



FEDERATION OF STATE PHYSICIAN HEALTH PROGRAMS, INC.

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September 11, 2020

The Honorable Tim Kaine
United States Senate
231 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Bill Cassidy, MD
United States Senate
520 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Jack Reed
United States Senate
728 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Todd Young
United States Senate
185 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Senators Kaine, Reed, Cassidy, and Young,

The Federation of State Physician Health Programs (FSPHP), a non-profit 501c3 national membership association of State Physician Health Programs designed to support physician health programs across the US in improving the health of medical professionals, thereby contributing to quality patient care thanks you for introducing the *Dr. Lorna Breen Health Care Provider Protection Act* (S. 4349). This piece of legislation will reduce and prevent suicide, burnout, and mental and behavioral health conditions among health care professionals.

We would like to take this opportunity to introduce the FSPHP to you and to discuss the role of our member [Physician Health Programs](#) as it relates to **Legislation 4349 – the Dr. Lorna Breen Health Care Provider Protection Act**. We offer this letter of support from the FSPHP and we offer access to FSPHP subject matter experts in the field of physician well-being, chronic disease management and support. When this legislation is enacted, the FSPHP, along with our member Physician Health Programs (PHPS) across the US can be part of the solution to address the intensifying stress, burnout, mental health, substance misuse and suicide crisis among physicians exacerbated by COVID-19.

Whereas it has been the role of the FSPHP to support our member physician health programs across the US in improving the health of medical professionals, thereby contributing to quality patient care, we understand the need for this legislation and endorse it.

The FSPHP evolved over 30 years ago from initiatives taken by the American Medical Association, the Federation of State Medical Boards, and state medical societies who launched individual PHPs to serve as a safe, confidential resource for the profession focusing on outreach, education, early detection, referral for treatment and monitoring of physicians at risk of potential impairments such as substance use disorders, mental and physical illness. FSPHP, and its member programs advocate for policy that supports access to confidential care for the health of the profession.

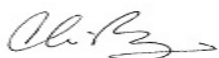
Today, nearly every state has developed a PHP which operates within the parameters of state laws, rules, and regulations. PHPs provide important services to physicians in need of support for their health and well-being. PHPs are considered peer support programs that have confidential divisionary roles allowing for a therapeutic alternative to disciplinary action with a well-established proven track record. As such, PHPs are well positioned to be part of the solution to advance all of the mandates of this legislation forward having years of experience and strong expertise in providing education, direct services, and monitoring to the profession to reduce and prevent suicide, burnout, mental health conditions and substance use disorder and improve health care professionals well-being and job satisfaction.

With more funding and resources that will result from this legislation, we believe PHPs are uniquely positioned to effectively and efficiently provide the education, research, well-being and health services mandated in the legislation to preserve the profession. PHP's have extensive expertise in education, outreach, and long-term monitoring of physicians who have recovered from mental health conditions and substance use disorders. Studies that review the long-term model of PHPs confirm physician recovery rates are markedly higher than the general population—even when extended into 5 years or more. Collecting 904 sequential admissions to these same programs and following them over five or more years resulted in 81% having zero positive drug screens. Of those who completed monitoring, 95% had a license and worked as a physician. One study reports that malpractice risk for those who complete a PHP is lower than for physicians practicing medicine who have never been followed by PHP monitoring. PHPs have restored the health and wellbeing of thousands of physicians for over three decades. More articles featuring the PHP model, including FSPHP member testimonials and PHP participant stories can be reviewed here: [PHP Featured Articles](#).

The FSPHP is professional membership association with elected officers and an elected [Board of Directors](#) from 14 states across the US. FSPHP has the largest membership in history with 48 [State Physician Health Program Members](#), and 255 total members of the association. More information about FSPHP can be found here www.fsphp.org.

We recognize the needs to be address through this legislation, and we look forward to positioning FSPHP and our member Physician Health Programs to address the mandates described in the legislation and to be part of the solution when it comes to implementing the training, the best practices, the education and research called for in the bill.

Sincerely,



Chris Bundy, MD, MPH
President, The Federation of State Physician Health Programs

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