

March 2023

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.