JOINT STATEMENT

Supporting Clinician Health in the Post-COVID Pandemic Era

- The COVID-19 global pandemic is an unprecedented modern public health crisis. The extent and nature of lingering health effects of the pandemic on providers, whether or not they themselves have been infected, are not yet known. In order to minimize the loss of life from COVID-19 and its sequelae, and from other current and future public health threats, and to ensure future patient access to medically necessary care, it is vital that we work to preserve and protect the health of our medical workforce.
- Optimal physical and mental health of physicians and other clinicians is conducive to the optimal health and safety of patients. The wellness of our medical workforce, physical and mental health, is necessary to ensure patient care.
- Physicians and other clinicians must be able to safely secure treatment for mental or other health issues, just as any other individual. A provider's history of mental illness or substance use disorder (SUD) should not be used as any indication of their current or future ability to practice competently and without impairment.
- Discrimination based on disability, as defined by the Americans with Disabilities Act (ADA), is prohibited under federal law and applies to professional licensing bodies[1]. We therefore support states that ask questions that do not violate the intent of the ADA not to discriminate against individuals. We strongly urge states that ask inappropriate questions to immediately modify them to be consistent with the principles of the ADA. Specifically, see recommendations and position statements of the American Medical Association (AMA), the Federation of State Medical Boards (FSMB), American Psychiatric Association (APA), American College of Physicians (ACP) and the American College of Emergency Physicians (ACEP).
    - Licensing and credentialing applications by covered entities should only employ narrowly focused questions that address current functional impairment.
- Additionally, we strongly support The Joint Commission (TJC) statement on *Removing Barriers to Mental Health Care for Clinicians and Health Care Staff*. TJC, "supports the removal of any barriers that inhibit clinicians and health care staff from accessing mental health care services." TJC also encourages organizations not to inquire about previous history of mental health conditions or treatment.
- For most physicians and other clinicians, seeking treatment for mental health triggers legitimate fear of resultant loss of licensure, loss of income or other career setbacks. Such fears are known to deter physicians from accessing necessary mental health care. Seeking care should be strongly encouraged, not penalized.
- Additionally, we support the use of non-clinical mental health support, such as social or peer support. Social and peer support provide a sense of belonging to those with shared experiences. Individuals who are able to express frustrations and share coping strategies to address mutual challenges and provide hope to one another are invariably healthier than those without such support. Social support systems of all types are useful adjuncts that associations can provide to their members.
- Additionally, credentialing agencies should support and expand access to treatment programs, such as including the ability of a physician to self-refer, without fear of reprisal.

[1] Americans with Disability Act, 28 Code Fed. Reg. § 35.130

Co-Signers

American College of Emergency Physicians (ACEP)
American Academy of Allergy, Asthma & Immunology (AAAAI)
American Academy of Child and Adolescent Psychiatry (AACAP)
American Academy of Family Physicians (AAFP)
American Academy of Hospice and Palliative Medicine (AAHPM)
American Academy of Neurology (AAN)
American Academy of Ophthalmology (AAO)
American Academy of Physical Medicine and Rehabilitation (AAPMR)
American Association for Emergency Psychiatry (AAEP)
American Association of Suicidology (AAS)
American College of Obstetricians and Gynecologists (ACOG)
American College of Physicians (ACP)
American College of Preventive Medicine (ACPM)
American College of Surgeons (ACS)
American Epilepsy Society (AES)
American Foundation for Suicide Prevention (AFSP)
American Geriatric Society (AGS)
American Medical Association (AMA)
American Psychiatric Association (APA)
American Society for Clinical Pathology (ASCP)
American Society of Anesthesiologists (ASA)
American Society of Colon and Rectal Surgeons (ASCRS)
American Society of Hematology (ASH)
American Society of Nephrology (ASN)
American Thoracic Society (ATS)
American Urological Association (AUA)
Coalition on Psychiatric Emergencies (CPE)
Council of Residency Directors in Emergency Medicine (CORD)
Council for Medical Specialty Societies (CMSS)
Depression and Bipolar Support Alliance (DBSA)
Emergency Medicine Residents' Association (EMRA)
Emergency Nurses Association (ENA)
Federation of State Medical Boards (FSMB)
Infectious Diseases Society of America (IDSA)
National Alliance on Mental Illness (NAMI)
North American Spine Society (NASS)
Society for Academic Emergency Medicine (SAEM)
Society of Emergency Medicine Physician Assistants (SEMPA)
Society of Hospital Medicine (SHM)
Society of Interventional Radiology (SIR)
Society of Thoracic Surgeons (STS)