California State Board of Pharmacy
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STATE AND CONSUMERS SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
ENFORCEMENT COMMITTEE
MINUTES

DATE: December 8, 2009

LOCATION: Department of Consumer Affairs
First Floor Hearing Room
1625 N. Market Boulevard
Sacramento, CA 95834

COMMITTEE MEMBERS PRESENT: Randy Kajioka, PharmD, Acting Chair
Ramón Castellblanch, Public Member
Greg Lippe, Public Member

COMMITTEE MEMBERS NOT PRESENT: Robert Swart, PharmD, Chair

STAFF PRESENT: Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Robert Ratcliff, Supervising Inspector
Joshua Room, Deputy Attorney General
Kristy Schieldge, DCA Staff Counsel
Tessa Fraga, Staff Analyst

Call to Order

Acting Chair Dr. Randy Kajioka called the meeting to order at 9:39 a.m.

1. Presentation by GreenRx on Drug Management Programs to Use Drugs Before They Become Outdated

Presentation – Anand Shukla, GreenRx

Dr. John Cronin provided background on the development of GreenRx.

Anand Shukla, representing GreenRx, provided an overview of the GreenRx system and presented a proposal he believes will reduce the amount of outdated prescription drugs that occur annually in pharmacies by monitoring non-moving, slow moving, overstocked and unwanted drugs within the inventories of participating pharmacies. His proposal is to better manage by a central coordinating firm so that these drugs do not become waste due to distribution problems among pharmacies.

Mr. Shukla provided comments on pharmaceutical waste and the cost of prescription drugs. He stated that GreenRx tracks and identifies specific drugs within the inventories of participating pharmacies to be resold and redistributed amongst GreenRx network pharmacies. Mr. Shukla explained that GreenRx provides information but does not take the possession of the drug.

Dr. Cronin provided comment regarding the legality of the GreenRx system. He reviewed Business and Professions Code section 4126.5 (a)(5) and its application to this proposal.

Committee Discussion

The committee discussed the GreenRx process and its application to pharmacy law. Discussion focused on a protocol to ensure that the GreenRx system adheres to and promotes consumer protection. Advantages for allowing the redistribution of drugs between pharmacies were evaluated. Concern was expressed that the system may promote hoarding and price gouging in the event of a drug shortage.

Public Comment

Greg Shapansky expressed concern regarding the transfer of drugs between pharmacies.

Mr. Shukla provided that the GreenRx business model represents a great opportunity for the state of California to set an example for other states.

There was no additional committee discussion or public comment.

2. Discussion of the Actions of the Department of Consumer Affairs Health Care Boards to Develop Regulations Required by SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) for Practitioner Recovery/Monitoring Programs

Dr. Kajioka provided that Senate Bill 1441 created the Substance Abuse Coordination Committee (SACC) and required that this committee, by January 1, 2010, formulate uniform and specific standards in specified areas that each healing arts board must use in dealing with substance-abusing licensees, whether or not a board chooses to have a formal diversion program.

Dr. Kajioka provided that to facilitate implementation of these standards, the Department of Consumer Affairs (DCA) created a workgroup consisting of staff from each of the healing arts boards to draft recommended standards for the SACC consideration during public meetings. He stated that the recommended standards were vetted during public meetings akin to an informational hearing. Dr. Kajioka added that the draft standards were then presented during a public meeting to the SACC for consideration and action.

Ms. Herold provided that the board has been directed by the director of DCA to implement the recommended standards and to initiate any necessary statutory changes. She discussed the impact the new standards will have on the board's Pharmacists Recovery Program (PRP). Ms. Herold explained that the PRP is currently available to pharmacists and pharmacist interns. She stated that under the guidelines it will also be made available to pharmacy technicians and designated representatives with the implementation of the standards.

Presentation – Assistant Executive Officer Anne Sodergren

Assistant Executive Officer Anne Sodergren provided an overview on SB 1441 and reviewed the following 16 standards:

1. Clinical diagnostic evaluation
    - Specifies that a licensee in a diversion program or on probation will be required to undergo a clinical evaluation at the licensee's expense.
    - Sets forth the qualifications for the licensed practitioner performing the evaluation as well as the required elements of the evaluation.
    - Provides for the timeframes to complete the process and prohibits the evaluator from having a financial relation, etc. with the licensee.
2. Temporary removal of practice for clinical evaluation
    - Specifies that license will be placed on an inactive status during the evaluation and review of the results by board staff.
    - Specifies that the licensee will be subject to random drug testing at least two times per week.
    - Sets forth the evaluation criteria that must be considered by the diversion or probation manager when determining if a licensee is safe to return to work and under what conditions.

3. Communication with a licensee's employer
    - Requires a licensee to notify the board of the names, physical addresses, mailing addresses and telephone numbers of all employers.
    - Requires a licensee to give written consent authorizing the board and employers and supervisors to communicate regarding the licensee's work status, performance and monitoring.
4. Drug testing
    - Sets forth a minimum testing frequency of 104 random drug tests per year for the first year and a minimum of 50 random drug tests per year thereafter.
    - Specifies that testing shall be observed; conducted on a random basis, as specified; and may be required on any day, including weekends or holidays.
    - Requires licensees to check daily to determine if testing is required and specifies that the drug test shall be completed on the same day as notification.
    - Establishes criteria for the collection sites and laboratories processing the results.
5. Group meeting attendance
    - Sets forth the evaluation criteria that must be considered when determining the frequency of group meetings.
    - Specifies the qualifications and reporting requirements for the meeting facilitator.
6. Type of treatment
    - Sets forth the evaluation criteria that must be considered when determining whether inpatient, outpatient, or other type of treatment is necessary.
7. Worksite monitoring
    - Allows for the use of worksite monitors.
    - Specifies the criteria for a worksite monitor.
    - Establishes the methods of monitoring that must be performed by the worksite monitor.
    - Sets forth the reporting requirements by the worksite monitor; specifies that any suspected substance abuse must be verbally reported to the board and the licensee's employer within one business day; and specifies that a written report must be provided to the board within 48 hours of the occurrence.
    - Requires the licensee to complete consent forms and sign an agreement with the worksite monitor and board to allow for communication.

8. Positive drug test
    - Requires the board to place a licensee's license on an inactive status and notify the licensee, employee and worksite monitor that the licensee may not work.
    - Specifies that after notification, the board should determine if the positive drug test is evidence of prohibited use and sets forth the criteria the board must follow when making such a determination.
9. Ingestion of a banned substance
    - Specifies that when a board confirms a positive drug test as evidence of use of a prohibited substance, the licensee has committed a major violation.
10. Consequences for major and minor violations
    - Specifies what constitutes a major violation including: failure to complete a board ordered program or undergo a clinical diagnostic evaluation; treating patients while under the influence of drugs/alcohol, and drug/alcohol related act which would constitute a violation of the state/federal laws, failure to undergo drug testing, confirmed positive drug test, knowingly defrauding or attempting to defraud a drug test.
    - Specifies the consequences for a major violation including: placing the license on an inactive status; requiring a new clinical evaluation; termination of a contract/agreement; referral for disciplinary action.
    - Specifies what constitutes a minor violation including: untimely receipt of required documentation; unexcused group meeting attendance; failure to contact a monitor when required; any other violations that does not present an immediate threat to the violator or the public.
    - Specifies the consequences for a minor violation including: removal from practice; practice restrictions; required supervision; increased documentation; issuance of a citation and fine or working notice; re-evaluation/testing; other actions as determined by the board.
11. Return to full time practice
    - Establishes the criteria to return to full time practice, including demonstrated sustained compliance, demonstrated ability to practice safely, negative drug screens for at least six months, two positive worksite monitor reports and compliance with other terms and conditions of the program.
12. Unrestricted practice
    - Establishes the criteria for a licensee to request unrestricted practice including sustained compliance with a disciplinary order, successful completion of the recovery program, consistent and sustained participation in recovery activities, demonstrated ability to practice safely and continued sobriety of three to five years, as specified.
13. Private-sector vendor
    - Specifies that the vendor must report any major violation to the board within one business and any minor violation within five business days.
    - Establishes the approval process for providers or contractors that work with the vendor consistent with the uniform standards.

- Requires the vendor to discontinue the use of providers or contractors that fail to provide effective or timely services as specified.

14. Confidentiality
    - For any participant in a diversion program whose license in on an inactive status or has practice restrictions, requires the board to disclose the licensee's name and a detailed description of any practice restrictions imposed.
    - Specifies that the disclosure will not include that the restrictions are as a result of the licensee's participation in a diversion program.
15. Audits of private-sector vendor
    - Requires an external independent audit every three years of a private-sector vendor providing monitoring services.
    - Specifies that the audit must assess the vendor's performance in adhering to the uniform standards and requires the reviewer to provide a report to the board by June 30 of each three year cycle.
    - Requires the board and department to respond to the findings of the audit report.
16. Measurable criteria for standards
    - Establishing annual reporting to the department and Legislature and details the information that must be provided in the report
    - Sets forth the criteria to determine if the program protects patients from harm and is effective in assisting licensees in recovering from substance abuse in the long term.

Ms. Sodergren reviewed statutory, regulatory, and contractual changes needed in order to implement the standards.

Committee Discussion

Kim Kirchmeyer, Deputy Director for Board and Bureau Programs, encouraged the board to direct staff and council to identify all necessary steps in order to implement the standards. She requested the following of the board and staff: submit proposed language for any needed legislation to the Director's Office, present proposed language to the board for approval at the next board meeting, place an item on any subsequent board meeting agenda to review the progress of the implementation of the standards, and to authorize the executive officer to implement the standards that do not require a regulatory or statutory change.

Ms. Herold provided that the PRP is an important safety element for the board. She stated that although many of the standards are already elements of the PRP, many statutory changes are still needed.

Kristy Schieldge, Senior Staff Counsel, provided that SB 1441 directs all healing arts boards to fully implement the standards.

Ms. Herold discussed necessary statutory changes and possible implications for these changes.

The committee discussed several issues including the fiscal impact for subsidizing PRP participation fees for two new license categories and the inactivation of a license for program noncompliance. Discussion focused on the increasing costs for participation that may result in the possible decline in PRP participation as well as a decline in the number of licensees who are willing to stipulate to settlements that include the PRP within their terms.

Ms. Herold provided that board staff will continue to work with counsel to develop proposed language and to update the board's disciplinary guidelines. She stated that these changes will be addressed at the January 2010 Board Meeting.

Ms. Sodergren provided that the PRP is currently administered by a contracted vendor that adheres to a specified scope of work and contract for seven boards within the department. She stated that implementation of the standards would require a new scope of work.

Mr. Room provided that it may be necessary to renegotiate this contract.

Ms. Herold provided that the contractual changes will be negotiated by the department.

There was no additional committee discussion. No public comment was provided.

3. DEA Reclassifies Carisoprodol into Schedule IV

Dr. Kajioka provided that the federal Drug Enforcement Administration released proposed rules to reclassify carisoprodol to federal Schedule IV. He stated that currently this drug is not scheduled either at the federal or state level.

Dr. Kajioka provided that written comments on this reclassification are due by December 17, 2009.

Dr. Kajioka provided that board supervising inspectors strongly support this reclassification. He stated that when investigating drug diversion and misuse of drugs, carisoprodol (or Soma) is a frequently misused and diverted drug. Dr. Kajioka explained that patients often purchase such drugs from Web sites without legitimate prescriptions. He indicated that a recent citation and fine issued to a California pharmacy that was dispensing drugs to California patients involved carisoprodol in 52 percent of the more than 3,000 prescriptions identified by the board sent to California purchasers.

Dr. Kajioka provided that staff recommends that the board submit comments to the DEA in support of reclassifying carisoprodol into federal Schedule IV.

Public Comment

Dr. Steve Gray, representing Kaiser Permanente, sought clarification regarding the application of the federal and state schedule classifications. He encouraged the board to discuss this issue with the Department of Justice (DOJ).

Mr. Room provided that a statutory amendment to California law is needed in order to reclassify a drug as a controlled substance. He indicated that scheduling issues are typically handled by DOJ.

There was no additional committee discussion or public comment.

MOTION: Direct board staff to submit comments to support the Drug Enforcement Agency's reclassification of carisoprodol to a federal Schedule IV.

M/S: Lippe/Castellblanch

Approve: 2 Oppose: 0 Abstain: 1

4. Update on California Drug "Take Back" Programs from Patients

Dr. Kajioka provided that the next issue of the *The Script* will promote the California Integrated Waste Management Board's (CIWMB) guidelines for model programs for the "take back" or return of unwanted prescription drugs from patients. He stated that the article will advise that the board expects pharmacies to use these guidelines if they participate in taking back drugs from patients. Dr. Kajioka indicated that the newsletter issue is undergoing legal review and will be released shortly.

Dr. Kajioka provided that the board is aware that a number of communities are establishing collection programs for unwanted prescription drugs, which under California law are considered hazardous household waste. He stated that unlike used motor oil or plastic shopping bags, aggregations of prescription drugs have value. Dr. Kajioka indicated that few of these programs comply with the CIWMB guidelines and many also violate the federal Drug Enforcement Administration's requirements for the appropriate take back of controlled substances.

Dr. Kajioka provided that President Ken Schell, Executive Officer Virginia Herold, and Supervising Inspector Judi Nurse recently attended a conference convened by the California Integrated Waste Management Board on various recycling and disposal issues surrounding California. He stated that representatives from

various waste collection, recycling and disposal programs from most California cities and counties attended. Dr. Kajioka indicated that the board's purpose in attending this conference was to emphasize support for the CIWMB's guidelines.

Dr. Kajioka provided that recently the board's executive officer met with staff from Sharps, Inc. He stated that this firm provided a presentation on mail back options at the July 2009 Board Meeting. Dr. Kajioka indicated that they left Executive Officer Herold with a modified mail-back collection box that incorporates many of the suggestions made during the July Board Meeting.

Dr. Kajioka provided the following statistics about the costs per pound of mail back:

In July 2009 from Maine:

Number of envelopes received at the incinerator (7/17/09)	3,374
Total weight (pounds)	1,560
Average weight per envelope (pounds)	0.4624
Cost ($3.49/envelope)	$11,775
Price/weight (pounds)	$7.55

San Francisco recently provided the board's executive officer with data from a San Francisco mail-back program (through November 9, 2009).

Number of envelopes distributed (before 11/09)	1,443
Number of envelopes returned to incinerator (11/09)	558 (38.7%)
Total weight (pounds)	417.4
Average weight per envelope (pounds)	0.7480
Cost	$1,947.42
Price/weight (pounds)	$4.67

Dr. Kajioka provided that San Francisco Household Hazardous Waste Collection Facility's manager is unable to explain the relatively low rate of return. He stated that another factor perhaps influencing the low weight returned per envelope may be due to the instructions, which state that the original container be included in the envelope, which takes a lot of space.

Committee Discussion

Ms. Herold presented the features of the modified mail-back box designed by Sharps, Inc. She indicated that this box does not comply with the CIWMB guidelines.

The committee discussed current situations involving improper collection of controlled substances. It was reiterated that licensees will be encouraged to adhere to the CIWMB guidelines.

Public Comment

Dr. Steve Gray, representing Kaiser Permanente, sought clarification regarding the board's opinion on the legality of take-back programs for non-controlled substances.

Ms. Sodergren provided that the board developed a policy statement that is released specific to the implementation of drug take-back programs.

Ms. Herold highlighted the board's policy statement including permissible guidelines.

There was no additional committee discussion or public comment.

5. Consideration of Best Practices on How to Use CURES Data as Part of Drug Utilization Review

Dr. Kajioka provided that in August, the California Department of Justice (DOJ) unveiled a new program allowing Internet access to prescribers and pharmacies for data regarding patients who had been dispensed controlled substances in Schedules II-IV as recently as three weeks in the past.

Dr. Kajioka provided that in California all drugs dispensed to patients by pharmacies or prescribers must be reported electronically to the Controlled Substances Utilization and Review System (CURES) each week. He stated that this is the data that is now accessible to prescribers and pharmacies via the Internet. Dr. Kajioka explained that the implementation of this feature is a major step forward in assuring that patients who are doctor shoppers are not able to obtain drugs from pharmacies or prescribers by going to multiple prescribers and pharmacies.

Dr. Kajioka stated that at the January 2010 Board Meeting, DOJ will present a demonstration of the new system. He provided a description of an article concerning a possible need for pharmacies to check the prescription monitoring programs operating in their state (such as CURES) before dispensing controlled drugs.

Dr. Kajioka advised that currently the board requires pharmacists to use corresponding responsibility.

Committee Discussion

Dr. Castellblanch asked whether California has any sanctions against excessive furnishing.

Ms. Schieldge provided that excessive furnishing sanctions are in place.

Public Comment

Dr. Steve Gray, representing Kaiser Permanente, provided comment on the CURES program and discussed issues involving duplicative names, aliases, and false information.

There was no additional committee discussion or public comment.

6. Pharmacies Dispensing Prescriptions for Internet Web Site Operators

Dr. Kajioka provided that in recent months, the board's inspectors have investigated a number of cases where California pharmacies are filling prescriptions from Internet Web sites in situations where patients are in a number of states, a prescriber is writing prescriptions for the patients from a single state, and the California pharmacy is filling the prescription.

Dr. Kajioka provided that many times these prescriptions are not valid because an appropriate exam by a prescriber has not occurred. He stated that California law allows the board to issue citations at $25,000 per invalid prescription. Dr. Kajioka indicated that over the last 12 months, the board has issued multiple million dollar fines to California pharmacies for filling such false prescriptions. He advised that the Drug Enforcement Administration is also involved in some of these Web site investigations and has fined California pharmacies for their participation.

Dr. Kajioka provided that pharmacies are facilitating the illegal distribution of prescription drugs from the Internet. He stated that from discussion with the owners of several of these pharmacies investigated by the board, the pharmacies receive an offer via a faxed notice offering between $3 and $6 per prescription plus drug costs to fill these orders. Dr. Kajioka explained that the economics greatly benefit the Web site operator. He indicated that the patient may pay more than $100 to purchase a prescription from the Internet – the pharmacy may get $6 or $10 from such a sale.

Dr. Kajioka provided that the July 2008 version of *The Script* reminded pharmacies not to participate in such scams.

Committee Discussion

Ms. Herold provided an overview on the fines issued in the last year to California pharmacies aiding Internet providers in distributing prescription drugs without a valid prescription.

Public Comment

Dr. John Cronin provided comment regarding the patient perspective of this issue. He encouraged the board to address consumer concerns and refer consumers to specific and relevant information when they have questions.

Discussion continued regarding the board's role with regards to this issue. It was emphasized that professional judgment must be used when partaking in this practice.

Bob Ratcliff, Supervising Inspector, provided that he frequently refers consumer questions regarding internet prescription to Business and Professions Code section 4067 and to relevant articles that have been featured in *The Script.*

There was no additional committee discussion or public comment.

7. Ongoing Discussion on Prevention of Medication Errors

Dr. Kajioka provided that at every meeting of the Enforcement Committee in the last 18 months, there has been a discussion of medication errors and how to prevent them.

Dr. Kajioka provided that since the beginning of 2009, the board has been interviewed for at least four major media segments that have focused on medication errors. He stated that the board's messages in these segments are that:

(1) medication errors do occur, there are 350 million prescriptions filled each year in California,
(2) the board has requirements for all pharmacies to operate vigorous quality assurance programs that the board forcefully enforces to ensure all errors are closely reviewed by the pharmacy, staff are educated and process changes are made to prevent a recurrence,
(3) there is no acceptable number of medication errors a pharmacy or pharmacist can make,
(4) no pharmacist wants to make an error, and most live in fear of making an inadvertent error,
(5) a grossly negligent error will result in formal discipline, other errors reported to the board, if substantiated, will be cited and fined,
(6) patients need to take some actions to prevent medication errors from reaching or occurring to them,
(7) the board's Notice to Consumer posters are there at the critical point in the pharmacy to aid patients in getting the right medicine,
(8) the board is working to redesign labels to improve them for patients so they better understand how to take their medication,
(9) patient consultation will prevent errors and patients, and

(10) patients need to speak with a pharmacist when they come into a pharmacy and not be in a rush to leave before doing so – such a discussion can save their lives.

Dr. Kajioka provided that the board recently partnered with the Department of Consumer Affairs and a private firm to produce a three-minute video for consumers on how patients can prevent receiving a medication error. He stated that this video will be added to the board's Web site.

The committee viewed the video.

Committee Discussion

Dr. Castellblanch sought clarification regarding current requirements for pharmacists to provide a consultation.

Dr. Kajioka provided that pharmacists are required to provide a consultation for any new prescription, for a prescription where there is a change of strength or direction, or when requested by the patient.

Public Comment

Dr. Steve Gray, representing Kaiser Permanente, provided comment on the consultation process outlined in the video.

Ms. Herold provided that the process was provided by the Pharmacy Foundation of California, and thanked them for their assistance.

Dr. Castellblanch asked whether workload standards have been established for pharmacists.

Ms. Herold provided that standards in this area have not been established.

Mr. Room reviewed current staffing ratio limitations.

Dr. Gray provided comment regarding fatigue among healthcare professionals.

There was no additional committee discussion or public comment.

8. Reporting of Settlements to the Board as Required by California Business and Professions Sections 800-802

Dr. Kajioka provided that the board's staff recently learned that some insurance companies and some licensees may not be aware of their responsibilities to report settlements to the board for errors and omissions pursuant to requirements in California Business and Professions Code sections 800, 801, and 802. He stated that as a result, these reports are not being submitted to the board.

Committee Discussion

Mr. Room provided that failure to report can result in action by the board and is considered a public offense.

Ms. Herold provided that licensees will be reminded of this obligation in the next issue of *The Script.* She stated that in 2008-09, the board received four reports under sections 800-802.

Ms. Schieldge provided that section 804 includes a procedure for healing arts boards to promulgate either regulations or due forms to assist in facilitating the collection of this information. She also stated that board staff is required to acknowledge receipt of all reports.

Public Comment

Dr. Steve Gray provided that this issue may cause confusion for licensees as it relates to the board's quality assurance program. He stated that the information provided may be misconstrued.

There was no additional committee discussion or public comment.

9. Public Comment for Items Not on the Agenda

No public comment was provided.

The meeting was adjourned at 1:13 p.m.

SB 1441
Uniform Standards

Board of Pharmacy

SB 1441

- Created the Substance Abuse Coordination Committee (SACC)
- Charged with establishing uniform standards 16 specified areas
- November 16, 2009 – standards were approved by the SACC

Standard 1 – Clinical Diagnostic Evaluation

- Requires for licensees in the PRP or whose license is on probation, where the board has reasonable suspicion licensee has a substance abuse problem
- Qualification for evaluator
- Report elements
  1. Determination if licensee has a substance abuse problem
  2. If licensee is threat to self or others
  3. Recommendations for treatment, practice restrictions etc.
- 24 hour reporting requirement for “threat” determination
- Timeframes for completion of evaluation and report

Standard 2 – Removal from practice

- Inactivation of license while evaluation and results are pending
- Drug testing two times/week
- Criteria for diversion or program manager to consider
- Minimum 1 month negative ua's prior to return to work

Standard 3 – Communication with Employer

- Written consent to discuss with all employers
  1. Work Status
  2. Performance
  3. Monitoring

Standard 4 – Drug Testing

- 104 ua's/first year
- 50 ua's subsequent years
- Contact and testing requirements
- Specimen collection requirements
- Lab requirements
- Timeframes for reporting results

Standard 5 – Group Meeting Attendance

- Criteria to establish frequency
- Qualifications for meeting facilitators
- Reporting requirements for meeting facilitators

Standard 6 – Types of treatment

- Criteria to be considered when determining treatment requirements

Standard 7 – Worksite Monitor

- Criteria for worksite monitors
- Methods for monitoring
  1. Face-to-face contact
  2. Interview staff
  3. Review work attendance
- Reporting suspected abuse
- Monthly reporting
- Consent forms

Standard 8 – Positive Tests

- Inactivation of license
- Contact licensee, employer and worksite monitor
- Criteria to determine if test is evidence of prohibited use
  1. Consult specimen collector and lab
  2. Consult with licensee and MD
  3. Consult with treatment providers

Standard 9 – Ingestion of banned substance

- Confirmed positive is a major violation

Standard 10 – Major & minor violations

- Major Violations
  1. Failure to complete board-ordered program
  2. Failure to undergo clinical evaluation
  3. Multiple minor violations
  4. Treating patients while under the influence
  5. Any drug/alcohol related act which would constitute a violation of law
  6. Failure to obtain testing
  7. Confirmation of positive ua screen
  8. Defrauding a drug test

Standard 10 – Major & minor violations (con't)

- Consequences
  1. Inactivation of license
  2. Termination of contract agreement
  3. Disciplinary action

Standard 10 – Major & minor violations (con't)

- Minor Violations
  1. Untimely receipt of documentation
  2. Unexcused absence from group meetings
  3. Failure to contact a monitor
  4. Any other violation that does not present an immediate threat to self or others

Standard 10 – Major & minor violations (con't)

- Consequences
  1. Removal from practice
  2. Practice limitations
  3. Required supervision
  4. Increased documentation
  5. Issuance of cite and fine
  6. Re-evaluation/testing
  7. Other action as determined

Standard 11 – Return to full time basis

- Demonstrated sustained compliance
- Demonstrated ability to practice safely
- Negative screening report for six months, two positive worksite monitor reports and compliance with other terms and conditions

Standard 12 – Unrestricted Practice

- Demonstrated sustained compliance with terms and conditions
- Successful completion of recovery program
- Consistent and sustained participation in recovery activities
- Demonstrated ability to practice safely
- Continuous sobriety for three to five years.

Standard 13 – Private-sector vendor

- Reporting of major and minor violations
- Approval process for providers and contractors
- Specimen collector requirements
- Group meeting facilitator requirements
- Work site monitor requirements
- Treatment provider requirements

Standard 14 – Public Disclosure

- Licensee's name
- License status
- Detailed description of practice restrictions
- Shall not disclose that restrictions are as a result of participation in a diversion program

Standard 15 – Auditing Requirements

- Independent audit every three years
- Reports due June 30
- Board and department required to respond to results of audit

Standard 16 – Annual reporting requirements

- Statistics annually
- Determine if program protects patients
  1. 100% of licensees either complete or have their license revoked
  2. 75% who successfully complete do not have substantiated complaints related to substance abuse for at least five years

Implementation

	RPH/ Intern			TCH			DR		
Standard	Contract	Regs	Statute	Contract	Regs	Statute	Contract	Regs	Statute
Clinical Evaluation	X					X			X
Removal from Practice		X	X		X	X		X	X
Communication with Employer		X			X			X	
Drug Testing	X	X			X	X		X	X
Group Meetings	X	X				X			X
Treatment Requirements		X				X			X
Worksite Monitors	X	X				X			X
Positive Tests			X			X			X
Ingestion of Banned Substances									
Consequences			X			X			X
Full Time Practice	X	X			X			X	
Unrestricted License			X			X			X
Private Sector Vendors	X					X			X
Public Disclosure			X			X			X
Audits of Vendor			X			X			X
Measurable Criteria	X								