

NOTICE OF INTENT

Department of Health

Louisiana Emergency Response Network Board

Louisiana Stroke Center Recognition

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 amend LAC 48:I.Chapter 187, Requirements for Stroke Center Recognition, Sections 18701A.1., A.4., A.5. and A.6., and Section 18703A.3, A.6., A.6.a., A.6.b, and A.6.c., and Section 18705A., and Section 18708B., C. and D., as approved by the Louisiana Emergency Response Network Board in a meeting of April 10, 2025, as authorized by R.S. 40:2846(A) and R.S. 40:2845(A)(7). The amendments change the name of one of the six levels of stroke facilities from “stroke bypass hospital” to “stroke referral center”, and designate the education and resources required for a stroke referral center.

Title 48

PUBLIC HEALTH-GENERAL

Part I. General Administration

Subpart 15. Emergency Response Network

Chapter 187. Requirements for Louisiana Stroke Center Recognition

§18701. Stroke Center Recognition

A. The Louisiana Emergency Response Network Board (LERN) and the Louisiana Department of Health recognize the following six levels of stroke facilities:

1. CSC: comprehensive stroke center (~~formerly designated as level 1~~);
- A.2. – A.3. ...
4. PSC: primary stroke center; (~~formerly designated as level 2~~);
5. ASRH: acute stroke ready hospital (~~formerly designated as level 3~~); and

6. ~~stroke bypass hospital~~ stroke referral center (formerly designated as ~~level 4~~) stroke bypass hospital).

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health, Emergency Response Network, LR 40:2590 (December 2014), amended by the Department of Health, Emergency Response Network LR 46:1088 (August 2020); amended by the Department of Health, Emergency Response Network LR _____ (_____, 2025).

§18703. Stroke Center Criteria

A. Each facility participating in stroke center recognition shall meet the following criteria.

A.1. – A.2. ...

3. PSC-E: a primary stroke center (PSC-E) shall meet the requirements specified by the joint commission, healthcare facilities accreditation program (HFAP), or other LERN approved accrediting/certification body for Primary Stroke Center verification. Attestation as a PSC-E is only allowed after verification by the joint commission, HFAP, or other LERN approved accrediting/certification body that the facility meets all requirements set forth in the PSC standards. In addition to PSC requirements, a PSC-E must have physician(s) credentialed to perform mechanical thrombectomy and must update resource management portal of endovascular availability at all times. If a physician credentialed to perform endovascular capability is not available, the PSC-E must notify all EMS providers in the region when endovascular resources are not available. The PSC-E must collect and submit quarterly to LERN ~~the same data to~~ the joint commission or other approved accrediting or certification body the same data the joint commission requires the Thrombectomy Stroke Capable centers to collect and any other data as required by LERN.

A.4. – A.5. ...

6. ~~Stroke bypass hospital~~ referral center: a ~~stroke bypass hospital~~ referral center should not receive patients exhibiting signs or symptoms of stroke except for instances when the clinical situation requires stopping at the closest emergency department. A ~~stroke bypass hospital~~ referral center ~~must have~~:

a. have a transfer protocol in place for transfer to higher levels of care through written and agreed upon relationship with a CSC, TSC, PSC, PSC-E or ASRH stroke center;

b. participate in LERN stroke education; and

c. maintain a stroke resource binder or internet resource which at a minimum includes the following LERN guidelines: ED Provider Stroke Care Guideline, Anti-coagulant Associated Intracranial Hemorrhage Guideline, Spontaneous Intracranial Hemorrhage Guideline, and Wake Up/Unknown Time of System Onset Guideline.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health, Emergency Response Network, LR 40:2590 (December 2014), amended by the Department of Health, Emergency Response Network LR 46:1088 (August 2020), amended by the Department of Health, Emergency Response Network LR 50:220 (February 2024); amended by the Department of Health, Emergency Response Network LR _____ (_____, 2025).

§18705. Attestation for Stroke Center Recognition

A. A hospital seeking CSC, TSC, PSC-E, ASRH or stroke referral center ~~bypass~~ recognition will submit an affidavit of the hospital CEO to LERN detailing compliance with the requirements designated herein.

A.1. – B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health, Emergency Response Network, LR 40:2590 (December 2014), amended by the Department of Health, Emergency Response Network LR 46:1089 (August 2020), amended by the Department of Health, Emergency Response Network, LR 50:220 (February 2024); amended by the Department of Health, Emergency Response Network LR _____ (_____, 2025).

§18708. Failure to Submit Stroke Data to LERN

A. ...

B. For an ASRH not submitting data to the board for two consecutive quarters, the hospital will automatically be demoted to a stroke referral center~~bypass hospital~~.

C. Once an ASRH demotes to a stroke referral center ~~bypass hospital~~ for non-adherence with submission requirement, the hospital CEO cannot re-attest until the hospital has submitted two consecutive quarters of data meeting standards.

D. If an ASRH fails to meet the performance metrics after two quarters of participation in data review, the board appointed stroke committee may temporarily demote the facility to a stroke ~~bypass hospital~~ referral center until the next board meeting, when the board appointed stroke subcommittee will present the blinded data to the board for a vote on demotion to stroke referral center ~~bypass hospital~~ versus continued remediation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health, Emergency Response Network, LR 46:1089 (August 2020), amended by the Department of Health, Emergency Response Network, LR 50:220 (February 2024); amended by the Department of Health, Emergency Response Network LR _____ (_____, 2025).

Family Impact Statement

1. What effect will this rule have on the stability of the family? The proposed rules 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 rules 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? The rules will not affect the functioning of the family.

4. What effect will this have on family earnings and family budget? These rules will not affect the family earnings or family budget.

5. What effect will this have on the behavior and personal responsibility of children? These rules 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 rules 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 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 these proposed Rules have 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., on August 10, 2025, to Paige Hargrove, Louisiana Emergency Response Network, 7979 Independence Blvd, Suite 207, Baton Rouge, LA 70806, or via email to paige.hargrove@la.gov.

Paige Hargrove, Executive Director