

Draft Uniform Standard #1 4/24/2009

SB 1441 REQUIREMENT

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

DRAFT UNIFORM STANDARD #1

A clinical diagnostic evaluation shall:

- be conducted by a California-licensed practitioner experienced in providing evaluations of health professionals with substance use disorders, preferably a physician with experience in addiction medicine or addiction psychiatry, as authorized by their scope of practice, who holds a valid, unrestricted license and has three years experience in chemical dependency;
- be a face to face assessment;
- be conducted in accordance with acceptable professional standards for clinical diagnostic evaluations;
- determine whether or not the licensee has a substance abuse problem;
- determine whether or not a licensee is determined to be a threat to himself/herself or others; and,
- set forth recommendations for treatment, practice restrictions, or other reasonable recommendations related to the licensee's rehabilitation and safe practice.

The evaluator should be required to examine collateral data: medical records, records of problems in the workplace, urine toxicology screening results (the evaluator should be able to order laboratory tests), and other laboratory tests as indicated by the individual cases.

The evaluator may not have a financial relationship, personal relationship, business relationship, or any other interest that would interfere with him/her providing an unbiased, independent evaluation.

The evaluator shall notify the board within 24 hours of determining if a licensee is unfit to practice.

The evaluator shall submit a written report no later than 30 days from the initial face to face meeting with the licensee.

Draft Uniform Standard #2 4/24/2009

SB 1441 REQUIREMENT

(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 subdivision (a) and any treatment recommended by the evaluator described in subdivision (a) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.

DRAFT UNIFORM STANDARD #2

Temporary removal of the licensee from practice in order to enable the licensee to undergo clinical diagnostic evaluation and any treatment recommended by the evaluator and approved by the board shall be determined on a case-by-case basis using the following criteria:

- license type,
- licensee's history (would be more specific about this, ie.: what brought licensee to the attention of the board,
- documented length of sobriety/time that has elapsed since substance use,
- recommendation of the evaluator,
- scope and pattern of use,
- licensee's treatment history,
- nature, duration and severity of substance abuse, and
- risk to the public.

After the temporary removal described above, the same criteria shall be considered in determining whether or not to permit a licensee to return to practice on a part or full time basis.

Draft Uniform Standard #4 4/23/2009

SB 1441 REQUIREMENT

(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.

DRAFT UNIFORM STANDARD #4

1. Licensees shall be tested 18 – ~~36~~ **48** times per year for the first three years of continual sobriety. After the first three years, licensees shall be tested no less than 12 – 24 times per year.
2. The scheduling of tests shall be done on a random basis, preferably by a computer program.
3. Licensees shall be required to make daily contact to determine if testing is required.
4. Licensees shall be required to test on the same calendar day or sooner if directed by the board.
5. Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.
6. Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.
7. Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.
8. Collection of specimens shall be observed.
- ~~9. Prior to vacation or absence, alternative testing location(s) must be approved by the board. If no alternative testing sites are available, licensees shall provide a specimen within 48 hours of return.~~
10. Laboratories shall be certified by the National Laboratory Certification Program.
11. A collection site must submit a specimen to the laboratory within one business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within 7 days of receipt of the specimen. The appropriate board will be notified of non-negative test results within one business day and will be notified of negative test results within seven business days.

Draft Uniform Standard #5 4/24/2009

SB 1441 REQUIREMENT

(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.

DRAFT UNIFORM STANDARD #5

For any facilitated group, the meeting facilitator must have a minimum of three years experience in the treatment and rehabilitation of substance abuse.

When determining the frequency of required meeting attendance, consideration shall be given to the following:

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

The licensee shall be required to have submitted to the board/monitoring agency, monthly documentation signed by the group meeting facilitator that includes the licensee's name, the group name, the meeting date and location, and the licensee's level of participation and progress in treatment.

If a licensee is required to attend a facilitated group meeting, the facilitator shall report non-attendance on a monthly basis.