

SENATE RESOLUTION NO. 154

BY SENATOR MCMATH

A RESOLUTION

To urge and request the Louisiana Department of Health to study the adequacy of the in-home skilled nursing services market in Louisiana and to report its findings and recommendations to the Senate Committee on Health and Welfare.

WHEREAS, medically fragile children and adults, including those with tracheostomies, ventilator dependence, cerebral palsy, and other conditions requiring multiple hours of skilled nursing each day, depend on a stable network of in-home nursing providers to remain safely at home and out of institutional settings; and

WHEREAS, Louisiana home and community based services waiver waitlists for children and adults with complex medical needs have historically extended for many years, magnifying the dependence of medically fragile beneficiaries on in-home skilled nursing; and

WHEREAS, in-home skilled nursing services delivered on a continuous or extended-hour basis are clinically and operationally distinct from traditional intermittent home health services, with different workforce, staffing, and provider economics; and

WHEREAS, Title XIX of the Social Security Act and federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements obligate Louisiana Medicaid to arrange for medically necessary continuous skilled nursing services for eligible children under twenty-one years of age; and

WHEREAS, federal workforce projections anticipate a substantial registered nurse shortage in Louisiana over the coming decade, and sixty of the state's sixty-four parishes are designated Health Professional Shortage Areas, conditions that bear directly on the ability of in-home nursing providers to staff authorized hours of care; and

WHEREAS, when authorized hours of in-home nursing care cannot be staffed, beneficiaries are often served in higher-cost institutional or hospital settings, resulting in increased Medicaid expenditures and avoidable hardship for Louisiana families; and

WHEREAS, on May 13, 2026, the Centers for Medicare and Medicaid Services imposed a nationwide moratorium on new Medicare enrollments for home health agencies and hospices, including in Louisiana, narrowing the avenues by which new in-home provider capacity may enter the market; and

WHEREAS, the Centers for Medicare and Medicaid Services finalized the Ensuring Access to Medicaid Services rule in 2024, establishing new federal expectations for state Medicaid agencies regarding service delivery timeliness, unfilled authorized hours, and the adequacy of provider networks, and beginning in 2026, requiring states to report and publish state hourly Medicaid payment rates for specified in-home services on a basis comparable with other states; and

WHEREAS, any future adjustments to Louisiana's longstanding licensure framework for home health agencies should be informed by data, stakeholder input, and careful study.

THEREFORE, BE IT RESOLVED that the Senate of the Legislature of Louisiana does hereby urge and request the Louisiana Department of Health to study the adequacy of the market in Louisiana for in-home skilled nursing services provided to Medicaid beneficiaries, with particular attention to services provided on a continuous or extended-hour basis to medically fragile children and adults, and to identify any barriers to ensuring that authorized hours of medically necessary services are timely delivered.

BE IT FURTHER RESOLVED that the study shall examine:

(1) Current provider network capacity for continuous and extended-hour skilled nursing services, including geographic distribution and identification of parishes in which the number of enrolled and actively serving providers is insufficient to meet authorized service hours.

(2) The extent to which authorized hours of care are being filled and the workforce, operational, and regulatory factors contributing to any unfilled hours, including wage competition with hospitals and other settings, training pipeline capacity, and scope of practice considerations.

(3) Whether current state policies governing the licensure and enrollment of providers of continuous and extended-hour skilled nursing services are calibrated appropriately to the unique characteristics of those services, including a comparison of

Louisiana's framework with the frameworks used in other states and identification of any state-level exceptions or accommodations that have been adopted to maintain access to these services, and whether targeted adjustments, including consideration of whether continuous skilled nursing warrants treatment distinct from traditional home health for purposes of provider participation, would improve access without compromising patient safety or program integrity.

(4) The prior authorization criteria and utilization management practices used by Medicaid managed care organizations for continuous and extended-hour skilled nursing, including any reliance on commercial clinical guidelines, and the effect of those practices on the number of hours authorized relative to ordered hours of care.

(5) The methodology by which payment rates for continuous and extended-hour skilled nursing services are established under fee-for-service and incorporated into managed care capitation, the relationship between current rates and prevailing registered nurse and licensed practical nurse wage rates in Louisiana, and a comparison to rates in neighboring states.

(6) The number of Medicaid beneficiaries, including medically fragile children, who are receiving services in hospitals, long-term acute care, pediatric subacute, or nursing facility settings primarily because authorized in-home skilled nursing hours could not be staffed and an estimate of the associated Medicaid expenditures.

(7) The availability and capacity of Pediatric Day Health Care and other community-based service models that complement in-home skilled nursing for medically fragile children, including geographic distribution and unmet demand.

(8) The extent to which gaps in authorized hours are absorbed by family caregivers, including evidence of caregivers reducing or leaving paid employment to provide care, and the implications for family economic stability.

BE IT FURTHER RESOLVED that the Louisiana Department of Health shall consult with affected stakeholders, including beneficiaries and their families, in-home skilled nursing providers, home health agencies, managed care organizations, clinical professionals familiar with the care needs of the medically fragile population, the Louisiana State Board of Nursing, the bureau of family health, children's hospitals operating in Louisiana, pediatric

subspecialty societies including the Louisiana Chapter of the American Academy of Pediatrics, disability rights and family-support organizations including Families Helping Families regional centers, the Arc of Louisiana, and the Advocacy Center of Louisiana, long-term acute care hospital representatives, and the legislative auditor as appropriate.

BE IT FURTHER RESOLVED that the department shall use existing Medicaid claims, encounter data, electronic visit verification records, prior authorization data, and managed care organization network adequacy filings to the maximum extent practicable to minimize the administrative burden of the study.

BE IT FURTHER RESOLVED that the department shall provide a preliminary status update to the Senate Committee on Health and Welfare no later than October 1, 2026, describing the scope of work undertaken, the data sources accessed, and any interim observations.

BE IT FURTHER RESOLVED that the department's report shall include any recommendations for legislative or regulatory action the department considers appropriate, including whether targeted adjustments to provider participation requirements for continuous and extended-hour skilled nursing services would improve access while preserving patient safety and program integrity.

BE IT FURTHER RESOLVED that the department shall report its findings and recommendations to the Senate Committee on Health and Welfare no later than February 1, 2027.

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

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PRESIDENT OF THE SENATE