

2026 Regular Session

HOUSE CONCURRENT RESOLUTION NO. 120

BY REPRESENTATIVE LYONS

A CONCURRENT RESOLUTION

To create and establish the PACE Task Force to prioritize access, care, and education on GLP-1 medications by studying their clinical history, accessibility, and effect on insurance costs for insureds and insurers in this state and to report their written findings to the legislature.

WHEREAS, Glucagon-like peptide or GLP-1 receptor agonist medications introduced in 2005 for Type 2 diabetes, have rapidly evolved into revolutionary treatments for chronic weight management following a series of landmark United States Food and Drug Administration approvals; and

WHEREAS, this state played a pivotal role in the scientific foundation of these drugs, heavily contributing to the research and development of GLP-1s as groundbreaking obesity treatments; and

WHEREAS, following these advancements, this state experienced an explosion in demand, highlighted by a roughly eight thousand eight hundred percent increase in prescription requests within the state's Medicaid plans between July 2022 and January 2023; and

WHEREAS, GLP-1 drugs have largely replaced traditional diabetes medications, causing a massive price jump from roughly twenty dollars per month to over one thousand two hundred dollars per month, straining state-sponsored insurance plans and driving millions of dollars in unexpected costs; and

WHEREAS, despite explicitly prohibiting coverage for GLP-1s strictly indicated for obesity treatment, Louisiana still expends two hundred million dollars annually on these medications for diabetic members, while access for primary weight management remains heavily restricted due to a sixteen thousand dollar annual cost per patient; and

WHEREAS, currently, Louisiana Medicaid covers GLP-1 medications only if the patient has a qualifying body mass index and co-occurring conditions like type 2 diabetes exist; and

WHEREAS, newer oral (pill) forms of GLP-1 receptor agonist drugs are available for weight loss and type 2 diabetes management, eliminating the need for weekly injections; and

WHEREAS, oral (pill) forms of GLP-1 medications approved through 2025 offer a non-injectable alternative, yet they fail to offer cost savings as they are priced on par with injectables, continuing to drive up commercial health insurance premiums; and

WHEREAS, to manage these extreme pharmacy benefit expenditures, public and private insurers in 2026 are scaling back benefits, implementing strict utilization management, such as prior authorizations and step-therapy rules, or terminating weight-loss coverage entirely, leaving millions without access; and

WHEREAS, while the Centers for Medicare & Medicaid Services (CMS) has introduced temporary bridge demonstrations offering select products at a fifty-dollar monthly copay for eligible beneficiaries, broader structural coverage solutions are urgently needed; and

WHEREAS, Louisiana must conduct a comprehensive evaluation of GLP-1 utilization and actuarial dynamics to develop sustainable solutions that expand necessary healthcare access while protecting the fiscal health of the state and its citizens.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby create and establish the PACE Task Force to study the history, accessibility, and insurance costs of GLP-1 medications and to propose specific recommendations for legislation.

BE IT FURTHER RESOLVED that the legislature recommends that the PACE Task Force, in its consideration, include but not be limited to the following topics:

(1) Whether GLP-1 medication pricing should differ for diabetes versus weight loss indications.

(2) Whether plans covering GLP-1 medications attract higher-risk enrollees.

(3) Whether strict approval policies reduce insurer spending or shift costs elsewhere.

(4) Whether, and to what extent, employers restrict GLP-1 coverage to control premium growth.

(5) Whether lower-income or uninsured populations disproportionately are excluded due to costs.

(6) Causes why an insured or enrollee may discontinue GLP-1 medications after only months of treatment.

(7) Actuarial projection models showing long-term net savings of GLP-1 coverage over two, five, and ten years.

(8) Which form of GLP-1 medication is more cost-effective?

BE IT FURTHER RESOLVED that the task force shall consist of the following members:

(1) The commissioner of insurance or his designee.

(2) The chief executive officer of the Louisiana Association of Health Plans or his designee.

(3) The secretary of the Louisiana Department of Health or his designee.

(4) The chair of the Louisiana Board of Pharmacy or his designee.

(5) One representative that is a licensed healthcare provider who specializes in endocrinology and obesity from a list of nominees submitted by Our Lady of the Lake, Baton Rouge Clinic, or Woman's Metabolic Center appointed by the speaker of the House of Representatives.

BE IT FURTHER RESOLVED that the task force shall be staffed by the Louisiana Department of Insurance.

BE IT FURTHER RESOLVED that each designating authority shall submit the names of designees to the task force to the Louisiana Department of Insurance no later than August 1, 2026.

BE IT FURTHER RESOLVED that the task force shall convene its first meeting no later than September 1, 2026.

BE IT FURTHER RESOLVED that the members of the task force shall serve without compensation, except per diem or expenses reimbursement to which they may be individually entitled as members of their constituent organizations.

BE IT FURTHER RESOLVED that the task force shall submit a written report detailing its findings to the House and Senate committees on insurance no later than February 12, 2027.

BE IT FURTHER RESOLVED that any written recommendations or proposals shall also be submitted to the David R. Poynter Legislative Research Library as required by R.S. 24:771 and 772.

BE IT FURTHER RESOLVED that the PACE Task Force shall terminate following the conclusion of its business or by February 12, 2027, whichever occurs first.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the commissioner of the Louisiana Department of Insurance, the president of the Louisiana Association of Health Plans, the secretary of the Louisiana Department of Health, and the chair of the Louisiana Board of Pharmacy.

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

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PRESIDENT OF THE SENATE