BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

State of California
Edmund G. Brown Jr., Governor

NOTICE OF TELECONFERENCE
ENFORCEMENT COMMITTEE MEETING
February 12, 2014
1:00 p.m.
901 P Street, Suite 142A
Sacramento, CA 95814
(916) 263-5355

Teleconference Locations with Public Access

Dr. Sergio Azzolino, D.C
1545 Broadway St, Ste 1A
San Francisco, CA 94109
(415) 563-3800

Julie A. Elginer, Dr. P.H., MBA
Agoura Hills Library
29901 Ladyface Court
Agoura Hills, CA 91301
(818) 889-2278

Dr. Hugh Lubkin, D.C.
9381 East Stockton Blvd, Ste 220
Elk Grove, CA 95624
(916) 685-1718

AGENDA

1. **Call to Order**

2. **Approval of Minutes**
   October 24, 2013

3. **Review and Discuss Possible Changes to the Proposed Regulations for Extracorporeal Shock Wave (ECSW) Therapy (Proposed Regulation Section 318.2)**

4. **Public Comment**
   Note: The Board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125 & 11125.7(a)]

5. **Future Agenda Items**

6. **Adjourn**

ENFORCEMENT COMMITTEE
Sergio Azzolino, D.C., Chair
Julie A. Elginer, Dr. P.H., MBA
Hugh Lubkin, D.C.
Francesco Columbu, D.C.

Meetings of the Board of Chiropractic Examiners are open to the public except when specifically noticed otherwise in accordance with the Open Meeting Act. Public comments will be taken on agenda items at the time the specific item is raised. The Board may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. For verification of the meeting, call (916) 263-5355 or access the Board's Web Site at www.chiro.ca.gov.

The meeting facilities are accessible to individuals with physical disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Marlene Valencia at (916) 263-5355 ext. 5363 or e-mail marlene.valencia@dca.ca.gov or send a written request to the Board of Chiropractic Examiners, 901 P Street, Suite 142A, Sacramento, CA 95814. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

T (916) 263-5355
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Board of Chiropractic Examiners
901 P Street, Suite 142A
Sacramento, California 95814
www.chiro.ca.gov

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

State of California
Edmund G. Brown Jr., Governor

NOTICE OF ENFORCEMENT COMMITTEE MEETING

April 29, 2014
8:00 a.m.
Southern California University of Health Sciences
16200 Amber Valley Drive, Multipurpose Room #41
Whittier, CA 90604
(562) 947-8755

AGENDA

1. **Call to Order**
2. **Approval of Minutes**
   February 12, 2014
3. **Possible Changes to or Other Action Regarding the Proposed Regulations for Extracorporeal Shock Wave (ECSW) Therapy (Proposed Regulation Section 318.2)**
4. **Update Regarding the Options for Implementation of Uniform Standards of Substance Abusing Healing Arts Licensees**
5. **Discussion Regarding Proposed Changes to Title 16, CCR Section 317(w) (Failure to Refer)**
6. **Discussion Regarding the Physical Therapy Board Staff's Opinion of the Physical Therapist's Scope of Practice**
7. **Consideration of and Possible Action Regarding Proposed Regulations to Implement Recommendations to Strengthen Enforcement Programs Pursuant to the Consumer Protection Enforcement Initiative (CPEI)**
8. **Discussion Regarding Establishing a Standard for Maintenance of Patient Records when a Practice Closes**
9. **Public Comment**
   Note: The Board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125 & 11125.7(a)]
10. **Future Agenda Items**
11. **Adjourn**

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ENFORCEMENT COMMITTEE

Sergio Azzolino, D.C., Chair
Heather Dehn, D.C.
Frank Ruffino

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Subject: PT Scope of Practice Inquiry: Manipulation/Mobilization

From: Conley, Sarah@DCA (Sarah.Conley@dca.ca.gov)

To: pedchiropractic@att.net;

Date: Wednesday, November 20, 2013 11:30 AM

Mr. Pedroncelli,

I apologize the press of business has not allowed for a more expedient response to your inquiry regarding whether mobilization/manipulation is with a physical therapist's scope of practice.

The use of mobilization, Grades 1-5, or manipulation is the use of passive exercise, and is within the scope of practice of a physical therapist. The use of passive exercise is authorized by Section 2620 of the Business and Professions Code:

> (a) Physical therapy means the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise, and shall include physical therapy evaluation, treatment planning, instruction and consultative services. The practice of physical therapy includes the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions. The use of roentgen rays and radioactive materials, for diagnostic and therapeutic purposes, and the use of electricity for surgical purposes, including cauterization, are not authorized under the term "physical therapy" as used in this chapter, and a license issued pursuant to this chapter does not authorize the diagnosis of disease.
>
> (b) Nothing in this section shall be construed to restrict or prohibit other healing arts practitioners licensed or registered under this division from practice within the scope of their license or registration.

A physical therapist may use mobilization, Grades 1-5, or manipulation as each applies within the scope of physical therapy practice; the intent of providing the treatments is an important distinction between the practice of physical therapy and the practice of chiropractic.

Sarah Conley

Executive Associate Analyst, Administrative Services

Physical Therapy Board of California

Phone: 916.561.8210

Fax: 916.263.2560

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February 10, 2014

Honorable Leland Y. Yee
Room 4072, State Capitol

PHYSICAL THERAPY: SCOPE OF PRACTICE - #1327942

Dear Senator Yee:

QUESTION

Does the Physical Therapy Practice Act authorize a physical therapist to perform joint manipulation, which, for purposes of this opinion, is defined as moving a joint out of its normal range of motion and into the paraphysiological range of motion?

OPINION

The Physical Therapy Practice Act does not authorize a physical therapist to perform joint manipulation, which, for purposes of this opinion, is defined as moving a joint out of its normal range of motion and into the paraphysiological range of motion.

ANALYSIS

1. Background

The Physical Therapy Practice Act (Bus. & Prof. Code, div. 2, ch. 5.7 (§ 2600 et seq.); hereafter the act)[1] provides for the licensure and practice of physical therapists by the Physical Therapy Board of California (the board) and makes it unlawful, with certain exceptions, for a person who is not licensed as a physical therapist to practice or offer to practice physical therapy, as defined, for compensation, or to hold himself or herself out as a

[1] All further section references are to the Business and Professions Code, unless otherwise indicated.

physical therapist. (§ 2630.) Section 2620 of the act defines the scope of practice for physical therapists as follows:

> "2620. (a) Physical therapy means the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by *the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise*, and shall include physical therapy evaluation, treatment planning, instruction and consultative services. The practice of physical therapy includes the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions. The use of roentgen rays and radioactive materials, for diagnostic and therapeutic purposes, and the use of electricity for surgical purposes, including cauterization, are not authorized under the term "physical therapy" as used in this chapter, and a license issued pursuant to this chapter does not authorize the diagnosis of disease.
>
> "(b) Nothing in this section shall be construed to restrict or prohibit other healing arts practitioners licensed or registered under this division from practice within the scope of their license or registration." (Emphasis added.)

In sum, the act authorizes physical therapists to perform therapy treatments only through the use of "the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise."

You have asked whether the scope of practice set forth in the act authorizes a physical therapist to perform joint manipulation. For purposes of this opinion, you have defined "joint manipulation" as moving a joint out of its normal range of motion and into the paraphysiological range of motion. "Paraphysiological space" means "the distance a joint can be moved beyond the passive end range (elastic barrier) without causing the tissue to rupture" or "the last of three barriers to end joint movement, distinguished by the audible popping sound that occurs as a gap is created in the joint."[2] Accordingly, joint manipulation, for purposes of this opinion, is a technique used to move a joint out of its normal range of motion by exerting enough force to create a gap in the joint.

2. Plain language

As stated above, the act authorizes physical therapists to perform therapy treatments only through the use of "the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise." (§ 2620.) When the language of a statute is clear, its plain meaning should be followed. (*Droeger v. Friedman, Sloan & Ross* (1991) 54 Cal.3d 26, 38.) Thus, in order for joint manipulation to be an

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[2] See definition of "paraphysiologic space" at <http://medical-dictionary.thefreedictionary.com/paraphysiologic+space> (last accessed Nov. 7, 2013).

authorized physical therapy practice pursuant to section 2620 it must constitute a treatment therapy that involves the use of "the physical, chemical, and other properties of heat, light, water, electricity, sound, *massage, and active, passive, and resistive exercise*" in order for section 2620 to authorize physical therapists to perform the maneuver. (§ 2620; emphasis added.) It is our view that, of the treatment therapies authorized by section 2620, massage and active, passive, and resistive exercise are the only therapies into which joint manipulation may fall. Because the act does not define the terms "massage" and "active, passive, and resistive exercise," we must rely on the usual, ordinary, and common-sense meaning of those terms. (*People v. Mejia* (2012) 211 Cal.App.4th 586, 611.)

Examining the meaning of "massage" first, that term is defined as "the action of rubbing or pressing someone's body in a way that helps muscles to relax or reduces pain in muscles and joints" and the "manipulation of tissues (as by rubbing, kneading, or tapping) with the hand or an instrument for therapeutic purposes."[3] Therefore, the ordinary meaning of massage includes the manipulation of tissues to reduce pain in joints. We have no information that would allow us to determine if performing joint manipulation would reduce pain in a joint. Nonetheless, because the definition of massage includes more gentle actions, such as rubbing, kneading, and tapping, rather than more forceful actions such as thrusting, it is unlikely that the ordinary meaning of "massage" includes joint manipulation, which requires exerting enough force to create a gap in the joint. Therefore, we conclude that joint manipulation does not constitute massage for purposes of section 2620.

Turning to the meaning of "active, passive, and resistive exercise," we must look to the definition of each individual type of exercise listed. "Active exercise" means a "type of bodily movement performed by voluntary contraction and relaxation of muscles."[4] "Passive exercise" means a "therapeutic exercise technique used to move a patient's joints through a range of motion without any effort on the part of the patient." "It is accomplished by a therapist, an assistant, or the use of a machine."[5] "Resistive exercise" means "[e]xercise in which a muscle contraction is opposed by force" with an objective to "increase muscular strength or endurance."[6] According to these definitions, joint manipulation is most akin to passive exercise, which involves a therapist moving a patient's joint through *a range of motion*. However, "range of motion" means "[m]ovement of a joint through its *available* range of motion."[7] Consequently, because joint manipulation involves moving a joint outside of its normal range of motion, joint manipulation would not constitute passive or any other kind of exercise under the ordinary meaning of those terms.

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[3] See definition of "massage" at <http://www.merriam-webster.com/dictionary/massage> (last accessed Nov. 7, 2013).

[4] Taber's Cyclopedic Medical Dictionary (20th ed. 2001) p. 754.

[5] *Id.* at p. 755.

[6] *Ibid.*

[7] *Ibid.* (Emphasis added.)

Therefore, we conclude that the plain language of section 2620 does not authorize a physical therapist to perform joint manipulation.

3. Attorney General opinions

Relevant to our analysis are two Attorney General opinions rendered in 1962 and 1976.[8] In 39 Ops.Cal.Atty.Gen. 169 (1962), the Attorney General concluded that the "massage" authorized under section 2620 does not include manipulating the spine because there is a substantial difference between massaging the muscles surrounding the spine and actually manipulating and adjusting the various bones that make up the spine. Subsequently, in 59 Ops.Cal.Atty.Gen. 7, 13 (1976), the Attorney General concluded that "a physical therapist may not directly manipulate or adjust the spine or other bone." In reaching this conclusion, the Attorney General provided that "'[a]djustment' is not a term used in physical therapy. It is a chiropractic word defined in Schmidt's Attorney's Dictionary of Medicine ... as follows: 'In chiropractic practice, a manipulation intended to replace a displaced vertebra, or one assumed to be displaced and the cause of symptoms.' It is defined in Dorland's Medical Dictionary ... as '... a chiropractic word for replacement of an alleged subluxed vertebrae for the purpose of relieving pressure on a spinal nerve.' Blakiston's New Gould Medical Dictionary ... defines adjustment as a chiropractic treatment aimed at reduction of subluxed vertebrae. We do not believe that adjustment as thus defined, is within the scope of activity permitted a physical therapist under section 2620." (*Ibid.*)

Although the 1962 and 1976 Attorney General opinions do not analyze joint manipulation as defined in this opinion, they do reach a similar conclusion that physical therapists are not authorized to perform manipulations that adjust the spine or other bones.[9] To that end, we believe these Attorney General opinions support our plain language interpretation of section 2620, which is significant because opinions of the Attorney General directly affect the public and are influential to a court, as explained below.

Attorney General opinions directly affect the public because "[i]ndividuals affected by an Attorney General opinion must regard the authoritative opinion of the highest law enforcement officer of the state as having a definitive impact on their obligations under the subject laws." (*Natkin v. California Unemployment Insurance Appeals Board* (2013) 219 Cal.App.4th 997, 1006; internal citations omitted.) "In other words, when the office of the Attorney General promulgates an official opinion, it must assume that it will be relied upon by affected members of the public." (*Id.* at pp. 1006-1007.) Furthermore, an Attorney General opinion "is not a mere advisory opinion, but a statement which, although not

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[8] Hereafter the 1962 and 1976 Attorney General opinions.

[9] The 1962 and 1976 Attorney General opinions focus on spinal manipulation, rather than joint manipulation, as the practice of the chiropractor; however, we think their provisions may be extended to joint manipulation because the scope of practice for chiropractors includes the ability to "manipulate and adjust the spinal column and other joints." (Cal. Code Regs., tit. 16, § 301.)

binding on the judiciary, must be regarded as having a quasi judicial character and [is] entitled to great respect, and given great weight by the courts." (*Id.* at p. 1006; internal citations omitted; brackets in original.) Moreover, when an Attorney General opinion interprets a statutory provision, "[i]t must be presumed that the aforesaid interpretation has come to the attention of the Legislature, and if it were contrary to the legislative intent that some corrective measure would have been adopted in the course of the many enactments on the subject in the meantime." (*Meyer v. Bd. of Trustees of San Dieguito Union High School Dist. of San Diego County* (1961) 195 Cal.App.2d 420, 432.) Additionally, a significant lapse of time since the Attorney General's interpretation of a particular statute "supports the inference that if it were contrary to legislative intent, some corrective measure would have been adopted" by the Legislature. (*People v. Union Oil Co.* (1969) 268 Cal.App.2d 566, 571 [placing significance on the fact that a section of the School Code had been reenacted twice in 10 years since the Attorney General issued an opinion interpreting the statutory provision].)

Here, not only has a significant lapse of time occurred since the Attorney General issued the 1962 and 1976 opinions described above, but the Legislature has amended or attempted to amend section 2620 several times, and even completely recast and revised the act, without amending the physical therapist's scope of practice to negate those Attorney General opinions.[10] The fact that the Legislature has not acted to negate the Attorney General's construction of the language in section 2620 evidences that that construction is consistent with the legislative intent of section 2620 and should be given great weight by the courts. It is also significant to our question because that construction supports our conclusion that the plain language of section 2620 does not authorize physical therapists to perform joint manipulation.

4. Administrative agency opinion

Also relevant to our analysis is Legal Opinion No. 80-18 (July 22, 1980) issued by the chief counsel for the Department of Consumer Affairs (DCA) to the Board of Chiropractic Examiners which addresses the question of whether physical therapists may engage in spinal manipulation (hereafter DCA opinion). The DCA opinion is relevant because the board is under the jurisdiction of the DCA (§ 101), and a court must defer to an administrative agency's interpretation of a statute or regulation involving its area of expertise unless the challenged construction contradicts the clear language and purpose of the interpreted provision. (*Hoitt v. Department of Rehabilitation* (2012) 207 Cal.App.4th 513, 526.)

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[10] See, e.g., Senate Bill No. 1485 (2003-2004 Reg. Sess.), Senate Bill No. 77 (2003-2004 Reg. Sess.), Assembly Bill No. 1444 (2007-2008 Reg. Sess.), and Senate Bill No. 198 (2013-2014 Reg. Sess.).

In answering the question regarding spinal manipulation, the DCA opinion, at page 1, differentiates between mobilization and manipulation by explaining, in pertinent part, that:

> "Mobilization of the spine and other joints through the use of rotation and other physical pressure constitutes in our opinion the use of physical properties including passive exercise for the treatment of physical conditions and is specifically authorized in the physical therapist's scope of practice which is set forth in Section 2620 of the Business and Professions Code. Therefore, we do not believe that a physical therapist is practicing beyond his or her legal scope of practice by utilizing such technique."

However, in the DCA opinion, *supra*, at page 1, the chief counsel acknowledges the 1962 and 1976 Attorney General opinions described above and opines that "... the performance of joint mobilization by a physical therapist is not the adjustment and manipulation of hard tissues as a chiropractic technique. Joint mobilization performed by physical therapists is not done for the purpose of treating or preventing diseases or for maintaining the structural and functional integrity of the nervous system and is thus not the practice of the chiropractic."

In sum, the DCA opinion provides that physical therapists may perform joint mobilization, which involves the use of physical properties including passive exercise to move joints. However, that opinion does not conclude that the use of physical properties may also include something beyond passive exercise such as thrusting a joint out of its normal range of motion. It is likely that there is some limit to a physical therapist's use of physical properties because the DCA opinion, *supra*, at page 1, also provides that "the performance of joint mobilization by a physical therapist is not the adjustment and manipulation of hard tissues." It is not clear from these descriptions of mobilization versus manipulation if joint manipulation, as defined in this opinion, by a physical therapist would constitute permissible mobilization or impermissible manipulation according to the DCA opinion. Therefore, even though the DCA opinion does not conclude whether the scope of practice of physical therapy includes joint manipulation as described in this opinion, we think that it does not contradict our interpretation of section 2620.

Although we have determined that the plain language of section 2620 does not authorize joint manipulation, we are cognizant that, "[w]hile the ultimate interpretation of a statute is an exercise of judicial power, when an administrative agency is charged with enforcing a particular statute, its interpretation of the statute will be accorded great respect by the courts and will be followed if not *clearly erroneous.*" (*Goldman v. California Franchise Tax Bd.* (2012) 202 Cal.App.4th 1193, 1205; internal citations omitted; emphasis added.) Moreover, the standard of care against which the acts of a medical practitioner are to be measured is a matter peculiarly within the knowledge of experts, unless the conduct required by the particular circumstances is within the common knowledge of laymen. (*Selden v. Dinner* (1993) 17 Cal.App.4th 166, 174.) Accordingly, although the board has yet to issue any official guidance or regulations regarding joint manipulation, because the board possesses medical expertise relevant to the scope of practice of a physical therapist, any such guidance or

regulations would be viewed very favorably by a court and followed unless clearly erroneous. Ultimately, our plain language interpretation of section 2620 is based on our laypersons' understanding of medical terminology, which is more limited than the board's expert knowledge of physical therapy terminology. Additionally, "[c]ustom is often very important ... in assisting courts to interpret statutes properly" as long as the custom does not overcome the positive provisions of a statute. (*American Nat. Bank of San Francisco v. A.G. Sommerville, Inc.* (1923) 191 Cal. 364, 371.) Here, there may be a custom of physical therapists performing joint manipulation in California; you have informed us that some physical therapists in California are currently performing such a maneuver and that the national accrediting commission for physical therapy includes joint manipulation thrust techniques in its evaluation criteria.[11] Therefore, we do not opine as to whether a court would uphold an alternative interpretation of section 2620 by the board, which possesses the most relevant expertise regarding physical therapy terminology.

4. Conclusion

Based on a plain language interpretation of Business and Professions Code section 2620 and the 1962 and 1976 opinions of the Attorney General, it is our opinion that the Physical Therapy Practice Act does not authorize a physical therapist to perform joint manipulation, which, for purposes of this opinion, is defined as moving a joint out of its normal range of motion and into the paraphysiological range of motion.

Very truly yours,

Diane F. Boyer-Vine
Legislative Counsel

Joanna E. Varner

By
Joanna E. Varner
Deputy Legislative Counsel

JEV:sjk

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[11] Commission on Accreditation in Physical Therapy Education: Evaluative Criteria PT Programs (last updated: 1/7/14), p. 33 (available at <http://www.capteonline.org/uploadedFiles/CAPTEorg/About_CAPTE/Resources/Accreditation_Handbook/Evaluative Criteria_PT.pdf> [last accessed Feb. 4, 2014]).

ROGER L. BLAKE, EXECUTIVE DIRECTOR
CALIFORNIA INTERSCHOLASTIC FEDERATION
CIF STATE OFFICE · 4658 DUCKHORN DRIVE · SACRAMENTO, CA 95834 · PH: 916-239-4477 · FX: 916-239-4478 · WWW.CIFSTATE.ORG

April 7, 2014

To: California Chiropractic Association

From: Ron Nocetti, California Interscholastic Federation

Re: Inquiry regarding physical examinations

Please allow this letter to address the following questions posed to the California Interscholastic Federation by the California Chiropractic Association:

1.) Does CIF Bylaw 308 prohibit doctors of chiropractic from performing the required physical examinations?

It is up to the local school board of each school district to decide whether doctors of chiropractic may conduct the physical examination required for participation in interscholastic athletics.

2.) Is the recommended physicals form posted to the CIF website meant to imply that only MDs and DOs may perform the required physical examinations?

The physical examination form posted on the website is endorsed by five major medical societies (American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Sports Medicine, American Osteopathic Academy of Sports Medicine) and is strongly recommended. CIF Bylaw 308 requires that the report of the physical examination be on a local school board approved form that includes a health history.

Ron Nocetti
Associate Executive Director

CALIFORNIA CHIROPRACTIC ASSOCIATION

February 4, 2014

Ron Nocetti
Associate Executive Director
4658 Duckhorn Drive
Sacramento, CA 95834

Dear Ron:

Thank you for participating in the conference call with us today. As discussed, CCA requests answers to the following questions:

- Does CIF Bylaw 308 prohibit doctors of chiropractic from performing the required physical examinations?

- Is the recommended physicals form posted to the CIF website meant to imply that only MDs and DOs may perform the required physical examinations?

The attached legal brief demonstrates that chiropractors are duly authorized and well qualified to perform athletic physicals and serve as team doctors. (Please note the brief was prepared in 2003 and some of the CIF Bylaws and publications referenced have changed.)

We look forward to receiving your letter so that doctors of chiropractic may provide this resource to their patients.

Sincerely,

Matt Hubbard, DC
CCA President

MH/pc/Bill/CIF/Letter to CIF 22014X
Enclosures

1451 River Park Drive Suite 230 Sacramento, CA 95815
Tel 916.648.2727 Fax 916.648.2738 www.calchiro.org www.californiachiropractic.com

CALIFORNIA CHIROPRACTIC ASSOCIATION

February 19, 2014

Ron Nocetti, Associate Executive Director
California Interscholastic Federation
4658 Duckhorn Drive
Sacramento, CA 95834

Dear Ron:

Thank you for the opportunity to discuss with you our concerns during the conference call on February 4. CCA would like more information as to the rationale behind the decision-making process for CIF Bylaw 313 and the CIF Sports Medicine Committee.

- Why are doctors of chiropractic excluded from CIF Bylaw 313?

  AB 25 legislated concussion protocol, which is the subject of Bylaw 313, and does not exclude doctors of chiropractic. The definition of "licensed health care provider" should include doctors of chiropractic since duly licensed chiropractors are, according to Section 302 of the Rules and Regulations on the practice of chiropractic for the state of California, authorized to diagnose and treat any condition, disease, or injury in any patient. We refer you as well to the Chiropractic Initiative Act which authorizes doctors of chiropractic to "practice chiropractic in the State of California as taught in chiropractic schools or colleges."

  Additionally, the attached legal brief specifically addresses the well established qualifications for the evaluation and management of concussions by doctors of chiropractic. (Pgs 3-3 – 3-5.)

- Why are doctors of chiropractic excluded from being members of the CIF Sports Medicine Committee?

  As addressed in the attached exhibits, doctors of chiropractic play an important role in providing health care and physicals to student athletes and would be an important asset to the CIF Sports Medicine Committee.

In support of full inclusion of doctors of chiropractic by the CIF, we point to the United States Olympic Committee Sports Medicine staff which includes doctors of chiropractic. Bill Moreau, DC, DACBSP, CSCS, is the Managing Director, Sports Medicine Division Administration and on staff at the Olympic Training Center in Colorado Springs, Colorado. Chiropractors like Dr. Moreau and other health care providers are responsible for the delivery of health care to athletes participating in U.S. Olympic Training Center programs.

We look forward to hearing from you as we make progress on these important issues.

Sincerely,

Matt Hubbard, DC
CCA President

MH/pc/Bill/CIF/CIF Concussion Ltr 2014
Enclosure

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Liddell Chiropractic
Mike F. Liddell, D.C.

01/27/2014

Board of Chiropractic Examiners
ATTN: Robert Puleo Executive Officer
901 P Street
Suite 142A
Sacramento, CA 95814

Dear Mr. Puleo,

I am a Chiropractor in Placerville, California. I am writing to request assistance from the State Board of Chiropractic Examiners to obtain clarification on whether or not Chiropractors are specifically licensed to perform pre-participatory sports physicals. It is my understanding that our State Regulations do not have any specific language detailing this particular type of examination which leaves it to interpretation only. I believe this lack of specificity on sports physicals in particular to be the case for all health care professional Regulations, but I wanted to confirm it regarding Chiropractors. I was told that I may need to seek outside legal interpretation but I wanted to exhaust every possible option with the Chiropractic State Board first. I am hoping that the Chiropractic Board might help eliminate the need for private legal interpretation by either clarifying the issue directly or by formally passing this request to the Attorney Generals Office requesting they provide the necessary clarifications. It is my understanding that only certain entities can ask for clarifications from the California State Attorney Generals Office and State Boards were included in this group of requesting entities. I also learned that the request must be an overall Chiropractic Board approved request and that it could not come from any individual requesting party if it were to be considered. The only other options to have this request for clarification accepted with the AG would be through a State Legislators Office or from a Judge, but that would require a lawsuit.

The reason why I am seeking clarification from the State Board of Chiropractic Examiners and/or the Attorney General's Office is because in Northern California there are 34 Public School Districts and hundreds of schools that are members of Schools Insurance Authority (SIA) which is a Joint Powers Association (JPA) which is a self insured and for the most part self regulated entity. SIA has determined in 2010 that Chiropractors are not licensed to do any pre-participation sports physicals citing old Attorney General Clarifications from the following sources:

> *Tain v. State Board of Chiropractic Examiners, 130 Cal.App.4th 609 (2005), Crees v. California State Bd. of Medical Examiners, 213 Cal.App.2d 195 (1963), and People v. Fowler, 32 Cal.App2d Supp. 737 (1938).*

When speaking to the Attorney General's Office they informed me that they could only clarify the original documents listed above and not any ensuing interpretations that

were made by SIA. Otherwise, I am currently seeking resolution directly from SIA on this matter but their position thus far has been that Legislative changes must occur before Chiropractors are licensed to perform sports physicals. Chiropractors have been performing these sports examinations for decades and still do them all throughout California and now all of a sudden we are being told that in this one region we are practicing out of our scope because of these Attorney General's past clarifications. I believe SIA has misinterpreted these old Attorney General Regulations by drawing conclusions to eliminate Chiropractors from these sport physical roles without having the proper authority to do so. SIA claims that Chiropractors are diagnosing and treating outside the scope of our practice because this examination inherently requires the ability to fully assess heart, lung and neurological issues. SIA has also made it clear that Nurse practitioners and Physicians Assistants are more qualified than Chiropractors to provide these sports examinations based on the actual physical examination form provided to its Members. SIA has already publicly implemented this Chiropractic exclusion and disregarded our State Regulations by concluding that Chiropractors are not licensed to perform these sport physical functions. This raises the following questions for me: Does SIA have the authority to interpret our state regulations any way they want because they are self regulated? Is this an issue for the Attorney General? Is it the role of the State Board of Chiropractic Examiners to determine if the California State Regulations have been violated or not?

The fact that Chiropractors are currently and publicly held out as not being competent enough to perform a simple sport physical examination amongst these public schools is exactly why I believe State Board of Chiropractic Examiner clarification and/or potentially Attorney General Clarification is required. Either Chiropractors by the thousands are functioning outside their scope of practice or SIA has made illegal conclusions by misrepresenting the California State Regulations. I have included a copy of SIA's Chiropractic Informational Review where all of their interpretations can be seen. It is also located on their website at http://www.sia-jpa.org/ under the Members Alert Section of their Home Page. It is my understanding that the CCA attempted to address this issue as well, without resolution, but I do not believe any party has sought clarification from the Chiropractic Board or the AG's Office, to date.

This is only a request for clarification of the views set forth by SIA in this Chiropractic Informational Review and if the State Board is not able to provide it directly then please accept my request to put it on the Agenda for the next Board meeting so it can be determined if sending it to the Attorney Generals Office is possible. The primary request once again is to clarify whether or not Chiropractors can perform pre-participation sports physicals in the State of California. An alternate request would be to ask for clarification of SIA's interpretation of past AG clarifications that were made to support their elimination of the Chiropractor's role in these pre-participation sports physicals.

Thank you for your time and consideration.

Sincerely,

Mike F. Liddell, D.C.

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INFORMATIONAL REVIEW

USE OF CHIROPRACTORS IN SCHOOL SPORTS PROGRAMS

Schools Insurance Authority has undertaken various initiatives to help protect the health and safety of student athletes. It has recently hosted CIF presentations regarding new statutory coaching requirements, recommended the adoption of a more comprehensive and standardized Sports Physical Form, and urged members to require that younger, middle school athletes be required to undergo sports physical because they are at least equally vulnerable to injury as their older counterparts. These initiatives have sparked questions from Members regarding the proper use of chiropractors in their sports programs. Members have asked whether chiropractors can serve as "team doctors" and execute sports physical forms. Members have also raised concerns regarding risk exposures when licensed physicians (MDs and Dos, or duly licensed, directed and supervised physician's assistants and nurse practitioners) are not used in such roles. This Informational Review addresses these issues.

Every Member should be aware of two facts regarding the use of chiropractors in their sports programs:

1. The CIF has never stated that chiropractors may legally execute sports physical forms or serve as team doctors. The CIF rejected a request by the California Chiropractic Association ("Chiropractic Association") to change its rules and recognize chiropractors as authorized to conduct such activities.

2. The NCAA, the CIF (Southern Section), the Los Angeles Unified School District and other school groups have expressly limited or rejected the use of chiropractors in these roles.

Legal Review. To convince the CIF that chiropractors should be allowed to conduct sports physicals and serve as team doctors, the Chiropractic Association submitted a "brief" asserting various legal principles allegedly supporting the right of chiropractors to serve in those roles.[1] The "brief" asserted that: "The Chiropractic Act authorizes licensed chiropractors to "practice chiropractic in the state of California as taught in chiropractic schools or colleges," using this statement as a foundation for the argument that chiropractors can treat cardiac, asthma and other conditions, even though such conditions cannot be treated through chiropractic care, because they are now a part of a curriculum taught in certain chiropractic schools. This position is directly contrary to California law.[2] As also noted by the California Attorney General, a chiropractor must not engage in any care or treatment that is not based on ". . . a system of treatment by manipulation of the joints of the human body, by manipulation of anatomical displacements, articulation of the spinal column, including its vertebrae and cord, and he may use all necessary, mechanical, hygienic and sanitary measures incident to the care of the body in connection with said system of treatment, but not for the purpose of treatment, and not including measures as would constitute the practice of medicine, surgery, osteopathy, dentistry, or optometry, and without the use of any drug or medicine included in materia medica." 59 Op.Atty.Gen. 420, 8-26-76, citing *Crees* at p. 214.

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1 Chiropractors may provide Members with a copy of this "brief," which appears comprehensive, containing many case and statutory citations. On behalf of SIA, the Association was advised that its brief was incomplete and inaccurate in many important respects, failing to cite important statutes and case authorities that are contrary to the views expressed therein. The Association never challenged SIA's responsive analysis.

2 *Tain v. State Board of Chiropractic Examiners*, 130 Cal.App.4th 609 (2005), *Crees v. California State Bd. of Medical Examiners*, 213 Cal.App.2d 195 (1963), and *People v. Fowler*, 32 Cal.App.2d Supp. 737 (1938).

Having a chiropractor serve as a "team doctor" then potentially places the individual, and the district, at potential violation of law. *Bus. & Prof. Code Section 2052(a) and (b).* As noted by the Attorney General, due to the controlling statutes and regulations, a chiropractor may not perform any professional service relating to "neurology, cardiology, pediatrics, dermatology, syphilogy, endocrinology, psychiatry, gyneocology, obstetrics, orthopedics, ophthalmology, and roentgenology ...." See also *16 CCR § 302 (a)* [authorizing a chiropractor to diagnose or treat a condition only in a manner "consistent with chiropractic methods and techniques and so long as such methods and treatment do not constitute the practice of medicine by exceeding the legal scope of chiropractic practice as set forth in this section."

Chiropractors are authorized to perform certain types of limited examinations and evaluations (e.g., *Vehicle Code Section 12804.9 and Labor Code Sections 3209, et seq.).* However, there is no statutory authorization for a chiropractor to perform sports physicals for student athletes, particularly when the sports physical requires a review of cardiac, neurologic (mini-neuro status exam) and internal organ functioning outside the scope of care and treatment by chiropractic methods. While chiropractors have asserted that sports physicals are merely "screening" mechanisms, such that they would not be acting in violation of law by executing the SIA Sports Physical Form, the existing law does not support this conclusion. By signing the form, the chiropractor is affirmatively stating that no potentially adverse cardiac, neurologic or other condition exists (i.e., a diagnosis that no harmful condition exists, with that diagnosis relating to subjects outside the scope of the chiropractor's license to provide care and treatment). (See, *B&P § 2038* re definition of "diagnosis"). That type of affirmative evaluation and diagnosis appears to be in conflict with limitations on the chiropractor imposed by California law.

Ramifications. The failure to properly utilize or limit the role of chiropractors raises two concerns:

1. If a chiropractor's activities exceed the permissible scope of his/her license as described by the Attorney General and other authorities, the chiropractor, the district, and other involved parties could be criminally prosecuted under *Business and Professions Code Section 2052* [illegal practice of medicine; aiding and abetting the illegal practice of medicine.].
2. In the case of a sports injury, that actually or allegedly could have been avoided through an examination by a licensed medical doctor, the district may be unable to avoid liability exposure when it has accepted a Sports Physical Form from a chiropractor who does not appear to be licensed and authorized to draw all of the conclusions called for in the form.

If California law were to be changed or clarified, these issues can be reevaluated.

Options and Proper Roles. Chiropractors can be materially involved in Member's sports programs, providing important and beneficial services. Their involvement, however, must be confined to those areas authorized by law. Consequently, Members might consider:

- "Sports Physical Days," in which volunteer physicians and chiropractors join collectively to undertake sports physical examinations. The chiropractor can screen for muscle and bone issues, with the physician evaluating cardiac, neurologic, internal organ and other issues falling within the "practice of medicine." The physician would then execute the Sports Physical Form. If such a program is properly established, it may also provide all involved with civil immunity, while providing student athletes with a comprehensive exam they may not otherwise be able to afford.
- "Team Chiropractor," ensuring that all coaches and chiropractors understand that the chiropractor has a very limited role in addressing bone and muscle issues (cramps, strains, sprains), but not actual or potential injuries or conditions involving the head, chest, heart or internal organs. Those matters must only be reviewed and managed by emergency medical technicians and/or licensed physicians.

MEMORANDUM

DATE	April 11, 2014
TO	Board Members
FROM	Sandra Walker, Compliance Manager Christina Bell, Compliance and Probation Analyst
SUBJECT	**Agenda Item/April 29, 2014**: Continued Discussion and Possible Action Regarding Disciplinary Guidelines and Uniform Standards for Substance Abusing Healing Arts Licensees *(SB 1441, Ridley-Thomas)*

Summary Background for this Topic

SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) was drafted in response to public and internal concerns with the various healing arts boards diversion programs. There had not been consistent monitoring oversight with these programs, and drug testing standards were absent for relapsing, substance-abusing licensees. Consequently, the intent of SB 1441 was to extend the application of best practices and standards uniformly across all healing arts boards. SB 1441 established the Substance Abuse Coordination Committee (SACC) within the Department of Consumer Affairs (DCA), which was tasked with developing uniform standards in sixteen specific areas for use in dealing with substance-abusing healing arts licensees. The SACC was comprised of Executive Officers of the DCA's healing arts boards, a representative of the California Department of Alcohol and Drug Programs, and chaired by the Director of the DCA. In April 2011, the DCA SACC published the "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" (hereinafter referred to as "Uniform Standards").

As mandated by SB 1441, the Board is proposing incorporating the Uniform Standards into its Disciplinary Guidelines. The Board has not yet adopted regulations for Board's Disciplinary Guidelines nor approved full incorporation of Uniform Standards into these Guidelines. However, the Board's Enforcement Committee had begun proposing several updates to the Guidelines' to be consistent with current needs. Proposed amendments to the existing Guidelines, including Uniform Standards for Substance Abusing Licensees were presented to the Enforcement Committee on October 24, 2013.

At the BCE's January 16, 2014 Board meeting, DCA Legal Counsel recommended a future Board discussion of Agenda Item #14 "Review and Possible Action to Initiate a Rulemaking to Adopt the Board's Uniform Standards Related to Substance Abuse & Changes to the Disciplinary Guidelines (Title 16 CCR, Division 4, Section 384)" before regulations become drafted. In this effort specifically, the Board can discuss and decide

one of three (3) possible Trigger Language options to define Substance Abusing Licensee.

The Board's Executive Officer and Legal Counsel will provide an explanation of the "trigger options" at the April 29, 2014 Board Meeting.

The following related documents are enclosed for the Board's review and consideration:

- Three (3) "Trigger" Options and Documents Incorporated by Reference
- The Board's Draft Uniform Standards Related to Substance Abuse &Disciplinary Guidelines
- Substance Abuse Coordination Committee "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" (Rev. April 2011)
- Business and Professions Code section 315
- The October 27, 2011 letter from the Legislative Counsel Bureau addressed to the Honorable Curren D. Price, Jr. with respect to the healing arts boards adoption of uniform standards
- The February 29, 2012 memorandum from Kathleen A. Lynch, Deputy Attorney General from the Government Law Section of the Attorney General's Office, addressed to the Department of Consumer Affairs Legal Affairs Division Regarding uniform standards related to substance-abusing licensees as provided in Business and Professions Code sections 315-315.4
- The April 5, 2012 memorandum from Doreathea Johnson, Deputy Director of Legal Affairs addressed the healing arts boards with respect to the Department of Consumer Affairs opinion regarding uniform standards for substance-abusing licensees (SB 1441)

Uniform Standards Regarding Substance-Abusing Healing Arts Licensees

Senate Bill 1441 (Ridley-Thomas)

Implementation by
Department of Consumer Affairs,
Substance Abuse Coordination Committee

Brian J. Stiger, Director
April 2011

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Substance Abuse Coordination Committee

Brian Stiger, Chair
Director, Department of Consumer Affairs

Elinore F. McCance-Katz, M.D., Ph. D.
CA Department of Alcohol & Drug Programs

Janelle Wedge
Acupuncture Board

Kim Madsen
California Board of Behavioral Sciences

Robert Puleo
Board of Chiropractic Examiners

Lori Hubble
Dental Hygiene Committee of California

Richard De Cuir
Dental Board of California

Linda Whitney
Medical Board of California

Heather Martin
California Board of Occupational Therapy

Mona Maggio
California State Board of Optometry

Teresa Bello-Jones
Board of Vocational Nursing and Psychiatric Technicians

Donald Krpan, D.O.
Osteopathic Medical Board of California

Francine Davies
Naturopathic Medicine Committee

Virginia Herold
California State Board of Pharmacy

Steve Hartzell
Physical Therapy Board of California

Elberta Portman
Physician Assistant Committee

Jim Rathlesberger
Board of Podiatric Medicine

Robert Kahane
Board of Psychology

Louise Bailey
Board of Registered Nursing

Stephanie Nunez
Respiratory Care Board of California

Annemarie Del Mugnaio
Speech-Language Pathology & Audiology & Hearing Aid Dispenser Board

Susan Geranen
Veterinary Medical Board

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#1 SENATE BILL 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 Uniform Standard

If a healing arts board orders a licensee who is either in a diversion program or whose license is on probation due to a substance abuse problem to undergo a clinical diagnosis evaluation, the following applies:

1. The clinical diagnostic evaluation shall be conducted by a licensed practitioner who:
    - holds a valid, unrestricted license, which includes scope of practice 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 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.

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 ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed 30 days.

#2 SENATE BILL 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 Uniform Standard

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

1. The Board shall order the licensee to cease practice 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 required in Uniform Standard #1, the licensee shall be randomly drug tested at least two (2) times per week.

After reviewing the results of the clinical diagnostic evaluation, and the criteria below, a diversion or probation manager shall determine, 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 30 days of negative drug tests.

- the license type;
- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use
- the scope and pattern of use;
- the treatment history;
- the licensee's medical history and current medical condition;
- the nature, duration and severity of substance abuse, and
- whether the licensee is a threat to himself/herself or the public.

#3 SENATE BILL 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 Uniform Standard

If the licensee who is either in a board diversion program or whose license is on probation has an employer, the licensee shall provide to the board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

#4 SENATE BILL 1441 REQUIREMENT

Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomnicity, 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 Uniform Standard

The following standards shall govern all aspects of testing required to determine abstention from alcohol and drugs for any person whose license is placed on probation or in a diversion program due to substance use:

TESTING FREQUENCY SCHEDULE

A board may order a licensee to drug test at any time. Additionally, each licensee shall be tested RANDOMLY in accordance with the schedule below:

Level	Segments of Probation/Diversion	Minimum Range of Number of Random Tests
I	Year 1	52-104 per year
II*	Year 2+	36-104 per year

*The minimum range of 36-104 tests identified in level II, is for the second year of probation or diversion, and each year thereafter, up to five (5) years. Thereafter, administration of one (1) time per month if there have been no positive drug tests in the previous five (5) consecutive years of probation or diversion.

Nothing precludes a board from increasing the number of random tests for any reason. Any board who finds or has suspicion that a licensee has committed a violation of a board's testing program or who has committed a Major Violation, as identified in Uniform Standard 10, may reestablish the testing cycle by placing that licensee at the beginning of level I, in addition to any other disciplinary action that may be pursued.

EXCEPTIONS TO TESTING FREQUENCY SCHEDULE

I. PREVIOUS TESTING/SOBRIETY
In cases where a board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing, prior to being subject to testing by the board, the board may give consideration to that testing in altering the testing

frequency schedule so that it is equivalent to this standard.

II. VIOLATION(S) OUTSIDE OF EMPLOYMENT
An individual whose license is placed on probation for a single conviction or incident or two convictions or incidents, spanning greater than seven years from each other, where those violations did not occur at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass level I and participate in level II of the testing frequency schedule.

III. NOT EMPLOYED IN HEALTH CARE FIELD
A board may reduce testing frequency to a minimum of 12 times per year for any person who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee shall notify and secure the approval of the licensee's board. Prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days. At such time the person returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

IV. TOLLING
A board may postpone all testing for any person whose probation or diversion is placed in a tolling status if the overall length of the probationary or diversion period is also tolled. A licensee shall notify the board upon the licensee's return to California and shall be subject to testing as provided in this standard. If the licensee returns to employment in a health care field, and has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

V. SUBSTANCE USE DISORDER NOT DIAGNOSED
In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the board, but not to be less than 24 times per year.

OTHER DRUG STANDARDS

Drug testing may be required on any day, including weekends and holidays.

The scheduling of drug tests shall be done on a random basis, preferably by a computer program, so that a licensee can make no reasonable assumption of when he/she will be tested again. Boards should be prepared to report data to support back-to-back testing as well as, numerous different intervals of testing.

Licensees shall be required to make daily contact to determine if drug testing is required.

Licensees shall be drug tested on the date of notification as directed by the board.

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.

Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.

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.

Collection of specimens shall be observed.

Prior to vacation or absence, alternative drug testing location(s) must be approved by the board.

Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) 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 (1) business day and will be notified of negative test results within seven (7) business days.

A board may use other testing methods in place of, or to supplement biological fluid testing, if the alternate testing method is appropriate.

PETITIONS FOR REINSTATEMENT

Nothing herein shall limit a board's authority to reduce or eliminate the standards specified herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to Government Code section 11522 or statutes applicable to the board that contains different provisions for reinstatement or reduction of penalty.

OUTCOMES AND AMENDMENTS

For purposes of measuring outcomes and effectiveness, each board shall collect and report historical and post implementation data as follows:

Historical Data - Two Years Prior to Implementation of Standard

Each board should collect the following historical data (as available), for a period of two years, prior to implementation of this standard, for each person subject to testing for banned substances, who has 1) tested positive for a banned substance, 2) failed to

appear or call in, for testing on more than three occasions, 3) failed to pay testing costs, or 4) a person who has given a dilute or invalid specimen.

Post Implementation Data- Three Years

Each board should collect the following data annually, for a period of three years, for every probationer and diversion participant subject to testing for banned substances, following the implementation of this standard.

Data Collection

The data to be collected shall be reported to the Department of Consumer Affairs and the Legislature, upon request, and shall include, but may not be limited to:

Probationer/Diversion Participant Unique Identifier
License Type
Probation/Diversion Effective Date
General Range of Testing Frequency by/for Each Probationer/Diversion Participant
Dates Testing Requested
Dates Tested
Identify the Entity that Performed Each Test
Dates Tested Positive
Dates Contractor (if applicable) was informed of Positive Test
Dates Board was informed of Positive Test
Dates of Questionable Tests (e.g. dilute, high levels)
Date Contractor Notified Board of Questionable Test
Identify Substances Detected or Questionably Detected
Dates Failed to Appear
Date Contractor Notified Board of Failed to Appear
Dates Failed to Call In for Testing
Date Contractor Notified Board of Failed to Call In for Testing
Dates Failed to Pay for Testing
Date(s) Removed/Suspended from Practice (identify which)
Final Outcome and Effective Date (if applicable)

#5 SENATE BILL 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 Uniform Standard

If a board requires a licensee to participate in group support meetings, the following shall apply:

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.

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 or other nationally certified organizations.

2. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year.

3. The group meeting facilitator shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.

4. The facilitator shall report any unexcused absence within 24 hours.

#6 SENATE BILL 1441 REQUIREMENT

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

#6 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.

#7 SENATE BILL 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 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 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, be another health care professional if no monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.

3. If the worksite monitor is a licensed healthcare professional he or she 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.

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) business day 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.

#8 SENATE BILL 1441 REQUIREMENT

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

#8 Uniform Standard

When a licensee tests positive for a banned substance:

1. The board shall order the licensee to cease practice;
2. The board shall contact the licensee and instruct the licensee to leave work; and
3. The board shall 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 shall immediately lift the cease practice order.

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.

#9 SENATE BILL 1441 REQUIREMENT

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

#9 Uniform Standard

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.

#10 SENATE BILL 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 Uniform Standard

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;
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;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

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

1. Licensee will be ordered to cease practice.
    a) the licensee must undergo a new clinical diagnostic evaluation, and
    b) the licensee must test negative for at least a month of continuous drug testing before being allowed to go back to work.
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. Unexcused 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:

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation/testing;
7. Other action as determined by the board.

#11 SENATE BILL 1441 REQUIREMENT

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

#11 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. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

#12 SENATE BILL 1441 REQUIREMENT

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

#12 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.

#13 SENATE BILL 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 Uniform Standard

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:

   (a) Specimen Collectors:

   (1) 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.

   (2) 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.

   (3) The provider or subcontractor must provide collection sites that are located in areas throughout California.

   (4) 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.

   (5) 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.

   (6) 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.

(7) 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.

(8) A toxicology screen will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance.

(9) Must undergo training as specified in Uniform Standard #4 (6).

(b) Group Meeting Facilitators:

A group meeting facilitator for any support group meeting:

(1) must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse;

(2) must be licensed or certified by the state or other nationally certified organization;

(3) must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year;

(4) shall report any unexcused absence within 24 hours to the board, and,

(5) shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.

(c) Work Site Monitors:

The worksite monitor must meet the following qualifications:

(1) 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 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 monitor's licensure scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no

monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.

(3) Shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

(4) 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.

3. Any suspected substance abuse must be verbally reported to the contractor, the board, and the licensee's employer within one (1) business day 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.

(d) Treatment Providers

Treatment facility staff and services must have:

(1) Licensure and/or accreditation by appropriate regulatory agencies;

(2) Sufficient resources available to adequately evaluate the physical and mental needs of the client, provide for safe detoxification, and manage any medical emergency;

(3) Professional staff who are competent and experienced members of the clinical staff;

(4) Treatment planning involving a multidisciplinary approach and specific aftercare plans;

(5) Means to provide treatment/progress documentation to the provider.

(e) General Vendor Requirements

The vendor shall disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services as follows:

(1) 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.

(2) 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.

(3) The vendor shall notify the appropriate board within five (5) business days of termination of said subcontractor.

#14 SENATE BILL 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 Uniform Standard

The board shall disclose the following information to the public for licensees who are participating in a board monitoring/diversion program regardless of whether the licensee is a self-referral or a board referral. However, the disclosure shall not contain information that the restrictions are a result of the licensee's participation in a diversion program.

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

#15 SENATE BILL 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 Uniform Standard

1. 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 (3) 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.

2. 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 (3) 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.

3. The board and the department shall respond to the findings in the audit report.

#16 SENATE BILL 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 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 in-activations
- 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
- Number of patients harmed while in diversion

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 100 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, or had their license to practice revoked or surrendered on a timely basis based on noncompliance of those programs.

- At least 75 percent of licensees who successfully completed a diversion program or probation did not have any substantiated complaints related to substance abuse for at least five (5) years after completion.

California LEGISLATIVE INFORMATION

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BUSINESS AND PROFESSIONS CODE - BPC

DIVISION 1. DEPARTMENT OF CONSUMER AFFAIRS [100 - 472.5] *(Heading of Division 1 amended by Stats. 1973, Ch. 77.)*

CHAPTER 4. Consumer Affairs [300 - 337] *(Chapter 4 added by Stats. 1970, Ch. 1394.)*

ARTICLE 3.6. Uniform Standards Regarding Substance-Abusing Healing Arts Licensees [315 - 315.4] *(Article 3.6 added by Stats. 2008, Ch. 548, Sec. 3.)*

315. (a) For the purpose of determining uniform standards that will be used by healing arts boards in dealing with substance-abusing licensees, there is established in the Department of Consumer Affairs the Substance Abuse Coordination Committee. The committee shall be comprised of the executive officers of the department's healing arts boards established pursuant to Division 2 (commencing with Section 500), the State Board of Chiropractic Examiners, the Osteopathic Medical Board of California, and a designee of the State Department of Health Care Services. The Director of Consumer Affairs shall chair the committee and may invite individuals or stakeholders who have particular expertise in the area of substance abuse to advise the committee.

(b) The committee shall be subject to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Division 3 of Title 2 of the Government Code).

(c) By January 1, 2010, the committee shall formulate uniform and specific standards in each of the following areas that each healing arts board shall use in dealing with substance-abusing licensees, whether or not a board chooses to have a formal diversion program:

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

(2) 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 paragraph (1) and any treatment recommended by the evaluator described in paragraph (1) 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.

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

(4) Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomness, 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.

(5) 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.

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

(7) 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.

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

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

(10) Specific consequences for major violations and minor violations. In particular, the committee shall consider the use of a "deferred prosecution" stipulation similar to the 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 unless or until the licensee commits a major violation, in which case it is revived and the license is surrendered.

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

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

(13) If a board uses a private-sector vendor that provides diversion services, standards for immediate reporting by the vendor to the board of any and all noncompliance with any term of the diversion contract or probation; standards for the 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; standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and standards for a licensee's termination from the program and referral to enforcement.

(14) 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.

(15) 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.

(16) 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.

(Amended by Stats. 2013, Ch. 22, Sec. 1. Effective June 27, 2013. Operative July 1, 2013, by Sec. 110 of Ch. 22.)

315.2. (a) A board, as described in Section 315, shall order a licensee of the board to cease practice if the licensee tests positive for any substance that is prohibited under the terms of the licensee's probation or diversion program.

(b) An order to cease practice under this section shall not be governed by the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) A cease practice order under this section shall not constitute disciplinary action.

(d) This section shall have no effect on the Board of Registered Nursing pursuant to Article 3.1 (commencing with Section 2770) of Chapter 6 of Division 2.

(Added by Stats. 2010, Ch. 517, Sec. 2. Effective January 1, 2011.)

315.4. (a) A board, as described in Section 315, may adopt regulations authorizing the board to order a licensee on probation or in a diversion program to cease practice for major violations and when the board orders a licensee to undergo a clinical diagnostic evaluation pursuant to the uniform and specific standards adopted and authorized under Section 315.

(b) An order to cease practice under this section shall not be governed by the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) A cease practice order under this section shall not constitute disciplinary action.

(d) This section shall have no effect on the Board of Registered Nursing pursuant to Article 3.1 (commencing with Section 2770) of Chapter 6 of Division 2.

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(13) If a board uses a private-sector vendor that provides diversion services, standards for immediate reporting by the vendor to the board of any and all noncompliance with any term of the diversion contract or probation; standards for the 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; standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and standards for a licensee's termination from the program and referral to enforcement.

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(Amended by Stats. 2013, Ch. 22, Sec. 1. Effective June 27, 2013. Operative July 1, 2013, by Sec. 110 of Ch. 22.)

315.2. (a) A board, as described in Section 315, shall order a licensee of the board to cease practice if the licensee tests positive for any substance that is prohibited under the terms of the licensee's probation or diversion program.

(b) An order to cease practice under this section shall not be governed by the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) A cease practice order under this section shall not constitute disciplinary action.

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(b) An order to cease practice under this section shall not be governed by the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) A cease practice order under this section shall not constitute disciplinary action.

(d) This section shall have no effect on the Board of Registered Nursing pursuant to Article 3.1 (commencing with Section 2770) of Chapter 6 of Division 2.

(Added by Stats. 2010, Ch. 517, Sec. 3. Effective January 1, 2011.)

STATE OF CALIFORNIA
DCA
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MEMORANDUM

DATE	April 5, 2012
TO	ALL HEALING ARTS BOARDS
FROM	DOREATHEA JOHNSON Deputy Director, Legal Affairs Department of Consumer Affairs
SUBJECT	Opinion Regarding Uniform Standards for Substance-Abusing Licensees (SB 1441)

This memo addresses a number of questions that have been raised concerning the discretion of healing arts boards, with respect to the Uniform Standards for Substance-Abusing Healing Arts Licensees ("Uniform Standards") that were formulated by the Substance Abuse Coordination Committee and mandated by Business and Professions Code section 315. Previously, there have been discussions and advice rendered, opining that the boards retain the discretion to modify the Uniform Standards. This opinion, largely influenced by the fact that the rulemaking process necessarily involves the exercise of a board's discretion, has been followed by a number of boards as they completed the regulatory process.

Two opinions, one issued by the Legislative Counsel Bureau ("Legislative Counsel") dated October 27, 2011, and an informal legal opinion, rendered by the Government Law Section of the Office of the Attorney General ("Attorney General"), dated February 29, 2012, have been issued and address the discretion of the boards, in adopting the Uniform Standards. This memo is to advise the healing arts boards of this office's opinion regarding the questions raised, after a review of these two opinions. A copy of each opinion is attached for your convenience.

Questions Presented

1. **Do the healing arts boards retain the discretion to modify the content of the specific terms or conditions of probation that make up the Uniform Standards?**

   Both Legislative Counsel and the Attorney General concluded that the healing arts boards do not have the discretion to modify the content of the specific terms or conditions of probation that make up the Uniform Standards. We concur with that conclusion.

2. **Do the healing arts boards have the discretion to determine which of the Uniform Standards apply in a particular case?**

   Legislative Counsel opined that, unless the Uniform Standards specifically so provide, all of the Uniform Standards must be applied to cases involving substance-abusing licensees, as it was their belief that the Legislative intent was to "provide for the full implementation of the Uniform Standards." The Attorney General agreed with Legislative Counsel. Following our review and analysis of Business and Professions Code Section 315, we concur with both the Office of the Attorney General and the Legislative Counsel.

3. **Is the Substance Abuse Coordination Committee (SACC) the entity with rulemaking authority over the uniform standards to be used by the healing arts boards?**

   The Legislative Counsel concluded that the SACC had the authority to promulgate regulations mandating that the boards implement the Uniform Standards. However, the Office of the Attorney General disagreed and concluded that the SACC was not vested with the authority to adopt regulations implementing the uniform standards. We agree with the Office of the Attorney General. It is our opinion that the authority to promulgate the regulations necessary to implement the Uniform Standards, lies with the individual boards that implement, interpret or make specific, the laws administered by those boards. As the SACC is limited to the creation or formulation of the uniform standards, but is not authorized to implement the laws of the healing arts boards, it does not have authority to adopt regulations to implement those standards. Consequently, we agree with the Attorney General's opinion that the SACC is not the rule-making entity with respect to the Uniform Standards, and therefore has no authority to adopt the Uniform Standards as regulations.

It is our recommendation that healing arts boards move forward as soon as possible to implement the mandate of Business and Professions Code section 315, as it relates to

the Uniform Standards. Some of the standards are appropriate for inclusion in an agency's disciplinary guidelines, which necessarily will involve the regulatory process. Others are administrative in nature and not appropriate for inclusion in the disciplinary guidelines. For example, Uniform Standard No. 16 which sets forth reporting requirements would not be appropriate for inclusion in disciplinary guidelines.

Please work with your assigned legal counsel to determine how best to implement the Uniform Standards. This should include a discussion as to whether : (1) the Uniform Standards should be placed in a regulation separate from the disciplinary guidelines; (2) the implementing regulation should include a definition of (or criteria by which to determine) what constitutes a "substance-abusing licensee."

It is hopeful that the foregoing information addresses your concerns with respect to the implementation of the mandatory uniform standards.

Attachments

cc: Denise Brown, DCA Director
Awet Kidane, DCA Chief Deputy Director
DCA Legal Affairs Attorneys

LEGISLATIVE COUNSEL BUREAU

October 27, 2011

Honorable Curren D. Price Jr.
Room 2053, State Capitol

HEALING ARTS BOARDS: ADOPTION OF UNIFORM STANDARDS - #1124437

Dear Senator Price:

You have asked two questions with regard to the adoption of uniform standards by the Substance Abuse Coordination Committee pursuant to Section 315 of the Business and Professions Code. You have asked whether the Substance Abuse Coordination Committee is required to adopt the uniform standards pursuant to the rulemaking procedures under the Administrative Procedure Act (Ch. 3.5 (commencing with Sec. 11340), Pt. 1, Div. 3, Title 2, Gov. C.). You have also asked, if the uniform standards are properly adopted by the Substance Abuse Coordination Committee, whether the healing arts boards are required to implement them.

By way of background, Section 315 of the Business and Professions Code[1] provides as follows:

> "315. (a) For the purpose of determining uniform standards that will be used by healing arts boards in dealing with substance-abusing licensees, there is established in the Department of Consumer Affairs the Substance Abuse Coordination Committee. The committee shall be comprised of the executive officers of the department's healing arts boards established pursuant to Division 2 (commencing with Section 500), the State Board of Chiropractic Examiners, the Osteopathic Medical Board of California, and a designee of the State Department of Alcohol and Drug Programs. The Director of Consumer Affairs shall chair the committee and may invite individuals or stakeholders who have particular expertise in the area of substance abuse to advise the committee.

[1] All further section references are to the Business and Professions Code, unless otherwise referenced.

"(b) The committee shall be subject to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Division 3 of Title 2 of the Government Code).

"(c) By January 1, 2010, the committee shall formulate uniform and specific standards in each of the following areas that each healing arts board shall use in dealing with substance-abusing licensees, whether or not a board chooses to have a formal diversion program:

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

"(2) 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 paragraph (1) and any treatment recommended by the evaluator described in paragraph (1) 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.

"(3) Specific requirements that govern the ability of the licensing board to communicate with the licensee's employer about the licensee's status and condition.

"(4) Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomness, 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.

"(5) 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.

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

"(7) 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.

"(8) Procedures to be followed when a licensee tests positive for a banned substance.

"(9) Procedures to be followed when a licensee is confirmed to have ingested a banned substance.

"(10) Specific consequences for major violations and minor violations. In particular, the committee shall consider the use of a deferred prosecution stipulation similar to the 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 unless or until the licensee commits a major violation, in which case it is revived and the license is surrendered.

"(11) Criteria that a licensee must meet in order to petition for return to practice on a full-time basis.

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

"(13) If a board uses a private-sector vendor that provides diversion services, standards for immediate reporting by the vendor to the board of any and all noncompliance with any term of the diversion contract or probation; standards for the 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; standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and standards for a licensee's termination from the program and referral to enforcement.

"(14) 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.

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

"(16) Measurable criteria and standards to determine whether each board' 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." (Emphasis added.)

Thus, the Legislature has established in the Department of Consumer Affairs (hereafter department) the Substance Abuse Coordination Committee (subd. (a), Sec. 315, hereafter committee). The committee is comprised of the executive officers of each healing arts board within the department,[2] the State Board of Chiropractic Examiners, and the

[2] The department's healing arts boards are those boards established under Division 2 (commencing with Section 500) to license and regulate practitioners of the healing arts. Those boards include, among others, the Dental Board of California, the Medical Board of California, the Veterinary Medical Board, and the Board of Registered Nursing.

Osteopathic Medical Board of California (hereafter, collectively, healing arts boards), and a designee of the State Department of Alcohol and Drug Programs (Ibid.). The Director of Consumer Affairs chairs the committee and is authorized to invite individuals or stakeholders who have particular expertise in the area of substance abuse to advise the committee (Ibid.).

The committee is required to formulate uniform and specific standards in each of 16 areas provided by the Legislature, but otherwise has discretion to adopt the uniform standards each healing arts board shall use in dealing with substance-abusing licensees (subd. (c), Sec. 315). The committee adopted its initial set of uniform standards in April 2010, and revised those initial standards as recently as April 2011.[3] Although the committee has adopted the uniform standards pursuant to its own procedures, it has yet to adopt those standards pursuant to the rulemaking procedures of the Administrative Procedure Act (Ch. 3.5 (commencing with Sec. 11340), Pt. 1, Div. 3, Title 2, Gov. C.; hereafter APA).

You have asked whether the committee is required to adopt the uniform standards pursuant to the rulemaking procedures of the APA.

The APA establishes basic minimum procedural requirements for the adoption, amendment, or repeal of administrative regulations by state agencies (subd. (a), Sec. 11346, Gov. C.). The APA is applicable to the exercise of any quasi-legislative power conferred by any statute (Ibid.). Quasi-legislative powers consist of the authority to make rules and regulations having the force and effect of law (*California Advocates for Nursing Home Reform v. Bonta* (2003) 106 Cal.App.4th 498, 517; hereafter *California Advocates*). The APA may not be superseded or modified by any subsequent legislation except to the extent that the legislation does so expressly (subd. (a), Sec. 11346, Gov. C.).

The term "regulation" is defined for purposes of the APA to mean "every rule, regulation, order, or standard of general application or the amendment, supplement, or revision of any rule, regulation, order, or standard adopted by any state agency to implement, interpret, or make specific the law enforced or administered by it, or to govern its procedure" (Sec. 11342.600, Gov. C.; emphasis added). The APA provides that a state agency shall not issue, utilize, enforce, or attempt to enforce any guideline, criterion, bulletin, manual, instruction, order, standard of general application, or other rule, which is a regulation under the APA, unless properly adopted under the procedures set forth in the APA, and the Office of Administrative Law is empowered to determine whether any such guideline, criterion, bulletin, manual, instruction, order, standard of general application, or other rule is a regulation under the APA (Sec. 11340.5, Gov. C.).

In *Tidewater Marine Western, Inc. v. Bradshaw* (1996) 14 Cal.4th 557, 571 (hereafter *Tidewater*), the California Supreme Court found as follows:

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[3] See http://www.dca.ca.gov/about_dca/sacc/index.shtml (as of September 20, 2011).

> "A regulation subject to the APA thus has two principal identifying characteristics. (See *Union of American Physicians & Dentists v. Kizer* (1990) 223 Cal.App.3d 490, 497 [272 Cal.Rptr. 886] [describing two-part test of the Office of Administrative Law].) First, the agency must intend its rule to apply generally, rather than in a specific case. The rule need not, however, apply universally; a rule applies generally so long as it declares how a certain class of cases will be decided. (*Roth v. Department of Veterans Affairs* (1980) 110 Cal.App.3d 622, 630 [167 Cal.Rptr. 552].) Second, the rule must 'implement, interpret, or make specific the law enforced or administered by [the agency], or ... govern [the agency's] procedure.' (Gov. Code, § 11342, subd. (g).)"

If a policy or procedure falls within the definition of a "regulation" within the meaning of the APA, the adopting agency must comply with the procedures for formalizing the regulation, which include public notice and approval by the Office of Administrative Law (*County of Butte v. Emergency Medical Services Authority* (2010) 187 Cal.App.4th 1175, 1200). The Office of Administrative Law is required to review all regulations adopted pursuant to the APA and to make its determinations according to specified standards that include, among other things, assessing the necessity for the regulation and the regulation's consistency with the agency's statutory obligation to implement a statute (subd. (a), Sec. 11349.1, Gov. C.).

Applying these principles to the question presented, the uniform standards are subject to the rulemaking procedures of the APA if the following criteria are met: (1) Section 315 does not expressly preclude application of the APA, (2) the committee is a state agency under the APA, (3) the uniform standards are regulations subject to the APA, and (4) no exemption applies under the APA.

With respect to the first criterion, Section 315 is silent on the application of the APA. Thus, Section 315 does not expressly preclude application of the APA, and the APA will apply to any regulation adopted under Section 315.

We turn next to the second criterion, and whether the committee is an "agency" for purposes of the APA. The word "agency" is defined, for purposes of the APA, by several separate provisions of law. For purposes of the rulemaking procedures of the APA, "agency" is defined to mean a state agency (Sec. 11342.520, Gov. C.). That reference to state agency is defined elsewhere in the Government Code to include every state office, officer, department, division, bureau, board, and commission (subd. (a), Sec. 11000, Gov. C.). The APA does not apply to an agency in the judicial or legislative branch of the state government (subd. (a), Sec. 11340.9, Gov. C.).

Along those lines, the APA is applicable to the exercise of any quasi-legislative power conferred by any statute (subd. (a), Sec. 11346, Gov. C.). Quasi-legislative powers consist of the authority to make rules and regulations having the force and effect of law (*California Advocates*, supra, at p. 517). Thus, for purposes of our analysis, we think that an "agency" means any state office, officer, department, division, bureau, board, or commission that exercises quasi-legislative powers.

Here, the committee is a state office comprised of executive officers of the healing arts boards and the Director of Consumer Affairs. Although the Legislature has set forth 16 areas in which the committee is required to adopt standards, the committee itself is required to exercise quasi-legislative powers and adopt uniform standards within those areas. Those standards shall have the force and effect of law, since the healing arts boards, as discussed more extensively below, are required to use the standards in dealing with substance-abusing licensees and the standards are required to govern matters such as when a licensee is temporarily removed from practice or subject to drug testing or work monitoring (paras. (2), (4), and (7), subd. (c), Sec. 315). Accordingly, we think the committee is an agency to which the APA applies.

As to the third criterion, two elements must be met for the uniform standards at issue to be a regulation: they must apply generally and they must implement, interpret, or make specific a law enforced or administered by the agency or that governs its procedures (*Tidewater*, supra, at p. 571; Sec. 11342.600, Gov. C.). Section 315 requires the committee to formulate uniform and specific standards in specified areas that each healing arts board within the department shall use when dealing with substance-abusing licensees, whether or not the board chooses to have a formal diversion program. The uniform standards will not be limited in application to particular instances or individuals but, instead, will apply generally to those licensees. Further, under this statutory scheme, the uniform standards will implement Section 315 and will be enforced and administered by, and will govern the procedures of, each healing arts board that is a member of the committee. Thus, the uniform standards are, in our view, a regulation under the APA.

Lastly, we turn to the fourth criterion, and whether the regulation is exempt from the APA. Certain policies and procedures are expressly exempted by statute from the requirement that they be adopted as regulations pursuant to the APA. In that regard, Section 11340.9 of the Government Code provides as follows:

> "11340.9. This chapter does not apply to any of the following:
>
> "(a) An agency in the judicial or legislative branch of the state government.
>
> "(b) A legal ruling of counsel issued by the Franchise Tax Board or State Board of Equalization.
>
> "(c) A form prescribed by a state agency or any instructions relating to the use of the form, but this provision is not a limitation on any requirement that a regulation be adopted pursuant to this chapter when one is needed to implement the law under which the form is issued.
>
> "(d) A regulation that relates only to the internal management of the state agency.
>
> "(e) A regulation that establishes criteria or guidelines to be used by the staff of an agency in performing an audit, investigation, examination, or inspection, settling a commercial dispute, negotiating a commercial

arrangement, or in the defense, prosecution, or settlement of a case, if disclosure of the criteria or guidelines would do any of the following:

"(1) Enable a law violator to avoid detection.

"(2) Facilitate disregard of requirements imposed by law.

"(3) Give clearly improper advantage to a person who is in an adverse position to the state.

"(f) A regulation that embodies the only legally tenable interpretation of a provision of law.

"(g) A regulation that establishes or fixes rates, prices, or tariffs.

"(h) A regulation that relates to the use of public works, including streets and highways, when the effect of the regulation is indicated to the public by means of signs or signals or when the regulation determines uniform standards and specifications for official traffic control devices pursuant to Section 21400 of the Vehicle Code.

"(i) A regulation that is directed to a specifically named person or to a group of persons and does not apply generally throughout the state."

None of the exemptions contained in the APA can be reasonably construed to apply to the committee or the uniform standards to be used by the healing arts boards. In addition, we are aware of no other applicable exemption.

Thus, because all four of the criteria are met, it is our opinion that the Substance Abuse Coordination Committee is required to adopt the uniform standards pursuant to the rulemaking procedures under the Administrative Procedure Act (Ch. 3.5 (commencing with Sec. 11340), Pt. 1, Div. 3, Title 2, Gov. C.).

Having reached this conclusion, we next turn to whether the healing arts boards are required to use the uniform standards if those standards are properly adopted. In addressing that question, we apply certain established rules of statutory construction. To ascertain the meaning of a statute, we begin with the language in which the statute is framed (*Leroy T. v. Workmen's Comp. Appeals Bd.* (1974) 12 Cal.3d 434, 438; *Visalia School Dist. v. Workers' Comp. Appeals Bd.* (1995) 40 Cal.App.4th 1211, 1220). Significance should be given to every word, and construction making some words surplusage is to be avoided (*Lambert Steel Co. v. Heller Financial, Inc.* (1993) 16 Cal.App.4th 1034, 1040). In addition, effect should be given to statutes according to the usual, ordinary import of the language employed in framing them (*DuBois v. Workers' Comp. Appeals Bd.* (1993) 5 Cal.4th 382, 388).

As set forth above, subdivision (c) of Section 315 provides that "the committee shall formulate uniform and specific standards in each of the following areas that each healing arts board shall use in dealing with substance-abusing licensees, whether or not a board chooses to have a formal diversion program" (emphasis added). Section 19 provides that "shall" is mandatory and "may" is permissive. The word "may" is ordinarily construed as permissive, whereas the word "shall" is ordinarily construed as mandatory (*Common Cause v. Board of Supervisors* (1989) 49 Cal.3d 432, 443).

Here, in Section 315, the Legislature uses the term "shall" rather than "may" in providing that each healing arts board "shall use" the specific and uniform standards adopted by the committee when dealing with substance-abusing licensees. The Legislature uses the term "shall use" as compared to "shall consider," "may consider," or "may use." The Legislature's use of the term "shall" indicates that the healing arts boards are required to use the standards adopted by the committee rather than being provided the discretion to do so. Moreover, as employed in this context, the word "use" implies that the healing arts boards must implement and apply those standards rather than merely considering them. Finally, the use of the term "uniform" suggests that the Legislature intended each board to apply the same standards. If the healing arts boards were not required to use the standards as adopted by the committee, the standards employed by these boards would vary rather than being "uniform."

Notwithstanding the plain meaning of Section 315, one could argue that the enactment of Section 315.4 indicates that the Legislature intended that implementation of the uniform standards by the boards be discretionary. Section 315.4, which was added by Senate Bill No. 1172 of the 2009-10 Regular Session (Ch. 517, Stats. 2010; hereafter S.B. 1172), provides that a healing arts board "may adopt regulations authorizing the board to order a licensee on probation or in a diversion program to cease practice for major violations and when the board orders a licensee to undergo a clinical diagnostic evaluation pursuant to the uniform and specific standards adopted and authorized under Section 315." Section 315.4 could be read to imply that a healing arts board is not required to implement those uniform standards because the board was given discretion to adopt the regulations that would allow that board to implement the standards, if necessary.

It is a maxim of statutory construction that a statute is to be construed so as to harmonize its various parts within the legislative purpose of the statute as a whole (*Wells v. Marina City Properties, Inc.* (1981) 29 Cal.3d 781, 788). As discussed above, we believe that the plain meaning of Section 315 requires the healing arts boards to implement the uniform standards adopted by the committee. Thus, whether Section 315.4 indicates, to the contrary, that the Legislature intended the boards to have discretion in that regard depends upon whether there is a rational basis for harmonizing the two statutes.

In harmonizing Sections 315 and 315.4, we note that S.B. 1172 did not make any changes to Section 315, such as changing the term "shall" to "may" in subdivision (c) of Section 315 or deleting any subdivisions of Section 315. S.B. 1172 did not diminish the scope of the authority provided to the committee to adopt the uniform standards. In fact, the analysis of the Senate Committee on Business, Professions and Economic Development for S.B. 1172, dated April 19, 2010 (hereafter committee analysis), describes the purpose of S.B. 1172 and the enactment of Section 315.4, as follows:

> "The Author points out that pursuant to SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008), the DCA was required to adopt uniform guidelines on sixteen specific standards that would apply to substance abusing health care licensees, regardless of whether a board has a diversion program. Although most of the adopted guidelines do not need additional statutes for

> implementation, there are a couple of changes that must be statutorily adopted to fully implement these standards. This bill seeks to provide the statutory authority to allow boards to order a licensee to cease practice if the licensee tests positive for any substance that is prohibited under the terms of the licensee's probation or diversion program, if a major violation is committed and while undergoing clinical diagnostic evaluation." (Committee analysis, at p. 4.)

The committee analysis further provides that the purpose of S.B. 1172 was to grant specific authority to implement those standards and "provide for the full implementation of the Uniform Standards" (committee analysis, at p. 11). The committee analysis at no time implies that the Legislature intended the Section 315 uniform standards to be revised or repealed by S.B. 1172 or that, in enacting Section 315.4, the Legislature intended that the implementation of the uniform standards be subject to the discretion of each healing arts board.

Thus, in our view, Section 315.4 may be reasonably construed in a manner that harmonizes it with Section 315. Specifically, we think that the intent of the Legislature in enacting Section 315.4 was not to make the uniform standards discretionary but to "provide for the full implementation of the Uniform Standards" by providing the authority to adopt regulations where the Legislature believed that further statutory authority was needed. Accordingly, we think implementation by the various healing arts boards of the uniform standards adopted under Section 315 is mandatory.[1]

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[1] Although Section 108 and Division 2 (commencing with Section 500) authorize the healing arts boards to set standards and adopt regulations (see, for example, Secs. 1224, 1614, 2018, 2531.95, 2615, 2715, 2854, 2930, 3025, 3510, and 3546), it is an axiom of statutory construction that a particular or specific provision takes precedence over a conflicting general provision (Sec. 1859, C.C.P.; *Agricultural Labor Relations Bd. v. Superior Court* (1976) 16 Cal.3d 392, 420, app. dism. *Kubo v. Agricultural Relations Bd.* (1976) 429 U.S. 802; see also Sec. 3534, Civ. C.). Thus, in our view, the specific requirement under Section 315 that the uniform standards be adopted supersedes any general provision authorizing the boards to set standards and adopt regulations.

Thus, it is our opinion that, if the uniform standards are properly adopted by the Substance Abuse Coordination Committee, the healing arts boards are required to implement them.

Very truly yours,

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By
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Memorandum

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From Kathleen A. Lynch
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Subject Uniform Standards Related to Substance-Abusing Licensees (Bus. & Prof. Code, §§ 315 - 315.4)

Executive Summary

Issues

You asked us to review Legislative Counsel's letter of October 27, 2011, which rendered certain opinions regarding the Substance Abuse Coordination Committee (SACC), which was created by Business and Professions Code section 315 to formulate uniform standards for use by the healing arts boards to deal with substance-abusing licensees. Legislative Counsel opined that:

(1) SACC was required to formally promulgate the uniform standards as regulations pursuant to the Administrative Procedures Act (APA), and

(2) the healing arts boards are required to use such standards under Business and Professions Code sections 315.

Summary of Responses

With respect to question (1), we see things differently from Legislative Counsel, in two respects.

First, we believe that SACC's adoption of uniform standards does not need to undergo the formal rule-making process under the APA. While other laws could potentially require the adoption of regulations when the standards are implemented by the boards (such as statutes governing particular boards or the APA's provisions applicable to disciplinary proceedings), we disagree that section 315 itself triggers the need to issue the uniform standards as regulations.

Second, even assuming the uniform standards must be adopted as regulations, we disagree with Legislative Counsel's apparent assumption that SACC would issue the regulations under section 315. The legislative histories of the relevant laws and statutory authorities of the

individual boards indicate that the boards would issue the regulations to implement the uniform standards.

As to question (2), we agree with Legislative Counsel that the healing arts boards must use the uniform standards under sections 315. A board cannot simply disregard a specific standard because it does not like the standard or because it believes that the standard is too cumbersome. However, some specific uniform standards themselves recognize a board's discretion whether to order a particular action in the first place. Thus, boards still retain authority to determine if they will undertake certain types of actions if permitted under a specific uniform standard.

Statutory Background

In 2008, SACC was legislatively established within the Department of Consumer Affairs to create uniform standards to be used by the healing arts boards when addressing licensees with substance abuse problems. (Bus. & Prof. Code, § 315, subd. (a); Stats. 2008, ch. 548 (SB 1441).) By January 1, 2010, SACC was required to "formulate uniform and specific standards" in 16 identified areas "that each healing arts board shall use in dealing with substance-abusing licensees, whether or not a board chooses to have a formal diversion program." (*Id.* at § 315, subd. (c).) These 16 standards include requirements for: clinical diagnostic evaluation of licensees; the temporary removal of the licensee from practice for clinical diagnostic evaluation and any treatment, and criteria before being permitted to return to practice on a full-time or part-time basis; aspects of drug testing; whether inpatient, outpatient, or other type of treatment is necessary; worksite monitoring requirements and standards; consequences for major and minor violations; and criteria for a licensee to return to practice and petition for reinstatement of a full and unrestricted license. (*Ibid.*) SACC meetings to create these standards are subject to Bagley-Keene Act open meeting requirements. (*Id.* at subd. (b).)

On March 3, 2009, SACC conducted its first public hearing, which included a discussion of an overview of the diversion programs, the importance of addressing substance abuse issues for health care professionals, and the impact of allowing health care professionals who are impaired to continue to practice. (Sen. Com. on Business, Professions, and Economic Development, Analysis of SB 1172 (2010-2011 Reg. Sess.), as amended April 12, 2010.) During this meeting, SACC members agreed to draft uniform guidelines for each of the standards, and during subsequent meetings, roundtable discussions were held on the draft uniform standards, including public comments. (*Ibid.*) In December 2009, the Department of Consumer Affairs adopted the uniform guidelines for each of the standards required by SB 1441. (*Ibid.*) These standards have subsequently been amended by SACC, and the current standards were issued in April of 2011.

According to the author of SB 1441 (Ridley-Thomas), the intent of the legislation was to protect the public by ensuring that, at a minimum, a set of best practices or standards were adopted by health-care-related boards to deal with practitioners with alcohol or drug problems. (Assem. Com. on Business and Professions, Analysis of SB 1441 (2008-2009 Reg. Sess.), as amended June 16, 2008.) The legislation was also meant to ensure uniformity among the

standards established throughout the healing arts licensing boards under the Department of Consumer Affairs. (*Ibid.*) Specifically, the author explains:

> SB 1441 is not attempting to dictate to [the health-related boards] how to run their diversion programs, but instead sets parameters for these boards. The following is true to all of these boards' diversion programs: licensees suffer from alcohol or drug abuse problems, there is a potential threat to allowing licensees with substance abuse problems to continue to practice, actual harm is possible and, sadly, has happened. The failures of the Medical Board of California's (MBC) diversion program prove that there must be consistency when dealing with drug or alcohol issues of licensees.

(Assem. Com. on Business and Professions, Analysis of SB 1441 (2008-2009 Reg. Sess.), as amended June 16, 2008.)

In the view of its author, "[t]his bill allows the boards to continue a measure of self-governance; the standards for dealing with substance-abusing licensees determined by the commission set a floor, and boards are permitted to establish regulations above these levels." (*Ibid.*)

In 2010, additional legislation was enacted to further implement section 315. Specifically, it provided that the healing arts boards, as described in section 315 and with the exception of the Board of Registered Nursing, "may adopt regulations authorizing the board to order a licensee on probation or in a diversion program to cease practice for major violations and when the board orders a licensee to undergo a clinical diagnostic evaluation pursuant to the uniform and specific standards adopted and authorized under Section 315." (Bus. & Prof. Code, § 315.4, subd. (a); Stats. 2010, ch. 517 (SB 1172).) An order to cease practice does not require a formal hearing and does not constitute a disciplinary action. (*Id.* § 315.4 subds. (b), (c).)

According to the author of SB 1172 (Negrete McLoud), this subsequent statute was necessary "because current law does not give boards the authority to order a cease practice." (Sen. Com. on Business, Professions, and Economic Development, Analysis of SB 1172 (2010-2011 Reg. Sess.), as amended April 12, 2010.) The author explains:

> Although most of the adopted guidelines do not need additional statutes for implementation, there are a few changes that must be statutorily adopted to fully implement these standards. [¶] This bill seeks to provide the statutory authority to allow boards to order a licensee to cease practice if the licensee tests positive for any substance that is prohibited under the terms of the licensee's probation or diversion program, if a major violation is committed and while undergoing clinical diagnostic evaluation. [¶] The ability of a board to order a licensee to cease practice under these circumstances provides a delicate balance to the inherent confidentiality of diversion programs. The protection of the public remains the top priority of boards when dealing with substance abusing licensees.

(Senate Third Reading, Analysis of SB 1172 (2010-2011 Reg. Sess.), as amended June 22, 2010.)

Legal Analysis

1a. Section 315 should be construed as not requiring that the uniform standards be adopted as regulations.

Legislative Counsel opined that SACC must adopt the uniform standards as regulations under section 315, because (1) the standards meet the definition of regulations, (2) none of the express exemptions under Government Code section 11340.9 remove them from the APA rule-making process, and (3) section 315 contains no express language precluding application of the rulemaking provisions of the APA. (October 27, 2011 Letter, p. 5.) We have a different view on the threshold issue of whether the standards qualify as a regulation under section 315.

Under the APA, a regulation is defined as "every rule, regulation, order, or standard of general application or the amendment, supplement, or revision of any rule, regulation, order, or standard adopted by any state agency to implement, interpret, or make specific the law enforced or administered by it, or to govern its procedure." (Gov. Code, § 11342.600.) "No state agency shall issue, utilize, enforce, or attempt to enforce any guideline, criterion, bulletin, manual, instruction, order, standard of general application, or other rule, which is a regulation as defined in Section 11342.600, unless [it has been adopted in compliance with the APA]." (*Id.* § 11340.5, subd. (a).) This requirement cannot be superseded or modified by subsequent legislation, unless the statute does so expressly. (*Id.* § 11346, subd. (a).)

An agency standard subject to the APA has two identifying characteristics. First, the agency must intend its rule to apply generally, rather than in a specific case. Second, the rule must "implement, interpret, or make specific the law enforced or administered by [the agency], or . . . govern [the agency's] procedure." (*Morning Star Co. v. State Bd. of Equalization* (2006) 38

Cal.4th 324, 333, quoting *Tidewater Marine Western, Inc. et al. v. Bradshaw* (1996) 14 Cal.4th 557, 571.)

Whether a particular standard or rule is a regulation requiring APA compliance depends on the facts of each case, considering the rule in question, and the applicable statutory scheme. Generally speaking, courts tend to readily find the need for such compliance. We understand that certain healing arts boards have already adopted regulations incorporating the uniform standards. (See, e.g., Cal. Code Regs., tit. 16, § 4147 [Board of Occupational Therapy].) This approach is understandable in light of the usually broad requirement that agency rules be adopted as regulations and, as noted below, may be required by other laws when they are implemented by the boards. Here, however, the wording and intent of section 315 indicate the Legislature did not intend that the initial act of formulating and adopting the uniform standards is within the purview of the formal APA rule-making process.

"The fundamental rule of statutory construction is that the court should ascertain the intent of the Legislature so as to effectuate the purpose of the law." (*Bodell Const. Co. v. Trustees of California State University* (1998) 62 Cal.App.4th 1508, 1515.) In determining that intent, courts "first examine the words of the statute itself. Under the so-called 'plain meaning' rule, courts seek to give the words employed by the Legislature their usual and ordinary meaning. If the language of the statute is clear and unambiguous, there is no need for construction. However, the 'plain meaning' rule does not prohibit a court from determining whether the literal meaning of a statute comports with its purpose. If the terms of the statute provide no definitive answer, then courts may resort to extrinsic sources, including the ostensible objects to be achieved and the legislative history." (*Ibid.* [citations omitted].) Courts "must select the construction that comports most closely with the apparent intent of the Legislature, with a view to promoting rather than defeating the general purpose of the statute, and avoid an interpretation that would lead to absurd consequences." (*Ibid.* [citation omitted].) "The legislative purpose will not be sacrificed to a literal construction of any part of the statute." (*Ibid.*)

In *Paleski v. State Department of Health Services* (2006) 144 Cal.App.4th 713, the Court of Appeal applied these rules of statutory construction and found that the challenged agency criteria were not required to be adopted as regulations under the APA. (*Id.* at pp. 728-729.) In *Paleski*, plaintiff challenged an agency's criteria for the prescription of certain drugs because the department had not promulgated them in compliance with the APA. (*Ibid.*) The statute, however, expressly authorized the criteria to be effectuated by publishing them in a manual. (*Ibid.*) According to the court, the "necessary effect" of this language was that the Legislature did not intend for the broader notice procedure of the APA to apply when the agency issued the criteria. (*Ibid.*)

Similar reasoning should apply here. Under the plain meaning of section 315, SACC was legislatively established to create uniform standards to be used by the healing arts boards when addressing licensees with substance abuse problems. (Bus. & Prof. Code, § 315, subd. (a).) The intent of the legislation was to protect the public and to ensure that minimum standards are met and to ensure uniformity among the standards established throughout the healing arts

licensing boards under the Department of Consumer affairs. (Assem. Com. on Business and Professions, Analysis of SB 1441 (2008-2009 Reg. Sess.), as amended June 16, 2008.) In formulating these uniform standards, SACC was subject to the Bagley-Keene Act, which requires noticed public meetings. Many roundtable discussions were held on the draft uniform standards, including public vetting and public comments. In that way, the affected community learned about the standards and had the opportunity to comment. This is a prime requirement and purpose of the APA rule-making process (see Gov. Code, § 11343 *et seq.*), but it has already been fulfilled by the procedures set forth in section 315. To now require SACC to repeat that process by promulgating the standards as regulations would make little sense and be duplicative.

Nor does the process for the formulation of the standards set forth in section 315 comport with the other purposes and procedures of the APA. During the APA rule-making process, an agency must provide various reasons, justifications, analyses, and supporting evidence for the proposed regulation. (Gov. Code, § 11346.2.) Those provisions and other provisions of the APA are intended to address the proliferation, content, and effect of regulations proposed by administrative agencies. (*Id.* §§ 11340, 11340.1.) Here, the agency is not proposing to adopt the uniform standards. The Legislature has required that the standards adopted by SACC, be uniform, and be used by the boards. Given this statutory mandate that they be implemented, subjecting the uniform standards to substantive review under the APA again makes little sense.[1]

1b. The SACC would not be the rule-making entity, even if the uniform standards would have to be adopted as regulations.

Even assuming that APA compliance was required under section 315, it is doubtful that SACC would carry the responsibility to adopt regulations. The second component of a regulation requires that the rule must "implement, interpret, or make specific the law enforced or administered by [the agency], or . . . govern [the agency's] procedure." (*Morning Star Co.*, *supra*, 38 Cal.4th at p. 333.) Here, SACC was mandated to create the uniform standards to be used by separate boards; the SACC's creation of the uniform standards does not implement,

[1] Even though the standards do not have to be promulgated as regulations by SACC under section 315, this does not mean that certain regulations would not arguably be required on the part of some or all of the boards under other statutory schemes, such as the laws applicable to a particular board or the APA's provisions on quasi-adjudicatory proceedings. This type of analysis would require a fact specific, case-by-case study of each board's practices and its regulatory scheme and may include consideration of: (1) whether a board's statutory authority requires the adoption of regulations related to actions against substance-abusing licensees, (2) whether current regulations conflict with the standards, and (3) whether in an administrative adjudicative setting, the standards are considered "penalties" and thus must be adopted as regulations under section 11425.50, subdivision (e), of the Government Code.

interpret, or make any law more specific. (Bus. & Prof. Code, § 315, subds. (a), (c).) The only express statutory role of the SACC is to determine the uniform standards in the first place.[2]

The boards are then required to use and apply the standards and have much clearer authority to adopt regulations. "Each of the boards [within the Department of Consumer Affairs] exists as a separate unit, and has the function of setting standards, holding meetings, and setting dates thereof, preparing and conducting examinations, passing upon applicants, conducting investigations of violations of laws under its jurisdiction, issuing citations and hold hearings for the revocation of licenses, and the imposing of penalties following such hearings, in so far as these powers are given by statute to each respective board." (Bus. & Prof. Code, § 108.)

The legislative history for section 315 also supports this conclusion. According to its author, section 315 was adopted to protect the public by ensuring that, at a minimum, a set of best practices or standards *were adopted by health care related boards to deal with practitioners with alcohol or drug problems*. (Assem. Com. on Business and Professions, Analysis of SB 1441 (2008-2009 Reg. Sess.), as amended June 16, 2008, emphasis added.)[3] Practically speaking, it would be difficult for the SACC (or the Department of Consumer Affairs) to draft regulations applicable to all boards, given that they are unique and deal with different subject areas, unless such regulations were adopted wholesale, on a one-size-fits-all basis. As explained below, while the healing arts boards must use the standards, they only have to use the ones that apply to their procedures.

Thus, while section 315 does not require regulations to initially adopt the standards, the boards (and not SACC) would more reasonably be tasked with this responsibility.

2. **The healing arts boards must use the uniform standards to the extent that they apply.**

The original language of section 315 is clear that the standards must be used. (Bus. & Prof. Code, § 315, subd. (a) ["uniform standards that will be used by healing arts boards"], subd. (b) ["uniform standards . . . that each healing arts board shall use in dealing with substance-abusing licenses"].) Legislative Counsel was asked to opine on whether subsequent legislation (Bus. & Prof. Code, § 315.4) somehow made these uniform standards discretionary. We agree with

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[2] The SACC is a committee formed by various executive officers of healing arts boards and other public officials formed within the Department of Consumer Affairs. (Bus. & Prof. Code, § 315, subds. (a).)

[3] As discussed shortly, the legislative history for follow-up legislation similarly explains that its purpose was to provide statutory authority for some healing arts boards to issue regulations to implement certain of the uniform standards. (Sen. Com. on Business, Professions, and Economic Development, Analysis of SB 1172 (2010-2011 Reg. Sess.), as amended April 12, 2010.)

Legislative Counsel's conclusion that section 315.4 did not make the uniform standards optional. (Oct. 27, 2011, Letter, p. 9.)

Section 315.4 was enacted two years after section 315, and provides that that the healing arts boards, as described in section 315 and with the exception of the Board of Registered Nursing, "may adopt regulations authorizing the board to order a licensee on probation or in a diversion program to cease practice for major violations and when the board orders a licensee to undergo a clinical diagnostic evaluation pursuant to the uniform and specific standards adopted and authorized under Section 315." (Bus. & Prof. Code, § 315.4, subd. (a); Stats. 2010, ch. 517, (SB 1172).) If a board adopts such regulations, there is nothing to indicate that use of uniform standards created under section 315 is optional. Such an interpretation would be contrary to the legislative intent. Section 314.5 was enacted for the limited purpose to give boards the authority to order a licensee to cease practice, as this was not provided for in section 315. (Sen. Com. on Business, Professions, and Economic Development, Analysis of SB 1172 (2010-2011 Reg. Sess.), as amended April 12, 2010.) By no means was the intent to transform the mandatory uniform standards of section 315 into optional suggestions. As the author explains:

> Although most of the adopted guidelines do not need additional statutes for implementation, there are a few changes that must be statutorily adopted to fully implement these standards. [¶] This bill seeks to provide the statutory authority to allow boards to order a licensee to cease practice if the licensee tests positive for any substance that is prohibited under the terms of the licensee's probation or diversion program, if a major violation is committed and while undergoing clinical diagnostic evaluation.

(Senate Third Reading, Analysis of SB 1172 (2010-2011 Reg. Sess.), as amended June 22, 2010.)

In addition, some specific uniform standards themselves recognize a board's discretion whether to order a particular action in the first place. (See e.g. Uniform Standard # 1 ["If a healing arts board orders a licensee . . . to undergo a clinical diagnosis evaluation, the following applies: ... "].) The standards must be applied, however, if a board undertakes a particular practice or orders an action covered by the standards. A determination regarding a board's specific application (or not) of certain uniform standards would have to be based on a fact specific, case-by-case review of each board and its regulatory scheme. However, once a board implements a procedure covered by the uniform standards, it cannot disregard the applicable uniform standard because it disagrees with the standard's substance.

Conclusion

For the reasons stated above, in our view, section 315 can be read to preclude the necessity to adopt regulations when the uniform standards are issued initially. And even if regulations were required under section 315, SACC would not be tasked with this responsibility. We also

believe that the healing arts boards must use the uniform standards where an agency undertakes an action covered by the standards.

Please feel free to contact me if you have any questions or would like to discuss the above.

:KAL

cc: Peter K. Southworth, Supervising Deputy Attorney General

Option 1 (Presumption) "Trigger" for When SB 1441 Uniform Standards Apply

Board of Chiropractic Examiners

Proposed Language

Section 384 of Division 4 of Title 16, Article 9 of the California Code of Regulations is amended to read:

Article 9.
Enforcement, ~~and~~ Discipline, and Uniform Standards for Substance-Abusing Licensees

Section 384. Disciplinary Guidelines and Exceptions for Uniform Standards Related to Substance-Abusing Licensees.

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400, et seq.), the board shall consider the disciplinary guidelines entitled "Disciplinary Guidelines and Model Disciplinary Orders" [revised ~~October 21, 2004~~ April 29, 2014] which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the board in its sole discretion determines that the facts of the particular case warrant such a deviation -for example: the presence of mitigating factors; the age of the case; evidentiary problems.

(b) Notwithstanding subsection (a), the board shall use the uniform standards for substance-abusing licensees as provided in Section 384.1, without deviation, for each individual determined to be a substance-abusing licensee.

Note: Authority cited: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923 p. 1xxxviii)) and Business and Professions Code Sections 315, 315.2, and 315.4. Reference: Sections 1000-4(b) and 1000-10, Business and Professions Code~~.~~ (Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii) and Business and Professions Code Sections 315, 315.2, and 315.4.

Add Section 384.1 to Division 4 of Title 16 of Article 9 of the California Code of Regulations to read:

§ 384.1. Uniform Standards for Substance-Abusing Licensees.

(a) If the conduct found to be a violation involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of

section 315 of the Code. If the licensee does not rebut that presumption, then the terms and conditions contained in the document entitled "Uniform Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Orders", new April 29, 2014, which are hereby incorporated by reference, shall be used in any probationary order of the board affecting that licensee.

(b) Nothing in this Section shall prohibit the board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the board's guidelines referenced in Section 384 in any order that the board determines would provide greater public protection.

Note: Authority cited: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923 p. 1xxxviii)) and Business and Professions Code Sections 315, 315.2, and 315.4. Reference: Sections 1000-4(b) and 1000-10, Business and Professions Code. (Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii) and Business and Professions Code Sections 315, 315.2, and 315.4.

Option No. 2 (Clinical Diagnostic) "Trigger" for When SB 1441 Uniform Standards Apply

Board of Chiropractic Examiners

PROPOSED LANGUAGE

Section 384 Division 4 of Title 16, Article 9 of the California Code of Regulations is amended to read:

Article 9. Enforcement, ~~and~~ Discipline, and Uniform Standards for Substance-Abusing Licensees

Section 384. Disciplinary Guidelines and Exceptions for Uniform Standards Related to Substance-Abusing Licensees.

In reaching a decision on a disciplinary action under the Administrative Procedures Act (Government Code Section 11400 et seq.), the board shall consider the disciplinary guidelines entitled Disciplinary Guidelines and Model Disciplinary Orders" [revised ~~October 21, 2004~~ April 29, 2014] which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the board, in its sole discretion, determines that the facts of the particular case warrant such a deviation - for example: the presence of mitigating factors; the age of the case; evidentiary problems.

However, neither the board nor an administrative law judge may impose any conditions or terms of probation that are less restrictive than the uniform standards related to substance abuse listed in Section 384.1. If a licensee has not yet been identified as a substance-abusing licensee (for example, through stipulation) in a case involving drugs or alcohol, a clinical diagnostic evaluation shall be ordered and the remaining provisions of the Uniform Standards may, in the discretion of the board, be made contingent upon a clinical diagnostic evaluator's report that the individual is a substance-abusing licensee. The clinical diagnostic evaluator's report shall be submitted in its entirety to the board.

Note: Authority cited: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923 p. 1xxxviii)) and Business and Professions Code Sections 315, 315.2, and 315.4. Reference: Sections 1000-4(b) and 1000-10, Business and Professions Code~~.~~ (Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii) and Business and Professions Code Sections 315, 315.2, and 315.4.

Add Section 384.1 to Division 4 of Title 16 of Article 9 of the California Code of Regulations to read:

§ 384. Uniform Standards for Substance-Abusing Licensees.

(a) If a licensee has been identified as a substance-abusing licensee as provided in Section 384, then the terms and conditions contained in the document entitled "Uniform Standards Related to Substance-Abusing Licensees with Standard Language for Probationary Orders", new April 29, 2014, which are hereby incorporated by reference, shall be used in any probationary order of the board affecting that licensee.

(b) Nothing in this Section shall prohibit the board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the board's guidelines referenced in Section 1018 in any order that the board determines would provide greater public protection.

Note: Authority cited: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923 p. 1xxxviii)) and Business and Professions Code Sections 315, 315.2, and 315.4. Reference: Sections 1000-4(b) and 1000-10, Business and Professions Code~~.~~ (Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii) and Business and Professions Code Sections 315, 315.2, and 315.4.

Option 3 "Trigger" (Hearing) for When SB 1441 Uniform Standards Apply

Board of Chiropractic Examiners

PROPOSED LANGUAGE

Section 384 in Division 4 of Title 16, Article 9 of the California Code of Regulations is amended to read:

Article 9. Enforcement, ~~and~~ Discipline, and Uniform Standards for Substance-Abusing Licensees

Section 384. Disciplinary Guidelines and Exceptions for Uniform Standards Related to Substance-Abusing Licensees.

(a) In reaching a decision on a disciplinary action under the Administrative Procedures Act (Government Code Section 11400 et seq.), the board shall consider the disciplinary guidelines entitled Disciplinary Guidelines and Model Disciplinary Orders" [revised ~~October 21, 2004~~ April 29, 2014] which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the board, in its sole discretion, determines that the facts of the particular case warrant such a deviation - for example: the presence of mitigating factors; the age of the case; evidentiary problems.

(b) Notwithstanding subsection (a), the board shall use the uniform standards for substance-abusing licensees as provided in Section 384.1, without deviation, for each individual determined to be a substance-abusing licensee.

Note: Authority cited: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923 p. 1xxxviii)) and Business and Professions Code Sections 315, 315.2, and 315.4. Reference: Sections 1000-4(b) and 1000-10, Business and Professions Code~~.~~ (Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii) and Business and Professions Code Sections 315, 315.2, and 315.4.

Add Section 384.1 to Division 4 of Title 16 of Article 9 of the California Code of Regulations to read:

§ 384.1. Uniform Standards for Substance-Abusing Licensees.

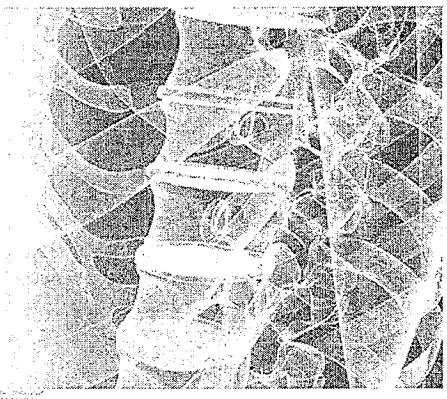
(a) If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the Government Code (commencing with sections 11500 et seq.), the board finds that the evidence establishes that an individual is a substance-abusing licensee, then the terms and conditions contained in the document entitled "Uniform Standards Related to Substance-Abusing Licensees

with Standard Language for Probationary Orders," new April 29, 2014, which are hereby incorporated by reference, shall be used in any probationary order of the board affecting that licensee.

(b) Nothing in this Section shall prohibit the board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the board's guidelines referenced in Section 384 in any order that the board determines would provide greater public protection.

Note: Authority cited: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923 p. 1xxxviii)) and Business and Professions Code Sections 315, 315.2, and 315.4. Reference: Sections 1000-4(b) and 1000-10, Business and Professions Code. (Chiropractic Initiative Act of California, Stats. 1923, p. lxxxviii) and Business and Professions Code Sections 315, 315.2, and 315.4.

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA



~~Board of Chiropractic Examiners~~
~~Disciplinary Guidelines and Model Disciplinary Orders~~
~~Adopted by the Board January 28, 1999~~
~~Revised September 23, 1999~~
~~Revised October 21, 2004~~

Uniform Standards Related to Substance Abuse & Disciplinary Guidelines

Revised Month, 2014

STATE OF CALIFORNIA
DCA
DEPARTMENT OF CONSUMER AFFAIRS

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Introduction

The Board of Chiropractic Examiners (hereinafter "the Board") is a consumer protection agency with the primary mission of protecting consumers of chiropractic services from potentially harmful licensee s. In keeping with its mandate to protect the affected population of consumers, the Board has adopted the following recommended guide lines for disciplinary orders and conditions of probation for violations of the Chiropractic Act and/or California Code of Regulations.

The Board carefully considers the totality of the facts and circumstances in each individual case, with the safety of the public being paramount. Consequently, the Board requests that the Administrative Law Judge clearly delineate the factual basis for his/her decision. Except as provided in the Uniform Standards Related to Substance Abuse, the Board recognizes that an individual case may necessitate a departure from these guidelines for disciplinary orders. However, in such a case, the mitigating or aggravating circumstances must be detailed in the "Finding of Fact" which is in every Proposed Decision, so that the circumstances can be better understood and evaluated by the Board before final action is taken.

The Board recognizes that these conditions are merely guidelines and the mitigating or aggravating circumstances in a particular case may necessitate variations. In such cases, the mitigating circumstances shall be detailed in any proposed decision or any transmittal memorandum accompanying a stipulation.

The Board has found that accusations are rarely filed except in serious cases. In general, the position of the Board is that revocation should always be an option whenever grounds for discipline are found to exist. Board policy is that revocation is always an appropriate order where a respondent is in default, such as when he or she fails to file a notice of defense or fails to appear at a disciplinary hearing.

The Board seeks recovery of all investigative and prosecution costs up to the hearing in all disciplinary cases, including all charges of the Office of the Attorney General including, but not limited to legal services and opinions of expert consultants, because the burden for paying for disciplinary cases should fall on those whose conduct requires investigation and enforcement, not upon the profession as a whole.

~~BOARD INFORMATION~~

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Probation Monitoring Purpose

The purpose of the probation monitoring program is to maintain public protection by proactively monitoring probationers to ensure terms and conditions are met. The Board will work to:

1) Allow for the probationer's rehabilitation if that is his/her choice;
2) Allow the probationer an opportunity to practice in a professional manner with restrictions and guidance from a community support system and designated probation monitor to prevent future occurrences; and
3) Allow for education of the individual as to the responsibilities, requirements and professionalism mandated of a chiropractor.

It is the policy of the Board that if a probationer is found to be in violation of any term of probation at any time during the probation period, the Board shall immediately be notified of the violation so that disciplinary action may be considered.

Stipulated Settlements

The Board will consider stipulated settlements to promote cost effectiveness and to expedite disciplinary decisions if such agreements are consistent with the Board's mandate.

Disciplinary Guidelines

Factors to Be Considered in Determining Penalties

Section 10(b) of the Chiropractic Initiative Act provides that the Board may discipline the holder of, or suspend or revoke, any license issued by the Board.

In determining whether the minimum, ~~or an~~ intermediate or maximum penalty is to be imposed in a given case, factors such as the following should be considered:

~~1.~~ 1. Actual or potential threat or harm to the public, consumer or patient.
~~2. Actual or potential harm to any consumer.~~
~~3.~~ 2. Prior disciplinary record, including level of compliance with disciplinary orders~~.~~ or probation terms.
~~4.~~ 3. Prior warnings of record, including final citations issued within the last 5 years.
~~5.~~ 4. Number and/or variety of current violations.
~~6.~~ 5. Nature and severity of the act(s), offense(s) or crime(s) under consideration.
~~7.~~ 6. Mitigating evidence.
~~8.~~ 7. Rehabilitation evidence.
~~9.~~ 8. Compliance with terms of any criminal sentence.
~~10.~~ 9. Overall criminal record.
~~11.~~ 10. Time passed since the act(s) or offense(s) occurred.
~~12.~~ 11. Whether the conduct was intentional or negligent, demonstrated incompetence, or, if respondent is being held to account for conduct committed by another, the respondent had knowledge of or knowingly participated in such conduct.
~~13.~~ 12. The financial benefit to the respondent from the misconduct.
~~14.~~ 13. Intent of actions.
~~15.~~ 14. Act(s) of remorse.
~~16.~~ 15. Death of patient or consumer due to gross negligence, criminal violations or serious bodily injury.

No one of the above factors is required to justify the minimum and maximum penalty as opposed to an intermediate one.

Terms of Probation

Probation conditions are divided into two categories: 1) standard conditions that shall appear in all probation cases, and 2) optional conditions, that depend on the nature and circumstances of a particular case. The Board prefers that the optional conditions be placed before the standard conditions in sequence in the proposed disciplinary order. The Board may also impose other conditions appropriate to the case as long as the condition is not contrary to public policy.

Disciplinary Guidelines Cont.

Standard Conditions - To be included in all probation decisions/orders.

1. Obey All Laws
2. Quarterly Reports
3. Probation Monitoring
4. Interview With Board
5. Continuing Education
6. Reimbursement of Board Costs
7. Tolling of Probation
8. No Preceptorships or Supervision of Interns
9. Violation of Probation
10. Notification of Employment
11. Notice to Employers
12. Notice to Employees
13. License Surrender
14. Completion of Probation

Optional Conditions

1. Actual Suspension
2. Drugs - Abstain From Use
3. Drug and Alcohol Abuse Treatment/Counseling ~~abuse counseling/detoxification~~
4. Alcohol - Abstain From Use
5. ~~Alcohol abuse counseling/detoxification~~ Drug and Alcohol Testing
6. ~~Blood and/or urine testing~~ California Law and Professional Practice Examination (CLPPE)
7. ~~Law Examination~~ Special Purposes Examination for Chiropractic (SPEC)
8. ~~SPEC Examination~~ Practice Monitoring by Another Licensed Doctor of Chiropractic
9. ~~Monitoring~~ Restitution for Consumers
10. ~~Auditing of billing practices~~ Psychiatric or Psychological Evaluation
11. ~~Restitution for consumers~~ Psychotherapy
12. ~~Psychiatric or Psychological evaluation~~ Medical Evaluation
13. ~~Psychotherapy~~ Ethics and Boundaries Examination
14. ~~Medical evaluation~~ Education Course
15. ~~Ethics Course~~ Community Service
16. ~~Education Course~~ Restricted Practice
17. ~~Community service~~ Third Party-Patient Chaperone
18. ~~Restricted practice~~ Notification to Patients
19. ~~Third party presence - sexual transgressors~~ Criminal Probation/Parole Reports
20. ~~Notification to patients~~ Billing Monitor
21. ~~Criminal Probation/Parole Reports~~

Categories of Violations and Recommended Penalties

The Chiropractic Initiative Act and the California Code of Regulations specify the offenses for which the Board may take disciplinary action. The following are categories of violations used by the Board in determining appropriate disciplinary penalties.

The Board also has the authority, pursuant to California Code of Regulations section 304, to impose discipline based on disciplinary action taken by another jurisdiction. The discipline imposed by the Board will typically correspond with the discipline imposed by the other jurisdiction for similar offenses.

CATEGORY I

Minimum: Revocation stayed; 1-2 year probation
Maximum: Revocation
All standard terms and conditions
Optional terms and conditions, as applicable

1. Actual Suspension
2. Drugs - Abstain From Use
3. ~~Drug abuse counseling/detoxification~~ Drug and Alcohol Abuse Treatment/Counseling
4. Alcohol - Abstain From Use
5. ~~Alcohol abuse counseling/detoxification~~ Drug and Alcohol Testing
6. ~~Blood and/or urine testing~~ California Law and Professional Practice Examination (CLPPE)
7. ~~Law Examination~~ Special Purposes Examination for Chiropractic (SPEC)
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15. ~~Ethics Course~~ Community Service
16. ~~Education Course~~ Restricted Practice
17. ~~Community service~~ Third Party-Patient Chaperone
18. ~~Restricted practice~~ Criminal Probation/Parole Reports
19. ~~Third party presence - sexual transgressors~~ Billing Monitor
20. ~~Notification to patients~~
21. ~~Criminal Probation/Parole Reports~~

CATEGORY I CONTINUED

Recommended but not limited to ~~for~~ the following violations which are relatively minor, but are potentially harmful, or for repeated violations of a relatively minor nature:

Chiropractic Initiative Act
5 Practicing without a valid license
10(b) Improper use of fictitious names

California Code of Regulations
302.5 Use of Laser
303 ~~Practicing without notifying Board of business address~~ Filing of Address
304 Discipline by Another Jurisdiction
308 ~~Practicing without properly posting license; failure to obtain and post satellite office certificate~~ Display of License
310 Change of name
310.2 Use of the title "Chiropractor" by unlicensed persons
311 Advertising
312 Unlicensed practice *(for use in **less** egregious cases or for applicants)*
314 Law Violators
317(v) Waiving co-payments or deductibles
317(x) Substitution of a spinal manipulation for vaccination
317.2 Gag Clauses in Civil Agreements Prohibited
317.3 Licensee Reporting Requirements
318(a)(b) Chiropractic Patient Records/Accountable Billings
319.1 Informed Consent
366 Continuing Education Audits
367.5 Application for chiropractic corporation
367.7 Name of corporation
367.9 Shares: ownership and transfer

Business and Professions Code
1051 Application for registration as a chiropractic corporation

Health and Safety Code
123110 Failure to provide treatment records

CATEGORY II

Minimum: Revocation stayed, 3 year probation
Maximum: Revocation
All standard terms and conditions of probation
Optional terms and conditions, as applicable

1. Actual Suspension
2. Drugs - Abstain From Use
3. ~~Drug abuse counseling/detoxification~~ Drug and Alcohol Abuse Treatment/Counseling
4. Alcohol - Abstain From Use
5. ~~Alcohol abuse counseling/detoxification~~ Drug and Alcohol Testing
6. ~~Blood and/or urine testing~~ California Law and Professional Practice Examination (CLPPE)
7. ~~Law Examination~~ Special Purposes Examination for Chiropractic (SPEC)
8. ~~SPEC Examination~~ Practice Monitoring by Another Licensed Doctor of Chiropractic
9. ~~Monitoring~~ Restitution for consumers
10. ~~Auditing of billing practices~~
11. ~~Restitution for consumers~~ Psychiatric or Psychological evaluation
12. ~~Psychiatric or Psychological evaluation~~ Psychotherapy
13. ~~Psychotherapy~~ Medical evaluation
14. ~~Medical evaluation~~ Ethics and Boundaries Examination
15. ~~Ethics Course~~ Education Course
16. ~~Education Course~~ Community service
17. ~~Community service~~ Restricted practice
18. ~~Restricted practice~~ Third party-Patient Chaperone
19. ~~Third party presence - sexual transgressors~~ Notification to patients
20. ~~Notification to patients~~ Criminal Probation/Parole Reports
21. ~~Criminal Probation/Parole Reports~~ Billing Monitor

CATEGORY II CONTINUED

Recommended for violations with a more serious potential for harm, for violations which involve greater disregard for chiropractic law and public safety, or for violations which reflect on ethics, care exercised or competence.

Chiropractic Initiative Act
10(b) Advertising treatment of sexual disorders
15 Misleading use of title

California Code of Regulations
306.1(c) Failure to appear for hearing
311 Advertising
312 Unlicensed practice *(for use in more egregious cases)*
314 Law Violators
317(l) Making or signing false documents
317(n) Making false statement on the license application
317(p) False, misleading, or deceptive advertising
317(r) Unauthorized disclosure of patient information; failure to maintain confidentiality
317.1 Failure to register referral service
318(a) Chiropractic patient records
318(b) Accountable billings
319 Inappropriate billing for services advertised as free or discounted
319.1 Informed Consent
~~355 Renewal and Restoration~~
366 Continuing Education Audits

Business and Professions Code
650.3 Group advertising and referral services
651 False, misleading, or deceptive advertising

CATEGORY III

Minimum: Revocation stayed, minimum 30 days suspension, 5 year probation
Maximum: Revocation
All standard terms and conditions of probation
Optional terms and conditions, as applicable

1. Actual suspension
2. Drugs - Abstain from use
3. ~~Drug abuse counseling/detoxification~~ Drug and Alcohol Abuse Treatment/Counseling
4. Alcohol - Abstain from use
5. ~~Alcohol abuse counseling/detoxification~~ Drug and Alcohol Testing
6. ~~Blood and/or urine testing~~ California Law and Professional Practice Examination (CLPPE)
7. ~~Law Examination~~ Special Purposes Examination for Chiropractic (SPEC)
8. ~~SPEC Examination~~ Practice Monitoring by Another Licensed Doctor of Chiropractic
9. ~~Monitoring~~ Restitution for consumers
10. ~~Auditing of billing practices~~ Psychiatric or Psychological evaluation
11. ~~Restitution for consumers~~ Psychotherapy
12. ~~Psychiatric or Psychological evaluation~~ Medical evaluation
13. ~~Psychotherapy~~ Ethics and Boundaries Examination
14. ~~Medical evaluation~~ Education Course
15. ~~Ethics Course~~ Community service
16. ~~Education Course~~ Restricted practice
17. ~~Community service~~ Third party-Patient Chaperone
18. ~~Restricted practice~~ Notification to patients
19. ~~Third party presence - sexual transgressors~~ Criminal Probation/Parole Reports
20. ~~Notification to patients~~ Billing Monitor
21. ~~Criminal Probation/Parole Reports~~

CATEGORY III CONTINUED

Recommended for less egregious criminal convictions involving moral turpitude, sexual misconduct or fraudulent acts committed in connection with the licensee's practice. Also to be used in cases involving gross negligence/incompetence, capping, steering, accepting fees for patient referrals, excessive treatment or for failure to refer a patient to another licensed care provider.

Chiropractic Initiative Act
7 Unauthorized practice of medicine

California Code of Regulations
302(a) Practice exceeding the scope of practice
302(a)(5) Use of drug or medicine in materia medica
302.5 Use of Laser
312(c) Failure to properly supervise
313 Inducing student to practice chiropractic
314 Law Violators
316(a) Responsibility for conduct on premises *(for use in less egregious cases)*
316(b) License used in connection with sexual acts *(for use in less egregious cases)*
316(c) Sexual relations with a patient *(for use in less egregious cases)*
317(a) Gross negligence *(for use in less egregious cases)*
317(b) Repeated negligent acts *(for use in less egregious cases)*
317(d) Excessive treatment *(for use in less egregious cases)*
317(e) Intentionally or recklessly causing harm to the public
317(f) Administering or use of drugs or alcohol
317(g) Conviction of a crime *(for use in less egregious cases, including fraud)*
317(h) Conviction involving moral turpitude, dishonesty, or corruption *(for use in less egregious cases, excluding fraud)*
317(i) Conviction involving dangerous drugs or alcohol
317(j) Dispensing or administration of drugs
317(k) Commission of dishonest or fraudulent act related to duties or functions of license
317(l) Making or signing false documents
317(m) Aiding and abetting unlicensed activity
317(q) Obtaining fee by fraud or deceit
317(s) Use of cappers or steerers 317(t) Fee for referrals
317(w) Failure to refer a patient to other licensed health care provider
318.1 Standard of Care Regarding Manipulation Under Anesthesia (MUA)

Business and Professions Code
~~1054 Name of a chiropractic corporation~~
~~1055 Officers of chiropractic corporation not licensed as required in Professional Corporation Act~~
725 Excessive prescribing or treatment *(for use in less egregious cases)*
726 Sexual relations with patients *(for use in less egregious cases)*
810 False or fraudulent claims *(for use in less egregious cases)*

CATEGORY IV

Penalty: Revocation

Recommended for **more egregious** cases including, but not limited to, fraudulent activity, physical violence, sexual misconduct, excessive treatment, or improper use of license in connection with sexual acts. Revocation is also recommended when: 1) respondent fails to file a notice of defense or to appear at a disciplinary hearing where the Board has requested revocation in the accusation; 2) respondent violates the terms and conditions of probation from a previous disciplinary order; and 3) where prior discipline has been imposed, as progressive discipline unless respondent can demonstrate satisfactory evidence of rehabilitation.

California Code of Regulations
302.5 Use of Laser
316(a) Responsibility for conduct on premises
316(b) License used in connection with sexual acts
316(c) Sexual relations with a patient
317(a) Gross negligence
317(b) Repeated negligent acts
317(d) Excessive treatment
317(g) Conviction of a crime
317(h) Conviction involving moral turpitude, dishonesty, or corruption
317(l) Making or signing false documents
318.1 Standard of Care Regarding Manipulation Under Anesthesia (MUA)
390.7 Sexual Contact with Patient
390.8 Required Actions Against Registered Sex Offenders

Business and Professions Code
725 Excessive prescribing or treatment
726 Sexual relations with patients
810 False or fraudulent claims

DISCIPLINARY GUIDELINES

FOR USE BY ADMINISTRATIVE LAW JUDGES

To establish consistency in discipline for similar offenses on a statewide basis, the Board of Chiropractic Examiners has adopted these uniform disciplinary guidelines for particular violations. This document, designed for use by administrative law judges, attorneys, chiropractors and ultimately the Board, shall be revised from time to time following public hearing by the Board and will disseminated to interested parties upon request. Additional copies of this document may be obtained via the Board's web site at www.chiro.ca.gov or by contacting the Board of Chiropractic Examiners at its office in Sacramento, California. There may be a charge assessed sufficient to cover the cost of production and dissemination of copies. In determining the appropriate discipline, consideration should be given to any mitigating or aggravating circumstances. All decisions shall include cost recovery in accordance with Business and Professions Code section 125.3.

The Board recognizes that these penalties and conditions of probation are merely guidelines and that mitigating or aggravating circumstances may necessitate deviations. If there are deviations or omissions from the guidelines, the Board would request that the Administrative Law Judge hearing the matter include some statement of this in the proposed decision so that the circumstances can be better understood and evaluated by the Board upon review of the proposed decision and before its ultimate action is taken.

MODEL DISCIPLINARY ORDERS LANGUAGE

Model Number

1. **Revocation - Single Cause**

License No. (Ex: DC-12345) issued to respondent (Ex: John Smith, D.C.) is revoked. Respondent shall relinquish his/her wall license and pocket renewal license to the Board or its designee within 10 days of the effective date of this decision. Respondent may not petition the Board for reinstatement of his/her revoked license for 2 years from the effective date of this decision. Respondent shall pay to the Board its costs of investigation and enforcement in the amount of $_____ within 15 days of the effective date of this decision.

(Optional) License No. (Ex: DC-12345) issued to respondent (Ex: John Smith, D.C.) is revoked. Respondent shall relinquish his/her wall license and pocket renewal license to the Board or its designee within 10 days of the effective date of this decision. Respondent may not petition the Board for reinstatement of his/her revoked license for 2 years from the effective date of this decision. If respondent petitions the Board ~~is~~ he/she shall pay to the Board its costs associated with the investigation and enforcement in the amount of $_____. Payment of the costs is no guarantee the petition will be granted. If respondent fails to pay the amount specified, the petition shall be denied and the license shall remain revoked.

2. **Revocation - Multiple Causes**

License No. (Ex.: DC-12345) issued to respondent (Ex.: Jane Doe, D .C.) is revoked pursuant to ~~Determination of Issues (Ex: I, II, and III)~~ Causes for Discipline, separately and together. Respondent shall relinquish his/her wall license and pocket renewal license to the Board or its designee within 10 days of the effective date of this decision. Respondent may not petition the Board for reinstatement of his/her revoked license for 2 years from the effective date of this decision. Respondent shall pay to the Board its costs of investigation and prosecution in the amount of $_____ within 15 days of the effective date of this decision.

(Optional) License No. (Ex.: DC-12345) issued to respondent is revoked pursuant to ~~Determination of Issues (Ex: I, II, and III)~~ Causes for Discipline, separately and together. Respondent shall relinquish his/her wall license and pocket renewal license to the Board or its designee within10 days of the effective date of this decision. Respondent may not petition the Board for reinstatement of his/her revoked license for 2 years from the effective date of this decision. If respondent petitions the Board he/she shall pay to the Board its costs associated

with the investigation and enforcement in the amount of $_____. Payment of the costs is no guarantee the petition will be granted. If respondent fails to pay the amount specified, the petition shall be denied and the license shall remain revoked.

3. **Revocation - Business and Professions Code Section 1003**

License No. (Ex.: DC-12345) issued to respondent (Ex: Jane Doe, D.C.) is revoked pursuant to ~~Determination of Issues (Ex: I, II, and III)~~ Causes for Discipline, separately and together. Respondent shall relinquish his/her wall license and pocket renewal license to the Board or its designee within 10 days of the effective date of this decision. Respondent may not petition the Board for reinstatement of his/her revoked license for 10 years from the effective date of this decision. Respondent shall pay to the Board its costs of investigation and prosecution in the amount of $_____ within 15 days of the effective date of this decision.

4. ~~**Exam applicants**~~ **Applicants who are placed on probation**

The application of respondent (Name) for licensure is hereby granted. Upon successful completion of the licensure examination and all other licensing requirements, a license shall be issued to respondent. Said license shall immediately be revoked, the order of revocation stayed and respondent placed on probation for a period of ____ years on the following terms and conditions.

~~5. **Endorsement applicants who are placed on probation**~~

~~The application of respondent (Name) for licensure is hereby granted and a license shall be issued to respondent upon successful completion of all licensing requirements. Said license shall immediately be revoked, the order of revocation stayed and respondent placed on probation for a period of ____ years on the following terms and conditions.~~

6. **Reinstatement of license with conditions of probation**

The application of respondent (Ex.: John Doe, D.C.) for license reinstatement is hereby granted. A license shall be issued to respondent. Said license shall immediately be revoked, the order of revocation stayed and respondent placed on probation for a period of (Ex.: five) years on the following terms and conditions.

(Optional) Upon successful completion of the California law examination, a license shall be issued to respondent.

(Optional) The respondent shall enroll in and successfully complete (Ex.: 12, 24) hours of continuing education prior to issuance of the license. ~~The respondent is suspended from practice until the required continuing education is successfully completed.~~

NOTE: If cost recovery was ordered in the revocation or surrender of a license and the cost recovery has not been paid in full by petitioner, a probation term requiring payment of original cost recovery must be included in the reinstatement decision.

7. **Standard Stay Order**

However, (revocation) is stayed and respondent is placed on probation for (Ex: five) years upon the following terms and conditions:

8. **Surrender of License**

~~Respondent surrenders license number (Ex: DC-12345) as of the effective date of this decision. Respondent shall relinquish his/her wall license and pocket renewal license to the Board or its designee within 10 days of the effective date of this decision. Respondent may not petition the Board for reinstatement of his/her license for 2 years from the effective date of this decision. Respondent stipulates that should he/she the Board after the 2 year period has elapsed, all allegations contained in accusation number _____ will be deemed to be true. Respondent shall meet all requirements for licensure as of the date the petition is submitted to the Board, including, but not limited to taking and passing the California chiropractic law exam prior to reissuance or reinstatement of the license.~~

~~Respondent further stipulates that he/she shall reimburse the Board for investigation and enforcement costs in the amount of $_____ within _____ days of the effective date of this decision.~~

~~**(Optional)** Respondent stipulates that should respondent apply for reinstatement of his/her license he/she shall pay to the Board costs associated with its investigation and enforcement in the amount of $_____ at the time of application.~~

It is hereby ordered that chiropractic license No. (Ex: DC 12345), issued to respondent (John Doe, D.C.), is surrendered, as of the effective date of this decision and accepted by the Board of Chiropractic Examiners.

The surrender of respondent's chiropractic license and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against respondent and shall become a part of respondent's license history with the Board.

Respondent shall lose all rights and privileges as a chiropractor in California as of the effective date of the Board's Decision and Order. Respondent shall relinquish his/her wall license and pocket renewal license to the Board or its designee within ten (10) days from the date of acceptance.

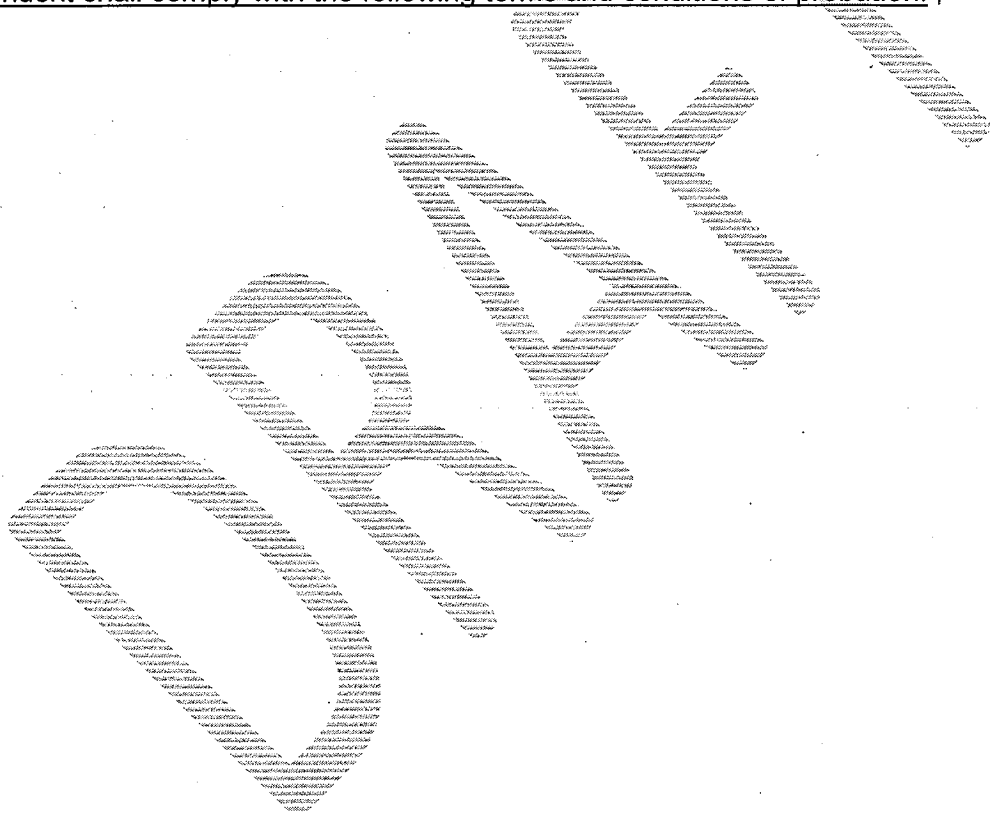
If Respondent ever applies for licensure or petitions for reinstatement in the State of California, the Board, shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for licensure in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. _____ shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the

petition. Respondent may not petition the Board for reinstatement of his/her license for two (2) years from the effective date of this decision.

(Optional) Respondent stipulates that should he/she petition for reinstatement of his/her license, he/she shall pay to the Board costs associated with its investigation and enforcement in the amount of $_____ at the time the petition is filed.

9. Extension of Probation in Lieu of Revocation of Probation

License No. (Ex: DC-12345), issued to respondent (Ex: Jane Doe, D.C.) remains revoked, stayed, and placed on probation for an additional (Ex: 3 years) from the original effective date of Decision and Order AC_____. The additional (Ex: 3 years) will total the number of years of probation to (Ex: 8 years). The original terms and conditions of probation shall remain in full force and effect, and are fully incorporated herein by reference. In addition to the terms and conditions set forth in Decision and Order No. AC_____ that became effective on (date), respondent shall comply with the following terms and conditions of probation. ,



Uniform Standards for Substance-Abusing Licensees

Pursuant to Business and Professions Code §315, the following standards shall be adhered to in all cases in which a chiropractor's license is placed on probation because the chiropractor is a substance-abusing licensee. These standards are not guidelines and shall be followed in all instances, except that the Board may impose more restrictive conditions if necessary to protect the public.

1. CLINICAL DIAGNOSTIC EVALUATION

If a clinical diagnostic evaluation is ordered, the following applies:

The clinical diagnostic evaluation shall be conducted by a licensed practitioner who:

- Holds a valid, unrestricted license, which includes scope of practice 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.

The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations. 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 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.

If the evaluator determines during the evaluation process that a licensee is a threat to himself/herself or others, the valuator 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 ten (10 days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed 30 days.

2.REMOVAL FROM PRACTICE PENDING CLINICAL DIAGNOSTIC EVALUATION

The Board shall order the licensee to cease practice during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by Board staff.

While awaiting the results of the clinical diagnostic evaluation required in Uniform Standard #1, the licensee shall be randomly drug tested at least two (2) times per week.

After reviewing the results of the clinical diagnostic evaluation, and the criteria below, a probation manager shall determine, whether or not the licensee is safe to return to either part-time or full-time practice. However, no licensee shall return to practice until he or she has at least 30 days of negative drug tests.

- The license type
- The documented length of sobriety/time that has elapsed since substance use
- The scope, pattern of use, and history of drug/alcohol use
- The treatment history
- The licensee's medical history and current medical condition
- The nature, duration and severity of substance abuse and
- Whether that licensee is a threat to himself/herself or the public

3.BOARD COMMUNICATION WITH PROBATIONER'S EMPLOYER

The licensee shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors and shall give specific written consent that the license authorizes the Board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

4.DRUG TESTING STANDARDS

The following standards shall govern all aspects of testing required to determine abstention from alcohol and drugs for any person whose license is placed on probation due to substance use.

Testing Frequency Schedule

A Board may order a licensee to drug test at any time. Additionally, each licensee shall be tested RANDOMLY in accordance with the schedule below:

Level	Segment of Probation/Diversion	Minimum Range Number of Random Tests
I	Year 1	52-104 per year
II*	Year 2+	36-104 per year

*The minimum range of 36-104 tests identified in level II is for the second year of probation and each year thereafter. Nothing precludes the Board from increasing the number of random tests for any reason. If the Board finds or suspects that a licensee has committed a violation of the Board's testing program or committed a Major Violation, as identified in Uniform Standard 10, the Board may reestablish the testing cycle by placing that licensee at the beginning of level I in addition to any other disciplinary action that may be pursued.

I. PREVIOUS TESTING/SOBRIETY

In cases where the Board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing, prior to being subject to testing by the Board, the Board my give consideration to that testing in altering the testing frequency schedule so that it is equivalent to this standard.

II.VIOLATION(S) OUTSIDE OF EMPLOYMENT

An individual whose license is placed on probation for a single conviction or incident or two convictions or incidents, spanning greater than seven years from each other, where those violations did not occur at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass Level I and participate in Level II of the testing frequency schedule.

III.NOT EMPLOYED IN HEALTH CARE FIELD

The Board may reduce testing frequency to a minimum of 12 times per year for any person who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, a licensee shall notify and secure the approval of the Board. Prior to returning to any healthcare employment, the licensee shall be subject to Level I testing frequency for at least 60 days. At such time the person returns to employment, if the licensee has not previously met the standard, the licensee shall be subject to completing a full year at Level I of the testing frequency schedule, otherwise Level II testing shall be in effect.

IV.TOLLING

A Board may postpone all testing for any person whose probation is placed in a tolling status if the overall length of the probationary period is also tolled. A licensee shall notify the Board upon the licensee's return to California and shall be subject to testing as provided in this standard. If the licensee returns to employment in a health care field, and has not previously met the standard, the licensee shall be subject to completing a full year at Level I of the testing frequency schedule, otherwise Level II testing shall be in effect.

V.SUBSTANCE USE DISORDER NOT DIAGNOSED

In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the Board, but no less than 24 times per year.

OTHER DRUG STANDARDS

Drug testing may be required on any day, including weekends and holidays.

The scheduling of drug tests shall be done on a random basis, preferably by a computer program, so that a licensee can make no reasonable assumption of when he/she will be tested again. The Board should be prepared to report data to support back-to-back testing as well as, numerous different intervals of testing.

Licensees shall be required to make daily contact with the Board to determine if drug testing is required.

Licensees shall be drug tested on the date of notification as directed by the Board.

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. Specimen collectors must adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.

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.

Collection of specimens shall be observed. Prior to vacation or absence alternative drug testing location(s) must be approved by the Board.

Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) 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 Board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

The Board may use other testing methods in place of, or to supplement biological fluid testing, if the alternate testing method is appropriate.

5. PARTICIPATION IN GROUP SUPPORT MEETINGS

When determining the frequency of required group meeting attendance, the Board shall give consideration to the following:

- Recommendation of the clinical diagnostic evaluation pursuant to Uniform Standard #1
- 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

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 or other nationally certified organizations.
2. The meeting facilitator must not have had a financial relationship, personal relationship, or business relationship with the licensee in the last five (5) years
3. The group meeting facilitator shall provide to the Board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance and the licensee's level of participation and progress.
4. The facilitator shall report any unexcused absence within 24 hours.

6. DETERMINING WHAT TEATMENT IS NECESSARY

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

- 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, severity of substance abuse and
- Threat to self or the public

7. WORKSITE MONITOR REQUIREMENTS

If the 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 any financial, personal, or a familial relationship with the licensee, or any other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. 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 shall include the scope of practice of the licensee that is being monitored or be another health are professional if no monitor with like practice is available.
3. The work site 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.

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) business day 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:

    a. The licensee's name
    b. License number
    c. Worksite monitor's name and signature
    d. Worksite monitor's license number
    e. Worksite location(s)
    f. Dates licensee had face-to-face contact with monitor
    g. Staff interviewed, if applicable
    h. Attendance report
    i. Any change in behavior and/or personal habits
    j. 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.

8. PROCEDURE FOR POSITIVE TESTING

When a licensee tests positive for a banned substance:

1. The Board shall order the licensee to cease practice
2. The Board shall contact the licensee and instruct the licensee to leave work; and
3. The Board shall notify the licensee's employer, if any, and worksite monitor, if any, that the licensee may not practice.

Thereafter, the Board will determine whether the positive drug test is in fact evidence of prohibited use. If so, proceed to Standard #9. If not, the Board shall immediately lift the cease practice order. In determining whether the positive test is evidence of prohibited use, the Board will engage in the following, 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)

9-10. MAJOR/MINOR VIOLATIONS & CONSEQUENCES

Major violations include, but are not limited to the following:

1. Failure to complete a Board-ordered program or evaluation
2. Committing two or more minor violations of probation
3. Treating a patient while under the influence of drugs or alcohol
4. Committing any drug or alcohol offense, or any other offense that may or may not be related to drugs or alcohol, that is a violation of the Business and Professions Code or state or federal law
5. Failure to appear or provide a sample in accordance with the "biological fluid testing" term and condition.

6. Testing positive for a banned substance
7. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designated to detect the presence of alcohol or a controlled substance
8. Failure to adhere to any suspension or restriction in practice

Consequences of major violations include, but are not limited to the following:

1. Licensee will be ordered to cease practice
    a. The licensee must undergo a new clinical diagnostic evaluation (if applicable);
    b. The licensee must test negative for at least a month of continuous drug testing before being allowed to practice.
        i. Termination of a contract/agreement
        ii. Referral for disciplinary action, such as suspension, revocation, or other action as determined by the Board

Minor violations include, but are not limited to the following:

1. Failure to submit complete and required documentation in a timely manner
2. Unexcused absence at required meetings
3. Failure to submit cost recovery or monthly probation monitoring costs timely
4. Any other violation that does not present a threat to the licensee or public
5. Failure to contact a monitor as required.

Consequences of minor violations include, but are not limited to the following:

1. Removal from practice
2. Practice limitations
3. Required supervision
4. Increased documentation
5. Issuance of citation and fine or a warning notice
6. Required re-evaluation/testing
7. Other action as determined by the Board

11. PETITION FOR RETURN TO PRACTICE

"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:

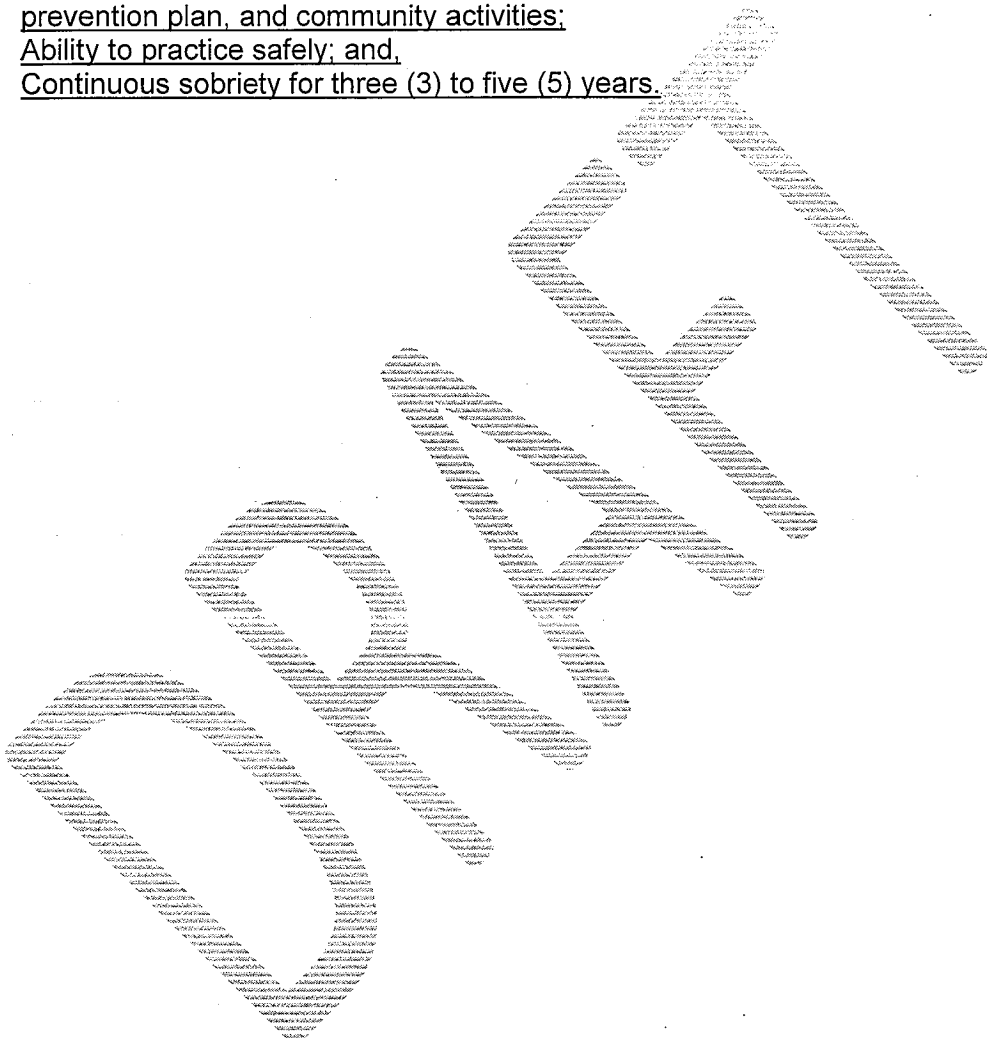
1. Sustained compliance with current recovery program
2. The ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee's substance abuse; and
3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

12. PETITION FOR REINSTATEMENT

"Petition for Reinstatement" as used in this standard is an informal request 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. Sustained compliance with the terms of the disciplinary order, if applicable;
2. Successful completion of recovery program, if required;
3. A consistent and sustained participation in activities that promote and support recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities;
4. Ability to practice safely; and,
5. Continuous sobriety for three (3) to five (5) years.



DISCIPLINARY ORDERS
PROBATION TERMS AND CONDITIONS

STANDARD CONDITIONS

Model Number

1. **Obey All Laws**

Respondent shall obey all federal, state and local laws, and all statutes and regulations governing the practice of chiropractic in California. A full and detailed account of any and all arrests and or convictions for any violations of law shall be reported by the respondent to the Board in writing within 72 hours of occurrence. To permit monitoring of compliance with this term, and within 45 days of the effective date of this decision, unless previously submitted as part of the licensure application process, respondent shall submit to the Department of Justice electronic fingerprint images (Live Scan) and related information required by the Department of Justice for the purpose of obtaining information as to the existence and content of a state or federal criminal record. ~~completed fingerprint cards and fingerprint fees within 45 days of the effective date of this decision, unless previously submitted as part of the licensure application process.~~ Respondent shall submit a recent 2" x 2" photograph of himself or herself within 45 days of the effective date of the final decision.

RATIONALE: See Regulation 321.1 fingerprint submission language; "or who are directed by the Board shall successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice." With this condition the Board will be alerted of any criminal law violations by the probationer especially any such occurrences following the start of probation and whether or not the probationer has informed the Board's probation monitor or designee of these arrests.

2. **Quarterly Reports**

Respondent shall submit quarterly reports under penalty of perjury on a form entitled "Quarterly Probation Report" (No. QPR100 (Rev. 7/04)), certifying and documenting whether there has been compliance with all conditions of probation. Late or missing reports may be regarded as a violation of probation. If the final probation report is not made as directed, probation shall be extended automatically until such time as the final report is made.

RATIONALE: This provides the Board with a mechanism for maintaining communication with the Respondent. Late reports or missing reports shall be seen as violations. This enforcement tool could not be utilized in the past because mention of it was missing from term language.

3. **Probation Monitoring**

Respondent shall comply with the Board's probation compliance monitoring program, including investigator visits and site inspections. Failure to comply with probation monitoring shall be considered a violation of probation.

RATIONALE: This language includes the investigations unit interacting with probationers as the request of or in coordination with the probation monitor or designee.

4. **Interview with Board**

Respondent shall appear in person for interviews with the Board's enforcement staff, the full Board, or its designee upon request at various intervals and with reasonable notice.

5. **Continuing Education**

Respondent shall provide evidence of continuing education, required for license renewal, if requested by the Board.

6. **Reimbursement of Board Costs**

Respondent shall reimburse to the Board its costs of investigation and enforcement in the amount of $_____. Respondent may be permitted to pay these cots in a payment plan determined by the Board/designee or as determined in this order. Non-payment, by the dates and in the amounts determined by the Board, will be considered a violation of probation. The filing of bankruptcy by Respondent shall not relieve Respondent of his/her responsibility to reimburse the Board. If Respondent is in default of his responsibility to reimburse the Board, the Board will collect cost recovery from the Franchise Tax Board, the Internal Revenue Service or by any other means of attachment of earned wages legally available to the Board. ~~Respondent shall make said payments as follows: _____.~~

~~If respondent fails to pay the costs as directed by the Board and on the date(s) determined by the Board, probation shall be automatically extended until such time that all costs are paid in full.~~

7. **Tolling of Probation**

If respondent leaves California to reside or practice outside this state, or for any reason should respondent stop practicing chiropractic in California, respondent must notify the Board in writing of the dates of departure and return or the dates of non-practice within10 days of departure or return. Non-practice is defined as any period of time exceeding 30 days in which respondent is not engaging in the practice of chiropractic or any time the license is inactive or in forfeiture status. Periods of temporary residency or practice outside the state or of non-practice within the state shall not apply to reduction of the probationary period. It shall be a violation of probation for respondent's probation to remain tolled pursuant to the provisions of this condition for a period exceeding a total, combined total or consecutive period of [one] years.

RATIONALE: Per legal, we cannot actively impose or enforce specific terms on Probationers while they are tolling, only reasonably can we enforce that they report any change of address per regulation and that they know about the "obey all laws" term in the probation order. The other additional language changed simply allows probation to be completed in a reasonable time by lessening the likelihood of lengthy probation and also encourages an effective active probation program. "Combined total" was added to avoid probationers tolling up to their limit, returning for one day in California to practice and then return to tolling status, and allow their tolling period to start once again.

8. **No Preceptorships or Supervision of Interns**

Respondent shall not supervise any chiropractic student (intern) participating in a preceptor program or any unlicensed chiropractic graduate and shall not perform any of the duties of a preceptor.

9. **Violation of Probation**

If respondent violates probation in any respect, the Board, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation or Petition to Revoke Probation is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

If respondent has not complied with any term or condition of probation, the Board shall have continuing jurisdiction over respondent, and probation shall automatically be extended until all terms and conditions have been met or the Board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty which was stayed.

10. **Notification of Employment**

Within 10 days of a change in chiropractic employment -- either leaving or commencing chiropractic employment -- respondent shall so notify the Board in writing, including the name, address, phone number and license number of the new employer.

Chiropractic employment within the meaning of this provision shall include any full-time, part-time, independent contracting or temporary service as a chiropractor.

RATIONALE: Use of this additional language ensures that the new employment is specific to chiropractic and also includes independent contract work.

11. **Notice to Employers**

Respondent shall notify all present and prospective employers of the Accusation or Statement of Issues and ~~d~~Decision and Order in case No. _____ ~~and the terms, conditions and restrictions imposed on respondent by the decision.~~

Within 30 days of the effective date of this decision, and within 15 days of respondent undertaking new chiropractic employment, respondent shall cause his/her employer to report to the Board in writing acknowledging the employer has read the Accusation or Statement of Issues and the D~~d~~ecision in case No. _____.

"Employment" within the meaning of this provision shall include any full-time, part-time or temporary service as a chiropractor.

RATIONALE: Use of this additional language ensures that the new employer has been notified of all aspects of the probation. It also clarifies that only chiropractic employment needs to be reported to the Board. Independent contract work is also captured as employment.

12. **Notice to Employees**

Respondent shall, upon or before the effective date of this decision, ensure that all employees involved in chiropractic operations are made aware of all the terms and conditions of probation, either by posting the Decision and Order, circulating the Decision and Order, ~~a notice of the conditions of the terms and conditions, circulating such notice~~, or both. If the notice required by this provision is posted, it shall be posted in a prominent place and shall remain posted throughout probation. Respondent shall ensure that any employees hired or used after the effective date of this decision are made aware of all the terms and conditions of probation ~~by posting a notice, circulating a notice, or both~~.

"Employees" as used in this provision includes all full-time, part-time, temporary and independent contractors employed or hired at any time during probation.

Respondent shall, if requested, provide proof to the Board or its designee that all employees are aware of the decision in case No. _____ since its effective date.

RATIONALE: Paragraph flows better with the use of additional words for emphasis.

13. **License Surrender**

Following the effective date of this decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may voluntarily tender his/her license to the Board. The Board reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the tendered license, respondent will no longer be subject to the terms and conditions of probation. Respondent shall relinquish his/her wall license and pocket renewal license to the Board or its designee within 10 days from the date of acceptance. Surrender of respondent's license shall be considered a disciplinary action and shall become a part of Respondent's license history with the Board.

Option #1
Respondent may not petition the Board for reinstatement of his/her surrendered license for ~~2~~ _____years from the acceptance date of surrender. If respondent owes any outstanding costs associated with the investigation and enforcement of this disciplinary action the outstanding amount shall be paid in full within _____days of the effective date of this decision. ~~at the time the petition is submitted to the Board.~~

Option #2
Respondent may not petition the Board for reinstatement of his/her surrendered license for _____ years from the acceptance date of surrender. If Respondent owes any outstanding costs associated with the investigation and enforcement of this disciplinary action the outstanding amount shall be paid in full at the time the petition is submitted to the Board.

RATIONALE: This condition change permits the Board to determine the appropriate length of time the Respondent should wait to or can petition for reinstatement of license.

14. **Completion of Probation**

Upon successful completion of probation, respondent's license will be fully restored.

DISCIPLINARY ORDERS

PROBATION TERMS AND CONDITIONS

OPTIONAL CONDITIONS

Model Number

1. **Actual Suspension**

As part of probation, respondent is suspended from the practice of chiropractic for (Ex: 30 days) beginning the effective date of this decision. The suspension notice shall remain posted at respondent's primary practice and/or all satellite practice addresses during the entire period of actual suspension. Respondent shall prominently post all suspension notice(s) provided by the Board for these locations ensuring such notices are posted in a place which is both conspicuous and readable to the public, near the entrance to respondent's practice(s). ~~in a place conspicuous and readable to the public. The suspension notice shall remain posted during the entire period of actual suspension.~~

Respondent shall not, directly or indirectly, engage in any conduct or make any statement which is intended to mislead or is likely to have the effect of misleading any patient, member of the public, or other person as to the nature of and reason for the suspension.

During suspension, respondent shall not enter any chiropractic practice. Respondent shall not direct or control any aspect of the practice of chiropractic. Subject to the above restrictions, respondent may continue to own or hold an interest in the chiropractic practice in which he or she holds an interest at the time this decision becomes effective.

Failure to post the suspension notice(s) as required by this Order may be regarded as a violation of probation. Failure to post the suspension notice(s) provided by the Board, will not apply to respondent's suspension time as designated in this Order and the suspension will remain in effect until there is successful compliance by respondent in completing the required number of days of suspension.

RATIONALE: This change includes suspension posting at both Satellite and primary practice addresses, near entrances. The added language covers chiropractors who practice at home. The word "both" is also included so there is no doubt where to put a posted suspension notice. It is assumed that probation conditions are still in effect even during respondent's suspension period.

2. **Drugs - Abstain From Use**

Respondent shall abstain from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, and dangerous drugs as defined by Section 4022 of the Business and Professions Code, unless prescribed by a medical practitioner ~~for a bona fide illness~~.

3. ~~**Drug Abuse Counseling/Detoxification**~~

~~Within 30 days from the effective date of this Decision, respondent shall propose to the Board, for prior approval, the name of one or more drug abuse rehabilitation programs and shall, within 30 days after notification of the Board's approval of such a program, enroll in that approved substance abuse rehabilitation program, and comply with all requirements of the program, including drug testing. Respondent shall submit proof satisfactory to the Board of compliance with this term of probation. Failure to comply with the program requirements shall be considered a violation of probation. The costs for participation in the program shall be borne by the respondent. Respondent shall sign a Release of Information allowing the program to release to the Board all information the Board deems relevant. Probation shall be extended~~ automatically ~~until respondent successfully completes his/her rehabilitation program.~~

3. **Alcohol and Drug Abuse Treatment/Counseling**

Within 30 days from the effective date of this decision, respondent shall propose to the Board, for prior approval, the name of one or more inpatient or outpatient alcohol and drug abuse recovery programs which at a minimum is six (6) months in duration. Within 30 days after notification of the Board's approval of such program, respondent must enroll in the approved program. Failure to complete said program shall constitute a violation of probation. Subsequent to the completion of the program, respondent shall participate in on-going treatment such as receiving individual and/or group therapy from a psychologist trained in alcohol and drug abuse treatment, and/or attend Twelve Step meetings fo the equivalent as approved by the Board at least 3 times a week during the first ____ years/months of probation. Respondent shall submit proof satisfactory to the Board of attendance in said programs. The costs for participation in the programs shall be borne by the respondent. Respondent shall sign a Release of Information allowing the programs to release to the Board all information the Board deems relevant.

RATIONALE: This condition is NEW. It replaces and combines the current and separate alcohol and drug abuse counseling/detoxification program term. The language addition is more specific to time frames required for treatment and allows the Board the option to specify the length of treatment.

4. **Alcohol - Abstain From Use**

Respondent shall abstain from the use of any alcoholic product or beverages.

RATIONALE: Adding "product" allows us to detect if testing results on a probationer included consumption of alcoholic beverages or products not limited to: Nyquil, mouth wash, or hand sanitizer.

~~5. **Alcohol Abuse Counseling/Detoxification**~~

~~Within 30 days from the effective date of this Decision, respondent shall propose to the Board, for prior approval, the name of one or more alcohol abuse rehabilitation programs and shall, within 30 days after notification of the Board's approval of such a program, enroll in that approved alcohol abuse rehabilitation program, and cooperate with all requirements of the program, including drug testing. Respondent shall submit proof satisfactory to the Board of compliance with this term of probation. Failure to comply with the program requirements shall be considered a violation of probation. The costs for participation in the program shall be borne by the respondent. Respondent shall sign a Release of Information allowing the program to release to the Board all information the Board deems relevant. Probation shall be extended automatically until respondent successfully completes his/her rehabilitation program.~~

~~6. **Blood and/or Urine Testing**~~

~~Respondent shall immediately submit, with or without prior notice, to blood and/or urine testing, at respondent's expense, upon the request of the Board or its designee. The length and frequency of this testing requirement will be determined by the Board. Any confirmed positive finding will be considered a violation of probation.~~

RATIONAL: Replaced with NEW term "Drug and Alcohol Testing"

6. Drug and Alcohol Testing

Upon the request of the Board or its designee, respondent shall immediately submit, with or without prior notice, to observed blood, urine, hair, breath, saliva or any other mode of testing and location as determined by the Board, at respondent's expense. Respondent's failure to pay costs and timely submit for testing will constitute a violation of probation. Any confirmed positive finding will be considered a violation of this term. Any attempts by respondent to circumvent the requirements of this term shall also be considered a violation of this term. This includes, but is not limited to, respondent's failure to submit a testable sample or his /her use of any device

designated to fraudulently defeat drug tests. If the Board files a petition to revoke probation or an accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary period. All terms and conditions of probation remain in effect during the period of suspension.

RATIONALE: This added language prohibits respondent from defaulting on his/her responsibility to pay for ongoing testing. Also, allows for sound frequently monitored/random substance testing program if we use additional industry specimen screening tests besides blood and urine. This is currently compatible with the DCA's contract for same services on probationer substance testing. As well, the probation monitor requesting random tests will be able to get testing feedback immediately if any probationer was caught being dishonest or adulterating the testing sample or its validity for the process.

~~7. **Take and Pass Law Examination**~~

~~Respondent shall take and pass a written or practical examination within the first two years of probation. If respondent is directed to take an examination currently required of new applicants for licensure as a chiropractor, the examination shall be taken on a regularly scheduled date. If respondent fails this examination, respondent must take and pass a re-examination. The respondent shall pay the cost of the examination and any subsequent re-examinations at the examination fee currently in place. Failure to pass a required examination prior to the termination date of probation shall constitute a violation of probation and automatically extend the period of probation.~~

~~**Option #1:** If respondent fails the first examination, respondent shall cease the practice of chiropractic until the examination has been passed, as evidenced by the written notice to respondent from the Board.~~

7. ~~**Take and Pass the Law Exam**~~ **California Law and Professional Practice Examination (CLPPE)**

Respondent shall take and pass the California Law and Professional Practice Examination (CLPPE) within the first year of probation. If Respondent fails this examination, Respondent must take and pass a re-examination. ~~a written or practical examination within the first two years of probation. If respondent is directed to take an examination currently required of new applicants for licensure as a chiropractor, the examination shall be taken on a regularly scheduled date. If respondent fails this examination, respondent must take and pass a re-examination. The respondent shall pay the cost of the examination and any subsequent re-examinations at the examination fee currently in place. Failure to pass a required examination~~

~~prior to the termination date of probation shall constitute a violation of probation and automatically extend the period of probation.~~

Respondent shall pay the cost of the examination and any subsequent re-examinations at the examination fee currently in place. Failure to pass the CLPPE within the first year of probation shall constitute a violation of probation.

Option #1: If respondent fails the first examination, respondent shall cease the practice of chiropractic until the examination has been passed, as evidenced by the written notice to respondent from the Board.

Option #2: Respondent shall not practice chiropractic until respondent has passed the required examination and has been so notified by the Board in writing.

8. **Special Purposes Examination for Chiropractic (SPEC)**

Respondent shall take and pass the SPEC examination administered by the National Board of Chiropractic Examiners (NBCE) within the first year ~~two years~~ of probation. If respondent fails this examination, respondent must take and pass a re-examination. Respondent is responsible to provide proof to the Board of successful completion of this examination. Respondent shall pay the cost of the examination and any subsequent re-examinations at the examination fee set by the NBCE. Failure to pass the SPEC examination after two attempts constitutes a violation of probation.

RATIONALE: This update allows for the appropriate deadline to be selected for the case, depending on the nature of it.

~~9. **Monitoring**~~

~~Within 30 days of the effective date of this decision, respondent shall submit to the Board, for its prior approval, a plan of practice in which respondent's practice shall be monitored by another doctor of chiropractic who shall submit written reports to the Board on a quarterly basis. It shall be respondent's responsibility to assure that the required reports are filed in a timely fashion. The monitor shall be independent, with no prior professional or personal relationship with respondent. The monitoring shall be, as required by the Board, either: Continuous - 75% to 100% of a work week; Substantial At least 50% of a work week; Partial - At least 25% of a work week; or Daily Review Supervisor's review of probationer's daily activities within 24 hours.~~

~~If the monitor resigns or respondent changes employment respondent shall, within 15 days, submit the name of new monitor. If respondent changes employment, respondent shall have his or her new monitor, within 15 days after employment commences, submit notification to the~~

~~Board in writing stating they have read the decision in case number _____ and is familiar with the level of supervision as determined by the Board. Any costs for such monitoring shall be paid by respondent.~~

~~**Option #1**: Respondent is prohibited from engaging in solo practice.~~

~~**Option #2:** Respondent shall be prohibited from unilaterally signing insurance and worker's compensation insurance claim documents. All insurance and workers' compensation insurance claim forms are to be co-signed by a licensed chiropractor approved by the Board~~.

9. Practice Monitoring by Another Licensed Doctor of Chiropractic

Respondent's practice shall be monitored by another doctor of chiropractic. Any costs for such monitoring shall be paid by respondent. Within 45 days of the effective date of this decision, respondent shall submit to the Board for its prior approval, the name and completed application, provided by the Board, of a licensed chiropractor in this state to monitor respondent's practice. The Practice Monitor must have an active California chiropractic license in good standing with the Board and with no prior or current disciplinary action. The Monitor shall be independent, with no prior professional or personal relationship with respondent and the Monitor shall not be in a familial relationship with or be an employee, partner or associate of respondent. The respondent's new/current employer may be considered to be the Monitor if he/she meets all criteria as set forth in this term. The Monitor must have at least 5 years of licensed chiropractic experience in California.

LEVELS OF MONITORNING

Option 1-Levels of Monitoring are described below and pre-determined for respondent to be at the level in Case No: .

Maximum Level-The Monitor provides monitoring and/or supervision in the work environment at all times.

Intermediate Level-The Monitor provides monitoring and/or supervision in the work environment at least half of the hours respondent works.

Minimum Level-The Monitor provides monitoring and/or supervision in the work environment at least twice a week.

Infrequent Level-The Monitor provides monitoring and/or supervision in the work environment at least once a week.

Option 2-The specific monitoring level in Case No. _____ shall be determined by the Board or its designee within 30 days of the effective date of this decision.

It is respondent's responsibility to ensure their Monitor has received copies of the Accusation and Decision and Order in Case No: _____. The Monitor shall submit to the Board in writing that the/she has read and understands the respondent's Decision and Order in Case No: _____, as well as the level of monitoring required. The Monitor shall have face-to-face contact with the licensee in the work environment on a continuous basis as determined by the Board, but at least once per week. The Monitor shall review the licensee's work attendance and behavior. The Monitor shall interview other staff in the office regarding the licensee's behavior, if applicable.

The Monitor shall submit written reports to the Board, on a form designated by the Board, on a quarterly basis. Respondent must ensure that the required reports from the Monitor are submitted in a timely fashion. If the Monitor resigns, respondent shall immediately notify the Board and within 15 days of event, submit to the Board in writing the name and application of a new Monitor for pre-approval.

The respondent shall allow Monitor access to fiscal and patient records. Respondent shall notify all current and potential patients of this term of probation which will affect the confidentiality of their records. Such notification shall be signed by each patient if their treatment records will be reviewed.

NOTE: Based upon review of the Monitor reports, respondent's monitoring level may be increased or decreased at the discretion of the Board or its designee.

Option 3- Respondent is prohibited from engaging in solo practice.

Option 4-Respondent shall be prohibited from unilaterally signing insurance and workers' compensation insurance claim documents. All insurance and workers' compensation insurance claim forms are to be co-signed by a licensed chiropractor pre-approved by the Board.

NOTE: Recommended in cases of insurance and workers' compensation insurance fraud.

RATIONALE: This term makes attempt to ensure that respondent's practice management is adequately monitored. Criteria for monitor have been incorporated here and on a new Monitor Application. Cases worthy of this level of monitoring may include those with violation for incompetence, negligence, patient injury, substance abuse or unprofessional conduct. A form designated by the Board will be used by the Monitor to report findings and observations to the Board. A Practice Monitor can also check for billing and fiscal inaccuracies against respondent's recordkeeping.

10. **Auditing of Billing Practices**

Within 60 days of the effective date of this decision, respondent shall submit to the Board, for its prior approval, the name and qualifications of a licensed certified public accountant (CPA) in this state, and a plan by which such CPA would monitor respondent's billing practices. The CPA shall be independent, with no present or prior business, professional, or personal financial relationship with respondent. The CPA approved by the Board shall submit written reports to the Board on a quarterly basis verifying that monitoring has taken place as required. It shall be respondent's responsibility to ensure that the required reports are filed in a timely fashion.

Respondent shall give the CPA access to respondent's fiscal records. Monitoring shall consist of at least 4 hours per quarter of review of respondent's fiscal records. After two quarters, if the CPA determines that less time is sufficient for compliance, the respondent may request Board approval of a reduction of the number of hours of review. If ever the CPA prepares a quarterly report to the Board which finds substantial errors or omissions in, or questionable billing practices, monitoring may be increased at the discretion of the Board and respondent shall comply therewith. All costs of monitoring shall be borne by respondent.

If at any time during the period of probation, the CPA quits or is otherwise unavailable to perform his/her monitoring duties, within 30 days of the same, respondent shall submit to the Board, for its prior approval, the name and qualifications of a licensed CPA in this state and a plan by which such CPA would monitor respondent's billing practices.

(This option was moved from number 9 above, as option 3 to here) **Option #1:** Within 45 days of the effective date of this decision and on a quarterly basis thereafter and at respondent's expense, respondent shall obtain a review of the books and records of respondent's chiropractic practice by a certified public accountant licensed in good standing in this state approved by the Board. Said certified public accountant shall review the books and records of respondent's chiropractic practice to determine whether respondent has delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for the referral of patients, clients or customers to him/her or his/her practice or by him/her. Within 10 days of the completion of each review, said certified public accountant shall complete and submit a written report of his/her review to the Board. Respondent shall be responsible for the completion and submission of each said report. Failure to comply with this condition shall be considered a violation of probation.

10. **Billing Monitor**

Within sixty (60) days of the effective date of this decision, Respondent shall submit the Board or its designee for its prior approval, the name along with Curriculum Vitae of a person to act as Respondent's monitor. The billing monitor can be one of the following:

- A licensed Chiropractor, who is licensed in good professional standing and licensed for at least five (5) years; or
- A Certified Professional Coder in good professional standing; or
- A Certified Medical/Healthcare Biller or Auditor in good professional standing, or
- A Certified Public Accountant in good professional standing; or
- A Professional Bookkeeper in good professional standing

For purposes of this section, good professional standing means, that the billing monitor cannot have his or her professional Chiropractic license or personal professional certification with any history of administrative disciplinary action or probation or with any prior civil or criminal action against them involving insurance fraud, or acts of moral turpitude or dishonesty.

All proposed billing monitors shall be independent, with no professional or personal relationship with Respondent, including a familial relationship with or be an employee, partner, or associate of Respondent. It is Respondent's responsibility to ensure their billing monitor has copies of the Accusation in this matter along with the Decision and Order for reference. Once the Board has approved a billing monitor, Respondent shall submit a plan or scope of review by which the billing monitor will provide monitoring of Respondent's billing practices. Respondent must have a continuous record of chiropractic treatment of patients, which shall include billing, accounting, and payment records, to be examined by the billing monitor. Pro bono treatment or trade for services will not be accepted. Failure to treat patients on a fee for service basis will be considered non-compliance with this term and Respondent's probation will be tolled until Respondent treats patients on a fee for service basis. If at any time during the period of probation, the billing monitor quits or is otherwise unavailable to perform his or her monitoring duties, within fifteen (15) calendar days of the same, Respondent shall submit to the Board, for its prior approval, the name and qualifications of one or more persons to be the billing monitor. The billing monitor shall submit written reports to the Board on a quarterly basis verifying that monitoring has taken place as required. It shall be Respondent's responsibility to ensure that the required reports are filed in a timely manner. Respondent shall give the monitor access to all of Respondent's chiropractic practice business records including financial and patient records. Monitoring shall consist of at least four (4) hours, per quarter, of review of Respondent's records. This review shall take place in Respondent's office or Respondent's place of employment. If any patient records will be reviewed by the 3rd party billing monitor related to required monitoring or audit activities, Respondent must notify his or her patients of this purpose and also ensure notified patients submit a signed authorization release of records in accordance with privacy law (HIPPA) for this purpose. If the monitor prepares a quarterly report to the Board which finds substantial errors or omissions in, and/ or questionable billing practices, monitoring may be increased at the discretion of the Board and Respondent shall immediately comply therewith. All costs of monitoring shall be borne by the Respondent.

Option 1-Respondent shall be prohibited from unilaterally signing insurance and workers' compensation insurance claim documents. All insurance and workers' compensation insurance claim forms are to be co-signed by a licensed chiropractor pre-approved by the Board.

RATIONALE: This term is new. This new term allows more options than only a CPA for monitoring purposes. The added language assists in not allowing Respondent to circumvent the Order and avoid the proof of rehabilitation that is required after violations such as insurance fraud, failure to ensure accurate billings, etc. Proper monitoring cannot take place if the practice is absent fee for service patients.

11. **Restitution for Consumers**

Within ~~1~~ _____years/months from the effective date of this decision, respondent shall pay to _____ the amount of $_____. If respondent fails to pay the restitution as directed by the Board and on the dates(s) determined by the Board, it shall be a violation of probation. Respondent shall provide proof to the Board of restitution. ~~Failure to pay the costs within the first year of probation is a violation of probation.~~

RATIONALE: Fraud or negligent action usually deems this term. Careful review is made to ensure that proper restitution is made to timely either the patient or any other applicable entity. Restitution may be made within a specific time frame or on a payment schedule. Restitution should cover those amounts that are a direct result of the actions of Respondent.

12. **Psychiatric or Psychological Evaluation**

Within ~~30~~ 10 days of the effective date of this decision, and on a periodic basis as may be required by the Board or its designee, respondent shall undergo, at his/her own expense, psychiatric evaluation by a ~~Board-appointed or~~ Board-approved psychiatrist or psychotherapist. Respondent shall sign a release which authorizes the evaluator to furnish the Board a current diagnosis and written report regarding the respondent's judgment and ability to function independently as a chiropractor with safety to public and whatever other information the Board deems relevant to the case. The completed evaluation is the sole property of the Board. It is respondent's responsibility to ensure their therapist has copies of the Accusation as well as the Decision and Order in this matter.

If the psychiatrist or psychotherapist recommends and the Board or its designee directs respondent to undergo psychotherapy, respondent shall, within 30 days of written notice of the need for psychotherapy, submit to the Board or its designee for its prior approval, the recommended program for ongoing psychotherapeutic treatment ~~care~~. Respondent shall undergo and continue psychotherapy, at respondent's own expense, until further notice from the Board. Respondent shall have the treating psychotherapist submit quarterly reports to the Board, or its designee. If recommended by the psychiatrist or psychotherapist and approved by the Board or its designee, respondent shall be barred from practicing chiropractic until the

treating psychotherapist recommends, in writing and stating the basis thereof, that respondent can safely practice chiropractic, and the Board approves said recommendation.

During suspension, respondent shall not enter any chiropractic practice. Respondent shall not direct or control any aspect of the practice of chiropractic. Subject to the above restrictions, respondent may continue to own or hold an interest in any chiropractic practice in which he or she holds an interest during the period of suspension.

(Optional) Commencing on the effective date of this decision, respondent shall not engage in the practice of chiropractic until notified in writing by the Board or its designee that respondent is psychologically fit to practice chiropractic.

NOTE: Strongly recommended for those cases where evidence demonstrates that mental illness or disability was a contributing cause of the violation.

RATIONALE: We added that respondent is to give his/her therapist a copy of the Order and Accusation.

13. **Psychotherapy**

Within 60 days of the effective date of this decision, respondent shall submit to the Board, for its prior approval, the name and qualifications of a psychotherapist or licensed mental health practitioner of respondent's choice. Should respondent, for any reason, cease treatment with the approved psychotherapist or licensed mental health practitioner, respondent shall notify the Board immediately and, within 30 days of ceasing treatment, submit the name of a replacement psychotherapist or licensed mental health practitioner of respondent's choice to the Board for its prior approval. It is respondent's responsibility to ensure their therapist has copies of the Accusation and Decision and Order in this matter.

Upon approval of the psychotherapist or licensed mental health practitioner, respondent shall undergo and continue treatment, with that therapist and at respondent's expense, until the Board deems that no further psychotherapy is necessary. Respondent shall have the treating psychotherapist submit quarterly status reports to the Board. The Board may require respondent to undergo psychiatric evaluations by a Board-appointed or Board-approved psychiatrist or psychotherapist.

If recommended by the psychotherapist or licensed mental health practitioner and approved by the Board or its designee, respondent shall be barred from practicing chiropractic until the treating psychotherapist or licensed mental health practitioner recommends, in writing and stating the basis thereof, that respondent can safely practice chiropractic, and the Board approves said recommendation.

During suspension, respondent shall not enter any chiropractic practice. Respondent shall not direct or control any aspect of the practice of chiropractic. Subject to the above restrictions, respondent may continue to own or hold an interest in any chiropractic practice in which he or she holds an interest during the period of suspension.

NOTE: Appropriate for those cases where evidence demonstrates sexual misconduct or commission of an act punishable as a sexual crime. Also appropriate in cases where evidence demonstrates impairment (Ex; mental illness, alcohol and/or drug abuse)

RATIONALE: This additional comment could be helpful to assign this term, if appropriate or emphasis in certain cases. We also added that Respondent to give his/her therapist a copy of the Order and Accusation.

14. **Medical Evaluation**

Within 60 days of the effective date of this decision, and on a periodic basis thereafter as may be required by the Board or its designee, respondent shall undergo a medical evaluation, at respondent's expense, ~~by a Board-appointed or~~ Board-approved physician who shall furnish a medical report to the Board or its designee.

If respondent is required by the Board or its designee to undergo medical treatment, respondent shall, within 30 days of written notice from the Board, submit to the Board for its prior approval, the name and qualifications of a physician of respondent's choice. Upon Board approval of the treating physician, respondent shall undergo and continue medical treatment, with that physician and at respondent's expense, until further notice from the Board. Respondent shall have the treating physician submit quarterly reports to the Board. Should respondent, for any reason, cease treatment with the approved physician, respondent shall notify the Board immediately and, within 30 days of ceasing treatment, submit the name of a replacement physician of respondent's choice to the Board for its prior approval.

If recommended by the physician and approved by the Board or its designee, respondent shall be barred from practicing chiropractic until the treating physician recommends, in writing and stating the basis thereof, that respondent can safely practice chiropractic, and the Board approves said recommendation.

During suspension, respondent shall not enter any chiropractic practice. Respondent shall not direct or control any aspect of the practice of chiropractic. Subject to the above restrictions, respondent may continue to own or hold an interest in any chiropractic practice in which he or she holds an interest during the period of suspension.

(Optional) Upon the effective date of this decision, respondent shall not engage in the practice of chiropractic until notified in writing by the Board of its determination that respondent is medically fit to practice safely.

NOTE: Appropriate for those cases where the evidence demonstrates that the respondent has had a physical problem/disability which was a contributing cause of the violation(s) and which may affect the respondent's ability to practice.

15. Ethics and Boundaries Examination

Respondent shall take and pass an Ethics and Boundaries examination administered by either:

- A national testing organization such as The National Board of Chiropractic Examiners (NBCE) or its' testing designee; or
- An equivalent accredited educational service provider institution or agency program, such as Professional Boundaries, INC. which provides licensed health professionals with course curriculum or test plan which covers Ethics and Boundaries subject matter

The examination must be taken and successfully passed within the first year of probation. If respondent fails this examination, respondent must take and pass a re-examination. Respondent is responsible to provide proof to the Board of successful completion of this examination. Respondent shall pay the cost of the examination and any subsequent re-examinations set forth by the testing agency. Classroom attendance is specifically required. Online courses/programs will not be approved. Failure to pass the Ethics and Boundaries examination after two attempts constitutes a violation of probation.

16. **Education Course**

Within 60 (sixty) days of the effective date of this decision, and on an annual basis thereafter, respondent shall submit to the Board for its prior approval, a program in (e.g. specify course subject matter) which shall not be lets than _____ hours per year, for each year of probation. _____ hours of the education may be obtained through distance learning. This program shall be in addition to the chiropractic continuing education requirements for re-licensure, and shall be obtained with all costs being paid by respondent. Respondent shall provide written proof of attendance in said course or courses as are approved by the Board. Failure to complete the annual _____ hours of education, each year of probation, constitutes a violation of probation.

RATIONALE: Section enhanced to include distance learning.

17. **Community Service**

Within 60 days of the effective date of this decision, respondent shall submit to the Board, for its prior approval, a community service program in which respondent shall provide volunteer services on a regular basis with a non-profit ~~to a~~ community or charitable facility or agency for at least _____ hours per month for the first_____ months/years of probation. Such community service does not necessarily include chiropractic service. Respondent shall ensure that the Board receives documentation and/or certification of community service hours by the facility or agency on a monthly/quarterly basis.

Community service required by this condition shall be performed in the State of California. Community service performed prior to the effective date of this decision shall no be accepted in fulfillment of this condition.

Failure to complete the community service as set out hereinabove is grounds for filing a petition to revoke probation

RATIONALE: Adding these comments is appropriate in those cases where the respondent will need to rehabilitate from wrongdoing after actually or potentially harming the public, consumer or a patient. Also, time frames to complete service can be set. Paragraph flows better with the use of additional words for emphasis.

18. **Restricted Practice**

Respondent's practice of chiropractic shall be restricted to [specify patient population and/or setting] for the first _____ years of probation. Within 30 days from the effective date of the decision, respondent shall submit to the Board, for prior approval, a plan to implement this restriction. Respondent shall submit proof, satisfactory to the Board, of compliance with this term of probation.

NOTE: The restrictions shall be appropriate to the violation.

19. **Third Party ~~Presence - Sexual Transgressors~~ Chaperone**

During probation, respondent shall have a third party ~~present~~ chaperone present in the examination or treatment room while consulting, examining and/or treating ~~while examining and/or treating~~ (female/male/minor) patients. Respondent shall, within 30 days of the effective date of the decision, submit to the Board or its designee for its approval the name(s), photo identification and contact information of persons who will be the third party chaperone. The chaperone must be a health care professional, licensed or certified, by a healing arts Boardor Bureau, within the California Department of Consumer Affairs. The

chaperone's license/certification shall at all times be valid and in good standing. The chaperone cannot have any prior or current disciplinary action against their license/certification. ~~of persons who will be the third party present and a plan describing the third party's duties.~~

Respondent shall maintain a log of all patients seen for whom a third party chaperone is required. The log shall contain: 1) patient name, address and telephone number; 2)date of service; 3) chaperone signature; 4) patient gender; and 5) patient signature. Respondent shall keep this login a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying by the Board or its designee, and shall retain the log for the entire term of probation. Failure to maintain a log of all patients requiring a third party chaperone, or to make the log available for immediate inspection, is a violation of probation.

The respondent shall execute a release authorizing the third party(ies) ~~present~~ chaperone to divulge any information that the Board or its designee may request on a periodic basis during the probation monitoring.

~~*NOTE: Sexual transgressors should be placed in a supervised environment.*~~

RATIONALE: This condition continues to allow the Board to monitor Respondent by use of a third party chaperone in those misconduct cases, which may include, but is not limited to, sexual misconduct. Chaperone must be in the room with the patient at all times.

20. **Notification to Patients**

Respondent shall notify all current and potential patients of his/her ~~the~~ probation requirements by posting a copy of the final Decision and Order in this matter and by giving a form designated by the Board, for each patient to sign. Respondent shall post a copy of the Decision within ublic view inside common areas within the practice which includes the front desk, the examination room(s) and patient reception room(s). Patient ~~especially any term or condition of probation which will affect their treatment or the confidentiality of their records. Such~~ notification shall be signed by each patient prior to continuing or commencing treatment. Respondent shall submit, upon request by the Board, satisfactory evidence of compliance with this term of probation. ~~Terms of probation which require such notification include, but are not limited to, suspension of practice, supervised practice, and restricted practice.~~

RATIONALE: Similar to what is required by employee notice, we require posting of the Decision to alert patients and patients must sign a form. Posting of Decision would occur at front desk, in treatment/waiting rooms, etc.

21. **Criminal Probation/Parole Reports**

Respondent shall provide a copy of the conditions of any criminal probation/parole to the Board, in writing, within 10 days of the issuance or modification of those conditions. Respondent shall provide the name of his or her probation/parole officer to the Board, in writing, within 10 days after that officer is designated or a replacement for that officer is designated. Respondent shall provide a copy of all criminal probation/parole reports to the Board within 10 days after respondent receives a copy of such a report.