

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

NEWSLETTER

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In this issue of the Newsletter we provide timely updates on subjects that may affect your practice. For more information about all of these topics and more - visit our web site at www.lsbme.la.gov and while you are visiting subscribe to the RSS feed to keep up with the News from the Board. Links to citations include herein may be found on the web site.

We welcome your feedback on the topics that are presented and recommendations regarding future topics as well as legislative and/or rule making efforts, and board services. Please contact us at feedback@lsbme.la.gov. Thank you.

Legislation (2011)

Orders by out of state physicians August 15, 2011

[Act 44 \(2011\)](#) authorizes the Board to adopt rules exempting application of this Part to an out-of-state physician who orders routine diagnostic testing for an established patient, provided the physician-patient relationship was initiated through an in-person, face-to-face visit with the physician in another state, the order can be verified, and the results of all testing are provided directly to the ordering out-of-state physician. A health care facility or provider that is presented such an order may choose not to recognize such an order. For the purposes of this Section, "out-of-state physician" means a physician who is duly licensed to practice medicine in any state or jurisdiction in the United States other than Louisiana.

Advertising by Physicians August 15, 2011

[Act 337 \(2011\)](#) prohibits physicians from holding themselves out to the public in any manner as being certified by a public or private board including but not limited to a multidisciplinary board or "board certified", unless all of the following criteria are satisfied: (a) The full name of the board from which the physician is certified and the name of the specialty or subspecialty is included in the advertisement; (b) The board meets any of the following qualifications: (i) The board is an American Board of Medical Specialties member board or an American Osteopathic Association certifying board; (ii) The board has been approved by the Louisiana State Board of Medical Examiners; (iii) The board requires an Accreditation Council for Graduate Medical Education or American Osteopathic Association approved postgraduate training program that provides complete training in that

specialty or subspecialty; (c) If the physician advertises and does not meet any of the criteria articulated in the Act (La. R.S. 37:1285(A) (32)), the physician shall list his qualifications for performing the advertised medical procedures in the advertisement.

Electronic Prescribing August 15, 2011

[SR 81\(2011\)](#) establishes the Legislative Workgroup on Electronic Prescribing to study and make recommendations to the legislature concerning electronic prescribing which at a minimum would accomplish the following: (1) Seek to limit marketing in electronic health record systems. (2) Seek to encourage the provision of evidence based information at the point of care for the prescriber and patient. (3) Standardize prior authorization to maximize administrative simplification and efficiency and adopt a universal prior authorization form to be made available for electronic use. (4) Provide for a patient's freedom of choice with respect to the selection of a pharmacy. (5) Provide for user authentication, audit, and physical security. The legislation calls on the Board of Medical Examiners and the Board of Pharmacy to convene the workgroup.

Immunization August 15, 2011

[SR 122 \(2011\)](#) requests the Department of Health and Hospitals, the Louisiana State Board of Medical Examiners and the Louisiana Board of Pharmacy to jointly study certain aspects of the administration of immunizations and to jointly present their findings to the Senate and House Committees on Health and Welfare. The study shall include, but not be limited to, the following: (1) The scope and rate of CDC-recommended immunizations proactively administered by all health care providers, including specially trained pharmacists, in Louisiana. This shall be identified by provider type and by health care setting; (2) A comprehensive list of allowable CDC-recommended immunizations administered in other states by various provider types; (3) A comparison of immunization rates where pharmacists are able to administer such immunizations, comparing rates when a physician's prescription is required and where the same immunization may be administered under CDC protocol; (4) A comprehensive review of accessibility issues in obtaining immunizations in various health care settings (5) A

comprehensive review of the training which is available and its adequacy for non-physician immunizers.

Mental Health Counseling August 15, 2011

[Act 320 \(2011\)](#) defines the practice of mental health counseling as rendering or offering prevention, assessment, diagnosis, and treatment, which includes psychotherapy, of mental, emotional, behavioral, and addiction disorders to individuals, groups, organizations, or the general public by a licensed professional counselor, any service which is consistent with his professional training as prescribed by present law, and code of ethics/behavior involving the application of principles, methods, or procedures of the mental health counseling profession.

The Act defines serious mental illness as any of the following diagnoses: (1) Schizophrenia or schizoaffective disorder; (2) Bipolar disorder; (3) Panic disorder; (4) Obsessive-compulsive disorder; (5) Major depressive disorder; (6) Anorexia/bulimia; (7) Intermittent explosive disorder; (8) Autism; (9) Psychosis NOS (not otherwise specified) when diagnosed in a child under seventeen years of age; (10) Rett's disorder; (11) Tourette's disorder; (12) Dementia. The proposed law increases the number of graduate semester hours from 48 to 60 after September 1, 2015, and further requires that all applicants complete a course in each of the eight required areas specified in present law and a supervised internship in mental health counseling as defined in the rules and regulations adopted by the board pursuant to the APA.

The Act limits the definition of mental health counseling services by providing that nothing in proposed law shall be construed to authorize any person licensed under the provisions of proposed law to assess, diagnose, or provide treatment to any individual suffering from a serious mental illness, as defined by proposed law, unless that individual is under the active care of a practitioner who is licensed by the Louisiana State Board of Medical Examiners and is authorized to prescribe medications in the management of psychiatric illness, and only in the context of an ongoing consultation and collaboration with that practitioner.

Rules – Notices of Intent

Physician Assistants July 20 2011

A notice of intent to amend the Boards rules relating to Physician Assistants was published in the *Louisiana Register* in [July 2011](#). The proposed rules establish requirements for supervision, credentialing and delegation of certain tasks to physician assistants. A public hearing was held on August 29, 2011 and was well-attended by Board members, physicians, physician assistants, and representatives of various groups and organizations. Further information regarding the rule-making effort will be provided in due course.

Respiratory Therapy September 20 2011

A notice of intent to amend the Boards rules relating to Respiratory Therapy was published in the *Louisiana Register* in [September 2011](#). The proposed amendments were developed pursuant to Act 142 (2007) which expanded the definition of respiratory therapy to include orders prescribed by advanced practice registered nurses and physician assistants. Among other items, the proposed amendments eliminate the separate categories of licensure for "registered

respiratory therapist" (RRT) and "certified respiratory therapists" (CRT) and instead identify all respiratory therapists by the single title of "licensed respiratory therapists" (LRT). The separate licensing fees for these categories will also be replaced with single category applicable to all LRTs. The proposed amendments also: identify the qualifications for licensure, including graduating from a Respiratory Care Education Program or the completion of all program requirements; and require the passage of the entry level re-credentialing examination for an initial, reciprocity or reinstatement applicant who has not been licensed or practiced respiratory therapy in any state for more than four years prior to application. In conformity with the controlling law, the proposed amendments make certain other changes relating to licensure, continuing professional education and the Respiratory Therapy Advisory Committee, repeal and redesignate various sections of the existing rules, and make other substantive and technical modifications.

Rules – Adopted and Promulgated

Emergency Transfer of Patients February 20, 2011

Amendments to the Board's Rules relating to the emergency transfer of patients were adopted and promulgated in the [February 2011](#) edition of the *Louisiana Register*. A license to practice medicine shall not be required for a physician-member of a transport team providing emergency or other medical care to an acutely ill patient during transfer or transportation to or from a hospital in this state provided such physician is duly licensed to practice medicine by the medical licensing authority of another state. The exemption shall also apply to any license, certificate or registration of any allied health care professional, which the board is authorized to issue, who is a member of a transport team providing emergency or other medical care to an acutely ill patient during transfer or transportation to or from a hospital in this state provided such allied health care practitioner is duly licensed to practice his profession by the medical licensing authority of another state.

Unprofessional Conduct January 20, 2011

Amendments to the Board's Rules relating to unprofessional conduct were adopted and promulgated in the [January 2011](#) edition of the *Louisiana Register*.

The rule defines unprofessional conduct as conduct that includes but is not limited to the departure from, or the failure to conform to, the standards of acceptable and prevailing medical practice or the ethics of the medical profession including, but not limited to, the principles established by the American Medical Association, the American Osteopathic Association, and relevant medical specialty associations, or the commission of any act contrary to honesty, justice, good morals, patient safety or the best interest of the patient, whether committed in the course of the physician's practice or otherwise, and whether committed within or without of this state. For illustrative purposes only, unprofessional conduct includes but is not limited to:

1. Sexual misconduct—any act of sexual intimacy, contact, exposure, gratification, abuse, exploitation or other sexual behavior with or in the presence of a patient or any other

individual related to the physician's practice of medicine regardless of consent. Such conduct may be verbal, physical, visual, written or electronic, or it may consist of expressions

of thoughts, feelings or gestures that are sexual or reasonably may be construed by a patient or other individual as sexual or which may reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient or another individual. Sexual misconduct between a physician and a former patient after termination of the physician-patient relationship may also constitute unprofessional conduct if the sexual misconduct is a result of the exploitation of trust, knowledge, influence or emotions derived from the professional relationship.

2. Disruptive behavior—aberrant behavior, including but not limited to harassment, sexual or otherwise, manifested through personal interaction with physicians, employees, co-workers, hospital personnel, health care professionals, patients, family members or others, which interferes with patient care or could reasonably be expected to interfere with the process of delivering quality care or jeopardizing patient safety.

3. Failing to cooperate with the board—physicians shall cooperate with and assist the board to carry out its duties. A physician shall, among other matters: (a) respond or provide information or items requested, respond to a subpoena, or complete an evaluation within the time designated by the board or its staff; (b) not attempt to influence the board, its members, staff or agents by means of intimidation, falsehoods or other means prohibited by law; (c) not contact members of the board directly or through others in an attempt to influence the outcome of an investigation or disciplinary proceeding; and (d) not contact or attempt to contact a complainant or witness regarding a complaint or an investigation by the board for purposes of intimidation or harassment.

4. Failing to maintain independent medical judgment—at all times while engaged in the practice of medicine in this state a physician shall exercise independent medical judgment in the sole interest of the patient. To that end a physician shall not: (a) allow a non-physician to impose or substitute his, her, or its judgment for that of the physician in the exercise of the rights and privileges provided for by medical licensure; or (b) enter into or attempt to enforce an agreement that would have the effect of requiring a physician to abandon a patient, deny a patient continuity of care, or interfere with the patient's freedom of choice in the selection of health care providers or services.

5. Improperly delegating or supervising—physicians retain responsibility to their patients for the training, delivery and results of medical services rendered to their patients. A physician shall not: (a) delegate professional responsibilities to a person the physician knows or has reason to know is not qualified by training, experience or licensure to perform them; or (b) fail to exercise appropriate supervision over a person who is authorized to practice only under physician supervision.

6. Exercising undue influence—physicians shall exercise their professional judgment in the best interest of their patients. A physician shall not: (a) place his or her own financial gain over the interest and welfare of a patient in providing, furnishing, prescribing, recommending or referring a patient for therapy, treatment, diagnostic testing or other health care items or services; (b) perform, or refer a patient to another to perform, unnecessary tests, examinations or services which have no legitimate medical purpose; or (c) exercise influence over a patient in such a manner as to exploit the patient or his or her third party payor for financial gain of the physician or of a third party through the promotion or sale of services, goods, appliances or drugs.

7. Enabling the unauthorized practice of medicine—A physician shall insure that he or she is practicing in conformity with the law and in a lawful setting. A physician shall not: (a) enter into any arrangement, as medical director or otherwise, that allows or condones an unlicensed individual to engage in the practice of medicine, as defined by La. R.S. 37:1261(1), in the absence of the physician's direction and immediate personal supervision—i.e., where the physician is physically present on the premises at all times that the unlicensed individual is on duty and retains full responsibility to patients for the training, delivery and results of all services rendered; or (b) practice in a pain management clinic that is not licensed by the Department of Health and Hospitals pursuant to La. R.S. 40:2198.11 et seq., or in any other clinic or medical setting that the physician knows or reasonably should know, is operating in violation of the law or the board's rules.

8. Practicing or enabling practice by impaired provider—a physician shall not: (a) engage in the practice of medicine while under the influence of a mood-altering substance that compromises or has the potential to compromise a physician's medical judgment or practice, irrespective of whether or not prescribed by another physician or authorized practitioner; or (b) prescribe any mood-altering substance to a patient, who is a physician or another licensed health care provider, without instructing the patient to refrain from practice while under the influence of the substance. The physician's record on the patient shall document this instruction.

9. Failing to adhere to accepted practices. Physicians shall practice within the scope of their education, training and experience.

10. Failing to create or maintain medical records—a physician shall create and maintain adequate and legible patient records. In addition, a physician shall: (a) not falsely create or alter a medical record or destroy a medical record except as authorized by law; (b) upon receipt of proper authorization, and in conformity with La. R.S. 40:12999.96, make patient medical records in the physician's possession available within a reasonable period of time to the patient, the patient's representative, or another physician or licensed health care provider; (c) make arrangements for patient access to medical records of the physician after relocating or closing a medical practice, retiring, or being prohibited from practice by consent, decision or other order of the board; (d) make arrangements, or assist another physician practicing in the same group make arrangements, for access by a physician or patients to their medical records after the physician has left a medical practice, relocated a practice to a new location, closed a practice, or retired; (e) insure proper destruction of medical records by methods approved by state or federal authorities; and (f) not abandon or desert medical records.

Clinical Laboratory Personnel February 20, 2011

Amendments to the Board's Rules relating to the requirements for licensure as clinical laboratory personnel were adopted and promulgated in the [February 2011](#) edition of the *Louisiana Register*. A further amendment delaying the implementation of the rule to June 30, 2012 was noticed for intent to adopt in [August 2011](#). Further amendments to the rule establishing certain requirements relating to education and testing are under development.

Medical Psychology April 20, 2011

Rules relating to the requirements for licensure, certification and practice of medical psychologists were adopted and

promulgated by the Board in the [March 2011](#) edition of the *Louisiana Register*, with technical corrections appearing in the [April 2011](#) edition.

Guidance

Screening for Breast Cancer

Physicians are required by state law (1) to inform patients with breast cancer of their treatment options; (2) to provide the patient with a copy of this brochure and (3) to document the date and time when this is done in the patient's medical record. Failure to do so shall be considered unprofessional conduct and may result in disciplinary action by the Board. (La. R.S. 40:1300.154(A) and La. R.S. 37:1285). The Board is required to provide all physicians with a copy of this brochure annually. A copy is enclosed for your reference. Additional copies of the brochure may be obtained by contacting the Board at breastcancer@lsbme.la.gov or may be downloaded from the Board's web site - go to healthcare on homepage at <http://www.lsbme.la.gov/Healthcare.htm>.

Respiratory Therapy Protocols

Respiratory therapy protocols may be followed by Licensed Respiratory Therapists (LRT) under the following conditions: (1) The initiation of any such protocol must be predicated upon a physician's patient-specific order for respiratory therapy treatments for his or her patient and in all instances where it is utilized that a copy of the protocol must be included in the patient's medical record. (2) Implementation of the protocol would be based on the LRT's clinical assessment, review of the medical records and examination of the patient, following which the LRT would complete a patient assessment that identifies the level of care and corresponding frequency of treatments using a scoring system based on various factors. The frequency of treatments would then be documented in the medical record. (3) Should questions arise about the patient's needs or if an increase in treatment frequency [or a different form of treatment] is indicated, the respiratory therapist must contact the patient's physician to discuss the patient's needs and appropriate orders and (4) the physician may opt out of the protocol at any time.

Limits on duration of prescriptions for controlled substances

Federal regulations prohibit the refilling of Schedule II drugs. There are no limits imposed by Federal or State regulations on the quantity of Schedule II drugs that may be prescribed, with the exception of the event where a prescriber deems it appropriate to issue multiple prescriptions for the same medication to the same patient at the same time. Ref: [21 CFR §1306.12](#)

An example of such an event would be the issuance of three prescriptions for a month supply of a stimulant to the same patient on one day, where the first prescription would be dated that day and filled immediately, the second prescription would be dated that day and annotated not to dispense until a certain date one month later, and the third prescription would be dated that day and annotated not to dispense until a certain date two months later.

In the event a prescriber elects to issue multiple prescriptions for the same medication to the same patient at the same time, the DEA has imposed a limit of a 90-day supply for the entire series. There are no limits on the number of prescriptions that may be issued in the series, but the total

quantity prescribed for the entire series may not exceed a 90 day supply AND the following requirements must be met:

(i) Each separate prescription is issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice; (ii) The individual practitioner provides written instructions on each prescription (other than the first prescription, if the prescribing practitioner intends for that prescription to be filled immediately) indicating the earliest date on which a pharmacy may fill each prescription; (iii) The individual practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse; (iv) The individual practitioner complies fully with all other applicable requirements such as the Board Pain and Obesity rules as noted below.

Federal regulations limit fills and refills of Schedule III or IV drugs to a total of six including the original from the date of issuance. There are no such limitations of Schedule V drugs.

The Board's pain rules require that patients receiving treatment for chronic pain be seen not less frequently than every 12 weeks. Chronic pain is defined as treatment of non cancer-related chronic or intractable pain for a period in excess of 12 weeks during any 12-month period. Ref: [LAC 46XLV §6915 - §6923](#)

The Board's Obesity Rules require that a physician shall not prescribe or dispense Schedule III or IV anorectics to any patient: (1) in dosage greater than the maximum dosage indicated by the anorectic manufacturer's FDA-approved dosage recommendation; (2) in number or dosage units greater than an amount sufficient for use of the anorectic for a period of 30 days; or (3) for an aggregate period in excess of 12 weeks during any 12-month period; provided, however, that this limitation shall not be applicable with respect to Schedule IV anorectics. [LAC 46XLV §6901 - §6913](#)

A common misconception for practitioners is the improper reference to limits imposed by third party payors. Some pharmacy benefit managers impose 30-day or 90-day limits on reimbursements, and some practitioners incorrectly believe that limit applies to all quantities to be prescribed or dispensed.

Physicians should consult the DEA Practitioners Manual for more detailed information [LINK](#).

Dispensing samples of controlled substances

A physician must have a dispensing registration issued by the Louisiana State Board of Medical Examiners to dispense controlled substances or drugs of concern including samples which by definition are NOT bona fide samples. Thus, a physician who dispenses a medication sample that either is or contains a controlled substance (e.g. an antitussive containing hydrocodone), is required to be registered with the Board as a dispensing physician and to comply with all of the record-keeping and other requirements of the Board's dispensing rules. A CDS license is NOT a dispensing permit.

In addition a physician who is authorized to dispense samples of controlled substance or drugs of concern by means of holding both a CDS license and Dispensing Registration is limited to dispensing no more than a 48 hour supply of a single controlled substance or drug of concern to a patient.

Ref: [LAC 46XLV §6501-6561](#) (Dispensation of Medications)

Social media

There is no rule that prohibits a physician from posting testimonials on a web site or a social media site as long as they are truthful. It should be noted however that it is against state law and professional standards (and therefore unprofessional conduct) to provide false or misleading advertising by way of social media, a web-site or any other format.

There is no rule prohibits a physician from posting pictures of a patient on a web site or social media web site with the patients informed consent subject to the same limitations cited earlier with respect to false and misleading advertising and one other, that being, that the material be suitable for a public web site.

A Louisiana medical license is required to practice medicine in the state of Louisiana. The practice of medicine is defined as follows in [La. R.S. 37:1262 \(3\)](#). The making of a diagnosis or the provision of treatment by means of information provided or exchanged on a web site or by email with an individual patient would constitute the practice of medicine and would require a medical license and depending on the circumstance might constitute unprofessional conduct for a person holding the license.

Anything more than the most general advice about a given medical condition such as what might appear in a medical journal would be questionable. In all cases where someone asks about their personal circumstances they should be referred to an authorized provider.

State law does not require any disclosures except those that refer to ownership interest if any in ancillary or referral services that they might provide.

Delegation of laser treatment to non physicians

The use of lasers for therapeutic or cosmetic purposes constitutes the practice of medicine as defined by the Medical Practice Act ([La. R.S. 37:1262 \(3\)](#)) and therefore may only be performed or undertaken by a physician licensed to practice medicine by the Board. However, it has long been the position of the Board that unlicensed personnel (non-physicians) may perform medical functions under a licensed physician's direction and immediate personal supervision—i.e., where the physician is physically present on the premises and retains full responsibility to patients for the manner and results of all services. An individual filling such a position could not—and may not be permitted to under any circumstances—act independently of a licensed physician with respect to the use of lasers for therapeutic or cosmetic purposes. If an unlicensed person acts beyond this scope in the absence of the physical presence of a physician he or she would be in violation of the Act which prohibits the unlicensed practice of medicine in this state.

Use of Lasers for non approved uses

Physicians are expected to know the FDA status of medical devices which they use in their practice and adhere to the strict limitations placed by the FDA on advertising when it comes to using devices that have not been approved for the treatment of a given condition. To do otherwise may subject physicians to civil prosecution by the FDA and depending on the circumstance subject them to disciplinary action by the Board.

Non-Reporting of Adverse Actions to the Board by Hospitals

Earlier this year the Board was invited to participate in a review of the reporting of adverse actions reported by hospitals to the National Practitioner Data Bank (NPDB) and state licensing authorities as required by federal law.

We found that 20 of 56 (36%) of the reports of adverse actions taken by hospitals that were reported to the NPDB were NOT reported to us with an improving trend over the years.

We had investigation files open prior to receiving the report from the NPDB on 17 of the 20 cases with hospital reports of other reportable actions including restoration of privileges (8) and complaints (4) leading the list of reasons.

The basis for action in these 20 cases included failure to maintain medical records (4), license action taken by ourselves (4) and substandard or inadequate care (3) leading the list. All three of the cases first reported to us by NPDB involved failure to maintain medical records.

Hospitals are required by federal law to report ALL adverse actions reported to the NPDB to the Board at the same time. Failure to do so may lead to sanctions by the federal government in the future.

From the Louisiana State Medical Society

Looking Toward Retirement and Beyond:

Adapted from Capsules (November/December 2009 January/February and March/April 2010) by Trenton L. James, II, MD:

A license to practice medicine and surgery on patients in Louisiana is granted as a privilege by the Louisiana State Legislature, and is regulated by the Board under the Department of Health and Hospitals.

A license must be renewed annually on or before the last day of the birth month. The Board advises to allow 30 days for processing. Applications for renewal may be submitted on line or by mail. Currently the active license fee is \$332.00 annually, paid online by credit card or by check which may be submitted after completing the online application.

All active licensees seeking renewal are required to obtain annually 20 hours of Category I Continuing Medical Education (CME) credit. These hours can be obtained in many ways – formal courses, journals and online. All CME credits must be AMA Category I. Most board-certified physicians are currently required to participate in annual maintenance of certification through their boards and this should satisfy the LSBME requirement of 20 hours of credit. Only about 10% of licensees are called upon to prove their CME hours, determined by lottery, and if demanded of a licensee, the physician has 90 days to produce the 20 hours of credit to the Board.

Upon renewal, licensee must answer yes and no questions of "since your last renewal". These questions must be certified by the physician as answered true and correct. Failure to answer properly or honestly can result in a delay in renewal or revocation of a license.

Reduced Fee License

At this time, the LSBME does allow for a Reduced Fee License, to be granted by the LSBME, with continued annual renewal and reporting to the Board. There is currently no retired status category for licensure in the Louisiana Medical Practice Act. To obtain a Reduced Fee License the physician must:

(1) have an unrestricted Louisiana license, (2) have attained the age of 70 years prior to the expiration of such license, (3) voluntarily surrendered his/her DEA and LA CDS licenses or (4) ceased to practice medicine as a consequence of physical or mental disability, and (5) have submitted a formal request to the LSBME on the proper notarized form.

The current fee for such a Reduced Fee License is \$150.00. A physician who has recently paid the full fee (\$332) for an Active license can request reimbursement of the amount over the Reduced License Fee, which may be prorated by month.

If a Reduced Fee License is granted, a physician shall not thereafter engage or seek to engage in the active practice of medicine in Louisiana or to prescribe, dispense or administer controlled substances or any other prescription medications except upon prior application to and approval by the Board.

Once an Active license is relinquished or changed to Reduced Fee status, the requirements to return to an active full license to practice in Louisiana may be difficult to fulfill.

In considering such a request, the LSBME could at its discretion, as a condition to reinstatement of full licensure, require that the physician take the Special Purpose Examination (SPEX); and/or the submission of medical documentation that the physician is physically and mentally capable of practicing medicine with reasonable skill and safety to patients.

Editor's note: Physicians who are retiring may find switching to a volunteer license a far more attractive option than the reduced fee license. Volunteer licenses were established in 2010 pursuant to the enactment of [LRS 37 §1281.1](#). More information on the volunteer license may be found on the Board's web site.

Also Physicians who are retiring should be mindful of the Board's statement of position on Maintaining Medical records when a practice is closed or move. More information on the volunteer license may also be found on the Board's web site.

Change of Address

Under Louisiana law, physicians must report changes of mailing address immediately to the LSBME in writing. Also physicians must notify all states in which they still have licenses, of any changes of address. It is always better to communicate than to assume or ignore. All questions pertaining to your Louisiana medical license should be submitted in writing to the Board.

Controlled Substance (CDS) License

A Louisiana Controlled Dangerous Substances license gives physicians the authority to prescribe controlled substances in Louisiana. In addition, physicians must hold a valid federal Drug Enforcement Agency (DEA) license to legally prescribe controlled substances. The CDS license is issued and regulated by the Louisiana Board of Pharmacy (LBOP). The physician must have a full and unrestricted license to practice

medicine and surgery in Louisiana in order to qualify for a CDS license.

You must have a CDS license to obtain, renew and maintain a federal DEA license. In order to apply for a CDS license, you must list your DEA registration number, LA State Board license number and social security number on the application form. This license must be renewed annually. The LBOP mails reminders 60 days prior to the expiration date of your license to the address of record. The LBOP recommends retrieving an application form from its Web site (www.labp.com) if you do not receive notice 30 days prior to your license expiration.

Expect to pay \$20.00 for the CDS license, a \$25.00 fee for the Prescription Monitoring Program (PMP), for a total of \$45.00 annually by check or money order. The CDS license must be renewed within 30 days of the expiration date or a \$10.00 late fee will be added. Licenses not renewed within 30 days after the expiration date are automatically terminated; such terminations will be reported to Federal Drug Enforcement Administration, which could affect your DEA license.

On the Application for CDS License you must select the drug schedules (I Experimental, II Narcotic, II Non-narcotic, III, IV, and V) you are asking for authority to prescribe and this must match your DEA schedule selection. You must disclose if you or anyone in your partnership or business organization has ever been convicted of a felony in connection with a crime involving controlled substances or your license to practice medicine has ever been revoked, suspended or denied. If answered yes, a detailed statement must be submitted.

You must furnish your physical home address if you no longer have an office address. If you have a change of address for your office or home (if this is your primary listing), you must notify the LA Board of Pharmacy within 10 days following the change.

Falsification of any information on the application can result in revocation of your license, imprisonment of five years (with or without hard labor), a \$5,000 fine reporting to DEA and LA State Board of Medical Examiners, plus legal expenses.

In the News

Board Offices September 1, 2011

Renovations of the Board's offices at 630 Camp Street have been completed and the Board Staff moved back at the end of August.



LSBME
NEWSLETTER

LOUISIANA STATE
BOARD OF MEDICAL EXAMINERS
630 CAMP STREET
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