

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

NEWSLETTER



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FROM THE DESK OF THE EXECUTIVE DIRECTOR



Greetings from the LSBME. We hope that all of you now have power, shelter, and have been able to resume some normality in your lives and health care delivery after the trauma and damage caused by Hurricane Ida.

Although the Board was forced to close for several weeks post storm, we were able to continue some operations immediately afterwards and were permitted by the governor to reopen and resume full operations by September 16th.

As our state continues to deal with severe repercussions from the Covid-19 pandemic, we want our licensees to know that complaints we receive regarding covid-related protocols and behavior will be fully investigated and appropriate actions taken to preserve the health and safety of the public in these difficult times.

All of our newsletters report on recent rulemaking activities, and we hope you will stay up to date on these activities as they affect you, the licensee. In particular, we are in the process of changing the rules pertaining to the complaints process. See the [regulatory progress page](#) on our website for more information.

I want to remind those of you who have not yet registered for an account with our electronic education tracker CE Broker that a transcript from them verifying your compliance with CE/CME requirements is mandatory for the upcoming year's renewal.

We also want to let our licensees know about an administrative change pertaining to licensing fees. The board will no longer be able to absorb the fees for the use of credit card transactions, but will conform to the policies of the department of motor vehicles and other state agencies which require licensees to pay credit card transaction fees. For those who wish to avoid this additional 2-4%, we will be introducing an electronic check process that may be used instead of a credit or debit card; while it is still in the process of being finalized, we anticipate the fee for this service will be less.

The Board elected new officers during the July meeting. Much gratitude goes to Dr. Rod Clark, who completed his presidency term of two years but who continues to serve on the Board. An address from our new President, Lester W. Johnson, MD, as well as a description of other changes in board personnel follows on the next few pages. ■

Best regards,

Vincent A. Culotta, Jr., MD

CHANGES AT THE BOARD

During the July board meeting, Dr. Clark Clark's term as president ended and elections were held. Dr. Lester W. Johnson is the new board president, with Dr. Terrie Thomas assuming the role of Vice-president and Kim Sport becoming our new secretary/Treasurer. In addition, Dr. Robert C. Batson joined the board, replacing Dr. Lolie C. Yu as the representative for LSU School of Medicine in New Orleans. The Board wishes to thank Dr. Yu for her service to the citizens of Louisiana. A profile of Dr. Batson can be found below after Dr. Johnson's address to the Board and citizens of New Orleans at the most recent meeting in September. Hurricane Ida prevented the LSBME from having an August meeting.

Board President's Speech

The text below was delivered to the attendees of the monthly Board meeting held via zoom on September 20, 2021 by the recently elected President of the Board, Lester W. Johnson, MD. It is reprinted here to convey his message to all of our licensees and stakeholders.



If I may take just a moment of personal privilege to thank Governor Edwards and the State Medical Society for allowing me to serve on the board and of course to thank the board members for my opportunity to serve as your president. I must say that I take up this office and its tasks with buoyancy and hope for the future and with the highest possible admiration for my two predecessors who have held this office in the recent past. We surely owe a special debt of gratitude to both Dr. Valentine and Dr. Clark. I would hope that our deliberations would continue to be reflective rather than reactive and emulate those things worthy of emulation while avoiding those things worthy of avoidance. We must be respectful of this arena of ideas and hope for consensus but, as has always been our custom, avoid coercion. We should never confuse vigor of assertion with strength of argument. We can, I believe, all agree upon the value and indeed necessity of a solid organizational structure (and of course we must thank Dr. Clark for his efforts in this regard) but also we should not diminish the importance of the individual initiative, inventiveness, and responsibility inherent upon each member of this board. Each of you were placed here for a reason, none of you should be the least bit shy, possessive, or proprietary about the products of your perception and intelligence. I look to each of you for ideas and where you deem warranted for your support.

And if I may - - - in all the history of healthcare and its crises in Louisiana we here today surely inhabit a solemn hour. I have come to wonder over the last few days and nights how to best express the gratitude owed to all those who over the last eighteen months have given so unselfishly of themselves in the battles with the covid virus and its variants. Surely no braver action can be asked than to deny that such circumstances are the natural lot of men. I happened upon a quote from the great novel "The Plague" by the French author and Nobel Prize winner Albert Camus which may do in attempt. I believe this passage is a primary reason for Camus' Nobel Prize and expresses the timeless philosophy of those in healthcare who exhibit the broadest vision and those who contain the bravest hearts. Those who have always provided the Northstar by which to steer us safely home to anchor.

And I quote Albert Camus "Rieux knew that the tale he had to tell could not be one of final victory. It could be only the record of what had had to be done, and what assuredly would have to be done again in the never ending fight against disease and its relentless onslaughts, despite their personal afflictions, by all who, while unable to be saints, but refusing to bow down to pestilences, strive their utmost to be healers."

It has been said since the times of the Great Antonine Roman Emperors that loyalty is the greatest virtue. Loyalty to the ideas and ideals of the medical profession is a sentiment not a law, it rests upon love not restraint.

On behalf of the board of medical examiners of the state of Louisiana I would like to profusely thank our thirty thousand plus licensees, members of the nursing profession, members of the allied health professions, all first responders, and all other front line colleagues for their loyalty to their profession and patients, and for their refusal to bow before pestilence in all its sordid forms. And now as has become our custom, a moment of silence for those lost. ■

New Board Member



Effective July 23, Dr. Robert C. Batson joined the board as a new physician member representing LSU New Orleans.

Dr. Robert (Bob) Batson is the Isidore Cohn Jr. Professor and Chair of the Department of Surgery at LSU School of Medicine in New Orleans. He has held that position since 2011. He is responsible for the training and education of nearly 100 interns, residents, and fellows each year, which represents one of the largest accredited training programs in the U.S.

Most recently, the Department established an accredited Bariatrics/Metabolic Surgery Fellowship which takes two trainees each year. Plans are in the works for establishing a Burn Fellowship at the new UMC Burn Center within the division of Trauma/Critical Care.

Dr. Batson is a Distinguished Fellow of the Society of Vascular Surgery and is past-president of the Vascular and Endovascular Surgery Society. He is also past-president of the New Orleans Surgical Society, the Surgical Association of Louisiana, and the Louisiana Chapter of the American College of Surgeons. ■

PUBLIC BOARD ACTIONS AFFECTING LICENSEES JULY – SEPTEMBER 2021

Below is a list of all licensees who were subject to a public board disciplinary action after June 2021. Click on the name to see the documentation related to the board action.

[Muhammed Kaleem Arshad, MD](#), Reinstatement of license on probation, 07/12/2021
[Deborah M. Boudreaux, CRT](#), Consent order for reprimand, 07/26/2021
[Marcus F. Cox, MD](#), Consent order for suspension of license, 07/26/2021
[David S. Dawes, MD](#), Board Decision for probation of license, 08/10/2021
[James Malcom Dyess, MD](#), Voluntary surrender of License, 09/20/2021
[John Eric Hughes, RT](#), Reinstatement of full licensure from probation, 09/20/2021
[Jay Robert Maust, II, MD](#), Consent order for reprimand, 09/20/2021
[John Thompson Owings, MD](#), Consent order for suspension of license, 07/26/2021
[Charles Edward Schlosser, MD](#), Consent order for reprimand, 09/20/2021
[Purnachandra Rao Yerneni, MD](#), Consent order for probation of license, 07/26/2021

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 the "Disciplinary Actions" blue box on the home page.

AN IMPORTANT MESSAGE FROM THE LSBME ON THE RIGHTS OF WOMEN IN TREATMENT FOR BREAST CANCER

Dear fellow physician:

October is breast cancer awareness month!

I write to alert LSBME physicians of their duties regarding breast cancer information under La. R.S. 40:1103.1 *et seq.*, which contains requirements that apply to both the Board and its physician licensees.

The LSBME is required to annually provide physicians with the breast cancer information brochure prepared by the Louisiana Department of Health (LDH) in consultation with the Louisiana Cancer and Lung Trust Fund Board (LCLTF Board).

The LSBME reminds all physicians that Louisiana law requires, prior to beginning any treatment for breast cancer, that physicians provide the patient with a copy of the brochure and also information on alternative efficacious methods of treatment of breast cancer. This applies to all physicians, but is particularly important to those that do mastectomies, lymph node dissections, and lumpectomies. The law also requires physicians to note in the patient's chart, by date and time, the discussion with the patient and having provided the brochure to the patient. Failure to do so, under the law, is designated as unprofessional conduct and grounds for discipline.

Separately, the law also provides that those physicians performing mastectomy surgery, lymph node dissection, or a lumpectomy must provide information concerning the option of reconstructive surgery following such procedures, including but not limited to a description of (a) the various reconstructive options with advantages/disadvantages of each; (b) the provisions assuring coverage of reconstructive surgery costs; (c) how a patient may access reconstructive care including the potential to be transferred to a facility that provides reconstructive care or choosing reconstruction after completion of breast cancer surgery and treatment; and (d) other information provided in LDH and the LCLTF Board's brochure.

The next page is a screenshot of both sides of the brochure; to assist you in meeting these legal requirements, [a PDF file on our website](#) can be copied, printed, and freely distributed.

Thank you for your cooperation,

Vincent A. Culotta Jr., MD
Executive Director, LSBME

Breast Cancer SURGERY

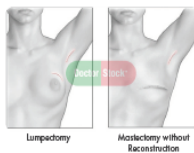
Most women with breast cancer have some type of surgery to remove one or more breast tumors. Options include "lumpectomy" where only the tumor is cut out of the breast and "mastectomy" where removal of all of the breast tissue is accomplished. In most cases, mastectomy may be performed leaving the skin of the breast intact and in many cases the nipple/areola may be preserved as well. Reconstructive surgery can refill the remaining skin envelope and to restore breast shape. Surgery may also be used to remove lymph nodes under the arm that may have been invaded by breast cancer cells. In Louisiana, in advance of obtaining your consent to breast cancer surgery, every hospital and physician must provide you with written information about breast reconstruction surgery and where you can access reconstructive surgery, even if it means transferring your care to another facility which has the expertise to perform these surgeries.

Clinical TRIALS

Clinical trials are carefully controlled research studies that are done with patients who volunteer for them so doctors can learn better ways to treat cancer. There are requirements you must meet to take part in any clinical trial. The clinical trial must be explained to you fully and you must agree with the conditions. Discuss your eligibility for clinical trials with your doctor. You can learn more about clinical trials supported by the National Cancer Institute at www.cancer.gov and those supported by other organizations at www.clinicaltrials.gov.

LUMPECTOMY or MASTECTOMY?

Many women with early-stage cancers can choose between lumpectomy and mastectomy. The main advantage of a lumpectomy is that it allows a woman to keep most of her breast; however, you usually need to have radiation therapy after lumpectomy surgery. A small number of women having a lumpectomy may not need radiation. Advantages of mastectomy may include avoidance of radiation treatments since more of the potentially diseased tissue is removed during the surgery, although a small percentage of women who have a mastectomy will still need radiation therapy to the breast area. If you decide to have a mastectomy, ask your surgeon about reconstructive options, which may be performed simultaneously for better cosmetic results when combined with preservation of the outer breast skin and nipple area when indicated. Some women choose to have preventive mastectomy when there is concern for future cancer occurrence in the remaining breast. Those with genetic risk ("BRCA test") may choose to have both breasts removed before cancer occurs.



LYMPH NODE Removal

To determine if the breast cancer has spread to axillary (underarm) lymph nodes, one or more of them may be removed and looked at under a microscope. In some cases this is an important part of cancer staging and for planning treatment. When the lymph nodes contain cancer cells, there is a higher chance that cancer cells have also spread to other parts of the body. Pain, arm swelling and limited range of motion are potential side effects of lymph node removal but these risks are lessened with "sentinel lymph node sampling" compared to full "lymph node dissection."

RADIATION Therapy

Radiation therapy uses high-energy radiation to kill cancer cells or keep them from growing. "External beam" therapy is given with a machine that sends radiation toward the cancer. Radiation treatments are given daily in an outpatient treatment center for 5-7 weeks. Early side effects can include skin irritation or blistering, as well as fatigue and swelling. Longer term side effects in the treatment area can include decreased breast size or alteration of shape, scarring in the lung, heart disease, increased swelling ("lymphedema") in the arm, and, in rare cases, formation of a separate soft tissue malignancy called angiosarcoma. Long term changes in skin texture may affect the outcome of a later breast reconstruction surgery. These risks should be discussed with your doctor before deciding on a treatment regimen that may be more likely to include radiation.

CHEMOTHERAPY

Chemotherapy (often called "chemo") is treatment with cancer-killing drugs that are either injected into a vein or given by mouth. You may require surgical placement of a "port" to make administration of the medications easier and safer. The drugs travel through the bloodstream to reach cancer cells in most parts of the body. Chemo is given in cycles in an outpatient treatment center with each period of treatment followed by a recovery period. Treatment usually lasts for several months. The side effects of chemotherapy depend on the type of drugs, the amount taken and the length of treatment. Some of the most common side effects during treatment include: hair loss, mouth sores, loss of appetite, nausea and vomiting, increased risk of infections, easy bruising or bleeding and fatigue. These side effects are usually short-term and go away after treatment is finished. Your care team will closely monitor you during treatment and there are a number of medical options to reduce the overall impact of these side effects.



Other Breast Cancer Treatment ALTERNATIVES

For more details on the latest treatment options, including some that may not be addressed in this document, and services available to you, please contact the following organizations:

AMERICAN CANCER SOCIETY
800-ACS-2345 | www.cancer.org
BREASTCANCER.ORG
www.breastcancer.org
AMERICAN SOCIETY OF PLASTIC SURGEONS
800-514-5058 | www.plasticsurgery.org
CAGNO BREASTCARE FUND
800-624-2039 | www.cagno.org | www.breastcancer.org
LOUISIANA DEPARTMENT OF INSURANCE
225-342-5900 | ldi.la.gov
NATIONAL CANCER INSTITUTE
800-4-CANCER | www.cancer.gov/clinicaltrials
SUSAN G. KOMEN FOR THE CURE
877-465-6636 | www.komen.org

Required patient notice: Every hospital licensed by the Louisiana Department of Health and every Louisiana physician who provides mastectomy surgery, lymph node dissection, or a lumpectomy, and in advance of performing or obtaining consent to these surgical procedures, shall provide written information to a patient concerning breast reconstruction options, the availability of insurance coverage for reconstructive surgery, and access to reconstructive surgery providers at other institutions. (La. R.S. 40:1103.5). This brochure was developed by the Cancer and Lung Trust Fund Board and the Louisiana Department of Health and Hospitals and is distributed by the Louisiana State Board of Medical Examiners (LSBME). Treating physicians and surgeons are required to inform any patient diagnosed with breast cancer of all of their treatment options prior to beginning any treatment verbally and in writing by providing a copy of this Breast Cancer Treatment Alternatives Brochure to the patient and indicating in the patient's chart the date and time of compliance. Failure to do so shall be considered unprofessional conduct and cause for the LSBME to take appropriate actions which may lead to license suspension, revocation or restriction. (La. R.S. 1103.4; La. R.S. 37:1285).

Louisiana State Board of Medical Examiners 630
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INTRODUCTORY GUIDE TO BREAST CANCER TREATMENT OPTIONS



Louisiana State Board
of Medical Examiners



Prepared by the Louisiana Department of
Health in consultation with the Louisiana
Cancer & Lung Trust Fund Board pursuant
to La. R.S. 40:1103.1, et seq.

ABOUT Breast Cancer

Breast cancer is a malignancy that starts from cells of the breast and may grow to invade surrounding tissues or spread to other areas of the body. It is the most common cancer in women in the United States and in Louisiana. The emotional impact following a diagnosis of breast cancer can be overwhelming but thanks to advancements in early detection, and improvements in the treatment and reconstructive options, millions of women are surviving breast cancer today and leading healthy and fulfilling lives.



Breast Cancer STATISTICS

The chance of a woman having invasive breast cancer some time during her life is a little less than 1 in 8. Your personal risk may be higher or lower depending on a number of factors including family history and lifestyle choices such as smoking and hormone medication usage. Genetic testing ("BRCA test") may be recommended in some cases by your provider to give a clearer picture of your individual risk and to determine the best course of treatment.

Breast Cancer TREATMENTS

Breast cancer treatments are varied and may include surgery, chemotherapy, radiation therapy and hormone therapy. Treatments, and their combinations, are different depending on your diagnosis. You should work with your team of doctors to decide which treatment is right for you. In some cases there are multiple options available to choose from so ask questions. Keep copies of your medical records and do not be afraid to seek a second opinion.

TARGETED Therapy

Targeted cancer therapies are treatments that target specific characteristics of breast cancer cells, such as a protein that allows the cancer cells to grow in a rapid or abnormal way. This type of therapy is generally less likely than chemotherapy to harm normal, healthy cells. Some targeted therapies are antibodies that work like those naturally made by your immune system. Pregnant women should not get targeted therapies.

HORMONE Therapy

Hormone therapy is a set of drug treatments that target breast cancers that are sensitive to certain body chemicals. The most common forms of hormone therapy for breast cancer work either by blocking estrogen from attaching to cancer cells or by decreasing your body's production of estrogen. While undergoing hormone therapies for breast cancer, you may experience hot flashes, vaginal discharge, dryness and irritation, irregular periods, decreased sex drive, mood changes or an increased risk of bone thinning (osteoporosis). If you experience these side effects, discuss options for treatment with your care team.

Breast RECONSTRUCTION

The decision to have breast reconstruction surgery is extremely personal. You will have to decide if the benefits will achieve your goals and if the risks and potential complications are acceptable. The goal of reconstruction is to restore breast volume and shape after mastectomy and is performed by a qualified Plastic Surgeon as a part of your care team. Benefits can include restoration of body image and improved fit in ordinary clothing. Breast reconstruction often involves multiple procedures performed in stages. The breast may be reconstructed in the same surgery as the mastectomy ("immediate reconstruction") or be delayed until a later date ("delayed reconstruction"). Advantages of immediate reconstruction include elimination of a secondary separate procedure and an opportunity to improve the cosmetic outcome by combining the reconstruction with skin sparing mastectomy techniques. Your surgeon may use an implant or tissue from another part of your body to fill out the size and shape required. Implant reconstruction relies on breast implants to help form a new breast mound. Autologous or "flap" reconstruction uses the patient's own tissue transplanted from another part of the body to form a new breast. Your plastic surgeon and/or staff will explain in detail the risks associated with surgery. Flap surgery includes the risk of partial or complete loss of the flap and a scar in the donor site. The use of implants carries the risk of breast firmness (capsular contracture) and implant rupture requiring replacement. Mastectomy typically causes loss of sensation in the reconstruction site and may be present with either option. Each procedure has advantages and disadvantages that must be weighed by you and your physicians; however, the final decision should be yours based on your preference and understanding of the options. Your doctor must discuss reconstructive options with you before obtaining your consent to any breast cancer surgery, including the possibility of transferring your care to a

facility that has the expertise to perform breast reconstruction surgeries. It is best to talk about reconstructive options with your surgeon and schedule a consultation with a plastic surgeon experienced in breast reconstruction before your mastectomy. This lets the surgical team coordinate the treatment plan that is best for you in advance even if you decide to wait until later for reconstructive surgery options. (La. R.S. 40:1103.5).



BEFORE AND AFTER "DELAYED" BREAST RECONSTRUCTION WITH LIVING TISSUE "FLAP" RECONSTRUCTION.
Image © Center for Restorative Breast Surgery, LLC
www.BreastCenter.com



BEFORE AND AFTER DOUBLE NIPPLE Sparing MASTECTOMY AND "IMMEDIATE" LIVING TISSUE "DIEP FLAP" RECONSTRUCTION.
Image © Center for Restorative Breast Surgery, LLC
www.BreastCenter.com



BEFORE AND AFTER DOUBLE NIPPLE Sparing MASTECTOMY AND "IMMEDIATE" IMPLANT RECONSTRUCTION.
Image © Center for Restorative Breast Surgery, LLC
www.BreastCenter.com

PREVENTATIVE Cancer Screening

Although screening after a mastectomy or breast reconstruction generally isn't recommended, there are no hard-and-fast rules. If your doctor does recommend screenings, ask which test is best for you: mammogram, MRI, ultrasound, or some combination of tests. Generally, it's best to wait at least 6 months after reconstruction to start screenings. Also, be sure to let the imaging center know that you have breast implants and/or a flap reconstruction. If you have silicone implants, the FDA recommends that you receive MRI screening for silent rupture 3 years after receiving your implant and every 2 years after that. Louisiana law, effective January 1, 2019, requires health benefit plans to include coverage for preventive cancer screening, on no less than an annual basis, to an insured person who was previously diagnosed with breast cancer, completed treatment for breast cancer, underwent a bilateral mastectomy, and was subsequently determined to be clear of cancer. (Act 461 of 2018, La. R.S. 22:1077.1; La. R.S. 46:975.1).

INSURANCE Coverage

Under the Women's Health and Cancer Rights Act of 1998 (WHCRA), group health plans, insurance companies and HMOs offering mastectomy coverage must also provide coverage for certain services relating to your mastectomy in a manner determined best between you and your attending physician. The coverage includes all stages of reconstruction of the breast on which a mastectomy was or is to be performed. Surgery of the other breast to produce symmetry (including lifting, reduction, or size increase if required) is included as are prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Louisiana has its own statutes which conform to federal law and clarify required coverage by health benefit plans. In Louisiana, "breast reconstruction" includes all stages of reconstruction of the breast on which a mastectomy has been performed and surgery on the other breast to produce a symmetrical appearance, including but not limited to liposuction performed for fat transfer to a reconstructed breast or to repair a donor site deformity, tattooing the areola of the breast, surgical adjustments of the non-mastectomized breast, unforeseen medical complications which may require additional reconstruction in the future, and prostheses or physical complications, including but not limited to lymphedema. These laws make it clear that decisions regarding breast reconstruction shall be made solely by the patient in consultation with attending physicians, that all stages of breast reconstruction are medically necessary and not cosmetic, and that insurers must provide notice in writing of insurance coverage for breast reconstruction to each insured person. (La. R.S. 22:1077; 22:1077.1)

Medicaid fee-for-service covers breast reconstruction post-mastectomy & reconstruction surgery of the contralateral unaffected breast to achieve symmetry for patients diagnosed with breast cancer. Medicaid fee-for-service will also cover additional services for reconstruction of the affected/diseased breast. www.lamedicaid.com. If you lose one or both breasts in a mastectomy, Original Medicare will generally cover breast implants. If you receive a surgically implanted breast prosthesis in an inpatient setting, Medicare Part A will generally cover it. If you receive breast reconstruction in an outpatient setting, Medicare Part B will generally cover it. www.medicare.gov.

RULES AND LAWS ADOPTED OR PROPOSED SINCE JULY NEWSLETTER

The following rulemaking activity was noticed by the Board since the last newsletter:

Repeal: Marijuana for Therapeutic Use by Patients Suffering From a Debilitating Medical Condition (LAC 46:XLV.Chapter 77) Board proposes pursuant to R.S. 40:1046, to repeal the Board's Rules, LAC 46:XLV.Chapter 77, governing physicians who recommend therapeutic marijuana, legal warning with regard to recommending marijuana, definitions and prohibitions with regard to the conditions for which it may be recommended, registration of physicians, form for recommendation, requirements for treatment and keeping of records, and discipline pertaining to such rules, to conform to Act 286 of the 2020 Regular Session of the Louisiana Legislature. The repeal will be effective upon final promulgation.

LSA-R.S. 37:1310.1 Effective July 1, Enacted the Interstate Medical Licensure Compact for physicians in Louisiana. In its July meeting, the Board approved an amended draft of proposed new rules to accommodate the passage of La. R.S. 37:1310.1, the IMLC law. Proposed rule draft provides for severability; provides that upon first failure to produce and attest to certain required information/documentation within 90 days of notice, the IMLCC licensee will receive a non-disciplinary communication from the Director of Investigations outlining that he/she must comply with the required CME, and must report completion to us prior to renewal, in addition to their next year's CME. If the IMLCC licensee repeats the failure, then this is grounds for the Board to proceed with investigation of the violation or potential violation, and possible discipline under La. R.S. 37:1285. Likewise, the failure to produce official proof of citizenship and/or authorization to live and work in the United States, along with responses to the Oath questions, may also provide grounds for the Board to proceed with investigation of the violation or potential violation, and possible discipline under La. R.S. 37:1285. The Oath topics reflect the Board may ask about lawsuits, and/or settlements of medical malpractice, fraud and/or intentional torts.

The following rule was promulgated and published in the July edition of the *Louisiana Register*:

Complaints and Investigations; Complaint Disposition Guidelines (Chapter 46:XLV.9716)

In conformity with recommendations of the LLA, the Board created a new section of the rules to provide guidance as to the criteria the board may consider for complaint disposition in order to promote consistency in administrative disciplinary dispositions for similar violations.

For information on new and updated rules published in the 2021 *Louisiana Register*, see <https://www.doa.la.gov/doa/osr/louisiana-register/>

For more detail and the most up to date information on the status of each rule as it proceeds through the administrative rulemaking process, go to: <http://www.lsbme.la.gov/content/regulatory-progress-rule-making-and-regulatory-changes>

Updating your contact information

All licensees should be aware that if you change your address or your email address, it is YOUR responsibility to log on to the LaMED dashboard at <https://online.lsbme.org/#/> and make the change to your record. (You can also go to the home page at www.lsbme.la.gov, click For the Practitioner > LaMED Dashboard.) Board staff cannot do this for you. To make sure that emails and communication by regular mail are reaching you, please make a point of changing your contact information as necessary.

Do you know....**About the rules regarding Physician Treatment of Self or Family Members?**

Acting as a medical professional to immediate family members has always presented ethical issues. The AMA Code of Medical Ethics Opinion 1.2.1 on Self-Treatment or Treatment of Immediate Family Members states that treating oneself or a member of one's family creates concerns about professional objectivity, patient autonomy, and informed consent.

The opinion goes on to say that:

"When the patient is an immediate family member, the physician's personal feelings may unduly influence his or her professional medical judgment. Or the physician may fail to probe sensitive areas when taking the medical history or to perform intimate parts of the physical examination. Physicians may feel obligated to provide care for family members despite feeling uncomfortable doing so. They may also be inclined to treat problems that are beyond their expertise or training.

Similarly, patients may feel uncomfortable receiving care from a family member. A patient may be reluctant to disclose sensitive information or undergo an intimate examination when the physician is an immediate family member. This discomfort may particularly be the case when the patient is a minor child, who may not feel free to refuse care from a parent.

In general, physicians should not treat themselves or members of their own families."¹

Obviously there are exceptions, such as during emergencies or for short time periods. As with any other patient, treatment should be documented in a medical record, and relevant information given to the patient's primary care physician. Practitioners are warned to avoid providing intimate care to a family member, especially a minor, and should be aware that family members may be reluctant to refuse treatment for fear of giving offense to the physician.

In addition to the challenges and potential improprieties involved when physicians treat immediate family members, the issue of prescribing controlled substances to self or family members has always been considered unethical, and possibly dangerous. In 2015 the Board amended its rules to further explain the reasons why certain behaviors are considered to be unprofessional conduct. Chapter 76, Rules of Enforcement, section 11 on 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."²

This rule does not concern only opioids, but all controlled drugs. A classic example would be a physician who prescribes ADHD medications for his teenager or college-aged child. This is not good practice and not permitted under the Board's rules. ■

¹ <https://www.ama-assn.org/delivering-care/ethics/treating-self-or-family>

² La. Admin Code. tit. 46, Pt XLV, § 7603(A)(11)



Phone scam alert and other matters – Be aware

It will come as no surprise that scammers are continually trying new schemes to fraudulently extract funds from our licensees. Many of us have had alleged calls purporting to be from the Social Security Administration, Microsoft and so on, telling us we have a problem and offering to help.

We recently heard from one local physician who reported that he received a call from a scammer pretending to be a sergeant from the St. Tammany Police Department. This individual told the physician he had two citations against him with a warrant for his arrest because he had failed to appear in court as an expert witness.

The scammer had the physician's work address and stated that they had delivered the expert witness packet to him months earlier. They also had his home address and claimed that they mailed a postcard. The man sounded very official and told the physician that if he could come to the police department in St. Tammany right away to verify his handwriting he could have the citations removed and would not be arrested. As that scenario was in play the scammer started to talk about getting a bond first and sending money electronically...the physician realized this was a red flag and did not take the bait, but other physicians have done so. It seemed likely that the scammer had access to the National Provider Identifier database (NPI) or similar. The people perpetrating these scams are very resourceful, and very persuasive.

We have previously warned that some of our licensees have received "spoofed" calls that seem to be from our office. Spoofed calls are those that are placed by scammers outside the agency, but the caller id shows the agency's phone number. Recently some licensees have received letters on fake LSBME letterhead.

To add credibility to their threats, scammers have provided details about the person including full names, state license numbers, and National Provider Identifier (NPI) numbers. Providers whose first language is not English or who may be non-U.S. citizens may even receive threats of deportation if the provider does not pay to end the "investigation."

Should you receive any alarming notifications that subsequently request fees or funds, we urge you to contact the agency involved directly using a link or telephone number you obtain independently from your phone or computer, and NOT any contact information from the letter or call itself.

Please be vigilant and aware of the possibility of scams. ■

Electronic Education Tracker Required for Renewal in 2022

Licensees are reminded that registration for a CE Broker Electronic Education Tracker account is mandatory for most licensees. **Effective for 2022 renewals (which may occur in November or December for a January renewal date) if you do not have an account and a transcript verifying your CME/CE activities, you will be unable to renew your license.** The only exemptions to this requirement are Physician Assistants, non-physician acupuncturists, and certain licensees who work exclusively for the federal or state government and have applied for exemption with the proper documentation at least 30 days prior to renewal. See below for latest statistics on account registration by licensee group.

CEB Registration by group – as of 10/22/21

<u>Licensee type</u>	<u>% Registered</u>
Athletic Trainers	75%
Clinical Exercise Physiologists	79%
Clinical Laboratory Personnel	41%
Genetic Counselors	55%
Licensed Midwives	65%
Medical Psychologists	68%
Occupational Therapy	63%
Perfusionists	29%
Physicians	57%
Podiatrists	69%
Polysomnography	65%
Respiratory Therapists	63%

NOTE TO RESPIRATORY THERAPISTS AND GENETIC COUNSELORS EMPLOYED EXCLUSIVELY BY THE FEDERAL GOVERNMENT, AND OCCUPATIONAL THERAPISTS EMPLOYED EXCLUSIVELY BY THE STATE: Our rules exempt a few individuals from the LSBME CE requirement. If your exclusive employment with the federal or state government exempts you from this requirement, you must supply the LSBME Licensing Dept. with a letter from your employer verifying the dates of your employment. In addition, the licensee must submit a form found [here](#) verifying your exclusive employment. The letter and the form can be sent to licensing@lsbme.la.gov at any time, but no later than 30 days before your renewal date.

Questions/Comments? Something you'd like to see in the Newsletter? Email: Education@lsbme.la.gov