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MEASURE: HB 2130 A
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Testimony before the Senate Committee on Health Care and Human Services

To: The Honorable Senators Laurie Monnes Anderson, Chairman; Jeff Kruse, Vice Chairman; Tim Knopp, Chip Shields and Elizabeth Steiner Hayward:

As an internal medicine specialist with an active medical license in the State of Oregon, I agree that we have a healthcare emergency due to our shortage of practitioners. Although this is a complicated issue with many possible etiologies, however, research has shown that physician health is an issue that can impact the practitioner workforce. Physicians are not immune from mental health disorders. As a matter of fact, studies have shown that physicians have the highest rate of suicide of any profession. For this reason, I am honored to testify before the committee on HB 2120 and HB 2130A.

I understand that HB 2130 has support from the Oregon Medical Board (OMB) and the Oregon Medical Association (OMA) of which I am a member. Nevertheless, I disagree with several of the arguments made in favor of these bills by these organizations.

The OMB offers the following arguments in favor of HB 2130:

- “HB 2130 would exempt enrollees with solely a mental health diagnosis from this testing unless the licensing board requires it”. I agree with this exemption, however, the board can override this by referring the licensee for “monitoring”.
- “this bill would clarify that the boards are able to contract with a treatment program separate from the HPSP monitoring program. I firmly oppose this aspect of HB 2130 as noted below.

The OMA offers the following arguments in favor of HB 2130:

- “Allows licensing boards to contract with appropriate treatment programs. The OMA support 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.” I firmly oppose this aspect of HB 2130

According to the Oregon Healthcare Workforce Committee report that was issued February 2013:

- Oregon lost 4137 doctors between 2009 and 2012 Oregon lost over 320 primary care physicians during 2012

- During 2012, only 10,509 physicians were identified as having active practices in Oregon Nurse Practitioners have increased by 19.3% in primary care and the percentage of registered nurses has increased by 5.2 %

According to a presentation by the Oregon Medical Board (OMB) to the joint ways and means subcommittee,

- 300 cases were opened and investigated by the OMB during 2009. 760 cases were investigated during 2012, with 70 orders issued. Why is this number increasing when we have fewer doctors in this state? This is a disproportionate increase in the number of investigations and disciplinary action, given the decreasing number of physicians with active licenses in this state.
- The national rate of physician discipline is 3 physicians per 10,000; opposed to the 7 per 10,000 in Oregon
- Many of these physicians are disciplined for disorders that are treatable

Given the above statistics, I am concerned about giving the OMB more authority without additional oversight.

HB 2120

This bill allows licensees to self-refer to the HPSP. Licensees are currently allowed to self-refer to the HPSP. I think it is important to clarify the purpose of this bill. If the purpose is to allow licensing boards to enable self-referral in place of disciplinary action, I am in favor of it, because we have an epidemic of physician suicides in the United States and it is clear that discipline is often provided in place of treatment. Two of my colleagues from Eugene committed suicide since 2011. According to Gold et al (2013), most of these physicians were not receiving treatment for their mental health condition at the time of suicide. Two of my colleagues from Eugene committed suicide since 2011.

HB 2130A

I am opposed to this bill for the following reasons:

The OMB does not diagnose or treat mental disorders or substance abuse:

- **676.190 Establishment of program; reports of noncompliance; diversion agreements; audit; rules.** (1) The Oregon Health Authority shall establish or contract to establish an impaired health professional program. The program must: (3) the program may not diagnose or treat licensees enrolled in the program. Currently, the OMB has the authority to require the licensee undergo a third party evaluator that is preapproved by the board's medical director
- I am opposed to the OMB requiring evaluations to be performed by evaluators that it has contracted with because this removes the impartiality that is in place to guarantee fair treatment.
- As regulatory agencies, licensing boards are primarily responsible for enforcement. My concern, and personal experience, is that the enforcement

aspect takes priority over licensee health. We can't afford to lose more healthcare professionals for treatable disorders.

The summary for HB 2130 states that individual Oregon health professional licensing boards "may contract with or designate one or more programs to deliver therapeutic services to its licensees." The Oregon Medical Board traditionally has endorsed the 12-step abstinence based addiction treatment model used by Springbrook- Hazelden and Serenity Lane to the exclusion of other evidence based models. This often deprives licensees from medication that is necessary in order to improve function. According to the CASA study at Columbia University (2012):

"The majority of those who currently make up the addiction treatment provider workforce are not equipped with the knowledge, skills or credentials necessary to provide the full range of evidence based services to treat the disease". "Addiction counselors, who make up the largest share of providers of addiction treatment services, provide care for patients with a medical disease yet they are not required to have any medical training and most states do not require them to have advanced education of any sort." P.3

Many physicians decline treatment due to fear of adverse action from licensing boards. We are only as healthy as our healthcare providers. Let's help our doctors become healthy.

Respectfully Submitted,

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