

**MEDICAL BOARD STAFF REPORT**

DATE REPORT ISSUED: July 15, 2015  
 ATTENTION: Members, Medical Board of California  
 SUBJECT: Physician Health Programs  
 STAFF CONTACT: Letitia Robinson, Research Specialist

**REQUESTED ACTION:**

This report is intended to provide the Members with information on physician health programs. No action is needed at this time. Members may direct staff to meet with interested parties to discuss any legislation that might be sought regarding a physician health program in California.

**BACKGROUND AND ANALYSIS:**

The Medical Board of California's (Board) Diversion Program was established to provide public protection by monitoring impaired physicians to prevent them from working while under the influence. Since the elimination of the Diversion Program in 2008, impaired physicians who are issued a probationary order by the Board are required to provide biological fluid testing and remain in compliance with the terms and conditions of probation, including abstaining from drugs and/or alcohol. However, without a formal health physician program in place, an impaired physician must independently seek out additional sobriety activities, such as AA meetings, treatment programs, and group therapy sessions to assist in a successful recovery.

In an effort to assist wellbeing committees, the Board's October 2011 Newsletter included a cover story on an article about the Federation of State Medical Boards (FSMB) Policy on Physician Impairment. This article provided a summary of the policy, guidelines, and other resources that can help support the medical staff of wellbeing committees in addressing physician impairment.

Pursuant to a request from the Members, Board staff invited two speakers to present information on other state's physician health programs. Furthermore, Board staff reviewed the laws and policy information for two California healing arts boards' health programs and other states' physician health programs to gain additional knowledge on how these programs are operated.

**California healing arts boards' health programs**

Pursuant to 2008 legislation from Senate Bill 1441 (Ridley-Thomas, Chapter 548), any program contracted to provide monitoring services to impaired licensees must comply with the uniformed standards set forth pursuant to this legislation. Most California healing arts boards offer some form of assistance for impaired licensees.

For example, the California State Board of Pharmacy and the Physical Therapy Board of California both offer programs through a contract with Maximus, Inc.

The California Pharmacist Recovery Program is offered to any licensed pharmacist or registered intern. The laws pertaining to this program are found in Business and Professions Code Section 4360-4373 (**Appendix 1**). The Program identifies and evaluates the nature and severity of substance abuse and/or mental illness, develops treatment plan contracts, and monitors participation. The program offers confidential self-referrals, as well as Board referrals in lieu of discipline or in addition to discipline. Participants that are unsuccessfully terminated from the Program will be reported to the Board.

The California Physical Therapy Substance Abuse Rehabilitation Program provides assistance to physical therapists and physical therapist assistants whose competency is impaired due to abuse of

dangerous drugs or alcohol. The laws pertaining to this program are found in Business and Professions Code Section 2662-2669 (**Appendix 2**). Participants are required to pay the entire cost of the Program. The program offers confidential self-referrals, as well as Board referrals in addition to discipline. If a participant is unsuccessfully terminated from the Program, the Board will be notified. Further, self-referrals that withdraw will be reported to the Board if the Program determines the participant's practice is too great of a risk to the public health, safety and welfare.

#### **Other states' physician health programs (PHP)**

The Board staff compiled a chart (**Appendix 6**) containing information from other states' PHPs provided by the Federation of State Physician Health Programs (FSPHP) and additional information received from the state programs. The chart shows: who the program is operated by; the contractual relationship with the State Medical Board; the types of conditions monitored; the primary sources of funding for the program; and any additional information obtained by the State Medical Board.

An overview of PHPs was presented at a joint session of the FSPHP and the FSMB in April 2014. This presentation included information on principles and functions, as well as, 2013 data on referral types, state governance, and funding sources. Early intervention, public protection, anonymous track, use of leverage, and transparency of policies and procedures were discussed. The successful essential core functions of the PHPs are comprised of assessment, referral, monitoring, advocacy/compliance documentation, education, prevention, and support of participants.

The 2013 data indicated that all states' PHPs offer referrals for substance use disorders. Most states' PHPs offer services for mental and behavioral health. About half of the states' PHPs offer referrals for sexual misconduct and physical illness. Of the 45 states' PHPs, 42% are operated by independent entities, 42% are operated by the medical associations, and 16% are operated by the medical boards. Additionally, 62% of the states' PHPs have a contractual relationship with the medical board and more than 82% are non-profit. The PHPs are funded from various sources: 71% are funded by the medical boards, 38% are funded by malpractice insurance companies, 51% are funded by hospitals/private/grants, 56% are funded by participant fees, and 40% are funded by medical associations.

Excerpts from a few states' program laws were extracted to provide detailed information regarding specific characteristics of these programs: **Appendix 3** – Alabama; **Appendix 4** – Arizona; and **Appendix 5** – Colorado.

## Appendix 1

### California Pharmacists Recovery Program

*Business and Professions Code sections 4360-4373:*

4360. The board shall operate a pharmacists recovery program to rehabilitate pharmacists and intern pharmacists whose competency may be impaired due to abuse of alcohol, drug use, or mental illness. The intent of the pharmacists recovery program is to return these pharmacists and intern pharmacists to the practice of pharmacy in a manner that will not endanger the public health and safety.

(Amended by Stats. 2005, Ch. 621, Sec. 63. Effective January 1, 2006.)

4361. (a) "Participant" means a pharmacist or intern pharmacist who has entered the pharmacists recovery program.

(b) "Pharmacists recovery program" means the rehabilitation program created by this article for pharmacists and intern pharmacists.

(Repealed and added by Stats. 2005, Ch. 621, Sec. 65. Effective January 1, 2006.)

4362. (a) A pharmacist or intern pharmacist may enter the pharmacists recovery program if:

(1) The pharmacist or intern pharmacist is referred by the board instead of, or in addition to, other means of disciplinary action.

(2) The pharmacist or intern pharmacist voluntarily elects to enter the pharmacists recovery program.

(b) A pharmacist or intern pharmacist who enters the pharmacists recovery program pursuant to paragraph (2) of subdivision (a) shall not be subject to discipline or other enforcement action by the board solely on his or her entry into the pharmacists recovery program or on information obtained from the pharmacist or intern pharmacist while participating in the program unless the pharmacist or intern pharmacist would pose a threat to the health and safety of the public. However, if the board receives information regarding the conduct of the pharmacist or intern pharmacist, that information may serve as a basis for discipline or other enforcement by the board.

(Repealed and added by Stats. 2005, Ch. 621, Sec. 67. Effective January 1, 2006.)

4364. (a) The board shall establish criteria for the participation of pharmacists and intern pharmacists in the pharmacists recovery program.

(b) The board may deny a pharmacist or intern pharmacist who fails to meet the criteria for participation entry into the pharmacists recovery program.

(c) The establishment of criteria for participation in the pharmacists recovery program shall not be subject to the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(Amended by Stats. 2005, Ch. 621, Sec. 69. Effective January 1, 2006.)

4365. The board shall contract with one or more qualified contractors to administer the pharmacists recovery program.

(Amended by Stats. 2005, Ch. 621, Sec. 70. Effective January 1, 2006.)

4366. The functions of the contractor administering the pharmacists recovery program shall include, but not be limited to, the following:

(a) To evaluate those pharmacists and intern pharmacists who request participation in the program.

- (b) To develop a treatment contract with each participant in the pharmacists recovery program.
  - (c) To monitor the compliance of each participant with their treatment contract.
  - (d) To prepare reports as required by the board.
  - (e) To inform each participant of the procedures followed in the program.
  - (f) To inform each participant of their rights and responsibilities in the program.
  - (g) To inform each participant of the possible consequences of noncompliance with the program.
- (Amended by Stats. 2005, Ch. 621, Sec. 71. Effective January 1, 2006.)

4369. (a) Any failure to comply with the treatment contract, determination that the participant is failing to derive benefit from the program, or other requirements of the pharmacists recovery program may result in the termination of the pharmacist's or intern pharmacist's participation in the pharmacists recovery program. The name and license number of a pharmacist or intern pharmacist who is terminated from the pharmacists recovery program and the basis for the termination shall be reported to the board.

(b) Participation in the pharmacists recovery program shall not be a defense to any disciplinary action that may be taken by the board.

(c) No provision of this article shall preclude the board from commencing disciplinary action against a licensee who is terminated from the pharmacists recovery program.

(Amended by Stats. 2005, Ch. 621, Sec. 74. Effective January 1, 2006.)

4371. (a) The executive officer of the board shall designate a program manager of the pharmacists recovery program. The program manager shall have background experience in dealing with substance abuse issues.

(b) The program manager shall review the pharmacists recovery program on a quarterly basis. As part of this evaluation, the program manager shall review files of all participants in the pharmacists recovery program.

(c) The program manager shall work with the contractor administering the pharmacists recovery program to evaluate participants in the program according to established guidelines and to develop treatment contracts and evaluate participant progress in the program.

(Amended by Stats. 2008, Ch. 548, Sec. 26. Effective January 1, 2009.)

4372. All board records and records of the pharmacists recovery program pertaining to the treatment of a pharmacist or intern pharmacist in the program shall be kept confidential and are not subject to discovery, subpoena, or disclosure pursuant to Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code. However, board records and records of the pharmacists recovery program may be disclosed and testimony provided in connection with participation in the pharmacists recovery program, but only to the extent those records or testimony are relevant to the conduct for which the pharmacist or intern pharmacist was terminated from the pharmacists recovery program.

(Amended by Stats. 2005, Ch. 621, Sec. 77. Effective January 1, 2006.)

4373. No member of the board shall be liable for any civil damages because of acts or omissions that may occur while acting in good faith pursuant to this article.

(Amended by Stats. 2005, Ch. 621, Sec. 78. Effective January 1, 2006.)

## Appendix 2

### California Physical Therapy Substance Abuse Rehabilitation Program

*Business and Professions Code sections 2662-2669:*

2662. It is the intent of the Legislature that the board shall seek ways and means to identify and rehabilitate physical therapists and physical therapist assistants whose competency is impaired due to abuse of dangerous drugs or alcohol so that they may be treated and returned to the practice of physical therapy in a manner which will not endanger the public health and safety.

(Amended by Stats. 1996, Ch. 829, Sec. 52. Effective January 1, 1997.)

2663. The board shall establish and administer a substance abuse rehabilitation program, hereafter referred to as the rehabilitation program, for the rehabilitation of physical therapists and physical therapist assistants whose competency is impaired due to the abuse of drugs or alcohol. The board may contract with any other state agency or a private organization to perform its duties under this article. The board may establish one or more rehabilitation evaluation committees to assist it in carrying out its duties under this article. Any rehabilitation evaluation committee established by the board shall operate under the direction of the rehabilitation program manager, as designated by the executive officer of the board. The program manager has the primary responsibility to review and evaluate recommendations of the committee.

(Amended by Stats. 2013, Ch. 389, Sec. 63. Effective January 1, 2014.)

2664. (a) Any rehabilitation evaluation committee established by the board shall have at least three members. In making appointments to a rehabilitation evaluation committee, the board shall consider the appointment of persons who are either recovering from substance abuse and have been free from substance abuse for at least three years immediately prior to their appointment or who are knowledgeable in the treatment and recovery of substance abuse. The board also shall consider the appointment of a physician and surgeon who is board certified in psychiatry.

(b) Appointments to a rehabilitation evaluation committee shall be by the affirmative vote of a majority of members appointed to the board. Each appointment shall be at the pleasure of the board for a term not to exceed four years. In its discretion, the board may stagger the terms of the initial members so appointed.

(c) A majority of the members of a rehabilitation evaluation committee shall constitute a quorum for the transaction of business. Any action requires an affirmative vote of a majority of those members present at a meeting constituting at least a quorum. Each rehabilitation evaluation committee shall elect from its membership a chairperson and a vice chairperson. Notwithstanding the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code), relating to public meetings, a rehabilitation evaluation committee may convene in closed session to consider matters relating to any physical therapist or physical therapist assistant applying for or participating in a rehabilitation program, and a meeting which will be convened entirely in closed session need not comply with Section 11125 of the Government Code. A rehabilitation evaluation committee shall only convene in closed session to the extent it is necessary to protect the privacy of an applicant or participant. Each member of a rehabilitation evaluation committee shall receive a per diem and shall be reimbursed for expenses as provided in Section 103.

(Amended by Stats. 2013, Ch. 389, Sec. 64. Effective January 1, 2014.)

2665. Each rehabilitation evaluation committee has the following duties and responsibilities:

- (a) To evaluate physical therapists and physical therapist assistants who request participation in the rehabilitation program and to make recommendations. In making recommendations, the committee shall consider any recommendations from professional consultants on the admission of applicants to the rehabilitation program.
- (b) To review and designate treatment facilities to which physical therapists and physical therapist assistants in the rehabilitation program may be referred.
- (c) To receive and review information concerning physical therapists and physical therapist assistants participating in the program.
- (d) Calling meetings as necessary to consider the requests of physical therapists and physical therapist assistants to participate in the rehabilitation program, to consider reports regarding participants in the program, and to consider any other matters referred to it by the board.
- (e) To consider whether each participant in the rehabilitation program may with safety continue or resume the practice of physical therapy.
- (f) To set forth in writing the terms and conditions of the rehabilitation agreement that is approved by the program manager for each physical therapist and physical therapist assistant participating in the program, including treatment, supervision, and monitoring requirements.
- (g) To hold a general meeting at least twice a year, which shall be open and public, to evaluate the rehabilitation program's progress, to prepare reports to be submitted to the board, and to suggest proposals for changes in the rehabilitation program.
- (h) For the purposes of Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, any member of a rehabilitation evaluation committee shall be considered a public employee. No board or rehabilitation evaluation committee member, contractor, or agent thereof, shall be liable for any civil damage because of acts or omissions which may occur while acting in good faith in a program established pursuant to this article.

(Amended by Stats. 2013, Ch. 389, Sec. 65. Effective January 1, 2014.)

2666. (a) Criteria for acceptance into the rehabilitation program shall include all of the following:

- (1) The applicant shall be licensed as a physical therapist or as a physical therapist assistant by the board and shall be a resident of California.
- (2) The applicant shall be found to abuse dangerous drugs or alcoholic beverages in a manner that may affect his or her ability to practice physical therapy safely or competently.
- (3) The applicant shall have voluntarily requested admission to the program or shall be accepted into the program in accordance with terms and conditions resulting from a disciplinary action.
- (4) The applicant shall agree to undertake any medical or psychiatric examination ordered to evaluate the applicant for participation in the program.
- (5) The applicant shall cooperate with the program by providing medical information, disclosure authorizations, and releases of liability as may be necessary for participation in the program.
- (6) The applicant shall agree in writing to cooperate with all elements of the treatment program designed for him or her.

Any applicant may be denied participation in the program if the board, the program manager, or a rehabilitation evaluation committee determines that the applicant will not substantially benefit from participation in the program or that the applicant's participation in the program creates too great a risk to the public health, safety, or welfare.

(b) A participant may be terminated from the program for any of the following reasons:

- (1) The participant has successfully completed the treatment program.
- (2) The participant has failed to comply with the treatment program designated for him or her.

(3) The participant fails to meet any of the criteria set forth in subdivision (a) or (c).

(4) It is determined that the participant has not substantially benefited from participation in the program or that his or her continued participation in the program creates too great a risk to the public health, safety, or welfare.

Whenever an applicant is denied participation in the program or a participant is terminated from the program for any reason other than the successful completion of the program, and it is determined that the continued practice of physical therapy by that individual creates too great a risk to the public health, safety, and welfare, that fact shall be reported to the executive officer of the board and all documents and information pertaining to and supporting that conclusion shall be provided to the executive officer. The matter may be referred for investigation and disciplinary action by the board. Each physical therapist or physical therapy assistant who requests participation in a rehabilitation program shall agree to cooperate with the recovery program designed for him or her. Any failure to comply with that program may result in termination of participation in the program.

The rehabilitation evaluation committee shall inform each participant in the program of the procedures followed in the program, of the rights and responsibilities of a physical therapist or physical therapist assistant in the program, and the possible results of noncompliance with the program.

(c) In addition to the criteria and causes set forth in subdivision (a), the board may set forth in its regulations additional criteria for admission to the program or causes for termination from the program.

(Amended by Stats. 2013, Ch. 389, Sec. 66. Effective January 1, 2014.)

2667. All board and rehabilitation evaluation committee records and records of proceedings and participation of a physical therapist or physical therapist assistant in a program shall be confidential and are not subject to discovery or subpoena.

(Amended by Stats. 2013, Ch. 389, Sec. 67. Effective January 1, 2014.)

2668. (a) A fee to cover the actual cost of administering the program shall be charged for participation in the program. If the board contracts with any other entity to carry out this article, at the discretion of the board, the fee may be collected and retained by that entity.

(b) If the board contracts with any other entity to carry out this section, the executive officer of the board, or his or her designee, shall review the activities and performance of the contractor on a biennial basis. As part of this review, the board shall review files of participants in the program. However, the names of participants who entered the program voluntarily shall remain confidential, except when the review reveals misdiagnosis, case mismanagement, or noncompliance by the participant.

(c) Subdivision (a) shall apply to all new participants entering into the board's rehabilitation program on or after January 1, 2007. Subdivision (a) shall apply on and after January 1, 2008, to participants currently enrolled as of December 31, 2007.

(Amended by Stats. 2013, Ch. 389, Sec. 68. Effective January 1, 2014.)

2669. Participation in a rehabilitation program shall not be a defense to any disciplinary action that may be taken by the board. This section does not preclude the board from commencing disciplinary action against a physical therapist or physical therapist assistant who is terminated unsuccessfully from the program. That disciplinary action may not include as evidence any confidential information.

(Amended by Stats. 2013, Ch. 389, Sec. 69. Effective January 1, 2014.)

## **Appendix 3**

### **Alabama Physician Health Program Laws**

*Title 34 Professions And Business; Chapter 24 Physicians And Other Practitioners Of Healing Arts;  
Article 9 Rehabilitation of Physicians and Osteopaths. Sections 32-24-400: 34-24-406*

#### Section 34-24-400 - Identification, treatment, etc., of impaired physicians; Alabama Physician Wellness Committee; funding.

It shall be the duty and obligation of the State Board of Medical Examiners to promote the early identification, intervention, treatment, and rehabilitation of physicians and osteopaths licensed to practice medicine in the State of Alabama who may be impaired by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances or as a result of any physical or mental condition. For the purposes of this article the term "impaired" shall mean the inability of a physician or osteopath to practice medicine with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances or as a result of any physical or mental condition. In order to carry out this obligation the State Board of Medical Examiners is hereby empowered to contract with any nonprofit corporation or medical professional association for the purpose of creating, supporting, and maintaining a committee of physicians to be designated the Alabama Physician Wellness Committee. The committee shall consist of not less than three nor more than 15 physicians or osteopaths licensed to practice medicine in the State of Alabama and selected in a manner prescribed by the board. The Board of Medical Examiners is authorized to expend such funds as are available to it as the board shall deem necessary to adequately provide for the operational expenses of the Alabama Physician Wellness Committee, including but not limited to the actual cost of travel, office overhead and personnel expense, and compensation for the members of the committee and its staff. The funds provided by the board under this section for the purposes stated herein shall not be subject to any provision of law requiring competitive bidding.

#### Section 34-24-401 - Authority of board to contract for Physician Wellness Committee to undertake certain functions.

The Board of Medical Examiners shall have the authority to enter into an agreement with a nonprofit corporation or medical professional association for the Alabama Physician Wellness Committee to undertake those functions and responsibilities specified in the agreement. Such functions and responsibilities may include any or all of the following:

- (1) Contracting with providers of treatment programs;
- (2) Receiving and evaluating reports of suspected impairment from any source;
- (3) Intervening in cases of verified impairment;
- (4) Referring impaired physicians to treatment programs;
- (5) Monitoring the treatment and rehabilitation of impaired physicians;
- (6) Providing post-treatment monitoring and support of rehabilitated impaired physicians; and
- (7) Performing such other activities as agreed upon by the Board of Medical Examiners and the Alabama Physician Wellness Committee.

#### Section 34-24-402 Reporting and disclosure by Physician Wellness Committee.

The Alabama Physician Wellness Committee shall develop procedures in consultation with the Board of Medical Examiners for:

- (1) Periodic reporting of statistical information regarding impaired physician program activity;
- (2) Periodic disclosure and joint review of such information as the Board of Medical Examiners may deem appropriate regarding reports received, contracts or investigations made, and the disposition of each report, provided however, that the committee shall not disclose any personally identifiable information except as provided in Section 34-24-405.



Section 34-24-403 - Liability for actions within scope of committee functions.

Any physician or osteopath licensed to practice medicine in the State of Alabama who shall be duly appointed to serve as a member of the Alabama Physician Wellness Committee and any auxiliary personnel, consultants, attorneys, or other volunteers or employees of the committee taking any action authorized by this chapter, engaging in the performance of any functions or duties on behalf of the committee, or participating in any administrative or judicial proceeding resulting therefrom, shall, in the performance and operation thereof, be immune from any liability, civil or criminal, that might otherwise be incurred or imposed. Any nonprofit corporation or medical professional association or state or county medical association that contracts with or receives funds from the State Board of Medical Examiners for the creation, support, and operation of the Alabama Physician Wellness Committee shall, in so doing, be immune from any liability, civil or criminal, that might otherwise be incurred or imposed.

Section 34-24-404 - Confidentiality of information, records, and proceedings.

All information, interviews, reports, statements, memoranda, or other documents furnished to or produced by the Alabama Physician Wellness Committee and any findings, conclusions, recommendations, or reports resulting from the investigations, interventions, treatment, or rehabilitation, or other proceedings of such committee are declared to be privileged and confidential. All records and proceedings of such committee shall be confidential and shall be used by such committee and the members thereof only in the exercise of the proper function of the committee and shall not be public records nor available for court subpoena or for discovery proceedings. Nothing contained herein shall apply to records made in the regular course of business of a physician, osteopath, hospital, or other health care provider, and information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any civil proceedings merely because they were presented or considered during the proceedings of the Alabama Physician Wellness Committee.

Section 34-24-405 - Annual report. (a) It shall be the duty of the Alabama Physician Wellness Committee to render an annual report to the State Board of Medical Examiners concerning the operations and proceedings of the committee for the preceding year.

(b) The committee shall report to the State Board of Medical Examiners any physician or osteopath who in the opinion of the committee is unable to practice medicine or osteopathy with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances or as a result of any physical or mental condition when it appears that such physician or osteopath is currently in need of intervention, treatment, or rehabilitation, and such physician or osteopath has failed or refused to participate in programs of treatment or rehabilitation recommended by the committee. In any report to the State Board of Medical Examiners made pursuant to the requirements of this subsection, the committee or its authorized designee may forward to the board any and all reports, evaluations, treatment records, medical records, documents, or information relevant to the physician or osteopath upon whom the report is made, unless specifically prohibited by federal law or regulation, notwithstanding any law or regulation of this state declaring that such evaluations, information, treatment records, medical records, documents, or reports are confidential or privileged. All such information, evaluations, documents, reports, treatment records, or medical records received by the board in a report submitted pursuant to this subsection shall be privileged and confidential and shall not be public records nor available for court subpoena or for discovery proceedings but may be used by the board in the course of its investigations and may be introduced as evidence in administrative hearings conducted by the board or by the Medical Licensure Commission.

(c) A report to the Alabama Physician Wellness Committee shall be deemed to be a report to the State Board of Medical Examiners for the purposes of any mandated reporting of physician impairment otherwise provided for by the statutes of this state.

Section 34-24-406 - Evaluation of physician who is believed to be impaired; report of findings.

If the Board of Medical Examiners has reasonable cause to believe that a physician is impaired, the board may cause an evaluation of such physician to be conducted by the Alabama Physician Wellness Committee for the purpose of determining if there is an impairment. The Alabama Physician Wellness Committee shall report the findings of its evaluation to the Board of Medical Examiners.

## Appendix 4

### Arizona Physician Health Program Laws

*Arizona Revised Statutes Title 32 - Professions and Occupations Sections 32-1452:1452.01*

32-1452. Substance abuse treatment and rehabilitation program; private contract; funding; license restrictions; immunity

A. The board may establish a confidential program for the treatment and rehabilitation of doctors of medicine who are licensed pursuant to this chapter and physician assistants who are licensed pursuant to chapter 25 of this title and who are impaired by alcohol or drug abuse. This program shall include education, intervention, therapeutic treatment and posttreatment monitoring and support.

B. The board may contract with other organizations to operate the program established pursuant to subsection A of this section. A contract with a private organization shall include the following requirements:

1. Periodic reports to the board regarding treatment program activity.
2. Release to the board on demand of all treatment records.
3. Immediate reporting to the board of the name of an impaired doctor or physician assistant who the treating organization believes to be misusing chemical substances.
4. Reports to the board, as soon as possible, of the name of a doctor or physician assistant who refuses to submit to treatment or whose impairment is not substantially alleviated through treatment.

C. The board may allocate an amount of not to exceed forty dollars from each fee it collects from the biennial renewal of active licenses pursuant to section 32-1436 for the operation of the program established by this section.

D. A doctor of medicine or physician assistant who is impaired by alcohol or drug abuse shall agree to enter into a stipulation order with the board or the doctor or physician assistant shall be placed on probation or shall be subject to other action as provided by law.

E. In order to determine that a doctor of medicine or physician assistant who has been placed on probationary order or who has entered into a stipulation order pursuant to this section is not impaired by drugs or alcohol after that order is no longer in effect, the board or its designee may require the doctor of medicine or physician assistant to submit to body fluid examinations and other examinations known to detect the presence of alcohol or other drugs at any time within five consecutive years following termination of the probationary or stipulated order.

F. A doctor of medicine or physician assistant who is impaired by alcohol or drug abuse and who was under a board stipulation or probationary order that is no longer in effect shall request the board to place the license on inactive status with cause. If the doctor or physician assistant fails to do this, the board shall summarily suspend the license pursuant to section 32-1451, subsection D. In order to reactivate the license, the doctor or physician assistant shall successfully complete a long-term care residential or inpatient hospital treatment program, or both, and shall meet the applicable requirements of section 32-1431, subsection D. After the doctor or physician assistant completes treatment, the board shall determine if it should refer the matter for a formal hearing for the purpose of suspending or revoking the license or to place the licensee on probation for a minimum of five years with restrictions necessary to ensure the public's safety.

G. The board shall revoke the license of a doctor of medicine or physician assistant if that licensee is impaired by alcohol or drug abuse and was previously placed on probation pursuant to subsection D of this section and the probation is no longer in effect. The board may accept the surrender of the license if the licensee admits in writing to being impaired by alcohol or drug abuse.

H. An evaluator, teacher, supervisor or volunteer in the board's substance abuse treatment and rehabilitation program who acts in good faith within the scope of that program is not subject to civil liability, including malpractice liability, for the actions of a doctor or physician assistant who is attending the program pursuant to board action.

32-1452.01. Mental, behavioral and physical health evaluation and treatment program; private contract; immunity

A. The board may establish a confidential program for the evaluation, treatment and monitoring of persons licensed pursuant to this chapter and chapter 25 of this title who have medical, psychiatric, psychological or behavioral health disorders that may impact their ability to safely practice medicine or perform healthcare tasks. The program shall include education, intervention, therapeutic treatment and posttreatment monitoring and support.

B. A licensee who has a medical, psychiatric, psychological or behavioral health disorder described in subsection A, who voluntarily reports that disorder to that licensee's board and who has not committed a statutory violation under this chapter or chapter 25 of this title may agree to enter into a confidential consent agreement for participation in a program established pursuant to this section.

C. A licensee who has a medical, psychiatric, psychological or behavioral health disorder described in subsection A, who is reported to that licensee's board by a peer review committee, hospital medical staff, health plan or other health care practitioner or health care entity and who has not committed a statutory violation under this chapter or chapter 25 of this title may agree to enter into a confidential consent agreement for participation in a program established pursuant to this section.

D. The board may contract with other organizations to operate a program established pursuant to this section. A contract with a private organization must include the following requirements:

1. Periodic reports to the board regarding treatment program activity.
2. Release to the board on demand of all treatment records.
3. Immediate reporting to the Arizona medical board of the name of a licensee who the treating organization believes is incapable of safely practicing medicine or performing healthcare tasks. If the licensee is a physician assistant, the Arizona medical board shall immediately report this information to the Arizona regulatory board of physician assistants.

E. An evaluator, teacher, supervisor or volunteer in a program established pursuant to this section who acts in good faith within the scope of that program is not subject to civil liability, including malpractice liability, for the actions of a licensee who is attending the program pursuant to board action.

## Appendix 5

### Colorado Physician Health Program Laws

*Colorado Revised Statutes - Title 12. Professions And Occupations*

*Health Care - Article 36. Medical Practice - Part 1. General Provisions; 12-36-123.5 (2014)*

12-36-123.5. Physicians', physician assistants', and anesthesiologist assistants' peer health assistance program

(1) to (3) Repealed.

(3.5) (a) (Deleted by amendment, L. 95, p. 1068, § 17, effective July 1, 1995.)

(b) (I) As a condition of physician, physician assistant, and anesthesiologist assistant licensure and renewal in this state, every applicant shall pay, pursuant to paragraph (e) of this subsection (3.5), an amount set by the board, not to exceed sixty-one dollars per year, which maximum amount may be adjusted on January 1, 2011, and annually thereafter by the board to reflect:

(A) Changes in the United States bureau of labor statistics consumer price index for the Denver-Boulder consolidated metropolitan statistical area for all urban consumers, all goods, or its successor index;

(B) Overall utilization of the program; and

(C) Differences in program utilization by physicians, physician assistants, and anesthesiologist assistants.

(II) Based on differences in utilization rates between physicians, physician assistants, and anesthesiologist assistants, the board may establish different fee amounts for physicians, physician assistants, and anesthesiologist assistants.

(III) The fee imposed pursuant to this paragraph (b) is to support designated providers that have been selected by the board to provide assistance to physicians, physician assistants, and anesthesiologist assistants needing help in dealing with physical, emotional, or psychological problems that may be detrimental to their ability to practice medicine, practice as a physician assistant, or practice as an anesthesiologist assistant, as applicable.

(c) The board shall select one or more peer health assistance programs as designated providers. To be eligible for designation by the board, a peer health assistance program must:

(I) Provide for the education of physicians, physician assistants, and anesthesiologist assistants with respect to the recognition and prevention of physical, emotional, and psychological problems and provide for intervention when necessary or under circumstances that may be established by rules promulgated by the board;

(II) Offer assistance to a physician, physician assistant, or anesthesiologist assistant in identifying physical, emotional, or psychological problems;

(III) Evaluate the extent of physical, emotional, or psychological problems and refer the physician, physician assistant, or anesthesiologist assistant for appropriate treatment;

(IV) Monitor the status of a physician, physician assistant, or anesthesiologist assistant who has been referred for treatment;

(V) Provide counseling and support for the physician, physician assistant, or anesthesiologist assistant and for the family of any physician, physician assistant, or anesthesiologist assistant referred for treatment;

(VI) Agree to receive referrals from the board;

(VII) Agree to make their services available to all licensed Colorado physicians, licensed Colorado physician assistants, and licensed Colorado anesthesiologist assistants.

(d) The administering entity shall be a qualified, nonprofit private foundation that is qualified under section 501(c)(3) of the federal "Internal Revenue Code of 1986", as amended, and shall be dedicated to providing support for charitable, benevolent, educational, and scientific purposes that are related to medicine, medical education, medical research and science, and other medical charitable purposes.

(e) The responsibilities of the administering entity are:

(I) To collect the required annual payments, either directly or through the board pursuant to paragraph (e.5) of this subsection (3.5);

(II) To verify to the board, in a manner acceptable to the board, the names of all physician, physician assistant, and anesthesiologist assistant applicants who have paid the fee set by the board;

(III) To distribute the moneys collected, less expenses, to the approved designated provider, as directed by the board;

(IV) To provide an annual accounting to the board of all amounts collected, expenses incurred, and amounts disbursed; and

(V) To post a surety performance bond in an amount specified by the board to secure performance under the requirements of this section. The administering entity may recover the actual administrative costs incurred in performing its duties under this section in an amount not to exceed ten percent of the total amount collected.

(e.5) The board may collect the required annual payments payable to the administering entity for the benefit of the administering entity and shall transfer all such payments to the administering entity. All required annual payments collected by or due to the board for each fiscal year are custodial funds that are not subject to appropriation by the general assembly, and the distribution of the payments to the administering entity or expenditure of the payments by the administering entity does not constitute state fiscal year spending for purposes of section 20 of article X of the state constitution.

(f) No later than June 30, 1994, the board shall transfer the balance in the fund, if any, to the administering entity chosen by the board pursuant to paragraphs (d) and (e) of this subsection (3.5).

(4) (Deleted by amendment, L. 95, p. 1068, § 17, effective July 1, 1995.)

(5) Nothing in this section creates any liability on the board or the state of Colorado for the actions of the board in making grants to peer assistance programs, and no civil action may be brought or maintained against the board or the state for an injury alleged to have been the result of the activities of any state-funded peer assistance program or the result of an act or omission of a physician, physician assistant, or anesthesiologist assistant participating in or referred by a state-funded peer assistance program.

(6) Repealed.

## State Physician Health Programs

(Data from the Federation of State Physician Health Program)

### Appendix 6

STATE	Operated by	Contractual Relationship with the Medical Board?	Types of Conditions Monitored	Primary Sources of Funding	Additional Information <sup>1/</sup>
Alabama	Medical Association	Yes. Board contracts with Medical Association of the State of Alabama.	Chemical dependence as well as other psychiatric disorders; Professional Sexual Misconduct; Physical illness; Neurologic Disorders, and other problems related to physician health and wellbeing; Disruptive Behavior.	State licensing agency; Malpractice insurance companies; Hospitals and private contributions; Participant fees.	Board allows confidential referrals, and only "Level III" Relapses (i.e. relapses in the context of medical practice) are reported to the board.
Alaska	Medical Association	Yes. Alaska State Medical Association has a formal Memorandum of Agreement with the Alaska State Medical Board	Chemical dependency with psychiatric morbidities; Physical illness; Neurologic Disorders with problems related to physical health and wellbeing.	Unknown.	N/A
Arizona	Independent	Yes	Substance use disorders; Mental health; Professional Sexual Misconduct; Medical issues; Chronic pain.	Participant fees	The Board is aware of all participants whether confidential or public. The Board is notified immediately if there is a relapse or the Program believes the individual is unsafe to practice. Communicate daily/weekly with the program liaisons, investigators, the Executive Director and/or the Assistant Attorney Generals.
Arkansas	Medical Association	No. Arkansas Medical Foundation in association with Arkansas Medical Society	Substance use disorders; Boundary violations; Psychiatric conditions.	State licensing agency: \$25.00 licensure fee from all physicians up to \$200,000 annually; Malpractice insurance companies: \$30,000; Participant fees: annual fee, non-refundable \$480 to \$1,200; State licensing agency now gives \$5.00 per licensees (LRCP, OT, PA) per year.	N/A
California	No program	N/A	N/A	N/A	N/A

<sup>1/</sup> Additional information received from the state program.

## State Physician Health Programs

(Data from the Federation of State Physician Health Program)

### Appendix 6

STATE	Operated by	Contractual Relationship with the Medical Board?	Types of Conditions Monitored	Primary Sources of Funding	Additional Information <sup>1/</sup>
Colorado	Independent	Yes. The Colorado Medical Practice Act establishes the scope of services and funding mechanism for a "physician peer health assistance" provider. The Colorado Medical Board (CMB) selects the provider based on competitive bids (five year cycle) and authorizes an annual funding level.	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Physical illness Malpractice litigation; Stress management; Other: Life stage/development issues; career transition; family issues.	State licensing agency (74%); hospital and private contributions (11%); Participant fees: fees are charged to physicians who do not hold a Colorado license (3%); Training Program Contracts (5%); Other: Reports, Chart Copies, Interest,; Presentation Fees (7%).	Allows confidential referrals. If under a stipulation, notify the Board of concerns regarding safety to practice immediately verbally and within 24 hours in writing. If not known to the Board but program deems the physician unsafe to practice, the Board is notified. Provides quarterly reports on progress/compliance of Board referred participants. Peer health assistance fees are collected from physicians at the biannual license renewal.
Connecticut	Independent	No. Relationship by law.	Substance use disorders; Mental health; Behavioral health problems; Physical illness.	Malpractice insurance companies; Hospital and private contributions; Participant fees.	Non-profit corporation.
Delaware	Independent	Yes. Administered by Department of Professional Regulation and services are provided by Reliant Behavioral Health (RBH), an independent behavioral health services organization.	Substance use and/or mental health issues.	Unknown.	Allows voluntarily self-refer.
Florida	Independent	Yes. Consultant to the Department of Health and the Department of Business and Professional Regulation on matters of impairment.	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Physical illness; Stress management; Other: HIV Monitoring Program; Cognitive.	State medical society (5% in-kind services); State licensing agency (85%); Malpractice insurance companies (5%); Hospital and private contributions (5%)	Allows confidential referrals. Reports incidents of material noncompliance. Provides quarterly, detailed reports on probationers and routine, monthly reports with participant status data. Attends Board meeting and provide specific case information for enforcement cases. Non-profit corporation operated by a board.

<sup>1/</sup> Additional information received from the state program.

## State Physician Health Programs

(Data from the Federation of State Physician Health Program)

### Appendix 6

STATE	Operated by	Contractual Relationship with the Medical Board?	Types of Conditions Monitored	Primary Sources of Funding	Additional Information <sup>1/</sup>
Georgia	Independent	Yes	Substance use disorders.	Participant fees: 100% with strong fund raising development arm.	Non-profit corporation.
Hawaii	Independent	No	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Physical illness; Stress management; Other: Disruptive behavior.	Hospital and private contributors; Participant fees.	Non-profit corporation.
Idaho	Medical Board and Medical Association	Yes. Contract with Medical Board for partial funding - Board and medical association have joint oversight authority.	Substance use disorders; Mental illness.	State licensing agency (80%); Participant fees (20%).	The Executive Director of the Board is aware of all participants informally. Case by case report on non-compliance participants based on severity. Meets with Board staff monthly to discuss Board referred participants. Annual educational presentation to the Board.
Illinois	Independent	No	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Physical illness; Stress management; Disruptive behavior.	Malpractice insurance companies; Participant fees: \$150 per month.	Non-profit organization.
Indiana	Medical Association	No	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Physical illness; Other: Available for referrals for marital, stress, etc.	State medical society; Hospital and private contributions; Participant fees: \$75 per month for members, \$125 per month for non-members.	N/A
Iowa	Medical Board	Yes. Operated by Medical Board.	Substance use disorders; Mental health; Physical illness.	State licensing agency.	Allows confidential referrals. Reports incidents of noncompliance. Provides updates at board meeting.

<sup>1/</sup> Additional information received from the state program.



# State Physician Health Programs

(Data from the Federation of State Physician Health Program)

## Appendix 6

STATE	Operated by	Contractual Relationship with the Medical Board?	Types of Conditions Monitored	Primary Sources of Funding	Additional Information <sup>1/</sup>
Kansas	Medical Association	Yes	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Physical illness.	State medical society; State licensing agency; Participant fees; Monitoring fee screens paid by participants.	N/A
Kentucky	Independent	Yes. Policy level written.	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Physical illness.	State licensing agency; Malpractice insurance companies; Hospitals; Participant fees; Private and voluntary contributions.	Communicates compliance status with the Board. No confidentiality. Completely transparent. Policy states that all licensees must report concerns of impaired physicians to the Board. Non-profit corporation.
Louisiana	Independent	Yes: Professional Services Contract with the Medical Board, which defines the parameters within which the program operates.	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Physical illness.	State licensing agency.	N/A
Maine	Medical Association	Yes	Substance use disorders; Behavioral disorders.	Funding comes from all professional associations and boards served, as well as medical staff contributions and private contributions.	N/A
Maryland	Medical Association	Yes. Administratively under the Center for a Healthy Maryland. The Program is operated via a contract with the Medical Board.	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Malpractice litigation; Stress-related illness; Other: Cognitive impairment.	Funded through a contract with the Maryland State Board of Physicians.	Non-profit entity that is affiliated with the state medical association.
Massachusetts	Medical Association	No	Substance use disorders; Mental disorders; Problematic workplace behavior; Physical illness; Stress, burnout and other occupational health problems; Malpractice litigation (support).	State medical society; Malpractice insurance companies; Other: 1. Random screens and individual therapy paid by participants; 2. Able to receive charitable contributions.	N/A

<sup>1/</sup> Additional information received from the state program.

# State Physician Health Programs

(Data from the Federation of State Physician Health Program)

## Appendix 6

STATE	Operated by	Contractual Relationship with the Medical Board?	Types of Conditions Monitored	Primary Sources of Funding	Additional Information <sup>1/</sup>
Michigan	Independent	Yes. Administered through a contract with the Department of Licensing and Regulatory Affairs/Bureau of Health Care Services.	Substance Use Disorders; Mental Health; Behavioral Health Problems; Physical illness; Neurologic Disorders, and other problems related to physician health and wellbeing.	State licensing agencies.	N/A
Minnesota	Medical Board	Yes. Operated by Medical Board.	Substance use disorders; Mental health; Physical illness.	State licensing boards.	Encourage confidential enrollment. Relapses are reported. Missing one screen would not be reported unless the Board referred the individual to the program under a disciplinary order. Regular communication with Board staff and provide an annual report and presentation to the entire Board.
Mississippi	Medical Association	Yes. Memorandum of Understanding.	Substance use disorders; Mental health; Behavioral health issues; Sexual misconduct and/or boundary violations; Physical illness; Neurologic disorders, and other issues related to physician health and wellbeing.	Medical board; State medical society; State licensing agency; Hospital and private contributions; Participant fees.	Reports to Board based on categories; Level 1- not participating may contact the board to meet with the participant; Level 2&3 within 24 hours/ immediately; Educate the Board on the program.
Missouri	Medical Association	Yes. Memorandum of Understanding.	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Stress management; Physical illness; Licensure issues.	State medical society; Hospital and private contributions; Participant fees: Required to pay monthly fee.	N/A
Montana	Independent	Yes	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Stress management; Disruptive behavior.	State licensing agency: 80% Board of Medical Examiners, 20% Board of Dentistry; Participant fees; Montana hospitals; Private donors.	Allows confidential referrals. Relapses are reported in real time based on reporting rules. Meets regularly with staff and provides statistical data.
Nebraska	No program	N/A	N/A	N/A	N/A

<sup>1/</sup> Additional information received from the state program.

## State Physician Health Programs

(Data from the Federation of State Physician Health Program)

### Appendix 6

STATE	Operated by	Contractual Relationship with the Medical Board?	Types of Conditions Monitored	Primary Sources of Funding	Additional Information <sup>1/</sup>
Nevada	Independent	Yes	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Stress management.	Hospital and private contributions; Participant fees; Nevada State Board of Medical Examiners; Nevada State Board of Osteopathic Medicine Medical Examiners.	Allow confidential referrals. If a participant, known to the board, becomes non-compliant the Board is notified. If the program has any reason to believe that any licensee is unsafe to practice, the board is notified. Provides monthly reports to the Board on licensees that are mandated to participate in the program.
New Hampshire	Independent	Yes	Substance use disorders; Mental health; Behavioral issues.	State licensing agency; Malpractice insurance companies; Hospital and private contributions.	Non-profit corporation.
New Jersey	Independent	Yes	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Physical illness; Malpractice litigation; Stress management; Other: Anger management: "hospital authorized party" (JACHO mandate); medical review officer services.	Unknown.	Allows confidential referrals. Reports non-compliant or relapse immediately. Provides routine reports, quarterly status reports. Private, Non-profit corporation.
New Mexico	Independent	Yes	Substance use disorders; Mental health; Employment issues; Behavioral health issues.	Medical Board; Board of Pharmacy; Board of Dental Health Care; Participants pay for treatment services.	N/A
New York	Medical Association	Yes. Contract renewed every five years by legislative action.	Substance use disorders; Mental health; Behavioral health.	State licensing agency; Malpractice insurance companies.	N/A
North Carolina	Independent	Yes	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations.	State medical society (4%); State licensing agency (44%); Malpractice insurance companies (5%); Hospital and private contributions (25%); Participant fees (16%); Other (8%).	N/A

<sup>1/</sup> Additional information received from the state program.

## State Physician Health Programs

(Data from the Federation of State Physician Health Program)

### Appendix 6

STATE	Operated by	Contractual Relationship with the Medical Board?	Types of Conditions Monitored	Primary Sources of Funding	Additional Information <sup>1/</sup>
North Dakota	Independent	Yes	Substance use disorders; Mental health.	Unknown.	Non-profit corporation.
Ohio	Independent	No	Substance use disorders; Mental health; Behavioral health; Sexual misconduct and/or boundary violations; Physical Illness.	Grants: Ohio Medical Quality Foundation; Participant fees; Hospital and medical staffs; Individual contributions; Supporting professional associations.	Allows confidential referrals. Required to report any relapse or failure to complete treatment or aftercare requirements as outlined in the Ohio Revised Code. No regular reports are provided on confidential participants to the Board. Reports are communicated based upon specific inquiry. Non-profit corporation.
Oklahoma	Medical Association	No	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations	Malpractice insurance companies; Malpractice Insurance; Boards; Associations; Hospitals	N/A
Oregon	Medical Board	Yes. Administered by Oregon Health Authority and operated by Reliant Behavioral Health	Substance use disorders (including dual diagnosis); Mental health disorders.	Participating Boards through Oregon Health Authority assessment.	Allow confidential referrals. Reports of noncompliant events are reported to the Board. Meets with Board as needed and at quarterly meetings. Provides weekly enrollment data, biannual satisfaction survey results, and an annual report.
Pennsylvania	Medical Association	Yes. Monitor any physician that is reported to the State Board for a monthly fee per annual contract with the Commonwealth.	Substance use disorders; Mental health; Behavioral health assessment; Other: Cognitive deficits, assessment.	State medical society; State licensing agency; Hospital and private contributions; Participant fees: We charge an initial "case initiation fee," monthly monitoring fees and fees for advocacy letters.	Allow confidential referrals. Provides quarterly reports on physicians known to the Board and reports to the Board any participant that may pose harm to patients and not cooperating with the program. Communicates with the Board on a case-by-case basis at least daily/weekly about participants who have agreements and are being monitoring.
Rhode Island	Medical Association	No	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Physical illness.	Malpractice insurance companies; Hospital and private contributions.	Allows confidential referrals. The Program notifies the Board of participant's compliance issues only if there is a subsequent concern about patient safety that would require a board action. The Program communicates with the Board quarterly.

<sup>1/</sup> Additional information received from the state program.

## State Physician Health Programs

(Data from the Federation of State Physician Health Program)

### Appendix 6

STATE	Operated by	Contractual Relationship with the Medical Board?	Types of Conditions Monitored	Primary Sources of Funding	Additional Information <sup>1/</sup>
South Carolina	Medical Board	Yes. Operates under a contract between LRADAC and the South Carolina Department of Labor, Licensing and Regulation.	Alcohol and other drug dependency; Dual diagnosis of addiction and mental illness.	Unknown.	N/A
South Dakota	Independent	Yes	Substance use disorders; Mental health; Behavioral health.	Participating Licensing Boards; Participant Fees; Donations.	N/A
Tennessee	Independent	Yes	Substance use disorders; Mental health; Behavioral health problems; Physical illness; Malpractice litigation; Stress management; Other: Overprescribing.	State medical society; Malpractice insurance companies; Hospital and private contributions; Other: Voluntary contributions.	Non-profit corporation.
Texas	Medical Association	No	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Physical illness; Stress management (support); Cognitive impairment; Physician health and well-being.	State medical association.	N/A
Utah	Medical Board	Yes. Operated by Medical Board.	Substance use disorders; Mental health; Other: General misconduct problems.	State medical society; State licensing agency.	The Board Manager is aware of all referrals, but the full board does not know about them. The Board Manager is notified if there are any egregious issues, or if there are three instances of non-compliance within a 3 month period of time. A decision about consequences is made in conjunction with the Board Manager under those circumstances. Usually, the individual participant is allowed to remain in diversion unless further incidents arise.
Vermont	Medical Association	Yes	Substance use disorders.	State medical society; State licensing agency; Malpractice carriers	N/A

<sup>1/</sup> Additional information received from the state program.

## State Physician Health Programs

(Data from the Federation of State Physician Health Program)

### Appendix 6

STATE	Operated by	Contractual Relationship with the Medical Board?	Types of Conditions Monitored	Primary Sources of Funding	Additional Information <sup>1/</sup>
Virginia	Independent	Yes. Contract with Department of Health Professions.	Substance use disorders; Mental health; Physical illness.	State licensing agency	Operated by Virginia Commonwealth University, Department of Psychiatry.
Washington	Independent	Yes. Contract allows for program to capture surcharge funding and mirrors governing statutes.	Substance use disorders; Mental health; Physical illness; Stress management; Behavioral health problems; Active wellness support.	Annual license renewal fees; Participant fees; We solicit charitable donations.	Roughly 90% of participates in the program confidentially and their participation and illnesses remain unknown to their licensing board or commission. Board of Directors approved by Washington State Medical Association.
Washington, D.C.	Medical Association	No	Substance use disorders; Mental health; Behavioral health problems; Sexual misconduct and/or boundary violations; Physical illness.	State medical society; Malpractice insurance companies.	N/A
West Virginia	Independent	Yes	Substance use disorders; Mental illness.	Participant fees; Malpractice insurance company; Licensure fees; Hospital association.	Allow confidential referrals. Provides an initial anonymous report by case number only of new participants. Reports non-compliance issues immediately. Provides quarterly compliance reports on board referred participants. Reports as needed for Board meetings and provides statistical data twice during the year. Non-profit corporation.
Wisconsin	No program	N/A	N/A	N/A	N/A
Wyoming	Independent	Yes	Substance use disorders; Mental and behavioral health.	State medical society; State licensing agency; Malpractice insurance companies; Hospital and private contributions; Participant fees; State bar; Judiciary; Hospitals.	Allows confidential referrals. Notify the Board of participant's failure, problems, and/or issues. The Program provides quarterly reports detailing the compliance of participants that are known to the board.

<sup>1/</sup> Additional information received from the state program.