LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
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BOARD MEETING AGENDA

CALL TO ORDER

	Time	Date	Location
Business Meeting	8:30 a.m.	June 22, 2026	630 Camp Street, New Orleans, 5th Floor Board Room

1.	**MINUTES/PRIOR MEETINGS/CONFERENCES PUBLIC COMMENT**
	Approval of public session minutes for Board meetings held on May 18, 2026
2.	**NEW BUSINESS**
	Scope of Practice RT ability to witness wasting of controlled substance medications
3.	**FOLLOW-UP ACTION ITEMS** APRN Collaborative Practice Proposed Changes
4.	**RULINGS AND ADVISORY OPINIONS** Request for Advisory Opinion - Package on Peptides
5.	**GENERAL ADMINISTRATIVE MATTER**
	President's Report Executive Director's Report Director of Investigations' Report Financial Report Future Meeting Dates
	REGULATORY REPORT
	June 2026

EXECUTIVE SESSION

1	**MINUTES/PRIOR MEETINGS**
	Approval of executive session minutes for Board meeting held on May 18, 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 as Needed
4	**LICENSURE, PERMITS AND CERTIFICATION**
	Licensee/Permit/Certification Applicant Request/Waivers
5	**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
6	**CLOSED CASE REPORT**
	May 2026
7	**PROBATION MATTERS**

PUBLIC SESSION

Section 1.1 Approval of Minutes

01.01.01 - DRAFT Public Minutes May 18, 2026 Meeting

THE LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

MINUTES OF MEETING

May 18, 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., May 18, 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 - Absent
Wyche Coleman, M.D.
John Hamide, M.D.
Leonel Lacayo, M.D.
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
Noel Rome, 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 7 members present.

At this time Dr. Culotta asked the Board to add the Public Comments for the Obesity Rules to the agenda. On the motion of Dr. Coleman, duly seconded by Dr. Williams, the Board voted unanimously to add this matter to the agenda.

(2.) Minutes of April 27, Meeting; The Board reviewed and discussed the minutes of the April 27, 2026, meeting. On the motion of Dr. Horton, duly seconded by Dr. Coleman, the Board voted unanimously to approve the minutes of the April 27, 2026, meeting, with amendments.

(3.) New Business; Request for Formal Exemption from In-Person Visit Requirements for Telehealth; The Board was presented with a request Nzinga Harrison, M.D., Co-Founder and Chief Medical Officer, Elenor Health, for an exemption from in-person visit requirements for telehealth. A handout was given to the Board on this matter. No action was taken on this matter.

Public Comment was received on this matter.

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(4.) Follow-up Action Items; Proposed Updates to APRN Collaborative Practice[1]; The Board reviewed the proposed updates to the APRN collaborative practice. No further action was taken on this matter

(5.) Communication and Information; 2025 Healthcare Professionals' Foundation of Louisiana (HPFL) Annual Report. The Board received the 2025 HPFL Annual Report from Felix Vanderlick, MBA, HPFL Executive Director. No further action was needed or taken on this matter.

(6.) General Administrative Matters; President's Report; The President took a moment to recognize the hard work of Dr. Culotta and Mrs. Wilton for their expertise during this legislative session. The Board was updated on the Legislative session and the CLP and OT proposed bills. The President assured everyone that the agency would not be moving to Baton Rouge, and that language in the proposed bill was an insult to our agency. He also informed the Board that Mrs. Sport has resigned and thanked her for all of her hard work and wishes her the best in all of her endeavors.

(7.) General Administrative Matters; Executive Director's Report; The Executive Director Reported an update on the Legislative Bills relevant to the LSBME. He also informed the Board regarding AI in medicine and will bring back more information after consulting with subject matter experts. He praised the agency for running effectively and efficiently. The total numbers of open cases is low, the total number of days to license is low Overall the performance of the agency and its metrics are excellent, and he appreciates the hard work of the licensing and investigation staff.

[1] Dr. Hamide arrived during this matter.

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

INVESTIGATIVE DIVISION BOARD REPORT

April 1st – 30th 2026

Number of complaints received: 61

Percentage of Complaints Resolved within 7 days: 34%

Number of cases closed: 30

Total number of cases opened in April still open: 31

Total number of all complaint cases closed in April: 77

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

(10.) **Administrative Matters; Next Meeting Dates;** The Board reviewed the 2026 meeting dates. No further action was needed or taken on this matter.

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

At this time a Public Comment was received from Ryan Hebert, CEO Cardiovascular Institute of the South (CIS), for an employment waiver under Act 646.

(12.) Added Agenda Item; Obesity Rules Public Comments; The Board reviewed the written public comments for the proposed rules in executive session for attorney advice. Upon returning to public session, on the motion of Dr. Coleman, duly seconded by Dr. Thomas, the Board voted unanimously to accept the proposed Obesity rules as written with the public comments taken under consideration and addressed.

[13.] Minutes of Executive Sessions. Upon the motion of Dr. Coleman, duly seconded by Dr. Hamide, 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 April 27, 2026, meeting. Following the review, the Board returned to the Public Session. Upon the motion of Dr. Coleman, duly seconded by Dr. Horton, the Board voted unanimously to approve the minutes of its April 27, 2026, meeting with amendments.

[14.] Report on Pending Litigation. Upon the motion of Dr. Thomas duly seconded by Dr. Lacayo, 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; Licensure Matters; The Board reviewed the licensee's request for a waiver of licensing requirements, namely ACGME accredited training in Agenda No. 05.00.01. Upon returning to public session, on the motion of Dr. Horton, duly seconded by Dr. Lacayo, the Board voted unanimously to approve the waiver.

[16.] General Administrative Matters; Licensure Matters; The Board reviewed the licensee's request for a waiver of examination attempts in Agenda No. 05.00.02. Upon returning to public session, on the motion of Dr. Horton, duly seconded by Dr. Lacayo, the Board voted unanimously to the waiver of examination attempts.

[17.] General Administrative Matters; Licensure Matters; The Board reviewed the licensee's request for a waiver of examination attempts in Agenda No. 05.00.03. Upon returning to public session, on the motion of Dr. Horton, duly seconded by Dr. Lacayo, the Board voted unanimously to the waiver of examination attempts.

[18.] General Administrative Matters; Licensure Matters; The Board reviewed the licensee's request for a waiver of licensing requirements, namely the SPEX in Agenda No. 05.00.04. Upon returning to public session, on the motion of Dr. Horton, duly seconded by Dr. Lacayo, the Board voted unanimously to waive the licensing requirement.

[19.] 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.

Formal Hearing 24-A-006 was held with licensee via Zoom. The Board sustained the suspension.

[20.] Investigative Reports. On the motion of Dr. Coleman, duly seconded by Dr. Hamide, 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. Thomas, duly seconded by Dr. Coleman, the Board voted unanimously to accept the Interim Action in the following matter:

Investigation No.	2024-I-582

On the motion of Dr. Thomas, duly seconded by Dr. Coleman, the Board voted unanimously to accept the suspension of compact licensure in the following matter:

Investigation No.	2026-I-241

b. Extend Time for Preliminary Review: The Board considered 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;

On the motion of Dr. Thomas, duly seconded by Dr. Coleman, the Board voted unanimously to approve extending the following matters:

Investigation No.	2026-124
Investigation No.	2026-164
Investigation No.	2026-170

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

Investigation No.	2025-I-236
Investigation No.	2023-I-742
Investigation No.	2026-I-058

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

Investigation No.	2022-I-679

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 matter with a letter of concern:

Investigation No.	2025-527
Investigation No.	2026-88[2]

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

Investigation No.	2026-178
Investigation No.	2026-179
Investigation No.	2026-76
Investigation No.	2026-234
Investigation No.	2026-216
Investigation No.	2026-150
Investigation No.	2026-192
Investigation No.	2026-124
Investigation No.	2026-237
Investigation No.	2026-164
Investigation No.	2026-170
Investigation No.	2026-199
Investigation Nos.	2025-712, 2025-713

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. Williams, duly seconded by Dr. Coleman, the Board voted unanimously to accept the May 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. Williams duly seconded by Dr. Coleman, the Board voted unanimously to approve the April 2026 closed case summary report.

[2] Dr. Thomas is recused from any and all participation in this matter.

[21.] Rescinding of Consent Order; On the motion of Dr. Coleman, duly seconded by Dr. Hamide, the Board voted unanimously to rescind and replace the consent order in the matter of of Investigation No. 2024-I-687.

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Next Meeting of the Board. The President reminded the members that the next meeting of the Board is scheduled for June 22, 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 May 18, 2026, and approved by the Board on the 22nd day of June 2026.

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

Roderick Clark, M.D., MBA
President

Section 1.2 New Business

01.02.01 - Scope of Practice RT ability to witness wasting of controlled substance medications

1. Scope of Practice: RT's ability to witness "wasting" of controlled substance medications.

David Miller at Willis Knighton has requested a board ruling for the respiratory therapist who are a part of a pediatric transport team being able to be a witness for the "wasting" of controlled medications. The therapist will not be wasting any medications. The therapist will participate in an educational process for the transport team to include the witness of the wasting of controlled medications**. Blade Nolan supported the motion: All respiratory therapists that are participating as a member of a transport team can witness the wasting of controlled medications per facility policy and training as a member of the transport team. Seconded by Sheila Guidry. All present voted yes. ACTION: Dr. Culotta to get this RCAC recommendation to the LSBME Board for approval.**

Section 1.3 Follow-Up Action Items

01.03.01 APRN Collaborative Practice

Chapter 79. Physician Collaboration with Advanced Practice Registered Nurses

Subchapter A. General Provisions

§7901. Scope

A. The rules of this Chapter govern the practice of physicians in this state who engage in collaborative practice with an advanced practice registered nurse who provides acts of medical diagnosis or prescribing under the supervision of the collaborating physician within an area of practice mutually comparable in scope, specialty, or expertise~~ptions~~.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners, LR 44:2720 (February 2018).

§7903. Definitions

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

Act—the Louisiana Medical Practice Act or Act, R.S. 37:1261 et seq.

Advanced Practice Registered Nurse or *APRN*—a licensed registered nurse who is licensed as an advanced practice registered nurse by the Louisiana State Board of Nursing.

Alternate Collaborating Physician or *ACP*—a physician meeting the eligibility requirements of this Chapter who is designated to serve as collaborating physician, in accordance with §7911.A.5 of these rules, when the collaborating physician is unavailable.

Board—the Louisiana State Board of Medical Examiners, as constituted in the Louisiana Medical Practice Act.

Clinical Practice Guidelines—written or electronic documents, jointly agreed upon by the collaborating physician and APRN that describe a specific plan, arrangement, or sequence of orders, steps, or procedures to be followed or carried out in providing patient care in various clinical situations. These may include textbooks, reference manuals, electronic communications and Internet sources.

Collaborating Physician or *CP*—a physician with whom an APRN has been approved to collaborate by the Louisiana State Board of Nursing, who is actively engaged in clinical practice and the provision of direct patient care in Louisiana, with whom an APRN has developed and signed a collaborative practice agreement for prescriptive and distributing authority. A CP shall reside in Louisiana, hold a current, medical license issued by the board, or be otherwise authorized by federal law or regulation to practice medicine in this state, have no pending disciplinary proceedings and practice in accordance with rules of the board.

Collaboration or *Collaborate*—a cooperative working relationship between a physician and APRN to jointly contribute to providing patient care and may include but not be limited to discussion of a patient's diagnosis and cooperation in the management and delivery of health care with each provider performing those activities that he or she is legally authorized to perform.

Collaborative Practice—the joint management of the health care of a patient by an APRN performing advanced practice registered nursing and one or more consulting physicians. Except as provided in R.S. 37:930, acts of medical diagnosis and prescriptions by an APRN shall be in accordance with a collaborative practice agreement.

Collaborative Practice Agreement or *CPA*—a formal written statement addressing the parameters of the collaborative practice which are mutually agreed upon by an APRN and one or more physicians which shall include but not be limited to the following provisions:

a. availability of the collaborating physician for consultation, ~~or~~ referral, and management of complications of treatment ~~or b~~oth;

b. methods of management of the collaborative practice which shall include clinical practice guidelines; and

c. coverage of the health care needs of a patient during any absence of the APRN or physician.

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

Fair Market Value or *FMV*—the value in arm's-length transactions, consistent with the general market value of the services provided.

LSBN—the Louisiana State Board of Nursing, as constituted in R.S. 37:911 et seq.

Physician—an individual lawfully entitled to engage in the practice of medicine in this state as evidenced by a license duly issued by the board.

Practice Site or *Site*—a location identified in a CPA or other documentation submitted by the APRN to the LSBN at which a CP or APRN engage in collaborative practice. A hospital and its clinics, ambulatory surgery center, nursing home, any facility or office licensed and regulated by LDH, as well as a group or solo physician practice, which have more than one physical location shall be considered a *site* for purposes of this definition.

Prescription or *Prescription Drug Order*—an order from a practitioner authorized by law to prescribe for a drug or device that is patient specific and is communicated by any means to a pharmacist in a permitted pharmacy, and is preserved on file as required by law or regulation.

Unpredictable, Involuntary Reasons—the death, disability, disappearance, unplanned relocation, or a similar unpredictable or involuntary reason.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners, LR 44:272 (February 2018).

§7905. Enforcement ~~Prohibitions~~

A. A physician who has signed a CPA with an APRN shall comply with the rules of this Chapter.

~~A.~~ All complaints received by the board involving a CPA or a collaborating APRN will be considered as a complaint against the physician.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6).
HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners, LR 44:273 (February 2018).

§7907. Exceptions

A. This Chapter shall not apply to physician collaboration:

1. with an APRN who does not engage in acts of medical diagnosis or prescriptions, as described in R.S. 37:913(8) and (9), or those otherwise exempt from collaborative practice pursuant to R.S. 37:930; and

2. in cases of a declared emergency or disaster, as defined by the Louisiana Health Emergency Powers Act, R.S. 29:760 et seq., or as otherwise provided in title 29 of the *Revised Statutes* of 1950, or the board's rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6).
HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners, LR 44:273 (February 2018).

Subchapter B. Due Diligence; Eligibility; Requirements of Collaborative Practice Agreement and Required Information

§7909. Due Diligence

A. Before entering into a collaborative practice agreement with an APRN, a physician shall e~~i~~nsure that he or she possesses the qualifications specified by this Chapter~~;~~ and has~~ve~~ an understanding of the rules of this Chapter.

B. After signing a collaborative practice agreement with an APRN a physician shall submit all required documentation to the Board and confirm with the APRN that any required documentation concerning the collaborative practice has been submitted to the LSBN.~~.~~

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6).
HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners, LR 44:273 (February 2018).

§7911. Eligibility; Required Components of Collaborative Practice Agreement

A. To be eligible to engage in collaborative practice with an APRN a physician shall:

1. reside in Louisiana;

~~1.~~2. be actively engaged in the provision of direct patient care in Louisiana;

~~2.~~3. practice in an area comparable in scope, specialty, or expertise to that of the APRN;

~~3.~~4. except as provided in §7911.A.5, have signed a collaborative practice agreement as described in R.S.

37:913(8) and (9) with an APRN that complies with the standards of practice prescribed by §§7915-7919 of this Chapter. In addition, a collaborating physician shall ~~insure~~ensure that the CPA includes:

a. a plan of accountability among the parties that addresses:

i. prescriptive authority of the APRN and the responsibilities of the collaborating physician for consultation, referral, and management of complications;

ii. a plan for hospital and other healthcare institution admissions and privileges which provides that a collaborating physician must have hospital privileges at an institution before an APRN receives privileges at the same hospital or institution;

iii. arrangements for diagnostic and laboratory testing; and

iv. a plan for documentation of medical records;

b. clinical practice guidelines as required by R.S. 37:913(9)(b), documenting the types or categories or schedules of drugs available and generic substitution for prescription by the APRN and be:

i. mutually agreed upon by the APRN and collaborating physician;

ii. specific to the practice setting;

iii. maintained on site;

iv. reviewed and signed at least annually by the CP to reflect current practice;

c. availability of the collaborating physician when he or she is not physically present in the practice setting for consultation, assistance with medical emergencies and complications, or patient referral;

d. confir~~ming~~mation that in the event all collaborating physicians are unavailable, and there is no alternate collaborating physician(s), the APRN will not medically diagnose or prescribe;

e. documentation that patients are informed about how to access care when both the APRN and/or the collaborating physician are absent from the practice setting;

f. an acknowledgment of the mutual obligation and responsibility of the APRN and collaborating physician to ~~insure~~ensure that all acts of prescriptive authority are properly documented;

~~f.~~g. a requirement that there shall be a prominently displayed disclosure statement posted at every practice site informing patients that they may be seen by an advanced practice registered nurse and have a right to see the collaborative practice agreement upon request.

~~4.~~5. if the APRN has been granted prescriptive authority by the Louisiana State Board of Nursing that includes controlled substances; possess a current, unrestricted Louisiana controlled dangerous substance permit and a current, unrestricted registration to prescribe controlled substances issued by the United States Drug Enforcement Administration; and

~~5.~~6. in the event all CPs at a practice site are unavailable, the CP may designate an alternate collaborating physician at the practice site to be available for consultation and collaboration provided the following conditions are met:

a. there is a formal, documented, approved and enforceable organizational policy that allows and provides for designation of an alternate collaborating physician;

b. the organizational policy establishes and provides for documenting such designation and such documentation shall be made available to board representatives when requested, including the dates of the designation and name of the alternate collaborating physician(s);

c. the alternate collaborating physician agrees to the provisions of the collaborative practice agreement previously signed by the collaborating physician(s);

d. the collaborating physician and APRN are responsible for ci~~i~~nsuring that the documented organization policy is established and that such policy and any ACP meet the requirements of this Chapter; and

e. the ACP is designated to collaborate with the APRN only at the same practice site as the designating CP.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners, LR 44:273 (February 2018).

§7913. ~~Required Information~~Required Reporting

A. Each physician shall report to the board annually, as a condition to the issuance or renewal of medical licensure, whether or not he or she is engaged in collaborative practice with an APRN, and submit all active collaborative practice agreements, along with such other information as the board may request.~~.~~

~~A.~~B. In the event of updates or modifications to a collaborative practice agreement, the physician shall submit the new collaborative practice agreement to the Board within 60 days.

~~B.~~C. The information required by this Section shall be reported in a format prepared by the board, which shall be made part of or accompany each physician's renewal application for medical licensure.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners, LR 44:274 (February 2018).

Subchapter C. Standards of Practice

§7915. Responsibilities~~, Compensation Arrangements~~

A. A collaborating physician shall ci~~i~~nsure that the identity, contact information and availability of the collaborating physician(s) and APRN are available to patients of the collaborative practice.

B. When serving as the sole CP for an APRN at a practice site, the CP:

1. shall give no less than 30-days notice to the APRN when ending a collaborative practice agreement for predictable, voluntary reasons in order to provide for continuity of care of patients; and

2. work with the APRN to identify and enlist a physician to serve as alternate collaborating physician for unpredictable, involuntary reasons. A physician serving as alternate collaborating physician for unpredictable or involuntary reasons:

a. shall ~~insure~~ensure that the APRN notifies the LSBN within two business days of the commencement of service as an ACP;

b. may serve in such capacity for at least 30, but no more than 120, days to provide for continuity of care while the APRN secures another CP; and

c. may be excused from the requirements §7911.A.2 (e.g., practice in an area comparable in scope, specialty, or expertise of the APRN, unless following notification pursuant to §7915.B.2.a of this Section, the APRN advises the ACP that the collaborative practice has not been approved by LSBN).

C. In structuring any compensation arrangement or other financial relationship with an APRN, a collaborating physician shall be mindful that a CPA is not an option for an APRN; rather, it is a requirement of state law. Any attempt to exploit such requirement by way of compensation arrangements for performing no professional services, merely serving as a CP under a CPA, or for an amount that is not consistent with the FMV of the services provided to an APRN under a CPA shall be viewed as unprofessional conduct.

~~C.~~D. If an APRN is collaborating with more than one CP or group, a separate set of clinical practice guidelines is required for each collaboration. For an APRN employed by a large educational or institutional entity, the entity may designate a department head or other physician who meets the eligibility requirements in this Part to serve as the primary collaborating physician for the APRN, and all physicians within the designated department or group who also meet the eligibility requirements may serve as alternate CPs under the same CPG.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners, LR 44:274 (February 2018).

§7917. Limitations

A. A physician shall not collaborate with an APRN:

1. except in compliance with all applicable state and federal laws and regulations;

2. when the APRN and collaborating physician, or in the physician's absence an alternate collaborating physician, do not have the capability to be in contact with each other face-to-face, by telephone, ~~or~~ other means of direct telecommunication, or are so geographically distanced from each other as to create an impediment to the effective management of complications;

3. who treats and/or utilizes controlled substances in the treatment of:

a. non-cancer-related chronic or intractable pain, as set forth in §§6915-6923 of the board's rules;

b. obesity, as set forth in §§6901-6913 of the board's rules;

c. one's self, spouse, child or any other family member; or

4. who distributes medication, other than free or gratuitous non-controlled substances.

B. Collaborative practice is limited to the practice sites outlined in the collaborative practice agreement. A collaborative practice agreement does not authorize the APRN to engage in outside employment or to moonlight.

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners, LR 44:274 (February 2018).

§7919. Continuous Quality Improvement; ~~Board~~ Access to Documents

A. A collaborating physician shall ensure that copies of the collaborative practice agreement, clinical practice guidelines, organization policy and required designation documentation for an alternate collaborating physician are available at the

practice site for examination, inspection and copying upon request by the board or its designated employees or agents.

B. A collaborating physician or alternate collaborating physician shall comply with and respond to requests by the board for personal appearances and information relative to his or her collaborative practice;

C. Employees or agents of the board may perform an on-site review of a collaborating physician or alternate collaborating physician's practice at any reasonable time, without the necessity of prior notice, to determine compliance with the requirements of these rules.

~~C.~~D. A copy of the collaborative agreement shall be made readily available upon request from a patient or member of the public at the practice sites of both the physician and the nurse practitioner

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners, LR 44:274 (February 2018).

Subchapter D. Sanctions

§7921. 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).

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

HISTORICAL NOTE: Promulgated by the Department of Health, Board of Medical Examiners, LR 44:275 (February 2018).

1.04 Rulings and Advisory Opinions

01.04.01 Request for Advisory Opinion - Package on Peptides

Discussion Relevant to:

SB 30 (Act 345) - Provides relative to telehealth

SB 253 (Act 374) - Provides relative to peptides.

Meredith Warner MD MBA FAAOS
Orthopedic Surgeon and founder of The Well Theory

9373 Baringer Foreman Rd
Baton Rouge, LA 70817

drwarner@warnerorthopedics.com
225-754-8888
March 4, 2026

Louisiana State Board of Medical Examiners
630 Camp Street

New Orleans, LA 70130

Subject: Request for Compliance Guidance Regarding Category 2 Peptide Therapies (BPC-157, TB-500, etc.)

Dear Members of the Board,

As an orthopedic surgeon practicing in Louisiana, and the founder of a wellness company that formulates and sells a line of natural health products, I am writing to request formal guidance regarding the sale and prescription of specific peptide therapies, namely BPC-157 and TB-500, and others mentioned in a notice from FDA in 2023.

My primary goal is to ensure that my clinical practice and my business remain in strict compliance with all state and federal regulations. It is my understanding that in late 2023, the FDA placed BPC-157 and similar peptides on the Category 2 list for bulk drug substances due to significant safety risks. This designation effectively makes it a violation of federal law for 503A compounding pharmacies to manufacture them, classifying them as ***unapproved new drugs***.

Furthermore, my understanding of the Federal Food, Drug, and Cosmetic Act (FD&C Act), specifically Sections 505 and 503A, is that prescribing a substance classified as an 'unapproved

new drug'—one that lacks both FDA approval for any indication and eligibility for compounding exemptions—constitutes a breach of the medical standard of care. Because BPC-157 is a Category 2 bulk drug substance, it cannot legally be manufactured or dispensed.

Additionally, the Louisiana Practice Act for Medicine states that if a substance (such as certain bulk research peptides or experimental compounds) lacks FDA approval for *any* indication, has not completed Phase 1 trials, and is not part of an FDA Expanded Access (compassionate use) program, it lacks statutory protection.

However, I have noticed a significant and growing number of Louisiana-licensed practitioners and local wellness clinics openly advertising, selling, and prescribing these exact compounded Category 2 peptides to the public via various platforms. Many of these practices assure patients on their websites and social media platforms that these substances are perfectly legal and safe specifically because they are sourced from compounding pharmacies.

By writing prescriptions and creating treatment protocols for these specific peptides, some Louisiana practitioners appear to be actively facilitating the distribution of federally illegal, unapproved new drugs, outside the bounds of any authorized Investigational New Drug (IND) application.

I have intentionally excluded these compounds from my product line thus far, and from any clinical protocols to avoid practicing medicine outside the standard of care. I have many patients asking me to provide these substances to them and I will not at this time. I seek clarification from you as to the stance of the Board regarding these substances.

If it is allowed in this state, perhaps I should consider it, there is certainly significant consumer demand for such products. Nonetheless, it is my understanding (which could be wrong) that prescribing, selling, or recommending such a substance is not allowed for a physician. I seek clarification as the number of clinics and websites offering these for sale in Louisiana grow daily.

Given how widespread and visible this practice has become in our state, I am writing to ask if my understanding of the regulations is outdated. Is it the Board's current position that Louisiana physicians are legally permitted to advertise, prescribe, and sell compounded Category 2 peptides like BPC-157 and TB-500 to patients?

I would greatly appreciate your guidance on whether I, and other providers, are permitted under my Louisiana medical license to begin offering these products safely to my own patients and customers.

Thank you for your time, your service to the state, and your assistance in helping me maintain a compliant practice. I have attached a brief summary of the federal guidelines I have been referencing, alongside an addendum providing a few active examples of this marketing within our state, for your convenience.

Sincerely,

Meredith Warner MD MBA FAAOS
Orthopedic Surgeon

License Number: 024539

Attachment 1: FDA Rulings on Compounded Peptides

Document Title: Safety and Regulatory Status of Unapproved Peptides (BPC-157 & Thymosin Beta-4)
The following resources outline the U.S. Food and Drug Administration's (FDA) regulatory stance regarding the compounding and dispensing of specific peptide therapies.

FDA Policy on Bulk Drug Substances (Category 2)

- **Description:** The FDA evaluates bulk drug substances nominated for compounding under Section 503A of the Federal Food, Drug, and Cosmetic (FD&C) Act. Category 2 designates substances that the FDA has identified as presenting "significant safety risks," meaning they cannot be legally compounded.
- **Key Finding:** BPC-157 was added to the 503A Category 2 list on September 29, 2023. The FDA cited concerns over immunogenicity, peptide-related impurities, and a lack of clinical safety data to support human use.
- **Direct Link:** Certain Bulk Drug Substances for Use in Compounding that May Present Significant Safety Risks

FDA 503A Categories Update (September 2024)

- **Description:** This official FDA document serves as the updated master list for bulk substances categorized by safety and compounding eligibility.
- **Key Finding:** BPC-157, alongside several other peptides, is explicitly categorized under "Category 2: Bulk Drug Substances that Raise Significant Safety Concerns."
- **Direct Link:** 503A Categories Update Document (PDF)

Attachment 2: Public Advertising of Category 2 Peptides by Louisiana Clinics

The following list provides active examples of medical clinics and practices operating within Louisiana that are publicly advertising, recommending, and selling compounded peptide therapies, including those on the FDA's Category 2 list for bulk drug substances (such as BPC-157). These are chosen randomly and this is not an exhaustive list of clinics and providers offering these products in our state.

1. Acadiana Pain & Performance Rehab

- **Location:** Lafayette, LA
- **Website Reference:** acadianapain.com/blogs
- **Advertised Offerings:** The practice publicly discusses and recommends BPC-157 for tissue regrowth, regeneration, and vascular health. Marketing materials suggest specific dosing protocols (e.g., 500 mcg of BPC-157 daily) and advertise regenerative healing consultations that combine these peptides with other therapies.

2. Concierge MD Medical Services

- **Location:** New Orleans, LA
- **Website Reference:** conciergemdla.com/coverage-areas/new-orleans/peptide-therapy/
- **Advertised Offerings:** The clinic explicitly advertises "Peptide Therapy in New Orleans," listing BPC-157 among the injectables and oral capsules available for direct shipment to patients. The site prominently features promotions for the "Wolverine Stack" (a combination of BPC-157 and TB-500) targeted at expedited recovery and tissue repair.

3. Oak House Med Spa

- **Location:** Harahan, LA (Greater New Orleans Area)
- **Website Reference:** oakhousemedspa.com/unlock-peak-performance-peptide-therapy-at-oak-house-med-spa
- **Advertised Offerings:** The spa advertises customized peptide therapy, offering both injectable and oral peptide options. The marketing is directed at anti-aging, physical performance, and recovery for patients in the New Orleans, Metairie, and Kenner areas.

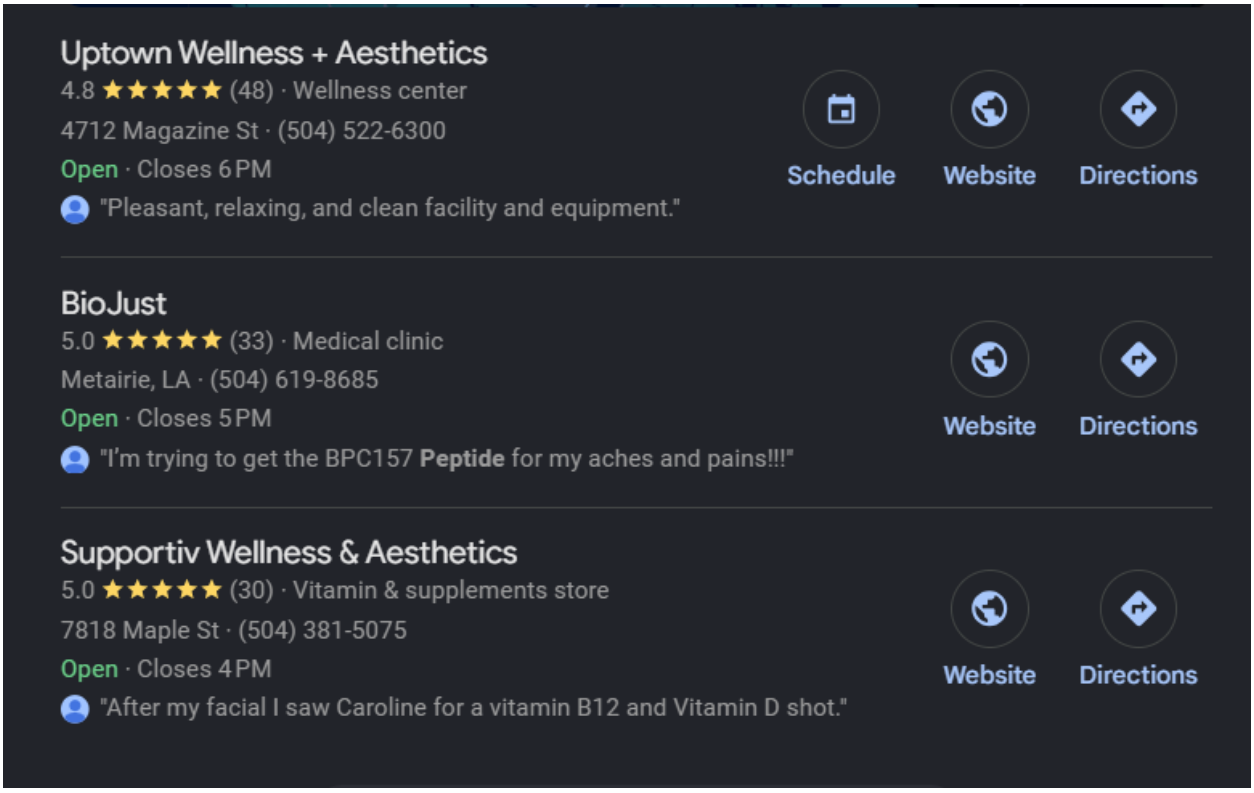
4. The Aesthetic Medicine & Anti-Aging Clinics of Louisiana

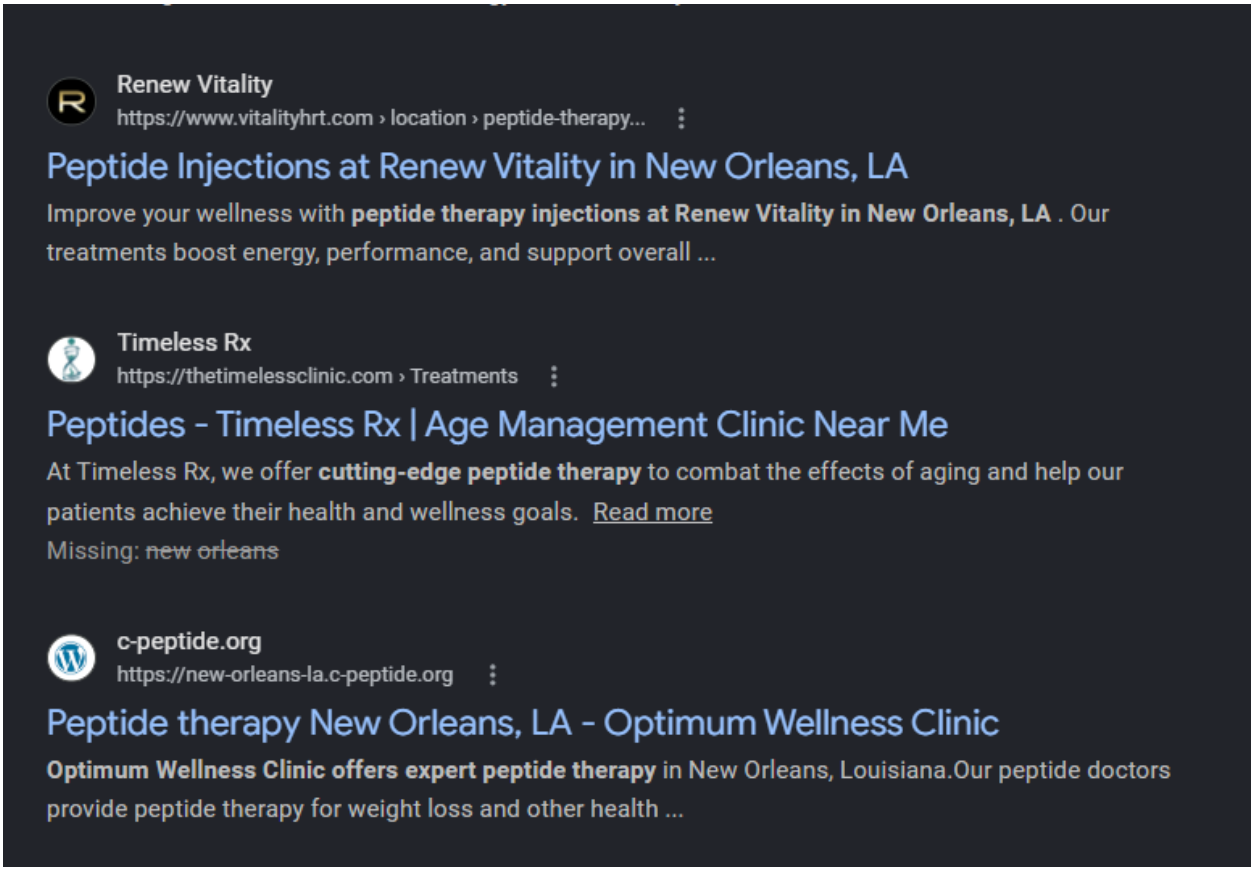
- **Location:** 8485 Bluebonnet Blvd, Baton Rouge, LA 70810
- **Website Reference:** theantiagingclinics.com/peptide-therapy
- **Advertised Offerings:** The clinic maintains a dedicated public web page for "Peptide Therapy," openly advertising the use of these compounds to "promote tissue repair," "aid in faster healing from injuries," and support "muscle growth and recovery." They advertise these therapies as being available in injectable, oral, and topical formats.

- **5.** Untamed Health, Baton Rouge, Louisiana
- **6.** Vanguard Peptide Therapy, Baton Rouge, Louisiana
- **7.** PepFit Health and Wellness
- **8.** Rejuvime Medical Bluebonnet, Baton Rouge, Louisiana

Screen Shots of Social Media Advertisements in Louisiana


The Big Question
"What's the difference?"
A lot. Here's how a research peptide compares to a legitimate 503A compounding pharmacy:
Research-Only:
❌ Not legal for human use
❌ No sterility testing
❌ No potency or purity verification
❌ No accountability
503A Pharmacy:
✔️ Regulated
✔️ Sterile and tested
✔️ Verified potency & purity
✔️ Traceable, accountable, patient-specific
Gunjan Raina at Dr. Gunjan Raina, MD
Dec 17, 2025 ·
Peptides 🔥🔥🔥
12
1


Uptown Wellness + Aesthetics
4.8 ★★★★★ (48) · Wellness center
4712 Magazine St · (504) 522-6300
Open · Closes 6 PM
"Pleasant, relaxing, and clean facility and equipment."
Schedule
Website
Directions
BioJust
5.0 ★★★★★ (33) · Medical clinic
Metairie, LA · (504) 619-8685
Open · Closes 5 PM
"I'm trying to get the BPC157 Peptide for my aches and pains!!!"
Website
Directions
Supportiv Wellness & Aesthetics
5.0 ★★★★★ (30) · Vitamin & supplements store
7818 Maple St · (504) 381-5075
Open · Closes 4 PM
"After my facial I saw Caroline for a vitamin B12 and Vitamin D shot."
Website
Directions


Renew Vitality
https://www.vitalityhrt.com › location › peptide-therapy...
Peptide Injections at Renew Vitality in New Orleans, LA
Improve your wellness with peptide therapy injections at Renew Vitality in New Orleans, LA . Our treatments boost energy, performance, and support overall ...
Timeless Rx
https://thetimelessclinic.com › Treatments
Peptides - Timeless Rx | Age Management Clinic Near Me
At Timeless Rx, we offer cutting-edge peptide therapy to combat the effects of aging and help our patients achieve their health and wellness goals. Read more
Missing: new orleans
c-peptide.org
https://new-orleans-la.c-peptide.org
Peptide therapy New Orleans, LA - Optimum Wellness Clinic
Optimum Wellness Clinic offers expert peptide therapy in New Orleans, Louisiana.Our peptide doctors provide peptide therapy for weight loss and other health ...

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

Executive Director's Report

EXECUTIVE DIRECTOR REPORT JUNE 2026

The legislature has ended and three of the four bills we wanted to pass were enacted into law.

HB 1182 regarding occupational therapy nomenclature updates and permissive change to temporary license passed. This bill was carried by Rep Peter Egan for the board. Rep Egan also successfully carried HB 405 to change nomenclature in the field of acupuncture.

Despite the great efforts of Rep Egan HB 1216 with an 89% chance of passing was deferred buy the Senate Health and Welfare committee effectively killing this legislation for the 2026 session. Rep Egan worked after the deferral and was close to getting it passed but one senator remained unalterably opposed to the bill.

The fourth bill affecting the Medical Prescribing Psychologists was carried by Rep. Dustin Miller for the MP association and was successfully enacted into law. This simplifies licensing two types of Medical Psychologist to a standard and advanced and makes the renewal process easier for the advanced practice providers. This is also anticipated to remedy the problems of CE tracking for the advanced license class.

We tracked 137 bills that had the potential to affect the LSBME or its licensees in some way, either as written or as possibly amended.

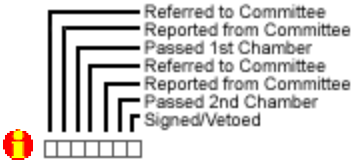
In the end we list 37 bills that affect the agency or our licensees. I have attached a full tracking report for these 37 bills and the one study resolution that affects the board.

We are working to design the HCR 114 study and hope to have it operational for August first 2026.

Bill Status Report

06-17-2026 - 09:04:50

- Action in the date range *- Link to Related Information* ( ) - Priority



POST Session planing

HB 73 — Bacala, Tony(R) — Provides for the method of voting in public meetings.

General Remarks : Jun 16, 2026 - 11:53
Adds electronic voting as an option but keeps voice voting. Bill died but SB 1 with a similar changes did pass. See SB 1

Track Name(s): POST Session planing

Bill History: 05-11-26 S Returned to the calendar - subject to call

---

HB 98 — Johnson, Mike(R), Barrow, Regina(D) — Provides a penalty for the unlawful disclosure of confidential information relating to victims of domestic violence, sexual assault, and human trafficking.

General Remarks : Jun 16, 2026 - 11:56
This appears to apply to the LSBME, it's witnesses, complainants, staff, and board members.

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 250 — Turner, Christopher(R), Kleinpeter, Caleb Seth(R) — Provides with respect to disclosure of certain information by members of boards or commissions.

General Remarks : Jun 16, 2026 - 12:03
This appears to apply to our board members. Our lawyers will check to see if it applies to our past and present board members

Track Name(s): POST Session planing

Bill History: 06-01-26 G Effective

HB 288 — Boyer, Chad(R), Myers, Brach(R) — Provides for the use of certain medical terminology in medical documentation.

General Remarks : Apr 12, 2026 - 15:49
requires use of miscarriage in lieu of or addition to spontaneous abortion

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 405 — Egan, Peter(R); Mizell, Beth(R) — Provides relative to the practice of acupuncture.

General Remarks : Apr 26, 2026 - 12:21
clean up bill for change in the name of the certification organization

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 410 — Schlegel, Laurie(R); Cathey, Jr., Stewart(R) — Requires consent of all parties to record in-person communication.

General Remarks : Jun 16, 2026 - 10:59
Liciensees will need to be informed

Track Name(s): POST Session planing

Bill History: 06-04-26 G Sent to the Governor

HB 475 — Berault, Stephanie(R); McMath, Patrick(R) — Requires a healthcare provider to obtain a patient's consent prior to recording a medical visit.

General Remarks : Jun 16, 2026 - 11:20
licensees will neeed to be informed

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 609 — Chassion, Tehmi(D); Boudreaux, Gerald(D) — Provides for the exemption of fees for health records when requested for the federal and state veterans affairs departments.

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 676 — Spell, Annie(R); Abraham, Mark(R) — Creates the crime of fraudulent patient referrals or "body brokering".

General Remarks : Jun 17, 2026 - 08:34
Addresses fees for referrals to treatment centers.

Track Name(s): POST Session planing

Bill History: 05-22-26 G Effective

HB 747 — Miller, Dustin(D); Boudreaux, Gerald(D) — Provides relative to medical psychologists.

General Remarks : Jun 17, 2026 - 08:44
MP bill, new license class, easier renewal process for advanced licensees.

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 761 — Hilferty, Stephanie(R); Pressly, Thomas(R) — Provides with respect to the advisory board created to recommend new treatments for rare cancers.

Track Name(s): POST Session planing

Bill History: 06-08-26 G Effective

HB 766 — Freeman, Aimee(D); Talbot, Kirk(R) — Provides relative to coverage for orally administered anti-cancer medications.

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 775 — Chenevert, Emily(R); Pressly, Thomas(R) — Provides relative to minor's consent for medical procedures and treatments.

General Remarks : Apr 12, 2026 - 16:08
WE WILL HAVE TO ADVISE LICENSEES OF THIS ONE

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 779 — Freeman, Aimee(D); Barthelemy, Sidney(D) — Provides relative to expedited partner therapy.

General Remarks : Jun 16, 2026 - 11:09
Gives immunity for treatment with no exam or interview.

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 895 — Boyd, Delisha(D); Cloud, Heather(R) — Provides relative to the treatment of sexual assault survivors by hospitals and healthcare providers.

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 907 — Miller, Dustin(D); Boudreaux, Gerald(D) — Provides civil and criminal immunity for the distribution or use of Naloxone and other opioid antagonists beyond their shelf-life end date.

Track Name(s): POST Session planing

Bill History: 05-15-26 G Effective

HB 944 — Hilferty, Stephanie(R); Mizell, Beth(R) — Creates the Louisiana Women's Health Consortium.

General Remarks : Jun 17, 2026 - 08:54
LSBME Executive Director is named to this consortium

Track Name(s): POST Session planing

Bill History: 06-09-26 G Effective

HB 949 — Coates, Kim Landry(R); McMath, Patrick(R) — Provides relative to the Louisiana State Radiologic Technology Board of Examiners.

Track Name(s): POST Session planing

Bill History: 05-28-26 G Sent to the Governor

HB 962 — Miller, Dustin(D); McMath, Patrick(R) — Provides relative to reconstitution of medications for intravenous therapy.

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 1049 — Owen, Charles(R); Reese, Mike(R) — Provides relative to public meetings.

General Remarks : Jun 16, 2026 - 11:26
ONE MONTH TO GET OUT THE MINUTES EVEN IF NO MEETING, PRE-APPROVAL, AND RATIFICATION. MAY BE IN CONFLICT WITH SB 41

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 1160 — Echols, Michael(R); McMath, Patrick(R) — Provides relative to rural physician licenses.

General Remarks : Jun 16, 2026 - 11:29
Adds a second tract to license with subtile but different requirements.

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

HB 1182 — Egan, Peter(R); Owen, Robert (Bob)(R) — Provides relative to the rules governing Occupational Therapists and Occupational Therapy Assistants.

General Remarks : Jun 17, 2026 - 08:57
Upgraded nomenclature and made temp licensing permissive.

Track Name(s): POST Session planing

Bill History: 05-28-26 G Sent to the Governor

HB 1216 — Egan, Peter(R) — Provides relative to the guidelines for clinical laboratory personnel.

General Remarks : Apr 26, 2026 - 12:21
CLP bill only objections is CAP and use of cytoolgist 2 yrs fo for aabot get ansi or ncca approved

Track Name(s): POST Session planing

Bill History: 05-20-26 S Voluntarily Deferred in Committee Senate Health and Welfare

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HB 1220 — LaCombe, Jeremy(R); Pressly, Thomas(R) — Provides relative to the Louisiana State Board of Medical Examiners.

General Remarks : Jun 16, 2026 - 09:56
The bill died in a conference committee

Track Name(s): POST Session planing

Bill History: 06-01-26 H House appointed a conference committee LaCombe, Miller, and Riser

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HB 1227 — DeWitt, Jason(R) — Provides with respect to the Louisiana State Board of Medical Examiners.

General Remarks : Jun 16, 2026 - 09:57
converted to a study resolution HCR 114

Track Name(s): POST Session planing

Bill History: 04-23-26 H Voluntarily Deferred in Committee House Health and Welfare

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HCR 114 — DeWitt, Jason(R); Cloud, Heather(R)

Directs the Louisiana Board of Medical Examiners to study the feasibility and practicality of creating a physician review panel.

Track Name(s): POST Session planing

Bill History: 05-28-26 G Enrolled

SB 1 — Jenkins, Sam(D); Bacala, Tony(R)

Provides for electronic voting requirements under the Open Meetings Law.

General Remarks : Jun 16, 2026 - 10:21
Electronic voting is optional

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

SB 26 — McMath, Patrick(R); Berault, Stephanie(R)

Provides relative to opioid treatment programs.

General Remarks : Jun 16, 2026 - 10:22
removes restrictions on behavioral health institutions

Track Name(s): POST Session planing

Bill History: 05-15-26 G Effective

SB 30 — McMath, Patrick(R); Egan, Peter(R)

Provides relative to telehealth.

General Remarks : Jun 16, 2026 - 10:25
The Louisiana State Board of Medical Examiners and the Louisiana State Board of Nursing shall not adopt or enforce any rule or policy that prohibits a licensed healthcare provider under the jurisdiction of either board from using telehealth to evaluate, diagnose, or treat obesity or provide weight management services, provided the healthcare provider conducts a synchronous interaction with the patient and acts within the scope of his license and in accordance with the applicable standard of care.

Track Name(s): POST Session planing

Bill History: 05-22-26 G Effective

SB 41 — Allain, Robert(R); Beaullieu, Beau(R)

Expands the number of days required for public bodies to publish minutes for open meetings from twenty days to forty-five days.

General Remarks : Jun 16, 2026 - 10:26
could be in conflict with HB 1049 ... MS Wilton to review and advise.

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

SB 43 — McMath, Patrick(R); Riser, Neil(R) — Provides relative to psychedelic-assisted therapy.

General Remarks : Jun 16, 2026 - 10:27
LDH to conduct studies

Track Name(s): POST Session planing

Bill History: 06-01-26 G Sent to the Governor

SB 47 — Mizell, Beth(R); Wyble, John(R) — Requires certain email and telephone contact information for individual members of a board and commission.

General Remarks : Jun 17, 2026 - 08:58
The website will have your board email address and your board cell phone. We will offer scripts for automatic responses to emails and phone calls if members desire.

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

SB 131 — Pressly, Thomas(R); Melerine, Michael(R) — Provides for limitations on recovery of attorney fees and costs in occupational licensing board disciplinary hearings.

General Remarks : Jun 16, 2026 - 10:32
The DOI and his council will have to make sure the offers are in line with our costs

Track Name(s): POST Session planing

Bill History: 05-29-26 G Sent to the Governor

SB 216 — Wheat Jr., William (Bill)(R); Mack, Shane(R) — Provides relative to medical pronouncement of death.

General Remarks : Jun 16, 2026 - 11:33
Expands who coroners may obtain information from to declare a death

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

SB 250 — McMath, Patrick(R); Berault, Stephanie(R) — Provides relative to comprehensive weight management services.

General Remarks : Jun 16, 2026 - 10:44
Health insurance mandate for the State plan

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

SB 253 — McMath, Patrick(R); Egan, Peter(R) — Provides relative to peptide regulation.

General Remarks : Jun 16, 2026 - 10:47
A. No professional or occupational licensing board shall prohibit a healthcare provider with prescriptive authority from providing patients with peptides shipped from either of the following:

(1) A FDA-registered 503B outsourcing facility that is in compliance with 21 U.S.C. 353b.

(2) A 503A compounding pharmacy that is in compliance with 21 U.S.C.

353a and applicable United States Pharmacopeia - National Formulary chapters.

B. No professional or occupational licensing board shall prohibit a Louisiana licensed pharmacist in a state permitted pharmacy from compounding and dispensing peptides as long as the Louisiana licensed

pharmacist in the state permitted pharmacy is in compliance with 21 U.S.C.

353a and applicable United States Pharmacopeia - National Formulary chapters.

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

SB 270 — Jackson-Andrews, Katrina(D); Fisher, Adrian(D) — Provides for access to medical marijuana for terminally ill patients in a healthcare facility.

General Remarks : Jun 16, 2026 - 10:50
Allows hospitals to administer medical marijuana to inpatients

Track Name(s): POST Session planing

Bill History: 08-01-26 G Effective

SB 311 — Pressly, Thomas(R) — Provides procedures and methods to execute gifts under the Anatomical Gift Act.

Track Name(s): POST Session planing

Bill History: 03-30-26 S Substituted by - see SB 427

Total Bills: 38

Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2025-06-01 End-date: 2026-05-31 group-by: month

inLumon Master

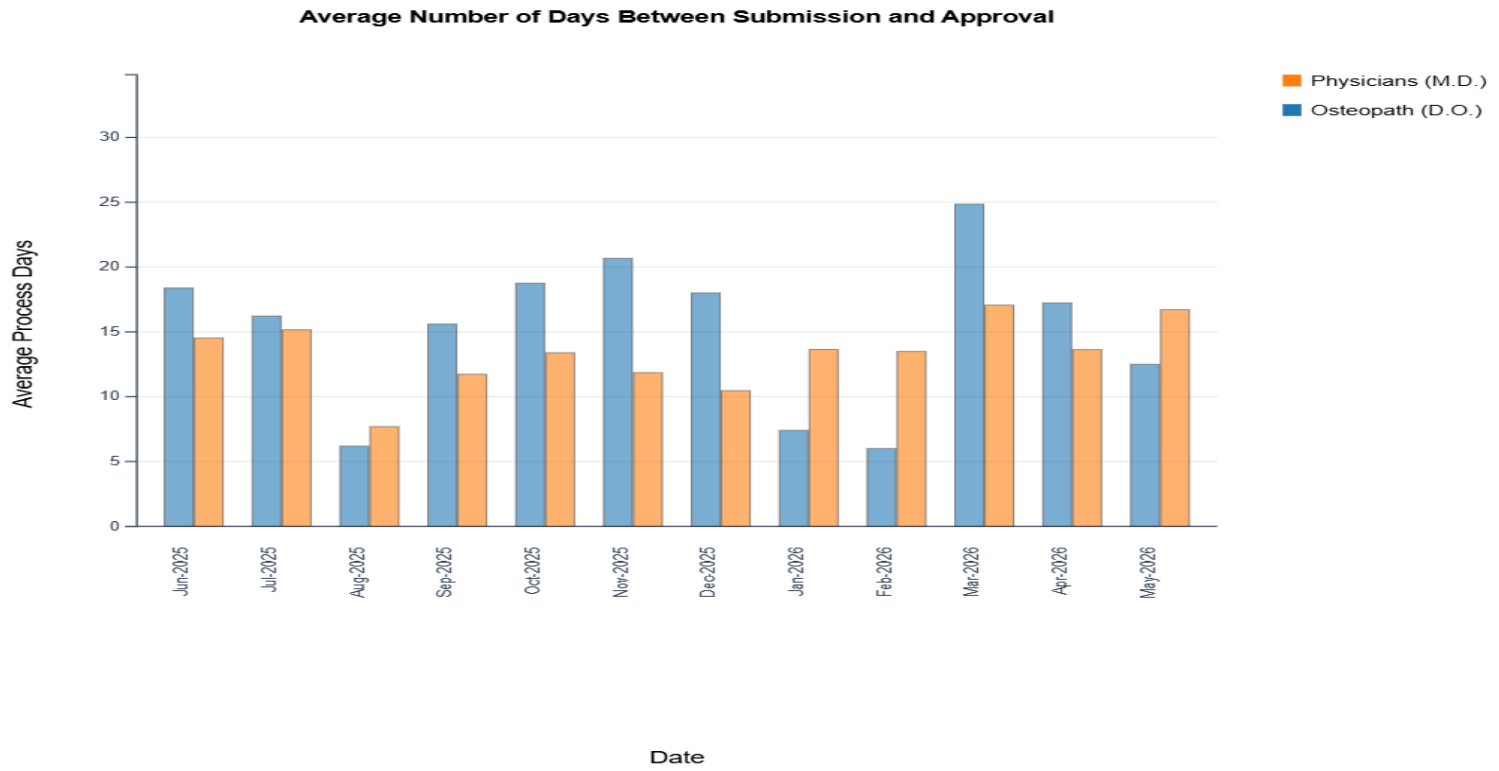
Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2025-06-01 End-date: 2026-05-31 group-by: month

Date	Osteopath (D.O.)	Physicians (M.D.)
Jun-2025	18.38	14.52
Jul-2025	16.22	15.16
Aug-2025	6.18	7.69
Sep-2025	15.6	11.73
Oct-2025	18.75	13.39
Nov-2025	20.67	11.85
Dec-2025	18	10.46
Jan-2026	7.4	13.64
Feb-2026	6	13.49
Mar-2026	24.85	17.06
Apr-2026	17.23	13.63
May-2026	12.5	16.71

Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2025-06-01 End-date: 2026-05-31 group-by: month



inLumon Master

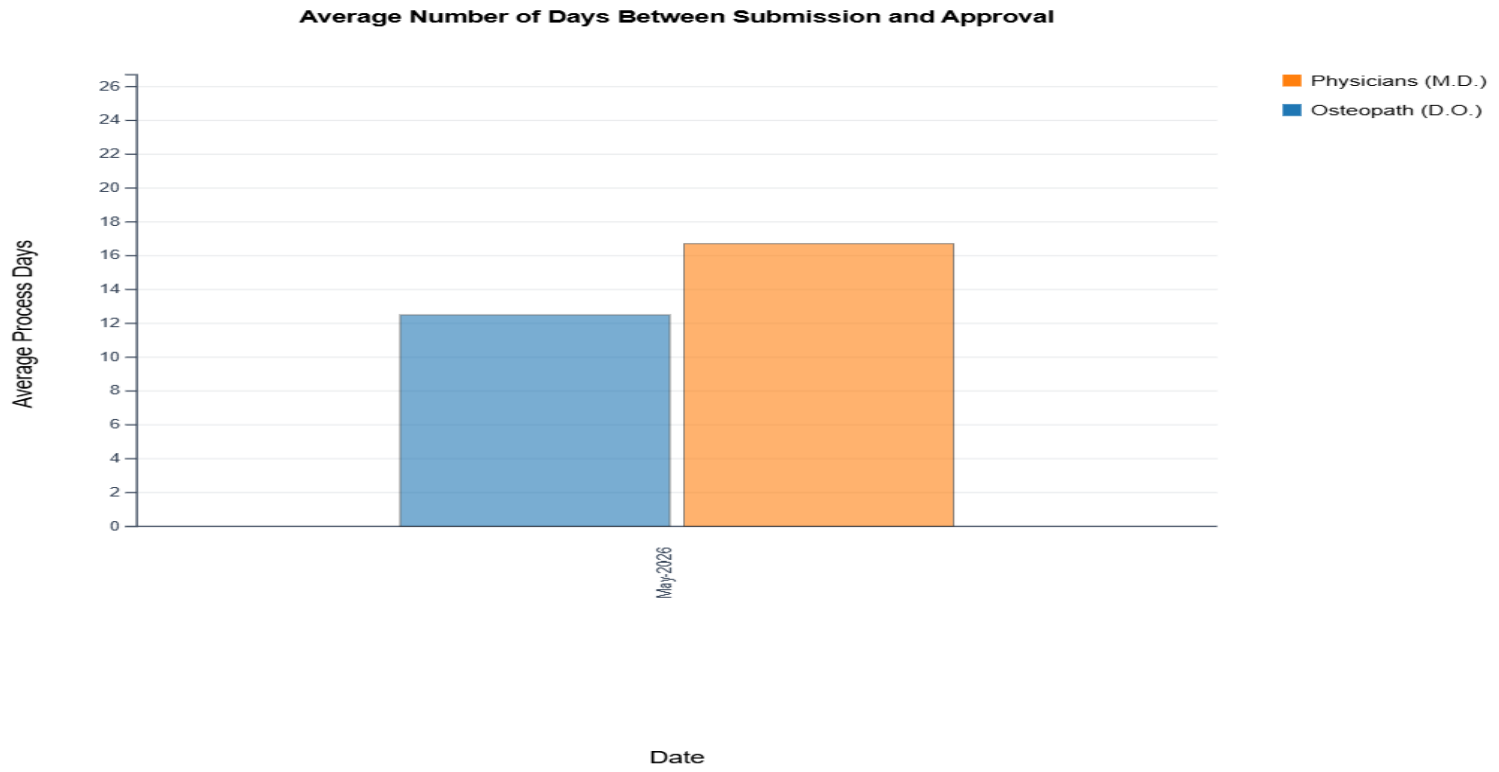
Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2026-05-01 End-date: 2026-05-31 group-by: month

Date	Osteopath (D.O.)	Physicians (M.D.)
May-2026	12.5	16.71

Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2026-05-01 End-date: 2026-05-31 group-by: month



Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2025-06-01 End-date: 2026-05-31 group-by: month

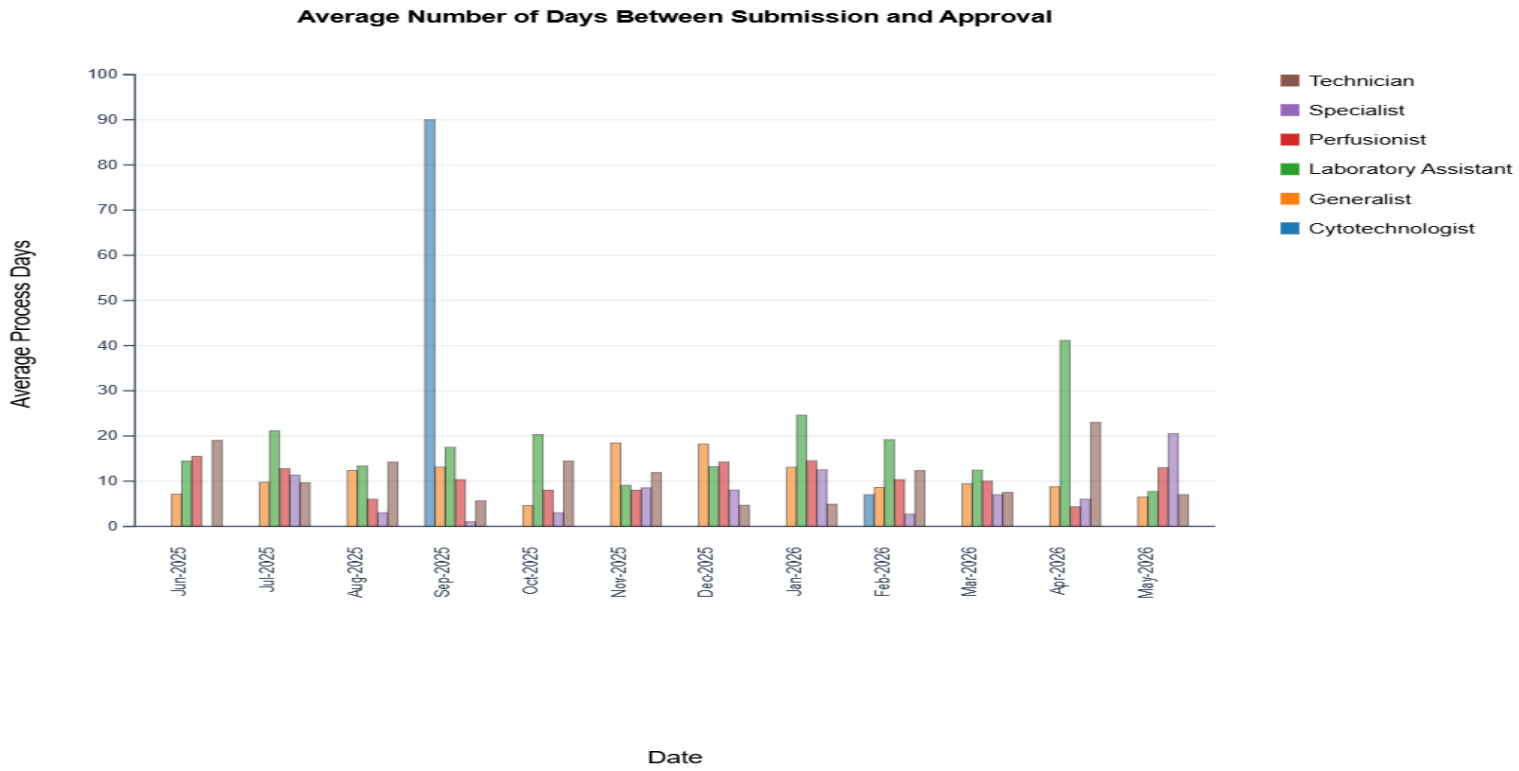
Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2025-06-01 End-date: 2026-05-31 group-by: month

Date	Cytotechnologist	Generalist	Laboratory Assistant	Perfusionist	Specialist	Technician
Jun-2025	0	7.11	14.44	15.5	0	19.02
Jul-2025	0	9.75	21.14	12.75	11.33	9.63
Aug-2025	0	12.35	13.35	6	3	14.21
Sep-2025	90	13.11	17.49	10.33	1	5.68
Oct-2025	0	4.6	20.33	8	3	14.44
Nov-2025	0	18.43	9.07	8	8.5	11.9
Dec-2025	0	18.25	13.2	14.25	8	4.67
Jan-2026	0	13.07	24.6	14.5	12.5	4.9
Feb-2026	7	8.59	19.17	10.33	2.67	12.33
Mar-2026	0	9.4	12.43	10	7	7.5
Apr-2026	0	8.75	41.14	4.33	6	23
May-2026	0	6.47	7.69	13	20.5	7

Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2025-06-01 End-date: 2026-05-31 group-by: month



inLumon Master

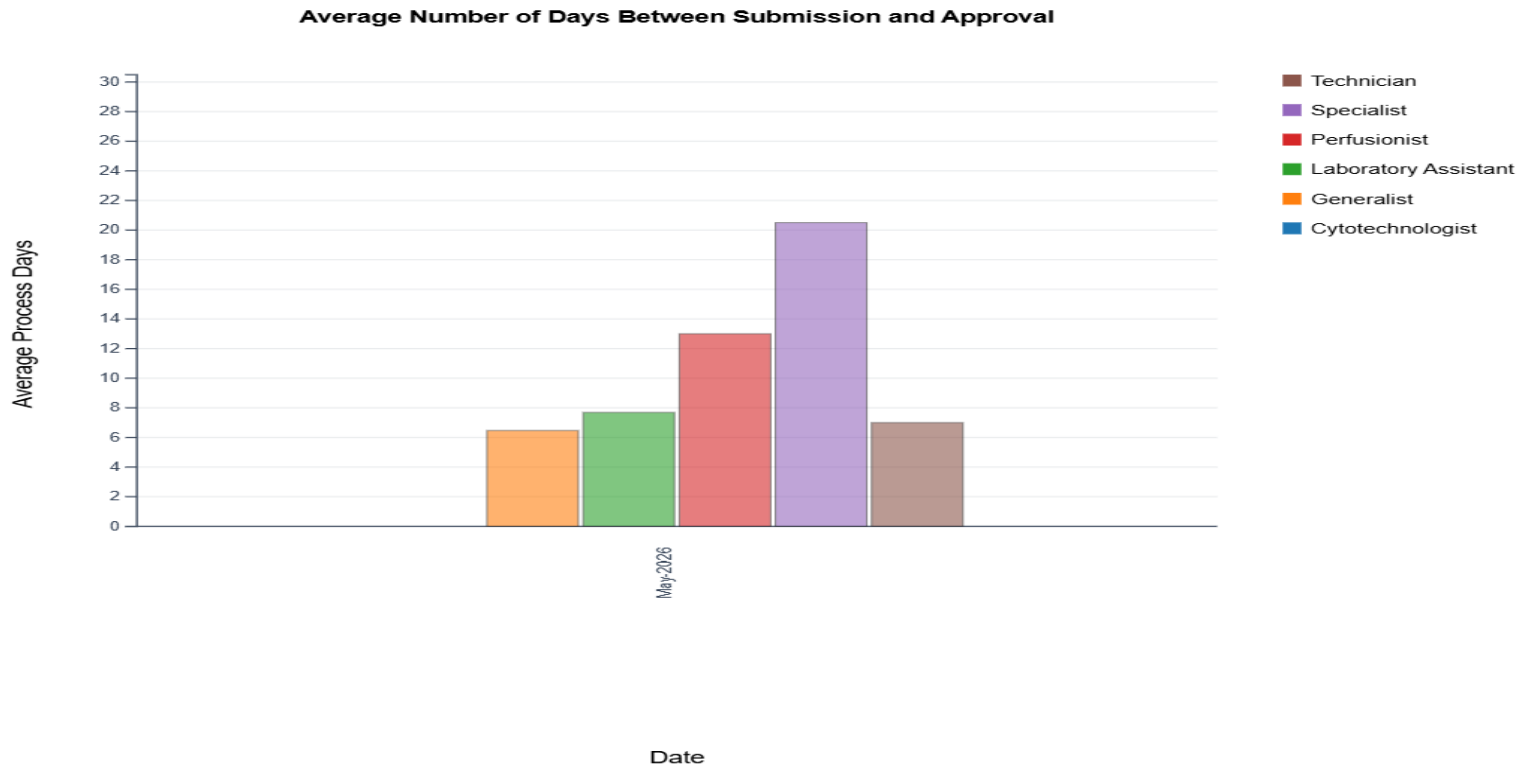
Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2026-05-01 End-date: 2026-05-31 group-by: month

Date	Cytotechnologist	Generalist	Laboratory Assistant	Perfusionist	Specialist	Technician
May-2026	0	6.47	7.69	13	20.5	7

Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2026-05-01 End-date: 2026-05-31 group-by: month



Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2025-06-01 End-date: 2026-05-31 group-by: month

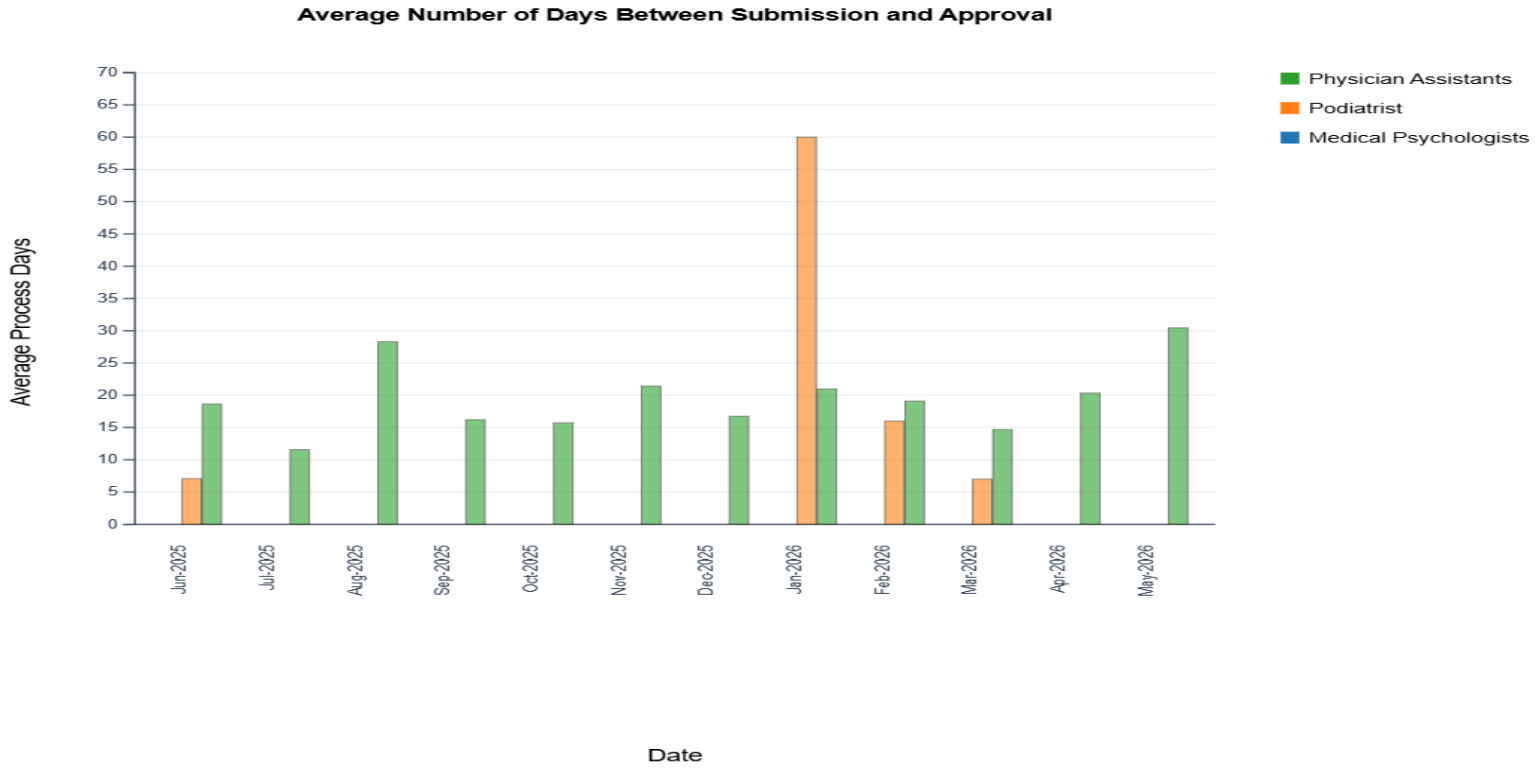
Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2025-06-01 End-date: 2026-05-31 group-by: month

Date	Medical Psychologists	Podiatrist	Physician Assistants
Jun-2025	0	7.08	18.65
Jul-2025	0	0	11.56
Aug-2025	0	0	28.29
Sep-2025	0	0	16.2
Oct-2025	0	0	15.72
Nov-2025	0	0	21.43
Dec-2025	0	0	16.75
Jan-2026	0	60	20.97
Feb-2026	0	16	19.1
Mar-2026	0	7	14.68
Apr-2026	0	0	20.33
May-2026	0	0	30.44

Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2025-06-01 End-date: 2026-05-31 group-by: month



inLumon Master

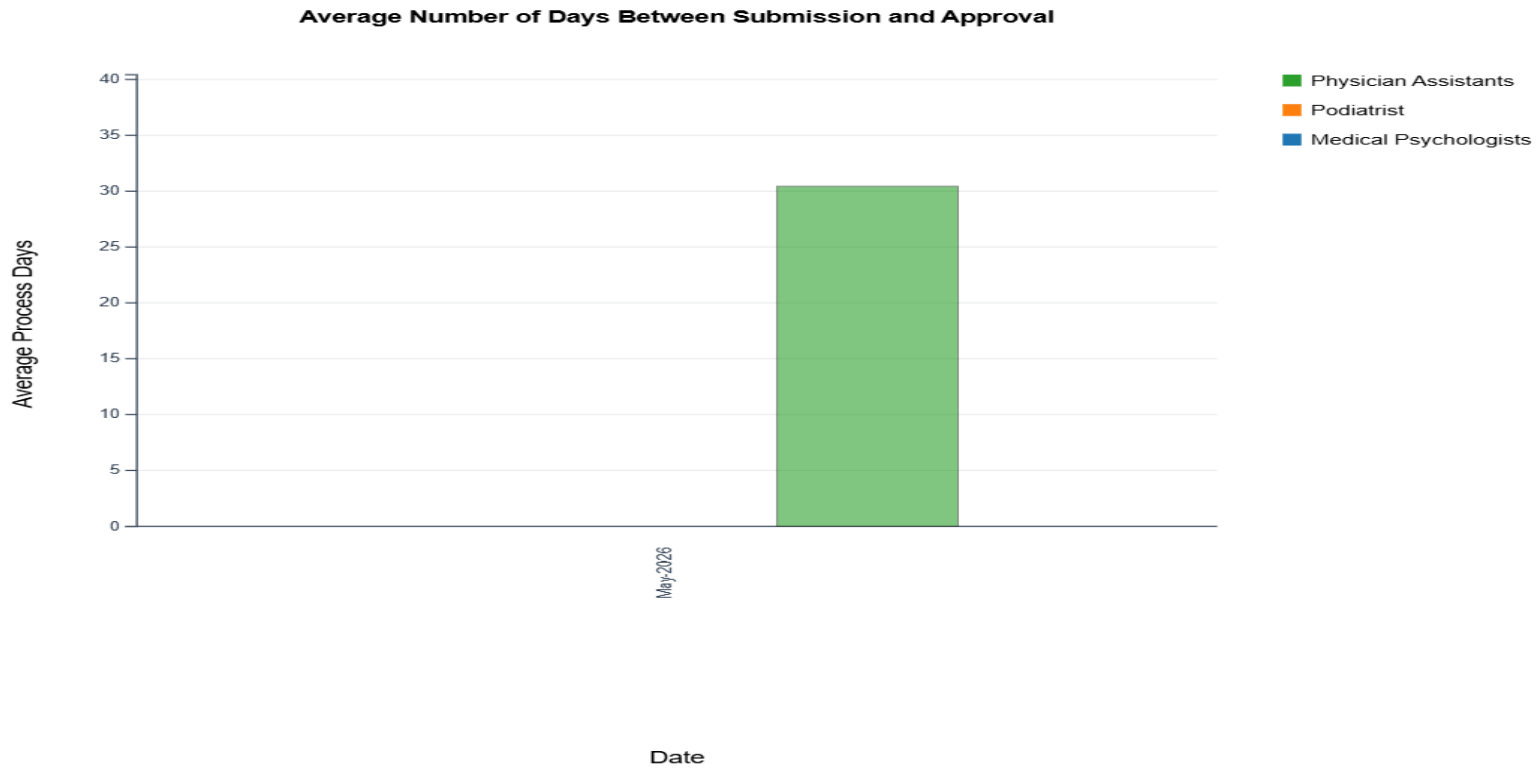
Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2026-05-01 End-date: 2026-05-31 group-by: month

Date	Medical Psychologists	Podiatrist	Physician Assistants
May-2026	0	0	30.44

Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2026-05-01 End-date: 2026-05-31 group-by: month



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Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2025-06-01 End-date: 2026-05-31 group-by: month

inLumon
Proven Results.

inLumon Master

Report Name: Average Number of Days Between Submission and Approval

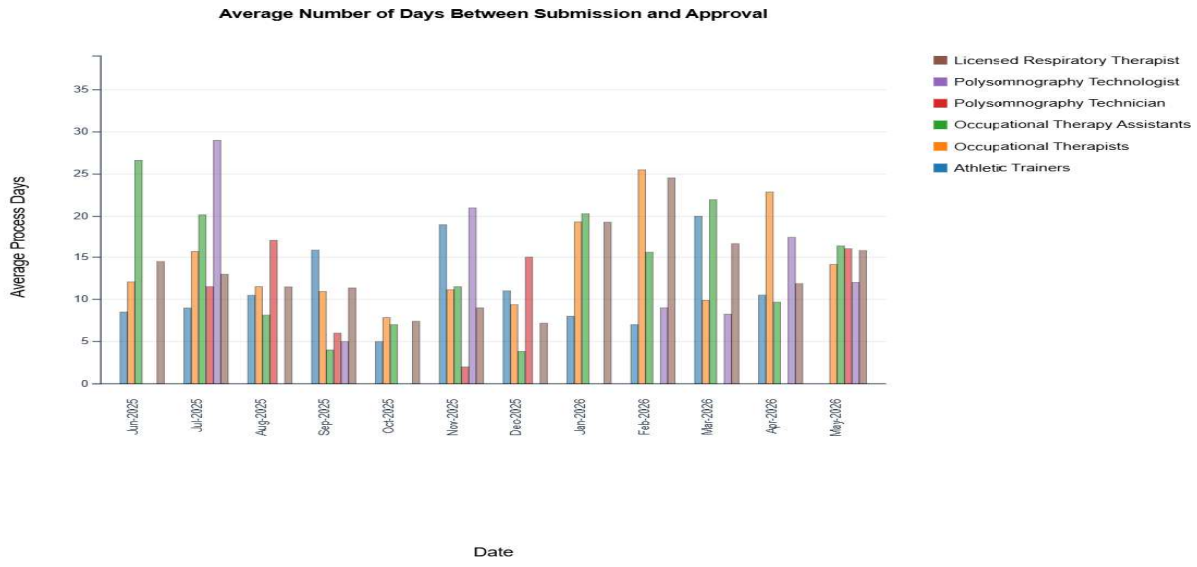
Report Selection: Start-date: 2025-06-01 End-date: 2026-05-31 group-by: month

Date	Athletic Trainers	Occupational Therapists	Occupational Therapy Assistants	Polysomnography Technician	Polysomnography Technologist	Licensed Respiratory Therapist
Jun-2025	8.5	12.06	26.63	0	0	14.48
Jul-2025	8.97	15.67	20.17	11.5	29	12.97
Aug-2025	10.48	11.51	8.13	17	0	11.48
Sep-2025	15.83	10.93	4	6	5	11.35
Oct-2025	5	7.84	7	0	0	7.4
Nov-2025	19	11.14	11.5	2	21	9
Dec-2025	11	9.37	3.83	15	0	7.17
Jan-2026	8	19.33	20.3	0	0	19.3
Feb-2026	7	25.5	15.58	0	9	24.55
Mar-2026	20	9.88	21.96	0	8.25	16.6
Apr-2026	10.5	22.88	9.67	0	17.5	11.86
May-2026	0	14.14	16.33	16	12	15.78

inLumon Master

Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2025-06-01 End-date: 2026-05-31 group-by: month



inLumon Master

Report Name: Average Number of Days Between Submission and Approval

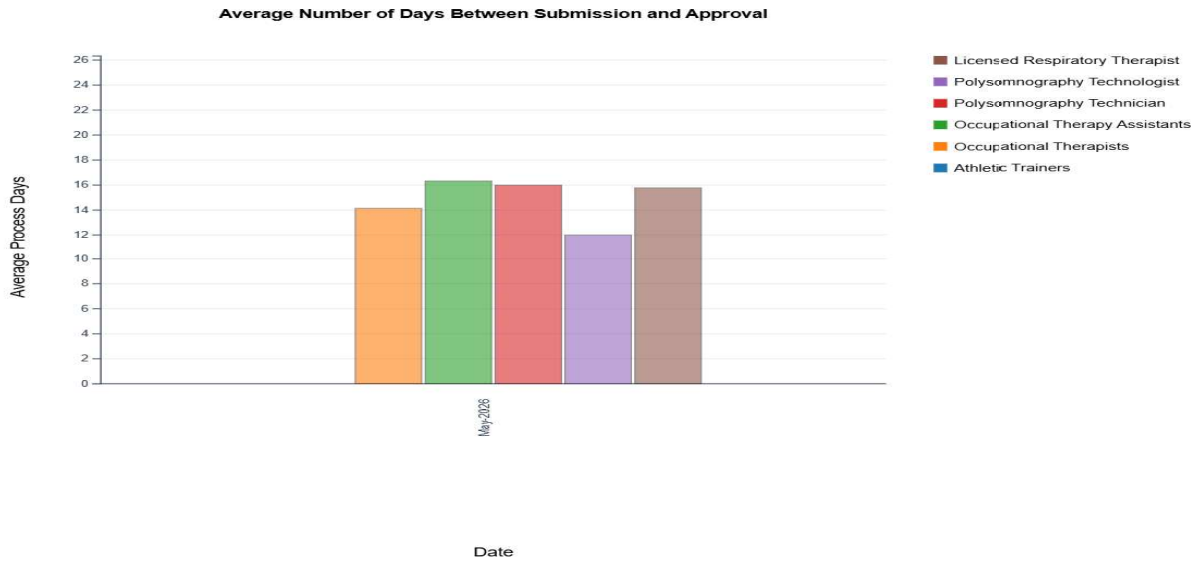
Report Selection: Start-date: 2026-05-01 End-date: 2026-05-31 group-by: month

Date	Athletic Trainers	Occupational Therapists	Occupational Therapy Assistants	Polysomnography Technician	Polysomnography Technologist	Licensed Respiratory Therapist
May-2026	0	14.14	16.33	16	12	15.78

inLumon Master

Report Name: Average Number of Days Between Submission and Approval

Report Selection: Start-date: 2026-05-01 End-date: 2026-05-31 group-by: month



Director of Investigations' Report

INVESTIGATIVE DIVISION BOARD REPORT

May 1st – 31st 2026

Number of complaints received: 111

Percentage of Complaints Resolved within 7 days: 46%

Number of cases closed: 72

Total number of cases opened in May still open: 39

Total number of all complaint cases closed in May: 88

Total number of open cases as of May 31st, 2026: Approximately 174

1.10 Financial Report

01.10.01 Balance Sheet at 04.30.2026

01.10.02 LSBME Four Year Profit & Loss Statement 04.30.2026

La. State Board of Medical Examiners
Balance Sheet
As of April 30, 2026

	Apr 30, 26
ASSETS	
Current Assets	
Checking/Savings	11,720,351.16
Accounts Receivable	
110-000 · Accounts Receivable	53,461.98
Total Accounts Receivable	53,461.98
Other Current Assets	
115-110 · Allowance for Bad Debts	-20,481.20
120-050 · Prepaid Insurance	
120-100 · ORM	12,135.76
Total 120-050 · Prepaid Insurance	12,135.76
120-110 · Prepaid Maint-Computers/Elect	34,183.89
120-115 · Prepaid Costs-Various	54,118.74
Total Other Current Assets	79,957.19
Total Current Assets	11,853,770.33
Fixed Assets	
145-000 · Property and Equipment	6,477,362.70
Total Fixed Assets	6,477,362.70
Other Assets	1,387,692.00
TOTAL ASSETS	**19,718,825.03**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
200-100 · Accounts Payable	174,040.13
Total Accounts Payable	174,040.13
Other Current Liabilities	265,750.31
Total Current Liabilities	439,790.44
Long Term Liabilities	18,563,407.43
Total Liabilities	19,003,197.87
Equity	715,627.16
TOTAL LIABILITIES & EQUITY	**19,718,825.03**

LA State Board of Medical Examiners
Income Statement
For the Four Month Period Ending April 30, 2026

	2026	2025	2024	2023
Revenue				
Licenses & Exams	$ 2,997,270	$ 2,973,674	$ 2,698,667	$ 2,803,110
Penalties & Fines	65,279	119,368	93,642	79,725
PHP REVENUE	212,474	212,409	193,550	198,250
CME REVENUE	52,976	53,277	49,119	50,582
Other Income	65,764	66,281	112,699	157,953
Total Revenue	**3,393,763**	**3,425,009**	**3,147,677**	**3,289,620**
Expenses				
Salaries & Wages	1,390,862	1,380,054	1,391,698	1,192,291
Wages-Overtime	9,080	8,670	21,073	2,285
Employee Related Benefits & Taxes	598,064	599,150	738,857	636,519
Employer Match Deferred Comp	8,531	10,100	73,532	53,905
Travel Expenses	6,809	13,222	4,579	6,439
Travel Expenses-Board	6,182	5,107	2,860	8,227
Outside Contracted Services	89,283	39,765	20,295	195,442
PHP Contract	212,474	133,955	193,550	198,250
Operating Costs Excluding Building	286,317	326,414	257,961	275,639
Parking	54,577	52,893	52,672	52,528
Building Operations	68,580	63,982	56,513	68,153
Security	25,114	21,035	33,773	24,158
Materials & Supplies	14,689	16,771	21,129	14,666
Legal/Investigative Fees	114,831	174,587	117,403	182,588
Total Expenses	**2,885,394**	**2,845,705**	**2,985,895**	**2,911,091**
Net Income	**$ 508,369**	**$ 579,304**	**$ 161,783**	**$ 378,529**

1.11 Future Meeting Dates

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
June 22, 2026
MEETING AGENDA

Board Meeting Dates 2026

July 27, 28
August 24, 25
September 21, 22
October 26, 27
December 14, 15

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								
Obesity								
Physician Assistants								
Private Radiological Technicians								
APRN								
Opioid								
Recovery								
Midwives								
Alternative Paths for Licensing								
Podiatrists								
Fully Trained Foreign Physicians								
Athletic Trainers