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	LEGISLATIVE ACTION	
Senate		House
Comm: RCS		
04/20/2017		
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Appropriations Subcommittee on Health and Human Services (Young) recommended the following:

Senate Amendment

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Delete lines 266 - 313

and insert: 4 5

(9)(a) + (4)(a) Except as provided in paragraph (b), when Whenever the department receives a written or oral legally sufficient complaint alleging that a practitioner has an impairment licensee under the jurisdiction of the Division of Medical Quality Assurance within the department is impaired as a result of the misuse or abuse of alcohol or drugs, or both, or

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due to a mental or physical condition which could affect the licensee's ability to practice with skill and safety, and no complaint exists against the practitioner licensee other than impairment exists, the department shall refer the practitioner to the consultant, along with all information in the department's possession relating to the impairment. The impairment does reporting of such information shall not constitute grounds for discipline pursuant to s. 456.072 or the corresponding grounds for discipline within the applicable practice act if the probable cause panel of the appropriate board, or the department when there is no board, finds:

- 1. The practitioner licensee has acknowledged the impairment; problem.
- 2. The practitioner becomes a participant licensee has voluntarily enrolled in an impaired practitioner program and successfully completes a participant contract under terms established by the consultant; appropriate, approved treatment program.
- 3. The practitioner licensee has voluntarily withdrawn from practice or has limited the scope of his or her practice if as required by the consultant; in each case, until such time as the panel, or the department when there is no board, is satisfied the licensee has successfully completed an approved treatment program.
- 4. The practitioner licensee has provided to the consultant, or has authorized the consultant to obtain, all records and information relating to the impairment from any source and all other medical records of the practitioner requested by the consultant; and executed releases for medical

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records, authorizing the release of all records of evaluations, diagnoses, and treatment of the licensee, including records of treatment for emotional or mental conditions, to the consultant. The consultant shall make no copies or reports of records that do not regard the issue of the licensee's impairment and his or her participation in a treatment program.

- 5. The practitioner has authorized the consultant, in the event of the practitioner's termination from the impaired practitioner program, to report the termination to the department and provide the department with copies of all information in the consultant's possession relating to the practitioner.
- (b) For practitioners who are employed by governmental entities and who are also certified by the department pursuant to part III of chapter 401, the department may not refer the practitioner to the consultant if the practitioner is under a referral by the practitioner's employer to an employee assistance program through the governmental entity. If the practitioner fails to satisfactorily complete the employee assistance program or if his or her employment is terminated, his or her employer must immediately notify the department, which shall then refer the practitioner to the consultant as required in in paragraph (a). For purposes of this paragraph, the term "governmental entity" has the same meaning as provided in s. 70.001(3)(c).
 - (c) To encourage practitioners who are or may be impaired