



## MEMORANDUM

To: Rep. Mitch Greenlick, Chair, House Health Care Committee  
Rep. Jim Thompson, Co-Chair, House Health Care Committee  
Rep. Alissa Keny-Guyer, Co-Chair, House Health Care Committee  
Members of the House Health Care Committee

From: Gwen Dayton, JD, OMA

Date: February 11, 2013

Re: Support of HB 2130 - Health Professionals' Services Program

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Chair Greenlick, Co-chairs Keny-Guyer and Thompson, members of the committee, my name is Gwen Dayton and I am General Counsel for the Oregon Medical Association. We testify today in support of HB 2130. The OMA wants the Health Professional Services Program (HPSP) to function as well as possible as this program is important for the safety of patients in Oregon and to retain qualified physicians in practice at a time when we face increasing shortages. This bill improves the health services professional program (HPSP) in the following respects:

- Removes the requirement to submit to random drug/alcohol testing if the sole diagnosis is a mental health disorder. The OMA supports this change because drug/alcohol testing is an unnecessary burden and expense if the physician does not suffer from a drug/alcohol problem.
- Removes hospitalization from the definition of "substantial noncompliance" and includes civil commitment instead. The OMA supports this change because we believe physicians should seek hospitalization if it is necessary to treat their condition and not be deterred by a finding of substantial noncompliance
- Removes the requirement that the diversion agreement provide for employer monitoring of the licensee. The OMA supports this change because employer monitoring is not always appropriate and may be a deterrent to participation.
- Removes the requirement that licensing boards allow self-referrals to the program. The OMA supports this change because we believe the rules related to self-referred participation do not adequately ensure that participants will remain anonymous as to the licensing board.
- Allows licensing boards to contract with appropriate treatment programs. The OMA supports this change because we believe the licensing boards should be able to engage the treatment program they believe to be most appropriate for their licensees.

- Allows licensing boards to review reports received from the program rather than having to investigate every report. The OMA supports this change because we understand the licensing boards receive many reports of “substantial noncompliance” that do not involve significant misconduct and do not warrant an investigation.

The OMA believes these changes are appropriate and urge your support for HB 2130.

**The Oregon Medical Association is an organization of over 7,500 physicians, physician assistants, and medical students organized to serve and support physicians in their efforts to improve the health of Oregonians. Additional information can be found at [www.theOMA.org](http://www.theOMA.org).**