

THE LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

MINUTES OF MEETING

October 27, 2025

NEW ORLEANS, LOUISIANA

A meeting of the Louisiana State Board of Medical Examiners, pursuant to lawful notice, was convened and called to order at 8:30 a.m., October 27, 2025, by order of the President, at the anchor location of the Board, 630 Camp Street, New Orleans, Louisiana.

Board Members Present:

Roderick V. Clark, MBA, M.D., President
Kim S. Sport, JD, Vice President
Rita Horton, M.D., Secretary-Treasurer
Wyche Coleman, M.D.
John Hamide, M.D.
Patrick K. O'Neill, M.D.
James Taylor, M.D.
Terrie R. Thomas, M.D.
Leonard Weather, M.D., R.Ph
Cheryl Williams, M.D.

Board Staff present:

Vincent A. Culotta, Jr., M.D., Executive Director
Patricia Wilton, Esq., Executive Counsel
Lauryn Sudduth, Esq. General Counsel
Aloma L. James, Director of Licensing
Alan W. Phillips, IT Director
LaKenya Collins, CPA, CFO
Susie Allen, DrPH, MBA, Director of Education and Research
Michael Francis, M.D., Director of Investigation
James Tebbe, M.D., Assistant Director of Investigation
Patricia Dufrene, Compliance Investigator
Darryl Albert, Compliance Investigator
Maya Ladmirault, Compliance Officer
Theresa Lockhart, Compliance Investigator
Angela Matherne, Compliance Investigator
Danielle Woods, Compliance Investigator
Ron Cayette, Compliance Investigator
Joe Bonke, Compliance Investigator
Pat Tillman, Compliance Investigator
Lillie Rodgers, Investigations Program Director
Melissa Jenders, Admin Program Specialist
Jacinta F. Duthu, Executive Staff Officer

(1.) General Administrative Matters; The President introduced the new Board Member, John Hamide, M.D., Vascular, and Interventional Radiologist, a graduate from LSU Medical School, with over 20 years of experience.

Dr. Clark opened the meeting with the Pledge of Allegiance and a moment of silence for our country and the citizens of this state. Dr. Culotta read the LSBME mission statement. At this time the President asked if there were any Public Comments.

The meeting was called to order and Dr. Culotta did a roll call, confirming a quorum of 9 members.

(2.) Minutes of September 29, 2025; The Board reviewed and discussed the minutes of the September 29, 2025, meeting. On the motion of Dr. Horton, duly seconded by Dr. Weather, the Board voted unanimously to approve the minutes of the September 29, 2025, meeting with edits.

(3.) New Business; Collaborative Practice Presentation; The Problem and The Solution, Dr. Brian Gamborg, M.D., Asst. Clinical Professor, LSU New Orleans and Tulane University; Dr. Gamborg presented a presentation regarding Collaborative Practice and the current issues. The presentation was taken into consideration by the Board. No further action was needed or taken at this time.

(4.) New Business; APRN Collaborative Practice Updates¹; The Board reviewed the proposed updates of the APRN Collaborative Practice agreement (**Attachment 1**).

On the motion of Ms. Sport, duly seconded by Dr. Coleman, the Board voted unanimously to approve bullet point 1 of the updates.

On the motion of Dr. Thomas, duly seconded by Ms. Sport, the Board voted unanimously to approve changing “40 miles from the office” to “reasonable proximity in which the APRN practices” and approve bullet point 2.

On the motion of Dr. Coleman, duly seconded by Dr. Williams, the Board voted unanimously to approve bullet point 3.

On the motion of Ms. Sport, duly seconded by Dr. Williams, the Board voted unanimously to approve bullet point 4.

On the motion of Ms. Sport duly seconded by Dr. Taylor, the Board voted unanimously to approve bullet point 5.

On the motion of Dr. Coleman, duly seconded by Ms. Sport, the Board voted unanimously to approve changing “will automatically” to “may automatically” and “primary” to preliminary” and approve bullet point 6.

On the motion of Ms. Sport, duly seconded by Dr. Coleman, the Board vote 9 YEAS to 1 Nay to approve bullet point 7 as written, only removing “assuring.”

On the motion of Dr. Williams, duly seconded by Dr. Thomas, the Board voted unanimously to approve bullet 8.

On the motion of Dr. Coleman, duly seconded by Dr. Williams, the Board voted unanimously to approve creating a new bullet, 9, with language addressing APRNS will be unique to one physician and cannot be shared.

¹ Dr. Taylor arrives during the discussion on this matter.

(5.) New Business; Annual Property Inventory Audit; The Board reviewed the Division of Administration's approval of the LSBME property audit and certification for 2026. No further action was needed or taken on this matter.

(6.) Follow-Up Action Items; Medical Psychologist Rule Changes; The Board reviewed the proposed rules changes for Medical Psychologist. On the motion of Obesity Rules; The Board reviewed the proposed Medical Psychologist rule revisions.

On the motion of Dr. Horton, duly seconded by Dr. Taylor, the Board voted unanimously to add the following sentence to 6115 Section B: Medication changes require physician approval.

On the motion of Dr. Horton, duly seconded by Dr. Coleman, the Board voted unanimously to approve the proposed rule changes.

(7.) General Administrative Matters; President's Report; The President had nothing to report other than he is happy to have Dr. Hamide as part of the Board.

At this time, the President addressed nominations for the Board Offices. He nominated Dr. Horton for Vice President and Dr. Weather for Secretary/Treasurer. He asked the Board if they had any additional nominees and Mrs. Sport requested that the Board consider her to be re-appointed as Vice President.

On the voice vote of 5 in Favor of Dr. Horton, 4 in Favor of Mrs. Sport and 1 Abstention, Dr. Horton is the new Vice President. Congratulations Dr. Horton.

With no opposition and unanimous voice vote, Dr. Weather is the new Secretary/Treasurer. Congratulations Dr. Weather.

(8.) General Administrative Matters; Executive Director's Report; The Executive Director Reported the stats on licensure and Investigations. He discussed the average number of days for licensing between submission and approval. He also provided information for Investigations on the number of open cases as of September 2025.

(9.) General Administrative Matters; Director of Investigations Report; Dr. Francis reported:

INVESTIGATIVE DIVISION BOARD REPORT

September 1st – 30th 2025

Number of complaints received: 60

Percentage of Complaints Resolved within 7 days: 20%

Number of cases closed: 20

Total number of currently open cases: 40

Total number of open cases as of September 30, 2025: Approximately 176

(10.) General Administrative Matters; DRAFT October 2025 Newsletter; The Board reviewed the October 2025 Newsletter. On the motion of Dr. Coleman, duly seconded by Dr. Horton, the Board voted unanimously to approve the Newsletter.

(11.) General Administrative Matters; HPFL Report, Dr. J. David Hammond, Executive Medical Director, Healthcare Professional Foundation of Louisiana (HPFL); Dr. Hammond presented the Board with the 2024 HPFL Annual Report. No further action was needed or taken on this matter.

(12.) General Administrative Matters; Financial Report. The Board reviewed the financial report as of August 31, 2025. On the motion of Dr. Horton, duly seconded by Dr. Coleman, the Board voted unanimously to approve the financial report.

(13.) Administrative Matters; Next Meeting Dates; The Board reviewed the remainder of the 2025 Meeting Dates and the President reminded the Board that will not be a meeting in November, and the December meeting will be virtual. The Board reviewed the 2026 meeting dates. No further action was needed or taken on this matter.

(15.) Rules and Regulations. Rules/Amendments. The Board reviewed the Rules Chart for the October 2025 updates.

[16.] Minutes of Executive Sessions. Upon the motion of Dr. Coleman, duly seconded by Dr. Horton, the Board voted unanimously to convene in executive session pursuant to La. R.S. 42:17A to receive and review the executive minutes of the Board's September 29, 2025, meeting. Following the review, the Board returned to the Public Session. Upon the motion of Dr. Coleman, duly seconded by Dr. Williams, the Board voted unanimously to approve the minutes of its September 29, 2025, meeting.

[17.] Report on Pending Litigation. Upon the motion of Mrs. Sport duly seconded by Dr. Taylor, the Board voted unanimously to convene in executive session pursuant to La. R.S. 42:17A(2, 4 and 10), La. C.E. art. 508, and/or La. R.S. 44:4.1C, to receive and review the report of legal counsel on pending litigation to which the Board is a party, the unauthorized practice of medicine cases assigned for injunction, and the status of proceedings for judicial review of prior Board decisions.

Do No Harm v. Edwards, USDC-WDLA, No. 5:24-cv-00016 – JE, Jr. – JMH

Susie Soe, et al v. LSBME, et al, CDC Parish of Orleans, State of Louisiana, 2024-00172 Div D-12

Birthmark Doula Collective, LLC, et al. v. State of Louisiana, et al. No. 755,217 19th Judicial District Court, Parish of East Baton Rouge

[18.] General Administrative Matters; Update Security Assessment; The Board reviewed the updates to the Security Assessment presented by Mr. Albert at the September 2025 meeting. No further action was needed or taken on this matter.

[19.] General Administrative Matters; Waiver of Licensure Requirements; The Board convened in executive session to review the request of Agenda 05.00.01 for a waiver of licensure requirements. Upon returning to Public Session, on the motion of Dr. Horton, duly seconded by Dr. O'Neill, the Board voted unanimously to approve the licensee's request for a waiver.

[20.] General Administrative Matters; Waiver of Qualifications for Licensure; The Board convened in executive session to review the request of Agenda 05.00.02 to waive the one -year ACGME accredited Surgery training. Upon returning to Public Session, on the motion of Dr. O'Neill, duly seconded by Dr. Coleman, the Board voted unanimously to approve the licensee's request.

[21.] Personal Appearances/Docket Calendar. On the motion of Dr. Hamide, duly seconded by Dr. Horton, and passed by unanimous voice vote, the Board convened in executive session to review the calendar of personal appearances and docketed hearings, as matters relating to investigations, the character and professional conduct of a licensee and allegations of misconduct, pursuant to La. R.S. 42:17(A)(1), (4) & (10), La. C.E. art. 508, and/or La. R.S. 44:4.1C. No further action was needed or taken on this matter.

[22.] Investigative Reports. On the motion of Dr. Coleman, duly seconded by Dr. Weather, and passed by unanimous voice vote, the Board convened in executive session to consider the investigative reports as matters relating to the character and professional conduct of a licensee, and allegations of misconduct, pursuant to La. Rev. Stat. §42:17A(1) and (4). Following review and discussion, the Board resumed in public session as follows:

- a. Initiate Formal Investigation: On the motion of Dr. Coleman, duly seconded by Dr. O'Neill, the Board voted unanimously to approve initiating formal investigation in the following matters:

Investigation No.	2025-I-602
Investigation No.	2025-I-362
Investigation No.	2024-I-190
Investigation No.	2025-I-491

- b. Initiate Preliminary Review: On the motion of Dr. Horton, duly seconded by Dr. O'Neill, the Board voted unanimously to approve initiating preliminary review in the following matters:

Agenda No. 07.04.05

- c. Extend Time for Preliminary Review: On the motion of Dr. Horton duly seconded by Dr. O'Neill, and passed by unanimous voice vote, the Board approved granting a 90-day extension to continue preliminary review in the following matters and to authorize the DOI to request Executive Counsel to proceed with measures to enforce compliance with Board subpoenas where no response had been received within 90 days of issuance:

Investigation No.	2025-I-260
Investigation No.	2025-504
Investigation No.	2025-532
Investigation No.	2025-558
Investigation No.	2025-559

Investigation No.	2025-585
Investigation No.	2025-596
Investigation No.	2025-603
Investigation No.	2025-612
Investigation No.	2025-525
Investigation No.	2025-577
Investigation No.	2025-672
Investigation No.	2025-630
Investigation No.	2023-740
Investigation No.	2024-190
Investigation No.	2025-111
Investigation No.	2025-486
Investigation No.	2025-489
Investigation No.	2025-491
Investigation No.	2025-527
Investigation No.	2025-508
Investigation No.	2025-421

- d. Consent Orders: On the motion of Dr. Horton, duly seconded by Dr. Coleman, the Board voted unanimously to approve the proposed consent order in the following matters:

Investigation Nos.	2023-I-617, 2024-I-377
Investigation No.	2025-I-221
Investigation No.	2023-I-30 ²

- e. Letters of Concern/Enhanced Letters of Concern: On the motion of Dr. Horton, duly seconded by Dr. Taylor, the Board voted unanimously to defer the letter of concern in the following matter:

Investigation No.	2025-I-489
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On the motion of Dr. Horton, duly seconded by Dr. Taylor, the Board voted unanimously to approve the enhanced letter of concern in the following matters:

Investigation No.	2025-I-335
Investigation No.	2025-I-260

² Dr. Taylor is recused from any and all participation in this matter.

- f. Close/Dismissal with No Action: On the motion of Dr. Horton, duly seconded by Dr. Coleman, the Board voted unanimously to approve closing the following matters with no action:

Investigation No.	2025-230
Investigation No.	2025-253
Investigation No.	2025-249
Investigation No.	2025-303
Investigation No.	2025-227
Investigation No.	2025-297
Investigation No.	2025-228
Investigation No.	2025-569
Investigation No.	2025-554
Investigation No.	2025-558
Investigation No.	2025-555 ³
Investigation No.	2025-578 ⁴
Investigation No.	2025-589
Investigation No.	225-229
Investigation No.	2025-252
Investigation No.	2025-612
Investigation No.	2025-586 ⁵
Investigation No.	2025-532
Investigation No.	2025-250
Investigation No.	2025-614
Investigation No.	2025-504
Investigation No.	2025-596
Investigation No.	2025-201
Investigation No.	2025-588
Investigation No.	2025-442
Investigation No.	2025-248

- g. Professional Liability Report: The Board voted unanimously to convene in executive session to consider the report on professional liability cases reviewed since the last meeting of the Board as matters relating to the character and professional conduct of a licensee and allegations of misconduct, La. Rev. Stat. § 42:17A(1) and (4). Upon returning to public session, on the motion of Dr. Williams, duly seconded by Dr. O’Neill, the Board voted unanimously to accept the October 2025 report.
- h. Closed Case Report: The Board voted unanimously to convene in executive session to review allegations of misconduct pursuant to La. Rev. Stat. § 42:17A(4), as part of the closed case report. The Board returned to public session and upon the motion of Dr. Williams, duly seconded by Dr. O’Neill, the Board voted unanimously to approve the September 2025 closed case summary report.

³ Dr. O’Neill is recused from any and all participation in this matter.

⁴ Dr. O’Neill is recused from any and all participation in this matter.

⁵ Dr. O’Neill is recused from any and all participation in this matter.

- i. Quarterly Prescription Monitoring Program (PMP) Audit Report: On the motion of Dr. O'Neill, duly seconded by Dr. Williams, the Board voted unanimously to approve the Quarterly PMP report.

Next **Meeting of the Board**. The President reminded the members that the next meeting of the Board is scheduled for December 15, 2025.

I HEREBY CERTIFY that the foregoing is a full, true, and correct account of the proceedings of the meeting of the Louisiana State Board of Medical Examiners, save for executive session, conducted therein, held on October 27th, 2025, and approved by the Board on the 15th day of December 2025.

Rita Horton, M.D.
Secretary-Treasurer

Roderick Clark, M.D., MBA
President

ATTACHMENT 1

Update to APRN and Collaborative Practice Regulations

- Collaborative physicians will annually at license renewal:
 - Report the name, license number of each APRN for which he is the collaborating physician,
 - Provide a copy of the most recent collaborative practice agreement (including the clinical practice guidelines) for each APRN with whom the physician has a collaborative relationship.
 - Interim changes will be able to be made to relationships and CPA/CPG through the physician portal.
 - This data will be made available to any citizen on the LSBME website through a unique query system.
- The collaborating physician must be licensed in Louisiana, reside in Louisiana, and be no more than 40 miles from the office in which the APRN practices.
- For large groups there will be a modified system that establishes a single physician as the collaborator and the rest of the staff physicians of the specialty group can be locum physicians for the APRN.
- The relationship between APRNs and Collaborative Practice Physician (CPP), the CPA (Collaborative Practice Agreement) with clinical practice guidelines (CPG), must be readily available in all offices of the physician and the APRN. Patients requesting such information must promptly be provided with the information.
- The CPAs and the CPG must be readily available in all offices or clinics where the CPP and the APRN provide services.
- Complaints regarding an APRN to the LSBME will automatically initiate a primary review of the physician and a referral to the LSBN for review and possible action by the LSBN.
- The CPP is responsible for assuring that acts of medical practice by the APRN are in accordance with the Medical Practice Act of Louisiana and rules for physicians.
- APRNs and CPPs that are collaborating with a valid collaborative practice agreement must practice in the same specialty and the physician must be available to manage complications that may occur in the treatment of the patients by either the APRN or the CPP.

- Classic Dyad
 - One physician to one APRN
 - Physician will sign the Collaborative practice agreement with the clinical practice guidelines for the APRN
 - Annual update at renewal of APRN and physician(s) or any other time when the clinical practice changes
 - May be repeated for up to six APRNs in a single physician practice.

- Single specialty group
 - Group will designate a lead physician, medical director, or managing partner
 - The designated lead physician will sign the collaborative agreement and clinical practice guidelines for each APRN in the practice; this may all be the same or different based on the training and ability of the APRN.
 - All other physicians in the practice will sign the collaborative agreement and clinical practice guidelines as the designated alternate collaborative physician agreeing to supervise in the absence of the designated lead physician.

- Multispecialty clinics and groups.
 - The chairman of the department or subspecialty department will sign the collaborative agreement and clinical practice guidelines for each APRN associated with the specialty or subspecialty. The collaborative agreement and clinical practice guidelines will reflect the training and ability of each of the APRNs.
 - All other physicians in the department or sub-department will sign the collaborative agreement and clinical practice guidelines as the designated alternate collaborative physician agreeing to collaborate in the absence of the designated lead physician.

Current LSBME and LSBN Joint Statement of Position

- In no instance is the scope of practice of APRNs delegated to them through the physician's scope or authority.
- APRNs –
 - The advanced practice registered nurse (APRN) must submit the required forms, fees, and collaborative practice agreement to the LSBN and receive formal approval to be authorized to enter into collaborative practice with a physician.
 - Nothing prohibits an APRN from consulting with additional health care providers as needed to provide for the care of the patient.
 - It is the responsibility of the APRN to understand and abide by the requirements of LSBN in all matters related to prescriptive authority.
- Physicians –
 - It is the responsibility of collaborating physicians to ensure they have been properly approved to serve as a collaborating physician. They are also responsible for ensuring that all acts of the prescriptive authority of the APRN are documented and utilized in a manner that is consistent with the collaborative practice agreement.
 - Per LA R.S. 46: XLVII: 4513.D.1.vi.c.i, the collaborating physician must “be available by telephone or direct telecommunication for consultation, assistance with medical emergencies, or patient referral at all times that the APRN is exercising prescriptive authority”.
 - In addition, collaborating physicians are expected to be available for hospital admissions and coverage. Any “back up” or secondary physician must also be approved. Back-up physicians are not required but if utilized they must meet all provisions, stipulations, and requirements of the primary collaborating physician including receiving approval by LSBN.
 - The collaborating physician must be providing patient care in the same or a practice comparable in scope, specialty or expertise to that of the advanced practice registered nurse. Physicians who are retired or are otherwise not providing patient care services on a consistent basis cannot serve as a collaborating physician.
 - Locum tenens physicians may serve as a collaborating physician while they are providing care in Louisiana.
- In the event the collaborating physician's primary practice site is different from that of the APRN's primary practice site and the physician does not have immediate,

real-time access to the patients' electronic medical records, the collaborating physician and the APRN must demonstrate joint management of care.

Dr. Taylor's comments –

1. I think the 40 mile radius is going to create some heavy MD pushback. I am aware of at least one MD/APRN dyad in Addiction medicine that treats patients from Lafayette to Hammond. Unless/until we can demonstrate sufficient treatment options to replace that dyad, I think the 40 mile limit would be hard to justify. Also, telemedicine has made vicinity requirements nearly obsolete. We can put 40 miles in the first ask, but we should be willing to trade it for something.
 - Change the 40 miles to “Reasonable proximity to manage any complications that may occur.” Include language requiring that the back up CP has to be able to manage the complications and in the absence of both, the therapy should not occur.
2. Are/can we create a repository in our current system for the MD/APRN names and CPAs, and make it searchable not only by name but by location (i.e Zip Code)?
 - We will have a searchable database for the Physicians' files, but it will not be searchable by APRN. Instead, we can link to the LSBN's website for verification of the APRN. This is not something that will go into the rules and we can discuss what/how to code searches later down the road.
3. Will Preliminary Review openings be kept on record for a specific amount of time, or will they be permanent records? They are not currently kept in the MD's file if no violation is found - will these be treated differently, in order to have a record of referral to LSBN? Or can we keep track of the referrals independent of the PR record? I ask this with an eye towards tracking LSBN in/action.
 - Yes, the preliminary reviews are always kept on file, however they are not disclosable public records, and are kept confidential. We will have to craft a process/procedure for referral to LSBN and recordkeeping.
4. I recommend some tighter language regarding scope. Not only should the APRN be acting within the scope of the MD, the MD should be able to document expertise within his/her field for specific procedures the APRN performs. For example, a

Family Medicine MD could be a CP for an APRN doing Botox injections based on specialty, but may not have ever done Botox injections or managed complications thereof. This is primarily an issue with FM docs, who have a wide scope in initial training(some depth of Peds, Gyn, Derm, Ortho, etc.) but may not have actual experience in practice. I don't foresee this as being as much of a potential problem with IM or Surgery specialties (i.e. Cards, Ortho), whose scope is deep but contained laterally.

- These will be in the Clinical Practice Guidelines. We discussed putting in the rules the required parts of the CPGs. Further, we can craft a model CPG to have available on our website that can be downloaded and filled out wherein the CP/APRNs can fill out all required parts of the CPG. These forms will be uploaded along with the CPA every year. It will be the duty of the CP to ensure that the APRN is acting within it's scope and deviation from that scope would be a violation of the MPA.
5. "In no instance is the scope of practice of APRNs delegated to them through the physician's scope or authority." I'm not entirely sure what this means. If it means that APRNs are not constrained to the scope of the collaborating MD, then that directly conflicts with the policy goal stated above. If it means that APRN must be personally qualified through training to perform certain tasks of diagnosis and treatment, and not simply delegated to perform them by the physician, then that's fine. I suspect the LSBN intent is the former.
- It will be the duty of the CP to ensure that the APRN is acting within its scope and deviation from that scope would be a violation of the MPA.
6. "Nothing prohibits an APRN from consulting with additional health care providers as needed to provide for the care of the patient." That's fine, but I would add: "However, such consultation does not diminish or remove responsibility for patient care from the collaborating physician." Ideally, consultation with other HCPs would ideally be explicated in and governed by the CPA.
- This would be covered in the CPG.
 - 5 and 6 are quotes from the Joint Statement put out by the LSBME and LSBN and not necessarily going to be covered in the rule change. We can discuss codifying it if we want to.