

Prior law provided the use of medical disclosure lists by health care providers as an acceptable method of obtaining informed consent.

Prior law required that the secretary of DHH determine which risks and hazards related to medical care and surgical procedures must be disclosed by a physician or other health care provider to a patient or a person authorized to consent for a patient. Prior law required that the secretary establish the general form and the substance of such disclosure. Prior law further required that the secretary at least annually, or at such other period as the secretary may determine, identify and examine any new medical treatments and surgical procedures that have been developed and shall assign them to the proper disclosure list, establish the degree of disclosure required, and establish the form in which the disclosure shall be made.

Prior law required the Norplant contraceptive device to be included in the uniform consent law. New law removes this requirement.

New law removes this duty from the secretary and places the duty into the newly created La. Medical Disclosure Panel, which is made part of DHH.

New law provides for the following membership of the panel:

1. Two members licensed to practice dentistry. One member who specializes in oral and maxillofacial surgery who shall be selected from a list of nominees submitted to the governor by the La. Society of Oral and Maxillofacial Surgeons. The other member shall be selected from a list of nominees submitted to the governor by the La. Dental Association.
2. Four members licensed to practice law in this state of whom three shall be selected from a list of nominees submitted to the governor by the La. Association for Justice, and one shall be selected from a list of nominees submitted to the governor by the La. Association of Defense Counsel.
3. Six members licensed to practice medicine in this state who shall be selected from a list of nominees submitted to the governor by the La. State Medical Society. One of the six physicians shall be hospital-employed.
4. One member licensed to practice chiropractic in this state who shall be selected from a list of nominees submitted to the governor by the Chiropractic Association of La.
5. One member licensed to practice podiatry in this state who shall be selected from a list of nominees submitted to the governor by the La. Podiatric Medical Association.
6. One member licensed to practice optometry in this state who shall be selected from a list of nominees submitted to the governor by the Optometry Association of La.
7. One member licensed as a nurse practitioner in this state who shall be selected from a list of nominees submitted to the governor by the La. Association of Nurse Practitioners.

New law provides the initial members of the panel shall have the following terms:

1. The dentist who specializes in oral and maxillofacial surgery, the chiropractic physician, the podiatrist, the optometrist, one attorney, the nurse practitioner and two physicians shall serve a term of two years, or until a successor is appointed and qualified.
2. Two attorneys, two physicians, and one dentist shall serve a term of four years, or until a successor is appointed and qualified.
3. One attorney and two physicians shall serve a term of six years, or until a successor is appointed and qualified.

4. Thereafter, at the expiration of the term of each member of the panel, the governor shall appoint a successor and such successor shall serve for a term of six years, or until his successor is appointed and qualified.

New law provides for the procedure for meetings, the filling of a vacancy, and for the removal of a member for failure to attend meetings.

New law provides members of the panel shall not be entitled to a per diem or any other compensation for their service, but shall be entitled to reimbursement of any necessary and reasonable expense incurred in the performance of their duties on the panel, including travel expenses.

New law provides that the panel shall identify and make a thorough examination of all medical treatments and surgical procedures in which physicians and other health care providers may be involved in order to determine which of those treatments and procedures do and do not require disclosure of the risks and hazards to the patient or person authorized to consent for the patient.

New law provides that the dentist member of the panel shall participate only in the panel's deliberation, determination, and preparation of lists of dental treatments and procedures that do and do not require disclosure.

New law provides for the procedure and content of the medical disclosure lists.

New law provides that the lists shall be promulgated according to the APA.

Prior law provided that the lists shall be admissible in a health care liability suit or medical malpractice claim involving medical care rendered or a surgical procedure performed. Prior law further provided that in a suit against a physician or other health care provider involving a health care liability or medical malpractice claim which is based on the negligent failure of the physician or other health care provider to disclose or adequately to disclose the risks and hazards involved in the medical care or surgical procedure rendered by the physician or other health care provider:

1. Both the disclosure made and the failure to disclose based on inclusion of any medical care or surgical procedure on the panel's list for which disclosure is not required shall be admissible in evidence and shall create a rebuttable presumption that the requirements of informed consent have been complied with and this presumption shall be included in the charge to the jury.
2. The failure to disclose the risks and hazards involved in any medical care or surgical procedure required to be disclosed shall be admissible in evidence and shall create a rebuttable presumption of a negligent failure to conform to the duty of disclosure and this presumption shall be included in the charge to the jury, but failure to disclose may be found not to be negligent, if there was an emergency as defined in prior law or; if for some other reason, it was not medically feasible to make a disclosure of the kind that would otherwise have been negligence.

New law provides that in order to be covered by prior law, the physician or other health care provider who will actually perform the contemplated medical or surgical procedure shall:

1. Disclose the risks and hazards in the form and to the degree required by the panel.
2. Disclose additional risks, if any, particular to a patient because of a complicating medical condition, either told to the physician or other health care provider by the patient or his representative in a medical history of the patient or reasonably discoverable by such physician or other health care provider.
3. Disclose reasonable therapeutic alternatives and risks associated with such alternatives.
4. Relate that he is obtaining a consent to medical treatment pursuant to the lists formulated by the panel.

5. Provide an opportunity to ask any questions about the contemplated medical or surgical procedure, risks, or alternatives and acknowledge in writing that he answered such questions, to the patient or other person authorized to give consent to medical treatment, receipt of which shall be acknowledged in writing.

New law requires the department to maintain a searchable database of all current medical disclosure lists that is available to the public through the department's website.

New law provides an exception to the open meetings laws whereby if any member of the panel is physically present at a meeting, any number of the other members of the panel may attend the meeting by use of telephone conference call, videoconferencing, or other similar telecommunication methods for purposes of establishing a quorum or voting or for any other meeting purpose allowing a panel member to fully participate in any panel meeting. The new law shall apply without regard to the subject matter discussed or considered by the panel at the meeting. A meeting held by telephone conference call, videoconferencing, or other similar telecommunication method:

1. Shall be subject to the notice requirements of prior law.
2. Shall not be held unless the notice of the meeting specifies the location of the meeting at which a member of the panel will be physically present.
3. Shall be open to the public and audible to the public at the location specified in the notice.
4. Shall provide two-way audio communication between all panel members attending the meeting during the entire meeting, and if the two-way audio communication link with any member attending the meeting is disrupted at any time, the meeting may not continue until the two-way audio communication link is reestablished.

New law provides the DHH, its agents or employees, or any person serving as a member of the panel shall not be liable to any person, firm or entity, public or private, for any act or omission arising out of a health care provider attempting to obtain or obtaining informed consent pursuant to new law.

Prior law provided an exception to the requirement of obtaining informed consent and may conduct certain tests when it is determined by the hospital infection control committee or equivalent body that an agent or employee of a hospital, or a physician having privileges at the hospital, has been exposed to the blood or bodily fluids of a patient, in such a manner as to create any risk that the agent, employee, or physician may become infected with the human immunodeficiency virus or other infectious agent if the patient is infected with the human immunodeficiency virus or other infectious agent, in accordance with the infectious disease exposure guidelines of the Centers for Disease Control or the infectious disease exposure standards of the health care facility where the exposure occurred.

New law retains prior law but moves prior law into its own statutory section.

Effective upon signature of the governor (June 12, 2012).

(Amends R.S. 36:802(intro para) and R.S. 40:1299.39.5-1299.39.7, 1299.58(C), 1299.131(A)(3), and 1300.11; adds R.S. 36:259(MM); and repeals R.S. 40:1299.40)