

January 29, 2016

Chair Greenlick and Members of the House Committee on Health,

My name is Dr. Christopher Hamilton and I am Reliant Behavioral Health's (RBH) Monitoring Programs Director. RBH has operated Oregon's impaired health professional program since the July 2010 consolidation of the medical, dental, pharmacy, and nursing boards' monitoring programs into the Health Professionals' Services Program (HPSP).

Although I will not speak in support or opposition of HB 4016, I will speak to the tireless work by participating board staff and Oregon Health Authority (OHA) staff in developing and implementing a unified statewide program. HPSP upholds public safety while allowing health professionals with behavioral health diagnoses the opportunity to safely practice in their chosen fields.

HPSP has yielded excellent outcomes over the past five and a half years including:

- 65% completion rate of licensees who enrolled before July 2011 (267 of 412)
- 74% (520) of all 706 HPSP participating licensees have completed or are on target to successfully complete
- 4.8% recidivism rate of licensees with new board orders after completing HPSP (10 of 219 completing before June 2014)

Beyond the positive outcomes, we uphold public safety, address relapse, and report as statute outlines:

- 154 noncompliance reports among 74 licensees during year five
- 27 workplace safe practice reports noting concerns among 19 licensees during year five

Throughout the program, participating board staff, OHA staff, and the RBH team have met quarterly to address ongoing program improvement, address licensee and treatment provider input, and balance individual board and licensee needs. Over the last two years, we have implemented face-to-face meetings between licensees and their agreement monitors, Saturday phone coverage, reduced cost toxicology for unemployed licensees, an increased outreach efforts. These changes have shifted enrollment trends to an increased proportion of self-referred licensees. At program start, licensees may not be thrilled to be involved in monitoring, but over time most will identify how the structure and accountability supports their recovery.

There was 2009 legislative intent when Oregon's impaired health professional program was placed under Oregon's behavioral health authority, then the Department of Human Services and now the Oregon Health Authority (OHA). The intent was not just to implement a program, but also to provide a programmatic check and balance.

There is more at stake with HB 2016 than annually saving participating boards a collective \$150,000. The existing system works and I ask that you are thoughtful when you consider the following potential implications that may result by removing the existing structure:

- Will HB 4016 realize cost savings or merely redistribute increased administrative costs and staff attorney time to one or more boards?
- Will increased board FTE be required to address policy issues, individual licensee concerns, and legal questions?
- Will program consistency and public safety be compromised if processes and requirements are not vetted and approved by an impartial entity?
- Would mistakes realize additional liability and potential litigation?

Thank you for the opportunity to speak on HPSP's history and outcomes. I am available to answer any of the Committee's questions by phone (503) 802-9813 or email [chamilton@reliantbh.com](mailto:chamilton@reliantbh.com).

Respectfully yours,



Christopher J. Hamilton, PhD, MPA

Monitoring Programs Director