

**SENATE AMENDMENTS TO
B-ENGROSSED HOUSE BILL 2345
(INCLUDING AMENDMENTS TO RESOLVE CONFLICTS)**

By COMMITTEE ON RULES

June 15

- 1 On page 1 of the printed B-engrossed bill, line 2, after “ORS” insert “179.505.”
- 2 In line 3, after “687.081” insert “and section 50, chapter ___, Oregon Laws 2009 (Enrolled Senate
3 Bill 177)”.
- 4 In line 5, after “689.356” insert “and section 2, chapter ___, Oregon Laws 2009 (Enrolled Senate
5 Bill 177)”.
- 6 On page 2, line 15, delete “one business day” and insert “three business days”.
- 7 In line 32, after the second comma insert “the monitoring entity established under section 1c
8 of this 2009 Act,”.
- 9 In line 33, after “with” insert “ORS 179.505 and”.
- 10 On page 3, line 25, after “board,” insert “the monitoring entity established under section 1c of
11 this 2009 Act,”.
- 12 In line 26, after “with” insert “ORS 179.505 and”.
- 13 In line 29, after “(c)” insert “Based on an individualized assessment,”.
- 14 On page 4, line 2, delete “one business day” and insert “three business days”.
- 15 In line 8, after “not” insert “, to the best of the licensee’s knowledge,”.
- 16 In line 10, after the second “licensee” insert “, to the best of the licensee’s knowledge,”.
- 17 After line 41, insert:
- 18 “(3) The weekly lists submitted by the impaired health professional program under section 1b
19 of this 2009 Act are exempt from disclosure under public records law.”.
- 20 In line 42, delete “(3)” and insert “(4)”.
- 21 In line 45, delete “(4)” and insert “(5)”.
- 22 On page 5, line 5, delete “(5)” and insert “(6)”.
- 23 On page 12, after line 6, insert:
- 24 “**SECTION 12.** ORS 179.505 is amended to read:
- 25 “179.505. (1) As used in this section:
- 26 “(a) ‘Disclosure’ means the release of, transfer of, provision of access to or divulgence in any
27 other manner of information outside the health care services provider holding the information.
- 28 “(b) ‘Health care services provider’ means:
- 29 “(A) Medical personnel or other staff employed by or under contract with a public provider to
30 provide health care or maintain written accounts of health care provided to individuals; or
- 31 “(B) Units, programs or services designated, operated or maintained by a public provider to
32 provide health care or maintain written accounts of health care provided to individuals.
- 33 “(c) ‘Individually identifiable health information’ means any health information that is:
- 34 “(A) Created or received by a health care services provider; and

1 “(B) Identifiable to an individual, including demographic information that identifies the individ-
2 ual, or for which there is a reasonable basis to believe the information can be used to identify an
3 individual, and that relates to:

4 “(i) The past, present or future physical or mental health or condition of an individual;
5 “(ii) The provision of health care to an individual; or
6 “(iii) The past, present or future payment for the provision of health care to an individual.
7 “(d) ‘Personal representative’ includes but is not limited to:

8 “(A) A person appointed as a guardian under ORS 125.305, 419B.370, 419C.481 or 419C.555 with
9 authority to make medical and health care decisions;

10 “(B) A person appointed as a health care representative under ORS 127.505 to 127.660 or a
11 representative under ORS 127.700 to 127.737 to make health care decisions or mental health treat-
12 ment decisions; and

13 “(C) A person appointed as a personal representative under ORS chapter 113.
14 “(e) ‘Psychotherapy notes’ means notes recorded in any medium:

15 “(A) By a mental health professional, in the performance of the official duties of the mental
16 health professional;

17 “(B) Documenting or analyzing the contents of conversation during a counseling session; and
18 “(C) That are maintained separately from the rest of the individual’s record.
19 “(f) ‘Psychotherapy notes’ does not mean notes documenting:

20 “(A) Medication prescription and monitoring;
21 “(B) Counseling session start and stop times;
22 “(C) Modalities and frequencies of treatment furnished;
23 “(D) Results of clinical tests; or
24 “(E) Any summary of the following items:

25 “(i) Diagnosis;
26 “(ii) Functional status;
27 “(iii) Treatment plan;
28 “(iv) Symptoms;
29 “(v) Prognosis; or
30 “(vi) Progress to date.
31 “(g) ‘Public provider’ means:

32 “(A) The state institutions for the care and treatment of individuals with mental illness or de-
33 velopmental disabilities operated by the Department of Human Services;

34 “(B) Department of Corrections institutions as defined in ORS 421.005;

35 “(C) A contractor of the Department of Human Services or the Department of Corrections that
36 provides health care to individuals residing in a state institution operated by the Department of
37 Human Services or the Department of Corrections;

38 “(D) A community mental health and developmental disabilities program as described in ORS
39 430.610 to 430.695 and the public and private entities with which it contracts to provide mental
40 health or developmental disabilities programs or services;

41 “(E) A program or service provided under ORS 431.250, 431.375 to 431.385 or 431.416;
42 “(F) A program or service licensed, approved, established, maintained or operated by or con-
43 tracted with the Department of Human Services under ORS 430.630 for individuals with develop-
44 mental disabilities and individuals with mental or emotional disturbances;

45 “(G) A program or facility providing an organized full-day or part-day program of treatment that

1 is licensed, approved, established, maintained or operated by or contracted with the Department of
2 Human Services for alcoholism, drug addiction or mental or emotional disturbance; [or]

3 “(H) A program or service providing treatment by appointment that is licensed, approved, es-
4 tablished, maintained or operated by or contracted with the Department of Human Services for
5 alcoholism, drug addiction or mental or emotional disturbance[.]; or

6 **“(I) The impaired health professional program established under section 1b of this 2009**
7 **Act.**

8 “(h) ‘Written account’ means records containing only individually identifiable health information.

9 “(2) Except as provided in subsections (3), (4), (6), (7), (8), (9), (11), (12), (14), (15), (16) and (17)
10 of this section or unless otherwise permitted or required by state or federal law or by order of the
11 court, written accounts of the individuals served by any health care services provider maintained
12 in or by the health care services provider by the officers or employees thereof who are authorized
13 to maintain written accounts within the official scope of their duties are not subject to access and
14 may not be disclosed. This subsection applies to written accounts maintained in or by facilities of
15 the Department of Corrections only to the extent that the written accounts concern the medical,
16 dental or psychiatric treatment as patients of those under the jurisdiction of the Department of
17 Corrections.

18 “(3) If the individual or a personal representative of the individual provides an authorization,
19 the content of any written account referred to in subsection (2) of this section must be disclosed
20 accordingly, if the authorization is in writing and is signed and dated by the individual or the per-
21 sonal representative of the individual and sets forth with specificity the following:

22 “(a) Name of the health care services provider authorized to make the disclosure, except when
23 the authorization is provided by recipients of or applicants for public assistance to a governmental
24 entity for purposes of determining eligibility for benefits or investigating for fraud;

25 “(b) Name or title of the persons or organizations to which the information is to be disclosed
26 or that information may be disclosed to the public;

27 “(c) Name of the individual;

28 “(d) Extent or nature of the information to be disclosed; and

29 “(e) Statement that the authorization is subject to revocation at any time except to the extent
30 that action has been taken in reliance thereon, and a specification of the date, event or condition
31 upon which it expires without express revocation. However, a revocation of an authorization is not
32 valid with respect to inspection or records necessary to validate expenditures by or on behalf of
33 governmental entities.

34 “(4) The content of any written account referred to in subsection (2) of this section may be
35 disclosed without an authorization:

36 “(a) To any person to the extent necessary to meet a medical emergency.

37 “(b) At the discretion of the responsible officer of the health care services provider, which in
38 the case of any Department of Human Services facility or community mental health and develop-
39 mental disabilities program shall be the Director of Human Services, to persons engaged in scientific
40 research, program evaluation, peer review and fiscal audits. However, individual identities may not
41 be disclosed to such persons, except when the disclosure is essential to the research, evaluation,
42 review or audit and is consistent with state and federal law.

43 “(c) To governmental agencies when necessary to secure compensation for services rendered in
44 the treatment of the individual.

45 “(5) When an individual’s identity is disclosed under subsection (4) of this section, a health care

1 services provider shall prepare, and include in the permanent records of the health care services
2 provider, a written statement indicating the reasons for the disclosure, the written accounts dis-
3 closed and the recipients of the disclosure.

4 “(6) The content of any written account referred to in subsection (2) of this section and held by
5 a health care services provider currently engaged in the treatment of an individual may be disclosed
6 to officers or employees of that provider, its agents or cooperating health care services providers
7 who are currently acting within the official scope of their duties to evaluate treatment programs,
8 to diagnose or treat or to assist in diagnosing or treating an individual when the written account
9 is to be used in the course of diagnosing or treating the individual. Nothing in this subsection
10 prevents the transfer of written accounts referred to in subsection (2) of this section among health
11 care services providers, the Department of Human Services, the Department of Corrections or a lo-
12 cal correctional facility when the transfer is necessary or beneficial to the treatment of an individ-
13 ual.

14 “(7) When an action, suit, claim, arbitration or proceeding is brought under ORS 34.105 to 34.240
15 or 34.310 to 34.730 and involves a claim of constitutionally inadequate medical care, diagnosis or
16 treatment, or is brought under ORS 30.260 to 30.300 and involves the Department of Corrections or
17 an institution operated by the department, nothing in this section prohibits the disclosure of any
18 written account referred to in subsection (2) of this section to the Department of Justice, Oregon
19 Department of Administrative Services, or their agents, upon request, or the subsequent disclosure
20 to a court, administrative hearings officer, arbitrator or other administrative decision maker.

21 “(8)(a) When an action, suit, claim, arbitration or proceeding involves the Department of Human
22 Services or an institution operated by the department, nothing in this section prohibits the disclo-
23 sure of any written account referred to in subsection (2) of this section to the Department of Justice,
24 Oregon Department of Administrative Services, or their agents.

25 “(b) Disclosure of information in an action, suit, claim, nonlabor arbitration or proceeding is
26 limited by the relevancy restrictions of ORS 40.010 to 40.585, 183.710 to 183.725, 183.745 and 183.750
27 and ORS chapter 183. Only written accounts of a plaintiff, claimant or petitioner shall be disclosed
28 under this paragraph.

29 “(c) Disclosure of information as part of a labor arbitration or proceeding to support a personnel
30 action taken against staff is limited to written accounts directly relating to alleged action or in-
31 action by staff for which the personnel action was imposed.

32 “(9)(a) The copy of any written account referred to in subsection (2) of this section, upon written
33 request of the individual or a personal representative of the individual, shall be disclosed to the
34 individual or the personal representative of the individual within a reasonable time not to exceed
35 five working days. The individual or the personal representative of the individual shall have the
36 right to timely access to any written accounts.

37 “(b) If the disclosure of psychiatric or psychological information contained in the written ac-
38 count would constitute an immediate and grave detriment to the treatment of the individual, dis-
39 closure may be denied, if medically contraindicated by the treating physician or a licensed health
40 care professional in the written account of the individual.

41 “(c) The Department of Corrections may withhold psychiatric or psychological information if:

42 “(A) The information relates to an individual other than the individual seeking it.

43 “(B) Disclosure of the information would constitute a danger to another individual.

44 “(C) Disclosure of the information would compromise the privacy of a confidential source.

45 “(d) However, a written statement of the denial under paragraph (c) of this subsection and the

1 reasons therefor must be entered in the written account.

2 “(10) A health care services provider may require a person requesting disclosure of the contents
3 of a written account under this section to reimburse the provider for the reasonable costs incurred
4 in searching files, abstracting if requested and copying if requested. However, an individual or a
5 personal representative of the individual may not be denied access to written accounts concerning
6 the individual because of inability to pay.

7 “(11) A written account referred to in subsection (2) of this section may not be used to initiate
8 or substantiate any criminal, civil, administrative, legislative or other proceedings conducted by
9 federal, state or local authorities against the individual or to conduct any investigations of the in-
10 dividual. If the individual, as a party to an action, suit or other judicial proceeding, voluntarily
11 produces evidence regarding an issue to which a written account referred to in subsection (2) of this
12 section would be relevant, the contents of that written account may be disclosed for use in the
13 proceeding.

14 “(12) Information obtained in the course of diagnosis, evaluation or treatment of an individual
15 that, in the professional judgment of the health care services provider, indicates a clear and imme-
16 diate danger to others or to society may be reported to the appropriate authority. A decision not
17 to disclose information under this subsection does not subject the provider to any civil liability.
18 Nothing in this subsection may be construed to alter the provisions of ORS 146.750, 146.760,
19 419B.010, 419B.015, 419B.020, 419B.025, 419B.030, 419B.035, 419B.040 and 419B.045.

20 “(13) The prohibitions of this section apply to written accounts concerning any individual who
21 has been treated by any health care services provider irrespective of whether or when the individual
22 ceases to receive treatment.

23 “(14) Persons other than the individual or the personal representative of the individual who are
24 granted access under this section to the contents of a written account referred to in subsection (2)
25 of this section may not disclose the contents of the written account to any other person except in
26 accordance with the provisions of this section.

27 “(15) Nothing in this section prevents the Department of Human Services from disclosing the
28 contents of written accounts in its possession to individuals or agencies with whom children in its
29 custody are placed.

30 “(16) The system described in ORS 192.517 (1) shall have access to records, as defined in ORS
31 192.515, as provided in ORS 192.517.

32 “(17)(a) Except as provided in paragraph (b) of this subsection, a health care services provider
33 must obtain an authorization from an individual or a personal representative of the individual to
34 disclose psychotherapy notes.

35 “(b) A health care services provider may use or disclose psychotherapy notes without obtaining
36 an authorization from the individual or a personal representative of the individual to carry out the
37 following treatment, payment and health care operations:

38 “(A) Use by the originator of the psychotherapy notes for treatment;

39 “(B) Disclosure by the health care services provider for its own training program in which stu-
40 dents, trainees or practitioners in mental health learn under supervision to practice or improve their
41 skills in group, joint, family or individual counseling; or

42 “(C) Disclosure by the health care services provider to defend itself in a legal action or other
43 proceeding brought by the individual or a personal representative of the individual.

44 “(c) An authorization for the disclosure of psychotherapy notes may not be combined with an
45 authorization for a disclosure of any other individually identifiable health information, but may be

1 combined with another authorization for a disclosure of psychotherapy notes.”.

2 In line 7, delete “12” and insert “13”.

3 In line 11, delete “13” and insert “14”.

4 After line 12, insert:

5 **“SECTION 15. If Senate Bill 177 becomes law, section 3 of this 2009 Act (amending ORS**
6 **675.510) is repealed and ORS 675.510, as amended by section 1, chapter __, Oregon Laws 2009**
7 **(Enrolled Senate Bill 177), is amended to read:**

8 “675.510. As used in ORS 675.510 to 675.600, unless the context requires otherwise:

9 “(1) ‘Authorization to practice regulated social work’ means a certificate or license issued by
10 the State Board of Licensed Social Workers under ORS 675.510 to 675.600.

11 “(2) ‘Clinical social work’ means the professional practice of applying principles and methods
12 with individuals, couples, families, children and groups, which include, but are not restricted to:

13 “(a) Providing diagnostic, preventive and treatment services of a psychosocial nature pertaining
14 to personality adjustment, behavior problems, interpersonal dysfunctioning or deinstitutionalization;

15 “(b) Developing a psychotherapeutic relationship to employ a series of problem solving tech-
16 niques for the purpose of removing, modifying, or retarding disrupted patterns of behavior, and for
17 promoting positive personality growth and development;

18 “(c) Counseling and the use of psychotherapeutic techniques, such as disciplined interviewing
19 which is supportive, directive or insight oriented depending upon diagnosed problems, observation
20 and feedback, systematic analysis, and recommendations;

21 “(d) Modifying internal and external conditions that affect a client’s behavior, emotions, think-
22 ing, or intrapersonal processes;

23 “(e) Explaining and interpreting the psychosocial dynamics of human behavior to facilitate
24 problem solving; and

25 “(f) Supervising, administering or teaching clinical social work practice.

26 “[3] *‘Impaired clinical social worker’ means a person who is unable to perform the practice of*
27 *clinical social work by reason of mental illness, physical illness or alcohol or other drug abuse.]*

28 “[4] (3) ‘Regulated social worker’ means a clinical social work associate certified under ORS
29 675.537 or a clinical social worker licensed under ORS 675.530.

30 “[5] (4) ‘Unprofessional conduct’ includes, but is not limited to, any conduct or practice con-
31 trary to recognized standards of ethics of the social work profession or any conduct that constitutes
32 or might constitute a danger to the health or safety of a client or the public or in any other manner
33 fails or might fail to adhere to the recognized standards of the profession.

34 **“SECTION 16. If Senate Bill 177 becomes law, section 2, chapter __, Oregon Laws 2009**
35 **(Enrolled Senate Bill 177) (amending ORS 675.510), is repealed and ORS 675.510, as amended**
36 **by section 1, chapter __, Oregon Laws 2009 (Enrolled Senate Bill 177), and section 15 of this**
37 **2009 Act, is amended to read:**

38 “675.510. As used in ORS 675.510 to 675.600, unless the context requires otherwise:

39 “(1) ‘Authorization to practice regulated social work’ means a certificate or license issued by
40 the State Board of Licensed Social Workers under ORS 675.510 to 675.600.

41 “(2) ‘Clinical social work’ means the professional practice of applying principles and methods
42 with individuals, couples, families, children and groups, which include, but are not restricted to:

43 “(a) Providing diagnostic, preventive and treatment services of a psychosocial nature pertaining
44 to personality adjustment, behavior problems, interpersonal dysfunctioning or deinstitutionalization;

45 “(b) Developing a psychotherapeutic relationship to employ a series of problem solving tech-

1 niques for the purpose of removing, modifying, or retarding disrupted patterns of behavior, and for
2 promoting positive personality growth and development;

3 “(c) Counseling and the use of psychotherapeutic techniques, such as disciplined interviewing
4 which is supportive, directive or insight oriented depending upon diagnosed problems, observation
5 and feedback, systematic analysis, and recommendations;

6 “(d) Modifying internal and external conditions that affect a client’s behavior, emotions, think-
7 ing, or intrapersonal processes;

8 “(e) Explaining and interpreting the psychosocial dynamics of human behavior to facilitate
9 problem solving; and

10 “(f) Supervising, administering or teaching clinical social work practice.

11 “(3) ‘Regulated social worker’ means a **baccalaureate social worker registered under section**
12 **6, chapter __, Oregon Laws 2009 (Enrolled Senate Bill 177), a master’s social worker licensed**
13 **under section 7, chapter __, Oregon Laws 2009 (Enrolled Senate Bill 177), a clinical social**
14 **work associate certified under ORS 675.537 or a clinical social worker licensed under ORS 675.530.**

15 “(4) ‘Unprofessional conduct’ includes, but is not limited to, any conduct or practice contrary
16 to recognized standards of ethics of the social work profession or any conduct that constitutes or
17 might constitute a danger to the health or safety of a client or the public or in any other manner
18 fails or might fail to adhere to the recognized standards of the profession.

19 “**SECTION 17.** If Senate Bill 177 becomes law, section 50, chapter __, Oregon Laws 2009 (En-
20 rolled Senate Bill 177), is amended to read:

21 “**Sec. 50.** Sections 4a, 6, 7, 12a and 12b, **chapter __, Oregon Laws 2009 (Enrolled Senate**
22 **Bill 177), [of this 2009 Act]** and the amendments to ORS 675.510 and 675.530 by **section 16 of this**
23 **2009 Act and section 9, chapter __, Oregon Laws 2009 (Enrolled Senate Bill 177), [sections 2**
24 **and 9 of this 2009 Act]** become operative on January 1, 2011.

25 “**SECTION 18.** If Senate Bill 177 becomes law and House Bill 2059 does not become law,
26 **section 4 of this 2009 Act (amending ORS 675.583) is repealed and ORS 675.583, as amended**
27 **by section 18, chapter __, Oregon Laws 2009 (Enrolled Senate Bill 177), is amended to read:**

28 “675.583. (1) A regulated social worker shall report to the State Board of Licensed Social
29 Workers any information the regulated social worker has that appears to show that a regulated
30 social worker is or may be an impaired [*social worker*] **professional as defined in section 1 of this**
31 **2009 Act**, or may have engaged in unprofessional conduct according to the guidelines of the code
32 of ethics, to the extent that disclosure does not conflict with the requirements of ORS 675.580.

33 “(2) Notwithstanding ORS 676.175, any information that the board obtains pursuant to sub-
34 section (1) of this section is confidential and may not be disclosed except as provided by the board
35 by rule.

36 “(3) A person who reports or provides information to the board under subsection (1) of this
37 section in good faith is not subject to an action for civil damages as a result [*thereof*] **of reporting**
38 **or providing information to the board.**

39 “**SECTION 19.** If both House Bill 2059 and Senate Bill 177 become law, **section 4 of this**
40 **2009 Act (amending ORS 675.583) is repealed and ORS 675.583, as amended by section 18,**
41 **chapter __, Oregon Laws 2009 (Enrolled Senate Bill 177), and section 38, chapter __, Oregon**
42 **Laws 2009 (Enrolled House Bill 2059), is amended to read:**

43 “675.583. (1) Unless state or federal laws relating to confidentiality or the protection of health
44 information prohibit disclosure, a regulated social worker shall report to the State Board of Li-
45 censed Social Workers any information the regulated social worker has that appears to show that

1 a regulated social worker is or may be an impaired [social worker] **professional as defined in**
2 **section 1 of this 2009 Act**, or may have engaged in unprofessional conduct according to the
3 guidelines of the code of ethics, to the extent that disclosure does not conflict with the requirements
4 of ORS 675.580.

5 “(2) A regulated social worker shall report any prohibited conduct as defined in section 1,
6 **chapter __, Oregon Laws 2009 (Enrolled House Bill 2059)**, [of this 2009 Act] in the manner pro-
7 vided in section 1, **chapter __, Oregon Laws 2009 (Enrolled House Bill 2059)** [of this 2009 Act].

8 “(3) Notwithstanding ORS 676.175, any information that the board obtains pursuant to sub-
9 section (1) of this section is confidential and may not be disclosed except as provided by the board
10 by rule.

11 “(4) A person who reports or provides information to the board under subsection (1) of this
12 section in good faith is not subject to an action for civil damages as a result [thereof] **of reporting**
13 **or providing information to the board.**

14 “**SECTION 20. If Senate Bill 177 becomes law, section 5 of this 2009 Act (amending ORS**
15 **675.600) is repealed and ORS 675.600, as amended by section 23, chapter __, Oregon Laws 2009**
16 **(Enrolled Senate Bill 177), is amended to read:**

17 “675.600. (1) The State Board of Licensed Social Workers shall:

18 “(a) Pursuant to ORS chapter 183, [make] **adopt** rules necessary to carry out the provisions of
19 ORS 675.510 to 675.600.

20 “(b) Publish annually a list of the names and addresses of all persons who have been authorized
21 to practice regulated social work.

22 “[c] *Establish a program for impaired social workers to assist regulated social workers to regain*
23 *or retain their authorizations to practice regulated social work and impose the requirement of partic-*
24 *ipation as a condition to reissuance or retention of the authorization.]*

25 “[d] (c) Establish a voluntary arbitration procedure that may be invoked with the consent of
26 clients and regulated social workers whereby disputes between clients and workers may be resolved.

27 “[e] (d) Report to the Legislative Assembly on its activities regarding authorizations to prac-
28 tice regulated social work during the preceding biennium.

29 “(2) The board may appoint an administrator who may not be a member of the board. The board
30 shall fix the compensation for the administrator.

31 “[3] *Any information obtained by the board as part of the impaired social workers program is*
32 *confidential and may not be disclosed except as provided by the board by rule.]”.*

33 In line 13, delete “14” and insert “21” and after “ORS” insert “179.505.”.

34 In line 14, delete “11” and insert “12, 15 and 18 to 20”.

35 In line 16, delete “13” and insert “14”.

36 In line 23, delete “15” and insert “22” and after “ORS” insert “179.505.”.

37 In line 25, delete “11” and insert “12, 15 and 18 to 20”.

38 In line 27, delete “13” and insert “14”.

39 Delete lines 37 through 42 and insert:

40 “**SECTION 23. (1) Before the operative date specified in section 22 of this 2009 Act, the**
41 **Department of Human Services and the health profession licensing boards that opt to par-**
42 **ticipate in the impaired health professional program established under section 1b of this 2009**
43 **Act shall collaborate to transfer existing impaired professional programs and funding, and**
44 **licensees who are subject to existing impaired professional programs, to the impaired health**
45 **professional program established under section 1b of this 2009 Act.**

1 **“(2) When a licensee is transferred to the impaired health professional program estab-**
2 **lished under section 1b of this 2009 Act pursuant to subsection (1) of this section, the pro-**
3 **gram shall honor the terms of the licensee’s existing diversion agreement if the terms of the**
4 **agreement are consistent with the requirements of section 1b of this 2009 Act. If the terms**
5 **of the licensee’s existing diversion agreement are not consistent with the requirements of**
6 **section 1b of this 2009 Act, the diversion agreement entered into by the program and the**
7 **licensee must comply with section 1b of this 2009 Act.**

8 **“(3) When a licensee who self-referred to an impaired professional program before the**
9 **effective date of this 2009 Act is transferred to the impaired health professional program**
10 **established under section 1b of this 2009 Act pursuant to subsection (1) of this section:**

11 **“(a) The program may not disclose the licensee’s enrollment in the program to the**
12 **licensee’s board unless the licensee:**

13 **“(A) Ceases to participate in the program before completing the program; or**

14 **“(B) Engages in substantial noncompliance as described in section 1b (1)(f)(A) to (H) of**
15 **this 2009 Act.**

16 **“(b) The program may not disclose the licensee’s successful completion of the program**
17 **to the licensee’s board.”.**

18 In line 43, delete “16” and insert “24” and delete “12” and insert “13”.

19 In line 44, delete “17” and insert “25”.

20
