

gets very complicated. But there is a desire to provide for some privacy for complainants if they so desire from having their name released to the Board of Examiners. So that's provision number one of this amendment. Provision number two is the question about...and you've heard about some of these cases of health professionals stealing drugs, currently that's not reported directly to the Health Department. Under this amendment, the report that is required to the Drug Enforcement Administration when any loss or theft of drugs occurs a copy now would be required to be sent to the Department of Health so they could track a potential loss or theft of drugs by health professionals or others, for that matter. In addition, this amendment would provide that the Department of Health, when they get a complaint, would send a copy of the complaint and other materials over to the Attorney General as they work through an investigation to inform the Attorney General of the process, the idea here is that the Attorney General, if the Health Department doesn't proceed and take action, it's possible the Attorney General could question that as a check and balance to make sure the Health Department does their job. That's amendment number three. Amendment number four deals with being able to deny a license or renewal of a license or limit the license or revoke or suspend a license based on habitual intoxication or dependence or on an addiction to the use of alcohol or habitual or dependency or an addiction to the use of any kind of controlled substance or narcotic drug. So, again, it puts back in a provision that we currently have allowing for action on a discipline basis based on drug and alcohol addiction. We changed the ability to intervene the threshold from imminent danger to danger, again recognizing that if somebody poses a danger, it doesn't matter whether it's imminent or not, we want action so this clarifies that. We also clarify the ability to take statutory action despite participation in the assistance program to provide for discipline against an individual health professional and then we also make it clear that we're talking about active addictions. The terminology now is active addiction. If you have once had a drug or alcohol problem but no longer are using drug or alcohol, you're still considered addicted if you once had a problem in an attempt to recognize you must constantly, forever deal with that problem. And so when you talk about addiction anymore, the term is beyond the concept we once used which is somebody currently and actively addicted. And so we put in the term "active addiction" to recognize that somebody may be addicted from a previous problem but is no longer actively addicted and I know that may sound