



## MEMORANDUM

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**DATE** January 23, 2013

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**TO** Veterinary Medical Board

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**FROM** Sue Geranen Executive Officer  
DCA/Veterinary Medical Board

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**SUBJECT** **SB 1441 Proposed Language and Uniform Standards Document**

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**Background:**

At its July meeting, the Board determined that Option #3 would be the best way to implement the provisions of SB 1441, and then in October the Board adopted regulation language for Option #3.

The Board now has before it the full package of the proposed language and the Uniform Standards document that will be incorporated by reference. For staff to move forward with a rulemaking package, the Board must consider adopting both the language and the Uniform Standards document.

Attached for review and discussion you will find: 1) regulation sections 2006, 2006.5, and 2076 with the language that would be added, 2) the uniform standards' terms and conditions that would be incorporated by those regulations, and 3) the Business and Professions Code statutes, sections 315, 315.2, and 315.4, which created the need for these regulations.

**Action Requested:**

Consider the proposed regulation language and the Uniform Standards document and make a motion to direct staff to take all steps necessary to initiate a rulemaking package and set the proposed regulations for a public hearing.

## Uniform Standards Related to Substance Abusing Licensees

### Veterinary Medical Board

#### Option 3

#### **Section 2006. Disciplinary Guidelines**

(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 guidelines entitled "Model Guidelines for Issuing Citations and Imposing Discipline", Revised on June 16, 2009 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 warrants such a deviation -for example: The presence of mitigating factors; the presence of aggravating factors; the age of the case; evidentiary problems.

(b) Notwithstanding subsection (a), the Board shall use the uniform standards for substance abuse as provided in Section 2006.5, without deviation, for each individual proven to be a substance-abusing licensee.

Authority cited: Sections 315, 315.2, 315.4, and 2615, Business and Professions Code; and Section 11400.20 Government Code. Reference: Sections 315, 315.2, 315.4, 2660, 2660.1, 2661 and 2661.5, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

#### **Section 2006.5. Uniform Standards for Substance Abuse.**

(a) If, after notice and a hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the government Code (Commencing with section 11500 et seq.), the Board finds that the evidence proves that an individual is a substance-abusing licensee, then the terms and conditions contained the document entitled "Uniform Standards for Substance-Abusing Licensees with Standard Language for Probationary Orders" (Rev. April 2011) , 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 in any order that the Board determines would provide greater public protection.

Authority cited: Sections 315, 315.2, 315.4, and 2615, Business and Professions Code. Reference: Sections 11400.20 and 11425.50(e), Government Code; Section 315, 315.2, and 315.4 of the Business and Professions Code.

#### **2076. Criteria for Admission.**

An applicant shall meet the following criteria for admission to the program:

(a) The applicant shall be a veterinarian or registered veterinary technician licensed or registered in this state.

(b) The applicant shall reside in California.

(c) The applicant is found to abuse alcohol or other dangerous drugs in a manner which may affect the veterinarian's ability to practice veterinary medicine competently or the registered veterinary technician's ability to perform his or her duties competently.

(d) The applicant shall have voluntarily requested admission to the program.

(e) The applicant agrees to undertake any reasonable medical or psychiatric examinations necessary to evaluate the application for participation in the program.

(f) The applicant cooperates with the program by providing medical information, disclosure authorizations and releases of liability as may be necessary for participation in the program.

(g) The applicant agrees in writing to cooperate with all elements of both the program and the individual treatment program designed by a diversion committee.

(h) The applicant agrees in writing to be subject to all provisions of the “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” (Rev. April 2011), which is hereby incorporated by reference.

Authority cited: Sections 315, 315.2, 315.4, 4808, Business and Professions Code. Reference: Sections 315, 315.2, 315.4, 4866, Business and Professions Code.

**UNIFORM STANDARDS RELATED TO SUBSTANCED ABUSING LICENSEE**

**NEW JANUARY 2013**

Issued by:

The Veterinary Medical Board  
2005 Evergreen Street, Suite 1550  
Sacramento CA 95815  
Telephone: (916) 263-2610  
Fax: (916) 263-2621

DCA logo

VETERINARY MEDICAL BOARD

STANDARD LANGUAGE TO BE INCLUDED IN EVERY

PROBATIONARY ORDER FOR SUBSTANCE ABUSING LICENSEES

Pursuant to Section 315 of the Business and Professions Code, the Veterinary Medical Board is directed to use the standards developed by the Substance Abuse Coordination Committee (SACC) for substance abusing licensees. On April 11, 2011, the SACC developed standards to be used by all healing arts boards. Administrative Law Judges, parties and staff are therefore required to use the language below, which is developed in accordance with those SACC standards.

To that end, the following probationary terms and conditions shall be used in every case where it has been determined that the individual is a substance-abusing licensee as provided in Section 2006.5 of Title 16 of the California Code of Regulations. For purposes of implementation of these conditions of probation, any reference to the Board also means staff working for the Veterinary Medical Board or its designee. These conditions shall be used in lieu of any similar standard or optional term or condition proposed in the Board's Disciplinary Guidelines, incorporated by reference at Title 16, Section 2006. 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 of probation).

**ADDITIONAL PROBATIONARY TERMS AND CONDITIONS**

- (1) **NOTIFICATION TO EMPLOYER** – Prior to engaging in the practice of veterinary medicine or veterinary technology, the Respondent shall provide a true copy of the Decision and Accusation to his or her employer, supervisor, or contractor, or prospective employer or contractor and at any other facility where Respondent engages in the practice of veterinary medicine before accepting or continuing employment. Respondent shall submit proof of compliance to the Board or its designee with 15 calendar days.

This condition shall apply to any changes(s) in place of employment.

The Respondent shall provide to the board the names, physical addresses, mailing addresses and telephone numbers of all employers and supervisors or contractors and shall inform the Board in writing of the facility of facilities at which the person engages in the practice of veterinary medicine.

Respondent shall give specific, written consent to the Board and its contractor to allow the Board or its designee to communicate with the employer and supervisor or contractor regarding the licensee's work status, performance and monitoring.

Source: Uniform Standard #3 of “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees,” revised date April 2011.

- (2) **SUPERVISED PRACTICE** – 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 one or more proposed supervisors and a plan for each such supervisor by which Respondent’s practice would be supervised. The Board will advise Respondent within two weeks whether or not the proposed supervisor and plan of supervision are approved. Respondent shall not practice until receiving notification of Board approval of Respondent’s choice of a supervisor and plan of supervision. Respondent shall complete any required consent forms and sign an agreement with the supervisor and the board regarding the Respondent and the supervisor’s requirements and reporting responsibilities.

The plan of supervision shall be 1) direct and require the physical presence of the supervising veterinarian in the veterinary premises during the time veterinary medicine is being performed, or 2) general and not require the physical presence of the supervising veterinarian during the time veterinary medicine is being performed, but does require an occasional random check of the work performed on the patient as well as quarterly monitoring visits to the premise or place of practice. Additionally, the supervisor shall have full and random access to all patient records of Respondent. The supervisor may evaluate all aspects of Respondent’s practice regardless of Respondent’s areas of deficiencies.

Each proposed supervisor shall be a California licensed veterinarian who shall submit written reports to the Board on a quarterly basis verifying that supervision has taken place as required and include an evaluation of Respondents performance. It shall be Respondents responsibility to assure that the required reports are filed in a timely manner. Each supervisor shall have been licensed in California for at least five (5) years and not have ever been subject to any disciplinary action by the Board. An administrative citation and fine does not constitute discipline and therefore, in and of itself is not a reason to deny an individual as a supervisor.

The supervisor shall be independent, with no prior business or professional relationship with Respondent and the supervisor shall not be in a familial relationship with or be an employee, partner or associate of Respondent. If the supervisor terminates or is otherwise no longer available, Respondent shall not practice until a new supervisor has been approved by the Board. All costs of the supervision shall be borne by the Respondent.

If Respondent is placed on probation due to substance or alcohol abuse, then the supervisor shall meet the following additional requirements:

The supervisor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee’s disciplinary order and agrees to supervise the licensee as set forth by the Board.

The supervisor shall have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the Board, but at least once per week. The supervisor shall interview other staff in the office regarding the licensee's behavior, if applicable. The supervisor shall review the licensee's work attendance and behavior.

The supervisor shall orally report any suspected substance abuse 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 oral report must be within one (1) hour of the next business day. The supervisor shall submit a written report to the Board within 48 hours of occurrence.

The supervisor shall complete and submit a written report monthly or as directed by the Board. The report shall include: the licensee's name; license number; supervisor's name and signature; supervisor's license number; worksite location(s); dates licensee had face-to-face contact with supervisor; names of worksite staff interviewed, if applicable; attendance report; any change in behavior and/or personal habits; any indicators that can lead to suspected substance abuse.

Source: Uniform Standard #7 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised date April 2011.

**3. DRUG AND ALCOHOL TESTING** – Respondent shall submit to and pay for any random and directed biological fluid or hair sample, breath alcohol or any other mode of testing required by the Board. Though the frequency of testing will be determined by the Board or its designee and shall be designed so as to prevent Respondent from anticipating testing dates (either randomized testing or unpredictable dates), the frequency of testing shall be at least the following: at least fifty-two (52) test dates during the first year of probation; at least thirty-six (36) test dates during the second and subsequent years of probation; and at least one (1) test per month in each year of probation after five (5) years. The Board or its designee may require less frequent testing if any of the following apply:

- Where Respondent has previously participated in a treatment of monitoring program requiring testing, the Board or its designee may consider that prior testing records in applying the three-tier testing frequency schedule described above;
- Where the basis for probation or discipline is a single incident or conviction involving alcohol or drugs or two incidents or convictions involving alcohol or drugs that were at least seven (7) years apart, that did not occur at work or on the way to or from work, the Board or its designee may skip the first year testing frequency requirement(s);
- Where Respondent is not employed in any health care field, frequency of testing may be reduced to a minimum of twelve (12) tests per year. If respondent wishes to thereafter return to employment in a health care field, Respondent shall be required to test at least once a week for a period of sixty (60) days before commencing such employment and shall thereafter be required to test at least once a week for a full year before the

Board can consider reducing the testing frequency to no less than thirty-six (36) tests per year and so forth;

- Respondent's testing requirement may be suspended during any period of tolling of the period of probation;
- Where Respondent has a demonstrated period of sobriety and/or non-use, the Board or its designee may reduce the testing frequency to no less than twenty-four (24) tests per year.

Any detection through testing of alcohol or of a controlled substance or dangerous drug absent documentation that the detected substance was taken pursuant to a legitimate prescription and a necessary treatment may cause the Board or its designee to increase the frequency of testing in addition to any other action including, but not limited to, further disciplinary action.

Respondent shall have the test performed by a Board-approved laboratory certified and accredited by the U.S. Department of Health and Human Services on the same day that he or she is notified that a test is required. This shall ensure that the test results are sent immediately to the Board or its designee. Failure to comply within the time specified shall be considered an admission of a positive drug screen and constitutes a violation of probation. If a test results in a determination that the urine admission was too diluted for testing, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation. If an "out of range" result is obtained, the Board may require Respondent to immediately undergo a physical examination and to complete laboratory and testing costs shall be paid by Respondent. An "out of range" result is one in which, based on scientific principles, includes the Respondent attempted to alter the test results in order to either render the test invalid or obtain a negative result when a positive result should have been the outcome. If it is determined that the Respondent altered the test results, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation and Respondent must cease practicing. Respondent shall not resume practice until notified by the Board. If Respondent tests positive for a banned substance, Respondent shall be ordered by the Board to cease any practice and may not practice unless and until notified by the board. All alternative drug testing sites due to vacation or travel outside of California must be approved by the Board or its designee prior to the vacation or travel.

Source: Uniform Standards #4, #8-10 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised date April 2011 and Section 315.2 of the Business and Professions Code.

#### **4. ABSTAIN FROM USE OF ALCOHOL, CONTROLLED SUBSTANCES AND DANGEROUS DRUGS –**

Respondent shall abstain completely from the possession, injection or consumption of any route, including inhalation, of all psychotropic (mood altering) drugs, including alcohol and including controlled substances as defined in the California uniform Controlled Substances Act, dangerous drug as defined by Business and Professions Code Section 4022 and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed by a physical and surgeon or nurse practitioner for a bona fide illness or condition. 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, telephone number; medication name and strength; issuing pharmacy's name, address

and telephone number and the specific medicinal purpose for the medication. Respondent shall also provide a current list of prescribed medication with the prescriber's name, address, and telephone number on each quarterly report submitted. 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 or its designee's approval a single coordinating physician, surgeon or psychologist who shall be aware of Respondent's history of substance abuse and who will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled substances, psychotropic or mood altering drugs. Once a Board-approved physician, surgeon or psychologist has been identified, Respondent shall provide a copy of the accusation and decision to that person. The coordinating physician shall report to the Board or its designee on a quarterly basis Respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of such substances.

The Board may require that only a physician, surgeon or psychologist who is a specialist in addictive medicine be approved as the coordinating physician.

If Respondent has a positive drug screen for any substances not legally authorized, Respondent shall be ordered by the Board to cease any practice and may not practice unless and until notified by the Board. If the Board files a petition to revoke probation or an accusation based upon the positive drug screen, Respondent shall be automatically suspended from practice pending the final decision on the petition to revoke probation or accusation. This period of suspension will not apply to the reduction of this probationary period.

Source: Uniform Standards #4, #8 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated April 2011 and Section 315.2. of the Business and Professions Code.

**5. FACILITATED GROUP SUPPORT MEETINGS** - Within fifteen (15) days from the effective date of the decision, Respondent shall submit to the Board or its designee for prior approval, the name of one or more meeting facilitators. Respondent shall participate in facilitated group support meetings within fifteen (15) days after notification of the Board's approval of the meeting facilitator. When determining the type and frequency of required facilitated group support meeting attendance, the Board or its designee shall give consideration to the following:

- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- recommendation of the clinical evaluator;
- scope and pattern of use;
- licensee's treatment history; and
- nature, duration and severity of substance abuse.

Verified documentation of attendance shall be submitted by Respondent with each quarterly report. Respondent shall continue attendance in such a group for the duration of probation unless notified by the Board that attendance is no longer required.

If a facilitated group support meeting is ordered, the group facilitator shall meet the following qualifications and requirements. The group meeting facilitator shall:

1. Have a minimum of three (3) years of experience in the treatment and rehabilitation of substance abuse and shall be licensed or certified by the state or other nationally certified organizations.
2. Not have a financial, personal or business relationship with the licensee in the last five (5) years.
3. Provide to the Board or its designee 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. Report any unexcused absence to the Board or its designee within 24 hours.

Source: Uniform Standard #5 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated April 2011.

**(6) CLINICAL DIAGNOSTIC EVALUATION** – Upon order of the Board, Respondent shall undergo a clinical diagnostic evaluation. The Board or its designee shall select or approve evaluator(s) holding a valid, unrestricted license to practice with the scope of practice that includes the conduct of clinical diagnostic evaluations and at least three (3) years of experience conducting such evaluations of health care professional with alcohol or substance abuse problems. The evaluator(s) shall not have a financial, personal, or business relationship with Respondent within the last five (5) years. The evaluator(s) shall provide an objective/unbiased and independent evaluation of Respondent. Respondent shall provide the evaluator with a copy of the Board's decision prior to the clinical diagnostic evaluation being performed.

Any time Respondent is ordered to undergo a clinical diagnostic evaluation, Respondent shall cease practice for a minimum of 30 days pending the results of the clinical diagnostic evaluation and review by the Board. During such time, Respondent shall submit to random drug testing no less than two (2) times per week.

Respondent shall cause the evaluator to submit to the Board or its designee a written clinical diagnostic evaluation report within 10 days from the date the evaluation was completed, unless an extension, not to exceed 30 days, is granted to the evaluator by the Board. The cost of such evaluation shall be paid by the Respondent. The evaluation(s) shall be conducted in accordance with acceptable professional standard for alcohol or substance abuse clinical diagnostic evaluations. The written report(s) shall set forth at least the opinions of the evaluator as to: whether Respondent has an alcohol or substance abuse problem; whether respondent is a threat to him/herself or others; and recommendations for alcohol or substance abuse treatment, practice restrictions or other steps related to Respondent's rehabilitation and safe practice. If the evaluator determines during the evaluation process that Respondent is a threat to him/herself or others, the evaluator shall notify the Board or its designee within twenty-four (24) hours.

Respondent shall cease practice until the Board determines that he or she is able to safely practice either full-time or part-time and has had at least 30 days of negative drug test results. Respondent shall comply with any restrictions or recommendations made as a result of the clinical diagnostic evaluation.

Source: Uniform Standards #1, #2 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated April 2011 and Section 315.4 of the Business and Professions Code.

**(7) DRUG OR ALCOHOL ABUSE 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 or its designee. When determining if Respondent should be required to participate in inpatient, outpatient or any other type of treatment, the Board or its designee shall take into consideration the recommendation of the clinical diagnostic evaluation, license type, licensee'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 the licensee is a threat to himself/herself or others.

Source: Uniform Standards #6 of "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees," revised dated April 2011.



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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 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.

(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. 2009, Ch. 140, Sec. 1. Effective January 1, 2010.)*

**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.

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