

House Bill 4009

Introduced and printed pursuant to House Rule 12.00. Presession filed (at the request of House Interim Committee on Health Care)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Eliminates monitoring entity from impaired health professional program. Requires program to report professional's participation in program and noncompliance with program directly to professional's licensing board.

Declares emergency, effective on passage.

A BILL FOR AN ACT

1
2 Relating to the impaired health professional program; creating new provisions; amending ORS
3 676.190 and 676.200; repealing ORS 676.195; and declaring an emergency.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 676.190 is amended to read:

6 676.190. (1) The Oregon Health Authority shall establish or contract to establish an impaired
7 health professional program. The program must:

8 (a) Enroll licensees of participating health profession licensing boards who have been diagnosed
9 with alcohol or substance abuse or a mental health disorder;

10 (b) Require that a licensee sign a written consent prior to enrollment in the program allowing
11 disclosure and exchange of information between the program, the licensee's board, *[the monitoring*
12 *entity established under ORS 676.195,]* the licensee's employer, evaluators and treatment entities in
13 compliance with ORS 179.505 and 42 C.F.R. part 2;

14 (c) Enter into diversion agreements with enrolled licensees;

15 (d) Assess and evaluate compliance with diversion agreements by enrolled licensees;

16 (e) Assess the ability of an enrolled licensee's employer to supervise the licensee and require
17 an enrolled licensee's employer to establish minimum training requirements for supervisors of en-
18 rolled licensees;

19 (f) Report substantial noncompliance with a diversion agreement to *[the monitoring entity estab-*
20 *lished under ORS 676.195]* **a noncompliant licensee's board** within one business day after the
21 program learns of the substantial noncompliance, including but not limited to information that a
22 licensee:

23 (A) Engaged in criminal behavior;

24 (B) Engaged in conduct that caused injury, death or harm to the public, including engaging in
25 sexual impropriety with a patient;

26 (C) Was impaired in a health care setting in the course of the licensee's employment;

27 (D) Received a positive toxicology test result as determined by federal regulations pertaining to
28 drug testing;

29 (E) Violated a restriction on the licensee's practice imposed by the program or the licensee's
30 board;

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

- 1 (F) Was admitted to the hospital for mental illness or adjudged to be mentally incompetent;
 2 (G) Entered into a diversion agreement, but failed to participate in the program; or
 3 (H) Was referred to the program but failed to enroll in the program; and
 4 (g) At least weekly, submit a list of licensees who are enrolled in the program and a list of
 5 licensees who successfully complete the program to *[the monitoring entity established under ORS*
 6 *676.195]* **licensees' boards**.
- 7 (2) When the program reports noncompliance to *[the monitoring entity]* **a licensee's board**, the
 8 report must include:
- 9 (a) A description of the noncompliance;
 10 (b) A copy of a report from the independent third party who diagnosed the licensee under ORS
 11 676.200 (2)(a) or subsection (5)(a) of this section stating the licensee's diagnosis;
 12 (c) A copy of the licensee's diversion agreement; and
 13 (d) The licensee's employment status.
- 14 (3) The program may not diagnose or treat licensees enrolled in the program.
 15 (4) The diversion agreement required by subsection (1) of this section must:
- 16 (a) Require the licensee to consent to disclosure and exchange of information between the pro-
 17 gram, the licensee's board, *[the monitoring entity established under ORS 676.195,]* the licensee's em-
 18 ployer, evaluators and treatment providers, in compliance with ORS 179.505 and 42 C.F.R. part 2;
 19 (b) Require that the licensee comply continuously with the agreement for at least two years to
 20 successfully complete the program;
 21 (c) Based on an individualized assessment, require that the licensee abstain from mind-altering
 22 or intoxicating substances or potentially addictive drugs, unless the drug is approved by the pro-
 23 gram and prescribed for a documented medical condition by a person authorized by law to prescribe
 24 the drug to the licensee;
 25 (d) Require the licensee to report use of mind-altering or intoxicating substances or potentially
 26 addictive drugs within 24 hours;
 27 (e) Require the licensee to agree to participate in a treatment plan approved by a third party;
 28 (f) Contain limits on the licensee's practice of the licensee's health profession;
 29 (g) Provide for employer monitoring of the licensee;
 30 (h) Provide that the program may require an evaluation of the licensee's fitness to practice be-
 31 fore removing the limits on the licensee's practice of the licensee's health profession;
 32 (i) Require the licensee to submit to random drug or alcohol testing in accordance with federal
 33 regulations;
 34 (j) Require the licensee to report at least weekly to the program regarding the licensee's com-
 35 pliance with the agreement;
 36 (k) Require the licensee to report any arrest for or conviction of a misdemeanor or felony crime
 37 to the program within three business days after the licensee is arrested or convicted;
- 38 (L) Require the licensee to report applications for licensure in other states, changes in employ-
 39 ment and changes in practice setting; and
 40 (m) Provide that the licensee is responsible for the cost of evaluations, toxicology testing and
 41 treatment.
- 42 (5)(a) A licensee of a board participating in the program may self-refer to the program.
 43 (b) The program shall require the licensee to attest that the licensee is not, to the best of the
 44 licensee's knowledge, under investigation by the licensee's board. The program shall enroll the
 45 licensee on the date on which the licensee attests that the licensee, to the best of the licensee's

1 knowledge, is not under investigation by the licensee’s board.

2 (c) When a licensee self-refers to the program, the program shall:

3 (A) Require that an independent third party approved by the licensee’s board to evaluate alcohol
4 or substance abuse or mental health disorders evaluate the licensee for alcohol or substance abuse
5 or mental health disorders; and

6 (B) Investigate to determine whether the licensee’s practice while impaired has presented or
7 presents a danger to the public.

8 (6) The authority shall adopt rules establishing a fee to be paid by the boards participating in
9 the impaired health professional program for administration of the program.

10 (7) The authority shall arrange for an independent third party to audit the program to ensure
11 compliance with program guidelines. The authority shall report the results of the audit to the Leg-
12 islative Assembly, the Governor and the health profession licensing boards. The report may not
13 contain individually identifiable information about licensees.

14 (8) The authority may adopt rules to carry out this section.

15 **SECTION 2.** ORS 676.200 is amended to read:

16 676.200. (1)(a) A health profession licensing board that is authorized by law to take disciplinary
17 action against licensees may adopt rules opting to participate in the impaired health professional
18 program established under ORS 676.190.

19 (b) A board may only refer impaired professionals to the impaired health professional program
20 established under ORS 676.190 and may not establish the board’s own impaired health professional
21 program.

22 (c) A board may adopt rules establishing additional requirements for licensees referred to the
23 impaired health professional program established under ORS 676.190.

24 (2) If a board participates in the impaired health professional program, the board shall establish
25 by rule a procedure for referring licensees to the program. The procedure must provide that, before
26 the board refers a licensee to the program, the board shall ensure that:

27 (a) An independent third party approved by the board to evaluate alcohol or substance abuse
28 or mental health disorders has diagnosed the licensee with alcohol or substance abuse or a mental
29 health disorder and provided the diagnosis and treatment options to the licensee and the board;

30 (b) The board has investigated to determine whether the licensee’s professional practice while
31 impaired has presented or presents a danger to the public; and

32 (c) The licensee has agreed to report any arrest for or conviction of a misdemeanor or felony
33 crime to the board within three business days after the licensee is arrested or convicted.

34 (3) A board that participates in the impaired health professional program shall investigate re-
35 ports received from the [*monitoring entity established under ORS 676.195*] **program**. If the board
36 finds that a licensee is substantially noncompliant with a diversion agreement entered into under
37 ORS 676.190, the board may suspend, restrict, modify or revoke the licensee’s license or end the
38 licensee’s participation in the impaired health professional program.

39 (4) A board may not discipline a licensee solely because the licensee:

40 (a) Self-refers to or participates in the impaired health professional program;

41 (b) Has been diagnosed with alcohol or substance abuse or a mental health disorder; or

42 (c) Used controlled substances before entry into the impaired health professional program, if the
43 licensee did not practice while impaired.

44 **SECTION 3.** ORS 676.195 is repealed.

45 **SECTION 4.** (1) The amendments to ORS 676.190 and 676.200 by sections 1 and 2 of this

1 2012 Act and the repeal of ORS 676.195 by section 3 of this 2012 Act become operative on July
2 1, 2012.

3 (2) The Oregon Health Authority or a health profession licensing board as defined in ORS
4 676.185 may take any action before July 1, 2012, that is necessary to enable the authority or
5 board to exercise, on and after July 1, 2012, all the duties, functions and powers conferred
6 on the authority or board by the amendments to ORS 676.190 and 676.200 by sections 1 and
7 2 of this 2012 Act and the repeal of ORS 676.195 by section 3 of this 2012 Act.

8 SECTION 5. This 2012 Act being necessary for the immediate preservation of the public
9 peace, health and safety, an emergency is declared to exist, and this 2012 Act takes effect
10 on its passage.

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