The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Julie J. Baxter.

## DIGEST

Nevers (SB 107)

Proposed law provides for the Louisiana Health Care Independence Act.

<u>Proposed law</u> directs the Department of Health and Hospitals to create and administer the Louisiana Health Care Independence Program within the department.

<u>Proposed law</u> provides for definitions of certain terms relating to the Louisiana Health Care Independence Program.

<u>Proposed law</u> provides for legislative findings declaring that participation in the expansion of Medicaid eligibility or the creation of some alternative health insurance program as provided by the Department of Health and Hospitals so that the state may maximize access to health care for Louisiana residents whose income is at or below 138% of the federal poverty level is in the best interest of Louisiana.

<u>Proposed law</u> provides that the purposes of the state in maximizing the efficient use of federal funds to provide access to health care for Louisiana residents whose income is at or below 138% of the federal poverty level as required by <u>proposed law</u> are as follows:

- (1) To maximize the number of Louisianians who are covered by some form of health insurance.
- (2) To provide basic health insurance coverage to the citizens of Louisiana whose income is at or below 138% of the federal poverty level.
- (3) To assure health care providers who serve low to moderate income persons of some amount of compensation for the care they provide.

<u>Proposed law</u> provides that the Department of Health and Hospitals shall promulgate rules to implement <u>proposed law</u> in accordance with the Administrative Procedure Act.

<u>Proposed law</u> provides that the Department of Health and Hospitals shall on or before September 1, 2014, submit and apply for all of the following:

- (1) Federal waivers necessary to implement the program in a manner consistent with <u>proposed law</u>, including without limitation approval for a comprehensive waiver under Section 1115 of the Social Security Act, 42 U.S.C. 1315.
- (2) Medicaid state plan amendments necessary to implement the program in a manner

consistent with proposed law.

<u>Proposed law</u> provides implementation of the program shall be conditioned upon the receipt of necessary federal approvals.

<u>Proposed law</u> provides the program may include premium assistance for eligible individuals to enable their enrollment in a qualified health plan through the federal health insurance marketplace.

<u>Proposed law</u> provides the department shall be specifically authorized to pay supplemental costsharing subsidies directly to qualified health plans for enrolled eligible individuals.

<u>Proposed law</u> directs the department to pursue strategies that promote insurance coverage of children in their parents' or caregivers' plan, including children eligible for the LaCHIP.

<u>Proposed law</u> directs the department to provide every Louisiana citizen whose income is at or below 138% of the federal poverty level Medicaid coverage or access to health insurance with essential health benefits as provided by federal law.

<u>Proposed law</u> further directs the department to develop and implement a strategy to inform Medicaid recipient populations whose needs would be reduced or better served through participation in the federal health insurance marketplace.

<u>Proposed law</u> provides the program shall terminate within 120 days after a reduction in any of the following federal medical assistance percentages:

- (1) 100% in 2015 or 2016.
- (2) 95% in 2017.
- (3) 94% in 2018.
- (4) 93% in 2019.
- (5) 90% in 2020 or any year after 2020.

<u>Proposed law</u> provides an eligible individual enrolled in the program shall affirmatively acknowledge the existence of all the following facts:

- (1) The program shall not be a perpetual federal or state right or a guaranteed entitlement.
- (2) The program shall be subject to cancellation upon appropriate notice.
- (3) The program shall not be an entitlement program.

<u>Proposed law</u> provides the state may implement cost sharing and co-pays, as a condition of participation, for program participants whose earnings shall exceed 50% of the applicable federal poverty level.

<u>Proposed law</u> provides that the department shall recommend appropriate adjustments in funding to the legislature. <u>Proposed law</u> further provides that adjustments shall be made by the legislature as appropriate.

<u>Proposed law</u> provides that on a quarterly basis, the department shall report to the Joint Legislative Committee on the Budget, within two weeks of the end of each quarter, information regarding the following aspects of the program:

- (1) Program enrollment.
- (2) Patient experience.
- (3) Economic impact including enrollment distribution.
- (4) Carrier competition.
- (5) Success in avoiding uncompensated care.

<u>Proposed law</u> requires that on or before July 1, 2015, and annually thereafter, the secretary of DHH shall provide to the legislative committees on health and welfare and the governor a written report covering the most recent one-year period which includes at minimum all of the following items:

- (1) Evaluation of major barriers to access to health care by Medicaid enrollees of this state and participants in the Louisiana Health Care Independence Program, and recommendations for policy changes to eliminate such barriers.
- (2) Summary of successful initiatives in Louisiana for disease prevention and early diagnosis and management of chronic conditions among Medicaid enrollees of this state and participants in the program.
- (3) Such other information as the secretary deems appropriate to convey a clear and sufficiently complete assessment of the impact of the program.

<u>Proposed law</u> requires the Department of Health and Hospitals to make such report publicly available on its website.

<u>Proposed law</u> provides that when federal funding is no longer available to fund 90% of the total cost of operating the program, the legislature shall have the authority to decide whether to continue the program.

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

(Adds R.S. 46:979.1-979.6)