

NOTICE OF INTENT

**Department of Health
Bureau of Health Services Financing**

**Free-Standing Birth Centers
Licensing Standards
(LAC 48:I.Chapter 67)**

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 48:I.Chapter 67 as authorized by R.S. 36:254. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health proposes to amend the provisions governing the licensing of free-standing birth centers (FSBCs) in order to: 1) add and update definitions; 2) clarify licensing requirements and responsibilities of the governing board; 3) modify education and training requirements of personnel; and, 4) update FSBC service delivery requirements.

Title 48

PUBLIC HEALTH-GENERAL

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 67. Free-Standing Birth Centers

Subchapter A. General Provisions

§6703. Definitions

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~~an advanced practice registered nurse as defined by R.S. 37:913, or current law.

~~Emergent~~–a medical condition that, if not stabilized, could reasonably be expected to result in the loss of the person's life, serious permanent disfigurement, or loss or impairment of the function of a bodily member or organ.

~~Line of Credit~~–a credit arrangement with a federally insured, licensed lending institution which is established to assure that the provider has available funds as needed to continue the operations of the agency and the provision of services to clients. The line of credit shall be issued to the licensed entity and shall be specific to the geographic location shown on the license. For purposes of FSBC licensure, the line of credit shall not be a loan, credit card or a bank balance.

~~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.

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), amended LR 49:

§6705. General Requirements

A. - J. ...

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.

Arrangements may include an annual, written notification to a local ambulance company advising of the FSBC's operational status. The written notification shall, at a minimum, include the FSBC's name, address, and telephone number.

L. - N. ...

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), amended LR 49:

§6709. Initial Licensure Application Process

A. ...

B. The initial licensing application packet shall include:

1. - 4. ...

5. proof of each insurance coverage as follows:

a. - b. ...

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) ~~+~~.

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

~~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~~ Repealed.

d. ...

6. proof of ~~a line of credit issued from a federally insured, licensed lending institution in the amount of at least \$50,000;~~ financial viability which entails:

a. a line of credit issued from a federally insured, licensed lending institution in the amount of at least \$25,000; or

b. verification of sufficient assets equal to \$25,000 or the cost of three months of operation, whichever is less;

B.7. - H. ...

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), amended LR 49:

§6715. Changes in Licensee Information or Personnel

A. - H. ...

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

2. ...

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), amended LR 49:

§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. ...
2. non-refundable license renewal delinquent fee;
3. - 5. ...
6. proof of each insurance coverage as follows:
 - a. - b. ...
 - 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+. 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

~~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;~~ Repealed.

d. ...

7. proof of ~~a line of credit issued from a federally insured, licensed lending institution in the amount of at least \$50,000; and~~ financial viability that entails:

a. a line of credit issued from a federally insured, licensed lending institution in the amount of at least \$25,000; or

b. verification of sufficient assets equal to

\$25,000 or the cost of three months of operation, whichever is less; and

A.8. - E. ...

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), amended LR 49:

Subchapter B. Administration and Organization

§6735. Governing Body

A. - C. ...

D. The governing body of an FSBC shall:

1. ...

2. ~~ensure that the FSBC is adequately funded~~review

and ~~fiscally sound which entails:~~approve the FSBC's annual budget;

~~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;~~a. - b. Repealed.

3. ~~review~~designate a person to act as the

administrator and ~~approve~~ delegate enough authority to this person to manage the ~~FSBC's annual budget~~ day-to-day operations of the FSBC;

4. ~~designate a person to act as the administrator and delegate enough authority to this person to manage the day-to-day operations of~~ annually evaluate the ~~FSBC~~ administrator's performance;

5. ~~annually evaluate~~ have the authority to dismiss the ~~administrator's performance~~ administrator;

6. ~~have the authority to dismiss~~ 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;

7. ~~formulate and annually review~~ determine, in ~~consultation~~ accordance with ~~the administrator~~ state law, ~~written policies and procedures concerning~~ which licensed healthcare practitioners are eligible candidates for appointment to the ~~FSBC's philosophy, goals, current services, personnel practices, job descriptions, fiscal management, and contracts~~ FSBC staff;

a. the FSBC's written policies and procedures

~~shall be maintained within the FSBC and made available to all staff during hours of operation;~~Repealed.

8. ~~determine, in accordance with state law, which licensed healthcare practitioners are eligible candidates for appointment~~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 the FSBC staffenhance client care;

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~~birthing procedures shall not be performed in areas other than the birthing rooms;

10. ~~ensure that birthing procedures shall not be performed~~are initiated ~~in areas other than the birthing rooms~~accordance with acceptable standards of practice;

11. ~~ensure that birthing procedures are initiated in accordance with acceptable standards of practice~~meet with designated representatives of the department whenever required to do so;

12. ~~meet with designated representatives of~~inform the department ~~whenever required to do so,~~ or its designee, prior to initiating any substantial changes in the services provided by the FSBC; and

13. ~~inform the department, or its designee~~ensure that pursuant to R.S. 40:1191.2, prior to initiating any substantial changes in the services provided bythe 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.

~~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.~~ 14. - 14.b.

Repealed.

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), amended LR 49:

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. - 16. ...

17. has a parity greater than five, with poor obstetrical history;

A.18. - B. ...

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), amended LR 49:

§6745. Admissions and Assessments

A. ...

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~~FSBC's ability 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. The FSBC shall ensure that any length of client care does not exceed 23 hours post-delivery.

C. - F. ...

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), amended LR 49:

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

~~certification in accordance with national accreditation standards~~
Neonatal Resuscitation Program endorsed by the American Academy of Pediatrics/American Heart Association.

B. - G. ...

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), amended LR 49:

§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. - 7. ...

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

B.1. - C. ...

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), amended LR 49:

Subchapter D. Service Delivery

§6757. Perinatal Services

A. - C. ...

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 until all clients are assessed as stable, and shall have been trained in:

1. ...

2. adult cardiopulmonary resuscitation equivalent to American Heart Association Class C Basic Life Support; and

3. Neonatal Resuscitation Program endorsed by American Academy of Pediatrics/American Heart Association; ~~and.~~

4. ~~certified in advanced cardiac life support (ACLS)~~ Repealed.

E. - G.5. ...

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), amended LR 49:

§6759. Transfer Agreements and Client Transfers

A. ...

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. Transportation to a local hospital shall be mediated by ambulance when emergency consultation is needed.

C. - C.3. ...

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~~cesarean delivery to begin within 30 minutes of the decision made by a licensed obstetrician at the receiving hospital that a ~~caesarian~~cesarean delivery is necessary.

E. ...

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), amended LR 49:

Subchapter E. Facility Responsibilities

§6767. General Provisions

A. - A.5. ...

B. ~~The administrator, or designee, shall be accessible to~~ An FSBC shall have qualified staff or designated representatives of sufficient in number to meet the department any time there is a client in the FSBC needs of clients and to ensure provision of services.

C. ~~An~~ The FSBC shall ~~have qualified~~ develop and maintain documentation of an orientation program for all employees, either contract or staff that is sufficient in number scope and duration to meet inform the needs of clients 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 ~~ensure provision of services~~ any assignments or reassignments.

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~~Repealed.

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), amended LR 49:

§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; and

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~~Repealed.

B. - B.2. ...

3. The administrator shall meet the following qualifications:

a. possess a college degree from an accredited university; ~~and~~or

b. have ~~one year~~three years of ~~previous~~relevant work experience involving administrative duties in a healthcare facility.

B.4. - D.9. ...

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:

E.1.a. - F.1. ...

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.

2.a. - 3. ...

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~~A

formalized program on in-service training shall be developed and implemented for all categories of the FSBC~~in accordance with national accreditation standards.~~ 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).

5. ~~A formalized program on in-service training shall be developed and implemented~~General staffing provisions for ~~all categories of the FSBC staff. Training~~delivery rooms shall be ~~required on a quarterly basis related to required job skills.~~the following:

a. ~~Documentation of such in service training~~each delivery procedure shall be ~~maintained on-site in the FSBC's files. Documentation shall include the:~~performed by a licensed healthcare practitioner; and

- ~~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)~~i. - iv.

Repealed.

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

~~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~~6.

- 6.b. Repealed.

G. - G.4.g. ...

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), amended LR 49:

§6773. Clinical Records

A. - F. ...

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

1. - 16.d. ...

17. name(s) of the treating licensed healthcare

practitioner(s);

G.18. - K.2. ...

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 [healthcare](#) practitioner shall be recorded.

M. - P. ...

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), amended LR 49:

Subchapter F. Safety, Sanitization and Emergency Preparedness

§6781. Infection Control

A. - G. ...

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 [healthcare](#) practitioner and/or restricted from working with clients during the infectious stage.

H. - L. ...

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), amended LR 49:

Subchapter G. Physical Environment

§6793. General Requirements

A. - E. ...

F. ~~Facility within a Facility~~Waivers

1. ~~If more than one healthcare provider occupies the same building, premises,~~ The secretary of the department or physical location~~their designee may, all treatment facilities~~within their sole discretion, grant waivers to building and construction guidelines. The facility shall submit a waiver request in writing to the HSS. The facility shall demonstrate how patient safety and the quality of care offered is not compromised by the waiver. The facility shall demonstrate their ability to completely fulfill all other requirements of the service. The department will make a written determination of the request. Waivers are not transferable in an ownership change, and ~~administrative offices for each healthcare~~are subject to review or revocation upon any change in circumstances related to the waiver. The facility ~~shall be clearly separated from~~does not have ~~the other by a clearly defined and recognizable boundary~~right to an administrative

appeal in regards to the denial or revocation of any waiver.

~~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~~
2. - 3. Repealed.

G. 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), amended LR 49:

§6795. General Appearance and Space Requirements

A. - F. ...

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

1. - 5. ...

6. each FSBC shall provide for a ~~covered entrance,~~ well-marked, ~~and~~-illuminated entrance 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), amended LR 49:

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 no impact on family functioning, stability and autonomy as described in R.S. 49:972.

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.

Small Business Analysis

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule may have a positive impact on small businesses by ensuring that the administrative Rule governing free-standing birth centers aligns with current requirements for licensure.

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 no impact on the staffing level requirements or qualifications required to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments to Tasheka Dukes, RN, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821. Ms. Dukes is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on January 30, 2023.

Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on January 9, 2023. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on January 26, 2023 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen

Enger at (225) 342-1342 after January 9, 2023. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage, which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Dr. Courtney N. Phillips

Secretary