**Meeting Summary Form**

Name of Committee: **Drug Policy Board**

Meeting Location: State Office Building

 Baton Rouge, LA

Date: April 11, 2013

Start Time: **10:15 a.m.**

End Time: **11:55 a.m.**

Chair: Sheriff Mike Waguespack

Agenda Attached? Yes  x No

Previous Meeting Summary Distributed? Yes x No

Task Force and/or Other Reports Distributed? Yes x No

**Next Meeting Date: July 18, 2013**

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**Members of the Drug Policy Board present at the meeting:**

Ms. Tracy Dahmer

Captain Kevin Devall

Mr. Anthony Ellis

Ms. Missy Graves

Ms. Freddie Landry

Mr. Rustin Legendre

Lt. Col. Raymond Schindler II

Sheriff Mike Waguespack

Dr. Howard Wetsman

**Guests:**

Dr. Cecilia Mouton (State Board of Medical Examiners)

Mr. Joe Fontenot (Board of Pharmacy)

Ms. Dawn Diez

Mr. Ellis Roussel

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**Welcome and Introductions**

Sheriff Waguespack opened the meeting at 10:15 a.m., and introductions were made. Due to weather conditions, quorum was not met.

**Review and Approval of Minutes**

Because quorum was not met, approval of the minutes will take place at the July meeting.

**New Business**

*Presentation by Louisiana State Board of Medical Examiners*

Dr. Cecilia Mouton, with the Louisiana State Board of Medical Examiners, gave an overview of the Board’s role and purpose. She stressed the Board’s concern over the rise of prescription drug abuse and recognized physicians’ culpability in prescribing without consideration or concern for where drugs may end up. She noted the Board conducts investigations when they receive notice that a physician is prescribing inappropriately. She stated that they always educate and encourage the use of the PMP (Prescription Monitoring Program), but are informed by Mr. Joe Fontenot with the Board of Pharmacy that about 25% of physicians are using the PMP. Dr. Mouton stated that the board was open to suggestions on how to increase the use of the PMP.

Upon the request of Sheriff Waguespack, Dr. Mouton described their protocols when responding to inappropriate prescribers. She described that once notified of potential abuse, the Board will check the PMP for red flags before requesting further records in order to check for compliance with pain rules. (The Board of Pharmacy also alerts the Board of Medical Examiners when they send letters to physicians regarding a patient who may be doctor shopping.) If records show a lack of medical justification or if they believe a patient is not being monitored appropriately, the physician is invited in for a meeting to discuss. After being made aware of the situation, the physician is then monitored for a change. Continual misprescribing would lead to a formal disciplinary process, which may result in a restricted license.

Dr. Mouton discussed the Board’s working relationship with law enforcement on these investigations. The Board has a staff member that works closely with the Drug Enforcement Administration regarding investigations of physician conduct, and Dr. Mouton gave other examples of working with local law enforcement. However, due to the lack of resources in many local communities and other issues, there is an inconsistent interest across the state by law enforcement. She noted that the Board does not regulate patients who may be doctor shopping, but that they do inform physicians that they (the physician) are required to inform law enforcement (as the law mandates). Dr. Mouton claimed that in most cases, physicians try to help their patients and refer them to treatment.

Ms. Dahmer requested information on the investigation of pain clinics. Dr. Mouton responded that DHH regulates pain clinics. She noted her frustration at DHH’s inability to shut down many of the unlicensed pain clinics that her office reports to them. She also questioned whether DHH had the resources to enforce the law (she made clear that the issue is not that DHH is not trying, but that most of the clinics are well-financed legally). She gave an example of multiple attempts by the Board to have DHH shut down a licensed pain clinic operator who is a convicted felon, which is against the law for a convicted felon to have such a license. The Medical Board does investigate and pursue the doctor at these clinics, but a pain clinic can simply hire new physicians continuously.

Dr. Mouton commented that DHH, after sending a cease and desist notice, should notify local law enforcement to shut down any unlicensed establishments. She claimed that the law and agency rules are clear. She also noted legislation was introduced during the 2012 session that would have transferred regulation of the pain clinics from DHH to the Medical Board, but clinic lobbyists helped stall the bill. There was also opposition from CRNA’s regarding the bill. Dr. Mouton suggested that the Drug Policy Board could help facilitate dialogue between DHH and local/state law enforcement.

Dr. Wetsman asked for clarification on the difference between a pain clinic and a doctor with a pain management practice. Dr. Mouton responded that the pain clinic law states that if a business promotes itself as a pain clinic, it must be owned and operated by a physician who is a pain specialist. She mentioned that sometimes it is as easy as going to the Secretary of State’s website to see that many of these clinics are operating illegally and not owned and operated by a doctor. When entering an establishment, they ask- “are your patients 50% or more getting drugs such as Vicodin, Soma, and Xanax?” If yes, they report them to DHH for action. Ms. Landry asked which area of DHH was responsible, and Dr. Mouton apologized that no one from DHH was present to speak on behalf of the agency and suggested reaching out to DHH. The general consensus of the Drug Policy Board was to request that DHH be contacted to present their procedures and any potential hardships or problems with complying/enforcing current rules or laws. The Board expressed its desire to support DHH in any way that it can. Members representing state and local law enforcement on the Board stressed that they are looking forward to future discussions on the situation to help facilitate with education and resources on their end.

Ms. Graves asked about the need for physicians to use the PMP. Dr. Mouton replied that the Board encourages its use and hosts several informational sessions each year, but many doctors simply do not use it. She claimed that the Medical Board is not in the position to tell doctors how to practice medicine. Dr. Wetsman reiterated that after the last Drug Policy Board meeting with the Board of Pharmacy, it was the will of the board to try and find some way to help increase the PMP’s usage among physicians. Dr. Mouton mentioned the possibility of creating a rule that would, for example, create a requirement to mandate that those treating patients with chronic narcotic therapy query the PMP no less than quarterly. A more focused rule would limit the burden on someone like a pediatrician or a radiologist who would not fit in the target population.

*Review of Legislation*

The Board reviewed a list of prefiled legislation regarding alcohol, tobacco, or drugs. No positions were taken. The Board will receive weekly updates on steps taken during the legislative process. Ms. Landry expressed concern over the proposed abolishment of the Commission on Addictive Disorders. (Since the meeting, the commission was removed from the boards and commissions yearly cleanup bill.)

**Other Business**

*Staff update*

Ms. Graves mentioned that staff is currently working on Cooperative Involvement Agreements with different members of the SEW and PSC, and that the state, specifically the Office of Behavioral Health, would be working on a new Partnerships for Success Grant application. The grant is $11 million for 5 years and helps to continue the work of the SPF process.

**Adjournment**

Sheriff Waguespack adjourned the meeting at 11:30 a.m.

**Next meeting** will take place on July 18, 2013.