



**LEGISLATIVE FISCAL OFFICE  
Fiscal Note**

Fiscal Note On: **HB 909** HLS 26RS 1081  
 Bill Text Version: **ENGROSSED**  
 Opp. Chamb. Action: **w/ SEN COMM AMD**  
 Proposed Amd.:  
 Sub. Bill For.:

<b>Date:</b> May 13, 2026	3:35 PM	<b>Author:</b> SPELL, ANNIE
<b>Dept./Agy.:</b> Insurance/Group Benefits/Department of Health		
<b>Subject:</b> Required coverage for behavioral health crisis services		<b>Analyst:</b> Anthony Shamis

INSURANCE EG1 INCREASE EX See Note Page 1 of 2  
 Required coverage for behavioral health crisis services

Proposed law requires health insurance issuers, including the Office of Group Benefits (OGB), to include coverage for mobile crisis response and behavioral health crisis care services provided by eligible providers.  
Proposed law allows coverage required under this legislation to be subject to annual deductibles, coinsurance, and copayments as are consistent with those established by the health insurance issuer. Prior authorization shall not be required for mobile crisis response and behavioral health crisis care services.  
Proposed law requires that in order to be eligible to provide mobile crisis response services and behavioral health crisis care services, a provider must be licensed in accordance with applicable law and coordinate and share information with the Louisiana Department of Health (LDH) sanctioned Crisis Hub.

Effective July 1, 2027.

EXPENDITURES	2026-27	2027-28	2028-29	2029-30	2030-31	5 -YEAR TOTAL
State Gen. Fd.	<b>SEE BELOW</b>	<b>SEE BELOW</b>	<b>SEE BELOW</b>	<b>SEE BELOW</b>	<b>SEE BELOW</b>	
Agy. Self-Gen.	\$0	<b>INCREASE</b>	<b>INCREASE</b>	<b>INCREASE</b>	<b>INCREASE</b>	<b>\$0</b>
Ded./Other	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Federal Funds	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Local Funds	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
<b>Annual Total</b>						
REVENUES	2026-27	2027-28	2028-29	2029-30	2030-31	5 -YEAR TOTAL
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Ded./Other	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Federal Funds	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
Local Funds	\$0	\$0	\$0	\$0	\$0	<b>\$0</b>
<b>Annual Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**EXPENDITURE EXPLANATION**

**Note: This fiscal note has been revised to incorporate an updated expenditure impact to the Louisiana Department of Insurance (LDI) resulting from analysis conducted in conjunction with its consulting actuary.**

Proposed law is expected to increase SGR claims expenditures by an estimated \$80,627 to \$161,254 within the Office of Group Benefits (OGB) beginning in FY 28 as a result of the required coverage of behavioral health crisis services. Costs are anticipated to increase in subsequent fiscal years.

Information provided by LDI indicates that the required coverage of behavioral health crisis services is expected to be, at a minimum, cost neutral. LDI further indicates that any potential defrayal costs associated with SGF expenditures resulting from a mandate on health insurance policies issued through insurance exchanges are anticipated to be offset. Such offsets are expected to occur as individuals access lower-cost behavioral health crisis services in lieu of more expensive options, such as emergency department visits or inpatient psychiatric admissions.

**OGB SGR Increase Beginning in FY 28:**

OGB's medical Third Party Administrator (TPA) estimates that this legislation may increase OGB claims expenditures beginning in FY 28 in order to provide coverage for mobile crisis response and behavioral health crisis care services by a cost ranging from \$0.04 to \$0.08 PMPM for OGB's self-funded health plan population, excluding Medicare primary members. Based upon the assumptions listed on the following page, the expenditures to provide coverage for the required behavioral health crisis services are as follows:

	<b>FY 26-27*</b>	<b>FY 27-28</b>	<b>FY 28-29</b>	<b>FY 29-30</b>	<b>FY 30-31</b>	<b>Total</b>
Low	\$0	\$ 80,627	\$ 82,401	\$ 84,214	\$ 86,067	\$333,309
High	\$0	\$161,254	\$164,802	\$168,428	\$172,133	\$666,617

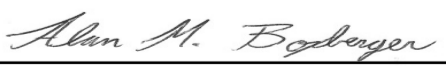
\*Effective July 1, 2027, expenditures are anticipated to increase beginning in FY 28.

**EXPENDITURE EXPLANATION CONTINUED ON PAGE TWO**

**REVENUE EXPLANATION**

OGB does not anticipate that the proposed law will require premium increases; therefore, there is no expected impact on self-generated revenues collected from premiums. OGB indicates that the costs associated with providing coverage for mobile crisis response and behavioral health crisis care may be absorbed within the existing fund balance reserve. As of January 31, 2026, the OGB fund balance was \$406 million.

Senate	<u>Dual Referral Rules</u>	House
<input checked="" type="checkbox"/> 13.5.1 >= \$100,000 Annual Fiscal Cost {S & H}		<input type="checkbox"/> 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}
<input type="checkbox"/> 13.5.2 >= \$500,000 Annual Tax or Fee Change {S & H}		<input type="checkbox"/> 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}

  
**Alan M. Boxberger**  
**Legislative Fiscal Officer**



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**CONTINUED EXPLANATION from page one:**

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**EXPENDITURE EXPLANATION CONTINUED FROM PAGE ONE**

Unless OGB Fund Balance is utilized, an SGF appropriation will be required to cover the state portion of the increase in premium costs. SGF currently makes up approximately 42% of premium collections. As of 1/31/26, OGB reports a \$406 M fund balance. The expenditure estimate is based upon requirements of the proposed law as well as the following assumptions: (1) No impact to expenditures in FY 27. (2) Coverage will become effective on 7/01/27 (FY 28). (3) As of 3/01/26, the current OGB member population in the five self-funded health plans is 167,973 (excluding Medicare primary members) and membership will remain constant. (4) Medicare-primary plan members are excluded from the calculations. (5) OGB will rely on the low-end and high-end PMPM cost estimates provided by Louisiana Blue. (6) In future fiscal years, a medical inflation factor of 2.2%, based on Consumer Price Index data for medical care in the Southern United States through the end of 2025.

Based on the aforementioned methodology, the PMPM cost estimates a range from a low of \$0.04 PMPM to a high of \$0.08 PMPM beginning in FY 28, and a medical inflation (MI) factor of 2.2% compounding annually. Below are expenditure calculations utilized to project the cost within OGB utilizing the assumptions listed above.

**Expenditure Calculations**

Expenditure Calculations = membership population x PMPM cost x 12 months

FY 28 (Low) = \$ 80,627 = 167,973 x \$0.04 x 12 months (\$33,636 SGF)

FY 28 (High) = \$161,254 = 167,973 x \$0.08 x 12 months (\$67,272 SGF)

FY 29 (Low) = \$ 82,401 = \$ 80,627 x 2.2% MI (\$34,376 SGF)

FY 29 (High) = \$164,802 = \$161,254 x 2.2% MI (\$68,752 SGF)

FY 30 (Low) = \$ 84,214 = \$ 82,401 x 2.2% MI (\$35,132 SGF)

FY 30 (High) = \$168,428 = \$164,802 x 2.2% MI (\$70,265 SGF)

FY 31 (Low) = \$ 86,067 = \$ 84,214 x 2.2% MI (\$35,905 SGF)

FY 31 (High) = \$172,133 = \$168,428 x 2.2% MI (\$71,811 SGF)

Note: Effective July 1, 2027, expenditures are anticipated to increase beginning in FY 28.

**Senate**  
Dual Referral Rules  
 13.5.1 >= \$100,000 Annual Fiscal Cost {S & H}  
 13.5.2 >= \$500,000 Annual Tax or Fee Change {S & H}

**House**  
 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}  
 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}

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