

CONSUMER CONNECTION

FIXING YOUR

RECALL

ALSO INSIDE:

You vs. Superbug

Early Eyecare for Your Child

Covered California's
Open Enrollment

STATE OF CALIFORNIA

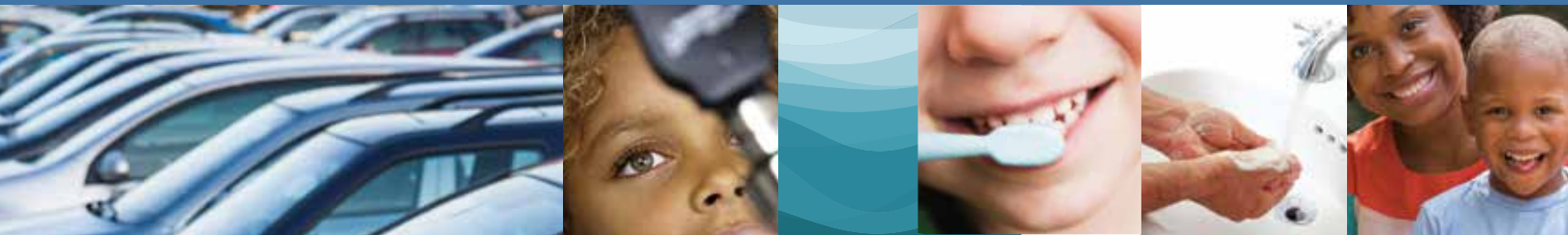
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DEPARTMENT OF CONSUMER AFFAIRS

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MESSAGE FROM THE DIRECTOR



In the last issue of the *Consumer Connection*, we began a new section to the magazine—the Executive Officer Spotlight—to introduce DCA's new leaders to our audience.

This issue, meet Dr. Joseph Morris, who has been serving as the new Executive Officer of the State Board of Registered Nursing (BRN) since July 2016. We invite you to find out about BRN and its new leader beginning on page 6.

Executive Officers were appointed to three other licensing entities last year; you will have a chance to meet these new leaders in future issues.

New leadership, however, is only part of the many changes that occurred at DCA in 2016.

Last year, the Department made four major restructures that will help guide DCA into the future and help provide a better standard of protection for licensees and consumers alike.

The addition of the Bureau of Medical Cannabis Regulation (BMCR) increased DCA's number of licensing entities from 39 to 40. BMCR conducted eight pre-regulatory meetings across California. The progress made at these meetings will help BMCR reach its new goal of implementing the voter-approved Proposition 64. It's anticipated that the first draft regulations will be published in early 2017.

DCA restructured the Consumer Protection Enforcement Initiative. Guidelines were issued for boards to utilize in

prioritizing their respective complaint and investigative workloads. As a result, the more complex and urgent cases or complaints that could result in serious patient harm, injury, or death are assigned to DCA's Division of Investigation, and routine cases are assigned to board enforcement staff.

In response to a Little Hoover Commission Report released in October, DCA is working to remove roadblocks that have prevented thousands of Californians, including former offenders, veterans, military spouses, and those educated and trained outside of the state, from moving up the economic ladder because they cannot find work.

The last major restructure was to BreZE, DCA's online licensing system. The glitches experienced in Release 1 and 2 have now been stabilized; the business requirements of the boards and bureaus in the Release 3 group are being assessed to allow them the proper technological needs before they go live.

This year, DCA and its licensing entities will be developing and instituting new processes to further protect consumers and licensees. Some, such as the State Athletic Commission's concussion and traumatic brain injury prevention campaign, have already started. To find out about that effort, plus other licensee and consumer news, just turn the page.

AWET KIDANE, *Director*

If you have any questions or comments or would like more information regarding reports, statistics, quotes, and studies mentioned in this publication, please e-mail us at consumerconnection@dca.ca.gov.

The Story Behind Those Pesky Pillow and Mattress Tags



If you're still going to bed at night with that scratchy tag stuck on your pillow, here's some good news: You can take it off without getting in trouble.

Although consumers don't break any laws if they remove the tag, manufacturers and retailers do. If they remove the tag, or don't attach one to their product, they're breaking the law.

"It is important for manufacturers to comply with labeling requirements," says Justin Paddock, Chief of the Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation (BEARHFTI/Bureau). "These labels ensure consumers know if the products they are purchasing are new or used, contain added chemicals, may pose a risk to family members with allergies, and that products meet basic flammability requirements. In short, these labels protect the health and welfare of households."

The labels are there to tell you about what you can't see—namely, what's inside that sofa, chair, pillow, mattress, or other item that has filling that is not visible. The two labels consumers may be most familiar with are law and flammability labels. California law requires manufacturers to attach these labels to every piece of new upholstered furniture they sell. All new bedding products such as pillows, comforters, etc. must also have a law label. All new mattresses must have a white law label, which includes the finished size, weight of the filling materials, and the Federal flammability label. Used mattresses and box springs must be sanitized by Bureau-approved methods before they are resold and bear a yellow sanitization label.

Mattress labeling requirements in California began in 1911, in response to the fires following the 1906 San Francisco earthquake. At that time, there were no set standards for letting consumers know what materials were used in the making of mattresses, allowing unscrupulous manufacturers to use unsafe materials. It was discovered that those shoddy mattresses contributed significantly to the fires following the earthquake. In response, the Bureau of Home Furnishings was created to regulate the mattress industry in the state. The Bureau's jurisdiction was later expanded to include the regulation of home furnishing products.

The law and flammability labels must be white with black print and attached to the items so they are easily visible. Labels must also be printed on material that is not easily torn (that's why they're so scratchy).

If you want to see examples of what the labels look like, what they are required to have on them, and explanations regarding the law and its requirements, take a look at BEARHFTI's latest brochure, *California Upholstered Furniture and Bedding Laws*, online at www.bearhfti.ca.gov/forms_pubs_labeling_brochure_v6.pdf.

What does this all mean? It means you can get a good night's rest knowing that what you're sleeping on is safe. Plus, the next time you buy an upholstered or filled item or piece of furniture in California, you can tear off the tags with confidence. Once you buy it, it's up to you. ■





FOCUS | Getting on Children | Checked Early for a Clear Future

EYE EXAMS aren't just for the middle-aged or elderly—they're for all ages. Although vision problems generally happen more as people age, children, even as young as newborns, need their eyes checked to help ensure healthy vision.

According to the State Board of Optometry (Board), nearly 25 percent of school-age children have vision problems. Left undetected and untreated, these issues can cause kids to struggle in school and possibly lead to eyesight damage later in life.





The Board encourages parents to make sure their children have their first eye examination well before entering school. The American Optometric Association recommends that children have their first eye exam at six months, an additional eye exam at 3 years old, another just before entering kindergarten or first grade, and then every two years after.

A pediatrician can perform the initial eye exam and refer you to an eye care professional if necessary. The eye exam will include:

- ⊗ A review of your child's health history.
- ⊗ Tests to determine internal and external eye health.
- ⊗ An evaluation of refractive status (how eyes focus and coordinate) and determining a prescription, if necessary.
- ⊗ Dilation of eyes using eye drops and/or taking pictures of eyes to check for any vision or eye health problems.

Vision screenings done at schools can help identify kids with eyesight issues; however, the screenings miss one in three children with significant vision and eye health problems, according to the National Commission on Vision and Health. Also, 40 percent of the kids identified with vision problems do not receive follow-up care.

Comprehensive vision tests done by an optometrist or ophthalmologist can check your child for conditions such as:

-  **REFRACTIVE ERRORS:** Nearsightedness, farsightedness, astigmatism.
-  **AMBLYOPIA:** When the vision in one of the eyes is impaired because the eye and brain are not properly working together (commonly called “lazy eye”). According to the Centers for Disease Control and Prevention, this is the most common cause of vision loss in children—two to three out of 100 children.
-  **STRABISMUS:** An imbalance in the positioning of the two eyes in which eyes can cross in or turn out.
-  **CATARACTS:** A clouding of the eye’s lens, which affects approximately three out of 10,000 children, according to the American Association of Pediatric Ophthalmology and Strabismus.

Children’s vision problems can lead to, at the very least, vision impairment and, at the very worst, blindness, as in the case of untreated cataracts.

However, if conditions are found and treated early, children can avoid eyesight problems and issues that may result from those problems, such as difficulty in school or other activities.

“Ensuring your children have healthy eyes and good vision helps enable them to reach their full potential in school and later in life,” says Board Executive Officer Jessica Sieferman.

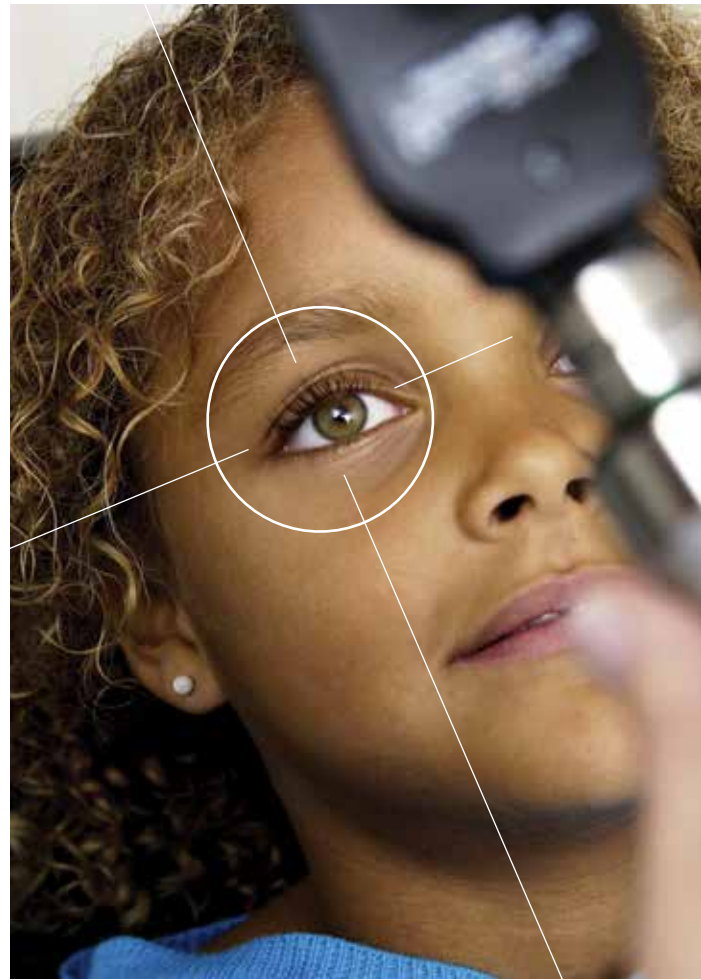
Resources:

California Board of Optometry: www.optometry.ca.gov

Centers for Disease Control and Prevention, Vision Health Initiative: www.cdc.gov/visionhealth/home

American Optometric Association: www.aoa.org

American Association for Pediatric Ophthalmology and Strabismus: www.aapos.org



What Are Some Signs of Vision Loss?

A child with vision loss might:

- Close or cover one eye
- Squint or frown
- Complain that things are blurry or hard to see
- Have trouble reading or doing other close-up work, or hold objects close to their eye to see
- Blink more than usual or seem cranky when doing close-up work, such as reading

As far as the appearance of your child’s eyes, one eye may look out or cross, one or both eyes could be watery, or one or both eyelids may look red-rimmed, crusted, or swollen. ■

Source: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities





Early Risers

Caring for Your Baby's Teeth

Protecting your child's smile begins early.

A child's baby teeth are important and need to be cared for even before they come in. Parents can take steps during babyhood to ensure their child has a healthy smile for life.

According to the Children's Dental Health Project, tooth decay is the most common chronic disease of early childhood and is two to three times more common than asthma or obesity. Nearly 25 percent of all U.S. children ages 2 to 5 have suffered tooth decay and by the time children start kindergarten, almost half will have at least one cavity. Children who have cavities in baby teeth are much more likely to develop cavities in permanent teeth.

Cavities are caused by bacteria in the mouth and the bacteria can be transferred from parents to a child when

parents clean a baby's pacifier in their own mouths or when parents share a spoon with the baby. The bacteria combine with sugar in a child's diet to produce acids that destroy teeth.

Foods that contribute to cavities include sweets, fruit, dried fruit, juice, sodas, peanut butter and jelly, and starches such as bread, pretzels, and crackers. Dentists and pediatricians recommend these foods be provided only at mealtimes, and juice should be 100 percent fruit juice and limited to four ounces a day.

Babies who fall asleep with a bottle are at increased risk of cavities. A condition called baby bottle tooth decay can develop in babies who go to sleep with a bottle of milk, formula, or juice. The liquid clings to a child's teeth and feeds the bacteria that can cause tooth decay.

Pediatricians recommend that only water should be in bottles that children fall asleep with.

Sippy cups can also contribute to tooth decay. While sippy cups help young ones transition from bottles to cups, the cups can contribute to cavities if they contain juice or sweet drinks and if a toddler is allowed to use them throughout the day.

Sweet, flavored medicines can be another cause of cavities. Children who take medicine regularly for chronic conditions will often have a higher rate of tooth decay so more attention is needed for the care of their teeth.

The good news is that cavities are preventable. Pediatricians recommend that dental care should begin before a baby's first tooth appears. Parents can use a soft cloth or a baby toothbrush with water to gently clean a baby's gums. After the first tooth emerges, the baby is ready for a smear of baby tooth paste on the baby brush. You can start flossing when two teeth touch.

The American Academy of Pediatrics and the American Academy of Pediatric Dentistry recommend that you take your baby to the dentist by their first birthday. Dentists

can provide fluoride treatments to help protect teeth and intervene early if there are signs of decay. If you can't afford dental care for your baby, contact your local health department to ask about services that might be available.

It is also recommended that at every well-baby medical visit, your pediatrician should take a look at the baby's teeth and apply fluoride varnish every three to six months, depending on your baby's risk of cavities. Risk factors for cavities include a family history of cavities and poor dental health in the mother during pregnancy.

Risk factors can be countered with proper care and attention to the baby's teeth. As babies grow into toddlers, those toddlers may want to brush their teeth all by themselves. Feel free to allow them to try, but parents should always follow-up with proper brushing until a child is at least seven. Parents need to include periodic dental check-ups with a dentist as part of their healthcare routine to be sure their children don't have cavities or other issues of concern.

Caring for a baby's teeth can help to ensure a lifetime of happy and healthy smiles. ■

SOURCES:

WebMD: www.webmd.com/parenting/baby/caring-babies-teeth#1

Parents Magazine: www.parents.com/baby/health/baby-teeth/baby-tooth-care-tips1/

American Academy of Pediatrics: www.parents.com/baby/health/baby-teeth/baby-tooth-care-tips1/

What to Expect: www.whattoexpect.com/first-year/teething/brushing-baby-teeth.aspx

Centers for Disease Control and Prevention: www.cdc.gov/oralhealth/children_adults/child.htm,
www.cdc.gov/healthywater/hygiene/disease/dental_caries.html

Babycenter.com: www.babycenter.com/0_baby-milestones-teething_6574.bc



Q&A



Joseph Morris
Executive Officer



The Board of Registered Nursing (BRN) is a state governmental agency established by law to protect the public by regulating the practice of registered nurses. BRN is responsible for implementation and enforcement of the Nursing Practice Act: the laws related to nursing education, licensure, practice, and discipline. The Nursing Practice Act created a nine-member Board that serves as the BRN decision-making body.

Executive Officer Spotlight

What inspired you to pursue a career in nursing?

I have had many inspirations. However, my mother was my greatest inspiration. She had dreamed of becoming a registered nurse [RN], but at the time of growing up and living in a rural town in Alabama specifically, career options for women were limited to one of three occupations: homemaker, nurse, or teacher. Unfortunately, while hospitalized, my mother became very ill as a result of a medication administration error by the nursing staff, which subsequently led to her suffering from multi-organ system failure. Needless to say, she was permanently debilitated and unable to pursue and realize her dream of becoming a nurse. That experience inspired me to learn more about her medical condition and spurred me to become an advocate for those who are vulnerable and underserved.

When did you decide to become a nurse?

I initially pursued a degree in chemical engineering and, once I decided that engineering could not correct the underlying health problems that plagued my mother, it was at that time I decided to pursue the health professions. Nursing was not the initial choice. However, one day I attended a health career fair and met a group of nurses who informed me about the profession and the need for more men in the industry—African-American men and other minority males in particular. They gave me in-depth information about the profession and the diverse opportunities available.

What path did you take that led you here to the California Board of Registered Nursing (BRN/Board)?

My journey spans over 18 years. I received several degrees from the University of Michigan, which include a bachelor of science in nursing (BSN), master of science in gerontology (MSN), and a post-master's as a geriatric nurse practitioner. I later obtained a Ph.D. from the University of California, Los Angeles, with an emphasis on bio-behavior, specifically in Alzheimer's disease and other related dementias. I have worked in various capacities ranging from a staff nurse to a manager at a magnet hospital. I have also worked as faculty and academic administrator at both the college and university levels. I have also worked in the role of advanced practice as a clinician and clinical researcher. My breadth of experiences collectively has afforded me this opportunity to become an executive officer and a leader in the profession.

Why did you want to become executive officer of BRN?

I believe in change. This position not only provides me with an opportunity to positively influence the shaping of the business and

professional practices of the Board, but to also act in the best interest of protecting the consumer. I believe my personal life experiences, coupled with my vast work and educational background, have afforded me the necessary skills to become the executive officer.

What is your personal credo?

Change is often hard to embrace. Therefore, if we continue to function the way that we did in the past, we rob today's generation of a future. We have to continue to think outside the box and be innovative. My personal credo is a hybrid of transformational and servant leadership. I believe that teamwork makes the dream work. The essence of a true leader is one who believes in leading by example and empowering the people.

What is the function of BRN?

BRN has several roles. One of the primary functions of the Board is to protect the best interests of the consumer. It also plays a role in overseeing the regulatory process and ensuring that the functions of the Nursing Practice Act are carried out.

What were you able to accomplish during the first two and a half months as executive officer of BRN?

Since my onboarding to the BRN on July 11, the staff and Board members have welcomed me with open arms. I have a greater appreciation and understanding of the daily operations of the Board. Each week, the BRN administration meets to discuss the business and professions practices. We have been able to successfully implement several changes that have positively influenced our daily operations. For example, we have been able to re-examine our internal workflow processes and implement innovative strategies to streamline our licensing backlogs, address staffing workloads, and examine employee satisfaction and communication with many of our community partners. The Board is motivated to become more efficient by becoming "green." We are striving to move toward a paperless process that will assist with expediting several of our business processes. We have also made a conscious effort to bridge relationships with DCA and other regulatory agencies. It is my belief that these changes will increase employee and consumer satisfaction, build relationships, and send a positive message that BRN is working in the best interest of the customer.

Please explain the career path to becoming an RN.

The two most common paths are:

- **Associate Degree of Nursing (ADN) from a two-year institution:**
The student is then able to take the National Council Licensure Examination (NCLEX) and may practice nursing in multiple settings anywhere within or outside the United States.
- **Bachelor of Science in Nursing (BSN) from a four-year institution:**
The student is then eligible to take the NCLEX and may practice nursing in multiple settings anywhere within or outside the United States. This path creates greater career options as it allows one to move into administrative and leadership positions.

Finally, there is a third option that exists: The 30-unit option is the least favorable path and one that will soon become obsolete. With this path, the student's career options are limited because they only obtain a certificate and are restricted to practice within the state of California.



What are your long-term goals for BRN?

My primary long-term goal for the Board is to continue to protect the best interest of the consumer. As the number of licensees increases, the Board's staff must grow to meet the needs of these licensees. The Board must stay abreast of industry trends as the population we serve becomes more complex. The nursing profession is both a science as well as an art. The profession is constantly evolving, therefore the Board must remain innovative, current, and evidence-based in order to properly serve the public at large. I believe that the use of technology can assist with improving some of our business practices. By embracing the many functions of BreEZe [DCA's internal licensing database] and exploring and utilizing cloud technology, BRN is striving to become more nimble and responsive, which will result in efficiency of the Board's administrative processes.

What particular challenge(s) does the Board face?

Expansion. BRN's licensee base is the largest in the nation and the world, with no signs of decreasing anytime soon. As a result, the administrative staff of the Board must continually increase to properly serve the licensees.

What would you most like consumers and licensees to know about BRN?

The Board is here to serve them. We are committed to serving them in the best way possible. The Board is sensitive to their needs; we are listening and we want to make a difference.

Do you live to work or work to live?

I work to live. I do not live to work. I think it is important to have work/life balance. I achieve this balance by spending time doing things that bring me self-fulfillment such as community outreach and public speaking. I also volunteer at several churches and homeless shelters. I enjoy writing, and I am a published author. I recently released a children's book titled *The World's Greatest Grandpa: A Children's Guide to Understanding Alzheimer's Disease*. As a native of Michigan, I am a Detroit Lions fan and a Michigan Wolverines fanatic. Go Blue!

Do you have a hidden talent?

I love music. As a young boy raised in Alabama and later transitioning to Michigan, I have gained a great respect and passion for music, especially the Motown sound. I play a few instruments; the trombone, piano, and saxophone.

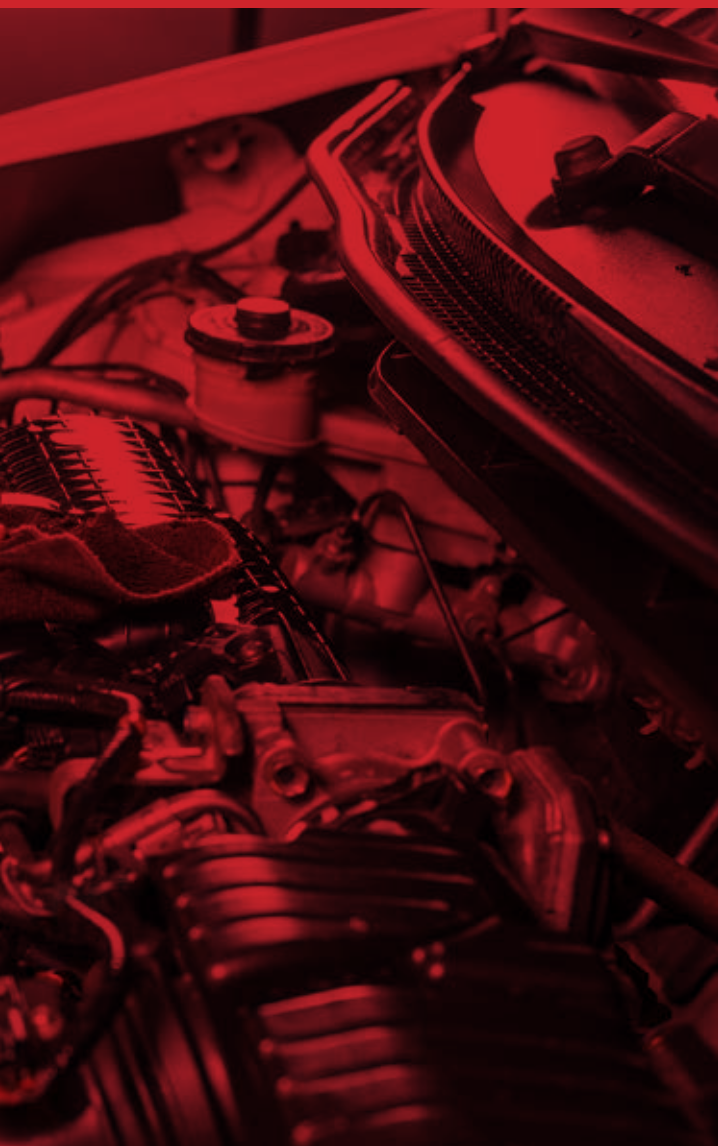
Complete this sentence: Most people do not know that I ...

... studied taekwondo for three years. I am a green belt [chuckle]. ■



The Board's latest publication details the path to and the benefits of a nursing career. Specifically, how the profession is in increasing need of male nurses, including those with ethnically diverse backgrounds. This publication can be viewed on the Board's website at www.rn.ca.gov/pdfs/careerbrochure.pdf.

WHAT TO DO if YOUR CAR is RECALLED



If your vehicle hasn't been the subject of a recall, feel fortunate; but also know the chances are pretty good it will be some day.

In 2015, the National Highway Traffic Safety Administration (NHTSA) recalled 51.3 million autos in the United States. That's an all-time record and almost *three times* the number of cars that were sold during the year. These recalls included everything from defective ignition switches and steering wheels to acceleration issues and worn-out suspension parts.

Vehicle recalls in the news have become almost commonplace. On September 15, 2016, Chrysler announced a recall of 1.9 million cars and SUVs due to airbag and seatbelt defects that have been linked to three deaths. The Occupant Restraint Control (OCR) module may short circuit, preventing the front and side airbags and seatbelt pretensioners from deploying in a crash.

Also, this past April, Chrysler recalled 1.1 million cars and SUVs worldwide because of a gear selector problem that is at the center of a wrongful death lawsuit in the death of actor Anton Yelchin. The tricky gear selector led some drivers to believe that their vehicle was in "park" when it wasn't.

One of the largest and ongoing automotive recalls this year involves more than 29 million defective Takata airbag inflators. According to the NHTSA, the airbags have been prone to explode during collisions, resulting in shrapnel flying throughout the vehicle and wounding—in some cases killing—the occupants.

However, not all automotive recalls may pose such imminent danger. Some may be for issues like an annoying rattle or noise emanating from the vehicle or other nonsafety issues such as a faulty radio or air conditioner.

So, what should you do if you receive a recall notice in the mail?

Don't panic, but don't ignore it either.

"It's important for consumers to take the notices seriously and read them very carefully," said Dan Povey, the Deputy Chief of Field Operations and Enforcement for the Bureau of Automotive Repair (BAR). "Consumers should also follow the instructions and contact their local dealer as soon as possible."

While recall notices don't have expiration dates, there can be an expiration date for work to be completed at no cost on vehicles more than 10 years old.

In addition, recall repairs should only be performed by dealer representatives who have agreements with manufacturers to perform the repairs. Consumers may have recall repairs performed by any dealer representative, regardless of where the vehicle was originally purchased.

Most importantly, consumers should make sure that the dealership that performs their recall and warranty repairs is registered with BAR as an Automotive Repair Dealer (ARD).

If a consumer believes the work on their vehicle hasn't been done properly or feels they've been treated unfairly by an ARD, a complaint should be filed with BAR (www.bar.ca.gov). Also contact the vehicle manufacturer with complaints about dealer representatives.

KEY QUESTIONS ABOUT RECALLS

1. *How Do I Find Out if My Car Has Been Recalled?*

Consumers should log on to their vehicle manufacturer's website or www.nhtsa.gov and www.safercar.gov and type in their vehicle identification number (VIN). The VIN can be located on the lower-left corner of the dashboard in front of the steering wheel. You can also obtain the VIN by checking documentation such as your registration card, insurance forms, owner's manual, and body shop repair receipts/records.



2. *What are Some Examples of Safety-related Defects?*

- Problems with fuel system components, particularly with susceptibility to crash damage, which can result in fuel leakage and possibly cause a fire.
- Accelerator controls that may break or stick.
- Critical vehicle components that break, fall apart, or separate from the vehicle, causing potential loss of vehicle control or injury to passengers or bystanders.
- Wiring system problems that result in a fire or loss of lighting.
- Child safety seats that contain defective safety belts, buckles, or components that create a risk of injury, not only in a vehicle crash but also in non-operational safety of a vehicle.
- Steering components that break, suddenly causing loss of vehicle control.

3. *What is NOT Considered Safety-related?*

- Ordinary wear of equipment that has to be inspected, maintained, and replaced periodically such as shock absorbers, batteries, brake pads and shoes, and exhaust systems.
- Air conditioners and radios that malfunction.
- Paint or other cosmetic blemishes.

4. *How Do I Know if My Recalled Car is Safe to Drive?*

- If your car is unsafe, the recall notice from the NHTSA or the manufacturer will say so in clear language and recommend that you have it repaired immediately.

5. *Does the Recall Letter Also State How Long the Recall Repairs Should Take?*

- Yes, most recall notices provide an estimated time to complete the repairs along with a description of the defect, the potential risks and hazards of the problems, including the types of injuries that may arise from the defect, and the repair steps the manufacturer will take.

6. *What Should Consumers Do if They Receive a Recall Letter But the Dealer Won't Make Repairs?*

- According to NHTSA, consumers should contact the vehicle manufacturer if a dealer refuses to repair their vehicle in accordance with a recall letter. Safety complaints can be made through the agency's website, www.safercar.gov, or by calling the Vehicle Safety Hotline at (888) 327-4236. For information on motor vehicle defects and safety recalls, visit www.nhtsa.gov. ■



SAFETY RECALL NOTICE

Sources:
www.safercar.gov
www.nhtsa.gov
www.dmv.ca.gov

If you are in the market for a used car in California, among the priorities on your mental checklist during a search are probably things such as the model year, miles on the odometer, gas mileage, and body condition—any dents or dings.

Checking for signs of flood damage isn't likely on that list, but it should be.

When major storms sweep through the Midwest and South, whole towns and, in extreme cases, cities are flooded. Such widespread flooding can leave hundreds or even thousands of vehicles stranded under several feet of water.

Experts say vehicles damaged by storms are often cleaned up and resold to unsuspecting consumers. And often those vehicles are shipped to other parts of the country where buyers are less likely to be looking for signs that a vehicle is a "flood title," meaning the car or truck has damage from sitting in water deep enough to fill the engine compartment.

Water damage can ruin a vehicle in any number of ways, and damage may not become apparent for months afterward. According to the California Bureau of Automotive Repair (BAR), among the chief safety concerns with a flood-damaged vehicle is the electrical system. Chief among electrical system concerns, BAR says, are the airbag sensors, which can be prone to failure. Compromised electrical systems may mean the vehicle is no longer safe to drive.

Depending on whether a vehicle is purchased from a licensed dealer or private party, buyers may have legal options if the vehicle turns out to be a flood lemon, but not always. Avoiding water-damaged vehicles ultimately falls on the buyer, and inspecting the car or truck for any warning signs of trouble is an important step. Having the vehicle inspected by a qualified

mechanic or dealer is optimal, but if that isn't a practical option, BAR recommends looking for these signs of possible water damage to a vehicle:

- ⚠️ **A musty odor, especially in the trunk.**
- ⚠️ **Water-spotted upholstery or floor mats.**
- ⚠️ **Rusty metal fixtures in the interior or in the engine compartment.**
- ⚠️ **Seatbelt retractors that may be hiding moisture, mildew, or grime.**
- ⚠️ **Mud or debris inside taillights and headlights.**
- ⚠️ **Silt around the air filter.**
- ⚠️ **Discolored or painted hood insulation.**
- ⚠️ **Brittle electrical wiring.**
- ⚠️ **Grit in the engine compartment.**
- ⚠️ **Damaged doors, speakers, windshield wipers, stereo, or air conditioner.**
- ⚠️ **New or mismatched items, especially in older vehicles.**

Consumers should get a vehicle history report through a trusted online database. The National Insurance Crime Bureau's free database (www.nicb.org) offers a "VIN Check" too; use it to find out if a car has been declared as unrecovered stolen, salvage, or a flood title. Additional options are the National Motor Vehicle Title Information Search website (www.vehiclehistory.gov), www.carfax.com, and www.autocheck.com. ■



SELF-EMPLOYED AND UNINSURED?

APPLY DURING COVERED CALIFORNIA'S OPEN ENROLLMENT



Mark your calendars. Open enrollment for health insurance through Covered California comes to an end January 31, 2017—a deadline important for many DCA licensees. Open enrollment is the period in which applications for Covered California health insurance plans are accepted.

Because many DCA licensees—such as hairdressers, auto mechanics, contractors, and healthcare professionals—are self-employed and thus more likely to be uninsured, they should consider insurance through Covered California. Covered California, the state's marketplace under the federal Patient Protection and Affordable Care Act, offers different health plans to choose from, as well as dental and vision coverage.

Why do I need health insurance?

Having health insurance is smart. It can save you from potentially thousands of dollars in unforeseen medical bills. A 2013 NerdWallet Health Analysis indicated that “three in five bankruptcies will be due to medical bills.”

Also, having insurance means you avoid the “shared responsibility payment” tax penalty. You must pay the penalty if you can afford insurance but don't buy it. The penalty can be sizeable and is a greater amount than when Covered California first began in 2014.

This year, the tax penalty is the greater of:

- \$695 for each adult and \$347.50 for each child, up to \$2,085 per family, OR
- 2.5 percent of the tax filer's annual household income minus the federal tax filing threshold.

To estimate your potential penalty, use the Tax Policy Center ACA Tax Calculator at www.taxpolicycenter.org/interactive-tools/aca-tax-calculator.

2017 expansion

Covered California continues to expand its geographic coverage in the state starting next year. According to Covered California spokesperson James Scullary, Oscar Health Plan of California enters the market in San Francisco County, Molina Healthcare

“Shopping is more important than ever this year.”



**COVERED
CALIFORNIA**

“Nothing is more important than your health, and that’s especially true when you’re working for yourself.”

Covered California spokesperson James Scullary

will expand into Orange County, and Kaiser Permanente will expand into Santa Cruz County.

“With the expansion of its current carriers, almost all consumers (92.6 percent) will be able to choose from three or more carriers, and all will have at least two to select from,” said Scullary.

More than 93 percent of hospitals in the state will be available through at least one Covered California health insurance company in 2017 and 74 percent will be available in three or more plans. Scullary added that starting in 2017, consumers in Silver, Gold, and Platinum plans will pay a flat copay for emergency room visits without having to satisfy a deductible, which has the potential to save them thousands of dollars. The Covered California health insurance plans are sold in four levels of coverage: Bronze, Silver, Gold, and Platinum. The higher coverage levels/metal tiers have higher monthly premiums, but you pay less for your medical care.

Shop around

Take the time to shop for the best plan for yourself and your family. A Covered California analysis shows that consumers can lower their premiums by 1.2 percent if they compare plans in the same metal tier.

“Shopping is more important than ever this year,” Scullary said.

Use Covered California’s “Shop and Compare Tool” on its website (www.coveredca.com) to understand your coverage options. You can also get an estimate of the costs involved.

Also, when you apply for healthcare insurance through Covered California, your application is evaluated to see if you can receive financial help through Covered California or for free or low-cost Medi-Cal.

Not just medical

Covered California doesn’t just mean health insurance, but also dental and vision coverage. All the plans under Covered California come with dental coverage embedded in the health plan. There are also optional family dental plans that provide adult coverage. Similarly, all the Covered California plans offer children’s vision care and offer adults a way to receive vision coverage as well.

Another reason to get insured? To proactively manage your health. When you have insurance, you’re more likely to get preventative tests and procedures done that can catch any health problems early. ■



To find out more about Covered California, visit www.coveredCA.com or call (800) 300-1





COURT REPORTERS: BEYOND DEPOSITIONS

DID YOU KNOW THAT NOT ALL GRADUATES OF A COURT REPORTING SCHOOL WORK IN A LEGAL SETTING?

Some court reporters, also known as certified shorthand reporters (CSRs), do function in the capacity of “official reporter” in a courtroom or during litigation-related sessions such as a deposition. The CSR captures every word uttered during a judicial proceeding, and the subsequent written transcript serves as the courtroom record.

However, the licensed skill can also offer career choices outside the legal arena—making court reporting a rapidly growing field. According to the U.S. Department of Labor’s Bureau of Labor Statistics, employment for CSRs will grow by 18 percent between 2008 and 2018. This growth rate is faster than the average for all occupations in that time period.

CSRs can take their skills out of the courtroom and into other areas such as T.V., web broadcasting, and captioning of live events and presentations. This job flexibility is part of what is driving employment and earnings growth in the industry.

An individual trained in court reporting can expect an annual salary range between \$30,000 to \$100,000, plus a flexible work schedule and the ability to work from a remote location.

WHAT IT TAKES

As part of your path to licensure, you must receive two to four years of technical training and be a graduate of a state approved court reporting school. If you plan to work in California, you must have a CSR license administered through the Court Reporters Board of California (Board).



Career Options Outside the Courthouse

Technology expansion in the field of court reporting allows for effective, real-time communication with deaf or hard-of-hearing individuals. As a result, those trained in specialized court reporting skills will continue to see their career opportunities increase beyond the legal setting.

Here are two of the most common in-demand specialized services for court reporters:

COMMUNICATION ACCESS REALTIME TRANSLATION (CART) PROVIDERS:

Using computer-aided transcription, CART providers can send instantaneous transcripts directly to readers' computer screens. This allows those who are deaf or hard-of-hearing to have better access and participation opportunities during classroom lectures, business presentations, conventions, theater performances, and concerts.

BROADCAST CAPTIONERS: Broadcast captioners, also called stenocaptioners, use speech-to-text software to caption live televised programs and events via closed captioning for deaf and hard-of-hearing audiences. Some broadcast captioners may translate speech in real time during broadcasts of televised news programs and sporting events; others may caption during the post-production of a program. Broadcast captioners have opportunities to be front and center at sporting and entertainment events, such as the U.S. Open, World Series, Super Bowl, and the Academy Awards.

Another qualification involves passing a licensing examination comprised of a two-person live voice dictation for five minutes, requiring 200 words per minute with a 97.5 percent accuracy rate. There is also a written exam in spelling, grammar, punctuation, and terminology.

Certificates in other specialties are available through the National Court Reporters Association (NCRA). Being certified in the other areas is not mandatory for licensing; however, the more you diversify your skill set and services, the better chance of differentiating yourself from others in the market.

FINDING A COURT REPORTING CAREER

There are several resources to help you find a career in court reporting.

The Bureau of Labor Statistics (www.bls.gov) has research tools and information on the duties, earnings, training, and employment outlook for court reporters. Industry associations such as NCRA (www.ncraonline.org), the California Court Reporters Association (www.cal-ccra.org), the Deposition Reporters Association (www.caldra.org), and the California Official Court Reporters Association (www.cocra.org) are great sources for educational and general career-related information and details on specialties.

For more information, contact the Court Reporters Board at (877) 327-5272 or visit the Board's website at www.courtreportersboard.ca.gov. ■



COURT REPORTERS BOARD
OF CALIFORNIA

Give Your Doctor a Checkup for a Change

You go to see a doctor for a check up, but have you ever done a checkup on a doctor?

The Medical Board of California (MBC) is urging consumers to do just that. MBC launched the “Check Up On Your Doctor’s License” campaign last year, with online and print messaging for consumers in both English and Spanish.

This type of checkup is quick, painless, and easy—and no gown required. All consumers need to do is go to the MBC website, www.mbc.ca.gov, click on the “Check Up On Your Doctor’s License” graphic on the home page, then search for a doctor’s license status in a number of ways, including by name, city, and county.

Having a business card or occupying an office doesn’t mean the person is licensed to treat you; there are unlicensed people posing as doctors who will take your money—and harm your health, sometimes with serious results.

MBC’s Executive Officer Kimberly Kirchmeyer says it’s important to check the license before you make that first appointment, if at all possible. “By checking the Board’s website, a consumer can ensure the doctor is licensed and can also determine if there has been any disciplinary action taken against the doctor, thus helping the patient make an informed decision when choosing a doctor.”

Video tutorials in English and Spanish on how to check the license are available on MBC’s YouTube channel, which can be accessed at www.mbc.ca.gov/About_Us/Media_Room/PSAs/.

Checking the license isn’t just limited to first-time visits; it’s a good idea to check up on your doctor’s license status periodically to make sure he or she hasn’t received any disciplinary action. Your health—and the health of your loved ones—depend on it. ■



If you’d like to receive the information in print, brochures are available online at www.mbc.ca.gov/Publications/Brochures/Check_Your_Doctor.aspx. License verification is also available by phone by calling the Medical Board of California toll-free at (800) 633-2322.



MAKING HEADWAY



Athletic Commission Ramps Up Concussion Campaign

Concussions and traumatic brain injuries among athletes have become an increasingly scrutinized part of sports in the United States, whether it's eliminating use of the head in youth soccer leagues or major rule changes in professional football.

The California State Athletic Commission (CSAC) has sharpened its focus on concussions and how to best diagnose and treat traumatic brain injuries among the boxers and mixed martial arts (MMA) fighters it regulates across the state.

According to the Centers for Disease Control and Prevention (CDC), a concussion is a type of traumatic brain injury "caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth."

The CDC administers the HEADS UP concussion education program and CSAC is requiring all of its referees to complete HEADS UP training, which includes what symptoms to look for when diagnosing a potential concussion: cognitive mental difficulties to

physical problems such as blurred vision, balance, and sensitivity to light or noise.

While most people recover from a concussion fully and quickly, according to the CDC, experts say diagnosing a concussion is critical for an athlete to take the necessary steps for recovery and, therefore, avoid repeated concussions before the brain has fully healed. A repeat concussion can be dangerous for an athlete and increases the chance for long-term problems.

"We know that if the brain has been concussed, and you suffer a second concussion, the results are far more severe than they would be otherwise," said Dr. Vernon Williams, the director of the Center for Sports Neurology and Pain Medicine at Kerlan-Jobe Orthopedic Clinic in Los Angeles and a CSAC commissioner. "The better part of valor is to make sure that the brain has completely healed from any concussive or (less severe) sub-concussive blows prior to the event. That will dramatically reduce the risk of catastrophic injury that can occur."

One new tool CSAC is using for concussion analysis and care is the C3 Logix Concussion Management System. C3 Logix software is used with a tablet and is cloud-based, allowing physicians and trainers to upload testing data that can then be analyzed on-site or by others remotely. The system tests for cognitive function (thinking processes, memory), balance, vision, and a fighter's reaction times. Comparing test results to baseline data helps trainers and physicians assess degrees of brain function and potential concussions.

"We know athletes are critically concerned with how they perform," Williams said of the C3 Logix system. "We want objective information about how they perform, and that helps us to follow over time how your brain is working and when it is safe for you to return to (fight). This information is an attempt to improve the safety, particularly the neurologic health and safety of our combat sports athletes."

The analysis of a concussion or other brain injury is vital to mandate recovery. CSAC fighters are given a minimum 30-day, no-contact suspension that mandates no sparring. Ultimate Fighting Championship (UFC) guidelines call for a 90-day suspension for a fighter who has been concussed unless they are cleared by a doctor before that.

Williams said that MMA and boxing are catching up to other professional sports such as football, hockey, and soccer when dealing with concussion diagnosis and treatment. In the NFL for instance, players who show signs of being concussed after a hit—lack of motor skills, limited speech, weakness, or numbness—must go through a strict protocol of tests overseen by team doctors before they are allowed back on the field. More research aided by technology is fueling the push by CSAC.

"There is a real movement for us to include those same kinds of criteria with combat sports," Williams said. "We want to be able to prove that your brain is working properly before you go back to activities that could put you at risk."

Part of that technology used by CSAC is the Infrascanner 2000, a portable device that uses near-infrared technology to screen patients for intracranial bleeding caused by a particularly severe blow like a knockdown or knockout. The Infrascanner identifies fighters who need an immediate CT scan and potentially neurosurgical attention.

This is a particularly valuable tool in cases of severe traumatic brain injury when the "golden hour" is critical—the need for immediate medical attention in the hour following a brain injury to help avoid long-term symptoms or possible irreversible damage.

"We want athletes, particularly combat sports athletes, to start thinking about neurologic health across their lifespan," Williams said. "In other words, we want people to be aware of how they treat their brain as a youth athlete, how they can train their brain when they are in the prime of their sport. The most important tool you have as an athlete turns out to be the brain."

"If your brain isn't operating on all cylinders, if it's not operating at optimal levels, you're not going to be as successful as you could be." ■

RESOURCES

California State Athletic Commission: www.dca.ca.gov/csac

Centers for Disease Control and Prevention: www.cdc.gov/headsup

C3 Logix Concussion Management System: www.c3logix.com

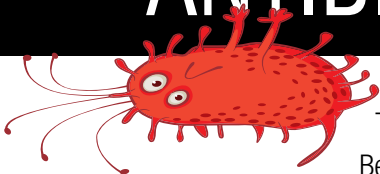
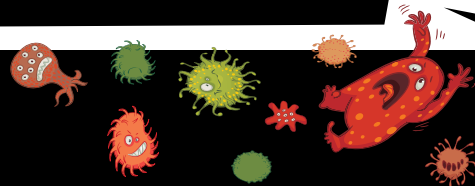
Infrascanner 2000: www.infrascanner.com



FIGHT the RESISTANCE



YOU VERSUS ANTIBIOTIC-RESISTANT BACTERIA



The era of the superbug is here. Because of decades of antibiotic

misuse and overuse, bacteria are outsmarting the drugs and the result is powerful antibiotic-resistant bacteria.

After 70 years of fighting infections, antibiotics are no longer as effective as they used to be—in fact, their use is causing more problems than solving them. The Board of Pharmacy (Board) states, “This is a big problem, and is a major public health threat within hospitals and communities—wherever antibiotics are used.”

The resistance occurs when bacteria mutate and develop a tolerance to antibiotics. The bacteria can then also share

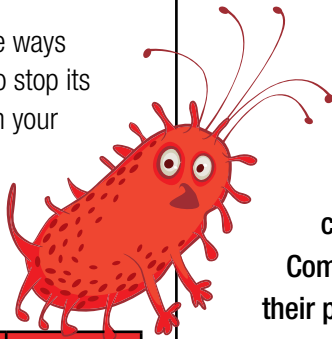
genetic information with other bacteria, making them resistant as well. The result: What used to be treatable illnesses are becoming dangerous infections.

Some of the bacteria that have become resistant to antibiotics are those associated with skin infections, sexually transmitted diseases, and respiratory tract infections. According to the U.S. Food and Drug Administration, the effects can be:

- **LONGER ILLNESSES**
- **MORE COMPLICATED ILLNESSES**
- **MORE DOCTOR VISITS**
- **THE USE OF STRONGER AND MORE EXPENSIVE DRUGS**
- **MORE DEATHS CAUSED BY BACTERIAL INFECTIONS**

Almost 2 million people in the United States have been infected with bacteria resistant to antibiotics and at least 23,000 people have died from these infections, according to the Centers for Disease Control and Prevention (CDC).

According to the Board, one of the most effective ways to protect yourself against drug resistance and to stop its spread is to not insist on getting antibiotics when your doctor doesn't prescribe them. If you're afflicted with a virus versus a bacteria-based infection, you don't need antibiotics—they will do nothing for viruses.



Illness	Usual Cause		Antibiotic Needed
	Viruses	Bacteria	
Cold/Runny Nose	✓		NO
Bronchitis/Chest Cold (in otherwise healthy children and adults)	✓		NO
Whooping Cough		✓	YES
Flu	✓		NO
Strep Throat		✓	Yes
Sore Throat (except strep)	✓		NO
Fluid in the Middle Ear (otitis media with effusion)	✓		NO
Urinary Tract Infection		✓	YES

Source: Centers for Disease Control and Prevention, *Antibiotics Aren't Always the Answer*

Also, don't save antibiotics from a previous illness and don't take antibiotics prescribed for someone else. When you're prescribed antibiotics, take them exactly as directed—for example, do not skip doses and complete the antibiotic treatment even if you're feeling better.

Above all, stay healthy by taking preventative steps. Be sure to keep up to date on all your vaccinations, get enough rest and exercise, eat a healthy diet, and wash your hands after handling raw meat before cooking and eating, and after using the bathroom.

For more information on antibiotic resistance, visit the Board's website at www.pharmacy.ca.gov and the CDC website at www.cdc.gov.

COMING CLEAN ABOUT ANTIBACTERIAL SOAPS

Stick to plain ol' soap and water.

In September 2016, the U.S. Food and Drug Administration (FDA) issued a final rule banning the use of certain chemicals found in antibacterial soaps. Companies have a year to take them out of their products.

In a 2013 press release, the FDA stated, "Although consumers generally view these products as effective tools to help prevent the spread of germs, there is currently no evidence that they are any more effective at preventing illness than washing with plain soap and water."

In addition, the agency says there are dangerous effects to using these products: "... Some data suggest that long-term exposure to certain active ingredients used in antibacterial products—for example, triclosan (liquid soaps) and triclocarban (bar soaps)—could pose health risks, such as bacterial resistance or hormonal effects."

For a complete list of the banned chemicals, visit the FDA website at www.fda.gov.

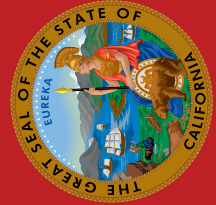


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2009 Winner



2009 Winner
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2008 AWARD OF EXCELLENCE



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