- Establishes a new qualification pathway by allowing qualification through any of the following ICC certifications, provided the certification is in good standing: Residential Building Inspector certification, Certified Building Official certification, or Master Code Professional certification.
- Establishes a new qualification pathway by allowing individuals to qualify through an active architect license issued by the Louisiana State Board of Architectural Examiners (LSBAE) that is in good standing.
- Establishes a new qualification pathway by allowing individuals to qualify through an active engineer license issued by the Louisiana Professional Engineering and Land Surveying Board (LAPELS) that is in good standing.

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

There is no anticipated effect on revenue collections of state or local governmental units.

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

There are no anticipated costs or economic benefits to directly affected persons, small businesses, or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Implementation of this proposed rule is not anticipated to have an effect on competition and employment.

Bradley Hassert	Patrice Thomas
Executive Director	Deputy Fiscal Officer
2606#027	Legislative Fiscal Office

NOTICE OF INTENT

Department of Health
Board of Dentistry

Continuing Education Requirements
(LAC 46:XXXIII.501 and 502)

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950, et seq., the Dental Practice Act, R.S. 37:751, et seq., and particularly R.S. 37:760 (8), notice is hereby given that the Department of Health, Board of Dentistry intends to amend LAC 46:XXXIII.501 and 502 .

The Board of Dentistry is amending LAC 46:XXXIII.501 to add authorization for dental hygienists to perform certain non-invasive, non-intraoral, reversible procedures under the direct supervision of a licensed dentist, provided the procedures do not penetrate the skin or mucosa and both the hygienist and supervising dentist have received adequate formal training. The current rules were written before many of these therapies became common in dental practice and do not clearly address them.

The Board of Dentistry is amending LAC 46:XXXIII.502 to add authorization for expanded duty dental assistants to perform certain non-invasive, non-intraoral, reversible procedures under the direct supervision of a licensed dentist, provided the procedures do not penetrate the skin or mucosa and both the assistant and supervising dentist have received adequate formal training. The current rules were written before many of these therapies became common in dental practice and do not clearly address them.

Title 46
PROFESSIONAL AND OCCUPATIONAL STANDARDS
Part XXXIII. Dental Health Profession
Chapter 5. Dental Assistants

§501. Authorized Duties

A. - B.19. …

20. any non-intraoral procedure not prohibited by Section 502 of this Chapter that is also a benign, reversible procedure that does not penetrate the skin or mucosa, and for which both the assistant and the supervising dentist have been adequately trained through attending a formal course.

C. - C.4. …

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Dentistry (October 1970), amended LR 2:186 (June 1976), LR 7:586 (November 1981), amended by Department of Health and Hospitals, Board of Dentistry, LR 15:965 (November 1989), LR 16:505 (June 1990), LR 19:205 (February 1993), LR 32:243 (February 2006), LR 52:

§502. Authorized Duties of Expanded Duty Dental Assistants

A. - A.15. …

B. A Louisiana licensed dentist may delegate to an expanded duty dental assistant, under direct supervision, any non-intraoral procedure not prohibited by part A of this Rule that is also a benign, reversible procedure that does not penetrate the skin or mucosa, and for which both the assistant and the supervising dentist have been adequately trained through attending a formal course.

C. The delegating dentist shall remain responsible for any dental act performed by an expanded duty dental assistant.

D. Certified expanded duty dental assistants may not hold themselves out to the public as authorized to practice dentistry or dental hygiene.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:760(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Dentistry, LR 19:205 (February 1993), amended LR 21:569 (June 1995), LR 22:1217 (December 1996), LR 24:1115 (June 1998), LR 25:1476 (August 1999), LR 26:1612 (August 2000), repromulgated LR 27:1894 (November 2001), amended LR 52:

Family Impact Statement

There will be no family impact in regard to issues set forth in R.S. 49:972.

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973. In particular, there should be no known or foreseeable effect on:

1. the effect on household income, assets, and financial security;
2. the effect on early childhood development and preschool through postsecondary education development;
3. the effect on employment and workforce development;
4. the effect on taxes and tax credits;

5. the effect on child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Small Business Analysis

In compliance with Act 820 of the 2008 Regular Session of the Louisiana Legislature, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will have no impact on small businesses, as described in R.S. 49:965.2 et seq.

Provider Impact Statement

The proposed rulemaking should not have any known or foreseeable impact on providers as defined by HCR 170 of 2014 Regular Legislative Session. In particular, there should be no known or foreseeable effect on:

1. the effect on the staffing level requirements or qualifications required to provide the same level of service;
2. the total direct and indirect effect of the cost to the providers to provide the same level of service; or
3. the overall effect on the ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments on these proposed Rule changes to Arthur Hickham, Jr., Executive Director, Louisiana State Board of Dentistry, P.O. Box 5256, Baton Rouge, Louisiana, 70821. Written comments must be submitted to and received by the Board by 4:30 p.m. on July 10, 2026. A request pursuant to R.S. 49:953(A)(2) for oral presentation, argument, or public hearing must be made in writing and received by the board by 4:30 p.m. on July 10, 2026.

Arthur Hickham, Jr.
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Continuing Education Requirements

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT 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 change. The cost for the Louisiana Board of Dentistry is approximately $500 in FY 26 for the notice and rule publication in the Louisiana Register. The Louisiana State Board of Dentistry is amending LAC 46:XXXIII. 501 and 502 to add authorization for dental hygienists and expanded duty dental assistants to perform certain non-invasive, non-intraoral, reversible procedures under the direct supervision of a licensed dentist.

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 NONGOVERNMENTAL GROUPS (Summary)

There are no estimated costs and/or economic benefits to directly affected persons, small businesses or non-governmental groups due to the rule proposed for initial adoption.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

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

Arthur Hickman, Jr.
Executive Director
2606#029

Alan M. Boxberger
Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health
Bureau of Health Services Financing

Inpatient Hospital Services—Small Rural Hospitals
Reimbursement Methodology (LAC 50:V.1125)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:V.1125 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing, proposes to amend the current reimbursement methodology for qualifying small rural hospitals. This proposed Rule establishes additional supplemental payments to public non-state hospitals in Department of Health Region 6 that have at least 30 licensed inpatient acute beds and 16 inpatient psychiatric beds, but which do not qualify for the Medicare critical access hospital designation. These supplemental funds will help sustain essential inpatient services for beneficiaries in the area.

The Rule text below has been drafted utilizing plain language principles to ensure clarity and accessibility for all users. It has also been reviewed and tested for compliance with web accessibility standards.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part V. Hospital Services
Chapter 11. Rural, Non-State Hospitals
Subchapter B. Reimbursement Methodology
§1125. Small Rural Hospitals

A. - E.2.b ...

F. Public Non-State Small Rural Hospitals. Effective for dates of service on or after September 20, 2026, quarterly supplemental payments will be issued to qualifying small rural hospitals. These payments apply to inpatient hospital services rendered during the quarter. Maximum aggregate payments to all qualifying hospitals in this group shall not exceed the available upper payment limit for the state fiscal year.

1. Qualifying Criteria. In order to qualify, as of September 30, 2025, the small rural hospital must:
   a. be publicly (non-state) owned and operated;
   b. be located in LDH administrative region 6;
   c. have at least 30 licensed inpatient acute beds and at least 16 inpatient distinct part psychiatric unit beds; and
   d. not have critical access hospital designation by Medicare per 42 C.F.R. Part 485 Subpart F.
2. Effective for dates of service on or after September 20, 2026, each qualifying hospital shall receive quarterly supplemental payments. These payments apply to the inpatient services rendered during the quarter. Quarterly payment distribution shall be limited to one fourth of the lesser of: