

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS NEWSLETTER



Suite 100
830 Union Street
New Orleans 70112-1499
Telephone: (504) 524-6763

BERNARD L. KAPLAN, M.D., Alexandria, *President*
F. P. BORDELON, JR., M.D., Marksville, *Vice-President*
KEITH C. FERDINAND, M.D., New Orleans, *Secretary-Treasurer*
IKE MUSLOW, M.D., Shreveport
RICHARD M. NUNNALLY, M.D., Baton Rouge
ELMO J. LABORDE, M.D., Lafayette
MARY LOU APPLEWHITE, M.D., Metairie

Volume 6, Number 1

December 1992

Rules and Regulations

Requirements for HIV/HBV positive practitioners, rules governing medications used for obesity promulgated

The Board has adopted final rules prescribing practice and reporting requirements for certain practitioners who are carriers of the human immunodeficiency or hepatitis-B viruses. Separate rules promulgated by the Board govern prescription or other use of certain medications in the treatment of obesity. The text of both sets of rules may be found in the *Louisiana Register*, in the editions noted below, and copies of the rules may be obtained from the Board office.

■ **HIV/HBV Practice and Reporting Rules.** In accordance with the mandate of Act 1009 of the 1991 Legislature, requiring health care licensing boards to adopt administrative rules consistent with Federal Centers for Disease Control recommendations to protect against the transmission of human immunodeficiency virus (HIV) and hepatitis-B virus (HBV), the Board promulgated final rules, effective with their publication in the October 20, 1992, edition of the *Register*. The rules were adopted following extensive consideration of CDC guidelines and the Board's solicitation and receipt of professional and public comment, in writing and during public hearings, on multiple drafts of proposed rules.

The rules apply to all practitioners who may perform or participate in an "invasive procedure," as specifically defined by the rules, and require all such practitioners to "be familiar with, observe and rigorously adhere to both general infection control practices and universal blood and body-fluid precautions...." The rules delineate minimum standards for adherence to such infection control practices and precautions.

A practitioner who is HIV or HBV surface antigen positive is prohibited from performing or participating directly in any exposure-prone procedure, unless the informed consent of the patient is obtained in writing in accordance with procedures and disclosures specified by a separate rule. It should be emphasized that the concept of "exposure-prone procedure" is specially defined by the rules; as is noted in the rules themselves, "[a]ll invasive procedures are not considered exposure-prone...."

Physicians and other practitioners who are HIV or HBsAg seropositive and who in the course of practice may undertake to perform or participate in an exposure-prone procedure are required to report their status pursuant to deadlines and confidential reporting procedures also delineated by the rules.

Physicians and other licensees should also be aware that the State Health Officer and the Department of Health and Hospitals have developed policies and guidelines for all HIV/HBV infected health care workers, emphasizing the importance of proper infection control practices.

■ **Medications Used in the Treatment of Obesity.** In August 1992, following extended consideration and a comment period which included public hearings, the Board published final rules governing physician prescription, dispensation, administration or other use of medications for weight control or weight reduction in the medical treatment of obesity (the final rules appeared at p. 843 of the August 20, 1992, edition of the *Register*; the text of rules on the same subject appearing the prior month (July) contained errors corrected by the later publication). Because of their importance, a copy of these rules has been mailed by the Board to all physicians licensed in the state.

Superseding prior policy statements issued by the Board, the rules impose absolute prohibitions on any use of certain medications for the purpose of weight control or reduction (e.g., amphetamines, human chorionic gonadotropin (HCG), thyroid hormones, diuretics), and condition the use of Schedule III and IV anorectic drugs on the observance of prescribed conditions, restrictions and limitations. *Bona fide* medical research sponsored by a Louisiana medical school is exempted from application of the rules.

Board Members

Dr. LaNasa leaves, Dr. Applewhite joins Board; new officers elected

Time marches on. And with it, during 1992 the Board lost one of its valuable members, gained its first woman as a member of the Board and elected new officers.

■ **Dr. LaNasa Leaves the Board.** After 11 years of service, GERALD R. LANASA, M.D., has retired from the Board. Born in New Orleans in 1936, Dr. LaNasa graduated from St. Aloysius High school in 1954 and attended Tulane University from 1954 to 1957. He graduated from Tulane University School of Medicine in 1961 and completed his internship and urology residency at Charity Hospital in New Orleans. He practiced urology in New Orleans until he retired to serve as President of the Louisiana Medical Mutual Insurance Company (LAMMICO). For the past several years, Dr. LaNasa served as Chairman of the Board's Licensure Committee. The Board honored Dr. LaNasa at a dinner held on August 19, 1992 during which Dr. LaNasa was

presented a plaque expressing the appreciation of the State of Louisiana for so generously and graciously giving of his time and talent toward bettering the practice of medicine in our state.

■ **Dr. Applewhite Appointed to Board.** Governor Edwards has appointed MARY LOU APPLEWHITE, M.D., of Metairie, to replace Dr. LaNasa as a member of the Board. Dr. Applewhite, a 1955 graduate of the L.S.U. School of Medicine, trained in dermatology and pathology at Charity Hospital and Tulane Medical Center in New Orleans and has practiced dermatology in Jefferson Parish since 1965. Her appointment is historic: she is the first female physician ever to serve on the Board.

■ **Board Elects New Officers.** As is customary, the Board elects new officers every two years. The Board's new officers, elected August 20, 1992, are as follows: BERNARD L. KAPLAN, M.D., Alexandria, President; F.P. BORDELON, JR., M.D., Marksville, Vice-President, and KEITH C. FERDINAND, M.D., New Orleans, Secretary-Treasurer.

The Board wishes to publicly acknowledge the outstanding service of the outgoing President, ELMO J. LABORDE, M.D., of Lafayette. As with licensure Boards all over the country, Dr. Laborde's presidency faced the challenges of increased public scrutiny and increased Federal accountability. He met each challenge graciously and gave generously of his time. The Board's new President, BERNARD L. KAPLAN, M.D., of Alexandria, will face similar challenges in the next two years and will need the continuing cooperation and support of the professions licensed by the Board to address the needs and concerns of the public health and welfare.

1993 Board Meetings

Schedule, agenda deadlines announced

Ten regular meetings have been scheduled by the Board for 1993. The Board generally meets every month except April, when the members attend the annual meeting of the Federation of State Medical Boards of the United States, and November, as the Board has traditionally met at the time of the FLEX examination in the first week of December.

Wednesday afternoon of meeting dates are devoted to committee meetings. The Board's regular business meeting generally begins at 8:30 A.M. on Thursday mornings and continues into Friday as necessary to accommodate the business and administrative agenda and formal hearings on disciplinary and licensure matters. For consideration by the Board at a given meeting, a request for inclusion on the agenda must be received in the Board office in writing at least 15 working days prior to the first date of the meeting. Meeting dates are subject to change. The Board office should be contacted to confirm particular meeting dates.

1993 Board Meeting Dates

January 27-29	July 28-30
February 24-26	August 25-27
March 24-26	September 22-24
May 26-28	October 27-29
June 23-25	December 1-3

1991 in Review

Year end data reported

As the data have not previously been reported here, complete statistics on the licensure and disciplinary matters handled and disposed of by the Board during 1991 are reported below.

■ **Licensure.** During 1991, the Board issued new licenses as follows:

Acupuncturists/Acupuncture Assistants	0
Athletic Trainers	15
Emergency Medical Technicians—Intermediate	92
Emergency Medical Technicians—Paramedic	137
Doctors of Medicine	
Unrestricted Licensure	724
Institutional Temporary Permits	4
Intern Registrations	126
Preceptorship/MiniResidency Permits	16
Resident Permits	8
Teaching/Research Temporary Permits	0
Visiting Physicians Temporary Permits	20
Dispensation Registrations	41
Midwives	1
Occupational Therapists	86
Occupational Therapy Assistants	10
Doctors of Osteopathy	
Licensed to Practice Medicine	38
Licensed to Practice Osteopathy Only	0
Physician Assistants—Class I	16
Physician Assistants—Class II	12
Podiatrists	15
Radiological Technicians	12
Respiratory Therapists	54
Respiratory Therapy 18 Month Temporary Permits	158
Respiratory Therapy Technicians	256

The Board has a total current population of all categories in excess of 17,000. Of that number, over 13,500 are physicians. We have approximately 8,500 actually practicing medicine in the state with the remainder located out-of-state.

■ **Disciplinary actions.** As of January 1, 1991, some 150 complaints were pending. During the year, the Board received 454 additional complaints. Following inquiry and investigation, 439 were concluded without Board action, leaving 165 pending as of January 1, 1992. On January 1, 1991, the Board had 97 formally docketed cases pending. During the year 64 new cases were formally docketed and 87 concluded, leaving 74 formally docketed cases pending as of January 1, 1992. The disciplinary actions relative to physicians for 1991 were as follows:

Revoked	4
Suspended	16
Summarily Suspended	1
Placed on Probation	25
To be Placed on Probation	
on Completion of Suspension	4
Revoked Licenses Reinstated	
on Probation	2
Absence from Practice	1
License Limited/Restricted	1
Licensure Denied	3
Fine Only	1
Suspended on Withdrawal of Appeal	1

The Board also suspended one respiratory therapist who was subsequently placed on probation.

Did You Know?

Soma (carisprodol), a non-controlled substance, is being abused and sells for \$4 to \$8 per tablet on the street. Dilaudid (hydromorphone), a Schedule II drug, sells for \$50 to \$75 per tablet and Percodan (oxycodone), also Schedule II, sells for \$15 to \$25.

President's Letter

Dear Doctors:

My purpose is to address one of the kinds of disciplinary problems which the Board confronts with regrettable regularity.

While the Board has on occasion been criticized for its enforcement actions, improper practices which may harm patients and the public remain improper whether done knowingly or unintentionally. In our experience, fortunately, the percentage of truly dishonest physicians is very low.

It is important to observe that younger physicians, particularly those licensed but still in residency training, may be seen as "fair game" for promoters who operate commercial, health care-related enterprises, such as weight clinics. Younger physicians are often lured into employment with such clinics because of the opportunity to work flexible hours in "moonlighting" and because other respected residents have preceded them in these ventures.

Because disciplinary action by the Board is of necessity directed primarily against the physician for improper drug prescribing or dispensing, a clinic owner—while directing the format of the "treatment" and, ostensibly, leaving treatment to the doctor—may be left untouched. In many cases, no detailed clinical information or laboratory studies are provided, yet medication is dispensed utilizing the employed physician's DEA number—in some cases, even after the physician is no longer employed.

A similar scenario involves retired physicians with distinguished careers who desire "part-time" work and, unknowingly, are "used." And other unsuspecting physicians have been duped into assisting unlicensed practitioners, not realizing that the employer is unlicensed.

Prudent investigation regarding such questionable employment is encouraged. In many cases, an individual Board member can assist in obtaining information or giving advice as to the precautionary steps to be taken before any commitment to employment is made.

