

**FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES**

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Phone:	(504) 568-6820, ext. 242	Office:	Louisiana State Board of Medical Examiners
Return Address:	630 Camp Street New Orleans, Louisiana 70130	Rule Title:	Continuing Medical Education
		Date Rule Takes Effect:	Upon Promulgation

**SUMMARY**  
(Use complete sentences)

In accordance with Section 961 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. THE FOLLOWING STATEMENTS SUMMARIZE ATTACHED WORKSHEETS, I THROUGH IV AND WILL BE PUBLISHED IN THE LOUISIANA REGISTER WITH THE PROPOSED AGENCY RULE.

**I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)**

Other than the cost of rulemaking, there are no estimated implementation costs or savings for state or local government units resulting from the promulgation of the proposed rule changes. The cost for the Louisiana State Board of Medical Examiners is approximately \$640 in FY 26 for the notice and rule publication in the *Louisiana Register*.

Proposed rule changes allow for physicians to receive credit for participating on medical review panels and update the continuing medical education (CME) requirement for initial licensure to account for changes in board procedures such as the creation of the laws and rules course and electronic education tracker.

**II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)**

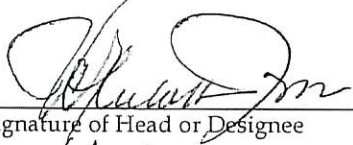
The proposed rule changes are not anticipated to impact the revenue collections of state or local governmental units.

**III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NON-GOVERNMENTAL GROUPS (Summary)**

The proposed rule will provide a modest economic benefit to physicians who serve on Medical Review Panels by allowing them to receive CME credit for this service. Physicians will be eligible to claim 3.5 hours of CME credit per panel, up to seven hours annually, thereby reducing the need to pay for equivalent CME hours through other educational providers. In most cases, physicians are personally responsible for covering the cost of CME courses, which may be obtained through professional organizations such as the American Academy of Family Physicians (AAFP), hospitals, or accredited online programs. Fees vary by provider, and the ability to substitute up to seven hours of no-cost CME credit for panel service represents a modest savings in annual professional expenses.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule changes will have no effect on competition or employment.



Signature of Head or Designee

V. A. COLOTTA JR. LL.D

Typed Name & Title of Agency Head or Designee

11-10-25

Date of Signature



Legislative Fiscal Officer or Designee

11/10/25

Date of Signature

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The following information is required in order to assist the Legislative Fiscal Office in its review of the fiscal and economic impact statement and to assist the appropriate legislative oversight subcommittee in its deliberation on the proposed rule.

- A. Provide a brief summary of the content of the rule (if proposed for adoption, or repeal) or a brief summary of the change in the rule (if proposed for amendment). Attach a copy of the notice of intent and a copy of the rule proposed for initial adoption or repeal (or, in the case of a rule change, copies of both the current and proposed rules with amended portions indicated).

The proposed rule changes will change the continuing medical education (CME) requirements for physicians. The amendments authorize physicians to receive CME credit for service on Medical Review Panels established under R.S. 40:1231.8, allowing up to 3.5 hours of credit per panel, with a maximum of seven hours annually. The proposed rule changes update the CME requirement for initial licensure to account for changes in board procedures such as the creation of the laws and rules course and electronic education tracker.

The proposed changes clarify existing CME standards, modernize documentation processes, and align the rules with current practice. No new licensure requirements are established, and the proposed rule changes are not expected to create additional costs for physicians or the state.

- B. Summarize the circumstances, which require this action. If the Action is required by federal regulation, attach a copy of the applicable regulation.

The Louisiana State Board of Medical Examiners (LSBME) determined that participation in a medical review panel should be eligible for continuing medical education (CME) credit. In addition, the LSBME used this rulemaking opportunity to update and clarify other provisions within the chapter to ensure consistency with current board practices and educational standards.

- C. Compliance with Act 11 of the 1986 First Extraordinary Session

- (1) Will the proposed rule change result in any increase in the expenditure of funds? If so, specify amount and source of funding.

The proposed rule changes will not require any additional funding or expenditure of funds.

- (2) If the answer to (1) above is yes, has the Legislature specifically appropriated the funds necessary for the associated expenditure increase?

(a) \_\_\_\_\_ YES. If yes, attach documentation.

(b) \_\_\_\_\_ NO. If no, provide justification as to why this rule change should be published at this time

The LSBOE operates on self-generated funds, and it has been determined that the proposed rule changes are in the best interest of the public.

- D. Compliance with Act 98 of the 2025 Regular Session

- (1) Will the proposed rule change result in either the expenditure of state funds or an economic impact involving costs to regulated entities estimated at \$200,000 or more per year or \$600,000 or more over three years?

(a) \_\_\_\_\_ YES. (proceed to question D.2 on this page)

(b)   X   \_\_\_\_\_ NO.

- (2) If the answer to (1) above is yes, was there a fiscal note for the enacted legislation that required this action (attach documentation)?

(a) \_\_\_\_\_ YES, and all cost impacts were contemplated in the Fiscal Note.

(b) \_\_\_\_\_ YES, but cost impacts exceed those contemplated in the Fiscal Note.

(c) \_\_\_\_\_ NO.

Not applicable.

**FISCAL AND ECONOMIC IMPACT STATEMENT  
WORKSHEET**

**I. A. COSTS OR SAVINGS TO STATE AGENCIES RESULTING FROM THE ACTION PROPOSED**

1. What is the anticipated increase (decrease) in costs to implement the proposed action?

<b>COSTS</b>	<b>FY 26</b>	<b>FY 27</b>	<b>FY 28</b>
PERSONAL SERVICES	\$0	\$0	\$0
OPERATING EXPENSES	\$640	\$0	\$0
PROFESSIONAL SERVICES	\$0	\$0	\$0
OTHER CHARGES	\$0	\$0	\$0
EQUIPMENT	\$0	\$0	\$0
MAJOR REPAIR & CONSTR.	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$640</b>	<b>\$0</b>	<b>\$0</b>
<b>POSITIONS (#)</b>	<b>0</b>	<b>0</b>	<b>0</b>

2. Provide a narrative explanation of the costs or savings shown in "A. 1.", including the increase or reduction in workload or additional paperwork (number of new forms, additional documentation, etc.) anticipated as a result of the implementation of the proposed action. Describe all data, assumptions, and methods used in calculating these costs.

Other than the cost of rulemaking, there are no estimated implementation costs or savings for state agencies resulting from the promulgation of the proposed rule changes. The cost for the Louisiana State Board of Medical Examiners is approximately \$640 in FY 26 for the notice and rule publication in the Louisiana Register.

3. Sources of funding for implementing the proposed rule or rule change.

<b>SOURCE</b>	<b>FY 26</b>	<b>FY 27</b>	<b>FY 28</b>
STATE GENERAL FUND	\$0	\$0	\$0
AGENCY SELF-GENERATED	\$640	\$0	\$0
DEDICATED	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0
OTHER (Specify)	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$640</b>	<b>\$0</b>	<b>\$0</b>

4. Does your agency currently have sufficient funds to implement the proposed action? If not, how and when do you anticipate obtaining such funds?

The Louisiana State Board of Medical Examiners has sufficient self-generated funds available to implement the proposed rule changes.

**B. COST OR SAVINGS TO LOCAL GOVERNMENTAL UNITS RESULTING FROM THE ACTION PROPOSED.**

1. Provide an estimate of the anticipated impact of the proposed action on local governmental units, including adjustments in workload and paperwork requirements. Describe all data, assumptions and methods used in calculating this impact.

The proposed rule changes are not anticipated to result in any costs or savings for local governmental units.

2. Indicate the sources of funding of the local governmental unit, which will be affected by these costs or savings.

The proposed rule changes will not impact sources of funding of local governmental units.

FISCAL AND ECONOMIC IMPACT STATEMENT  
WORKSHEET

II. EFFECT ON REVENUE COLLECTIONS OF STATE AND LOCAL GOVERNMENTAL UNITS

A. What increase (decrease) in revenues can be anticipated from the proposed action?

REVENUE INCREASE/DECREASE	FY 26	FY 27	FY 28
STATE GENERAL FUND	\$0	\$0	\$0
AGENCY SELF-GENERATED	\$0	\$0	\$0
DEDICATED	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0
LOCAL FUNDS	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\*Specify the particular fund being impacted.

B. Provide a narrative explanation of each increase or decrease in revenues shown in "A." Describe all data, assumptions, and methods used in calculating these increases or decreases.

There will be no anticipated effect on revenue collections of state or local government units as a result of the proposed rule changes.

**FISCAL AND ECONOMIC IMPACT STATEMENT  
WORKSHEET**

**III. COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS**

- A. What persons, small businesses, or non-governmental groups would be directly affected by the proposed action? For each, provide an estimate and a narrative description of any effect on costs, including workload adjustments and additional paperwork (number of new forms, additional documentation, etc.), they may have to incur as a result of the proposed action.

The proposed rule will provide a modest economic benefit to physicians who serve on Medical Review Panels by allowing them to receive CME credit for this service. Physicians will be eligible to claim 3.5 hours of CME credit per panel, up to seven hours annually, thereby reducing the need to pay for equivalent CME hours through other educational providers. In most cases, physicians are personally responsible for covering the cost of CME courses, which may be obtained through professional organizations such as the American Academy of Family Physicians (AAFP), hospitals, or accredited online programs. Fees vary by provider, and the ability to substitute up to seven hours of no-cost CME credit for panel service represents a modest savings in annual professional expenses.

- B. Also provide an estimate and a narrative description of any impact on receipts and/or income resulting from this rule or rule change to these groups.

The proposed rule changes will not have an effect on receipts or income.

**IV. EFFECTS ON COMPETITION AND EMPLOYMENT**

Identify and provide estimates of the impact of the proposed action on competition and employment in the public and private sectors. Include a summary of any data, assumptions and methods used in making these estimates.

The proposed rule changes will have no effect on competition or employment.