

\$353,165,288 for FY 14-15, \$364,405,227 for FY 15-16 and \$375,337,384 for FY 16-17. It is anticipated that \$216 will be expended in FY 14-15 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 62.06 percent in FY 14-15 and 62.17 in FY 15-16. The enhanced rate of 62.11 percent for the first three months of FY 15 is the federal rate for disaster-recovery FMAP adjustment states.

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

This proposed rule amends the provisions governing the reimbursement methodology for nursing facilities to further reduce the reimbursement rates for non-state nursing facilities. It is anticipated that implementation of this proposed rule will reduce program expenditures in the Medicaid Program for nursing facility services by approximately \$569,071,067 for FY 14-15, \$586,143,199 for FY 15-16 and \$603,727,495 for FY 16-17.

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. However, we anticipate that the implementation may have a negative effect on employment as it will reduce the payments made to nursing facilities. The reduction in payments may adversely impact the financial standing of nursing facilities and could possibly cause a reduction in employment opportunities.

J. Ruth Kennedy
 Medicaid Director
 1502#071

Evan Brasseaux
 Staff Director
 Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health and Hospitals
 Emergency Response Network**

LERN Destination Protocol: TRAUMA
 (LAC 48:I.19119)

Notice is hereby given that the Louisiana Emergency Response Network Board has exercised the provisions of R.S. 49:950 et seq., the Administrative Procedure Act, and intends to codify into LAC 48:I.Chapter 191, a protocol heretofore adopted and promulgated by the Louisiana Emergency Response Network Board for the transport of trauma and time sensitive ill patients, adopted as authorized by R.S. 9:2798.5.

Title 48

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 15. Emergency Response Network Board

Chapter 191. Trauma Protocols

§19119. Destination Protocol: TRAUMA

A. On November 20, 2014, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated "Destination Protocol: Trauma" to be effective January 1, 2015, and replacing the "LERN Destination Protocol: Trauma" adopted and promulgated November 21, 2013, as follows.

1. Call LERN communication center at (866) 320-8293 for patients meeting the following criteria.

<ul style="list-style-type: none"> • Unmanageable airway • Tension pneumothorax • Traumatic cardiac arrest • Burn patient without patent airway • Burn patient > 40 percent BSA without IV 	Yes→	Closest ED/ Trauma Center
↓ No		
Measure vital signs and level of consciousness		
<ul style="list-style-type: none"> • GCS ≤13 • SBP <90mmHg • RR <10 or >29 breaths per minute, or need for ventilator Support (<20 in infant aged <1 year) 	Yes→	Transport to Trauma Center/ Trauma Program These patients should be transported to the highest level of care within the defined trauma system. This is a Level 1 or a Level 2 Trauma Center or Trauma Program. <i>* If distance or patient condition impedes transport to trauma facility, consider transport to most appropriate resourced hospital.</i>
↓ No		
Assess anatomy of injury		
<ul style="list-style-type: none"> • All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee • Chest wall instability or deformity (e.g. flail chest) • Two or more proximal long-bone fractures • Crushed, degloved, mangled, or pulseless extremity • Amputation proximal to wrist or ankle • Pelvic fractures • Open or depressed skull fracture • Paralysis • Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture) 	Yes→	Transport to Trauma Center/ Trauma Program These patients should be transported to the highest level of care within the defined trauma system. This is a Level 1 or a Level 2 Trauma Center or Trauma Program. <i>* If distance or patient condition impedes transport to trauma facility, consider transport to most appropriate resourced hospital.</i>
↓ No		
Assess mechanism of injury and evidence of high-energy impact		
<ul style="list-style-type: none"> • Falls <ul style="list-style-type: none"> - Adults: >20 feet (one story is equal to 10 feet) - Children: >10 feet or two or three times the height of the child • High-risk auto crash <ul style="list-style-type: none"> - Intrusion, including roof: > 12 inches occupant site; - > 18 inches any site <ul style="list-style-type: none"> - Ejection (partial or complete) from automobile - Death in the same passenger compartment - Vehicle telemetry data consistent with a high risk of injury • Auto vs. pedestrian/bicyclist/ ATV thrown, run over, or with significant (>20 mph) impact 	Yes→	Transport to Trauma Center/Trauma Program which, depending upon the defined trauma system, need not be the highest level trauma center/program. If no Trauma Center/Trauma Program in the region, LCC may route to the most appropriate resourced hospital.

• Motorcycle crash >20mph		
↓ No		
Assess special patient or system considerations		
<ul style="list-style-type: none"> • Older Adults <ul style="list-style-type: none"> - Risk of injury/death increases after age 55 years - SBP <110 may represent shock after age 65 - Low impact mechanisms (e.g. ground level falls) may result in severe injury • Children <ul style="list-style-type: none"> - Should be triaged preferentially to pediatric capable trauma centers • Anticoagulants and bleeding disorders <ul style="list-style-type: none"> - Patients with head injury are at high risk for rapid deterioration • Burns <ul style="list-style-type: none"> - With trauma mechanism: triage to trauma center • Pregnancy >20 weeks • Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls • Major joint dislocations (hip, knee, ankle, elbow) • Open Fractures • EMS provider judgment 	Yes→	Transport to Trauma Center/Trauma Program which, depending upon the defined trauma system, need not be the highest level trauma center/program. If no Trauma Center/Trauma Program in the region, LCC may route to the most appropriate resourced hospital.
↓ No		
Multi/Mass Casualty Incident	No→	Transport according to protocol

2. When in doubt, transport to a trauma center.

B. This protocol was published at LR 40:2710 (December 20, 2014).

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 and Hospitals, Emergency Response Network, LR 41:

Family Impact Statement

1. What effect will this Rule 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 Statement

The impact of the proposed amendment to Section 19119 of the 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., Tuesday, March 10, 2015 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.

Paige Hargrove
Executive Director

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

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

This proposed rule adopts *Louisiana Administrative Code* (LAC) Title 48—Public Health General, Part I—General Administration, Subpart 15 - Louisiana Emergency Response Network Board, Chapter 191 - Trauma Protocols, Section 19119 – Destination Protocol: TRAUMA. The Louisiana Emergency Response Network (LERN) Board is authorized to adopt protocols for the transport of trauma and time sensitive ill patients.

Since 2009, the LERN Board has previously adopted protocols for trauma patients that were published in the Potpourri Section (announcements and various information that will never become part of the LAC) of the *State Register*. On November 20, 2014, the LERN Board revised and adopted “Destination Protocol: TRAUMA”, to be effective January 1, 2015, that replaced the previous trauma destination protocol adopted and promulgated November 21, 2013. The revised destination protocol aligns closely with the federal CDC Guidelines for Field Triage of Injured Patients as well as recognizes Regional Trauma Programs as part of the destination for trauma patients. The revised trauma destination protocol was published in the Potpourri Section on December

20, 2014. This proposed rule codifies the revised trauma destination protocol in Section 19119; which is the latest trauma protocol adopted by the Louisiana Emergency Response Network Board.

Other than the cost to publish in the *Louisiana Register*, which is estimated to be \$426 in FY 15, it is not anticipated that the proposed rule will result in any material 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 collections of state or local governmental units as a result of this proposed rule change.

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

There are no estimated costs and/or economic benefits to directly affected persons or non-governmental groups. The proposed rule is simply a codification of protocols as authorized by La. R.S. 9:2798.5A.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule establishes a destination protocol for patients with specific injuries. The trauma system is a voluntary system. This rule does not prevent or restrict any hospital from pursuing a trauma center designation or restrict any hospital from developing a trauma program. There is no effect on employment.

Paige B. Hargrove
Executive Director
1502#013

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Public Safety and Corrections
Office of State Fire Marshal**

Fire Protection (LAC 55:V.3239)

The Department of Public Safety and Corrections, Public Safety Services, Office of State Fire Marshal, hereby gives notice that in accordance with the provisions of R.S. 49:953(B), the Administrative Procedure Act, the Office of the State Fire Marshal hereby proposes to repeal the following Rule regarding licensees of the State Fire Marshal engaging in door-to-door solicitation to "...comply with all local permitting ordinances and requirements..." This provision is being repealed as being facially defective and therefore unconstitutional based upon Attorney General Opinion No. 08-0098 0098 (2009), citing *Central Hudson Gas and Electric Corp v. Public Service Commission*, 447 U.S. 557 (1980) and *Board of Trustees of the State University of New York v. Fox*, 492 U.S. 469 (1989) as authority. The repealed Rule requires licensees of the SFM engaging in door-to-door solicitation to "...comply with all local permitting ordinances and requirements ..." The above cited cases have held that door-to-door solicitation is speech within the meaning of the First Amendment of the U.S. Constitution, and local ordinances banning all door-to-door solicitation are constitutionally defective. Therefore, the

repealed Section requiring that licensee's comply with all local ordinances is overly broad and therefore defective.

Title 55

PUBLIC SAFETY

Part V. Fire Protection

Chapter 32. Property Protection Licensing

§3239. Door-to-Door Solicitation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1664.2 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Fire Marshal, LR 37:2746 (September 2011), repealed LR 41:

Family Impact Statement

The proposed Rule will not have any known or foreseeable impact on any family as defined by R.S. 49:972(D) or on family formation, stability and autonomy. Specifically there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of the children;
6. local governmental entities have the ability to perform the enforcement of the action proposed in accordance with R.S. 40:1730.23.

Poverty Impact Statement

The proposed Rule amends LAC 55:V:3239. These Rule changes should not have any known or foreseeable impact on any child, individual or family as defined by R.S. 49:973(B). 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 Statement

The impact of the proposed Rule on small businesses has been considered and it is estimated that the proposed action is not expected to have a significant adverse impact on small businesses 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 businesses.

Provider Impact Statement

The proposed rules do not impact or affect a "Provider." "Provider" means an organization that provides services for