2013 SENATE GOVERNMENT AND VETERANS AFFAIRS

SB 2135

2013 SENATE STANDING COMMITTEE MINUTES

Senate Government and Veterans Affairs Committee
Missouri River Room, State Capitol

SB 2135
01/25/2013
Job Number 17743

☐ Conference Committee

Committee Clerk Signature

Minutes:

Chairman Dever: Opened hearing on SB 2135.

Senator Axness, District 16: Testified as sponsor and to explain the bill.

(2:10) Senator Nelson: This is similar to the EAP's that we as legislators have?

Senator Axness: Yes. We in the dentistry field do this as well. It is for people that need help and are looking for the assistance.

Senator Nelson: Is there anything that says it will not go on your employment record?

Senator Axness: On page 5 there is confidentiality of records. It depends on the severity of the case from my understanding.

Chairman Dever: I think part of the purpose of this program is to encourage that practitioners step forward and seek that treatment without that kind of a sanction.

Senator Axness: Without the fear of getting a black label.

(3:38) Duane Houdek, Executive Secretary, State Board of Medical Examiners: See Attachment #1 for testimony in support. It is confidential. The abuse record is 10-15%. It is a treatment issue not a disciplinary issue. There are no general fund dollars; it will come from the healthcare industry.

(8:54) Vice Chairman Berry: You mentioned the healthcare industry and license fees that would be the main generator of funds, when you say healthcare industry can you be a little more specific?

Duane Houdek: We have vetted this with a number of groups as we were studying this over the last year or so; including the medical association, larger hospitals and healthcare institutions in the state. This matches up pretty well with some of the health care institutions wellness programs. Money that they might be giving to that internally, they feel they could give to this program and it would serve their purposes. I would rather not get specific about who and what dollars but it will be enough to run the program.

Vice Chairman Berry: And you think it would be sufficient on an ongoing fashion?

Duane Houdek: Absolutely. We have an ongoing commitment.

Senator Cook: You talk about moving it to a separate entity, one that has its own governance, funding, and staff and I am trying find out what that other entity is?

Duane Houdek: It would be what is described in #5 of the definitions; just the physician's health program. We envision it would probably be 501C3 corporations that could accept charitable funding and other funding from grants and things. That is likely the business model it should take.

Senator Cook: So this other entity, it does not exist today?

Duane Houdek: No, it does not exist. The physician's health program that I have been talking about is within the board of medical examiners and this legislature authorized that some years ago and we started doing it in the mid 90's. This is just moving it outside.

(11:31)Senator Cook: That governance is not drafted yet is it?

Duane Houdek: No, it does not exist at this time.

Chairman Dever: Would that entity provide the services or would they be the vehicle?

Duane Houdek: This model I am describing is actually the model that exists in most states in the country. We are one of only two or three states that still have the health program within the board itself. None of them actually provide the treatment. They monitor the progress through reports, set up the treatment that may be deemed necessary to practice safely, and facilitate the treatment. We are looking at a staff of two or three people. It would include a medical director, someone to manage the office, and a treatment professional that would know what is indicated in a given case.

Senator Cook: The other question is with self- reporting. I am assuming this is not always a self- reporting in the case that someone has developed a concern that a physician may have a problem and they can report it then to this health program?

Duane Houdek: That is really what is in existing law right now. We have mandatory reporting on the part of physicians and health institutions and nurses of any kind of impairment that would violate our medical practice act.

Senator Cook: Then at some point there would be an evaluation of the physician that got reported?

Duane Houdek: Yes. That is typically the first step. (gives an example) We enter into a contract, usually 5 years long. It has random drug tests, drug patches, daily or quarterly urine screens, but enough that we are satisfied that they are not using while practicing.

Chairman Dever: Is there confidentiality between the program now and the board?

Duane Houdek: We try very hard. We have one person dedicated to PHP. We don't talk about it in the office among staff as to who is in it. We have one panel of the board that deals with PHP and they need to know the names and what is going on, but the other board members do not and we never talk about it publicly.

Chairman Dever: In the bill, will the confidentiality be separate?

Duane Houdek: Yes. What is envisioned here and what typically exists is; it will be a totally confidential treatment program with a very tightly drawn contract between itself and our board as to when they must report to us. You see of those elements outlined in the statute. It is all determined by that contractual relationship between the board and the program.

Senator Nelson: What about people with depression?

Duane Houdek: You will see at the beginning it lists all kinds of treatment. We treat everything, even physical.

Senator Nelson: Are those 5 year programs too?

Duane Houdek: Yes.

Chairman Dever: Whether they are allowed to continue to practice during this whole process is kind of a factor too?

Duane Houdek: Yes. That is the real crux of all of this. The main thing is to protect the public. It sometimes comes up that they cannot practice until we say that they can. If they don't agree, we will issue an order to suspend their license.

(19:10)Chairman Dever: Are dentists included in this program?

Duane Houdek: They are looking at this program. I talked to the dental board.

Vice Chairman Berry: This is to take what is currently going on and make it separate, but things will essentially run the same. It just is an independent entity that would act as a facilitator with the idea being that physicians are more likely to come forward because of the confidentiality aspect?

Duane Houdek: Everything you said is accurate.

Vice Chairman Berry: Has this helped in other states?

Duane Houdek: It is a little hard to tell. We have about 1 ½% of our in state physicians in our program, about 30 physicians. That has been a pretty stable number. I think if we make it more attractive to call I think it could go up to around 75 or so, and that would be a significant number and we license about 3400 physicians. About 1600 live and practice in state. So, 5% of 1600 in the state is 80.

Chairman Dever: The whole point of the change is that they would be more likely to go to an independent program than to the disciplinary board?

Duane Houdek: That is exactly right. This will enable that program to be more robust. I am not going to criticize our program and I don't want to leave you with the impression that we are not doing a decent job at it. But you can do a lot more with 3 people as opposed to ½ a person. I think you do better if you are focused on this alone. It would be a clearer job description.

Vice Chairman Berry: As a physician I think it is an outstanding idea.

(23:10) Burt Riskedahl, Member of the Board of Medical Examiners: See Attachment #2 for testimony in support of the bill.

(27:35) Chairman Dever: So they cannot self-refer in order to avoid discipline?

Burt Riskedahl: They are able to self-refer but if there is a violation of the medical practices act, that must come before the board. A PHP would be required to report that under the contract between the PHP and the board of medical examiners.

Chairman Dever: In that process, if the board saw that it was more appropriate for the physician to go to treatment than to discipline they could refer.

Burt Riskedahl: Yes, this program would be a resource for the board and those people that are now being monitored under the boards umbrella, they would be monitored by the

PHP program outside of the board, but the board would know who those individual are and would receive periodic reports about them.

Chairman Dever: Do you know what the level of awareness is among physicians of the program.

Burt Riskedahl: It is probably not what it should be. A PHP program is responsible for education and public awareness.

Chairman Dever: I would imagine hospital and clinic administrators would work with that.

Vice Chairman Berry: Could you explain the provision on page 4, line 28, mandated reporting?

Burt Riskedahl: There is a statute now that requires physicians to report if they become aware of someone who should be brought before the medical board. This is saying that that legal requirement to report could be fulfilled by reporting to the PHP.

Chairman Dever: Curious about your interest in this?

Burt Riskedahl: I have been retired from the court system for six years and I really welcomed the opportunity Governor Hoven gave me when he appointed me to this board in 2009 and it have been a very rewarding experience to serve on the board which is primarily made of physicians or health care providers. The statute allows for two public members appointed to 4 year terms.

Chairman Dever: Are appeals of disciplinary decisions by the board appealable to district court?

Burt Riskedahl: That is correct. They go to the court system by the administrative practices act.

Chairman Dever: Through that you might have previously been aware of some of those kinds of circumstances.

Burt Riskedahl: That is correct.

(31:40) Chairman Dever: Commented on dental board being interested. Closed hearing on SB 2135.

2013 SENATE STANDING COMMITTEE MINUTES

Senate Government and Veterans Affairs Committee
Missouri River Room, State Capitol

SB 2135
1/25/2013
Job Number 17747

☐ Conference Committee

Committee Clerk Signature

Minutes:

Chairman Dever: Re-opened discussion on SB 2135.

Senator Cook: I agree that the fact that it was not an existing and has not drafted its governance and I imagine that they are not going to go through that hoop unless this bill passes; the fact that if it was existing already and you knew the governance it would be a lot easier to look at it. We have no idea what that thing is going to say. We are giving them quite a bit of authority.

Chairman Dever: Part of the answer on that is on page 2, line 4, where it states that the board may enter an agreement with Physician Health Program. Even though it does not exist, we are by this bill allowing them the permission to make the decision on who they are going to contract with for that.

Senator Cook: They indicated that they have a good idea what it is. It is this physician health program that is going to be governed by a 501C and it will employ 3 people. I believe they will not be state employees.

Chairman Dever: They are not state employees now that handle that, at least they are employed by the board.

Senator Cook: I think they cannot create this entity until we pass the bill. Only thing it raises is that we will hear from doctors if they are not happy.

Senator Nelson: I think they need to have this in line in order to apply for 501C3.

Senator Nelson: Moved a Do Pass.

Senator Marcellais: Seconded.

A Roll Call Vote Was Taken: 7 yeas, 0 nays, 0 absent.

SB 2135 passed.

Senator Nelson: Carrier

FISCAL NOTE
Requested by Legislative Council
01/10/2013

Revised
Bill/Resolution No.: SB 2135

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues	$0	$0	$0	$0	$0	$0
Expenditures	$0	$0	$0	$0	$0	$0
Appropriations	$0	$0	$0	$0	$0	$0

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties	$0	$0	$0
Cities	$0	$0	$0
School Districts	$0	$0	$0
Townships	$0	$0	$0

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill is estimated to have no fiscal impact.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name: Duane Houdek
Agency: State Board of Medical Examiners
Telephone: 328-6500
Date Prepared: 01/31/2013

Date: 1/25

Roll Call Vote #: 1

2013 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2135

Senate Government and Veterans Affairs Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Senator Nelson Seconded By Senator Marcellais

Senators	Yes	No	Senator	Yes	No
Chariman Dick Dever	✓		Senator Carolyn Nelson	✓	
Vice Chairman Spencer Berry	✓		Senator Richard Marcellais	✓	
Senator Dwight Cook	✓				
Senator Donald Schaible	✓				
Senator Nicole Poolman	✓				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Senator Nelson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2135: Government and Veterans Affairs Committee (Sen. Dever, Chairman) recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2135 was placed on the Eleventh order on the calendar.

2013 HOUSE HUMAN SERVICES

SB 2135

2013 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2135
March 11, 2013
Job 19703

☐ Conference Committee

Kristie Hetzler

Explanation or reason for introduction of bill/resolution:

Relating to a physician health program.

Minutes: *Testimony 1*

Chairman Weisz: Opened the hearing on SB 2135.

Duane Hodek: Secretary to the State Board of Medical Examiners testified in support of the bill. (See Testimony #1). 8:10

Chairman Weisz: Are you anticipating that the licensee will pay for some of those costs?

Hodek: Our goal is to not raise license fees to do this, yes, the person going through the program pays for all the services. We pay for monitoring and facilitating it the practice.

Rep. Laning: What do you attribute your success rate of 90% from?

Hodek: It is a product of the system and who we are dealing with. It is increased because one, physicians have a lot to lose; second, they understand the disease process.

Rep. Mooney: Moving the program to a new entity, do you expect more participation?

Hodek: It is not us they would call, and it is difficult to call your boss and admit an addiction. We are not treatment professionals so you will get someone with more knowledge and understanding.

Chairman Weisz: Why the need to put this into century code rather than making a policy or administrative rule?

Hodek: That was the opinion of some of the board; it was so that since it was quite the change that legislation should be aware so that it can be in correctly.

Rep. Fehr: What is the corporate structure of this new entity, is this a nonprofit?

Hodek: Typically they are 501C3, nonprofit corporations and that is the best model. That would allow them to accept contributions from hospitals and physician groups.

Rep. Fehr: Why would you not us an existing non-profit rather than create a new one?

Hodek: This program does not have provided treatment directly; this will not have treatment providers who are actually counseling with the participants. This program is designed to monitor that rehabilitation process. They are studies that show that mixing physicians in with existing programs does not have a good outcome; they do better when it is dedicated just for them. 15:25

Rep. Fehr: It is an entity between the board and the treatment.

Hodek: Yes, like a bridge.

Rep. Fehr: Why can't they just go directly to treatment, why is there a need for this entity?

Hodek: Right now there are 2 classes of participants in our program. Those that the board has ordered to be in the program and the others go voluntarily and have not violated any practice act. We want to make the voluntary part more accessible. 18:30

Rep. Fehr: You currently have physicians and physician's assistants, what about other medical fields, like respiratory therapists?

Hodek: That is possible, I worry about it getting too large and losing its focus there. The dental board has approached us that they would like to join us if we get this going, that group might fit well.

Rep. Porter: Is it written in the bill to allow the potential for expansion to other boards as seen fit.

Hodek: It was designed that way, it could be open to expansion.

Sen. Dick Denver: Testified in support of the bill. Physicians have a big stake in the game and the communities do also. This program helps to keep them in service to their community.

Chairman Weisz: Closes hearing.

FISCAL NOTE
Requested by Legislative Council
01/10/2013

Revised
Bill/Resolution No.: SB 2135

1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
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Revenues	$0	$0	$0	$0	$0	$0
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Appropriations	$0	$0	$0	$0	$0	$0

1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

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School Districts	$0	$0	$0
Townships	$0	$0	$0

2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill is estimated to have no fiscal impact.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

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B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name: Duane Houdek
Agency: State Board of Medical Examiners
Telephone: 328-6500
Date Prepared: 01/31/2013

Date: 3-20-13
Roll Call Vote #: 1

2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2135

House Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Fehr Seconded By Rep. Looysen

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. MOONEY	✓	
VICE-CHAIRMAN HOFSTAD	✓		REP. MUSCHA	✓	
REP. ANDERSON	✓		REP. OVERSEN	✓	
REP. DAMSCHEN	✓				
REP. FEHR	✓				
REP. KIEFERT	✓				
REP. LANING	✓				
REP. LOOYSEN	✓				
REP. PORTER	✓				
REP. SILBERNAGEL	✓				

Total (Yes) 12 No 0

Absent _____

Floor Assignment Rep. Anderson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2135: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). SB 2135 was placed on the Fourteenth order on the calendar.

2013 TESTIMONY

SB 2135

Attachment # 1

SENATE GOVERNMENT AND VETERANS AFFAIRS COMMITTEE

SENATE BILL NO. 2135

Testimony of Duane Houdek
Executive Secretary, State Board of Medical Examiners

January 25, 2013

Mr. Chairman and members of the Committee, my name is Duane Houdek, secretary of the state board of medical examiners. I appear this morning in support of Senate Bill 2135.

First of all, thank you to the sponsors of this legislation. This bill is a culmination of well over a year of study by our board. The essence of the bill is that it moves the Physicians Health Program the board currently runs to a separate entity—one that works closely with the board, but has separate funding, governance and staff. This will provide a number of benefits, we believe, including increased resources devoted to the program and potentially a greater use of the program by physicians at an earlier stage of the illnesses it treats.

As you know, the purpose of the board of medical examiners, as established by this legislature, is to help protect the public from the unsafe practice of medicine. This is our North Star, if you will, and everything we do is guided by this purpose. It is always on our mind as we license new physicians wanting to practice in the state and discipline physicians for violations of our medical practice act.

It has long been recognized that treating physicians for chemical addictions or abuse, for mental illnesses or behavioral disorders, is in furtherance of the main goal of protecting the public from the unsafe practice of medicine. Thus, in current law, we are given the authority to establish a program to help facilitate and monitor the treatment of these diseases and have done so since the mid-1990's.

We currently have about 30 physicians and physician assistants in this confidential treatment program.

The program consists of a five year contract with the physician in which it is agreed there will be ongoing treatment by an appropriate provider, random drug or alcohol tests, participation in support groups and quarterly progress reports given to the board by the treatment providers.

The program is very successful. Although, nationally, the incidence of drug and alcohol abuse among physicians mirrors that of the general population—about 10-15% of the population, the success rate of physician programs such as I have described is much higher than those of the general population. We experience successful completion of our five year agreements in about 90% of the cases. If you multiply the number of patients a physician sees in a year by the number of program physicians who are practicing without the danger to the public that drug or alcohol abuse may cause, you can see that this program provides a measure of increased safety in thousands of patient encounters every year.

But we can do better. Right now, the board has a total staff of four people to do the licensing, discipline, CME compliance and PHP program for all physicians, residents and physician assistants in the state. The PHP program is just one of four duties for the staff member who manages it. Our study concludes a robust program should have two or three staff dedicated to it, including a treatment professional and a medical director. Although I think we're doing a very good job with the resources we have, moving it from the board will allow the program to get the funds to more fully staff the program. Our board will dedicate some funds to this effort and we have the commitment of substantial funding from the health care industry, which wouldn't happen if the program stayed with the board.

Also, since we license and, more importantly, de-license physicians, I know physicians themselves, their colleagues, families and employers are hesitant to call

us when a practicing physician is in need of treatment. Moving the program out from under the direct control of the board may make it more easily accessed by those who need it. They may also do so earlier in the disease process, which I think is a point Burt Riskedahl, who has spearheaded this effort on our board, may elaborate on this morning.

Please allow me to conclude by noting that the treatment of physicians in order to protect the public creates a tension between two very different models: The disciplinary process, which should aggressively deal with physicians who violate the practice act and should do so in a transparent and public manner; and the treatment and rehabilitation process, which, to be successful, needs to be confidential and supportive of the needs of the physician-patient. I think we've done a good job at publicly disciplining physicians when their disease has impacted patient care, and facilitating treatment in those cases where we've been able to engage physicians before patient care has been affected.

We believe the initiative before you will strengthen these efforts and ultimately provide greater public protection.

Thank you. I would be glad to try to address any questions you may have.

Attachment #2

Re: SB No. 2135 - Before Senate Gov. and Veterans Affairs Committee on Jan 25, 2013

A Bill for an Act to create chapter 43-17.3 NDCC - relating to a physician health program

Testimony of Burt L. Riskedahl, Bismarck, ND

Good Morning. I am here to testify in favor of this proposed legislation. I request that the committee give SB 2135 a 'do pass' recommendation for the following reasons:

1. **As a member of the Board of Medical Examiners since 2009 I have observed there is a need for an established program separate from the Board to provide services to physicians and other medical professionals under the jurisdiction of the Board who are dealing with substance abuse or mental or physical health problems.**

2. **A Physician Health Program (PHP) would assist the work of the Board by (A) providing a resource for evaluation, treatment and monitoring of health professionals who have come before the Board for discipline (the Board could refer licensees to the PHP) and (B) the program would allow for referrals for evaluation, treatment and monitoring of health professionals whose problems have not yet resulted in a complaint or the need for discipline, but who are identified as needing assistance by associates, family members or employers. (Confidential services including monitoring could be provided to the health professional without Medical Board involvement, but under strict criteria that would require notice to the Board in the event the licensee did not comply or follow through with recommendations of the PHP.)**

3. **The Board's responsibility for assuring patient safety would be facilitated by the existence of a resource (PHP) which would allow for earlier intervention (pre-discipline) and the receiving of services at a stage that would precede possible practice problems related to the mental health, alcohol or other substance abuse problem of a licensee.**

4. **The relationship between the Board of Medical Examiners and the PHP would be tightly governed by contractual agreements mandating notice to the board in all instances where statutes would require Board action regarding the licensee.**

Respectfully submitted in support of SB 2135.

Burt L. Riskedahl
3601 102nd Ave. SE
Bismarck, ND 58504

#1 p9

HOUSE HUMAN SERVICES COMMITTEE

SENATE BILL NO. 2135

Testimony of Duane Houdek
State Board of Medical Examiners

March 11, 2013

Mr. Chairman and members of the Committee, my name is Duane Houdek, secretary of the state board of medical examiners. I appear this morning in support of Senate Bill 2135.

Thank you to the sponsors of the legislation, including Representative Porter. This bill is a culmination of well over a year of study by our board. The essence of the bill is that it moves the Physicians Health Program the board currently runs to a separate entity – one that works closely with the board, but has separate funding, governance and staff. This will provide a number of benefits, we believe, the greatest of which is the potential for a greater use of the program by physicians, and entry to the program at an earlier stage of the illness involved.

As you know, the purpose of the board of medical examiners, as first established by this legislative body in 1890, is to help protect the public from the unsafe practice of medicine. Everything we do is guided by that purpose. It is always on our mind as we license new physicians wanting to practice in the state and discipline physicians for violations of our medical practice act.

It has long been recognized that treating physicians for chemical addictions or abuse, or for mental illnesses or behavioral disorders, is in furtherance of the main goal of protecting the public from the unsafe practice of medicine. Thus, in current law, we are given the authority to establish a program to help facilitate and monitor the treatment of these diseases, and have been doing so since the mid 1990's. We currently have about 30 physicians and physician assistants in this confidential treatment program.

The program consists of a five year contract with the physician in which it is agreed there will be ongoing treatment by an appropriate provider, random drug or alcohol tests, participation in support groups and the monitoring of quarterly progress reports given to the board by the physician's treatment providers.

The program is very successful. Nationally, the incidence of drug and alcohol abuse among physicians mirrors that of the general population–about 10-15% of the population. But the success rate of physician health programs is much greater than those used by the general population. The success rate of physician programs, nationally, is close to 90%, compared to perhaps 30% in general programs. We see about 90% successful completions in our program. If you multiply the number of patients a physician sees by the number of physicians in our program who are practicing without the danger drug or alcohol abuse may cause, you can see that such a program provides a measure of increased safety in thousands of patient encounters every year.

But we can do better. Right now, we tend to see physicians only when the disease has progressed to the point that calling the medical board seems to be the only choice left. We know that because we also license and discipline physicians, there is a great hesitancy for physicians, their colleagues, families or employers to call us when someone is in need of treatment. Moving the program out from under the direct control of the board may make it easier for people to make that call. And to make it earlier in the disease process.

Also, right now our board has a total staff of four people to do the licensing, discipline, and education compliance for 3500 phsyicians, close to 300 physician assistants and all the residents currently training in the state. As I mentioned, one of our staff also runs the PHP program, in addition to other responsibilities.

Our study concludes that a robust program should have three or four staff dedicated to it, including a treatment professional and a part-time medical director. This will allow the program to reach out to physicians at an earlier stage, before we would otherwise see them at the board. It will also allow a more personalized approach to rehabilitation.

We are not asking for any money. We have some commitment of funds from the health care industry, which could not occur if the program stayed directly under the board. The legislation allows the board itself to dedicate some funds to the effort. We will work to obtain the necessary ongoing funding, and then turn it over to the newly formed program if this legislation becomes law.

Please allow me to conclude by noting that the treatment of physicians in order to protect the public creates a tension between two very different models: The disciplinary process, which

should deal aggressively with physicians who violate the medical practice act no matter the cause, and do that in a public and transparent manner; and the treatment and rehabilitation process, which, to be successful, needs to be confidential and supportive of the needs of the physician/patient. I think we've done a good job of publicly disciplining physicians when their disease has impacted patient care, and facilitating treatment in those cases where we've been able to engage physicians before patient care has been affected.

We believe the legislation before you will strengthen these efforts and ultimately provide even greater public protection through greater participation in the program at earlier stages of the disease process..

Thank you. I would be glad to try to answer any questions you may have.