

CDA Foundation Wellness Program Guidelines





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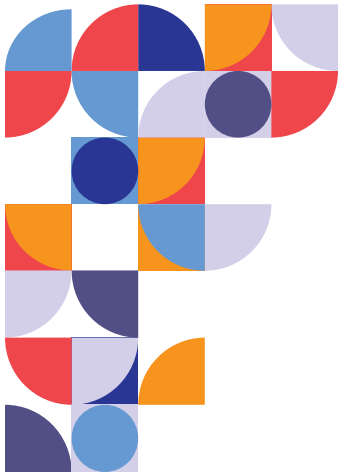
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CDA Foundation Wellness Program

Mission Statement

Consistent with CDA’s commitment to patient safety and the delivery of quality dental care, the CDA Wellness Program is a source of support and assistance for dental professionals who are battling mental, emotional or physical ailments, including anxiety, depression and substance dependence. The program advocates for the overall well-being of dental community members and their families with confidential peer-to-peer support and hands-on assistance throughout treatment and recovery.



CDA Foundation Wellness Program

Introduction

The California Dental Association's (CDA) concern about the effects of various impairments on dental professionals, as well as on their families and patients, was the impetus behind the development of the CDA Wellness Program. CDA's model provides component dental societies with guidelines for establishing wellness committees whose primary duty is to educate the dental profession and the public about the wellness program and its objectives. The program's intention is that the assistance given to an individual or a concerned party be confidential and nonpunitive.

Background

“ Why should our association have a wellness committee? ”

This question is often asked of organized dentistry.

Physical and/or mental ailments, including anxiety, depression and substance use disorders, can ruin the lives, careers and health of dental professionals and have adverse effects on patients. Many consider dentistry to be a “high risk” profession where alcoholism, chemical dependency and mental health struggles might actually occur more often because of unusual stress and availability of drugs. A vast majority of dental professionals are able to cope with these pressures; however, these conditions might spark the onset of chemical dependency or other conditions for those who may be genetically and physically predisposed.

Recognizing a mental health, alcohol or chemical dependency problem or other substance use disorder in its early stage is usually difficult unless one is familiar with the often-subtle signs of trouble that may appear long before actual evidence of self-medicating, heavy drinking or chemical use. Most dental professionals who may be helped by this program will be in the early or middle stage of their illness. Beyond those stages, continued employment in the rigorous profession of dentistry is unlikely, if not impossible. The illness, if left untreated, eventually debilitates the victim. Therefore, the goal of the wellness program is to encourage dental professionals to seek help before their lives and careers are destroyed.

Alcoholism, substance use disorders, anxiety, depression and other impairments do not result from a lack of discipline, self-control or strong moral character. The nature of the impairments immobilizes the individual, thus rendering them incapable of safe dental practice. The affected individuals need help, not punishment. Our licensure endows us with the responsibility of self-regulation. Therefore, if the dental professional refuses the diagnostic or evaluation recommendation by the wellness committee, referral to the appropriate licensing board (Dental Board of California or Dental Hygiene Board of California) is the only alternative in the interest of both the profession and the public. This program is written for any member of the dental team. In addition, the wellness committee can offer assistance to the family of the impaired individual.

Wellness Committees

All wellness committees are organized under the California Dental Association Foundation Board of Directors and component dental societies. General rules for each, regardless of location or size are as follows:

- All wellness committees should consist of individuals who are best qualified to serve the dental community. In addition to the participation of recovering dentists, the committee may also include dental hygienists, dental assistants, auxiliary organization representatives and other such interested and contributing individuals with special expertise related to the problem such as an attorney, a nurse, a psychiatrist, a psychologist or a minister. It is recommended that the chair be a dentist either in recovery or with direct experience with conditions prioritized within the wellness committee's objectives to provide continuity in the development of expertise within the committee.
- Dentist-members should comprise the majority of members on a committee. This is important to ensure that each member of the committee will receive the liability protections under Civil Code section 47(b), which requires that the committee be composed "chiefly" of dentists (see "Liability Protections").
- Members of the committee should be selected for their specific experience and expertise and for their interest and willingness to serve. Involvement of dentists recovering from addiction and other impairments as members of the committee is desirable but not mandatory. Special consideration and efforts should be put forth to select members of the committee who can work most effectively with the program referrals from a point of reference of having had similar experiences or pertinent specific knowledge.
- Dentists serving on the committee should carefully evaluate other dental society commitments to avoid a potential conflict of interest. It is recommended that members of the committee avoid positions on any other committee of the dental society that has review or authority over members (peer review, ethics, etc.). This is mandated by both the confidentiality inherent in the service and the autonomy of action of the committee members.
- Committees in California are indemnified by functioning within state law while functioning in the framework of these guidelines as it pertains only to alcohol and substance use disorders. For other impairments, wellness members are only able to serve in an educational, advisory and/or informational capacity.
- Funding for committee activities shall be maintained and derived from the CDA Foundation. Regional committee chairs shall work with the CDA Foundation Wellness Committee to coordinate outreach efforts and expense reimbursements for regional committee-related work. Funding may also be derived from outside sources (i.e., dental supply companies, charitable organizations, or treatment centers) provided there is no conflict of interest.

CDA Foundation Wellness Committee

Structure/Composition:

The CDA Foundation Wellness Committee is a special subcommittee of the CDA Foundation Board of Directors. The committee is comprised of six to seven members: the chair from each of the five regional wellness committees (Northern, Bay Area, Central, Southern and San Diego), one member of the CDA Foundation Board of Directors and, if necessary and/or desired, one at-large representative from the wellness community selected by the committee.

- The chair for the regional wellness committees will be selected by the members of the component wellness committees that fall within that region.
- The chair of the committee shall be appointed annually by the chair of the CDA Foundation Board of Directors and shall serve as the liaison to the Foundation.
- The chair of the CDA Foundation Board of Directors will select a member of the board to serve on the committee (as a member) annually.

A committee member should not serve on both the wellness committee and a committee that has review or authority over members of the dental team, such as licensing boards and peer review or judicial review committees.

The term of office for sub-committee members shall be one (1) year. There shall not be a limit to the tenure of the committee members.

Per CDA Foundation bylaws, the board chair shall have the authority to appoint or remove members of the committee, subject to ratification of the board.

Primary Duties:

- Educate members of the profession and public about:
 - The wellness program and its objectives.
 - Health, wellness and symptoms of impairment of dental professionals.
 - Appropriate responses to various levels and kinds of distress and impairment.
 - Responsibilities of the dental community to respond to concerns about a colleague's health.
 - Appropriate resources for prevention, treatment and rehabilitation.
- Be an identified point within the dental community where information and concern about the health of a dental professional can be directed.
- Participate in regional wellness committee activities directed at ensuring consistency and adherence to community standards related to education, intervention and other well-being activities.
- In concert with the CDA Foundation and CDA staff, coordinate association wellness activities, including an annual wellness track at CDA Presents, biennial wellness training and development of marketing materials.

- Develop and recommend wellness policies, including updates to the CDA Foundation Wellness Program Guidelines.
- Maintain wellness records and provide quarterly reports of the program/committee activities to the CDA Board of Directors as part of the CDA Foundation report (deadlines Jan. 30, April 30, July 30 and Oct. 30).
- Maintain the professional standards of the profession as established by the CDA Code of Ethics.

Meetings:

- Committee Meetings
- 3–4 meetings per year held via Zoom or in person at the CDA office in Sacramento.
- Special committee meetings (to be held virtually) as needed.
- CDA Presents Wellness Track — one 1-day track.
- Wellness training — one 1-day training to be held every other year.

Regional and Component Wellness Committees

Regional Structure/Composition: Regional wellness committees are comprised of the chair and members of the component dental society wellness committees. The chair for each regional wellness committee will be selected annually by the members of the component wellness committees that fall within that respective region.

The regional committees are structured for geographic, logistic and reporting purposes and may be rearranged to reflect the needs of the wellness program. California is currently divided into five regions: Northern, Bay Area, Central, Southern and San Diego.

Regional Component Breakdown

Northern California Regional Committee:

Butte-Sierra District Dental Society
Humboldt-Del Norte Dental Society

Northern California Dental Society
Redwood Empire Dental Society

Bay Area Regional Committee:

Alameda County Dental Society
Berkeley Dental Society
Contra Costa Dental Society
Marin County Dental Society
Mid-Peninsula Dental Society
Monterey Bay Dental Society

Napa-Solano Dental Society
San Francisco Dental Society
San Mateo County Dental Society
Santa Clara County Dental Society
Southern Alameda County Dental Society

Central California Regional Committee:

Central Coast Dental Society
Fresno-Madera Dental Society
Kern County Dental Society
Sacramento District Dental Society

San Joaquin Dental Society
Stanislaus Dental Society
Tulare-Kings Dental Society
Yosemite Dental Society

Southern California Regional Committee:

Harbor Dental Society
Los Angeles Dental Society
Orange County Dental Society
San Fernando Valley Dental Society
San Gabriel Valley Dental Society

Santa Barbara-Ventura County Dental Society
Tri-County Dental Society
Western Los Angeles Dental Society

San Diego Regional Committee:

San Diego County Dental Society

Component Structure/Composition:

Not all dental societies have a functional wellness committee. Wellness committees are composed of members, component staff persons, auxiliaries and/or knowledgeable, recovering nonmembers with similar circumstances and are operated according to dental society by-laws. The recommended total number of committee members is at least three.

Primary Duties:

- Educate members of the profession and public about:
 - The wellness program and its objectives.
 - Health, wellness and symptoms of impairment of dental professionals.
 - Appropriate responses to various levels and kinds of distress and impairment.
 - Responsibilities of the dental community to respond to concerns about a colleague's health.
 - Appropriate resources for prevention, treatment and rehabilitation.
- Be an identified point within the dental community where information and concern about the health of a dental professional can be directed.
- Receive and consider information associated with an initial complaint of concern and seek additional information and corroboration.
- Provide advice, recommendations and assistance to the individual in question and to the referring source.
- Participate in regional wellness committee activities directed at ensuring consistency and adherence to community standards related to education, intervention and other wellness activities.
- Maintain wellness records: Chair to obtain quarterly reports from all members of the regional committee and provide quarterly reports of the program/regional committee activities to the CDA Foundation Board of Directors at their regularly scheduled board meetings.
- Maintain the professional standards of the profession as established by respective CDA Foundation or component dental society bylaws and the CDA Code of Ethics.

Meetings:

Regional and component wellness committees should meet no less than quarterly and as frequently as required to fulfill their charges in accordance with the policies and guidelines.

Wellness Program Policies and Guidelines

The following guidelines are to be followed by CDA Foundation, regional and component wellness committees (committee):

1. The committee shall have no authority to diagnose or to take disciplinary action and should function in advisory and investigative capacities and as a referral source for evaluation, counseling and support.
2. The committee should make recommendations only to the referral source or to the impaired individual in question. All attempts shall be made to maintain confidentiality from the public. However, in cases with compliance problems, information can be shared with the appropriate regulatory body (Dental Board of California, Dental Hygiene Board of California, etc.).
3. The committee should not actively seek instances of impairment, but should exist as an organized mechanism to field complaints originating from other sources and be responsive to these complaints.
4. The committee should not attempt to provide treatment, counseling or diagnosis, as its primary responsibility is to obtain information and investigate the filed complaint. The committee will provide the initial personal contact between the committee and the impaired individual.
5. If the complaint proves to be valid, the committee may intervene with the individual with the intent to direct them to an evaluation to determine their suitability to safely treat the public. The committee should refer the allegedly impaired individual to the appropriate facility for a medical evaluation by an appropriately qualified medical team.
6. Record keeping should be sufficient to:
 - Document the investigative process of the complaint.
 - Provide statistical data to the regional wellness chair for reporting purposes.
 - Record the general activities and policy decisions of the committee and verify the compliance of individuals currently supported.
7. All records are confidential and are destroyed when the complaint is closed.
8. The component wellness committee chair shall be an advisor to the dental society executive committee about wellness issues, and their regular attendance at executive board meetings is encouraged.
9. No reports concerning impaired individuals shall be required by the executive committee.
10. The committee does not assume financial responsibility or offer office coverage but may advise the impaired individual about these issues to facilitate the recovery process.
11. The committee and its charges should be described in a component's bylaws. This is important to assure that the committee will receive the same confidentiality protections for its information and records under Evidence Code section 1157 as any other standing committee of the component (see "Liability Protections").

Procedures for Assistance and Treatment of Impaired Dental Professionals

All committees initiate a process of recognition, investigation, intervention, and referral for evaluation if appropriate. The procedures in which an allegedly impaired individual will be involved if a complaint is cited against the individual shall be:

- **Complaint:** As soon as possible after receiving a complaint, the committee shall begin an investigation to determine its validity prior to contact with the allegedly impaired individual.
- **Investigation:** Information may be gathered by telephone or in person from staff, family, pharmacists, neighbors, friends and other available sources and should precede contact with the individual. Appropriate record keeping during this phase is required to provide documentation should referral to the appropriate licensing board (Dental Board of California or Dental Hygiene Board of California) be necessary.
- **Intervention:** At the conclusion of the investigation, if the complaint has validity and reason exists as to believe there is risk to the individual or to the public, an intervention is arranged. Not less than two members of the committee and preferably three shall meet with the individual with the purpose of obtaining an agreement to be evaluated to determine if indeed there is impairment, and agreement to follow the recommendations of the evaluation team. The intervention team should meet prior to the actual intervention to rehearse and review their roles in order to assure the success of the intervention and eliminate any confusion. Particular attention should be paid to meeting any objections of the allegedly impaired. Usually, the promise to turn over the results of the investigation to the appropriate licensing board (Dental Board of California or Dental Hygiene Board of California) will be sufficient to motivate the individual to agree. At least one of the committee members should be trained in intervention. If no committee members have intervention skills, the regional wellness chair could be contacted for advice or a trained interventionist may be asked to participate.
- **Evaluation:** The evaluation shall be performed by a qualified medical treatment team conversant with the suspected impairment in a hospital or treatment facility. The impaired individual will be responsible for all financial aspects of this evaluation. Not all individuals will submit to a medical evaluation or treatment program or allow an interview by the intervention team.
- **Referral to Licensing Board:** In the event the complaint is corroborated and the individual refuses the committee's recommended interview and evaluation or after the evaluation refuses the treatment prescribed, the information gathered during the investigative phase shall be forwarded to the appropriate licensing board (Dental Board of California or Dental Hygiene Board of California) for disposition.

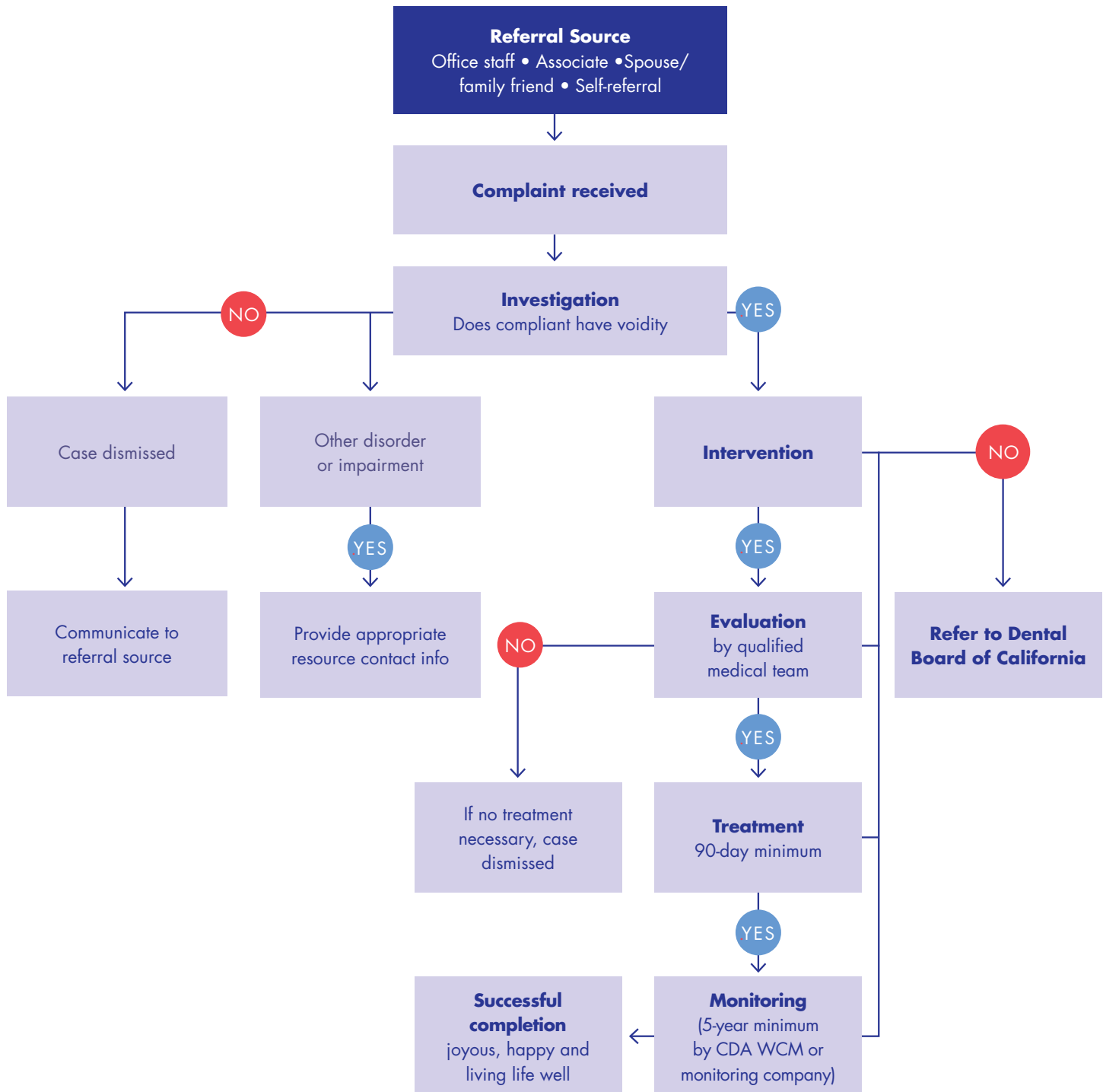
- **Treatment:** If evaluation determines impairment and the impaired individual is required to attend a treatment center that addresses the health care professional's specialized needs, the treatment center should include the following:
 - Group and individual therapy.
 - Peer process groups.
 - Comprehensive neuropsychological and psychiatric evaluation.
 - Group and individual therapy.
 - Community living.
 - A 12-step-based treatment plan.
 - After-care planning and coordination.

The impaired individual shall be responsible for all financial aspects of care prescribed by the treatment center.

- **Contract:** After the individual completes the treatment program, the treatment team in conjunction with the regional wellness committee will recommend appropriate after-care and re-entry into practice. The regional wellness committee will draft a contract stipulating the conditions to which the impaired individual will be required to adhere over a specified period of time. The regional wellness committee will support the individual's recovery process with care and understanding.
- **Dental Board of California:** If patient endangerment is suspected in a case in which the impaired individual is consistently noncooperative, information shall be forwarded immediately to the Dental Board of California or Dental Hygiene Board of California, Enforcement Branch.
- **Board Investigations:** In the event that an investigator from the Dental Board of California or the Dental Hygiene Board contacts any wellness committee member, the committee member may not provide evidence or information but shall refer the investigator to the regional wellness committee chair. The chair may confirm whether the committee is working with the individual in question. The investigator must gather information independently of the committee. The above notwithstanding, in non-compliant cases, information may willingly be shared in the interest of public safety. If criminal charges are filed against the individual or they are convicted of a drug-related felony, the case will be handled by the appropriate licensing board (Dental Board of California or Dental Hygiene Board of California) and/or the California State Attorney General's office. The committee may continue to support the individual in an attempt to guide them to recovery.
- **Outside Resources:** Committees are encouraged to provide referrals for the treatment and support of impairments not currently addressed by the Dental Board of California or the Dental Hygiene Board of California Diversion Program or endorsed by the state Legislature. There is an increased need for awareness of and the ability to address problem areas such as sexual addictions/compulsions, gambling addiction, depression and suicidal ideation.

Procedure for Referral/Evaluation/Treatment & After-Care of Impaired Dental Licensees

CDA Wellness Program

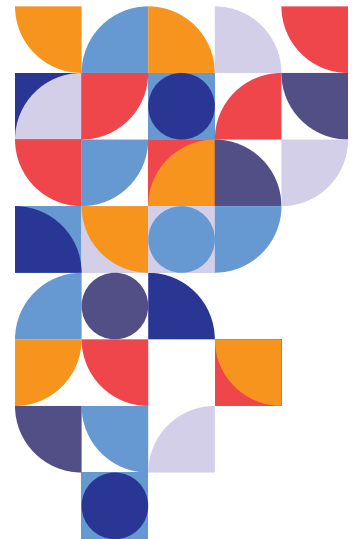




CDA Foundation Wellness Program Assistance Lines

The regional wellness committees offer confidential wellness assistance lines, which are 24-hour, voluntary phone services for dentists, physicians, dental students, residents, their families and colleagues. These confidential assistance lines are completely confidential and utilizing them will not result in any form of disciplinary action or referral to any disciplinary body. Physicians and dentists who volunteer their services on the lines are experienced in treating professionals with impairment problems. The goal is treatment, not discipline.

The confidential wellness assistance line telephone numbers can be found on the Foundation [wellness program website](#).



Dental Society Resources and Recommendations

Recommendations for impairments in the dental profession

Component dental societies should consider including the following in their bylaws:

- Alcoholism, chemical dependency and most other impairments are treatable illnesses from which an individual can recover with appropriate assistance.
- Early diagnosis and treatment of these illnesses are in the best interest of the dental professional and the profession as a whole.
- Denial of the problem is a significant symptom of most impairments, therefore, we cannot rely on dental professionals to recognize their own impairment problems and seek help.
- We believe that all our association members have the responsibility to assist other dentists and their employees when symptoms of deteriorating performances or personality changes occur.
- The individual's employees and family members should be involved in the wellness identification and recovery process.
- Because the public does not always differentiate between members and nonmembers, this program must be available to the entire dental community.

Assistance offered by the dental society may consist of several or all of the following:

- Being an identified point within the dental community where information and concern about the health of a dental professional can be directed.
- Receiving and considering information associated with an initial complaint of concern and seeking additional information and corroboration.
- Providing advice, recommendations and assistance to the individual in question and to the referring source.
- Providing support and advocacy for the impaired individual.
- Referring an impaired individual for medical evaluation based upon corroborated evidence. If the professional medical evaluation confirms that the individual is suffering from impairment, the individual will be encouraged and expected to undergo treatment recommended as a result of the medical evaluation. Following treatment, the committee will arrange support for the individual for an appropriate period of time.

If the individual refuses to submit to professional evaluation, diagnosis and/or prescribed treatment and if sufficient evidence exists to indicate impairment, they shall be referred to the appropriate licensing board (Dental Board of California or Dental Hygiene Board of California).

If the individual accepts recommendations for treatment, their involvement in the program will be handled with confidentiality unless otherwise chosen. The individual will have the full support of the dental society in their recovery efforts.

Continuing Education

An important role of the wellness committee is to educate the dental profession and the public about the wellness program. Some suggested topics for seminars and articles are listed below:

- CDA Foundation Wellness Program
- Wellness: Treatment Not Punishment
- Recognition and Intervention
- Dynamics of Addiction
- Recovery of Chemically Dependent Families
- Prescription Fraud
- Early Identification Signs and Symptoms
- Medical Complications of Addiction
- Treating Patients with Substance Abuse Problems
- Mental Health Topics (i.e., burnout, depression, anxiety)

Confidential Assistance Line

A crisis line may be installed in a component society office. This line would serve to direct callers to the local or regional committee for confidential assistance.

Confidentiality and Liability Protections

Confidentiality

All information obtained by the wellness committee should be maintained in the strictest confidence. This is important not only because of the confidentiality of the information and the privacy rights of the individuals involved, but because inappropriate sharing of such information could affect the function of the wellness program if impaired dentists perceive that their information will not be kept confidential.

Numerous federal and state laws address the confidentiality of an impaired dentist's medical information. Generally, a dentist's medical information may only be disclosed when the dentist or the dentist's legal representative signs a written authorization form that complies with the applicable statutory requirements. However, for certain categories, such as medical information or records related to alcohol or drug abuse or mental health, special confidentiality restrictions apply.

For example, in order to disclose information or records obtained in the course of providing mental health services under the Lanterman-Petris-Short Act (Welfare & Institutions Code §§ 5328 et seq.), the authorization of both the dentist and the physician or other professional person who is in charge of the dentist must be obtained before the information or records may be released to a third party. (Welfare & Institutions Code § 5328(b)). Moreover, this law protects the fact that a dentist is or was a patient receiving mental health services. (53 Ops.Atty.Gen. 151, 4-7-70).

Similar restrictions apply to the disclosure of information concerning the identity, diagnosis, prognosis or treatment of any dentist in a federally assisted alcohol or drug program (42 U.S.C. § 290dd-2; 42 C.F.R. §§ 2.1 et seq.). For example, this law requires a patient to consent to the specific disclosure in writing and the program to disclose only the information necessary to carry out the purpose of the disclosure. (42 C.F.R. § 2.13(a)). As with the Lanterman-Petris-Short Act discussed above, the protection under this law covers the fact that a dentist has been or is in such a program. (42 C.F.R. § 2.13(c)(2)).

The protections afforded to information relating to mental health services and alcohol and drug abuse programs are particularly strict when it comes to subpoenas. For example, both California and federal laws prohibit the release of these records, even with a signed authorization from the dentist. Such information may only be released to the court directly, pursuant to a court order (not a subpoena). (42 C.F.R. § 2.61 et seq.).

Statutory Protections

A variety of state and federal laws provide confidentiality and liability protection for the activities of a wellness committee. For purposes of claiming these protections, a wellness committee is considered a "peer review body" under California law. In the event a wellness volunteer receives a subpoena, CDA legal counsel should be consulted.

Below is a summary of the relevant state and federal laws.

A. Protection from Discovery of Records and Proceedings of Peer Review Committees

Under Evidence Code section 1157(a), neither the proceedings nor the records of organized committees of a peer review body, as defined in section 805 of the Business and Professions Code, having the responsibility of evaluation and improvement of the quality of care for that

peer review body shall be subject to discovery. In addition, under section 1157(b), no person in attendance at a meeting of any of those committees shall be required to testify as to what transpired at that meeting.

There is an important exception, however, to the otherwise broad protections under section 1157. In *Arnett v. Dal Cielo* (1996) 14 Cal.4th 4, the California Supreme Court ruled that the section 1157 exemption from discovery is not applicable to investigative subpoenas issued by the medical board. While the *Dal Cielo* case only addressed medical board subpoenas, it is likely that the holding in the case would apply to investigative subpoenas issued by other state agencies, including the Dental Board of California. Legal counsel should always be consulted if the committee receives an investigative subpoena, as there may be valid legal grounds upon which an objection could be filed to limit the investigative subpoena.

B. Protection from Liability of Persons Serving on Peer Review Committees

1. California Law: Under Civil Code section 43.7(b), there shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any member of any peer review committee whose purpose is to review the quality of dental services rendered by dentists, which committee is composed chiefly of dentists for any act or proceeding undertaken or performed in reviewing the quality of dental services rendered by dentists if the committee member acts without malice, has made a reasonable effort to obtain the facts of the matter as to which they act and acts in reasonable belief that the action taken by them is warranted by the facts known to them after reasonable effort to obtain the facts. Under this statute, "professional society" includes dental organizations whose membership consists of at least 25% of the eligible persons or licentiates in the geographic area served by the particular society. However, if the society has less than 100 members, its membership shall include at least a majority of the eligible persons or licentiates in the geographic area served by the particular society.
2. Federal Law: Under the Health Care Quality Improvement Act (42 U.S.C. §§ 11111(a)(1) and 11112(a)), there shall be no liability in damages under any law of the United States or of any state (except for civil rights violations) on the part of a professional review body, any person acting as a member or staff to the body, any person under a contract or other formal agreement with the body and any person who participates with or assists the body with respect to a professional review action so long as (i) the action was taken in the reasonable belief that the action was in the furtherance of quality health care, (ii) after a reasonable effort to obtain the facts of the matter, (iii) after adequate notice and hearing procedures are afforded to the dentist involved or after such other procedures as are fair to the dentist under the circumstances, and (iv) in the reasonable belief that the action was warranted by the facts known after such reasonable effort to obtain facts and after meeting the requirement of (iii) above.

C. Protection from Liability of Persons Providing Information to Dental Board of California

1. Under Civil Code section 47(b), there shall be no liability for communications made in the initiation or course of any proceeding authorized by law and reviewable pursuant to Chapter 2 of Title 1 of Part 3 of the Code of Civil Procedure. The protection under this statute is broad and includes communications made to regulatory bodies such as the

Dental Board of California in initiating and pursuing disciplinary proceedings. However, the statute does not apply to any communication made in furtherance of an act of intentional destruction or alteration of physical evidence undertaken for the purpose of depriving a party to litigation of the use of that evidence.

2. Under Business and Professions Code section 1699, the Dental Board of California shall provide representation for any person making reports to a diversion evaluation committee or the board under the diversion program in any action for defamation for reports or information given to the committee or the board regarding a licensee's participation in the program.

D. Protection from Liability of Persons Providing Information to Peer Review Committees

1. California Law: Under Civil Code section 43.8, there shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person on account of the communication of information in the possession of such person to any peer review committee when such communication is intended to aid in the evaluation of the qualifications, fitness, character or insurability of a dental practitioner.
2. Federal Law: Under the Health Care Quality Improvement Act (42 U.S.C. section 11111(a)(2)), no person (whether a witness or otherwise) providing information to a professional review body regarding the competence or professional conduct of a dentist shall be held, by reason of having provided such information, liable for damages under any law of the United States or of any state unless the information is false and the person providing it knew the information was false.