

**NOTICE OF INTENT**

**Department of Health  
Health Standards Section**

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

Editor's Note: The following Notice of Intent is being repromulgated to correct a manifest typographical error. The original Notice of Intent can be viewed in the June 20, 2024 *Louisiana Register* on pages 874-877.

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, 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 the following:

a. medical direction for the clinic's healthcare activities, and consultation for and medical supervision of the healthcare staff;

b. in conjunction with the physician assistant and/or midlevel practitioner, participation in the development, execution, and periodic review of the 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. - b. Repealed.

3. ...

C. Governing Body. All owners of RHCs shall be disclosed. Ownership of five percent or more constitutes ownership. In the case of 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 LDH/HSS. In those RHCs requiring a

board of directors, the 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.a....

3. All facilities shall have written policies and procedures that identify a prearranged plan for access to 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. 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. Rural health clinics shall demonstrate the following:

1. ...

2. Emergency Preparedness. A RHC shall:

a. - b. ...

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

d. participate in the development of local community disaster plan, 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 RHC shall provide:

1. 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 50 percent of the time the RHC operates.

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 RHCs in Louisiana:

1. - 4.e....

5. Infection Control. A facility shall maintain and implement written and dated effective infection control policies and procedures that protect 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. Purpose

1. Utilization Review. 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. - 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 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 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**

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 RHCs:

1. - 9.b....

10. miscellaneous:

a. - c. ...

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

### RULE TITLE: Rural Health Clinics—Licensing Standards

#### 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 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 NONGOVERNMENTAL 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, RN  
Deputy Assistant Secretary  
2408#072

Patrice Thomas  
Deputy Fiscal Officer  
Legislative Fiscal Office