

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)

This rule has no known effect on competition and employment.

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RULE ~~NOTICE OF INTENT~~

**Department of Health
Emergency Response Network Board**

Stroke Center Recognition (LAC 48:I.Chapter 187)

~~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~~ in LAC 48:I. 18701-18708, as amended and/or adopted by the Louisiana Emergency Response Network Board in a meeting of November 21, 2019, specifically by amending LAC 48:I.18701, 18703 and 18705, and by adopting LAC 48:I.18706 and 18708, amended and adopted as authorized by R.S. 9:2798.5, under Chapter 187, Requirements for Stroke Recognition. The rules amend the designations of and criteria for stroke centers and attestations for stroke centers in Louisiana, and adopt stroke center data submission requirements and set forth consequences for failure to submit stroke data to LERN.

Title 48

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 15. Louisiana Emergency Response Network Board

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);
2. TSC: thrombectomy capable stroke center;
3. PSC-E: primary stroke center with endovascular capability;
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 (formerly designated as level 4).

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, Emergency Response Network, LR 40:2590 (December 2014), amended by the Department of Health, Emergency Response Network LR 46:

§18703. Stroke Center Criteria

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

1. CSC: 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. TSC: a thrombectomy capable stroke center (TSC) will meet the requirements specified by the joint commission or other board approved accrediting/certification body approved by LERN for thrombectomy capable stroke center certification. Attestation as a TSC 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 TSC standards.

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 the joint commission requires the Thrombectomy Stroke Capable centers to collect.

4. PSC: 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.

5. ASRH: an acute stroke ready hospital (ASRH) will provide timely access to stroke care but may not meet all criteria for a CSC, TSC, or a PSC or a PSC-E facility. An ASRH will provide acute stroke care in urban and rural areas where transportation and access are limited. An ASRH is intended to recognize models of care delivery that have shown utility, including "drip-and-ship" and telemedicine. An ASRH must meet requirements adopted by LERN and submit quarterly data as required by LERN. LERN approved requirements are based on national best practice guidelines.

6. Stroke bypass hospital: a stroke bypass hospital 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 must 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.

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:

§18705. Attestation for Stroke Center Recognition

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

1. A center or hospital seeking 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 TSC 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. A center or hospital seeking PSC-E stroke center recognition which submits a copy of PSC 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. In addition to a copy of the certification, the CEO must also attest to meeting the additional board approved requirements.

4. A center or hospital seeking 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.

5. Although a center or hospital seeking ASRH stroke center recognition is not required to obtain certification by an external certifying body, a hospital which submits a copy of ASRH 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. Hospitals must all meet LERN ASRH requirements and approved data submission requirements.

6. 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 requirements as attested, or which no longer chooses 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, Emergency Response Network, LR 40:2590 (December 2014), amended by the Department of Health, Emergency Response Network LR 46:

§18706. Stroke Center Data Submission Requirements

A. All stroke centers, whether CSC, TSC, PSC-E, PSC or ASRH are required to submit certain data to the board on a quarterly basis.

B. The requirements of and for data submission are posted on the LERN website, <http://lern.la.gov/lern-stroke-system/stroke-data-collection>.

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:

§18708. Failure to Submit Stroke Data to LERN

A. Hospitals not submitting data for one quarter or not submitting the required action plan and/or mock code, if applicable, will result in automatic probation, which will generate a warning letter to the CEO. The letter will communicate LERN board expectation for data and (action plan and/or mock code, if applicable) submission for the missed quarter and the following quarter.

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

C. Once a hospital demotes to a stroke 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 a hospital fails to meet the performance metrics after two quarters of participation in data review, the board appointed stroke subcommittee will present the blinded data to the board for a vote on demotion to stroke 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:

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? The 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 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 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, February 10, 2020 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: Stroke Center Recognition

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

The proposed rule change is anticipated to increase expenditures for LERN by approximately \$1,060 in FY 20 associated with publication cost.

The proposed rule updates the requirements for a facility to receive recognition as a stroke center. Specifically, the rule updates the terminology used to identify levels of stroke centers to align with industry standards and clarifies the criteria that must be met to qualify for each level of recognition. Additionally, the rule codifies the current process for stroke centers to submit quarterly data to the LERN Board. The rule also provides the consequences if a facility fails to submit quarterly data to the board, which may include probation and/or reclassification to a stroke bypass hospital.

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

Implementation of the proposed rule is not anticipated to have an effect on revenue collections of 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 and/or economic benefits to directly affected persons or non-governmental groups. The rule updates the requirements for a facility to receive recognition as a stroke center. Participation in this recognition is voluntary, and no hospital is required to participate.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rule is not anticipated to have an effect on competition or employment.

Paige Hargrove
Executive Director
2001#026

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health Office for Citizens with Developmental Disabilities

Certified Medication Attendants—Qualifications (LAC 48:IX.907)

Under the authority of R.S. 40:4 and 40:5, and in accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that, the Louisiana Department of Health, Office for Citizens with Developmental Disabilities (LDH-OCDD), hereby proposes to amend LAC 48:IX Developmental Disabilities Services, Chapter 9 §907. Qualification of Applicants to be Medication Attendants. The intent of the proposed amendment is to update the Rule pursuant to ACT 45 of the 2019 Regular Legislative Session which amended R.S. 37:1025(A).

Title 48

Public Health—General

Part IX. Developmental Disabilities Services

Chapter 9. Guidelines for Certification of Medication Attendant.

§907. Qualifications of Applicants to be Medication Attendants

A. Each person accepted to participate in the medication attendant course must be:

1. a citizen of the United States, a United States national, or an alien lawfully admitted for permanent residency in the United States.

2. employed in a facility operated by the Office for Citizens with Developmental Disabilities (OCDD), in a community home for persons with developmental disabilities funded through the Louisiana Department of Health (LDH) or the Department of Children and Family Services (DCFS), or in an intermediate care facility for people with developmental disabilities; or be a person who provides in-home Medicaid home and community-based services;

3. - 4. ...

5. free of communicable diseases and in suitable physical and emotional health to administer medications safely;

6. without a known record or history of drug abuse or record of conviction of a felony.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1021-1025.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office for Citizens with Developmental Disabilities, LR 21:695 (July 1995), amended by the Department of Health, Office for Citizens with Developmental Disabilities, LR 42:1527 (September 2016), amended by the Department of Health, Office for Citizens with Developmental Disabilities, LR 46:

Family Impact Statement

In compliance with Act 1183 of the 199 Regular Legislative Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It