

Health Professionals' Services Program Program Guidelines

Title: Toxicology Testing Frequency

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Guideline:

- 1 • The Health Professionals' Services Program (HPSP) understands that toxicology testing is one of
2 several key components of the health professionals monitoring program. In accordance with the
3 Advisory Committee requirement, the minimum testing frequency for licensees with substance
4 use only or substance use and mental health disorders is 36 tests the first year and 24 tests the
5 second year. Licensees with only mental health disorders are not subject to toxicology testing
6 unless it is recommended by a third party evaluator or the licensees' licensing board.

7 In consideration of this, the Policy Advisory Committee (PAC) has established guidelines for frequency of
8 testing. Guideline frequencies are minimum standards as approved by the Policy Advisory
9 Committee. IBH will follow explicit testing frequencies set by board rule or orders when frequencies are
10 greater than the minimum guideline for other than only mental health disorder licensees.

11 The testing standard for the HPSP program for licensees with substance use disorder only or substance
12 use disorder and mental health diagnoses are as follows:

- 13 • Year one: a minimum of 36 tests per year
14 • Year two: a minimum of 24 tests per year
15 • Year three: a minimum of 18 tests per year
16 • Year four: a minimum of 18 tests per year
17 • Year five: a minimum of 12 or 18 tests per year (depending on program entry date)

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19 **The testing standard for the HPSP program for licensees with mental health disorders and no substance**
20 **abuse disorder with a recommendation from the third party evaluator or licensing board is as follows:**
21 **Year one: a minimum of 18 tests per year to be reassessed at 6 months.**

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23 These are minimum standards and may be increased if the licensee exhibits behaviors consistent with
24 substance abuse or is at risk for relapse. For licensees with a mental health only disorder, the testing
25 requirement and the number of tests will be determined by the third party evaluator or as directed by
26 the referring board and approved by the medical director (or program director or designee for nursing
27 board licensees). Any minimum standard may be increased by the agreement monitor in conjunction
28 with the medical director (or program director or designee for nursing board licensees.). The frequency
29 of testing for licensees in career length monitoring will be determined on a case by case basis by the

30 agreement monitor and the medical director (or program manager or designee for nursing board
31 licensees) who will consider licensee's compliance, pattern of relapse and history in the Program.

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33 In respect to these standards, factors that determine how frequently a licensee should test include but
34 are not limited to:

- 35 1. Level of risk due to licensee's position.
- 36 2. Licensee's history of compliance.
- 37 3. Workplace reports.
- 38 4. Licensee's history of use and drug of choice.
- 39 5. Number of monitoring components available for feedback, e.g. a workplace
40 monitor/supervisor, a counselor, a monitoring group consultant.

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42 The frequency of testing is reviewed yearly at the time the annual review is completed. The frequency
43 takes into consideration the licensee's years in the program and compliance history. If the medical
44 director (or program director or designee for nursing board licensees) determine that the frequency
45 should be greater than or less than what is provided in the established standards, the case will be
46 reviewed by the PAC and the frequency will be determined by the PAC.

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48 The decision to change a licensee's toxicology testing frequency at the annual review or at any other
49 time is made by the agreement monitor in conjunction with the medical director (or program director
50 or designee for nursing board licensees.) Below is a partial list of factors that result in an increase in
51 testing:

- 52 1. A report of non-compliance.
- 53 2. An outside treatment person or a HPSP representative believes that the licensee may be using
54 mood altering substances.
- 55 3. An employer shares that licensee is exhibiting behaviors that may be indicative of alcohol or
56 drug use.
- 57 4. The licensee admits to use of mood altering substances.
- 58 5. High suspicion of relapse, or potential relapse, due to a report of use by a reliable and
59 responsible source

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61 A relapse is defined as use of any alcohol or mind altering substance, including the use of medication
62 without a prescription or the use of another's prescription, or if the licensee admits to use. If a licensee
63 experiences a relapse, the licensee's testing schedule will be increased. If the licensee experiences a
64 relapse in years one or two of the program, the testing will be increased to a minimum of 48 tests per
65 year. If the licensee experiences a relapse in year three or beyond, the testing will be increased to a

66 minimum of 24 tests per year. Following a non-negative test, (positive, adulterated, substituted) the
67 licensee's testing frequency should also be increased in the subsequent years and licensee should not be
68 tested at the minimum testing frequency.