

CONSUMER CONNECTION



Rebuilding Your Home After a Natural Disaster

Also Inside

- > Stay Safe from Ticks p.4
- > Health Care via Telehealth p.16
- > Benefits of Hospice as End-of-Life Choice p.19

IN THIS ISSUE

Caught by Storm 1



Minute Menace 4



Assisted Living Versus Skilled Nursing Facility 7

On the Move 11

The Nutrient-Based Diet 13

The Doctor Will See You Now ... Online 16



The Importance of End-of-Life Care 19

The Battle for Clean Air 22



Executive Officer Spotlight: Nicholas Oliver, BEARHFTI 24



Do You Have What It Takes to Become a DCA Board Member? ... 26

Caught by Storm

Tips to help California property owners avoid missteps after a natural disaster

By Michelle Cave
Consumer Connection staff

Earthquakes, wildfires, mudslides, and flooding—mixed with an occasional tornado or tsunami—are the new normal for the Golden State.

In California, natural disasters are not only commonplace, but they're increasing in frequency and becoming more unpredictable. Not all natural disasters inflict damage equally, nor is an event necessarily specific to a region. But one thing many natural disasters have in common is the devastation to housing and businesses they leave in their wake.

A relatively minor event may not require a rebuilding effort or major cleanup. However, catastrophic events—such as last year's massive wildfires that ravaged parts of the state from north to south, and the flooding in Montecito and Oroville—can cause severe damage or destroy

many residential and commercial properties, requiring property owners to face the dilemma to leave the area or stay and rebuild.

The California Department of Consumer Affairs (DCA), through the California Architects Board (CAB) and the Contractors State License Board (CSLB), offers steps to assist in the rebuilding process, and to help individuals and businesses avoid being taken advantage of or falling into a mire of unscrupulous activity.

Protect the property

The California Department of Insurance suggests one of the most important steps to take after your property has sustained damage is to make temporary repairs, if possible, to prevent further damage. Plastic sheeting, tarp, or plywood may

be used to cover damaged roofs, walls, doors, and windows. The goal is to provide temporary protection for the structure.

The costs for these temporary repairs would typically be included in the loss settlement. It is advised that plans to make permanent repairs be postponed until the insurance claim adjuster has visited your property and assessed the damage.

What happens if a governor declares a natural disaster

If the area where your property is located was declared a natural disaster by the governor and if the damage may be covered by insurance, the architect or person who prepared the original plans used during the construction or remodel of the property is required to release a copy of those plans to the present owner, the owner's insurer, or a duly authorized agent of either upon request (California Business and Professions Code [BPC] section 5536.3).

Know your structure category

Building reconstruction in a disaster area will be determined in one of two ways—home improvement or new construction:

- **Home improvement:** Your home falls into this category if there is an existing foundation, chimney, or partial walls. This may be less costly compared to a new construction (BPC section 7159).
- **New construction (single-family dwelling):** New construction is when everything is destroyed and only earth remains. This category requires construction from the ground up (BPC section 7164).

First, contact your city or county building officials to clarify which category your property will be classified under. It is important to note that building codes change over time to meet safety and environmental standards. You may request current information about building code requirements for the repair or reconstruction of your project.

Your project

The process of sourcing and hiring a professional to make repairs or build new construction is important. You may want to explore whether your project will require the professional services of a licensed architect, a licensed contractor, or both.

An architect can assist in planning your project in advance with the planning of sites and the design, in whole or in part, of buildings and structures. Once your project plan is complete, you will need



to find one or more contractors. This will range from a general contractor to swimming pool contractors, landscapers, painters, electricians, and others, depending on the scope of your project.

Hire licensed professionals

You should seek referrals from multiple sources, including through an internet search for licensed architects through CAB and licensed contractors through CSLB. Get recommendations from trusted friends, family, and associates—however, it is important to verify that these individuals are licensed with one of the boards under DCA before any work begins.


Get it in writing

Before the project begins, make sure you understand and receive a written contract with everything outlined and written into the contract. This includes the start and end date of the project, services to be provided, the payment schedule, method of payment, scope of project, all materials needed, list of subcontractors, and everything that will be included in the project—up to and including the kitchen sink.

The contract should also include the name, address, and license number of the architect and/or contractor, and the name and address of the client.

The procedure to accommodate additional services, change orders, and termination should be included. Finally, both parties need to sign the contract and receive a copy.

To help you make the best decision on your project, CAB offers these publications on their website, www.cab.ca.gov: *Consumer's Guide to Hiring an Architect* and *Consumer Tips for Design Projects*.

CSLB has available numerous information resources for consumers on its website, www.cslb.ca.gov: *After A Disaster, Don't Get Scammed!*; *Fast Facts—Rebuilding After a Natural Disaster*; and *10 Tips: Make Sure Your Contractor Measures Up*. For access to additional resources, visit CSLB's website and type "Disaster Help Center" in the search field, or call CSLB's toll-free disaster hotline (Monday–Friday, 8 a.m. to 5 p.m.) at (800) 962-1125. 

Resource

Governor's Office of Emergency Services: www.caloes.ca.gov





minute MENACE

Be aware of ticks (and Lyme disease) when outdoors this summer

By **Ryan Jones**
Consumer Connection staff

Summer in California for most means more time spent outdoors, and whether you're visiting a local park or on a family camping trip, you should be aware of ticks—the tiny bloodsuckers that can pose a health risk.

While Lyme disease-carrying ticks are more abundant in the Northeast and upper Midwest, ticks can be found throughout California, particularly in northern and coastal areas that tend to have some humidity. Wooded and grassy areas are also tick hot spots, and they are most active in spring, summer, and early fall.

Nature preserves, open-space wetlands, and bike trails are likely areas for ticks to flourish. Dogs are particularly susceptible to ticks in rural, off-leash areas (regular doses of flea and tick medicine can greatly reduce the risk for dogs).

Nationwide, tick bites are on the rise. A Centers for Disease Control and Prevention (CDC) study released May 1 says the number of people who

contracted a disease through a tick, mosquito, or flea bite has more than tripled since 2004.

From May through July, people in the United States will get more tick bites and tickborne diseases than at any other time of the year, according to the CDC, and more than 300,000 people nationwide are diagnosed with Lyme disease annually.

But while roughly two-thirds of those diagnosed with Lyme disease live east of the Mississippi River, research in 2015 by Stanford and Northern Arizona universities shows that Lyme disease strains associated with the East Coast appear to be moving west and that the disease is probably more common in California than previously thought.





Lyme disease, which is most commonly carried on the West Coast by the Western black-legged tick (or deer tick), can be difficult to detect in patients because the common symbol of the traditional strain—a bull's-eye shape around the bite—may or may not be present. Additionally, early symptoms such as fever, headache, and fatigue are often mistaken for the flu.

Lyme disease can be treated with antibiotics, but if left untreated, the disease can worsen to joint swelling, numbness, muscle weakness, cognitive difficulties, and heart problems.

"It's a tricky, tricky bacteria that hides in your system. But because there are so many different strains, it makes it difficult to diagnose, and each strain has different symptoms," Linda Giampa, executive director of the Bay Area Lyme Foundation, told the *San Francisco Chronicle* in 2015. "If you can't diagnose it, it really makes it difficult to treat and to cure it."

Lyme disease is the most common tick-borne illness and most frequently diagnosed strain of the disease, *Borrelia burgdorferi*, but other strains have recently been discovered that cause human illnesses with similar or different symptoms.

The CDC recommends these precautions to avoid tick bites:


- Avoid areas with high grass and lots of dead leaves, and walk in the center of trails when hiking or walking a dog. Areas with deer populations are most likely to be tick-infested.
- Use insect repellents containing DEET, picaridin, IR3535, oil of lemon eucalyptus, para-menthane-diol, or 2-undecanone.
- Use products that contain permethrin to treat clothing and gear, such as boots, pants, socks, and tents.
- Treat dogs for ticks. Dogs are very susceptible to tick bites and to some tick-borne diseases and can easily bring ticks into the home. Talk to your veterinarian about the best tick prevention products for your dog.
- Bathe or shower as soon as practically possible after coming indoors to wash off and more easily find crawling ticks before they bite you.
- Conduct a full-body tick check using a hand-held or full-length mirror to view all parts of your body upon returning from tick-infested areas. Parents should help children check thoroughly for ticks. Remove ticks immediately (see "How to remove a tick," page 6).
- Put clothes in a dryer on high heat for 10 minutes to kill ticks on dry clothing after you come indoors. If the clothes are damp, additional time may be needed.



While mature ticks can be the size of a pencil eraser, young ticks (called nymphs) that are most likely to be infected with the bacteria to cause disease, are very small—the size of a poppy seed.

“You’re less likely to discover them, so they’re more likely to spread disease because they can feed on you for three or four days,” said the Stanford/Northern Arizona study’s lead author, Dan Salkeld, a disease ecologist at Colorado State University who started the research work while at Stanford.

Potential tick bites shouldn’t keep anyone from enjoying the vast outdoor activities California has to offer, but taking some precautions can go a long way toward avoiding Lyme disease and other illnesses that ticks may carry.

Any symptoms that could be associated with a tick bite and Lyme disease should immediately be addressed by a doctor. It’s always a good idea to check the license status of a physician. To verify a doctor’s license, visit the Medical Board of California’s website (www.mbc.ca.gov) or the Osteopathic Medical Board of California’s website (www.ombc.ca.gov). 

Resources

Centers for Disease Control and Prevention: www.cdc.gov
California Department of Public Health: www.cdph.ca.gov
Bay Area Lyme Foundation: www.bayarealyme.org

How to remove a tick

If you find a tick attached to your skin, don’t panic—the key is to remove the tick as soon as possible. There are several tick removal devices on the market, but a plain set of fine-tipped tweezers work well:


1. Use fine-tipped tweezers to grasp the tick as close to the skin’s surface as possible.



2. Pull upward with steady, even pressure. Don’t twist or jerk the tick; this can cause the mouth parts to break off and remain in the skin. If this happens, remove the mouth parts with tweezers. If you are unable to remove the mouth easily with clean tweezers, leave it alone and let the skin heal.



3. After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol or soap and hot water.
4. Never crush a tick with your fingers. Dispose of a live tick by putting it in alcohol, placing it in a sealed bag/container, wrapping it tightly in tape, or flushing it down the toilet.

Avoid folklore remedies such as “painting” the tick with nail polish or petroleum jelly, or using heat to make the tick detach from the skin. Your goal is to remove the tick as quickly as possible—not waiting for it to detach. 

Source: Centers for Disease Control and Prevention

Assisted Living Versus Skilled Nursing Facility

Understand what they are, who regulates them, and how to go about finding one

By **Laurel Goddard**
Consumer Connection staff

With people living longer and with the bulk of the baby boomer generation rapidly reaching retirement age, it's no surprise that the demand for elder care is increasing.

Between 1970 and 2016, the number of older adults in this state, age 60 and over, grew from 2.5 million to 7.8 million—an increase of 212 percent—and continues to grow rapidly, according to the California Department of Aging (CDA). And more than 10,000 baby boomers retire every day, according to the Pew Research Center. While many are able to live independently as they age, others may find they need assistance in their day-to-day lives and may need to move to a facility that best fits their needs—ranging from assisted living to a skilled nursing home.



What is assisted living?

Assisted living most commonly refers to a housing alternative for older adults who may need help with activities of daily living such as dressing, bathing, eating, toileting, and getting in and out of bed or a chair, but do not require the intensive medical and nursing care provided in skilled nursing facilities, also known as nursing homes. Assisted living communities are not allowed to provide skilled nursing services, such as give injections or maintain catheters and do colostomy care, unless there is a credentialed registered nurse or licensed vocational nurse working in the home.

Assisted living is also referred to as residential care, board and care, congregate care, and personal care. Assisted living facilities may be part of a retirement community, nursing home, senior housing complex, or may stand alone. In a residential

care setting, an elderly person still can carry on as normal a life as they wish or are able. They can go shopping, have friends and family visit whenever they want, go for walks, dine out, and more.

AARP explains on its website that assisted living facilities are aimed at helping residents remain as self-sufficient as possible, with the assurance of assistance when needed. A combination of housing, meals, personal care and support, social activities, 24-hour supervision, and in some residences, health-related services are usually provided.

Who regulates assisted living facilities?

The Department of Social Services' (DSS') Community Care Licensing Division (CCLD) is the regulatory agency responsible for investigating complaints against assisted living communities. CCLD also is responsible for issuing licenses, conducting periodic inspections to ensure that minimum standards are maintained, and enforcing the laws and regulations by issuing civil penalties and administrative sanctions. In situations where the health and safety of residents are in danger, CCLD also has the authority to suspend or revoke a facility's license.

What is a skilled nursing facility?

Sometimes called nursing homes, rehabilitation centers, or convalescent hospitals, skilled nursing facilities are public or private residential facilities providing a high level of long-term personal and nursing care for persons such as the aged or the chronically ill who are unable to care for themselves properly. Nursing homes provide skilled nursing care, rehabilitative care, medical services, personal care, and recreation in a supervised and safe environment.



Who regulates skilled nursing facilities?

Nursing homes in California are licensed, regulated, inspected, and/or certified by a number of public and private agencies at the state and federal levels, including the California Department of Public Health (CDPH) Licensing and Certification (L&C) Program and the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS). These agencies have separate—yet sometimes overlapping—jurisdictions.

CDPH is responsible for ensuring nursing homes comply with state laws and regulations. In addition, CDPH has a cooperative agreement with CMS to ensure that facilities accepting Medicare and Medi-Cal payments meet federal requirements. Each year, CDPH L&C staff conduct approximately 1,350 on-site inspections of nursing homes and respond to approximately 5,000 complaints and 5,300 events reported by facilities.

Events that facilities are required to report to CDPH include interruptions of services essential to the health and safety of residents; alleged or suspected abuse; all fires, disasters, and other risks to resident

life or health resulting from accidents or incidents at the facility; and administrator or director of nursing personnel changes. Investigation of complaints and reportable events also requires on-site inspections that evaluate compliance with both state and federal requirements.

In addition to inspection by CDPH, some California nursing homes are members of a private national accrediting organization called The Joint Commission, which independently inspects member facilities to assess performance.

All nursing facilities in California must meet mandatory state standards that set the minimum and essential requirements of care for continued licensure. Survey teams also evaluate whether facilities meet federal requirements and certify their compliance with federal care standards. Facilities failing to meet the state or federal standards are subject to fines or other enforcement actions. CDPH has the statutory authority to impose fines against nursing facilities it licenses as part of enforcement remedies for poor care.



How do I file a complaint against a facility?

Minor incidents at assisted living facilities should first be discussed with facility management to try to reach a solution. Complaints regarding abuse, exploitation, or neglect should be directed to DSS' CCLD by calling (844) LET-US-NO (844-538-8766).

To file a complaint against a skilled nursing facility, contact your local CDPH L&C district office (contact information can be found on the L&C Program web page at www.cdph.ca.gov), or file an online complaint with at www.cdph.ca.gov by using the drop-down menu from the "I am looking for" tab at the top of the page and clicking on "File a Complaint" link under the "Health Facilities" heading.

In addition, the California State Long-Term Care Ombudsman Program within the California Department of Aging (www.aging.ca.gov) investigates elder abuse complaints in long-term care facilities and in residential care facilities for the elderly. All long-term care facilities are required to post, in a conspicuous location, the phone number for the local Ombudsman office and the statewide CRISISline number, (800) 231-4024. CRISISline is available 24 hours a day, seven days a week, to take calls and refer complaints from residents.

How do I find a facility?

If you are considering a facility for a loved one, recommendations from friends and family can be helpful. You can visit the DSS website at www.cdss.ca.gov and click on the "Find Licensed Care" button to begin your search for adult residential and day care, assisted living, home care, and other facility types. DSS notes that this is only a starting point, and you can find out additional information about a specific facility by contacting the office responsible for licensing and inspection of the facility.


Some important factors to consider include the location of the home, its participation in the Medicare and Medi-Cal programs, its compliance with public standards, and whether its services meet your needs and desires, says the California Advocates for Nursing

Home Reform (CANHR), a statewide nonprofit advocacy organization dedicated to improving the choices, care, and quality of life for California's long-term care consumers.

How can I learn more?

CANHR's website at www.canhr.org has a wealth of information on elder care facilities, along with consumer publications and fact sheets.

CDPH provides additional information, at www.cdph.ca.gov, about long-term care facilities, including packets of information explaining residents' rights for nursing homes. DSS' website offers resources for residents and families at www.cdss.ca.gov.

Licenses for registered nurses can be verified on the Board of Registered Nursing's website (www.rn.ca.gov), and licenses for vocational nurses can be verified on the Board of Vocational Nursing and Psychiatric Technicians' website (www.bvnpt.ca.gov). 



ON THE MOVE

BEARHFTI provides new regulatory home for household movers

By **Joyia Emar**

Consumer Connection staff

California household moving companies will keep on trucking this summer as they move to their new regulatory home at the California Department of Consumer Affairs (DCA).

Beginning July 1, 2018, licensing and regulation of household movers migrate from the California Public Utilities Commission to DCA's Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation (BEARHFTI). Senate Bill 19 (Hill, 2017), which was signed into law in October 2017, creates a Division of Household Movers within BEARHFTI for the regulation of residential moving companies conducting business in this state.

The moving industry won't need to shift gears during the transition, because BEARHFTI expects to make it as seamless as possible by continuing to use the same forms, license numbers, and licensing computer system previously used by the Public Utilities Commission. Regulations and fees for licensees will remain the same, although some regulations will need to be updated to reflect DCA's administrative processes.

Moving company customers who move within the state shouldn't notice any difference in their service other than any complaints will need to be filed with and investigated by BEARHFTI.




BEARHFTI Bureau Chief Nicholas Oliver looks forward to the addition of residential moving companies and expects to be fully staffed by July 1 to provide licensees with excellent regulatory authority and service. In preparing for the transition, 11 new staff members will be hired for BEARHFTI's Division of Household Movers.

Oliver said BEARHFTI plans to be aggressive with enforcement actions and will conduct sting operations to catch unlicensed moving companies. He added that the stings will be carried out with the participation of law enforcement agencies.

Using unlicensed moving companies can be risky. Unlicensed movers may not be insured or bonded, and some may be involved in criminal activity. There have been instances of unlicensed moving companies stealing the belongings being transported, or the belongings are damaged or destroyed during the move and consumers have no recourse for compensation or reimbursement.

A benefit of using licensed moving companies is that they are required to be insured and must carry public liability, property damage, and workers' compensation insurance. They are not "fly-by-night" operations, as many have been in business for years. Consumers who have issues with licensed companies can file complaints with BEARHFTI, which investigates all complaints, and depending on the outcome of the investigation, a company could be cited and fined or could lose its license.

Consumers are encouraged to check the license of any moving company they consider hiring. Starting July 1, BEARHFTI's website, www.bearhfti.ca.gov, can be used to verify that the company's license is in good standing. 



The Nutrient-Based Diet

Recent study indicates calories don't count as much as food quality

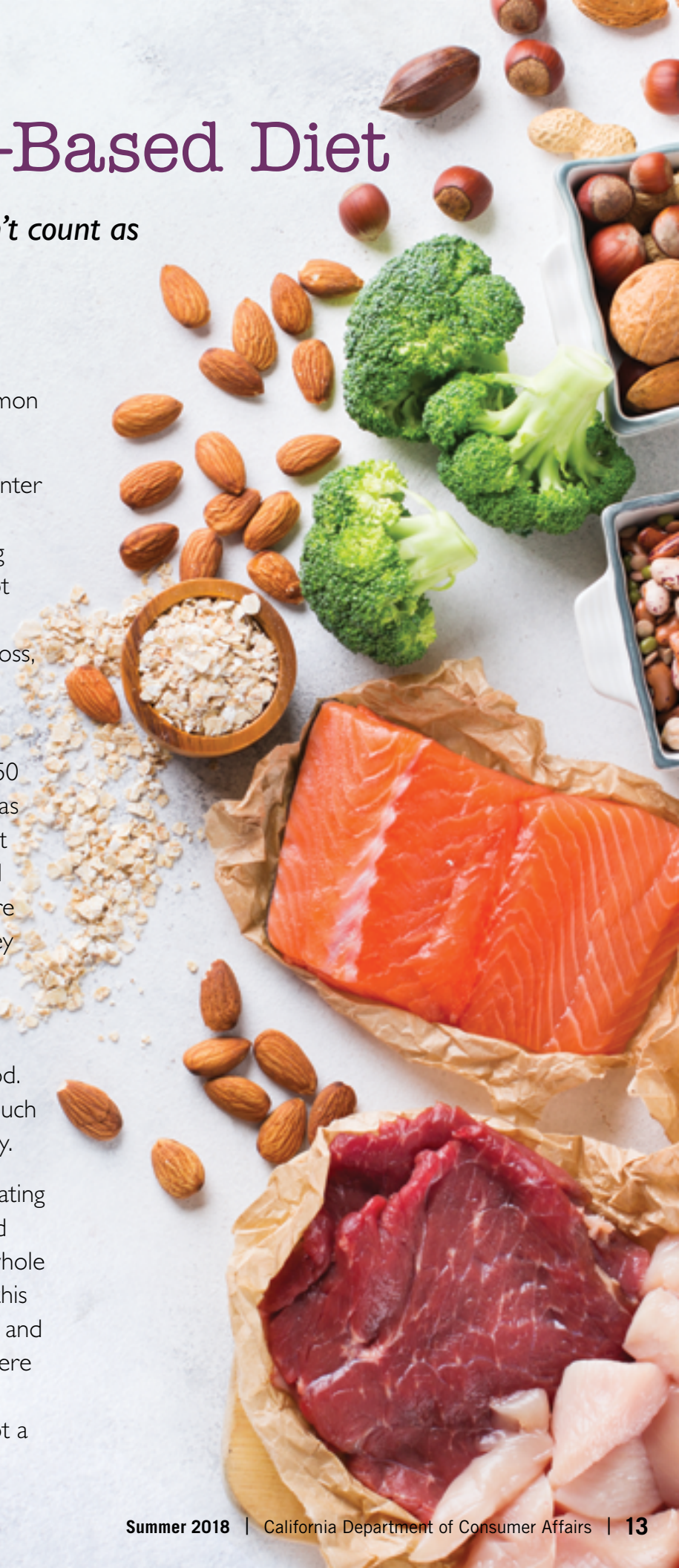
By **Laura Kujubu**
Consumer Connection staff


When it comes to weight loss, there's a common guideline generally given: Eat less.

However, a Stanford Prevention Research Center study published in February in the *Journal of American Medical Association* found that eating less—and consuming fewer calories—may not necessarily be the key. Instead, what can help with weight loss, as well as sustaining weight loss, is choosing certain foods.

The trial involved monitoring 609 overweight or obese adults between the ages of 18 and 50 over a period of 12 months. The main goal was to understand the effect a healthy low-fat diet versus a healthy low-carbohydrate diet would have on weight change. Also, participants were given genetic and metabolic tests to see if they had a predisposition for success using one of the two diets. The low-carb diet group was instructed to minimize their intake of grains, beans, fruits, and other high-carb types of food. The low-fat group was told to reduce foods such as fatty meats, cooking oil, and whole-fat dairy.

Both groups were then advised to focus on eating dishes prepared at home and avoid processed foods, and instead consume nutrient-dense whole foods and vegetables. For the low-fat group, this meant nutrient-poor foods such as white rice and soft drinks—although considered low-fat—were not good options. Similarly, for the low-carb group, lard may be low-carb but obviously not a healthy choice.





“We made sure to tell everybody, regardless of which diet they were on, to go to the farmer’s market ...” said Dr. Christopher D. Gardner, lead author of the study and director of nutrition studies at the Stanford Prevention Research Center, in a February 2018 news release.

Another important instruction given to the participants: While on their new diets, whether low carb or low fat, they did *not* have to keep track of calorie intake or worry about portion size. “We advised them to diet in a way that didn’t make them feel hungry or deprived—otherwise, it’s hard to maintain the diet in the long run,” said Gardner.

As far as exercise, study subjects were encouraged to meet federal guidelines for physical activity but were not told to increase their exercise levels.

After a year, the low-fat diet participants lost an average of about 12 pounds and the low-carb participants lost about 13 pounds. The findings found that there was not a significant difference in impact between the two diets, and not a notable difference because of genotype or carbohydrate metabolism.

Ahead of the feds?

The results of the study are in contrast with federal guidelines—such as from the Centers for Disease Control and Prevention (CDC)—to use calorie reduction as a way to lose and manage one’s weight. On the CDC website, in the “Cutting Calories” section, it states, “Aim for a slow, steady weight loss by decreasing calorie intake while maintaining an adequate nutrient intake and increasing physical activity.” The U.S.

Department of Agriculture’s www.Nutrition.gov website states, “Weight loss can be achieved either by eating fewer calories or by burning more calories with physical activity, preferably both,” adding that “calories count” and “portions count.”

That being said, federal government entities do stress the importance of the quality of foods we eat.

The CDC website states, “Research shows that people get full by the *amount of food* they eat, not the *number of calories* they take in. You can cut calories in your favorite foods by lowering the amount of fat and increasing the amount of fiber-rich ingredients, such as vegetables or fruit.”

According to CDC’s November 2017 *Morbidity and Mortality Weekly Report*, only one in 10 adults gets enough fruits or vegetables in their diet. Depending on one’s age and sex, federal guidelines recommend adults eat 1½ to 2 cups per day of fruit and 2 to 3 cups per day of vegetables. Not meeting these guidelines can put people at risk for chronic diseases such as obesity, some cancers, heart disease, and type 2 diabetes (seven of the top 10 leading causes of death in the United States are due to chronic diseases).

Most U.S. adults are either overweight or obese, according to the National Institutes of Health. Specifically, obesity in our country is at an all-time high, with nearly 40 percent of adults reported as obese, as stated in an October 2017 study released by CDC’s National Center for Health Statistics. The lead researcher on the CDC team added that there’s also no sign of the obesity epidemic slowing down.




Don't oversimplify

Now, more than ever, understanding weight-loss strategies and long-term weight management is vital to our overall health. The Stanford study's results help point out a new approach; however, as Gardner emphasized, it's important not to oversimplify the results. When trying to lose weight, it's not simply that calories or genetic tendencies don't matter, but it's more about being mindful of where the calories are coming from, making sure we're eating enough to feel satisfied, and keeping an open mind about how to lose weight and keep it off.

"I feel like we owe it to Americans to be smarter than to just say 'eat less,'" Gardner said. "I still

think there is an opportunity to discover some personalization to it—now we just need to work on tying the pieces together."

Before beginning any diet, consult your doctor. To verify a doctor's license, visit the Medical Board of California's website (www.mbc.ca.gov) or the Osteopathic Medical Board of California's website (www.ombc.ca.gov). 

The Doctor Will See You Now ... Online

Telehealth is a fast and convenient way to receive health care advice, but take precautions

By **Lana Wilson-Combs**
Consumer Connection staff

Thanks to the internet and social media, information is accessible around the clock and with the mere click of a button. While many people use the internet to purchase goods and services, a growing number also go online to search for a variety of health-related topics and to connect with doctors.

Consequently, several medical facilities are creating alternative methods to provide patients with online health care options.

One popular option is telehealth. This use of modern technology allows consumers to get health care information by electronic means, such as by voice, data, and video transmission.

According to an August 2017 *Time* magazine article, telehealth is growing by leaps and bounds. For many, telehealth services are fast and convenient. Telehealth goes beyond the simple use of the internet to order prescriptions or make doctor appointments online—it enables a patient to chat with a therapist and even discuss a medical condition with a doctor often by simply using an app from their smartphone.

The data and analysis company IHS Markit reports that the use of telehealth increased 17 percent from 2014 to 2017. The trend doesn't appear to be waning either.

However, consumers are urged to click with caution when seeking online medical information. The Department of Consumer Affairs recommends consumers who don't have a doctor and want to find one, should first verify the license of a medical doctor (M.D.) on the Medical Board of California's (MBC's) website at **www.mbc.ca.gov** or an osteopathic doctor (D.O.) on the Osteopathic Medical Board of California's (OMBC's) website at **www.ombc.ca.gov**.

MBC, OMBC, and other state medical board websites provide information such as the licensure information of physicians and whether they've been disciplined by the board.

MBC also offers telehealth information through its **Practicing Medicine Through Telehealth Technology** web page.

Telehealth typically involves the application of videoconferencing technology to provide or support health care delivery. The standard of care is the same whether the patient is seen in-person or through telehealth methods. The doctor does not need to be located in California, but they must have a current California license if the patient is located in California.



Here are some additional, helpful tips for consumers searching online for a doctor or medical information:

- + Confirm the site is secure:** Make sure you visit only authentic and secure websites. A simple way to do this is by checking the web page URL. In general, web addresses begin with the letters “http.” However, over a more secure connection, the address displayed should begin with “https.”
- + Learn about the physician:** Find a licensed practitioner with the necessary expertise and skill to discuss your issue. Check out the references and referral comments from other patients who have used the site. Were they satisfied with the information and service they received? The feedback can be a good indicator whether you’ll feel comfortable sharing your health information online (you can also check the status of a doctor’s license on the appropriate medical board website; e.g., MBC or OMBC).

- + Check for legitimate affiliations:** Another important aspect of finding a legitimate online doctor is identifying their medical group or affiliated hospital, where other qualified doctors are looped in, then finding their profile or contact information through their websites.
- + Know where your personal information is going:** Know what your personal information is being used for before providing it to any online service. This is particularly important if the website is asking for any information beyond your name and email address. There are a wide variety of free resources available,





so be wary of websites that tell you to pay a “membership” or “subscription” fee, or provide a credit card to access content. They may want information about you to sell to third parties. Similarly, a website should not need to know your personal health information for you to access educational content. If a website requires any personal information, it should disclose exactly how it will be used. For example, a site asking if you have heart health-related concerns so that it can customize content may be useful. However, a website wanting to charge you for content or potentially sell your personal information to a third party should be avoided.

- + Always seek the counsel of a doctor or nurse:** Finding reliable online health care information can be daunting. Spring Arbor (Michigan) University offers some solid advice on its website—none more important than the reminder that only a qualified health care professional can give a diagnosis and/or treatment. For a medical issue that requires immediate attention, depending on the severity, make an in-office appointment to see a licensed doctor or nurse, go to an urgent-care center or emergency room, or if it’s a life-threatening emergency, call 911.
- + Read the fine print:** If you have concerns over a website’s data collection policies, always carefully review its privacy policy and terms of use.

Telehealth does appear to be here to stay. And if you exercise the above precautions, it could be a valuable part of your overall health care regimen. **CC**



The Importance of End-of-Life Care



Common misperceptions about hospice lead to underuse

By **Laura Kujubu**
Consumer Connection staff

It's both a difficult decision to make and an uncomfortable topic to discuss. For most, the idea of going into hospice equates to giving up or accepting that death is imminent—common perceptions that can delay hospice until the very last days of life, or even cause a patient to forego the option altogether.

But the reality is that hospice can be an extremely beneficial end-of-life choice, and without it, a patient may needlessly suffer pain and discomfort, and caregivers can be left struggling to take care of their loved ones.

What is hospice?

Despite significant growth over the past 30 years, hospice is still vastly underused. Less than half of all deaths in the United States occur in hospice, the median length of stay is about two weeks, and one-third of patients are referred by health care providers in only their last seven days of life, according to a September 2017 research report published in the *Journal of the American Geriatrics Society* (JAGS).

Hospice is often perceived as an expensive facility one transfers to right before death. In reality, the care is usually provided in a patient's own home and is covered by Medicare, Medicaid, or private health insurance. A patient is eligible for hospice if their health care provider

determines they have a life expectancy of six months or less. If a patient lives longer than the six months, they can stay longer than the expected time period.

The main goal of the care is to help maintain or improve the quality of life for those whose illnesses are unlikely to be cured. Hospice is commonly perceived as only for cancer patients; however, it's also for those with late-stage heart, lung, or kidney disease, as well as advanced Alzheimer's disease or dementia.



The services are available to not only older adults but also to infants, children, and adolescents.

The care may include:

- Doctor services
- Nursing care
- Medical equipment and supplies
- Physical therapy
- Occupational therapy
- Social work services
- Grief and loss counseling for the patient and their family
- Respite care (patients can stay up to five days in a hospice facility or nursing home to provide some rest for caregivers)

What it means and doesn't mean

When a patient starts hospice care, they're choosing to forego curative treatments. At that point, the patient and their doctor have determined it may no longer be possible to cure the illness. However, it's important to note that although a patient is stopping curative treatments, they're not stopping all treatments. For example, a cancer patient may stop chemotherapy while in hospice, but doesn't need to stop taking medications for high blood pressure.

This difficult—and emotional—decision to stop curative measures is another reason why patients and health care providers may delay hospice: Patients do not feel ready to stop treatments, and health care providers may have difficulty predicting how much longer a patient may live.

The Centers for Medicare & Medicaid Services (CMS) started an experimental project, Medicare Care Choices Model, that examines this dilemma. Under the program, Medicare beneficiaries receive hospice care while also receiving treatment for their





terminal illness. Ninety-seven hospice providers in the United States and 30,000 patients will enroll in the program. The first half of the participants started in January 2016, and the second half started in January 2018; the program will end in December 2020. CMS will measure whether this type of hospice model improves patients' quality of life and care, increases patient satisfaction, and reduces Medicare expenses.

Another concern about hospice is that it sets one on a permanent path. "Many people are fearful that if they choose hospice, they won't be able to return to mainstream medicine should they improve or new treatments become available—that's not true. Hospice is not a one-way street," said Diane Meier, M.D., the director of the Center to Advance Palliative Care, in a September 2017 *Consumer Reports* article.


Approximately 15 percent of hospice patients leave hospice care, according to Dr. Thomas Gill, author of the study published in *JAGS* and professor of geriatric medicine and director of the Yale Program on Aging.

Early as possible

As stated in the Department of Health and Human Services' *Medicare Hospice Benefits* booklet, "A specially trained team of professionals and caregivers provides care for the 'whole person,' including physical, emotional, social, and spiritual needs."

With those goals in mind, the sooner a patient enters hospice, the sooner they and their loved ones can take advantage of its specific benefits. Key to deciding when to opt for hospice is being in continuous communication with your health care provider when you or a loved one is terminally ill. You want to discuss end-of-life wishes before an illness becomes debilitating. Be sure to check the license of your doctor on the Medical Board of California's website at www.mbc.ca.gov or Osteopathic Medical Board of California's website at www.ombc.ca.gov.

Because hospice approaches care from a holistic perspective, studies show that patients who choose hospice may live longer than those who don't. The National Academies of Sciences, Engineering, and Medicine book *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* stated, "People frequently associate hospice use with earlier death and abandonment of treatment. The reality is very different. Some evidence suggests that on average, hospice patients live longer than similarly ill nonhospice patients. For example, hospice patients outlived nonhospice patients by an average of 29 days in a study of almost 4,500 Medicare beneficiaries in the late 1990s and early 2000s (Connor et al., 2007)."

Despite all the advantages, the challenge still exists regarding hospice's overall underuse. According to the National Hospice and Palliative Care Organization's *Fact and Figures: Hospice Care in America 2017* report, 86.5 percent of Medicare hospice patients are Caucasian and 64 percent of the patients are 80 years or older. More patients with serious and terminal illnesses—of all ages and races—should be taking advantage of this beneficial care, which allows for not only comfort at the end of one's life, but also dignity. 

Resources

Medicare: www.medicare.gov

Medicaid: www.medicaid.gov

National Hospice and Palliative Care Organization: www.nhpco.org

National Institute on Aging: www.nia.nih.gov

National Association for Home Care and Hospice: www.nahc.org

The Battle for Clean Air

Smog scammers may be crafty, but state watchdogs are right there with them

By **Matt Woodcheke**
Consumer Connection staff

Prior to the federal Clean Air Act of 1970, which authorized federal and state governments to develop standards and regulate emissions, California's air was among the dirtiest in the world, largely due to the exhaust emissions spewing from motor vehicle tailpipes. The hydrocarbons, carbon monoxide, and oxides of nitrogen produced by combustion engines are three of the primary chemicals that create smog.

California's emissions testing system was voted into law by the state Legislature in 1982 and is administered by the Bureau of Automotive Repair (BAR). That test, commonly known as the Smog Check, has evolved considerably since its inception as vehicles have become more reliant on computerized systems.

In most areas of the state, if your vehicle is model year 1976 through 1999 and powered by gasoline, it will typically require a tailpipe emissions test. The drive wheels of the vehicle are put on a dynamometer, and the engine is accelerated to a speed of approximately 25 miles per hour. A probe placed in the tailpipe measures actual emissions of the engine at speed.

Since 2015, vehicles that are model year 2000 or newer don't require the tailpipe test. Instead, BAR collects computerized emissions data directly from the car's computer, known as the vehicle on board diagnostic (OBD) system.

If the vehicle passes the Smog Check, a Certificate of Compliance is issued and the vehicle can be registered with the Department of Motor Vehicles.



How the cheaters cheat

But what if the vehicle can't or won't pass? As vehicle technology and smog testing have evolved, so have the methods to cheat by Smog Check stations. Until recently, most Smog Check cheating was performed with the following methods:

- **Clean piping** is the act of using the emissions from a clean vehicle to substitute for the emissions of a vehicle that will not pass smog inspection or isn't present at the time of the test.
- **Clean plugging** is a method by which another vehicle's properly functioning OBD system is used to generate passing data readings to fraudulently issue a smog certificate for a vehicle that otherwise won't pass. The practice is similar to clean piping but uses the electronic data instead of actual emissions.
- **Tachometer simulation** uses an electronic device to trick the Smog Check computer into believing the engine being tested is operating at the proper RPM for the test.

How BAR fights back

To combat electronic cheating methods, BAR engineers developed a real time computer data program that prevents a Certificate of Compliance from being issued if a vehicle is identified as having an excessive variance from the expected computer data for that vehicle, mismatched information, or other irregularities. In layman's terms, BAR knows what kind of electronic emissions data to expect for each make and model of vehicle. If the vehicle data coming into the system doesn't match expected parameters, the certificate is blocked, and the vehicle is directed to a state Referee station for an inspection.

The certificate blocking process has generated positive results. To date, more than 5,000 Certificates of Compliance have been blocked and the vehicles directed to the Referee station.

In recent years, the use of OBD defeat devices has increased, leading BAR to develop new tactics to combat fraudulent activity. One common OBD defeat device, known as a "bitflipper," takes the data from a vehicle's computer, rewrites the failing


data ("flips the bits") to look like passing data, and transmits it to the California Vehicle Inspection System. Bitflippers can cost thousands of dollars and are most commonly used by smog stations or inspectors operating on behalf of unscrupulous auto dealers looking to quickly certify vehicles, so the vehicles could be sold without the dealer having to spend money on costly repairs to emissions systems. Unsuspecting consumers believe they're buying a vehicle that passed a smog inspection and may later have to spend thousands of dollars on repairs to bring the vehicle into Smog Check compliance.

In April 2018, investigators from BAR conducted a statewide enforcement operation known as "Operation Doorstop" at licensed Smog Check stations suspected of using devices to cheat on Smog Check inspections. More than 50 teams of investigators descended on over 280 Smog Check stations across the state. In some locations, devices were surrendered, and BAR plans to review evidence gathered during this operation and will pursue administrative and criminal cases as appropriate.

At the same time, certificate blocking was activated for stations suspected of using this newer generation of OBD defeat devices.

According to BAR Program Manager Jaime Ramos, "Prior to [Operation Doorstop], we had a large number of stations that we identified as potential users of [bitflipper] devices. The day after the operation, it came to a screeching halt. It made a huge impact."

"The use of any defeat device to perform illegal smog inspections results in financial harm to California consumers and impedes California achieving its clean air goals," said BAR Chief Patrick Dorais. "The bureau's Smog Check database is technologically capable of detecting the use of these defeat devices, and licensees who choose to violate the law in this way jeopardize their license and face possible criminal prosecution."

If you have questions about the Smog Check program or to report suspected illegal activities at a licensed Smog Check station, contact the Department of Consumer Affairs' Consumer Information Center at (800) 952 5210. 

EXECUTIVE OFFICER SPOTLIGHT

Nicholas Oliver, Chief

Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation

BEARHFTI

BUREAU OF ELECTRONIC & APPLIANCE REPAIR,
HOME FURNISHINGS & THERMAL INSULATION



By **Matt Woodcheke**
Consumer Connection staff

Nicholas Oliver is the bureau chief of the California Department of Consumer Affairs' (DCA's) Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation (BEARHFTI).

The bureau was created in 2009 when the Bureau of Electronic and Appliance Repair (EAR) and the Bureau of Home Furnishings and Thermal Insulation (HFTI) were officially merged, but the two bureaus had been operating under one roof and one chief since the late 1990s. HFTI was established in 1911 in response to unscrupulous manufacturing in the mattress industry, which contributed to the fires following the 1906 San Francisco earthquake, and EAR was established in 1963 in response to fraud and negligence in the television repair industry.

In July, BEARHFTI's portfolio will expand to include licensing and regulation of household movers, who are currently licensed by the California Public Utilities Commission.

We spoke with Nicholas to learn more about him, his background and interests, and BEARHFTI.

Where did you grow up?

I grew up in Olivehurst, which is a little suburb of Marysville, until I graduated from high school. My dad owned a trucking company that mostly hauled agricultural products, so I spent a lot of my time, summers especially, riding up and down the highways of California eating a lot of peaches and other agriculture. My mom did a lot of volunteer work in my classrooms at school. I ran track from sixth grade through high school, and played basketball and football in high school.

What was your career path that led you to DCA?

In college, I worked at the California Air Resources Board as a lab assistant to a chemist in the unit that does all the air sampling throughout the state.

I transitioned from the lab to board headquarters working on a licensing program for the Portable Equipment Registration Program (PERP), which licensed equipment like diesel engines that run pumps that pump water from the river for

agriculture operations, or big rock quarries that have diesel engines running a conveyer belt, concrete mixers. Anything that has an engine that runs and puts out emissions is licensed with PERP, so the Air Board can regulate their emissions. It's like a DMV [Department of Motor Vehicles] for portable equipment.

I graduated from [California State University, Sacramento] with a degree in physical geography, and then joined CalRecycle and moved to licensing solid waste facilities, which included composting facilities and landfills. One of the projects I worked on in Sacramento was anaerobic digestion, which is food waste that is collected at restaurants and converted to renewable energy.

Then I went into pharmaceutical and sharps legislation for CalRecycle, and I was there for about a year when I was appointed to the bureau chief position by Governor Brown in 2017.

What is your vision for BEARHFTI?

In the short term, my vision is to successfully transition the movers program. It's not very often that a program is transitioned away from another agency, so the success of that program is paramount for me.

My vision is to create an environment that is more inclusive and more diverse. It's a major transition for a lot of state agencies, and I'm trying to be more aware of that transition and what it takes to get there.

How are you preparing yourself and BEARHFTI to take on the household moving industry?

We're reaching out to the movers and I've met with their industry representatives and their association, the California Moving and Storage Association, to introduce our staff and hear their concerns. We plan to go after unlicensed activity and there are potentially 10,000–15,000 unlicensed movers. We plan to have our enforcement staff conduct stings.

What do you wish consumers knew about BEARHFTI?

Most people don't know there's a state agency out there that is looking out for their safety regarding products that they're sleeping on and touching every single day, and protecting them from companies that are trying to take advantage of them. We have a robust complaint unit, and we take hundreds of calls and emails every month.

What do you do for fun?

I play golf every now and then, and I do a lot of cycling, which I got into a lot later in life, recreationally at first and then on the competitive side. I was on a semiprofessional, regional cycling team for almost six years, and raced for several sponsored teams in big races.

My wife and I have young children, and we love to get out to the mountains and hike and go camping. I've loved camping since I was in Boy Scouts. I am an Eagle Scout, and that's where I really gained my love of the outdoors.

What's on your music playlist?

I like everything but country. A go-to for me is '90s R&B, or Jimi Hendrix and Led Zeppelin. But lately I've been listening to a lot of ambient, mellow instrumental music. My taste is all over the place.

What advice would you give your younger self?

I would remind my younger self to appreciate friendships and family and people who support you and realize that you play just as important a role in other people's lives as they play in yours.

What is your personal mantra?

My motto is "make your own path." That's what I always say to my son. 🙌

Do YOU

Have What It Takes to Become a DCA Board Member?



Knowledge, expertise are keys to preserving quality of professions and protecting consumers

By **Laurel Goddard**
Consumer Connection staff

State boards and other regulatory entities are integral to the work of California government. Their members are focused on the big picture, articulating the long-term vision and needs of a particular industry, program, or group of programs, and making policy based on the best interests of the public.

The state Legislature has established 38 California Department of Consumer Affairs (DCA) regulatory boards, bureaus, and other programs and committees to protect California consumers through licensing and oversight of various professions.

Board members collectively are the leaders of these licensing entities and make important decisions

on policies and on disciplinary actions against professionals who violate state consumer protection laws. They also approve regulations and help guide licensing, enforcement, public education, and consumer protection activities. Some board members are licensed professionals themselves, while many others are public members. All are appointed by the governor or by the Legislature.

Advisory committees for DCA's bureaus are similar to boards, but serve in an advisory capacity only, advising the bureau chief and department director.

All committee, commission, bureau, and board members have the opportunity to improve licensing exams

“I love to help my patients, but I realized that no matter how hard I worked, I could only help a limited number of patients a day. Becoming a board member has given me an opportunity to serve and protect more lives than I would be able to on my own.”

~ Amy Matecki, M.D., L.Ac., President, Acupuncture Board



and raise the bar for their entire profession, ensuring professionals offer the highest quality services. They play an important part of a concerted effort to promote high standards and protect consumers, and are required to complete orientation and training in several important areas, including ethics, conflict of interest, and sexual harassment prevention.

Specific responsibilities differ among entities, but generally include:

- ▶ Exercising leadership among consumer protection and professional practice groups.
- ▶ Enhancing organizational effectiveness and improving the quality of customer service.
- ▶ Ensuring the professional qualifications of those practicing in the given field by establishing examination standards and requirements for continuing competency/education.

- ▶ Establishing regulatory standards of practice for professionals.
- ▶ Protecting consumers by preventing violations and effectively enforcing laws, codes, and standards when violations occur.

The first step to becoming a board, committee, commission, or advisory committee member for a DCA entity is to submit an application to the office of the appropriate appointing official, which may be the Office of the Governor, Senate Rules Committee, or speaker of the Assembly.

For details on vacancies and who appoints members to a particular board, review DCA's Board Member Roster in DCA's online Board Member Resource Center at www.dcaboardmembers.ca.gov, and click on the "Appointment Information" tab. For more details on activities and membership for a particular

“Serving on the [board] gives a sense of great personal fulfillment separate from my career, hobbies, or family. I enjoy representing the community and take very seriously the responsibility of looking out for the best interests of my fellow Californians. I’m also proud to be an example to my children of how to get involved and make a difference.”

~ Ruben Osorio, public member, Acupuncture Board


“There is no better way to serve your profession than to sit on a board that has the power to enact change for the betterment of the California consumer and your colleagues. It is exciting to have the opportunity to use my years of experience to make California a better place for the consumers who use court reporters.”

~ Rosalie A. Kramm, licensee member, Court Reporters Board of California



board, visit that board’s website. To find links to the boards’ and bureaus’ websites, find the “About Us” tab at the top of the www.dca.ca.gov homepage and click on the Boards and Bureaus link.

Although not paid positions, members receive a per diem of \$100 for each day spent in the discharge of official duties and are reimbursed for traveling and other necessary expenses in the performance of official duties.

To learn more and see what’s available at DCA and other regulatory entities throughout California state government, visit www.gov.ca.gov, click on the “Appointments” icon then the “Board & Commission Appointees” link. Find information about each board’s purpose, terms, special considerations, compensation, qualifications, meeting frequency, and more. You may just find your next calling! 

SAVE the SPACE

**Fraudulent Use
of a DISABLED
PARKING PLACARD
is Against the Law**

Offenders face:

- **Misdemeanor Citation**
- **Fines of \$250–\$1,000**
- **Court Appearance**
- **Note on Driver Record**



**Report suspected abuse at
placard.misuse@DMV.ca.gov**



Office of Publications, Design & Editing
1625 North Market Blvd., Suite N-119
Sacramento, CA 95834

CREDITS

- Hazel Alig
- Cesar Altamirano
- Michelle Cave
- Gary Chazen
- Mandy Duron
- Joyia Emard
- Laurel Goddard
- Ramona Godoy
- Steve Horkey
- Ryan Jones
- Laura Kujubu
- Richard Perez
- June Vargas
- Lana Wilson-Combs
- Rick Wong
- Matt Woodcheke

Design by Carol Stover

EDMUND G. BROWN JR.
Governor

ALEXIS PODESTA
Secretary, Business, Consumer
Services and Housing Agency

DEAN R. GRAFILO
Director, Department of Consumer Affairs



Like this magazine? Subscribe free!

If you'd like to have upcoming issues of *Consumer Connection* magazine mailed to you automatically at no charge, please email your name, mailing address, and phone number to ConsumerConnection@dca.ca.gov. You can also order online at www.dca.ca.gov/publications/publications_list.pdf or call 866.320.8652 to subscribe or request specific editions. Community-based groups may request multiple copies subject to inventory.

Facebook www.facebook.com/CAConsumerConnection

Twitter www.twitter.com/dcanews
Blog thedcapage.blog



2009 Winner



2009 Winner
2008 Winner



NACAA Awards
National Association
of Consumer Agency
Administrators

ACE Award 2009
ACE Award 2008



**NATIONAL
ASSOCIATION OF
GOVERNMENT
COMMUNICATORS**

2008 Award of Excellence



State Information
Officers Council

- 2016 Silver Award
- 2015 Silver Award
- 2014 Silver Award
- 2013 Silver Award
- 2012 Silver Award
- 2011 Silver Award
- 2010 Silver Award