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## TREAT IMPAIRED HEALTH PROFESSIONALS

House Bill 4712

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Sponsor: Rep. David M. Gubow Committee: Public Health

Complete to 5-30-90

## A SUMMARY OF HOUSE BILL 4712 AS INTRODUCED 4-26-89

The bill would amend the Public Health Code to increase the power of health professional licensing boards to take action against licensed health professionals whom the board had reasonable cause to believe were mentally ill (as defined in the Mental Health Code) or who were substance abusers. The mechanism through which boards would take such action would be "impaired health professional committees," composed of licensed health professionals appointed by the appropriate professional association and empowered to enter into agreements with licensing boards to take certain actions with regard to health professionals impaired (or suspected of being impaired) by mental illness or substance abuse.

Impaired health professional committees. An impaired health professional committee would be a committee appointed by a professional association and consisting of licensed professionals who had expertise in substance abuse and mental illness. These committees could enter into agreements with licensing boards to take a number of actions, including:

- (a) receiving reports ("from any source") about health professionals suspected of being mentally ill or of being substance abusers,
  - (b) intervening in cases of verified impairment,
  - (c) referring impaired health professionals to treatment programs,
- (d) monitoring the treatment and rehabilitation of impaired health professionals, and
- (e) monitoring and providing support for health professionals who had undergone treatment for mental illness or substance abuse.

Licensing board powers and duties. Licensing boards could have licensed health professionals evaluated by an impaired health professional committee if the board had reasonable cause to believe that the licensee was impaired. Boards also could enter into agreements with impaired health professional committees to engage in the activities listed above, and would be responsible for paying for any expenses incurred by a committee in the course of carrying out its duties under the agreement.

Boards that entered into agreements with these committees could, in consultation with the committee, make a number of rules concerning information about impaired health professionals, including:

- \* periodic reporting of statistical information gathered under any agreement between the board and a committee;
- \* periodic reporting to the board by the committee (and review by the board and committee) of reports and investigations of health professionals suspected of impairment;
- \* "timely" reports to the board by a committee who believed a health professional was incompetent either because he or she was impaired and refused treatment or because he or she was not improving with treatment; and
- \* informing each health professional who participated in a treatment program of the program's procedures, of the participant's responsibilities,

and of the possible consequences of refusal of treatment.

Confidentiality. All records of evaluations conducted by impaired health professional committees and the participation of health professionals in treatment programs would be confidential and not subject to discovery or subpoena. In addition, members of health professional committees (and people who attend their meetings) could not be subpoenaed to testify about the committee's deliberations or proceedings.

Legal immunity. Members of impaired health professional committees and of the association of health professionals that appointed the committee would be immune from civil and criminal liability as currently provided under the health code.

Limited licenses. Impaired licensed health professionals could ask their board to limit their license and could have the limitations removed through existing health code procedures.

Prohibited hospital actions. The bill would prohibit hospitals from firing, disciplining, or discriminating against a health professional who underwent treatment for mental illness or substance abuse.

MCL 333.16106 et al.