

CONSUMER CONNECTION



BIG IDEA

downsizing to a tiny house

ALSO INSIDE:

A PAIN IN THE BACKPACK: IS YOUR CHILD SHOULDERING TOO MUCH?

NEW OFFICE LENDS A HAND TO COLLEGE STUDENTS

END-OF-LIFE ACT BRINGS TOUGH CHOICES

STATE OF CALIFORNIA

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DEPARTMENT OF CONSUMER AFFAIRS

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FLU VACCINE

 PATCH MAY
SOMEDAY
REPLACE THE
NEEDLE 

A flu vaccine patch similar to a small Band-Aid may someday replace the common syringe-and-needle shot after positive study results were reported by researchers in June.

Clinical-trial researchers found that the skin patch, which is about the size of a nickel and uses dissolvable microneedles, was safe and just as effective for immunity against influenza as a traditional shot.

The patch was strongly preferred by study participants over a hypodermic needle and syringe, reported researchers from Emory University and the Georgia Institute of Technology, which collaborated on the study. The patch is still in early trials and more tests will be needed before it can be available to the public.

The Centers for Disease Control and Prevention (CDC) estimates up to 56,000 flu-related deaths occur in the United States annually, and the



Perhaps even more important in the effort to get more people vaccinated and, therefore, reducing illness and death rates, is convenience.



World Health Organization estimates 250,000 to 500,000 people die each year from influenza.

Although the CDC recommends that everyone age 6 months or older should be vaccinated for the flu, only about 42 percent of adults and 59 percent of children in the U.S. do so.

“Despite the recommendation of universal flu vaccination, influenza continues to be a major cause of illness leading to significant morbidity and mortality. Having the option of a flu vaccine that can be easily and painlessly self-administered could increase coverage and protection by this important vaccine,” Dr. Nadine Rouphael, an author of the study and professor at the Emory University School of Medicine, said in a news release.

For those with a fear of needles (particularly children), the patch—which features about 100 tiny needles that dissolve within minutes into the skin before it is removed—could be critical to overcoming that hurdle.

Perhaps even more important in the effort to get more people vaccinated and, therefore, reducing illness and death rates, is convenience. Because the patch does not contain liquid vaccine that has to be refrigerated and is self-administered, it could be available in drug stores or even delivered by mail—eliminating a trip to the doctor or clinic.

“The fact that it doesn’t require refrigeration opens up fantastic possibilities for how you can store it and distribute it,” Dr. Roderic Pettigrew of the National Institutes of Health (NIH), which funded the study, said in a video on the potential of the patch. “Imagine that you go to your mailbox and get an envelope, and in that it has your vaccine for the year.”



While potential manufacturing costs for the patch are expected to be comparable to prefilled syringes of a traditional vaccine, administering costs could be dramatically reduced because health professionals wouldn’t have to oversee the process.

Because the study was an early-stage trial with a relatively small sample size of 100 participants, enthusiasm for the patch should be tempered. According to the NIH, however, the team of researchers, who began the study in 2015, plan to further develop the patch and conduct additional clinical trials to pursue the technology’s ultimate availability to the public. They are also working to develop microneedle patches for use with substances such as insulin for diabetics and vaccines that could include measles, rubella, and polio.

Groups most vulnerable to influenza include children, the elderly, pregnant women, and those with chronic health problems. For more information on combating the flu, consumers should consult their doctor or health expert, including those licensed through the Department of Consumer Affairs’ Medical Board of California (www.mbc.ca.gov), Physician’s Assistant Board (www.pac.ca.gov), and Board of Registered Nurses (www.rn.ca.gov).

RESOURCES

Centers for Disease Control and Prevention:
www.cdc.gov

National Institutes of Health: www.nih.gov

California Department of Public Health:
www.cdph.ca.gov



IT'S YOUR RIGHT:



GET YOUR PRESCRIPTION FROM YOUR EYE CARE PROFESSIONAL

Did you know that if you have an eye exam or a fitting for contact lenses, the eye doctor must give you a copy of your prescription—without you having to ask for it—free of charge?

That's according to the Federal Trade Commission (FTC), which enforces the Eyeglass Rule and the Contact Lens Rule. This is so you can take it with you and comparison shop, and not only find the best deal but the right frames for you if you're looking for glasses.

Online shopping sites and brick-and-mortar stores offer a variety of styles and prices. If a patient elects to purchase contact lenses from a third party, the seller must verify the prescription before filling it. When requested, optometrists are required to respond to sellers' requests for prescription verification within eight business hours.

Eyeglasses and contact lens prescriptions must be released immediately following the eye

exam or the contact lens fitting (if a fitting is necessary). If specialty lenses must be purchased to complete the fitting process, the charges for those lenses can be passed along to the patient as part of the fitting process. Contact lens fitting refers to the process that begins after an initial eye examination for contact lenses and ends when a successful fit has been achieved. In cases of renewal prescriptions, the fitting ends when the prescriber determines that no change in the existing prescription is required.

Below are some other requirements of the federal law.

PRESCRIBERS CANNOT:

- Place certain conditions on the release or verification of a contact lens prescription.
- Require the patient to sign a waiver or release as a condition of verifying or releasing a prescription.

THIRD-PARTY CONTACT LENS SELLERS MUST:

- Receive a copy of the prescription or verify the prescription before selling lenses.
- Allow eight business hours for the prescriber to verify the prescription.
- Adhere to “passive verification,” which means that if the provider does not respond to a verification request within eight business hours, the seller can fill the prescription.
- Retain patient records for three years.

For more information regarding your prescription rights, visit the FTC’s website at

www.consumer.ftc.gov/articles/0116-prescription-glasses-and-contact-lenses.

You can check the license status of Medical Board of California licensees at **www.mbc.ca.gov** and of State Board of Optometry licensees at **www.optometry.ca.gov**.



POSSIBLE HORRORS *with* **COSMETIC CONTACTS**

With Halloween lurking around the corner, you may be thinking of enhancing your costume with some cosmetic contact lenses to change the color and appearance of your eyes. Sounds like an easy costume addition, but be sure you’re getting them with a prescription from a licensed professional.

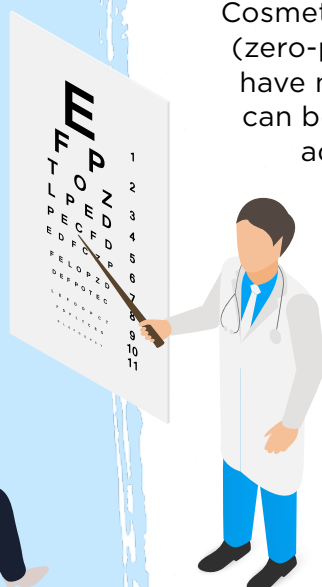
If you don’t, it can be downright scary.

Even cosmetic lenses have to fit properly, or you risk infection, scratched corneas, impaired vision, or even loss of sight.

In California, cosmetic contacts, just like contact lenses to correct your vision, must be prescribed by a licensed optometrist or ophthalmologist. They must be purchased only from licensed optometrists or ophthalmologist, or from a licensed contact lens dispenser. Out-of-state companies that sell contacts online to California residents also must be licensed and verify your prescription with your eye doctor.

Cosmetic contact lenses can be plano (zero-powered) lenses, meaning they have no prescriptive power, or they can be vision-correcting lenses with added cosmetic touches. Both types are regulated medical devices under the U.S. Food and Drug Administration.

Once you get the proper prescription from a qualified eye care professional, be sure to follow all directions for caring for and wearing your contact lenses properly.





GOVERNOR SIGNS BILL TO UNITE CANNABIS REGULATORY SYSTEM

*Melds previous legislation with
Proposition 64; creates Bureau
of Cannabis Control*

Governor Brown in late June signed into law the Medicinal and Adult-Use Cannabis Regulation and Safety Act, creating one regulatory system for both medicinal and adult-use cannabis.

The signing comes after the Department of Consumer Affairs' Bureau of Cannabis Control (Bureau), the Department of Public Health, and the Department of Food and Agriculture earlier this year released proposed regulations for the Medical Cannabis Regulation and Safety Act. These licensing authorities held public hearings and accepted written comments regarding the proposed regulations.

With the new laws, the licensing authorities will withdraw the proposed medical cannabis regulations notices for public comment on April 28 and May 5, 2017.

The three cannabis licensing authorities are each developing new proposed regulations based on the new law for the commercial medicinal and adult-use cannabis industries. During this process, the licensing authorities will consider the public comment received regarding the proposed medical cannabis regulations.

The licensing authorities will use the emergency rulemaking process for the new proposed regulations. The emergency regulations are expected to be published this fall. The implementation date for the issuance of commercial cannabis licenses remains the same: January 2, 2018.

For additional information about the Bureau or to subscribe to e-mail alerts to hear about updates as they become available, please visit **www.bcc.ca.gov**.

In addition, you can now follow the Bureau on social media:

Facebook: **www.facebook.com/BMCRinfo/**

Twitter: **twitter.com/BmcInfo**



ALZHEIMER'S DISEASE

BEING ACTIVE,
HEALTHY HABITS
SEEN AS
KEYS




No cure yet exists for Alzheimer's disease, and there is no known cause or guaranteed way to delay its onset. However, there's mounting evidence there may be strategic ways to protect yourself against this terminal illness.

Alzheimer's, a progressive and irreversible brain disorder, is characterized by symptoms such as memory loss, vision and spatial issues, a decline in the ability to find the right words, impaired judgment, and the eventual inability to complete everyday tasks such as cooking, driving, and paying bills. According to the Centers for Disease Control and Prevention, in 2013 approximately 5 million Americans had Alzheimer's, the most common form of dementia. By 2050, this number is expected to increase to 14 million.

Risk factors include genetics and age. If you have a parent, brother, or sister with the disease, you may be more likely to develop the illness, according to the Alzheimer's Association, and the risk increases if more than one family member has the disease. Most people with Alzheimer's are 65 years or older, and one-third of people age 85 years or older have it.

Despite those risk factors and the absence of bulletproof ways to prevent or slow down its onset, you can take steps to guard yourself against the disease and any age-related dementia. A June 2017 report by the National Academies



***Staying socially active,
stopping smoking,
limiting alcohol
consumption, eating
healthy, and exercising
may all help.***

of Sciences, Engineering, and Medicine, called *Preventing Cognitive Decline and Dementia: A Way Forward*, stated there is growing evidence that cognitive training, blood pressure management, and exercise may help.

According to the report, managing your blood pressure, in particular—especially during your midlife years (35 to 65 years old)—was shown to be a way to prevent or delay Alzheimer's. High blood pressure can damage blood vessels in the brain responsible for thinking and memory. Therefore, it's important to get regular physical exams to monitor your blood pressure.

There was less compelling evidence in the study that physical activity and cognitive training, such as problem solving and memory exercises, can delay or slow age-related cognitive decline.

However, don't dismiss these strategies outright.

Experts still feel they are worth doing and at the very least, can help your total health. There are promising findings that healthy aging can help reduce your Alzheimer's risk. Staying socially active, stopping smoking, limiting alcohol consumption, eating healthy, and exercising may all help. The Alzheimer's Association also recommends protecting your head and brain by wearing a helmet when playing sports, wearing a seatbelt when driving, and clearing household objects and rugs to prevent falls.

Because a brain's biological changes can occur a decade or more before you show any symptoms of Alzheimer's, it's important to start the healthy lifestyle habits by middle age. But if you're past those years, get started anyway. It doesn't hurt to live a healthier lifestyle, not only for your brain but for your overall long-term health.

And, as always, before seeing a physician for the first time, be sure to check their license via the Medical Board of California's website at **www.mbc.ca.gov**.

RESOURCES

U.S. Department of Health & Human Services
Alzheimer's information: **www.Alzheimers.gov**

U.S. Department of Health & Human Services
National Institute on Aging: **www.nia.nih.gov**

Alzheimer's Association: **www.alz.org**

WATER CONSERVATION IS THE NEW NORMAL

Californians, as a whole, did an exceptional job of conserving water during several years of drought, and after abundant winter rain and snow in the past year, Governor Brown ended the drought state of emergency in most of the state in spring 2017. But it's not OK to return to old water-wasting habits.

As we head into another water year (measured from October 1, 2017–September 30, 2018), the State Water Resources Control Board continues to oversee urban water use reporting requirements and prohibitions on wasteful practices such as watering during or after rainfall, hosing off sidewalks, and irrigating ornamental turf on public street medians.

“Water conservation is still the issue of the day,” said Doug McCauley, Executive Officer of the California Architects Board. “Since about half of the water used for outdoor irrigation is wasted, we simply must do more to use our resources more intelligently.”

According to Executive Order B-40-17, the drought emergency was lifted in all California counties except Fresno, Kings, Tulare, and Tuolumne, where emergency drinking water projects will continue to help address weakened groundwater supplies. This latest drought spanned water years 2012 through 2016 and included the driest four-year statewide precipitation on record. The extreme conditions that affected most of the state reduced farm production, killed an estimated 100 million trees, harmed wildlife, and diminished drinking water supplies for many communities.

During the drought, the historic Sustainable Groundwater Management Act improved measurement and management of water, while other state conservation efforts included retrofitting tens of thousands of inefficient toilets, replacing lawns with water-wise landscaping, and providing safe drinking water to impacted communities.

Facing life with an insufficient water supply was a grim reality for most Californians. However, the statewide emergency prompted unprecedented conservation goals and efforts. Earlier this year, the State Water Resources Control Board reported nearly 25 percent average reduction in urban water use statewide during 2016.

Nonetheless, reminders of the drought will continue to plague areas of the state for several years—and according to the National Oceanic and Atmospheric Administration, the first half of 2017 measured up to be the second hottest year on record globally. All things considered, the need to continue practicing water-wise gardening and conservation in daily routines to prepare for the unforeseen future is compelling.

RESOURCES

State Water Resources Control Board:
www.waterboards.ca.gov

National Oceanic and Atmospheric Administration:
www.noaa.gov





TIME TO PREP FOR A

WINTER GARDEN



As temperatures drop, who doesn't enjoy tucking in and getting cozy? The same goes for the plants in your garden. Those plants that aren't zapped by frost start preparing for dormancy. During this time, it may seem as if most activity in the garden has ceased. However, landscape experts say there's a lot going on under the soil—until it freezes.

A glimpse underground would reveal roots sprouting out of recently planted trees and shrubs, some perennials (plants and flowers that come back year after year), and strong bulbs—while drawing on soil nutrients and any moisture around them. Earthworms and various microbes in the soil are also busy processing the organic material they're finding.

With this in mind, start initial prep for winter by clearing out the blackened stems and foliage of annual plants (those that last one season) that may hold disease and harmful insects. It's also a good idea to analyze the mulch you spread during the summer months. It may have decomposed a bit, so spread new mulch now—a thicker winter layer—to protect plants and soil over winter


months. The rationale behind the mulch is not so much to keep the soil warm as it is to keep the temperature even, which reduces turbulent weather stress.

Plus, if you have shade trees, convert the fallen leaves to mulch and use it throughout your property. You can easily do this by raking or blowing leaves into garden beds and mounding them around the bases of shrubs and trees. To quicken decomposition and to feed plants all winter, run leaves through a shredder or run over them with a mower.

Overall, continue to check plants and deal with vulnerabilities that pop up, maintain cleanup, dig new beds, renovate existing ones and plant new perennials and annuals, and keep in mind that water conservation is a way of life here in California.

RESOURCES

Mother Earth News: www.motherearthnews.com



BACKPACKS: TAKE A LOAD OFF TO PREVENT PAIN OR INJURY



Backpacks are a bright spot of the back-to-school season, signaling school has resumed. They come in an array of colors, designs, shapes, and sizes for the smallest children in preschool to the teens and young adults in high school.

Many of today's backpacks have multiple compartments to help students stay organized while carrying more items than ever. They are also made with a variety of ultra-sturdy materials that can withstand heavy loads after being filled to the brim with all the necessities for a long day of learning.

Therein lies the problem.

An oversized backpack that children carry to and from school can cause pain in the neck, shoulders, and back. Over time, permanent physical problems may arise.

The American Academy of Pediatrics (Academy) suggests a child's backpack should never weigh more than 10 to 20 percent of the child's total body weight. So, a 50-pound child, for example, should not be carrying more than 10 pounds in their backpack. Consider that a gallon of milk weighs about 9 pounds and you start to understand the strain it can put on a small child. Additionally, the Academy advises parents to go through the backpack often with their child to remove unnecessary items to lighten the load.





If parents see that a child is having difficulty putting on or taking off a backpack, notice red strap marks on the rear area of a child's shoulders, or notice a change in their posture while wearing a backpack, these are telltale signs that a backpack may be too heavy for the child and parents should take action.

The American Occupational Therapy Association has several helpful suggestions to ensure a child's school days are not a pain in the neck:

PACK IT

Use different compartments and pockets to distribute weight evenly. Arrange heavier items closer to the back center of the backpack and lighter items in the front of the backpack.

PUT IT ON

Teach your child how to prevent back injury: Pick up the backpack by bending and lifting at the knees instead of at the waist.



ADJUST AND CARRY

Always use both shoulder straps to prevent injury. Adjust the sternum (chest) strap and secure the hip belt (if there is one). To ensure a proper fit, the backpack should rest snugly against the back and should not extend up past the child's shoulders or below the top of the hipbones.

Teach your child how to prevent back injury: Pick up the backpack by bending and lifting at the knees instead of at the waist.



If a child complains of neck, back, or shoulder pain, it is best to have them examined by a licensed professional for a thorough and proper diagnosis.

Such professionals are licensed through the Department of Consumer Affairs' Board of Chiropractic Examiners, Board of Occupational Therapy, Physical Therapy Board, the Osteopathic Medical Board, and the Medical Board of California.

For more information, visit www.dca.ca.gov.

RESOURCES

American Academy of Pediatrics:
www.aap.org/en-us/about-the-aap/aap-press-room/news-features-and-safety-tips/pages/back-to-school-tips.aspx

American Occupational Therapy Association:
www.aota.org/~media/Corporate/Files/Backpack/meet-your-backpack-8-2014.pdf

DON'T BE A Victim

OF RENTAL LISTING SCAMS



The rental markets in many parts of the state are tight, and consumers are looking for help. To assist in their search for the perfect rental property, some are turning to prepaid rental listing service (PRLS) companies.

A listing service supplies people with lists of residential properties for rent. Prospective tenants are required to pay a fee in advance or at the time the listing is provided.

But not all listing services can be trusted. Some are ready to take advantage of California's competitive market and the unwary by selling listings of rentals that either aren't available, don't exist, or are—or soon may be—in foreclosure.

Recently, an NBC Los Angeles investigative news team worked with the California Bureau of Real Estate (CalBRE/Bureau) on a story about an unlicensed listing service that the Bureau had been trying to put out of business for two decades. Each time CalBRE cited it for unlicensed activity, the company, Superior Consulting Services, would close up shop and move to a new location and scam more consumers.

People paid \$200 in advance for rental lists of apartments or houses that either didn't exist

People paid \$200 in advance for rental lists of apartments or houses that either didn't exist or were not for rent.

or were not for rent. Then, owner Richard Rodriguez refused to provide refunds.

In June 2017, NBC 4 Los Angeles (KNBC) reported that Rodriguez pleaded guilty to a felony charge of defrauding more than 1,000 Southern California customers who were looking for affordable rental homes and apartments. Rodriguez received a three-year suspended jail



sentence and five years of supervised probation, and he must repay those he defrauded or face serving his entire sentence.

CalBRE warns consumers not to become a victim of these scams, which are most prevalent in areas where affordable rental housing is difficult to find, such as in Los Angeles, Orange, and San Diego counties, and in the Bay Area. In August, according to Zillow, a real estate research firm, the top-10 list for U.S. cities with the highest average rent for one-bedroom apartments included nine California metropolitan areas.

Since 2014, CalBRE has issued 24 desist and refrain orders against unlicensed individuals or entities illegally performing PRLS activities. During that same period, the Bureau revoked six PRLS licensees and two have surrendered their PRLS licenses.

A PRLS license from CalBRE is required to sell rental lists, or the person running the business or offering the list for a fee must be licensed as a real estate broker. Check if a PRLS company or broker is licensed by visiting the CalBRE website (www.calbre.ca.gov) and doing a search for “prepaid rental listing service.” There is a link to a list of all PRLS licensees, including real estate brokers performing PRLS activities. If you can’t find a broker or company’s license information listed, don’t do business with them.

“Unlicensed scammers who sell worthless lists of unavailable rentals are heartless criminals and parasites,” states Real Estate Commissioner and CalBRE Chief Officer Wayne Bell. “These victimizers belong in prison, where they can no longer harm California consumers.”

Bell offers the following tips to avoid getting scammed:

WATCH FOR RED FLAGS WHEN DEALING WITH A PRLS COMPANY:

- Only accepts cash (because credit cards allow for disputing charges).
- Guarantees the prospective tenant will get a rental in his or her price range, as well as a desired location, along with other positive options such as allowing pets.
- Provides list of rentals that is handwritten, not computer-generated.
- Does not provide property management or owner contact information for a prospective renter to schedule an appointment to visit the property.
- Asks the consumer to contact them instead of the property manager or owner if there is interest. Typically, a PRLS company will provide you rental property addresses and





property manager or owner information so that direct contact can be made by the client.

- Company representatives use only first names. Last names may be omitted, and first names are often changed to avoid detection by law enforcement or to keep from being sued.
- Has only been in business for a brief period of time. Some PRLS companies open, then quickly close and move around a lot to avoid customers seeking refunds.

TAKE PRECAUTIONS:

- Check the real estate and/or PRLS license by going to the CalBRE website (www.calbre.ca.gov). Note that there are few PRLS licensees statewide. Companies operating lawfully under a PRLS license must maintain a \$10,000 bond or cash deposit. Scammers will just take your money, and you have no recourse.
- If the PRLS company is not licensed, do not use the company and report it to CalBRE.
- If licensed, also check the PRLS with your local Better Business Bureau.
- Do online research to see what others say about the company.
- Carefully read your contract. In particular, note the following:
 - Before any PRLS company accepts a fee for rental listings, it must provide a contract stating the amount of the fee and specify what services will be performed in exchange for the fee.
 - The contract must include a description of the kind of rental unit the consumer wants to find. For instance, if you are looking for a specific number of bedrooms, a maximum

rent amount, or listings in a specific area, this must be written into the contract.

- Even if the contract is signed electronically, you can and should request a printed copy. This must be provided within five working days of a request.
- The contract must state an expiration date of no more than 90 days from the date it is signed.
- Carefully review the refund section of the contract. You need to understand your rights if you should need to request a refund. If the PRLS company fails to provide the specified features of the rental, that would be a reason to receive a refund.

A PRLS licensee or a real estate broker performing PRLS activities must first have the contract they plan to use approved by CalBRE. All customers must sign those contracts if they plan to use the service. The PRLS company must disclose small claims court remedies available to you should any issues arise.

If you think you've been scammed by a PRLS licensee, file a complaint with CalBRE. If you have been victimized by an unlicensed scammer, CalBRE wants to know about that incident as well. Contact the Bureau via its website at www.calbre.ca.gov or phone at (877) 373-4542.

RESOURCES

CalBRE Consumer Fraud Alert and Warning: Prepaid Rental Listing Services (PRLS): www.dre.ca.gov/files/pdf/ca/2012/ConsumerAlert_PRLS.pdf

CalBRE Consumer Alert: Warning Regarding Online Rental Schemes: www.dre.ca.gov/files/pdf/ca/2013/ConsumerAlert_WarningRegardingOnlineRentalSchemes.pdf



STUDENT AID

NEW OFFICE OPENS IN WAKE OF PRIVATE-COLLEGE CLOSURES

As most students strive to embrace new school curriculum around this time of year, some find themselves enrolled in a private college that has closed or violated the law. This is when the Department of Consumer Affairs' Office of Student Assistance and Relief (OSAR) can step up to help.

"OSAR's goal is to provide individualized assistance to students to relieve or mitigate the economic and educational opportunity loss incurred by those students who attended a Corinthian Colleges institution or other for-profit institution," said OSAR Chief Scott Valverde.

The now-defunct Corinthian Colleges filed for bankruptcy and abruptly ceased operations in 2015 at its 91 campuses nationwide. The closures were prompted by investigations by the U.S. Department of Education and multiple state attorneys that showed the company misrepresented job placement rates to enrolled

and prospective students, and prevented students from going to class if they were behind on loan payments. As a result of the federal action, qualified students of programs at Corinthian Colleges' schools can now apply for debt forgiveness.

Established by Senate Bill 1192, OSAR is within the Department of Consumer Affairs and works closely with the Bureau for Private Postsecondary Education. The new office launched in July 2017.

California residents enrolled in a private college or considering enrolling in a private college should contact OSAR for help because OSAR can provide students with information they need to make informed decisions when selecting postsecondary educational institutions. OSAR also provides counseling to help students navigate their financial and academic future following the closure or unlawful activities of the private college they attended.



"The services provided by OSAR are free of charge," said April Oakley, OSAR Staff Services Manager. "They include one-on-one guidance to help students access state and federal relief programs and provide assistance to help students identify, obtain, complete, and submit financial relief documents."

A team of eight OSAR staff members will be available to assist students from 8 a.m. to 5 p.m., Monday through Friday.

OSAR works in consultation with the California Student Aid Commission, the Office of the Chancellor of the California Community Colleges, the California Department of Veterans Affairs, the federal Consumer Financial Protection Bureau, and the U.S. Department of Education.

For more information and to monitor updates on the new OSAR office, visit www.osar.bppe.ca.gov, e-mail osar@dca.ca.gov, or call (888) 370-7589.



LIVING LARGE

IN A TINY HOUSE

A four-car garage, walk-in closet, two-sink bathroom, a great room, plus your “stuff.” Can you live without these things?

Some are saying yes. As part of the growing trend toward minimalism—finding joy and peace by simplifying your life—living in a tiny house is gaining ground.

Freeing yourself of hordes of possessions and an ever-present mortgage sounds appealing and may even be a wise choice. However, you should know what you’re getting into. Living in a mini-abode requires numerous considerations—and sacrifices.

THE PLUSES

According to the Tiny House Blog, a contractor-built tiny home costs about \$35,000, and a do-it-yourself version costs about \$20,000. These prices are substantially lower and more affordable than an average-priced home in California—an intimidating \$440,000, according to the March 2015 Legislative Analyst’s Office report *California’s High Housing Costs: Causes and Consequences*.

This cost savings can mean more disposable income and financial freedom, including a greater ability to spend on luxury items such as travel. If your tiny house is on wheels, you

can even travel with your home. You can save and invest more with your extra income, and possibly retire earlier than expected.

Less clutter likely means less stress. Fewer belongings enable you to keep better organized and tidier—goals essential for sanity when living in a super-small space. You’re also using less energy and have lower utility bills to keep your tiny home lighted, heated, and cooled—all of which means a greener lifestyle.

Another plus is that, for now, the demand is growing for these uber-small abodes. According to **Realtor.com**, homes less than 500 square feet are appreciating twice as fast as the overall market.



THE CHALLENGES

Fully understand what “tiny” means—a January 2017 *Forbes* report says that on average, tiny homes are about 120 square feet. That’s small.

The limited square footage means indoor entertaining is limited. You won’t be hosting a holiday dinner for more than a few people. You can choose to entertain outdoors instead, but only if the weather cooperates and your guests are flexible.

According to a February 2017 CNBC report, tiny home investors should go where land prices are low. The report warns that densely populated cities, where a tiny home may actually be the most desirable, may not be economically feasible because of high land costs.

Be sure to check and understand building permit and zoning rules, which may make it difficult to build a tiny house. For example, the rules may require a minimum square footage for a new home that you’ll be living in. Understand that currently, a tiny house on wheels is considered an RV, and one built on a foundation is called an accessory dwelling unit. So, depending on which way you decide to go—on wheels or on a foundation—you’ll need to follow the legal parameters and pay applicable fees such as for permits or to rent space in an RV park.

Togetherness in such close quarters may become an issue. Living in a small space means physical closeness all the time, even when you’re not getting along or wanting some solitude. Relaxing outdoors is an option, but again only if weather permits.

STILL WANT TO DO IT? WHAT TO CONSIDER ...

Are you going to use a contractor or are you going to build it yourself? When making that decision, major considerations

continued on next page



THAT'S WHAT SHE SHED

Another type of tiny space gaining in popularity: “she sheds.” Similar in concept to man caves, she sheds are small structures where women can retreat and de-stress. They can use it as a home office; a creative space to enjoy activities such as woodworking, gardening, or crafting; a yoga or music studio; or simply as a solitary spot to relax.

Unlike a man cave, which is usually a dedicated room in one’s home, a she shed is a small structure outside the home in the backyard. There are do-it-yourself kits available at home improvement stores, or you can simply take a hot house or tool shed and transform it.

If you decide to hire a contractor, remember to first check their license via the Contractors State License Board website, www.cslb.ca.gov.

Also, be sure to look into getting a building permit prior to building your shed.



Fully understand what “tiny” means—a January 2017 Forbes report says that on average, tiny homes are about 120 square feet. That’s small.

are time and money. Building a solidly constructed tiny home with functioning utilities is no small feat. If you’re ready and willing, then building it yourself (but perhaps hiring licensed professionals for complex jobs such as electrical and plumbing work) may be a reasonable option. You may also want to consider available DIY kits.

However, if you don’t have the time, but do have the money, then you may want to hire a professional builder. Make sure you’re using a licensed contractor who has specific experience building tiny homes and ask for references of previous clients. Visit the Contractors State License Board website at www.cslb.ca.gov to check license status and download publications with tips for hiring contractors.

You’ll need to decide where you’re going to put your tiny home. Check the American Tiny House Association’s website (www.americantinyhouseassociation.org) for information on city, county, and state zoning regulations and building codes. If your home is on wheels, you may want to consider an RV park or a tiny home community. Visit the Tiny House

Community website (www.tinyhousecommunity.com) for information on parking and communities.

Don’t forget to consider creature comforts such as utilities, including water, power, and Internet access. How will you access these and how much will it cost you?

If you do decide to go the on-wheels route, you’ll also need a strong vehicle, such as a truck or a sport utility vehicle, to tow your tiny house. Next, don’t forget security measures, such as a hitch lock, wheel locks, and a GPS tracker, to guard against your home being driven away.

How about your family members—is everyone on board? Consider everyone’s needs and wants—this is a major life change that won’t work long term if you’re the only one happy with the decision.

Despite your extensive research and a full buy-in from your family, still a little nervous to take the plunge? Take a test run and rent a tiny home for a while. You may find it’s just what you’re looking for. Or maybe not, and you’ll run back to living large.



One Year Later:

CALIFORNIA'S END-OF-LIFE OPTION ACT

It isn't easy—or cheap—to decide to end your life. But in California, it's legal.

It's been a year since California became the sixth state to legalize medical aid in dying for terminally ill adults. The End of Life Option Act (ABX2-15, Monning and Wolk) went into effect June 9, 2016, allowing terminally ill Californians to request a prescription for aid-in-dying drugs.

Just because it's legal doesn't make it any less complicated. Terminally ill adults who chose to end their suffering have not only had to deal with the physical and mental anguish associated with such a decision—they've had to push their way through a maze of moral, monetary, and technical obstacles as well. And in the first six months, a little more than 100 patients did just that.

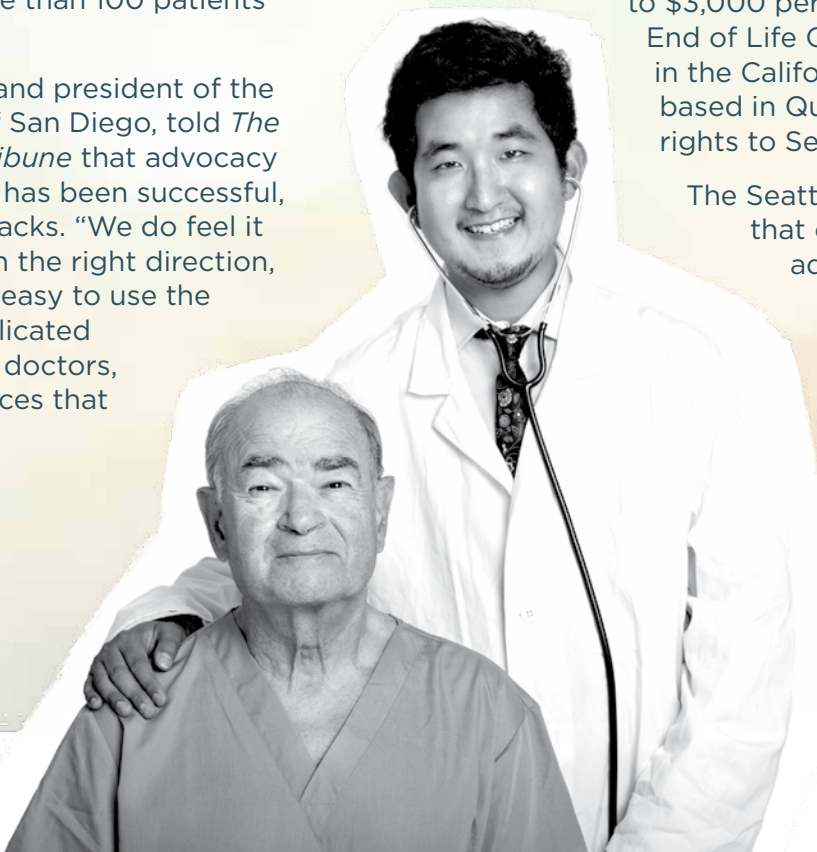
Fay Girsh, founder and president of the Hemlock Society of San Diego, told *The San Diego Union-Tribune* that advocacy groups feel the law has been successful, but it has its drawbacks. "We do feel it is a quantum leap in the right direction, but it has not been easy to use the law here. It is complicated and difficult to find doctors, hospitals and hospices that will participate."

Because the law is voluntary, a patient can legally ask for the prescription.

However, physicians can refuse to write the order and pharmacists can refuse to fill it. Although many of the state's larger medical providers, including Kaiser Permanente, say they generally allow physicians to assist patients with end-of-life planning, most do not allow the dispensing or administering of the drug in their facilities. Another hurdle comes via the 51 Catholic hospitals in the state; Roman Catholic doctrine bans the practice in all affiliated medical programs and buildings.

Plus, it's not cheap. According to a May 22, 2016, report by KQED News, Valeant Pharmaceuticals, the company that makes Seconal, or secobarbital, the preferred medication to use for aid-in-dying, tripled the price of the drug from \$1,000 to \$3,000 per dose one month after the End of Life Option Act was introduced in the California Assembly. Valeant, based in Quebec, acquired the rights to Seconal in 2015.

The Seattle Times reported that doctors with the advocacy group End of Life Washington, horrified at the price increase, sought out a compounding pharmacist to develop a cheaper alternative. The result? A powdered combination of



phenobarbital, chloral hydrate, and morphine sulfate that can be mixed with a liquid. This less-expensive alternative costs about \$400 per dose but is not as gentle. The formulation may take a day or two to achieve the full effect for some patients, has a bad taste, and can burn the mouth when taken.

Add to these obstacles a multitude of forms, approvals, continuing pressure from anti-end-of-life groups, and, for some, a subject that is considered taboo in their own families.

Still, the law has been successful. A report by the California Department of Public Health (CDPH) states that in the first six months of the law's existence, 173 doctors wrote 191 prescriptions for life-ending medications; 111 patients used the prescriptions. According to the CDPH report, of the 111 patients, 87 percent were more than 60 years old, 44 percent relied solely on Medicare for health insurance, 89 percent were white, and 58 percent had attained an associate degree or higher level of education.

Prescriptions appeared to be issued at a faster clip this year. A June 1, 2017, report by Compassion and Choices, the nonprofit group that spearheaded the bill, says it knows of 504 terminally ill adults in California who asked for, and were prescribed, the life-ending medication in the past year. The report also showed that approximately 80 percent of private insurance companies—
Blue Cross, Blue Shield, Kaiser
Permanente, Sutter,

Terminally ill adults who chose to end their suffering have not only had to deal with the physical and mental anguish associated with such a decision—they've had to push their way through a maze of moral, monetary, and technical obstacles as well.

many local health plans, and all Medi-Cal plans—have covered the cost of the medication.

Terminally ill Californians seeking aid-in-dying medications do have options. California has thousands of licensed physicians and pharmacists to choose from. It may take some shopping around to find the right fit; just make sure to verify the license first. Visit the Medical Board of California's website at www.mbc.ca.gov or the Board of Pharmacy's website at www.pharmacy.ca.gov to check the status of a license.

Although CDPH's first report covered the law's first six months in effect, future reports will cover calendar years; the next report, which will cover January 1 to December 31, 2017, will be available in early 2018.





EXECUTIVE OFFICER SPOTLIGHT:

REBECCA MITCHELL

**NATUROPATHIC
MEDICINE**

COMMITTEE

1. What is your background, and how has it prepared you for your role as Executive Officer (EO) of the Naturopathic Medicine Committee (NMC/Committee)?

Prior to being appointed as the Committee's EO, I was the Executive Program Analyst for the Osteopathic Medical Board. With more than 20 years of training and experience in finance, high-level administration, and analytical work, I knew that working for a health regulatory board would be something that I would enjoy.

Although I worked for other programs under DCA since 2006, the amusing thing is that until 2009, I had never heard of a naturopathic doctor or naturopathic medicine, for that matter. I have to be honest, I thought it sounded crazy that there were doctors who still used herbs to heal people! I started learning more about naturopathic medicine and how it's used to prevent disease. I was intrigued. It wasn't a bunch of wacky doctors using old-fashioned elixirs! These were real doctors, treating real illnesses and getting real results.

After I was appointed to the position in 2013, I started researching and learning more about the philosophies, the medicine, the people

who work as naturopathic doctors (NDs), and the patients who use them. I continued to hear amazing stories about how naturopathic medicine had remarkable impacts on the lives of patients. I knew that I was finally in a position where I could help make a difference.

However, it wasn't until after I became the EO when I truly had my eyes opened to the great benefits of receiving naturopathic treatments. In 2016, I had a surgery that caused nerve damage to my leg. I had a lot of pain and numbness and was unable to get any relief from my regular physician. After several months, I spoke with an ND and decided to go see one. Within a few weeks, my leg started to improve. I was amazed that the natural drugs and foods could support the healing process and was able to relieve a lot of the pain and symptoms I was having. No need for the opiates and anti-inflammatory drugs that the physician had prescribed to me, no need for the cane that I used for several months, no need for a second surgery. I was elated! This is the point when I knew that I was in the right place.

Along with the Committee members, I want to make certain that consumers in California can receive safe, quality naturopathic medicine. I am prepared to work hard to ensure that

licensed naturopathic medicine continues to be an option for the California consumer.

2. What is naturopathic medicine?

Naturopathic medicine is a distinct and comprehensive system of primary healthcare that uses natural methods and substances to support and stimulate the body's self-healing process. It is distinguished by the principles on which its practice is based. These principles include:

1. **The Healing Power and Nature:** NDs trust in the body's inherent wisdom to heal itself.
2. **Identify and Treat the Cause:** Look beyond the symptoms to effectively address the underlying cause(s) of illness.
3. **First Do No Harm:** Seek to utilize the most natural, least invasive, and least toxic therapies first.
4. **Doctor as Teacher:** The primary role of an ND is a teacher who educates and encourages people to take responsibility for their own health and to take steps to achieve and maintain optimal health.
5. **Treat the Whole Person:** Total health includes physical, emotional, mental, genetic, environmental, social, spiritual, and other factors.
6. **Prevention:** Encourage and emphasize disease prevention and focus on promoting health and wellness.

Naturopathic medicine includes a combination of a variety of natural and conventional medicines and treatments.

They are prevention-minded and want to take an active, informed role in their health and be educated as to causes of imbalance and how to avoid them. Also, conventional approaches may have not been helpful, and they don't want to take drugs long-term.

Naturopathic medicine is a distinct and comprehensive system of primary healthcare that uses natural methods and substances to support and stimulate the body's self-healing process.

4. What is the role of the Committee?

As a regulatory program, NMC is charged with licensing and regulating naturopathic doctors. The Committee currently licenses 825 NDs. The mission of the NMC is "To protect healthcare consumers through the proper licensing and regulation of NDs, utilizing the vigorous, objective enforcement of the Naturopathic Doctors Act, and to promote access to quality naturopathic care."

5. What are some of the recent accomplishments of the Committee?

The Committee implemented a new online licensing and enforcement database, which helps streamline our processes for licensing, review of continuing education, and consumer complaints. Additionally, the Committee was able to create a new strategic plan, which was developed to assist in meeting legislative needs, increase enforcement efforts, and offer more consumer outreach and public education regarding licensed naturopathic medicine.

Finally, NMC completed its sunset review where the Legislature reviews the program to ensure that the Committee is meeting its mandates and duty of protecting the consumers and regulating safe, licensed naturopathic doctors.



6. What are the educational requirements to become an ND?

NDs are clinically trained in both natural and conventional approaches to medicine. They attend four-year, graduate-level, accredited naturopathic medical schools; are trained as primary care providers; and take a national, standardized licensing examination, which is currently broader than the scope of NDs in California.

7. Do NDs typically have separate facilities for their practices?

NDs work in clinics alongside physicians and other practitioners and also own private practices.

8. Naturopathic medicine has been around since the mid-19th century. As healthcare accessibility becomes a global issue, do you see naturopathic medicine becoming the medicine of the future and an alternative for people who may not have traditional healthcare?

We certainly hope so. The intent of naturopathic medicine is to continue to advance and utilize scientific evidence while honoring time-tested common-sense approaches to healing. In many ways, NDs resemble family doctors of the past who knew a family well and spent enough time with a patient to deduce the cause of the patient's trouble. So often, something like insomnia, for example, can be due to the time a person is going to bed or because they are being awakened by the family dog!

Nearly every place on the planet where people live has plants and animals that can provide substantial healing benefits at little to no cost. They tend to be much safer than drugs. NDs have many tools in their bag, so if one approach doesn't work or isn't available, there is always another. The causes of health and the prevention and treatment of disease is one evolving body of knowledge. The separations we currently have are artificial. The only difference is in the education and philosophy of the practitioner. Hopefully, as a global society, we can come to realize the strong points of all approaches and trust doctors to combine them artfully to address the individualized needs of their patients.

9. Complete this sentence: Most people don't know that I ...

Bake cakes and other sweet treats for special events. Having such a fast-paced position all week long, it is great to relax and be creative when I'm not at work.

10. Do you have a personal mantra?

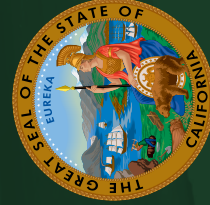
"Success is not the key to happiness. Happiness is the key to success." – Albert Schweitzer

For more information about the Naturopathic Medicine Committee, visit **www.naturopathic.ca.gov**.

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