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OFFICE OF THE STATE REGISTER

(SUBMIT A SEPARATE INSERTION ORDER PER DOCUMENT)

[] EMERGENCY RULE [] NOTICE OF INTENT [x] RULE [] POTPOURRI

REFER TO INSTRUCTIONS ON REVERSE SIDE

This is your authority to publish in the (month) October, 20 16 Louisiana Register the document indicated above.

Office of Aging and Adult Services
Office/Board/Commission promulgating this document

Louisiana Department of Health
Department under which office/board/commission is classified

Rebekah E Gee MD, MPH Secretary
Name and title of person whose signature will appear in the publication (at the end of the document)

Melanie Richard (225) 342-8487 (225) 219-0202
Name, phone number, and FAX number of person to contact regarding this document

Provide a short descriptive listing for this document to be used in the Louisiana Register TABLE OF CONTENTS/INDEX (note: this description should match the fiscal statement title, if sending a Notice of Intent:

*If sending a diskette, indicate the name of the file on diskette:

Department of Health, Office of Aging and Adult Services - Traumatic Head and Spinal Cord Injury

Handwritten signature of Jeff Reynolds

Signature of Agency Head or Designee

Important: If submitting both an Emergency Rule (ER) and a Notice of Intent (NOI) to be published this month, AND if the rule text in the ER is identical to the rule text in the NOI, check here: []

Jeff Reynolds LDH Undersecretary
Print Name and Title of Agency Head or Designee

CERTIFICATION OF AVAILABLE FUNDS

DOCUMENT # []

[x] ISIS AGENCY: I certify the availability of fiscal year 2016 appropriated funds for the payment of the above referenced publication and authorize the processing of an Interagency Billing with the following coding on the 30th of the month of the publication. Attach supplemental sheet for additional lines of coding.

320 0030 3000 N/A 4001
AGENCY ORGANIZATION # OBJECT SUB-OBJECT REPORTING CATEGORY

[] NON-ISIS AGENCY: I certify the availability of fiscal year [] appropriated funds for the payment of the above referenced publication and agree to place corresponding invoice in line for payment upon receipt.

Billing Address for Agencies:

Office of Aging and Adult Services
Agency Name

PIO, Box 2031 (Bin 14)
Street Address or Post Office Box

Baton Rouge Louisiana 70821
City State Zip Code

Handwritten signature of Jane A. []
Signature of Agency Head or Designee - Phone #

Lines/Other Charges _____ Typesetting \$ _____ TOTAL \$ _____

RULE

Department of Health

Office of Aging and Adult Services

Spinal Cord Injury (LAC 48:I.1905)

The Louisiana Department of Health, Office of Aging and Adult Services has amended the language included in the definition of *spinal cord injury* to comply with the definition as set forth in R.S. 46:2632. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Louisiana Department of Health, Office of Aging and Adult Services, assumed the Traumatic Head and Spinal Cord Injury Trust Fund and its functions as promulgated in LR 40:84.

Title 48

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 1. General

Chapter 19. Traumatic Head and Spinal Cord Injury

§1905. Definitions

[Formerly LAC 67:VII.1905]

* * *

Spinal Cord Injury—an insult to the spinal cord, not of a degenerative or congenital nature but caused by an external physical force resulting in paraplegia or quadriplegia.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:2631-2635 and R.S. 36:259(T).

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Rehabilitation Services, LR 21:1253 (November 1995), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 40:84 (January 2014), amended by the Department of Health, Office of Aging and Adult Services, LR 42:1669 (October 2016).

Rebekah E. Gee MD, MPH

Secretary