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August 22, 2017

Catherine Brindley, Editor
Office of the State Register
P.O. Box 94095
Baton Rouge, LA 70804-9095

Via Email and U.S. Mail
reg.submission@la.gov

RE: Louisiana Emergency Response Network Board - To Be Published August, 2017
- LAC 48:I, Chapter 193 §19303

Dear Ms. Brindley:

Enclosed is an Insertion Order for publication in the September 20, 2017, issue of the *State Register* submitted on behalf of the Louisiana Emergency Response Network Board:

- (1) Insertion Order for "LERN Destination Protocol: Stroke";
- (2) Final rule on "LERN Destination Protocol: Stroke," with corrections made in red;
and
- (3) Copy of the second report to the House and Senate and House and Senate Committees, along with receipts.

This is being submitted electronically to you today via email, reg.submission@la.gov. Originals are being mailed today also.

The usual courtesies and cooperation of your office are most appreciated.

Very truly yours,



CELIA R. CANGELOSI

CRC/tsc

Enclosures

cc: Paige Hargrove, LERN Executive Director

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability and autonomy as described in R.S. 49:972 as it will ensure continued access to by Medicaid recipients to services rendered by physicians and other professional services practitioners affiliated with state-owned or operated professional services practices.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a positive impact on child, individual or family poverty in relation to individual or community asset development as described in R.S. 49:973 as it reduces the financial burden for families of Medicaid recipients who are in need of access to services rendered by physicians and other professional services practitioners affiliated with state-owned or operated professional services practices.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, and may reduce the total direct and indirect cost to the provider to provide the same level of service and enhance the provider's ability to provide the same level of service since this proposed Rule increases the payment to providers for the same services they already render.

Public Comments

Interested persons may submit written comments to Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, July 27, 2017 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Rebekah E. Gee MD, MPH
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Professional Services Program Reimbursement Methodology—State-Owned or Operated Professional Services Practices

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

It is anticipated that the implementation of this proposed rule will result in estimated state fund costs of approximately

\$270 for FY 16-17, \$99,222,685 for FY 17-18 and \$91,291,650 for FY 18-19. It is anticipated that \$540 (\$270 SGF and \$270 FED) will be expended in FY 16-17 for the state's administrative expense for promulgation of this proposed rule and the final rule. The state match shall be funded through an intergovernmental transfer of funds from the qualifying professional services providers. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 63.34 percent in FY 17-18 and 64.23 percent in FY 18-19.

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

It is anticipated that the implementation of this proposed rule will increase federal revenue collections by approximately \$270 for FY 16-17, \$171,433,847 for FY 17-18 and \$163,926,830 for FY 18-19. It is anticipated that \$270 will be expended in FY 16-17 for the federal administrative expenses for promulgation of this proposed rule and the final rule. The numbers reflected above are based on a blended Federal Medical Assistance Percentage (FMAP) rate of 63.34 percent in FY 17-18 and 64.23 in FY 18-19.

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

This proposed Rule continues the provisions of the May 1, 2017 Emergency Rule which amended the provisions governing the Professional Services Program in order to revise the reimbursement methodology for services rendered by physicians and other professional services practitioners employed by, or under contract to provide services in affiliation with a state-owned or operated entity. It is anticipated that implementation of this proposed rule will increase programmatic expenditures for the Professional Services Program by approximately \$270,656,532 for FY 17-18 and \$255,218,480 for FY 18-19.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this proposed rule will not have an effect on competition and employment.

Jen Steele
Medicaid Director
1706#042

Evan Brasseaux
Staff Director
Legislative Fiscal Office

~~NOTICE OF INTENT~~ **Rule**

Department of Health Emergency Response Network

LERN Destination Protocol: Stroke (LAC 48:I.19303)

Notice is hereby given that the Department of Health, Louisiana Emergency Response Network Board, has exercised the provisions of R.S. 49:950 et seq., the Administrative Procedure Act, and ~~intends to~~ promulgate LAC 48:I.19303, rules and regulations for LERN Destination Protocol: Stroke, amending and replacing the previous protocol set forth in LAC 48:I.19301.

Pursuant to Act 248 of the 2004 Regular Session of the Louisiana Legislature, the Louisiana Emergency Response Network and Louisiana Emergency Response Network Board were created within the Department of Health. The Louisiana Emergency Response Network Board is authorized by R.S. 40:2846(A) to adopt rules and regulations to carry into effect the provisions of R.S. 40:2841 et seq. Pursuant to R.S. 40:2841, the legislative purpose of the

Louisiana Emergency Response Network is to safeguard the public health, safety and welfare of the people of this state against unnecessary trauma and time-sensitive related deaths and incidents of morbidity due to trauma.

R.S. 9:2798.5 authorizes the board to promulgate protocols for the transport of trauma and time-sensitive ill patients. The Rule provides protocols for transportation of stroke patients, and is designated as LAC 48:I.19303.

**Title 48
PUBLIC HEALTH—GENERAL**

Part I. General Administration

Subpart 15. Emergency Response Network

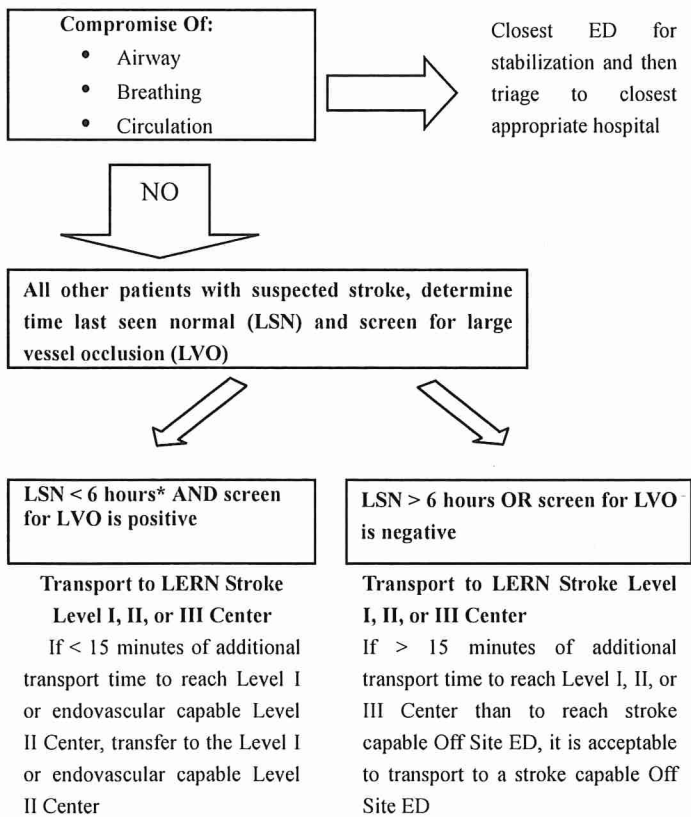
Chapter 193. Stroke Protocols

§19303. LERN Destination Protocol: Stroke

A. On April 21, 2017, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated “LERN Designation Protocol: Stroke”, amending and replacing the previous “LERN Designation Protocol: Stroke” adopted on November 21, 2013 and set out in Section 19301, as follows.

**LERN Destination Protocol: Stroke
LERN Call Center: (866)320-8293**

The following protocol applies to patients with suspected stroke:



* The LSN < 6hrs should include patients without a definite time of LSN, but who could reasonably be assumed to be within 6 hrs of onset, including patients who wake-up with stroke symptoms.

Guiding Principles:

- Time is the critical variable in acute stroke care
- Protocols that include pre-hospital notification while en route by EMS should be used for patients with suspected acute stroke to facilitate initial destination efficiency.
- Treatment with intravenous tPA is the only FDA approved medication therapy for hyperacute stroke.
- EMS should identify the geographically closest hospital capable of providing tPA treatment.
- Transfer patient to the nearest hospital equipped to provide tPA treatment.
- Secondary transfer to facilities equipped to provide tertiary care and interventional treatments should not prevent administration of tPA to appropriate patients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health, Emergency Response Network, LR 43:

Family Impact Statement

1. What effect will these rules have on the stability of the family? The proposed Rule will not affect the stability of the family.
2. What effect will this have on the authority and rights of persons regarding the education and supervision of their children? The proposed Rule will not affect the authority and rights of persons regarding the education and supervision of their children.
3. What effect will this have on the functioning of the family? This Rule will not affect the functioning of the family.
4. What effect will this have on family earnings and family budget? This Rule will not affect the family earnings or family budget.
5. What effect will this have on the behavior and personal responsibility of children? This Rule will not affect the behavior or personal responsibility of children.
6. Is the family or local government able to perform the function as contained in this proposed Rule? No, the proposed Rule will have no impact.

Poverty Impact Statement

The proposed rulemaking will have no impact on poverty as described in R.S. 49:973.

Small Business Analysis

The impact of the proposed Rule on small business has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on small business as defined in the Regulatory Flexibility Act. The agency, consistent with health, safety, environmental and economic welfare factors has considered and, where possible, utilized regulatory methods in the drafting of the proposed Rule that will accomplish the objectives of applicable statutes while minimizing the adverse impact of the proposed Rule on small business.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana

Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, and no increase on direct or indirect cost. The proposed Rule will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments relative to the proposed Rule until 4:30 p.m., Monday, July 10, 2017 to Paige Hargrove, Louisiana Emergency Response Network, 14141 Airline Hwy., Suite B, Building 1, Baton Rouge, LA 70817, or via email to paige.hargrove@la.gov.

William Freeman, MD
Chair

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: LERN Destination Protocol: Stroke

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

This proposed rule amends LAC Title 48, Part I, Chapter 193 – Stroke Protocols, Section 19303 – Destination Protocol: Stroke. The Louisiana Emergency Response Network (LERN) Board is authorized to adopt protocols for the transport of trauma and time sensitive ill patients. The proposed rule amends the existing destination protocol for a stroke to include screening for large vessel occlusion (LVO) by emergency medical services (EMS) and the appropriate destination for those patients who screen positive for LVO.

Other than the cost to publish in the State Register, which is estimated to be \$852.00 in FY 16-17 and \$319.50 in FY 17-18, it is not anticipated that the proposed rule will result in any costs or savings to LERN or any state or local governmental unit.

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

There is no anticipated effect on revenue collection of state or local governmental units as a result of this rule change.

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

Victims of stroke are directly affected by this proposed rule. The new screening protocol performed by EMS will result in stroke victims being routed to the nearest trauma center within a timely manner to receive appropriate endovascular treatment. The benefits to stroke victims are the chance to live a life without the severe stroke deficits – paralysis, immobility, nursing home confinement or death. The proposed rule does not preclude patient choice.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule amends the previously promulgated Stroke Pre-Hospital Destination Protocol. The stroke system is a voluntary system. This rule does not restrict any hospital from pursuing stroke center certification or from attesting to meeting the LERN Board approved stroke requirements. Hospitals may seek to expand access to endovascular capability as a result of this rule. The proposed rule will have no effect on employment.

Paige Hargrove
Executive Director
1706#033

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Insurance Office of the Commissioner

Regulation 32—Group and Individual Coordination of Benefits (LAC 37:XIII.Chapter 3)

The Department of Insurance, pursuant to the authority of the *Louisiana Insurance Code*, R.S. 22:1 et seq., and in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., hereby gives notice of its intent to amend and promulgate Regulation 32, group and individual coordination of benefits. The purpose of the regulation is to establish a uniform order of benefit determination for plans to pay claims.

The purpose for amending Regulation 32 is for the Department of Insurance to provide clarification in the implementation of calculating the benefits reserve for the benefit of consumers as provided for in this regulation.

Title 37

INSURANCE

Part XIII. Regulations

Chapter 3. Regulation 32—Coordination of Benefits

§301. Purpose and Applicability

A. The purpose of this regulation is to:

1. establish a uniform order of benefit determination under which plans pay claims;
2. reduce duplication of benefits by permitting a reduction of the benefits to be paid by plans that, pursuant to rules established by this regulation, do not have to pay their benefits first; and
3. provide greater efficiency in the processing of claims when a person is covered under more than one plan.

B. This regulation applies to all plans which includes all accident and health products and health maintenance organization products that are issued on or after the effective date of this regulation. The effective date of this regulation is upon final publication.

AUTHORITY NOTE: Promulgated in accordance with R.S. 22:3.2014.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 17:67 (January 1991), amended LR 20:52 (January 1994), LR 23:415 (April 1997), LR 41:1095 (July 2016), LR 43:

§303. Definitions

A. As used in this regulation, these words and terms have the following meanings, unless the context clearly indicates otherwise.

Allowable Expense—a health care service or expense including deductibles, coinsurance, or copayments that is covered in full or in part by any of the plans covering the person, except as set forth below or where a statute requires a different definition. This means that an expense or service or a portion of an expense or service that is not covered by any of the plans is not an allowable expense.

a. The following are examples of expenses or services that are and are not an allowable expense.

i. If a covered person is confined in a private hospital room, the difference between the cost of a semi-private room in the hospital and the private room, (unless the patient's stay in the private hospital room is medically necessary in terms of generally accepted medical practice, or