

## 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 and Hospitals recognize the following four levels of stroke facilities:

1. level 1: comprehensive stroke center;
2. level 2: primary stroke center;
3. level 3: acute stroke ready hospital; and
4. level 4: non-stroke hospital.

B. Participation in Louisiana stroke center recognition is voluntary and no hospital shall be required to participate.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:

## §18703. Stroke Center Criteria

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

1. Level 1: A comprehensive stroke center (CSC) will meet the requirements specified by the joint commission or other board approved accrediting/certification body approved by LERN for comprehensive stroke center certification. Attestation as a CSC is only allowed after verification by the joint commission or other LERN approved accrediting/certification body that the facility meets all requirements set forth in the CSC standards.

2. Level 2: A primary stroke center (PSC) 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 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.

3. Level 3: An acute stroke ready hospital (ACRH) will provide timely access to stroke care but may not meet all criteria for a Level 1 or a Level 2 facility. An ACRH will provide acute stroke care in urban and rural areas where transportation and access are limited. An ACRH is intended to recognize models of care delivery that have shown utility, including "drip-and-ship" and telemedicine. An ACRH must meet requirements adopted by LERN. LERN approved requirements are based on national best practice guidelines.

4. Level 4: A non-stroke hospital (NSH) 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 non stroke hospital must have:

- a. physician staffed ER 24/7;
- b. CT scan available within 12 hours; and
- c. transfer protocol in place for transfer to higher levels of care with a written and agreed upon relationship with a level I, II, or III stroke center.

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

It is anticipated that the implementation of this proposed rule will reduce federal revenue collections by approximately \$1,310,107 for FY 13-14, \$1,330,370 for FY 14-15 and \$1,375,581 for FY 15-16. It is anticipated that \$246 will be expended in FY 13-14 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 61.48 percent in FY 14-15. The enhanced rate of 62.11 percent for the last nine months of FY 14 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 continues the provisions of the February 1, 2013 Emergency Rule which amended the provisions governing targeted case management in order to terminate the Nurse Family Partnership Program and Medicaid reimbursement of TCM services to first-time mothers. It is anticipated that implementation of this proposed rule will reduce expenditures in the Medicaid Program by approximately \$2,081,247 for FY 13-14, \$2,143,684 for FY 14-15 and \$2,207,995 for FY 15-16.

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

It is anticipated that the implementation of this proposed rule will have no effect on competition. However, it is anticipated that the implementation of this proposed rule may have a negative effect on employment as it will reduce the payments made for TCM services provided to first-time mothers. The reduction in payments may adversely impact the financial standing of providers and could possibly cause a reduction in employment opportunities.

J. Ruth Kennedy  
Medicaid Director  
1406#076

Evan Brasseaux  
Staff Director  
Legislative Fiscal Office

## NOTICE OF INTENT

Department of Health and Hospitals  
Emergency Response NetworkRequirements for Stroke Center Recognition and  
STEMI Receiving/Referral Centers Recognition  
(LAC 48:I.Chapters 187 and 189)

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 promulgate LAC 48:I.Chapters 187, Requirements for Stroke Center Recognition; §§18701 to 18709; and Chapter 189, Requirements for Louisiana STEMI Receiving/Referral Centers Recognition, §§18901 to 18907.

The Louisiana Emergency Response Network (LERN) is created by R.S. 40:2841-2846. R.S. 40:2846(A) authorizes the LERN board to adopt rules and regulations necessary to carry out the provisions of the Chapter. R.S. 40:2845(A)(7) authorizes the board to work with the Department of Health and Hospitals to develop stroke and ST segment elevation myocardial infarction (STEMI) systems that are designed to promote rapid identification of and access to appropriate stroke and STEMI resources statewide. This Rule is adopted in accordance therewith.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:

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

A. A hospital seeking level 1, level 2, level 3 or level 4 stroke center recognition will submit an affidavit of the hospital CEO to LERN detailing compliance with the requirements designated herein.

1. A center or hospital seeking level 1 CSC recognition which submits a copy of that level of certification by a LERN-recognized organization, such as the joint commission or other LERN approved accrediting/certification body, shall be assumed to meet the requirements for recognition.

2. A center or hospital seeking level 2 PSC stroke center recognition which submits a copy of that level of certification by a LERN-recognized organization, such as the joint commission, HFAP, or other LERN approved accrediting/certification body, shall be assumed to meet the requirements for recognition.

3. Although a center or hospital seeking level 3 stroke center recognition is not required to obtain certification by an external certifying body, a level 3 center which submits a copy of that level of certification by a LERN-recognized organization, such as HFAP or other LERN approved accrediting/certification body, shall be assumed to meet the requirements for recognition.

4. Each center or hospital shall submit proof of continued compliance every two years by submission of an affidavit by its CEO.

B. A hospital or center which fails to meet the criteria for a stroke facility level or which no longer choose to maintain state Stroke Facility level recognition, shall immediately notify LERN and local EMS.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:

#### **§18707. Stroke Center Listing**

A. LERN will publish a list on its website of hospitals or centers attesting to or meeting stroke center criteria and their stroke center recognition. This list shall be made available to LERN regional commissions for facilitation of EMS transportation plans.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:

#### **§18709. Hospital Destination/Stroke System Transport**

A. These rules are not intended to prevent any hospital or medical facility from providing medical care to any patient but rather to serve as a guideline to facilitate the timely and appropriate delivery of stroke patients to the most appropriate care site for the definitive treatment of stroke.

B. Knowledge of statewide stroke capabilities and the use of a stroke pre-hospital destination protocol will enable providers to make timely decisions, promote appropriate utilization of the stroke care delivery system, and ultimately save lives.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A), 48:2845(A)(7) and La. R.S. 9:2798.5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:

## **Chapter 189. Requirements for Louisiana STEMI Receiving/Referral Centers**

### **§18901. STEMI Center Recognition**

A. The Louisiana Emergency Response Network Board (LERN), and the Louisiana Department of Health and Hospitals recognize the following types of facilities for the treatment of ST elevated myocardial infarction (STEMI):

1. STEMI receiving center; and
2. STEMI referral center.

B. Participation in the Louisiana STEMI center recognition is voluntary and no hospital shall be required to participate.

C. A facility seeking STEMI receiving center recognition shall meet the STEMI receiving center requirements adopted by LERN. LERN approved requirements are based on national best practice guidelines.

D. A hospital with an emergency room not meeting criteria for a STEMI receiving center will automatically default to a STEMI 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 and Hospitals, Emergency Response Network, LR 40:

### **§18903. Attestation for STEMI Center Recognition**

A. A hospital seeking STEMI Center recognition will submit an affidavit of the hospital CEO to LERN detailing compliance with the requirements designated herein.

1. A center or hospital seeking STEMI Center recognition which submits a copy of that level of certification by LERN-recognized organization, such as The Joint Commission or other LERN approved accrediting/certification body, shall be assumed to meet the requirements for recognition.

2. Each center or hospital shall submit proof of continued compliance every two years by submission of an affidavit of its CEO.

B. A hospital or center which fails to meet the criteria for a STEMI receiving center or which no longer choose to maintain state STEMI receiving center recognition, shall immediately notify LERN and local EMS.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:

### **§18905. STEMI Center Listing**

A. LERN will publish a list on its website of hospitals or centers attesting to STEMI center criteria for recognition as either a STEMI receiving center or STEMI referral center. This list shall be made available to the LERN regional commissions for facilitation of EMS transportation plans.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:

### **§18907. Hospital Destination/STEMI System Transport:**

A. These rules are not intended to prevent any hospital or medical facility from providing medical care to any patient but rather to serve as a guideline to facilitate the timely and appropriate delivery of STEMI patients to the most appropriate care site for the definitive treatment of STEMI.

B. Knowledge of STEMI capabilities and the use of a STEMI pre-hospital destination protocol will enable providers to make timely decisions, promote appropriate

utilization of the STEMI care delivery system, and ultimately save lives.

AUTHORITY NOTE: Promulgated in accordance with La. R.S. 40:2846(A), 48:2845(A)(7) and R.S. 9:2798.5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:

#### **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. This Rule should result in an increase of child support collections since it allows for another tool in collecting child support obligations.

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 action proposed is strictly a state enforcement function.

#### **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 amendments to various sections 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**

The proposed Rule 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 on 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 relative to the proposed Rule until 4:30 p.m., Thursday, June 26, 2014

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](mailto:paige.hargrove@la.gov).

Paige Hargrove  
Executive Director

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

#### **RULE TITLE: Requirements for Stroke Center Recognition and STEMI Receiving/Referral Centers Recognition**

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

The proposed rule provides for LERN to develop stroke and ST segment elevation myocardial infarction (STEMI, commonly known as a heart attack) systems statewide. Specifically, the proposed rule addresses requirements for stroke and STEMI center attestation and recognition, stroke and STEMI center criteria as well as hospital destination/transport guidelines for stroke and STEMI patients.

Besides the cost of publishing the rule in the Louisiana Register, which is estimated at \$600, there is no cost to implement this proposed rule. Once the stroke and STEMI systems are fully implemented, the proposed rule is anticipated to result in a cost savings to the Medicaid program within DHH due to following: (1) decrease in the number of secondary transfers by EMS for patients needing a higher level of care; (2) better clinical outcomes and a decrease in residual physical deficits that often results in prolonged hospitalization, rehabilitation or nursing home placement; (3) increase in the use of tPA (the only FDA approved drug for ischemic stroke), which is associated with a \$600 net cost savings for each tPA-treated patient.

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

There will be no effect on revenue collections for state or local governmental units.

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

There are no estimated costs to directly affected persons or non-governmental groups.

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

There will be no effect on employment. With the establishment of stroke and STEMI systems and with the associated requirements for hospital levels designated by LERN, there may be an increase in the number of hospitals seeking certification in order to compete. Since the LERN Board approved the Stroke Levels there have been two Comprehensive Stroke Centers certified and three primary stroke centers certified in the state. Several others are working towards these designations. This is primarily due to each hospital's desire to provide quality care but there may also be a competitive component in the market. This is a voluntary process.

Paige Hargrove  
Executive Director  
1406#091

Evan Brasseaux  
Staff Director  
Legislative Fiscal Office

vii. Identification of the licensed person responsible for the compounding or prepackaging of the drug.

d. A record of the distribution of drugs to patient care areas and other areas of the facility held for administration, which shall include at least the following:

\*\*\*

iv. Identification of the individual receiving the drug if it is a controlled dangerous substance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 40:

#### **Chapter 15. Hospital Pharmacy**

##### **§1509. Drug Distribution and Control**

A. The hospital pharmacist-in-charge shall be responsible for the safe and efficient procurement, receipt, distribution, control, accountability, and patient administration and management of drugs. The staff of the hospital pharmacy shall cooperate with the pharmacist-in-charge in meeting drug control requirements in ordering, administering, and accounting for pharmaceuticals.

\*\*\*

3. Records. The pharmacist-in-charge shall be responsible for maintaining the following records:

c. A record of all drugs compounded or prepackaged for use only within that hospital, which shall include at least the following:

\*\*\*

vii. Identification of the licensed person responsible for the compounding or prepackaging of the drug.

d. A record of the distribution of drugs to patient care areas and other areas of the hospital held for administration, which shall include at least the following:

\*\*\*

iv. Identification of the individual receiving the drug if it is a controlled dangerous substance.

\*\*\*

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1182.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Pharmacy, LR 29:2903 (October 2003), effective January 1, 2004, amended LR 40:

Malcolm J Broussard  
Executive Director

1409#045

#### **POTPOURRI**

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

Public Hearing—Substantive Changes to Proposed Rule; Requirements for Louisiana Stroke Center Recognition; and Requirements for Louisiana STEMI Receiving Referral Centers (LAC 48:I.Chapters 187 and 189)

The Louisiana Emergency Response Network published a Notice of Intent to promulgate Chapter 187. Requirements For Louisiana Stroke Center Recognition, §§18701-18705; and Chapter 189. Requirements For Louisiana STEMI

Receiving/Referral Centers, §§18901-18907, in the June 20, 2014 edition of the *Louisiana Register* (LR 40:1212-1214). LERN now proposes to amend a certain portion of the proposed Rule. Within Subsection A.1 of Section 18903, LERN proposes to correct an error in the existing proposed Rule. The Joint Commission is listed as a STEMI center accrediting agency. The correct accrediting agency should be listed as The American Heart Association Mission:Lifeline and the Society of Cardiovascular Patient Care (SCPC) or other LERN Board approved accrediting body.

Taken together, this proposed amendment will closely align the proposed Rule with the proposed Rule on the same topic as published by the Louisiana Emergency Response Network in the June 2014 edition of the *Louisiana Register* (LR 40:1212-1214). The alignment of these Rules will outline the requirements for Louisiana stroke center recognition and the requirement of Louisiana receiving and referral centers. No fiscal or economic impact will result from the amendment proposed in this notice.

#### **Title 48**

#### **PUBLIC HEALTH—GENERAL**

##### **Part I. General Administration**

#### **Chapter 189. Requirements for Louisiana STEMI Receiving/Referral Centers**

##### **§18903. Attestation for STEMI Center Recognition**

A. A hospital seeking STEMI Center recognition will submit an affidavit of the hospital CEO to LERN detailing compliance with LERN Approved STEMI Receiving center requirements.

1. Those hospitals which submit a copy of certification by a LERN-recognized organization such as The American Heart Association Mission:Lifeline, Society of Cardiovascular Patient Care or other LERN approved accrediting/certification body shall be assumed to meet the requirements for recognition.

\*\*\*

AUTHORITY NOTE: Promulgated in accordance with R.S. 40: 2846(A), 48:2845(A)(7) and R.S. 9:2798.5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Emergency Response Network Board, LR 40:

In accordance with the provisions of the Administrative Procedure Act, specifically at R.S. 49:968(H)(2), the board gives notice of a public hearing to receive additional comments and testimony on these substantive amendments to the proposed Rule. The hearing will be held at 10 a.m. on Tuesday, October 28, 2014 at the office of the Louisiana Emergency Response Network, which is located at 14141 Airline Highway, Suite B, Building 1, Baton Rouge, LA, 70817. At that time, all interested persons will be afforded an opportunity to submit data, views, or arguments, either orally or in writing. Interested persons may submit written comments to Paige B. Hargrove, Executive Director, Louisiana Emergency Response Network, 14141 Airline Highway, Suite B, Building 1, Baton Rouge, LA, 70817. She is responsible for responding to inquiries regarding these substantive amendments to the proposed Rule. The deadline for receipt of all written comments is 10 a.m. on Monday, October 27, 2014.

Paige B. Hargrove  
Executive Director

1409#015