CONTENTS January 2016

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assessment that is in effect on that date is classified using the Medicare RUGs system. The Medicare rate applicable to the Medicare RUG, adjusted by the Medicare geographic wage index, equals the Medicaid resident's estimated Medicare rate. A simple average Medicare rate is determined for each nursing facility by summing the estimated Medicare rate for each Medicaid resident in the facility and dividing by total Medicaid residents in the facility; and

b. the Medicaid per diem rate for nursing facilities that are owned or operated by a NSGO. The Medicaid rate shall be adjusted to include laboratory, radiology, and pharmacy services to account for program differences in services between Medicaid and Medicare. The statewide average of laboratory, radiology, and pharmacy services is calculated using Medicaid cost report data.

4. Each participating nursing facility's upper payment limit (UPL) gap shall be determined as the difference between the estimated Medicare rate calculated in §20029.A.3.a and the adjusted Medicaid rate calculated in §20029.A.3.b.

a. Each facility's UPL gap is multiplied by the Medicaid days to arrive at its supplemental payment amount. Medicaid days are taken from the Medicaid cost report.

5. Frequency of Payments and Calculations

a. For each calendar quarter, an estimated interim supplemental payment will be calculated as described in this Section utilizing the latest Medicare RUGs and payment rates and Medicaid cost reports and available Medicaid payment rates. Payments will be made to each nursing facility that is owned or operated by a NSGO and that has entered into an agreement with the department to participate in the supplemental payment program.

b. Following the completion of the state's fiscal year, the final supplemental payment amount for the state fiscal year just ended will be calculated. These calculations will be based on the final Medicare RUGs and payment rates and the most recently reviewed Medicaid cost reports and Medicaid payment rates that cover the just ended state fiscal year period. The final supplemental payment calculations will be compared to the estimated interim supplemental payments, and the difference, if positive, will be paid to the NSGO, and if negative, collected from the NSGO.

6. No payment under this Section is dependent on any agreement or arrangement for provider or related entities to donate money or services to a governmental entity.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 42:63 (January 2016).

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Kathy H. Kliebert
Secretary

1601#088

RULE

Department of Health and Hospitals
Office of Behavioral Health

Drug Regulations
Opioid Antagonist Administration
(LAC 48:I.3901)

The Department of Health and Hospitals, Office of Behavioral Health has adopted LAC 48:I.3901 governing opioid antagonist administration and training as authorized by R.S. 40:978.2. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. Act 192 of the 2015 Regular Session of the Louisiana Legislature provides for the creation of R.S. 40:978.2, which requires the Department of Health and Hospitals, Office of Behavioral Health to adopt provisions governing the best practices, training, storage, administration, and emergency follow-up procedures for opioid antagonists administered to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose.

Title 48
PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 1. General
Chapter 39. Controlled Dangerous Substances
Subchapter A. Training and Monitoring Requirements
§3901. Opioid Antagonist Administration and Training

A. Purpose and Applicability

1. Pursuant to R.S. 40:978.2, to protect public health and safety, the Department of Health and Hospitals sets forth the following training and monitoring requirements for a licensed medical practitioner who prescribes, dispenses, or administers naloxone or another opioid antagonist to a person reasonably believed to be undergoing an opioid-related drug overdose.

2. Training and monitoring requirements of this Rule shall apply to licensed medical practitioners when dispensing or distributing opioid antagonists to third parties who will be administering the medication. Training shall include how to recognize signs of overdose indicating when it is appropriate to utilize naloxone or another opioid antagonist, standards for storage and administration of the medication, and instructions for emergency follow-up procedures.

3. First responders as defined in R.S. 40:978.1 are exempt from the training requirements as detailed in this Rule.

4. Prescribers are strongly encouraged to co-prescribe naloxone or another opioid antagonist once in a given year to persons receiving opioid therapy for greater than 14 days.

B. Definitions

Department—the Department of Health and Hospitals.

Licensed Medical Practitioner—a physician or other healthcare practitioner licensed, certified, registered, or otherwise authorized to perform specified healthcare services consistent with state law.

Opioid Antagonist—agents such as naloxone that have high affinity and bind to opiate receptors but do not activate these receptors. This effectively blocks the receptor, preventing the body from responding to opioids and endorphins. These drugs block the effects of externally administered opioids.

Opioid-Related Overdose—a condition including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or the ceasing of respiratory or circulatory function resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.

SAMHSA—the Substance Abuse and Mental Health Services Administration.

Toolkit—the SAMHSA opioid overdose toolkit. Reference available online through SAMHSA's website.

C. Training Requirements

1. At minimum, licensed medical practitioners shall provide the following information and training regarding signs of overdose when prescribing, distributing, or dispensing an opioid antagonist.

a. Signs of overdose, which often results in death if not treated, include:

i. face is extremely pale and/or clammy to the touch;

ii. body is limp;

iii. fingernails or lips have a blue or purple cast;

iv. the patient is vomiting or making gurgling noises;

v. he or she cannot be awakened from sleep or is unable to speak;

vi. breathing is very slow or stopped;

vii. heartbeat is very slow or stopped.

b. Signs of overmedication, which may progress to overdose, include:

i. unusual sleepiness or drowsiness;

ii. mental confusion, slurred speech, intoxicated behavior;

iii. slow or shallow breathing;

iv. pinpoint pupils;

v. slow heartbeat, low blood pressure; and

vi. difficulty waking the person from sleep.

c. For additional guidance and information, please reference the most recent version of the SAMHSA opioid overdose toolkit.

2. At minimum, licensed medical practitioners shall provide the following information and training regarding storage and administration when prescribing, distributing, or dispensing an opioid antagonist:

a. instructions on storage of the opioid antagonist in accordance with the manufacturer instructions;

b. instructions on administration of the opioid antagonist in accordance with the instructions printed on or distributed with the device by the manufacturer.

3. At minimum, licensed medical practitioners shall provide the following information and training regarding emergency and follow-up procedures when dispensing or prescribing an opioid antagonist.

a. Prior to administration, the person administering the opioid antagonist shall immediately call 9-1-1 for emergency medical services if medical assistance has not yet been sought or is not yet present.

b. After calling for emergency services and administering the opioid antagonist, emergency follow-up procedures shall be conducted in accordance with the guidelines set forth in the SAMHSA opioid overdose toolkit.

c. Upon stabilization by emergency medical services, the treating practitioner shall refer the patient to and offer information regarding substance use treatment services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:978.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Behavioral Health, LR 42:64 (January 2016).

Kathy H. Kliebert
Secretary

1601#092

RULE

Department of Insurance
Office of the Commissioner

Regulation 51—Individual Health Insurance Rating Requirements (LAC 37:XIII.Chapter 27)

The Department of Insurance, pursuant to the authority of the Louisiana Insurance Code, R.S. 22:1 et seq., and in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., has repealed Regulation 51—Individual Health Insurance Rating Requirements.

Title 37
INSURANCE
Part XIII. Regulations

Chapter 27. Regulation 51—Individual Health Insurance Rating Requirements

§2701. Purpose

Repealed.

AUTHORITY NOTE: Promulgated in accordance with Act 655 of the 1993 Regular Legislative Session and R.S. 22:10 and 22:228.6.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:314 (March 1994), amended LR 21:1338 (December 1995), repealed LR 42:65 (January 2016).

§2703. Applicability and Scope

Repealed.

AUTHORITY NOTE: Promulgated in accordance with Act 655 of the 1993 Regular Legislative Session and R.S. 22:10 and 22:228.6.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:314 (March 1994), amended LR 21:1338 (December 1995), repealed LR 42:65 (January 2016).

§2705. Definitions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with Act 655 of the 1993 Regular Legislative Session and R.S. 22:10 and 22:228.6.

HISTORICAL NOTE: Promulgated by the Department of Insurance, Office of the Commissioner, LR 20:314 (March 1994), amended LR 21:1338 (December 1995), repealed LR 42:65 (January 2016).