not revert to the state
21 general fund at the end of a fiscal year.

22 4. Develop and publish advisory opinions and standards governing
23 the profession.

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

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

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

33 Sec. 9. Title 32, chapter 17, article 3, Arizona Revised Statutes,
34 is amended by adding section 32-1855.02, to read:

35 32-1855.02. Physicians; duty to report

36 IF A DEATH OR AN INCIDENT REQUIRING EMERGENCY MEDICAL RESPONSE
37 OCCURS IN A DENTAL OFFICE OR DENTAL CLINIC DURING THE ADMINISTRATION OF OR
38 RECOVERY FROM GENERAL ANESTHESIA OR SEDATION BY A PHYSICIAN, THE PHYSICIAN
39 SHALL, AND ANY OTHER PERSON MAY, REPORT THE DEATH OR INCIDENT TO THE BOARD
40 WITHIN SEVEN BUSINESS DAYS AFTER THE OCCURRENCE.

41 Sec. 10. State board of dental examiners; anesthesia and
42 sedation committee; recommendations; rulemaking
43 exemption; delayed repeal

44 A. On or before September 1, 2023, the state board of dental
45 examiners' anesthesia and sedation committee shall submit to the state

1 board of dental examiners its final recommendations to improve the general
2 anesthesia and sedation permit requirements as provided in the state board
3 of dental examiners' existing administrative rules for the purpose of
4 increasing patient safety when general anesthesia or sedation is being
5 administered by an anesthesia provider within a dental practice or a
6 similar setting that is under the jurisdiction of the state board of
7 dental examiners. The committee shall consider ways to create equitable
8 access for all qualified anesthesia providers and improve access to dental
9 anesthesia services for patients. Within sixty days after receipt of the
10 anesthesia and sedation committee's final recommendations, the state board
11 of dental examiners shall approve, modify or reject the recommendations.

12 B. Notwithstanding any other law, for the purposes of this act and
13 to address general anesthesia and sedation permit requirements, the state
14 board of dental examiners is exempt from the rulemaking requirements of
15 title 41, chapter 6, Arizona Revised Statutes, for one year after the
16 effective date of this act.

17 C. This section is repealed from and after December 31, 2024.

18 Sec. 11. Emergency

19 This act is an emergency measure that is necessary to preserve the
20 public peace, health or safety and is operative immediately as provided by
21 law.

APPROVED BY THE GOVERNOR JUNE 20, 2023.

FILED IN THE OFFICE OF THE SECRETARY OF STATE JUNE 20, 2023.

32-1861. Substance abuse treatment and rehabilitation program; private contract; funding

A. The board may establish a confidential program for the treatment and rehabilitation of licensees who are impaired by substance abuse. This program may include education, intervention, therapeutic treatment and posttreatment monitoring and support.

B. The board may contract with other organizations to operate the program established pursuant to subsection A of this section. A contract with a private organization shall include the following requirements:

1. Periodic reports to the board regarding treatment program activity.
2. Release to the board on demand of all treatment records.
3. Quarterly reports to the board regarding each physician's diagnosis and prognosis and recommendations for continuing care, treatment and supervision.
4. Immediate reporting to the board of the name of an impaired physician who the treating organization believes to be incapable of safely practicing medicine.

C. The board may allocate an amount of not more than twenty dollars from each fee it collects from the renewal of licenses pursuant to section 32-1826 for the administration of the program established by this section.

Katie Hobbs
Governor



Ben Henderson
Interim Director

ARIZONA DEPARTMENT OF ADMINISTRATION

100 NORTH FIFTEENTH AVENUE • SUITE 302
PHOENIX, ARIZONA 85007
(602) 542-1500

November 22, 2023

The Honorable Katie Hobbs
Executive Tower
1700 West Washington Street
Phoenix, Arizona 85007

The Honorable Warren Petersen
Arizona State Senate
1700 West Washington Street
Phoenix, Arizona 85007

The Honorable Ben Toma
Arizona House of Representatives
1700 West Washington Street
Phoenix, Arizona 85007

Dear Governor Hobbs, President Petersen, and Speaker Toma:

Pursuant to Arizona Revised Statutes § 41-751, the Arizona Department of Administration (ADOA) is providing you with the 2023 State Personnel System (SPS) Workforce Report. You also can view this and past years' reports at hr.az.gov/content/publications.

Fiscal Year (FY) 2023 was another remarkable year for the SPS. Notable highlights include:

- Increased hiring at some of our traditionally hardest to fill agencies, including the Departments of Corrections, Rehabilitation and Re-entry (ADCRR); Economic Security (DES), Child Safety (DCS), and the Arizona Health Care Cost Containment System (AHCCCS).
- A roughly 6.5% decrease in statewide turnover relative to the previous year, including the lowest employee attrition in more than five years at ADCRR.

Improved recruitment and retention is likely due to the positive perception and impact of the July 2022 statewide salary increase. We also believe the State's remote work policies continue to play a significant factor with recruitment and retention, based on employee feedback from post-pandemic annual engagement survey data.

We hope the information provided in this report will assist in decision making regarding Arizona state government and its employees. As always, the ADOA team and I are available to answer any questions you may have.

Sincerely,

A handwritten signature in black ink, appearing to read 'EAT', with a long horizontal flourish extending to the right.

Elizabeth Alvarado-Thorson
Cabinet Executive Officer
Executive Deputy Director

Attachment (1)



State of Arizona

Fiscal Year 2023

Workforce Report

State Personnel System

Katie Hobbs
Governor

Ben Henderson
Interim Director, Arizona Department of Administration

Arizona Revised Statutes (A.R.S.) § 41-751 requires the Director of the Arizona Department of Administration (ADOA) to provide an annual report to the Governor and the Legislature on state personnel and the operation of the State Personnel System (SPS).

Pursuant to applicable federal and Arizona State law, ADOA administers the system by establishing statewide policies and procedures and providing support to individual agencies and oversight of their personnel management. Agencies outside SPS have the authority to develop their own employee-related policies and practices.

The table below identifies the number of active SPS employees as well as employee counts for each state agency (excluding the universities and Board of Regents) that operate their own personnel systems¹. The remainder of the information contained in this report provides information related to SPS employees only.

FY2023 Active Employee Headcount by Branch of Government

Executive	Public Safety	1,960
	State Personnel System Agencies	34,367
Judicial	Court of Appeals Div I	75
	Court of Appeals Div II	34
	Supreme Court	635
Legislative	Auditor General	169
	House Of Representatives	130
	Joint Legislative Budget Committee	22
	Legislative Council	61
	Senate	105
	Ombudsman Citizens Aide	12
Other	Arizona Commerce Authority	90
	Arizona State Schools for the Deaf And Blind	580
	Cotton Research Council	28
TOTAL		38,268

Source: The State's Human Resources Information Solution (HRIS). Data includes all regular and active employees at fiscal year-end (June 30).

¹ This report is intended to focus attention on the majority of the state's workforce, which consists of regular, full-time employees. Therefore, data herein excludes employees in positions that were identified as temporary or working less than 0.25 full time equivalent.

SPS Headcount by Agency FY2019 to FY2023

Agency	2019	2020	2021	2022	2023	Chg 2022 vs 2023
Cabinet						
ADOA	478	468	476	470	525 ²	55
Agriculture	269	267	245	256	271	15
AHCCCS	1,114	1,113	1,144	1,112	1,214	102
Child Safety	2,722	2,807	2,654	2,574	2,892	318
Corrections	8,574	8,842	8,424	7,607	7,990	383
Economic Security	7,642	7,825	7,812	8,076	8,760	684
Environmental Quality	467	455	442	445	488	43
Forestry	115	106	119	152	190	38
Game & Fish	585	587	580	557	576	19
Gaming	103	97	94	97	109	12
Health Services	1,364	1,416	1,480	1,523	1,637	114
Highway Safety	12	13	12	13	11	(2)
Homeland Security	13	10	10	22	30	8
Housing	69	70	75	72	80	8
Industrial Commission	201	198	201	186	212	26
DIFI	-	136 ³	132	131	138	7
Juvenile Corrections	375	395	359	316	353	37
Liquor Licenses	33	37	27	38	51	13
Lottery Commission	87	90	87	63	63	-
Military Affairs	435	444	434	396	408	12
Real Estate	26	27	24	25	23	(2)
Registrar of Contractors	103	107	98	98	94	(4)
Revenue	516	566	568	559	578	19
School Facilities Board	14	12	11	13	- ⁴	(13)
State Land	92	96	94	89	92	3
State Parks	202	215	221	229	239	10
Tourism	26	26	24	22	27	5
Transportation	3,569	3,723	3,606	3,580	3,642	62
Veterans' Services	379	357	328	285	343	58
Water Resources	146	167	170	177	195	18
Elected						-
Attorney General	1,073	1,054	1,013	922	915	(7)
Corporation Commission	243	250	246	237	252	15

² School Facilities Board merged with ADOA in fiscal year 2023

³ Department of Insurance merged with Department of Financial Institutions to create DIFI

⁴ School Facilities Board merged with ADOA in fiscal year 2023.

Agency	2019	2020	2021	2022	2023	Chg 2022 vs 2023
Education	510	541	559	566	570	4
Governor's Office	105	117	114	110	124	14
Mine Inspector	13	13	13	14	17	3
Secretary of State	116	124	124	114	115	1
Treasurer	29	26	29	29	31	2
NonCabinet/Board/Commission						-
Accountancy	<10	11	12	11	12	1
Administrative Hearings	12	13	12	13	13	-
Arts Commission	12	12	11	12	12	-
ASRS	227	216	217	214	218	4
Behavioral Health	13	16	16	17	19	2
Charter Schools	<10	14	17	16	19	3
Cosmetology	20	19	16	21	22	1
Criminal Justice Commission	19	22	22	21	19	(2)
Deaf & Hard of Hearing	15	17	17	17	20	3
Early Childhood	153	156	153	149	143	(6)
Economic Opportunity	26	27	26	26	32	6
Executive Clemency	11	11	11	9	11	2
Exposition & State Fair	36	32	19	30	30	-
Historical Society	39	41	36	34	41	7
Medical Board	53	50	49	46	50	4
Nursing	58	57	57	59	63	4
Pharmacy Board	20	24	26	31	29	(2)
Pioneers Home	97	99	87	79	88	9
Prescott Historical Society	11	10	11	11	11	-
PSPRS	56	63	69	80	87	7
Technical Registration	18	19	16	21	22	1
WIFA	13	16	16	16	24	8
Dental Examiners	<10	<10	<10	11	11	-
Education Board	<10	<10	<10	18	22	4

Headcount data captured 6/30 of each fiscal year. Boards, Commissions, and Departments with fewer than 10 employees were not listed.

Turnover rates in the state declined 27% from 2022 to 2023, from 23.8% to 17.3%, respectively. The Arizona Department of Corrections, Rehabilitation, and Reentry (ADCRR) experienced its lowest rate of employee attrition in five years, at 14.0%. Several other agencies saw similar levels of declining year-over-year attrition including the Departments of Agriculture, Child Safety, Economic Security, Gaming, Housing, State Land, Parks and Trails, and Veterans' Services.

SPS Turnover by Agency FY2019 to FY2023

Agency	2019	2020	2021	2022	2023	Chg 2022 vs 2023
Cabinet						
ADOA	18.9%	13.7%	10.6%	13.1%	7.8%	-5.3
Agriculture	13.7%	20.5%	36.7%	46.2%	28.8%	-17.4
AHCCCS	12.5%	11.8%	10.8%	18.9%	14.5%	-4.4
Child Safety	25.2%	23.1%	29.7%	36.0%	27.4%	-8.5
Corrections	17.5%	15.6%	19.8%	20.8%	14.0%	-6.8
Economic Security	18.5%	16.6%	16.8%	28.5%	17.5%	-11.0
Environmental Quality	11.7%	12.8%	12.0%	16.2%	16.5%	0.3
Forestry	20.3%	19.9%	18.7%	15.4%	21.6%	6.2
Game & Fish	9.6%	11.3%	13.2%	16.7%	14.8%	-1.9
Gaming	12.9%	13.0%	7.3%	17.7%	9.7%	-8.0
Health Services	20.5%	16.7%	17.5%	22.7%	18.7%	-4.0
Highway Safety	8.3%	8.0%	32.0%	15.4%	41.7%	26.3
Homeland Security	0.0%	26.1%	20.0%	31.3%	15.4%	-15.9
Housing	10.1%	11.5%	13.8%	17.6%	7.9%	-9.7
Industrial Commission	23.7%	18.0%	21.1%	24.2%	13.1%	-11.2
DIFI	-	6.7%	15.7%	11.4%	8.9%	-2.5
Juvenile Corrections	34.8%	24.4%	27.1%	30.2%	34.3%	4.2
Liquor Licenses	11.9%	5.7%	34.4%	15.2%	22.2%	7.1
Lottery Commission	14.7%	10.2%	11.3%	38.7%	12.7%	-26.0
Military Affairs	18.5%	17.5%	20.5%	24.3%	19.4%	-4.9
Real Estate	45.6%	37.7%	27.5%	24.0%	20.8%	-3.2
Registrar of Contractors	17.0%	15.2%	14.6%	25.5%	22.9%	-2.6
Revenue	14.7%	11.6%	10.9%	12.8%	10.5%	-2.2
RUCO	15.4%	15.4%	0.0%	0.0%	0.0%	0.0
School Facilities Board	7.7%	7.7%	26.1%	0.0%	0.0%	0.0
State Land	18.3%	11.7%	13.7%	20.7%	12.1%	-8.6
State Parks	15.8%	16.8%	23.9%	36.4%	21.8%	-14.6
Tourism	11.3%	23.1%	8.0%	34.8%	28.0%	-6.8
Transportation	15.7%	15.1%	16.5%	18.0%	15.9%	-2.1
Veterans' Services	18.1%	24.2%	21.6%	41.0%	25.8%	-15.2
Water Resources	11.2%	7.0%	11.9%	14.4%	10.2%	-4.2
Elected						
Attorney General	18.0%	15.6%	18.1%	24.1%	17.6%	-6.4
Corporation Commission	17.6%	13.8%	15.7%	20.2%	9.4%	-10.9
Education	20.6%	11.2%	11.8%	18.5%	22.0%	3.5
Governor's Office	13.9%	21.6%	18.2%	40.2%	57.3%	17.1

Agency	2019	2020	2021	2022	2023	Chg 2022 vs 2023
Mine Inspector	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Secretary of State	25.1%	12.5%	16.9%	23.5%	15.7%	-7.9
Treasurer	13.8%	18.2%	3.6%	17.2%	16.7%	-0.6
NonCabinet/Board/Commission						
Accountancy	52.2%	38.1%	8.7%	16.7%	8.3%	-8.3
Acupuncture	100.0%	0.0%	0.0%	0.0%	0.0%	0.0
Administrative Hearings	8.7%	8.0%	8.0%	7.7%	7.7%	0.0
African-American Affairs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Arts Commission	0.0%	16.7%	8.7%	0.0%	0.0%	0.0
ASRS	12.7%	10.4%	9.2%	16.2%	6.5%	-9.7
Athletic Training	100.0%	0.0%	0.0%	0.0%	0.0%	0.0
Auto Theft Authority	25.0%	⁵ -	-	-	-	0.0
Barber Examiners	25.0%	50.0%	0.0%	0.0%	0.0%	0.0
Behavioral Health	22.2%	13.8%	18.8%	23.5%	27.8%	4.2
Charter Schools	44.4%	26.1%	12.9%	5.9%	16.7%	10.8
Chiropractic Examiners	0.0%	20.0%	22.2%	125.0%	0.0%	-125.0
Clean Elections	16.7%	0.0%	0.0%	0.0%	0.0%	0.0
Cosmetology	5.3%	15.4%	34.3%	15.8%	9.1%	-6.7
Criminal Justice Commission	26.3%	4.9%	13.6%	22.7%	20.0%	-2.7
Deaf & Hard of Hearing	12.9%	0.0%	0.0%	0.0%	0.0%	0.0
Dental Examiners	35.3%	0.0%	0.0%	0.0%	0.0%	0.0
Early Childhood	16.2%	11.0%	9.1%	17.2%	18.5%	1.3
Economic Opportunity	11.1%	18.9%	15.1%	15.4%	6.9%	-8.5
Education Board	18.2%	0.0%	0.0%	0.0%	0.0%	0.0
Equalization	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Executive Clemency	28.6%	9.1%	27.3%	20.0%	10.0%	-10.0
Exposition & State Fair	19.7%	26.5%	47.1%	0.0%	10.0%	10.0
Fingerprinting	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Funeral Directors	0.0%	25.0%	0.0%	0.0%	0.0%	0.0
Historical Society	28.2%	22.5%	7.8%	40.0%	10.5%	-29.5
Homeopathic Med Exam	200.0%	⁶ -	-	-	-	0.0
Massage Therapy Board	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Medical Board	15.5%	13.6%	10.1%	22.9%	10.4%	-12.5
Naturopathic Board	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Navigable Streams	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Nursing	14.9%	13.9%	21.1%	22.4%	26.2%	3.8
Nursing Care Exam Board	0.0%	0.0%	0.0%	0.0%	0.0%	0.0

⁵ Merged with DIFI

⁶ No data available

Agency	2019	2020	2021	2022	2023	Chg 2022 vs 2023
Occupational Therapy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Opticians Bd of Dispensing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Optometry	0.0%	0.0%	50.0%	0.0%	50.0%	50.0
Osteopathic Examiners	28.6%	26.7%	12.5%	12.5%	0.0%	-12.5
Personnel Board	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Pharmacy Board	9.8%	9.1%	16.0%	3.4%	16.7%	13.2
Physical Therapy	0.0%	20.0%	0.0%	0.0%	0.0%	0.0
Pioneers Home	35.6%	32.7%	29.0%	25.3%	32.1%	6.8
Podiatry Examiners	66.7%	0.0%	0.0%	0.0%	0.0%	0.0
Postsecondary Education	14.3%	0.0%	111.1%	200.0% ⁷	0.0%	-200.0
Power Authority	0.0%	33.3%	20.0%	40.0%	0.0%	-40.0
Prescott Historical Society	0.0%	9.5%	19.0%	27.3%	18.2%	-9.1
Private Postsecondary Ed	0.0%	0.0%	20.0%	0.0%	0.0%	0.0
PSPRS	14.3%	21.8%	4.5%	13.3%	3.6%	-9.8
Psychologist Examiners	0.0%	22.2%	0.0%	0.0%	0.0%	0.0
Respiratory Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Tax Appeals	0.0%	0.0%	0.0%	0.0%	0.0%	0.0
Technical Registration	10.5%	21.6%	28.6%	36.8%	9.1%	-27.8
Veterinary Medical Exam	0.0%	28.6%	0.0%	40.0%	20.0%	-20.0
WIFA	23.1%	27.6%	0.0%	0.0%	0.0%	0.0

Source: The State's Human Resource Information Solution (HRIS). Data includes all regular, active employees at fiscal year-end (June 30). Turnover rate is calculated by taking the count of employees that separated from the State in fiscal year 2023 divided by the average count of employees in fiscal year 2023. Average employee count is calculated from the employee count on June 30, 2023 and June 30, 2022.

SPS Average Salary by Agency FY2019 to FY2023

Agency	2019	2020	2021	2022	2023	Chng 2022 vs 2023
Cabinet						
ADOA	\$72,074	\$72,914	\$73,772	\$76,632	\$85,596	11.7%
Agriculture	\$43,107	\$43,673	\$45,195	\$47,816	\$56,459	18.1%
AHCCCS	\$51,441	\$52,494	\$53,331	\$55,100	\$61,507	11.6%
Child Safety	\$44,345	\$44,478	\$46,629	\$46,588	\$52,423	12.5%
Corrections	\$43,758	\$43,562	\$46,042	\$47,141	\$56,067	18.9%
Economic Security	\$42,030	\$42,306	\$44,779	\$45,624	\$53,474	17.2%
Environmental Quality	\$63,842	\$67,550	\$69,839	\$71,274	\$78,124	9.6%
Forestry	\$47,564	\$51,032	\$50,982	\$53,447	\$59,345	11.0%

⁷ Transferred to the Board of Regents

Agency	2019	2020	2021	2022	2023	Chng 2022 vs 2023
Game & Fish	\$54,168	\$54,841	\$58,098	\$60,031	\$65,896	9.8%
Gaming	\$61,723	\$62,885	\$64,002	\$65,253	\$71,153	9.0%
Health Services	\$53,719	\$54,053	\$55,376	\$58,311	\$66,592	14.2%
Highway Safety	\$60,728	\$60,904	\$62,978	\$64,322	\$66,506	3.4%
Homeland Security	\$73,999	\$74,832	\$79,963	\$87,148	\$90,005	3.3%
Housing	\$63,338	\$66,297	\$65,960	\$67,724	\$73,984	9.2%
Industrial Commission	\$52,109	\$52,505	\$53,673	\$53,381	\$57,757	8.2%
DIFI	-	\$60,558	\$63,211	\$64,587	\$70,107	8.5%
Juvenile Corrections	\$49,071	\$49,422	\$51,864	\$54,852	\$63,678	16.1%
Liquor Licenses	\$52,669	\$51,509	\$51,354	\$55,262	\$65,925	19.3%
Lottery Commission	\$47,433	\$48,862	\$50,241	\$64,548	\$70,078	8.6%
Military Affairs	\$44,636	\$45,212	\$46,139	\$47,458	\$51,975	9.5%
Real Estate	\$50,999	\$52,205	\$53,285	\$53,991	\$64,374	19.2%
Registrar of Contractors	\$56,337	\$57,569	\$59,813	\$61,275	\$67,635	10.4%
Revenue	\$56,241	\$57,682	\$57,057	\$57,707	\$62,281	7.9%
RUCO	\$81,530	\$86,561	\$86,875	\$89,500	\$99,013	10.6%
School Facilities Board	\$72,892	\$68,123	\$68,862	\$71,056	-	-100.0%
State Land	\$62,579	\$65,464	\$65,935	\$69,061	\$76,152	10.3%
State Parks	\$47,562	\$47,144	\$49,217	\$49,709	\$55,419	11.5%
Tourism	\$65,364	\$69,701	\$69,759	\$75,624	\$79,421	5.0%
Transportation	\$49,215	\$50,698	\$53,800	\$54,223	\$59,894	10.5%
Veterans' Services	\$42,679	\$43,167	\$45,845	\$49,711	\$56,120	12.9%
Water Resources	\$62,258	\$61,624	\$62,622	\$74,608	\$81,609	9.4%
Elected						
Attorney General	\$64,212	\$64,781	\$66,178	\$67,823	\$75,168	10.8%
Corporation Commission	\$61,201	\$61,170	\$62,112	\$64,786	\$73,810	13.9%
Education	\$59,736	\$63,622	\$63,558	\$65,362	\$73,844	13.0%
Governor's Office	\$74,798	\$75,458	\$78,138	\$80,333	\$94,236	17.3%
Mine Inspector	\$53,587	\$53,587	\$54,128	\$55,345	\$57,305	3.5%
Secretary of State	\$52,157	\$53,566	\$53,842	\$56,238	\$66,556	18.3%
Treasurer	\$70,154	\$81,181	\$79,360	\$84,998	\$93,816	10.4%
NonCabinet/Board/Commission						
Accountancy	\$64,586	\$62,883	\$63,145	\$63,908	\$70,166	9.8%
Acupuncture	\$80,000	\$57,680	\$59,999	\$59,999	\$65,999	10.0%
Administrative Hearings	\$76,119	\$77,091	\$76,599	\$75,221	\$82,620	9.8%
African-American Affairs	\$68,250	\$38,025	\$38,025	\$38,025	\$41,828	10.0%
Arts Commission	\$48,652	\$50,360	\$49,246	\$54,917	\$64,792	18.0%
ASRS	\$65,833	\$65,467	\$69,591	\$70,865	\$80,130	13.1%
Athletic Training	\$29,120	\$34,944	\$38,438	\$38,438	\$42,282	10.0%

Agency	2019	2020	2021	2022	2023	Chng 2022 vs 2023
Auto Theft Authority	\$59,874	-	-	-	-	-
Barber Examiners	\$46,875	\$46,750	\$46,750	- ⁸	-	-
Behavioral Health	\$56,389	\$53,685	\$56,223	\$55,405	\$60,647	9.5%
Charter Schools	\$58,611	\$59,536	\$57,765	\$62,125	\$64,253	3.4%
Chiropractic Examiners	\$43,516	\$44,980	\$37,162	\$52,092	\$57,301	10.0%
Clean Elections	\$84,456	\$80,750	\$84,294	\$87,962	\$104,801	19.1%
Cosmetology	\$40,283	\$41,512	\$41,901	\$49,671	\$57,516	15.8%
Criminal Justice Commission	\$64,733	\$66,618	\$67,214	\$68,289	\$78,234	14.6%
Deaf & Hard of Hearing	\$64,488	\$65,558	\$67,894	\$72,463	\$73,979	2.1%
Dental Examiners	\$54,920	\$56,409	\$59,417	\$58,805	\$66,394	12.9%
Early Childhood	\$62,325	\$62,017	\$62,931	\$62,681	\$75,997	21.2%
Economic Opportunity	\$63,447	\$65,534	\$68,543	\$65,358	\$78,038	19.4%
Education Board	\$67,331	\$75,206	\$74,462	\$64,302	\$73,582	14.4%
Equalization	\$63,091	\$63,091	\$63,091	\$65,376	\$71,914	10.0%
Executive Clemency	\$57,558	\$58,314	\$59,958	\$54,122	\$63,967	18.2%
Exposition & State Fair	\$48,553	\$50,560	\$61,810	\$60,978	\$67,613	10.9%
Fingerprinting	\$57,443	\$55,473	\$55,473	\$55,473	\$64,747	16.7%
Funeral Directors	\$43,820	\$41,950	\$43,750	\$60,000	- ⁹	-100.0%
Historical Society	\$40,065	\$41,504	\$45,067	\$45,473	\$48,974	7.7%
Massage Therapy Board	\$45,167	\$45,827	\$52,819	\$58,010	\$63,811	10.0%
Medical Board	\$58,593	\$58,463	\$58,858	\$61,569	\$67,892	10.3%
Naturopathic Board	\$64,101	\$64,101	\$70,511	\$70,511	\$77,562	10.0%
Navigable Streams	\$70,781	\$70,781	\$70,781	\$70,781	\$73,000	3.1%
Nursing	\$53,238	\$52,993	\$53,397	\$56,174	\$66,770	18.9%
Nursing Care Exam Board	\$58,564	\$61,150	\$47,523	\$55,083	\$52,054	-5.5%
Occupational Therapy	\$57,897	\$57,897	\$57,897	\$47,138	\$69,676	47.8%
Opticians Bd of Dispensing	\$75,000	\$80,250	\$80,250	\$83,059	\$91,364	10.0%
Optometry	\$62,659	\$62,659	\$59,241	\$66,252	\$78,077	17.8%
Osteopathic Examiners	\$55,164	\$56,516	\$57,911	\$59,229	\$63,289	6.9%
Personnel Board	\$57,000	\$57,000	\$57,000	\$57,000	\$45,582	-20.0%
Pharmacy Board	\$72,724	\$70,655	\$71,312	\$71,334	\$82,312	15.4%
Physical Therapy	\$43,233	\$42,678	\$42,678	\$47,816	\$52,598	10.0%
Pioneers Home	\$36,484	\$38,528	\$38,590	\$39,997	\$44,545	11.4%
Podiatry Examiners	\$65,000	\$65,000	- ¹⁰	\$95,000	\$104,500	10.0%
Postsecondary Education	\$58,042	\$58,042	\$54,026	-	-	-
Power Authority	\$98,173	\$101,433	\$109,753	\$112,065	\$117,306	4.7%
Prescott Historical Society	\$48,597	\$48,997	\$49,849	\$49,673	\$55,166	11.1%

⁸ Merged with Cosmetology

⁹ Merged with Health Services

¹⁰ No data available

Agency	2019	2020	2021	2022	2023	Chng 2022 vs 2023
Private Postsecondary Ed	\$72,455	\$59,663	\$62,953	\$62,953	\$68,515	8.8%
PSPRS	\$95,567	\$93,266	\$95,242	\$92,913	\$105,723	13.8%
Psychologist Examiners	\$51,392	\$57,358	\$59,248	\$52,390	\$60,375	15.2%
Respiratory Care	\$54,367	\$53,294	\$48,596	\$53,722	\$41,739	-22.3%
Tax Appeals	\$55,200	\$63,173	\$63,173	\$47,407	\$52,147	10.0%
Technical Registration	\$51,691	\$52,393	\$54,512	\$51,305	\$54,205	5.7%
Veterinary Medical Exam	\$59,611	\$67,479	\$54,802	\$57,048	\$61,216	7.3%
WIFA	\$65,463	\$64,664	\$68,545	\$69,454	\$100,078	44.1%

SPS Overtime Expenditures by Agency FY2019 to FY2023

Agency	2019	2020	2021	2022	2023
Cabinet					
ADOA	\$107,434	\$96,420	\$89,096	\$91,514	\$134,488
Agriculture	\$458,772	\$660,913	\$878,554	\$656,952	\$839,708
AHCCCS	\$21,293	\$51,571	\$97,560	\$106,205	\$219,747
Child Safety	\$3,460,133	\$3,977,171	\$3,833,613	\$4,957,971	\$5,985,076
Corrections	\$48,178,447	\$64,493,376	\$50,820,562	\$55,129,473	\$76,623,185
Economic Security	\$5,078,295	\$6,071,093	\$9,826,600	\$8,639,951	\$8,218,218
Environmental Quality	\$43,904	\$33,894	\$14,879	\$12,454	\$14,560
Financial Institutions	\$2,134	\$1,240	\$0	\$0	\$0
Forestry	\$1,341,145	\$1,342,151	\$2,389,781	\$2,157,499	\$2,172,295
Game & Fish	\$258,442	\$459,103	\$975,733	\$571,309	\$254,095
Gaming	\$7	\$1,595	\$1,724	\$1,394	\$1,428
Health Services	\$2,656,110	\$3,258,130	\$3,908,754	\$5,017,618	\$6,547,333
Highway Safety	\$4,715	\$4,286	\$0	\$355	\$0
Homeland Security	\$0	\$0	\$0	\$0	\$109
Housing	\$9,816	\$1,225	\$0	\$6,534	\$1,207
Industrial Commission	\$14,672	\$30,283	\$70,592	\$84,838	\$39,385
Insurance	\$39,485	\$18,939	\$21,585	\$11,677	\$10,372
Juvenile Corrections	\$536,938	\$1,175,512	\$1,201,567	\$1,585,455	\$1,218,701
Liquor Licenses	\$111,430	\$65,103	\$63,143	\$101,216	\$134,683
Lottery Commission	\$40,884	\$17,462	\$4,801	\$5,302	\$5,926
Military Affairs	\$904,427	\$1,012,768	\$930,768	\$869,499	\$1,110,928
Real Estate	\$28	\$0	\$0	\$0	\$0
Registrar of Contractors	\$7,717	\$1,351	\$162	\$3,911	\$1,089
Revenue	\$30,083	\$2,858	\$22,644	\$126,993	\$109,342
State Land	\$3,430	\$4,148	\$1,298	\$1,749	\$1,553
State Parks	\$22,638	\$51,959	\$76,968	\$80,287	\$119,396
Transportation	\$7,529,451	\$6,941,173	\$5,282,563	\$4,656,020	\$5,983,314
Veterans' Services	\$1,555,712	\$1,582,174	\$1,325,750	\$1,026,209	\$1,235,532
Water Resources	\$1,165	\$1,102	\$955	\$1,691	\$2,959
Elected					
Attorney General	\$150,909	\$199,990	\$213,033	\$312,964	\$356,280
Corporation Commission	\$51,991	\$10,478	\$13,173	\$32,043	\$21,451
Education	\$55,421	\$74,039	\$220,570	\$215,782	\$152,360
Governor's Office	\$0	\$2,756	\$3,346	\$228	\$209
Mine Inspector	\$0	\$0	\$0	\$0	\$0
Secretary of State	\$27,996	\$5,818	\$78,567	\$25,684	\$61,661
Treasurer	\$0	\$0	\$0	\$0	\$0
NonCabinet/Board/Commission					
Accountancy	\$680	\$2,947	\$79	\$59	\$62
Arts Commission	\$114	\$114	\$0	\$0	\$0
ASRS	\$23,061	\$12,366	\$10,263	\$28,236	\$35,613
Athletic Training	\$693	\$813	\$0	\$887	\$488
Auto Theft Authority	\$1,313	\$244	\$0	\$0	\$0
Barber Examiners	\$257	\$132	\$0	\$0	\$0

Agency	2019	2020	2021	2022	2023
Behavioral Health	\$5,498	\$4,412	\$7,140	\$8,502	\$8,060
Chiropractic Examiners	\$0	\$0	\$0	\$857	\$1,050
Clean Elections	\$963	\$747	\$66	\$452	\$0
Cosmetology	\$0	\$0	\$0	\$446	\$16
Criminal Justice Commission	\$0	\$0	\$0	\$0	\$0
Deaf & Hard of Hearing	\$0	\$0	\$0	\$0	\$0
Dental Examiners	\$2,952	\$5,903	\$20,463	\$12,758	\$3,341
Early Childhood	\$0	\$0	\$0	\$0	\$0
Economic Opportunity	\$0	\$0	\$0	\$0	\$214
Education Board	\$0	\$0	\$0	\$1,983	\$1,990
Equalization	\$335	\$0	\$0	\$0	\$114
Executive Clemency	\$5,945	\$16,707	\$210	\$0	\$0
Exposition & State Fair	\$306,575	\$275,727	\$43,085	\$311,633	\$318,801
Funeral Directors	\$822	\$204	\$356	\$416	\$1,266
Historical Society	\$0	\$0	\$0	\$29	\$74
Massage Therapy Board	\$178	\$0	\$6,143	\$3,495	\$0
Medical Board	\$10,248	\$21,323	\$45,818	\$29,514	\$19,636
Nursing	\$6,245	\$2,787	\$24,807	\$30,340	\$2,233
Nursing Care Exam Board	\$364	\$480	\$111	\$444	-\$68
Occupational Therapy	\$935	\$324	\$0	\$5,389	\$3,214
Opticians Bd of Dispensing	\$0	\$202	\$1,378	\$0	\$0
Optometry	\$0	\$0	\$52	\$0	\$0
Osteopathic Examiners	\$6,431	\$364	\$270	\$1,329	\$1,370
Pharmacy Board	\$0	\$0	\$0	\$0	\$0
Physical Therapy	\$7,682	\$1,222	\$0	\$0	\$569
Pioneers Home	\$93,717	\$97,566	\$138,299	\$148,783	\$161,876
Prescott Historical Society	\$0	\$0	\$0	\$0	\$2,477
Private Postsecondary Ed	\$28	\$56	\$0	\$0	\$0
PSPRS	\$11,720	\$1,159	\$589	\$0	\$319
Psychologist Examiners	\$0	\$2,411	\$3,250	\$2,954	\$0
Respiratory Care	\$0	\$325	\$1,066	\$830	\$1,088
Technical Registration	\$248	\$0	\$0	\$0	\$2,066
Veterinary Medical Exam	\$2,956	\$1,688	\$3,012	\$6,043	\$6,779

Source: The State's financial system (AFIS) accessed via OpenBooks.az.gov, Arizona's official transparency website, provided data for this table. Data is based on a fiscal year after all corrections have been made at the close of the fiscal year. Expenses may be charged to prior "appropriation years" yet in general are illustrated in the year in which the expense occurred. Data includes cash paid for overtime only, as this provides a more accurate representation of the State's total liability for overtime.

State of Arizona
2023 Workforce Report
SPS Executive Summary
As of June 30, 2023

Headcount	34,367
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Gender		
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	State Personnel System	Arizona Population
Gender Type		
Female	55.7%	50.1%
Male	44.3%	49.9%

Average Age	43.9
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Salary	
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Average Salary	\$ 59,453
Salary difference from last year	14.4%

Turnover	
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Voluntary	13.9%
Involuntary	0.7%
Retirement	2.2%
Other	0.5%
Total Turnover	17.3%
Turnover Difference from last year	-6.5

Average Years of Service	7.8
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Ethnicity		
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	State Personnel System	Arizona Population
Ethnicity Type		
American Indian	2.6%	5.3%
Asian	3.4%	3.8%
Black	7.9%	5.4%
Hispanic	34.0%	32.3%
Unspecified	7.8%	n/a
White	44.3%	53.2%

The following table shows the average salary for the State Personnel System (SPS) reported from 2013 to present and the percentage change in that average year over year. Also listed are any historical salary adjustments for the time period, either across the board or for selected job classifications.

Fiscal Year	Average Salary	% Change in Average	General Salary Adjustment	Performance	Retention	Allocations for Select Classes
2013	\$42,447	0.3%	-	-	5.00% ¹¹	x
2014	\$43,832	3.2%	-	-	-	x
2015	\$44,116	0.6%	-	-	-	x
2016	\$45,062	2.1%	-	-	-	x
2017	\$45,981	2.0%	-	-	-	x
2018	\$46,548	1.2%	-	-	-	x
2019	\$47,998	3.1%	-	-	-	✓ ¹²
2020	\$48,462	1.0%	-	-	-	x
2021	\$50,704	4.6%	-	-	-	✓ ¹³
2022	\$51,987	2.5%	-	-	-	-
2023	\$59,453	14.4%	-	-	-	✓ ¹⁴

Conclusion and Recommendation

The FY2024 budget included funding for ADOA to undertake a market analysis on SPS pay and benefits and to deliver a final report to the Governor’s Office by June 30, 2024. ADOA’s advisory recommendation regarding the State workforce is pending the review and analysis of the compensation study’s results and recommendations.

¹¹ 5% retention pay for uncovered employees and those that elected to become at-will uncovered. Permanently rolled into base pay in FY2014

¹² Salary increases for select classifications including public safety and security positions

¹³ Salary increases for select classifications including public safety and security positions, Program Service Evaluators at DES, and Transportation & Highway Operations positions at ADOT

¹⁴ 20% salary increase for employees at ADCRR and ADJC, varying percentages above 10% for select classifications, and 10% for all other state employees

U.S. DEPARTMENT OF HUD
STATE:ARIZONA

----- 2024 ADJUSTED HOME, CDBG, State HTF, NSP INCOME LIMITS-----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Flagstaff, AZ MSA								
30% LIMITS	21000	24000	27000	29950	32350	34750	37150	39550
VERY LOW INCOME	35000	40000	45000	49950	53950	57950	61950	65950
60% LIMITS	42000	48000	54000	59940	64740	69540	74340	79140
LOW INCOME	55950	63950	71950	79900	86300	92700	99100	105500
Lake Havasu City-Kingman, AZ MSA								
30% LIMITS	14850	17000	19100	21200	22900	24600	26300	28000
VERY LOW INCOME	24750	28250	31800	35300	38150	40950	43800	46600
60% LIMITS	29700	33900	38160	42360	45780	49140	52560	55920
LOW INCOME	39550	45200	50850	56500	61050	65550	70100	74600
Phoenix-Mesa-Scottsdale, AZ MSA								
30% LIMITS	21600	24700	27800	30850	33350	35800	38300	40750
VERY LOW INCOME	36000	41100	46300	51400	55550	59650	63750	67850
60% LIMITS	43200	49320	55560	61680	66660	71580	76500	81420
LOW INCOME	57600	65800	74050	82250	88850	95450	102000	108600
Prescott Valley-Prescott, AZ MSA								
30% LIMITS	17450	19950	22450	24900	26900	28900	30900	32900
VERY LOW INCOME	29050	33200	37350	41500	44850	48150	51500	54800
60% LIMITS	34860	39840	44820	49800	53820	57780	61800	65760
LOW INCOME	46500	53150	59800	66400	71750	77050	82350	87650
Sierra Vista-Douglas, AZ MSA								
30% LIMITS	14850	17000	19100	21200	22900	24600	26300	28000
VERY LOW INCOME	24750	28300	31850	35350	38200	41050	43850	46700
60% LIMITS	29700	33960	38220	42420	45840	49260	52620	56040
LOW INCOME	39600	45250	50900	56550	61100	65600	70150	74650
Tucson, AZ MSA								
30% LIMITS	18800	21450	24150	26800	28950	31100	33250	35400
VERY LOW INCOME	31250	35750	40200	44650	48200	51800	55350	58950
60% LIMITS	37500	42900	48240	53580	57840	62160	66420	70740
LOW INCOME	50000	57150	64300	71400	77150	82850	88550	94250
Yuma, AZ MSA								
30% LIMITS	14000	16000	18000	19950	21550	23150	24750	26350
VERY LOW INCOME	23300	26600	29950	33250	35950	38600	41250	43900
60% LIMITS	27960	31920	35940	39900	43140	46320	49500	52680
LOW INCOME	37250	42600	47900	53200	57500	61750	66000	70250

U.S. DEPARTMENT OF HUD
STATE:ARIZONA

----- 2024 ADJUSTED HOME, CDBG, State HTF, NSP INCOME LIMITS-----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Apache County, AZ								
30% LIMITS	13550	15450	17400	19300	20850	22400	23950	25500
VERY LOW INCOME	22550	25750	29000	32200	34800	37400	39950	42550
60% LIMITS	27060	30900	34800	38640	41760	44880	47940	51060
LOW INCOME	36050	41200	46350	51500	55650	59750	63900	68000
Gila County, AZ								
30% LIMITS	14700	16800	18900	21000	22700	24400	26050	27750
VERY LOW INCOME	24500	28000	31500	35000	37800	40600	43400	46200
60% LIMITS	29400	33600	37800	42000	45360	48720	52080	55440
LOW INCOME	39200	44800	50400	56000	60500	65000	69450	73950
Graham County, AZ								
30% LIMITS	15850	18100	20350	22600	24450	26250	28050	29850
VERY LOW INCOME	26400	30200	33950	37700	40750	43750	46750	49800
60% LIMITS	31680	36240	40740	45240	48900	52500	56100	59760
LOW INCOME	42250	48250	54300	60300	65150	69950	74800	79600
Greenlee County, AZ								
30% LIMITS	17450	19950	22450	24900	26900	28900	30900	32900
VERY LOW INCOME	29050	33200	37350	41500	44850	48150	51500	54800
60% LIMITS	34860	39840	44820	49800	53820	57780	61800	65760
LOW INCOME	46500	53150	59800	66400	71750	77050	82350	87650
La Paz County, AZ								
30% LIMITS	14350	16400	18450	20500	22150	23800	25450	27100
VERY LOW INCOME	23900	27300	30700	34150	36900	39650	42350	45100
60% LIMITS	28680	32760	36840	40980	44280	47580	50820	54120
LOW INCOME	38250	43750	49200	54650	59050	63400	67800	72150
Navajo County, AZ								
30% LIMITS	13550	15450	17400	19300	20850	22400	23950	25500
VERY LOW INCOME	22550	25750	29000	32200	34800	37400	39950	42550
60% LIMITS	27060	30900	34800	38640	41760	44880	47940	51060
LOW INCOME	36050	41200	46350	51500	55650	59750	63900	68000
Santa Cruz County, AZ								
30% LIMITS	13550	15450	17400	19300	20850	22400	23950	25500
VERY LOW INCOME	22550	25750	29000	32200	34800	37400	39950	42550
60% LIMITS	27060	30900	34800	38640	41760	44880	47940	51060
LOW INCOME	36050	41200	46350	51500	55650	59750	63900	68000

Summary of Expenditure and Budget Request for All Funds

Agency: Board of Osteopathic Examiners

Appropriated Funds	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program:				
OSA-1-0 Licensing and Regulation	3,931.7	1,403.1	636.0	2,039.1
Appropriated Funds Total:	3,931.7	1,403.1	636.0	2,039.1
Expenditure Categories				
FTE	10.0	10.0	5.0	15.0
Personal Services	617.8	622.2	308.2	930.4
Employee Related Expenditures	210.8	296.3	123.8	420.1
Subtotal Personal Services and ERE	828.6	918.5	432.0	1,350.5
Professional & Outside Services	121.0	171.9	68.0	239.9
Travel In-State	8.8	2.5	-	2.5
Travel Out-Of-State	11.6	5.5	-	5.5
Other Operating Expenditures	144.4	304.7	123.5	428.2
Capital Equipment	1.0	-	12.5	12.5
Non-Capital Equipment	16.0	-	-	-
Transfers-Out	2,800.4	-	-	-
Expenditure Categories Total:	3,931.7	1,403.1	636.0	2,039.1
Board of Osteopathic Examiners Total for All Funds:	3,931.7	1,403.1	636.0	2,039.1

Appropriated and Non-Appropriated	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2025 Funding Issue	FY 2026 Total Request
OSA-1-0 Licensing and Regulation	3,931.7	1,403.1	636.0	2,039.1
Board of Osteopathic Examiners Total for All Funds:	3,931.7	1,403.1	636.0	2,039.1

Summary of Expenditure and Budget Request for Selected Funds

Agency:	Board of Osteopathic Examiners
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Fund:	OS2048 Osteopathic Examiners Board Fund (Appropriated)
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	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program:				
OSA-1-0 Licensing and Regulation	3,931.7	1,403.1	636.0	2,039.1
Osteopathic Examiners Board Fund (Appropriated) Summary Total:	3,931.7	1,403.1	636.0	2,039.1
Expenditure Categories				
FTE	10.0	10.0	5.0	15.0
Personal Services	617.8	622.2	308.2	930.4
Employee Related Expenditures	210.8	296.3	123.8	420.1
Subtotal Personal Services and ERE	828.6	918.5	432.0	1,350.5
Professional & Outside Services	121.0	171.9	68.0	239.9
Travel In-State	8.8	2.5	-	2.5
Travel Out-Of-State	11.6	5.5	-	5.5
Other Operating Expenditures	144.4	304.7	123.5	428.2
Capital Equipment	1.0	-	12.5	12.5
Non-Capital Equipment	16.0	-	-	-
Transfers-Out	2,800.4	-	-	-
Expenditure Categories Total:	3,931.7	1,403.1	636.0	2,039.1

Program Budget Unit Summary of Expenditure and Budget Request for All Funds

Agency: Board of Osteopathic Examiners

	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program: OSA-1-0 Licensing and Regulation				

Expenditure Categories

FTE	10.0	10.0	5.0	15.0
Personal Services	617.8	622.2	308.2	930.4
Employee Related Expenditures	210.8	296.3	123.8	420.1
Subtotal Personal Services and ERE	828.6	918.5	432.0	1,350.5
Professional & Outside Services	121.0	171.9	68.0	239.9
Travel In-State	8.8	2.5	-	2.5
Travel Out-Of-State	11.6	5.5	-	5.5
Other Operating Expenditures	144.4	304.7	123.5	428.2
Capital Equipment	1.0	-	12.5	12.5
Non-Capital Equipment	16.0	-	-	-
Transfers-Out	2,800.4	-	-	-
Expenditure Categories Total:	3,931.7	1,403.1	636.0	2,039.1

Fund Source

Appropriated Funds

Osteopathic Examiners Board Fund (Appropriated)	3,931.7	1,403.1	636.0	2,039.1
Appropriated Funds Total:	3,931.7	1,403.1	636.0	2,039.1
Licensing and Regulation Total:	3,931.7	1,403.1	636.0	2,039.1

Sub Program: OSA-1-1 Licensing and Regulation

Expenditure Categories

FTE	10.0	10.0	5.0	15.0
Personal Services	617.8	622.2	308.2	930.4
Employee Related Expenditures	210.8	296.3	123.8	420.1
Subtotal Personal Services and ERE	828.6	918.5	432.0	1,350.5
Professional & Outside Services	121.0	171.9	68.0	239.9
Travel In-State	8.8	2.5	-	2.5
Travel Out-Of-State	11.6	5.5	-	5.5
Other Operating Expenditures	144.4	304.7	123.5	428.2
Capital Equipment	1.0	-	12.5	12.5

Program Budget Unit Summary of Expenditure and Budget Request for All Funds

Agency:	Board of Osteopathic Examiners
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	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program: OSA-1-0 Licensing and Regulation				
Sub Program: OSA-1-1 Licensing and Regulation				
Non-Capital Equipment	16.0	-	-	-
Transfers-Out	2,800.4	-	-	-
Expenditure Categories Total:	3,931.7	1,403.1	636.0	2,039.1

Fund Source

Appropriated Funds				
Osteopathic Examiners Board Fund (Appropriated)	3,931.7	1,403.1	636.0	2,039.1
Appropriated Funds Total:	3,931.7	1,403.1	636.0	2,039.1
Licensing and Regulation Total:	3,931.7	1,403.1	636.0	2,039.1

Program Budget Unit Summary of Expenditure and Budget Request for Selected Funds

Agency: Board of Osteopathic Examiners

	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
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Program: OSA-1-0 Licensing and Regulation

Fund: OS2048 Osteopathic Examiners Board Fund

Appropriated

Personal Services	617.8	622.2	308.2	930.4
Employee Related Expenditures	210.8	296.3	123.8	420.1
Subtotal Personal Services and ERE	828.6	918.5	432.0	1,350.5
Professional & Outside Services	121.0	171.9	68.0	239.9
Travel In-State	8.8	2.5	-	2.5
Travel Out-Of-State	11.6	5.5	-	5.5
Other Operating Expenditures	144.4	304.7	123.5	428.2
Capital Equipment	1.0	-	12.5	12.5
Non-Capital Equipment	16.0	-	-	-
Transfers-Out	2,800.4	-	-	-
Expenditure Categories Total:	3,931.7	1,403.1	636.0	2,039.1
Osteopathic Examiners Board Fund Total:	3,931.7	1,403.1	636.0	2,039.1
Program Total for Select Funds:	3,931.7	1,403.1	636.0	2,039.1

Sub Program: OSA-1-1 Licensing and Regulation

Fund: OS2048 Osteopathic Examiners Board Fund

Appropriated

Personal Services	617.8	622.2	308.2	930.4
Employee Related Expenditures	210.8	296.3	123.8	420.1
Subtotal Personal Services and ERE	828.6	918.5	432.0	1,350.5
Professional & Outside Services	121.0	171.9	68.0	239.9
Travel In-State	8.8	2.5	-	2.5
Travel Out-Of-State	11.6	5.5	-	5.5
Other Operating Expenditures	144.4	304.7	123.5	428.2
Capital Equipment	1.0	-	12.5	12.5
Non-Capital Equipment	16.0	-	-	-
Transfers-Out	2,800.4	-	-	-

Program Budget Unit Summary of Expenditure and Budget Request for Selected Funds

Agency:	Board of Osteopathic Examiners
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	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program: OSA-1-0 Licensing and Regulation				
Sub Program: OSA-1-1 Licensing and Regulation				
Fund: OS2048 Osteopathic Examiners Board Fund				
Expenditure Categories Total:	3,931.7	1,403.1	636.0	2,039.1
Osteopathic Examiners Board Fund Total:	3,931.7	1,403.1	636.0	2,039.1
Sub Program Total for Select Funds:	3,931.7	1,403.1	636.0	2,039.1

Program Summary of Expenditure and Budget Request

Agency: Board of Osteopathic Examiners

Program: Licensing and Regulation

Program Summary		FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
OSA-1-1	Licensing and Regulation	3,931.7	1,403.1	636.0	2,039.1
Licensing and Regulation Summary Total:		3,931.7	1,403.1	636.0	2,039.1

Expenditure Categories		FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
FTE	FTE	10.0	10.0	5.0	15.0
6000	Personal Services	617.8	622.2	308.2	930.4
6100	Employee Related Expenditures	210.8	296.3	123.8	420.1
Subtotal Personal Services and ERE		828.6	918.5	432.0	1,350.5
6200	Professional & Outside Services	121.0	171.9	68.0	239.9
6500	Travel In-State	8.8	2.5	-	2.5
6600	Travel Out-Of-State	11.6	5.5	-	5.5
7000	Other Operating Expenditures	144.4	304.7	123.5	428.2
8400	Capital Equipment	1.0	-	12.5	12.5
8500	Non-Capital Equipment	16.0	-	-	-
9100	Transfers-Out	2,800.4	-	-	-
Expenditure Categories Total:		3,931.7	1,403.1	636.0	2,039.1

Fund Source		FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Appropriated Funds					
OS2048	Osteopathic Examiners Board Fund (Appropriated)	3,931.7	1,403.1	636.0	2,039.1
Appropriated Funds Total:		3,931.7	1,403.1	636.0	2,039.1
Licensing and Regulation Summary Total:		3,931.7	1,403.1	636.0	2,039.1

Program Summary of Expenditure and Budget Request for Selected Funds

Agency: Board of Osteopathic Examiners

Program: Licensing and Regulation

Fund: OS2048 Osteopathic Examiners Board Fund (Appropriated)

Program Expenditures		FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
OSA-1-1	Licensing and Regulation	3,931.7	1,403.1	636.0	2,039.1
	Osteopathic Examiners Board Fund (Appropriated) Summary Total:	3,931.7	1,403.1	636.0	2,039.1
Appropriated Funding					
6000	Personal Services	617.8	622.2	308.2	930.4
6100	Employee Related Expenditures	210.8	296.3	123.8	420.1
	Subtotal Personal Services and ERE	828.6	918.5	432.0	1,350.5
6200	Professional & Outside Services	121.0	171.9	68.0	239.9
6500	Travel In-State	8.8	2.5	-	2.5
6600	Travel Out-Of-State	11.6	5.5	-	5.5
7000	Other Operating Expenditures	144.4	304.7	123.5	428.2
8400	Capital Equipment	1.0	-	12.5	12.5
8500	Non-Capital Equipment	16.0	-	-	-
9100	Transfers-Out	2,800.4	-	-	-
	Expenditure Categories Total:	3,931.7	1,403.1	636.0	2,039.1
	Fund OS2048 - A Total:	3,931.7	1,403.1	636.0	2,039.1
	Licensing and Regulation Total:	3,931.7	1,403.1	636.0	2,039.1

Program Expenditure Schedule

Agency: Board of Osteopathic Examiners

		FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program: OSA-1-0 Licensing and Regulation					
FTE					
FTE		10.0	10.0	5.0	15.0
Expenditure Category Total:		-	-	-	-
Fund Source					
Appropriated Funds					
OS2048 Osteopathic Examiners Board Fund (Appropriated)		10.0	10.0	5.0	15.0
Appropriated Funds Total:		10.0	10.0	5.0	15.0
Fund Source Total:		10.0	10.0	5.0	15.0
Personal Services					
Personal Services		606.8	600.2	308.2	908.4
Board & Commission Members Compensation		11.0	22.0	-	22.0
Expenditure Category Total:		617.8	622.2	308.2	930.4
Fund Source					
Appropriated Funds					
OS2048 Osteopathic Examiners Board Fund (Appropriated)		617.8	622.2	308.2	930.4
Appropriated Funds Total:		617.8	622.2	308.2	930.4
Fund Source Total:		617.8	622.2	308.2	930.4
Employee Related Expenditures					
Employee Related Expenses		210.8	296.3	123.8	420.1
Expenditure Category Total:		210.8	296.3	123.8	420.1
Fund Source					
Appropriated Funds					
OS2048 Osteopathic Examiners Board Fund (Appropriated)		210.8	296.3	123.8	420.1
Appropriated Funds Total:		210.8	296.3	123.8	420.1
Fund Source Total:		210.8	296.3	123.8	420.1
Professional & Outside Services					
Professional and Outside Services		-	171.9	68.0	239.9

Program Expenditure Schedule

Agency: Board of Osteopathic Examiners

	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program: OSA-1-0 Licensing and Regulation				
Attorney General Legal Services	86.8	-	-	-
Education & Training	2.1	-	-	-
Non-confidential Outside Specialist Fees for Investigations etc.	22.3	-	-	-
Other Professional & Outside Services	9.8	-	-	-
Expenditure Category Total:	121.0	171.9	68.0	239.9

Fund Source

Appropriated Funds

OS2048	Osteopathic Examiners Board Fund (Appropriated)	121.0	171.9	68.0	239.9
Appropriated Funds Total:		121.0	171.9	68.0	239.9
Fund Source Total:		121.0	171.9	68.0	239.9

Travel In-State

Travel In-State	0.1	2.5	-	2.5
Airfare and Other Common Carrier Charges	1.5	-	-	-
Mileage - Private Vehicle	0.1	-	-	-
Lodging	7.0	-	-	-
Expenditure Category Total:	8.8	2.5	-	2.5

Fund Source

Appropriated Funds

OS2048	Osteopathic Examiners Board Fund (Appropriated)	8.8	2.5	-	2.5
Appropriated Funds Total:		8.8	2.5	-	2.5
Fund Source Total:		8.8	2.5	-	2.5

Travel Out-Of-State

Travel Out of State	10.0	5.5	-	5.5
Meals with Overnight Stay	1.1	-	-	-
Meals without Overnight Stay	0.2	-	-	-
Other Miscellaneous Out-of- State Travel	0.3	-	-	-
Expenditure Category Total:	11.6	5.5	-	5.5

Fund Source

Program Expenditure Schedule

Agency: Board of Osteopathic Examiners

	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program: OSA-1-0 Licensing and Regulation				
Appropriated Funds				
OS2048 Osteopathic Examiners Board Fund (Appropriated)	11.6	5.5	-	5.5
Appropriated Funds Total:	11.6	5.5	-	5.5
Fund Source Total:	11.6	5.5	-	5.5

Other Operating Expenditures

Other Operating Expenses	-	304.7	123.5	428.2
Risk Management Charges to State Agencies	2.6	-	-	-
Internal Service Computer Processing, Hosting, Maintenance and Support Costs	7.4	-	-	-
External Programming and System Development Costs	12.4	-	-	-
Charges Imposed Related to AFIS.	2.4	-	-	-
External Telecommunications Charges	10.2	-	-	-
Building Rent Charges to State Agencies	39.6	-	-	-
Late Charges on Overdue Payments	0.1	-	-	-
Internal Accounting, Budgeting & Financial Services	28.8	-	-	-
Software Support, Maintenance Short-term Licensing	2.6	-	-	-
Office Supplies	4.7	-	-	-
Employee Tuition Reimbursement	6.6	-	-	-
Conference Registration / Attendance Fees	4.9	-	-	-
External Printing	2.4	-	-	-
Postage & Delivery	2.4	-	-	-
Document Shredding and Destruction Services	0.3	-	-	-
Awards	0.7	-	-	-
Dues	4.4	-	-	-
Books, Subscriptions & Publications	8.4	-	-	-
Security Services	1.7	-	-	-
Fingerprinting, Background Checks, Etc.	0.3	-	-	-
Other Miscellaneous Operating	1.4	-	-	-
Expenditure Category Total:	144.4	304.7	123.5	428.2

Fund Source

Program Expenditure Schedule

Agency: Board of Osteopathic Examiners

	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program: OSA-1-0 Licensing and Regulation				
Appropriated Funds				
OS2048 Osteopathic Examiners Board Fund (Appropriated)	144.4	304.7	123.5	428.2
Appropriated Funds Total:	144.4	304.7	123.5	428.2
Fund Source Total:	144.4	304.7	123.5	428.2

Capital Equipment

Capital Equipment	-	-	12.5	12.5
Purchased or licensed software / website	1.0	-	-	-
Expenditure Category Total:	1.0	-	12.5	12.5

Fund Source

Appropriated Funds				
OS2048 Osteopathic Examiners Board Fund (Appropriated)	1.0	-	12.5	12.5
Appropriated Funds Total:	1.0	-	12.5	12.5
Fund Source Total:	1.0	-	12.5	12.5

Non-Capital Equipment

Furniture - Non-Capital Purchase	0.2	-	-	-
Computer Equipment – Non- Capitalized Purchases	13.7	-	-	-
Other Equipment - Non- Capital Purchase	2.1	-	-	-
Expenditure Category Total:	16.0	-	-	-

Fund Source

Appropriated Funds				
OS2048 Osteopathic Examiners Board Fund (Appropriated)	16.0	-	-	-
Appropriated Funds Total:	16.0	-	-	-
Fund Source Total:	16.0	-	-	-

Transfers-Out

Transfers	2,800.4	-	-	-
Expenditure Category Total:	2,800.4	-	-	-

Fund Source

Program Expenditure Schedule

Agency: Board of Osteopathic Examiners

	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program: OSA-1-0 Licensing and Regulation				
Appropriated Funds				
OS2048 Osteopathic Examiners Board Fund (Appropriated)	2,800.4	-	-	-
Appropriated Funds Total:	2,800.4	-	-	-
Fund Source Total:	2,800.4	-	-	-

Employee Retirement Coverage

Retirement System	FTE	Personal Services	Fund#
Arizona State Retirement System	10.0	622.2	OS2048-A

Sub Program: OSA-1-1 Licensing and Regulation

FTE	FTE	Personal Services	Fund#	FTE
FTE	10.0	10.0	5.0	15.0
Expenditure Category Total:	-	-	-	-

Fund Source

Appropriated Funds				
OS2048 Osteopathic Examiners Board Fund (Appropriated)	10.0	10.0	5.0	15.0
Appropriated Funds Total:	10.0	10.0	5.0	15.0
Fund Source Total:	10.0	10.0	5.0	15.0

Personal Services

Personal Services	606.8	600.2	308.2	908.4
Board & Commission Members Compensation	11.0	22.0	-	22.0
Expenditure Category Total:	617.8	622.2	308.2	930.4

Fund Source

Appropriated Funds				
OS2048 Osteopathic Examiners Board Fund (Appropriated)	617.8	622.2	308.2	930.4
Appropriated Funds Total:	617.8	622.2	308.2	930.4
Fund Source Total:	617.8	622.2	308.2	930.4

Program Expenditure Schedule

Agency: Board of Osteopathic Examiners

	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program: OSA-1-0 Licensing and Regulation				

Sub Program: OSA-1-1 Licensing and Regulation

Employee Related Expenditures

Employee Related Expenses	210.8	296.3	123.8	420.1
Expenditure Category Total:	210.8	296.3	123.8	420.1

Fund Source

Appropriated Funds

OS2048 Osteopathic Examiners Board Fund (Appropriated)	210.8	296.3	123.8	420.1
Appropriated Funds Total:	210.8	296.3	123.8	420.1
Fund Source Total:	210.8	296.3	123.8	420.1

Professional & Outside Services

Professional and Outside Services	-	171.9	68.0	239.9
Attorney General Legal Services	86.8	-	-	-
Education & Training	2.1	-	-	-
Non-confidential Outside Specialist Fees for Investigations etc.	22.3	-	-	-
Other Professional & Outside Services	9.8	-	-	-
Expenditure Category Total:	121.0	171.9	68.0	239.9

Fund Source

Appropriated Funds

OS2048 Osteopathic Examiners Board Fund (Appropriated)	121.0	171.9	68.0	239.9
Appropriated Funds Total:	121.0	171.9	68.0	239.9
Fund Source Total:	121.0	171.9	68.0	239.9

Program Expenditure Schedule

Agency: Board of Osteopathic Examiners

	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program: OSA-1-0 Licensing and Regulation				

Sub Program: OSA-1-1 Licensing and Regulation

Travel In-State

Travel In-State	0.1	2.5	-	2.5
Airfare and Other Common Carrier Charges	1.5	-	-	-
Mileage - Private Vehicle	0.1	-	-	-
Lodging	7.0	-	-	-
Expenditure Category Total:	8.8	2.5	-	2.5

Fund Source

Appropriated Funds

OS2048 Osteopathic Examiners Board Fund (Appropriated)	8.8	2.5	-	2.5
Appropriated Funds Total:	8.8	2.5	-	2.5
Fund Source Total:	8.8	2.5	-	2.5

Travel Out-Of-State

Travel Out of State	10.0	5.5	-	5.5
Meals with Overnight Stay	1.1	-	-	-
Meals without Overnight Stay	0.2	-	-	-
Other Miscellaneous Out-of- State Travel	0.3	-	-	-
Expenditure Category Total:	11.6	5.5	-	5.5

Fund Source

Appropriated Funds

OS2048 Osteopathic Examiners Board Fund (Appropriated)	11.6	5.5	-	5.5
Appropriated Funds Total:	11.6	5.5	-	5.5
Fund Source Total:	11.6	5.5	-	5.5

Other Operating Expenditures

Other Operating Expenses	-	304.7	123.5	428.2
Risk Management Charges to State Agencies	2.6	-	-	-
Internal Service Computer Processing, Hosting, Maintenance and Support Costs	7.4	-	-	-

Program Expenditure Schedule

Agency: Board of Osteopathic Examiners

	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program: OSA-1-0 Licensing and Regulation				
Sub Program: OSA-1-1 Licensing and Regulation				

External Programming and System Development Costs	12.4	-	-	-
Charges Imposed Related to AFIS.	2.4	-	-	-
External Telecommunications Charges	10.2	-	-	-
Building Rent Charges to State Agencies	39.6	-	-	-
Late Charges on Overdue Payments	0.1	-	-	-
Internal Accounting, Budgeting & Financial Services	28.8	-	-	-
Software Support, Maintenance Short-term Licensing	2.6	-	-	-
Office Supplies	4.7	-	-	-
Employee Tuition Reimbursement	6.6	-	-	-
Conference Registration / Attendance Fees	4.9	-	-	-
External Printing	2.4	-	-	-
Postage & Delivery	2.4	-	-	-
Document Shredding and Destruction Services	0.3	-	-	-
Awards	0.7	-	-	-
Dues	4.4	-	-	-
Books, Subscriptions & Publications	8.4	-	-	-
Security Services	1.7	-	-	-
Fingerprinting, Background Checks, Etc.	0.3	-	-	-
Other Miscellaneous Operating	1.4	-	-	-
Expenditure Category Total:	144.4	304.7	123.5	428.2

Fund Source

Appropriated Funds

OS2048	Osteopathic Examiners Board Fund (Appropriated)	144.4	304.7	123.5	428.2
	Appropriated Funds Total:	144.4	304.7	123.5	428.2
	Fund Source Total:	144.4	304.7	123.5	428.2

Program Expenditure Schedule

Agency: Board of Osteopathic Examiners

	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
Program: OSA-1-0 Licensing and Regulation				

Sub Program: OSA-1-1 Licensing and Regulation

Capital Equipment

Capital Equipment	-	-	12.5	12.5
Purchased or licensed software / website	1.0	-	-	-
Expenditure Category Total:	1.0	-	12.5	12.5

Fund Source

Appropriated Funds

OS2048 Osteopathic Examiners Board Fund (Appropriated)	1.0	-	12.5	12.5
Appropriated Funds Total:	1.0	-	12.5	12.5
Fund Source Total:	1.0	-	12.5	12.5

Non-Capital Equipment

Furniture - Non-Capital Purchase	0.2	-	-	-
Computer Equipment – Non- Capitalized Purchases	13.7	-	-	-
Other Equipment - Non- Capital Purchase	2.1	-	-	-
Expenditure Category Total:	16.0	-	-	-

Fund Source

Appropriated Funds

OS2048 Osteopathic Examiners Board Fund (Appropriated)	16.0	-	-	-
Appropriated Funds Total:	16.0	-	-	-
Fund Source Total:	16.0	-	-	-

Program Expenditure Schedule

Agency: Board of Osteopathic Examiners

	FY 2024 Actuals	FY 2025 Expenditure Plan	FY 2026 Funding Issue	FY 2026 Total Request
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Program: OSA-1-0 Licensing and Regulation

Sub Program: OSA-1-1 Licensing and Regulation

Transfers-Out

Transfers	2,800.4	-	-	-
Expenditure Category Total:	2,800.4	-	-	-

Fund Source

Appropriated Funds

OS2048 Osteopathic Examiners Board Fund (Appropriated)	2,800.4	-	-	-
Appropriated Funds Total:	2,800.4	-	-	-
Fund Source Total:	2,800.4	-	-	-

Employee Retirement Coverage

Retirement System	FTE	Personal Services	Fund#
Arizona State Retirement System	10.0	10.0	OS2048-A

Program Expenditure Schedule

Agency:	Board of Osteopathic Examiners
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Administrative Costs Summary	FY 2026
Personal Services	25.0
ERE	10.0
All Other	95.0
Administrative Costs Total:	130.0

Administrative Costs / Total Expenditure Ratio	Request	Admin %
FY 2026	2,039.1	6.4%

Agency Summary

Board of Osteopathic Examiners

Justin Bohall, Executive Director

Phone: 6027712522

A.R.S. §§ 32-1800 et seq.

Mission:

The mission of the Board is to protect the public by setting educational and training standards for licensure, and by reviewing complaints made against osteopathic physicians, interns, and residents to ensure that their conduct meets the standards of the profession, as defined in law (A.R.S. § 32-1854)."

Description:

The Board of Osteopathic Examiners regulates Osteopathic Physicians in Arizona. The Board is responsible for the licensure of Osteopathic Physicians and Residents, the enforcement of standards of practice, and the review and adjudication of complaints. The Board protects the public by setting educational and training standards for licensure and by reviewing complaints made against Osteopathic Physicians, Interns, and Residents to ensure that their conduct meets the standards of the profession, as defined by A.R.S. § 32-1854.

Agency Summary: (\$ Thousands)

Program	FY 2024 Actual	FY 2025 Estimate	FY 2026 Estimate
► Licensing and Regulation	3,931.7	1,403.1	2,039.1
Agency Total:	3,931.7	1,403.1	2,039.1

Funding:

	FY 2024 Actual	FY 2025 Estimate	FY 2026 Estimate
Other Appropriated Funds	3,931.7	1,403.1	2,039.1
Total Funding	3,931.7	1,403.1	2,039.1

FTE Positions	10.0	10.0	15.0
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5 Year Plan

Issue 1 Identifying and resolving pending complaints on a more timely basis

Description: The Board is continuing to receive a large number of complaints and will need to work to investigate those new complaints as well as existing complaints in a timely manner.

Solutions:

The Board has approved a policy and procedure to streamline the complaints process. The process focuses on internal operations that can be elevated to reduce investigations time. Additionally, staff is restructuring the administrative duties to allow for the Investigator and Medical Consultant to focus on case investigation rather than the administrative items. In FY24, the Agency hired an additional FTE to assist in the Investigative and Hearings process by aiding in the preparation and organization of documents, legal hearing notices and other administrative items. The Agency is also requested additional funding for the utilization of more Outside Medical Consultants to aid in the adjudication of complaints due to increasing complexity of the cases before the Board. The Board has also implemented a more modern database capable of managing complex investigations and streamlining processes.

Issue 2 Our agency efficiently processes applications while continuing to meet with statute, rule and timeframerequirements.

Description: The Board strives to make improvements in an processes and policies. Staff has restructured the licensing division and now has two dedicated licensing administrators assisted by a full time staff assistant to process licensing applications.

Solutions:

In July of 2022, The Board launched an online application portal to reduce application delays. The Board has migrated to an enhanced database which will allow for the more Applications and processed to be completed online. This will reduce delays in that time-frames and allow for more transparency and more streamlined processes. The Board has recently completed the transitioned to the enhanced database. Staff notes a general reduction in application time frames including the processing of an application from receipt to issuance. The numbers of submitted applications continue to grow by about 20% annually. The Board is requesting additional licensing staff to address these new incoming applications. The Board continues to participate in the Interstate Medical Licensure Compact which as it adds more states will continue to drive the increase in our licensing applications as the compact allows for extreme mobility or portability of licensure for MDs and DOs.

Issue 3 Complaints are taking more than 180 days to resolve and the Auditor General has set a guideline of 180 days or less.

Description: Our goal is to reduce the average number of days to investigate and resolve complaints to an average of 180 days or less. We recognize that some complaints, due to the difficulty of the case, require further investigation, evaluation or chart review after the Boards initial review of the matter. We aim to identify these cases before the Board reviews them in anticipation of such requests. Other factors such as continuances at the request of the licensee can also extend the timeframes for resolving these cases. With the consolidation of many medical offices, plans and hospitals, we are finding it is more challenging to get timely responses to subpoenas and requests for patient records required to conduct a thorough investigation. This outside delay has a direct impact on our internal process for investigating the complaint and the timeframe for its resolution. On average, we should meet the timeframes. Cases that proceed to an Investigative Hearing or that are sent to the Office of Administrative Hearings can take a longer period of time to resolve as these cases may result in the revocation of a license or a suspension of greater than 12 months. However, we will continue to strive to timely resolve such cases as quickly as possible. We are offering more Consent Agreements for surrender versus taking the matters to hearing. Again, this is a critical item to our Board as it affects the public and our licensees. When we identify a serious case involving possible immediate danger to the public, the Board addresses these matters on an immediate basis and with possible summary suspensions.

Solutions:

We continue to reduce the outstanding number of complaints and we are receiving a large number of new complaints. We continue to evaluate our processes to determine if there are methods or processes available to us to increase our complaint resolution rate. The Board has established a new policy and procedure for staff to implement. The goal of this policy will be to reduce case load and investigation time drastically. Staff continues to work towards reducing the average timeframe on complaints however, due to increased licensing numbers the number of complaints has also increased. Additionally, the complexity of cases has also drastically increased requiring additional time to gather evidence and medical records from an already stretched healthcare system. The Agency has requested additional funding to aid in the reduction of investigative timelines. The Board has also implemented a more modern database capable of managing complex investigations and streamlining processes. The Board is requesting additional investigative staff as well as increased funding for outside medical consultants to address the continued backlog of cases exceeding 180 days.

Resource Assumptions

	FY 2027 Estimate	FY 2028 Estimate	FY 2029 Estimate
Full-Time Equivalent Positions	15.0	15.0	16.0
General Fund	-	-	-
Other Appropriated Funds	2.0	2.0	2.1
Non-Appropriated Funds	-	-	-
Federal Funds	-	-	-

◆ **Goal 1** To issue and renew licenses promptly and in an effective manner

Performance Measures	FY 2023 Actual	FY 2024 Estimate	FY 2024 Actual	FY 2025 Estimate	FY 2026 Estimate
Number of new and existing licenses	4,742	4,950	5,048	5,445	5,750

Number of applications for new license received (does not include Post Graduate permits or dispensing registrations)	823	700	988	850	900
Number of new licenses issued	803	600	850	700	750
Average days to issue new license	2	3	3	3	3
Percentage of renewals done online vs. paper/ manually	100	100	100	100	100

◆ **Goal 2** To investigate and resolve complaints in a timely manner

Performance Measures	FY 2023 Actual	FY 2024 Estimate	FY 2024 Actual	FY 2025 Estimate	FY 2026 Estimate
Complaints received	271	300	233	300	300
Complaints investigated	251	250	300	350	350
Licensees who had disciplinary action taken	17	20	15	20	20
Average calendar days to resolve a complaint	176	180	211	180	180
Average calendar days to investigate a complaint	123	120	181	120	120
Number of complaints closed/resolved	251	250	204	350	350

◆ **Goal 3** To administer the agency efficiently and provide customer service to the public

Performance Measures	FY 2023 Actual	FY 2024 Estimate	FY 2024 Actual	FY 2025 Estimate	FY 2026 Estimate
Customer satisfaction rating (1-5)	4.71	4.25	4.96	4.25	4.25
Administration as percent of total cost	9	9	9	9	9

Agency 5 Year Plan

OSA Board of Osteopathic Examiners

Issue 1 Identifying and resolving pending complaints on a more timely basis

Description: The Board is continuing to receive a large number of complaints and will need to work to investigate those new complaints as well as existing complaints in a timely manner.

Solutions:

The Board has approved a policy and procedure to streamline the complaints process. The process focuses on internal operations that can be elevated to reduce investigations time. Additionally, staff is restructuring the administrative duties to allow for the Investigator and Medical Consultant to focus on case investigation rather than the administrative items. In FY24, the Agency hired an additional FTE to assist in the Investigative and Hearings process by aiding in the preparation and organization of documents, legal hearing notices and other administrative items. The Agency is also requested additional funding for the utilization of more Outside Medical Consultants to aid in the adjudication of complaints due to increasing complexity of the cases before the Board. The Board has also implemented a more modern database capable of managing complex investigations and streamlining processes.

Issue 2 Our agency efficiently processes applications while continuing to meet with statute, rule and timeframerequirements.

Description: The Board strives to make improvements in an processes and policies. Staff has restructured the licensing division and now has two dedicated licensing administrators assisted by a full time staff assistant to process licensing applications.

Solutions:

In July of 2022, The Board launched on online application portal to reduce application delays. The Board has migrated to an enhanced database which will allow for the more Applications and processed to be completed online. This will reduce delays in that time-frames and allow for more transparency and more streamlined processes. The Board has recently completed the transitioned to the enhanced database. Staff notes a general reduction in application time frames including the processing of an application from receipt to issuance. The numbers of submitted applications continue to grow by about 20% annually. The Board is requesting additional licensing staff to address these new incoming applications. The Board continues to participate in the Interstate Medical Licensure Compact which as it adds more states will continue to drive the increase in our licensing applications as the compact allows for extreme mobility or portability of licensure for MDs and DOs.

Issue 3 Complaints are taking more than 180 days to resolve and the Auditor General has set a guideline of 180 days or less.

Description: Our goal is to reduce the average number of days to investigate and resolve complaints to an average of 180 days or less. We recognize that some complaints, due to the difficulty of the case, require further investigation, evaluation or chart review after the Boards initial review of the matter. We aim to identify these cases before the Board reviews them in anticipation of such requests. Other factors such as continuances at the request of the licensee can also extend the timeframes for resolving these cases. With the consolidation of many medical offices, plans and hospitals, we are finding it is more challenging to get timely responses to subpoenas and requests for patient records required to conduct a thorough investigation. This outside delay has a direct impact on our internal process for investigating the complaint and the timeframe for its resolution. On average, we should meet the timeframes. Cases that proceed to an Investigative Hearing or that are sent to the Office of Administrative Hearings can take a longer period of time to resolve as these cases may result in the revocation of a license or a suspension of greater than 12 months. However, we will continue to strive to timely resolve such cases as quickly as possible. We are offering more Consent Agreements for surrender versus taking the matters to hearing. Again, this is a critical item to our Board as it affects the public and our licensees. When we identify a serious case involving possible immediate danger to the public, the Board addresses these matters on an immediate basis and with possible summary suspensions.

Solutions:

Agency 5 Year Plan

We continue to reduce the outstanding number of complaints and we are receiving a large number of new complaints. We continue to evaluate our processes to determine if there are methods or processes available to us to increase our complaint resolution rate. The Board has established a new policy and procedure for staff to implement. The goal of this policy will be to reduce case load and investigation time drastically. Staff continues to work towards reducing the average timeframe on complaints however, due to increased licensing numbers the number of complaints has also increased. Additionally, the complexity of cases has also drastically increased requiring additional time to gather evidence and medical records from an already stretched healthcare system. The Agency has requested additional funding to aid in the reduction of investigative timelines. The Board has also implemented a more modern database capable of managing complex investigations and streamlining processes. The Board is requesting additional investigative staff as well as increased funding for outside medical consultants to address the continued backlog of cases exceeding 180 days.

Resource Assumptions

	FY 2027 Estimate	FY 2028 Estimate	FY 2029 Estimate
Full-Time Equivalent Positions	15.0	15.0	16.0
General Fund	-	-	-
Other Appropriated Funds	2.0	2.0	2.1
Non-Appropriated Funds	-	-	-
Federal Funds	-	-	-

AGENCY SUMMARY

Program: OSA Board of Osteopathic Examiners
Director: Justin Bohall, Executive Director
Phone: Board of Osteopathic Examiners 6027712522
Statute: A.R.S. §§ 32-1800 et seq.
Plan Contact: Justin Bohall, Executive Director
 Board of Osteopathic Examiners 6027712522

Mission:

The mission of the Board is to protect the public by setting educational and training standards for licensure, and by reviewing complaints made against osteopathic physicians, interns, and residents to ensure that their conduct meets the standards of the profession, as defined in law (A.R.S. § 32-1854)."

Description:

The Board of Osteopathic Examiners regulates Osteopathic Physicians in Arizona. The Board is responsible for the licensure of Osteopathic Physicians and Residents, the enforcement of standards of practice, and the review and adjudication of complaints. The Board protects the public by setting educational and training standards for licensure and by reviewing complaints made against Osteopathic Physicians, Interns, and Residents to ensure that their conduct meets the standards of the profession, as defined by A.R.S. § 32-1854.

◆ **Goal 1 To issue and renew licenses promptly and in an effective manner**

Performance Measures:

ML	Budget	Type		FY 2023 Actual	FY 2024 Estimate	FY 2024 Actual	FY 2025 Estimate	FY 2026 Estimate
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OP	Number of new and existing licenses	4,742	4,950	5,048	5,445	5,750
<input checked="" type="checkbox"/>	<input type="checkbox"/>	IP	Number of applications for new license received (does not include Post Graduate permits or dispensing registrations)	823	700	988	850	900
<input checked="" type="checkbox"/>	<input type="checkbox"/>	OP	Number of new licenses issued	803	600	850	700	750
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EF	Average days to issue new license	2	3	3	3	3
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EF	Percentage of renewals done online vs. paper/manually	100	100	100	100	100

◆ **Goal 2 To investigate and resolve complaints in a timely manner**

Performance Measures:

ML	Budget	Type		FY 2023 Actual	FY 2024 Estimate	FY 2024 Actual	FY 2025 Estimate	FY 2026 Estimate
<input checked="" type="checkbox"/>	<input type="checkbox"/>	IP	Complaints received	271	300	233	300	300
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OP	Complaints investigated	251	250	300	350	350
<input checked="" type="checkbox"/>	<input type="checkbox"/>	OP	Licensees who had disciplinary action taken	17	20	15	20	20
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EF	Average calendar days to resolve a complaint	176	180	211	180	180
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EF	Average calendar days to investigate a complaint	123	120	181	120	120
<input checked="" type="checkbox"/>	<input type="checkbox"/>	OP	Number of complaints closed/resolved	251	250	204	350	350

AGENCY SUMMARY

Program: OSA Board of Osteopathic Examiners
Director: Justin Bohall, Executive Director
Phone: Board of Osteopathic Examiners 6027712522
Statute: A.R.S. §§ 32-1800 et seq.
Plan Contact: Justin Bohall, Executive Director
 Board of Osteopathic Examiners 6027712522

◆ **Goal 3 To administer the agency efficiently and provide customer service to the public**

Performance Measures:

ML	Budget	Type	FY 2023 Actual	FY 2024 Estimate	FY 2024 Actual	FY 2025 Estimate	FY 2026 Estimate
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	QL Customer satisfaction rating (1-5)	4.71	4.25	4.96	4.25	4.25
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EF Administration as percent of total cost	9	9	9	9	9

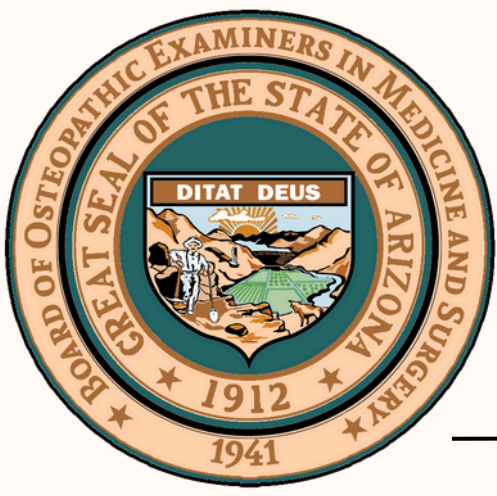
Budget Related Performance Measures

OSA Board of Osteopathic Examiners

PROGRAM SUMMARY

Program: Board of Osteopathic Examiners (OSA)
Contact: Justin Bohall, Executive Director 6027712522
2nd Contact: Justin Bohall, Executive Director 6027712522
Statute: A.R.S. §§ 32-1800 et seq.

ML	Budget Type	Performance Measures	FY 2023 Actual	FY 2024 Estimate	FY 2024 Actual	FY 2025 Estimate	FY 2026 Estimate
X	X	OP Number of new and existing licenses	4,742	4,950	5,048	5,445	5,750
X	X	EF Average days to issue new license	2	3	3	3	3
X	X	OP Complaints investigated	251	250	300	350	350
X	X	EF Average calendar days to resolve a complaint	176	180	211	180	180
X	X	EF Administration as percent of total cost	9	9	9	9	9
X	X	QL Customer satisfaction rating (1-5)	4.71	4.25	4.96	4.25	4.25



ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

ORGANIZATIONAL CHART

