

SB 323

SENATE FINANCE COMMITTEE REPORT

DATE: 3/13/92

FURTHER:

DATE TURNED INTO OFFICE: 3-24-92

The Finance Committee considered

SSSB 323

"An Act relating to substance abuse by certain persons who are licensed under state law."

and recommends:

replace with _____ CS SSSB 323 (FINANCE)
or adopt previous _____ CS _____
 attaches amendment(s)

same title
 new title
 technical title change (HB only)

adopts _____ Letter of Intent

further referral to the _____

do pass

do not pass

no recommendation

individual recommendations

NEW FISCAL NOTES: Dept/Date

zero fiscal notes _____

fiscal notes _____

appropriation--no fiscal note

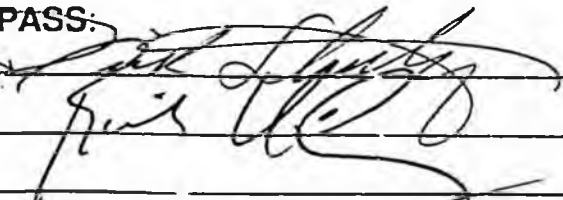
PREVIOUS FISCAL NOTES: Dept/Date

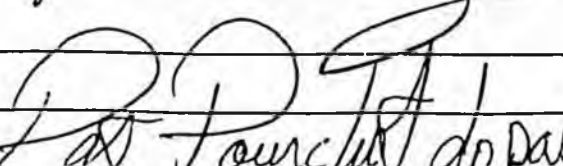
zero fiscal notes _____

DATED 2-14-92

fiscal notes _____

DO-PASS:





1. Paul Fouché do pass

Co-Chair: Signature/Recommendation

OTHER RECOMMENDATIONS:

2. do pass

Co-Chair: Signature/Recommendation

REPORTED OUT OF NOTE

SFC

3-24-92

No. 1

Bill Version: SSSB 323

(S) Publish Date: 3-13-92

Division Date: _____ Department Affected: Commerce & Economic Development
 Title: An Act relating to substance abuse by certain BRU: Occupational Licensing
persons who are licensed under state law. Component: Administration
 Sponsor: Sen. Sturgulewski and Pearce
 Requestor: Senator Sturgulewski COMPONENT SERIAL NO.

0	3	5	6
---	---	---	---

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
TRAVEL	0.0	0.0	0.0	0.0	0.0	0.0
CONTRACTUAL	0.0	0.0	0.0	0.0	0.0	0.0
SUPPLIES	0.0	0.0	0.0	0.0	0.0	0.0
EQUIPMENT	0.0	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES	0.0	0.0	0.0	0.0	0.0	0.0
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

PITAL	0.0	0.0	0.0	0.0	0.0	0.0
-------	-----	-----	-----	-----	-----	-----

REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
---------	-----	-----	-----	-----	-----	-----

FINANCING: (Thousands of Dollars)

GENERAL FUND	0.0	0.0	0.0	0.0	0.0	0.0
SPECIAL FUND'S	0.0	0.0	0.0	0.0	0.0	0.0
OTHER	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

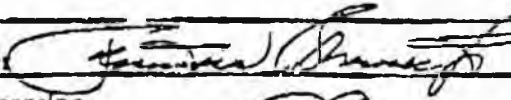
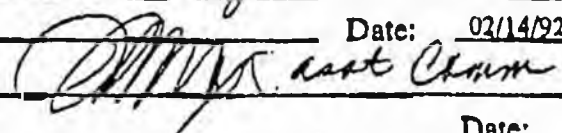
EMPLOYMENT SITUATIONS:

FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME	0.0	0.0	0.0	0.0	0.0	0.0
TEMPORARY	0.0	0.0	0.0	0.0	0.0	0.0

Estimated of current year impact: None

ANALYSIS: (Attach a separate page if necessary)

SSSB 323 will allow the department to contract with public and private organizations at the request of any of the ten health care boards listed in the bill, to provide assistance and treatment to licensees who abuse alcohol, other drugs, or other substances.

Prepared By: Jennifer Strickler  Phone: 465-2144
 Division: Occupational Licensing Date: 02/14/92
 Approved by Commissioner: Glean A. Olds 
 Agency: Commerce & Economic Development Date: 2-14-92

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies)

CONTINUATION of FISCAL NOTE ANALYSIS

For Bill/Resolution No. SSSB 323

Because of the permissive language used in the bill which provide that the department "may" contract with an organization at the request of the board, new funding will not be necessary to implement the bill at the onset. Currently, the division is aware of only one licensing board committed to a substance abuse type program. As additional licensing boards become involved with similar programs, the department may require additional staff support at that time to coordinate activities between the division and the substance abuse programs.

When additional staff support becomes necessary, licensees may be asked to cover costs associated with the program through an increase in fees. The fees can be accounted for separately and the Legislature could make an appropriation from the account to fund activities of the substance abuse programs.

Final

CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 323 (FINANCE)

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - SECOND SESSION

BY THE SENATE FINANCE COMMITTEE

Offered:

Referred:

Sponsor(s): SENATORS STURGULEWSKI, Pearce

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to substance abuse by certain persons who are licensed under state law;
2 and relating to occupational licensing fees."

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 * **Section 1.** AS 08.01.050 is amended by adding a new subsection to read:

5 (d) At the request of one of the following boards, the department may contract with
6 public agencies and private professional organizations to provide assistance and treatment to
7 persons licensed by the board who abuse alcohol, other drugs, or other substances:

8 (1) Board of Clinical Social Work Examiners;

9 (2) Board of Dental Examiners;

10 (3) Board of Dispensing Opticians;

11 (4) State Medical Board;

12 (5) Board of Nursing;

13 (6) Board of Examiners in Optometry;

14 (7) Board of Pharmacy;

- 1 (8) State Physical Therapy and Occupational Therapy Board;
- 2 (9) Board of Psychologist and Psychological Associate Examiners; and
- 3 (10) Board of Veterinary Examiners.

4 * Sec. 2. AS 08.01.065(c) is repealed and reenacted to read:

5 (c) The department shall establish fee levels under (a) of this section so that the total
6 amount of fees collected for an occupation approximately equals the actual regulatory costs for
7 the occupation. The department shall annually review each fee level to determine whether the
8 regulatory costs of each occupation are approximately equal to fee collections related to that
9 occupation. If the review indicates that an occupation's fee collections and regulatory costs are
10 not approximately equal, the department shall calculate fee adjustments and adopt regulations
11 under (a) of this section to implement the adjustments. In January of each year, the department
12 shall report on all fee levels and revisions for the previous year under this subsection to the office
13 of management and budget. If a board regulates an occupation covered by this chapter, the
14 department shall consider the board's recommendations concerning the occupation's fee levels
15 and regulatory costs before revising fee schedules to comply with this subsection. In this
16 subsection, "regulatory costs" means costs of the department that are attributable to regulation
17 of an occupation plus

18 (1) all expenses of the board that regulates the occupation if the board regulates
19 only one occupation;

20 (2) the expenses of a board that are attributable to the occupation if the board
21 regulates more than one occupation.

22 * Sec. 3. AS 08.02.020 is amended to read:

23 Sec. 08.02.020. LIMITATION OF LIABILITY. An action may not be brought against
24 a person for damages resulting from

25 (1) the person's good faith performance of a duty, function, or activity required
26 as

27 (A) a member of, or witness before, a licensing board or peer review
28 committee established to review a licensing matter;

29 (B) a member of a committee appointed under AS 08.64.336(c);

30 (C) a contractor or agent of a contractor under AS 08.01.050(d) or
31 AS 08.64.101(6); [OR]

1 (2) a recommendation or action in accordance with the prescribed duties of a
2 licensing board, peer review committee established to review a licensing matter; committee
3 appointed under AS 08.64.336(c), or contractor or agent of a contractor under AS 08.01.050(d)
4 or AS 08.64.101(6) when the person acts in the reasonable belief that the action or
5 recommendation is warranted by facts known to the person, board, peer review committee,
6 committee appointed under AS 08.64.336(c), or contractor or agent of the contractor under
7 AS 08.01.050(d) or AS 08.64.101(6) after reasonable efforts to ascertain the facts upon which
8 the action or recommendation is made; or

9 (3) a report made in good faith to a public agency by that person or
10 participation by that person in an investigation by a public agency or a judicial proceeding
11 relating to the report if

12 (A) the report relates to the abuse of alcohol, other drugs, or other
13 substances by a person licensed by a board listed in AS 08.01.050(d); and

14 (B) the person making the report is a health practitioner, hospital,
15 hospital committee, or contractor under AS 08.01.050(d) or AS 08.64.101(6).

16 * Sec. 4. AS 08.01.065(b) is repealed.

Alaska State Legislature

Sen. Pat Pourchot, Co-Chairman
Sen. Jay Kerttula, Co-Chairman

Sen. Al Adams
Sen. Jim Duncan
Sen. Lyman F. Hoffman
Sen. Dick Shultz
Sen. Rick Uehling



State Capitol
Juneau, Alaska 99801-1182
907-465-3712

Senate Finance Committee

MEMORANDUM

TO: Senate Finance Committee Members

FROM: Senator Pat Pourchot *pat*

RE: SB 323, An Act relating to substance abuse by certain persons who are licensed under state law and relating to occupational licensing fees.

Date: March 31, 1992

The Senate Finance Committee heard SB 323 on March 24, 1992 and passed it out of committee with a "conceptual amendment" that addressed that department's ability to establish fees to cover costs of the occupational areas.

I have been working with the bill sponsor, Senator Sturgulewski, and the Division of Occupational Licensing in drafting the amendment. Please find attached a copy of the language we will incorporate into a Senate Finance CS.

Please contact me by 10:00 a.m. Wednesday, April 1, if you have any questions or concerns about this amendment. Thank you.

A M E N D M E N T

OFFERED IN THE SENATE

TO: CSSSSB 323(FINANCE)

Page 2, lines 4 - 14:

Delete all material and insert:

"* Sec. 2. AS 08.01.065(c) is repealed and reenacted to read:

(c) The department shall establish fee levels under (a) of this section so that the total amount of fees collected for an occupation approximately equals the actual regulatory costs for the occupation. The department shall annually review each fee level to determine whether the regulatory costs of each occupation are approximately equal to fee collections related to that occupation. If the review indicates that an occupation's fee collections and regulatory costs are not approximately equal, the department shall calculate fee adjustments and adopt regulations under (a) of this section to implement the adjustments. In January of each year, the department shall report on all fee levels and revisions for the previous year under this subsection to the office of management and budget. If a board regulates an occupation covered by this chapter, the department shall consider the board's recommendations concerning the occupation's fee levels and regulatory costs before revising fee schedules to comply with this subsection. In this subsection, "regulatory costs" means costs of the department that are attributable to regulation of an occupation plus

(1) all expenses of the board that regulates the occupation if the board regulates only one occupation;

(2) the expenses of a board that are attributable to the occupation if the board regulates more than one occupation."

Alaska State Legislature



SENATOR
ARLISS STURGULEWSKI

Senate

3111 C STREET, SUITE 550
ANCHORAGE, ALASKA 99503
(907) 561-7615

While in Juneau
STATE CAPITOL
JUNEAU, ALASKA 99801-1182
(907) 465-3818

Sponsor Statement for SB 323

Several health care practitioners' groups have recognized the problem of health care practitioners who have become professionally impaired as a result of chemical dependency. These groups wish to find a solution that does not result in loss of licensure. Currently, if a chemically impaired practitioner voluntarily comes forward, or is reported to his or her licensing board, disciplinary action is taken.

Members of the listed groups seek to amend existing law to put in place an impaired practitioners' group similar to that currently in place for physicians. This non-profit association would be funded by an increase in licensing fees and the board would be comprised of representatives from the different licensing boards. The group would be responsible for recommending and monitoring the treatment of impaired practitioners and providing education to members of the different groups. An impaired practitioner may come to the board voluntarily, or may be referred by his or her licensing board as a requirement for avoiding suspension of his or her license.

The Alaska State Medical Association has had great success with their Impaired Physicians Committee.

SSSB 323 (L&C): "An Act relating to substance abuse by certain persons who are licensed under state law."

This bill contains provisions encouraging early intervention and a nondisciplinary approach for handling licensed health care providers who abuse addictive substances. In addition, the bill provides immunity and indemnity for persons who act in good faith in reporting suspected abuse or who assist the board in intervention, peer review, and other activities deemed necessary to rehabilitate or discipline an impaired practitioner.

Section 1 of the bill adds a new subsection which allows specific health care licensing boards to request the department to contract with a professional association or public agency to provide assistance and treatment to persons who abuse addictive substances. The State Medical Board currently has this provision in 08.64.101 (6), and has had an agreement with the Alaska State Medical Association and its Impaired Physician's Committee since June, 1988. Thus far, it has demonstrated effectiveness.

Denial of the disease and threat of licensing discipline prevent many impaired professionals from entering treatment, thus, putting the public at risk for a greater period of time. Co-workers might be more willing to report someone they thought was abusing if the result were treatment, not punishment. With this legislation, the department could enter into contracts which reflect individual board concerns and philosophies. The contracts would include provisions for identifying, confronting, assisting into treatment, and the monitoring of recovery activities of health care professionals in substance abuse recovery.

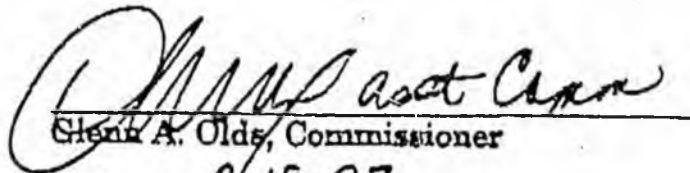
The department's Division of Occupational Licensing currently has staff members who have responsibilities in the area of investigation, education, and monitoring of professionals in recovery who have entered into disciplinary probation agreements with the boards. This problem is growing rapidly nationally and we have no reason to believe Alaska will not have a like increase in impaired practitioners. Having the ability to contract as provided in this bill might ease a strain on staff resources that we are beginning to feel.

Section 2 of the bill extends the limitation of liability protections currently in place for persons assisting the medical board to those other professionals assisting the other health care licensing boards in carrying out their duties. There is considerable fear about litigation or other retaliation for reporting a fellow practitioner. Reports made in good faith should be protected. Failure to provide this protection would preclude members of the professions from participating in the intervention and monitoring committees.

POSITION PAPER
SSSB 323 (L&C)
Page 2

The boards will continue to maintain the ability to discipline the chemically addicted professionals who fail to comply with terms of the optional program of treatment and monitoring among those licensed to practice. The department, not the individual boards, will be entering into the contract with the association or private care provider. The bill is permissive, not mandatory. For these reasons, the department is comfortable with the bill as written.

The department supports passage of SSSB 323 (L&C).



Glenn A. Olds, Commissioner
Date: 2.18.92

ALASKA STATE MEDICAL ASSOCIATION

4107 Laurel Street • Anchorage, Alaska 99508-5334 • (907) 562-2662

February 13, 1992

The Honorable Arliss Sturgulewski
Alaska State Legislature
P.O. Box V (MS 3100)
Juneau, Alaska 99811

Dear Senator Sturgulewski:

The Alaska State Medical Association strongly supports Senate Bill 323.

This bill provides an opportunity for health providers to contract with the state to provide assistance and treatment of persons licensed by the board that abuse alcohol, drugs and other chemicals.

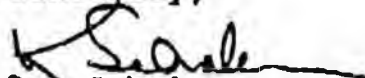
In addition, this will provide liability protection for those that report in good faith and for peer review committee's that also act in good faith.

The Alaska State Medical Association currently enjoys this protection and agreement with the State Medical Board. It has allowed us to play an advocates role in addressing physician abuse. By any measuring device this has been successful. It has allowed us to intervene, provide care, and return the physician to the community. But just as important, individuals who were reluctant to report or come forward in the past because of the liability issue, now report with little fear. This of course has allowed us to intervene and/or investigate physicians that would have never been reported under the old system, and this will hold true for any health profession.

We applaud Senator Sturgulewski for providing the leadership needed in addressing this most important issue.

If we can be of any assistance with other legislators or the administration, please feel free to call on us.

Sincerely,


Ray Schalow
Executive Director



Alaska Dental Society

3400 Spenard Road, Suite 10
Anchorage, Alaska 99503
(907) 277-4675

October 30, 1991

Arliss Sturgulewski
2957 Sheldon Jackson
Anchorage, Alaska 99509

Dear Senator Sturgulewski:

The Alaska Dental Society has been actively participating with representatives of other health care professional associations in the development of a program designed to protect public safety and health. The program - Alaska Practitioner Recovery Program - or APRP, is designed to facilitate the identification and treatment of healthcare practitioners who are impaired through chemical dependency. A summary of the proposed program is enclosed.

APRP needs your help. Melissa Fouse of your office worked at the end of the last legislative session to review a bill which we have collectively proposed. The bill, which has not yet been assigned a number, is needed to protect members of APRP when they are acting within the program to address the chemically impaired healthcare practitioner. These protections currently exist within the Medical Board regulations (AS 08.01.087). We have the support of the Division of Occupational Licensing and are requesting your support for incorporation of these protections into AS 08.01.087.

Sincerely,

Robert W. Robinson, II, DMD
President
Alaska Dental Society

THE ALASKA STATE VETERINARY MEDICAL ASSOCIATION
1731 South Bragaw
Anchorage, Alaska 99508

October 23, 1991

State of Alaska
Department of Commerce and
Economic Development
Division of Occupational Licensing
Board of Veterinary Examiners
P. O. Box D-LIC
Juneau, Alaska 99811-0800

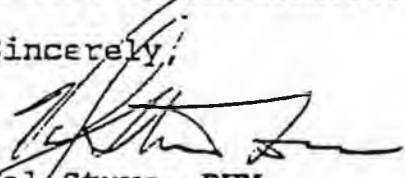
Dear Alaska State Board of Veterinary Medical Examiners:

This letter is to notify you that the members of the Alaska State Veterinary Association voted unanimously on August 4, 1991 to support and participate in the Alaska Practitioner's Recovery Program.

As you are aware, this program is designed to facilitate the identification and treatment of healthcare practitioners who are impaired through chemical dependency.

A list of the members of the APRP Board of Directors is enclosed.

Sincerely,



Val Stuve, DVM
President
Alaska State Veterinary Medical Association

Enc.

CC: ✓ Jacki Warren
Leslie McDaniel, DVM
Paul Frith, DVM
Virginia Johnson, DVM
Lisa Kramer, DVM
Jim Leach, DVM
Bill Lewis



ALASKA STATE MEDICAL ASSOCIATION

4107 Laurel Street • Anchorage, Alaska 99508-5334 • (907) 562-2662

NOV 25 1991

October 11, 1991

Pam Ventgen
Executive Secretary
Alaska State Medical Board
3601 C Street, Suite 722
Anchorage, AK 99503

Dear Ms. Ventgen:

The Alaska State Medical Association fully supports the Alaska Practitioner Recovery Program and its efforts to identify and rehabilitate impaired health professionals in Alaska. Recognizing the financial requirements of this project, the ASMA advocates a 10% increase in physician licensure fees, so that the doctors themselves pay for their intervention program.

We look forward to a year of positive steps toward eliminating alcohol and drug impairment of health care professionals.

Sincerely,

Jennifer Christian, MD
President

**Disciplinary Actions Against Chemically Impaired Practitioners
by the Division of Occupational Licensing**

Parameters: These are figures relating to division activities only. As long as the practitioner is following agreement of Medical Association Contractor, we would not have numbers.

National figures often quoted are that 8% of the general population suffers some impairment from alcohol or drugs. Estimates are that among practitioners with access and stress of long hours and "fast track" careers the rate of impairment is between 14%-20%. Obviously, the division is only getting the cases where a complaint has been lodged, as our numbers are less than 1% of the licensees.

Our figures are from 1990 forward. Prior cases are not on the computer and would take longer to compile due to retrieval from storage.

1990

MEDICAL BOARD

4 into probation with monitoring
2 license applications denied

NURSING BOARD

7 into probation with monitoring
2 license applications denied
2 revoked
1 license surrendered in lieu of revocation

DENTISTS

1 into probation with monitoring

1991

MEDICAL BOARD

5 into probation with monitoring

NURSING BOARD

5 into probation with monitoring
2 licenses surrendered in lieu of revocation

OPTOMETRY

1 into probation with monitoring

PHYSICAL THERAPISTS/OCCUPATIONAL THERAPISTS

1 into probation with monitoring

MARINE PILOTS

1 into probation with monitoring

1992

NURSING BOARD

5 into probation with monitoring

1 license application denied

1 license surrendered in lieu of revocation

CURRENTLY BEING MONITORED (Cumulative. Includes some put on probation prior to 1990 but still under agreement)

Medical.....11

Dental..... 3

Nurses..... ..25

Optometrists... 1

Veternarians... 1

PT/OT.....1

TOTAL..... ..42

Surrendering license in lieu of revocation means waiving hearing but having same effect as revocation. May petition for reinstatement but cannot merely renew or reactivate.

SAMPLE DOCUMENTS PREPARED BY THE DIVISION INVESTIGATORS IN CONJUNCTION WITH THE EXECUTIVE SECRETARIES AND APPROVED BY THE DEPARTMENT OF LAW ARE ENCLOSED.

For additional information, please call Ann Boudreaux, Director Occupational Licensing, 465-2538.

Alaska Practitioner Review Recovery Program

The Alaska Practitioner Recovery Program (APRP) has been developed as a joint project between the Alaska health care regulatory boards and the corresponding professional health care associations to assist the health practitioner who has become impaired as a result of chemical dependence. This joint project was entered into as a result of the regulatory board's responsibilities to protect the public from professionals who are chemically dependent and place the public at risk, and from the professions desire to assist those members in need of rehabilitation.

The program has been developed to allow health care providers to enter the recovery program voluntarily, however, the regulatory boards may also mandate use of the program as a condition for maintaining licensure in the State of Alaska. The primary objective of APRP is to provide a statewide monitored recovery program under the auspices of the professional associations to serve all licensed health care professional by providing rehabilitation and reintegration into productive practice. In addition, the APRP will be responsible for educating the health care community about the problem of the chemically impaired professional and the options available for treatment. Using a 12-step philosophy of care, the program will provide long term chemical and observational monitoring, therapeutic group activities, support and recovery program coordination to recovering alcoholic and addicted health care providers. It is the goal of the regulatory boards and professional associations that individuals will use the APRP as a confidential means of pursuing rehabilitation and the associated monitoring in lieu of regulatory discipline by a board.

Specific elements of the program include identification of professionals who need assistance with entering into a treatment program and intervention by a team of professionals to assist the individual into a treatment program. The participant would undergo intense treatment for addiction and continuing care in Alaska, which would include 12-step meetings, therapeutic peer group, random chemical screens, and other components as necessary.

The Alaska Practitioner Recovery Program is conceived to be a non-profit organization governed by a board of directors who will employ a program administrator responsible for directing all functions of the program in accordance with policy set by the board of directors. The board of directors will be composed of practitioners representing the professions involved in the program. The board of directors will be assisted by local assistance committees which will consist of appointees by the professional associations from within the community. The local assistance committee will function at the grass roots level to assist with identification, intervention and monitoring of individuals in local areas.

The health profession regulatory boards are seeking legislation which will allow those boards to contract with the Alaska Practitioner Recovery Program and refer individuals to the program in lieu of using the disciplinary process.

SUBMITTED BY:

ALASKA PHARMACEUTICAL ASSOCIATION

The Occupational Licensing boards of the professions named below and the professional associations are committed to involvement in the Alaska Practitioner Recovery Program.

<u>Profession</u>	<u>Professional Association</u>	<u>Licensing Board</u>
Clinical Social Workers	AK Chapter Natl. Assoc. of Social Workers	Board of Clinical Social Work Examiners
Dentistry	AK Dental Society AK State Dental Hygienists Assn.	Board of Dental Examiners
Medicine	AK State Medical Assn. AK Academy of PA	State Medical Board State Medical Board
Nurses	AK Nurses Assoc.	Board of Nursing
Occupational Therapy	AK Occupational Therapy Assoc.	State Physical Therapy and Occupational Therapy Board
Optometrists	Optometrists Assoc. of AK	Board of Examiner in Optometry
Disp. Opticians	Opticians Assoc. of AK	Board of Dispensing Opticians
Pharmacists	AK Pharmaceutical Assoc.	Board of Pharmacy
Physical Therapists	AK Physical Therapy Assn.	State Physical Therapy and Occupational Therapy Board
Psychologists	AK State Psycholog. Assn.	Board of Psychologists and Psychological Associate Examiners
Veterinarians	AK State Veterinary Medical	Board of Veterinary Examiners

ALASKA PRACTITIONER RECOVERY PROGRAM

OVERVIEW

The Alaska Practitioner Recovery Program is designed to assist the health practitioner who has become impaired, or is at risk of impairment, as a result of chemical dependency or substance abuse. The program is modeled after similar successful programs in Alaska and in other states. The program is endorsed by the health care regulatory boards as an effective means of protecting the public through early intervention, effective treatment and long term monitoring of health care practitioners affected by chemical dependency.

The overall goals are to assure the safety of the public and to restore the practitioner to health.

The Alaska Practitioner Recovery Program (APRP) has as its purpose the rehabilitation of all licensed health care practitioners, including but not limited to chiropractors, clinical social workers, dentists, dental hygienists, physicians, nurses, occupational therapists, optometrists, dispensing opticians, pharmacists, physical therapists, physician assistants, psychologists, veterinarians, who abuse addictive substances and who have or may become a danger to themselves and patients.

Practitioners may enter the program voluntarily. It is hoped that practitioners will take advantage of this early intervention as a means to better protect the public and to enter treatment prior to disciplinary action by the regulatory boards. A practitioner may also be mandated into the APRP by his or her occupational licensing board as a condition of probation and monitored aftercare.

Addicted practitioners who participate in the Recovery Program will enter the APRP through contact with a Local Assistance Committee or the Program Administrator.

The APRP will be a non-profit organization governed by a Board of Directors and will employ a Program Administrator. The Board of Directors will be responsible to oversee the Program Administrator. The Program Administrator will be responsible for directing all functions of the Program in accordance with policies set by the Board of Directors. The Board of Directors will be composed of one practitioner representing each of the professional associations whose members are licensed to practice by the boards who regulate the above-named practitioners. No member or staff of these regulatory boards may be eligible for appointment to Board of Directors or local assistance committees. Each professional

association may appoint a representative to the Board of Directors.

The Program Administrator will support and work with the Board of Directors, will coordinate all aspects of fact finding and monitor treatment and aftercare. He/she will also be liaison between the APRP and all licensing Boards. (Further definition of Program Administrator's position is contained in a separate document.)

The Board of Directors may contract with consultants as necessary.

PROGRAM PHASES

Phase I-Fact Finding and Assessment

This phase usually lasts 30-90 days; however, it can be extended indefinitely to cover the period of time necessary to establish probable cause that a health practitioner may be impaired. The phase ends when the committee decides whether or not sufficient information exists to substantiate allegations of impairment. If unsubstantiated, the case moves to Phase V, inactive.

If the case is substantiated, an intervention is designed to confront the health practitioner and to require remedial action. The committee may request an evaluation by a clinician, chemical drug screening or immediate admission to treatment, as necessary.

Phase II-Intensive Treatment

This is a period of 30 to 90 days or more, when the individual is involved, as an inpatient, in a full-time detoxification and treatment program. Treatment facilities to be used are to be approved by the appropriate health regulatory board. The treatment facility's philosophy must be based on a 12-step model. In rare cases, an outpatient treatment setting may be deemed appropriate.

Phase III-Extended Treatment

This period lasts approximately 90 days. While the person is usually treated as an outpatient, levels of treatment continue to be intensive. Group treatment occurs three or more times weekly and is supplemented by 12-step meetings. Family treatment is introduced and chemical monitoring is at least twice weekly. Return to work may be suspended during this time or may be permitted on a limited basis with peer review.

Phase IV-Aftercare

This period may last from one to five years depending upon the individual situation. Twelve-step meetings continue, group therapy is reduced as the practitioner progresses in recovery. Full-time work is permitted and peer review may or may not be required depending on the situation. Chemical monitoring may be reduced to once or twice per month.

Phase V-Inactive

The committee closes cases only when the health practitioner is no longer licensed in the state.

ALASKA PRACTITIONER RECOVERY PROGRAM

PHILOSOPHY: To provide and facilitate a means for the professional to be rehabilitated and returned to a safe and productive practice in the community. The Occupational Licensing Boards of the professions named below are firmly committed to Alaska Practitioner Recovery Program (APRP).

<u>Profession</u>	<u>Professional Assoc.</u>	<u>Licensing Board</u>
Chiropractors	Ak Chiropractic Society	Board of Chiropractic Examiners
Clinical Social Workers	Ak Chapter National Assoc. of Social Workers	Board of Clinical Social Work Examiners
Dentistry	Ak Dental Society Ak State Dental Hygienists Assn.	Board of Dental Examiners
Medicine	Ak State Medical Assn. Ak Academy of PA	State Medical Board
Nurses	Ak Nurses Assoc.	State Medical Board Board of Nursing
Occupational Therapy	Ak Occupational Therapy Assoc.	State Physical Therapy & Occupational Therapy Board
Optometrists	Optometrists Assoc. of AK	Board of Examiners in Optometry
Disp. Opticians	Opticians Assoc. of AK	Board of Dispensing Opticians
Pharmacists	Ak Pharmaceutical Assn.	Board of Pharmacy
Physical Therapists	Ak Physical Therapy Assn.	State Physical Therapy & Occupational Therapy Board
Psychologists	Ak State Psycholog. Assn.	Board of Psychologists & Psychological Associate Examiners
Veterinarians	Ak State Veterinary Medical Assn.	Board of Veterinary Examiners

GOALS AND OBJECTIVES:

1. To provide a state-wide monitored recovery program under the auspices of the above mentioned Associations and Societies to serve all licensed practitioners with rehabilitation and reintegration into productive practice.
2. Educate the health care community about the problem of chemically impaired professionals.
3. To provide long-term chemical and observational monitoring, therapeutic group activities, support, and recovery program coordination to recovering alcoholic and addicted health practitioners. Monitoring will include urine and/or blood screening for both alcohol and drugs of abuse, collected in an observed setting with chain-of-custody documentation, on a regular and random basis. Therapeutic group activities, support and recovery programs may include peer group after care, Alcoholics Anonymous (AA), Narcotics Anonymous (NA) or Cocaine Anonymous (CA) meetings, or other therapy, depending on need, on a
 - a. voluntary basis.
 - b. mandated basis by a regulatory board
4. To collect data in a confidential and systematic way so as to better understand and facilitate the recovery process for health practitioners in Alaska. (Confidential documentation will include results of regular and random drug/alcohol screens, documented attendance at group therapy, AA meetings, etc., so that evidence is available in the event that a health practitioner needs to provide proof of compliance with the recovery program.)

ELEMENTS OF THE PROGRAM

1. Identification - by self, colleagues, family, hospital, professional associations and societies, State licensing boards.
2. Intervention - by intervention team within 7 days after substantiation of addiction.
3. Signing of an APRP participation contract.
4. Inpatient treatment program.
5. Aftercare in Alaska, including:
 - a. twelve-step meetings,
 - b. therapeutic peer group (It is understood that in some locations there may be multiple health professionals in a given peer group),
 - c. random chemical screens, and
 - d. other components as necessary.

CONFIDENTIALITY

Policy Statement - Absolute confidentiality will be maintained by APRP for persons referred into the program on a voluntary basis as long as the person is in compliance with the program. For persons entering the program on a mandated basis the mandating agency will be kept informed of the participant's progress.

PROGRAM COMPONENTS

1. Contract

Each recovering practitioner entering the APRP will be asked to sign a contract outlining the details of his/her specific program. In cases in which a practitioner is being monitored on a mandated basis, he/she must agree to participate in such a mandated program. The contract may include the following elements:

- a. Participation in a formal inpatient or outpatient program
- b. Aftercare program
- c. Permanent abstinence
- d. Random drug screening
- e. 12-step attendance (AA, NA, CA)
- f. Counseling on a case by case basis
- g. Counselor reports
- h. Notification of primary physician of chemical dependency problem
- i. 5 year participation in APRP
- j. Periodic interviews with Local Assistance Committee or Program Administrator
- k. Other reports as designated by program administrator
- l. Restriction on employment/practice on a case by case basis
- m. Limitations on prescribing, dispensing or administering controlled substances on a case by case basis

- n. Responsibilities of recovering practitioner in the event of noncooperation by reporting person
- o. Notification of any controlled substance prescriptions for personal use
- p. Notification of change of worksite(s)
- q. Notification of change of physician(s)/counselor(s)
- r. Notification of absence from state exceeding seven days

2. Compliance

In the treatment process, relapses may occur; however, the program administrator in connection with the local committees, will make the decision on non-compliance reporting to the appropriate regulatory board.

3. Chemical Monitoring

Chemical Monitoring of blood and/or urine specimens will be done at the participant's expense and for all participants on a regular basis. This will be done in the following ways:

- a. Urine and/or blood examinations will be performed randomly at varying intervals.
- b. Urine and/or blood examinations will be performed randomly on any participant who manifests significant behavioral changes suggestive of a relapse.
- c. Urine and/or blood examinations - performed on a regular basis.
- d. All specimens will be collected under direct observation or in a controlled setting.

4. Therapeutic Support Groups

All participants must agree to participate in regular therapeutic support group meetings utilizing 12-step principles. Additional meetings and/or one-on-one interviews will be scheduled on an individual basis. Proof of attendance at these activities will be required.

- a. All participants must participate in a 12-step program such as AA/NA.
- b. Participants will participate in therapeutic peer groups where available.

5. Individual Therapy Sessions

The need for individual therapy will be determined on a case by case basis. Practitioners seen by individual

participants as required by the program must be approved by the local assistance committee and the program administrator.

6. Monitoring of Medical Care

Each participant will have a regular personal physician who is approved by local assistance committee and the program administrator. The following will relate to the medical care of each participant.

- a. His/her physician will be aware of the participant's involvement in the APRP Program.
- b. Each personal physician will receive general guidelines for the administration of any controlled substances, as well as specific guidelines for the individual participant.
- c. The participant must report all instances of the use of controlled substances by him/her, and the drug may only be prescribed by his/her personal physician.

7. Prescribing, Dispensing or Administering Limitations

These will be regulated on an individual basis.

8. Antabuse and Naltrexone Administration

Both these modalities will be available to individual participants. Participants with a recent history of opiate addiction will be strongly encouraged to use Naltrexone for a period of 1 year.

9. Liaison with State Regulatory Boards

Monitoring of voluntary participants is the responsibility of the APRP, providing the participants are compliant with the program guidelines. Failure to comply will cause reporting to the appropriate state regulatory board.

BOARD OF DIRECTORS

The Board of Directors is composed of one member appointed from each of the health care professions and the member must be an active member of a Local Assistance Committee. The Board of Directors will be composed of one practitioner representing each of the professions licensed to practice by the boards who regulate the health practitioners. No member or staff of these regulatory boards may be eligible for appointment to Board of Directors or a local assistance committee. Each professional association may appoint a representative to the Board of Directors.

The Board of Directors will develop bylaws. Members of the task force shall function as consultants to the initial Board of Directors.

LOCAL ASSISTANCE COMMITTEES

Local Assistance Committees consist of appointees of the professional association or society from within the community. It is recommended that committee members be appointed by the association for terms of two years. The Local Assistance Committees meet regularly to discuss new case reports or allegations and make recommendations concerning active cases. Subcommittees may be formed because of the large geographical areas involved.

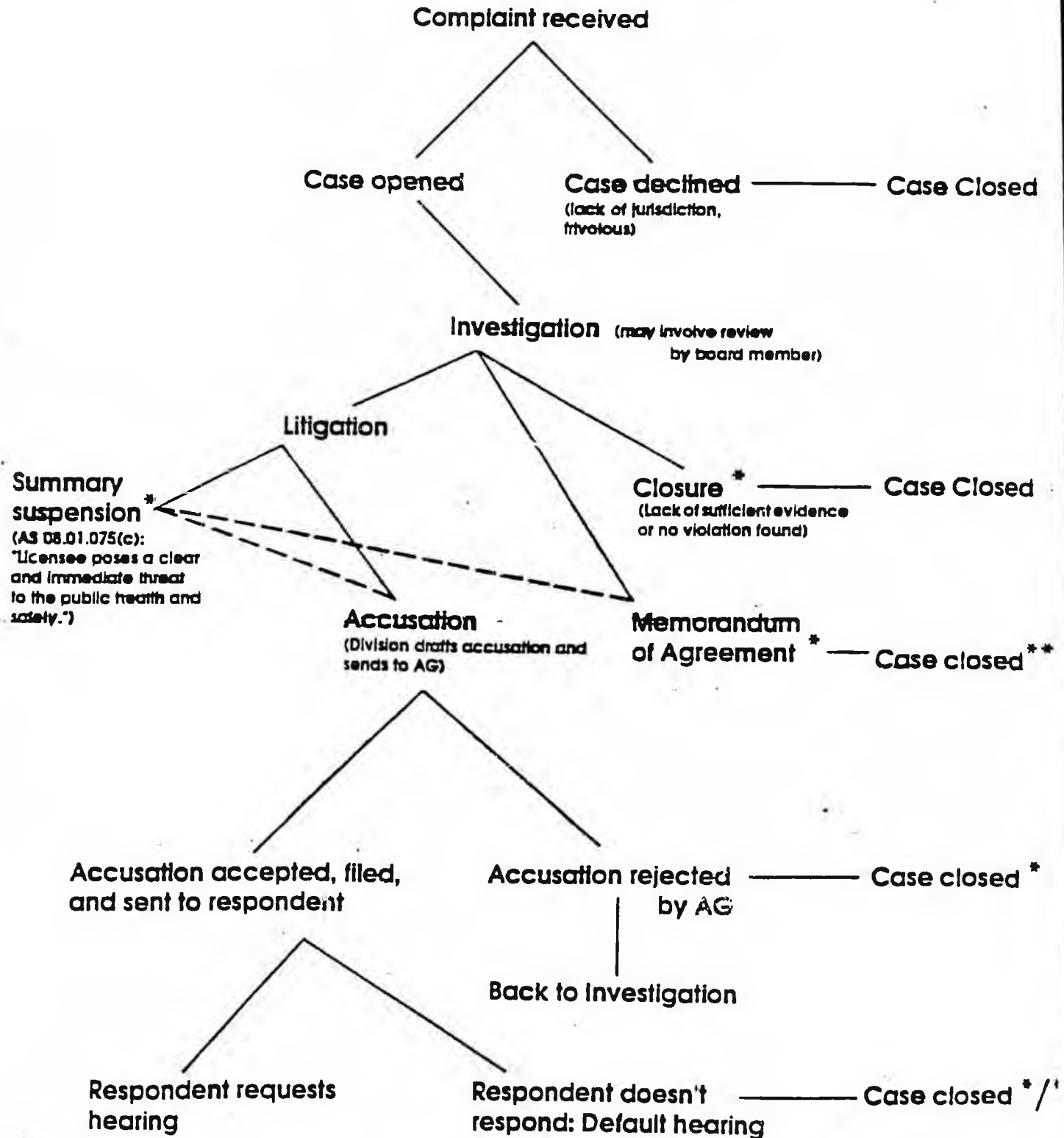
Local Assistance Committees should have a minimum of three members.

PROGRAM ADMINISTRATOR

This person is a health care professional residing in the State of Alaska who has administrative and management experience as well as chemical dependency expertise. The administrator's responsibilities include management of the program, coordinating the activities of the impaired and recovering health practitioners, liaison with required boards and professional associations, researching of facilities and providing a list and description of programs for regulatory board approval, and other activities as assigned by the Board of Directors. He/she will be assisted by members of the Board of Directors who will represent and work with the health disciplines participating in APRP.

1019M/mh

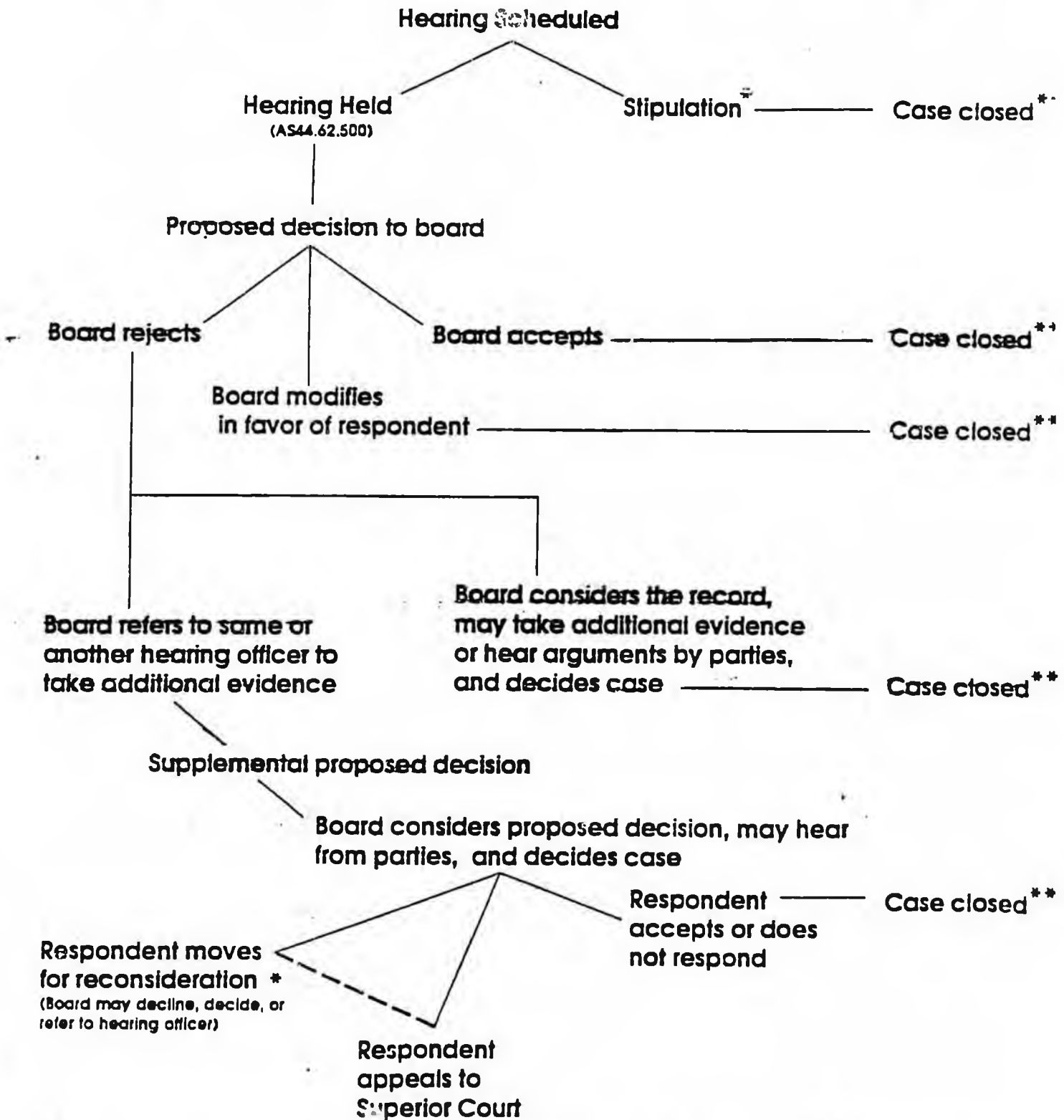
Investigation



** Respondent petitions for reinstatement or reduction of penalty after one year

* Board approval necessary

Administrative Hearing



** Respondent petitions for reinstatement or reduction of penalty after one year

* Board approval necessary