



MEMORANDUM

DATE	January 14, 2022
TO	Veterinary Medical Board (Board)
FROM	Jessica Sieferman, Executive Officer Karen Halbo, Regulation Unit
SUBJECT	Agenda Item 10.B. Sections 2006-2006.56, Article 1, Division 20, Title 16 of the CCR Regarding Uniform Standards for Substance-Abusing Licensees

Background

To address inconsistencies and nonexistent standards for disciplining substance-abusing licenses and to better protect patients from substance-abusing licensees, Senate Bill (SB) [1441](#) (Ridley-Thomas, Chapter 548, Statutes of 2008) created a Substance Abuse Coordination Committee made up of all healing arts board executive officers. In April 2011, the Substance Abuse Coordination Committee (SACC) developed 16 uniform standards for substance abusing healing arts licensees (Uniform Standards) to be used by each healing arts board in disciplining substance-abusing licensees. The SACC updated those standards in 2019. To implement the Uniform Standards, each healing arts board was advised to promulgate regulations to ensure that a practitioner is aware of the Uniform Standards and can access all of the standards relevant to him or her in each board's regulations.

The Board discussed the Uniform Standards twice in 2014, but implementation of regulatory Uniform Standards was put on hold due to confusion on authority to move forward. Then, from November 2018 through October 2019, the Board discussed multiple iterations of regulatory proposals to implement the Uniform Standards, and eventually approved regulation language during the October 2019 Board meeting.

At the time, there was a significant rulemaking backlog at the Board, which was exacerbated when the Board's Policy Analyst accepted a promotion at another department. From January 2020 through November 2021, the Board's subsequent Policy Analyst, diligently completed ten rulemaking packages, but despite these efforts, eleven packages remain, including the Uniform Standards.

Update

Although it was anticipated that the Board would discuss the Uniform Standards during its October 2021, upon further legal review, it was determined that it would be best to postpone the discussions until the January 2022 meeting to adequately bring forth the

concerns to the Board. Specifically, upon review of the proposed text, the Regulations Unit (RU) of the Legal Affairs Division identified concerns.

All proposed revisions by the Board's Executive Officer, Board Counsel, and the RU are incorporated in the attached documents.

The rationale for each proposed revision to the attached regulatory proposed language and the Uniform Standards, which are incorporated by reference, are discussed below. Most of the revisions are non-substantive and provide further clarity and consistency. The notable, substantive changes are as follows:

Proposed Regulatory Language (Attachment 1):

Substantive Changes:

- Pages 1-2, section 2006.5, added subsections (a) and (b): "Prohibited substance" and "biological fluid testing" were previously approved by the Board as terms and conditions in the Uniform Standards, but these definitions should also be added to the regulatory language that uses the terms for clarity.
- Page 3, section 2006.51(a): SACC Uniform Standard No. 1 says the Board can order 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. However, the Board's prior regulatory language only accounted for licensees on probation. The proposed change would include licensees who are not on Board-ordered probation but who, nonetheless, are in the wellness program.¹ This change brings clarity to section 2006.51(a)(6) which establishes that the cost of an evaluation is borne by the licensee, who may be on Board-ordered probation or attending in the wellness program.

Non-Substantive Changes:

- [Throughout] changed "licensee" to "individual," the Uniform Standards will be applied to applicants who are not yet licensees.
- [Throughout] language revised to avoid use of gendered language such as "he or she," or "his or her."
- Page 5: A Note: with Authority and Reference citations was added.

Uniform Standards (Attachment 2):

- Pages 17-23: Updated to conform to changes in the proposed regulatory language.
- Page 26: Removed the tolling section, since the Board's July 2021 changes to the Disciplinary Guidelines state that drug testing will not be tolled.

¹ All references to "diversion" were updated to reflect the new "wellness" term enacted in Assembly Bill 1535 (Committee on Business and Professions, Chapter 631, Statutes of 2021).

RU Concerns with Proposed Text

RU raised the following concerns about the proposed text, to which staff indicated the language choices have been carefully considered by the Board over many meetings, and the language exactly mirrors the language in the SACC's Uniform Standards. Staff indicated keeping the language choices made in the SACC's Uniform Standard eliminates the need to explain to OAL why the Board is diverting from that language.

RU recommended revisiting the "trigger" chosen by the Board for when an individual would be subject to the Uniform Standards. As adopted herein, the burden is on the licensee to prove they are not substance abusing verses the Board having to determine that as part of an administrative discipline case. However, staff wishes to keep the trigger in its current form.

RU recommends not including contractual language in regulation, as is done in sections 2006.54, 2006.55, and 2006.56, as it is not purely regulatory. However, staff wishes to include the language exactly as it is in the SACC Uniform Standards. Finally, RU has seen the following clarity issues the Board may wish to address.

- Page 2, at section 2006.5(a)(3) which uses the term "multiple" RU raised the concern that this could be more than one, more than two, or perhaps even more than one in a specified period of time, such as three or six months.
- Page 3, at section 2006.5(a)(6) does not specify who orders the biological fluid testing – RU recommended adding "by the Board or its designee."
- Page 5, section 2006.52 establishes pre-conditions for the Board and the licensee to satisfy before a licensee can request a return to full-time practice. RU recommended clarifying how a licensee requests a return to full-time practice (written request to probation monitor, petition to the Board, etc.?)
- Page 6 section 2006.53, RU suggested adding a cross-reference to 16 CCR 2082 (a related Board regulation) within the text.

Action Requested:

The Board is asked to consider the regulatory proposal and RU's feedback and entertain a motion to approve the attached proposed regulatory language to amend section 2006 and add the Uniform Standards for Substance Abusing Licensees therein incorporated by reference, and add sections 2006.5, 2006.51, 2006.52, 2006.53, 2006.54, 2006.55, and 2006.56 to article 1 of division 20 of title 16 of the CCR, and direct staff to take all steps necessary to complete the rulemaking process, including noticing the proposed text for a 45-day comment period, and if there are no adverse comments received during that 45-day public comment period, delegate to the Executive Officer the authority to make any technical or non-substantive changes to the proposed regulations that may be required in completing the rulemaking file and adopt the proposed regulations.

Attachments:

1. Proposed Regulatory Language
2. Uniform Standards for Substance Abusing Licensees (incorporated by reference in section 2006)

**Title 16. Professional and Vocational Regulations
Division 20. Veterinary Medical Board**

PROPOSED REGULATORY LANGUAGE

Changes to the existing regulation are shown in single underline for new text and ~~single strikeout~~ for deleted text.

Amend Section 2006 of, and add Sections 2006.5, 2006.51, 2006.52, 2006.53, 2006.54, 2006.55, 2006.56 to, Article 1 of Division 20 of Title 16 of the California Code of Regulations to read as follows:

§ 2006. Disciplinary Guidelines and 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: “Veterinary Medical Board Disciplinary Guidelines, November 2018 January 2022 July 2012 Edition” which are hereby incorporated by reference. Deviation from these guidelines, 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 or aggravating factors; the age of the case; evidentiary problems.

(b) If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee individual shall be presumed to be a substance-abusing licensee for purposes of section 315 of the code. If the licensee individual does not rebut that presumption, in addition to any and all other relevant terms and conditions contained in the Disciplinary Guidelines, the terms and conditions that incorporate the “Veterinary Medical Board Uniform Standards for Substance-Abusing Licensees, ~~October 2021~~ January 2022, Edition which are hereby incorporated by reference, shall apply as written and be used when applying probationary conditions in the disciplinary order.

Note: Authority cited: Sections 315, 315.2, 315.4, 4808, and 4845(d), Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 141, 315, 315.2, 315.4, 480, 490, 4830.5, 4830.7, 4836.2, 4836.5, 4837, 4839.5, 4842, 4845, 4845.5, 4855, 4856, 4857, 4876, 4883 and 4886, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

§ 2006.5. Actions by Substance-Abusing Licensees and Consequences Thereof.

(a) For purposes of this Article, the term “prohibited substance” means an illegal drug, a lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by the licensee and approved by the Board, or alcohol or any other substance the licensee has been instructed by the Board not to use, consume, ingest, or administer to himself or herself.

(b) For purposes of this Article, “biological fluid testing” may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee.

(ac) A licensee who does any of the following shall be deemed to have committed a major violation of ~~his or her~~ probation:

- (1) Fails to complete a Board-ordered program;
- (2) Fails to undergo a required clinical diagnostic evaluation;
- (3) Commits multiple minor violations of probation conditions and terms;
- (4) Treats a patient or patients while under the influence of a prohibited substance;
- (5) Engages in any drug- or alcohol- related act that is a violation of state or federal law or regulation;
- (6) Fails to undergo biological fluid testing when ordered;
- (7) Uses, consumes, ingests, or ~~self-~~administers ~~to himself or herself~~ a prohibited substance;
- (8) Knowingly uses, makes, alters, or possesses any object or product in such a way as to defraud or attempt to defraud a biological fluid test designed to detect the presence of a prohibited substance; or
- (9) Fails to comply with any term or condition of ~~his or her~~ probation which presents an immediate threat to the violator or to the public.

(bd) If a licensee commits a major violation, the Board will take one or more of the following actions:

- (1) Issue an immediate cease-practice order and order the licensee to undergo a clinical diagnostic evaluation, in accordance with section 2006.51, at the expense of the licensee. Any order issued by the Board pursuant to this subsection shall state that the licensee must test negative for at least a month of continuous biological fluid testing before being allowed to resume practice.
- (2) Increase the frequency of biological fluid testing.
- (3) Refer the licensee for further disciplinary action, such as suspension, revocation, or other action as determined by the Board.

(ce) A licensee who does any of the following shall be deemed to have committed a minor violation of ~~his or her~~ probation:

- (1) Fails to submit required documentation to the Board in a timely manner;
- (2) Has an unexcused absence at a required meeting;
- (3) Fails to contact a worksite monitor as required; or
- (4) Fails to comply with any term or condition of his or her probation which does not present an immediate threat to the violator or to the public.

(ef) If a licensee commits a minor violation, the Board will take one or more of the following actions:

- (1) Issue a cease-practice order;
- (2) Order practice limitations;
- (3) Order or increase supervision of licensee;
- (4) Order increased documentation;
- (5) Issue a citation and fine, or a warning letter;
- (6) Order the licensee to undergo a clinical diagnostic evaluation, in accordance with section 2006.51, at the expense of the licensee;
- (7) Take any other action as determined by the Board.

(eg) Nothing in this section shall be considered a limitation on the Board's authority to revoke the probation of a licensee who has violated a term or condition of that probation.

Note: Authority cited: Sections 315, 315.2, 315.4, 4808, and 4845(d), Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 315, 315.2, and 315.4, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

§ 2006.51. Clinical Diagnostic Evaluations for Substance-Abusing Licensees.

(a) If the Board orders a licensee who is either in a wellness program or whose license is on probation due to a substance abuse problem to undergo a clinical diagnostic evaluation, then the following apply-determines that an individual is a substance-abusing licensee, the Board may order the licensee who is on probation to undergo a clinical diagnostic evaluation, as follows:

- (1) The clinical diagnostic evaluation shall be conducted by a licensed practitioner who holds a valid, unrestricted license, has three (3) years' experience in providing

evaluations of health care 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 evaluator shall not have a current or former financial, personal, or business relationship with the licensee within the last five (5) years. The evaluator shall provide an objective, unbiased, and independent evaluation.

(4) The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem; whether the licensee is a threat to himself or herself or others; and recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and ability to practice safely. If the evaluator determines during the evaluation process that a licensee is a threat to himself or herself the licensee or others, the evaluator shall notify the Board within twenty-four (24) hours of such a determination.

(5) In formulating his or her opinion as to whether the licensee is safe to return to either part-time or full-time practice and what restrictions or recommendations should be imposed, including participation in an inpatient or outpatient treatment program, the evaluator shall consider the following factors:

(A) License type;

(B) Licensee's history;

(C) Documented length of sobriety/time that has elapsed since substance use;

(D) Scope and pattern of substance abuse;

(E) Treatment history;

(F) Medical history;

(G) Current medical condition;

(H) Nature, duration, and severity of substance abuse problem; and

(I) Whether the licensee is a threat to himself or herself or the public.

~~(6.)~~ The cost of an evaluation shall be borne by the licensee.

~~(7.)~~ 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. If the

evaluator requests additional information or time to complete the evaluation and report, an extension may be granted, but shall not exceed thirty (30) days from the date the evaluator was originally assigned the matter.

(b) Whenever the Board orders a licensee to undergo a clinical diagnostic evaluation, the Board shall order the licensee to cease practice pending the results of the clinical diagnostic evaluation and review by the Board.

(c) While awaiting the results of the clinical diagnostic evaluation, the licensee shall undergo random biological fluid testing at least two (2) times per week.

(d) The Board shall review the clinical diagnostic evaluation report and determine within ten (10) business days of receipt whether the licensee is safe to return to either part-time or full-time practice and what restrictions or recommendations shall be imposed on the licensee based on the recommendations made by the evaluator. No licensee shall be returned to practice until ~~he or she~~the licensee has at least thirty (30) days of negative biological fluid tests or biological fluid tests indicating that ~~at~~the licensee has not used, consumed, ingested, or self-administered ~~to himself or herself~~ a prohibited substance, ~~as defined in section 2006.51, subsection (e).~~

(e) ~~Respondent~~The Licensee shall comply with all restrictions or conditions recommended by the examiner conducting the clinical diagnostic evaluation within fifteen (15) calendar days after being notified by the Board or its designee.

Note: Authority cited: Sections 315, 315.4, 4808 and 4845(d), Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 315, 315.2 and 315.4, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

§ 2006.52. Request by a Substance-Abusing Licensee to Return to Practice.

(a) Before a licensee may request to return to full time practice after the issuance of a cease-practice order or after the imposition of practice restrictions following a clinical diagnostic evaluation, the Board, in conjunction with the evaluator, shall ensure that the licensee meets the following criteria:

(1) Demonstrated sustained compliance with ~~his or her~~the licensee's current treatment or recovery program, as applicable;

(2) Demonstrated ability to practice safely as evidenced by current worksite monitor reports (if currently being monitored), evaluations conducted by licensed health care practitioners, and any other information relating to the licensee's substance abuse and recovery therefrom; and

(3) Negative biological fluid tests or biological fluid tests indicating that the licensee has not used, consumed, ingested, or self-administered ~~to himself or herself~~ a

prohibited substance for at least six (6) months, two (2) positive worksite monitor reports (if currently being monitored), and complete compliance with other terms and conditions of probation.

(b) Before a substance-abusing licensee may request a full and unrestricted license, the licensee shall demonstrate:

(1) Sustained compliance with the terms of the disciplinary order, if applicable;

(2) Successful completion of a treatment or recovery program, if required;

(3) Consistent and sustained participation in activities that promote and support the licensee's recovery, including, but not limited to, ongoing support meetings, therapy, counseling, a relapse prevention plan, and community activities.

(4) Ability to practice veterinary medicine safely; and

(5) Continuous sobriety for three (3) to five (5) years.

Note: Authority cited: Sections 315, 315.2, 315.4, 4808, and 4845(d), Business and Professions Code. Reference: Sections 315, 315.2, and 315.4, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

§ 2006.53. Disclosure of Substance-Abusing Licensee Information.

For licensees subject to the terms and conditions of the Uniform Standards Related to for Substance-Abusing Licensees in section 2006, the Board shall disclose the following information to the public for licensees who are participating in a board monitoring/diversionwellness 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 diversionwellness program.

(a) Licensee's name;

(b) Whether the licensee's practice is restricted, or the license is on inactive status; and

(c) A detailed description of any restriction imposed.

Note: Authority cited: Sections 315 and 4808, Business and Professions Code. Reference: Sections 315 and 4871, Business and Professions Code.

§ 2006.54. Requirements for Laboratories/Testing Locations and Specimen Collectors for Testing Substance-Abusing Licensees.

If the Board uses a private-sector vendor that provides laboratories or testing locations or specimen collection for testing substance-abusing licensees, the laboratory, location, or collection service shall meet all the following standards:

(a) The vendor must report to the Board any major violation, as defined in section 2006.5.

(b) The vendor must ensure that its laboratory, testing, or specimen collection providers or contractors meet all of the following:

(1) Specimen collectors shall either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the United States Department of Transportation.

(2) Specimen collectors shall conform to the current United States Department of Transportation Specimen Collection Guidelines.

(3) Testing locations shall comply with the Urine Specimen Collection Guidelines published by the United States Department of Transportation without regard to the type of test administered.

(4) Specimen collectors shall observe the collection of testing specimens.

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

(6) Testing locations shall submit a specimen to a laboratory within one (1) business day of receipt and all specimens collected shall be handled pursuant to chain of custody procedures. The laboratory shall process and analyze the specimen and provide legally defensible test results to the Board within seven (7) business 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.

(7) Specimen collection and testing locations shall possess all the materials, equipment, and technical expertise necessary in order to test every licensee for which it is responsible on any day of the week.

(8) Testing locations shall be able to scientifically test for urine, blood, and hair specimens for the detection of alcohol and illegal and controlled substances.

(9) Testing sites shall be located throughout California.

(10) Testing sites shall be equipped with:

(A) An automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the licensee to check in daily for testing; and

(B) A secure, HIPAA-compliant website or computer system to allow staff access to drug test results and compliance reporting information that is available twenty-four (24) hours a day.

(11) Testing sites 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 biological fluid test results, medical histories, and any other information relevant to biomedical information.

(c) 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.

Note: Authority cited: Sections 315 and 4808, Business and Professions Code.
Reference: Sections 315, Business and Professions Code.

§ 2006.55. Requirements for Diversion Program Vendors.

If the Board uses a private-sector diversion program services vendor, all of the following shall apply:

(a) The vendor shall comply with all of the following:

(1) The vendor is fully responsible for the acts and omissions of its subcontractors and 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, but not limited to any other subcontracted services, the vendor will terminate services of said subcontractor within thirty (30) business days of notification of failure to provide adequate services.

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

(b) An external audit shall be conducted at least once every three (3) years by a qualified, independent reviewer or review team from outside the Department of Consumer Affairs with no real or apparent conflict of interest with the vendor providing the monitoring services. The independent reviewer or review team shall consist of individuals who are competent in the professional practice of internal auditing and assessment processes and qualified to perform audits of monitoring programs.

(c) The audit in subsection (b) shall 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.

(d) The Board and the Department of Consumer Affairs shall respond to the findings in the audit report.

Note: Authority cited: Sections 315 and 4808, Business and Professions Code.
Reference: Section 315, Business and Professions Code.

§ 2006.56. Reporting Requirements Relating to Substance-Abusing Licensees.

(a) The 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 on probation:

(1) Number of intakes into a diversion program;

(2) Number of probationers whose conduct was related to a substance abuse problem;

(3) Number of referrals for treatment programs;

(4) Number of relapses (break in sobriety);

(5) Number of cease-practice orders;

(6) Number of suspensions;

(7) Number terminated from program for noncompliance;

(8) Number of successful completions based on uniform standards;

(9) Number of major violations; nature of violation, and action taken; and

(10) Number of licensees who successfully completed probation.

(b) For each reporting category described in subsection (a), the Board shall identify the licensing category and the specific substance abuse problem (e.g., cocaine, alcohol, Demerol, etc.), and whether the licensee is in a diversion program and/or probation program.

(c) If the reporting 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 terms and conditions of probation. The information may also be used to determine the risk factor when the Board is determining whether a license should be revoked or placed on probation.

(d) The Board shall use the following criteria to determine if its terms and conditions of probation protect patients from harm and are effective in assisting its licensees in recovering from substance abuse problems in the long term:

(1) At least one hundred percent (100%) of licensees whose licenses were placed on probation as a result of a substance abuse problem successfully completed probation or had their licenses to practice revoked or surrendered on a timely basis based on noncompliance with terms and conditions of probation.

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

(e) For purposes of measuring outcomes and effectiveness relating to biological fluid testing, the Board shall collect and report historical data (as available) and post-implementation data as follows:

(1) Historical Data. The Board should collect the following historical data (as available) for a period of two years prior to implementation of the Uniform Standards for Substance-Abusing Licensees, for each person subject to testing for banned substances, who has done any of the following:

(A) Tested positive for a banned substance;

(B) Failed to appear or call in for testing on more than three occasions;

(C) Failed to pay testing costs; or

(D) Given a diluted or invalid specimen.

(2) Post-Implementation Data - Three Years. The Board shall collect data annually for a period of three (3) years following implementation of the Uniform Standards for Substance-Abusing Licensees for every licensee subject to testing for banned substances. The data collected shall be reported to the Department of Consumer Affairs and the Legislature, upon request, and shall include, but may not be limited to:

(A) Licensee identification;

(B) License type;

(C) Probation effective date;

(D) General range of testing frequency for each licensee;

(E) Dates testing requested;

(F) Dates tested;

(G) Identity of the entity that performed each test;

(H) Date(s) licensee tested positive;

(I) Date(s) Board was informed of positive test(s);

(J) Date(s) of questionable tests (e.g. dilute, high levels);

(K) Date(s) Board was notified of questionable test(s);

(L) Identification of substances detected or questionably detected;

(M) Date(s) licensee failed to appear for testing;

(N) Date(s) Board notified of licensee's failure to appear;

(O) Date(s) licensee failed to call in for testing;

(P) Date(s) Board was notified that licensee failed to call in for testing;

(Q) Date(s) licensee failed to pay for testing;

(R) Date(s) licensee was removed/suspended from practice (identify which); and

(S) Final outcome and effective date (if applicable).

Note: Authority cited: Sections 315, 315.2, 315.4, and 4808, Business and Professions Code. Reference: Sections 315, 315.2, and 315.4, Business and Professions Code.

Veterinary Medical Board

Uniform Standards for Substance-Abusing Licensees

October 2019 January
2022



1747 N. Market Blvd., Suite 230 Sacramento, CA 95834
(916) 515-5220
www.vmb.ca.gov

Jessica Sierferman, Executive Officer

Uniform Standards for Substance-Abusing Licensees
Veterinary Medical Board

October 2021

Mark Nunez, DVM, President

Kathy Bowler, Public Member, Vice President

Christina Bradbury, DVM

Judy Ki, Public Member

Jennifer Loreda, RVT

Jaymie J. Noland, DVM

Dianne Prado, Public Member

Maria Preciosa S. Solacito, DVM

Jessica Siefertman
Executive Officer

Robert Stephanopoulos
Enforcement Program Manager

TABLE OF CONTENTS

California Code of Regulations, Title 16, Division 20, Article 1, Sections

2006 Disciplinary Guidelines and Uniform Standards [*]
 _____ [Page numbers to be added upon OAL approval of content]
 _____ **Related tofor** Substance-Abusing Licensees

2006.5 Actions by Substance-Abusing Licensees and [*]
 _____ Consequences Thereof

2006.51 Clinical Diagnostic Evaluations for Substance-Abusing Licensees [*]

2006.52 Request by a Substance-Abusing Licensee to Return [*]
 _____ to Practice

2006.53 Disclosure of Substance-Abusing Licensee Information [*]

INTRODUCTION [*]

**Language to Comply with Uniform Standards for Substance-Abusing [*]
 _____ Licensees**

Required Terms and Conditions:

1. Notice of Employer or Supervisor Information [*]

2. Biological Fluid Testing [*]

3. Abstain From the Use of Alcohol, Controlled Substances, [*]
 _____ and Dangerous Drugs

4. Violation of Probation Condition for Substance-Abusing Licensee [*]

Optional Terms and Conditions:

5. Clinical Diagnostic Evaluations and Reports; Temporary [*]
 _____ Removal from Practice

6. Substance Abuse Support Group Meetings [*]

7. Worksite Monitor for Substance-Abusing Licensee [*]

8. Drug or Alcohol Use Treatment Program [*]

California Code of Regulations, Title 16, Division 20, Article 1

§ 2006. Disciplinary Guidelines and 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: “Veterinary Medical Board Disciplinary Guidelines, ~~[November 2018, January 2022 July 2012~~ Edition” which are hereby incorporated by reference. Deviation from these guidelines, 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 or aggravating factors; the age of the case; evidentiary problems.

(b) If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee individual shall be presumed to be a substance-abusing licensee for purposes of section 315 of the code. If the licensee individual does not rebut that presumption, in addition to any and all other relevant terms and conditions contained in the Disciplinary Guidelines, the terms and conditions that incorporate the “Veterinary Medical Board Uniform Standards for Substance-Abusing Licensees, January 2022 Edition,” which are hereby incorporated by reference, shall ~~apply as written and be used~~ when applying probationary conditions in the disciplinary order.

Note: Authority cited: Sections 315, 315.2, 315.4, 4808, and 4845(d), Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 141, 315, 315.2, 315.4, 480, 490, 4830.5, 4830.7, 4836.2, 4836.5, 4837, 4839.5, 4842, 4845, 4845.5, 4855, 4856, 4857, 4875, 4876, 4883, and 4886, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

§ 2006.5. Actions by Substance-Abusing Licensees and Consequences Thereof.

(a) For purposes of this Article, the term “prohibited substance” means an illegal drug, a lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by the licensee and approved by the Board, or alcohol or any other substance the licensee has been instructed by the Board not to use, consume, ingest, or administer to himself or herself.

(b) For purposes of this Article, “biological fluid testing” may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee.

(ac) A licensee who does any of the following shall be deemed to have committed a major violation of ~~his or her~~ probation:

- (1) Fails to complete a Board-ordered program;
- (2) Fails to undergo a required clinical diagnostic evaluation;

(3) Commits multiple minor violations of probation conditions and terms;

(4) Treats a patient or patients while under the influence of a prohibited substance;

(5) Engage in any drug or alcohol related act that is a violation of state or federal law or regulation;

(6) Fails to undergo biological fluid testing when ordered;

(7) Uses, consumes, ingests, or self-administers to himself or herself a prohibited substance;

(8) Knowingly uses, makes, alters, or possesses any object or product in such a way as to defraud or attempt to defraud a biological fluid test designed to detect the presence of a prohibited substance; or

(9) Fails to comply with any term or condition of his or her probation which presents an immediate threat to the violator or to the public.

(d) If a licensee commits a major violation, the Board will take one or more of the following actions:

(1) Issue an immediate cease-practice order and order the licensee to undergo a clinical diagnostic evaluation, in accordance with section 2006.51, at the expense of the licensee. Any order issued by the Board pursuant to this subsection shall state that the licensee must test negative for at least a month of continuous biological fluid testing before being allowed to resume practice.

(2) Increase the frequency of biological fluid testing.

(3) Refer the licensee for further disciplinary action, such as suspension, revocation, or other action as determined by the Board.

(ee) A licensee who does any of the following shall be deemed to have committed a minor violation of his or her probation:

(1) Fails to submit required documentation to the Board in a timely manner;

(2) Has an unexcused absence at a required meeting;

(3) Fails to contact a worksite monitor as required; or

(4) Fails to comply with any term or condition of his or her probation which does not present an immediate threat to the violator or to the public.

(df) If a licensee commits a minor violation, the Board will take one or more of the following actions:

- (1) Issue a cease-practice order;
- (2) Order practice limitations;
- (3) Order or increase supervision of licensee;
- (4) Order increased documentation;
- (5) Issue a citation and fine, or a warning letter;
- (6) Order the licensee to undergo a clinical diagnostic evaluation, in accordance with section 2006.51, at the expense of the licensee;
- (7) Take any other action as determined by the Board.

(g) Nothing in this section shall be considered a limitation on the Board's authority to revoke the probation of a licensee who has violated a term or condition of that probation.

Note: Authority cited: Sections 315, 315.2, 315.4, 4808, and 4845(d), Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 315, 315.2, and 315.4, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

§ 2006.51. Clinical Diagnostic Evaluations for Substance-Abusing Licensees.

(a) If the Board orders a licensee who is either in a diversion wellness program or whose license is on probation due to a substance abuse problem, then the following apply: determines that an individual is a substance-abusing licensee, the Board may order the licensee who is on probation to undergo a clinical diagnostic evaluation, as follows:

- (1) The clinical diagnostic evaluation shall be conducted by a licensed practitioner who holds a valid, unrestricted license, has three (3) years' experience in providing evaluations of health care 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 evaluator shall not have a current or former financial, personal, or business relationship with the licensee within the last five (5) years. The evaluator shall provide an objective, unbiased, and independent evaluation.
- (4) The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem; whether the licensee is a

threat to himself or herself or others; and recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and ability to practice safely. If the evaluator determines during the evaluation process that a licensee is a threat to the licensee himself or herself or others, the evaluator shall notify the Board within twenty-four (24) hours of such a determination.

(5) In formulating his or her opinion as to whether the licensee is safe to return to either part-time or full-time practice and what restrictions or recommendations should be imposed, including participation in an inpatient or outpatient treatment program, the evaluator shall consider the following factors:

(A) License type;

(B) Licensee's history;

(C) Documented length of sobriety/time that has elapsed since substance use;

(D) Scope and pattern of substance abuse;

(E) Treatment history;

(F) Medical history;

(G) Current medical condition;

(H) Nature, duration, and severity of substance abuse problem; and

(I) Whether the licensee is a threat to himself or herself or the public.

(6) The cost of an evaluation shall be borne by the licensee.

(7) 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. If the evaluator requests additional information or time to complete the evaluation and report, an extension may be granted, but shall not exceed thirty (30) days from the date the evaluator was originally assigned the matter.

(b) Whenever the Board orders a licensee to undergo a clinical diagnostic evaluation, the Board shall order the licensee to cease practice pending the results of the clinical diagnostic evaluation and review by the Board.

(c) While awaiting the results of the clinical diagnostic evaluation, the licensee shall undergo random biological fluid testing at least two (2) times per week.

(d) The Board shall review the clinical diagnostic evaluation report and determine within ten (10) business days of receipt whether the licensee is safe to return to either part-

time or full-time practice and what restrictions or recommendations shall be imposed on the licensee based on the recommendations made by the evaluator. No licensee shall be returned to practice until ~~the licensee~~ ~~he or she~~ has at least thirty (30) days of negative biological fluid tests or biological fluid tests indicating that a licensee has not used, consumed, ingested, or self-administered ~~to himself or herself~~ a prohibited substance, as defined in section 2006.51, subsection (e).

(e) ~~Respondent~~The Licensee shall comply with all restrictions or conditions recommended by the examiner conducting the clinical diagnostic evaluation within fifteen (15) calendar days after being notified by the Board or its designee.

Note: Authority cited: Sections 315, 315.4, 4808 and 4845(d), Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 315, 315.2 and 315.4, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

§ 2006.52. Request by a Substance-Abusing Licensee to Return to Practice.

(a) Before a licensee may request to return to full time practice after the issuance of a cease-practice order or after the imposition of practice restrictions following a clinical diagnostic evaluation, the Board, in conjunction with the evaluator, shall ensure that the licensee meets the following criteria:

(1) Demonstrated sustained compliance with ~~the licensee's~~ ~~his or her~~ current treatment or recovery program, as applicable;

(2) Demonstrated ability to practice safely as evidenced by current worksite monitor reports (if currently being monitored), evaluations conducted by licensed health care practitioners, and any other information relating to the licensee's substance abuse and recovery therefrom; and

(3) Negative biological fluid tests or biological fluid tests indicating that the licensee has not used, consumed, ingested, or self-administered ~~to himself or herself~~ a prohibited substance for at least six (6) months, two (2) positive worksite monitor reports (if currently being monitored), and complete compliance with other terms and conditions of probation.

(b) Before a substance-abusing licensee may request a full and unrestricted license, the licensee shall demonstrate:

(1) Sustained compliance with the terms of the disciplinary order, if applicable;

(2) Successful completion of a treatment or recovery program, if required;

(3) Consistent and sustained participation in activities that promote and support the licensee's recovery, including, but not limited to, ongoing support meetings, therapy, counseling, a relapse prevention plan, and community activities.

(4) Ability to practice veterinary medicine safely; and

(5) Continuous sobriety for three (3) to five (5) years.

Note: Authority cited: Sections 315, 315.2, 315.4, 4808, and 4845(d), Business and Professions Code. Reference: Sections 315, 315.2, and 315.4, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

§ 2006.53. Disclosure of Substance-Abusing Licensee Information.

For licensees subject to the terms and conditions of the Uniform Standards ~~Related to~~ ~~for~~ Substance-Abusing Licensees in section 2006, the Board shall disclose the following information to the public for licensees who are participating in a board monitoring/~~diversionwellness~~ 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 ~~diversionwellness~~ program.

(a) Licensee's name;

(b) Whether the licensee's practice is restricted, or the license is on inactive status; and

(c) A detailed description of any restriction imposed.

Note: Authority cited: Sections 315 and 4808, Business and Professions Code. Reference: Sections 315 and 4871, Business and Professions Code.

INTRODUCTION

Pursuant to section 315 of the Business and Professions Code (BPC), the Veterinary Medical Board (Board) is directed to use the standards developed by the Department of Consumer Affairs, Substance Abuse Coordination Committee (SACC) for substance-abusing licensees. On April 11, 2011, the SACC developed the “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” to be used by all healing arts boards. On ~~October 30, 2018~~ March 4, 2019, the SACC ~~amended~~ adopted revisions to the Uniform Standard #4, and those revisions which are reflected herein.

The Board’s Uniform Standards for Substance-Abusing Licensees (Uniform Standards), developed in accordance with the SACC uniform standards, shall be used in every case where it has been determined that the individual is a substance-abusing licensee as provided in section 2006, article 1, division 20, title 16 of the California Code of Regulations. To implement these terms and conditions of probation, any reference to the Board also means Veterinary Medical Board staff or its designee.

In order to ensure that stipulated settlements and proposed decisions submitted to the Board do not deviate in any way from the Uniform Standards, the following proposed language has been prepared to address the required and optional terms and conditions under the Uniform Standards. The Uniform Standards contain required terms and conditions that must be applied in cases involving substance-abusing licensees, as well as optional terms and conditions that may, at the discretion of the Board, be applied in such cases if warranted. Each of the following probationary terms indicates whether the term is required or optional.

These terms and conditions shall be used in lieu of any similar standard or optional term or condition proposed in the Board’s Disciplinary Guidelines, which are incorporated by reference in section 2006, article 1, division 20, title 16 of the California Code of Regulations. However, the Board’s Disciplinary Guidelines should still be used in formulating the penalty and in considering additional terms or conditions appropriate for greater public protection (e.g., other standards or optional terms and conditions of probation).

LANGUAGE TO COMPLY WITH THE VETERINARY MEDICAL BOARD'S UNIFORM STANDARDS FOR SUBSTANCE-ABUSING LICENSEES

These Veterinary Medical Board's Uniform Standards for Substance-Abusing Licensees (Cal. Code Regs., tit. 16, § 2006, et seq.) contain ~~new~~ required conditions that must be applied in cases involving substance-abusing licensees, as well as ~~new~~ optional conditions that may, at the discretion of the Board, be applied in such cases. In order to ensure that proposed decisions and stipulated settlements submitted to the Board do not deviate in any way from these Uniform Standards, the following ~~proposed~~ language shall be used for the Uniform Standards terms and conditions included in a proposed decision or stipulated settlement ~~has been prepared to address the new required conditions, and the new optional conditions, under those Uniform Standards.~~

Required Terms and Conditions:

1. **Notice of Employer or Supervisor Information.** Within seven (7) days of the effective date of this Decision, Respondent shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of any and all employers and supervisors. Respondent shall also provide specific, written consent for the Board, Respondent's worksite monitor, and Respondent's employers and supervisors to communicate regarding Respondent's work status, performance, and monitoring.

[Source: Uniform Standard #3 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," ~~revised~~ developed April 2011 and revised March 4, 2019.]

2. **Biological Fluid Testing.** Respondent shall immediately submit to biological fluid testing, at Respondent's expense, upon request of the Board or its designee. Respondent shall make daily contact with the Board or its designee to determine whether biological fluid testing is required. Respondent shall be tested on the date of the notification as directed by the Board or its designee. The Board may order a Respondent to undergo a biological fluid test on any day, at any time, including weekends and holidays. Except when testing on a specific date as ordered by the Board or its designee, the scheduling of biological fluid testing shall be done on a random basis. The cost of biological fluid testing shall be borne by Respondent.

During the first year of probation, Respondent shall be subject to 52 to 104 random tests. During the second year of probation and for the duration of the probationary term, up to five (5) years, Respondent shall be subject to 36 to 104 random tests per year. Only if there have been no positive biological fluid tests in the previous five (5) consecutive years of probation, may testing be reduced to one (1) time per month. Nothing precludes the Board from increasing the number of random tests to the first-year level of frequency for any reason.

Prior to practicing veterinary medicine, Respondent shall select a laboratory or service, approved in advance by the Board or its designee, that will conduct random, unannounced, observed, biological fluid testing.-

Prior to vacation or absence, any alternative to Respondent's drug testing requirements (including frequency) must be approved by the Board and meet the requirements above.

A certified copy of any laboratory test result may be received in evidence in any proceedings between the Board and Respondent.

If a biological fluid test result indicates Respondent has used, consumed, ingested, or administered to himself or herself a prohibited substance, the Board shall order Respondent to cease practice and instruct Respondent to leave any place of work where Respondent is practicing veterinary medicine or providing veterinary medical services. The Board shall immediately notify all of Respondent's employers, supervisors and worksite monitors, if any, that Respondent may not practice veterinary medicine or provide veterinary medical services while the cease-practice order is in effect.

A biological fluid test will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited substance use exists, the Board shall lift the cease-practice order within one (1) business day.

After the issuance of a cease-practice order, the Board shall determine whether the positive biological fluid test is in fact evidence of prohibited substance use by consulting with the specimen collector and the laboratory, communicating with the licensee, his or her treating physician(s), other health care provider, or group facilitator, as applicable.

Exceptions to Testing Frequency Schedule.

(A1.) Previous Testing Orders/Sobriety. In cases where the Board has evidence that Respondent 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 Board's own testing schedule so that the combined testing is equivalent to the requirements of this section.

(B2.) Violation(s) Outside of Employment. If Respondent 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 Respondent's way to work, where alcohol or drugs were a contributing factor, Respondent may bypass the first-year testing frequency requirements and participate in the second-year testing frequency requirements.

(C3.) Not Employed in Health Care Field. The Board may reduce the testing frequency to a minimum of twelve (12) times per year if Respondent is not practicing or working in any health care field. If a reduced testing frequency schedule is established for this reason, and if Respondent wants to return to practice or work in a health care field, Respondent shall notify and secure the

approval of the Board. Prior to returning to any health care employment, Respondent shall be required to test at the first-year testing frequency requirement for a period of at least sixty (60) days. At such time as Respondent returns to employment in a health care field, if Respondent has not previously met the first-year testing frequency requirement, Respondent shall be required to test at the first-year testing frequency requirement for a full year before he or she may be reduced to testing frequency of at least thirty-six (36) tests per year.

(D4.) Tolling. The Board may postpone all testing if Respondent's probation is placed in a tolling status while Respondent is not residing in California, provided the overall length of the probationary period is also tolled. Respondent shall notify the Board upon his or her return to California and shall be subject to biological fluid testing. If Respondent returns to employment in a health care field and has not previously met the first-year testing frequency requirements, Respondent shall be subject to completing a full year at the first-year testing frequency requirements, otherwise the second-year testing frequency requirements shall be in effect.

(D5.) Substance Abuse Disorder Not Diagnosed. In cases where no current substance abuse disorder diagnosis is made, a lesser period of monitoring and biological fluid testing may be adopted by the Board, but shall not be less than twenty-four (24) times per year.

(E6.) Licensed Supervision During Practice. The Board may reduce testing frequency to a minimum of 24 times per year if Respondent is practicing veterinary medicine and receives a minimum of fifty percent (50%) supervision per day by a supervisor licensed by the Board.

For purposes of this condition, "biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee.

For purposes of this condition, the term "prohibited substance" means an illegal drug, a lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by Respondent and approved by the Board, alcohol, or any other substance Respondent has been instructed by the Board not to use, consume, ingest, or administer to himself or herself.

If the Board confirms that a positive biological fluid test is evidence of use of a prohibited substance, Respondent has committed a major violation, as defined in section 2006.5, subsection (a), and the Board shall impose any or all of the consequences set forth in section 2006.5, subsection (b), in addition to any other terms or conditions the Board determines are necessary for public protection or to enhance Respondent's rehabilitation.

Reinstatement of License or Reduction of Penalty. Nothing herein shall limit the Board's authority to reduce or eliminate the penalties **or terms and conditions specified** herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to **Business and Professions Code** section 4887 ~~of the code~~.

[Source: Uniform Standards #4, 8, 9, 10 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," **revised/developed** April 2011 and revised March 4, 2019~~October 30, 2018~~.]

3. Abstain from the Use of Alcohol, Controlled Substances, and Dangerous Drugs. Respondent shall abstain completely from personal use, possession, injection, consumption by any route, including inhalation of all psychotropic (mood altering) drugs, alcohol, controlled substances as defined in the California Uniform Controlled Substances Act (Health and Safety Code section 11007), dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to Respondent by a licensed health care practitioner for a bona fide illness or condition and approved by the Board.

Within fifteen (15) calendar days of receiving any lawful prescription medications, Respondent shall notify the Board or its designee in writing of the following: prescriber's name, address, and telephone number; medication name and strength; and issuing pharmacy name, address, and telephone number. Respondent shall also provide a current list of prescribed medication with the prescriber's name, address, and telephone number on each quarterly report submitted to the Board or its designee. Respondent shall provide the Board or its designee with a signed and dated medical release covering the entire probation period.

Respondent shall identify for the Board, a single physician, nurse practitioner, or physician assistant who shall be aware of Respondent's history of substance abuse and will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled substances, or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis. Quarterly reports are due for each year of probation throughout the entire length of probation as follows:

- (A) For the period covering January 1st through March 31st, reports are to be completed and submitted between April 1st and April 7th.
- (B) For the period covering April 1st through June 30th, reports are to be completed and submitted between July 1st and July 7th.
- (C) For the period covering July 1st through September 30th, reports are to be completed and submitted between October 1st and October 7th.
- (D) For the period covering October 1st through December 31st, reports are to be completed and submitted between January 1st and January 7th.

The quarterly report shall include, but not be limited to:

- (A) Respondent's name;
- (B) Respondent's license number;
- (C) Physician, nurse practitioner, or physician assistant's name and signature;
- (D) Physician, nurse practitioner, or physician assistant's license number;
- (E) Dates Respondent had face-to-face contact or correspondence (written and verbal) with physician, nurse practitioner, or physician assistant;
- (F) Respondent's compliance with this condition;
- (G) If any substances have been prescribed, identification of a program for the time-limited use of any substances;
- (H) Any change in behavior and/or personal habits;
- (I) Assessment of Respondent's ability to practice safely;
- (J) Recommendation dependent on Respondent's progress and compliance with this condition on whether to continue with current prescription plan and/or treatment, modify plan and/or treatment, or require Respondent to cease practice; and
- (K) Other relevant information deemed necessary by the physician, nurse practitioner, physician, or the Board.

Respondent is ultimately responsible for ensuring ~~his/her~~ Respondent's physician, nurse practitioner, or physician assistant submits complete and timely reports. Failure to ensure each submission of complete and timely reports shall constitute a violation of probation.

The Board may require a single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine. Respondent shall execute a release authorizing the release of pharmacy and prescribing records as well as physical and mental health medical records. Respondent shall also provide information of treating physicians, counselors, or any other treating professional as requested by the Board.

Respondent shall ensure that ~~he/she~~ Respondent is not in the presence of, or in the same physical location as, individuals who are using illegal substances, even if Respondent is not personally ingesting the drug(s). Any positive result that registers over the established laboratory cut off level shall constitute a violation of probation and

shall result in the filing of an accusation and/or a petition to revoke probation against Respondent's license.

Respondent also understands and agrees that any positive result that registers over the established laboratory cut off level shall be reported to each of Respondent's employers.

[Source: Uniform Standards #4, 8 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised/developed April 2011 and revised March 4, 2019; BPC section 315.2.]

4. Violation of Probation Condition for Substance-Abusing Licensee.

Failure to fully comply with any term or condition of probation is a violation of probation.

(A) If Respondent commits a major violation of probation as defined by section 2006.5, subsection (a), of title 16 of the California Code of Regulations, the Board shall take one or more of the following actions:

(1) Issue an immediate cease-practice order and order Respondent to undergo a clinical diagnostic evaluation to be conducted in accordance with section 2006.51 of title 16 of the California Code of Regulations, at Respondent's expense. The cease-practice order issued by the Board or its designee shall state that Respondent must test negative for at least a month of continuous biological fluid testing before being allowed to resume practice. For purposes of the determining the length of time a Respondent must test negative while undergoing continuous biological fluid testing following issuance of a cease-practice order, a month is defined as thirty calendar (30) days. Respondent may not resume the practice of veterinary medicine until notified in writing by the Board or its designee that ~~he or she~~ Respondent may do so.

(2) Increase the frequency of biological fluid testing.

(3) Refer Respondent for further disciplinary action, such as suspension, revocation, or other action as determined by the Board or its designee.

(B) If Respondent commits a minor violation of probation as defined by section 2006.5, subsection (c), of title 16 of the California Code of Regulations, the Board shall take one or more of the following actions:

(1) Issue a cease-practice order;

(2) Order practice limitations;

(3) Order or increase supervision of Respondent;

(4) Order increased documentation;

- (5) Issue a citation and fine, or a warning letter;
- (6) Order Respondent to undergo a clinical diagnostic evaluation to be conducted in accordance with section 2006.51 of title 16 of the California Code of Regulations, at Respondent's expense;
- (7) Take any other action as determined by the Board or its designee.

(C) Nothing in this Decision shall be considered a limitation on the Board's authority to revoke Respondent's probation if ~~he or she~~ Respondent has violated any term or condition 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, or an Interim Suspension Order 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.

[Source: Uniform Standards #8, 9, 10 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," ~~revised~~ developed April 2011 and revised March 4, 2011, BPC sections 315.2, 315.4.]

Optional Terms and Conditions:

5. Clinical Diagnostic Evaluations and Reports; Temporary Removal From Practice. Within thirty (30) calendar days of the effective date of this Decision, and on whatever periodic basis thereafter, or upon order of the Board as may be required by the Board or its designee, Respondent shall undergo and complete a clinical diagnostic evaluation to determine Respondent's fitness to practice, including any and all testing deemed necessary, by a licensed practitioner approved by the Board. The examiner shall consider any information provided by the Board or its designee and any other information he or she deems relevant, and shall furnish a written evaluation report to the Board or its designee.

The clinical diagnostic evaluation shall be conducted by a licensed practitioner who holds a valid, unrestricted license, has three (3) years' experience in providing evaluations of health professionals with substance abuse disorders, and is approved by the Board or its designee. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations. The evaluator shall not have a current or former financial, personal, or business relationship with Respondent within the last five (5) years. The evaluator shall provide an objective, unbiased, and independent evaluation. The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion, whether Respondent has a substance abuse problem, whether Respondent is a threat to himself or herself or others, and recommendations for substance abuse treatment, practice restrictions, or other recommendations related to Respondent's rehabilitation and ability to practice safely. If the evaluator determines during the evaluation process

that Respondent is a threat to himself or herself or others, the evaluator shall notify the Board within twenty-four (24) hours of such a determination.

In formulating his or her opinion as to whether Respondent is safe to return to either part-time or full-time practice and what restrictions or recommendations should be imposed, including participation in an inpatient or outpatient treatment program, the evaluator shall consider the following factors: Respondent's license type; Respondent's history; Respondent's documented length of sobriety (i.e., length of time that has elapsed since Respondent's last substance use); Respondent's scope and pattern of substance abuse; Respondent's treatment history, medical history and current medical condition; the nature, duration and severity of Respondent's substance abuse problem or problems; and whether Respondent is a threat to himself or herself or the public.

For all clinical diagnostic 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. If the evaluator requests additional information or time to complete the evaluation and report, an extension may be granted, but shall not exceed thirty (30) days from the date the evaluator was originally assigned the matter.

The Board shall review the clinical diagnostic evaluation report and determine within ten (10) business days of receipt to determine whether Respondent is safe to return to either part-time or full-time practice and what restrictions or recommendations shall be imposed on Respondent based on the recommendations made by the evaluator. Respondent shall not be returned to practice until he or she Respondent has at least thirty (30) days of negative biological fluid tests or biological fluid tests indicating that he or she Respondente has not used, consumed, ingested, or self-administered to himself or herself a prohibited substance.

Clinical diagnostic evaluations conducted prior to the effective date of this Decision shall not be accepted towards the fulfillment of this requirement. The cost of the clinical diagnostic evaluation, including any and all testing deemed necessary by the examiner, the Board or its designee, shall be borne by the licensee.

Respondent shall not engage in the practice of veterinary medicine until notified by the Board or its designee that he or she Respondent is fit to practice veterinary medicine safely. The period of time that Respondent is not practicing veterinary medicine shall not be counted toward completion of the term of probation. Respondent shall undergo biological fluid testing as required in this Decision at least two (2) times per week while awaiting the notification from the Board if he or she Respondent is fit to practice veterinary medicine safely.

Respondent shall comply with all restrictions or conditions recommended by the examiner conducting the clinical diagnostic evaluation within fifteen (15) calendar days after being notified by the Board or its designee.

[Source: Uniform Standards #1, 2 of “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees,” revised-developed April 2011 and revised March 4, 2019, BPC section 315.4.]

6. Substance Abuse Support Group Meetings. Within thirty (30) days of the effective date of this Decision, Respondent shall submit to the Board or its designee, for its prior approval, the name of a substance abuse support group which ~~he or~~ sheRespondent shall attend for the duration of probation. Respondent shall attend substance abuse support group meetings at least once per week, or as ordered by the Board or its designee. Respondent shall pay all substance abuse support group meeting costs.

The facilitator of the substance abuse support group meeting shall 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 nationally certified organizations. The facilitator shall not have a current or former financial, personal, or business relationship with Respondent within the last five (5) years. Respondent’s previous participation in a substance abuse group support meeting led by the same facilitator does not constitute a prohibited current or former financial, personal, or business relationship.

The facilitator shall provide a signed document to the Board or its designee showing Respondent’s name, the group name, the date and location of the meeting, Respondent’s attendance, and Respondent’s level of participation and progress. The facilitator shall report any unexcused absence by Respondent from any substance abuse support group meeting to the Board, or its designee, within twenty-four (24) hours of the unexcused absence.

[Source: Uniform Standard #5 of “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees,” revised April 2011.]

7. Worksite Monitor for Substance-Abusing Licensee. Within thirty (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a worksite monitor, the name and qualifications of one or more individuals, whose scope of practice includes Respondent’s scope of practice, is another licensed health care professional if no monitor with a like scope of practice is available, or, as approved by the Board or its designee, a person in a position of authority who is capable of monitoring Respondent at work.

The worksite monitor shall not have a current or former financial, personal, or familial relationship with Respondent, 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 or its designee. If it is impractical for anyone but Respondent’s employer to serve as the worksite monitor, this requirement may be waived by the Board or its designee, however, under no circumstances shall Respondent’s worksite monitor be an employee or supervisee of the licensee.

The worksite monitor shall have an active unrestricted license with no disciplinary action within the last five (5) years, and shall sign an affirmation that he or she has reviewed the terms and conditions of Respondent's disciplinary order and agrees to monitor Respondent as set forth by the Board or its designee.

Respondent shall pay all worksite monitoring costs.

The worksite monitor shall have face-to-face contact with Respondent in the work environment on as frequent a basis as determined by the Board or its designee, but not less than once per week; interview other staff in the office regarding Respondent's behavior, if requested by the Board or its designee; and review Respondent's work attendance.

The worksite monitor shall verbally report any suspected substance abuse to the Board and Respondent's employer or supervisor within one (1) business day of occurrence. If the suspected substance abuse does not occur during the Board's normal business hours, the verbal report shall be made to the Board or its designee within one (1) hour of the next business day. A written report that includes the date, time, and location of the suspected abuse; Respondent's actions; and any other information deemed important by the worksite monitor shall be submitted to the Board or its designee within 48 hours of the occurrence.

The worksite monitor shall complete and submit a written report monthly or as directed by the Board or its designee which shall include the following: (1) Respondent's name and license number; (2) the worksite monitor's name and signature; (3) the worksite monitor's license number, if applicable; (4) the location or location(s) of the worksite; (5) the dates Respondent had face-to-face contact with the worksite monitor; (6) the names of worksite staff interviewed, if applicable; (7) a report of Respondent's work attendance; (8) any change in Respondent's behavior and/or personal habits; and (9) any indicators that can lead to suspected substance abuse by Respondent. Respondent shall complete any required consent forms and execute agreements with the approved worksite monitor and the Board, or its designee, authorizing the Board, or its designee, and worksite monitor to exchange information.

If the worksite monitor resigns or is no longer available, Respondent shall, within five (5) calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within fifteen (15) calendar days. If Respondent fails to obtain approval of a replacement monitor within sixty (60) calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of veterinary medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of veterinary medicine until a replacement monitor is approved and assumes monitoring responsibility.

[Source: Uniform Standards #7, 13 of “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees,” ~~revised~~ developed April 2011 and revised March 4, 2019.]

8. Drug or Alcohol Use Treatment Program. Upon order of the Board, Respondent shall successfully complete an inpatient, outpatient, or any other type of recovery and relapse prevention treatment program as directed by the Board.

When determining if Respondent should be required to participate in inpatient, outpatient, or any other type of treatment, the Board shall take into consideration the recommendation of the clinical diagnostic evaluation, license type, Respondent’s history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether Respondent is a threat to himself or herself or others. All costs associated with completion of a drug or alcohol abuse treatment program shall be paid by Respondent.

The treatment facility staff and services shall meet the following qualifications and requirements:

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

[Source: Uniform Standards #6, 13 of “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees,” ~~revised~~ developed April 2011 and revised March 4, 2019.]