

SENATE RESOLUTION NO. 163

BY SENATOR HEWITT

A RESOLUTION

To urge and request the Louisiana Department of Health to provide certain data on able-bodied Medicaid recipients.

WHEREAS, improving the state's economy is a critical factor in ending the ongoing budget crisis that impacts every citizen of this state. Job opportunities and building a strong central workforce are essential cornerstones of any economy. Employment and steady income provide individuals with an opportunity to rise out of poverty and create a better life for themselves and their families; and

WHEREAS, nearly forty percent of Louisiana's approximately four-and-a-half million residents are identified as the "working poor", those individuals who are employed and pay taxes but whose assets and earnings are insufficient to cover all of their basic needs, including healthcare; and

WHEREAS, in January 2017, Louisiana expanded Medicaid to provide access to quality healthcare for the working poor who were not previously Medicaid eligible, a population that includes adults age nineteen to sixty-four years with an income below one hundred thirty-eight percent of the federal poverty level. Since then, more than four hundred thousand individuals have enrolled in Medicaid, resulting in thirty-five percent of the state's population being covered by government funded insurance; and

WHEREAS, costs for the Medicaid program have increased from six billion dollars in 2012 to more than twelve billion dollars in 2018, with an anticipated growth to more than fourteen billion dollars in 2021. This growth is unsustainable, and in order to continue to provide coverage for those who genuinely need it, states must be transformative in how they administer the program; and

WHEREAS, states across the country are taking steps to stabilize their Medicaid programs while simultaneously improving health outcomes and overall quality of life for these recipients by assisting them with more than just health insurance, but with opportunities for more community engagement and employment that can transition them out of the Medicaid program and into self-sufficiency and private market coverage; and

WHEREAS, the Centers for Medicare and Medicaid Services (CMS) has acknowledged in a recent communication to all state governors that the best way to improve long-term health of low-income Americans is to empower them with skills and employment; and

WHEREAS, the agency supports innovative approaches by states to increase employment and community engagement, and is committed to programs that have demonstrated success in assisting eligible low-income adult beneficiaries to improve their economic standing and materially advance their lives to rise out of poverty; and

WHEREAS, the goal for every citizen should be greater than just attaining Medicaid; it should be rising out of the circumstances that made them Medicaid eligible.

THEREFORE, BE IT RESOLVED that the Senate of the Legislature of Louisiana does hereby request the Louisiana Department of Health to provide certain data on able-bodied Medicaid recipients.

BE IT FURTHER RESOLVED that beginning on July 5, 2017, and monthly thereafter, the department submit a report to the Senate Committee on Health and Welfare and the Senate Committee on Finance that includes the specified data elements in the categories of the Louisiana Medicaid expansion population, state waiver initiatives, and Medicaid expansion utilization as follows:

(1) Louisiana Medicaid Expansion Population:

(a) Number of individuals enrolled in Medicaid for the reporting period who are eligible as part of the expansion population.

(b) Number of individuals age nineteen to forty-nine and number of individuals age fifty to sixty-four.

(c) Number of individuals in each age category with earned income.

(d) Number of individuals in each age category assigned to a Medicaid managed care organization (MCO), identified by each individual MCO.

(e) The per-member per-month cost paid to each MCO to manage the care of the individuals assigned to their plan, identified by each individual MCO.

(2) State Waiver Initiatives:

(a) States that have submitted waiver requests to CMS to implement work

requirements or other community engagement initiatives or activities as a condition of eligibility for able-bodied Medicaid recipients to include the name of the state, the year the waiver was submitted, whether the work requirement is optional or a mandatory condition of eligibility, the population covered, a short summary of the proposal, and the current status of the waiver application.

(b) States that have submitted waiver requests to CMS with cost-sharing provisions such as predictable monthly premium payments, copayments, health savings accounts, rewards accounts, or other cost components for able-bodied Medicaid recipients consistent with commercial insurance to include the name of the state, the year the waiver was submitted, whether the cost-sharing is optional or a mandatory condition of service receipt, the population covered, a short summary of the proposal, and the current status of the waiver application.

(3) Medicaid Expansion Utilization:

(a) Comparison of individuals age nineteen to forty-nine, age fifty to sixty-four, and those who are covered by Medicaid who are not part of the expansion population utilizing the following services during the reporting period:

- (i) Emergency department.
- (ii) Prescription drugs.
- (iii) Physician services.
- (iv) Hospital services.
- (v) Non-emergency medical transportation.

(b) Expenditures associated with each service for individuals age nineteen to forty-nine, age fifty to sixty-four, and those who are covered by Medicaid who are not part of the expansion population during the reporting period.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the secretary of the Louisiana Department of Health.

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PRESIDENT OF THE SENATE