

## Chapter 67. Free-Standing Birth Centers

### Subchapter A. General Provisions

#### §6703. Definitions

*Active Labor*—rapid cervical dilation beginning at six centimeters dilation.

*Administrator*—the person responsible for the on-site, daily implementation and supervision of the overall free-standing birth center's operation commensurate with the authority conferred by the governing body.

*Apgar Score*—an accepted and convenient method for reporting the status of the newborn immediately after birth and the response to resuscitation if it is needed.

*Board*—the Louisiana State Board of Medical Examiners (LSMBE).

*Certified Nurse Midwife (CNM)*—a licensed healthcare practitioner who is acting within the scope of practice of his/her respective licensing board(s) and/or certifications.

*Cessation of Business*—center is non-operational and/or has stopped offering or providing services to the community.

*Change of Ownership (CHOW)*—the addition, substitution, or removal, whether by sale, transfer, lease, gift, or otherwise, of a licensed healthcare provider subject to this rule by a person, corporation, or other entity, which results in a change of controlling interest of assets or other equity interests of the licensed entity may constitute a CHOW of the licensed entity.

*Client*—an individual who is receiving services from a licensed free-standing birth center.

*Department*—the Louisiana Department of Health (LDH) or any of its sections, bureaus, offices or its contracted designee.

*Division of Administrative Law (DAL)*—the agency authorized to conduct fair hearings and take actions on appeals of departmental decisions as provided for in the Administrative Procedure Act, or its successor.

*Employed*—performance of a job or task for compensation, such as wages or a salary. An employed person may be one who is contracted or one who is hired for a staff position.

*Family*—individuals selected by the pregnant woman to be present and/or in attendance during her admission to the free-standing birth center.

*Free-Standing Birth Center (FSBC)*—a facility, place, center, agency, person, institution, corporation, partnership, unincorporated association, group, or other legal entity which provides FSBC services and at which a person is anticipated to have an uncomplicated vaginal delivery following a low-risk pregnancy. An FSBC does not include a hospital licensed pursuant to R.S. 40:2100 et seq., nor does it include the place of residence of the person giving birth.

*Free-Standing Birth Center Services*—peripartum care, including prenatal, labor, delivery, and postpartum, and services for people with low-risk pregnancies provided at free-standing birth centers. This includes any ancillary ambulatory service provided to a person at low risk for pregnancy complications, if such services are within the scope of practice of the individual providing the service.

*Governing Body*—the individual or group of individuals who are legally responsible for the operation of the FSBC, including management, control, conduct and functioning of the FSBC, also known as the governing authority.

*Health Standards Section (HSS)*—Department of Health, Office of the Secretary, Health Standards Section.

*Intrapartum*—the period beginning with active labor to the expulsion of the placenta.

*Licensed Midwife*—a licensed healthcare practitioner who is acting within the scope of practice of his/her respective licensing board(s) and/or certifications.

*Licensed Healthcare Practitioner*—a licensed physician or CNM, or a licensed midwife.

*Lochia*—the normal discharge from the uterus after childbirth occurring three to ten days after delivery.

*Low-Risk Pregnancy*—a normal, uncomplicated, singleton pregnancy that has vertex presentation and is at low risk for development of complications during labor and birth, as determined from an evaluation and examination conducted by a physician or other practitioner or individual acting within the scope of his or her practice.

*Miscarried Child*—the fetal remains resulting from a spontaneous fetal death that does not require compulsory registration pursuant to the provisions of R.S. 40:47.

*National Standards*—national standards for birth centers published or established by the American Association of Birth Centers, as well as requirements for accreditation published by the Commission for Accreditation of Birth Centers.

*Non-Operational*—when the FSBC is not open for business operations on designated days and hours as stated on the licensing application.

*Office of the State Fire Marshal (OSFM)*—an agency of the Department of Public Safety responsible for architectural and licensing plan review and inspections for life safety codes.

*Perineal Laceration*—a tear of the skin and other soft tissue structures which, in women, separate the vagina from the anus. Perineal tears manly occur in women as a result of vaginal childbirth and vary in severity.

*Physician*—a licensed healthcare practitioner who is acting within the scope of practice of his/her respective licensing board(s) and/or certifications.

*Physician Evaluation and Examination*—physician evaluation and examination as provided in R.S. 37:3244 to determine whether, at the time of such evaluation and examination, the individual is at low or normal risk of developing complications during pregnancy and childbirth.

*Postmature*—gestational age of greater than 42 weeks.

*Postpartum*—the period beginning immediately after childbirth in accordance with current standards of practice.

*Practice of Midwifery*—holding oneself out to the public as being engaged in the business of attending, assisting, or advising a woman during the various phases of the interconceptional and childbearing periods.

*Prenatal Care (Antepartum Care)*—occurring or existing before birth. The prenatal period (also known as antenatal care) refers to the regular care recommended for women during pregnancy. Prenatal care is preventative care with the goal of providing regular check-ups that allow licensed healthcare practitioners to treat and prevent potential health problems throughout the course of pregnancy.

*Preterm*—prior to the thirty-seventh week of gestation.

*Qualified Personnel*—means that the individual is trained and competent in the services which he or she provides and is licensed or certified when required by statute or professional standard.

*Scope of Practice*—services that a licensed healthcare practitioner is deemed competent to perform and permitted to undertake, in keeping with the terms of their professional license.

*Secretary*—the secretary of LDH, or designee.

*Standards*—policies, procedures, rules, guidelines, and standards of current practice contained in this Part in addition to those rules and standards promulgated by LDH for the licensing and operation of free-standing birth centers.

*Term*—gestational age of greater or equal to 37 weeks but less than 42 weeks.

*Transfer Agreement*—a written agreement made with at least one receiving hospital in the community and with a local ambulance service for the timely transport of

emergency clients to a licensed hospital that will provide obstetric/newborn acute care should an emergency arise which would necessitate hospital care and services.

*Uterine Atony*—a loss of tone in the uterine musculature.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S. 40:2180.21-2180.28, R.S. 37:1270 and R.S. 37:3241-3259.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2107 (August 2022).

### **§6705. General Requirements**

A. All FSBCs shall be licensed by LDH. No facility, place, center, agency, person, institution, corporation, partnership, unincorporated association, group, or other legal entity providing FSBC services shall be established or operated unless licensed as an FSBC by the department to perform such services.

B. A license issued to an FSBC shall be valid for one geographic location and issued to the entity or person and premises named in the license application.

C. A license issued pursuant to these regulations shall be valid for 12 months unless revoked or otherwise suspended prior to that date, commencing with the month of issuance.

D. Unless otherwise renewed or stayed in the rules promulgated by the department, a license issued pursuant to this Part shall expire on the last day of the twelfth month after the date of issuance.

E. A license issued pursuant to this Part shall be on a form prescribed by the department.

F. A license issued pursuant to this Part shall not be transferable or assignable.

G. A license issued to an FSBC shall be posted in a conspicuous place on the licensed premises.

H. Each FSBC shall be located within a 20 minutes' transport time from a general acute care hospital providing obstetric services which allows for an emergency cesarean delivery to begin within 30 minutes of the decision by a licensed obstetrician/gynecologist physician in the receiving facility that a cesarean delivery is necessary.

I. Each FSBC shall have agreements or written policies and procedures with other agencies, institutions, or individuals, for services to clients including, but not limited to:

1. laboratory and diagnostic services;
2. obstetric consultation services;
3. pediatric consultation services;
4. transport services;
5. obstetric/newborn acute care in hospitals; and
6. pharmaceutical services.

J. Each FSBC shall have an established consultation, collaboration, or referral system, for both emergency and

non-emergency circumstances, that fall outside the scope of birth center practice, to meet the needs of a mother or the newborn.

K. Each FSBC shall have requirements and protocols for assessing, transferring, and transporting clients to a licensed hospital and arrangements with a local ambulance service for the transport of emergency clients to a licensed hospital.

L. Each FSBC shall have requirements for documentation of adequate prenatal care and for documentation and evidence that the delivery is expected to be low risk, singleton birth, and vertex presentation.

M. Each FSBC shall meet the national standards for birth centers published or established by the American Association of Birth Centers, as well as requirements for accreditation published by the Commission for Accreditation of Birth Centers.

N. Neither general nor epidural anesthesia services shall be administered at the FSBC.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2108 (August 2022).

7. disclosure of ownership and control information;
8. the usual and customary days and hours of operation;
9. an organizational chart and names, including position titles, of key administrative personnel and governing body;
10. fiscal intermediary, if applicable;
11. secretary of state's articles of incorporation;
12. clinical laboratory improvement amendments (CLIA) certificate or CLIA certificate of waiver, if applicable;
13. an 8.5 by 11-inch mapped floor plan; and
14. any other documentation or information required by the department for licensure.

### §6709. Initial Licensure Application Process

A. An initial application for licensing as an FSBC shall be obtained from the department. A completed initial license application packet for an FSBC shall be submitted to, and approved by the department, prior to an applicant providing services.

B. The initial licensing application packet shall include:

1. a completed licensure application and the non-refundable licensing fee as established by statute;
2. a copy of the approval letter(s) of the architectural and licensing facility plans from the OSFM and any other office/entity designated by the department to review and approve the center's architectural and licensing plan review;
3. a copy of the on-site inspection report with approval for occupancy by the OSFM, if applicable;
4. a copy of the on-site health inspection report with approval for occupancy from the Office of Public Health (OPH);
5. proof of each insurance coverage as follows:
  - a. general liability insurance of at least \$300,000 per occurrence;
  - b. worker's compensation insurance as required by state law;
  - c. professional liability insurance of at least \$100,000 per occurrence/\$300,000 per annual aggregate, or proof of self-insurance of at least \$100,000, along with proof of enrollment as a qualified healthcare provider with the Louisiana Patient's Compensation Fund (PCF):
    - i. if the FSBC is not enrolled in the PCF, professional liability limits shall be \$1,000,000 per occurrence/\$3,000,000 per annual aggregate; and
    - d. the LDH HSS shall specifically be identified as the certificate holder on any policies and any certificates of insurance issued as proof of insurance by the insurer or producer (agent);
6. proof of a line of credit issued from a federally insured, licensed lending institution in the amount of at least \$50,000;

C. If the initial licensing packet is incomplete, the applicant shall be notified of the missing information, and shall have 90 days from receipt of the notification to submit the additional requested information. If the additional requested information is not submitted to the department within 90 days, the application shall be closed. If an initial licensing application is closed, an applicant who is still interested in becoming an FSBC shall be required to submit a new initial licensing application packet with the required fee to start the initial licensing process.

D. Once the initial licensing application packet has been approved by the department, notification of such approval shall be forwarded to the applicant. Within 90 days of receipt of the approval of the application, the applicant shall notify the department that the FSBC is ready and is requesting an initial licensing survey. If an applicant fails to notify the department within 90 days, the initial licensing application shall be closed. After an initial licensing application is closed, an applicant who is still interested in becoming a licensed FSBC shall be required to submit a new initial licensing packet with the required fee to start the initial licensing process.

E. Applicants shall be compliant with applicable federal, state, departmental or local statutes, laws, ordinances, rules, regulations, and fees before the FSBC will be issued an initial license to operate.

F. Fire Protection. All FSBCs required to be licensed by the law shall comply with the rules, established fire protection standards and enforcement policies as promulgated by the OSFM. It shall be the primary responsibility of the OSFM to determine if applicants are complying with those requirements. No license shall be issued to an applicant seeking licensure after the effective date of the promulgation of this rule or license renewed without the applicant furnishing a certificate from the OSFM stating that the applicant is complying with its provisions.

G. Sanitation and Client Safety. All FSBCs required to be licensed by the law shall comply with the Rules, *Sanitary Code* and enforcement policies as promulgated by the Office of Public Health (OPH). It shall be the primary

responsibility of the OPH to determine if applicants are complying with those requirements. No initial license shall be issued to an applicant seeking licensure or license renewal after the effective date of the promulgation of this rule without the applicant furnishing a certificate from the OPH stating that the applicant is complying with its provisions.

H. For those existing facilities that get a conditional certificate from OPH/OSFM, a provisional license may be issued to the applicant if the OPH or the OSFM issues the applicant a conditional certificate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2109 (August 2022).

C. Any change regarding the FSBC's key administrative personnel shall be reported in writing to the department within 10 days of the change.

1. Key administrative personnel include the:

- a. administrator; and
- b. director of clinical midwifery services.

2. The FSBC's notice to the department shall include the individual's:

- a. name;
- b. address;
- c. hire date; and
- d. qualifications.

D. A CHOW of the FSBC shall be reported in writing to the department within five days of the change.

E. The license of an FSBC is not transferable or assignable and cannot be sold. The new owner shall submit the legal CHOW document, all documents required for a new license and the applicable licensing fee. Once all application requirements are completed and approved by the department, a new license shall be issued to the new owner.

1. An FSBC that is under license revocation, provisional licensure and/or denial of license renewal may not undergo a CHOW.

2. If the CHOW results in a change of geographic address, an on-site physical environment survey by the HSS, an on-site inspection by the OPH and the OSFM shall be required prior to issuance of the new license.

F. If the FSBC changes its name without a change in ownership, the FSBC shall report such change to the department in writing five days prior to the change. The change in the FSBC's name requires a change in the license and payment of the required fee for a name change and reissuance of a license.

G. Any request for a duplicate license shall be accompanied by the applicable required fee.

H. If the FSBC changes the physical address of its geographic location without a change in ownership, the FSBC shall report such change to the department in writing at least six weeks prior to the change. Because the license of an FSBC is valid only for the geographic location of that FSBC, and is not transferrable or assignable, the FSBC shall submit a new licensing application and the required fees, licensing inspection reports, and licensing plan reviews for the new location.

1. An on-site physical environment survey by the HSS, an on-site inspection by the OPH and the OSFM shall be required prior to the issuance of the new license.

2. The change in the FSBC's physical address results in a new anniversary date and the full licensing fee shall be paid.

#### **§6715. Changes in Licensee Information or Personnel**

A. An FSBC license shall be valid only for the person or entity named in the license application and only for the specific geographic address listed on the license application.

B. Any permanent change regarding the entity FSBC's name, "doing business as" name, mailing address, telephone number, stated days and hours of operation, or any combination thereof, shall be reported in writing to the department within five business days of the change.

1. For any temporary closures of the FSBC greater than 24 hours, other than weekends or holidays, the FSBC shall notify HSS in advance.

2. At any time that the FSBC has an interruption in services or a change in the licensed location due to an emergency, the FSBC shall notify HSS no later than the next stated business day.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2111 (August 2022).

#### §6717. Renewal of License

A. The FSBC shall submit a completed license renewal application packet to the department at least 30 days prior to the expiration of the current license. The license renewal application packet shall include the:

1. license renewal application;
2. non-refundable license renewal fee;
3. stated days and hours of operation;
4. current State Fire Marshal report;
5. current OPH inspection report;
6. proof of each insurance coverage as follows:
  - a. general liability insurance of at least \$300,000 per occurrence;
  - b. worker's compensation insurance of at least \$100,000 as required by state law;
  - c. professional liability insurance of at least \$100,000 per occurrence/\$300,000 per annual aggregate, or proof of self-insurance of at least \$100,000, along with proof of enrollment as a qualified healthcare provider with the PCF:
    - i. if the FSBC is not enrolled in the PCF, professional liability limits shall be \$1,000,000 per occurrence/\$3,000,000 per annual aggregate;
    - d. the LDH HSS shall specifically be identified as the certificate holder on any policies and any certificates of insurance issued as proof of insurance by the insurer or producer (agent);
7. proof of a line of credit issued from a federally insured, licensed lending institution in the amount of at least \$50,000; and
8. any other documentation required by the department, if applicable.

B. The department may perform an on-site survey and inspection upon annual renewal of a license.

C. Failure to submit a completed license renewal application packet prior to the expiration of the current license will result in the voluntary non-renewal of the FSBC license. There are no appeal rights for such surrender or non-renewal of the license, as this is a voluntary action on the part of the FSBC.

D. If an existing licensed FSBC has been issued a notice of license revocation, suspension or termination, and the FSBC's license is due for annual renewal, the department shall deny the license renewal application and shall not issue a renewal license.

1. Subject to the provisions in D.2 of this section, if a timely administrative appeal has been filed by the FSBC regarding the license revocation, suspension, or termination, the administrative appeal shall be suspensive, and the FSBC shall be allowed to continue to operate and provide services until such time as the administrative tribunal or department issues a decision on the license revocation, suspension, or termination.

2. If the secretary of the department determines that the violations of the FSBC pose an imminent or immediate threat to the health, welfare, or safety of a client, the imposition of such action may be immediate and may be enforced during the pendency of the administrative appeal. If the secretary of the department makes such a determination, the FSBC will be notified in writing.

3. The denial of the license renewal application does not affect in any manner the license revocation, suspension, or termination.

E. The renewal of a license does not in any manner affect any sanction, civil monetary penalty, or other action imposed by the department against the FSBC.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2111 (August 2022).

## **Subchapter B. Administration and Organization**

### **§6735. Governing Body**

A. An FSBC shall have an identifiable governing body with responsibility for, and authority over, the policies and activities of the FSBC, which shall include all contracts. The governing body is the ultimate governing authority of the FSBC and shall adopt bylaws which address its responsibilities. No contract or other arrangements shall limit or diminish the responsibilities of the governing body.

B. An FSBC shall have documents identifying the following information regarding the governing body:

1. names and addresses of all members;



2. terms of membership;
3. officers of the governing body; and
4. terms of office for any officers.

C. The governing body shall be comprised of one or more persons and shall hold formal meetings at least twice a year. There shall be written minutes of all formal meetings, and the bylaws shall specify the frequency of meetings and quorum requirements.

D. The governing body of an FSBC shall:

1. ensure the FSBC's continual compliance and conformity with all relevant federal, state, local, and municipal laws and regulations;

2. ensure that the FSBC is adequately funded and fiscally sound which entails:

- a. verification of sufficient assets equal to \$100,000 or the cost of three months of operation, whichever is less; or

- b. a letter of credit issued from a federally insured, licensed lending institution in the amount of at least \$50,000 or the cost of three months of operation, whichever is less;

3. review and approve the FSBC's annual budget;

4. designate a person to act as the administrator and delegate enough authority to this person to manage the day-to-day operations of the FSBC;

5. annually evaluate the administrator's performance;

6. have the authority to dismiss the administrator;

7. formulate and annually review, in consultation with the administrator, written policies and procedures concerning the FSBC's philosophy, goals, current services, personnel practices, job descriptions, fiscal management, and contracts:

- a. the FSBC's written policies and procedures shall be maintained within the FSBC and made available to all staff during hours of operation;

8. determine, in accordance with state law, which licensed healthcare practitioners are eligible candidates for appointment to the FSBC staff;

9. ensure and maintain quality of care, inclusive of a quality assurance/performance improvement process that measures client, process, and structural (e.g. system) outcome indicators to enhance client care;

10. ensure that birthing procedures shall not be performed in areas other than the birthing rooms;

11. ensure that birthing procedures are initiated in accordance with acceptable standards of practice;

12. meet with designated representatives of the department whenever required to do so;

13. inform the department, or its designee, prior to initiating any substantial changes in the services provided by the FSBC; and

14. ensure that pursuant to R.S. 40:1191.2, prior to the final disposition of a miscarried child, but not more than 24 hours after a miscarriage occurs in an FSBC, the FSBC shall notify the client, or if the client is incapacitated, the spouse of the client, both orally and in writing, of both of the following:

- a. the parent's right to arrange for the final disposition of the miscarried child using the notice of parental rights form as provided for in R.S. 40:1191.3; and

- b. the availability of a chaplain or other counseling services concerning the death of the miscarried child, if such services are provided by the FSBC.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2116 (August 2022).

## **Subchapter C. Admissions, Transfers and Discharges**

### **§6743. Prohibitions to Admission or Continued Care in an FSBC**

A. The FSBC shall not knowingly accept or thereafter maintain responsibility for the prenatal or intrapartum care of a woman who:

1. has had a previous cesarean section or other known uterine surgery such as hysterotomy or myomectomy;
2. has a history of difficult to control hemorrhage with previous deliveries;
3. has a history of thromboembolism, deep vein thromboembolism, or pulmonary embolism;
4. is prescribed medication for diabetes, or has hypertension, Rh disease isoimmunization with positive titer, active tuberculosis, active syphilis, active gonorrhea, HIV positive or is otherwise immunocompromised, epilepsy, hepatitis, heart disease, kidney disease, or blood dyscrasia;
5. contracts primary genital herpes simplex during the pregnancy or manifests active genital herpes during the last four weeks of pregnancy;
6. has a contracted pelvis;
7. has severe psychiatric illness or a history of severe psychiatric illness in the six-month period prior to pregnancy;
8. has been prescribed narcotics in excess of three months during the pregnancy or is addicted to narcotics or other drugs;
9. ingests more than 2 ounces of alcohol or 24 ounces of beer a day on a regular day or participates in binge drinking;
10. smokes 20 cigarettes or more per day, and is not likely to cease in pregnancy;
11. has a multiple gestation;
12. has a fetus of less than 37 weeks gestation at the onset of labor;
13. has a gestation beyond 42 weeks by dates;
14. has a fetus in any presentation other than vertex at the onset of labor;
15. has a fetus with suspected or diagnosed congenital anomalies that may require immediate medical intervention;
16. has preeclampsia;

17. has a parity greater than five;
18. is younger than 16 or a primipara older than 40;
19. has been taking medications known to cause Neonatal Abstinence Syndrome;
20. has history of congenital heart disease;
21. has history of cardiac surgery(ies); or
22. labors greater than the 12-18 hours after rupture of membranes with no cervical change.

B. A licensed healthcare practitioner shall not knowingly render FSBC services outside of their scope of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2117 (August 2022).

#### §6745. Admissions and Assessments

A. Each FSBC shall have written admission and assessment policies and criteria in accordance with the licensed healthcare practitioner's scope of practice. The FSBC shall have policies/procedures and written criteria for the evaluation of risk status, admission, transfer, discharge, and complications requiring medical or surgical intervention. The policies and procedures and written criteria shall be developed, implemented, enforced, monitored, and reviewed annually by the clinical staff and approved by the governing body.

B. An FSBC shall ensure that each client has the appropriate pre-natal and postpartum assessments completed, inclusive of suitability for less than 23-hour timeframe of client stay, ability of the FSBC to provide services needed in the postpartum period in accordance with the prescribed plan of care, and discharge plans to home or another licensed facility setting.

C. The history and physical assessment prior to delivery shall specify that the client is clinically cleared for delivery in an FSBC and meets the requirements for FSBC services and this Chapter pursuant to applicable state statutes.

D. Upon admission, each client shall have a perinatal assessment completed by qualified personnel. The perinatal assessment shall include, at a minimum:

1. an updated clinical record entry documenting an examination for any changes in the client's condition since completion of the most recently documented clinical history and physical assessment;
2. documentation of any known allergies to drugs and/or biological agents; and
3. documentation of a standardized risk assessment for postpartum hemorrhage.

E. The client's clinical history and physical assessment shall be placed in the client's clinical record.

F. The client's postpartum condition shall be assessed and documented in the clinical record by qualified personnel

in accordance with applicable state health and safety laws, FSBC policies, and standards of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2117 (August 2022).

#### §6747. Required Newborn Care

A. Each delivery shall be attended by two qualified personnel currently trained in:

1. adult cardiopulmonary resuscitation equivalent to American Heart Association Class C Basic Life Support;
2. Neonatal Resuscitation Program endorsed by American Academy of Pediatrics/American Heart Association; and
3. advanced cardiac life support (ACLS) certification in accordance with national accreditation standards.

B. The licensed healthcare practitioner shall be responsible for care of the newborn immediately following the delivery only. Subsequent infant care should be managed by a pediatrician or primary care physician. This does not preclude the licensed healthcare practitioner from providing counseling regarding routine newborn care and breastfeeding and arranging for the neonatal tests required by state law. If any abnormality is suspected, the newborn shall be sent for medical evaluation as soon as possible.

C. The licensed healthcare practitioner shall ensure that Vitamin K is available at the time of delivery and take appropriate measures designed to prevent neonatal hemorrhage.

D. The licensed healthcare practitioner is responsible for ensuring that all neonatal tests required by state law are performed, in the timeframe as delineated by the law. If the parents object to such tests being performed on the infant, the licensed healthcare practitioner shall document this objection in the client's chart, notify and refer the newborn to the infant's pediatrician or primary care physician, and notify the appropriate authorities.

E. The licensed healthcare practitioner shall leave clear instructions for follow-up care, including signs and symptoms of conditions that require medical evaluation, especially fever, irritability, generalized rash, and lethargy.

F. The licensed healthcare practitioner shall be responsible for performing a glucose check for a newborn for conditions as recommended by the American Academy of Pediatrics.

G. The FSBC shall have a policy for oral glucose administration for the infant who does not respond to supplemental feedings in accordance with current standards of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2118 (August 2022).

### §6751. Required Physician Consultation, Postpartum Period

A. The licensed healthcare practitioner shall obtain emergent medical consultation or refer for emergent medical care any woman who, during the postpartum period:

1. has a third-degree or fourth-degree perineal laceration;
2. has uterine atony;
3. bleeds in an amount greater than 500 milliliters and still continuing to bleed;
4. does not urinate or empty her genitourinary bladder within two hours of birth;
5. develops a fever greater than 100.4 degrees Fahrenheit or 38 degrees Centigrade on any two of the first 10 days postpartum, excluding the first 24 hours;
6. develops foul smelling lochia; or
7. develops blood pressure below 100/50 if pulse exceeds 100, pallor, cold clammy skin, and/or weak pulse.

B. The licensed healthcare practitioner shall obtain emergent medical consultation or refer for emergent medical care any infant who:

1. has an Apgar score of seven or less at five minutes;
2. has any obvious anomaly;
3. develops grunting respirations, retractions, or cyanosis;
4. has cardiac irregularities;
5. has a pale, cyanotic, or grey color;
6. develops jaundice within 48 hours of birth;
7. has an abnormal cry;
8. weighs less than 5 pounds or weighs more than 10 pounds;
9. shows signs of prematurity, dysmaturity, or post maturity;

10. has meconium staining of the placenta, cord, and/or infant with signs or symptoms of aspiration pneumonia;
11. does not urinate or pass meconium in the first 24 hours after birth;
12. is lethargic or does not feed well;
13. has edema;
14. appears weak or flaccid, has abnormal feces, or appears not to be normal in any other respect;
15. has persistent temperature below 97 degrees Fahrenheit per FSBC policy;
16. has jitteriness not resolved after feeding; or
17. has a blood glucose level of less than 45mg/dL.

C. The FSBC shall develop, implement, and enforce written policies to provide follow-up postpartum care to the newborn and the mother either directly or by referral. Follow up care may be provided in the FSBC, at the mother's residence, by telephone, or by a combination of these methods in accordance with accepted standards of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2118 (August 2022).

## Subchapter D. Service Delivery

### §6757. Perinatal Services

A. Perinatal services shall be well organized and provided in accordance with current acceptable national standards of practice adopted from national associations or organizations.

B. Birthing rooms shall be located to address privacy during occupancy for labor, birth, and postpartum care.

C. The FSBC shall ensure that the deliveries do not exceed the capabilities of the FSBC, and any length of client care does not exceed 23 hours post-delivery.

D. Except for the requirements of §6747.A. specific to deliveries, at least one licensed healthcare practitioner shall be immediately available whenever there is a client in the FSBC and shall have been trained in:

1. the use of emergency equipment;
2. adult cardiopulmonary resuscitation equivalent to American Heart Association Class C Basic Life Support;
3. Neonatal Resuscitation Program endorsed by American Academy of Pediatrics/American Heart Association; and
4. certified in advanced cardiac life support (ACLS).

E. A roster of licensed healthcare practitioners, specifying the delivery privileges of each, shall be kept in the FSBC and available to all staff.

F. Approved policies shall define which delivery procedures require a licensed healthcare practitioner who is acting within their scope of practice.

G. A birthing room register shall be accurately maintained and kept up-to-date and complete. This register shall be maintained for a six-year period. The register shall include, at a minimum, the:

1. client's complete name;
2. client's FSBC individual identification number;
3. licensed healthcare practitioner's name;
4. date and time of the delivery; and
5. type of delivery performed.

H. There shall be enough staff assigned to the postpartum care area to meet the needs of the clients. At a minimum, one qualified licensed healthcare practitioner shall be on-site and available for the length of any client stay in the FSBC.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and R.S. 40: 2180.21-2180.28.

**HISTORICAL NOTE:** Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2119 (August 2022).

#### **§6759. Transfer Agreements and Client Transfers**

A. The FSBC shall secure a written transfer agreement with at least one receiving hospital in the community with policies and procedures for timely transport.

B. If the FSBC is not able to secure a written transfer agreement, the licensed healthcare practitioner shall be responsible for the safe and immediate transfer of the patients from the FSBC to a hospital when a higher level of care is indicated.

C. The FSBC shall be responsible for developing written policies and procedures for the safe transfer of patients and coordination of admission, when necessary, into an inpatient facility. The written policy shall include, but not be limited to:

1. identification of the FSBC personnel who shall be responsible for the coordination of admission into an inpatient facility;
2. procedures for security inpatient services; and
3. procedures for the procurement of the pertinent and necessary copies of the patient's medical record that will be sent with the transferring patient so that the information may be included in the patient's inpatient medical record.

D. The FSBC shall be located within 20 minutes' transport time to a general acute care hospital providing obstetric services 24 hours per day and seven days a week, with which the FSBC has a written transfer agreement. The FSBC shall maintain a contractual relationship with the general acute care hospital, including a written transfer agreement, which allows for an emergency caesarian delivery to begin within 30 minutes of the decision made by a licensed

obstetrician at the receiving hospital that a caesarian delivery is necessary.

E. The licensed healthcare practitioner shall accompany any mother or infant requiring hospitalization to the hospital, giving any pertinent written records and verbal report to the physician assuming care. If possible, the licensed healthcare practitioner should remain with the mother and/or infant to ascertain outcome. In those instances where it is necessary to continue providing necessary care to the party remaining in the FSBC, the licensed healthcare practitioner may turn over the care of the transport of mother or child to qualified emergency or hospital personnel. All necessary written records shall be forwarded with such personnel and a verbal report must be given.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and R.S. 40: 2180.21-2180.28.

**HISTORICAL NOTE:** Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2119 (August 2022).

5. the applicable local governing authority (e.g., zoning, building department or permit office).

B. The administrator, or designee, shall be accessible to FSBC staff or designated representatives of the department any time there is a client in the FSBC.

C. An FSBC shall have qualified staff sufficient in number to meet the needs of clients and to ensure provision of services.

D. The FSBC shall develop and maintain documentation of an orientation program for all employees, either contact or staff, that is of sufficient scope and duration to inform the individual about his/her responsibilities, how to fulfill them, review of policies and procedures, job descriptions, competency evaluations, and performance expectations. An orientation program and documented competency evaluation and/or job expectations of assigned or reassigned duties shall be conducted prior to any assignments or reassignments.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2120 (August 2022).

**§6769. Staffing Requirements**

A. Administrative Staff. The following administrative staff is required for all FSBCs:

1. a qualified administrator at each licensed geographic location who shall meet the qualifications as established in these provisions;
2. other administrative staff as necessary to operate the FSBC and to properly safeguard the health, safety, and welfare of the clients receiving services; and
3. an administrative staff person on-call and available via telecommunication after routine daytime or office hours for the length of any client stay in the FSBC.

B. Administrator

1. Each FSBC shall have a qualified administrator who is a full-time on-site employee responsible for the day-to-day management, supervision, and operation of the FSBC.

2. Any current administrator employed by a licensed FSBC, at the time these licensing provisions are adopted and become effective, shall be deemed to meet the qualifications of the position of administrator as long as that individual holds his/her current position. If that individual leaves his/her current position, he/she shall be required to meet the qualifications stated in these licensing provisions to be re-employed into such a position.

3. The administrator shall meet the following qualifications:

- a. possess a college degree from an accredited university; and
- b. have one year of previous work experience involving administrative duties in a healthcare facility.

2022).

**Subchapter E. Facility Responsibilities**

**§6767. General Provisions**

A. FSBCs shall comply and show proof of compliance with all relevant federal, state, and local rules and regulations. It is the FSBC's responsibility to secure the necessary approvals from the following entities:

1. HSS;
2. OSFM architectural and licensing plan review;
3. OPH;
4. OSFM *Life Safety Code* inspection; and

4. Changes in the administrator shall be reported to the department within 10 days of the change on the appropriate form designated by the department.

C. The director of clinical midwifery services shall:

1. have a current, unrestricted Louisiana license as a physician, a CNM, or a licensed midwife;

2. be in good standing with the applicable state licensing board; and

3. shall have a minimum of one-year experience in a healthcare setting and possess the knowledge, skills and experience consistent with the complexity and scope of delivery services provided by the FSBC;

a. the director of clinical midwifery services holding dual administrative/midwifery director roles shall meet the qualifications of each role; and

b. changes in the director of clinical midwifery services shall be reported in writing to the department within 10 days of the change on the appropriate form designated by the department.

D. Responsibilities of the administrator and the director of clinical midwifery services. The administrator and the director of clinical midwifery services shall develop, adopt, implement, and monitor the policies and procedures of the FSBC and the professional services of the staff. The staff bylaws shall be maintained within the FSBC. The bylaws and rules shall contain provisions for at least the following:

1. developing the structure of the licensed healthcare practitioner staff, including qualified personnel and categories of membership;

2. developing, implementing, and monitoring policies and procedures to review credentials, at least every two years, and to delineate and recommend approval for individual privileges;

3. developing, implementing, and monitoring policies and procedures to ensure that all licensed healthcare practitioner staff possess current and unrestricted Louisiana licenses and that each member of the licensed practitioner staff is in good standing with his/her respective licensing board;

4. providing recommendations to the governing body for membership to the licensed healthcare practitioner staff with initial appointments and reappointments not to exceed two years;

5. developing, implementing, and monitoring policies and procedures for the suspension and/or termination of membership to the licensed healthcare practitioner staff;

6. developing, implementing, and monitoring criteria and frequency for review and evaluation of past performance of its individual staff members. This process shall include monitoring and evaluation of the quality of client care provided by each individual;

7. the appointment of committees as deemed appropriate;

8. reviewing and making recommendations for revisions to all policy and procedures at least annually; and

9. meeting at least semi-annually. One of these meetings shall be designated as the official annual meeting. A record of attendance and minutes of all licensed healthcare practitioner staff meetings shall be maintained within the FSBC.

E. Licensed Healthcare Practitioner Staff

1. The FSBC shall have an organized licensed healthcare practitioner staff, inclusive of one or more of the following, who shall attend each woman in labor from the time of admission through birth and the immediate postpartum period:

a. a licensed obstetrician;

b. a certified nurse midwife; or

c. a licensed midwife.

2. A licensed obstetrician providing birthing services within the FSBC shall:

a. hold a current, unrestricted state license issued by the LSBME;

b. be actively engaged in a clinical obstetrical practice;

c. have hospital privileges in obstetrics in a hospital accredited by the Joint Commission; and

d. practice within the scope of practice of a licensed physician in accordance with applicable state statutes and regulations.

3. A CNM or LM providing birthing services within the FSBC shall be a licensed healthcare practitioner who is acting within the scope of practice of his/her respective licensing board(s) and/or certifications.

4. All licensed practitioner staff shall be accountable to the governing body for the quality of all perinatal care provided to clients and newborns, and for the ethical and professional practices of its members.

5. The licensed healthcare practitioner staff shall be legally and professionally qualified for the positions to which they are appointed and for the performance of privileges granted.

6. A licensed healthcare practitioner staff shall remain within the FSBC until all clients are assessed as stable.

7. The client's attending licensed healthcare practitioner staff, or designated on-call licensed healthcare practitioner staff, shall be available by telephone for consultation and evaluation of the client, and available to be on-site within 30 minutes if needed, until the client is discharged from the FSBC.

8. Each client admitted to the FSBC shall be under the professional supervision of a member of the FSBC's licensed healthcare practitioner staff who shall assess, supervise, and evaluate the care of the client.

9. Credentialing files for each staff shall be kept current and maintained within the FSBC at all times.

F. Delivery Services Staff. The staffing pattern shall provide for sufficient qualified personnel and for adequate supervision and direction by licensed healthcare practitioners consistent with the number of deliveries performed and throughout the length of any client stay in the FSBC.

1. Delivery services shall be under the direction of a licensed healthcare practitioner that includes a plan of administrative authority with written delineation of responsibilities and duties for each category of staff members.

2. The FSBC shall ensure that the delivery services are directed under the leadership of licensed healthcare practitioner(s) sufficient in number, and on duty at all times that the FSBC is in operation and a client is in the center, to plan, assign, supervise, and evaluate delivery services, as well as to give clients the high-quality care that requires the judgment and specialized skills of licensed healthcare practitioners.

a. There shall be sufficient staff with the appropriate qualifications to assure ongoing assessment of clients' needs and that these identified needs are addressed. The number and types of staff is determined by the volume and types of delivery the FSBC performs.

3. All licensed healthcare practitioners employed, contracted, or working with the FSBC shall have a current, unrestricted, and valid Louisiana license to practice. Nonprofessional or unlicensed qualified personnel employed, contracted, and performing delivery care services shall be under the supervision of a licensed healthcare practitioner.

4. There shall be, at minimum, one licensed practitioner with ACLS certification on duty, in the building, and immediately available at any time there is a client in the FSBC in accordance with national accreditation standards.

5. A formalized program on in-service training shall be developed and implemented for all categories of the FSBC staff. Training shall be required on a quarterly basis related to required job skills.

a. Documentation of such in-service training shall be maintained on-site in the FSBC's files. Documentation shall include the:

- i. training content;
- ii. date and time of the training;
- iii. names and signatures of personnel in attendance; and
- iv. name of the presenter(s).

6. General staffing provisions for the delivery rooms shall be the following:

a. each delivery procedure shall be performed by a licensed healthcare practitioner; and

b. appropriately trained qualified personnel may perform assistive functions during each delivery procedure.

G. General Personnel Requirements

1. All licensed qualified personnel and FSBC employees, including contracted personnel shall meet and comply with these personnel requirements.

2. All licensed qualified personnel and FSBC employees, including contracted personnel, prior to and at the time of employment and annually thereafter, shall be verified to be free of tuberculosis in a communicable state in accordance with the FSBC's policies and procedures and the current Centers for Disease Control and Prevention (CDC) and the OPH recommendations.

3. All unlicensed qualified personnel involved in direct client care and/or services shall be supervised by a licensed healthcare practitioner.

4. A personnel file shall be maintained within the FSBC on every employee, including contracted employees. Policies and procedures shall be developed to determine the contents of each personnel file. At a minimum, all personnel files shall include the following:

- a. an application;
- b. current verification of professional licensure;
- c. healthcare screenings as defined by the FSBC;
- d. orientation and competency verification;
- e. annual performance evaluations;
- f. criminal background checks for unlicensed staff, prior to offer of direct or contract employment, after the effective date of this Rule, as applicable and in accordance with state law. The criminal background check shall be conducted statewide by the Louisiana State Police or its authorized agent; and

g. any other screenings required of new applicants by state law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2120 (August 2022).

**§6773. Clinical Records**

A. Each FSBC shall make provisions for securing clinical records of all media types, whether stored electronically or in paper form. The identified area or



equipment shall be secured to maintain confidentiality of client records and shall be restricted to staff movement and remote from treatment and public areas.

B. All client records shall be protected from loss or damage.

C. The FSBC shall have a designated area located within the FSBC which shall provide for the proper storage, protection and security for all clinical records and documents.

D. The FSBC shall develop and maintain a unique clinical record for each client admitted and/or treated. Records may exist in hard copy, electronic format, or a combination thereof.

E. The FSBC shall ensure the confidentiality of client records, including information in a computerized clinical record system, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations and any state laws, rules, and regulations.

1. If computerized records are used, the FSBC shall develop:

- a. a back-up system for retrieval of critical clinical records;
- b. safeguards/firewalls to prevent unauthorized use and access to information; and
- c. safeguards/firewalls to prevent alterations of electronic records.

F. A unique clinical record shall be maintained for every client admitted and/or treated.

G. The following data shall be documented and included as part of each client's basic clinical record:

1. unique client identification;
2. admission and discharge date(s) and times of mother and infant;
3. clinical and social history;
4. physical examination notes of mother and infant in accordance with clinical staff bylaws, policies, and procedures;
5. diagnosis(es);
6. licensed practitioner's orders;
7. clinical laboratory report(s), if any;
8. pathology report(s), if any;
9. radiological report(s), if any;
10. consultation report(s), when appropriate;
11. delivery and treatment regimen;
12. licensed practitioner's progress notes;
13. nurses' records of care provided, and medications administered, if any;

14. authorizations, consents, or releases;

15. delivery report;

16. medication record to include, but not limited to:

- a. type of medication or local anesthetic, if used;
- b. route of medication administered, if any;
- c. person administering the medication or local anesthetic, if used; and

d. post-medication assessment, when appropriate;

17. name(s) of the treating licensed practitioner(s);

18. start and end time of the delivery procedure and time of birth of infant;

19. a current informed consent for delivery procedure and local anesthetics that includes the following:

- a. name of the client;
- b. client individual identification number;
- c. name of the procedure being performed;
- d. reasonable and foreseeable risks and benefits;
- e. name of the licensed healthcare practitioner(s) who will perform the procedure or delivery;
- f. signature of client or legal guardian or individual designated as having power of attorney for clinical decisions on behalf of the client, if any;
- g. date and time the consent was obtained; and
- h. signature and professional credential of the person witnessing the consent;

20. delivery procedures report(s);

21. client education and discharge instructions; and

22. a discharge summary, including:

- a. licensed healthcare practitioner progress notes; and
- b. discharge notes.

H. The clinical records shall be under the custody of the FSBC and maintained in its original, electronic, microfilmed, or similarly reproduced form for a minimum period of 10 years from the date a client is discharged. The FSBC shall provide a means to view or reproduce the record in whatever format it is stored.

I. Clinical records may be removed from the premises for computerized scanning for the purpose of storage. Contracts, for the specific purpose of scanning at a location other than the FSBC, shall include provisions addressing how:

1. the clinical record shall be secured from loss or theft or destruction by water, fire, etc.; and
2. confidentiality shall be maintained.

J. Clinical records may be stored off-site provided that:

1. the confidentiality and security of the clinical records are maintained; and

2. a 12-month period has lapsed since the client was last treated in the FSBC.

K. Each clinical entry and all orders shall be signed by the licensed healthcare practitioner(s) and shall include the date and time. Clinical entries and any observations made by the licensed healthcare practitioner(s) shall be signed by the licensed healthcare practitioner and shall include the date and time.

1. If electronic signatures are used, the FSBC shall develop a procedure to assure the confidentiality of each electronic signature and shall prohibit the improper or unauthorized use of any computer-generated signature.

2. Signature stamps shall not be used.

L. All pertinent observations, treatments, and medications given to a client shall be entered in the staff notes as part of the clinical record. All other notes relative to specific instructions from the licensed practitioner shall be recorded.

M. Completion of the clinical record shall be the responsibility of the admitting licensed healthcare practitioner within 30 days of client discharge.

N. All hardcopy entries into the clinical record shall be legible and accurately written in ink. The recording person shall sign the entry to the record and include the date and time of entry. If a computerized clinical records system is used, all entries shall be authenticated, dated and timed, complete, properly filed and retained, accessible and reproducible.

O. Written orders signed by a member of the licensed healthcare practitioner staff shall be required for all medications and treatments administered to clients and shall include the date and time ordered. Verbal orders shall include read-back verification. All verbal orders shall be authenticated by the ordering licensed healthcare practitioner within 48 hours to include the signature of the ordering licensed healthcare practitioner, date, and time.

P. The use of standing orders is prohibited.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2122 (August 2022).

## Subchapter F. Safety, Sanitization and Emergency Preparedness

### §6781. Infection Control

A. The FSBC shall maintain an infection control program that minimizes infections and communicable diseases through prevention, investigation, and reporting of infections. This program shall include all contracted services.

B. The FSBC shall provide a functional and sanitary environment for the provision of delivery services by adopting and adhering to professionally accepted standards of practice. The FSBC shall have documentation that the infection control program was considered, selected, and implemented based on nationally recognized infection control guidelines.

C. The infection control program shall be under the direction of a designated and qualified professional. The FSBC shall determine that the individual selected to lead the infection control program has had documented training in the principles and methods of infection control. The individual shall maintain his/her qualifications through ongoing education and training, which can be demonstrated by participation in infection control courses or in local and national meetings organized by a nationally recognized professional infection control society.

D. The FSBC shall develop, with the approval of the director of clinical midwifery services and the governing body, policies and procedures for preventing, identifying, reporting, investigating, controlling, and immediately implementing corrective actions relative to infections and communicable diseases of clients and personnel. At a minimum, the policies shall address:

1. hand sanitizers and hand hygiene;
2. use of all types of gloves and personal protective equipment, as appropriate;
3. scrub procedures;
4. linen cleaning and reuse;
5. waste management;
6. environmental cleaning;

7. reporting, investigating, and monitoring of infections;
8. sterilization and cleaning procedures and processes;
9. single use devices;
10. disinfecting procedures and processes;
11. breaches of infection control practices; and
12. utilization of clean and dirty utility areas.

E. The FSBC shall have policies and procedures developed and implemented which require immediate reporting, according to the latest criteria established by the CDC, OPH, and the Occupational Safety and Health Administration (OSHA), of the suspected or confirmed diagnosis of a communicable disease.

F. The FSBC shall maintain an infection control log of incidents related to infections. The log is to be maintained within the FSBC for a minimum of 18 months.

G. Any employee with a personal potentially contagious/or infectious illness shall report to his/her immediate supervisor and/or director of midwifery services for possible reassignment or other appropriate action to prevent the disease or illness from spreading to other clients or personnel.

1. Employees with symptoms of illness that have the potential of being potentially contagious or infectious (i.e. diarrhea, skin lesions, respiratory symptoms, infections, etc.) shall be either evaluated by a physician or another qualified licensed practitioner and/or restricted from working with clients during the infectious stage.

H. Provisions for isolation of clients with a communicable or contagious disease shall be developed and implemented according to FSBC policy and procedure.

I. Provisions for transfer of clients from the FSBC shall be developed and implemented according to FSBC policy and procedure.

J. The FSBC shall develop a system by which potential complications/infections that develop after discharge of a client from the FSBC are reported, investigated, and monitored by the infection control officer.

K. Procedures for isolation techniques shall be written and implemented when applicable.

L. The FSBC shall have a written and implemented waste management program that identifies, and controls wastes and hazardous materials to prevent contamination and the spread of infection within the FSBC. The program shall comply with all applicable laws and regulations governing wastes and hazardous materials and the safe handling of these materials.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2124 (August 2022).

E. All designs and construction shall be in accordance with the provisions of LAC Title 51, *Public Health—Sanitary Code*.

F. Facility within a Facility

1. If more than one healthcare provider occupies the same building, premises, or physical location, all treatment facilities and administrative offices for each healthcare facility shall be clearly separated from the other by a clearly defined and recognizable boundary.

2. There shall be clearly identifiable and distinguishable signs posted inside the building as well as signs posted on the outside of the building for public identification of the FSBC. Compliance with the provisions of R.S. 40:2007 shall be required.

3. An FSBC that is located within a building that is also occupied by one or more other businesses and/or other healthcare facilities shall have all licensed spaces and rooms of the FSBC contiguous to each other and defined by cognizable boundaries.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2127 (August 2022).

## Subchapter G. Physical Environment

### §6793. General Requirements

A. The standards in this Subchapter shall apply to any FSBC constructed after the effective date of this rule, or an FSBC that makes alterations, additions, or substantial rehabilitation to an existing FSBC or adaptation of an existing building to create an FSBC. Cosmetic changes to the FSBC such as painting, flooring replacement, or minor repairs shall not be considered an alteration or substantial rehabilitation.

EXCEPTION: For those applicants for FSBC licensure who received plan review approval from the OSFM before the effective date of the promulgation of this Rule, or who have begun construction or renovation of an existing building before the effective date of the promulgation of this Rule, the physical environment requirements of §6793 shall not apply.

B. An applicant for an FSBC license shall furnish one complete set of architectural plans and specifications to the entity/office designated by the department to review and approve the facility's architectural plans and the OSFM.

1. The office designated by the department to review and approve architectural drawings and specifications and the OSFM shall review and approve the *Life Safety Code* plans before construction can begin.

2. When the plans and specifications have been reviewed and all inspections and investigations have been made, the applicant will be notified whether the plans for the proposed FSBC have been approved.

C. No alterations, other than minor alternations, shall be made to existing facilities without the prior written approval of, and in accordance with, architectural plans and specifications approved in advance by the department, or its designee, and the OSFM.

D. All new construction, additions and renovations, other than minor alterations, shall be in accordance with the specific requirements of the OSFM and the department, or its designee, who shall be responsible for the review and approval of architectural plans. Plans and specifications submitted to these offices shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer and shall include scaled architectural plans stamped by an architect.

### §6795. General Appearance and Space Requirements

A. The FSBC shall be constructed, arranged, and maintained to ensure the safety and well-being of the clients and the general public it serves in accordance with the current Facility Guidelines for Design and Construction of Hospitals and Outpatient Facilities approved by the OSFM.

B. The FSBC shall have a minimum of two birthing rooms to meet the needs of the clients being served. In addition to the birthing rooms, the FSBC may also have one or more treatment rooms.

C. The location of the birthing rooms within the FSBC, and the access to it, shall conform to professionally accepted standards of practice, particularly for infection control, with respect to the movement of people, equipment and supplies in and out of the birthing rooms.

1. The location shall have a working heating, ventilation, and air conditioning system that is monitored and adjusted according to the needs of the client.

D. Birthing Rooms

1. The birthing rooms shall be constructed in accordance with the current OSFM approved standards.

2. The area of the birthing rooms shall be in a segregated and secured section of the FSBC and shall be removed from general lines of traffic of both visitors and other FSBC personnel, and from other departments to prevent traffic through them.

3. The birthing rooms shall be appropriately equipped to safely provide for the needs of the client and in accordance with accepted clinical practices. The birthing

rooms shall consist of a clear and unobstructed floor area to accommodate the equipment and personnel required, allowing for aseptic technique. Only one birthing procedure shall be performed in a birthing room.

E. There shall be sufficient space between and around lounge chairs/stretchers and between fixed surfaces and lounge chairs/stretchers to allow for clinical staff access to each client.

F. The FSBC shall have a separate waiting area sufficient in size to provide adequate seating space for family members and/or guests of the client.

G. The FSBC shall meet the following requirements including, but not limited to:

1. a sign shall be posted on the exterior of the FSBC that can be viewed by the public which shall contain, at a minimum, the “doing business as” name that is stated on the FSBC’s license issued by the department;

2. signs or notices shall be prominently posted in the FSBC stipulating that smoking is prohibited in all areas of the FSBC;

3. policies and procedures shall be developed for maintaining a clean and sanitary environment at all times;

4. there shall be sufficient storage space for all supplies and equipment. Storage space shall be located away from foot traffic, provide for the safe separation of items, and prevent overhead and floor contamination;

5. all client care equipment shall be clean and in working order. Appropriate inspections of client care equipment shall be maintained according to manufacturer’s recommendations and FSBC policies and procedures; and

6. each FSBC shall provide for a covered entrance, well-marked, and illuminated for drop off and/or pick up of clients before and after delivery services are complete. The covered entrance shall extend to provide full overhead coverage of the entire transporting automobile and/or ambulance to permit protected transfer of clients. Vehicles in the loading area should not block or restrict movement of other vehicles in the drive or parking areas immediately adjacent to the FSBC.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2128 (August 2022).