

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Recovery Furnaces**

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

There are no estimated implementation costs or savings to state or local governmental units as a result of the proposed rule. The proposed rule change reduces the frequency of the performance tests on recovery furnaces from annually to every five years. Further, the rule change provides for certain exemptions from the total reduced sulfur limitations and the opacity standard for recovery furnaces.

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

There is no estimated increase or decrease in revenues to state or local governmental units as a result of the proposed rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule will decrease compliance costs for owners or operators of recovery furnaces located at pulp and paper mills obligated to comply with more stringent federal standards for particulate matter under 40 CFR 63 Subpart MM by reducing the frequency of the performance tests required by LAC 33:III.2301.D.4.b.ii from annually to once every five years.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no estimated effect on competition or employment in the public or private sector as a result of the proposed rule.

Herman Robinson
General Counsel
2006#014

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health
Board of Nursing**

**License and Continuing Education Renewal
(LAC 46:XLVII.3333 and 3355)**

Louisiana State Board of Nursing proposes revisions to §§3333 and 3335. These revisions will clarify the licensure renewal and continuing education processes. The changes denoted in §3333 will require the nurse to pay biennial licensure renewal fees. Previously, the LSBN required the nurse to pay renewal fees on an annual basis. The biennial renewal process does not apply to the licensees who hold an active RN multi-state license in a compact state other than Louisiana exercising their privilege to practice in Louisiana. Other minor changes to §3333 are as follows: change of name, change of address, delineation of on-line application(s), referencing §3335 for continuing education and inactive or retiring a license(s). A retired license is considered an inactive license, therefore individuals with a retired license are not authorized to practice. In §3335, the full-time and part-time nursing practice definitions have been removed and the inactive licensure status and the nursing practice definitions have been amended. Also, the continuing education nursing board approved contact hour changes from 15 hours to 30 hours in order to align with the biennial renewal. National Council of State Boards of

Nursing (NCSBN) recognizes practice hours along with board approved contact hours; therefore, a minimum of 900 practice hours during the two-year licensure period as verified by the employer will be accepted as demonstration of competency. If the continuing education requirements are not met, a warning will be issued for the first offense and the licensee may be prohibited from renewing his/her license for subsequent violations.

**Title 46
PROFESSIONAL AND OCCUPATIONAL
STANDARDS**

**Part XLVII. Nurses: Practical Nurses
and Registered Nurses**

Subpart 2. Registered Nurses

Chapter 33. General

**Subchapter C. Registration and Registered Nurse
Licensure**

§3333. Renewal of License

A. Every person holding a license to practice as a RN and/or an APRN, and intending to practice during the ensuing year, shall renew his or her license biennially prior to the expiration of his or her license. This does not apply to licensees who hold an active RN multistate license in a compact state other than Louisiana exercising their privilege to practice. The board shall furnish an online, electronic application for renewal of a license which is accessible to every person who holds a current license. The licensee shall complete the renewal application during the active renewal season and before January 1. Upon completion of the application and submission of any supporting documentation and the renewal fee as required under §3341, the board shall verify the accuracy of the application and issue to the licensee a license of renewal for the current year beginning February 1 and expiring January 31. Incomplete applications will not be processed. Applications submitted after December 31 shall be considered late and are subject to the fee as required under §3341 for late renewals. Failure to renew a license prior to expiration shall result in an inactive license and subjects the individual to forfeiture of the right to practice. Falsification and/or failure to disclose information on the renewal application may result in disciplinary action. An individual shall notify the board of:

1. change of address which includes a physical address and email address. Notify the office of the board by submitting changes in the individual's online, electronic account within 30 days if a change of physical and/or email address has occurred;

2. change of name. If a registered nurse/candidate for registration should change his/her name through marriage, divorce, religious order, or for any other reason, a request for a change of name and supporting documentation shall be submitted electronically to the board. Supporting documentation includes a copy of the marriage certificate, divorce document, or affidavit confirming change of name, and is required to execute a name change on board records.

B. Requirements of the licensee for renewal of license include:

1. completion of the online, electronic application, including statistical information;

2. ...

3. evidence of meeting the requirements regarding continuing education, in §3335 and

4. provide any/all information, documents, records, reports, evidence and/or items as requested by the board/board staff within 60 days from the date the application is submitted, or else the RN/APRN license shall be subject to immediate invalidation with change of status to inactive license and practice as a RN and/or APRN will no longer be legal.

C. An inactive or lapsed license may be reinstated by submitting a completed application, paying the required fee, and meeting all other relevant requirements, provided there is no evidence of violation of R.S. 37:911 et seq., §3331, or other administrative rules, or no allegations of acts or omissions which constitute grounds for disciplinary action as defined in R.S. 37:921 or §3405. Any person practicing as a RN or APRN during the time one's license is inactive or has lapsed is considered an illegal practitioner and is subject to the penalties provided for violation of this Part and will not be reinstated until the disciplinary action is resolved.

D. Licensees may submit an electronic application to inactivate or retire their license(s) at any time. A retired RN license is considered an inactive license. Individuals with a retired license are not authorized to practice.

1. A retired status license may be issued to any individual with an active unencumbered RN and/or APRN license who is not enrolled in an alternative to discipline program and is no longer engaged in the practice of nursing, provided said individual:

a. completes an application provided by the board prior to the expiration of the active license;

b. pays the required one-time fee as specified under §3341; and

c. has no pending investigation and/or pending formal disciplinary action for alleged violation(s) of the board's rules and /or regulations.

2. - 3 ...

4. If at a future date, the licensee wishes to return to practice, the requirements for reinstatement including but not limited to those specified under §§3335.D, 4507.E.2, and/or 4507.F must be met.

5. ...

6. After the RN license is placed in retired status, the APRN license may also be placed in retired or inactive status with no fee if requested.

7. The APRN license may be placed in retired or inactive status with no fee while the RN license remains active provided the provisions in §3335.D.1.a and c are met.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918 and 920.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 7:78 (March 1981), amended by the Department of Health and Hospitals, Board of Nursing, LR 16:1061 (December 1990), LR 23:962 (August 1997), LR 23:963 (August 1997), repromulgated LR 24:1293 (July 1998), amended LR 26:1443 (July 2000), LR 32:247 (February 2006), LR 35:1536 (August 2009), LR 37:3026 (October 2011), amended by the Department of Health, Board of Nursing LR 46:

§3335. Continuing Education—Nursing Practice

A. Authority of the Louisiana State Board of Nursing (board). The board derives its authority to establish the requirement for evidence of activities which contribute to continued competence for relicensure to practice as a RN from R.S. 37:911, R.S. 37:918(4) and (12), and R.S. 37:920.E (1), (2), and (4).

B. Definitions for the Purposes of §3335

Continuing Education Activities—

a. - c. ...

Inactive Licensure Status—is recorded when the RN submits an application that is approved to inactivate a current RN license or is recorded when an individual declares another compact state, other than Louisiana, as the primary state of residence and holds an active multistate license in that other compact state with no discipline on the privilege to practice.

Nursing Practice—the performance, with or without compensation, by an individual licensed by the board or otherwise formally educated as a registered nurse, of functions requiring specialized knowledge and skill derived from the biological, physical, and behavioral sciences [Nurse Practice Act, R.S. 37:913 (13) and (14)], which includes, but is not limited to, direct patient care, supervision, teaching, administration, consulting, quality assurance, and other positions which require use of nursing knowledge, judgment, and skill.

Part Time Nursing Practice—Repealed.

C. ...

1. License Renewal. For RN licensure renewal the applicant shall be in compliance with one of the following:

a. a minimum of 30 board-approved contact hours of continuing education during the two-year licensure period; or

b. a minimum of 900 practice hours during the two-year licensure period as verified by the employer on a form provided by the board; or

c. initial RN licensure by examination or by endorsement during the previous calendar year; or

d. current certification in a specialty area of nursing by a certifying body whose requirements have been approved by the board as being equivalent to or exceeding the above requirements.

2. - 2.d. ...

e. The individual presents evidence of an emergency or extenuating circumstances. At the time of filing an application for relicensure based on an exception, the licensee shall attach documentation of the exception.

3. Penalty for Non-Compliance

a. Initial, first-time failure to comply with continuing education requirements will result in a warning and may prohibit the licensee from renewing the license if the required CE documents are not provided.

b. Subsequent failure(s) to comply with continuing education requirements shall result in disciplinary action.

c. Falsification of data on the renewal or audit forms may result in disciplinary action.

D. Reinstatement of License

1. For reinstatement of a license which has lapsed, been suspended, has been inactive, or has been retired, for less than four years, the applicant shall provide documentation of a minimum of 15 board-approved contact hours of continuing education for each year of inactive

licensure status, or current licensure in another state and compliance with §3335.C.1.

2. For reinstatement of a license which has lapsed, been suspended, or has been inactive for four years or more and the applicant has not been actively engaged in the practice of nursing in another jurisdiction, the applicant shall provide documentation of one of the following:

a. ...

b. enrollment and completion of a bonafide nursing course in an approved school, which consists of a minimum of 160 hours of instructor planned, supervised instruction, including theory and clinical practice, in lieu of a refresher course; or

c. individualized remediation as determined by the board including an assessment of needs, a program of study designed to meet these needs, and an evaluation of the learning outcomes of the program. Such program shall be sponsored by an approved provider in an accredited post-secondary educational institution whose faculty hold masters degrees in nursing; or

d. successful completion of the NCLEX-RN examination during the current or previous calendar year. (Licensees who choose the option of taking the NCLEX-RN shall complete the required application, pay the established fee, and follow the current process for testing.)

E. - E.3. ...

4. review courses for certification in an approved area, such as ACLS, PALS, or advanced IV therapy, etc., provided they meet the criteria for approved offerings; and

E.5. - J.5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:911, R.S. 37:918(4), (12), and R.S. 37:920.E.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Nursing, LR 16:1058 (December 1990), amended LR 21:267 (March 1995), LR 21:804 (August 1995), LR 24:1293 (July 1998), LR 25:514 (March 1999), LR 26:83 (January 2000), LR 27:729 (May 2001), LR 34:440 (March 2008), amended by the Department of Health, Board of Nursing, LR 46:

Family Impact Statement

The proposed Rule is not anticipated to have an impact on family formation, stability, and autonomy as described in R.S. 49:972

Poverty Impact Statement

The proposed Rule is not anticipated to have an impact on poverty as defined by R.S. 49:973

Small Business Analysis

Pursuant to R.S. 49:965.6, methods for reduction of the impact on small business, as defined in the Regulatory Flexibility Act, have been considered when creating this proposed Rule.

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 will not have an impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and 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 on the proposed Rule to Karen C. Lyon, 17373 Perkins Road, Baton Rouge, LA 70810, or by facsimile to (225) 755-7585. All comments must be submitted by 5:00 p.m. on or before July 10, 2020.

Dr. Karen Lyon
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: License and Continuing Education Renewal

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The proposed rule changes will not result in any additional costs or savings to state or local governmental units other than one-time publication costs for the LA State Board of Nursing (LSBN), which total approximately \$350 in FY 20.

The proposed rule changes make revisions to Chapter 33, Sections 3333 and 3335. These revisions will clarify the licensure renewal and continuing education processes. The changes denoted in §3333 will require nurses to pay biennial licensure renewal fees to align with present practice. However, the biennial renewal process does not apply to the licensees who hold an active RN multi-state license in a compact state other than Louisiana exercising their privilege to practice in Louisiana. Other minor changes to §3333 are as follows: revisions to the change of name and address processes, delineation of on-line application(s), referencing §3335 for continuing education and inactive or retiring a license(s). A retired license is considered an inactive license, therefore individuals with a retired license are not authorized to practice.

In §3335, the full-time and part-time nursing practice definitions have been removed and the inactive licensure status and the nursing practice definitions have been amended. Furthermore, the continuing education nursing board approved contact hour changes from 15 hours annually to 30 hours every two years in order to align with the biennial renewal, but also allows a minimum of 900 practice hours during the 2-year licensure period as verified by the employer will be accepted as demonstration of competency.

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

The proposed rule changes will not affect revenue collections of state or local governmental units. Provisions of the rule amendments providing for biennial license renewals will not affect revenue collections associated with renewals, as the language change aligns with present practice for the LSBN.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed rule changes clarify the licensure renewal and continuing education processes. Significant changes include revisions to the continuing education, from 15 hours annually to 30 hours every two years to align with the biennial license renewal. Furthermore, the proposed rule changes also allow a minimum of 900 practice hours during the 2-year licensure period as verified by the employer will be accepted as demonstration of competency in lieu of 30 hours of continuing education, which may benefit some nurses and result in a savings on continuing education costs. Furthermore, the proposed rule changes require nurses to pay biennial licensure renewal fees to align with present practice.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)

The proposed rule changes will not affect competition or employment.

Dr. Karen Lyon
Executive Director
2006#025

Evan Brasseaux
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health
Bureau of Health Services Financing**

**Dental Benefits Prepaid Ambulatory Health Plan
(LAC 50:1.Chapter 21)**

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:I.Chapter 21 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing the dental benefits prepaid ambulatory health plan in order to allow for more than one dental benefits plan manager to service Medicaid enrollees and to allow for the department to contract with a vendor for enrollment broker services for member enrollment into one of the available plans.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part 1. Administration

Subpart 3. Managed Care for Physical and Behavioral Health

Chapter 21. Dental Benefits Prepaid Ambulatory Health Plan

§2101. General Provisions

A. Effective May 1, 2014, the Department of Health, Bureau of Health Services Financing shall adopt provisions to establish a comprehensive system of delivery for dental services covered under the Medicaid Program. The dental benefits plan shall be administered under the authority of a 1915(b) waiver by implementing a prepaid ambulatory health plan (PAHP) which shall be responsible for the necessary operational and administrative functions to ensure adequate service coordination and delivery.

B. All Medicaid recipients except those residing in intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) that are receiving dental services through the fee-for-service system will receive dental services administered by a dental benefit plan manager (DBPM).

1. The number of DBPMs shall be no more than required to meet the Medicaid enrollee capacity requirements and ensure choice for Medicaid recipients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:784 (April 2014), amended by the Department of Health, Bureau of Health Services Financing, LR 46:

§2103. Participation Requirements

A. ...

B. A DBPM must:

1. -5. ...

6. be without an actual or perceived conflict of interest that would interfere or give the appearance of impropriety or of interfering with the contractual duties and obligations under this contract or any other contract with LDH, and any and all applicable LDH written policies. Conflict of interest shall include, but is not limited to, the contractor serving, as the Medicaid fiscal intermediary contractor for LDH;

7. be awarded a contract with LDH, and successfully completed the readiness review prior to the start date of operations; and

B.8. - I.3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:784 (April 2014), amended by the Department of Health, Bureau of Health Services Financing, LR 46:

§2105. Prepaid Ambulatory Health Plan Responsibilities

A. - A.1. ...

2. A DBPM shall possess the expertise and resources to ensure the delivery of dental benefits and services to members and to assist in the coordination of covered dental services, as specified in the terms of the contract.

3. A DBPM shall have written policies and procedures governing its operation as specified in the contract and department issued guidance.

4. A DBPM shall not discriminate against enrollees on the basis of race, gender, color, national origin, age, health status or need for dental services, and shall not use any policy or practice that has the effect of discriminating on any such basis.

5. The DBPM shall abide by all enrollment and disenrollment policy and procedures as outlined in the contract developed by the department.

B. The department will contract with an enrollment broker who will be responsible for the enrollment and disenrollment process for DBPM participants. The enrollment broker shall be:

1. the primary contact for enrollees regarding the DBPM enrollment and disenrollment process, and shall assist the recipient to enroll in a DBPM;

2. the only authorized entity, other than the department, to assist an enrollee recipient in the selection of a DBPM; and

3. responsible for notifying all DBPM members of their enrollment and disenrollment rights and responsibilities within the timeframe specified in the contract.

C. Enrollment Period. The annual enrollment of a DBPM member shall be for a period of up to 12 months from the date of enrollment, contingent upon his/her continued Medicaid eligibility. A member shall remain enrolled in the DBPM until:

1. LDH or its enrollment broker approves the member's written, electronic or oral request to disenroll or transfer to another DBPM for cause; or

2. the annual open enrollment period or after the lock-in period; or