

House Health & Human Services

02/25/2025 Upon Adjournment

HB25-1176 Behavioral Health Treatment Stigma for Providers

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
<p>Adriana Manygoats de Julio For Denver Medical Society Executive Committee</p>	<p>Dear Colorado State Legislature Committee,</p> <p>I am writing to express my strong support for Bill 1176, which aims to protect the medical privacy of physicians who at this time are unfairly targeted by the Department of Regulations Agency licensing questions. This bill is crucial for safeguarding the personal health information of our healthcare providers, who dedicate their lives to caring for others. Physicians, like all individuals, deserve the right to privacy concerning their medical history and treatment. Without such protections, physicians are discouraged from seeking necessary medical care for fear of professional repercussions and potential public scrutiny. This not only harms individual physicians but also potentially impacts the quality of healthcare delivery, as physicians may delay or forgo treatment, impacting their well-being and ability to provide optimal patient care. Furthermore, protecting physician medical privacy reinforces the fundamental principle that medical information is inherently private and should be treated with the utmost confidentiality.</p> <p>The potential consequences of failing to protect physician medical privacy are significant. Imagine a scenario where a physician's sensitive health information is leaked or improperly accessed. This could lead to stigmatization, discrimination, and even professional harm. Such a breach of privacy could deter physicians from seeking mental health treatment, for example, for fear of jeopardizing their careers. This is particularly concerning given the high rates of burnout and mental health challenges faced by healthcare professionals. By enacting Bill 1176, Colorado can send a clear message that it values the privacy and well-being of its physicians, recognizing that their health is essential to the health of the community. This protection will foster a culture where physicians feel safe and supported in seeking necessary medical care without fear of negative repercussions.</p>

	<p>Therefore, I urge you to vote in favor of Bill 1176. Protecting the medical privacy of physicians is not only a matter of individual rights, but also a matter of public health. By supporting this bill, you will be demonstrating your commitment to ensuring that our healthcare providers can access the care they need without compromising their privacy or jeopardizing their careers. This is a vital step in supporting the well-being of our physicians and ensuring the continued delivery of high-quality healthcare to all Coloradans. Thank you for your consideration of this important matter.</p> <p>Very Respectfully,</p> <p>Adriana Manygoats de Julio, MD, MSPH Retired Major US Army</p>
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Feb 25, 2025

Chairman and members of the HOUSE Health and Human Services Committee,

I am Dr Kristen Nordenholz, a practicing emergency physician for over 30 years. Today I am testifying On behalf of the **Dr Lorna Breen Heroes' Foundation**, the Colorado Chapter of the American College of Emergency Physicians and I wear the hat of Chair of the National Wellbeing Committee of the American College of Emergency Physicians (ACEP)_

I kindly ask you to **SUPPORT HB 25-1176: Behavioral Health Treatment Stigma for Providers.**

The **Dr Lorna Breen Heroes' Foundation** came into being after the unfortunate **death by suicide** of Dr Lorna Breen who was an emergency physician working at New York Presbyterian during Covid.

Dr Breen became depressed and was **afraid to seek mental health help** because of the stigma associated with medical licensing and credentialing

Emergency Medicine is very stressful and it is getting more stressful. We all suffer second victim syndrome.

It is **not surprising that Emergency Physicians have the highest rate of burn out (63%) in the whole house of medicine.**

It is very reasonable for Emergency physicians to seek mental health care for ourselves, to keep us as healthy as possible and to avoid physician suicide.

The MEDSCAPE report on physician suicide came out last week and showed the **second highest reason (at 41%) that physicians thinking about suicide didn't seek professional help, was fear of risking disclosing to medical boards!**

We are currently treating mental health as different from physical health.

Think about diabetes. Diabetics are potentially impaired since their blood glucoses can become high or low, but we don't ask those questions for licensing.

Licensing questions only ask mental health and substance abuse questions. This is very unjust and federally the Department of Justice has weighed in:

It is fine to ask about current impairment,

but WE ask that licensing does NOT ask about HISTORY of treatment of mental health treatment or substance abuse history

At least 33 states have already done this!

Colorado is a late adopter and at risk of lagging behind.

3 years ago, 17 states had made already the change, now 33 have, this is an idea whose time has come...

In fact March 18 = [Health Workforce Well-Being \(HWWB\) Day](#), which also marks the signing of the [Dr. Lorna Breen Health Care Provider Protection Act](#). It would be wonderful to have this accomplished to celebrate that date

Thank you
Kristen

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House Health & Human Services Committee
HB25-1176 - Behavioral Health Treatment Stigma for Providers

Mr. Chair and Members of the Committee,

My name is Dr. Rachel Davis, and I am a board-certified psychiatric physician and the Chair of the Colorado Psychiatric Society Ethics Committee. Thank you for the opportunity to submit written testimony in **support of House Bill 1176**, Behavioral Health Treatment Stigma for Providers, on behalf of myself and the Colorado Psychiatric Society.

Initial and renewal applications to practice medicine in the state of Colorado currently require disclosure of diagnoses or impairment from the past five years. This bill reduces stigma and would help align Colorado with best practices for licensure questions that appropriately balance protecting patient safety and supporting physicians who seek treatment.

Our primary concern with a requirement to disclose the history of mental illness or substance use disorder diagnosis as a condition of state licensure is that it discourages physicians, medical students, and resident and fellow trainees from seeking needed care. I am not testifying on behalf of the CU Anschutz Medical Campus. However, my professional experience there has given me a unique perspective on physician mental health. As the Medical Director of Student and Resident Mental Health on the Anschutz Medical Campus from 2013 to 2022, I treated many health professional students and residents. I continue to treat students and residents in my current role as Vice Chair for Clinical Affairs, and I also treat many practicing physicians. While we strive to educate, reduce stigma, and encourage help-seeking, I have treated too many medical students, residents, and practicing physicians who suffered alone for years due to the fear that seeking help would negatively impact their ability to maintain their licenses and to continue the practice of medicine. Unfortunately, many of these student and physician patients have faced academic difficulties or consequences at work by the time they become so ill that they are either required to seek treatment or they resign themselves to what they perceive as “failure” (asking for help) because it seems like there is no other path forward. It is deeply unsettling how many physicians have confided in me about their suicide plans and how incredibly close they came to acting on them, driven by the fear that their struggles with mental illness would mark the end of their careers. Most of the time, friends or colleagues have noticed concerns and intervened just in time. But this is not always the case, and I have lost a physician patient to suicide. I have colleagues who have also lost medical students, residents, and practicing physicians to suicide. This is profoundly tragic.

In no way, does requirement for disclosure of past mental illness or substance use protect the public. Rather, it has the opposite effect, and physicians attempt to maintain the appearance of wellness and normalcy, often not even admitting to themselves that they are ill, while continuing to practice medicine. Early intervention is beneficial for all parties involved.

Identifying whether a new or renewing applicant has a current impairment—whether it stems from substance use or a physical or psychiatric illness—is of paramount importance to ensure patient safety. Inquiries about past diagnosis or treatment, however, have little predictive value for an applicant’s current ability to practice safe, ethical care.

HB 1176 is an important bill that supports our healthcare workforce, increases patient safety, and supports early intervention by encouraging physicians to seek treatment before issues arise. We respectfully request an aye vote on HB 1176.

Respectfully,

A handwritten signature in black ink that reads "Rachel A. Davis, MD". The signature is written in a cursive style with a large initial "R" and "D".

Rachel A. Davis, MD, DFAPA

Chair, Colorado Psychiatric Society Ethics Committee