SB

323

CORRECTED

Alaska State Legislature

SENATOR
ARLISS STURGULEWSKI

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Senate

M E M O R A N D U M March 2, 1992

TO: Senator Drue Pearce, Chair
Senate Labor and Commerce Committee

FROM: Senator Arliss Sturgulewski
Senate District F

RE: SB 323 "An Act relating to substance abuse by certain persons who are licensed under state law."

Several questions arose when Senate Bill 323 was heard in the Labor and Commerce Committee on February 19. The first was regarding the licensing/discipline process used by the Department when a complaint is brought to their attention. I have enclosed charts supplied by Ann Boudreaux, Director of the Division of Occupational Licensing, which show the procedure currently in place.

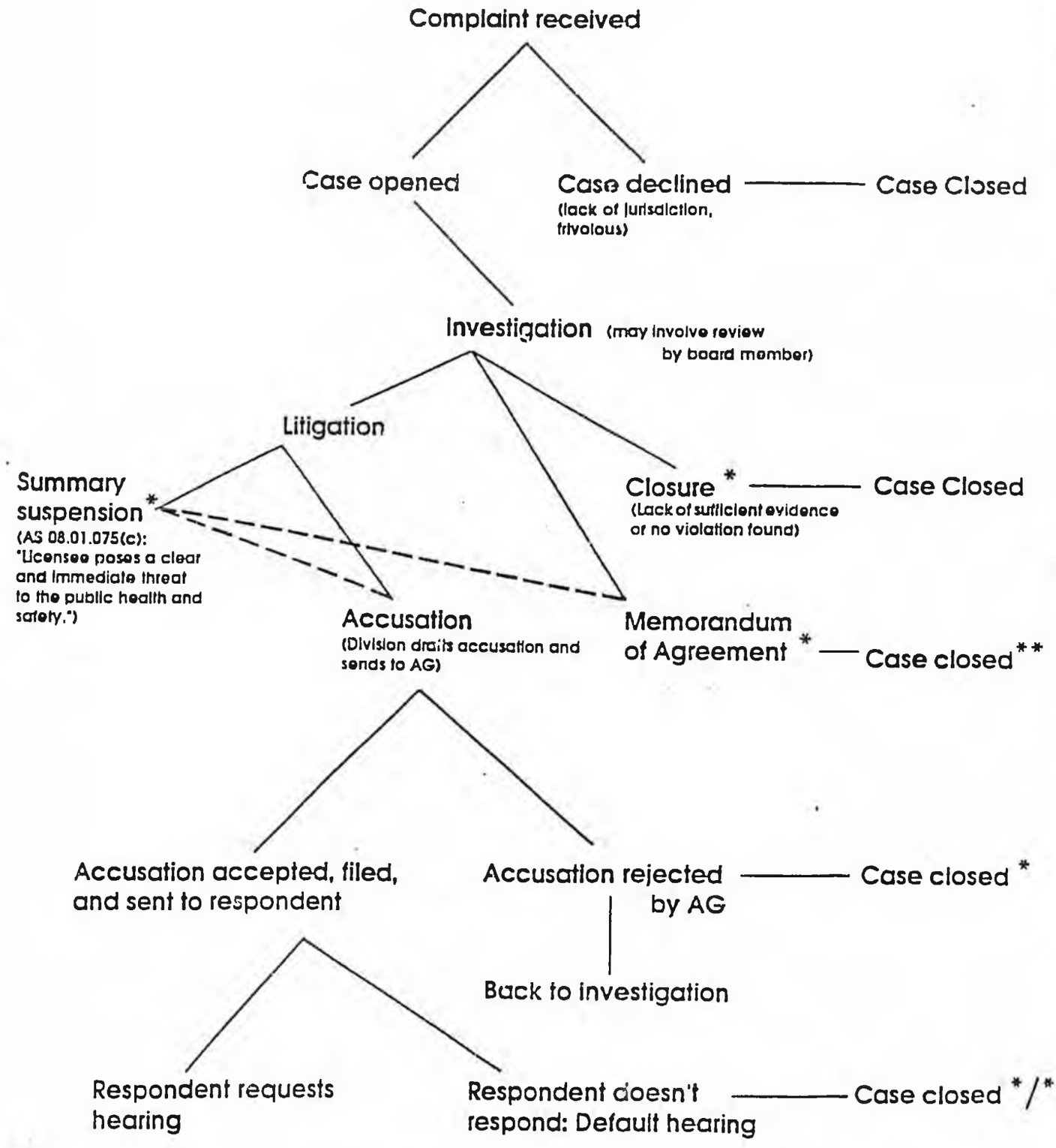
Next, the committee wanted to know how many people this program would encompass. National figures often quoted indicate 8% of the general population suffers some impairment from alcohol or drugs. Among practitioners with access to controlled substances and the stress of long hours and "fast track" careers it is estimated that the rate of impairment is between 14-20%. Based on these numbers, this program anticipates approximately 100 cases per year. Currently, the State Board of Nursing has 20 people on probation for chemical dependency. Of those 20, 18 would have made use of this program if it had been in place.

Another concern of the Labor and Commerce Committee was why the bill did not repeal the current Impaired Physicians program. The physicians have asked to continue under the current program until the new program is established.

If the Committee has further questions it would like addressed, please contact Mary Arthur on my staff at 465-3818.

State of ALaska
Department of Commerce & Economic Development
Division of Occupational Licensing

Investigation

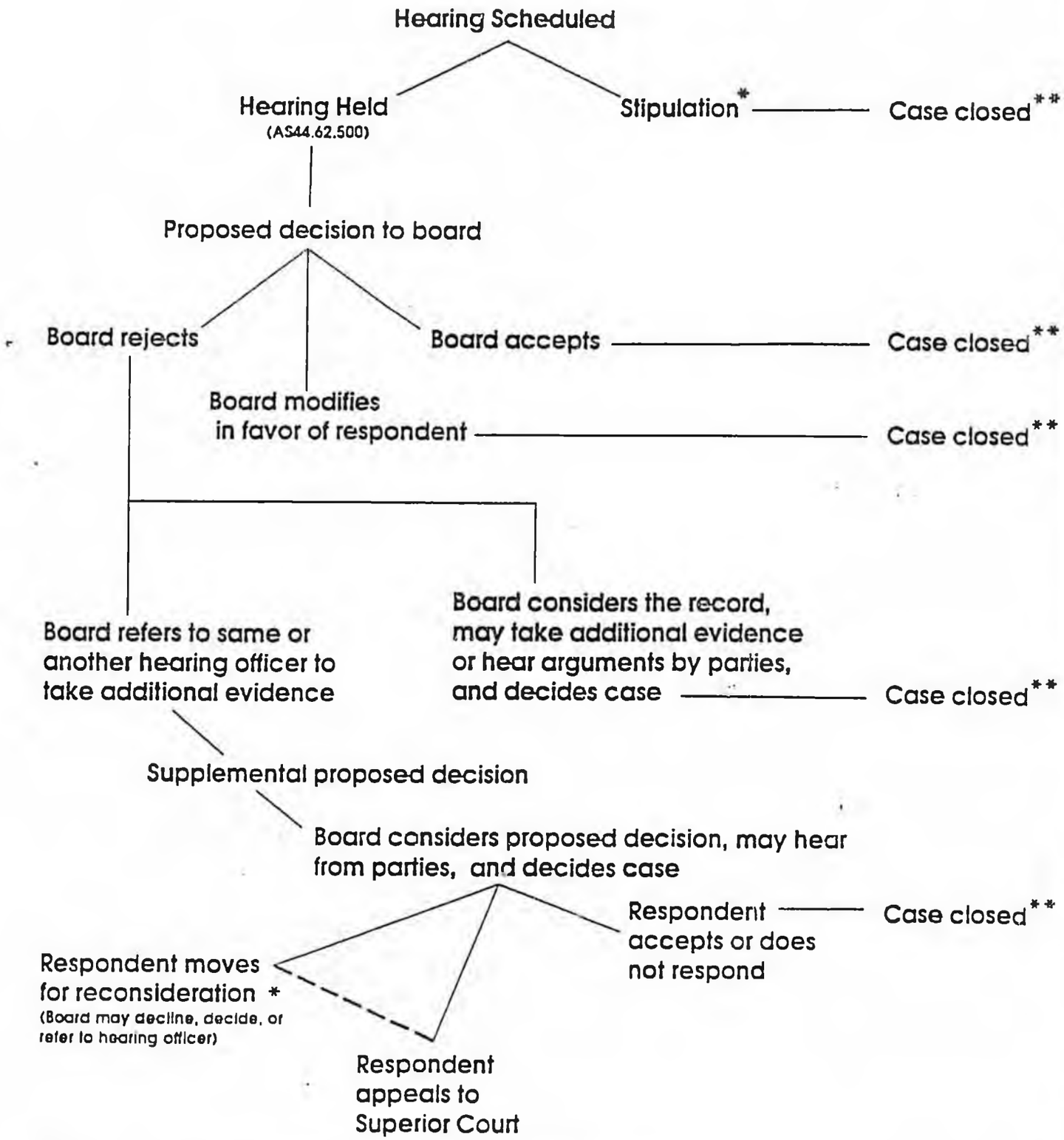


** Respondent petitions for reinstatement or reduction of penalty after one year

* Board approval necessary

State of ALaska
Department of Commerce & Economic Development
Division of Occupational Licensing

Administrative Hearing



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

* Board approval necessary

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 State Legislature

SENATOR
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Senate

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While in Juneau
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MEMORANDUM January 31, 1991

TO: Senator Drue Pearce, Chair
Senate Labor & Commerce

FROM: Senator Arliss Sturgulewski
Senate District F

RE: Scheduling of SB323 "An Act relating to substance abuse by certain persons who are licensed under state law."

I would appreciate your scheduling Sponsor Substitute for Senate Bill 323 "An Act relating to substance abuse by certain persons who are licensed under state law" for a hearing before the Labor and Commerce Committee at your earliest convenience. Enclosed is a copy of the bill, a sponsor statement, and backup material I wish to have included in the committee packets.

This legislation sets up a process through a non-profit organization to aid chemically impaired health care practitioners by allowing for a supervised rehabilitation program as an alternative to disciplinary action. A similar process is already in place for physicians.

If you have questions or would like more information regarding this legislation please contact Mary Arthur of my staff at 465-3818.

Enclosure

Alaska State Legislature

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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.

SECTIONAL ANALYSIS
SENATE BILL 323
February 12, 1992

SECTION 1:

Authorizes the Department of Commerce and Economic Development to contract with public agencies and private professional organizations to provide assistance and treatment to persons licensed by the board who abuse alcohol, other drugs, or other substances.

The contracting would be at the request of one of the following boards:

(1) Board of Clinical Social Work Examiners;

(2) Board of Dental Examiners;

(3) Board of Dispensing Opticians;

(4) State Medical Board;

(5) Board of Nursing;

(6) Board of Examiners in Optometry;

(7) Board of Pharmacy;

(8) State Physical Therapy and Occupational Therapy Board;

(9) Board of Psychologist and Psychological Associate Examiners; and

(10) Board of Veterinary Examiners.

SECTION 2:

Releases from any liability those individuals who are involved in reporting, investigating, or hearing a complaint when that complaint relates to the abuse of alcohol, other drugs, or other substances by a licensed individual.

Alaska State Legislature

Legislative Research Agency

P.O. Box Y
Juneau, AK 99811-3100
Phone: (907) 465-3991
Fax: (907) 463-3351

December 20, 1991

MEMORANDUM

TO: Senator Arliss Sturgulewski

FROM: Dale O. Brandt DB
Legislative Analyst

RE: **Impaired Physicians Committees**
Research Request 92.104

You asked about impaired physicians committees or programs for impaired physicians that offer help as an alternative to disciplinary action. Specifically, you wanted to know which states have impaired physicians committees, how they work and how effective they are.

To answer this question we first looked at the situation in Alaska to provide a point of comparison, and then broadened our research.

Alaska

The Impaired Physicians Committee (IPC) in Alaska is established by the Alaska State Medical Association (Alaska's branch of the American Medical Association) authorized by Alaska Statutes Section 18 Chapter 24. The IPC is made up of 16 members from the Anchorage, Fairbanks and Ketchikan areas. Consultations are held via telephone or during monthly meetings in Anchorage, and a yearly training session is scheduled for March. The IPC consultant Dan Marman explains that physicians impaired as a result of chemical dependency, emotional illness or physical disease may voluntarily seek treatment or be referred involuntarily to the IPC by the Alaska State Medical Board. Services may be provided at Providence Hospital in Anchorage, the Springbrook treatment facility in Oregon or the Talbott facility in Atlanta, Georgia. Upon entering treatment, a contractual agreement is entered into between the IPC and the participant stating that the State Medical Board will be notified if treatment is unsuccessful. However, upon request the committee will release to the board information about a physician participating in the program.

An impaired physician may be referred for treatment by another physician, and in this situation, a confidential patient-physician relationship is established. If treatment goes well and the impaired physician is restored to health, neither the IPC nor the medical board is involved.

However, as is often the case with alcohol abuse, an impaired physician may not take the initiative to seek help. The IPC may then get involved by confronting the impaired physician and offering its services, explains Director Obed Nelson. Whether the physician seeks treatment voluntarily or is recruited by the IPC, the committee will offer appropriate treatment, monitor the physician's progress, and make recommendations with the aim of preventing the physician from being subject to disciplinary action by the board.

If a physician does not voluntarily seek treatment, if intervention by the IPC is unsuccessful, and allegations of impairment are substantiated by the state medical board, the board begins an intervention process. The board refers the physician to the IPC, requires evaluation and treatment as determined by the IPC, and the board may specify certain restrictions or suspend the physician's license. The IPC then makes periodic reports to the medical board about the participant's progress, and acts as liaison between the impaired physician and the board. The board may also revoke a physician's license because of a court decision or other legal procedures, or because the physician is considered to be a continuing threat to the public.

The Alaska IPC also communicates with and coordinates its activities with other state medical boards and impaired physicians programs. When an impaired physician who is under medical board restrictions in another state enters Alaska, the committee honors those restrictions or agreements and continues treatment and monitoring of the physician in Alaska.

The National Practitioners Databank, which has operated since September 1990, is one result of The Federal Health Care Quality Improvement Act of 1986. Impaired physicians programs and state medical boards are required to submit reports concerning physicians who receive treatment or are subject to disciplinary action which last 30 days or longer. Use of the databank serves to alert medical professionals of possible problems with certain physicians and helps to prevent impaired physicians from avoiding disciplinary action by moving from state to state. The databank is available to physicians programs and medical boards as well as individual physicians. Information on disciplinary actions from other states is also maintained by the Federation of State Medical Boards, the National Clearinghouse on Licensure, Enforcement and Regulation and the American Medical Association.

At present there are seven physicians receiving treatment through the Alaska Impaired Physicians Committee, three of which are referrals from the Alaska State Medical Board. Dan Marman reports that physicians presently in treatment are in full compliance with the program, which seems to be highly successful at this point. However, the IPC is only one year old so no long-term evaluation is possible.

Another program, the Alaska Practitioner Recovery Program (APRP) is in the planning stages. Deb Carlson of APRP explains that the goals of the program are to assure the safety of the public and assist any health practitioner who has become impaired. The program would include physicians as well as all

licensed health care practitioners such as pharmacists, nurses, optometrists and physical therapists. Since the goals and philosophy of the IPC and the APRP are nearly identical, there may be movement to join these two programs.

Other States

According to the Federation of State Medical Boards, there are 18 states that have no formal impaired physicians program as part of a state social program, state medical board or private entity. The state of Minnesota (referred to below) has services which are not elevated to the program level, and similar situations may exist in other states. The remaining 32 states (including Alaska) have some type of impaired physicians program that is linked to the state medical board. Many states require a report when a physician fails to comply with or complete the program, or presents a danger to the public.

A problem in all states is that of the impaired physician who does not voluntarily seek treatment and who is not reported to the state medical board or impaired physicians program by friends, family members or colleagues who may have knowledge of the impairment. There is often a reluctance to report an impaired physician even though statutes in Alaska and other states place limitations on liability for persons providing information to review organizations. An impaired physician might avoid treatment for many years as the impairment worsens, particularly when alcohol abuse or other chemical abuse is involved. Thus, while impaired physicians programs report a high percentage of effectiveness, it is unknown how many physicians need, but do not receive, treatment.

There appears to be little substantial difference between Alaska and other states that have impaired physician programs. What differences do exist are program reporting requirements mandated by the medical board and certain provisions regarding treatment. We spoke with officials in four states (Arizona, Minnesota, Montana and Washington) about their programs.

In Arizona, the impaired physicians program is required to notify the state medical board of the names of physicians voluntarily in treatment. Practicing physicians are also required to notify the board when a fellow physician is known to be practicing medicine while impaired. A 28-day inpatient program is required for all physicians who suffer from a chemical dependency. Mark Speicher of the Arizona State Board of Medical Examiners reports that since the start of the program in 1980, the overall effectiveness of the program is greater than 95 percent. The relapse rate for physicians who have been successfully treated, returned to work and monitored for two years, is 2 percent or less.

A formal impaired physicians program does not exist in Minnesota, but rather the use of an informal service called Physicians Serving Physicians is relied upon, according to Dick Auld of the State Board of Medical Practice. An impaired physician would, ideally, seek treatment voluntarily from another

physician. A patient-physician relationship between licensees is thus established with the same confidentiality as with other patient-physician relationships. Aside from such relationships, physicians who have personal knowledge of a physician working while impaired must report to the board. The board will then determine an appropriate response and may mandate restrictions or treatment. Only when the physician being treated deviates from orders must the impaired physician be reported to the state medical board. Dick Auld said the Physicians Serving Physicians program seems to be an effective self-help group.

The Montana Professional Assistance Program, Inc., is similar to Alaska's Impaired Physicians Program. According to Patti England, executive secretary of the Montana Board of Medical Examiners, the assistance program encourages impaired physicians to seek treatment. A contractual agreement is entered into between the impaired physician and the Professional Assistance Program stating that the board will be notified in the event that treatment is unsuccessful. The assistance program reports to the board bimonthly regarding caseload and progress, not the names of individual participants, except in the case of an individual referred to the program by the board. Patti England knows of only two cases where treatment was unsuccessful and the participants entered into treatment a second time.

Washington's Monitor Treatment Program is also similar to the Impaired Physicians Committee in Alaska, according to administrator Bonnie King. Impaired physicians may enter the treatment program voluntarily, or involuntarily when mandated by the Washington Medical Association. Out of 94 participants (80 of which are medical doctors), 25 are participating because of board mandate. Ms. King said figures regarding effectiveness or relapse rates are not yet available.

We hope this information is useful. If you have any questions, please contact this agency.

Attachments

DOB:dld:csh

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 dependance. 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.

Profession	Professional Association	Licensing Board
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 or 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

SUBMITTED BY:

SPONSOR

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).

Profession	Professional Assoc.	Licensing Board
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.	State Medical Board
	Ak Academy of PA	State Medical Board
Nurses	Ak Nurses Assoc.	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

Committee that is currently in existence in Alaska for Physicians

IMPAIRED PHYSICIAN PROGRAM SUMMARY

PURPOSE AND GOALS

The Impaired Physician Program is designed to assist the physician who has become impaired, or is at risk of impairment, as a result of chemical dependency, emotional illness or physical disease.

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

IMPAIRED PHYSICIAN COMMITTEE

There are three (3) committee's that meet regularly to discuss new case reports or allegations and make recommendations concerning active cases. Three committee's have been formed because of the large geographical areas involved.

PROGRAM ADMINISTRATOR

This person is a Licensed Clinical Social Worker in the State of Alaska who has administrative and management experience. The job of the administrator is to manage the program, coordinate the activities of the committee and to provide case management and monitoring services to impaired and recovering physicians.

PROGRAM COMPONENTS

Phase I - Fact Finding and Assessment

This phase usually lasts 30 - 90 days, however, it can be extended indefinitely to cover any period of time necessary to establish probable cause that a physician may be impaired. The phase ends when the committee decides whether or not to substantiate allegations of impairment. If unsubstantiated, the case moves to Phase 5, Inactive, and, while not closed, is only briefly renewed annually. If new allegations are made, the case is reassessed.

If the case is substantiated, an intervention process is designed to confront the physician and to require remedial action. The committee may request an evaluation by a clinician, regular urinalysis or blood testing 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. Currently the committee is using two facilities outside of Alaska which specialize in the treatment of physicians and other professionals in a modified 12 Step model.

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 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 two years depending upon the individual situation. 12 Step meetings continue, group therapy is reduced to one time per week. Full-time work is permitted and peer review may not be required depending on the situation. Chemical monitoring may be reduced to once or twice per month.

Phase V - Inactive

The committee's close cases only when the physician dies, retires or moves out of Alaska. All other cases are maintained in this phase and reviewed every three (3) months indefinitely.

Impaired Physicians Committee: Who Are They?

The Alaska State Medical Association's Impaired Physician Committee is a small group of physicians dedicated to helping those colleagues and spouses that currently suffer from chemical dependency, neurological impairment, and emotional disorders.

Committee members are individuals who are knowledgeable in these problems. The Committee's purpose is to help direct the impaired physician or spouse to appropriate treatment and to attempt to initiate treatment for the impaired doctor before official action could occur on licensure.

Help for those Unable to Help Themselves

Chemical dependency, neurological impairment, and emotional disorders are well recognized as occupational hazards and frequently encountered diseases within our profession.

Physicians or spouses disabled by these diseases are often unable to ask for help themselves. Effective treatment for these impairments are now readily available and most easily achieved when the impairment is detected early. Family, friends, and associates of impaired physicians and spouses should avoid misguided sympathy which enables the condition to deteriorate. Under Alaska Statute 08.64.336 "a physician, hospital, or hospital committee that in good faith submits a report under this section or participates in an investigation or judicial proceeding related to a report submitted under this section is immune from civil or criminal liability for the submission or participation."

The objective of the Association's program is that of advocacy—to help return the impaired physician or spouse to healthy personal, family, professional, and social functioning.

Confidential Hotline Available 24-Hours a Day

If you suspect that you, a colleague, spouse, friend or relative is suffering from any of these disorders, please call our Physicians' Confidential Assistance Hotline at 1-800-478-ASMA. Only specially trained personnel will return your call.

The caller need not leave their name; however, names and telephone numbers of others familiar with the problem will be helpful. The questions which will be asked are those which are necessary to enable the committee to objectively verify that a problem exists, assess the situation and plan the best course of action for the impaired professional.

Committee members are also willing to accept calls and are listed on the brochure. However, after working hours the committee members can be located through the 800 number.

Written communications can be directed to Impaired Physicians Committee, 2401 E. 42nd Avenue, Anchorage, AK 99508. *All communications will be kept strictly confidential.*

We Can Help! If You Let Us!

Remember, the Impaired Physicians Committee can only help if you are willing to help. Don't wait until it's too late. A life or lives may depend upon your timely action. A phone call or a letter is all it takes.

1-800-478-ASMA
PHYSICIANS' CONFIDENTIAL ASSISTANCE HOTLINE

THE ALASKA STATE VETERINARY MEDICAL ASSOCIATION
1731 South Braçaw
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

[redacted] LASKA 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

[redacted] [redacted]

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

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

...OTE BILL NO. SSSB 323

...ision Date. Department Affected: Commerce & Economic Development

...e: An Act relating to substance abuse by certain ... BRU: Occupational Licensing

...mons who are licensed under state law. Component: Administration

...nsor: Sen. Sturgulewski and Pearce

...uestor: Senator Sturgulewski COMPONENT SERIAL NO. 0 3 5 6

...enditures/Revenues: (Thousands of Dollars)

...OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
...RSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
...AVEL	0.0	0.0	0.0	0.0	0.0	0.0
...NTRACTUAL	0.0	0.0	0.0	0.0	0.0	0.0
...PPLIES	0.0	0.0	0.0	0.0	0.0	0.0
...UIPMENT	0.0	0.0	0.0	0.0	0.0	0.0
...ND & STRUCTURES	0.0	0.0	0.0	0.0	0.0	0.0
...ANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
...SCELLANEOUS	0.0	0.0	0.0	0.0	0.0	0.0
...TAL 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
...VENUE	0.0	0.0	0.0	0.0	0.0	0.0

...NDING: (Thousands of Dollars)

...NERAL FUND	0.0	0.0	0.0	0.0	0.0	0.0
...DERAL FUNDS	0.0	0.0	0.0	0.0	0.0	0.0
...HER	0.0	0.0	0.0	0.0	0.0	0.0
...TAL	0.0	0.0	0.0	0.0	0.0	0.0

...SITIONS:

...LL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
...RT-TIME	0.0	0.0	0.0	0.0	0.0	0.0
...MPORARY	0.0	0.0	0.0	0.0	0.0	0.0

...imate of current year impact: None

...NALYSIS: (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.

...epared By: Jennifer Stricklet Phone: 465-2144

...vision: Occupational Licensing Date: 02/14/92

...pproved by Commissioner: Glenn A. Olds

...gency: Commerce & Economic Development Date: 2.14.92

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

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.

Department of Commerce & Economic Development / POSITION PAPER

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.

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).

Asst Chief
Glenn A. Olds, Commissioner

Date: 2.18.92

GAO:AB:dgl1463D