

NOTICE OF INTENT

**Department of Health
Health Standards Section**

**Rural Health Clinics
Licensing Standards
(LAC 48:I.Chapter 75)**

The Department of Health (the department), Health Standards Section proposes to amend LAC 48:I.Chapter 75, and to repeal §7533 as authorized by R.S. 46:153 and R.S. 40:2197. 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 rural health clinics (RHCs) to ensure RHC regulations are in line with federal requirements, to update physician obligations, to modify requirements for emergency preparedness, infection control, and quality assurance, and to remove obsolete language.

Title 48

PUBLIC HEALTH-GENERAL

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 75. Licensing of Rural Health Clinics

Subchapter A. General Provisions

§7517. Personnel Qualifications/Responsibilities

A. - A.3. ...

B. Qualifications. All personnel shall be licensed in accordance with their respective professions and be either board certified or board eligible as required by their respective certifying organizations. In addition, ~~a facility~~ rural health clinics (RHCs) shall be responsible for verifying and monitoring that professional certified personnel maintain continuous license/certification.

1. Physician Services. The physician, a medical doctor or doctor of osteopathic medicine, shall provide ~~on-site~~

~~supervision of the mid-level practitioner(s) as required by the payment source and professional boards or at least every other week. All rural health clinic records and care provided by a mid-level practitioner(s) shall be assessed by a physician on a periodic basis or as the situation dictates to assure proper treatment and progress toward positive patient outcomes.~~following:

a. ~~Medical Director. The medical director shall be credentialed to provide primary care. He/she is responsible for providing the~~ medical direction for the clinic's healthcare activities, and consultation for and medical supervision of the ~~mid-level practitioner. The Medical Director, in conjunction with the mid-level practitioner, participates in the development and periodic review of the clinic's policies and services. He/he periodically reviews the patient records, issues medical orders and provides medical care services to the rural health clinic patients.~~healthcare staff;

b. ~~Other. Licensed~~ in conjunction with the physician assistant and/or midlevel practitioner, participation in the development, execution, and periodic review ~~credentialed to provide services provided as part of the rural health clinic.~~ RHCs' written policies and services provided to patients; and

c. periodic review of the RHCs' patient records, and provision of medical orders and medical care services to the patients of the RHC.

2. Mid-level Practitioner. The mid-level practitioner shall be appropriately licensed and credentialed as either an advanced practice registered nurse (family nurse practitioner) or physician's assistant. The mid-level practitioner(s) shall be required to maintain Advanced Cardiac Life Support (ACLS) certification to assure his/her proficiency in accepted standards of emergency care. If a facility has a

current written agreement with an advanced life support provider, who can provide care within 10 minutes, then the mid-level practitioner and/or physician are exempt from this required certification.

~~a. Waivers will not be accepted for a mid-level practitioner.~~

~~b. Mid-level practitioners may be contracted to fulfill staffing requirements for 120 days each calendar year (January 1-December 31) with no accrual of days from year to year.~~

a. - b. Repealed.

3. ...

C. Governing Body. All owners of ~~a Rural Health Clinic~~RHCs shall be disclosed. Ownership of five percent or more constitutes ownership. In the case of ~~a corporation~~an entity requiring a board of directors by law and/or as a condition of its articles of incorporation or bylaws, members of the board of directors must be identified and minutes of the board meetings shall be made available to ~~DHH/HSS~~LDH/HSS. In those RHCs requiring a board of directors, Thethe board shall meet at least once a year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:509 (March 2002), amended by the Department of Health, Health Standards Section, LR 50:

§7519. Services

A. - B.6. ...

C. Treatment Services

1. - 2.b. ...

3. ~~Contracted Treatment Services. Written agreements with full-service hospitals~~All facilities shall have written policies and credentialed practitioner(s) procedures that identify a prearranged plan for specialty care must be current, clearly written, and reviewed annually. The facility retains responsibility for all medical care provided until the patient is referred access to or admitted into another facility.
~~Agreements must be signed and dated by all parties~~ a nearby hospital that provides advanced life support services.

4. ~~Contracted Treatment Services. Written agreements with full-service hospitals and credentialed practitioner(s) for specialty care must be current, clearly written, and reviewed annually. The RHC retains responsibility for all medical care provided until the patient is referred to or admitted into another facility. Agreements must be signed and dated by all parties.~~

D. - D.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:509 (March 2002), amended by the Department of Health, Health Standards Section, LR 50:

§7521. Agency Operations

A. Municipals. ~~A facility~~Rural health clinics shall function as a community resource for all citizens of the service area and shall promote improvement of the health of the entire community by providing educational opportunities where feasible, resource lists for referrals, assistance with accessing other resources, wellness programs, and participation in community

efforts to promote health and safety. ~~A facility~~Rural health clinics shall demonstrate the following:

1. ...

2. Emergency Preparedness. A ~~facility~~RHC shall:

a. - b. ...

c. maintain emergency supplies to provide basic emergency care in the case of a disaster in the community; ~~and~~

d. participate in the development of local community disaster plan~~s~~, and;

e. test the emergency preparedness plan annually, by participating in a community-based full-scale exercise (if available) or conduct an individual facility-based functional exercise every other year. In the opposite years off the full-scale exercise, RHCs are required to conduct a testing exercise of its choice, which may include either a community-based full-scale exercise (if available), an individual, facility-based functional exercise, a drill, or a table-top exercise or workshop.

i. RHCs that activate their emergency plans are exempt from the next required full-scale community-based or individual, facility-based functional exercise. In this case, the RHC must be able to demonstrate, through written documentation, that it activated its emergency preparedness plan due to the emergency.

B. ...

C. Operation Hours. A ~~facility~~RHC shall provide:

1. ~~primary~~RHC services during the hours of operation as indicated on their licensing application, and in their policies and procedures. In addition, patient care services by a nurse practitioner, physician assistant, or certified nurse-midwife shall be available at least 36 hours per week. For rural health clinics located in parishes designated as

~~priority access, mobile units and RHC's with low caseloads, 50 percent of the Department may waive such requirement if:time the RHC operates.~~

~~a. the RHC demonstrates to the satisfaction of the Health Standards Section of DHH that by providing primary care services less than 36 hours per week, patients are not denied access to care;~~

~~b. the Department determines that a waiver of the requirement will not endanger the health or safety of patients needing RHC services; and~~

~~c. a waiver granted by the Department is subject to annual review;~~a. - c. Repealed.

2. - 3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:510 March 2002), amended by the Department of Health, Health Standards Section, LR 50:

§7523. Procedural Standards

A. The following processes are required for ~~rural health elinies~~RHCs in Louisiana:

1. - 4.e. ...

5. Infection Control. A facility shall maintain ~~a~~ and implement written and dated effective infection control ~~program~~ policies and procedures that protects the patients and staff from infections and communicable diseases.

6. - 8. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:510 (March 2002), amended by the Department of Health, Health Standards Section, LR 50:

§7529. Quality Assurance

A. ...

B. ~~Process~~Purpose

1. Utilization Review. ~~At least 10 percent of all encounters shall be reviewed quarterly by the medical director and/or physician member of the advisory board.~~ The purpose of the review is to determine whether:

a. the utilization of services are appropriate;

b. the established policies are followed; and

c. if any changes are needed.

~~2. Internal Evaluation. Facility shall develop and conduct an annual internal evaluation process to provide necessary data to formulate a plan for continuous quality improvement/quality assurance.~~

~~3. Quality Assurance/Continuous Quality Improvement. The facility shall have ongoing programs to assure that the overall function of the clinic is in compliance with federal, state, and local laws, and is meeting the needs of the citizens of the area, as well as attaining the goals and objectives developed from the mission statement established by the facility.~~

~~4. Quality Improvement Program. The facility shall have a written quality improvement program that addresses at least the following elements:~~

~~a. facility philosophy/mission/goals/objectives/scope of care/services;~~

~~_____ b. personnel roles/responsibilities/physician supervision/nurse practitioner, credentialing/re-credentialing policy/procedures/annual review/evaluation and drug policy and procedures;~~

~~_____ c. important aspects of care/quality of care studies;~~

~~_____ d. performance indicators relative to, but not limited to, identified problem areas of the clinic or healthy outcomes;~~

~~_____ e. monitoring and evaluation procedures/documentation of findings;~~

~~_____ f. patients' rights, responsibilities, grievance and appeal policies/procedures;~~

~~_____ g. utilization review/medical records audit; and~~

~~_____ h. patient satisfaction surveys.~~

~~_____ 5. Systemic Quality Improvements. A facility shall:~~

~~_____ a. participate in a continuous effort to improve its performance;~~

~~_____ b. focus on improving patient outcomes and patient satisfaction;~~

~~_____ c. have objective measures to allow tracking of performance over time to ensure that improvements are sustained;~~

~~_____ d. develop/adopt quality indicators that are predictive of desired outcomes or are outcomes that can be measured, analyzed and tracked;~~

~~_____ e. identify its own measure of performance for the activities it identifies as priorities in quality assessment and performance improvement strategy;~~

~~_____ f. conduct distinct successful improvement activities proportionately to the scope and complexity of the clinic operations;~~

~~g. immediately correct problems that are identified through its quality assessment and improvement program that actually or potentially affect the health and safety of the patients;~~

~~h. make an aggressive and continuous effort to improve overall performance of clinic and personnel; and~~

~~i. use the process of improvement (identification of patient care and service components; application of performance measures; and continuous use of a method of data collection and evaluation) to identify or trigger further opportunities for improvement~~2. - 5.i. Repealed.

C. Process

1. Rural health clinics shall carry out, or arrange for, a biennial evaluation of its total program.

2. The evaluation shall include review of:

a. utilization of the RHCs' services, including at least the number of patients served and the volume of services; and

b. a representative sample of both active and closed clinical records; and

c. the RHC's health care policies.

D. Quality Assurance/Continuous Quality Improvement. The RHC shall have ongoing programs to assure that the overall function of the clinic is in compliance with federal, state, and local laws, and is meeting the needs of the citizens of the area, as well as attaining the goals and objectives developed from the mission statement established by the RHCs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health

Services Financing, LR 25:1851 (October 1999), amended by the Department of Health, Health Standards Section, LR 50:

§7531. Patient's Rights and Responsibilities

A. The ~~facility~~ RHCs shall provide education to personnel regarding patient rights during orientation at least annually, and post a copy of the patient's rights in a conspicuous place.

1. Patients of ~~Rural Health Clinics~~ RHCs shall have the right to the following, including but not limited to:

1.a. - 2.b. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1852 (October 1999), amended by the Department of Health, Health Standards Section, LR 50:

§7533. Advisory Committee

~~A. All members of the advisory committee shall be designated in writing and approved by the governing board. The advisory committee shall be composed of two medical professionals, and at least one consumer of services, not employed by the facility. However, facility staff should attend meetings.~~

~~1. Qualifications~~

~~a. Medical professionals may be any Louisiana licensed health care professional, including but not limited to, medical doctor, registered nurse, board certified social worker, pharmacist, or physical therapist.~~

~~b. Consumers must be members of the local community, over 21 years of age, and not affiliated by employment, family, finance or contract with the facility or its owners.~~

~~2. Responsibilities. The Advisory Committee shall:~~

~~_____ a. meet annually to review the facility's mission/philosophy, operations, finances, policies and planned activities to assure that the facility is improving access and health care to the community; and~~

~~_____ b. provide suggestions regarding facility changes based upon community needs, growth, and support~~Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153 and R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1846 (October 1999), amended LR 28:510 (March 2002), repealed by the Department of Health, Health Standards Section, LR 50:

§7535. Physical Environment

A. ...

B. Safety. The following are fundamental to the effective management of ~~a facility~~ RHCs:

1. - 9.b. ...

10. miscellaneous:

a. - c. ...

~~_____ d. at a minimum a fire wall rated for one hour must separate the facility from any other occupied area.~~

~~Criteria for the wall include:~~

~~_____ i. one layer of 5/8 inch fire code sheetrock or other limited or non-combustible material on each side;~~

~~_____ ii. separation wall must extend completely to the roof deck with no unsealed penetrations or holes;~~

~~_____ iii. one and 3/4 inch doors (if doors are present) must be solid core with automatic self-closure device.~~

~~d. - d.iii. Repealed.~~

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2197.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:1852 (October 1999), amended by the Department of Health, Health Standards Section, LR 50:

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 will likely result in reduced costs to rural health clinics (RHCs), since RHCs will only be required to provide patient care services at least 50 percent of the time RHCs operate.

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 a cost impact on the staffing level requirements or qualifications required to

provide the same level of service, direct or indirect cost to the provider to provide the same level of service, and may have an impact on the provider's ability to provide the same level of service as described in HCR 170. It is anticipated that this proposed Rule will likely result in reduced costs to the rural health clinics (RHCs), since RHCs will only be required to provide patient care services at least 50 percent of the time RHCs operate.

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 August 1, 2024.

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 July 10, 2024. If the criteria set forth in R.S. 49:961(B)(1) are satisfied, LDH will conduct a public hearing at 9:00 a.m. on July 31, 2024 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 July 10, 2024. 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.

Ralph L. Abraham, M.D.

Secretary

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

Person Preparing Statement: <u>Cynthia York</u>	Dept.: <u>Health</u>
Phone: <u>342-9049</u>	Office: <u>Health Standards Section</u>
Return Address: <u>P. O. Box 3767</u>	Rule Title: <u>Rural Health Clinics</u>
<u>Baton Rouge, LA</u>	<u>Licensing Standards</u>
	Date Rule Takes Effect: <u>September 20, 2024</u>

SUMMARY
(Use complete sentences)

In accordance with Section 961 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. THE FOLLOWING STATEMENTS SUMMARIZE ATTACHED WORKSHEETS, I THROUGH IV AND WILL BE PUBLISHED IN THE LOUISIANA REGISTER WITH THE PROPOSED AGENCY RULE.

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 other than the cost of promulgation for FY 23-24. It is anticipated that \$1,404 will be expended in FY 23-24 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 rural health clinics (RHCs) to ensure that the RHC regulations are in line with federal requirements, to update physician obligations, to modify requirements for emergency preparedness, infection control, and quality assurance, and to remove obsolete language.

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 revenue collections in FY 23-24, FY 24-25, and FY 25-26.

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 will likely result in reduced costs to RHCs, since RHCs will only be required to provide patient care services at least 50 percent of the time RHCs operate in FY 23-24, FY 24-25, and FY 25-26.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule may have an indeterminable effect on the staffing level requirements of RHCs.

Tasheka Dukes
Signature of Head or Designee

Tasheka Dukes, RN
Deputy Assistant Secretary
LDH, Health Standards Section
Typed Name & Title of Agency Head or Designee

6/7/24
Date of Signature

Patrice Thomas, Deputy Fiscal Officer
Legislative Fiscal Officer or Designee

6/07/2024
Date of Signature

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

The following information is required in order to assist the Legislative Fiscal Office in its review of the fiscal and economic impact statement and to assist the appropriate legislative oversight subcommittee in its deliberation on the proposed rule.

- A. Provide a brief summary of the content of the rule (if proposed for adoption, or repeal) or a brief summary of the change in the rule (if proposed for amendment). Attach a copy of the notice of intent and a copy of the rule proposed for initial adoption or repeal (or, in the case of a rule change, copies of both the current and proposed rules with amended portions indicated).

This proposed rule amends the provisions governing the licensing of rural health clinics (RHCs) to ensure that the RHC regulations are in line with federal requirements, to update physician obligations, to modify requirements for emergency preparedness, infection control, and quality assurance, and remove obsolete language.

- B. Summarize the circumstances, which require this action. If the Action is required by federal regulation, attach a copy of the applicable regulation.

The Department of Health, Health Standards Section proposes to amend the provisions governing the licensing of rural health clinics to ensure that the RHC regulations are in line with federal requirements, to update physician obligations, to modify requirements for emergency preparedness, infection control, and quality assurance, and to remove obsolete language.

- C. Compliance with Act 11 of the 1986 First Extraordinary Session

- (1) Will the proposed rule change result in any increase in the expenditure of funds? If so, specify amount and source of funding.

No. 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 23-24. In FY 23-24, \$1,404 is included for the state's administrative expense for promulgation of this proposed rule and the final rule.

- (2) If the answer to (1) above is yes, has the Legislature specifically appropriated the funds necessary for the associated expenditure increase?

(a) _____ YES. If yes, attach documentation.

(b) _____ NO. If no, provide justification as to why this rule change should be published at this time

09/2023

**FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET**

I. A. COSTS OR SAVINGS TO STATE AGENCIES RESULTING FROM THE ACTION PROPOSED

1. What is the anticipated increase (decrease) in costs to implement the proposed action?

COSTS	FY 24	FY 25	FY 26
PERSONAL SERVICES	\$0	\$0	\$0
OPERATING EXPENSES	\$1,404	\$0	\$0
PROFESSIONAL SERVICES	\$0	\$0	\$0
OTHER CHARGES	\$0	\$0	\$0
EQUIPMENT	\$0	\$0	\$0
MAJOR REPAIR & CONSTR.	\$0	\$0	\$0
TOTAL	\$1,404	\$0	\$0
POSITIONS (#)	0	0	0

2. Provide a narrative explanation of the costs or savings shown in "A. 1.", including the increase or reduction in workload or additional paperwork (number of new forms, additional documentation, etc.) anticipated as a result of the implementation of the proposed action. Describe all data, assumptions, and methods used in calculating these costs.

In FY 23-24, \$1,404 will be spent for the state's administrative expenses for promulgation of this proposed rule and the final rule.

3. Sources of funding for implementing the proposed rule or rule change.

SOURCE	FY 24	FY 25	FY 26
STATE GENERAL FUND	\$1,404	\$0	\$0
AGENCY SELF-GENERATED	\$0	\$0	\$0
DEDICATED	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0
OTHER (Specify)	\$0	\$0	\$0
TOTAL	\$1,404	\$0	\$0

4. Does your agency currently have sufficient funds to implement the proposed action? If not, how and when do you anticipate obtaining such funds?

Yes, sufficient funds are available to implement this proposed rule.

B. COST OR SAVINGS TO LOCAL GOVERNMENTAL UNITS RESULTING FROM THE ACTION PROPOSED.

1. Provide an estimate of the anticipated impact of the proposed action on local governmental units, including adjustments in workload and paperwork requirements. Describe all data, assumptions and methods used in calculating this impact.

The proposed rule has no known impact on local governmental units.

2. Indicate the sources of funding of the local governmental unit, which will be affected by these costs or savings.

There is no known impact on the sources of local governmental unit funding.

**FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET**

II. EFFECT ON REVENUE COLLECTIONS OF STATE AND LOCAL GOVERNMENTAL UNITS

A. What increase (decrease) in revenues can be anticipated from the proposed action?

REVENUE INCREASE/DECREASE	FY 24	FY 25	FY 26
STATE GENERAL FUND	\$0	\$0	\$0
AGENCY SELF-GENERATED	\$0	\$0	\$0
DEDICATED	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0
LOCAL FUNDS	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0

*Specify the particular fund being impacted.

B. Provide a narrative explanation of each increase or decrease in revenues shown in "A." Describe all data, assumptions, and methods used in calculating these increases or decreases.

It is anticipated that implementation of this proposed rule will not result in an impact on state revenue collections in FY 23-24, FY 24-25, or FY 25-26.

III. COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS

A. What persons, small businesses, or non-governmental groups would be directly affected by the proposed action? For each, provide an estimate and a narrative description of any effect on costs, including workload adjustments and additional paperwork (number of new forms, additional documentation, etc.), they may have to incur as a result of the proposed action.

The Department of Health, Health Standards Section proposes to amend the provisions governing the licensing of rural health clinics (RHCs) to ensure that the RHC regulations are in line with federal requirements, to update physician obligations, to modify requirements for emergency preparedness, infection control, and quality assurance, and to remove obsolete language.

B. Also provide an estimate and a narrative description of any impact on receipts and/or income resulting from this rule or rule change to these groups.

It is anticipated that this proposed rule will likely result in reduced costs to RHCs, since RHCs will only be required to provide patient care services at least 50 percent of the time RHCs operate in FY 23-24, FY 24-25, and FY 25-26.

IV. EFFECTS ON COMPETITION AND EMPLOYMENT

Identify and provide estimates of the impact of the proposed action on competition and employment in the public and private sectors. Include a summary of any data, assumptions and methods used in making these estimates.

This proposed rule may have an indeterminable effect on the staffing level requirements of RHCs.