

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS www.lsbme.la.gov BOARD MEETING AGENDA			
CALL O ORDER			
Business Meeting	Time	Date	Location
	8:30 a.m.	September 21, 2026	630 Camp Street, New Orleans, 5th Floor Board Room
	MINUTES/PRIOR MEETINGS/CONFERENCES PUBLIC COMMENT		
	Approval of public session minutes for Board meetings held on August 24, 2026		
	NEW BUSINESS		
	Investigations Report January 2025 to August 2026		
	FOLLOW-UP ACTION ITEMS		
	Information re: Corporate Practice of Medicine DRAFT NOI Prescription, Dispensation, and Administration of Medications		
	COMMUNICATION and INFORMATION		
	Letter to Louisiana State Board of Medical Examiners re: Florida Decision Letter re: Diploma Mills Claiming Degree Conversion		
	GENERAL ADMINISTRATIVE MATTER		
	President's Report Executive Director's Report Director of Investigations' Report Financial Report Louisiana State Board of Medical Examiners Audit Report Final (Summary) Future Meeting Dates		
	REGULATORY REPORT		
	September 2026		

EXECUTIVE SESSION

1	MINUTES/PRIOR MEETINGS
	Approval of executive session minutes for Board meeting held on August 24, 2026.
2	LITIGATION
	Nancy Lynn Rogers MD v. LSBME and Michael Francis MD No. 2025-10384, Civil District Court, Parish of Orleans Paula Pigford v. LSBME Civil Action No. 2:25cv02552 United States District Court, Eastern District of Louisiana Birthmark Doula Collective, LLC, et al. v. State of Louisiana, et al. No. 755,217 19th Judicial District Court (Parish of East Baton Rouge) 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
3	GENERAL ADMINISTRAVE MATTERS
	Attorney Advice re: Corporate Practice of Medicine Attorney Advice as Needed
	LICENSURE, PERMITS AND CERTIFICATION
	Licensee/Permit/Certification Applicant Request/Waivers
	REPORTS INVESTIGATIONS/ADJUICATIONS/LITIGATION
	Docket Calendar Request to Initiate/Extend Preliminary Review and/or Ratify Interim Approval to Extend Preliminary Review. Request to Extend Formal Investigation and/or Ratify Interim Approval to Extend Formal Investigation Request for Board Approval of Consent Orders. Malpractice Report
	CLOSED CASE REPORT
	August 2026

PUBLIC SESSION



Section 1.1 Approval of Minutes

01.01.01 - DRAFT Public Minutes August 24, 2026 meeting.

THE LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

MINUTES OF MEETING

August 24, 2026

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., August 24, 2026, 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
Rita Horton, M.D., Vice President
Leonard Weather, M.D., R.Ph., Secretary-Treasurer
Wyche Coleman, M.D.
John Hamide, M.D.
Leonel Lacayo, M.D.
Noelle Montgomery
James Taylor, M.D.
Terrie R. Thomas, M.D.
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
Jacintha F. Duthu, Executive Staff Officer
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
Lillie Rodgers, Investigations Program Director
Patricia Dufrene, Compliance Investigator
Darryl Albert, Compliance Investigator
Theresa Lockhart, Compliance Investigator
Angela Matherne, Compliance Investigator
Brittany LeBlanc, Compliance Investigator
Ron Cayette, Compliance Investigator
Joe Bonke, Compliance Investigator
Pat Tillman, Compliance Investigator
Jonell Deshotel, Compliance Investigator
Elizabeth Fallen, Compliance Investigator
Jamie Folse, Compliance Investigator

- (1.) **General Administrative Matters;** 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 there was a quorum of 9 members present.

- (2.) **Minutes of June 22, 2026, Meeting;** The Board reviewed and discussed the minutes of the June 22, 2026, meeting. On the motion of Dr. Coleman, duly seconded by Dr. Thomas, the Board voted unanimously to approve the minutes of the June 22, 2026, meeting, with amendments.

- (3.) **New Business; DRAFT Nutrition Course re: ACT 463;** The Board reviewed the DRAFT Nutrition Essentials for Clinical Practice developed by Alice Hoyt, M.D. and Molly Kimball, RD, CSSD. On the motion of Dr. Horton, duly seconded by Dr. Coleman, the Board voted unanimously to approve the course.

- (4.) ¹**Follow-up Action Items; DRAFT Notice of Intent (NOI) for Cost Recovery;** The Board reviewed the DRAFT Notice of Intent for Cost Recovery. On the motion of Dr. Coleman, duly seconded by Dr. Weather, the Board voted unanimously to approve the NOI.

- (5.) **Follow-up Action Items; DRAFT Notice of Intent (NOI) for Obesity Rules Repeal;** The Board reviewed the DRAFT Notice of Intent to repeal the Obesity rules. On the motion of Dr. Coleman, duly seconded by Dr. Horton, the Board voted 8 YEAS 2 NAYS to approve the NOI.

- (6.) **Follow-up Action Items; DRAFT Notice of Intent (NOI) for Restricted Licensure;** The Board reviewed the DRAFT Notice of Intent regarding Restricted licenses. On the motion of Dr. Lacayo, duly seconded by Dr. Williams, the Board voted unanimously to approve the NOI.

- (7.) **General Administrative Matters; President's Report;** The President reported on a successful retreat that happened Sunday. He also spoke on a promising collaboration with the Nursing Board.

- (8.) **General Administrative Matters; Executive Director's Report;** The Executive Director reported that:

Ms. Wilton and I met with the Attorney General and The Louisiana Right to Life group. AG Murrill reviewed the issue of telehealth prescribing and the dispensing of misoprostol and mifepristone for the induction of induced medical abortions. All understood that the LSBME must receive a complaint before it could investigate these issues.

The Respiratory Care Advisory Committee (RCAC) met and discussed possible rule issues, and requests from licensees were reviewed.

The Clinical Laboratory Personal Committee (CLPC) met. Licensing, temporary licensing and affected processes were discussed. Temporary licenses are no longer routinely granted.

¹ Dr. Taylor arrives at the meeting.

The Occupational Therapy Advisory Committee (OTAC) met and addressed issues of licensing, new committee appointments, and discipline. Some refunds have been issued due to errors in our processing of Temporary Permits that occurred after the law change.

The Athletic Trainers Advisory Committee (ATAC) met on the 13th of July, and the committee is working to revise the rules in response to the comments on the proposed rules presented in early 2026.

Dr. Clark and I met with the new leadership at LSBN. We found more compatibility than disparity in addressing collaborative practice agreement and APRN Activities.

The LDH has begun a series of regular summits with healthcare licensing agencies and the LSBME was represented at the first of these summits by Dr. Clark and me. LDH is working to have more interagency cooperation to address problems such as rural health care problems, med-spas, and other issues that regulatory agencies can cooperatively find solutions for.

The first Women's Health Consortium met on Friday the 14th of July and I attended as I was named to the consortium. The consortium approved a set of bylaws, heard from the constituency that stimulated the formation, and is scheduling times and agenda for upcoming meetings.

I participated as faculty for the July 2026 AAFP ALSO course.

Building maintenance issue.

At this time on the motion of Dr. Thomas, duly seconded by Dr. Horton, the Board voted unanimously to ratify the approval of the building maintenance cost.

I wish to thank the agency and the board for the support for my family and the bereavement leave afforded me during these last weeks of July and the beginning of August.

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

INVESTIGATIVE DIVISION BOARD REPORT

June 1st – 30th 2026

Number of complaints received: 70

Percentage of Complaints Resolved within 7 days: 31%

Number of cases closed: 36

Total number of cases opened in June still open: 34

Total number of all complaint cases closed in June: 108

Total number of open cases as of June 30th, 2026: Approximately 146

INVESTIGATIVE DIVISION BOARD REPORT

July 1st – 31st, 2026

Number of complaints received: 65

Percentage of Complaints Resolved within 7 days: 38%

Number of cases closed: 28

Total number of cases opened in July still open: 37

Total number of all complaint cases closed in July: 35

Total number of open cases as of July 31st, 2026: Approximately: 159

Administrative Complaint filed or Summarily Suspended: 12

(10.) General Administrative Matters; Financial Report; The Board reviewed the financial report for June 2026. On the motion of Dr. Hamide, duly seconded by Dr. Weather, the Board voted unanimously to approve the financial report.

(11.) Administrative Matters; Next Meeting Dates; The Board reviewed the 2026 meeting dates. The Board unanimously decided that December 2026 meeting will be via Zoom. No further action was needed or taken on this matter.

(12.) Rules and Regulations. Rules/Amendments; The Board reviewed the Rules Chart for August 2026 updates.

[13.] 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 June 22, 2026, meeting. Following the review, the Board returned to Public Session. Upon the motion of Dr. Horton, duly seconded by Dr. Coleman, the Board voted unanimously to approve the minutes of the June 22, 2026, meeting.

[14.] Report on Pending Litigation. 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(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.

Nancy Lynn Rogers, M.D. v. LSBME and Michael Francis, M.D., No. 2025-10384, Civil District Court, Parish of Orleans

Paula Pigford v. LSBME Civil Action No. 2:25cv02552 United States District Court, Eastern District of Louisiana

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

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

- [15.] **General Administrative Matters; Employment Policy;** The Board reviewed the Employment Policy regarding the Director of Investigations. On the motion of Dr. Williams duly seconded by Dr. Weather, the Board voted 9 YAYS 1 Absent to approve the policy as presented.
- [16.] **General Administrative Matters; Licensure Matters;** The Board reviewed the licensee's request for Board sponsorship in Agenda No. 05.00.01. Upon returning to public session, on the motion of Dr. Coleman, duly seconded by Dr. Horton, the Board voted unanimously to ratify the approval of sponsorship.
- [17.] **General Administrative Matters; Licensure Matters;** The Board reviewed the request for a four-week Neonatology short-term program in Agenda No. 05.00.02. Upon returning to public session, on the motion of Dr. Coleman, duly seconded by Dr. Horton, the Board voted unanimously to ratify the approval of the program.
- [18.] **General Administrative Matters; Licensure Matters;** The Board reviewed the request for a restricted license and a waiver of licensing requirements in Agenda No. 05.00.03. Upon returning to public session, on the motion of Dr. Coleman, duly seconded by Dr. Horton, the Board voted unanimously to ratify the approval of the waiver and grant the unrestricted license.
- [19.] **General Administrative Matters; Licensure Matters;** The Board reviewed the request for a one-month Hospice and Palliative Medicine short-term program in Agenda No. 05.00.04. Upon returning to public session, on the motion of Dr. Horton duly seconded by Dr. Coleman, the Board voted unanimously to approve the program.
- [20.] **General Administrative Matters; Licensure Matters;** The Board reviewed the request for a two-to-four-week Neurocritical Care short-term program in Agenda No. 05.00.05. Upon returning to public session, on the motion of Dr. Horton, duly seconded by Dr. Coleman, the Board voted unanimously to approve of the program.
- [21.] **General Administrative Matters; Licensure Matters;** The Board reviewed the request for a waiver of examination attempts in Agenda No. 05.00.06. Upon returning to public session, on the motion of Dr. Horton duly seconded by Dr. Coleman, the Board voted unanimously to approve the request.
- [22.] **General Administrative Matters; Licensure Matters;** The Board reviewed the request for a restricted license and a waiver of qualifications in Agenda No. 05.00.08. Upon returning to public session, on the motion of Dr. Horton duly seconded by Dr. Coleman, the Board voted unanimously to approve the waiver and grant the unrestricted license.
- [23.] **Personal Appearances/Docket Calendar.** On the motion of Dr. Coleman, 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.

In regard to Formal Hearing Adjudication File No. 25-A-004, upon the motion of Dr.

Horton, duly seconded by Dr. Weather, the Board voted 8 YEAS 1 ABSTENTION and 1 ABSENT to ratify the ruling of the hearing.

[24.] 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. Summary Suspension: On the motion of Dr. Coleman, duly seconded by Dr. Weather, the Board voted unanimously to ratify the summary suspension in the following matters:

Investigation No.	2026-I-354
Investigation No.	2025-I-148

- b. Initiate Formal Investigation: On the motion of Dr. Thomas, duly seconded by Dr. Lacayo, the Board voted unanimously to initiate formal investigation in the following matters:

Investigation Nos.	2026-231 and 2026-486
Investigation No.	2026-471

- c. Consent Orders/Voluntary Surrender: On the motion of Dr. Horton, duly seconded by Dr. Thomas, the Board voted unanimously to approve the proposed consent order in the following matters:

Investigation No.	2026-I-063
Investigation No.	2025-I-424

On the motion of Dr. Horton duly seconded by Dr. Thomas, the Board voted unanimously to approve the voluntary surrender in the following matter:

Investigation No.	2026-I-463
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- d. Close/Letter of Concern/Enhanced Letter of Concern: On the motion of Dr. Horton, duly seconded by Dr. Coleman, the Board voted unanimously to approve closing the following with an enhanced letter of concern with continuing education:

Investigation No.	2026-411
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On the motion of Dr. Horton, duly seconded by Dr. Coleman, the Board voted unanimously To close the following matters with an enhanced letter of concern:

Investigation No.	26-I-529
Investigation No.	26-I-430
Investigation No.	26-I-348
Investigation No.	26-I-370
Investigation No.	26-I-345
Investigation No.	26-I-325
Investigation No.	26-I-351
Investigation No.	26-I 378
Investigation No.	26-I-349
Investigation No.	26-I-423
Investigation No.	25-I-431
Investigation No.	26-I-427
Investigation No.	26-I-422
Investigation No.	26-I-426

On the motion of Dr. Horton duly seconded by Dr. Coleman, the Board voted 8 YEAS 1 Abstention to close the following matter with an enhanced letter of concern:

Investigation No.	2026-9
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- e. Close/Dismissal with No Action: On the motion of Dr. Coleman, duly seconded by Dr. Lacayo, the Board voted unanimously to approve closing the following matters with no action:

Investigation No.	2026-418
Investigation No.	2025-834
Investigation No.	2025-773
Investigation No.	2026-253
Investigation No.	2026-I-47
Investigation No.	2026-455
Investigation No.	2026-456
Investigation No.	2026-408
Investigation No.	2026-265
Investigation No.	2026-369
Investigation No.	2020-734
Investigation No.	2026-472
Investigation No.	2026-196
Investigation No.	2026-531
Investigation No.	2026-518
Investigation No.	2026-435
Investigation No.	2026-465
Investigation No.	2026-550
Investigation No.	2026-507

Investigation No.	2026-186
Investigation No.	2026-479
Investigation No.	2026-470
Investigation No.	2026-521
Investigation No.	2025-520
Investigation No.	2026-407
Investigation No.	2026-510

- f. 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. Weather, duly seconded by Dr. Coleman, the Board voted unanimously to accept the July 2026 report.
- g. 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. Horton duly seconded by Dr. Coleman, the Board voted unanimously to approve the June and July 2026 closed case summary report.

[25.] Probationary Matter; On the motion of Dr. Weather, duly seconded by Dr. Lacayo, the Board voted unanimously to deny terminating probation in Agenda No. 09.02.01².

Next Meeting of the Board. The President reminded the members that the next meeting of the Board is scheduled for September 21, 2026.

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 August 24, 2026, and approved by the Board on the 21st day of September 2026.

Leonard Weather, M.D., R.Ph,
Secretary-Treasurer

Roderick Clark, M.D., MBA
President

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

Section 1.2 New Business

01.02.01 Investigations Report January 2025 to August 2026

Investigations Complaints Analysis: January 2025 – August 2026

Prepared by: Susie Allen, DrPH, MBA

Date: September 2026

This report examined all complaints resolved during the time period that were subject to, at a minimum, a preliminary review. During this time period, the investigations department closed approximately 615 investigated cases either with no action, a non-public letter of concern (LOC) or with a public action.

These numbers do not include the 855 cases that appeared on the closed case summaries on board agendas during the same period. Cases that appear on the closed case summary are complaints reviewed by investigations staff then determined by the Director of Investigations to need no further action, usually because they are not in the board's jurisdiction, have insufficient evidence, or pertain to issues that are not covered by the various practice acts

The mean and median age of licensees with resolved cases was 52; the mean and median age was 53 for those with disciplinary actions. Men made up 66.6% of those with cases and 63% of those resulting in disciplinary actions.

Of all resolved cases, 75% (461) were closed with no violation, 12% (76) were closed with a non-public letter of concern, and 13 % (78) resulted in some form of public disciplinary action. Table 1 gives more detail.

Table 1: Case Resolution

	Frequency	Percent
Action		
CLOSED	461	75
INDEF PROBATION	1	0
INDEF SUSPENSION	11	2
LOC	76	12
PROBATION	7	1
REINSTATE ON PROBATION	5	1
REPRIMAND	29	5
REPRIMAND/INDEF PROB	1	0
REPRIMAND/PROBATION	2	0
SUMMARY SUSPENSION	5	1
SUSPENSION	4	1
VOL SURRENDER	13	2
Total	615	100

The Board licenses 15 different types of practitioners, but most cases involved physicians (80%), laboratory personnel (5%), lay midwives (4%) and physician assistants (3%).

Table 2: Cases by Licensee type

	Frequency	Percent
Profession		
CLP	29	5
DPM	12	2
MDW	25	4
MP	8	1
OT/OTA	8	1
PA	18	3
PHYS	491	80
POLY	2	0
RESIDENT	5	1
RT	17	3
Total	615	100

Of those who received a disciplinary action, 77% were physicians. Of those who received a non-public letter of concern (LOC) 86% were physicians.

Table 3: Disciplinary Actions by Licensee Type

	Frequency	Percent
Profession		
CLP	6	4
MDW	6	4
OT/OTA	6	4
PA	4	3
PHYS	119	77
POLY	2	1
RESIDENT	1	1
RT	10	6
Total	154	100

Although physicians comprise roughly half of all board licensees, they account for 80% of all cases investigated, so it is worth looking at the specialties involved. There were many specialties listed in the documentation; they have been reduced to larger categories for clarity.

Table 3: Physicians by Specialty Category

	Frequency	Percent
Consolidated specialties		
ANES/PAIN	7	1
DERM	4	1
EM	31	6
ENT	8	2
FAMMED	82	17
GP	7	1
IM	75	15
IM SUB	49	10
NEURO	16	3
OBGYN	31	6
OPHTHALMOLOGY	10	2
ORTHO	30	6
PEDS	19	4
PEDS SUB	2	0
PLASTIC SURGERY	5	1
PM&R	7	1
PSYCH	45	9
RADIOLOGY	12	2
SURGEON	50	10
Total	490	100

Cases are opened and complaints are received for a wide variety of reasons. The most frequent complaints received pertain to standard of care (SOC) (45%), unprofessional conduct (UPC) (20%), substance use problems (5%) or prescribing issues (4%). While insufficient use of the PMP is related to prescribing, it has a separate category to differentiate it from other prescribing related issues in practice.

Of those licensees with cases resolved during this period, 56% had had cases opened previously, 18% had previous board actions. Of those who had board actions in this period, almost 30% of them had prior board actions, mostly 1 (18%) or 2 (6%). This conforms to prior research performed by the LSBME on physician sanctions 1990-2010.

Below is a description of the causes of complaints that were resolved during the period, not including those on the closed case summary lists.

Table 4: Cause of Complaint, All Cases

	Frequency	Percent
Reason for complaint		
AGING/COGNITIVE	1	0
ANNUAL REPORT (MDW)	5	1
ARREST	22	4
BILLING	7	1
BOUNDARY/SEXUAL MISCONDUCT	11	2
CDS-CME	10	2
CRIME	5	1
DEATH CERTIFICATE	2	0
DIED	1	0
FAILURE TO RESPOND TO BOARD	1	0
FALSE TESTIMONY	1	0
FRAUD	1	0
HIPAA	1	0
INCOMPETENCY	1	0
INSUFFICIENT INFO	1	0
MAL CODE 3	1	0
MALPRACTICE	4	1
MENTAL HEALTH	3	0
NOT LOW RISK (MDW)	1	0
NPDB	2	0
OBS AUDIT	2	0
OTHERSTATE	21	3
PEC	1	0
PMP	39	6
PRESCRIBING	22	4
RECORDKEEPING	3	0
RELAPSE	3	0
SOC	279	45
SUBSTANCE	33	5
UPC	125	20
UPM	6	1
Total	615	100

Of those cases that resulted in a board action, these were the causes for the complaint and subsequent investigation. Of complaints resulting in a board action, the most frequent causes pertained to lack of compliance with PMP regulations (LOCs), unprofessional conduct, problems with substance use, and standard of care violations.

Table 5: Cause of Complaint Resulting in Board Actions

	Frequency	Percent
Reason for complaint		
ARREST	3	2
BOUNDARY/SEXUAL MISCONDUCT	3	2
CRIME	4	3
FAILURE TO RESPOND TO BOARD	1	1
FALSE TESTIMONY	1	1
FRAUD	1	1
INCOMPETENCY	1	1
MALPRACTICE	2	1
MENTAL HEALTH	2	1
NOT LOW RISK (MDW)	1	1
NPDB	1	1
OTHERSTATE	9	6
PMP	39	25
PRESCRIBING	6	4
RECORDKEEPING	1	1
RELAPSE	2	1
SOC	14	9
SUBSTANCE	29	19
UPC	33	21
UPM	1	1
Total	154	100

Section 1.3 Follow-Up Action Items

01.03.01 - Information re: Corporate Practice of Medicine

01.03.02 - DRAFT NOI Prescription, Dispensation, and Administration of Medications

01.03.01 - Information re: Corporate Practice of Medicine



NOTICE OF INTENT
Department of Health
Board of Medical Examiners
Prescription, Dispensation, and Administration of Medications
Medications Used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain
(LAC 46:XLV.6919)

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 Louisiana State 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 governing assessment of costs and fines.

Subchapter B. Medications Used in the Treatment of Non-Cancer-Related Chronic or Intractable Pain

§6915. Scope of Subchapter

A. The rules of this Subchapter govern physician responsibility for providing effective and safe pain control for patients with noncancer-related chronic or intractable pain.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(A)(1), 1270(B)(6) and 1285(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners LR 23:727 (June 1997), amended LR 26:693 (April 2000).

§6917. Definitions

A. As used in this Subchapter, unless the content clearly states otherwise, the following terms and phrases shall have the meanings specified.

Board—the Louisiana State Board of Medical Examiners.

Chronic Pain—pain which persists beyond the usual course of a disease, beyond the expected time for healing from bodily trauma, or pain associated with a long term-incurable or intractable medical illness or disease.

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 and statute.

Diversion—the conveyance of a controlled substance to a person other than the person to whom the drug was prescribed or dispensed by a physician.

Intractable Pain—a chronic pain state in which the cause of the pain cannot be eliminated or successfully treated without the use of controlled substance therapy and, which in the generally accepted course of medical practice, no cure of the cause of pain is possible or no cure has been achieved after reasonable efforts have been attempted and documented in the patient's medical record.

Noncancer-Related Pain—that pain which is not directly related to symptomatic cancer.

Physical Dependence—the physiological state of neuroadaptation to controlled substance which is characterized by the emergence of a withdrawal syndrome if the controlled substance use is stopped or decreased abruptly, or if an antagonist is administered. Withdrawal may be relieved by readministration of the controlled substance.

Physician—physicians and surgeons licensed by the Board.

Protracted Basis—utilization of any controlled substance for the treatment of noncancer-related chronic or intractable pain for a period in excess of 12 weeks during any 12-month period.

Substance Abuse (may also be referred to by the term *Addiction*)—a compulsive disorder in which an individual becomes preoccupied with obtaining and using a substance, despite adverse social, psychological, and/or physical

consequences, the continued use of which results in a decreased quality of life. The development of controlled substance tolerance or physical dependence does not equate with substance abuse or addiction.

Tolerance—refers to the physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect or a reduced effect is observed with a constant dose. Controlled substance tolerance refers to the need to increase the dose of the drug to achieve the same level of analgesia. Controlled substance tolerance may or may not be evident during controlled substance treatment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(A)(1), 1270(B)(6) and 1285(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners LR 23:727 (June 1997), amended LR 26:693 (April 2000).

§6919. General Conditions/Prohibitions

A. The treatment of noncancer-related chronic or intractable pain with controlled substances constitutes legitimate medical therapy when provided in the course of professional medical practice and when fully documented in the patient's medical record. A physician duly authorized to practice medicine in Louisiana and to prescribe controlled substances in this state shall not, however, prescribe, dispense, administer, supply, sell, give, or otherwise use for the purpose of treating such pain, any controlled substance unless done in strict compliance with applicable state and federal laws and the rules enumerated in this Subchapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(A)(1), 37:1270(B)(6) and 37:1285(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners LR 23:727 (June 1997), amended LR 26:694 (April 2000).

§6921. Use of Controlled Substances, Limitations

A. Requisite Prior Conditions. In utilizing any controlled substance for the treatment of noncancer-related chronic or intractable pain on a protracted basis, a physician shall comply with the following rules.

1. Evaluation of the Patient. Evaluation of the patient shall initially include relevant medical, pain, alcohol and substance abuse histories, an assessment of the impact of pain on the patient's physical and psychological functions, a review of previous diagnostic studies, previously utilized therapies, an assessment of coexisting illnesses, diseases, or conditions, and an appropriate physical examination.

2. Medical Diagnosis. A medical diagnosis shall be established and fully documented in the patient's medical record, which indicates not only the presence of noncancer-related chronic or intractable pain, but also the nature of the underlying disease and pain mechanism if such are determinable.

3. Treatment Plan. An individualized treatment plan shall be formulated and documented in the patient's medical record which includes medical justification for controlled substance therapy. Such plan shall include documentation that other medically reasonable alternative treatments for relief of the patient's noncancer-related chronic or intractable pain have been considered or attempted without adequate or reasonable success. Such plan shall specify the intended role of controlled substance therapy within the overall plan, which therapy shall be tailored to the individual medical needs of each patient.

4. Informed Consent. A physician shall ensure that the patient and/or his guardian is informed of the benefits and risks of controlled substance therapy. Discussions of risks and benefits should be noted in some format in the patient's record.

B. A physician in Psychiatry, Palliative Medicine, Obstetrics and Gynecology, Neurology, and Behavioral Health practices with a unified medical records system may use telehealth to comply with the provisions of §6921.A if an in-person examination for the indicated medical condition is performed, reviewed, and recorded within the previous twelve months. The initial prescription shall be for no greater than 90 days.

C.B. Controlled Substance Therapy. Upon completion and satisfaction of the conditions prescribed in §6921.A, and upon a physician's judgment that the prescription, dispensation, or administration of a controlled substance is medically warranted, a physician shall adhere to the following rules.

1. Assessment of Treatment Efficacy and Monitoring. Patients shall be seen by the physician at appropriate intervals, not to exceed 12 weeks, to assess the efficacy of treatment, assure that controlled substance therapy remains indicated, and evaluate the patient's progress toward treatment objectives and any adverse drug effects. Exceptions to this interval shall be adequately documented in the patient's record. During each visit, attention shall be given to the

possibility of decreased function or quality of life as a result of controlled substance treatment. Indications of substance abuse or diversion should also be evaluated. At each visit, the physician should seek evidence of under treatment of pain.

2. **Drug Screen.** If a physician reasonably believes that the patient is suffering from substance abuse or that he is diverting controlled substances, the physician shall obtain a drug screen on the patient. It is within the physician's discretion to decide the nature of the screen and which type of drug(s) to be screened.

3. **Responsibility for Treatment.** A single physician shall take primary responsibility for the controlled substance therapy employed by him in the treatment of a patient's noncancer-related chronic or intractable pain.

4. **Consultation.** The physician should be willing to refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention should be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder may require extra care, monitoring, documentation, and consultation with or referral to an expert in the management of such patients.

5. **Medications Employed.** A physician shall document in the patient's medical record the medical necessity for the use of more than one type or schedule of controlled substance employed in the management of a patient's noncancer-related chronic or intractable pain.

6. **Treatment Records.** A physician shall document and maintain in the patient's medical record, accurate and complete records of history, physical and other examinations and evaluations, consultations, laboratory and diagnostic reports, treatment plans and objectives, controlled substance and other medication therapy, informed consents, periodic assessments, and reviews and the results of all other attempts at analgesia which he has employed alternative to controlled substance therapy.

7. **Documentation of Controlled Substance Therapy.** At a minimum, a physician shall document in the patient's medical record the date, quantity, dosage, route, frequency of administration, the number of controlled substance refills authorized, as well as the frequency of visits to obtain refills.

C. **Termination of Controlled Substance Therapy.** Evidence or behavioral indications of substance abuse or diversion of controlled substances shall be followed by tapering and discontinuation of controlled substance therapy. Such therapy shall be reinitiated only after referral to and written concurrence of the medical necessity of continued controlled substance therapy by an addiction medicine specialist, a pain management specialist, a psychiatrist, or other substance abuse specialist based upon his physical examination of the patient and a review of the referring physician's medical record of the patient.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(A)(1), 37:1270(B)(6), and 37:1285(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 23:727 (June 1997), amended LR 26:694 (April 2000).

§6923. Effect of Violation

A. Any violation of or failure of compliance with the provisions of this Subchapter, §§6915-6923, shall be deemed a violation of R.S. 37:1285.A(6) and (14), providing cause for the board to suspend or revoke, refuse to issue, or impose probationary or other restrictions on any license held or applied for by a physician to practice medicine in the state of Louisiana culpable of such violation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(A)(1), 37:1270(B)(6), and 37:1285(B).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 23:728 (June 1997), amended LR 26:695 (April 2000).

1.04 Rulings and Advisory Opinions

1.05 Communication and Information

01.05.01 Letter to Louisiana State Board of Medical Examiners re: Florida Decision

01.05.02 Letter re: Diploma Mills Claiming Degree Conversion

BY ELECTRONIC MAIL

September 14, 2026

Vincent Culotta, Jr., MD.
Executive Director
Louisiana State Board of Medical Examiners
630 Camp Street
New Orleans, LA 70130

Re: American Board of Medical Specialties (ABMS) Statement on the Florida Board of Medicine's Decision To Add a Recognizing Agency to Its Advertising Administrative Rule

Dear Dr. Culotta and members of the Louisiana State Board of Medical Examiners,

We would like to bring to your attention a recent action by the Florida Board of Medicine that will result in Florida's patients receiving misleading medical information regarding how a physician has been formally recognized as a specialist. Both ABMS and state medical boards share a commitment to ensuring that patients, the public, and other users of a board certification credential are provided with accurate information regarding a specialty physician's qualifications and how those qualifications are assessed. Unfortunately, the Florida Board of Medicine failed to honor this commitment

Specifically, ABMS is disappointed in the Florida Board of Medicine's decision to approve the National Board of Physicians and Surgeons (NBPAS) as a "recognizing agency" under its "truth in advertising" rule, which was only possible by exempting NBPAS from a critical requirement in the existing rule. As a result of this decision, NBPAS' members in Florida are now permitted to represent to the public that they are "specialists" even though NBPAS has not administered its own initial comprehensive examination to assess its members' clinical knowledge and skills, which is a requirement that applies to all other recognizing agencies. By disregarding the law in this manner, the Florida Board of Medicine has failed to follow its longstanding precedent of only approving recognizing agencies with rigorous physician specialty certification programs—such as ABMS and the additional seven certifying bodies identified in the rule—which in fact administer their own initial and ongoing examinations to assess the clinical knowledge and skills of their diplomates.

We all care deeply about our independent roles and work to improve the delivery of quality medical care and patient safety. ABMS staff would like the opportunity to meet with you and/or your staff to share more about how ABMS Member Boards have worked to make certification programs relevant, flexible, and meaningful for today's physicians. To schedule a time to meet, I encourage you to contact Amy Gibson, Senior Vice President, Policy and External Relations, at agibson@abms.org.

Sincerely,



Richard E. Hawkins, MD
President and Chief Executive Officer

cc: Jacintha F. Duthu (Executive Staff Officer) and Louisiana State Board of Medical Examiners staff

August 24, 2026

Commissioner Kim Hunter Reed
Louisiana Board of Regents
1201 N. Third Street, Suite 6-200
Baton Rouge, LA 70802

Submitted via Email

Re: Concerns Regarding “Diploma Mills”

Dear Commissioner Hunter Reed:

On behalf of the American Osteopathic Association (AOA) and the 43 undersigned osteopathic specialty and state associations, collectively representing over 207,000 osteopathic physicians (DOs) and osteopathic medical students (OMSs) nationwide, we write today to bring your attention to a concerning issue which has implications for the integrity of higher education, state and federal consumer protections, and public trust in the medical professions.

In recent months, our organizations have become aware of an increase in third-party entities marketing so-called “degree conversion” services (also known as diploma mills) to licensed physicians. These organizations claim, often through unsolicited outreach and online advertising, that a Doctor of Osteopathic Medicine (DO) degree may be “converted” into a Doctor of Medicine (MD) degree, or vice versa, by simply paying a fee to the organization, without the recipient completing the standardized and accredited educational pathway leading to the other degree.

Unfortunately, many state laws do not actually prevent a physician of one educational background from claiming the other degree (i.e. “John Smith, MD, DO” or “John Smith, DO, MD”). The law may state, for example, “a person who is licensed by the state medical board and who holds a doctor of medicine degree shall use ‘physician and surgeon,’ ‘MD,’ etc.,” without prohibiting them from *additionally* using the DO degree, and vice versa. Unscrupulous individuals have taken note and are now exploiting these ambiguities for their own financial gain, raising serious concerns within the medical community about higher education oversight, healthcare truth in advertising, and public transparency.

By way of additional background, DO and MD physicians do complete similar education and training (as outlined below) – *which is equivalently rigorous but contains several important differences* – before they become eligible for unlimited medical licensure as *either a DO or an MD* in all 50 states:

- Four years of medical school, comprised of two years of didactic study followed by two years of clinical rotations done in community hospitals, major medical centers, and doctors’ offices;
 - *NOTE: MD-granting medical schools are accredited by the Liaison Committee on Medical Education (LCME), and DO-granting schools are accredited by the Commission on Osteopathic College Accreditation (COCA). Both organizations are recognized as setting the standards necessary for competent practice as either an MD or as a DO, respectively, by the US Department of Education.*

- *As part of their COCA-accredited education, DOs complete 200+ hours of training in osteopathic principles and practice that MD students do not complete, which enables DOs to safely treat patients using hands-on modalities (osteopathic manipulative treatment), in addition to options such as medication or surgery;*
- 12,000 – 16,000 hours of supervised postgraduate education (residency) over the course of three to seven years to develop advanced knowledge and clinical skills relating to a wide variety of conditions;
- A comprehensive, three-part medical licensing examination series (either the Comprehensive Osteopathic Medical Licensing Examination, which *specifically tests fitness for osteopathic medical practice*, or the US Medical Licensing Examination);
- Many physicians also choose to sit for certifying board exams in their chosen specialty, either through the AOA Bureau of Osteopathic Specialists or through the American Board of Medical Specialties; and
- They also complete osteopathic and/or allopathic (MD) continuing medical education hours throughout the tenure of their practice.

In recognition of the fact that there are two distinct medical educational pathways and two medical degree types in the US, every state has established laws and regulations which allow physicians who graduated from a COCA-accredited medical school to apply for licensure as a “doctor of osteopathic medicine” (sometimes referred to as a “doctor of osteopathy”), and physicians who graduated from an LCME-accredited medical school to apply for licensure as a “doctor of medicine.” State laws also prohibit non-physicians from using either title.

There is *no* recognized academic or regulatory process in the US that permits the conversion of one primary medical degree into another. MD and DO degrees are awarded only upon completion of separate, fully accredited medical education programs, each governed by distinct accrediting bodies recognized by the US Department of Education. Credentials marketed by diploma mills—often described as “certificates of equivalence” or “supplemental diplomas”—do not constitute degrees from accredited institutions and do not carry validity for licensing, employment/insurance, or clinical practice. They exist solely to mislead.^{1, 2, 3}

The federal Higher Education Act of 1965 recognizes the problem of diploma mills and directs the US Department of Education to provide information to the public and to coordinate with federal enforcement agencies to deter and address such practices. Federal statute defines a diploma mill as an entity that offers academic credentials for a fee while requiring little or no legitimate educational coursework and lacking accreditation from an agency recognized by the Secretary of Education.⁴ Federal law establishes clear standards for the recognition of accrediting bodies, ensuring that only those meeting rigorous criteria (such as COCA and LCME) may serve as authorities on educational quality. Programs or institutions that rely on

¹ “Getting a secondary MD degree as a DO – is it possible, and what could be the harm?” <https://thedo.osteopathic.org/2026/04/getting-a-secondary-md-degree-as-a-do-is-it-possible-and-what-could-be-the-harm/>

² Diploma Mills and Accreditation. <https://www.ed.gov/laws-and-policy/higher-education-laws-and-policy/college-accreditation/diploma-mills-and-accreditation>

³ College Degree Scams. <https://consumer.ftc.gov/articles/college-degree-scams>

⁴ Higher Education Act of 1965, As Amended Through P.L. 119-21, Enacted July 4, 2025. p. 19, 33. <https://www.govinfo.gov/content/pkg/COMPS-765/pdf/COMPS-765.pdf>

unrecognized or self-created accreditation frameworks fall outside these standards and may mislead or cause harm to consumers.⁵

In addition to violating the Higher Education Act, diploma mills also contravene federal consumer protection principles. The Federal Trade Commission has long held that misleading claims regarding educational credentials, accreditation status, or professional outcomes may constitute deceptive practices under federal law. Representations suggesting that an individual may lawfully advertise an additional medical degree designation—without having completed the accredited degree program associated with that designation—risk misleading not only physicians, but also employers, licensing bodies, and the public.⁶

From the perspective of occupational licensing and regulation, the downstream consequences of diploma mill practices are substantial. Physicians who rely on unearned credentials could be subject to disciplinary scrutiny, employment consequences, or reputational harm. More broadly, the existence of these entities risks confusing the public and undermining confidence in the systems that safeguard educational quality and professional licensure—systems in which state agencies play an essential role.

For this reason, we believe collaboration with state higher education agencies is critical. While educational accreditation is primarily a federal responsibility, state agencies remain key partners in identifying problematic actors, informing the public, and coordinating with state licensing authorities and attorneys general. Clear and consistent messaging from education regulators can help deter misleading practices before they gain further traction.

We respectfully urge the Louisiana Board of Regents to:

1. **Consider issuing general guidance** clarifying that primary medical degrees cannot be converted and holders must complete separately accredited medical education programs recognized under federal law.
2. **Evaluate whether entities promoting medical degree “conversion” services violate state education or consumer protection laws**, particularly where degree-granting authority or equivalency is implied.
3. **Coordinate, as appropriate, with the state attorney general’s office and relevant professional licensing boards** to ensure shared awareness and consistent regulatory responses.
4. **Refer interested parties to established federal resources** maintained by the US Department of Education and the Council for Higher Education Accreditation regarding diploma mills and recognized accreditation entities.

We appreciate your longstanding commitment to preserving academic integrity and protecting the public from misleading claims. The AOA, our state and specialty affiliates, and our members stand ready to assist you in your endeavors. Should you have any questions or if we can be a resource, please contact Raine Richards, JD, AOA Vice President of State and International Affairs at richards@osteopathic.org.

Sincerely,

⁵ Higher Education Act of 1965, As Amended Through P.L. 119-21, Enacted July 4, 2025. p. 698 - 706. <https://www.govinfo.gov/content/pkg/COMPS-765/pdf/COMPS-765.pdf>

⁶ Avoid Fake-Degree Burns By Researching Academic Credentials. <https://www.ftc.gov/node/60304>

American Osteopathic Association
Arkansas Osteopathic Medical Association
Arizona Osteopathic Medical Association
Florida Osteopathic Medical Association
Georgia Osteopathic Medical Association
Hawaii Association of Osteopathic Physicians & Surgeons
Idaho Osteopathic Physicians Association
Illinois Osteopathic Medical Society
Indiana Osteopathic Association
Kentucky Osteopathic Medical Association
Maine Osteopathic Association
Michigan Osteopathic Association
Mississippi Osteopathic Medical Association
Missouri Association of Osteopathic Physicians and Surgeons
Montana Osteopathic Medical Association
North Carolina Osteopathic Medical Association
New Hampshire Osteopathic Association
New Jersey Association of Osteopathic Physicians and Surgeons
New York State Osteopathic Medicine Society
Ohio Osteopathic Association
Oklahoma Osteopathic Association
Osteopathic Physicians & Surgeons of California
Osteopathic Physicians & Surgeons of Oregon
Pennsylvania Osteopathic Medical Association
Tennessee Osteopathic Medical Association
Texas Osteopathic Medical Association
Virginia Osteopathic Medical Association
Wisconsin Association of Osteopathic Physicians and Surgeons

American Academy of Osteopathy
American College of Osteopathic Emergency Physicians
American College of Osteopathic Family Physicians
American College of Osteopathic Internists
American College of Osteopathic Obstetricians and Gynecologists
American College of Osteopathic Pediatricians
American College of Osteopathic Surgeons
American Osteopathic Academy of Orthopedics
American Osteopathic College of Anesthesiology
American Osteopathic College of Occupational and Preventative Medicine
American Osteopathic College of Ophthalmology and Otolaryngology – Head and Neck Surgery
American Osteopathic College of Pathologists
American Osteopathic College of Physical Medicine and Rehabilitation
American Osteopathic College of Radiology
Florida Society of the American College of Osteopathic Family Physicians
Student Osteopathic Medical Association

If Applicable, The President will now deliver his report...



Executive Director's Report



Director of Investigations' Report

INVESTIGATIVE DIVISION BOARD REPORT

August 1st – 31st, 2026

Number of complaints received: 64

Percentage of Complaints Resolved within 7 days: 35%

Number of cases closed: 28

Total number of cases opened in August, still open: 36

Total number of all complaint cases closed in August: 82

Total number of open cases as of August 31st, 2026: Approximately: 142

Not included: Administrative Complaints filed or Summary Suspensions: 11



1.09 General Administrative Matters

1.10 Financial Report

01.10.01 Louisiana State Board of Medical Examiners Audit Report
Final (Summary)

01.10.02 Balance Sheet as of 07.31.2026

01.10.03 LSBME Four Year Profit Loss Statement 07.31.2026

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
STATE OF LOUISIANA**

Financial Statements with Supplementary Information

December 31, 2025

(With Independent Auditor's Report Thereon)

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
STATE OF LOUISIANA**

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American Institute of Certified Public Accountants
Society of Louisiana CPAs

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Independent Auditor's Report

**To the Board of Commissioners of
Louisiana State Board of Medical Examiners
State of Louisiana
New Orleans, Louisiana**

Opinion

We have audited the accompanying financial statements of the business-type activities of the Louisiana State Board of Medical Examiners (the Board), as of and for the year ended December 31, 2025, and the related notes to the financial statements, which collectively comprise the Board's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the business-type activities, as of December 31, 2025, and the changes in financial position and cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Board, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Board's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

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West Monroe, LA 71291
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525 St Charles Ave,
New Orleans, LA 70130
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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Board's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, schedule of employer's proportionate share of net pension liability, schedule of employer's contributions, schedule of employer's proportionate share of total collective OPEB liability, and the notes to the required supplementary information be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Board's financial statements as a whole. The accompanying information listed as other supplementary information in the table of contents is presented for purposes of additional analysis and is not a required part of the basic financial statements.

The other supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated August 31, 2026, on our consideration of the Board's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Board's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Board's internal control over financial reporting and compliance.

Griffin & Furman, LLC

August 31, 2026

Covington, Louisiana

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
STATE OF LOUISIANA**

Management's Discussion and Analysis

December 31, 2025

Management's Discussion and Analysis provides an overview of the financial activities of the Louisiana State Board of Medical Examiners (the Board) for the year ended December 31, 2025. This information should be considered in conjunction with the Board's basic financial statements and accompanying notes.

Overview of the Financial Statements

The Board is a component unit of the State of Louisiana and operates as a single enterprise fund. The Board's basic financial statements include the Statement of Net Position, Statement of Revenues, Expenses and Changes in Net Position, Statement of Cash Flows, and accompanying notes. The financial statements are prepared using the economic resources measurement focus and accrual basis of accounting.

Condensed statements of net position as of December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>	<u>Change</u>
Total other assets	\$ 11,352,289	10,101,530	1,250,759
Capital assets, net of depreciation	<u>6,143,527</u>	<u>6,230,565</u>	<u>(87,038)</u>
Total assets	17,495,816	16,332,095	1,163,721
Deferred outflows of resources	<u>1,166,980</u>	<u>1,387,692</u>	<u>(220,712)</u>
Total assets and deferred outflows of resources	<u>\$ 18,662,796</u>	<u>17,719,787</u>	<u>943,009</u>
Total current liabilities	\$ 610,668	476,778	133,890
Long-term liabilities	<u>13,590,487</u>	<u>16,033,085</u>	<u>(2,442,598)</u>
Total liabilities	14,201,155	16,509,863	(2,308,708)
Deferred inflows of resources	<u>2,362,922</u>	<u>2,530,357</u>	<u>(167,435)</u>
Total liabilities and deferred inflows of resources	16,564,077	19,040,220	(2,476,143)
Net Position			
Net investment in capital assets	6,205,810	6,230,565	(24,755)
Restricted	2,129,341	3,717,834	(1,588,493)
Unrestricted	<u>(6,236,432)</u>	<u>(11,268,832)</u>	<u>5,032,400</u>
Total net position	<u>\$ 2,098,719</u>	<u>(1,320,433)</u>	<u>3,419,152</u>

Condensed statements of activities for the years ended December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>	<u>Change</u>
Operating revenues	\$ 10,096,788	9,890,271	206,517
Operating expenses	<u>(6,786,826)</u>	<u>(8,205,143)</u>	<u>1,418,317</u>
Operating income	3,309,962	1,685,128	1,624,834

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
STATE OF LOUISIANA**

Management's Discussion and Analysis

December 31, 2025

Non-operating revenues	<u>109,190</u>	<u>122,454</u>	<u>(13,264)</u>
Increase (decrease) in net position	3,419,152	1,807,582	1,611,570
Beginning net position	<u>(1,320,433)</u>	<u>(3,128,015)</u>	<u>1,807,582</u>
Ending net position	<u>\$ 2,098,719</u>	<u>(1,320,433)</u>	<u>3,419,152</u>

Analysis of Financial Position and Results of Operations

The Board's net position increased by approximately \$3.4 million during 2025, resulting in positive net position of approximately \$2.1 million at year-end compared with a deficit of approximately \$1.3 million at the end of 2024. The improvement was primarily attributable to positive operating results and decreases in the Board's pension and OPEB liabilities.

Operating revenues increased approximately \$207,000, primarily due to increased licenses, permits, and fees. Operating expenses decreased approximately \$1.4 million, primarily due to decreases in personnel services and related benefits and contractual services, partially offset by increased operating services. As a result, operating income increased from approximately \$1.7 million in 2024 to approximately \$3.3 million in 2025.

The Board's unrestricted net position improved from a deficit of approximately \$11.3 million to a deficit of \$6.2 million. The deficit continues to be significantly affected by the recognition of the Board's pension, OPEB, and compensated absence obligations.

Capital Assets and Long-Term Obligations

Depreciable and nondepreciable capital assets, excluding subscription asset, decreased from approximately \$6.2 million to \$6.1 million during 2025. Capital asset additions of approximately \$154,000 were offset by depreciation expense of approximately \$241,000.

The Board has no significant outstanding debt. Its significant long-term obligations consist primarily of compensated absences, pension, and OPEB liabilities. The net pension liability decreased by approximately \$2.1 million, while the OPEB liability decreased by approximately \$233,000 during 2025. Additional information regarding capital assets and long-term obligations is included in the notes to the financial statements.

Currently Known Facts, Decisions, or Conditions

Management is not aware of any currently known facts, decisions, or conditions that are expected to have a significant effect on the Board's financial position or results of operations in future periods beyond those matters already reflected in the accompanying financial statements and notes.

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
STATE OF LOUISIANA**

Management's Discussion and Analysis

December 31, 2025

Contacting the Board's Management

This financial report is designed to provide our citizens, taxpayers, customers, and investors and creditors with a general overview of the Board's finances and to show the Board's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Steve Young, Executive Director, at (225) 756-3404.

La. State Board of Medical Examiners
Balance Sheet
As of July 31, 2026

Accrual Basis

	Jul 31, 26
ASSETS	
Current Assets	
Checking/Savings	12,283,605.40
Accounts Receivable	93,499.48
Other Current Assets	
115-110 · Allowance for Bad Debts	-20,481.20
120-050 · Prepaid Insurance	
120-100 · ORM	46,187.09
Total 120-050 · Prepaid Insurance	46,187.09
120-110 · Prepaid Maint-Computers/Elect	34,183.89
120-115 · Prepaid Costs-Variou	125,850.58
Total Other Current Assets	185,740.36
Total Current Assets	12,562,845.24
Fixed Assets	
145-000 · Property and Equipment	6,477,362.70
Total Fixed Assets	6,477,362.70
Other Assets	
196-100 · Deferred Outflows Rel to OPEB	739,806.00
280-100 · Def. Outfl Related to Pensions	647,886.00
Total Other Assets	1,387,692.00
TOTAL ASSETS	20,427,899.94
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
200-100 · Accounts Payable	227,044.91
Total Accounts Payable	227,044.91
Other Current Liabilities	292,572.61
Total Current Liabilities	519,617.52
Long Term Liabilities	
230-810 · Net Pension Liability	8,317,757.00
230-850 · Other Postemployment Benefits	5,953,038.67
280-101 · Def Inflows Related to Pension	1,484,826.00
290-200 · Comp Absence Due-LTerm Portion	1,762,254.76
299-100 · Deferred Inflows Related OPEB	1,045,531.00
Total Long Term Liabilities	18,563,407.43
Total Liabilities	19,083,024.95
Equity	1,344,874.99
TOTAL LIABILITIES & EQUITY	20,427,899.94

LA State Board of Medical Examiners
Income Statement
For the Seven Month Period July 31, 2026

	<u>2026</u>	<u>2025</u>	<u>2024</u>	<u>2023</u>
Revenue				
Licenses & Exams	\$ 5,713,079	\$ 5,258,078	\$ 4,889,275	\$ 4,848,872
Penalties & Fines	143,703	159,538	135,642	124,408
PHP REVENUE	382,824	370,532	343,675	338,678
CME REVENUE	95,284	91,861	86,506	86,939
Other Income	146,019	123,775	137,147	261,322
Total Revenue	6,480,910	6,003,784	5,592,245	5,660,218
Expenses				
Salaries & Wages	2,639,001	2,386,531	2,375,618	2,256,689
Employee Related Benefits & Taxes	1,113,198	1,051,069	1,363,218	1,281,992
Travel Expenses	36,149	43,316	27,690	26,842
Outside Contracted Services	130,040	99,438	70,546	168,798
PHP Contract	382,824	187,155	343,675	339,016
Operating Costs Excluding Building	639,176	760,160	506,969	641,276
Building Operations	166,049	130,794	156,899	88,939
Materials & Supplies	24,454	27,492	19,255	24,502
Legal/Investigative Fees	212,401	287,318	207,566	289,361
Other Investigative Contracts	0	650	0	80,410
Other Expenses	0	0	0	0
Total Expenses	5,343,292	4,973,923	5,071,436	5,197,825
Net Income	\$ 1,137,617	\$ 1,029,861	\$ 520,809	\$ 462,393

1.11 Future Meeting Dates

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
September 21, 2026
MEETING AGENDA**

Board Meeting Dates 2026

**October 26, 27
December 14, 15 (Via Zoom)**

****At the October meeting we will have the 2027 Board Meeting dates for approval****

2.00 Regulatory Report

Title	Drafting Process	Committee Approval	Board Approval	FEIS Approval	NOI Publication	Summary Report Submitted to Oversight Committee and AGs	Final Rule Published	Agency Adoption
Respiratory Therapist								
Medical Psychologist								
CME - MRP								
Physician Assistants								
Private Radiological Technicians								
APRN								
Opioid								
Recovery								
Midwives								
Alternative Paths for Licensing								
Obesity								