



MAXIMUS®

# SB1441 2008 UNIFORM STANDARDS

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# LEGISLATIVE INTENT

## Business and Professions Code 2770.

It is the intent of the Legislature that the Board of Registered Nursing seek ways and means to identify and rehabilitate registered nurses whose competency may be impaired due to abuse of alcohol and other drugs, or due to mental illness so that registered nurses so afflicted may be rehabilitated and returned to the practice of nursing in a manner which will not endanger the public health and safety.



# SB1441 September 28, 2008

## Section 1

(g) Various health care licensing boards have inconsistent or nonexistent standards that guide the way they deal with substance-abusing licensees.

(h) Patients would be better protected from substance-abusing licensees if their regulatory boards agreed to and enforced consistent and uniform standards and best practices in dealing with substance-abusing licensees.



# Uniform Standards

## POSITIVE ASPECTS

1

PROVIDES  
CONSISTENT  
STRUCTURE  
AMONG BOARDS

2

CONSIDERS BEST  
PRACTICES

3

BRINGS  
ACCOUNTABILITY  
Boards, Vendor,  
Participants

# Uniform Standards CONCERNS

1

CONFUSING AND  
CONTRADICTIONARY

2

SEEN AS  
PUNITIVE, NOT  
REHABILITATIVE

3

DIFFICULT TO  
IMPLEMENT  
Due to practical  
considerations

## Uniform Standards

### Practical Considerations-Interpreting the Standards

- Standards regarding Drug Testing can be found in Uniform Standards #2, #4, #8, #9, #10, #11, and #13
- Multiple, complex criteria
- At times contradictory



# Uniform Standards

## Practical Considerations-Interpreting the Standards

- 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.



Uniform Standard 13.2.a



# Uniform Standards

## Practical Considerations-Interpreting the Standards

- Levels of testing require 2x per week testing first year while awaiting the results of the clinical diagnostic evaluation (#2), however, no licensee shall be returned to practice until he or she has at least 30 days of negative drug tests unless not working (#2), tested Level 1 testing 52-104 times per year for year 1 (#4), however, a board may reduce testing frequency to a minimum of 12 times per year for any person who is not practicing OR working in any health care field but must have one year of weekly testing when returning to work (#4), and prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days (#4), and at such time the person returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect (#4), except in cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the board, but not to be less than 24 times per year (#4), and when a major violation occurs, the licensee must test negative for at least a month of continuous drug testing (no frequency specified) before being allowed to go back to work (#10), and in order to petition to return to full time practice, must have negative drug screening reports for at least six (6) months (#11).



# Uniform Standards

## Practical Considerations-Meeting the Standards

- **PROBLEM:** There are multiple standards regarding drug testing scheduling that are confusing and contradictory.
- **CORRECTION:** Define an acceptable testing frequency, utilizing evidence-based best practices, and which considers individual case history and clinical considerations.



# Uniform Standards

## Practical Considerations-Meeting the Standards

- Drug testing may be required on any day, including weekends and holidays.
- **PROBLEM:** There are times when collection sites are closed (e.g. on Holidays), leaving no available site within 50-100+ miles of a participant's home.
- **CORRECTION:** Define an acceptable alternative process to implement when observed collections are not available



# Uniform Standards

## Practical Considerations-Meeting the Standards

- Drug testing may be required on any day, including weekends and holidays.
- Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.
- Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.
- Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.
- Prior to vacation or absence, alternative drug testing location(s) must be approved by the board.
- **PROBLEM: This precludes the ability of the program to allow a participant to travel out of the country, as these requirements cannot be met.**
- **CORRECTION: Define an acceptable alternative process when a participant has a program-approved need to travel out of the country. Consider alternative testing methods and individual substance use history.**

# COST OF DRUG TESTING-MAXIMUS

Test type	Frequency	Cost per test	Cost per month	Cost per year
<p>Random Urine</p> <ul style="list-style-type: none"> <li>• 42 substances. Highly sensitive levels of detection</li> <li>• Detects recent use</li> <li>• Window of detection 24-72 hours</li> </ul>	<p>Level I 52-104 times per year</p> <p>Level II 36-104 times per year</p>	<p>\$62.50 plus cost of collection:</p> <p>Add \$20-\$130 per test (avg cost \$100/test)</p>	<p>\$400 to \$800</p> <p>\$300 to \$800</p>	<p>\$5200 to \$10,400</p> <p>\$3600 to \$10,400</p>
<p>Hair 12</p> <ul style="list-style-type: none"> <li>• 12 substances</li> <li>• Detects a pattern of repetitive use</li> <li>• Window of detection: avg 3 mos</li> </ul>	<p>At enrollment, before closure, and random</p>	<p>\$213.50 plus cost of collection:</p> <p>Add \$20-\$130 per test</p>	<p>N/A</p>	<p>N/A</p>
<p>PEth</p> <ul style="list-style-type: none"> <li>• Blood test, detects alcohol biomarker</li> <li>• Window of detection: avg 3 weeks</li> </ul>	<p>At enrollment, before closure, and random</p>	<p>\$142.50 plus cost of collection:</p> <p>Add \$20-\$130 per test</p>	<p>N/A</p>	<p>N/A</p>

# ADDITIONAL PROGRAM COSTS-MAXIMUS

ACTIVITY	Frequency	Cost	Cost per month	Cost per year
Support Group-Nurses Support Group-All other	Weekly 1x or 2x weekly	Up to \$25/week Up to \$100	Up to \$100 Up to \$400	Up to \$1,200 Up to \$4,800
Inpatient Treatment Intensive Outpatient	At enrollment or following relapse	Sliding scale, or up to \$15,000	\$10,000 to \$50,000	N/A
3-day Intensive Assessment	At enrollment	Avg \$10,000	N/A	N/A
Administrative fee	monthly	Varies by Board	\$25-\$370	\$300-\$4,440

# ANNUAL and TOTAL 5-YR PROGRAM COSTS- MAXIMUS

	BRN		BOP		DBC		PTBC		PAB		OMB		VMB	
	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH	LOW	HIGH
Yr 1	\$5,980	\$27,620	\$8,800	\$46,400	\$8,800	\$46,400	\$11,658	\$34,258	\$11,658	\$49,258	\$9,200	\$11,800	\$9,600	\$32,200
5 Yr Total (est)	\$18,700	\$60,900	\$30,400	\$90,000	\$30,400	\$90,000	\$44,689	\$89,289	\$44,689	\$104,289	\$32,400	\$77,000	\$26,400	\$71,000

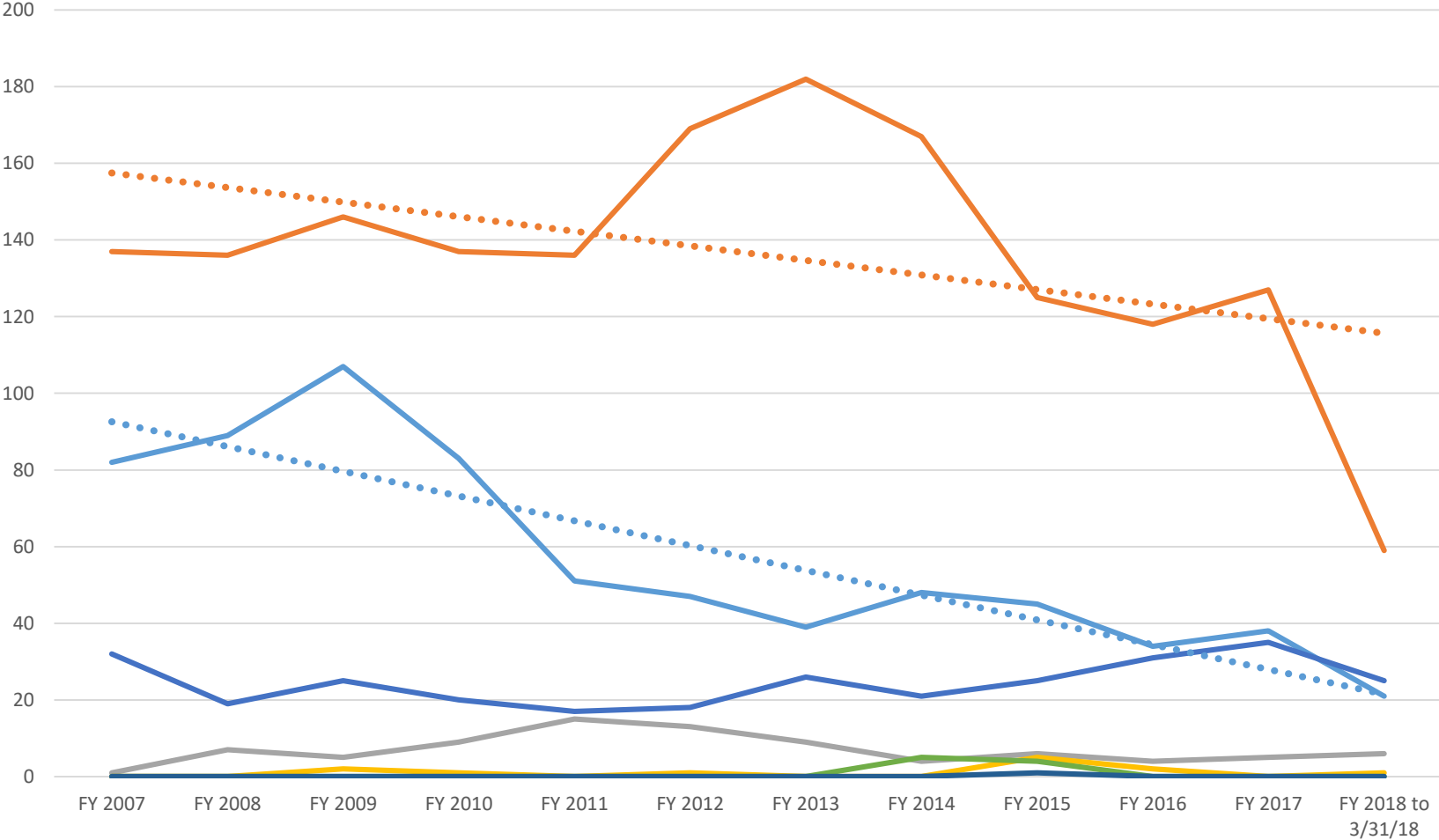
# ENROLLMENT AT ALL-TIME LOW LEVEL

- Self-referrals have dropped from 107 in 2009 to 38 in FY 17
- Project FY 2018 Self-referrals to be 29 (based on 21 YTD)
- 75% drop over 9 year period



# Enrollment

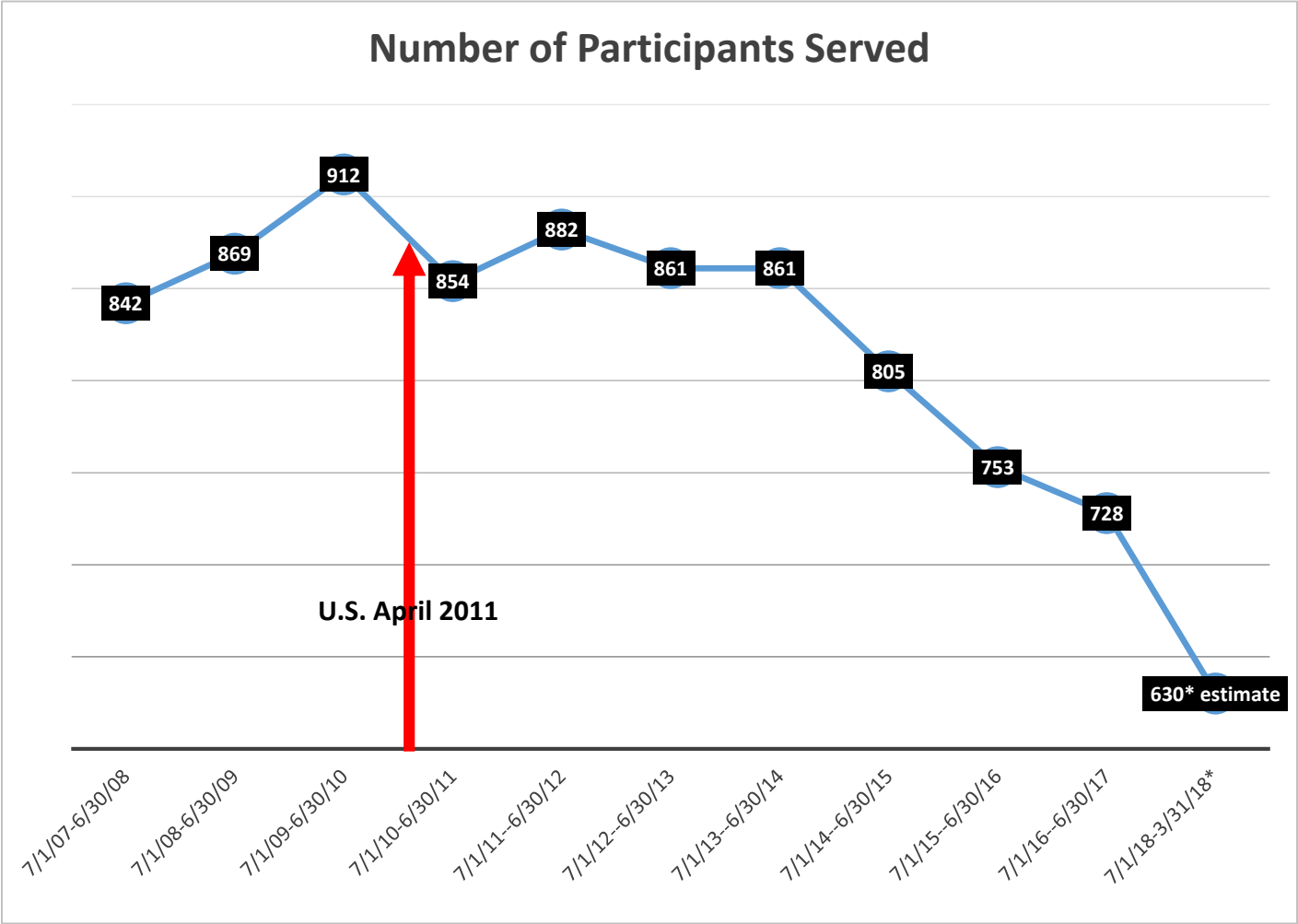
Intakes by Referral Type



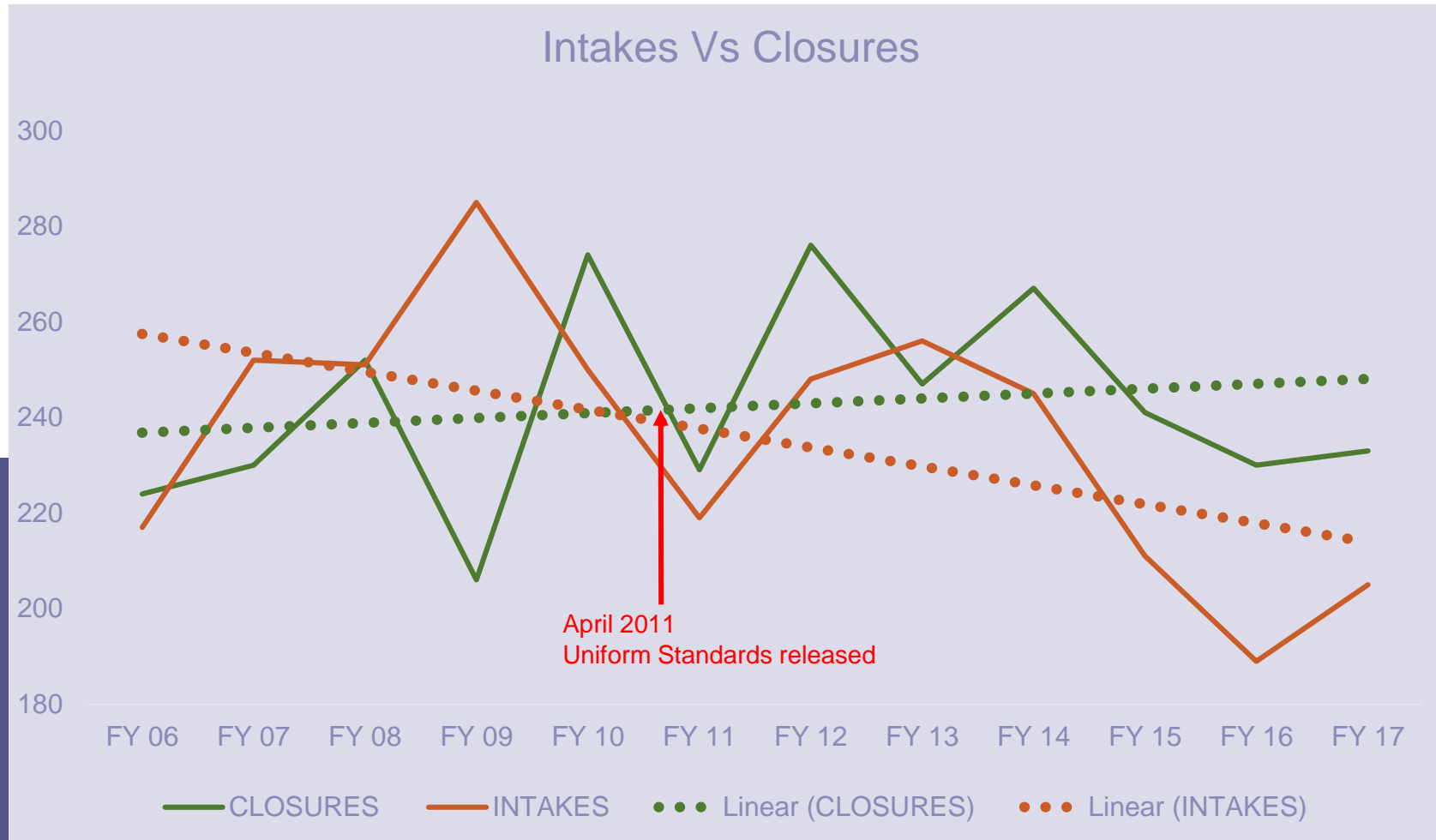
- Self-Referrals
- Board Referrals
- Board Informal
- In Lieu Of
- Probation Referral
- Informal/Investigative
- Disciplinary Referral
- Linear (Self-Referrals)
- Linear (Board Referrals)



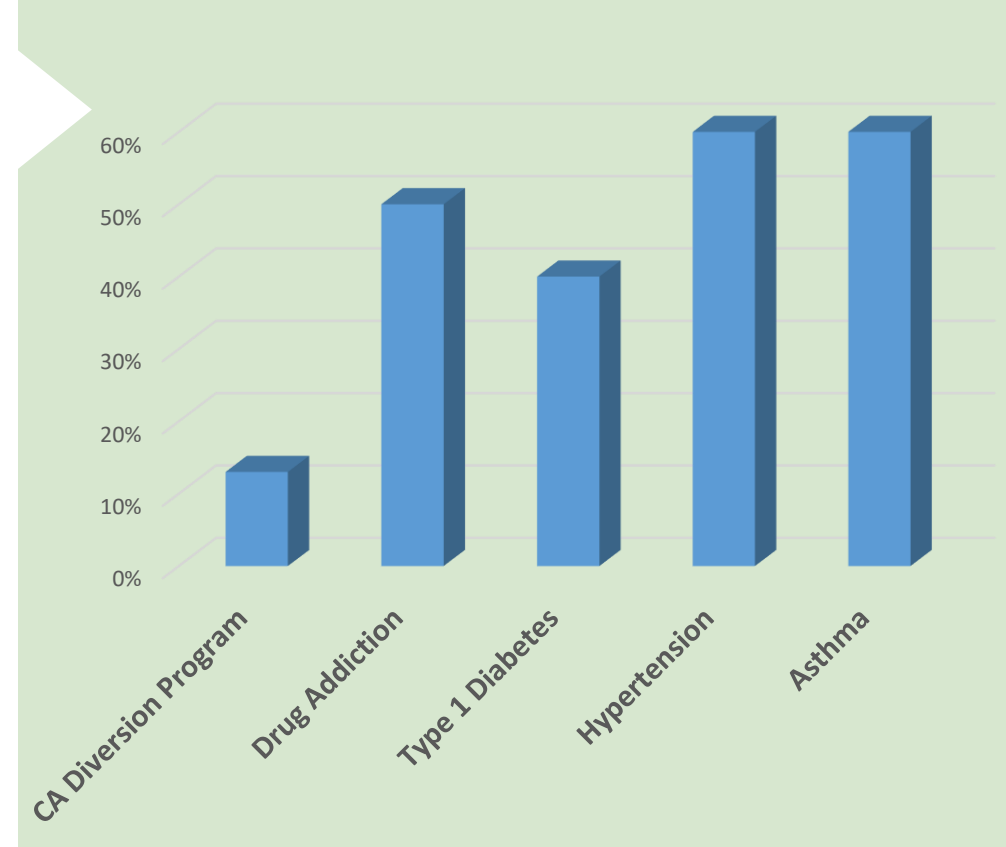
# Enrollment



# Diversion Program Enrollment. FY2006-FY2017. Correlation is not causation...but...



# MAXIMUS DIVERSION PARTICIPANT RELAPSE RATE IS 13% OVER 5-YEAR PERIOD



# Participants who relapsed (counted once)  
Total # enrolled for the period