FROM THE DESK OF THE EXECUTIVE DIRECTOR

Dear Licensees:

Spring has certainly sprung; I hope you are enjoying the lovely weather with family and friends.

In the next few months, those of you who are renewing your licenses may see that we’re asking you more questions about where you are, and how and where you treat Louisiana patients. Our legislature and public health infrastructure are making a concerted effort to ascertain how many healthcare providers in which fields are practicing in which locations. We have deficiencies in our data that we wish to correct, and we ask for your patience and utmost cooperation in this process. In subsequent years you will be asked to verify that nothing has changed, so the task will be easier. We strongly request that if something has changed in terms of where you are and the extent that you are treating Louisiana patients, either in the state or via telehealth, that you give us accurate and up-to-date information. This is critical for planning purposes and for improving healthcare access for our citizens.

As part of this process in assuring accuracy in practice location and practice patterns, we implore you to make sure that the email you list as your mailing email goes to YOU, and not an office manager or credentialing department. Email is the official way we contact you with important updates, investigations questions and everything else. “I didn’t see the email; it went to my office manager” is not an acceptable excuse for not responding to the board.

Our advisory committees have been very active. The Occupational Therapy Advisory Committee has just completed a rewriting of their rules, as has the Polysomnography Committee. The Respiratory Care and Athletic Trainer advisory committees are embarking upon a similar effort. The Medical Psychology Advisory Committee is working on law and procedural changes regarding advanced practice certification, and the physician assistants have submitted a bill to change the PA practice act which will result in rules changes for those practitioners.

The legislative session in Baton Rouge is well underway; we will report on any legislation of importance to the agency or our licensees in the July edition of this newsletter.

Best regards,

Vincent A. Culotta, Jr., MD
PUBLIC BOARD ACTIONS, JANUARY - MARCH, 2024

Below is a list of all licensees who were subject to a public board action, January-March 2024. (Board actions include discipline, notices of summary suspension, reinstatements, voluntary surrenders etc.) Click on the name to see the documentation related to the board action. If you would like information on any other public order from the last 5 years, you may click here.

Shiva Kumar Akula, MD – Notice of summary suspension of license, 1/12/2024.

Wael Alabdulkarim, MD – Consent order for reprimand of license, 2/19/2024.

Melissa Rose Barrett, MD – Consent order for indefinite suspension of license, 3/25/2024.


Gianluca Cerri, MD – 1/22/2024 – Consent order for reprimand of license, 1/22/2024.

Mark Edward Foy, LRT – Consent order for probation of license, 3/25/2024.

Quang Kim Huyhn, LAc, Consent order for short term suspension, then probation of license, 01/22/2024.

Stanley Kaplan, MD – Notice of summary suspension of license, 2/06/2024.
Stanley Kaplan, MD - Consent order for indefinite suspension of license, 3/25/2024.

Daniel Robert Knight, MD – Consent order for issuance of reduced fee license, 1/22/2024.

Spencer Davis Launey, MD - Consent order for reprimand and probation of license, 2/19/2024.

Howard Len Lippton, MD – Notice of summary suspension of license, 2/06/2024.

Brittany Nichole Lyons, OTA - Order for reinstatement of unrestricted license, 2/19/2024.
PUBLIC BOARD ACTIONS, CONTINUED

**Marshal Reid Naquin, MD** – Consent order for reinstatement of license on probation, 1/22/2024.

**Christopher Todd Nichols, MD** - Order for reinstatement of unrestricted license, 3/25/2024.

**Mark Alan Parent, MD** – Interim consent order for suspension of license, 1/22/2024.

**Laura Ellen Purdy, MD** – Consent order for reprimand of license, 1/22/2024.

**Amanda J. Strawbridge, CLP** - Order for reinstatement of unrestricted license, 2/19/2024.

**Regan Claire Terry, LRT** - Order for reinstatement of unrestricted license, 3/25/2024.

**Kapil Harilal Thakkar, MD** – Consent order for reinstatement of unrestricted license, 3/25/2024.

**Joe T. Travis, MD** – Order for reinstatement of unrestricted license, 3/25/2024.

**Sreedevi Yerrapraggada, MD** – Consent order for reinstatement of unrestricted license, 1/22/2024.

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**IMPORTANT MESSAGE FOR PHYSICIAN ASSISTANTS WORKING IN THE HOSPITAL ENVIRONMENT**

It has come to the board’s attention that some physician assistants who are prescribing in the hospital environment have been using the hospital’s DEA number to prescribe for patients. This is not the correct procedure. For a physician assistant to prescribe controlled substances, s/he must apply for a personal DEA number and cannot use the hospital’s number for this purpose.
ADDITIONAL REMINDERS FOR PHYSICIAN ASSISTANTS

CE Broker

In March we sent an email to all physician assistants to notify you that as part of CME compliance requirements you will need to register for a free CE Broker account. Most of our other licensees have such an account. It is used both to automatically verify that yearly CE/CME requirements are met, and also to make sure that additional coursework requirements, such as the one-time CDSCME requirement and the Laws and Rules course requirements before first time renewal, are met.

Previously physician assistants have been required to post their NCCPA certificate each year on LAMed to verify maintenance of good standing in terms of CME; we are changing the location where this proof must be posted. While our other licensees must post all CE or CME certificates they earn each year, you will only be required to post your up-to-date NCCPA certificate each year as a condition of the renewal process. The CE Broker system will verify that the certificate has been provided. If your certificate is not posted, or if you are a new PA and you have not fulfilled the one-time requirements for first time renewal (CDSCME course if you have prescriptive authority and Laws and Rules course before first renewal) you will not be able to renew your license.

To register for a basic account:

1. Go to https://cebroker.com/la/account/basic/
2. Enter your License number exactly as it appears on your license, which may consist of 6 numbers or a combination of letters and numbers like “PA.123456”.
3. Once you have an account, you can upload your NCCPA certificate.
4. You can also upload certificates of completion for the PA Laws and Rules course (Board Orientation) or courses that satisfy the CDSCME requirement.
5. You can also download the CE Broker app on your smartphone and use the camera to take pictures of certificates if that is easier.
6. CE Broker will track that you have met your requirements for your first renewal, and for yearly compliance with CE/CME with the NCCPA.

If you have any problems setting up an account or adding CME related documents, CE Broker support can help. Support is available 8AM- 8PM ET, Monday through Friday, by calling 877-434-6323, or via email at support@cebroker.com or by clicking the live chat icon on the support page. CE Broker support can also assist you in combining accounts from other states with your Louisiana transcript.

Please create an account soon to ensure a smooth and stress-free renewal process.

CDSCME Audit

Please note that a recent audit found that a small number of physician assistants were not compliant with Act 76-2017 that requires one time completion of 3 hours board approved education pertaining to prescribing controlled substances. If you were found to be non-compliant you will receive a notification letter from us and instructions on how to comply.
REMINDERS FOR LICENSEES RENEWING FOR THE FIRST TIME

We want to make sure that you are aware of certain CME/CE requirements you must fulfill before your first renewal. All of you must set up an account on our electronic education tracker, CE Broker, if you have not already done so. All coursework to meet your required hours (or for physician assistants your NCCPA certificate of compliance) must be posted on your transcript in CE Broker or you will be unable to renew your license.

All of you must take a Laws and Rules course on your profession before you renew for the first time, except for CEPS, Perfusionists, and the Polysomnographers. (The Polysomnography rules course should be available in the next few months.) You can find links to these courses on our Orientations & Education page at https://www.lsbme.la.gov/content/board-orientations-online-courses. Or, you can search for them on CE Broker under the LSBME as the provider. For those licensed before August 2023 who took the Laws and Rules course on TableMesa before licensure, you must post the certificate of completion on CE Broker.

For those of you who prescribe controlled substances (Physicians, Physician Assistants, Podiatrists and Medical Psychologists), you have a one-time requirement per Act 76-2017 to take a Board-Approved course on the prescribing of Controlled Dangerous Substances (CDS). To see which courses are board approved, click here. You will see that the number of courses is limited to those that meet the educational requirements specified by the legislation: a minimum of 3 hours covering the topics of best practices for the prescribing of CDS, drug diversion training, appropriate treatment for addiction, and the treatment of chronic pain. There are many courses that touch on some of these topics, but few that cover them all.

To create a CE Broker account
1. Go to https://cebroker.com/la/account/basic/
   Do NOT click on the “free trial” button at the top, that is for a different, paid account; scroll down the page to the window where it asks for your license number.
2. Enter your License number exactly as it appears on your license, “123456”.
3. Once you have an account, you can upload your CE or CME certificates.
4. The courses of some content provider who are registered with CE Broker will upload automatically.
5. Any Laws and Rules course taken on CE Broker will upload automatically and instantly to the transcript.
6. You can also download the CE Broker app on your smartphone and use the camera to take pictures of certificates, if that is easier.
7. CE Broker will track that you have met your requirements for your first renewal, or for yearly compliance with CE/CME with the NCCPA for PAs.

Online Laws and Rules Courses Currently Available on CE Broker

<table>
<thead>
<tr>
<th>Acupuncture Professionals</th>
<th>Physicians</th>
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<tbody>
<tr>
<td>Athletic Trainers</td>
<td>Physician Assistants</td>
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<tr>
<td>Clinical Laboratory Personnel</td>
<td>Podiatrists</td>
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<tr>
<td>Genetic Counselors</td>
<td>Respiratory Therapy</td>
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<tr>
<td>Occupational Therapy</td>
<td>Dispensing Physicians</td>
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<tr>
<td>Medical Psychologists</td>
<td>Supervising Physicians</td>
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<tr>
<td>Midwives</td>
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Courses will be updated as required by regulatory changes and can be taken annually.
Announcement: The Louisiana Department of Health would like to alert physicians to the Louisiana Physician Loan Repayment Program, for information see below:

**Louisiana Physician Loan Repayment Program**

Physicians serving in federally designated Health Professional Shortage Areas (HPSA) across the state may be eligible for the Louisiana Physician Loan Repayment Program*. This program repays governmental or commercial educational loans in exchange for serving in underserved facilities. This loan repayment program offers primary care MD’s and DO’s the opportunity to have their student loans repaid in exchange for practicing in underserved communities.

Physicians can receive up to $30,000 annually for a five-year commitment. Participants who complete their original five-year commitment in compliance, remain in an eligible site in a HPSA, and still have educational loans to repay may be able to extend their commitment with a two-year renewal to receive $15,000 annually.

To be eligible, you must:

1. be licensed and qualified as a doctor of allopathic/osteopathic medicine (MD/DO—to include those in the final year of their residency) to practice in Louisiana:
2. provide primary care services in a federally designated health professional shortage area (HPSA);
3. be a United States citizen/national;
4. agree to serve a minimum of five years in a federally designated health professional shortage area (HPSA) appropriate for their discipline;
5. work full-time (40 hours/week), with a minimum of 32 hours per week providing clinical services in an outpatient/ambulatory care setting or providing comprehensive patient care.

Physicians (allopathic or osteopathic) listed below are eligible to receive a Physician Loan Repayment Program award (to include those in the final year of their residency):

- General practice
- Family practice
- Obstetrics/gynecology
- Internal medicine
- Pediatrics
- Emergency medicine
- General psychiatry

*Application submission does not guarantee funding. Additional qualifications are required.

Want to find out more? Register to attend an info-session. Register [here](#).

May 9th 12:00pm – 1:00pm

After registering, you will receive a confirmation email containing information about joining the session.
PRESCRIPTION MONITORING PROGRAM REMINDERS

The prescription monitoring program (PMP) was implemented in the State of Louisiana in 2008. In 2017, additional regulations (Acts 2017-76 and 2017-82) were passed by the legislature pertaining to the use of the PMP as a safe prescribing measure. Improper use or lack of use of the PMP is one of the common reasons physicians are investigated by the Board. The LSBME would like to remind prescribers of controlled dangerous substances (CDS) of several important requirements as set forth by the above-mentioned laws.

Act 76-2017

Please be aware that the prescriber or his or her official delegate must review the patient’s record in the PMP prior to initial prescription of any opioid. If the treatment with opioids continues for more than 90 days, the PMP must be queried again, every 90 days. Prescribers are exempt from this law if the prescription is no more than a 7-day supply, the patient is prescribed or administered the drug in a hospital, the patient is being treated for chronic, intractable pain or in hospice or terminally ill.

The board wishes to emphasize that official delegates must have their own PMP login credentials; the physicians account should not be used by a delegate.

Act 82-2017

Prescribers may not prescribe adults more than a 7-day supply of an opioid for an acute condition for outpatient use, unless medical judgment for greater than a 7-day supply is warranted for treatment of chronic pain, pain associated with a cancer diagnosis, or for palliative care. In all cases the condition triggering the need for longer use of opioids must be documented in the chart, indicating that a non-opioid alternative is not appropriate.

In the case of opioid prescriptions for minors of age, the same exemptions apply. In addition, the prescriber must discuss the risks of and rationale for opioid use with parent, guardian, or tutor.

In all cases, the prescriber should consult with the patient regarding the quantity prescribed and the option to partially fill the Rx (pharmacists may partially fill Rx). Prescribers are required to inform the patient of the risks of the opioid prescribed when prescribing it for the first time.

The 7-day limits imposed by Act 82 do not apply to medications designed for the treatment of substance abuse or opioid dependence.

Questions/Comments? Something you’d like to see in the Newsletter? Email: Education@lsbme.la.gov
RULES ADOPTED OR PROPOSED
SINCE JANUARY 2024 NEWSLETTER

Since the last newsletter, the board has voted to pursue a few regulatory changes. As the necessary documents are prepared, the proposed rules will be noticed on our website and updates will be included there for each as they go through the rule-making process. Over the coming months, the board will consider several proposed rule changes. For the most up-to-date status on revisions of existing rules or the creation of new rules, please go to our regulatory progress page.

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**Keep your Contact Information Up to Date**

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.lasbme.org/#/](https://online.lasbme.org/#/) and make the change to your record. (You may also go to the home page at [www.lsbme.la.gov](http://www.lsbme.la.gov) and click on 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. Please make sure that the mailing/user email field contains the email that you see and read, and that it does not go to the office manager or other personnel. Do not share your password for your LaMED DashBoard account; this is for your private use only.

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**PLEASE REVIEW THE FOLLOWING IMPORTANT MESSAGE FROM THE LOUISIANA DEPARTMENT OF HEALTH**
Louisiana Health Alert Message 23-07: Increasing Numbers of Syphilis, Congenital Syphilis and Diagnoses of Other Sexually Transmitted Infections Across Louisiana

Summary

On April 11, 2023, the CDC released the *Sexually Transmitted Disease (STD) Surveillance, 2021* annual report and identified over 2.5 million cases of chlamydia, gonorrhea and syphilis reported across the nation. New diagnoses of syphilis are on the rise nationally and across Louisiana. The number of syphilis cases in Louisiana increased by 36% from 2020 to 2021. In 2021, Louisiana ranked 11th in the nation for Primary & Secondary (P&S) syphilis case rates. In 2021, Louisiana reported 995 new diagnoses of P&S syphilis, 21.5 per 100,000 people. Of particular concern are the disproportionate rates of early syphilis among women, people of color, and gay and bisexual men in Louisiana. In 2021, 68% of early syphilis occurred among people of color and 38% of diagnoses were among gay and bisexual men; 48% of all early syphilis diagnoses were among Black men.

In 2021, Louisiana had the 3rd highest case rate in the nation with 110 congenital syphilis (CS) cases— an increase of 75% compared to 2020; 65% of cases occurred among Black women and 64% of mothers were under the age of 30 at delivery. In 2021, the rate of CS in Louisiana was 191.5 per 100,000 live births. During this same time, all nine of Louisiana’s public health regions reported congenital syphilis cases involving pregnant women and their babies. The most commonly missed care opportunity among mothers linked to 2021 congenital syphilis cases was the lack of timely syphilis retesting within the third trimester (44%). Across the nation, CS has increased 464% since 2001.

In addition to high rates of syphilis and congenital syphilis, Louisiana also has high rates of gonorrhea and chlamydia. In 2021, Louisiana had the 3rd highest rate of gonorrhea and the 3rd highest rate of chlamydia in the nation. In 2021, Louisiana reported 16,390 cases of gonorrhea for a rate of 354.5 per 100,000 people, and reported 33,759 cases of chlamydia for a rate of 730.1 per 100,000 people. Increases in gonorrhea and chlamydia are being reported across the nation with the highest reported cases to date.

The Louisiana Department of Health, Office of Public Health is requesting all healthcare providers in the state to increase syphilis screening and ensure timely treatment and reporting of syphilis.
according to CDC recommendations and Louisiana reporting requirements that are referenced and summarized below:

**Screening:**
- The CDC’s current testing guidelines for syphilis and other STIs can be accessed at [https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm](https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm).
- Due to rising syphilis rates, Louisiana recommends that all men and women should be screened for syphilis, especially if determined to be at increased risk. All gay and bisexual men, transgender persons and gender diverse populations should be screened at least annually. Persons living with HIV should be screened at their first HIV evaluation and annually thereafter.
- Per Louisiana Act 459, all pregnant women residing in Louisiana are to be screened for syphilis at their first examination during pregnancy, at their first examination in their third trimester and at delivery. **No infant should leave the hospital without documentation of the mother’s serological status at least once during pregnancy.**
- All neonates born to women who have a reactive nontreponemal and treponemal tests should be evaluated with a quantitative nontreponemal serologic test (RPR or VDRL) and be examined thoroughly for evidence of congenital syphilis.
- The opioid crisis has created barriers to routine perinatal care for some women and may increase the risk of STI’s. Clinicians and other providers of substance use disorder care should:
  - Ensure all female patients of childbearing age know their pregnancy status by offering pregnancy tests on site or referrals to pregnancy testing if testing cannot be provided on site.
  - Ensure all pregnant women are linked/referred to prenatal care, including syphilis and HIV screening.
  - Ensure all patients are provided syphilis and screening for other STIs on-site or through referral to these services if they cannot be provided on-site.
  - Substance use treatment resources available in your community can be located here: [https://www.treatmentatlas.org/](https://www.treatmentatlas.org/)
- As lack of appropriate screening during pregnancy and/or lack of appropriate perinatal care represents the largest missed care opportunity for congenital syphilis cases in Louisiana, clinicians who provide care to pregnant women outside of traditional perinatal visits should, to the extent possible, confirm or inquire if the patient has received the requisite syphilis screening during their pregnancy and consider offering syphilis screening if indicated.

**Treatment:**

<table>
<thead>
<tr>
<th>Early Syphilis (Primary, Secondary, Early Non-Primary Non-Secondary)</th>
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<tbody>
<tr>
<td><strong>No Allergy to PCN</strong></td>
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<tr>
<td><strong>Pregnant or Lactating</strong></td>
</tr>
<tr>
<td><strong>Allergy to PCN (Pregnant)</strong></td>
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<tr>
<td><strong>Allergy to PCN (Non-pregnant)</strong></td>
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</tbody>
</table>

**Late Latent Syphilis or Syphilis of Unknown Duration**
<table>
<thead>
<tr>
<th>Allergy to PCN</th>
<th>Benzathine penicillin G 2.4 million units IM x 3 doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Allergy to PCN</td>
<td>- Give as 2.4 million units IM each week for 3 consecutive weeks.</td>
</tr>
<tr>
<td></td>
<td>- A minimum of 6 days and maximum of 14 days between doses or series must be restarted.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Pregnant Women</th>
<th>Benzathine Penicillin G 2.4 million units IM x 3 doses</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>- Give as 2.4 million units IM each week for 3 consecutive weeks.</td>
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<tr>
<td></td>
<td>- Due to pregnancy, a strict dosage schedule for every 7 days for 3 doses (7.2 million units total) should be followed; however, a range of 6-9 days between each dose is allowable.</td>
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<tr>
<td></td>
<td>- If any doses are given outside of the 6-9 day range, then restart the entire 3 dose series again.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergic to PCN (Pregnant)</th>
<th>Desensitization and treatment with PCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergic to PCN (Non-pregnant)</td>
<td>Doxycycline 100 mg PO BID x 28 days</td>
</tr>
</tbody>
</table>

- Penicillin G, administered parenterally, is the preferred drug for treating patients in all stages of syphilis. The preparation used (i.e., Benzathine, aqueous procaine or aqueous crystalline), dosage and length of treatment depend on the stage and clinical manifestations of the disease.

- Adequate and timely treatment of syphilis in pregnant women decreases the rate of congenital syphilis. Penicillin G is the only known effective antimicrobial for treating fetal infection and preventing congenital syphilis.

- Infants born to untreated mothers or mothers with inadequate treatment (including those treated <30 days prior to delivery) should be evaluated and treated for congenital syphilis per CDC guidelines ([Congenital Syphilis - STI Treatment Guidelines](https://www.cdc.gov)). Infected infants can be asymptomatic at birth, but can develop serious symptoms in the neonatal period or later in life, including hydrops fetalis; hepatosplenomegaly; rashes; fevers; failure to thrive; deformity of the face, teeth and bones; blindness; and deafness.

- Congenital syphilis should be considered in all stillbirths after 20 weeks, and in infants of mothers with evidence of syphilis infection during pregnancy, especially if syphilis is newly acquired during pregnancy.

**Syphilis Reporting:**
Louisiana State Sanitary Code LAC 51:II.105 requires healthcare providers and laboratories to report notifiable diseases including syphilis, syphilis in pregnancy and perinatal exposure of syphilis. Disease intervention specialists (DIS) confidentially notify exposed partners to prevent additional transmission. Timely reporting of new syphilis cases and treatment are essential to mitigating the spread of syphilis and decreasing the number of congenital syphilis cases in Louisiana. Providers can report syphilis diagnoses and treatment by submitting the STD 43 form: [https://ldh.la.gov/assets/oph/HIVSTD/STDForm43NewCRx_Design-FormsCommitteeerapprovedNov202.pdf](https://ldh.la.gov/assets/oph/HIVSTD/STDForm43NewCRx_Design-FormsCommitteeerapprovedNov202.pdf)
Please report all information related to clinical and laboratory reports on suspected/probable congenital syphilis cases to Perinatal Surveillance Supervisor Elizabeth Lindsay at 504-568-7047.