

**NOTICE OF INTENT**

**Department of Health  
Health Standards Section**

**Hospitals Licensing Standards  
(LAC 48:I.9505, 9507, 9513, 9515)**

The Department of Health, Health Standards Section (the department), proposes to amend LAC 48:I.9505, §9507, §9513, and §9515 as authorized by R.S. 36:254 and R.S. 40:2100 - 2115. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The department proposes to amend the provisions governing the licensing of hospitals in order to comply with the requirements of Act 77 of the 2025 Regular Session of the Louisiana Legislature to require in-house obstetric anesthesia personnel on a 24 hour basis.

**Title 48  
PUBLIC HEALTH-GENERAL  
Part I. General Administration  
Subpart 3. Licensing and Certification**

**Subchapter S. Obstetrical and Newborn Services (Optional)**

**§9505. General Provisions for Hospitals Licensed as of  
January 1, 2022**

A. - B.1. ...

C. ~~In accordance with R.S. 40:2109, a hospital located in a parish with a population of 250,000 people or less shall not be required to maintain personnel in-house with credentials to administer obstetric anesthesia on a 24-hour basis in order to qualify for Medicaid reimbursement for level III, neonatal or obstetric medical services, or as a prerequisite for licensure to provide such services. Personnel with such credentials may be required to be on staff and readily available on a 24-hour on-call basis and demonstrate ability to provide anesthesia services within 20 minutes.~~ For purposes of this Subchapter, the requirements for hospital staff and/or equipment as being

immediately or readily available shall be defined by hospital policy and approved by each hospital's governing body.

NOTE: ~~The provisions of §9505.C shall not apply to any hospital with level IIIS, IIIR or IV obstetrical and neonatal services~~Repealed.

D. ~~For purposes of this Subchapter, the requirements for hospital staff and/or equipment as being immediately or readily available shall be defined by hospital policy and approved by each hospital's governing body.~~Any transfer agreements shall be in writing and approved by the hospital medical staff and by each hospital's governing body. Transfer agreements shall be reviewed at least annually and revised as needed.

E. ~~Any transfer agreements shall be in writing and approved by the hospital medical staff and by each hospital's governing body. Transfer agreements shall be reviewed at least annually and revised as needed.~~For those hospitals providing transports, the qualifications of the transport team shall be in writing, defined by hospital policy and approved by each hospital's governing body. Such qualifications shall be reviewed at least annually and revised as needed.

F. ~~For those hospitals providing transports, the qualifications of the transport team shall be in writing, defined by hospital policy and approved by each hospital's governing body. Such qualifications shall be reviewed at least annually and revised as needed.~~The hospital shall have data collection and retrieval capabilities in use, and shall cooperate and report the requested data to the appropriate supervisory agencies to review.

G. ~~The hospital shall have data collection and retrieval capabilities in use, and shall cooperate and report the requested data to the appropriate supervisory agencies to review~~Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2427 (November 2003), amended LR 33:284 (February 2007), amended by the Department of Health, Bureau of Health Services Financing, LR 43:75 (January 2017), LR 46:1087 (August 2020), LR 48:2569 (October 2022), amended by the Department of Health, Health Standards Section, LR 52:

**§9507. Obstetrical Units**

A. - C. ...

D. ~~The obstetrical unit shall provide the mother and her family members with information about post-birth warning signs, including symptoms and available resources~~Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2427 (November 2003), amended LR 33:284 (February 2007), amended by the Department of Health, Bureau of Health Services Financing, LR 43:75 (January 2017), LR 51:960 (July 2025), amended by the Department of Health, Health Standards Section, LR 52:

**§9513. Organization and Staffing**

A. - A.1. ...

B. ~~In accordance with R.S. 40:2109, a hospital located in a parish with a population of 250,000 people or less shall not be required to maintain personnel in-house with credentials to administer obstetric anesthesia on a 24-hour basis in order to qualify for Medicaid reimbursement for level III, neonatal or obstetric medical services, or as a prerequisite for licensure~~

~~to provide such services. Personnel with such credentials may be required to be on staff and readily available on a 24-hour on-call basis and demonstrate ability to provide anesthesia services within 20 minutes.~~ For purposes of this Subchapter, the requirements for hospital staff and/or equipment as being physically present at all times specifies the hospital staff and/or equipment shall be on-site in the location 24 hours a day, 7 days a week.

NOTE: ~~The provisions of §9513.B shall not apply to any hospital with level IIIS, IIIR or IV obstetrical and neonatal services~~ Repealed.

C. ~~For purposes of this Subchapter, the requirements for hospital staff and/or equipment as being physically present at all times specifies the hospital staff and/or equipment shall be on-site in the location 24 hours a day, 7 days a week.~~ For purposes of this Subchapter, the requirements for hospital staff and/or equipment as being readily available at all times means that the hospital staff and/or equipment shall be available, as approved by hospital policy, 24 hours a day, 7 days a week.

D. ~~For purposes of this Subchapter, the requirements for hospital staff and/or equipment as being readily available at all times means that the hospital staff and/or equipment shall be available, as approved by hospital policy, 24 hours a day, 7 days a week.~~ Any transfer agreements shall be in writing and approved by the hospital medical staff and by each hospital's governing body. Transfer agreements shall be reviewed at least annually and revised as needed.

E. ~~Any transfer agreements shall be in writing and approved by the hospital medical staff and by each hospital's governing body. Transfer agreements shall be reviewed at least annually and revised as needed.~~ For those hospitals providing transports, the qualifications of the transport team shall be in

writing, defined by hospital policy and approved by each hospital's governing body. Such qualifications shall be reviewed at least annually and revised as needed.

F. ~~For those hospitals providing transports, the qualifications of the transport team shall be in writing, defined by hospital policy and approved by each hospital's governing body. Such qualifications shall be reviewed at least annually and revised as needed.~~The hospital shall have data collection and retrieval capabilities in use, and shall cooperate and report the requested data to the appropriate supervisory agencies to review.

G. ~~The hospital shall have data collection and retrieval capabilities in use, and shall cooperate and report the requested data to the appropriate supervisory agencies to review.~~Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2429 (November 2003), amended LR 33:286 (February 2007), amended by the Department of Health, Bureau of Health Services Financing, LR 43:78 (January 2017), LR 43:1979 (October 2017), LR 48:2569 (October 2022), amended by the Department of Health, Health Standards Section, LR 50:1493 (October 2024), amended by the Department of Health, Health Standards Section, LR 52:

**§9515. Obstetrical Units**

A. - C. ...

D. The obstetrical unit shall provide the mother and her family members with information about post-birth warning signs, including symptoms and available resources.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:2429 (November 2003), amended LR 33:288 (February 2007), amended by the Department of Health, Bureau of Health Services Financing, LR 43:82 (January 2017), LR 48:2570 (October 2022), amended by the Department of Health, Health Standards Section, LR 52:

**§9517. Obstetrical Unit Functions**

A. - B.3.a.ii. ...

C. Obstetrical Level III Unit (Subspecialty Care)

1. - 1.f. ...

2. Personnel Requirements

a. - a.iii. ...

b. Personnel

i. - iv. ...

v. Anesthesia services shall be physically present at all times, ~~unless otherwise provided by R.S. 40:2109(B)(6).~~

C.2.vi. - E.3.b.ii.(b). ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2570 (October 2022), amended by the Department of Health, Health Standards Section, LR 50:1493 (October 2024), 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 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 impact the staffing level requirements and/or qualifications required to provide the same level of service, and may result in an indeterminable increase in direct costs. The total fiscal impact of this proposed Rule is indeterminable since there is no way to estimate how many hospitals will be required to employ additional staff.

#### **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 impact the staffing level requirements and/or qualifications required to provide the same level of service, and may result in an indeterminable increase in direct costs. The total fiscal impact of this proposed Rule is indeterminable since there is no way to estimate how many hospitals will be required to employ additional staff.

### **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 January 2, 2026.

### **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 10, 2026. 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 February 4, 2026 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 10, 2026. 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).

Bruce D. Greenstein

Secretary

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

**RULE TITLE: Hospitals 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 \$639 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 licensing of hospitals in order to comply with the requirements of Act 77 of the 2025 Regular Session of the Louisiana Legislature to require in-house obstetric anesthesia personnel on a 24-hour basis.

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 impact the staffing level requirements and/or qualifications required to provide the same level of service, and may result in an increase in direct costs. The total fiscal impact of this proposed Rule is indeterminable since there is no way to estimate how many hospitals may be required to employ additional staff.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed Rule is not anticipated to effect competition,

but may increase the need for additional staff for some licensed hospitals.