

anticipated that \$270 will be collected in FY 25-26 for the federal share of the expense for promulgation of this proposed rule and the final rule.

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

This proposed rule amends the provisions governing adult day health care providers in order to clarify cost report penalties and remove unnecessary language. This will have no impact on beneficiaries, but will help providers by making the penalties for failure to submit a cost report easier to understand. It is anticipated that implementation of this proposed rule will not result in costs to providers in FY 25-26, FY 26-27, and FY 27-28.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule has no known effect on competition and employment.

Kimberly Sullivan, JD  
Medicaid Executive Director  
2506#041

Patrice Thomas  
Deputy Fiscal Officer  
Legislative Fiscal Office

**NOTICE OF INTENT**

**Department of Health  
Emergency Response Network**

Louisiana Stroke Center Recognition  
(LAC 48:I.18701, 18703 and 18705)

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, Section 18701.A.1., A.4., A.5. and A.6., and Section 18703.A.3, A.5., A.6.a., A.6.b, and A.6.c., and Section 18705.A., and Section 18708.B., C. and D., as approved by the 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;
2. - 3. ...
4. PSC: primary stroke center;
5. ASRH: acute stroke ready hospital; and
6. stroke referral center (formerly designated 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 LR 51:

**§18703. Stroke Center Criteria**

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

1. - 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 to the joint commission or other approved accrediting or certification body the same data the joint commission requires the Thrombectomy Stroke centers to collect and any other data as required by LERN.

4. - 5. ...

6. Stroke referral center: a stroke 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 referral center must:

- 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 LR 51:

**§18705. Attestation for Stroke Center Recognition**

A. A hospital seeking CSC, TSC, PSC-E, ASRH or stroke referral center 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 LR 51:

#### **§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.

C. Once an ASRH demotes to a stroke referral center 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 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.

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 LR 51:

#### **Family Impact Statement**

1. What effect will this proposed 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 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? The Rule will not affect the functioning of the family.

4. What effect will this have on family earnings and family budget? The Rule 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 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 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., 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](mailto:paige.hargrove@la.gov).

Paige Hargrove  
Executive Director

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

##### **RULE TITLE: Louisiana Stroke Center Recognition**

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

Other than the rule publication costs, which are estimated to be \$1,065 in FY 25, it is not anticipated that the proposed rule will result in any material costs or savings to the Louisiana Emergency Response Network Board (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, 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.

#### **IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)**

There is no estimated effect on competition and employment.

Paige Hargrove  
Executive Director  
2506#026

Patrice Thomas  
Deputy Fiscal Officer  
Legislative Fiscal Office

#### **NOTICE OF INTENT**

##### **Department of Health Health Standards Section**

Direct Service Worker Registry  
(LAC 48:I.Chapter 92)

The Department of Health, Health Standards Section (the department), proposes to amend LAC 48:I.Chapter 92 as authorized by R.S. 36:254 and R.S. 40:2179-2179.1. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.