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Northwest Permanente, P.C.  
Physicians & Surgeons

Before the Senate Committee on Health Care and Human Services  
House Bill 2124—Impaired Health Professional Program

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Please accept this testimony on behalf of Northwest Permanente, P. C., Physicians and Surgeons, a multi-specialty group practice comprised of over 1,100 physicians and allied clinicians responsible for the medical care of Kaiser Permanente enrollees in Oregon and Southwest Washington.

House Bill 2124 proposes two relatively small changes to current law concerning the Oregon Health Authority's impaired health professional program. This program monitors licensees' conduct, but does not provide treatment for "impaired" licensees. The program is statutorily required to enroll all health profession licensees who have been diagnosed with alcohol or substance abuse or a mental health disorder.

First, the original bill removed the requirement on employers of health professionals that they ". . . establish training requirements for supervisors of enrolled licensees." Removing this obstacle is warranted. However, the House amended the bill by adding a provision (page 1, lines 19-22) shifting OHA's oversight and employers' training responsibilities to the supervisors of impaired licensees. We recommend that the committee remove these additional requirements by deleting subsection (e).

Second, the bill removes as a type of substantial noncompliance with a diversion agreement admission ". . . to the hospital for mental illness or [the licensee's being] adjudged to be mentally incompetent." This change raises the question whether "substantial noncompliance" should include only conduct within the licensee's control—being impaired at work or criminal conduct, as examples—or should include other instances of disability. Is a short-term hospitalization for mental illness "substantial noncompliance"? Is a two-week hospitalization "short-term"? The bill is silent about these details, and legislative policy would be helpful. Otherwise, it will be left to individual health licensing boards to make such decisions.

With the change suggested above, we recommend your support of HB 2124.

Thank you for your consideration.

