

the issue of how we deal with health professionals that have drug and alcohol problems now for years. Bills have been introduced most of the last half dozen years. We always had a struggle because we had the problem of two perspectives. You had one perspective that says, any individual, whether they're a health professional or not, if they abuse drugs or alcohol, should be punished and as a lesson to others and as a lesson to themselves that this is not something that this society tolerates, and we've gotten tougher on drug abuse and alcohol abuse over the years. But the other perspective has also indicated that there is, in fact, a problem with drug and alcohol abuse that can be dealt with, that treatment is possible, that people can resolve that problem and go back to productive useful lives, and that there is a way in which we can have salvation for these individuals that otherwise would be lost as a result of their drug and alcohol abuse. And we've always struggled through the question of which way to go. Past legislation took the route that the current system, which is very punitive which says, essentially, if you report or are reported as having a drug or alcohol problem, you lose your license, or have the potential of losing your license, has discouraged individuals from reporting themselves and others and has really shut down the process to some degree. It has been very tough but, as a result, it hasn't been very effective. And so past legislation has tried to ease that up and allow these individuals to go into treatment and have maybe swung the pendulum too far back the other way toward the treatment aspect. So what we've done is, and I think it's a stroke of genius in some ways, is we maintain the current discipline system, and if individuals feel that that is the route that needs to be taken, that these individuals are in need of discipline, their license revoked or suspended or some action taken on those lines, everything remains in place as it currently does in that area, but we set up a second track through the Department of Public Institutions that allows, as I said, a sort of Employee Assistance Program that individuals can be referred to to deal with their problem and go into treatment, and if the problem is resolved, then we have taken care of that and these individuals can continue to serve as health professionals and have resolved their problem. I think it needs to be clarified at this point again, for intent purposes, that the idea is not to block either route in this situation. For instance, if you go into the DPI Employee Assistance Program, somebody reports you and you submit to treatment, somebody else can report you, I'm talking here of a doctor or nurse or somebody, to the Health Department and say