
DIGEST

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Dixon

HB No. 261

Abstract: Creates the La. Health Care Independence Program as a means by which to implement the expansion of Medicaid eligibility as provided in federal law.

Proposed law creates the La. Health Care Independence Program, referred to hereafter as the "program", as a means by which to implement the expansion of Medicaid eligibility standards as provided in the Patient Protection and Affordable Care Act. Provides that the program shall be comprised of all of the following components and functions and subject to conditions as follows:

- (1) On or before Sept. 1, 2014, DHH shall submit and apply for federal waivers and state plan amendments as are necessary to implement the program in a manner consistent with proposed law, including without limitation approval for a comprehensive waiver under Section 1115 of the Social Security Act.
- (2) As a condition for program implementation, DHH shall confirm that employers will not be subject to any penalty provided in federal law concerning shared responsibility for employees who are Medicaid-eligible if the employees are enrolled in the program and enroll in a qualified health plan through the federal health insurance marketplace.
- (3) The program shall include premium assistance for eligible individuals to enable their enrollment in a qualified health plan through the federal health insurance marketplace.
- (4) DHH is authorized to pay premiums and supplemental cost-sharing subsidies directly to the federally qualified health plans for enrolled eligible individuals.
- (5) DHH is required to pursue strategies that promote insurance coverage of children in their parents' or caregivers' plan, including children eligible for the La. Children's Health Insurance Program (LaCHIP), and to conduct outreach and provide information on coverage options to Medicaid enrollees whose needs would be reduced or better served through participation in the federal health insurance marketplace.
- (6) The program shall terminate within 120 days after a reduction in any enhanced federal medical assistance percentages established pursuant to federal law for services to newly eligible individuals.
- (7) Program enrollees shall affirmatively acknowledge that the program is not a perpetual federal or state right or a guarantee of assistance, is subject to cancellation with notice,

and is not an entitlement program.

- (8) DHH shall seek from the Centers for Medicare and Medicaid Services all necessary waivers and approvals in order to allow non-aged, non-disabled program-eligible participants to utilize a system of accounts to be known as "independence accounts" that operate in a manner similar to health savings accounts or medical savings accounts commencing in calendar year 2016.
- (9) DHH is required to report to the Joint Legislative Committee on the Budget on a quarterly basis, and within two weeks of the end of each quarter, information regarding program enrollment, patient experience, economic impact, carrier competition, and success in avoiding uncompensated care.

Proposed law requires DHH to take the following actions to provide for implementation of the program and managing program operations:

- (1) Promulgate all rules necessary to implement the program in accordance with the APA.
- (2) Project, track, and report state obligations for uncompensated care in order to identify potential incremental future decreases.
- (3) Recommend to the legislature adjustments in program funding as it deems appropriate.

Proposed law terminates and becomes null and void on and after July 1, 2018.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 46:979.11-979.15)