**Meeting Summary Form**

Name of Committee: **Drug Policy Board**

Meeting Location: Claiborne Building

 Baton Rouge, LA

Date: July 18, 2013

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

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

Chair: Missy Graves

**Next Meeting Date: October 17, 2013**

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

Mr. Michael Comeaux

Ms. Tracy Dahmer

Captain Kevin Devall

Ms. Missy Graves

Ms. Freddie Landry

Dr. Ken Roy, III

Lt. Col. Raymond Schindler II

Dr. Howard Wetsman

**Guests:**

Mr. Malcolm Broussard (Board of Pharmacy)

Ms. Mercy Butler (DCFS)

Ms. Dawn Diez (Gov)

Ms. Dora Kane (DHH)

Ms. Liz Kearney (Gov)

Mr. Rebecca Nugent (State Police)

Mr. Ellis Roussel (Gov)

Ms. Rita Simon (DHH)

Ms. Kim Sullin (DHH)

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**Welcome and Introductions**

Ms. Graves opened the meeting at 10:15 a.m., and introductions were made. Quorum was not met.

**Review and Approval of Minutes**

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

**New Business**

*Presentation by DHH Health Standards Section and Discussion of Pain Management Clinics*

Ms. Graves opened by giving a brief review on how the Drug Policy Board (DPB) became interested in the oversight of pain management clinics after talks with the Louisiana State Board of Medical Examiners (LSBME) and the Louisiana Board of Pharmacy on increasing participation in the Prescription Monitoring Program (PMP). Ms. Kane with the Department of Health and Hospitals (DHH) was invited to the meeting to give an overview of pain management rules and regulations and DHH enforcement practices. A handout (attached) was distributed to members. Ms. Kane noted that licensed clinics are required by rule to access the PMP. She also noted that to be a licensed clinic, a facility must be owned by a pain specialist and must primarily engage in the treatment of pain by prescribing narcotic medications. There are currently 9 licensed clinics. There are 5 Urgent Care facilities operating as pain clinics, which are not owned by a pain specialist but were created before the current rule was created in 2005.

When discussing DHH enforcement procedures, Ms. Kane claimed that a majority of complaints comes from the Board of Medical Examiners or the Drug Enforcement Administration (DEA). The first step DHH takes is to send notice to the clinic informing them that a complaint was filed, claiming that they were operating a pain clinic without a license. The establishment is made aware of current pain rules and is requested to begin the licensing process, to prove that that they meet the “primarily engaged exception,” or to cease and desist. If there is no response, an onsite visit is conducted. Because the establishment is not currently licensed by DHH, Ms. Kane claimed that they are often refused admittance. She noted that it is helpful when the Board of Medical Examiners goes with them because LSBME has the authority to seize medical records. After a question by Ms. Dahmer, Ms. Kane claimed that there are currently only 2 clinics that are in litigation with DHH and that DHH has not received a complaint in over a year. After a question by Ms. Landry about when law enforcement is involved, Ms. Kane responded that after the first cease and desist letter is sent to an establishment, the local District Attorney is notified. She could not recall a situation where local law enforcement was directly requested to intervene.

Dr. Wetsman and Dr. Roy raised concerns over the fact that many licensed pain management facilities are urgent care centers. They questioned the logic in treating chronic pain in an urgent care setting. Dr. Wetsman also questioned the requirements to maintain good standing. Ms. Kane referenced the website listed on her handout for the requirements and noted that prescribers are only allowed to dispense a 30-day supply at these centers. She stressed that they license the clinics, not the doctors, and that any suspicion of improper dispensing is reported to the Board of Medical Examiners. Ms. Graves asked for a definition of urgent care. Ms. Kane stated that they are defined in the pain rule as medical clinics that offer primary or acute health services to the public during stated hours of operation and must accommodate walk-in patients seeking acute health services – the treatment of chronic pain patients is not considered acute health services. She noted that urgent care centers do not need a license as long as they do not pass the 51% narcotic prescriptions for chronic pain. Dr. Wetsman again questioned why there was a chronic pain exemption in the definition of acute care. Ms. Kane stated that the Board of Medical Examiners met with DHH in January to begin work on revising the Pain Rules but that they have not met since then and that she believed the current rules did not give them the authority to do what they need to do.

Ms. Graves asked about previous attempts to place the licensing and monitoring of pain management clinics under the Board of Medical Examiners. Ms. Kane explained that it was not legislation that DHH had put forward, but they had no objections. She believed that there was some objections from certain fields of nursing that were uneasy about being placed under the control of the Medical Board as opposed to the Board of Nursing.

Dr. Wetsman asked about the current status of the recently passed law which would allow for a medical delegate to query the PMP. Mr. Broussard stated that since the law was passed, it was up to the Board of Pharmacy to begin the rule-writing process. Once that was completed, it would go into effect. He stated his understanding that the purpose was to allow for someone who works with the prescriber, such as a nurse, to be able to access the PMP in the prescriber’s place. The board will debate whether that person needs to be credentialed or not, in order to have some form of accountability. Dr. Roy claimed that this should increase its use because the process can be cumbersome and time consuming to a doctor who is seeing multiple patients in a small amount of time. When Ms. Nugent asked about dispenser requirements to use the PMP, Mr. Broussard answered that he knows of only requirement, which is for pain clinics. As discussed at the previous meeting of the DPB, a representative with the Board of Medical Examiners stated that there has always been trepidation in telling physicians how to practice medicine. Dr. Roy stated that a problem with mandatory use is that the system is not real time and suggests to Mr. Broussard that the system be tied to electronic medical records. Mr. Broussard replied that due to increases in technology, a system called PMP Interconnect is making other states’ data available. He also noted that pilot studies are also being conducted with health information exchanges and multiple electronic health record companies.

Without quorum, the Drug Policy Board was unable to entertain any official motions, but Ms. Graves noted that the open discussions with collaborating agencies have been informative and thanked Ms. Kane and Mr. Broussard for their participation.

**Other Business**

*Staff update*

Ms. Graves mentioned that a draft of the State Epidemiological Profile has been completed. After some updated data has been added, a finalized version will be sent to members. Also, work continues to be done on the online indicator website. New data has been added, as well as a new resources tab which will include previous data profiles and data briefs. A new data brief showcasing the site will be available in the next month.

*Agency Announcements*

Col. Schindler announced that the National Guard, State Police, and other agencies recently conducted the largest marijuana eradication in state history.

**Adjournment**

Ms. Graves adjourned the meeting at 11:55 a.m.

**Next meeting** will take place on October 17, 2013.