

Uniform Standards Regarding Substance-Abusing Healing Arts Licensees

SB 1441 (Ridley-Thomas)
Implementation by
Department of Consumer Affairs,
Substance Abuse Coordination Committee



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November 2009



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Table of Contents

Uniform Standard #1	4
Uniform Standard #2	6
Uniform Standard #3	8
Uniform Standard #4	9
Uniform Standard #5	11
Uniform Standard #6	12
Uniform Standard #7	13
Uniform Standard #8	15
Uniform Standard #9	17
Uniform Standard #10	18
Uniform Standard #11	20
Uniform Standard #12	21
Uniform Standard #13	22
Uniform Standard #14	27
Uniform Standard #15	28
Uniform Standard #16	29

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#1 SB 1441 REQUIREMENT

Specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee.

#1 Draft Uniform Standard

~~If a board has determined that a clinical diagnostic evaluation is necessary in order to evaluate whether practice restrictions or other actions are warranted, the following minimum standards shall apply.~~

The board shall require any licensee whom it has confirmed has a problem with substance abuse to undergo a clinical diagnostic evaluation, at the licensee's expense, to evaluate whether practice restrictions or other actions are warranted. The following standards apply to the clinical diagnostic evaluation.

1. The clinical diagnostic evaluation shall be conducted by a licensed practitioner who:
 - holds a valid, unrestricted license to conduct a clinical diagnostic evaluation;
 - has three (3) years experience in providing evaluations of health professionals with substance abuse disorders; and,
 - is approved by the board.
2. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.
3. The clinical diagnostic evaluation report shall:
 - set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem;
 - set forth, in the evaluator's opinion, whether the licensee is a threat to himself/herself or others; and,
 - set forth, in the evaluator's opinion, recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator ~~may~~ shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

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If the evaluator determines during the evaluation process that a licensee is a threat to himself/herself or others, the evaluator shall notify the board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the board no later than 30 days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed ninety (90) days.

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#2 SB 1441 REQUIREMENT

Specific requirements for the temporary removal of the licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation described in subdivision (a) and any treatment recommended by the evaluator described in subdivision (a) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.

#2 Draft Uniform Standard

- ~~1. The board shall determine on a case-by-case basis whether a licensee shall be temporarily removed from practice to undergo the clinical diagnostic evaluation and any treatment recommended by the evaluator. The board may utilize any statutory provisions or other authority for temporary removal of the licensee.~~
- ~~2. Specific requirements for the temporary removal of the licensee from practice shall be determined on a case-by-case basis by the board using the following criteria:
 - ~~• license type;~~
 - ~~• licensee's history;~~
 - ~~• documented length of sobriety/time that has elapsed since substance use;~~
 - ~~• scope and pattern of use;~~
 - ~~• treatment history;~~
 - ~~• licensee's medical history and current medical condition;~~
 - ~~• nature, duration and severity of substance abuse, and~~
 - ~~• threat to himself/herself or the public.~~~~
- ~~3. These same criteria shall be used by the board to determine whether to permit a licensee to return to practice on a part- or full-time basis.~~

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The following practice restrictions apply to each licensee who undergoes a clinical diagnostic evaluation:

1. His or her license shall be placed on inactive status during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the diversion program/board staff.
2. While awaiting the results of the clinical diagnostic evaluation, the licensee shall be drug tested at least three times per week.
3. A diversion or probation manager shall determine, after reviewing the results of the clinical diagnostic evaluation, whether or not the licensee is safe to return to either part-time or fulltime practice. However, no licensee shall be returned to practice until he or she has at least one month of negative drug tests.

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#3 SB 1441 REQUIREMENT

Specific requirements that govern the ability of the licensing board to communicate with the licensee's employer about the licensee's status or condition.

#3 Draft Uniform Standard

If the licensee has an employer, he/she shall provide to the board the names, physical addresses, mailing addresses, and telephone numbers of all employers and shall give specific, written consent that the licensee authorizes the board and the employers to communicate regarding the licensee's work status, performance, and monitoring.

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Director's Edits**#4 SB 1441 REQUIREMENT**

Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomicity, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test.

#4 Draft Uniform Standard

~~If the board determines a licensee shall be subject to drug testing, the following minimum standards apply:~~

The following drug testing standards shall apply to each licensee:

1. Licensees who are practicing, shall be drug tested three (3) to five (5) times per week for the first year. After the first year, licensees shall be drug tested at least every week.

Licensees who have ceased practice shall be drug tested once a week for the first year. Drug testing may be required on any day, including weekends and holidays.

2. The scheduling of drug tests shall be done on a random basis, preferably by a computer program.
3. Licensees shall be required to make daily contact to determine if drug testing is required.
4. Licensees shall be drug tested on the date of notification as directed by the board.
5. Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.
6. Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.
7. Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.
8. Collection of specimens shall be observed.

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9. Prior to vacation or absence, alternative drug testing location(s) must be approved by the board.
10. Laboratories shall be certified by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The appropriate board will be notified of non-negative test results within one business day and will be notified of negative test results within seven business days.

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#5 SB 1441 REQUIREMENT

Standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

#5 Draft Uniform Standard

~~If the board determines a licensee must attend group meetings or support groups, the following standards shall apply:~~

If a board requires a licensee to participate in group therapy meetings, it shall comply with the following.

1. When determining the frequency of required group meeting attendance, the board shall give consideration to the following:
 - the licensee's history;
 - the documented length of sobriety/time that has elapsed since substance use;
 - the recommendation of the clinical evaluator;
 - the scope and pattern of use;
 - the licensee's treatment history; and,
 - the nature, duration, and severity of substance abuse.
2. The licensee shall be required to submit to the board, at least once a month, documentation of attendance at the group meeting signed or initialed by a representative of the meeting's organizer.

~~If the board determines a licensee must attend a group meeting facilitated by an individual who reports directly or indirectly to the board, in addition to the requirements above, the following standards shall also apply:~~

Group Meeting Facilitator Qualifications and Requirements:

1. The meeting facilitator must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state to provide therapy.
2. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee in the last five years.
3. The document showing attendance must be signed by the group meeting facilitator and must include the licensee's name, the group name, the date and location of the meeting, and the licensee's level of participation and progress in treatment.
4. The facilitator shall report any unexcused absence within 24 hours.

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#6 SB 1441 REQUIREMENT

Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary.

#6 Draft Uniform Standard

In determining whether inpatient, outpatient, or other type of treatment is necessary, the board shall consider the following criteria:

- recommendation of the clinical diagnostic evaluation pursuant to uniform standard #1;
- license type;
- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- scope and pattern of substance use;
- licensee's treatment history;
- licensee's medical history and current medical condition;
- nature, duration, and severity of substance abuse, and
- threat to himself/herself or the public.

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#7 SB 1441 REQUIREMENT

Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.

#7 Draft Uniform Standard

A board may require the use of worksite monitors. If a board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor shall meet the following requirements to be considered for approval by the board.

1. The worksite monitor shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. ~~If no worksite monitor is available, this provision may be waived by the Board on a case-by-case basis.~~ If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.
2. The worksite monitor's license scope of practice shall include the scope of practice of the licensee that is being monitored or be another health care professional as approved by the board if no monitor with like practice is available.
3. The worksite monitor shall have an active unrestricted license, with no disciplinary action within the last five (5) years.
4. The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.
5. The worksite monitor must adhere to the following required methods of monitoring the licensee:
 - a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.
 - b) Interview other staff in the office regarding the licensee's behavior, if applicable.
 - c) Review the licensee's work attendance.

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Reporting by the worksite monitor to the board shall be as follows:

1. Any suspected substance abuse must be verbally reported to the board and the licensee's employer within one (1) hour of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.
2. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:
 - the licensee's name;
 - license number;
 - worksite monitor's name and signature;
 - worksite monitor's license number;
 - worksite location(s);
 - dates licensee had face-to-face contact with monitor;
 - staff interviewed, if applicable;
 - attendance report;
 - any change in behavior and/or personal habits;
 - any indicators that can lead to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the board to allow the board to communicate with the worksite monitor.

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#8 SB 1441 REQUIREMENT

Procedures to be followed when a licensee tests positive for a banned substance.

#8 Draft Uniform Standard

~~The procedures below shall be followed w~~When a licensee tests positive for a banned substance, the board shall:

- ~~1. A licensee who tests positive for a banned substance shall be notified that their license is on **INACTIVE** status. At the same time, the following people shall be notified: the employer, the work site monitor, the probation monitor and/or the program manager and the treatment provider, including the group facilitator, if applicable.~~
- ~~2. The licensee must be re-tested. If a licensee tests positive for a banned substance, the board must immediately contact the licensee and instruct the licensee that the inactive status remains in effect.~~
- ~~3. The board should determine whether the positive test result is in fact evidence of prohibited use. If so, proceed to Uniform Standard #9.~~
- ~~4. Communication with the board's program manager, probation coordinator or recovery program if applicable;~~
- ~~5. Communication with the employer and worksite monitor, if applicable;~~
- ~~6. Communication with any treatment provider including support group facilitator.~~

~~Based on information gathered, at least one of the procedures below shall be followed in response to a positive test for a banned substance:~~

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1. ~~Continue cessation of practice and pursue administrative options including revocation and/or suspension~~
2. ~~Continue cessation of practice and require participation in inpatient and/or outpatient treatment~~
3. Increase frequency of testing
4. ~~Practice restrictions e.g. increased level of supervised practice, limit the scope of duties.~~
5. ~~Continue cessation of practice~~ Removal from practice for the purpose of assessment.

1. Place the licensee's license on inactive status; and
2. Immediately contact the licensee and instruct the licensee to leave work; and
3. Notify the licensee's employer, if any, and worksite monitor, if any, that the licensee may not work.

Thereafter, the board should determine whether the positive drug test is in fact evidence of prohibited use. If so, proceed to Standard #9. If not, the board should reactivate the license.

In determining whether the positive test is evidence of prohibited use, the board should, as applicable:

1. Consult the specimen collector and the laboratory;
2. Communicate with the licensee and/or any physician who is treating the licensee; and
3. Communicate with any treatment provider, including group facilitator/s.

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#9 SB 1441 REQUIREMENT

Procedures to be followed when a licensee is confirmed to have ingested a banned substance.

#9 Draft Uniform Standard

~~The procedures below shall be followed when a licensee is confirmed to have ingested a banned substance:~~

- ~~1. Communication with the board probation coordinator or recovery program if applicable;~~
- ~~2. Confrontation of the licensee;~~
- ~~3. Communication with the employer and worksite monitor, if applicable;~~
- ~~4. Communication with any treatment provider including support group facilitator.~~

~~Based on information gathered, at least one of the procedures below shall be followed in response to confirmation of an ingested banned substance:~~

- ~~1. Pursue administrative options including revocation and/or suspension;~~
- ~~2. Required participation in inpatient and/or outpatient treatment;~~
- ~~3. Increased frequency of testing;~~
- ~~4. Practice restriction e.g. increased level of supervised practice; limit the scope of duties;~~
- ~~5. Removal from practice for the purpose of assessment.~~

When a board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the board shall impose the consequences set forth in Uniform Standard #10.

Director's Edits**#10 SB 1441 REQUIREMENT**

Specific consequences for major and minor violations. In particular, the committee shall consider the use of a "deferred prosecution" stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency until or unless licensee commits a major violation, in which case it is revived and license is surrendered.

#10 Draft Uniform Standard

~~The Board shall review each violation of a contract, disciplinary order or probationary order on a case-by-case basis and determine the consequences based upon the following guidelines:~~

Major Violations include, but are not limited to:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Multiple minor violations (three (3) or more);
4. Treating patients while under the influence of drugs/alcohol;
5. Any drug/alcohol related act which would constitute a violation of the practice act or state/federal laws;
6. Failure to obtain biological testing for substance abuse.
7. Testing positive and confirmation for substance abuse pursuant to Uniform Standard #9.

Consequences for a major violation include, but are not limited to:

~~At least one of the following consequences shall be taken for a major violation:~~

- ~~• Suspension~~
- ~~• Revocation~~
- ~~• Other action as determined by the board.~~

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Inactivation of the license.

- a) the license is put on inactive status, and
 - b) the licensee must undergo a new clinical diagnostic evaluation, and
 - c) the licensee must test clean for at least a month of continuous drug testing before being allowed to go back to work, and
 - d) the licensee must sign an agreement stipulating that he/she has engaged in self-abuse of drugs/alcohol and is surrendering his/her license. That stipulation will be deferred unless the licensee commits another major violation, in which case the board shall activate the stipulation and the license is formally surrendered.
2. Termination of a contract/agreement.
 3. Referral for disciplinary action, such as suspension, revocation, or other action as determined by the board.

Minor Violations include, but are not limited to:

1. Untimely receipt of required documentation;
2. Non-attendance at group meetings;
3. Failure to contact a monitor when required;
4. Any other violations that do not present an immediate threat to the violator or to the public.

Consequences for minor violations include, but are not limited to:

At least one of the following consequences shall be taken for a minor violation:

- Removal from practice;
- Practice limitations;
- Required supervision;
- Increased documentation
- Issuance of citation and fine or a warning notice;
- Required reevaluation/testing;
- Other action as determined by the board.

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#11 SB 1441 REQUIREMENT

Criteria that a licensee must meet in order to petition for return to practice on a full time basis.

#11 Draft Uniform Standard

“Petition” as used in this standard is an informal request as opposed to a “Petition for Modification” under the Administrative Procedure Act.

The licensee shall meet the following criteria before submitting a request (petition) to return to full time practice:

1. Demonstrated sustained compliance with current recovery program.
2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee's substance abuse.
3. Clean drug testing for at least six months, two clean worksite monitor reports, and complete compliance with other terms/conditions of the program.

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#12 SB 1441 REQUIREMENT

Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.

12 Draft Uniform Standard

“Petition for Reinstatement” as used in this standard is an informal request (petition) as opposed to a “Petition for Reinstatement” under the Administrative Procedure Act.

The licensee must meet the following criteria to request (petition) for a full and unrestricted license.

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.
2. Demonstrated successful completion of recovery program, if required.
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.
4. Demonstrated that he or she is able to practice safely.
5. Continuous sobriety for three (3) to five (5) years

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#13 SB 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, (1) standards for immediate **REPORTING** by the vendor to the board of any and all noncompliance with process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; (3) standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and (4) standards for a licensee's termination from the program and referral to enforcement.

#13 Draft Uniform Standard

~~1. A vendor must report to the board, any noncompliance with any term of the diversion contract or probation as follows:~~

~~Whenever a licensee commits a minor violation, the contractor shall notify the board within five (5) business days. Minor violations include, but are not limited to:~~

- ~~a) Untimely receipt of required documentation;~~
- ~~b) Non-attendance at a group meeting;~~
- ~~c) Failure to contact a monitor when required;~~
- ~~d) Any other violations that do not present an immediate threat to the violator or to the public.~~

~~Whenever a licensee commits a **major** violation, the contractor shall notify the board within one (1) business day. Major violations include, but are not limited to:~~

- ~~a) Failure to complete a board-ordered program;~~
- ~~b) Failure to undergo a required clinical diagnostic evaluation;~~
- ~~c) Multiple minor violations (three or more);~~
- ~~d) Treating patients while under the influence of drugs or alcohol;~~
- ~~e) Any drug/alcohol related act which would constitute a violation of the practice act or state or federal laws;~~
- ~~f) Failure to obtain biological testing for substance abuse.~~

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1. A vendor must report to the board any major violation, as defined in Uniform Standard #10, within one (1) business day. A vendor must report to the board any minor violation, as defined in Uniform Standard #10, within five (5) business days.
2. A vendor's approval process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors is as follows:

Specimen Collectors:

- a) The provider or subcontractor shall possess all the materials, equipment, and technical expertise necessary in order to test every licensee for which he or she is responsible on any day of the week. ~~to provide all the services.~~
- b) The provider or subcontractor shall be able to scientifically test for urine, blood, and hair specimens for the detection of alcohol, illegal, and controlled substances.
- c) The provider or subcontractor must provide collection sites that are located in areas throughout California.
- d) The provider or subcontractor must have an automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the participant to check in daily for drug testing.
- e) The provider or subcontractor must have or be subcontracted with operating collection sites that are engaged in the business of collecting urine, blood, and hair follicle specimens for the testing of drugs and alcohol within the State of California.
- f) The provider or subcontractor must have a secure, HIPAA compliant, website or computer system to allow staff access to drug test results and compliance reporting information that is available 24 hours a day.
- g) The provider or subcontractor shall employ or contract with toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory drug test results, medical histories, and any other information relevant to biomedical information.
- h) Must undergo training as specified in Uniform Standard #4 (5)

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Group Meeting Facilitators:

A group meeting facilitator for any facilitated group must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse and must be licensed or certified by the state. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee in the last five (5) years. The facilitator shall report any unexcused absence within twenty-four (24) hours to the board.

Work Site Monitors:

1. The worksite monitor must meet the following qualifications:
 - a) Shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. This provision may be waived by the board on a case-by-case basis. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.
 - b) The monitor's licensure scope of practice shall include the scope of practice of the licensee that is being monitored or be another health care professional approved by the board, if no monitor with like practice is available.
 - c) Shall have an active unrestricted license, with no disciplinary action within the last five years.
 - d) Shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.
2. The worksite monitor must adhere to the following required methods of monitoring the licensee:
 - a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.
 - b) Interview other staff in the office regarding the licensee's behavior, if applicable.
 - c) Review the licensee's work attendance

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~~3. The worksite monitor must report to the contractor and the Board:~~

~~Any suspected substance abuse must be verbally reported to the Board and the licensee's employer within one hour of occurrence. If occurrence is not during the Board's normal business hours the report must be within one hour of the next business day. A written report shall be submitted to the Board within 48 hours of occurrence.~~

3. Any suspected substance abuse must be verbally reported to the contractor, the board, and the licensee's employer within one (1) hour of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.

4. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:

- the licensee's name;
- license number;
- worksite monitor's name and signature;
- worksite monitor's license number;
- worksite location(s);
- dates licensee had face-to-face contact with monitor;
- staff interviewed, if applicable;
- attendance report;
- any change in behavior and/or personal habits;
- any indicators that can lead to suspected substance abuse.

Treatment Providers

1. Treatment facility staff and services must have:

- a) Licensure and/or accreditation by appropriate regulatory agencies;
- b) Sufficient resources available to adequately evaluate the physical and mental needs of the client, provide for safe detoxification, and manage any medical emergency;
- c) Professional staff who are competent and experienced members of the clinical staff;
- d) Treatment planning involving a multidisciplinary approach and specific aftercare plans;
- e) Means to provide treatment/progress documentation to the provider.

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2. The vendor shall disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services as follows:
 - a) The vendor is fully responsible for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them. No subcontract shall relieve the vendor of its responsibilities and obligations. All state policies, guidelines, and requirements apply to all subcontractors.
 - b) If a subcontractor fails to provide effective or timely services as listed above, but not limited to any other subcontracted services, the vendor will terminate services of said contractor within 30 business days of notification of failure to provide adequate services.
 - c) The vendor shall notify the appropriate board within 5 business days of termination of said subcontractor.

~~4. A licensee's termination from the program and referral to enforcement shall be determined as follows:~~

~~Whenever a licensee commits a major violation, the vendor shall notify the board within one (1) business day. The violation will be reviewed by the Board on a case by case basis for termination from the program and referral to enforcement.~~

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#14 SB 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

#14 Draft Uniform Standard

The board ~~may only~~ shall disclose the following information ~~provide~~, to the public, the ~~following information~~ for those licensees who are participating in a board monitoring program regardless of whether the licensee is a self-referral or a board referral:

- Licensee's name;
- Whether the licensee's practice is restricted, or the license is on inactive status;
- A detailed description of any restriction imposed.

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#15 SB 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, a schedule for external independent audits of the vendor's performance in adhering to the standards adopted by the committee.

#15 Draft Uniform Standard:

If a board uses a private-sector vendor to provide monitoring services for its licensees, an external independent audit must be conducted at least once every three years by a qualified, independent reviewer or review team from outside the department with no real or apparent conflict of interest with the vendor providing the monitoring services. In addition, the reviewer shall not be a part of or under the control of the board. The independent reviewer or review team must consist of individuals who are competent in the professional practice of internal auditing and assessment processes and qualified to perform audits of monitoring programs.

The audit must assess the vendor's performance in adhering to the uniform standards established by the board. The reviewer must provide a report of their findings to the board by June 30 of each three-year cycle. The report shall identify any material inadequacies, deficiencies, irregularities, or other non-compliance with the terms of the vendor's monitoring services that would interfere with the board's mandate of public protection.

Director's Edits**#16 SB 1441 Requirement**

Measurable criteria and standards to determine whether each board's method of dealing with substance-abusing licensees protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

#16 Draft Uniform Standard

Each board shall report the following information on a yearly basis to the Department of Consumer Affairs and the Legislature as it relates to licensees with substance abuse problems who are either in a board probation and/or diversion program.

- Number of intakes into a diversion program
- Number of probationers whose conduct was related to a substance abuse problem
- Number of referrals for treatment programs
- Number of relapses (break in sobriety)
- Number of cease practice orders/license inactivations
- Number of suspensions
- Number terminated from program for noncompliance
- Number of successful completions based on uniform standards
- Number of major violations; nature of violation and action taken
- Number of licensees who successfully returned to practice

The above information shall be further broken down for each licensing category, specific substance abuse problem (i.e. cocaine, alcohol, Demerol etc.), whether the licensee is in a diversion program and/or probation program

If the data indicates that licensees in specific licensing categories or with specific substance abuse problems have either a higher or lower probability of success, that information shall be taken into account when determining the success of a program. It may also be used to determine the risk factor when a board is determining whether a license should be revoked or placed on probation.

The board shall use the following criteria to determine if its program protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

- At least 90 percent of licensees who either entered a diversion program or whose license was placed on probation as a result of a substance abuse problem successfully completed either the program or the probation.
- At least 95 percent of licensees who successfully completed a diversion program or probation did not have any substantiated complaints related to substance abuse for at least 10 years after completion.