| Ł | LEGISLATIVE FISCA Fiscal Note | | | | | | | | | | | | | |
|--|-------------------------------------|-----------------|-----------|--------|------|-----|--|--|--|--|--|--|--|--|
| Louigana | | Fiscal Note On: | SB 20 | 04 SLS | 20RS | 512 | | | | | | | | |
| Legislative Bill Text Version: ENGROSSED | | | | | | | | | | | | | | |
| FiscaliaDffice | Opp. Chamb. Action: w/ SEN COMM AMD | | | | | | | | | | | | | |
| | Proposed Amd.: Sub. Bill For.: | | | | | | | | | | | | | |
| 7465171821194855 | | | | | | | | | | | | | | |
| Date: May 28, 2020 | 6:00 PM | Aut | thor: TAL | BOT | | | | | | | | | | |
| Dept. / Agy.: LA Dept. of Insura | nce/Office of Group Benefits | | | | | | | | | | | | | |

| Dept./Agy.: LA Dept. of Insurance | | |
|--|-----------------------------|--------|
| Subject: Provides Coverage for | Analyst: Zachary Rau | |
| INSURANCE POLICIES | EG1 INCREASE GF EX See Note | Page 1 |

Provides for health insurance coverage of cancer treatments. (gov sig)

<u>Proposed law</u> requires health coverage plans delivered in Louisiana to cover medically necessary drugs approved by the Food and Drug Administration and prescribed by a physician for the treatment of a specific mutation of a patient's cancer on the sole basis that the drugs are not indicated for the location in the body of the patient's cancer. <u>Proposed law</u> retains present law relative to insurance coverage for Phase II-IV clinical trials for cancer, and further adds insurance coverage for Phase I clinical trials. Proposed law clarifies that it does not require health insurers to provide coverage for non-health care services, managing research data, and investigational drugs, devices, items, or services associated with a Phase I clinical trial. Effective upon signature of the governor. <u>Proposed law</u> further requires coverage of an initial treatment period of not less than three months for the medically necessary drugs, and requires insurers to continue coverage if the treating physician certifies they are necessary for the patient's treatment. Effective January 1, 2021.

of 2

| EXPENDITURES | <u>2020-21</u> | <u>2021-22</u> | <u>2022-23</u> | <u>2023-24</u> | <u>2024-25</u> | <u>5 -YEAR TOTAL</u> |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------------|
| State Gen. Fd. | INCREASE | INCREASE | INCREASE | INCREASE | INCREASE | |
| Agy. Self-Gen. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Ded./Other | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Federal Funds | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Local Funds | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> |
| Annual Total | | | | | | |
| REVENUES | 2020-21 | <u>2021-22</u> | 2022-23 | <u>2023-24</u> | <u>2024-25</u> | <u>5 -YEAR TOTAL</u> |
| State Gen. Fd. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Agy. Self-Gen. | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Ded./Other | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Federal Funds | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Local Funds | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> |
| Annual Total | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

EXPENDITURE EXPLANATION

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Proposed law may increase State General Fund expenditures associated with a mandate to health insurance policies issued under the insurance exchanges by an estimated \$24,000-\$48,000 beginning in FY 21 with a phase-up of costs to \$29,200 - \$58,400 (see narratives below). Furthermore, LDI reports that proposed law may increase claims expenditures for the health insurance industry by an estimated \$156,000-\$312,000 and premiums by an estimated \$184,000-\$367,000 in FY 21 (see narrative on Page 2).

Note: Staff at the Office of Group Benefits (OGB) report that the proposed legislation will have no impact on their expenditures because of the exclusions on coverage for certain services associated with Phase I clinical trials. Furthermore, OGB's third party administrator, Blue Cross Blue Shield of Louisiana (BCBSLA) already has policies in place complying with the proposed measure's provisions regarding the utilization of medically-necessary drugs for body parts other than those the drug is indicate for use.

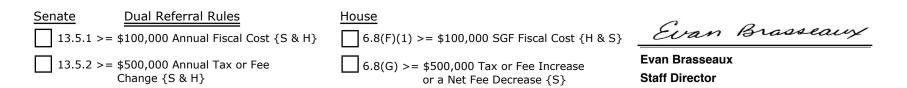
Insurance Exchanges Impact (State General Fund Impact)

Proposed law may increase SGF expenditures for the state beginning in FY 21 and in subsequent fiscal years according to an analysis provided by the LA Dept. of Insurance. The state would be required to fund health claims expenditures associated with coverage in proposed law for policies issued by qualified health plans through the health insurance exchange beginning in FY 21 with estimated costs totaling \$12,000 to \$24,000 SGF and a potential phase-up of costs to approximately \$29,200 - \$58,400 SGF by FY 25. Claims expenses associated with proposed law would be paid out by the LA Dept. of Treasury. LDI bases this analysis on the following assumptions: the calculations apply on a fiscal year basis; an exchange population of 100,000; a stationary insured population; a PMPM totaling \$0.02-\$0.04; coverage being for FY 21 (proposed measure is effective upon signature of the governor); medical cost inflation of 5% annually; Blue Cross Blue Shield of LA (BCBSLA) stating no impact on their expenses to LDI, and the expenditure representing the cost increase for all other insurers. Based upon the aforementioned assumptions, the estimated annual cost increases for insurance providers associated with claims are as follows:

| FY | 21 | - | \$12,000 | (100K | members | s * \$0.0 | 2 PMPM | l * 6 r | nonths) | - \$24 | ,000 | (100K | member | s * \$0 | .04 | PMPM | * 6 | mont | hs) |
|----|----|---|----------|---------|---------|-----------|--------|---------|---------|--------|-------|-------|--------|---------|-----|------|------|--------|-----|
| FY | 22 | - | \$25,200 | (100K | members | s * \$0.0 | 2 PMPM | l * 12 | * 1.05) | - \$50 |),400 | (100K | member | s * \$0 | .04 | PMPM | * 12 | 2 * 1. | 05) |
| FY | 23 | - | \$26,500 | - \$53, | 000 | | | | | | | | | | | | | | |
| FY | 24 | - | \$27,800 | - \$55, | 600 | | | | | | | | | | | | | | |
| FY | 25 | - | \$29,200 | - \$58, | 400 | | | | | | | | | | | | | | |

REVENUE EXPLANATION

There is no anticipated direct material effect on governmental revenues as a result of this measure.



LEGISLATIVE FISCAL OFFICE **Fiscal Note** 204 SLS 20RS Fiscal Note On: SB 512 Bill Text Version: ENGROSSED Opp. Chamb. Action: w/ SEN COMM AMD Proposed Amd .: Sub. Bill For.: 6:00 PM Date: May 28, 2020 Author: TALBOT Dept./Agy.: LA Dept. of Insurance/Office of Group Benefits Analyst: Zachary Rau Subject: Provides Coverage for Certain Cancer Drugs

CONTINUED EXPLANATION from page one:

Private Insurance Impact

Pursuant to LA R.S. 24:603.1, the following is the projected private insurance impact of the proposed legislation. Based upon an actuarial analysis prepared by LDI, proposed law is anticipated to increase expenditures associated with claims (\$78,000-\$156,000) and premium increases (\$184,000-\$367,000) for private insurers and the insured in FY 21 with a phase-up to an estimated \$190,000 - \$379,000 (claims) and \$223,000 - \$446,000 (premiums) by FY 25. LDI bases this analysis on the following assumptions: the calculations apply on a fiscal year basis; an insured population of 650,000; a stationary insured population; a PMPM totaling \$0.02-\$0.04; coverage being in effect for half of FY 21; medical cost inflation of 5% annually; a premium loss ratio of 85%; Blue Cross Blue Shield of LA (BCBSLA) stating no impact on their expenses to LDI, and the high-end expenditure representing the cost increase for all other insurers. Based upon the aforementioned assumptions, the estimated annual cost increases for insurance providers associated with claims are as follows (numbers have been rounded for clarity):

2

Page 2 of

FY 21 - \$78,000 (650K members * \$0.02 PMPM * 6 months) - \$156,000 (650K members * \$0.04 PMPM * 6 months) FY 22 - \$163,800 (650K members * \$0.02 PMPM * 12 * 1.05) - \$327,600 (650K members * \$0.04 PMPM * 12 * 1.05) FY 23 - \$172,000 - \$344,000 FY 24 - \$181,000 - \$361,000

FY 25 - \$190,000 - \$379,000

Based upon the aforementioned assumptions, the estimated annual cost increases for the insured associated with premiums are as follows:

FY 21 - \$91,700 (650K members*\$0.02 PMPM* 6 */.85 LR) - \$183,500 (650K members*\$0.04 PMPM* 6 /.85 LR)

FY 22 - \$193,000 (650K members*\$0.02 PMPM*12*1.05 /.85 LR) - \$385,000 (650K members*\$0.04 PMPM*12 *1.05 /.85 LR)

FY 23 - \$202,000 - \$405,000

FY 24 - \$212,000 - \$425,000

FY 25 - \$223,000 - \$447,000

