

# WI Department of Regulation and Licensing

## Presentation to Medical Examining Board

September 16, 2009



Wisconsin Department  
of Regulation & Licensing

# DRL - Mission

- To protect the health, safety, and well-being of Wisconsin citizens.

# Impaired Professional Procedure (IPP)

Governed by Chapter RL 7

Intent: to protect public from credential holders impaired by abuse of alcohol and other drugs

# Creation of Task Force

- Internal Audit
- Purpose – analyze continuation of IPP
- Make recommendations

# Composition

- Health Boards
- Health Associations
- Trial Lawyer's Association
- Public Member

# Issues

- Rehabilitation of licensee vs. protection of public
- Objective of IPP
- Does present structure accomplish this
- What changes need to be made to meet objections
- What should the process be for
  - Eligibility
  - violations

# How Task Force Began

- Core values
- Presentations by staff
- Research from other states

# IPP Task Force Committee Recommendations

- 1) Participation in the program should be confidential from the public.
  - Confidentiality will not be guaranteed from the employer as work reports are a necessary provision of the program.
  - 48 hour notice
  - DOE must act upon this non-compliance within 30 days
  - Names of IPP participants that fail to comply with the specifications of the program or that are referred to the Board for discipline would be available for public dissemination.

Requires changes to RL 7 - RL 7 only addresses confidentiality of records. RL 7 should be changed to make this explicit, but nothing would prevent us from doing it as a matter of policy right away.

# IPP Task Force Committee Recommendations (cont.)

2) Length of the program is five (5) years

# IPP Task Force Committee Recommendations (cont.)

3) Define terminology

# IPP Task Force Committee Recommendations (cont.)

- 4) Keeping the Boards together within IPP, and covering all professions. This service should be provided in-house.

## IPP Task Force Committee Recommendations (cont.)

- 5) Change the name of the program from Impaired Professionals Procedure to “Professional Assistance Program” (PAP).

## IPP Task Force Committee Recommendations (cont.)

- 6) Practice restrictions *may be applied* to participants of the program as necessary.

## IPP Task Force Committee Recommendations (cont.)

- 7) For an individual wanting to leave the program prior to the initially contracted end date, they must have their therapist approval.

Change to RL 7 is required

# IPP Task Force Committee Recommendations (cont.)

8) Participation in the program does not necessarily preclude disciplinary action by the Board.

# IPP Task Force Committee Recommendations (cont.)

- 9) The Board Liaison makes the decision on whether to remove someone from the program for violations.

# IPP Task Force Committee Recommendations (cont.)

10) Provide software for a computer (non-manual) monitor program.

## IPP Task Force Committee Recommendations (cont.)

11) Initial entrance into the program is an open-door policy, but participation in the program is one-time only.

Change to RL 7 is required. RL 7.01 states that the procedure is not intended to apply in situations where allegations exist that a credential holder has committed violations of law, other than practice while impaired by alcohol or other drugs, which are substantial.

# IPP Task Force Committee Recommendations (cont.)

12) Encourage peer support groups and/or a support group of people who have gone through the IPP.

## IPP Task Force Committee Recommendations (cont.)

13) Make it mandatory that drug screen test results also be supplied to the treatment provider and to the Department.

# IPP Task Force Committee Recommendations (cont.)

14)The Department will approve treatment facilities and therapists for use, and provide explicit expectations and job descriptions.

## IPP Task Force Committee Recommendations (cont.)

15) Data should be collected on the program and the efficacy so that the Board, program and Department can make improvements as needed.

## IPP Task Force Committee Recommendations (cont.)

- 16) The Secretary shall create a committee that will meet annually to review the data collected by the Department, as well as the program parameters and staffing needs.
- 17) Provide training for the Board liaisons.

## IPP Task Force Committee Recommendations (cont.)

18) A failure to maintain abstinence is considered a relapse. Relapse in context of work must be reported/referred for discipline, but the participant may remain in IPP in the interim

## IPP Task Force Committee Recommendations (cont.)

19) Individual treatment providers must report all uses of alcohol and other drugs within 24 hours.

## IPP Task Force Committee Recommendations (cont.)

20) A partnership with professional organizations should be created to develop an educational training program to educate employers and individual licensees on the intent of the IPP program.

## IPP Task Force Committee Recommendations (cont.)

21) Test more wisely and maintain closer contact with testers. (Reference 20 Steps to foolproof drug testing.)

## IPP Task Force Committee Recommendations (cont.)

22) Increase IPP staff based on the number of enrollees.

## IPP Task Force Committee Recommendations (cont.)

23) Gradually add psychological/mental health impairments.

Note - The intent of RL 7 is to provide an alternative to discipline for professionals who are impaired by reason of abuse of alcohol and other drugs. We would have to change the chapter to include other impairments.

## IPP Task Force Committee Recommendations (cont.)

24) Open the program to applicants and not just current license holders.

RL 7 makes the program available to credential holders. Therefore, a credential is technically required prior to participation, which makes participation by new applicants difficult to enforce

## IPP Task Force Committee Recommendations (cont.)

- 25) Relapse in context of work must be reported/referred for discipline, but may remain in IPP in the interim.
- 26) DOE must act upon referrals from IPP within 30 days (have a signed stipulation or file a complaint).

# Next Steps

- Discussing with health boards (ie. Medical, Nursing, Pharmacy and Dentistry)
- Meet with remaining Task Force members
- Begin adopting recommendations and implementing rule changes

# Next Steps

- Affinity
- Goal of 6-9 months to complete rule changes and implementation.

# Questions