

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2504 and 37:2510

HISTORICAL NOTE: Adopted by the Department of Health and Human Resources, Board of Examiners of Nursing Home Administrators, April 1970, amended and promulgated LR 9:461 (July 1983), repealed and repromulgated by the Department of Health and Hospitals, Board of Examiners of Nursing Home Administrators, LR 18:181 (February 1992), amended by the Department of Health, Board of Examiners of Nursing Facility Administrators, LR 52:

Family Impact Statement

The proposed Rule has no known impact on family formation, stability, or autonomy, as described in R.S. 49:972.

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Small Business Analysis

The proposed rulemaking will have no adverse impact on small business as described in R.S. 49:965.2 et seq.

Provider Impact Statement

The proposed Rule will have no adverse impact on providers of services for individuals with developmental disabilities as described in HCR 170 of 2014.

Public Comments

Interested persons may submit written comments on the proposed Rule until 4:30 p.m., February 10, 2026 by mail to Joseph E. Townsend, Executive Director at Louisiana Board of Examiners of Nursing Facility Administrators, 5647 Superior Drive, Baton Rouge, Louisiana 70816-6049.

Joseph E. Townsend
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: Complaints and Hearing Procedures

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

Other than the cost of rulemaking, there are no estimated implementation costs or savings for state or local government units resulting from the promulgation of the proposed rule changes. The cost for the Louisiana Board of Examiners of Nursing Facility Administrators is approximately \$393 in FY 26 for the notice and rule publication in the *Louisiana Register*. The proposed rule changes revise and clarify the process by which the board receives, investigates and adjudicates complaints against licensees.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed rule changes are not anticipated to impact the revenue collections of state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule changes will not result in any costs and/or economic benefits to directly affected persons, small business, or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule changes will have no effect on competition or employment.

Joseph E. Townsend
Executive Director
2601#019

Patrice Thomas
Deputy Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health Board of Medical Examiners

Medical Psychologists
(LAC 46:XLV.Chapters 39 and 61)

Notice is hereby given that in accordance with the Louisiana Administrative Procedure Act, R.S. 49:950 et seq., and pursuant to the authority vested in the Board of Medical Examiners (the board) by the Louisiana Medical Practice Act, R.S. 37:1270 et seq., the board proposes to amend its rules for the practice of medical psychology to conform to legislative changes regarding interaction with primary care providers, to add definitions, to make changes to continuing education requirements, and to make minor typographical changes, to wit: to amend §3903 to enumerate the definitions therein, to amend the definition of collaborating physician, to amend the definition of concurrence or concur, to amend the definition of consultation and collaboration with a MP, to amend the definition of discussion, to add definitions of nurse, nurse practitioner, physician assistant, primary care, and primary care provider; to amend §3907 to add completion of at least three years of clinical experience as a licensed psychologist to the requirements and qualifications for licensure; to delete §3909 regarding alternative qualifications for license; to amend §3911 regarding qualifications for certificate of advanced practice including practice requirements and continuing education requirements; to amend §3941 regarding reporting of CME requirements for renewal; to amend §3951 regarding continuing education to require completion of the board's law and rules course; to make minor non-substantive typographical changes in §3921, §3923, and §3941(B); and to amend §§6115-6119 to change the terminology in the standards for prescribing by medical psychologists from physician to primary care provider to conform to legislative changes.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLV. Medical Professions

Subpart 2. Licensure and Certification

Chapter 39. Medical Psychologists

Subchapter A. General Provisions

§3903. Definitions

A. As used in this Chapter, the following terms and phrases shall have the meanings specified.

Applicant—an individual who has applied to the board for a license as a medical psychologist or a certificate of advanced practice.

Approved—as applied to an examination, school, college, university, institution, organization, program, curriculum, course of study or continuing professional education, shall mean affirmatively recognized and sanctioned by the board in accordance with this Chapter.

Board—the Louisiana State Board of Medical Examiners, as constituted in R.S. 37:1263.

Bona-Fide Medication Sample—a medication other than a controlled substance, packaged by the original manufacturer thereof in such quantity as does not exceed a reasonable therapeutic dosage and provided at no cost to a medical psychologist for administration or distribution to a patient at no cost to the patient.

Certificate of Advanced Practice or *Certificate* or *Certification*—the board's official recognition of a medical psychologist's lawful authority to engage in advance practice of medical psychology as provided by R.S. 37:1360.57 and Subpart 3 of these rules.

Collaborating Physician—a licensed Louisiana physician practicing in Louisiana who consults and/or collaborates with a medical psychologist.

Concurrence or *Concur*—a primary care provider's agreement to a plan for psychopharmacological management of a patient based on prior discussion with a medical psychologist.

Consultation and Collaboration with a MP or *Consult* and/or *Collaborate*—that practice in which a primary care provider discusses and, if deemed appropriate, concurs in a medical psychologist's plan for psychopharmacologic management of the primary care provider's patient.

Controlled Substance—any substance defined, enumerated, or included in federal or state statute or regulations 21 C.F.R.1308.11-.15 or R.S. 40:964, or any substance which may hereafter be designated as a controlled substance by amendment or supplementation of such regulations or statute.

Discussion—a communication between a primary care provider and a medical psychologist conducted in person, by telephone, in writing or by some other appropriate means.

Drug—shall mean the same as the term "drug" as defined in R.S. 40:961(16), including controlled substances except narcotics, but shall be limited to only those agents related to the diagnosis and treatment or management of mental, nervous, emotional, behavioral, substance abuse or cognitive disorders.

Good Moral Character—as applied to an applicant, means that:

a. the applicant has not, prior to or during the pendency of an application to the board, been guilty of any act, omission, condition, or circumstance which would provide legal cause under R.S. 37:1360.67 for the suspension or revocation of a license or certificate;

b. the applicant has not, prior to or in connection with the application, made any representation to the board, knowingly or unknowingly, which is in fact false or misleading as to a material fact or omits to state any fact or matter that is material to the application; or

c. the applicant has not made any representation or failed to make a representation or engaged in any act or omission which is false, deceptive, fraudulent, or misleading in achieving or obtaining any of the qualifications for a license or certificate required by this Chapter.

LAMP—the Louisiana Academy of Medical Psychologists.

LSBEP—the Louisiana State Board of Examiners of Psychologists, as constituted in R.S. 37:2353.

Medication—is synonymous with *drug*, as defined herein.

Medical Psychologist or *MP*—a psychological practitioner who has undergone specialized training in clinical psychopharmacology and has passed a national proficiency examination in psychopharmacology approved by the board. Such practice includes the authority to administer and prescribe drugs and distribute *bona-fide* medication samples, as defined in this Section.

Medical Psychology—that profession of the health sciences which deals with the examination, diagnosis, psychological, pharmacologic and other somatic treatment and/or management of mental, nervous, emotional, behavioral, substance abuse, or cognitive disorders, and specifically includes the authority to administer, and prescribe drugs, and distribute *bona-fide* medication samples as defined in this Section. In addition, the practice of medical psychology includes those practices as defined in R.S. 37:2352(5).

Medical Psychology Advisory Committee or *Committee*—a committee to the board constituted under R.S. 37:1360.63.

Medical Psychology Practice Act or *MP Act*—Acts 2009, No. 251, R.S. 37:1360.51-1360.72.

Mental, Nervous, Emotional, Behavioral, Substance Abuse and Cognitive Disorders—those disorders, illnesses or diseases listed in either the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or the mental, nervous, emotional, behavioral, substance abuse and cognitive disorders listed in the International Classification of Diseases published by the World Health Organization.

Narcotics—natural and synthetic opioid analgesics and their derivatives used to relieve pain.

Nurse—a licensed practical nurse or registered nurse.

Nurse Practitioner—the same as the term "nurse practitioner" is defined in R.S. 37:913.

Physician—an individual licensed by the board to engage in the practice of medicine in the state of Louisiana as evidenced by a current license duly issued by the board.

Physician Assistant—the same as the term "physician assistant" is defined in R.S. 37:1360.22.

Primary Care—routine healthcare services, including screening, assessment, diagnosis, treatment for promotion of health, and detection and management of disease or injury.

Primary Care Provider—the principal, treating, or attending physician, physician assistant, or nurse practitioner responsible for a patient's primary care.

Primary or Attending Physician—a physician who has an active clinical relationship with a patient and is principally responsible for the health care needs of the patient, or currently attending to the health care needs of the patient, or considered by the patient to be his or her primary or attending physician.

Psychopharmacologic Management—the treatment and/or management of the mental, nervous, emotional, behavioral, substance abuse and cognitive disorders with medication.

State—any state of the United States, the District of Columbia, and Puerto Rico.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1360.51-1360.72.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 37:888 (March 2011); repromulgated LR 37:1151 (April 2011), amended LR 52:

Subchapter B. Requirements and Qualifications for License

§3907. Scope of Subchapter

A. - A.6. ...

7. have successfully completed at least three years of clinical experience as a licensed psychologist; and

8. not be otherwise disqualified by any ground for denying a license provided by the MP Act or these rules.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1360.51-1360.72.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 37:889 (March 2011), amended LR 52:

§3909. Alternative Qualifications for License

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1360.51-1360.72.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 37:889 (March 2011), repealed LR 52:

§3911. Qualifications for Certificate of Advanced Practice

A. - A.1. ...

2. practiced as a MP for at least three of the past four years.;

3. as a MP, treated at least one hundred patients which demonstrate the competence of the medical psychologist involving a range of psychotropic medications, including but not limited to antipsychotics, antidepressants, psychostimulants, mood stabilizers, anxiolytics, and hypnotics;

4. - 5. ...

6. completed a minimum of one hundred hours of continuing medical education relating to the use of medications in the management of patients with psychiatric illnesses, commencing with the issuance of the MP license by the board.

a. each individual CME activity must be at least one hour in CME credits; and

b. at least 25 percent of the CME hours must be earned through live, on-site attendance at a workshop, conference, or similar activity.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1360.51-1360.72.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 37:890 (March 2011), amended LR 52:

Subchapter D. Board Approval of Schools, Colleges, Universities, or Institutions

§3921. Applicability of Approval

A. Successful completion of a post-doctoral master's degree in clinical psychopharmacology from a regionally accredited institution approved by the board is among the educational qualifications required for MP licensure.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1360.51-1360.72.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 37:891 (March 2011), amended LR 52:

§3923. Approval of Schools and Colleges

A. - B. ...

C. Subject to Section 3925 of these rules, a school, college, university or institution accepted by the LSBEP for MP prescriptive authority on or before January 1, 2010, shall be considered approved by the board for purposes of qualifications under this Chapter.

D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1360.51-1360.72.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 37:891 (March 2011), amended LR 52:

Subchapter F. Licensure Issuance Termination, Renewal, Reinstatement

§3941. Renewal of License, Certificate

A. Every license or certificate issued by the board shall be renewed annually on or before the last day of June by submitting to the board a properly completed renewal application together with the renewal fee prescribed by Chapter 1 of these rules and documentation of the following to the board's designated electronic education tracker (EET):

1. satisfaction of the continuing professional education requirement prescribed by this Chapter; and

2. maintenance of basic life support.

B. Possession of a current, unrestricted license to practice psychology duly issued by the LSBEP is a requirement for initial licensure as a medical psychologist under this Chapter but shall not be required by the board for license renewal.

C. Newly licensed medical psychologists must successfully pass the Medical Psychology Law and Rules examination prior to their first license renewal date.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1360.51-1360.72.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 37:893 (March 2011), amended LR 52:

Subchapter H. Continuing Education

§3951. Continuing Education Requirement

A. - B. ...

C. At least two hours required by this Section shall be devoted to ethics relevant to the practice of medical psychology. Successful completion of the LSBME Law and Rules of Medical Psychology Examination satisfies this requirement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1360.51-1360.72.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 37:894 (March 2011), amended LR 52:

Subpart 3. Practice

Chapter 61. Medical Psychologists

Subchapter C. Ethical Guidelines, Authority, Limitations and Standards of Practice

§6115. Standards for Prescribing by Medical Psychologists without a Certificate of Advanced Practice

A. When a medical psychologist consults with a primary care provider other than a physician, the medical psychologist shall include the supervising or collaborating physician consultations, collaborations, notices, updates, or summaries that may be required.

B. The medical psychologist shall also re-consult with the patient's primary care provider prior to making changes in the patient's medication treatment protocol, as established with the primary care provider, or as otherwise directed by the primary care provider. Medication changes require physician approval.

C. In the event that the primary care provider does not concur with the psychopharmacologic treatment protocol planned by a MP, the MP shall defer to the medical judgment of the primary care provider.

D. In the event a patient does not have a primary care provider, the medical psychologist shall not prescribe for that patient.

E. Documentation of Primary Care Provider Consultation. When psychopharmacologic management of a patient is indicated, the initial plan shall include consultation with the patient's primary care provider. The medical psychologist shall document the consultation with the primary care provider in the patient's medical record. Documentation shall include, but is not necessarily limited to:

1. patient authorization. In order to permit the necessary coordination of care for the patient, the MP shall obtain a release of information from the patient and/or the patient's legal guardian to contact the patient's primary care provider in all cases in which psychopharmacologic management is planned. If the patient or the patient's legal guardian declines to sign a release of information authorizing coordination of care with his or her primary care provider, the MP shall inform the patient and/or the patient's legal guardian that he or she cannot treat the patient pharmacologically without such consultation;

2. patient identity. The primary care provider's name; date of consultation; and contact information for the patient, primary care provider and MP;

3. Purpose. The purpose of consultation (e.g., new medication, change in medication, discontinuance of medication, adverse treatment effects, treatment failure, change in medical status, etc.);

4. psychological evaluation and diagnosis. If known, the psychological evaluation of the patient, including any relevant psychological history, laboratory or diagnostic studies and psychological diagnosis; and any other information the MP or primary care provider deems necessary for the coordination of the care for patient;

5. medication. The specific drug(s) the MP plans to utilize, including the starting dosage and titration plan if any; frequency of use, the number of refills and anticipated duration of therapy; relevant indications and

contraindications, any previously utilized psychopharmacologic therapy, and any alternatives;

6. treatment plan. The MP's treatment and/or management plan for the patient;

7. results of consultation. The results of the consultation (e.g., concurrence, deferring or denying medication recommended by the MP); medications ordered (e.g., generic or trade; starting dosage and titration plan, if any; number of refills; etc.) and any other information that might be necessary for the appropriate coordination of care for the patient (e.g., review of prior labs or diagnostic procedures; new labs or diagnostic procedures requested by the primary care provider, if any; etc.);

8. responsibilities. Any specific responsibilities of the MP and primary care provider respecting the patient's care;

9. reporting. Any reporting and documentation requirements between the MP and the primary care provider and/or a schedule by which such are to take place; and

10. immediate consultation. A plan to accommodate immediate consultation between the MP, primary care provider, and/or patient.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1360.51-1360.72.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 37:896 (March 2011), amended LR 52:

§6117. Standards for Prescribing by Medical Psychologists Holding a Certificate of Advanced Practice

A. Patients receiving care from a medical psychologist who holds a certificate of advanced practice issued under this Part shall have an established primary care provider who shall be responsible for the patient's overall medical care.

B. The primary care provider shall evaluate the patient for medical conditions in accordance with customary practice standards, and as might be indicated based on the medications that the patient is receiving and/or risk factors that may be present. If the patient has been referred to a medical psychologist holding a certificate of advanced practice for the express purpose of evaluation and treatment to include drug management by the primary care provider, this condition shall be considered met.

C. The medical psychologist shall provide the primary care provider with a summary of the treatment planned at the initiation of treatment.

D. The medical psychologist shall provide the primary care provider with follow-up reports as may be dictated by the patient's condition.

E. The medical psychologist shall provide the patient's primary care provider with a summary of the patient's condition and treatment no less than annually.

F. The medical psychologist may treat common side effects of medications used in the treatment of mental illness as defined in this Chapter after consultation with the patient's primary care provider and with the concurrence of that primary care provider.

G. The requirements for Subsections C, D and E of this Section shall be considered satisfied if the medical psychologist provides the primary care provider with a copy of the initial examination and follow-up visit records or, in those instances in which the medical psychologist is providing services authorized under this Section in a hospital

or clinic setting on referral of the primary care provider on the medical staff of that hospital or clinic, the medical psychologist documents those services in the patient's medical record at that hospital or clinic.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1360.51-1360.72.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 37:897 (March 2011), amended LR 52:

§6119. Informed Consent

A. In addition to the written release and authorization set forth in Section 6115.E, a MP shall ensure that each of his or her patients subject to consultation and collaboration with a primary care provider is informed:

1. of the relationship between the MP and primary care provider and the respective role of each with respect to the patient's psychopharmacologic management;

2. that he or she may decline to participate in such a practice and may withdraw at any time without terminating the MP-patient relationship;

3. of the MP's decision to withdraw from consultation and collaboration with a primary care provider; and

4. by written disclosure, of any contractual or financial arrangement that may impact the MP's decision to engage in consultation and collaboration with a primary care provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1360.51-1360.72.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 37:897 (March 2011), amended LR 52:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of the proposed amendments on the family has been considered. It is not anticipated that the proposed amendments will have any impact on family formation, stability or autonomy, as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the impact of the proposed amendments on those that may be living at or below one hundred percent of the federal poverty line has been considered. It is not anticipated that the proposed amendments will have any impact on child, individual or family poverty in relation to individual or community asset development, as described in R.S. 49:973.

Small Business Analysis

It is not anticipated that the proposed amendments will have any adverse impact on small businesses as defined in the Regulatory Flexibility Act, R.S. 49:978.1 et seq.

Provider Impact Statement

In compliance with HCR 170 of the 2014 Regular Session of the Louisiana Legislature, the impact of the proposed amendments on organizations that provide services for individuals with developmental disabilities has been considered. It is not anticipated that the proposed amendments will have any impact on the staffing, costs, or overall ability of such organizations to provide the same level of services, as described in HCR 170.

Public Comments

Interested persons may submit written data, views, arguments, information or comments on the proposed

amendments to Jacintha Duthu, LSBME, 630 Camp Street, New Orleans, LA 70130. She is responsible for responding to inquiries. Written comments will be accepted until 4 p.m. on February 26, 2026.

Public Hearing

A request pursuant to R.S. 49:953(A)(2) for a public hearing must be made in writing and received by the board within 20 days of this notice. If a public hearing is requested to provide data, views, arguments, information or comments orally in accordance with the Louisiana Administrative Procedure Act, the hearing will be held on February 26, 2026, at 9 a.m., at the office of the LSBME, 630 Camp Street, New Orleans, LA 70130. Any person wishing to attend should call in advance to confirm.

Vincent A. Culotta, Jr., M.D.
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: Medical Psychologists

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

Other than the cost of rulemaking, there are no estimated implementation costs or savings for state or local government units resulting from the promulgation of the proposed rule changes. The cost to the Louisiana State Board of Medical Examiners is approximately \$1,500 in FY 26 for the notice and rule publication in the *Louisiana Register*.

The proposed rule changes amend the Louisiana State Board of Medical Examiners' regulations governing medical psychologists to bring the administrative code into conformity with statutory changes enacted by Act 731 of the 2024 Regular Session. Specifically, the proposed amendments revise and clarify definitions, update licensure and license renewal requirements, remove alternate qualification pathways that are no longer authorized in statute, modify continuing medical education requirements, and amend prescribing-related provisions to reflect current law.

The proposed rule changes do not establish a new licensure category or expand the scope of practice for medical psychologists beyond what is authorized in statute. Instead, they are technical and conforming in nature and are intended to ensure consistency between statute and rule, improve regulatory clarity, and support uniform administration and enforcement of existing licensing requirements.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no anticipated effect on the revenue collections for state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule changes are not anticipated to result in significant costs or economic benefits to directly affected persons, small businesses, or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule changes will have no effect on competition or employment.

Vincent A. Culotta, Jr. MD
Executive Director
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Alan M. Boxberger
Legislative Fiscal Officer
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