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ALTERNATE MEMBERS

Thomas Cielsa, M.D. (CPA)
Michael Parr, M.D. (DEC)
Barry Rosen, M.D. (CMA)

**DIVERSION ADVISORY
COUNCIL
TELECONFERENCE
MEETING**

September 24, 2007

Medical Board of California
Greg Gorges Conference Room
1424 Howe Avenue
Sacramento, CA 95825

*Action may be taken on any item
listed on the agenda.*

Additional meeting locations:

University of California San Diego
140 Arbor Drive, Room 331
San Diego, CA 92103

Medical Board of California
320 Arden Avenue, Suite 250
Glendale, CA 91203

520 South El Camino Real
Suite 310
San Mateo, CA 94402

AGENDA

1:00 p.m. – 5:00 p.m. (or until completion of business)

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE

If a quorum of the Board is present, members of the Board who are not members of the Council may be attend only as observers.

1. Call to Order/Roll Call
2. Approval of the June 10, 2007 & July 12, 2007 Minutes
3. Legal Overview Regarding Termination of the Diversion Program (Heppler)
4. Discussion Regarding the Transition of Diversion Participants (Kirchmeyer/Pating)
 - A. If the Board establishes a policy that as of January 1, 2008 the Diversion Program no longer accepts self-referrals, then:
What should the Medical Board communicate to those individuals who seek entrance into the Diversion Program as self-referrals?
 - B. If the Board establishes a policy that as of January 1, 2008 the Enforcement Program informs those seeking entrance in the Diversion Program in lieu of discipline that they will not be able to successfully complete the program, then:
What should the Medical Board communicate to those individuals who are requesting entrance into the Diversion Program in lieu of discipline?

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

- C. If the Board establishes a policy that self-referred participants who have at least three years sobriety on June 30, 2008 would complete the Diversion Program and the contract with the Board would dissolve (no referral to enforcement and no public record – all confidential), then:
If the participant has three years sobriety is there any reason to recommend he/she continue to participate in a monitoring/recovery program (normally five years participation in the Program is needed for completion)?
- D. If the Board establishes a policy that participants who have requested participation in lieu of discipline and have at least three years sobriety on June 30, 2008 would complete the Diversion Program and the contract with the Board would dissolve (no referral to enforcement and no public record – all confidential), then:
If the participant has three years sobriety is there any reason to require continued participation in a monitoring/recovery program (normally five years participation in the Program is needed for completion)?
- E. If the Board establishes a policy that participants who have self-referred but have less than three years sobriety on June 30, 2008 have their contracts dissolved but are encouraged to seek entrance into another recovery assistance program:
Are there existing recovery assistance programs that physicians could access and how should these individuals be informed?
- F. If the Board establishes a policy that participants who are in the Diversion Program in lieu of discipline who have less than three years sobriety on June 30, 2008 are informed that they must be monitored by another recovery assistance program which will report to the Chief of Enforcement, then:
Are there existing recovery assistance or monitoring programs that could provide this function?
- G. If the Board establishes a policy that participants in the Diversion Program as a condition of probation will continue to submit to biological fluid testing and abstain from all alcohol/drugs per their order, then:
Will probation monitoring and the biological fluid testing protect the public?

5. Discussion of Diversion Program Summit

- A. Motion Made by the Medical Board (Kirchmeyer)
- B. Legislative Hearing on the General Subject of Diversion (Whitney/Senate B&P)
- C. Suggestions for Invited Guests for the Summit (Pating)

6. Public Comment on Items not on the Agenda

7. Adjournment

NOTICE: The meeting is accessible to the physically disabled. A person who needs disability-related accommodations or modifications in order to participate in the meeting shall make a request to the Board no later than five working days before the meeting by contacting Rhonda Baldo at (916) 263-2600 or sending a written request to Ms. Baldo at the Medical Board of California, 1420 Howe Avenue, Suite 14, Sacramento, CA 95825. Requests for further information should be directed to the same address and telephone number.

***Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Open Meetings Act. The audience will be given appropriate opportunities to comment on any issue presented in open session before the Board, but the Chair may apportion available time among those who wish to speak.
For additional information, contact the Diversion Program at (916) 263-2600.***