

provide the mother and her family members information about post-birth warning signs, including symptoms and available resources; Act 398 relative to the installation and use of newborn safety devices as infant relinquish sites; Act 588 relative to the location of psychiatric facilities; Act 666 that allows for patient designation of an essential caregiver; and Act 737 that provides for discharge procedures and educational documents.

In compliance with Acts 122, 398, 588, and 737, the department hereby proposes to amend the provisions governing the licensing of hospitals in order add the definition of forensic psychiatric hospital, to adjust requirements for the minimum contents of patient medical records, to add requirements for certain resuscitation equipment and supplies when a newborn safety device is located inside a hospital, and to update client discharge processes. Also, in compliance with Act 666, the department proposes to adopt provisions for the designation of an essential caregiver and circumstances for visitation.

#### **Title 48**

### **PUBLIC HEALTH-GENERAL**

#### **Part I. General Administration**

#### **Subpart 3. Licensing and Certification**

### **Chapter 93. Hospitals**

#### **Subchapter A. General Provisions**

#### **§9303. Definitions**

A. The following definitions of selected terminology are used in connection with Chapter 93 through Chapter 96.

\* \* \*

*Forensic Psychiatric Hospital*—a psychiatric hospital that provides treatment for individuals who are in the legal custody of penal authorities or under the jurisdiction of penal authorities.

\* \* \*

**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 21:177 (February 1995), LR 29:2400 (November 2003), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:513 (March 2010), LR 37:3028 (October 2011), LR 38:1413 (June 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 45:1475 (October 2019), LR 49:1221 (July 2023), LR 49:1934 (November 2023), amended by the Department of Health, Health Standards Section, LR 50:1279 (September 2024), LR 50:1473 (October 2024), LR 51:

#### **§9305. Licensing Process**

A. Procedures for Initial Licensing. The LDH is the only licensing authority for hospitals in the state of Louisiana.

1. Any person, organization or corporation desiring to operate a hospital shall make application to the LDH on forms prescribed by the department. Such forms may be obtained electronically via the LDH, HSS website, or from the LDH, HSS.

A.2. - P. ...

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

**HISTORICAL NOTE:** Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 16:971 (November 1990), LR 21:177 (February 1995), LR 29:2401 (November 2003), amended by the Department of Health and

## **NOTICE OF INTENT**

### **Department of Health Health Standards Section**

Hospitals—Licensing Standards  
(LAC 48:I.Chapters 93-95)

The Department of Health, Health Standards Section (the department), proposes to amend LAC 48:I.Chapters 93-95 and adopt §9334 as authorized by R.S. 36:254, R.S. 40:1300.55, 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 the following Acts of the 2024 Regular Session of the Louisiana Legislature: Act 122 that requires hospital providers to, prior to discharge following birth,

Hospitals, Bureau of Health Services Financing, LR 38:1413 (June 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 49:1074 (June 2023), amended by the Department of Health, Health Standards Section, LR 50:1475 (October 2024), LR 51:

## **Subchapter B. Hospital Organization and Services**

### **§9317. Governing Body**

- A. ...
- B. The governing body shall:
  - 1. - 2. ...
  - 3. appoint an administrator;
- B.4. - E.4. ...
- F. All off-site campuses operating under the license of a single provider institution (i.e., a hospital with a main facility and off-site campuses) are subject to the control and direction of one common governing body that is responsible for the operational decisions of the entire hospital enterprise.

- 1. - 4. ...
  - 5. The off-site campus director is under the day-to-day supervision of the provider, as evidenced by:

- a. - b. ...
    - c. the off-site campus director or the individual responsible for the day-to-day operations at the site is accountable to the provider's administrator and reports through that individual to the provider's governing body; and

F.5.d. - G.1.e. ...  
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 Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2405 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:1479 (October 2024), LR 51:

### **§9321. Medical Staff**

A. The medical staff develops and adopts bylaws and rules for self-governance of professional activity and accountability to the governing body. In addition to physicians and dentists, the medical staff membership shall include licensed healthcare practitioners as appropriate to adequately meet the needs of the patients served by the hospital. The bylaws and rules shall contain provisions for at least the following.

- 1. The medical executive committee shall:
  - a. - c. ...
  - d. make recommendations for membership to medical staff, for approval by the governing body, with initial appointments and reappointments not to exceed three years;

- 1.e. - 6....
  - 7. There shall be total integration of the organized medical staff as evidenced by these factors:

- a. - b. ...
    - c. the medical director of the off-site campus (if the off-site campus has a medical director) maintains a day-to-day reporting relationship to the chief of medical staff or other similar official of the provider.

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 Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR

21:177 (February 1995), LR 29:2406 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:1481 (October 2024), LR 51:

### **§9323. Administration**

- A. ...
- B. The administrator of the hospital shall have at least one of the following qualifications:

B.1. - G.5. ...  
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 Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2407 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:1481 (October 2024), LR 51:

### **§9327. Emergency Services**

- A. - D. ...
- E. Personnel

1. The emergency services shall make provisions for physician coverage at all hours and a qualified member of the medical staff shall be designated to supervise emergency services. There shall be a registered nurse and other nursing service personnel qualified in emergency care to meet written emergency procedures and needs anticipated by the hospital. All registered nurses working in emergency services shall be trained in advanced cardiac life support, pediatric trauma, and pediatric advanced life support.

E.2. - G.5. ...  
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 Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2407 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:1481 (October 2024), LR 51:

### **§9334. Designation of an Essential Caregiver and Circumstances for Visitation**

A. The provisions of this Section regarding visitation by a designated essential caregiver (DEC), shall apply to all hospitals licensed by the department, except for a licensed hospital that is designated as a forensic psychiatric facility.

B. Any patient may designate at least one visitor who is a family member, friend, guardian, or other individual as a DEC.

1. The DEC shall not be required to provide advance notice of the intent to visit the patient.

2. The visits of the DEC, as provided in this Section, shall not be constrained for any reason other than medical necessity, which shall include medical procedures and emergencies.

3. The hospital providing necessary care to the patient, shall not require the DEC to provide such care.

C. Each hospital shall have written policies and procedures that require a DEC to agree in writing to follow such policies and procedures.

1. The hospital may suspend in-person visitation for a DEC, if he or she violates the hospital's visitation policies and procedures, and if otherwise restricted by law or by order of the court.

D. In addition to the DEC, a hospital shall allow access to a religious or spiritual support person in accordance with R.S. 40:2005.1, or current law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:1300.55.

HISTORICAL NOTE: Promulgated by the Department of Health, Health Standards Section, LR 51:

#### **Subchapter D. Pharmaceutical Services**

##### **§9353. Delivery of Services**

A. - I. ...

J. Abuses and losses of controlled substances shall be reported to the individual responsible for pharmaceutical services, the administrator, the Louisiana Board of Pharmacy, and to the Regional Drug Enforcement Administration (DEA) office, as appropriate.

K. - M. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:2411 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:1279 (September 2024), LR 50:1484 (October 2024), LR 51:

#### **Subchapter H. Medical Record Services**

##### **§9389. Content**

A. The medical record shall contain the following minimum data:

1. - 7. ...

8. record of all medical care or treatments;

9. discharge summary; and

10. documents, records, photos, testimonials, and other significant health-related collateral information provided by a patient's family member, caregiver, friend, or licensed healthcare practitioner when deemed relevant to the patient's care or treatment by the licensed healthcare practitioner.

B. - B.5.d. ...

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 21:177 (February 1995), amended LR 29:2415 (November 2003), amended by the Department of Health, Health Standards Section, LR 51:

#### **Subchapter I. Quality Assessment and Improvement**

##### **§9405. Patient Care Services**

A. ...

B. The hospital shall also have an effective, on-going discharge planning program that facilitates the provision of follow-up care. Each patient's record shall be annotated with a note regarding the nature of post hospital care arrangements. Discharge planning shall be initiated in a timely manner. Patients, along with necessary medical information (e.g., the patient's functional capacity, nursing and other care requirements, discharge summary, referral forms) shall be transferred or referred to appropriate facilities, agencies or outpatient services, as needed, for follow-up or ancillary care.

1. - 3. ...

4. If a patient has been admitted for inpatient behavioral healthcare services pursuant to an emergency certificate issued in accordance with R.S. 28:53, the hospital shall make a reasonable effort to:

a. provide written or telephonic notification to any licensed healthcare practitioner that has been providing behavioral health services to the patient, if known, of the date and time the patient has been scheduled to be discharged, unless the patient objects to that information being communicated;

b. provide written or telephonic notification with 24 hours of discharge to any licensed healthcare practitioner that the patient is being referred to follow-up behavioral health services;

i. the notification shall include a summary of the patient's medical history and any current mental health conditions the patient is suffering from at the time of discharge, and shall be provided no later than the date the patient has been scheduled for follow-up behavioral services.

5. Prior to or at the time of discharge, the hospital shall:

a. provide information directed to the patient and the patient's family members, caregivers, or friends about the warning signs of self-harm, and the importance of seeking behavioral health services after an admission pursuant to an emergency certificate has ended;

b. instruct the patient and the patient's family members, caregivers, or friends to seek assistance from a licensed healthcare practitioner to provide ongoing care; and

c. clarify that medical privacy laws do not prevent a family member, friend, or other loved one from communicating the patient's condition to a licensed healthcare practitioner that has been treating the patient.

C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 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 21:177 (February 1995), amended LR 29:2417 (November 2003), amended by the Department of Health, Bureau of Health Services Financing, LR 43:74 (January 2017), amended by the Department of Health, Health Standards Section, LR 50:1487 (October 2024), LR 51:

#### **Subchapter K. Infection Prevention and Control**

##### **§9425. Responsibilities**

A. The administrator, the medical staff, and the director of nursing services shall ensure that the hospital-wide quality assessment and improvement program and training programs address problems identified by the infection control officer(s). They shall be responsible for the implementation of successful corrective action plans in affected problem areas. Infection control activities or programs conducted or instituted in different departments of the hospital shall have the approval of the infection control officer(s).

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 21:177 (February 1995), amended LR 29:2419 (November 2003), amended by the Department of Health, Health Standards Section, LR 51:

#### **Subchapter O. Outpatient Services (Optional)**

##### **§9471. Personnel**

A. ...

B. There shall be an RN on the observation unit as long as there are patients admitted to the unit.

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 21:177 (February 1995), amended LR 29:2423 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:1490 (October 2024), LR 51:

#### **Subchapter R. Psychiatric Services (Optional)**

##### **§9495. General Provisions**

A. - B. ...

C. No forensic psychiatric hospital issued an initial license after August 1, 2024, shall be constructed, located, or established within 1000 feet of a public or private elementary or secondary school or any site on which a public or private elementary or secondary school was formerly located.

1. This Subsection shall not apply to a forensic psychiatric hospital issued an initial license before August 1, 2024, that seeks to renew its license.

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 21:177 (February 1995), amended LR 29:2425 (November 2003), amended by the Department of Health, Health Standards Section, LR 50:1491 (October 2024), LR 51:

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

##### **§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.

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:

#### **Subchapter U. Alternative Birthing Units**

##### **§9555. Program Requirements**

A. - E. ...

F. Patient and/or Patient's Family Educational Requirements. The following educational programs are required to be completed by the patient and/or patient's family as determined by the policy and procedures of the ABU prior to discharge:

1. - 16. ...

17. instruction as to the clothing/supplies needed at the time of discharge from the center;

18. a family instructional program; and

19. the ABU shall provide the mother and her family members with information about post-birth warning signs, including symptoms and available resources.

G. - G.4. ...

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, Bureau of Health Services Financing, LR 40:1099 (June 2014), amended by the Department of Health, Health Standards Section, LR 50:1495 (October 2024), LR:51:

#### **Subchapter V. Newborn Safety Devices**

##### **§9573. General Provisions**

A. In accordance with the Louisiana Children's Code (La. Ch. art. 1149 et seq.), a parent may leave an infant in a newborn safety device (NSD) that is located in a licensed hospital that is staffed continuously 24 hours per day, seven days a week, and 365 days a year.

1. The employee who mans the NSD shall be an emergency response provider as defined in 6 U.S.C. 101, and shall be certified in neonatal resuscitation and pediatric advanced life support.

B. - C.3. ...

D. The hospital shall be responsible for:

1. - 2.d....

3. obtaining Department of Health (LDH), Health Standards Section (HSS) approval prior to the use of the NSD;

4. submission of written notification to the LDH, HSS of the hospital's intent to implement the use of the device;

5. ensuring neonatal and pediatric resuscitation equipment and supplies are readily available in the immediate area of the NSD; and

6. ensuring policies and procedures addressing the responsibility of staff who man the NSD.

E. - G. ...

H. The hospital shall install a cardholder adjacent to the NSD and shall keep the cardholder stocked with safe haven informational cards and other safe haven informational materials produced in accordance with La. Ch. Code 1160 and required by the Department of Children and Family Services, in an envelope conspicuous and readily available in the newborn safety device for the relinquishing parent.

I. ...

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 48:498 (March 2022), amended by the Department of Health, Health Standards Section, LR 51:

##### **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 have no impact on small businesses as described in R.S. 49:965.2 et seq.

##### **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 staffing level requirements and qualifications, and/or direct or indirect costs for those hospital facilities that choose to have a newborn safety device installed, but 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 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 May 28, 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 May 12, 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 May 27, 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 May 12, 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. 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). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Drew P. Maranto  
Interim Secretary

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

#### **RULE TITLE: Hospitals—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. It is anticipated that \$1,296 will be expended in FY 25 for the state's administrative expense for promulgation of this proposed rule and the final rule.

The proposed rule amends the provisions governing the licensing of hospitals in order to comply with the requirements of Acts 122, 398, 588, 666, and 737 of the 2024 Regular Session of the Louisiana Legislature. As such, the department hereby proposes to add the definition of forensic psychiatric hospital, to adjust requirements for the minimum contents of patient medical records, to add requirements for certain resuscitation equipment, supplies, and staff when a newborn safety device is located inside a hospital, and to update client discharge processes. Also, in compliance with Act 666, the department proposes to adopt provisions for the designation of an essential caregiver and circumstances for visitation.

#### **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. 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 NONGOVERNMENTAL GROUPS (Summary)**

It is anticipated that this proposed rule may have an indeterminable impact on the direct or indirect cost to hospital facilities that choose to have a newborn safety device installed, as well as a potential cost associated with updated documentation required by the updated client discharge process.

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

It is anticipated that this proposed rule may have an indeterminable impact on the staffing level requirements or qualifications required to provide the same level of service for those hospital facilities that choose to have a newborn safety device installed.

Tasheka Dukes, RN  
Deputy Assistant Secretary  
2504#036

Patrice Thomas  
Deputy Fiscal Officer  
Legislative Fiscal Office