

REVENUE: No revenue impact

FISCAL: Fiscal statement issued

Action: Do Pass with Amendments to the B-Eng. Measure, Including Amendments to Resolve Conflicts (Printed C-Eng.)

Vote: 4 - 1 - 0

Yeas: Burdick, Ferrioli, Metsger, Devlin

Nays: Atkinson

Exc.: -

Prepared By: Erin Seiler, Administrator

Meeting Dates: 6/2, 6/4

WHAT THE MEASURE DOES: Directs Department of Human Services (DHS) to establish or contract to establish impaired health professional program. Specifies components of program. Directs DHS to contract with an independent third party to establish a monitoring entity for impaired professionals. Specifies duties of the monitoring entity. Authorizes health profession licensing boards to participate in the impaired health professional program. Specifies procedures by which board may refer licensee to the program. Modifies the licensee reporting requirement from one to three business days to report arrest or conviction of a misdemeanor or felony crime to the board. Specifies that if a licensee self-refers to the program, the licensee "to the best of the licensees' knowledge" they are not under investigation. Adds the impaired health professional program into the definition of public provider under the disclosure of written accounts by health care services provider. Prohibits boards from establishing alternate impaired health professional programs. Specifies the process for transferring licensees currently participating in the impaired professional programs to impaired profession program established (or contracted by) DHS. Requires DHS to report on program to the Governor, Legislative Assembly and health profession licensing boards on or before January 31, 2011. Deletes existing impaired professional programs of health profession licensing boards. Applies to licensees identified by health profession licensing boards, and disciplinary proceedings commenced, on or after July 1, 2010. Declares an emergency, effective on passage.

ISSUES DISCUSSED:

- Origins of the measures
- Standardizing impaired professional programs for all health profession licensing boards
- Protecting the health care consumers from impaired health care professionals
- Fiscal impact
- Privacy protections for program participants
- Proposed amendments

EFFECT OF COMMITTEE AMENDMENT: Modifies the licensee reporting requirement from one to three business days to report arrest or conviction of a misdemeanor or felony crime to the board. Specifies that if a licensee self-refers to the program, the licensee "to the best of the licensees' knowledge" they are not under investigation. Adds the impaired health professional program into the definition of public provider under the disclosure of written accounts by health care services provider. Specifies the process for transferring licensees currently participating in the impaired professional programs to impaired profession program established (or contracted by) DHS. Resolves conflict between HB 2345 and SB 177.

BACKGROUND: Impairing conditions can affect anyone in the general population, including healthcare professionals. Some reports have sited approximately 15 percent of practicing physicians have had or currently have a substance related impairment. If psychological and physical impairments are added, the percentage of practitioners with impairment increases. Chemical dependency is recognized as a disease based upon the medical disease paradigm, being chronic, progressive, and relapsing. There is no cure but there is effective treatment and the condition can be kept in remission through a process of recovery; not unlike that for diabetes, hypertension, or heart disease. Since 1972, in various policy statements, the American Medical Association has defined the impaired physician as:

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This summary has not been adopted or officially endorsed by action of the committee.

“one who is unable to practice medicine with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol.” Impairment generally leads to decreased or altered clinical judgment, or diminished technical skills; therefore it has a deleterious or even dangerous impact on patient safety. A practitioner’s impairment can also lead to significant problems with others in the hospital, community, family, and friends.