LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

NEWSLETTER

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FROM THE DESK OF THE EXECUTIVE DIRECTOR

Greetings from New Orleans, where we have been experiencing a lovely and unusually cool spring. The legislative season is ramping up now, with board representatives attending various meetings and keeping appraised of the myriad issues affecting you, our licensees. We will send out a separate Legislative Update this summer after the 2019 regular session has concluded.

As always, the LSBME has various projects on the burner. Watch this space and your emails for news on CE broker, a new system we are implementing that will track all of your CME and CE. The system will notice you in advance if you have not met the number of hours required by your licensee category per year for license renewal. All of the advisory committees will be meeting to determine the appropriate venues for continuing education that will be accepted and tracked by the new software.

Over the next year we will embark on a year long project to become as paperless as we can, within the confines of Louisiana law. Currently all renewals are online and paperless, as is most of the initial application process.

This issue of the newsletter has important updates pertaining to therapeutic marijuana, bulletins from the Louisiana Department of Health, the Prescription Monitoring Program and others. We hope you will find these informative and helpful. ■

Best regards,

Vincent A. Culotta Jr., MD
Executive Director

CDSCME Reminder: For those of you who have not yet fulfilled the requirement of 3 hours CME on Controlled Dangerous Substances, please make sure to check the Board's list of approved courses to meet this requirement as it is updated periodically. Make sure the course you want to take is on the list!

Remember that the education hours must include the following topics: Best practices for Prescribing CDS, Anti-diversion Training, Treatment of Chronic Pain, and Appropriate Treatment for Addiction.

The board is currently reviewing all approved courses and developing a set of requirements that any course must meet to receive approval. Currently the only new courses we are reviewing are those offered in live format by professional associations or similar organizations.

From the Board of Pharmacy - Prescription Monitoring Program

The PMP has 2 items it would like to make sure that Louisiana prescribers are aware of:

1. Connectivity Between the PMP and Health IT Systems

The Louisiana Board of Pharmacy (LA BOP) announced in February that it will work with individual physician offices, pharmacies and healthcare institutions to integrate the Prescription Monitoring Program (PMP) with in-house electronic health record (EHR) and pharmacy management systems across the state. The BOP has received a grant that will cover the first 2 years of work integrating the PMP into individual systems in physician practices, pharmacies and healthcare facilities. This integration will mean that an organization's EHR system will run patient PMP searches in the background when the patient's name is entered into the system during a clinical encounter, providing important information in prescribing history in a seamless process. No additional logins or other computers will be required.

For more information on how to integrate your health IT system with the PMP, please visit the Louisiana Board of Pharmacy at http://pharmacy.la.gov/ . Select *"(PMP) Prescription Monitoring Program"* on the left-hand, vertical menu bar and follow the steps to complete the **Integration Request Form**, **End User License Agreement,** and **Gateway Licensee Questionnaire** at your earliest convenience. Completion of all three documents are required to participate. ■

2. Prescriber Reports

The Louisiana PMP is preparing to enable a new feature referred to as "Prescriber Reports." This new feature is intended to give prescribers insight into their opioid prescribing patterns. Reports will be provided to all registered PMP users with an active account and a defined role and specialty who have written at least one opioid prescription during the prior six-month period. Each individualized report will be created and electronically delivered to prescribers automatically on a quarterly basis, providing information regarding current prescribing volumes, behaviors, and PMP use compared with others within the same healthcare specialty, as well as the ability to track changes in these metrics over time. In order to assure accurate information and metrics are provided in the "Prescriber Reports," all prescribers registered with the program are asked to log in to their PMP account and review their "Healthcare Specialty." To do this, please log in to your PMP account, click on your name in the top right corner, then click "My Profile" in order to review your "Healthcare Specialty" information and update if necessary. ■

DISCIPLINARY ACTIONS. Information on disciplinary actions may be found on the board's website at http://www.lsbme.la.gov. A summary of Board Orders, Consent Decrees and Reprimands for the past 10 years and related documents may be found by selecting Verifications in the upper left hand corner of the home page, then Disciplinary Actions.

Did you know…? Who pronounces death, who should sign the death certificate and when the coroner should be called?

Pronouncing Death

Did you know the only person that can pronounce death is a duly licensed physician? That physician must witness and attest to the irreversible cessation of spontaneous respiratory and circulatory function. This must be done in person and **cannot** be done remotely. There is one exception to this rule: the only person that can pronounce death remotely, through the observations of others (investigators, registered nurses, physician assistants, or emergency medical technicians) is the coroner. Therefore, the coroner does not have to be present at the death scene to pronounce death.

There are various scenarios that may cause confusion in this regards, so here are a few examples:

1. **A patient dies of natural causes at a nursing home and is discovered dead by a registered nurse**. Options for pronouncement -- the nursing home physician may go to the scene and pronounce the patient dead through direct observation, or the coroner may be called and s/he can pronounce the death remotely by the observations of the registered nurse.

2. **A patient is currently being resuscitated in the field by emergency medical technicians. They wish to stop resuscitation and call the local emergency department. They ask the emergency doctor for a time of death.** S/he should give the order to cease resuscitation; however, s/he has no authority to pronounce death remotely and should tell the emergency medical technicians to call the coroner for the pronouncement.

Do you know what types of death require a coroner investigation? There are 13 types of cases, but rather than learning them all, it is easier to remember what is NOT a coroner's case. **There is no coroner's investigation required for anyone who dies of natural causes in a hospital who has been admitted to the hospital greater than 24 hours.** Every other case is a coroner's case, even those individuals who die in a hospital and don't meet the above criteria. Remember, if someone dies of UNNATURAL causes or a virulent contagious disease, it is ALWAYS a coroner's case.

1. **Mr. Smith dies from pancreatic cancer after being admitted to his local hospital for 2 days**. NOT A CORONER'S CASE – this death is from natural causes, and he was admitted to a hospital greater than 24 hours.

2. **Mrs. Jones dies from complications of a hip fracture after falling at home and being transported to the hospital for admission. She was admitted to the trauma unit for 3 days before she died.** CORONER'S CASE -- she died of unnatural causes, this is an accidental death.

If someone is ever in doubt of whether a case is a coroner's case, he should ask himself these questions:

1. Who pronounced the person dead?
2. Did the person die of unnatural causes or a virulent contagious disease?

If in doubt, notify the coroner of jurisdiction and let that office tell you.

Signing Death Certificates

Who should be or is responsible for signing a death certificate? Louisiana law only specifies the signature in cases of unnatural death. The coroner is responsible for signing the death certificate in ALL cases of unnatural death. In fact, the coroner is the only person that can check the Accidental, Homicide, Suicide, or Unknown button as a manner of death in LEERS. If you are not registered as a "coroner user" in LEERS, it will not allow you to select these manners. However, for natural deaths, Louisiana law is not specific on who should sign the death certificate. **It is the consensus of most coroners around the state, that if they investigate a case, they should attest and sign the death certificate. This is not law; therefore, it is not mandated; however, coroners believe this is good practice.** That leaves natural non-coroner's cases -- who signs those death certificates? Louisiana law discusses the "attending physician" but this can become very confusing in a hospital setting where there are several teams of doctors, including specialists, involved in the care of the patient, not to mention the patient's primary doctor, who may or may not "attend" to the patient while they are in the hospital. A reasonable rule in natural non-coroner cases, is that the lead doctor in charge of their "hospital care" should sign the death certificate. This individual has the most recent knowledge of the case and should have the best grasp of the natural cause of death.

Consider these additional scenarios:

1. **Your wife's elderly aunt with a weak heart dies in her bed at home** and is discovered by her son. She does not currently have a regular attending physician of record as her previous physician moved away almost a year ago and she had not yet found another. Who does her son call? Dying at home of natural causes is considered an unattended death; therefore it's a coroner's case. In this scenario, the son would call 911 for an EMS response, who would then notify the coroner, who should arrive at the death site, investigate what occurred, and pronounce death.

2. **Mr. Brown dies of natural causes after being admitted for 3 days to the cardiac unit for his end stage cardiac disease**. Who signs the death certificate? The physician on the cardiac unit that admitted him and was in charge of his hospital care. His primary physician did not "attend" to him while he was in the hospital.

3. **Mrs. White dies of a self-inflicted gunshot wound to the head after being admitted to the ICU for a week.** Who signs the death certificate? The coroner of jurisdiction.

4. **Mr. Jones dies of an acute myocardial infarction (heart attack), 20 minutes after arriving at the emergency department**. Who signs the death certificate? Even though this is a natural death, the coroner is responsible for the investigation of the case. Most coroners around the state agree that because they have investigated the case, they have the most knowledge to sign the death certificate.

5. **Mrs. Jones is admitted to the hospital for 3 weeks because of pneumonia related to her HIV status and dies**. Who signs the death certificate? Even though this is a case of someone with a common condition admitted greater than 24 hours to the hospital, it is a coroner's case because the death is related to a virulent contagious disease.

6. **Mr. Edwards is admitted to the hospital for 10 days for sepsis complicated by his decubitus ulcers that are secondary to his paraplegia. Upon investigation, his paraplegia is the result of a remote gunshot wound to the back**. Who signs the death certificate? This is a coroner's case. The immediate cause of death may be natural but it is directly related to the gunshot wound. ■

We hope this "Did you know?" segment is helpful to physicians and other licensees.
The board would like to thank William "Beau" Clark, MD, FACEP, Coroner, East Baton Rouge parish for his expertise and assistance with this article.

Self-treatment or treatment of Family members

The board would like to remind physicians of a few issues regarding self-treatment or the treatment of immediate family members. The board's rules contain 2 provisions that speak to this, in Chapter 76 part B, the rules on unprofessional conduct.

§7603.10 entitled *Failing to create or Maintain Medical Records* requires physicians to "create and maintain adequate and legible medical records," which frequently does not occur when family members or the physician is the patient. §7603.11 entitled *Self-Treatment; Treatment of Immediate Family Members* states that "except in cases of emergency, physicians shall not prescribe controlled substances for themselves or their immediate family members. As respects a physician, immediate family members include the physician's spouse, children, parents, and siblings."

For the benefit of our physicians and other licensees, we have reprinted a published opinion on this subject from the ***AMA code of Medical Ethics***. It gives excellent reasons as to why self-treatment or treatment of family may not be best practice. ■

Opinion 8.19 – Self Treatment or Treatment of Immediate Family members. (Updated 2012)

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members. ■

Active *Licensees by* Category, 2018	Total (new licensees)
Acupuncture Detoxification Specialist	18 (1)
Licensed Acupuncturists	55 (9)
Physician Acupuncturists	23 (1)
Athletic Trainers	568 (77)
Clinical Exercise Physiologists	57 (1)
Clinical Laboratory Personnel	5790 (564)
Medical Psychologists	105 (4)
Licensed Midwives	22 (4)
Occupational Therapy/Assistants	2,918 (152)
Perfusionists	93 (8)
Physicians (MD/DO)	17,752 (1,218)
Physician Assistants	1,245 (121)
Doctors of Podiatry	190 (10)
Polysomnography/Technicians & Technologists	198 (18)
Private Radiological Technologists	6 (0)
Licensed Respiratory Therapists	3,504 (162)
Total	**32,544 (2350)**

Note: Does not include temporary or trainee permits, permits for visiting physicians, therapeutic marijuana registration or telemedicine. For more info go to http://www.lsbme.la.gov/content/statistical-license-data.

Hepatitis A Outbreak

The Louisiana Office of Public Health is requesting Louisiana Emergency Departments do the following:

- Recommend hepatitis A vaccination and vaccinate "at risk" individuals if possible against hepatitis A.
- Consider hepatitis A as a diagnosis in anyone with jaundice and clinically compatible symptoms.
- Immediately contact the Louisiana Office of Public Health (OPH) Infectious Disease Epidemiology Hotline at **(800) 256-2748** if you suspect a patient with hepatitis A.
- Consider saving serum samples for additional testing to assist public health officials in the investigation of transmission (i.e., confirmation of antibody test, HAV RNA test, genotyping, and sequencing). Contact OPH for assistance with submitting specimens for molecular characterization.
- For updates to the current Hepatitis A situation/outbreak in Louisiana, please check out the Louisiana's Department of Health's website at: http://www.ldh.la.gov/index.cfm/page/1010

GUIDANCE ON THERAPEUTIC MARIJUANA

A three-page document offering guidance was sent to physicians in an email blast and posted on the website under "For the Practitioner." We are republishing one of the pages, "**Points to Consider**" here to make sure that those who did not see/receive the email blast receive the material. If you wish to read the document in its entirety, please go to http://www.lsbme.la.gov/content/health-care-resources-practitioner

●*The Science.* By virtue of the limited amount of marijuana legally available for clinical studies, there are few peer reviewed studies on its therapeutic use for the debilitating medical conditions (DMCs) allowed by Louisiana law. As with any substance that has not been approved by the U.S. Food and Drug Administration, physicians who recommend TM should seek out scientific literature, on-line and other educational courses and resources to assist them and their patients to make informed decisions on side-effects, safety, drug-interactions and dosing.

●*Practice Within Scope.* Physicians should constrain therapeutic Marijuana (TM) recommendations to the treatment of DMCs that fall within the scope of their specialty training, education and experience. A good rule of thumb is to practice similar to the manner in which you exercise your privileges at any local hospital.

●*Autism Spectrum Disorder (ASD); Consultation Required For Children*. Before recommending TM to a **patient under eighteen years of age** for treatment of the approved conditions associated with ASD, the law requires a physician to consult with a pediatric subspecialist (La. R.S. 40:1046A(2)(xvi)). It has been suggested that the ideal subspecialists for children practice within the specialties of child neurology, child and adolescent psychiatry, and developmental pediatrics. While a consultation need not necessarily be affirmative, the rationale for recommending TM in the absence of an affirmative consultation should be clearly documented in the chart.

●*Consultation for Treating Children with Other Conditions.* Consultation is not required for the treatment of children under the age of 18 for any DMC other than ASD. As is the case with adult patients, TM recommendations for children should be confined to the treatment and care of DMCs that fall within the scope of the physician's specialty and routine practice. Such patients should also be closely monitored for adverse effects and the need for potential medication adjustments.

●*Shared Decision Making.* As you advise your patients of the risks and benefits of the use of TM, you may consider the information available from the Board's on-line educational activity for your TM registration. Physicians should also advise their TM patients that work-related drug tests may be positive.

●*Drug Interactions.* There is little information in the literature regarding the drug-drug interactions of TM and other pharmaceuticals. Physicians should make sure that this is understood by patients and that patient and physician work closely together to recognize and prevent adverse reactions.

●*Recommendations of Specialty Organizations.* Make sure that TM is recommended in a manner consistent with recommendations of specialty organizations for patient-specific conditions e.g., pregnancy, breast-feeding mothers, children with Crohn's disease, chronic pain, *etc.*

●*Treatment of Chronic Pain.* Physicians recommending TM for the treatment of chronic pain must adhere to the Board's Chronic Pain Rules, (Rules, §6915-6923).

●*Cannabinol/Supplements.* Any form of cannabinol oil or nutritional supplement containing *any quantity* of tetrahydrocannabinols (THC), including synthetic equivalents and derivatives, is illegal to sell or possess in Louisiana, (La. R.S. 40:964C(27)).

●*Dosing.* As with any CDS, when recommending TM physicians should always consider using the lowest effective dose, followed by adjustments as necessary. ■

Reminders

Uniform prior authorization form for prescription drugs

During the 2018 Louisiana Legislative session, Act 423 was passed requiring that all health insurance issuers and their Pharmacy Benefit Managers (PBMs) use a uniform prior authorization form for prescription drug prior authorization requests. As per the legislation, this form was promulgated by the Louisiana Board of Pharmacy and the Louisiana State Board of Medical Examiners. The use of this form for ALL prescribers became effective January 1, 2019.

Because the Act states that the Department of Insurance "shall assess sanctions against any health insurance issuer that directly, or through its pharmacy benefit managers, utilizes any prescription drug prior authorization form other than the single uniform prescription drug prior authorization form" a few problems have recently arisen. Based on that language, health plans may NOT ACCEPT a non-sanctioned prior authorization form even if the alternate form contains all of the needed information. THE ONLY FORM ACCEPTED WILL BE THE LOUISIANA UNIFORM PRESCRIPTION DRUG PRIOR AUTHORIZATION FORM.

If submitting a fax for a prescription drug prior authorization, prescribers and their staff are reminded to please use the Louisiana Uniform Prescription Drug Prior Authorization Form. A non-custom version of this form was sent out in an email blast, and may also be found on our website. Health plans may also have this form pre-populated with the plan's specific name, phone, and fax numbers available on their website. While all plans must use this form, Medicaid also requires its use for all prescriptions of controlled dangerous substances.

Providers that do not use the new uniform PA form risk a break in continuity of care for their patients. Health plans do not want to be sanctioned by the Department of Insurance and are denying authorization for drugs if the correct form is not used. Patients are experiencing problems filling prescriptions; this problem can be addressed quickly if practitioners use the appropriate form.

We hope you and your staff will begin to use this form if you have not already done so, as it is extremely important to patients, who wish to fill their prescriptions on a timely basis. ■

The form was sent to prescribers in an email blast, and can also be found on the website at http://www.lsbme.la.gov/licensure/physicians.

STATEMENT/WARNING: It has recently come to our attention that an individual purporting to be a representative of the LSBME attempted to extort money from a licensee, threatening unfounded accusations of drug dealing. The licensee received the telephone call from what appeared to be the Board's telephone number, however it was a "spoofed" version of the number. If you are contacted by anyone purporting to be a Board representative who requests money from you, we urge you to report the call to the Board's investigations department as well as to the FBI. An investigation into this incident is ongoing.

RULEMAKING SINCE LAST NEWSLETTER

The following rules were adopted or noticed since the publication of the January Newsletter.

Acupuncturists/Acupuncture Detoxification Specialists – (Adopted April 2019) Changes (i) update the licensure qualifications for acupuncturists; (ii) add CME requirements; (iii) add conditions for reinstatement of license, and (iv) remove the requirement that acupuncturists have a relationship with a referral physician who practices at a physical practice location in this state for referrals and any follow-up care which may be necessary.

Physician Assistants - (Adopted April 2019) Changes (i) increase from 4 to 8 the number of PAs for whom a physician may serve as the primary supervising physician (PSP); (ii) restate and clarify the physician assistant qualifications for PA prescriptive authority for consistency with current law; (iii) remove any qualifications for PA prescriptive authority other than those set forth in Act 475; (iv) create penalty for late renewal/reinstatement of license.

Physicians, Licensure and Certification; Fellowship Training Permit - (Noticed for Intent April 2019) Provides for a short-term training permit that would accommodate fellowship training that is not accredited by the American Council on Graduate Medical Education (ACGME) of the American Medical Association, the American Osteopathic Association (AOA) or the Commission on Dental Accreditation (CODA) of the American Dental Association.

Telemedicine – (Noticed for Intent April 2019) - Update to rule amends §7505.C for consistency with the law, removes the phrase "in this state" to avoid preventing physicians from prescribing medications or other health care services to their patients who may be temporarily outside of Louisiana, to the extent that such are permitted in other jurisdictions.

Therapeutic Marijuana - (Noticed for Intent April 2019) - Changes to the rule, among other matters: (i) add various conditions to the definition of a *debilitating medical condition(s)* for which therapeutic marijuana may be recommended; (ii) add definitions for "intractable pain," "consult or consultant" and "pediatric subspecialists"; (iii) eliminate the 100 patient limit on the number of patients for whom a physician registered with the Board may recommend therapeutic marijuana; (iv) remove the requirement that the physician re-examine the patient at intervals not to exceed 90 days, leaving the frequency of follow up exams to the physician's judgment; (v) clarify that the existing prohibition against ownership or investment interest in a therapeutic marijuana pharmacy or producer applies only to physicians registered with the board; (vi) clarify that physicians recommending therapeutic marijuana must also comply with the rules on treatment of non-cancer related chronic or intractable pain if therapeutic marijuana utilized for this condition; (vii) amend the definition of "Bona-Fide Physician-Patient Relationship," to eliminate unintended consequences; and (viii) clarify the mode of transmission of a recommendation to a therapeutic marijuana pharmacy.

Genetic Counselors – (Potpourri April 2019) – Announces public hearing regarding proposed substantive changes to proposed rules created per Act 593 of the 2018 Regular Session of the Louisiana Legislature, which established this category of health care providers. Rules were developed for general matters, licensing qualifications and practice of genetic counselors, which were noticed in the December 2019 edition of the *Louisiana Register*. The proposed changes pertain to rules regarding collaborative practice agreements between genetic counselors and physicians. A public hearing is scheduled for Thursday, May 30, 2019, at 9:00 a.m. at the offices of the LSBME. Written comments on the proposed changes may be submitted to Rita Arceneaux of the LSBME at 630 Camp Street, New Orleans, LA 70130 until 4 pm, May 21, 2019. ■

For information on new and updated rules published in the 2019 *Louisiana Register*, see https://www.doa.la.gov/Pages/osr/reg/regs2019.aspx