

CONSUMER CONNECTION



*Food as
Medicine*

STATE OF CALIFORNIA

dca

DEPARTMENT OF CONSUMER AFFAIRS

ALSO INSIDE:

**EX-NFL DOCTOR
RECEIVES PROBATION**

**EGG FREEZING: GAME
CHANGER OR FALSE
SECURITY? MAYBE BOTH**

EXTENDED WARRANTIES

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If found in violation of the law, pet boarding facility operators would first be given a notice to correct and be guilty of an infraction with a fine of up to \$250 for the first violation and up to \$1,000 for each subsequent violation.

New California Law Regulates Pet Boarding Facilities

For many people, pets are an integral part of the family. So when you hand over your much-loved animal to strangers at a boarding kennel or a pet hotel, you want to be sure the facility you choose can be trusted to provide high-quality care.

Not all pet hotels and kennels are created equally in terms of amenities and care; however, they all have one thing in common. In order to ensure the health and safety of pets staying in these facilities, pet owners are required to provide evidence that their dog or cat is current on rabies and other vaccines. If a facility does not ask for these records, you might consider it a red flag. If you need to vaccinate your pets and are searching for a veterinarian or want to check the license status of your current vet, go to the Veterinary Medical Board's website at www.vmb.ca.gov.

Pet owners now have additional peace of mind with the passage of the new law, Senate Bill (SB) 945 (Monning, Chapter 364, Statutes 2016), which went into effect this year on January 1. The law requires that operators at all pet boarding facilities adhere to specific guidelines and regulations regarding health and safety standards.

According to the new law, standards of care require:

- Facilities must have a sprinkler system or a fire alarm system that reports to the fire department.
- Animals must have adequate space in their housing to move about freely. (Cats must have an elevated platform in their enclosures.)
- Pet enclosures must be structurally sound and in good repair.
- Facilities should maintain an area that isolates sick pets from healthy ones.
- Routine, preventive, and emergency care; disease control and prevention; disaster planning and evacuation; and veterinary treatment must be provided.



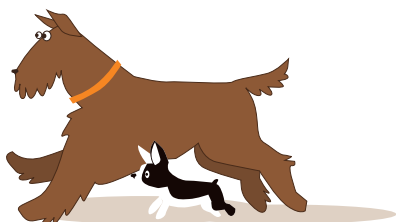


If found in violation of the law, pet boarding facility operators would first be given a notice to correct and be guilty of an infraction with a fine of up to \$250 for the first violation and up to \$1,000 for each subsequent violation.

Here are some additional tips from the Humane Society of the United States that pet owners should follow when choosing a facility:

- Ask a friend, neighbor, or veterinarian for a recommendation.
- Pictures of a facility may not always tell the entire story. Visit the boarding kennel or pet hotel in person to make sure it's clean, safe, secure, and comfortable.
- Check that the kennel or pet hotel displays a license or certificate showing that it meets all legally mandated standards.
- Make sure the establishment fits the needs of your pet.
- Inquire about the veterinary services available.
- Check to see how the staff interacts with the pets and whether they are caring and attentive.
- Ask facility managers and workers questions regarding their knowledge and experience in handling animals, and how often they check on them, and exercise and feed them.

For more information on choosing a boarding kennel for your pet, visit the Humane Society of the United States' website at http://www.humanesociety.org/animals/resources/tips/choosing_boarding_kennel.html.



WHAT ABOUT GARY?

Princess Leia, a little Frenchie, and the difference between a service dog and an emotional support dog

When legendary author, actress, and outspoken mental health rights advocate Carrie Fisher passed away in December, her multitude of fans mourned her loss; they still do. Many of her fans were all asking the same question upon news of her passing:

“What about Gary?”



And then there are emotional support animals like Gary, who are there to provide a sense of well-being, safety, or calm to their owners.

Gary—a French bulldog who appeared at Fisher’s side at press conferences, on the red carpet, and at film festivals, restaurants, and other places around the world—is Fisher’s therapy dog who helped her cope with bipolar disorder—something she was diagnosed with at age 29. “Gary is like my heart. Gary is very devoted to me and that calms me down,” Fisher told the (Sarasota, Fla.) *Herald-Tribune* in 2013.

Fisher made no secret about her mental illness; her candid conversations about her battles with bipolar disorder inspired many who suffer from mental illness to seek treatment.

The two were inseparable. With his stoic expression and flopped out tongue, Gary, a celebrity in his own right, has nearly 67,000 Instagram followers and 34,000 Twitter followers.

He also got to fly on planes, eat in restaurants, and stay in hotels—how did he get to do all of that? It’s because under California law, Gary is considered an emotional support dog.

California law (www.nolo.com/legal-encyclopedia/california-laws-psychiatric-service-dogs-emotional-support-animals-public-places.html) allows people with disabilities to bring trained service dogs and psychiatric service dogs—but not emotional support animals—to all public places. The key words are service and trained. Service animals are limited to dogs, and, because the Americans With Disabilities Act (ADA) allows it, miniature horses; however, even a dog cannot qualify as a service dog if it is not trained to help a person with a disability. Examples of service dogs are those trained as guide dogs by instructors and schools licensed by the State Board of Guide Dogs for the Blind (www.guidedogboard.ca.gov), and dogs that are trained to do certain tasks like fetching dropped items and calming someone who is having a seizure. Another type of service dog, psychiatric service dogs, are trained to respond to emotional emergencies such as panic attacks.

And then there are emotional support animals like Gary, who are there to provide a sense of well-being, safety, or calm to their owners. These helpers are not trained (Fisher bought Gary from a New York pet store). Emotional support animals are not limited to dogs; there have been cats, birds—even chickens—used in this role.

The other difference between trained service animals and non-trained emotional support animals comes via the ADA, which guarantees that people with disabilities who use service dogs have equal access to public places. The ADA does not grant access to public places for dogs such as Gary, but he and his friends are covered by two other federal laws. The Air Carrier Access Act and Fair Housing Act allow owners of emotional service animals access to housing and the right to have their animal fly on commercial aircraft.

Sound confusing? It is. How can you tell which is which? Business owners and staff sometimes make mistakes because the lines are not clear. And unfortunately, people trying to pass off pets as service animals is not uncommon. That’s why it’s a good idea for a person with a disability to carry a letter from a licensed mental health professional documenting the person’s need for an emotional support animal or a service dog.

In California, psychologists are licensed by the Board of Psychology, www.psychology.ca.gov; therapists are licensed by the Board of Behavioral Sciences, www.bbs.ca.gov; and psychiatrists are licensed by the Medical Board of California, www.mbc.ca.gov; check the license to verify the professional is in good standing before making an appointment.

So, what about Gary? He is now living with Fischer’s daughter, Billie Lourd, just like Fischer had hoped. And, true to form, Lourd recently helped Gary celebrate birthday number five on social media.

And he—and his mom—wouldn’t have it any other way.



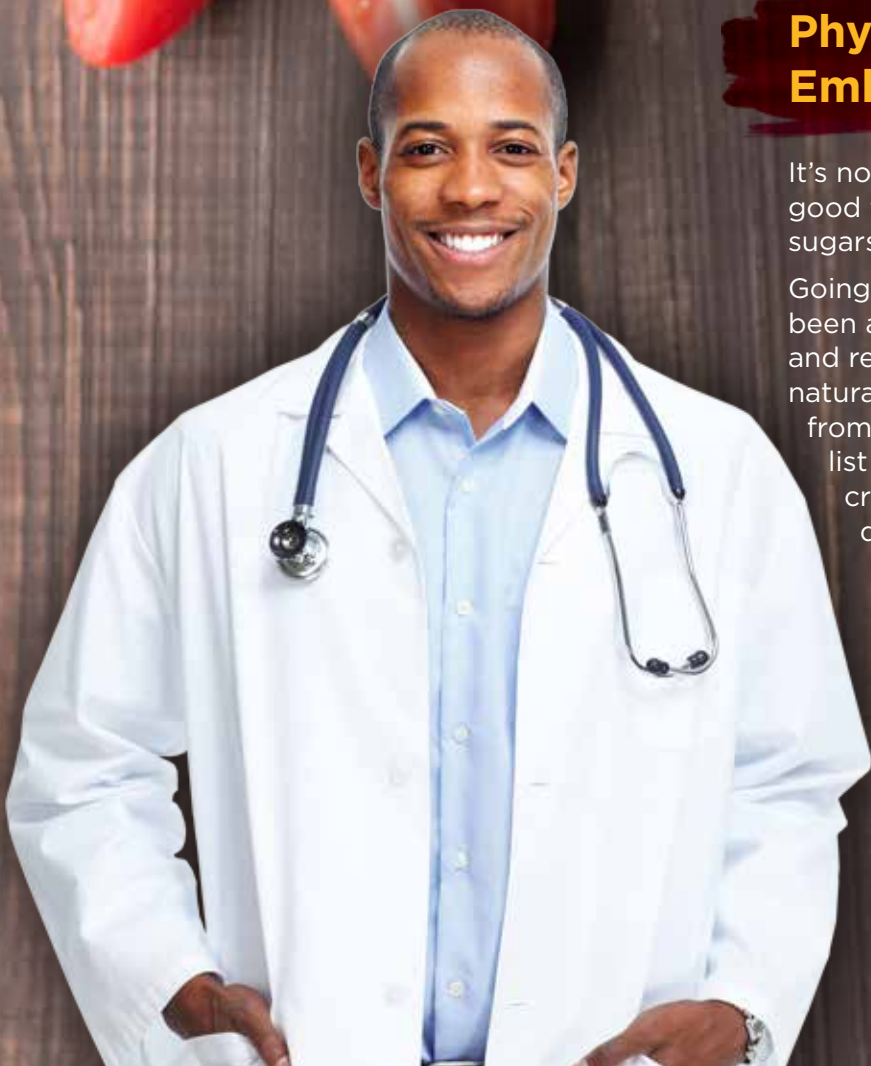
Take Two Tomatoes and Call Me in the Morning

Physicians Increasingly Embracing Food as Medicine

It's no secret eating lots of fruits and vegetables is good for you while a diet fueled by, say, excessive sugars and fried foods is not.

Going a step (or several steps) further, there has been an explosion in the past decade of awareness and resources about the health benefits of simple, natural foods. More consumers are shying away from processed foods that come with a laundry list of ingredients that sound like they were created in a lab. Manufacturers have noticed—dozens of brands and labels try to grab your attention with claims of “All-Natural,” “Organic,” and “Non-GMO.”

Now, a growing movement in California of food as medicine is helping consumers dig down through the hype to clarify what foods and ingredients are truly good for you while targeting specific health problems that can be avoided or even reversed through dietary changes. More physicians are prescribing specific foods and ingredients either in conjunction with a medication or in place of one.



Food as medicine is a major component of the larger trend by physicians and medical institutions to preventatively promote community wellness rather than just reactively treating patients once they land in a hospital—often with medications.

Healthcare giant Kaiser Permanente (www.kp.org) has a healthy eating section on its website under the Health & Wellness tab, which includes classes, support groups, and recipes.

At Loma Linda University School of Medicine, resident physicians are offered specialized training in Lifestyle Medicine—a formal subspecialty that is using food to treat disease.

“What people eat can be medicine or poison,” Dr. Brenda Rea, who helps run the family and preventative medicine residency program at the Loma Linda School of Medicine, told National Public Radio in January. “As a physician, nutrition is one of the most powerful things you can change to reverse the effects of chronic disease.”

At the St. Joseph Hoag Health Alliance in Orange County, doctors and nutritionists visit partner supermarkets to educate patients and other shoppers who show interest. Called “Shop With Your Doc,” physicians meet any patients who sign up for the service and advise them on everything from preparing healthy meals for kids they are likely to eat, to specific items that are beneficial (such as morning smoothies packed with brain-boosting frozen berries).

“The supermarket has become perhaps the most important place where we make crucial decisions about our everyday health,” said Dr. Daniel Nadeau, the program director of the Mary and Dick Allen Diabetes Center affiliated with St. Joseph Hoag Health.

On the St. Joseph Hoag website (<https://www.hoag.org>), Nadeau recommends people spend more time in the produce section of their supermarket. Colorful berries and vegetables have a broad range of health benefits, Nadeau says, including reducing blood pressure, the risk of heart disease, and preventing diabetes and even cancer in some cases.

It is also important to use more whole grains, Nadeau says, such as brown rice and whole grain tortillas, instead of refined grains. Processed bread products that list “wheat flour” as the first ingredient instead of whole wheat will be less healthy, he added.

“What people eat can be medicine or poison.”

A shift toward preventative community health and medicine as food is in full swing at Zuckerberg San Francisco General Hospital. The hospital will soon launch its Therapeutic Food Pantry, a clinically-based prescription food program. According to San Francisco General’s website (www.sfhealthnetwork.org), providers will be able to prescribe fresh fruits and vegetables as well as other relevant healthy food items to their patients, who will fill the prescriptions at the Therapeutic Food Pantry.

Patients will receive on-site nutrition education relevant to their disease and health goals at the Food Pantry, as well as demonstrations at the program’s kitchen to help patients learn how to prepare foods. Patients will be given about 25 pounds of food per visit (depending on family size), which typically will feed a family of four for five days.

Experts emphasize diet alone is not always a solution for illness, but accumulating research shows the right foods can dramatically help long-term conditions such as diabetes, heart disease, high blood pressure, and stroke.

Consulting your doctor about potential health benefits that dietary changes may provide is a good first step. Be sure your physician’s license is in good status by doing a license search on the Medical Board of California’s website (www.mbc.ca.gov).

RESOURCES

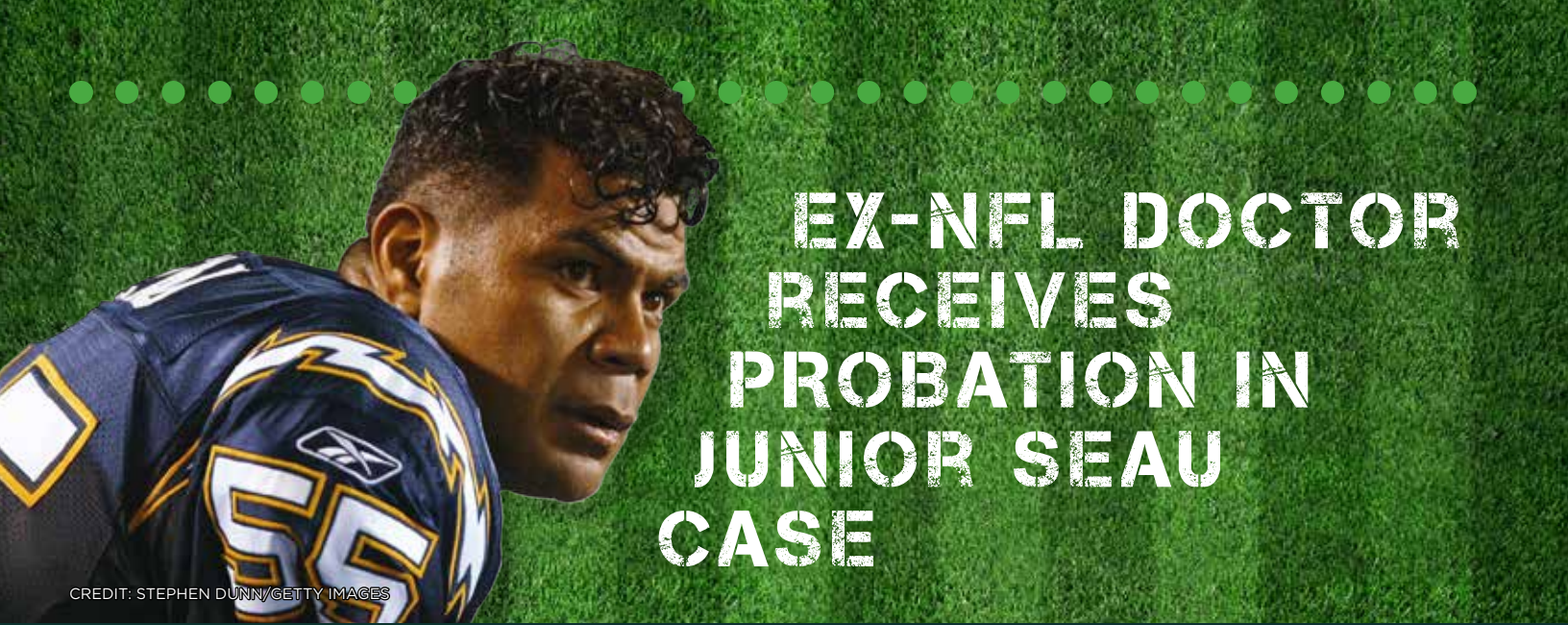
St. Joseph Hoag Health Alliance: www.stjosephhoaghealth.org

Zuckerberg San Francisco General Hospital: www.sfhealthnetwork.org

Kaiser Permanente: www.kp.org

American Diabetes Association: www.diabetes.org

Institute for Responsible Nutrition: www.responsiblefoods.org



EX-NFL DOCTOR RECEIVES PROBATION IN JUNIOR SEAU CASE

CREDIT: STEPHEN DUNN/GETTY IMAGES

The former team doctor for the NFL's San Diego Chargers accused of gross negligence by the Medical Board of California (Board) for his treatment of linebacker Junior Seau prior to the star's death has reached a settlement with the Board.

Under the agreement, which took effect January 27, Dr. David Jee Wei Chao, 52, was placed on probation for four years and is not allowed to prescribe the sleep-aid drug Ambien during that time.

In addition, the settlement calls for Chao to have his practice monitored by another doctor during his probationary period, and to complete courses on prescriptions, ethics, and keeping medical records.



Seau, who played most of his 20 professional seasons with the Chargers and is a member of the Pro Football Hall of Fame, died of a self-inflicted gunshot to the chest in 2012 at age 43.

According to the Accusation filed against Chao, he didn't use caution in prescribing Ambien to Seau in the months leading up to his suicide based on the adverse effects the powerful sleep drug can have on patients suffering from depression or thoughts of suicide.

PROBATION

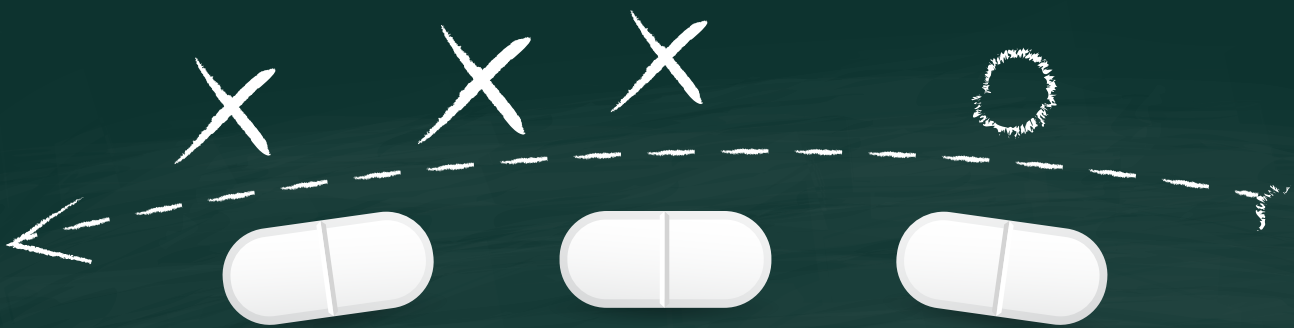
Chao "failed to properly manage patient (Seau's) insomnia with close follow-up, including the failure to exercise caution in the extended use of Ambien with a patient exhibiting signs and symptoms of depression and suicidal ideation," the Board said.

In the last 18 months of his life, the investigation showed, Seau received 14 prescriptions for Ambien from Chao.

In 2010, Seau—who after his death was diagnosed with chronic traumatic encephalopathy (CTE), which has been linked to head trauma in football—drove off a cliff in Carlsbad but survived. That incident occurred hours after Seau was arrested on suspicion of domestic violence involving his girlfriend.

Chao told a state investigator he visited Seau in the hospital and that he told Chao the driving incident was not suicide; that he had fallen asleep. The incident was viewed as a warning sign of possible depression or suicidal thoughts.

In the last 18 months of his life, the investigation showed, Seau received 14 prescriptions for Ambien from Chao.



Ambien is associated with increased incidence of impaired driving and suicide, the Board said.

“Notwithstanding the existence of red flags involving patient (Seau) and his extended use of Ambien, (Chao) continued to prescribe the controlled substance without closely monitoring (Seau) for ongoing signs and symptoms of depression and suicidal ideation,” the Accusation states. “For example, only three days after patient (Seau’s) vehicular accident occurring under suspicious circumstances following an arrest and jailing for alleged domestic violence, (Chao) issued another prescription to patient (Seau) for Ambien.”


Preceding the settlement, Chao and his attorney, Bob Frank, fought the Board’s accusations. Frank

told *USA Today*, “I hope everyone now can see how ridiculous it is to have pursued any claim that Dr. Chao was somehow responsible for Junior Seau’s death.”

This wasn’t the first time Chao—who no longer works for the Chargers or any other NFL team, but has more than 58,000 followers on Twitter and is a NFL medical analyst for SiriusXM Sports—and the Board have crossed paths. In 2014, the Board ordered Chao to serve five years’ probation for issues relating to patient care. He will serve his latest probation period concurrently with the previous order.

The status of a physician’s license or any disciplinary actions against a doctor can be found through a search on the Board’s website at www.mbc.ca.gov.





EGG FREEZING: GAME CHANGER OR FALSE SECURITY? MAYBE BOTH.

Since the 1960s, birth control pills have been available to women, allowing better planning for when or if they want to have a child. Another method for greater reproductive autonomy is gaining mainstream interest—egg freezing.

However, unlike “the pill,” which is almost 100 percent effective, egg freezing has a much lower success rate and is significantly more expensive and complex a process.

Before investing time and money, understand what’s involved in freezing your eggs and how effective the procedure actually is in beating your biological clock.

DECLINING EGGS

One million. That’s the approximate number of eggs women are born with. But by the time girls reach puberty, they have about half that number. Then, as women get into their 30s and 40s, their eggs disappear rapidly. A 2010 study by the University of St. Andrews and Edinburgh University in Scotland found that most women have only 12 percent of their eggs left by age 30 and by age 40, only 3 percent remain.

In addition to the lower number, the quality of one’s eggs also declines with a woman’s age. Older eggs decrease one’s chances of getting pregnant and increases the chances of a miscarriage or chromosomal abnormalities.

With numbers and risk factors like those, it’s no wonder the egg freezing business is growing. By freezing their eggs, women are hoping to stop the biological clock and have a baby when optimally prepared.

THE PROCEDURE

Before making any decisions about freezing your eggs, know what it involves. Meet with a fertility specialist (reproductive endocrinologist) to determine if it’s a good option for you. To check the status of a doctor’s license, go to the Medical Board of California’s website, www.mbc.ca.gov.

The process can take weeks. There are a series of 10 to 12 daily self-injections followed by regular visits to the doctor to get blood levels checked and ultrasounds done.

After that, eggs are harvested in an outpatient surgical procedure, the eggs are inspected, and then any viable ones would be frozen and stored.

Like any medical procedure, there are potential side effects and complications. According to the Mayo Clinic, a possible—but rare—risk is ovarian hyperstimulation from the use of injectable fertility drugs. Signs and symptoms include abdominal bloating and pain. An even more rare condition that can result is a severe form of ovarian hyperstimulation syndrome that can also lead to accumulation of fluid in the abdomen, as well as shortness of breath.

OTHER FACTORS TO CONSIDER

Freezing your eggs is not a guarantee of having a baby. The success rate depends on the woman's age she does it and the number of eggs that are frozen.

According to the American Society for Reproductive Medicine (ASRM), egg freezing is most successful for women in their 20s to early 30s and is not recommended for women over 38 years old. ASRM reported that the studies done in Europe found that for patients under age 30, pregnancy rates ranged from 36–61 percent. An online fertility calculator (www.fertilitypreservation.org/probability-calc) developed by New York Medical College and the University of California, Davis, estimates that a woman who freezes 15 eggs at age 30 has about a 30 percent chance of having a child if she uses these eggs, and a woman who freezes 25 eggs at age 30 has about a 40 percent chance.



By freezing their eggs, women are hoping to stop the biological clock and have a baby when optimally prepared.

Another major factor to consider—cost. The process is expensive, averaging about \$12,000. That amount includes medical visits, extraction of eggs, and freezing (usually set up as an annual storage fee). There is the additional cost of the drugs, which can range from about \$3,000 to \$5,000. When you're ready to use the eggs, the eggs are implanted through in vitro fertilization, which costs between \$3,500 and \$5,000.

Most health plans do not cover elective egg freezing, however, women facing infertility because of cancer treatments may be able to receive partial or even full coverage.

Egg freezing does not have to be classified as experimental, according to a 2012 ASRM article, since its success rate has improved and data regarding safety has been reassuring.

However, that being said, ASRM is still not endorsing egg freezing for the sole purpose of delaying childbearing. There are several factors to consider, including the emotional toll the process can take.

“Data on the safety, efficacy, cost-effectiveness, and emotional risks of elective oocyte cryopreservation [egg freezing] are insufficient to recommend elective oocyte cryopreservation,” as stated in the ASRM article. “Marketing this technology for the purpose of deferring childbearing may give women false hope and encourage women to delay childbearing.”

RESOURCES

American Society for Reproductive Medicine: www.asrm.org


Medical Board of California: www.mbc.ca.gov

Polish Up: Learn How Nail Salon Programs Can Reduce Your Chemical Exposure

Known as the “toxic trio,” formaldehyde, dibutyl phthalate, and toluene are part of the variety of dangerous chemicals found in nail products. The state of California has recognized that exposure to these chemicals is associated with cancer, birth defects, asthma, and other chronic health conditions. This has created health and safety concerns, particularly for nail salon workers in California.

These health problems, concerns, and possible causes are outlined in a 2012 report, “Summary of Data and Findings From Testing of a Limited Number of Nail Products,” produced by the California Department of Toxic Substances Control (DTSC). For the study, DTSC conducted a limited-scale sampling of nail products offered for sale in the San Francisco Bay Area. The study’s objectives were to verify the legitimacy of toxic trio-related product claims, determine baseline levels of chemicals with ongoing public attention, and explore trends of possible ingredient substitutions. One particularly interesting finding: Many of the products that claimed to be “toxic trio-free” were actually not (read report at www.dtsc.ca.gov/PollutionPrevention/upload/NailSalon_Final.pdf).

The DTSC report noted that the “toxic trio” is at the center of ongoing public interest and scrutiny from the California Healthy Nail Salon Collaborative, other nongovernment organizations, and environmental and worker rights groups, as well as government regulatory agencies in California and throughout the United States. Those who work with cosmetics, including barbers, hair




Those who work with cosmetics, including barbers, hair stylists, skin and body care, and nail salon workers, may be more vulnerable to the adverse health effects posed by these products because they handle greater quantities of cosmetics with more frequency.

stylists, skin and body care, and nail salon workers, may be more vulnerable to the adverse health effects posed by these products because they handle greater quantities of chemicals with more frequency.

The California Healthy Nail Salon Collaborative was formed in 2005 out of a growing concern for the health, safety, and rights of the nail salon and cosmetology workforce. The Collaborative’s mission is to inspire improvements in those areas to achieve a healthier, more sustainable, and just industry.

The Collaborative implemented a Healthy Nail Salon Campaign in 2009, which led to a partnership with then-San Francisco Board Supervisor David Chiu and the San Francisco Department of Environment (SFE). As a result, the first Healthy Nail Salon Recognition Program was established. In October 2010, the City and County of San Francisco passed an ordinance directing SFE to create a voluntary recognition program for nail salons that choose safer nail



products, such as those free of the toxic trio and additional chemicals designated by SFE. With the support of the local nail salon community, the Collaborative has worked in partnership with other cities and counties to establish local Healthy Nail Salon Recognition Programs throughout California. The Program rewards salons that prioritize the health of their workers and consumers. Salons will receive recognition by the county or city if they follow the Healthy Nail Salon Program guidelines, which include the use of safer products and implementation of best workplace practices.

The Program has nine requirements:

1. Use nail polishes without the toxic trio: dibutyl phthalate, toluene, and formaldehyde.
2. Use safer nail polish removers without ethyl or butyl acetate, such as acetone.
3. Avoid using nail polish thinners. Use those without toluene and methyl ethyl ketone.
4. Have all nail salon staff wear nitrile gloves when using nail products.
5. Ventilate the salon. Designate a specific area for artificial nail services.
6. Install a mechanical ventilation unit within one year of entering the Program.
7. Train all salon nail staff.
8. Commit to adopting safer nail products.
9. Do not allow customers to bring in products unless they meet Program criteria.

Salons interested in joining the Collaborative's Healthy Nail Salon Program must complete a registration form and a free training, meet the nine requirements, and schedule a site visit. The Program currently has participants in the San Francisco Bay Area, Santa Clara County, and Southern California.

Assembly Bill 2125 (Chiu, Chapter 564, Statutes of 2016) took the Program one step further and expanded it to a statewide level. Passed in 2016 and known as the Healthy Nail Salon Recognition (HNSR) Program, the legislation gives authority requires DTSC to develop guidelines for localities to voluntarily start HNSR programs. It allows the guidelines to include specific criteria, such as the potential for exposure of nail salon workers and



customers to chemicals.

It requires DTSC to consult with the Division of Occupational Safety and Health, the California Department of Public Health (CDPH), and the Board of Barbering and Cosmetology (BBC), which licenses all nail salons and manicurists in California. The new law also requires DTSC to develop a consumer education program.

The law states that BBC may notify local municipalities if a recognized salon is found in violation of Article 12 of its regulations, which deals with salon health and safety measures such as equipment disinfectant procedures, infection prevention, product storage, and general cleanliness and repair.

Educating consumers and licensees on health and safety issues is also a top priority for BBC, which is why it launched its CASafeSalon public education campaign, which focuses on salon health, safety, and infection control. Visit BBC's website at www.barbercosmo.ca.gov/consumers/safesalon.shtml to learn more about dangerous chemicals, infection protection, and how to ensure your spa or salon experience is a safe one.

To find a healthy nail salon near you, visit the California Health Nail Salon Collaborative's website at www.cahealthynailsalons.org. To confirm that a salon is licensed, visit www.barbercosmo.ca.gov and click on the "License Search" button. For updates on state program guidelines, visit DTSC's website at www.dtsc.ca.gov.

To further help consumers learn about what's in their beauty products, the California Safe Cosmetics Act of 2005 requires the manufacturer, packer, and/or distributor named on the product label provide to the CDPH's California Safe Cosmetics Program a list of all cosmetic products sold in California that contain ingredients known or suspected to cause cancer or developmental or other reproductive harm. This data is searchable by type of product, product name, or brand or company name at <https://safecosmetics.cdph.ca.gov/search/>. You can also learn more about chemical ingredients, how chemical exposure can affect your health, and about CDPH's California Safe Cosmetics Program at www.cdph.ca.gov/programs/cosmetics.

EXTENDED WARRANTY

Extended Warranties: Peace of Mind With a Price

Let's face it. We often give in to our emotional side when it comes to consumerism. We buy things we think—and hope—will keep us happy and satisfied. Purchasing extended warranties feeds into our emotions as well, since we buy them for peace of mind.

Also known as service contracts or protection policies, extended warranties can be bought from stores or manufacturers when you purchase items such as appliances, cars, and computers. They are marketed as ways to cover repair costs over a certain period of time, just in case the item you bought breaks down.

Is it worth it to buy an extended warranty?

According to *Consumer Reports'* May 2016 Extended Warranty Buying Guide, extended warranties are basically cash cows for retailers and

stores. Stores keep about 50 percent or more of what they charge for the contracts. Although the money gained isn't necessarily the issue, the large financial incentives can't be ignored.

Many problems with extended warranties stem from their fine print. The service contracts often exclude essential parts; for example, regarding a typical service contract that *Consumer Reports* reviewed, a refrigerator's icemaker, beverage dispenser, door seals and gaskets, hinges, lighting, and handles were not covered. The review of an auto extended warranty revealed that excluded items such as brake drums, air bags, door handles, the exhaust system, and body panels were not covered. The Federal Trade Commission (FTC) warns that additional expenses may be hidden in the fine print: large shipping costs, a deductible, or a fee each time the item is repaired.

Service contracts may include other unwanted surprises, such as the exclusion of "pre-existing" conditions, the denial of coverage if you didn't follow a company's instructions for routine maintenance, as well as terms that make it difficult to get repairs done.

Outside the language of the service contracts, there are many reasons to avoid them.



Is it worth it to buy an extended warranty?

Because of the general reliability these days of products and vehicles from reputable companies, it's not worth it to buy extended warranties, and the warranties already provided with these products often duplicate what's offered in a service contract. Additionally, technology changes quickly—you may want to buy a replacement before your appliance, car, or computer needs repairs.

With the help of the Internet, you can even sometimes complete repairs yourself. However, if you do need to hire a service dealer for a repair, be sure to use a licensed and reputable service dealer. For repairs of appliances and electronic equipment, check a service dealer's license on the Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation's website at www.bearhfti.ca.gov. For the repair of vehicles, check a repair station's license on the Bureau of Automotive Repair's website, www.bar.ca.gov.

Be aware there are options and consumer rights that don't involve additional costs; for example, many credit cards can extend a manufacturer's written warranty on products if you buy using a credit card. Some reputable companies offer goodwill programs for repairs or product replacement. Check a business' return policy as well; it may allow you to return the product if it breaks down after purchase.

California's Lemon Law protects vehicle buyers and lessees from serious warranty defects that the dealer or manufacturer can't repair. You may be eligible for a replacement or refund for your vehicle under this law.

Learn more from the Department of Consumer Affairs' *Lemon-aid for Consumers* booklet (www.dca.ca.gov/acp/pdf_files/englemn.pdf).

Another way to avoid being tempted to buy an extended warranty is to purchase reliable products from reputable companies. Do thorough research and ask around for recommendations.

Consumer advocates advise that instead of buying a service contract, put that money in a savings account, and if you need repairs or a replacement, you can take it out of those funds.

If in the end, you still want to buy an extended warranty, carefully consider a company's financial situation and its reputation. Be extremely wary of third-party sellers of service contracts, any high-pressure sales tactics, and unsolicited offers via mail or e-mail. Also, make sure you fully understand what is actually covered and that you're getting a good price on your extended warranty, which oftentimes can be negotiable.

RESOURCES

Bureau of Automotive Repair: www.bar.ca.gov

Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation: www.bearhfti.ca.gov

Federal Trade Commission: www.ftc.gov

Consumer Reports: www.consumerreports.org



A collection of cleaning supplies is arranged on a dark wooden surface. At the top, from left to right, there is a yellow sponge, a pink spray bottle, a yellow brush, a blue spray bottle, a pink bottle, a white bottle with a yellow cap, and a pair of yellow gloves. At the bottom, from left to right, there is a yellow sponge, a blue brush, a green brush, an orange spray bottle, a blue bottle, and a dark blue bottle. The central text is overlaid on a dark, textured horizontal band.

NONTOXIC WAYS TO KEEP PESTS AWAY



What do cockroaches, ants, spiders, mice, termites, bed bugs, fleas, and wasps have in common? **They are all pests.**

In general, most consider household pests just a nuisance; however, their presence can actually be harmful to your health. According to the Asthma and Allergy Foundation of America, cockroaches are linked to the cause of asthma and allergies in some people. Some pests can also carry diseases that can transfer to humans.

Regardless of the season, they enter homes because their basic needs of food, water, and shelter are met. A space that satisfies those needs allows pests to survive and reproduce.

Before you resort to chemical pesticides that could possibly have adverse effects on the environment or you or your family's health, take preventative measures. Here are some tips from the U.S. Environmental Protection Agency:

STARVE THEM OUT

- Wipe and clean crumbs off countertops and floors.
- Keep dried goods such as sugar, flour, or cereal stored in airtight containers or resealable bags.
- Clean or rinse dirty dishes right away.
- Keep a tight lid on trash cans containing food scraps. Empty the cans often and keep them away from doors.
- Do not leave food out overnight without being properly sealed or covered.

DRY THEM OUT

- Remove sources of water.
- Wipe up water and other spilled liquids from countertops and floors immediately.
- Repair all leaky plumbing.
- Dispose of any standing water.

KEEP THEM OUT

- Check patio doors and window screens for gaps or holes and replace them if necessary.
- Use weather stripping or expanding foam to seal gaps around windows.
- Install door sweeps and threshold seals to eliminate gaps under and around entry doors.

Regardless of the season, they enter homes because their basic needs of food, water, and shelter are met.

- Check for pests in boxes or bags before bringing them indoors.
- Dispose of stacks of newspapers, magazines, and other clutter. Pests love to have a dark place to breed and hide.

You can use nonchemical pest deterrents, including plants, herbs, and spices, for do-it-yourself (DIY) pest control. According to the *Farmers' Almanac*, citrus fruits and cedar blocks and chips can be strategically placed in and around your home to deter pests. Additionally, mint is an effective, natural pest repellent for most bugs, including spiders. A safe and inexpensive way to keep your home insect-free is to add a 50/50 mixture of peppermint essential oil and water to spray throughout your home. A mixture of white vinegar and water is another form of nontoxic pest control.

DIY methods require that you apply them frequently—they don't have the long-lasting effectiveness that chemical pest control does. However, if you are looking for natural and safe, yet effective, alternatives, the extra effort is well worth it.

If you don't want to make your own bug spray, there are green options on the market that are branded as botanical pesticides.

But if you get to the point where you need help from a professional, many pest control companies offer environmentally friendly, nontoxic pest control options. An infestation of some pests, such as termites or powderpost beetles, generally requires professional help. However, before you hire a pest control professional, do your research and check their license. The Structural Pest Control Board makes it easy to locate and verify the license of a pest control company near you via its website at www.pestboard.ca.gov.

For more information, view the Board's "Questions & Answers About Household Pest Control" document at www.pestboard.ca.gov/forms/househld.pdf.

CANNABIS IN CALIFORNIA: SOME FREQUENTLY ASKED QUESTIONS

More than 20 years ago, California voters enacted the Compassionate Use Act, which legalized cannabis use for medical purposes to help with certain serious conditions with a doctor's recommendation.

Fast-forward to 2015, when the Legislature passed and the Governor signed into law three bills (Assembly Bills 243 and 266, and Senate Bill 643) that created a licensing and regulatory framework for medical cannabis through the Medical Cannabis Regulation and Safety Act (MCRSA). It was the first comprehensive statewide effort to regulate the industry, and the Department of Consumer Affairs (DCA) immediately started building the Bureau of Medical Cannabis Regulation (BMCR) with the goal of hammering out the specifics for that system in time to begin accepting applications for cannabis businesses licenses by January 1, 2018.

No small feat by any means.

Then, just when the state started to lasso the operations of a robust medical marijuana business that many had described as the "wild, wild west," less than a year later a majority of California voters threw a curveball by approving Proposition 64, which decriminalizes the cultivation, possession, and use of cannabis for nonmedical purposes as well. It also calls for the renaming of BMCR to the Bureau of Marijuana Control.

So what does this all mean? Many of the details are currently being worked out in the regulations development process, but here are some of the most commonly asked questions and answers:

With the passage of the initiative, can any adult 21 and over currently walk into a dispensary and purchase cannabis?

No. Dispensaries will only be licensed to sell medical cannabis, and will be prohibited from selling nonmedical cannabis to individuals without

a doctor's recommendation. The initiative calls for licensing authorities to begin accepting applications and issuing licenses in January 2018, at which point any adult 21 and over may purchase nonmedical cannabis. The Bureau of Marijuana Control is responsible for licensing dispensaries under the initiative.

Will the state be able to meet the January 1, 2018, licensing deadline?

The agencies involved are taking appropriate action to meet the deadlines and requirements imposed by the initiative. The basic priorities under MCRSA regarding public and environmental safety remain the same under the initiative.

Will people be able to smoke nonmedical cannabis anywhere?

No. The initiative prohibits consumption of cannabis in a public place unlicensed for such use, including near K 12 schools, on sidewalks, and other areas where children are present.

What about the fact that California will be allowing and regulating something that is still illegal under federal law?

Although the federal government issued a memorandum in 2013 that outlined the Obama administration's expectations for state and local governments that enact cannabis related laws, BMCR cannot predict whether or how that guidance might change in the future.

Will there be differences on how to grow cannabis for medical versus nonmedical use?

The California Department of Food and Agriculture is responsible for licensing cultivators



under the initiative. Cultivation requirements will generally remain the same for growing cannabis both for medical or nonmedical use. Cannabis products offered for sale will need to be clearly differentiated as medical or nonmedical.

Will the medical marijuana card program go away?

Although Proposition 64 amends some statutory provisions governing the medical marijuana identification card program, it does not abolish it. The California Department of Public Health will continue to print identification cards and maintain a registry database for verification of qualified patients and their primary caregivers.

How will nonmedical cannabis be kept away from kids?

The initiative includes provisions designed to help keep cannabis away from children, including, but not limited to, marketing restrictions, school buffer zones, child-resistant packaging, and warning labels.

What steps will the licensing authorities take to implement Proposition 64?

The licensing authorities are closely analyzing the initiative as passed to determine how best to regulate both medical and nonmedical use in an expeditious and efficient manner. Proposition 64 requires implementation through California's regulatory process. The licensing authorities intend to take a similar approach with the initiative by involving stakeholders and the public in the regulatory process.

How will public safety be protected?

Just as with MCRSA, licensing authorities will develop regulations for nonmedical use with public safety as a priority. The regulatory program will include licensing requirements and an enforcement component.

How will the regulations for nonmedical use differ from regulations for medical cannabis?

All related regulations will be based on the language of the Proposition 64 initiative. The basic priorities regarding public safety, safe products, and environmental safety remain the same.

How can the public get involved in the regulations development process?

All members of the public are able to participate in the regulatory process and have a voice in the implementation. Sign up for the licensing authorities' mailing lists to receive updates on the status of implementation and information on preregulatory meetings and other opportunities for public comment.

Where can the public access more information?

MCRSA provides for licenses to be issued by three licensing authorities, and more information can be found on their websites and by contacting them directly:

Bureau of Medical Cannabis Regulation (BMCR)
(Retailers, distributors, microbusinesses, and testing)

bmcr@dca.ca.gov (800) 952-5210
www.bmcr.ca.gov

California Department of Food and Agriculture (CDFA)
(Cultivation)

calcannabis@cdfa.ca.gov (916) 263-0801
www.cdfa.ca.gov

California Department of Public Health (CDPH)
(Manufacturing)

omcs@cdph.ca.gov (916) 445-0275

Note: Because no state departments are issuing licenses at this time, interested parties should continue to work with their city and/or county government to obtain the local licenses and permits required to operate a cannabis business.



How to Help Your Aging Parents

As our parents age, our roles seem to slowly reverse and we often become their caretakers—worrying about their health, finances, and well-being.

According to the 2010 Census, there are 4.2 million adults age 65 and older living in California. The census results also indicate that Californians on average live to be almost 81 years old. Although longevity is something to celebrate, it also means that there are many aging adults who need help from family as they grow older.

As we step in to lend support, it is important to understand where our parents are coming from. All their lives they've been in charge, and they may now realize that things are slipping, which can be both frightening and depressing for them. We need to tread lightly, but get involved as much as we can. Our parents' health and safety should be our most important concern. When talking with aging parents, we need to be respectful and offer choices that give them the most independence.

At some point, however, you will need to be involved in their healthcare and finances.

Let's start with healthcare. You'll want to be sure your parents sign permission forms with their doctors to allow you access to their health information. Accompany them to medical appointments if you can. Make a list of all of their medications with the directions. You can even help them by getting pill organizers and filling it for them. Find a good time to ask them about end-of-life decisions such as resuscitation orders and have them sign that paperwork if that is what they wish.

Working with your parents on their finances can be more difficult. It is important that they know you want to be involved because you love them and want to be sure things go smoothly for them. They may need help organizing and paying bills or preparing tax returns. You might also ask them to consult with you about investments and major purchases to ensure that they are being treated fairly and honestly.

Taking care of their home may also become more difficult for our aging parents. Doing routine repairs, climbing on ladders, or pushing a lawn mower or vacuum becomes more difficult as they age. Parents may need help with household chores

and home upkeep. You can work with them to hire trusted individuals to help.

Aging parents may find their memory is not what it once was. They may forget things or tell the same story over and over again. This should be treated with kindness and humor, not with anger or frustration.

Some aging adults may not have children nearby to help them, may not want to burden family members, or there may be discord in the family that prevents adult children from assisting their elderly parents. A professional fiduciary can help. A professional fiduciary is licensed by the state and manages a client's personal affairs. This can include daily care, housing and medical needs, and managing finances ranging from paying bills to handling investments and trusts. Fiduciaries can be court-appointed, hired by the client, or hired by the client's family.

The Professional Fiduciaries Bureau (Bureau), in the California Department of Consumer Affairs, licenses and oversees professional fiduciaries, providing a layer of protection for clients and their families. Licensing ensures that professional

fiduciaries have met education and experience requirements, and have passed a competency exam and criminal background check.

If a licensed professional fiduciary violates the law, the Bureau can take action against the licensee. Actions can include fines, sanctions, and license suspensions or revocations, or even referral to law enforcement authorities for criminal prosecution.

Not all caretakers need to be licensed. Those who do not include conservators or guardians for one person, and a trustee or agent under durable power of attorney for healthcare/finances for no more than three people are not required to be licensed.

Some professionals who perform fiduciary duties working within their scope of practice are also exempt from licensing. These include attorneys, certified public accountants, enrolled agents for the Internal Revenue Service, broker-dealers, and investment advisers.

To verify a professional fiduciary license and check for any disciplinary action against it, go to **www.fiduciary.ca.gov** or call (916) 574-7340.

Potential Signs Your Parent Needs Help at Home

- Missing important appointments
- Repeated phone calls at odd hours
- Unexplained bruising
- Difficulty getting up from a seated position
- Difficulty with walking, balance, and mobility
- Uncertainty and confusion when performing once-familiar tasks
- Forgetfulness
- Inappropriate behavior, clothing, or speech
- Infrequent showering or bathing
- Noticeable decline in grooming habits and personal care
- Dirty house, extreme clutter, and dirty laundry piling up
- Stacks of unopened mail or an overflowing mailbox
- Late payment notices, bounced checks, and calls from bill collectors
- Poor diet or weight loss
- Food in the refrigerator is uneaten or spoiled
- Loss of interest in hobbies and activities
- Changes in mood or extreme mood swings
- Forgetting to take medications or taking incorrect dosages
- Unexplained dents and scratches on a car



EXECUTIVE OFFICER SPOTLIGHT:
BRIAN NASLUND,
BOARD OF
PODIATRIC
MEDICINE

1. You worked at the Department of Fish and Wildlife (DFW) for more than a decade. What are some of your best memories of your career while working there?

There were a lot! Imagine patrolling 1,100 miles of the prestigious California coastline—in the desert or the Sierras, looking for those who were stealing California’s natural resources. Most plan vacations to these areas; it was our office. Great memories with great colleagues and enough stories to write a novel! Along with that, most notable was mentoring my colleagues and watching them become new leaders with new ideas as they got promoted up the ranks.

2. What led you to the California Department of Consumer Affairs (DCA) to serve as the Executive Officer (EO) of the Board of Podiatric Medicine (BPM/Board)?

I worked as a game warden for 20 years. I started in the field on patrol and was promoted up to the executive leadership level as an assistant chief. Prior to my retirement with DFW, I was in a leadership position for roughly 15 years with the department.

When I retired and took a little time off, I realized I wanted to look for something new and challenging. I saw the announcement for the EO position for BPM. So I went for it, and here I am.

3. Why did you want to become BPM’s Executive Officer?

This position seemed interesting to me. I knew I could be helpful to the Board with my prior experience in law enforcement and leadership. Also, the component of public protection was something I know very well from my past career, so I was a perfect fit.

4. What does the Board do?

BPM licenses and regulates Doctors of Podiatric Medicine (DPMs).

DPMs are independent practitioners of medicine diagnosing and treating conditions affecting the lower extremity (foot, ankle, and muscles and tendons of the leg governing their functions). In addition, DPMs are authorized to perform as assistant surgeons in any surgical procedure, and they commonly are called upon to do so.

There are 2,000 DPMs licensed in California.

5. What is your vision for BPM?

First and foremost, consumer protection! I am striving to modernize laws regarding DPMs for better clarification to the public and stakeholders. I also want to provide better flow and efficiency to our licensees and promote career development for BPM staff.

“I am striving to modernize laws regarding DPMs for better clarification to the public and stakeholders. I also want to provide better flow and efficiency to our licensees and promote career development for BPM staff.”

6. What would you most like consumers to know about BPM?

I would like consumers to know that DPMs are a critical component of our healthcare in California. We keep people moving! DPMs are highly skilled professionals who provide essential care to allow people to do what they enjoy in their daily lives and activities.

9. Do you live to work or work to live?

I am a live-to-work guy. I enjoy helping and solving difficult challenges and mentoring others to succeed in their programs and careers.

7. What were you able to accomplish during the first months as BPM's Executive Officer?

In the first couple of months, I looked at ways to streamline the office. We ordered much-needed new and up-to-date office equipment. Also, when I took this position, BPM was down two critical staff positions. Currently, we have filled the license program staff services analyst position and are expecting to hire a part-time position by early spring.

10. Do you have a hidden talent?

I'm not sure if I have a hidden talent or not. I was told once that I have a gift of ironing out the wrinkles of very complex issues and presenting reasonable outcomes for all involved. If you ask me what that is, I say, "It's just common sense."

8. What are your long-term goals for BPM?

My long-term goals are:

- Continue to maintain the highest level of consumer protection.
- Modernize laws related to DPMs for better clarification to the licensees, public, and stakeholders.
- Provide fast turnaround on inquiries from our licensees and stakeholders.
- Offer quality training opportunities for our consultants and experts who aid us in enforcement actions.
- Promote career development for BPM staff.
- Provide clear and concise agendas for Board members to solve issues and create innovative ideas for future developments in podiatric medicine.

11. How do you spend your free time?

My free time is spent with my lovely family my wife and I are grandparents to two wonderful grandchildren. You can find us in the snow in the winter time and on the beach paddle boarding in the summer.

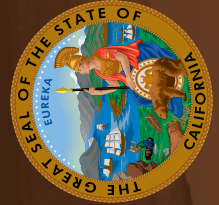
12. Complete this sentence: Most people don't know that I ...

Am an avid snowboarder and fly fisher.

For more information about the Board of Podiatric Medicine, visit www.bpm.ca.gov.

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