STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

HEALTH PROFESSIONAL RECOVERY PROGRAM
POLICY AND PROCEDURE MANUAL

Serving Michigan's Health Professionals
Since 1994

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
P.O. BOX 30670
www.michigan.gov/bpl

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TABLE OF CONTENTS

TABLE OF CONTENTS

HEALTH PROFESSIONAL RECOVERY PROGRAM (HPRP)
POLICY AND PROCEDURES MANUAL
INTRODUCTION

Health Professional Recovery Program (HPRP)

This manual contains the Health Professional Recovery Committee's (HPRC) policies for Michigan's Health Professional Recovery Program (HPRP). The HPRP is a monitoring program for impaired health professionals established by the legislature in 1993. The program is available to health care professionals who are licensed or registered under Part 15 of the Public Health Code. The HPRP is financially supported by licensing fees.

Philosophy

The underlying philosophy of the program is to protect the public while encouraging and supporting recovery from the treatable diseases of substance use disorder and mental health disorder. These dual goals are expressed in many ways throughout the policies contained in this manual.

Health Professional Recovery Committee

The HPRC oversees the HPRP and is composed of members representing the professions eligible for the program. The Committee fulfills some of its oversight responsibilities for the HPRP through the development and adoption of the policies in this manual.

HPRP Contractor

These policies are used by the private sector contractor who is responsible for the day-to-day operations of the HPRP. The contractor serves as a central point for referrals to the program and works with participants, evaluators, providers, and other service providers. The contractor reports to the Committee and to the Bureau of Professional Licensing, Michigan Department of Licensing and Regulatory Affairs.

Organizational Manual

The manual is organized into chapters. Each chapter is further organized into topics.

Disclaimer

The Committee advises the reader that this is an operating manual to help guide the HPRP contractor in the administration of the services provided under the program. Some participants in the HPRP may have unique circumstances, which for clinical reasons, require some adaptation of the policies. Therefore, discretion should be used interpreting the impact of a specific policy for an individual participant.

Please direct comments, questions, and suggestions for the Committee to:

HPRP Administrator
Bureau of Professional Licensing
P.O. Box 30670
Lansing, MI 48909

The HPRP Contractor is prevented from providing information to any and all media related sources.

Please direct any media related inquiries to:

State of Michigan
Media Information Office

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

Effective December 14, 2020

I. REPORTING IMPAIRMENT TO THE DEPARTMENT

A. Definition of Impairment: "Impairment" means the inability or immediately impending inability of a health professional to practice his or her health profession in a manner that conforms to the minimum standards of acceptable and prevailing practice for the health profession due to the health professional's substance abuse, chemical dependency, or mental illness or the health professional's use of drugs or alcohol that does not constitute substance abuse or chemical dependency. MCL 333.16106a.

B. Health Professional Reporting Requirement: A licensee or registrant who has reasonable cause to believe that a licensee, registrant, or applicant is impaired must report that fact to the Department. The duty to report is satisfied if a licensee or registrant files a report with the Health Professional Recovery Committee or the Health Professional Recovery Program (HPRP). MCL 333.16223(1). The HPRP will not accept an anonymous or confidential referral. The HPRP will direct a referrer who wishes to remain anonymous or to keep his or her identity confidential to make the referral directly to the Department.

C. Health Care Facility or Health Agency Reporting Requirement: A health care facility or agency is required to report to the Department within 30 days after a disciplinary action was taken by the health facility or agency against a health professional licensed or registered under Article 15, based on the licensee's or registrant's professional competence, disciplinary action that results in a change in employment status, or disciplinary action based on conduct that adversely affects the licensee's or registrant's clinical privileges for a period of more than 15 days. MCL 333.20175(5)(a).

1. This requirement includes a duty to report any adverse action taken against a health professional because of impairment. This report must be made not more than 30 days after the action occurs.

2. An action adversely affects a health professional's employment if there is a "reduction, restriction, suspension, revocation, denial, or failure to renew the clinical privileges of a licensee or registrant by a health facility or agency." MCL 333.20175(5)(a).

D. Exception to Reporting Requirement: A health professional who gains knowledge of the impairment as a result of a bona fide health professional-patient relationship is exempt from the reporting requirement. MCL 333.16223(2).

E. Failure to Report: A licensee or registrant who fails to report impairment is not liable in a civil action for damages resulting from the failure to report. However, he or she is subject to administrative sanctions against his or her own license or registration by the Department for failing to report. MCL 333.16223(1).

II. REFERRALS TO THE HPRP

Eligibility: A Michigan health professional who is licensed or registered, or an applicant for licensure or registration, under Article 15 of the Michigan Public Health Code, 1978 PA 368, MCL 333.1101 to 333.25211, is eligible to participate in the HPRP. A health professional with a lapsed or suspended license is also eligible for the HPRP.

A. Self-Referral: A health professional may self-refer by reporting his or her own impairment directly to the HPRP. Before accepting the self-referral, the HPRP may require the health professional to obtain approval from the Department if his or her license is suspended, if administrative action is pending against the license, or if the health professional was previously dismissed from the HPRP as noncompliant.

B. Department Referral: A health professional may be referred by the Department when it has reasonable cause to believe that the health professional may be impaired. MCL 333.16169.

C. Referral by Another Licensee or Registrant: The HPRP may accept a referral made by another identified licensee or registrant who has reasonable cause to believe that a licensee, registrant, or applicant is impaired. MCL 333.16223(1). The referrer must provide his or her name, license number, and details sufficient to demonstrate that he or she has reasonable cause to believe that the licensee, registrant, or applicant has an impairment.

D. Anonymous and Confidential Referrals: The HPRP will not accept an anonymous or confidential referral. The HPRP will direct a referrer that wishes to remain anonymous or to keep his or her identity confidential to make the referral directly to the Department.

III. GENERAL REQUIREMENTS TO PARTICIPATE

A. Qualifying Diagnosis: A health professional must be evaluated by an HPRP-approved, qualified evaluator and diagnosed with a condition that qualifies him or her for admittance into the program under the provisions of MCL 333.16169 and MCL 333.16170. Specific requirements for admittance into the program are found in Chapter 2 of this policy.

B. Participant General Requirements: Pursuant to MCL 333.16170, a health professional may be admitted into the HPRP after satisfying both of the following:

1. The health professional acknowledges his or her impairment.

2. The health professional voluntarily agrees to withdraw or limit the scope of his or her practice as determined necessary by the HPRP and agrees to participate in the recommended treatment plan as identified in his or her Monitoring Agreement.

C. Voluntary Admission: Regardless of the source of or reason for referral, a health professional who wishes to participate in the HPRP must voluntarily enter into a Monitoring Agreement.

I. CONFIDENTIALITY

A. Confidentiality of a Reporter: The identity of the individual reporting impairment will remain confidential unless the reporter agrees in writing to disclose his or her identity or the reporter is required to testify in a disciplinary proceeding against the health professional.

- **Reporter's Civil and Criminal Immunity:** Pursuant to MCL 333.16244, a person acting in good faith who makes a report to the HPRP is immune from civil or criminal liability, including liability in a civil action for damages that may be incurred, and is protected under the Whistleblowers' Protection Act, 1980 PA 469. A person making or assisting in making a report, or assisting the HPRP, is presumed to have acted in good faith.

B. Confidentiality of a Participant: Except as provided below, the HPRP will not disclose any confidential information regarding a participant without the participant's prior written consent.

- **Exceptions:** Certain information regarding a participant may be disclosed under the following circumstances:

1. The participant fails to satisfactorily comply with the HPRP. The HPRP is obligated to report the participant to the Department and transmit the participant's HPRP file to the Department for investigation.

2. Circumstances known to the HPRP that indicate that an impaired health professional may be a threat to the public health, safety, or welfare. In such circumstances, the HPRP is obligated to report the health professional to the Department and, if applicable, transmit his or her HPRP file for investigation.

3. The participant is required to report to the HPRP as part of a board disciplinary order. The disciplinary order becomes a matter of public record and the participants involvement in the HPRP may be discerned from the public record. The participant's protected health information and other private information remain confidential except as required to be disclosed by court order.

II. HPRP RECORD RELEASES AND DESTRUCTION OF RECORDS

A. Obtaining Confidential Records: The HPRP may require information contained in confidential records, including records related to a substance use disorder, mental health disorder, or both.

B. Release Requirements: An authorization for the release of information to obtain substance use or mental health disorder records must contain all the elements required by the state and federal regulations, including the purpose of the disclosure to the HPRP. An authorization for and the purpose of any possible redisclosure to the Department, if the participant is dismissed, from the HPRP must also be noted on the release.

C. Redisclosure: State or federal regulations may also prohibit redisclosure of the records or information unless such further disclosure is expressly permitted by the written consent of the participant or is required by state or federal law.

D. Destruction of Records: All records pertaining to the impairment of a participant and participation in the HPRP will be destroyed five years after the date the participant successfully completes a Monitoring Agreement.

I. GATHERING INFORMATION

The HPRP must gather information from the individual filing the report (reporter) and enter it into the HPRP database. Information gathered will be used to:

A. Establish a case file that includes a plan for follow-up contacts during the intake process.

B. Establish a body of information for use by the HPRP-approved, qualified evaluator.

C. Conduct phone interviews to gather all information that is relevant to the reported impairment concerns.

II. DOCUMENTATION

A. At a minimum, the HPRP must document the following information during the intake process:

1. Participant:

- Name.
- Address (including county of residence).
- Phone.
- Date of birth.
- Professional group, license.
- Employment/practice setting.
- Participant's occupation.

2. Reporter:

- Name.
- Address and phone number.
- Employment or practice setting.
- Reporter's occupation.
- Reporter's relationship to the reported participant.

3. Behaviors exhibited or observed, including specific and objective data.

4. Dates and descriptions of specific incidents and behaviors, including any written documentation available.

5. Consequences of behaviors or incidents involving the following:

- The identified participant.
- Patients.
- Coworkers.
- Employees.

- Institution.
- Others.

6. **Actions taken in relation to the behaviors or incidents.**

7. **Other pertinent and related information including:**
   - Participant's history of:
     - Substance use disorder.
     - Mental health disorder.
     - Treatments.
   - Prior or pending legal problems, such as driving arrests/convictions and/or other civil, criminal, or administrative actions.
   - Names of others who may provide additional information, such as family members and significant others, supervisors, employers, or employees.
   - Names and addresses of all the participant's current health care providers.
   - Information regarding all the participant's current prescriptions and over-the-counter medications, including dosage, frequency, and prescribers.

8. **Any other information that may be required for the database or for program analysis.**

9. **Contact the participant:** Document the initial contact HPRP staff make with the participant to discuss the referral and the benefits and requirements of the HPRP.

B. Use of Documentation: The documented information is used to identify appropriate HPRP-approved evaluators and for the evaluator to use to determine the course of treatment for the participant if monitored by the HPRP. The documented information will also be used if the identified participant fails to comply with HPRP requirements during intake, treatment, or monitoring.

I. RISK TO THE PUBLIC

After contacting the health professional, the HPRP staff must use the information gathered under Policy 201 to assess the level of risk to the public that would be present if the participant continued professional practice during the intake process.

II. DETERMINING RISK LEVEL

The following questions and factors are used to determine the level of risk to the public:

A. Questions:

- What is the source of the report(s)?
- What was the specific behavior?
- How recent was the behavior?
- How frequent was the behavior?
- How serious or acute was the behavior?
- What is the profession and work setting?

B. Risk Factors:

- Reported errors in practice that have resulted in harm or imminent harm to a patient for which a substance use disorder or mental health disorder was a contributing factor.
- Documented diversion of controlled substances in the workplace for personal use or sale.
- Verbal or physical abuse towards patients or coworkers; homicidal or suicidal threats or innuendos; or threatening behavior to HPRP staff during the intake process.
- Reports of positive drug screens and behaviors that indicate alcohol or drug use at or before reporting to work. Examples include stupor, slurred speech, gait, or odor, disorganized thoughts, or reports of current consumption. The observed impaired behavior is to occur within the workplace or to be a result of multiple documented convictions for operating a vehicle while under the influence of alcohol, a controlled substance, or other intoxicating substance.
- Symptoms of disorganized thought processes, irrational comments, expressed delusions or hallucinations, reality disorientation, mood liability, paranoia, suicidal or homicidal ideation, or loose associations.

III. ACTION BASED ON RISK LEVEL

A. The level of risk will determine if a participant will be asked to refrain from working and sign an authorization consenting to the release of information for the participant's worksite. Regardless of the level of risk, authorizations consenting to the release of information will be required of all participants to permit the exchange of information between the HPRP and the HPRP-approved evaluator or other providers. All authorizations for the release of information must follow appropriate federal and state laws and regulations.

B. The following actions will be taken based on the level of risk indicated below:

1. **High Risk:** The HPRP will require an authorization consenting to the release of information that names the participant's worksite. The HPRP will contact the worksite to obtain work setting and job performance information. The participant will be asked to refrain from working until the intake process has completed.

2. **Moderate Risk:** The HPRP may require an authorization consenting to the release of information that names the worksite because the worksite environment presents a risk relative to the reported impairment. The HPRP may contact the worksite to obtain work setting and job performance information. The participant may be asked to refrain from working until the intake process has completed.

3. **Low Risk:** No authorizations consenting to the release of information for the worksite will be required during the intake process.

C. Worksite Exception: A participant may enter into a Safety Agreement (SA) in place of refraining from work and having his or her employer contacted.

IV. SAFETY AGREEMENT

A. Definition: The (SA) is a temporary agreement that may be offered to a participant until eligibility for a Monitoring Agreement (MA) is determined, and if warranted, the MA has been signed, notarized, and returned to the HPRP. The SA is valid for no more than 60 days.

- The SA must require the participant to abstain from using alcohol, unprescribed substances, and any other mood-altering substances, except as permitted under Policy 303.
- The SA must require the participant to submit to random drug screens at a frequency determined by the HPRP.

B. Noncompliance: Failure to comply with the SA is noncompliance. The HPRP will determine the consequences of the noncompliance, which can include asking the participant to cease working and notifying the worksite that the participant was asked to step down from work. If the participant does not cease working, the HPRP must report the participant to the Department.

I. EVALUATION PROVIDER

A participant must be evaluated by a provider approved by the HPRP to determine if the participant has a diagnosis that is eligible for the program. Whenever possible, a participant will be given a choice of at least two HPRP-approved evaluating providers. The HPRP-approved evaluator must have the same or higher level of credentials as the participant.

II. EVALUATION REQUIREMENTS

The evaluation must include all of the following:

A. Presenting Situation:

- When and where the evaluations took place and who was present.
- Basic demographic information.
- Reasons for referral and the purpose of the evaluation, including any information provided to HPRP regarding the referral.
- Any unique situations presented during the evaluation process.

B. Education and Work Environment:

- The participant's education and training, and all license, certification, and registration information, including the current status of any health licenses, registrations, and certifications.
- Current and past employment history, work related issues, including reported impairment, confrontation or intervention, hours worked, and stress levels.
- Support in the work environment, including supervisors, coworkers, and access to an employee support program.

C. Medical Status:

- Medical history, including any chronic or acute diseases, surgeries, pain, etc.
- Review of all past and current medications, including a prescription history which includes the source of medication, strength, dosage, etc.
- General health observations.

D. Participant's History:

- Family history of substance abuse and mental health disorders.
- Personal history of physical, emotional, or sexual abuse.
- Any other pertinent information.

E. Family and Social Relationships:

- Current living and social arrangements and the participant's satisfaction with current conditions.

- Social and familial problems as related to any substance abuse and mental health disorder, including influence on disorder.
- Assessment of the support network from family members, friends, or religious leaders.

F. Drug and Alcohol Usage:

- Prior and current substance use, including alcohol, prescription and illicit drug use, including age of onset, amounts used and usage patterns, tolerance, withdrawal symptoms, routes of administration, and amount of money spent on drugs.
- Identification of primary and secondary drug of choice and its source.
- Any previous evaluations (if available) as well as any treatment or hospitalizations, including relapse history.
- Recent drug test results and the facts related to its administration.

G. Mental Health History:

- Personal history of any treatment or hospitalizations for psychiatric, psychological, or other mental health disorders, including eating, gambling, or sexual disorders.
- History of any past or current symptoms of mood disorders (depression, mania, etc.), anxiety, perceptual disorders (hallucinations, etc.), thought disorders (delusions, paranoia, loose associations, etc.), sensory disorders (orientation, concentration, etc.), problems with impulse control and judgment, and insight disorders.
- History of any past or current suicidal or homicidal thoughts or actions.
- General mental health status with any significant findings being identified and explained.
- Past and current use of psychiatric/mood-altering medications or stabilization/treatment of psychological conditions.
- Review of psychological tests administered and the results.

H. Legal Status:

- History of any legal problems related to substance use or abuse and mental health disorder.
- Current legal problems, including civil or criminal cases, or administrative action by the Department.

I. Toxicology Screens: A minimum of one, 12-paneled confirmed urine screen that includes Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS) testing is required. The HPRP-approved evaluator may require additional testing using any of the toxicology screening methods approved under VII of Policy 307. The HPRP may also require additional testing as necessary to address concerns found in the evaluation.

J. Collateral Contacts: Collateral contacts are required as part of the evaluation.

Suggested contacts include relatives living with the participant, significant others, employer or employer representatives, treating physicians or other health providers, and probation officers. The participant is required to provide releases to the evaluator for any requested collateral contacts.

K. Diagnostic Assessment:

- Summary of the clinical findings of all the results of the evaluation.
- Identify areas of concern, including the accuracy of the participant.
- Diagnosis using the DSM-5 criteria.
- A diagnosis specifier of full sustained remission requires at least 12 months of documented negative urine drug screens that include EtG/EtS results.

L. Evaluator's Diagnosis and Recommendation:

- **Diagnosis of substance use disorder:** If the HPRP-approved evaluator diagnoses a substance use disorder, with or without a diagnosis of a mental health disorder, under the DSM-5 criteria, the HPRP-approved evaluator must make recommendations for treatment that are appropriate to address the severity of the problem presented. The evaluator's recommendations must include and be based on the DSM-5 diagnosis. The HPRP-approved evaluator's treatment recommendations must use the current American Society of Addiction Medicine (ASAM) Patient Placement Criteria to define the recommended level of care for the substance use disorder. The participant's monitoring agreement must include the evaluator's treatment recommendations.

- **Diagnosis of mental health disorder:** If the HPRP-approved evaluator diagnoses a mental health disorder, with or without a diagnosis of a substance use disorder, the HPRP-approved evaluator must make recommendations for treatment that are appropriate to address the severity of the problem presented using generally-accepted standards of practice. The treatment recommendation must include the DSM-5 diagnosis. The participant's monitoring agreement must include the evaluator's treatment recommendations.

- **Co-occurring diagnosis:** If the HPRP-approved evaluator diagnoses a substance use disorder and mental health disorder, both diagnoses must meet DSM-5 criteria and recommendations must be made for concurrent treatment of both conditions. The treatment recommendations must include the DSM-5 diagnosis. The participant's monitoring agreement must include the evaluator's treatment recommendations.

M. Ability to Safely Practice: If the HPRP-approved evaluator determines that the participant has an eligible diagnosis, then the evaluation must, generally, include the

evaluator's opinion regarding the participant's ability to safely practice. If additional testing is required, such as neurocognitive or continuous performance testing, before the participant's safety to practice can be determined, the HPRP-approved evaluator may defer the determination of the participant's safety to practice to the HPRP-approved treating provider, after such testing has been completed.

- An HPRP-approved provider must approve a participant's use of a mood-altering substance under policy 303.

- If the HPRP-approved evaluator finds that a participant is safe-to-practice, the evaluator must also recommend whether the participant should have access or availability to controlled substances and recommend a work schedule. The HPRP may limit a participant's practice when appropriate.

III. ROLE OF THE HPRP

If the HPRP finds that the evaluator's diagnosis or treatment recommendations, or lack thereof, are not sufficiently supported in the evaluator's report, the HPRP will contact the evaluator and provide him or her with the specific basis for the HPRP's concerns related to the diagnosis or treatment recommendations, or lack thereof, and request that the evaluator provide a supplemental report directly addressing those concerns. If the HPRP's concerns raise issues related to the need for additional testing, the HPRP will request that the evaluator provide additional testing or provide the specific basis as to why the evaluator does not require the additional basis to support the DSM-5 diagnosis or recommendations, or lack thereof. Following the above protocol, the HPRP must accept the diagnosis and treatment recommendations of the HPRP-approved evaluator.

IV. REQUESTING A SECOND OPINION

A participant may request to receive one additional evaluation to be conducted by an HPRP-approved M.D. or D.O. evaluator. The second evaluation must be conducted within the time frames and exceptions established under Policy 204.

I. TIME FRAMES

A. Time Frame: Intake and the establishment of a Monitoring Agreement, or if the participant is noncompliant with the Intake policy, notice sent to the Department of the participant's noncompliance, must be completed within 45 calendar days from the date of the referral, except as noted below. The HPRP will establish and advise the participant of deadlines for each phase of the intake process.

B. Completion: The intake process is complete when one of the following occurs:

- The participant is determined to be ineligible for the program.
- The participant signs a Monitoring Agreement and monitoring begins.
- The participant meets the criteria for referral to the Department.

II. EXTENSIONS

An extension to the 45-calendar-day time frame to complete intake may be given for good cause by the HPRP for the following reasons:

A. Treatment Extension: A participant completing a higher-level treatment program may receive an extension to the 45-calendar-day time frame for intake. A higher level treatment program means an inpatient program, an intensive outpatient program, a detoxification hospitalization program, a residential treatment program, or other treatment program that is not considered an outpatient program. The following requirements must be met for HPRP to approve this extension:

- The participant must enter into an Interim Monitoring Agreement that will remain in place until the participant enters into a Monitoring Agreement.
- While participating in the higher-level treatment program, the participant may work only if approved to do so by the HPRP evaluator.
- The participant must sign an authorization to release information to allow the higher-level treatment program providers to share clinical data with the HPRP.
- The higher-level treatment program must provide weekly progress reports to the HPRP.

B. HPRP-Approved Provider Extension: The HPRP may approve an HPRP-approved provider extension for a combined total of up to 45 days, if the participant requests a second evaluation or requires a more extensive evaluation than can be completed and reported within 45 calendar days from the date of referral. If approved, the HPRP will notify the participant in writing.

C. General Extension: The HPRP may approve a general extension for a combined total of up to 45 days if a participant makes a request for the extension and provides sufficient, verifiable documentation in support to the HPRP. If approved, the HPRP will notify the participant in writing.

III. SAFETY AGREEMENT:

- A participant who has exhausted all available extensions or who has been denied an extension may request to enter into a Safety Agreement until a Monitoring Agreement is established, and if warranted, the Monitoring Agreement has been signed, notarized, and returned to the HPRP. The Safety Agreement is not valid for more than 60 days.

- The Safety Agreement requires the participant to abstain from using alcohol, an unprescribed substance, and any other mood-altering substance, except as permitted under Policy 303.

- The Safety Agreement requires the participant to submit to random drug screens at a frequency determined by the HPRP.

IV. INTAKE STAFF REQUIREMENTS

A. Ineligible Diagnosis: The HPRP staff must notify a participant if he or she is ineligible for the program. If a participant has an eligible diagnosis, staff must discuss the results of the evaluation with the participant as noted below.

B. Inform of Possible Consequences: Staff must inform a participant who has an eligible diagnosis of the following:

- A Monitoring Agreement is required pursuant to HPRP's contract with the Department.
- The HPRP must report to the Department any circumstances that indicate an impaired participant may be a threat to the public health, safety, or welfare.
- The HPRP must report a participant to the Department if he or she fails to comply with the program requirements. Staff must inform the participant that a report to the Department may result in disciplinary action being taken against the license, which may include the loss of the license.

C. Develop Continuing Care Plan: In collaboration with the HPRP-approved evaluation and treatment providers, the HPRP must develop a continuing care plan that is to be incorporated into the participant's individualized Monitoring Agreement.

V. REPORTS TO THE DEPARTMENT DURING THE INTAKE PROCESS

The HPRP must report to the Department a participant who fails to comply with the requirements during the intake process. The HPRP will forward all available and appropriate documentation to the Department for possible disciplinary action.

In addition, a participant must be reported to the Department when the HPRP determines the participant may be a threat to the public health, safety, or welfare. The HPRP will forward all available and appropriate documentation to the Department for possible disciplinary action.

I. INTERIM MONITORING AGREEMENT

A. Interim Monitoring Agreement (IMA): An IMA is required when a participant's HPRP-approved evaluator recommends a Higher-level Treatment (HLT) program. The IMA establishes the participant's monitoring requirements while he or she attends the HLT program. The IMA must remain in place until the participant completes the recommended program and enters into a Monitoring Agreement (MA). Unless otherwise noted in this policy, "treatment provider" means an HPRP-approved provider.

1. **Higher-level Treatment:** The participant must obtain treatment in an HLT program when recommended by the HPRP-approved evaluator. The IMA must identify the name and location of the HLT program. The participant must follow the recommendations of the HLT program and its providers. The participant may be required to enter an HLT program after entering an MA, if recommended by his or her HPRP-approved treatment provider.

2. **Higher-level Treatment Providers:** The IMA must identify the participant's HLT program providers and require the HLT providers to submit a minimum of weekly reports to the HPRP.

3. **Abstinence:** The participant must remain abstinent from mood-altering substances unless the use is approved by the HLT program or approved pursuant to Policy 303.

4. **Toxicology Screening:** The participant must comply with all of the toxicology screening requirements of the HLT program. In addition, the HPRP will require a minimum of weekly toxicology screening while in the IMA.

5. **Employment:** The participant's ability to continue professional practice while under an IMA must be determined based on the information gathered pursuant to Policy 201 and the risk factors listed in Policy 202. Upon request, a participant may ask his or her HPRP-approved evaluator to assess his or her safety to practice while in the IMA. In such cases, the HPRP must follow the recommendations of the HPRP-approved evaluator.

6. **Release of Information:** The participant must provide the HPRP with the authorizations for the release of information that are requested by the HPRP to allow full communication between the HPRP, the HLT program, and all of the participant's treatment providers, including non-HPRP-approved providers, and the participant's court-related probation officers.

A. Noncompliance: A participant's failure to meet any requirement of the IMA, the HLT program, or the HPRP is considered noncompliance. The HPRP will determine the consequences of noncompliance, which can include dismissal from the program and reporting the participant as noncompliant to the Department.

B. Prior to Discharge of an HLT Program: The participant must contact HPRP at least 1 week before his or her discharge from an HLT program.

II. MONITORING AGREEMENT

A. Monitoring Agreement (MA): The HPRP must develop an individualized MA for a participant who receives an eligible diagnosis under Policy 203. The MA must incorporate the treatment requirements recommended by the participant's HPRP-approved evaluator and HPRP-approved treatment providers. The MA must also define the requirements for participation in the program pursuant to the HPRP Policy Manual.

1. **Treatment Provider:** The participant must obtain treatment from an HPRP-approved addictionist, psychiatrist, or both.

   - The HPRP must offer the participant a choice of at least 2 HPRP-approved treatment providers who can provide treatment at or above the level of care required for the participant's diagnosis. A co-occurring diagnosis of substance use disorder and mental health disorder requires treatment by both an addictionist and a psychiatrist. On request, the HPRP must provide the participant with additional HPRP-approved treatment providers who are qualified to treat the participant.

   - The HPRP-approved evaluator must determine the participant's frequency of required visits with the HPRP-approved treatment providers. After the initial visit, the HPRP-approved treatment provider may adjust the frequency of visits, the number of which must be stated in the MA. At a minimum, 1 visit every 3 months is required throughout the duration of monitoring.

   - The participant must obtain prior written approval from the HPRP before changing HPRP-approved treatment providers. The names of all HPRP-approved treatment providers must be identified in the MA.

   - The participant must arrange for his or her HPRP-approved treatment providers to submit a quarterly report to the HPRP in the manner and form required by the HPRP.

2. **Individual Therapy:** The participant must obtain individual therapy from an HPRP-approved individual therapist who must be identified in the MA.

   - The participant must meet with the therapist at least once every month throughout the duration of monitoring unless otherwise approved by the participant's HPRP-approved therapist and HPRP-approved treatment providers in consultation with the HPRP.

   - The participant must arrange for his or her therapist to submit quarterly reports to the HPRP in the manner and form required by the HPRP.

3. **Group Therapy:** A participant who is diagnosed with a substance use disorder must participate in group therapy that is led by an HPRP-approved group therapist who is identified in the MA.

   - The participant must participate in HPRP-approved group therapy at least weekly for a minimum of 2 years unless increased or decreased by the participant's HPRP-approved group therapist and treatment providers in consultation with the HPRP.

   - The participant must arrange for his or her HPRP-approved group therapist to submit a quarterly report to the HPRP in the manner and form required by the HPRP.

4. **Mutual-help Groups and Caduceus Groups:** A participant diagnosed with a substance use disorder must participate in a mutual-help group, such as Alcoholics Anonymous or Narcotics Anonymous, or both, and a caduceus group.

   - A minimum of weekly attendance in a mutual-help group and monthly attendance in a caduceus group is required unless adjusted by the participant's HPRP-approved treatment providers in consultation with the HPRP.

   - If a caduceus group is not reasonably available within the geographical location of the participant, the HPRP may approve attendance in 1 additional mutual-help group in lieu of the caduceus group requirement. If a caduceus group becomes reasonably available within the participant's geographical location, the participant will be required to attend the caduceus group.

   - The participant must obtain a mutual-help group sponsor within 60 days of signing the MA and maintain a sponsor throughout the duration of monitoring.

- The participant must arrange for his or her mutual-help group sponsor and caduceus group leader to submit a quarterly report to the HPRP in the manner and form required by the HPRP.

- The participant must submit monthly mutual-help and caduceus group meeting verification reports to the HPRP in the manner and form required by the HPRP.

5. **Non-HPRP-approved Providers:** The participant must provide the HPRP with the name and address of any non-HPRP-approved provider he or she consults. The participant must also update this information if there are any changes. The participant must provide each of his or her providers, including non-HPRP-approved providers, with a copy of his or her MA, and any current addendums to the MA.

6. **Absences:** The participant, mutual-help sponsors, caduceus group leaders, treatment providers, individual therapists, and group therapists, must report any unexcused absences from required or scheduled appointments or meetings to the HPRP.

7. **Abstinence and Medication Management:** The participant must remain abstinent from mood-altering substances during the monitoring period except as permitted under Policy 303.

   - A participant who is diagnosed with a substance use disorder will be required to document continuous abstinence during the final 2 years of monitoring. Continuous abstinence is documented through negative toxicology screens pursuant to Policy 307.

   - A positive toxicology screen will result in the extension of the monitoring period to ensure documented abstinence for a minimum of 2 years after the last positive screen.

   - All substances approved for use pursuant to Policy 303 must be identified in the MA, including the required dosage, reason for its use, the prescribing provider, and the start date of its use.

8. **Toxicology Screening:** The participant must comply with toxicology screening requirements pursuant to Policy 307. Participants diagnosed with only a mental health disorder may request to discontinue toxicology screens after providing 3 negative toxicology screens pursuant to Policy 307. However, whether or not toxicology screening is required, the participant must remain abstinent of mood-

altering substances throughout the duration of the Monitoring Agreement or have obtained written approval to use a mood-altering substance pursuant to Policy 303.

9. Relapse: All relapses must be reported to the HPRP immediately.

- All of the following are considered a relapse:
    - Any break or lapse in abstinence from the use of mood-altering substances regardless of the duration or amount of substance used, except as approved pursuant to Policy 303.
    - Any reoccurrence of clinically significant symptoms or instability with potential for current or impending impairment.
    - When a participant who is diagnosed with a mental health disorder fails to comply with prescribed medication requirements or therapeutic activities.

- The following persons are responsible for reporting relapses to the HPRP:
    - The participant.
    - Worksite monitor.
    - Individual therapist.
    - Group therapist.
    - Treatment providers, whether or not he or she is an HPRP-approved provider.
    - Anyone involved in the treatment or recovery of the participant.

- If the participant experiences a relapse, the participant must obtain an updated assessment from an HPRP-approved treatment provider. The assessment must address the participant's recovery status and treatment plan. The participant may be required to withdraw from employment until his or her ability to safely practice has been redetermined. A plan of action must be agreed upon between the HPRP, the participant, and the HPRP-approved treatment provider that will be reflected in an addendum to the MA.

10. Employment Approvals and Restrictions: The participant must obtain prior written approval to work, including approval of employment settings and restrictions, from the HPRP throughout the monitoring period. Work includes professional practice, self-employment, unpaid work in health settings such as volunteer work, and work that does not require the use of a professional license.

- The participant's HPRP-approved evaluator and HPRP-approved treatment providers must determine whether the participant is safe to practice and, if applicable, the restrictions pertaining to the access of controlled substances and work hours.

- Noncompliance with the MA may result in the HPRP requiring the participant to withdraw from work until the HPRP-approved treatment provider meets with the participant to update the safety-to-practice form and submits a new safety-to-practice form to the HPRP that outlines the participant's work conditions.

- In consultation with the participant's HPRP-approved treatment providers, the HPRP may restrict the participant from working during hours with limited supervision or hours that may interfere with the treatment or recovery. The number of continuous hours of work as well as overtime and on-call hours may also be restricted. Approval of work conditions will be based on the following factors:

    - Actual or apparent access to controlled substances.
    - Accountability mechanisms, degree of supervision.
    - Stability in recovery.
    - History of compliance with the HPRP requirements.
    - Other factors that are determined relevant by the treating providers.

- In consultation with the participant's HPRP-approved treatment providers, the HPRP may restrict the participant's access to controlled substances or other mood-altering substances. This includes restrictions from obtaining, possessing, prescribing, dispensing, administering, and having access to controlled substances or other mood-altering substances. If access to controlled substances has been restricted for 6 months or more, the participant may make a written request to the HPRP to have the restriction lifted.

- The HPRP's approval of a worksite does not impact the participant's duty of disclosure to the employer. A participant is subject to all employer requirements, terms, and conditions concering disclosure in the same manner as the participant would have been if the employee was not participating in the HPRP.

- The HPRP must require the presence of a worksite monitor at each location.

11. **Worksite Monitor:** The participant must identify a worksite monitor who is knowledgeable of his or her involvement in the HPRP and who is willing and able to support the participant's recovery.

    - The participant must provide a copy of his or her MA and any addendum to the MA to his or her worksite monitor. Information concerning medications may be redacted from the MA or addendum before the copy is provided to the worksite monitor.

    - The worksite monitor must be in a job position that is equal to or above the participant.

    - The relationship between the participant and worksite monitor must be independent to avoid an actual or apparent personal or professional conflict of interest relating to the worksite monitor's duty to report noncompliance, relapse, or safety to practice issues to the HPRP.

    - The worksite monitor must not be a current HPRP participant. If the worksite monitor is a former HPRP participant, he or she must have a minimum of 6 months of successful post-HPRP recovery.

    - The worksite monitor will be provided with a worksite monitor handbook created by the HPRP and must agree to follow all of the requirements established in the handbook.

    - The participant must arrange for the worksite monitor to submit quarterly reports to the HPRP in the form and manner required by the HPRP.

    - The participant must obtain prior written approval from the HPRP before changing the worksite monitor and must notify the HPRP within 3 business days if the worksite monitor is no longer able or willing to monitor the participant.

    - Any changes require prior written approval from the HPRP and must be approved in consultation with the participant's HPRP-approved providers.

12. **Release of Information:** The participant must execute an authorization for the release of information as requested by the HPRP to allow full communication between the HPRP and any persons involved in the participant's recovery.

13. **Leave Requests:** The participant must obtain prior written approval from the HPRP and his or her HPRP-approved treatment provider for any leave from active treatment or toxicology screening.

    - The participant must submit completed requests to the HPRP in the manner and form required by the HPRP at least 2 weeks before any planned leave.

    - The participant's leave request must indicate any travel outside of the State of Michigan.

    - Toxicology screening requirements under Policy 307 will remain in place during any approved leave, unless exceptions are approved by the HPRP after receiving the HPRP-approved treatment provider's recommendation to temporarily exempt the requirements. The HPRP-approved treatment provider must provide the HPRP with his or her clinical rationale for any break in toxicology screening. The approval of a break in toxicology screening must include a start and end date of the break in screening.

    - If a participant's life circumstances or employment position requires ongoing travel, the participant must obtain prior written approval from the HPRP to use alternative collection sites approved by the HPRP.

B. Modifications and Addendums: Any modification to the MA must be approved by the HPRP, and if applicable under the HPRP policy, the participant's HPRP-approved treating providers. The HPRP must formalize any modification in an addendum, which becomes part of the MA. The participant must provide copies of the addendum to all persons required under this policy to have received a copy of the original MA under Policy 504. The participant may request a review of any decision affecting the terms of his or her MA under policy 504.

C. Noncompliance: A participant's failure to meet any requirement of the MA or any other requirement under this policy is considered noncompliance. The HPRP will determine the consequence of any noncompliance, which can range from modification to the MA to dismissal from the program and reporting the participant's noncompliance to the Department.

In addition, if a participant is noncompliant, the HPRP may without modification to the MA, require the participant to visit his or her HPRP-approved treatment providers, including individual or group therapists, for the purposes of determining whether changes to the treatment requirements in the MA or other monitoring requirements are merited.

I. ACCEPTABLE USE OF MOOD-ALTERING SUBSTANCES

A. Abstinence-based Requirements: Before a participant uses a mood-altering substance, he or she must satisfy all the requirements of this policy to be considered compliant with the abstinence-based provisions of the program.

B. Protecting the Public and Participant: This policy must be used to ensure that the use of a mood-altering substance by a participant diagnosed with an impairment does not present a risk to the public and does not inhibit the participant's ability to complete his or her Monitoring Agreement.

C. Reasons for Acceptable Use: The use of a mood-altering substance during monitoring may be acceptable for any of the following reasons:

- Medical emergencies.
- Flare or exacerbations of chronic medical conditions.
- Elective surgeries or other medical procedures.
- Treatment of a medical condition established before or during participation in the HPRP.
- Sudden acute conditions.
- Ongoing treatment.

D. Approval Required: A participant must satisfy all the requirements of this policy before using a mood-altering substance unless there is a documented medical emergency. The participant must notify the HPRP of the use within 48 hours after the medical emergency and provide documentation requested by the HPRP.

E. Reviews: Pursuant to Policy 504, a participant may request a review of any HPRP decisions affecting his or her request to use a mood-altering substance.

II. REQUESTING APPROVAL

A. Definitions: As used in this policy, the following terms are defined as follows:

- "HPRP-approved provider" means the participant's HPRP-approved M.D. or D.O.
- "Prescribing provider" means the participant's prescribing provider with whom the participant has a bona fide prescriber-patient relationship, which may or may not be the HPRP-approved provider.

B. Requirements: Except in the case of a medical emergency, a request to use a mood-altering substance must satisfy all of the following requirements:

1. The use of the substance must be approved by the HPRP-approved provider. If the HPRP-approved provider is not the prescribing provider, the HPRP-approved

provider must consult with the prescribing provider before considering the approval.

2. The prescribing provider must provide the HPRP with a written document acknowledging that he or she is aware of the participant's diagnosis and status of participation in the HPRP.

3. The HPRP-approved provider must provide the HPRP with a written, evidence-based, medical explanation supporting the decision to approve or disapprove the use of the substance. As used in this policy, "evidence-based" means evidence gained using the scientific method to guide clinical decision-making resulting from meta-analysis of multiple double-blinded, placebo-controlled clinical trials. If applicable, the explanation must address any variances from recommendations made by the prescribing provider.

4. The participant must provide the necessary authorizations for the release of information to allow the HPRP, the HPRP-approved provider, and, if applicable, the prescribing provider to consult and exchange information.

III. EVALUATING FACTORS

A. Consultation: The HPRP must evaluate the risk factors listed below in consultation with the participant's HPRP-approved provider. The factors must be evaluated based on the participant's individual circumstances to determine which Monitoring Agreement requirements will be necessary.

B. Risk Factors: The following risk factors must be evaluated:

1. The length of time that is medically necessary to use the substance.

2. The type and a dosage of the substance that is requested to be used. The recommendations for dosage of opioids as outlined in the ASAM National Practice Guidelines, adopted June 1, 2015, and the Center for Disease Control Guideline for Prescribing Opioids for Chronic Pain, effective March 18, 2016, must be considered.

3. The medical reasons for taking the substance.

4. The severity of the diagnosis and level of recommended treatment provided on the participant's intake-evaluation that was completed by the HPRP-approved evaluator.

5. The severity of the diagnosis and level of recommended treatment of the participant's current HPRP-approved provider.

6. The participant's treatment history and hospitalizations, including relapse history and history in treatment programs.

7. History of compliance with the Monitoring Agreement.

8. The participant's work environment and work responsibilities.

IV. MONITORING AGREEMENT REQUIREMENTS

Requirements Based on Risk Factors: Based on an assessment of the risk factors, the HPRP may amend the participant's Monitoring Agreement to address some or all of the following:

A. The type and frequency of the participant's toxicology screenings.

B. The acceptable presence of the substance in toxicology screens.

C. The participation requirements in self-help groups, treatment groups, and provider visits. Changes must be made as directed by the HPRP-approved provider.

D. The length of the Monitoring Agreement. The HPRP may require up to 5 years of monitoring. The Monitoring Agreement must not exceed a total of 5 years provided that the participant remains compliant with all terms of the Monitoring Agreement. However, it may be extended beyond 5 years to address relapses or other matters of noncompliance that result in extensions of a Monitoring Agreement.

E. The requirements pertaining to the participant's work environment, which may include increased work supervision and reducing access to controlled substances.

F. The requirements pertaining to how the substance may be prescribed and used. This change must be approved as directed by the participant's HPRP-approved provider.

G. The requirements to undergo additional assessments that can include neuro-cognitive testing and computerized continuous performance testing.

V. NONCOMPLIANCE AND RELAPSES

Noncompliance with any terms of the Monitoring Agreement may result in the participant being asked to discontinue work until he or she has been assessed by his or her HPRP-approved provider to update his or her safety-to-practice.

Chapter 3: Monitoring Agreements
Policy 307: Toxicology Screening Requirements

Effective July 15, 2020

I. TOXICOLOGY SCREENS: A participant must submit to random toxicology screens. A participant may also be required to submit to additional screens for cause or as specified in the Monitoring Agreement. The frequency and type of screening will be determined based on the unique circumstances of each participant.

II. FREQUENCY: The HPRP is responsible for determining the frequency of toxicology screening and for notifying the testing laboratory of any changes. The frequency may be increased or decreased following a review by the HPRP.

III. COMPLETING TOXICOLOGY SCREENS: A participant must contact the HPRP's approved toxicology screening subcontractor each weekday, including holidays that fall on a weekday, to determine if a screen must be completed. The subcontractor may be contacted by phone, the internet, or through its mobile application.

The participant must complete toxicology screens no later than 11:59 p.m. on the day requested to complete the screen. The HPRP may require screens on request following review and approval from the HPRP Medical Director.

The participant may be required to complete alternative methods of toxicology screening, such as a breathalyzer, that has additional testing parameters.

IV. ABNORMAL SCREEN RESULTS: Each participant must notify the HPRP of problems or anticipated problems with performing toxicology screens. Missed screens or abnormal screen results are reported to the HPRP and may result in additional progressive requirements, such as removal from work, additional treatment, dismissal from the program, or other changes to the Monitoring Agreement.

The following are considered abnormal results:

- **Positive specimen:** A specimen showing an unapproved substance. A positive specimen will be considered abnormal whether or not a participant is aware of the reason for the presence of the unapproved substance or chemical and whether or not the participant intended for the presence of the unapproved substance or chemical.

- **Adulterated specimen:** A specimen with any of the following characteristics:

- The temperature is outside the range of 90.0 to 100.0 degrees Fahrenheit.
- The urine color is unusual or shows signs of contaminants.
- The presence of nitrates equal to or greater than 500 mcg/dL.
- The presence of glutaraldehyde.
- An abnormal Ph of less than 3 or greater than 11.
- The presence of any other adulterants.

- **Dilute specimen:** A specimen with creatinine level of less than 20 mcg/dL and specific gravity that is greater than or equal to 1.0010 and less than or equal to 1.0030.

- **Invalid specimen:** A specimen with any of the following characteristics:
  - The presence of creatinine is less than 2 mg/dL with specific gravity that is greater than or equal to 1.0010 and less than or equal to 1.0200.
  - The presence of creatinine is greater than 2 mg/dL with a specific gravity less than or equal to 1.0010.
  - There is a different appearance of split specimens.
  - There is an interference with assay (immunoassay or GC/MS).
  - There is an abnormal physical characteristic.
  - There is either a possible oxidant or surfactant activity.

- **Substituted specimen:** A specimen with a creatinine level of less than or equal to 2 mg/dL and specific gravity that is less than or equal to 1.0010 or greater than or equal to 1.0200. A specimen that falls outside the temperature range of 90.0 to 100.0 degrees Fahrenheit may indicate substitution, which may require a second specimen provided under direct observation.

- **Refusal to test:** The following will be considered as a refusal to test:
  - Failure to appear for testing.
  - Failure to provide a specimen.
  - Failure to provide sufficient sample.
  - Failure to provide an observed test.
  - Failure to allow an observed test.
  - Failure to follow instructions during an observed test.
  - Failure to provide sufficient amount of urine without a medical reason.
  - Failure to take a required additional test.
  - Failure to cooperate with any part of the collection process.

- Use of a prosthetic device.
- Admitting to adulterating or substituting the specimen.

V. ADDRESSING ABNORMAL TOXICOLOGY SCREENS: The participant should follow the Monitoring Agreement for written guidelines and discuss any questions with the HPRP case manager to ensure proper approvals and documentation are contained in the file. The following guidelines are provided as recommendations for addressing abnormal toxicology screens:

- **Positive, adulterated, substituted, or a refusal to test:** The participant and his or her treatment providers must be contacted by phone or letter to determine if a relapse has occurred and whether it is necessary to provide additional treatment or increase the level of care.

- **Dilute specimen:** The HPRP Medical Director will review all dilute toxicology screen results. The first dilute will result in a warning letter sent to the participant, which will identify his or her responsibility to provide adequate screens. The Medical Director may determine in his or her review that a warning letter should not be issued. The participant may be required to provide additional testing or provide early morning (before 9:00 a.m.) screens at the collection site. A dilute test cannot be accepted as a negative test at any time.

VI. APPROVED TOXICOLOGY METHODS: The HPRP will maintain a list of all approved toxicology screen methods. The HPRP contractor must request the Health Professional Recovery Committee's approval before using any new toxicology screening.

VII. APPROVED TOXICOLOGY SCREENS: The approved toxicology screens and the dates of approval are as follows:

- Urine Drug Screen (UDS) – June 1995
- Saliva tests – September 19, 2000
- Breathalyzer – September 19, 2000
- Blood Alcohol Concentration – March 20, 2001
- Hair – March 20, 2001
- Phosphatidyl ethanol, serum (PEth) – March 19, 2018
- Nail tests – March 19, 2018.

Effective December 14, 2020

I. USE OF TETRAHYDROCANNABINOL PROHIBITED

A. Prohibition on Use of Natural or Synthetic Tetrahydrocannabinol (THC): A participant must abstain from the use of any natural or synthetic product containing THC. The legality of the use of a natural or synthetic product containing THC does not affect the prohibition on its use by a participant. The participant's use of other legal, mood-altering substances, such as alcohol, is also prohibited during monitoring.

B. Use of Any Mood-Altering Substances by Participant: The HPRP is an abstinence based program, and a participant's use of any mood-altering substance**,** including use of a substance containing THC, is subject to the requirements of Policy 303.

C. Drug Screens: A drug screen that is positive for THC, regardless of the source, is a positive drug test.

I. HPRP EVALUATORS

A. License Verification: An HPRP-approved evaluator must be licensed to practice as a health professional in the state in which he or she practices and hold a license in good standing to practice.

B. Experience: An HPRP-approved evaluator must have at least 5 years of experience in the identification and assessment of individuals who have a substance use disorder or mental health disorder, or both. Exceptions may be made if there is a scarcity of qualified evaluators in the geographical area of the participant. Exceptions based on scarcity must be documented by the HPRP.

C. HPRP Training: An HPRP-approved evaluator must participate in at least one training conducted by the HPRP which addresses the HPRP program requirements before receiving evaluation referrals.

D. Employment: An HPRP-approved evaluator must operate in an office setting that is located outside his or her personal residence.

II. HPRP EVALUATOR OBLIGATIONS

A. Submission of Reports: An HPRP-approved evaluator must provide HPRP with requested information regarding a participant and submit any reports required under the HPRP Policy Manual.

B. Quality of Care: An HPRP-approved evaluator must provide a participant with a professional level of care in a manner that meets or exceeds prevailing standards of practice while recognizing the unique characteristics of the participant.

C. Payment for Services: The responsibility for payment of services is a matter between the participant and the evaluator. The HPRP does not charge participants for services or pay evaluators for services.

III. REMOVAL FROM THE HPRP EVALUATOR LIST

- **Removal:** The HPRP may remove an evaluator from its evaluator list at any time for any reason.

I. HPRP PROVIDERS

A. License Verification: An HPRP-approved provider must be licensed to practice as a health professional in the state in which he or she practices and holds a license in good standing to practice.

B. Experience: An HPRP-approved provider must have at least 5 years of experience in the treatment of individuals who have substance use disorders or mental health disorders, or both. Exceptions may be made if there is a scarcity of qualified providers in the geographical area of the participant. Exceptions based on scarcity must be documented by the HPRP.

C. HPRP Training: An HPRP-approved provider must participate in at least one training conducted by the HPRP which addresses the HPRP program requirements before receiving referrals for treatment.

D. Employment: An HPRP-approved provider must operate in an office setting that is located outside his or her personal residence.

II. HPRP PROVIDER OBLIGATIONS

A. Submission of Reports: An HPRP-approved provider must provide HPRP with requested information regarding a participant and submit any reports required under the HPRP Policy Manual.

B. Quality of Care: An HPRP-approved provider must provide a participant with a professional level of care in a manner that meets or exceeds prevailing standards of practice while recognizing the unique characteristics of the participant.

C. Payment for Services: The responsibility for payment of services is a matter between the participant and the provider. The HPRP does not charge participants for services or pay providers for services.

III. REMOVAL FROM THE HPRP PROVIDER LIST

- **Removal:** The HPRP may remove a provider from its provider list at any time for any reason.

Chapter 5: HPRP Administrative Procedures
Policy 500: Toxicology Collection Site and Laboratory Testing Site Requirements

Effective July 15, 2020

I. TOXICOLOGY COLLECTION SITE

A. Site Requirements: The HPRP must require participants to provide toxicology screens required under Policy 307 at a collection site that satisfies all of the toxicology collection site requirements under this policy.

1. **Compliance:** The site must be established and operating under all applicable laws, standards, and regulations.

2. **Quality Control:** The site must have implemented reasonable standards of quality control. The site must provide a system of identity verification for all participants to help prevent fraudulent testing, follow federally approved procedures under the Procedures for Transportation Workplace Drug and Alcohol Testing Programs, 49 CFR Part 40, for preventing tampering of test samples and ensuring the validity of a test sample due to fluctuation in temperatures.

3. **Site Staff:** The collection site staff must be educated in the federally approved drug sample collection procedures under 49 CFR Part 40. Additional training to detect methods used by some knowledgeable health care professionals to deliberately tamper with the collection process or alter specimen results may be required on an as-needed basis.

4. **Inspection:** The collection site staff must conduct an inspection of the site before the collection and not allow a participant access to the collection site before obtaining the specimen.

5. **Confidentiality:** The site must handle screens in a manner designed to ensure confidentiality of the information. The site and the HPRP must ensure the security of the data transmission and restrict access to any data transmission, storage, and retrieval system.

B. Chain of Custody Requirements: The site must use federally approved standards under 49 CFR Part 40 to maintain a defensible chain of custody. More stringent standards may be required by the HPRP in certain cases, which must be documented by the HPRP.

1. **Federal Standards:** From the time the specimen is collected to its analysis in the laboratory, the specimen must be secured and accounted for in a manner that is compliant with 49 CFR Part 40.

2. **Documentation:** A chain of custody form must be attached to each specimen to ensure that the laboratory chain of custody is maintained.

3. **Specimen Disposition:** Each person who handles the specimen from collection to analysis must follow the federally approved standards under 49 CFR Part 40 and sign the required forms.

II. TOXICOLOGY TESTING LABORATORY REQUIREMENTS

A. Laboratory Requirements: The HPRP must require collected toxicology screens to be tested at a laboratory that satisfies the toxicology testing laboratory requirements under this policy.

1. **License:** The laboratory must be certified pursuant to the requirements under 49 CFR Part 40.

2. **Quality Control:** The testing laboratory must have implemented reasonable standards of quality control pursuant to 49 CFR Part 40.

3. **Chain of Custody:** The laboratory must use federally approved standards under 49 CFR Part 40 to maintain a defensible chain of custody. A chain of custody form must be attached to each specimen to ensure that the laboratory chain of custody is maintained.

4. **Drug Panel:** The laboratory must test for the drug panel defined and provided by the HPRP.

5. **Positive Screens:** If the initial testing of the defined drug panel results in a positive test result, the laboratory must conduct a second confirmation test on the specimen. .The second confirmation test must use a different scientific principle from the initial test and must be capable of providing applicable specificity, sensitivity, and quantitative accuracy. If the confirmation testing shows the same results, the test data must be reviewed by a medical review officer and compared to any medication listing provided by the HPRP participant to determine if there is a biomedical reason for the positive results. If there is a biomedical reason for the positive result, the result will be reported as negative and accompanied with an explanation.

6. **Confidentiality:** The laboratory must handle screens in a manner designed to ensure confidentiality of the information. The site and the HPRP must ensure the security of the data transmission and restrict access to any data transmission, storage, and retrieval system.

B. Reporting Test Results: The laboratory must report all test results, including abnormal test results pursuant to Policy 307, IV., within 7 business days after the laboratory receives the test sample.

TOXICOLOGY PANELS

A. Requirement: The HPRP must use toxicology screening for participants using the methods approved by the Health Professional Recovery Committee (HPRC) in Policy 307, VII.

B. Use of Panels and Methods: The HPRP will determine which approved toxicology screening panel and method are appropriate for each participant based on the participant's individual circumstances.

C. Approval of New Toxicology Screens. The HPRC must approve any changes in the toxicology screens used before changes are implemented by the HPRP, as provided in Policy 307, VI.

D. Annual Notification: On an annual basis, the HPRP will notify the Department of the toxicology panels being used. If requested by the Health Professional Recovery Committee Policy Subcommittee, (Policy Subcommittee), the Department will provide this information to the Policy Subcommittee. Information pertaining to these toxicology panels is considered an investigative technique/procedure of the HPRP and is not a part of the public record or subject to disclosure.

I. RELOCATION TO ANOTHER STATE

A. Relocation Requirements: To remain compliant with the HPRP, a participant who relocates to another state must satisfy the requirements under this policy.

B. States with Similar Programs: The HPRP may continue to monitor a participant who relocates to another state that has a program similar to the HPRP if all of the following requirements are satisfied:

- The participant provides all authorizations for the release of information requested by the HPRP to allow for full communication between the HPRP and the other state's program.

- The participant arranges for the other state's program to provide the HPRP with all reports necessary for the HPRP to continue monitoring the participant's progress. The HPRP must identify the necessary reports and frequency of reports it is requiring from the other state's program in the participant's Monitoring Agreement (MA).

- The other state program or the participant must arrange to submit quarterly reports.

- The participant must notify the HPRP if he or she obtains a health professional license or registration in the other state where he or she is located.

- The participant must comply with all other reporting requirements outlined in the MA.

C. States without Similar Programs: The HPRP may continue to monitor a participant who relocates to another state that does not does not have a program similar to the HPRP by working with the participant to locate or identify treatment providers that meet HPRP's standards. The HPRP must approve all providers before approving the transfer to the other state.

II. TRANSFER FROM ANOTHER STATE TO MICHIGAN

A. Relocation: An individual who relocates to Michigan from another state must coordinate with the primary state to effectuate the transfer and satisfy all of the following requirements:

- Arrange for the other state's program to provide HPRP with all reports necessary for the HPRP to continue monitoring the participant's progress. The HPRP must identify the necessary reports and frequency of reports in the participant's MA.

- Visit an HPRP-approved provider to evaluate the participant's ability to safely practice.

- Continue to follow the other state's monitoring requirements established for the participant.

- Enter into an HPRP MA that establishes all the requirements that must be met by the participant.

B. Evaluation: The HPRP may accept the evaluation of the previous state but may require additional evaluations as necessary.

C. Relocation after transfer: If a participant returns to the primary state, relocates to a different state, or relocates to a different country, the HPRP may provide written notice to both the primary state and the participant that it will no longer monitor the participant and discontinue monitoring the participant. The HPRP may then close the participant's case indicating that the participant's monitoring has been transferred back to the primary state's program.

I. REQUESTING REVIEW OF HPRP DECISIONS

A. Eligibility: A participant who disagrees with an HPRP decision may request a review of that decision by following the Step-1 and Step-2 review processes outlined under sections II and III of this policy. The HPRP must provide a participant with the required form for requesting a review or inform him or her of its location on the HPRP website. The following decisions are eligible for review:

- A decision affecting the terms of the Monitoring Agreement.
- A decision to dismiss the participant as noncompliant from the HPRP.

B. Failure to Request Step 1 or Step 2 Review: A participant who fails to file a Step-1 or Step-2 review request regarding an HPRP decision may not later request an amendment to his or her monitoring agreement related to that decision.

C. Compliance During the Review Process: A participant must comply with the terms of his or her original Monitoring Agreement and any addendums to the Monitoring Agreement that are not a part of the Step-1 or Step-2 request during the review process. A participant's non-compliance with the terms of the original Monitoring Agreement and any addendums that are not a part of a Step-1 or Step-2 request will be reported to the department for investigation of the participant's safety to practice.

D. Factors for Granting or Denying a Request: The following factors may be considered in the review of a Step-1 and Step-2 request:

- The public health, safety, and welfare.
- The requirements of the HPRP policy.
- The clinical judgment of the participant's HPRP-approved providers.
- The participant's written rationale for the request, including any supporting documentation provided by the participant in his or her request.
- The HPRP's rationale for making the decision.
- Documentation contained in the participant's HPRP file.
- The participant's history of compliance within the program and circumstances resulting in the initial decision.
- Any other relevant factors pertaining to the participant's request.

II. STEP-1 REVIEW PROCESS

A. A Step-1 review is available to a participant who disagrees with an HPRP decision. After a Step-1 request form is received, it is reviewed by the HPRP review team, which is composed of the HPRP Program Director, Medical Director, and HPRP case management staff.

B. A Step-1 request form must be received within 14 calendar days after the participant is notified of a decision affecting the terms of the Monitoring Agreement or 21 calendar days after the participant is notified of a decision that involves being dismissed from the program.

C. A completed Step-1 request form must be received by the HPRP at the following address, fax, or email:

HPRP
P.O. Box 842
Troy, MI 48099
Fax: 248-519-0373
Email: hprp@hprp.org

D. The HPRP review team must review the participant's request within 5 business days of receiving the completed Step-1 form and a determination must be mailed to the participant within 5 business days after the review is completed. If the Step-1 is denied, the determination must include instructions for requesting a Step-2 review.

III. STEP-2 REVIEW PROCESS

A. A Step-2 review is available to a participant who submitted a timely Step-1 request that was denied. After a Step-2 request form is received, it is reviewed by the Health Professional Recovery Committee (HPRC) Step-2 Subcommittee (Subcommittee), which consists of HPRC members appointed by the HPRC chairperson. The Subcommittee conducts the review independent from the HPRP and the Department. No further reviews are available within the program beyond the Step-2 review.

B. A Step-2 request form must be received by the HPRP State Program Administrator within 14 calendar days after the participant is notified of a Step-1 determination involving a decision affecting the terms of a Monitoring Agreement or 21 calendar days after the participant is notified of a Step-1 determination that involves being dismissed from the program.

C. A completed Step-2 request form must be received by the HPRP's State Program Administrator at the following address, fax, or email:

HPRP State Program Administrator
Bureau of Professional Licensing
611 W. Ottawa St., Third Floor
P.O. Box 30670
Lansing, MI 48909
Fax: 517-241-9416
bpl-hprp@michigan.gov

A completed Step-2 request form sent by an overnight delivery service, such as UPS or FedEx, must be received by the HPRP's State Program Administrator at the following address:

HPRP State Program Administrator
Bureau of Professional Licensing
2407 N. Grand River Ave.
Lansing, MI 48906

D. After receiving the request, the State Program Administrator must submit the participant's file and request to the Subcommittee. The Subcommittee members must individually review the participant's file and request before submitting their response to grant or deny the request. The responses received from the individual Subcommittee members are confidential.

E. If a majority decision cannot be determined from the responses received, the State Program Administrator will summarize the responses and share the summary with the Subcommittee. After reconsidering the matter, the Subcommittee members must resubmit their decision to the State Program Administrator.

F. The State Program Administrator must provide written notice of the decision to the participant within 5 business days of receiving the Subcommittee's decision. The notification must include the Subcommittee's reasoning that supported its decision. A copy of the written notification will be sent to the HPRP.

G. The decision of the Subcommittee is final. A participant may not later submit a request to amend his or her monitoring agreement related to the decision of the Subcommittee.

IV. CONFIDENTIALITY AND MEANING OF TERMS

A. Confidentiality: For purposes of this policy, State Program Administrator includes his or her designees. All requests and information pertaining to a participant must remain confidential from all other staff of the Department not designated by the State Program Administrator to assist in the administration of the HPRP. The State Program Administrator must not designate any staff employed under the Enforcement Division of the Department to assist in the administration of the HPRP.

B. Notice and Calculation of Dates: Notice must be made in writing and may be made through electronic means. Unless otherwise notified, delivery to the participant is presumed to have occurred 3 business days after being sent by U.S. mail. Non-delivery does not affect the validity of the notification. The requesting party is responsible for providing a current address to the HPRP and the Department.

I. Noncompliant Dismissal

A. Noncompliance: The HPRP may dismiss a participant from the HPRP for any failure to comply with the requirements of the HPRP Policy Manual that applies to the participant. Examples include, but are not limited to, the following:

- Non-compliance with the intake process, Safety Agreement, Interim Monitoring Agreement, or Monitoring Agreement (MA).
- Failure to satisfactorily progress in an established recovery plan.
- Working, or attempting to work, in a health professional capacity when the licensee has been requested to withdraw from work or limit the scope of his or her practice.
- Relocating outside the state of Michigan without prior notice and approval.
- Falsifying any information submitted to HPRP.
- Failure to provide a specimen for toxicology screening.
- Submitting an adulterated sample for toxicology screening.

B. Noncompliant Dismissal Process: The HPRP must satisfy all of the dismissal process requirements before finalizing the noncompliant dismissal of a participant.

1. **Case Review:** The HPRP must conduct a review of the participant's file and complete a comprehensive summary report outlining the reasons for dismissal. As part of its review, the HPRP must consider whether progressive or alternative requirements should be implemented in the participant's MA in lieu of dismissal. However, the HPRP is not obligated to implement progressive or alternative requirements.

2. **Review Determination:** If the case review results in a determination to dismiss the participant, the HPRP must notify the participant of the determination and provide the participant the opportunity to request a review of the decision pursuant to Policy 504.

3. **Policy 504 Review:** If a participant does not request a review under Policy 504, or if the participant's request for a review under Policy 504 results in upholding the decision for dismissal, then a participant's dismissal from the HPRP is final.

4. **Finalizing Dismissal:** The HPRP must satisfy all of the following within 3 business days after the dismissal is final:

a. Forward the comprehensive summary report and the participant's full HPRP file to the Department's Enforcement Division.

b. Notify all of the participant's HPRP-approved providers.

c. Notify the participant in writing of the dismissal. The notification must inform the participant that notification of the dismissal was forwarded to the Department and his or her HPRP-approved providers.

II. COMPLETING MONITORING

A. Before Compliant Discharge: Due to the high prevalence of relapse near the end of a recovery program among individuals with a substance use disorder or mental health disorder, the HPRP must conduct a comprehensive compliance review of the participant's HPRP file near the end date of the MA.

1. **Documentation Review:** The comprehensive review must include a review of the participant's progress, compliance, work performance, ability to practice safely without restrictions, and any other documentation and requirements pertaining to the participant's MA.

2. **Verification:** The HPRP must document that it has verified that the participant has met all of the requirements of his or her MA. If the HPRP determines the participant has not satisfied all of the MA requirements, the HPRP must inform the participant in writing and make modifications to the MA as necessary.

3. **Endorsements:** The participant must arrange for his or her HPRP-approved providers to submit a letter or written statement of endorsement to the HPRP that attests to the participant's fulfillment of his or her requirements under the MA.

4. **Written Relapse Prevention Plan:** The participant must submit a written relapse prevention plan that outlines his or her specific plans for continuing recovery outside of the HPRP.

B. Compliant Discharge: The HPRP will discharge a participant as compliant from the HPRP once the participant has satisfied all of the requirements of his or her MA, including any modifications to the MA that are made by the HPRP, before finalization of the compliant discharge.

C. Finalizing Compliant Discharge: Within 30 days after the HPRP has verified that all of the requirements for completing monitoring have been satisfied, the HPRP must send written notification to the participant that he or she has successfully completed HPRP.

Abstinence means the intentional and consistent restraint from the pathological pursuit of reward and/or relief that involves the use of substances and other behaviors. These behaviors may involve, but are not necessarily limited to, gambling, video gaming, spending, compulsive eating, compulsive exercise, or compulsive sexual behaviors. American Society of Addiction Medicine website, Public Policy Statements, https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2014/08/01/terminology-related-to-addiction-treatment-and-recovery, September 18, 2019.

Addiction "is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death." American Society of Addiction Medicine website, Resources section, https://www.asam.org/resources/definition-of-addiction, September 18, 2019.

Alcohol "means the product of distillation of fermented liquid, whether or not rectified or diluted with water, but does not mean ethyl or industrial alcohol, diluted or not, that has been denatured or otherwise rendered unfit for beverage purposes." MCL 436.1105 (1).

Alcoholics Anonymous "is an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem." Alcoholics Anonymous website, https://www.aa.org/pages/en_US/what-is-aa, September 18, 2019.

American Society of Addiction Medicine (ASAM) was "founded in 1954, is a professional medical society representing over 6,000 physicians, clinicians and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction." American Society of Addiction Medicine website, Resources section, https://www.asam.org/resources/definition-of-addiction, September 18, 2019.

ASAM Criteria is "the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions." American Society of Addiction Medicine website, Resources section, https://www.asam.org/resources/the-asam-criteria/about, September 18, 2019.

Caduceus (Recovery Support Meetings) "is a twelve step recovery meeting for licensed healthcare professionals." Caduceus Meeting informational website, https://caduceusmeeting.blogspot.com/, September 18, 2019.

Chain of Custody, as used in these policies, means the process of obtaining and accounting for biological specimens in a manner that documents continuous possession, allows accurate identification and provides safeguards against alteration or inadvertent substitution.

Chemical Dependency "means a group of cognitive, behavioral, and physiological symptoms that indicate that an individual has a substantial lack of or no control over the individual's use of 1 or more psychoactive substances." MCL 333.16106a(a).

Controlled Substance "means a drug, substance, or immediate precursor included in schedules 1 to 5 of part 72." MCL 333.7104(3).

Department means the Michigan Department of Licensing and Regulatory Affairs.

Detoxification means the process of allowing the body to clear itself of drugs or alcohol.

Impaired or impairment "means the inability or immediately impending inability of a health professional to practice his or her health profession in a manner that conforms to the minimum standards of acceptable and prevailing practice for that health profession due to the health professional's substance abuse, chemical dependency, or mental illness or the health professional's use of drugs or alcohol that does not constitute substance abuse or chemical dependency." – MCL 333.16106a

Intake is the initial phase of the HPRP process during which the program obtains information from the participant, provides the participant with names of appropriate evaluating providers, provides other services as appropriate, and works with the participant to ensure timely compliance with the Intake completion process.

Meeting Verification Report is the documented list of all meetings and support groups attended by the HPRP participant during a reported period.

Narcotics Anonymous is an organization that "offer[s] recovery from the effects of addiction through working a twelve-step program, including regular attendance at group meetings." https://www.na.org/?ID=PR-index

Recovery is a "process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction." *American Society of Addiction Medicine website,* Public Policy Statements, https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2014/08/01/terminology-related-to-addiction-treatment-and-recovery, September 18, 2019.

Relapse is a process in which an individual who has established abstinence or sobriety experiences recurrence of signs and symptoms of active addiction, often including resumption of the pathological pursuit of reward and/or relief through the use of substances and other behaviors. When in relapse, there is often disengagement from recovery activities. American Society of Addiction Medicine website, Public Policy Statements, https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2014/08/01/terminology-related-to-addiction-treatment-and-recovery, September 18, 2019.

Substance abuse "means the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof." MCL 330.100d(10).

I. PROFESSIONAL MEMBERS:

A. Board Appointment: Each professional board and the Physician's Assistant Task Force is entitled to appoint a representative on the Health Professional Recovery Committee (HPRC).

B. Licensed or Registered: The representative must be a licensed or registered health care professional under Article 15 of the Michigan Health Code, qualified under the statute, and not a current a member of a health care professional Board or the Physician's Assistant Task Force.

II. PUBLIC MEMBERS:

A. Public members: The Director of the Department of Licensing and Regulatory Affairs must appoint two public members to the Committee.

B. Specialized training: At least one of the public members must have specialized training, experience, or both in the treatment of individuals with addictive behavior.

III. NOMINATION PROCESS:

A. Nomination: When there is a vacancy, the administrator for the HPRC will solicit nominations from the Physician's Assistant Task Force, a health care professional Board, and from one or more professional associations representing the vacant position.

B. Requirements: The solicitations will include the requirements for appointments to the Committee and request a nomination letter and a resume or curriculum vitae for the nominee.

IV. APPOINTMENT PROCESS:

A. Board Action: After receiving the letter and résumé or curriculum vitae of a health care professional qualified under the statute, the administrator will forward the nomination to the applicable board for action.

B. Director Action: For those health care professions that are eligible for the program but do not have a licensing board, the nomination will be forwarded to the Director of the Department of Licensing and Regulatory Affairs.

V. ELECTION OF CHAIR AND VICE-CHAIR: The HPRC must elect a chairperson and vice-chairperson annually at the first meeting of each calendar year, MCL 333.16139.

I. DESIGNATED COMMITTEES: The Chairperson of the HPRC may designate specific subcommittees to help accomplish the work of the Committee and the members to serve on each subcommittee.

II. DELEGATION OF RESPONSIBILITIES: The Chairperson of the HPRC will delegate the types of responsibilities to be performed by each subcommittee.

III. INTERIM APPROVALS: An interim approval is an approval issued by a subcommittee pending discussion and approval or disapproval by the full HPRC at the next available meeting. The subcommittees may, with the approval of the chairperson of the Committee, be responsible for the interim approval of certain policies and other operations within their designated responsibilities.

The following requirements apply to interim approvals by subcommittees:

- The interim approval of a new or revised policy or other action must be determined to be: (1) in the interest of public safety, of the HPRP, and the participants of the HPRP, and (2) a delay in approval would be detrimental.
- The motion for the interim approval must be approved by a majority of the subcommittee members present and voting.
- The interim approval must be approved by the chairperson of the Committee, in consultation with other members as needed.
- The circumstances surrounding the need for the interim approval must be explained to the full Committee at the next available meeting and be reflected in the Minutes.

IV. CONTRACTOR OPERATIONS: If there is a need to change a policy on an interim basis, the contractor is responsible for notifying the chairperson of the Committee, the chairperson of the appropriate subcommittee, and the HPRP contract administrator. This notification must include the policy to be enacted or changed on an interim basis as well as the rationale.

Description	**Public Health Code**
Committee Membership:	
Qualifications	MCL 333.16135 and MCL 333.16165
Appointment	MCL 333.16165
Term and vacancies	MCL 333.16166
Compensation and expenses	MCL 333.16137
Committee Duties:	
Duties	MCL 333.16167; MCL 333.16169; MCL 333.16170; and MCL 333.16179(a)
Offices, services, managerial and administrative functions	MCL 333.16141
Annual report required	MCL 333.16143 and MCL 333.16167
Committee Meetings:	
Election of chairperson and vice chairperson	MCL 333.16139
Quarterly Meetings Required	MCL 333.16138
Quorum Defined	MCL 333.16138
Actions of Committee; majority present; No proxy voting	MCL 333.16138
Minutes	MCL 333.16138
Open Meetings Act	MCL 333.16138