



State of Louisiana

Department of Health and Hospitals Office of the Behavioral Health

December 4, 2015

MEMORANDUM

TO: The Honorable John A. Alario, President, Louisiana Senate
The Honorable Chuck Kleckley, Speaker of the House
The Honorable David Heitmeier, Chair, Senate Committee on Health and Welfare
The Honorable Scott Simon, Chair, House Committee on Health and Welfare

FROM: Kathy H. Kliebert
Secretary

RE: Oversight Report on Office of Behavioral Health Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Opioid Antagonist Administration.

The Department published a Notice of Intent on this proposed Rule in the September 20, 2015, issue of the *Louisiana Register* (Volume 41, Number 9). The notice solicited comments. As a result of the consideration of the comments, the Office of Behavioral Health proposed the following substantive changes to the originally proposed Notice of Intent: to delete the entirety of the Monitoring section under 1199G. The reason for the change arose since the additional workload to providers was not intended with the legislation requiring promulgation of the Rule (Act 192 of the 2015 Regular Legislative Session). No fiscal or economic impact will result from the amended notice. As a result of the comment received, a public hearing was held on November 30, 2015, at which only Department of Health and Hospitals staff were present. No oral testimony or written comments were received regarding this proposed Rule during the public hearing.

The Department anticipates adopting the Notice of Intent as amended as a final Rule in the January 20, 2015, issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. a copy of the Potpourri Notice;
3. the public hearing certification and agenda; and
4. the public hearing attendance roster.

KHK/WJR/jlk

Attachments (4)

NOTICE OF INTENT

Department of Health and Hospitals Office of Behavioral Health

Drug Regulations Opioid Antagonist Administration (LAC 49:I.1199)

The Department of Health and Hospitals, Office of Behavioral Health proposes to adopt LAC 49:I.Chapter 11, 1199 governing opioid antagonist administration and training as authorized by R.S. 40:978.2. This proposed 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 49

PUBLIC HEALTH—FOOD AND DRUGS

Part I. Food, Drugs, and Cosmetics

Chapter 11. Drug Regulations

§1199. 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.

G. Monitoring

1. Pharmacists dispensing naloxone or other opioid antagonists shall maintain a record of persons receiving training prior to the dispensing of the medication as per this Chapter, including recipient's acknowledgement by signature. Records shall be retained in accordance with the prescriber's scope of practice requirements.

2. Other licensed medical practitioners prescribing or distributing naloxone or other opioid antagonists shall maintain a record of persons receiving training as per this Chapter including recipient's acknowledgement by signature. Training shall be completed prior to prescribing or distributing the medication. Records shall be retained in accordance with the practitioner's scope of practice requirements.

3. Training records will be subject to monitoring and audit by the department.

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 41:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability or autonomy as described in R.S. 49:972 by assuring training at no additional cost and the safe administration of opioid antagonists during potential overdose situations, thereby saving lives and preserving the family unit. Subsequent follow-up procedures will require families to be linked to local substance use treatment options that will also serve to maintain the family unit.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973. Training will be completed upon dispensing or distribution of the opioid antagonist at no additional cost to the recipient.

Small Business Statement

In compliance with Act 820 of the 2008 Regular Session of the Louisiana Legislature, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will not have an adverse impact on small businesses, as described in R.S. 49:965.2 et seq. Record keeping shall include pharmacies and licensed medical practitioners dispensing or distributing opioid antagonists maintaining files that recipients have been trained according to the proposed Rule and are subject to audit by the department.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have

a minimal impact on providers as described in HCR 170. Staffing and costs are not anticipated to be impacted, however, minor recordkeeping requirements may create a minimal workload increase to providers.

Public Comments

Interested persons may submit written comments to Jen Katzman, Office of Behavioral Health, P.O. Box 4049, Baton Rouge, LA 70821 or by email to jennifer.katzman@la.gov. Jen Katzman is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on October 12, 2015.

Kathy H. Kliebert
Secretary

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

**RULE TITLE: Drug Regulations
Opioid Antagonist Administration**

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

It is anticipated that \$1,704 in state general funds will be expended in FY 15-16 for the state's administrative expense for promulgation of this proposed rule and the final rule. The proposed rule implements the requirements of Act 192 of the 2015 Regular Session to set forth best practice training requirements by licensed medical practitioners other than first responders, on distribution, 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 overdose. There are no anticipated programmatic costs resulting from implementation of training requirements detailed in the proposed rule.

For Local Governing Entities (LGEs) that opt to distribute naloxone or other opioid antagonists to clients, they will have to maintain a training log of persons receiving the medication. It is anticipated that this function can be absorbed within current LGE workload and staff.

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

There is no anticipated impact on revenue collections to state or local governing entities as a result of the proposed rule.

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

Licensed medical practitioners may encounter a minimal workload increase to provide training and maintain a record that recipients of the medication have been trained according to the Rule, which shall be available for DHH audit upon request. The practitioner shall retain this log with any other records it is required to maintain in accordance with their scope of practice.

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

There is no anticipated impact on competition and employment resulting from the proposed rule.

Jeff Reynolds
Undersecretary
1509#020

John D. Carpenter
Legislative Fiscal Officer
Legislative Fiscal Office

POTPOURRI

Department of Health and Hospitals Office of Behavioral Health

Public Hearing—Substantive Changes to Proposed Rule

Opioid Antagonist Administration (LAC 49:I.1199)

The Louisiana Department of Health and Hospitals, Office of Behavioral Health published a Notice of Intent to amend its rules in the September 20, 2015, edition of the *Louisiana Register*. The notice solicited comments. As a result of the consideration of the comments, the Office of Behavioral Health proposed substantive changes. The Office of Behavioral Health proposes the following substantive changes to the originally proposed Notice of Intent: to delete the entirety of the Monitoring section under 1199G. No fiscal or economic impact will result from the amendments proposed in this notice. As substantively amended, these provisions will read as set forth below.

Title 49

PUBLIC HEALTH—FOOD AND DRUGS

Part I. Food, Drugs, and Cosmetics

Chapter 11. Drug Regulations

§1199. Opioid Antagonist Administration and Training

A. - F. ...

G. deleted.

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 41: (September 2015), amended LR 41:

Public Hearing

In accordance with R.S. 49:968(H)(2), the Office of Behavioral Health gives notice that a public hearing to receive comments and testimony on these substantive amendments to the Notice of Intent original proposed will be held November 30, 2015, at 11 a.m. at the Department of Health and Hospitals, Bienville Building, Room 173, 628 N. Fourth Street, Baton Rouge, LA 70804. Interested persons may contact Jen Katzman, Office of Behavioral Health, .O. Box 4049, Baton Rouge, LA 70821 or by email to jennifer.katzman@la.gov. She is responsible for responding to inquiries.

Kathy Kliebert
Secretary

1510#097

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Behavioral Health

PUBLIC HEARING CERTIFICATION
November 30, 2015
11:00 AM

Re: Opioid Antagonist Administration
LAC 49:I.Chapter 11, 1199
Department of Health and Hospitals
State of Louisiana

CERTIFICATION

In accordance with LA R.S. 49:950 et seq., the attached public bearing agenda, together with the attendance roster of the public hearing conducted on November 30, 2015, in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.


Jennifer L. Katzman
Office of Behavioral Health

11-30-15
Date

PUBLIC HEARING AGENDA

Office of Behavioral Health



**November 30, 2015
11:00 A.M.**

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**State of Louisiana
Department of Health & Hospitals
628 N. 4th Street
Baton Rouge, LA 70802**

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NOTICE OF INTENT

Department of Health and Hospitals Office of Behavioral Health

Drug Regulations Opioid Antagonist Administration (LAC 49:I.1199)

The Department of Health and Hospitals, Office of Behavioral Health proposes to adopt LAC 49:I.Chapter 11, 1199 governing opioid antagonist administration and training as authorized by R.S. 40:978.2. This proposed 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 49

PUBLIC HEALTH—FOOD AND DRUGS

Part I. Food, Drugs, and Cosmetics

Chapter 11. Drug Regulations

§1199. 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.

G. Monitoring

1. Pharmacists dispensing naloxone or other opioid

antagonists shall maintain a record of persons receiving training prior to the dispensing of the medication as per this Chapter, including recipient's acknowledgement by signature. Records shall be retained in accordance with the prescriber's scope of practice requirements.

2. Other licensed medical practitioners prescribing or distributing naloxone or other opioid antagonists shall maintain a record of persons receiving training as per this Chapter including recipient's acknowledgement by signature. Training shall be completed prior to prescribing or distributing the medication. Records shall be retained in accordance with the practitioner's scope of practice requirements.

3. Training records will be subject to monitoring and audit by the department.

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 41:

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability or autonomy as described in R.S. 49:972 by assuring training at no additional cost and the safe administration of opioid antagonists during potential overdose situations, thereby saving lives and preserving the family unit. Subsequent follow-up procedures will require families to be linked to local substance use treatment options that will also serve to maintain the family unit.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973. Training will be completed upon dispensing or distribution of the opioid antagonist at no additional cost to the recipient.

Small Business Statement

In compliance with Act 820 of the 2008 Regular Session of the Louisiana Legislature, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will not have an adverse impact on small businesses, as described in R.S. 49:965.2 et seq. Record keeping shall include pharmacies and licensed medical practitioners dispensing or distributing opioid antagonists maintaining files that recipients have been trained according to the proposed Rule and are subject to audit by the department.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a minimal impact on providers as described in HCR 170. Staffing and costs are not anticipated to be impacted, however, minor recordkeeping requirements may create a minimal workload increase to providers.

Public Comments

Interested persons may submit written comments to Jen Katzman, Office of Behavioral Health, P.O. Box 4049, Baton

Rouge, LA 70821 or by email to jennifer.katzman@la.gov. Jen Katzman is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on October 12, 2015.

Kathy H. Kliebert
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Drug Regulations Opioid Antagonist Administration

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

It is anticipated that \$1,704 in state general funds will be expended in FY 15-16 for the state's administrative expense for promulgation of this proposed rule and the final rule. The proposed rule implements the requirements of Act 192 of the 2015 Regular Session to set forth best practice training requirements by licensed medical practitioners other than first responders, on distribution, 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 overdose. There are no anticipated programmatic costs resulting from implementation of training requirements detailed in the proposed rule.

For Local Governing Entities (LGEs) that opt to distribute naloxone or other opioid antagonists to clients, they will have to maintain a training log of persons receiving the medication. It is anticipated that this function can be absorbed within current LGE workload and staff.

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

There is no anticipated impact on revenue collections to state or local governing entities as a result of the proposed rule.

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

Licensed medical practitioners may encounter a minimal workload increase to provide training and maintain a record that recipients of the medication have been trained according to the Rule, which shall be available for DHH audit upon request. The practitioner shall retain this log with any other records it is required to maintain in accordance with their scope of practice.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no anticipated impact on competition and employment resulting from the proposed rule.

Jeff Reynolds
Undersecretary
1509#020

John D. Carpenter
Legislative Fiscal Officer
Legislative Fiscal Office

POTPOURRI

Department of Health and Hospitals Office of Behavioral Health

Public Hearing—Substantive Changes to Proposed Rule Opioid Antagonist Administration (LAC 49:I.1199)

The Louisiana Department of Health and Hospitals, Office of Behavioral Health published a Notice of Intent to amend its rules in the September 20, 2015, edition of the *Louisiana Register*. The notice solicited comments. As a result of the consideration of the comments, the Office of Behavioral Health proposed substantive changes. The Office of Behavioral Health proposes the following substantive changes to the originally proposed Notice of Intent: to delete the entirety of the Monitoring section under 1199G. No fiscal or economic impact will result from the amendments proposed in this notice. As substantively amended, these provisions will read as set forth below.

Title 49

PUBLIC HEALTH—FOOD AND DRUGS

Part I. Food, Drugs, and Cosmetics

Chapter 11. Drug Regulations

§1199. Opioid Antagonist Administration and Training

A. - F. ...

G. deleted.

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 41: (September 2015), amended LR 41:

Public Hearing

In accordance with R.S. 49:968(H)(2), the Office of Behavioral Health gives notice that a public hearing to receive comments and testimony on these substantive amendments to the Notice of Intent original proposed will be held November 30, 2015, at 11 a.m. at the Department of Health and Hospitals, Bienville Building, Room 173, 628 N. Fourth Street, Baton Rouge, LA 70804. Interested persons may contact Jen Katzman, Office of Behavioral Health, .O. Box 4049, Baton Rouge, LA 70821 or by email to jennifer.katzman@la.gov. She is responsible for responding to inquiries.

Kathy Kliebert
Secretary

1510#097

DHH/OBH PUBLIC HEARING ATTENDANCE ROSTER

Topic – Opioid Antagonist Administration

Date – November 30, 2015

Name	Address	Telephone Number	PERSONS IN ATTENDANCE	
			AGENCY or GROUP	you represent
Dr. Rochelle Head-Dunham	628 N. 4 th Street Baton Rouge, LA 70802	225.342.8916	Office of Behavioral Health	
Jen Katzman	628 N. 4 th Street Baton Rouge, LA 70802	225.342.2550	Office of Behavioral Health	
Traci Perry	628 N. 4 th Street Baton Rouge, LA 70802	225.342.8735	Office of Behavioral Health	
Kimberly LaMotte	628 N. 4 th Street Baton Rouge, LA 70802	225.342.4731	Office of Behavioral Health	