

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

# NEWSLETTER



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## FROM THE DESK OF THE EXECUTIVE DIRECTOR



Dear Licensees:

The Board has been very busy, and our efforts are bearing fruit.

The Bridge to residency program for medical school graduates who did not match has been launched, and we are currently accepting applications from potential enrollees and physician preceptors. This program is a pilot program connecting unmatched senior medical students to physician preceptors in underserved areas of Louisiana. Please see the article with more details on this subject later in these pages.

Our advisory committees have been working hard on rules changes to keep up with changes in their respective professions. Our advisory committees now meet via zoom with a 22 second time delay. We encourage you to attend the meetings to keep up with the changes and voice your opinion. To see the meeting notices, meeting agendas and watch the live stream of past or current meetings, click [here](#).

The initiation of CE Broker as our electronic education tracker was a challenging transition for some licensees but most licensees now have an account. Licensees should make sure they upload their CE or CME courses on a timely basis so that their renewal goes smoothly, and no late fees are charged.

At this time, the Board is not enforcing the requirement that legally allowed prescribers have at least one in-person visit with a patient before recommending therapeutic marijuana.

You may notice during the application and renewal processes that you will now have to assume the processing fees. You can pay by credit card (2.3%) or e-check online (\$1.75); regrettably the state now requires us to pass these costs on to you.

The licensing department is entering its annual "crunch time" before the beginning of the academic year begins. If you are engaged in the training of physician residents or fellows, please encourage them to start their application process immediately if they have not already done so.

Best wishes for a safe and enjoyable spring season,

Vincent A. Culotta, Jr., MD

## ADVISORY OPINIONS AND STATEMENTS OF POSITION

During their regularly scheduled monthly meetings, the Board responds to requests for advice or clarification from the public or healthcare organizations on a variety of topics. Some of these responses believed by the Board to be of particular interest are included on its web page as advisory opinions. The following was published on the website on March 27, 2023, on the subject of hormone pellet implantation by nurse practitioners, in response to an inquiry:

Re:      Implantation of Hormone Pellets by Nurse Practitioners

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Dear :

During its March 2023 meeting, the Louisiana State Board of Medical Examiners considered your inquiry requesting the Board's advice as to whether a Nurse Practitioner who has been trained to do so may perform the medical procedure of implanting testosterone pellets into patients independently in an office setting pursuant to a physician's order with or without the physician present.

The Board has directed me to provide you with this response.

The Board does not regulate the practice of nursing. Accordingly, questions regarding nursing scope of practice are properly directed to the Louisiana State Board of Nursing. However, the Board is statutorily charged with regulating the practice of medicine and, as you note, has previously issued an advisory opinion on this subject in response to a similar inquiry from a Physician Assistant (a profession which is directly regulated by the Board.) Additionally, following a joint rulemaking effort with the Louisiana State Board of Nursing, the Board promulgated administrative rules regarding physician collaboration with advance practice registered nurses which are found in the Louisiana Administrative Code at Title 46, Part 45, Chapter 79, Section 7091 *et seq.* Pursuant to these rules, a collaborating physician has the responsibility to ensure the clinical competence of the nurse practitioner to undertake any authorized tasks delegated to the nurse practitioner.

The procedure about which you inquire requires surgical insertion of a Schedule III controlled dangerous substance using a local anesthetic agent, making a surgical incision, determining the appropriate depth for the medication, implanting the pellet with a trocar, and closing the incision site. It is the Board's opinion that this is a surgical procedure and constitutes the practice of medicine. The Board also notes that the procedure carries a risk of dangerous and severe complications. Even assuming that a collaborating physician has verified that a nurse practitioner has the clinical competence to perform this type of procedure, the Board has previously opined that a Physician Assistant may not perform this surgical procedure without immediate onsite supervision of a supervising physician. The Board knows of no reason why a lesser standard of supervision for a nurse practitioner performing the same procedure should be applied. Rather, it is the Board's opinion that considerations of safety and protection of the public require that a nurse practitioner who undertakes to perform this surgical procedure do so only with immediate onsite supervision by a collaborating physician.

We trust that this is responsive to your inquiry.

In December 2022, the Consolidated Appropriations Act of 2023 was passed, containing various regulations by the Drug Enforcement Administration (DEA) pertaining to MAT, or medication assisted treatment for addiction. This legislation removed the requirement for an x-waiver for prescribers to prescribe buprenorphine to patients suffering from opioid addiction. The regulation also requires ALL holders of a DEA registration to take an 8-hour training course on the treatment and management of patients with substance use disorders. Please see the letter from the DEA [here](#). Please note that the CDS-CME courses required and approved by the Board are intended to satisfy only state CME requirements. The Board does not represent that these courses satisfy the new DEA training requirement. Licensees should contact the course provider for any information about whether and to what extent, if any, a particular course meets the DEA requirement.

**STATEMENT OF POSITION - please review the recently published statement pertaining to credentialing and licensing.**

LOUISIANA STATE BOARD  
OF MEDICAL EXAMINERS  
STATEMENT OF POSITION

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MEDICAL LICENSE AND HOSPITAL CREDENTIALS/PRIVILEGES

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March 2023

**BACKGROUND:** The Louisiana State Board of Medical Examiners (the Board) has received an inquiry regarding policies or practices adopted by hospitals for certain procedures that a physician is otherwise authorized to perform by virtue of a license issued by the Board. In response to this inquiry, and because the information is of general relevance, the Board has deemed that a statement on this subject is warranted.

**STATEMENT OF POSITION:** By declaring the following Statement, the Board intends to: (i) protect the public and ensure quality of health care in Louisiana; and (ii) inform physicians and other interested parties of the extent of the authority to practice medicine granted by a license, permit, registration or certificate issued by the Board in relation to privileges granted and/or requirements imposed on a licensee by a hospital or other healthcare facility.

The practice of medicine is a privilege granted by the state to persons who meet the requirements of law and administrative rules governing the issuance of a license, permit, registration, or certificate for same. La. R.S. 37:1261 *et seq.* No person may practice medicine or hold him/herself out as a physician authorized to practice in this state without the necessary license, permit, certificate, or registration issued by the Board. Specific scope of practice parameters are found in the Medical Practice Act and corresponding administrative rules, and are grounded in the verified education and training of the individual licensee.

The ability of a physician to practice in/at a hospital is a separate issue governed by statute requiring the hospital to credential and grant privileges to the physician. La. R.S. 40:2114 provides:

- A. Each hospital shall have a single, organized medical and dental staff. Medical and dental staff membership shall include doctors of medicine or osteopathy who are currently licensed to practice medicine or osteopathy by the Louisiana State Board of Medical Examiners and dentists licensed to practice dentistry by the Louisiana State Board of Dentistry.
- B. Each hospital offering care or services within the scope of the practice of psychology, as defined in R.S. 37:2352(5), shall establish rules, regulations, and procedures for consideration of an application for medical staff membership and clinical privileges submitted by a psychologist licensed to practice psychology by the Louisiana State Board of Examiners of Psychologists or a medical psychologist licensed to practice medical psychology by the Louisiana State Board of Medical Examiners. No hospital shall deny such medical staff membership and clinical privileges solely because the applicant is licensed under R.S. 37:2351 *et seq.*, or R.S. 37:1360.51 *et seq.*
- C. No individual shall be automatically entitled to membership on the medical and dental staff or to the exercise of any clinical privilege solely on the basis of his license to practice in any state, his membership in any professional organization, his certification by any clinical examining board, or his clinical privileges or staff membership at another hospital without meeting the reasonable criteria for membership established by the governing body of the respective hospital.
- D. The provisions of this Section shall in no way affect the provisions of R.S. 37:1301.
- E. A hospital shall establish rules, regulations, and procedures setting forth the nature, extent, and type of staff membership and clinical privileges, as well as the limitations placed by the hospital on said staff membership and clinical privileges for all health care providers practicing therein.

Thus, although a license from the Board is a prerequisite to credentialing and privileging by a hospital, it is the hospital's responsibility and authority to determine the extent of privileges granted to a physician in accordance with its own rules, regulations, and procedures, and the hospital is statutorily authorized to place limits on those privileges under its rules, regulations and procedures. The Board plays no role in a hospital's credentialing and privileging decisions.

### **Bridge Year Graduate Physician Program**

This program is designed to assist graduates of an accredited school of medicine or osteopathy who applied to, but were not accepted into, an accredited medical residency training program for the first year following medical school graduation. These medical graduates may apply for a bridge year graduate physician certificate to practice in training for one post-graduate year under the direct supervision of a board-certified physician who has completed training required by the board to be a training physician and who maintains such training at intervals required by the board. The training physician shall practice in the same or an adjacent facility and shall formally review and co-sign the work of the bridge year physician.

A physician practicing under a bridge year graduate physician certificate shall have prescriptive authority in accordance with state and federal law and board rules, as authorized and supervised by the training physician. The training physician shall issue a report at the end of the bridge year indicating the scope and breadth of the practice of the participating bridge year graduate physician and the instruction and training given to the bridge year graduate physician. The training physician's report shall contain a statement as to whether or not the bridge year graduate physician would be recommended for a residency position upon reapplication.

A bridge year graduate physician certificate will be valid for one year and may be renewed for no more than two additional one-year periods upon application to, and discretion of, the board.

The board will select the participants for the bridge year graduate physician program and has the authority to accept or reject any applicant. If the number of applicants exceeds the available number of training physicians or training locations, preference may be given to applicants desiring to practice in underserved areas, in primary care or internal medicine, to Louisiana residents, or to graduates of Louisiana medical schools.

The board may suspend, terminate, or revoke a bridge year graduate physician certificate prior to the expiration of one year for any reason provided by law or board rule for the termination of licenses, permits, registrations, or certificates issued by the board. Please note that a bridge year graduate physician certificate will not confer any future right to full, unrestricted licensure.

Graduate physicians who wish to apply for a certificate, or attending physicians who wish to apply to supervise a trainee may apply via the board's licensing system, LAMed. Click [here](#) to apply.

## RULES ADOPTED OR PROPOSED SINCE JANUARY 2023 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. 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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### **PUBLIC BOARD ACTIONS, JANUARY - MARCH, 2023**

Below is a list of all licensees who were subject to a public board action, January-March 2023. (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](#).

[Muhammad Kaleem Arshad, MD](#), order for reinstatement of unrestricted license, 01/27/2023.  
[Jorge M. Contreras, MD](#), order for reinstatement of unrestricted license, 02/27/2023.  
[Larry Clyde Daniels, MD](#), stipulation for voluntary surrender of license, 03/27/2023.  
[Robert K. Dean, MD](#), consent order for indefinite suspension of license, 02/27/2023.  
[Darren Maury Drummond, Sr., MD](#), order for suspension of license, 03/27/2023.  
[Jeffrey L. Evans, MD](#), notice of summary suspension of medical license, 03/27/2023.  
[Rene John Hymel, DPM](#), consent order for probation of license, 03/27/2023.  
[Shane Michael Garon, MD](#), order for reinstatement of license on probation, 01/27/2023.  
[Kristy Gray Graham, CLP-LAB](#), stipulation for voluntary surrender of license, 03/27/2023.  
[Meredith Shead Grembowicz, MD](#), consent order for reprimand, 01/23/2023.  
[Susan Caroline Gunby, CLP-TECH](#), order for reinstatement of unrestricted license, 02/27/2023.  
[Robert Doyle Harvey, PA](#), consent order for suspension of license, 01/23/2023.  
[Michael Bozelly Jones, MD](#), consent order for reinstatement of license on probation, 02/27/2023.  
[Brittany Nichole Lyons, OTA](#), consent order for reprimand and probation of license, 01/23/2023.  
[Marshall Reid Naquin, MD](#), notice of summary suspension of medical license, 03/09/2023.  
[Aravinda Kurella Rao, MD](#), consent order for probation of license, 02/27/2023.  
[Janet Rebecca Smith, MD](#), consent order for probation of license, 01/23/2023.  
[Robert Clay Smith, MD](#), notice of summary suspension of medical license, 03/08/2023.  
[Dawn C. Sullivan, RRT](#), order for reinstatement of unrestricted license, 02/27/2023.  
[Elizabeth S. Taylor, MD](#), notice of summary suspension of medical license, 2/07/2023.  
[Elizabeth S. Taylor, MD](#), order for reprimand and reinstatement of license on probation, 03/27/2023.  
[William Jerome Thelen, LRT](#), consent order for probation of license, 02/27/2023.  
[Corwin Ashford Thomas, DO](#), consent order for reprimand and probation of license, 02/27/2023.  
[Robert Borden Wilson, MD](#), consent order for reprimand and probation of license, 03/27/2023.  
[Brian E. Zganjar, MD](#), consent order for suspension of license, 01/23/2023.

## **Things to consider when closing your practice**

It can be a difficult decision to close a practice and there are many things a physician must consider. This communication does not pertain to business matters such as the cancellation of leases of space and equipment, human resources issues and employees, or contacts with insurance entities. This article is directed more toward single practitioners than physicians in a group practice, as multiple-physician practices are more able to absorb additional patient loads and/or store patient records after a physician leaves the practice.

The board would like to offer a few suggestions for resources that pertain to appropriate actions toward patients, and physician responsibilities regarding patient medical records and potential patient abandonment issues.

After deciding to close a solo practice, a physician must consider, among many issues:

1. How to inform your patients that they need a new provider (mailers, email, notice in local newspaper, notice on website, notice on the office wall, etc.)
2. How much notice should you give patients that they are leaving the practice or closing the practice? This is dependent on various factors including the location of the practice and the patient, the acuity of the patients' needs for care.
3. What should you do with medical records (either EMR or paper records)?
4. How to inform your patients (current and former) how they can access their records.
5. What kind of notice do you give to office staff? Please note that there is a rule pertaining to collaborative relationships with advanced practice nurse practitioners that requires a physician give a minimum of 30 days' notice to the APRN to ensure that patients have continuity of care (§7915).

The board has published several statements of position on related issues, which can be read [here](#). We have also provided a link to medical and legal guidelines on closing a practice from the Louisiana State Medical Society [here](#). The American Medical Association has a set of opinions on physician records upon retirement or departure from a group that stress the necessity of notifying patients if a physician is retiring, leaving a group or has passed away. If the physician is retiring, records that have not been forwarded to a new practitioner should be retained; if the physician has a new address, patients should be offered the opportunity to have their medical records forwarded there.

As always, consulting with an attorney or other professional qualified to assist in such complex matters is highly recommended.

## **ANNOUNCEMENTS**

### **Occupational Therapy (OT) Laws And Rules Course Available**

**Occupational Therapists** and **Occupational Therapy Assistants** in the state of Louisiana must abide by the Occupational Therapy Practice Act and any other laws enacted by the legislature and the rules passed by the Louisiana State Board of Medical Examiners.

The board is engaged in a rulemaking effort which will require all new licensees to take a laws and rules course as a condition of first renewal; physicians have had this requirement for a board orientation including this information for many years.

These requirements notwithstanding, we want to let **all** OTs and OTAs know that a new course is available. The course is titled "Occupational Therapy Laws and Rules" and it is free to complete on CE Broker. To find the course, go to CE Broker click on "find CE/CME." Or, the course can be found by clicking [here](#).

This course is available at no cost for any occupational therapist or occupational therapy assistant who wishes to review the rules and laws that pertain to their practice in the state. **For those of you who have never seen these rules, or who have not looked at them in many years, we urge you to take the course.** You will receive 1 hour of CE credit for it, which will automatically report to your CE Broker account transcript and will be counted toward your annual 12 hour requirement.

The course will be updated as required by regulatory changes and can be taken annually.

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### **Prescription Monitoring Program Reminders**

Please be advised of various important issues pertaining to the Board of Pharmacy's Prescription Monitoring Program (PMP):

- All prescribers must check the PMP before initially prescribing an opioid (tramadol, oxycodone, suboxone, hydrocodone etc.), then every 90 days thereafter unless exempt
- Do not assume that the electronic medical record (EMR) that you are using is connected to the PMP so you do not have to check it---if you don't see an PMP report before you prescribe, assume that you have to run the PMP check
- If you are having a delegate run checks on your patients, please do not give your password and userid to one of your office staff to use. Your delegate should obtain their own official account and log into the system in through his or her own account

**Did you know...**What happens when you don't respond to the board's request for information?

Let's put this in context: When the board receives a complaint of any kind about any of our licensees, we are required by law to investigate that complaint. Most of these complaints are dismissed, but we must look at every one of them unless they pertain to a healthcare professional who is not within our jurisdiction (i.e., nurses). This often results in a situation where we ask physicians to send us patient records or other information. A physician who does not respond timely to such a request or repeated request may risk being disciplined for unprofessional conduct, specifically "failure to cooperate with the board." Unprofessional conduct in this regard usually implicates LAC 46:XLV, § 7603(A)(3)(a), which requires physicians to "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."

Among other duties, it is the licensee's responsibility to have updated contact information in our licensing system. "I didn't get the email or letter or phone messages" is no excuse. The board may attempt to communicate with you in one or several ways. If no response is received after repeated requests within 60 days, the case may be moved to formal investigation, which is a reportable event. After 90 days if there is still no response, the board may pursue an unprofessional conduct charge, through accepting the filing of an administrative complaint, which may lead to a public board action including but not limited to suspension of his or her medical license, official reprimand and/or fine.

**Our licensing system has various places where YOU are required to enter your address. We communicate with you through the address that YOU select as your mailing address. Please make sure your contact information is properly updated in our system, and please respond promptly to any communication from the board requesting information!**

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**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.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.** Do not share your password for your LaMED DashBoard account; this is for **your** private use only.