



## Health Professionals' Services Program Program Guidelines

**Title:** Toxicology Testing Frequency

**Pages:** 2

**Revision Date:** 3/31/14; 5/15/2013; 10/2011

### **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.