

**NOTICE OF INTENT**

**Department of Health  
Health Standards Section**

**Free-Standing Birth Centers  
Licensing Standards  
(LAC 48:I.6737 and 6743)**

The Department of Health, Health Standards Section (the department), proposes to amend LAC 48:I.6737 and §6743 as authorized by R.S. 36:254 and R.S. 40:2180.21 - 2180.28. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The department hereby proposes to amend the provisions governing the licensing of free-standing birth centers (FSBCs) in order to allow for: (1) the provision of prenatal/postpartum care to a client who has had a previous cesarean section, or other known uterine surgery such as a hysterotomy or myomectomy, when a hospital birth is planned; (2) the provision of prenatal or intrapartum care of a client: (a) who is younger than 16 years old or a primipara older than 40 years old, provided the FSBC obtains and maintains documented evidence from an obstetrician/gynecologist that the pregnancy and delivery is expected to be a low-risk, singleton birth, with vertex presentation; or (b) taking medications known to cause Neonatal Abstinence Syndrome, when the client is taking a selective serotonin reuptake inhibitor as prescribed by her healthcare professional.

**Title 48**

**PUBLIC HEALTH-GENERAL  
Part I. General Administration  
Subpart 3. Licensing and Certification**

**Chapter 67. Free-Standing Birth Centers**

**Subchapter B. Administration and Organization**

**§6737. Policies and Procedures**

A. - G. ...

H. The free-standing birth center (FSBC) shall have written policies and procedures approved by the governing body, which shall be implemented and followed, that address, at a minimum, the following:

1. - 13. ...
14. conditions for coverage, if applicable; and
15. preventing, responding to, reporting, and mitigating instances of healthcare workplace violence in accordance with R.S. 40:2199.12(3), or current law.; and
16. provision of prenatal and postpartum care to a client who has had a previous cesarean section or other known uterine surgery such as hysterotomy or myomectomy, and who plans to give birth in a hospital.

I. - J. ...

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 by the Department of Health, Health Standards Section, LR 51:72 (January 2025), LR:52

**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. - 17. ...
18. is younger than 16 years old or a primipara older than 40 years old, unless the FSBC obtains and maintains documented evidence from an obstetrician/gynecologist that the pregnancy and delivery is expected to be a low-risk, singleton birth, with vertex presentation;

19. has been taking medications known to cause Neonatal Abstinence Syndrome, except if the woman is taking a selective serotonin reuptake inhibitor (SSRI) as prescribed by her healthcare professional. The FSBC shall have documented evidence that taking the SSRI as prescribed will not increase risk to the pregnancy or delivery;

20. - 22. ...

B. A licensed healthcare practitioner shall not knowingly may render FSBC prenatal and postpartum care services outside of their scope of practice to a client who has had a previous cesarean section or other known uterine surgery such as hysterotomy or myomectomy, when the client has a plan for hospital delivery.

C. 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), amended LR 49:483 (March 2023), amended by the Department of Health, Health Standards Section, LR 52:

#### **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 may have an indeterminable impact on family functioning, stability, and autonomy as described in R.S. 49:972, since access to care at FSBCs may be increased for certain patient populations.

#### **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 an indeterminable impact on revenue and/or direct costs for FSBCs in FY 26, FY 27, and FY 28. FSBCs that choose to offer expanded services added by this proposed Rule, may realize an increase in revenues. By providing expanded services, the staffing level requirements and/or qualifications required to provide the same level of service may be impacted. FSBCs may be required to employ additional staff resulting in an increase in the total direct costs to the provider. The total fiscal impact of this proposed Rule is indeterminable since there is no way to estimate how many FSBC providers will choose to offer the expanded 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 may have an indeterminable impact on revenue and/or direct costs for FSBCs in FY 26, FY 27, and FY 28. FSBCs that choose to offer expanded services added by this proposed Rule, may realize an increase in revenues. By providing expanded services, the staffing level requirements and/or qualifications required to provide the same level of service may be impacted. FSBCs may be required to employ additional staff resulting in an increase in the total direct costs to the provider. The total fiscal impact of this proposed

Rule is indeterminable since there is no way to estimate how many FSBC providers will choose to offer the expanded services.

#### **Public Comments**

Interested persons may submit written comments to Cecile Castello, RN, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821. Ms. Castello is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on December 5, 2025.

#### **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 November 9, 2025. 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 December 4, 2025 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 November 9, 2025. 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.

Bruce D. Greenstein

Secretary

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

##### **RULE TITLE: Free-Standing Birth Centers Licensing Standards**

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

It is anticipated that implementation of this proposed Rule will have no programmatic fiscal impact to the state or local governmental units other than the cost of promulgation in FY 26.

It is anticipated that \$781 SGR will be expended in FY 26 for the state's administrative expense for promulgation of this proposed rule and the final Rule.

This proposed Rule amends the provisions governing the minimum licensing standards for free-standing birth centers (FSBCs) in order to allow for: (1) the provision of prenatal/postpartum care to a client who has had a previous cesarean section, or other known uterine surgery such as a hysterotomy or myomectomy, when a hospital birth is planned; (2) the provision of prenatal or intrapartum care of a client: (a) who is younger than 16 years old or a primipara older than 40 years old, provided the FSBC obtains and maintains documented evidence from an obstetrician/gynecologist that the pregnancy and delivery is expected to be a low-risk, singleton birth, with vertex presentation; or (b) taking medications known to cause Neonatal Abstinence Syndrome, when the client is taking a selective serotonin reuptake inhibitor as prescribed by her healthcare professional.

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

It is anticipated that implementation of this proposed Rule will have no impact on state or local revenue collections. This is a licensing rule that does not add any licensing fees.

## III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NON-GOVERNMENTAL GROUPS (Summary)

It is anticipated that this proposed Rule may have an indeterminable impact on revenue and/or direct costs for FSBCs in FY 26, FY 27, and FY 28. Those FSBCs that choose to offer expanded services added by this proposed Rule, may realize an increase in revenues. By providing expanded services, the staffing level requirements and/or qualifications required to

provide the same level of service may be impacted. Free-standing birth centers may be required to employ additional staff resulting in an increase in the total direct costs to the provider. The total fiscal impact of this proposed Rule is indeterminable since there is no way to estimate how many FSBC providers will choose to offer the expanded services.

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

This Rule has no known effect on competition, but may increase the need for additional staff if a FSBC chooses to provide the expanded services.