MODEL REGULATIONS-
SAFE HAVEN PROGRAM

As recommended by the AAVSB Regulatory Policy Task Force in September 2023
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Introduction

These Model Regulations are meant to support the statutory language that can be found in the AAVSB Practice Act Model (PAM), Section 401(a)(4). Each model regulation from the AAVSB is presented separately for ease of use for the AAVSB Member Boards as a model in developing regulations or rules specific to targeted topics. The AAVSB Regulatory Policy Task Force will continue to develop Model Regulations to address pressing issues in the regulation of Veterinary Medicine.

Revisions
Created 2023

Structure and Format

The AAVSB Model Regulations have been structured to allow Member Boards to develop new regulations or rules within their jurisdiction to address the specific language that can be found in the Jurisdiction’s existing statute or bylaws. It has been formatted to include the model language with corresponding commentary. To provide rationale and thought processes behind the Model Regulations, readers are encouraged to read the commentary as well as the Regulation to receive a complete perspective. Commentary follows each section if appropriate.
**Model Regulation.**

Under the AAVSB Practice Act Model (PAM) Article IV, Section 401(a) Grounds, Penalties, and Reinstatement, "Impairment that prevents a Licensee from practicing Veterinary Medicine or Veterinary Technology with reasonable skill, competence, and safety to the public" are grounds for which "the Board may refuse to issue, renew, or take any action deemed appropriate including suspend, revoke, reprimand, restrict, or limit the license or registration of or assess costs or fine any Person or Veterinary Facility." Further, in Article IV, Section 401(b), the PAM states that the "Board may defer action with regard to an impaired Licensee who voluntarily signs an agreement, in a form satisfactory to the Board, to enter an approved treatment and monitoring program in accordance with rules promulgated by the Board."

The Model Regulations for a Safe Haven Program below are intended to cover mental health issues and substance use disorders for eligible individuals that may wish to seek treatment. This concept has been promoted by the American Medical Association and the American Psychiatric Association since 2018 as part of an effort to promote mental wellness for health care practitioners while maintaining confidentiality. Many Jurisdictions currently work with Physician's (or Professional) Health Programs, but these programs often require reporting to the Board, even in cases of self-referral.

Safe Haven Programs lower barriers to individuals seeking and receiving treatment earlier in their mental health or substance use disorders. If an individual self-refers into the program and abides by the agreement and monitoring requirements of the program, the program will not notify the Board of the individual’s participation. The Board will be notified only if there is a violation of the agreement. The AAVSB believes that Safe Haven Programs promote Patient(s) safety and public protection by offering earlier intervention and treatment.

Although some Jurisdictions may mandate self- or third-party reporting of treatment for impairment, this can be a barrier to seeking help. Safe Haven Programs protect the privacy and confidentiality of the individual being treated and monitored. Boards may wish to consider reporting requirements as fulfilled if the impaired individual reports to the monitoring program.

Funding for Safe Haven Programs may come from various sources. While funding may present a challenge to individuals if not publicly covered, the AAVSB refrains from recommending sources for funding.
Establishment of a Safe Haven Program

(a) The Board may establish a confidential, non-disciplinary program for the evaluation and treatment of eligible individuals who need assistance with a potential or existing impairment due to a mental health or substance use disorder. This program shall be known as the Safe Haven Program.

(b) Eligible individuals shall include Licensees, Applicants, and Veterinary and Veterinary Technician Students.

(c) The Board shall not institute disciplinary action based solely on an individual’s participation in the Safe Haven Program provided the individual enters into an agreement with the monitoring organization and complies with the same. The presence of impairment due to a mental health or substance use disorder shall not preclude investigation or disciplinary action against an individual for violations of the Act.

(d) The Board may refer any eligible person to the Safe Haven Program for support and assistance with coordination of the treatment of that individual. The Board-approved organization shall serve as the monitoring organization of the Safe Haven Program and shall determine the eligibility for participation in the Safe Haven Program and provide associated services to eligible individuals.

(e) Services provided by the monitoring organization include, but are not limited to the following:

1. Screening and evaluation for potential or existing impairment due to a mental health or substance use disorder;
2. Referral to a treatment provider approved by the monitoring organization for the purpose of evaluating and treating impairment due to a mental health or substance use disorder, including inpatient or outpatient treatment;
3. Establishment of individualized monitoring criteria or a duration determined by the monitoring organization to ensure the continuing care and recovery from an impairment due to a mental health or substance use disorder; and
4. Case management.

(f) The monitoring organization may receive referrals from any of the following:

1. Self-Referral by an eligible individual as defined in (b);
2. Licensees, Applicants, and Veterinary and Veterinary Technician Students;
3. Employers;
To participate in the Safe Haven Program, an eligible individual must enter into an agreement with the monitoring organization to seek assistance for a potential or existing impairment due to a mental health or substance use disorder. The agreement terms may include but are not limited to the following:

1. Treatment and therapy plan;
2. Support group participation;
3. Case management;
4. Duration of monitoring;
5. Approved activities, including restrictions on practice while receiving evaluation or treatment, as well as ongoing monitoring of compliance with any restrictions or limitations specified by the monitoring organization or the Board;
6. Toxicology screening;
7. Releases for seeking information or records related to the individual’s impairment, including but not limited to family, peers, health care personnel, employers, and treatment providers;
8. Grounds for dismissal from participation in the Safe Haven Program for failure to comply;
9. Any required fees associated with participation in the Safe Haven Program; and
10. Addendums to the agreement resulting from relapses, other failures to comply with the terms of the agreement, or mutual agreement of the individual and the monitoring organization. As appropriate, an addendum to the agreement may be initiated by the monitoring organization and may result in a longer monitoring period.

The Board shall not be informed of an individual’s participation in the Safe Haven Program provided the individual enters into an agreement with the monitoring organization and complies with the same.

The monitoring organization shall report to the Board:

1. Relapses;
(2) Failure to comply with the terms of the agreement; and

(3) Any individual who is unwilling or unable to complete or comply with any part of the Safe Haven Program, including evaluation, treatment, or monitoring.

(j) All information received and maintained by the monitoring organization shall be held in confidence and in accordance with the Jurisdiction’s and federal laws. However, any individual who enters into treatment by an approved treatment provider shall be deemed to have waived any confidentiality requirements that would otherwise prevent the treatment provider from making any reports required under this section.