



# FEDERATION OF STATE PHYSICIAN HEALTH PROGRAMS, INC.

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April 14, 2025

**To: California Legislature**  
**Cc: Aaron Bone, Chief of Legislation and Public Affairs, Medical Board of California**  
**Marc Berman, Assembly Member**

### **Subject: FSPHP Urges Passage of California's AB 408: A Progressive Step Toward a Model Physician Health Program Safeguarding California's Physicians and Patients**

The Federation of State Physician Health Programs (FSPHP) strongly supports AB 408 to establish California's Physician Health and Wellness Program—a critical resource for physicians facing mental health and substance use disorders (SUDs). This legislation aligns with proven models in 48 states, prioritizing early intervention to protect both physicians and patients.

#### **Key Advantages of a PHP supported by AB 408**

- 1. Workforce Protection and Public Safety Through Early Intervention**  
Replaces punitive approaches with rehabilitation, encouraging help-seeking before impairment occurs. This reduces liability risks while protecting patient safety.
- 2. Confidential Record Protections**  
Shields records except for imminent safety risks, addressing physicians' fears of licensure penalties and promoting timely care.
- 3. Balanced Reporting Requirements with Protection for Reporter**  
Reporting for those at risk of impairment while also offering protections for reporters, encouraging a culture of accountability.
- 4. Voluntary State-Authorized Alternative to Discipline**  
Mirrors successful 48-state programs, enabling physicians to seek help without career-ending consequences.
- 5. FSPHP Best Practices Integration of Quality and Process Improvement**  
Requires third-party administration by accredited nonprofits, ensuring evidence-based care and peer review.
- 6. Clear Regulatory Framework and Language**  
Defines roles for the Medical Board and administrators to minimize ambiguity.

#### **Why a PHP supported by FSPHP PHP Guidelines Is Critical:**

- Substance Use Disorders:** Lifetime prevalence: 15.3% of physicians (~18,963 CA MDs). Current need: 620–4,710 CA physicians require immediate SUD support.

- **Mental Health Crises:** Burnout: ~62,000 CA physicians affected (50% nationwide).
- **Proven Success:** PHPs using this model achieve **80% recovery rates** for physicians—far exceeding general population outcomes.
- **Endorsements:** The American Medical Association, the Federation of State Physician Health Programs, the Federation of State Medical Boards support the FSPHP “PHP MODEL” published in the FSPHP PHP Guidelines, as well as medical leaders as a national best practices. This legislation has the potential to offer the confidentiality protections, and structure of such a model.

### **Now is the time to move forward - A Promising Future for Physician Health in California**

AB 408 addresses the state’s physician health crisis by balancing oversight with compassion. By adopting this model, California will:

- **Retain physicians** in a state facing a projected 10,000-provider shortage by 2030
- **Reduce medical errors** linked to burnout and untreated SUDs.
- **Rejoin the FSPHP network**, leveraging decades of evidence-based care standards.

The legislation uniquely positions California to create a program for physicians facing mental health and substance use disorders (SUDs) that improves patient safety. Without it, California risks further shrinking its physician workforce and jeopardizing patient safety.

Sincerely,

**Michael Baron, MD, MPH, DFASAM, FAPA**



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### **Supplemental Additional Information:**

#### **About FSPHP:**

FSPHP is an independent, duly constituted professional, educational, and nonprofit organization designed to support physician health programs across the country in improving the health of medical professionals, thereby contributing to quality patient care. We support member programs that have demonstrated a substantial commitment and adherence to the highly effective Physician Health Program (PHP) model because the PHP model has a proven track record of success that far exceeds the care for the general population with the same conditions (80% success for those with substance use disorder). PHPs also reduce professional liability risk.

#### **References that support the history and effectiveness of the PHP Model:**

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 668 Main Street, Suite 8, #295  
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 Phone: 978-347-0600  
 Website: [www.fsphp.org](http://www.fsphp.org)

- AMA Model Physician Health Program ACT:  
[https://www.fsphp.org/assets/docs/ama\\_physicians\\_health\\_programs\\_act\\_-\\_2016.pdf](https://www.fsphp.org/assets/docs/ama_physicians_health_programs_act_-_2016.pdf)
- “State medical boards are also encouraged to approach physician wellness and burnout from a non-punitive perspective, avoiding public disclosure of any information about a physician’s diagnosis during licensing processes and offering “safe haven” non-reporting to physicians who are under treatment and in good standing with **a recognized physician health program (PHP)** or other appropriate care provider.”  
<https://www.fsphp.org/assets/docs/policy-on-wellness-and-burnout.pdf>
- PHP's have extensive expertise in monitoring and managing safety sensitive professionals, including physicians who have recovered from a substance use disorder. Studies that review the long-term model of PHPs confirm physician recovery rates are markedly higher than the general population—even when extended into 5 years or more.
- DuPont RL, McLellan AT, White WL, Merlo L, Gold MS. Setting the standard for recovery: Physicians' Health Programs. *J Subst Abuse Treat.* 2009; 36( 2): 159– 171. [\[Crossref\]](#) [\[Google Scholar\]](#)
- One study reports that malpractice risk for those who complete a PHP is lower than for physicians practicing medicine who have never been followed by PHP monitoring.
- Brooks E, Gendel MH, Gundersen DC, et al. Physician health programmes and malpractice claims: reducing risk through monitoring. *Occup Med.* 2013; 63( 4): 274– 80. [\[Crossref\]](#) [\[Google Scholar\]](#)
- Data indicate that a variety of factors contribute to the highly effective PHP disease management process. A national study with collated data from 16 PHPs across the United States outlined the unique model of peer support provided to physicians with potentially impairing conditions.
- DuPont RL, McLellan AT, Carr G, et al. How are addicted physicians treated? A national survey of physician health programs. *J Subst Abuse Treat.* 2009; 37( 1): 1– 7. [\[Crossref\]](#) [\[Google Scholar\]](#)
- Collecting 904 sequential admissions to these same programs and following them over five or more years resulted in 81% of participant having zero positive drug screens. Of those who completed monitoring, 95% had a license and worked as a physician.

McLellan AT, Skipper G, Campbell M, DuPont RL. Five year outcomes in a cohort study of physicians treated for substance use disorders in the United States. *BMJ.* 2008; doi:10.1136/bmj.a2038. [\[Crossref\]](#) [\[Google Scholar\]](#)