House

Florida Senate - 2017 Bill No. CS for SB 876

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LEGISLATIVE ACTION

Senate Comm: RCS 04/20/2017

Appropriations Subcommittee on Health and Human Services (Young) recommended the following:

Senate Amendment

Delete lines 266 - 313

and insert:

(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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11	due to a mental or physical condition which could affect the
12	licensee's ability to practice with skill and safety, and no
13	complaint <u>exists</u> against the <u>practitioner</u> licensee other than
14	impairment exists, the department shall refer the practitioner
15	to the consultant, along with all information in the
16	department's possession relating to the impairment. The
17	impairment does reporting of such information shall not
18	constitute grounds for discipline pursuant to s. 456.072 or the
19	corresponding grounds for discipline within the applicable
20	practice act if the probable cause panel of the appropriate
21	board, or the department when there is no board, finds:
22	1. The <u>practitioner</u> licensee has acknowledged the
23	impairment <u>;</u> problem.
24	2. The practitioner becomes a participant licensee has
25	voluntarily enrolled in an impaired practitioner program and
26	successfully completes a participant contract under terms
27	established by the consultant; appropriate, approved treatment
28	program.
29	3. The <u>practitioner</u> licensee has voluntarily withdrawn from
30	practice or <u>has</u> limited the scope of <u>his or her</u> practice <u>if</u> as
31	required by the consultant;, in each case, until such time as
32	the panel, or the department when there is no board, is
33	satisfied the licensee has successfully completed an approved
34	treatment program.
35	4. The practitioner licensee has provided to the
36	consultant, or has authorized the consultant to obtain, all
37	records and information relating to the impairment from any
38	source and all other medical records of the practitioner
39	requested by the consultant; and executed releases for medical

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40	records, authorizing the release of all records of evaluations,
41	diagnoses, and treatment of the licensee, including records of
42	treatment for emotional or mental conditions, to the consultant.
43	The consultant shall make no copies or reports of records that
44	do not regard the issue of the licensee's impairment and his or
45	her participation in a treatment program.
46	5. The practitioner has authorized the consultant, in the
47	event of the practitioner's termination from the impaired
48	practitioner program, to report the termination to the
49	department and provide the department with copies of all
50	information in the consultant's possession relating to the
51	practitioner.
52	(b) For practitioners who are employed by governmental
53	entities and who are also certified by the department pursuant
54	to part III of chapter 401, the department may not refer the
55	practitioner to the consultant if the practitioner is under a
56	referral by the practitioner's employer to an employee
57	assistance program through the governmental entity. If the
58	practitioner fails to satisfactorily complete the employee
59	assistance program or if his or her employment is terminated,
60	his or her employer must immediately notify the department,
61	which shall then refer the practitioner to the consultant as
62	required in in paragraph (a). For purposes of this paragraph,
63	the term "governmental entity" has the same meaning as provided
64	<u>in s. 70.001(3)(c).</u>
65	(c) To encourage practitioners who are or may be impaired