

B. Diagnostic Testing, Consultations. Appropriate pre-anesthesia diagnostic testing and consultations shall be obtained as indicated by the pre-anesthesia evaluation.

C. Anesthesia Plan of Care. A patient-specific plan for anesthesia care shall be formulated based on the assessment of the patient, the surgery to be performed and the capacities of the facility.

D. Administration of Anesthesia. Deep sedation/analgesia shall be administered by an anesthesia provider who shall not participate in the surgery.

E. Monitoring. Monitoring of the patient shall include continuous monitoring of ventilation, oxygenation and cardiovascular status. Monitors shall include, but not be limited to, pulse oximetry, electrocardiogram continuously, non-invasive blood pressure measured at appropriate intervals, an oxygen analyzer and an end-tidal carbon dioxide analyzer. A means to measure temperature shall be readily available and utilized for continuous monitoring when indicated. An audible signal alarm device capable of detecting disconnection of any component of the breathing system shall be utilized. The patient shall be monitored continuously throughout the duration of the procedure. Post-operatively, the patient shall be evaluated by continuous monitoring and clinical observation until stable. Monitoring and observations shall be documented in the patient's medical record. Qualified monitoring personnel assigned to monitor a patient shall not participate in the surgery.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:427 (March 2004), amended LR 40:2247 (November 2014), amended by the Department of Health, Board of Medical Examiners LR 51:796 (June 2025).

### **§7313. Reports to the Board**

A. A physician performing office-based surgery shall notify the board in writing within 15 days of the occurrence or receipt of information that an office-based surgery resulted in:

1. an unanticipated and unplanned transport of the patient from the facility to a hospital emergency department;
2. an unplanned readmission to the office-based surgery setting within 72 hours of discharge from the facility;
3. an unscheduled hospital admission of the patient within 72 hours of discharge from the facility; or
4. the death of the patient within 30 days of surgery in an office-based facility.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:427 (March 2004), amended by the Department of Health, Board of Medical Examiners LR 51:797 (June 2025).

### **§7314. Creation of Log; Board Access to Log and Facilities**

A. A physician shall create and maintain a continuous log by calendar date of all office-based surgical procedures. The log shall include patient identifiers and the type and duration of each procedure and remain at the physician's office-based surgery facility. The log shall be provided to the board's staff or its agents upon request.

B. A physician who performs office-based surgery shall respond to the inquiries and requests of and make his or her office-based surgery facility available for inspection by, the board's staff or its agents at any reasonable time without the necessity of prior notice. The failure or refusal to respond or comply with such inquiries or requests, or make an office-based surgery facility available for inspection, shall be deemed a violation of this Chapter.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 40:2247 (November 2014), amended by the Department of Health, Board of Medical Examiners LR 51:797 (June 2025).

### **§7315. Effect of Violation**

A. Any violation or failure to comply with the provisions of this Chapter shall be deemed unprofessional conduct and conduct in contravention of the board's rules, in violation of R.S. 37:1285(A)(13) and (30), respectively, as well as violation of any other applicable provision of R.S. 37:1285(A), providing cause for the board to suspend, revoke, refuse to issue or impose probationary or other restrictions on any license held or applied for by a physician culpable of such violation.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 30:427 (March 2004), amended by the Department of Health, Board of Medical Examiners LR 51:797 (June 2025).

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

2506#012

## **RULE**

### **Department of Health Board of Medical Examiners**

#### **Physicians; Good Standing Definition (LAC 46:XLV.303)**

Notice is hereby given that in accordance with the Louisiana Administrative Procedure Act, R.S. 49:950 et seq., and pursuant to the authority vested in the Board of Medical Examiners (board) by the Louisiana Medical Practice Act, R.S. 37:1270, R.S. 37:1271, and R.S. 37:1274, the board amends LAC 46:XLV.303, the definitions Section, by adding a definition of "license in good standing" so as to exclude from the definition any licensure status that restricts the activities authorized by the license. This Rule is hereby adopted on the day of promulgation.

#### **Title 46**

### **PROFESSIONAL AND OCCUPATIONAL STANDARDS**

#### **Part XLV. Medical Professions**

#### **Subpart 2. Licensure and Certification**

#### **Chapter 3. Physicians**

#### **Subchapter A. General Provisions**

#### **§303. Definitions**

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

\* \* \*

*License In Good Standing*—a license or registration that is active and not expired, suspended, revoked, surrendered, conditioned, or otherwise in a status that in any manner restricts the activity of a licensee or registrant under the authority of the license or registration.

\* \* \*

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270, 37:1271 and 37:1274.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Medical Examiners, LR 10:908 (November 1984), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 16:513 (June 1990), LR 27:835 (June 2001), LR 31:1582 (July 2005), LR 38:3173 (December 2012), ), amended by the Department of Health, Board of Medical Examiners, LR 51:797 (June 2025).

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

2506#015

## RULE

### Department of Health Board of Pharmacy

#### Emergency Drug Kit Permit (LAC 46:LIII.1711)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and the Pharmacy Practice Act (R.S. 37:1161 et seq.), the Board of Pharmacy amended §1711 of its rules relative to Emergency Drug Kit Permits. The Rule change removes the requirement for the administrator of the applicant facility to sign the application for the EDK permit, and require the online permit verification to be readily retrievable, since the board no longer issues paper permits. This Rule is hereby adopted on the day of promulgation.

#### Title 46

### PROFESSIONAL AND OCCUPATIONAL STANDARDS

#### Part LIII. Pharmacists

#### Chapter 17. Institutional Pharmacy

#### Subchapter B. Emergency Drug Kits

#### §1711. Emergency Drug Kit Permit

A. ...

B. Permit Application and Requirements. Application for an EDK permit shall be made on a form provided by the board.

1. The provider pharmacy shall apply to the board for an EDK permit. Upon compliance with the required provisions, the provider pharmacy shall be issued a permit by the board for the provider pharmacy to establish and maintain an EDK in the facility.

2. - 5. ...

6. A copy of the EDK permit online verification from the board's website shall be readily retrievable in the room where the EDK is located.

C. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 29:2095 (October 2003), effective January 1, 2004, amended by the Department of

Health Board of Pharmacy, LR 46:584 (April 2020), amended LR 51:798 (June 2025).

M. Joseph Fontenot Jr.  
Executive Director

2506#004

## RULE

### Department of Health Board of Pharmacy

#### Pharmacist-in-Charge (PIC) Requirements (LAC 46:LIII.1105)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950 et seq.) and the Pharmacy Practice Act (R.S. 37:1161 et seq.), the Board of Pharmacy amended §1105 of its rules relative to Pharmacist-in-Charge (PIC). The Rule change in §1105.A. reduces the minimum experience requirement for a pharmacist to qualify for a PIC privilege from two years of active pharmacy practice to one year. The Rule change in §1105.C. adds the authority and accountability of the owner of the pharmacy permit to the existing responsibility of the PIC for the complete supervision, management, and compliance with laws and regulations pertaining to the practice of pharmacy of the entire prescription department. This Rule is hereby adopted on the day of promulgation.

#### Title 46

### PROFESSIONAL AND OCCUPATIONAL STANDARDS

#### Part LIII. Pharmacists

#### Chapter 11. Pharmacies

#### Subchapter A. General Requirements

#### §1105. Pharmacist-in-Charge

A. The opportunity to accept an appointment as the pharmacist-in-charge (PIC) of a pharmacy is a professional privilege. The following requirements are attached to a PIC privilege.

1. The acquisition of the PIC privilege shall require:

a. ...

b. active pharmacy practice for a minimum of one year under the jurisdiction of any board of pharmacy in the United States; and

c. ...

A.2. - B. ...

C. Authority and Accountability. The pharmacist-in-charge and the owner of the pharmacy permit shall be responsible for the complete supervision, management, and compliance with all federal and state pharmacy laws and regulations pertaining to the practice of pharmacy of the entire prescription department. This responsibility necessarily includes accountability for any violation involving federal or state laws or regulations occurring within the prescription department supervised by a pharmacist-in-charge.

D. - K. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 23:1310 (October 1997), amended LR 29:2088 (October 2003), effective January 1,