SUNSET REVIEW

OF THE

PSYCHIATRIC TECHNICIAN LICENSING PROGRAM

Submitted by
The Colorado Department of Regulatory Agencies
Office of Policy & Research
June 1994

June 30, 1994

The Honorable Vickie Agler, Chair
Joint Sunrise/Sunset Review Committee
State Capitol Building
Denver, CO 80203

Dear Representative Agler:

The Colorado Department of Regulatory Agencies has completed the evaluation of the Psychiatric Technician Program in the Colorado Board of Nursing. We are pleased to submit this written report, which will be the basis for my office's oral testimony before the Joint Legislative Sunrise/Sunset Review Committee. The report is submitted pursuant to Section 24-34-104 (8)(a), of the Colorado Revised Statutes, which states in part:

> *"The Department of Regulatory Agencies shall conduct an analysis of the performance of each division, board or agency or each function scheduled for termination under this section...*
>
> *The Department of Regulatory Agencies shall submit a report and such supporting materials as may be requested, to the Sunrise and Sunset Review Committee created by joint rule of the Senate and House of Representatives, no later than July 1 of the year preceding the date established for termination..."*

The report discusses the question of whether there is a need for the regulation provided under article 42, title 12, C.R.S. The report also discusses the effectiveness of the division and staff in carrying out the intention of the statutes and makes recommendations for statutory and administrative changes in the event this regulatory program is continued by the General Assembly.

Sincerely,

Joseph A. Garcia
Executive Director

TABLE OF CONTENTS

EXECUTIVE SUMMARY .... ***I***

BACKGROUND ***1***

SUNSET PROCESS *1*

HISTORY OF PSYCHIATRIC TECHNICIANS *1*

SUMMARY OF STATUTE AND RULES ***3***

POWERS AND DUTIES OF THE BOARD *3*

RECOMMENDATIONS ***5***

OTHER MISCELLANEOUS STATUTORY REVISIONS *11*

APPENDIX A ***17***

EXECUTIVE SUMMARY

The Department of Regulatory Agencies has concluded its Sunset Review of the Practice of Psychiatric Technicians and recommends continuation of the program (licensing and regulating psychiatric technicians).

Psychiatric technicians are caregivers for mentally ill or developmentally disabled individuals who are institutionalized and are at great risk of inadequate care due to the often extreme nature of their illnesses. These patients require specialized care not necessarily available in a traditional medical setting.

OPR found that the Board of Nursing and staff performed their responsibilities in this program competently, effectively and efficiently.

The major recommendation in this report is that the Legislature remove the practice restriction on L.P.T's. Under current law, they may only utilize their full capabilities in state facilities for developmentally disabled and mentally ill patients. If they practice outside the state system, they may not administer select treatments or selected medications. The market for their services has expanded since this limitation was adopted. OPR could find no significant reason to continue to limit their employment opportunities and no reason not to expand them.

The report also includes some technical statutory changes, intended to clean up antiquated or confusing parts of the law, or to conform L.P.T. provisions to similar provisions in the nursing statute.

BACKGROUND

SUNSET PROCESS

The licensing and regulatory functions for psychiatric technicians is under the State Board of Nursing, and in accordance with article 42, title 12, C.R.S. shall terminate on July 1, 1995 unless continued by the General Assembly. During the year prior to this date, it is the duty of the Department of Regulatory Agencies to conduct an analysis and evaluation of the licensing of psychiatric technicians pursuant to 24-34-104, C.R.S.

The purpose of this review is to determine whether the State Board of Nursing shall continue to license psychiatric technicians for the protection of the public and evaluate the performance of the program. The specific evaluation criteria established by statute are appended (See Appendix A). During the review, the State Board of Nursing must demonstrate that there is still a need for the licensure of psychiatric technicians and that the regulation is the least restrictive regulation possible and consistent with the public interest. The Department's findings and recommendations are submitted to the Sunrise and Sunset Review Committee of the General Assembly.

The sunset review process included an analysis of the statute and rules, interviews with state licensing authorities, staff and industry representatives. The Department makes every effort to elicit information and comment from all interested parties.

HISTORY OF PSYCHIATRIC TECHNICIANS

Since 1967, psychiatric technicians have been licensed by the State Board of Nursing under the Psychiatric Technicians Act (Act). C.R.S. 12-42-101 et. al. 1967. The General Assembly's major objective in requiring licensure was to ensure that properly trained personnel were available to provide interpersonal and technical care for mentally ill patients in Colorado state institutions. In addition, the federal government pressured Colorado to have licensed personnel administering medications in federally-funded Colorado state hospitals, and some state hospitals had difficulty in recruiting L.P.N.s. to care for patients.

Under this Act, the Board of Nursing was empowered to examine and license psychiatric technicians (L.P.T.s), discipline licensees, and accredit psychiatric technician programs in Colorado (The Board was not given rule making authority with respect to psychiatric technician regulation until 1980.) Requirements for application for a license included having a good moral character, having completed high school, and holding a diploma from an accredited psychiatric technician program.

In 1976, the act was amended to allow psychiatric technicians to administer and select medications prescribed by a physician or dentist, primarily at the state's regional centers.

In 1978, the definition of psychiatric technician was expanded to include persons working with developmentally disabled patients. The act provided different requirements for reexamination and program content for psychiatric technicians working with developmentally disabled patients than for those working with mentally ill patients. Consequently, there are now two separate licenses for psychiatric technicians in Colorado: one for psychiatric technicians working with the mentally ill (MI) and one for psychiatric technicians working with the developmentally disabled (DD).

The only sunset review of psychiatric technicians was conducted in 1984 and was part of a Department of Regulatory Agency's sunset review of the State Board of Nursing. Much of the psychiatric technician review focused on standardizing disciplinary statutory language. The Joint Legislative Sunrise/Sunset Review Committee recommendations included amending the psychiatric technician statute language so that its language was similar to language in the disciplinary provisions of the Nurse Practice Act. 12-38-101, C.R.S. In addition to disciplinary actions, the Committee revised the requirements for licensure from assessing good moral character to allowing the Board to deny licensure if an applicant had committed "any act that would be grounds for disciplinary action against a licensee...".

The 1984 Sunset recommendation that psychiatric technicians be allowed to care for both developmentally disabled and mentally ill patients "or, at best, expand the settings in which L.P.T.s may work and administer medications beyond state institutions" was not adopted. This type of practice restriction is unique among licensed health care practitioners in Colorado. It means that L.P.T.s cannot administer certain treatments or medications unless they are working for the state. If they work elsewhere, they cannot practice everything they've been taught and tested over.

There are approximately 409 L.P.T.s working with mentally ill patients and 978 L.P.T.s working with developmentally disabled patients currently in Colorado. L.P.T.s tasks can cover a range of activities depending upon the functional level of the patient being cared for. In some cases, simple activities of daily living are assisted (washing, combing hair, etc.). In other cases, L.P.T.'s will apply dressings to patients and administer medications.

SUMMARY OF STATUTE AND RULES

The Psychiatric Technician Practice Act has some unique features which distinguish it from other Colorado regulatory statutes. Regulation of psychiatric technicians is administered by the State Board of Nursing as outlined in the Nurse Practice Act. 12-38-105, C.R.S., although no psychiatric technicians are members of the Board.

POWERS AND DUTIES OF THE BOARD

Under the psychiatric technician statute, 12-42-103, C.R.S. the Board of Nursing is given the normal powers and duties of a regulatory board such as the power to survey and approve educational programs for psychiatric technicians, examine, license and renew licenses of psychiatric technicians, adopt rules and regulations concerning qualifications needed to practice, and most significantly, the power to discipline licensees where appropriate.

Licensure

A qualified person may be licensed by the Board either by examination or by endorsement. To be licensed, an applicant must not have committed an act which would be grounds for disciplinary action against a licensee under the statute, must have completed and received a diploma from a state accredited psychiatric technicians program, and either pass a Board examination or be eligible for licensure by endorsement without examination. C.R.S. 12-42-105 through 109.

Discipline

The Board has a standard range of disciplinary actions available to enforce the Psychiatric Technician Act. Disciplinary action ranges from issuing letters of admonition to suspension or revocation of a license. C.R.S. 12-42-113.

Education

The State Board of Nursing is unique among professional health care licensing boards in Colorado in its authority to survey and approve educational programs. Many other boards rely on national organizations, such as the American Medical Association to accredit programs. C.R.S. 12-42-111 sets minimum standards for the psychiatric technician curriculum. All programs must include general nursing curriculum to develop an understanding of the principles of mental health, physical health and health maintenance, and knowledge of health and community services. Additional standards are established for programs that train L.P.T.s who work with mentally ill patients and L.P.T.s who work with developmentally disabled patients.

Scope of Practice.

The scope of practice of a psychiatric technician includes "the care of and observation and recognition of symptoms and reactions of the mentally ill patient or developmentally disabled individual under the direction of a licensed physician and the supervision of a registered professional nurse." A L.P.T. may administer selected treatments and medications prescribed by a licensed physician or dentist in a state hospital or other Department of Institutions approved state institution. C.R.S. 12-42-102(4). Otherwise, these actions are not authorized even though an L.P.T. is licensed.

RECOMMENDATIONS

RECOMMENDATION 1: CONTINUE THE REGULATION OF PSYCHIATRIC TECHNICIANS THROUGH THE STATE BOARD OF NURSING.

The primary question answered by a sunset review is whether or not regulation should continue. In this case, licensing of psychiatric technicians assists in ensuring that the quality of patient care is kept at a high standard and will not be jeopardized.

L.P.T.s serve a very specialized community of patients. Their environment is not generic, in that they could just as easily serve one group as another. Dealing with severe DD or MI patients requires specialized training. Bringing these patients to their highest functional levels takes knowledge, skill and ability. Treatment often does not result in major observable behavior changes, at least to the inexperienced eye.

Without proper treatment, however, the patients welfare would be jeopardized. These patients (DD) might have genetic problems or brain damage. They often have contracted limbs and are immobilized. They may have breathing problems, metabolic problems, or trouble swallowing. An example of a simple task in a complicated situation would be feeding an immobilized patient with a swallowing disorder. The caregiver must be knowledgeable about patient positioning, type of food, amount and interval feeding or the patient could asphyxiate while feeding since he cannot reposition himself or accelerate his swallowing. Another example might be seizure disorders. These are common among this population. Caregivers must be trained to understand the myriad of factors that can precipitate seizures in order to plan the patient's care so as to avoid them.

Similarly, in the MI area, special training is required to handle patients effectively. Caregivers must have adequate knowledge of psychology and therapy skills to be effective with these patients. For instance, an MI patient with paranoid schizophrenia must be communicated within a specific manner or he may become physically aggressive. Physical contact with some patients causes immediate violent behavior. There also is a population of patients who have both diagnoses - MI and DD. Planning and effectuating care in those cases is even more difficult.

For all of the above reasons it is clear that caregiving to this special population is a skill and requires special education and knowledge. Lack of such could jeopardize the health and welfare of these patients, and society as well, since their welfare is a public concern.

The need for regulation continues to exist. The program should be continued.

RECOMMENDATION 2: REMOVE THE PRACTICE RESTRICTION PLACED ON LICENSED PSYCHIATRIC TECHNICIANS.

The current statute limits the range of psychiatric technicians' practice. If they are working in state hospitals or other state institutional settings approved by the Department of Institutions they may administer treatments and medications as well as other duties. If they are working elsewhere, they may not administer treatments or drugs. At the time the statute was written, the nationwide movement to deinstitutionalize MI and DD patients had not increased in scope to the level it is today. Over the last twenty years, hundreds of these patients have left large state facilities to reside in smaller group home facilities. The prevailing philosophy is that such patients could increase their quality of life in a smaller setting and enhance their opportunities to maximize personal functionality. Consequently, state institutions now have reduced numbers of patients while private and quasi-private homes and facilities have increased numbers. Private homes may have only 4 to 8 patients but may provide greater individual attention.

The result of this shift has left a shrinking market for L.P.T.s in state hospitals and institutions and a greater need in the private sector. However, due to the current statutory restrictions, L.P.T.s who seek employment in the private sector can not utilize their full range of skills or their title. This creates a perception of the existence of institutional economic discrimination against L.P.T.s.

The original impetus to limit L.P.T. employment arose out of a non-market situation. The federal government determined that only licensed caregivers could dispense medication in facilities receiving federal funds. State MI and DD facilities receive substantial federal funding. In order to keep operating with their current staffing patterns, those institutions had to have licensed psychiatric technicians, if they wanted those employees to administer treatments and medications.

Since that time, however, much has changed. Educational programs for psychiatric technicians have expanded and become specialized. The newer training is more thorough. Licensees have more complete skills and abilities to work in these fields now, and have been trained regarding medications and treatments. However, Colorado's statute works as a disincentive to employment of L.P.T.s with private employers, since if they hire licensed psychiatric technicians, those individuals can not dispense medications or treatments in their facilities. Someone else employed there would have to do that.

The marketplace has changed. Fewer available options exist for employment in state facilities. Opportunities have arisen elsewhere in community group homes, long term care facilities, private psychiatric hospitals, etc. Again, Colorado's statute discourages these individuals from seeking those jobs. Instead, they must compete for the shrinking number of positions in the state system, or they may take positions in the private sector for which they are overqualified. This has the added effect of reducing available employment opportunities for persons who are not trained as psychiatric technicians as well.

No convincing arguments have been offered as to why psychiatric technicians should not have the freedom to choose a place of employment as do all other medical professionals without it negatively impacting their scope of practice. The statute has required that they meet certain minimum standards. Once met, L.P.T.s should be treated like other medical professionals. The state can continue to employ licensed psychiatric technicians in its facilities. Other institutions can decide what level professional is needed for each job. Psychiatric technicians may or may not be successful in gaining employment outside state facilities, but state law should not be the preventing factor. The marketplace will determine what happens.

There are concerns in the community about changing the law in this fashion.

First, the current system usually ensures that there will be a sufficient qualified pool of psychiatric technicians to work at state institutions. This gives state officials a certain sense of ease about maintaining a difficult population in the most appropriate fashion. There is some trepidation that if scope of practice restrictions are lifted, L.P.T.s will flee to other settings and the state will have difficulty recruiting qualified staff. There is, however, no reason to assume that the rates paid in the private sector will exceed those paid by the state, so the fear that a shortage of state L.P.T.'s will occur seems somewhat premature. State experience with medical personnel in nursing homes, for example, is just the opposite. The state pays as well or better than the private sector and offers substantial benefits. Those jobs have been in high demand in the past, especially in the more rural areas.

A related concern is that if licensed psychiatric technicians employed in the private sector perform at a greater level of responsibility, this will drive higher salaries for L.P.T.s. and thereby increase the cost of care at private institutions whose budgets are already tight. This worry assumes that private sector salaries will be higher than state salaries and that the state will suffer increased costs in order to continue to employ L.P.T.s. While this is always a possibility, the current trend in the health care sector is just the opposite. That is, health care facilities are cutting back, downsizing, offering less to employees and hiring more contractors. While the opposite could occur for L.P.T.'s, it seems unlikely. This is especially true since many community group homes might wish to employ L.P.T.s but are not large operations. They would be unable to support high salaries for L.P.T.s.

Finally, there is a fear that removing scope of practice restrictions for psychiatric technicians will eventually lead to mandatory licensing for all personnel in any hospital, home, or institution that provides any type of care for the mentally ill or developmentally disabled. This also would result in higher operating costs for the facility.

This fear seems unfounded. There is always a hierarchy of medical personnel serving any ill population, from aides and orderlies to specialist physicians. The Legislature already determined that psychiatric technicians should be licensed, not based upon assessment of work location, but based upon the assessment of public risk. Such an assessment has to occur in each practice situation to determine how significant the risk of unlicensed practice is. The Legislature does not assume the need for more regulation simply due to regulating a related field.

In addition, facilities, both public and private, make business decisions about the necessary qualifications of staff based upon patient census. State facilities needed licensed personnel to administer medications which drove employment of L.P.T.s. Private institutions may not have that need. State facilities, after all, are caring for the most extremely disabled individuals, since many disabled people have already been deinstitutionalized. Private facility staff needs may differ substantially based on many factors, including the levels of patient functionality. There has been no showing by any group that only one standard for staffing (or 1 set of staff skills and abilities) is appropriate for all caretakers of MI and DD individuals.

Section 12-42-102(4), C.R.S. should be amended by striking "in a state hospital or other state institutional setting approved by the department of institutions"

OTHER MISCELLANEOUS STATUTORY REVISIONS

1. A. **Section 12-42-113(1)(i)**

This section sets forth the grounds for discipline regarding psychiatric technicians that are addicted to drugs or alcohol. Currently the Board must prove that a psychiatric technician is addicted to or dependent on alcohol or habit-forming drugs or is an habitual user of such in order to charge this violation.

Experience has shown that in cases where individuals are involved in addictive activity, it is not uncommon to find them diverting drugs from their place of employment in order to support the habit. While proving addiction or habitual use may be difficult at the time of hearing, diverting drugs is often a simpler case to prove. Although drug use might be rarely witnessed at a facility, diverting sometimes can be proven based on documentation.

It is reasonable to believe that someone would probably only divert drugs from their employer primarily for personal use. The Board could improve on its ability to safeguard public welfare if it were enabled to charge "diverting," since the person using the diverted drugs may be unsafe to practice, but the Board may lack the proof of the other charges. Therefore, addition of that language is recommended.

B. **Section 12-42-115(2)(a)**

This section addresses a situation where the Board can require a licensee to submit to a mental or physical examination by a Board designated physician if it has reasonable cause to believe that a licensee is unable to practice with reasonable skill and safety to patients due to a drug, alcohol or mental condition problem.

Cases have occurred, however, where the Board has ordered such exams and the licensee has not been cooperative in disclosing information that might be relevant to the issue of safety to practice. ALJ's have upheld the right of licensees to withhold their personal medical records through their own physicians or facilities so the Board's physician is unable to reach a conclusion about the person's safety to practice.

While an individual's right to privacy is paramount in most situations, it must be balanced with the rights of innocent patients who might be subjected to inappropriate or substandard care by an impaired psychiatric technician. The situation could be remedied by requiring the licensee to disclose past personal medical records that are necessary to decide the issue at stake, (i.e. if the question is one of mental illness, for instance, the doctor or facility must turn over those records of any mental condition; if it is a question of substance abuse, the same would apply. The Administrative Law Judge could examine those records in confidence and rule on which, if any, are relevant and needed for the situation at hand.) The appropriate language to be inserted is:

> ***"or to release all medical records necessary to determine the licensee's ability to practice safely"*** after the words "physical examination" in the last sentence.

This compromise would protect the licensee from full and open disclosure of private records, yet it would allow the Board to assess the safety of the licensee to practice. This is reasonable in light of the threat of public danger.

Therefore, OPR recommends that the statute be amended to require such disclosure. In order to properly amend the act, similar language would be needed in Section 12-42-115.3(6), concerning the Board's subpoena power in disciplinary proceedings.

C. Section 12-42-115(2)(a)

This section also addresses the Board's ability to order a mental or physical examination when it has reasonable cause to believe that a licensee is unable to practice with reasonable skill and safety due to a substance problem or a mental condition. The section allows for independent examination by a Board designated physician.

There are numerous professionals besides physicians that have developed expertise over the years in substance abuse counseling and treatment for mental illness. Many of these are psychologists, social workers, psychotherapists, drug counselors, etc. The Board should have the ability to appoint an appropriate professional to complete the needed examination, regardless of specific training.

OPR recommends deleting the word physician from this section, and inserting language that will allow for appointment of the best trained professional for the task.

D. Section 12-42-113(1)

This section addresses the power of the Board to conduct hearings upon disciplinary charges, and to impose disciplinary sanctions. Common sanctions provided are those like suspension, revocation, probation, etc.

The Board currently lacks the ability to impose one sanction that is critical. The Board cannot currently limit a license. That is, if the Board finds that a licensee is impaired in some fashion, but might otherwise be safe to practice (like a recovering drug addict that could not be trusted to practice alone nights, but might function perfectly well under supervision on the day shift)—the Board lacks the ability to impose conditions on the license that would restrict the practice of that person to a safe scenario. This situation benefits neither party. The licensee is totally restricted from practice, which is a detriment financially and professionally. The public lacks for another licensed psychiatric technician who can perform well under limited conditions.

Therefore, OPR recommends that this section be amended to allow the Board to limit licenses (adding language "***to limit the license in accordance with appropriate restrictions on the scope or nature of practice as necessary***" after the words "psychiatric technician" in that section).

E. Section 12-42-113(1)(b)

This section addresses the Board's authority to discipline a licensee when he has committed a felony. The section does not speak to deferred sentence situations. Such a situation would involve a defendant that pleads guilty to a felony offense in return for which he completes a number of years of public service ordered by the court. Upon successful completion of the term, the defendant is released from the jurisdiction of the court and the entire criminal offense is dismissed with prejudice.

The Board would like the ability to discipline psychiatric technicians who are accepting deferred sentences for felonies (as in a psychiatric technician diverting drugs from her employer). The Board could use the plea in the deferred sentence during the period of public service as proof of a criminal act which merits consideration of discipline. This would end the incentive for any psychiatric technician to accept a deferred sentence in order to avoid action on her license, as well as hold the psychiatric technician accountable for her behavior. It is reasonable for the Board to assume jurisdiction over psychiatric technicians who engage in felonies. This change would simply fill a loophole in the current statute which was probably not intended by the legislature.

OPR recommends that the following language be added after the words "nolo contendere":

> "***or a deferred sentence prior to final sentencing or dismissal with prejudice***"

F. Section 12-42-115.3(6)

This section addresses Board subpoena power. The second sentence requires certain confidentiality procedures concerning medical records. These have become cumbersome to facilities over time, as there are many ways to ensure patient confidentiality currently. Either state or federal law already guarantee confidentiality of such records.

OPR recommends the sentence be stricken and the facilities be allowed to determine themselves the best way to provide confidentiality to subpoenaed records.

G. Staff Changes

BON suggested some changes to the L.P.T. statute, where the statute is either inaccurate, antiquated or confusing. Although OPR received no comments on these sections from other interested parties, "clean up" is a valid function of sunset review. OPR thus offers the following recommendations.

1. Strike 12-42-106(1)

   Strike all of subsection (1) except the following:

   "All applicants, unless licensed by endorsement, shall be required to pass an examination."

2. Section 12-42-108(c)

   Strike the word "written".

3. Section 12-42-111(1)

   Strike all of subsection (1).

   Replace with

   "(1) Any institution within the state of Colorado desiring to conduct an accredited preservice psychiatric technician educational program may apply to the board and submit evidence that it is prepared to carry out a psychiatric technicians curriculum that contains theory content and clinical practice to prepare the student psychiatric technician to care for clients with developmental disabilities or mental illness in institutional and community settings. Content shall include but not be limited to:

   (a) Fundamental nursing principles and skills.

   (b) Growth and developmental and other physical and behavioral skills.

   (c) Programs preparing individuals to care for clients with developmental disabilities shall include content in mental retardation theory and rehabilitation nursing principles and skills.

   (d) Programs preparing individuals to care for clients with mental illness shall include content in psychopathology and psychiatric nursing principles and skills."

H. <u>Section 12-42-112(1)</u>

Section 112 of the Psychiatric Technician Act addresses the renewal of licenses. It contains a number of provisions about renewal processing that are not useful to current operations. Current practice does not conform to this requirement but does allow for expedient administration of the program. For instance, the Board of Nursing currently requires renewal of licenses for psychiatric technicians once every two years, not annually. OPR recommends that the section be stricken and replace with:

> ***"Every licensed psychiatric technician within this state shall pay a renewal fee to be determined pursuant to section 24-34-105, C.R.S. and shall submit a renewal application upon a form prescribed by the board and shall receive therefore a renewal certificate, if qualified, authorizing them to continue their practice in this state. No fee received from licensees seeking renewal shall be refunded. The board shall establish renewal fees and schedules subject to the provisions of section 24-34-102(8), C.R.S."***

APPENDIX A

SUNSET STATUTORY EVALUATION CRITERIA

I. Whether regulation by the agency is necessary to protect the public health, safety and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen which would warrant more, less or the same degree of regulation;

II. If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms and whether agency rules enhance the public interest and are within the scope of legislative intent;

III. Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures and practices of the Department of Regulatory Agencies and any other circumstances, including budgetary, resource and personnel matters;

IV. Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively;

V. Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates;

VI. The economic impact of regulation and, if national economic information is available, whether the agency stimulates or restricts competition;

VII. Whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession;

VIII. Whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action;

IX. Whether administrative and statutory changes are necessary to improve agency operations to enhance public interest.

READER RESPONSE FORM

TO: Colorado Department of Regulatory Agencies
Office of Policy and Research
1560 Broadway, Suite 1550
Denver, CO 80202

RE: Sunrise/Sunset Report on

(Report Title and Date)

FROM:

(Your Name and Address)

DATE:

I have read your report and found it:

Excellent _____ Good _____ Fair _____ Poor _____

Here are my suggestions for improving the report:

The report was thorough in its coverage of the subject:

Yes _____ No _____

Comments:

The report was fair in its treatment of the issues:

Yes _____ No _____

Comments:

Thank you for your response. We hope you found our report useful.

Revised January, 1994.