

NOTICE OF INTENT

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

Family Planning Services (LAC 50:XV.25501)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:XV.25501 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) requires that the Medicaid State Plan align with the State Plan amendment governing Medicaid expansion. In order to comply with CMS requirements, the Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing family planning services to remove the limitation on office visits for physical examinations for family planning and family planning-related services.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part XV. Services for Special Populations

Subpart 17. Family Planning Services

Chapter 255. Services

§25501. Covered Services

A. Medicaid covered family planning services include:

1. office visits and necessary re-visits for physical examinations as it relates to family planning or family planning-related services;

2. - B.5. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:1098 (June 2014), amended LR 41:379 (February 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

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

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability and autonomy as described in R.S. 49:972 as it will improve health outcomes by providing unlimited access to family planning and family planning-related services.

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 a positive impact on family functioning, stability and autonomy as described in R.S. 49:973 as it will reduce the financial burden for participants

is promulgating the proposed rules to comply with Act 76 of the 2017 Regular Session, requiring its licensees whose scope of practice includes prescribing controlled dangerous substances (CDS), to satisfy a one-time three hour continuing medical education (CME) requirement on the prescribing of controlled dangerous substances (CDS) as a prerequisite to license renewal. The BME currently has over 18,000 physicians, podiatrists, physician assistants and medical psychologists who potentially fall within the scope of the proposed rules. The proposed rules include an exception for those attesting that they have not prescribed, dispensed or administered a CDS during the entire reporting period (expiring license) from compliance, require the BME to verify the attestation through the prescription monitoring program, and retain and submit aggregate annual compliance documentation to the Senate and House Committees on Health & Welfare.

The BME anticipates devoting some administrative resources to approving programs that qualify for the CME credit, developing and processing compliance documentation, exceptions, non-compliance and reporting to the legislature. Because the majority of the information associated with these tasks will be included in and processed with improved online systems for annual license renewal, the BME will absorb the increase in administrative workload with existing personnel and resources. Publication costs associated with the proposed rules are estimated to cost the BME \$455. Otherwise, the proposed rules will not result in a material impact for the BME or local governmental units.

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

The proposed rule changes will not affect revenue collections for state or local governmental units.

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

Affected licensees will need to satisfy a one-time three-hour CME requirement for CDS as a prerequisite to renewing their license for the first time on and after January 1, 2019. Authorized prescribers who do not complete the required CME course on controlled dangerous substances will not be relicensed by the BME until the requirement is satisfied. The CME must be taken during the year 2018, so that current licensees may satisfy the requirement in advance of renewing their license in 2019. Individuals licensed after January 2019 will need to satisfy the requirement before renewing their license for the first time in the year following initial license issuance. Under current rule, all authorized prescribers are required to complete a specified amount of CME annually as a prerequisite to license renewal. The proposed three hours of CME on CDS will count toward (and not in addition to) the existing CME requirement. Some providers will offer the required CME at no cost, while other providers may charge for the activity, representing a potential, though likely marginal, cost for licensees to the extent they must pay for the CME.

Furthermore, an exception is provided to those who have not prescribed, dispensed or administered a CDS during the entire year prior to license renewal. Reporting compliance or an exception to the CME requirement will be made part of the license renewal process. Therefore, the proposed rules are not anticipated to have a material effect on costs, paperwork, workload, receipts or income of authorized prescribers.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed rules will not affect competition and/or employment.

Vincent A. Culotta, Jr., M.D.
Executive Director
1712#050

John D. Carpenter
Legislative Fiscal Officer
Legislative Fiscal Office

in need of family planning and family planning-related services.

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, no direct or indirect cost to the provider 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 Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Public Hearing

A public hearing on this proposed Rule is scheduled for Thursday, January 25, 2018 at 9:30 a.m. in Room 173, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing.

Rebekah E. Gee MD, MPH
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: Family Planning Services

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

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 17-18 due to the majority of the state plan family planning recipients transitioning to Medicaid expansion in July 2016. The remaining recipients in this program historically do not exceed the seven visit limit; however, there may be potential for an increase in family planning expenditures should the utilization of these services go up beyond the customary seven visits. It is anticipated that \$432 (\$216 SGF and \$216 FED) will be expended in FY 17-18 for the state's administrative expense for promulgation of this proposed rule and the final rule.

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

It is anticipated that the implementation of this proposed rule will have no effect on revenue collections other than the federal share of the promulgation costs for FY 17-18. It is anticipated that \$216 will be collected in FY 17-18 for the federal share of the expense for promulgation of this proposed rule and the final rule.

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

This proposed Rule amends the provisions governing family planning services to remove the limitation on office visits for physical examinations for family planning and family planning-related services to align the Medicaid State Plan with

the approved State Plan amendment governing Medicaid expansion, in compliance with U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services' requirements. It is anticipated that implementation of this proposed rule will not result in costs to providers of family planning services for FY 17-18, FY 18-19 and FY 19-20; however, it may be beneficial to providers should provider payments increase as a result of the utilization of family planning services exceeding the customary seven visits.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

Jen Steele
Medicaid Director
1712#021

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health Bureau of Health Services Financing

Hospice Licensing Standards (LAC 48:I.Chapter 82)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 48:I.Chapter 82 as authorized by R.S. 36:254 and R.S. 40:2181-2191. 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, Bureau of Health Services Financing proposes to amend the provisions governing hospice licensing standards in order clarify and update these provisions to be consistent with other licensing Rules and processes and to ensure that they are promulgated in a clear and concise manner in the *Louisiana Administrative Code*.

Title 48

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 82. Minimum Standards for Licensure of Hospice Agencies

Subchapter A. General Provisions

§8201. Definitions

A. ...

Activities of Daily Living (ADL's)—the following functions or self-care tasks performed either independently or with supervision or assistance:

a. - h. ...

* * *

Advance Directives—a witnessed document, statement, or expression voluntarily made by the declarant, authorizing the withholding or withdrawal of life-sustaining procedures. A declaration may be made in writing, such as a durable power of attorney for health care, a directive pursuant to patient self-determination initiatives, a living will, or by other means of communication such as an oral directive which either states a person's choices for medical treatment or, in the event the person is unable to make treatment choices, designates who shall make those decisions.

Advanced Practice Registered Nurse (APRN)—a nurse who is legally authorized to practice advanced practice nursing in the State and designated by the patient as the