

LOUISIANA HEALTH CARE COMMISSION

Louisiana Department of Insurance
Commissioner of Insurance James J. Donelon



Report to the Legislature

January 1, 2018 to December 31, 2018

LOUISIANA DEPARTMENT OF INSURANCE

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HISTORY OF THE LOUISIANA HEALTH CARE COMMISSION

The Louisiana Health Care Commission was created in 1992 (La. R.S. 22:2161). The Louisiana Health Care Commission is a 47 member multi-disciplined advisory board which undertakes comprehensive review of complex health care issues facing Louisiana. The commission examines certain health policy developed by the Louisiana Department of Insurance as well as other issues addressing reform of the health care and health insurance systems in Louisiana. The commission's intent is to examine the affordability and accessibility of health care in the state of Louisiana.

Through public meetings and forums, the commission receives testimony, reports and informational presentations from regional and national experts about the availability and affordability of health care and health insurance coverage in the state. The commission openly solicits, encourages and receives public comment at all meetings. The commission coordinates its efforts with other study commissions, state agencies and executive initiatives.

MEMBERSHIP OF THE LOUISIANA HEALTH CARE COMMISSION

The Louisiana Health Care Commission is composed of a great variety of health care experts and stakeholders, including health care payers, providers, employer organizations and community leaders. Members are also nominated from the governing boards of Louisiana's colleges and universities, and the Senate and House Insurance Committees; as well as at-large appointments designated by the commissioner of insurance.

Since its inception in 1992, the Louisiana Health Care Commission has included as many as 50 members.

During the 1995 Regular Session of the Louisiana Legislature, Act 594 revised and re-enacted the authorizing legislation to expand the commission to 39 members and extend its work until June 30, 1999. During the 1997 Regular Session of the Louisiana Legislature, Act 869 increased the membership of the commission to 44 members. During the 1999 Regular Session of the Louisiana Legislature, Act 446 was passed, which further increased the number of commission members and transferred the Louisiana Health Care Commission to the Louisiana Department of Insurance by La. R.S. 36:686(B).

During the 2004 Regular Session of the Louisiana Legislature, Act 495 amended La. R.S. 22:9 removing one dissolved organization and adding six new organizations to the commission, expanding the membership to 50 members. The 2012 Regular Session of the Louisiana Legislature brought Act 271 which amended La. R.S. 22:2161 removing four dissolved organizations, reducing the membership to 46 members.

During the 2014 Regular Legislative Session, Act 90 amended La. R.S. 22:2161, removing one dissolved organization, changing the names of two organizations and adding two others. The current membership of the Louisiana Health Care Commission is 47.

LOUISIANA HEALTH CARE COMMISSION MEMBER LIST

The following is a list of Louisiana Health Care Commission members, along with the organizations they represent, as of December 31, 2018.

Mr. Jeff Albright

Independent Insurance Agents & Brokers of Louisiana

Lauren Bailey, JD

Louisiana State Medical Society

Rick Born, CEO

Louisiana Association of Health Plans

Ms. Katie Brittain, PT, DPT

Louisiana Physical Therapy Association

Ms. Diane Davidson

Louisiana Business Group on Health

Rachel Durel, DDS

Louisiana Dental Association

William L. Ferguson, PhD, CLU, CPCU, ARM

University of Louisiana at Lafayette

(A list of nominees submitted by the governing boards of state colleges and universities and by a dean from the business schools represented by the Louisiana Association of Independent Colleges and Universities)

John F. Fraiche, MD

At-Large Appointment

Ms. Lisa Gardner

Louisiana Nursing Home Association

Mr. Arnold M. Goldberg

At-Large Appointment

Faye Grimsley, PhD, CIH

(Xavier University of Louisiana

A list of nominees submitted by the governing boards of state colleges and universities and by a dean from the business schools represented by the Louisiana Association of Independent Colleges and Universities)

Ms. Linda P. Hawkins

League of Women Voters of Louisiana

Marlon D. Henderson, DDS

National Dental Association

The Honorable Mike Huval

Louisiana House Insurance Committee

Mr. Randal Johnson

Louisiana Independent Pharmacies Association

Ms. Jennifer Katzman

Louisiana Department of Health & Hospitals

Jesse Lambert, PsyD

Louisiana Psychological Association

Eva Lamendola, OD

Optometry Association of Louisiana

Mr. Darrell Langlois

Blue Cross Blue Shield of Louisiana
(A domestic mutual, non profit health service and indemnity company)

Mr. Jesse McCormick

America's Health Insurance Plans

MEMBER LIST

Ms. Jennifer McMahon

Louisiana Hospital Association

Ms. Barbara Morvant

AARP, the nominee of which shall be a volunteer representative

Mr. Andrew Muhl

AARP Louisiana

B. Ronnell Nolan, HIA, CHRS

Health Agents for America, Inc.

Mr. Frank Opelka

Ex-Officio, Designee

Mr. John Overton

National Federation of Independent Businesses

Mr. Ed Parker

Louisiana AFL-CIO

Ms. Stephanie Phillips

Association of Health Underwriters

Mr. Clay Pinson

Louisiana Association of Business and Industry

Dr. Anthony Recasner

Agenda for Children

Patrick Reed, RN, DNP, MSN, MBA, MSHCM

Louisiana State Nurses Association

Ms. Debra Rushing

eQHealth Solutions

(Louisiana's Medicare Peer Review Organization as designated by the Health Care Financing Administration)

James C. "Butch" Sonnier, BS, DC

Chiropractic Association of Louisiana

Ms. Elizabeth Sumrall

Louisiana State University

(A list of nominees submitted by the governing boards of state colleges and universities and by a dean from the business schools represented by the Louisiana Association of Independent Colleges and Universities)

Ms. Judy Wagner

At-Large Appointment

The Honorable Rick Ward, III

Louisiana State Senate, Senate Committee on Insurance

Mr. Scott Webre

Louisiana Association for Justice

Ms. Shondra Williams

Louisiana Primary Care Association

Ms. LaCosta Wix

UnitedHealthcare

(A domestic commercial health insurance issuer)

STAFF:

Ms. Crystal Marchand Stutes, Executive Director

Ms. Julie M. Freeman, Assistant Director

BYLAWS OF THE LOUISIANA HEALTH CARE COMMISSION

ARTICLE ONE

NAME

The name of this commission shall be the Louisiana Health Care Commission, created under the provisions of R.S. 22:2161, as created by Act 1068, Section 1 of the 1992 Legislative Session, and as subsequently amended from time to time. The commission shall be domiciled in Baton Rouge.

ARTICLE TWO

PURPOSE

A. The purpose of this commission is to:

- 1) Study the availability and affordability of health care in the state;
- 2) Examine the rising costs of health care in the state, including but not limited to the cost of administrative duplication, the costs associated with excess capacity and duplication of medical services, the cost of medical malpractice and liability;
- 3) Examine the adequacy of consumer protections, as well as the formation and implementation of insurance pools that better assure citizens the ability to obtain health insurance at affordable costs and encourage employers to obtain health care benefits for their employees by increased bargaining power and economies of scale for better coverage and benefit options at reduced costs;
- 4) Examine the implementation issues related to national health care reform initiatives;
- 5) Conduct public hearings to receive testimony about the availability and affordability of health care in the state;
- 6) Receive further information and testimony from regional and national experts, when necessary, on health care access issues;
- 7) Serve as an advisory body to the commissioner and shall submit to the commissioner its recommendations on all matters which it is charged to examine;
- 8) Submit a yearly report on health care and health insurance, which takes into consideration the recommendations, actions and studies of the commission, to the legislature prior to each annual regular session.

BYLAWS

ARTICLE THREE MEMBERS

A. Membership of the commission shall be comprised as follows:

- 1) Three members appointed from a list of nominees submitted by the governing boards of state colleges and universities and by a dean from the business schools represented by the Louisiana Association of Independent Colleges and Universities;
- 2) One member of the Senate Committee on Insurance appointed by the President of the Senate as an ex officio, nonvoting member;
- 3) One member of the House Committee on Insurance appointed by the Speaker of the House of Representatives as an ex officio, nonvoting member;
- 4) One member appointed by the secretary of the Department of Health and Hospitals;
- 5) Five at-large members appointed by the commissioner of insurance;
- 6) The commissioner of insurance or his designee, shall serve as ex officio;
- 7) The remaining members shall be appointed by the commissioner of insurance from a list of nominees, one nominee to be submitted by each of the following:
 - (1) The Louisiana Insurers' Conference.
 - (2) Louisiana Association of Health Plans.
 - (3) America's Health Insurance Plans.
 - (4) A domestic mutual, nonprofit health service and indemnity company.
 - (5) Louisiana State Medical Society.
 - (6) Louisiana Association for Justice.
 - (7) Health Agents for America.
 - (8) Agenda for Children.
 - (9) Independent Insurance Agents & Brokers of Louisiana.
 - (10) AARP Louisiana.
 - (11) The National Federation of Independent Businesses.
 - (12) Repealed by Acts 2012, No. 271, §2.
 - (13) Louisiana Independent Pharmacies Association.
 - (14) AARP, the nominee of which shall be a volunteer representative.
 - (15) Louisiana Association of Business and Industry.
 - (16) Louisiana Health Plan.
 - (17) NAIFA Louisiana.

BYLAWS

- (18) League of Women Voters.
- (19) Louisiana Hospital Association.
- (20) Louisiana Primary Care Association.
- (21) Repealed by Acts 2014, No. 90, §2.
- (22) A domestic commercial health insurance issuer.
- (23) Chiropractic Association of Louisiana.
- (24) Louisiana AFL-CIO.
- (25) Louisiana Physical Therapy Association.
- (26) Louisiana State Nurses Association.
- (27) Louisiana Dental Association.
- (28) Louisiana Nursing Home Association.
- (29) Louisiana's Medicare Peer Review Organization as designated by the Health Care Financing Administration.
- (30) Louisiana Business Group on Health.
- (31) Louisiana Association of Health Underwriters.
- (32) Louisiana Psychological Association.
- (33) Optometry Association of Louisiana.
- (34) Repealed by Acts 2012, No. 271, §2.
- (35) National Medical Association.
- (36) National Association for the Advancement of Colored People.
- (37) Repealed by Acts 2012, No. 271, §2.
- (38) Louisiana Council on Human Relations.
- (39) National Dental Association.

B. All members shall be confirmed by the Senate.

C. The members of the commission shall serve without compensation.

D. The members shall serve for a term of two years.

E. Vacancies

- 1) Vacancies in the offices of the members shall be filled in the same manner as the original appointments for the unexpired portion of the term of the office vacated.
- 2) Any member who misses four (4) meetings in any given year or three (3) consecutive meetings shall be considered vacating that seat.
- 3) Vacancy may be declared upon the resignation, death, incapacity, or non-qualification of a member.

BYLAWS

ARTICLE FOUR OFFICERS

- A. The commissioner of insurance shall appoint a chairman and vice-chairman.
- B. Term of office for chairman and vice-chairman is two years.

ARTICLE FIVE EXECUTIVE COMMITTEE

- A. The function of the Executive Committee is to exercise the powers of the commission which arise between regularly scheduled commission meetings or when it is not practical or feasible for the commission to meet.
- B. The committee will consist of the commission chair, the vice-chair and three commissioners representing the following groups: provider, insurer and consumer. Except for the chair and vice-chair, members will serve two year staggered terms. Members will be selected by the chair.
- C. The committee shall meet as necessary. A majority of the members shall constitute a quorum.
- D. Key Responsibilities
 - 1) Setting the agenda for commission meetings.
 - 2) Strategic Planning.
 - 3) Performance Measures.
 - 4) Proposing subcommittee assignments (including proposed Chairs) to the commission and coordination of the work of the subcommittees.
 - 5) Any emergency planning or implementation between regularly scheduled meetings.

BYLAWS

ARTICLE SIX MEETINGS

- A. A quorum for the transaction of business by the commission shall be 40 percent of the filled seats, excluding the ex-officio members.
- B. All official actions of the commission shall require the affirmative vote of a majority of the quorum.
- C. The commission shall meet twice in any one calendar year and may meet on the call of the chairman or upon the request of any three members.

ARTICLE SEVEN COMMITTEES

The commission may establish committees, in such areas as may be directed by its membership. The chairman shall appoint the members of such committees and shall designate the chairman of each such committee. The duties and responsibilities of the committee will be determined by the commission membership. Each appointed committee shall make reports as the committee may deem appropriate.

ARTICLE EIGHT PARLIAMENTARY AUTHORITY

A reasonably current version of Robert's Rules of Order, Newly Revised shall be the parliamentary authority for this commission.

ARTICLE NINE AMENDMENT

These bylaws may be amended at any meeting of the membership. Amendments shall be made by a quorum of the membership at such meeting, PROVIDED proper notice is given to the members, together with a copy of the proposed changes, prior to the meeting. These bylaws may be further amended at any time in which the provisions of R.S. 22:2161 are amended.

ARTICLE TEN NOTICE

All notices relative to this commission are posted pursuant to the Open Meetings Law.

MEETINGS OF THE LOUISIANA HEALTH CARE COMMISSION

March 23, 2018

The Louisiana Health Care Commission held its first meeting of the year on March 23, 2018. Following the introduction of new commission members, the legislative specialist for the Louisiana Department of Insurance presented the Louisiana Department of Insurance's 2018 Legislative Package:

- HB 206 – Provides for the admission of convicted felons in the insurance business in certain circumstances at the discretion of the commissioner of insurance to grant or deny the waiver, authorizing the employment of those convicted for a felony offense, under certain circumstances, pursuant to 18 U.S.C. 1033.
- HB 227 – Provides for the reapplication of a producer's license subject to revocation. Currently, whenever the LDI revokes a license reapplied for within one year, unless the licensee appeals the revocation to the Department of Labor and loses, one would have to wait five years. This bill would remove that five-year waiting period and allow for re-application within one year.
- HB 244 – Provides for the commissioner to co-regulate Medicaid Managed Care Organizations with the Louisiana Department of Health.
- HB 246 – Provides for the reinsurance of the individual insurance market, allowing the state to apply for a state innovation waiver to establish a state-based reinsurance program giving the commissioner the authority to establish a commission and regulate the program.
- HB 247 – Seeks to provide for the expansion of the Surplus Lines market to include accident and health insurance, offering Louisiana residents the option to obtain coverage such as excess disability and legally provide accident and health coverage without the necessity for authorizing legislation for specific lines of insurance.
- HB 267- Seeks to prohibit a convicted felon from receiving profits from agency ownerships.
- HB 330- Removes bail bond producers from pre-licensing requirements.
- HB 363 – Clarifies that any person who holds one or more of the positions of member, partner or office directly or who controls directly or indirectly ten percent or more of the business shall register under the business entity's license.
- HB 366 – Removes the requirement that the board of directors of nonprofit funeral services associations must be members in good standing.

MEETINGS

- HB 436 – Provides for the regulation of PBMs. This bill prohibits gag clauses in PBM and pharmacy contracts. It increases transparency in how PBMs create the maximum allowable cost and requires PBMs to notify similarly situated pharmacies of successful appeals.
- HB 451 - Clarifies that the commissioner may refuse, suspend or revoke the certificate of authority of a foreign or alien insurer who fails to maintain a claims office for processing workers' comp insurance claims in this state or retain the services of licensed workers' comp claims adjusters domiciled in this state.
- HB 472 - This bill would fully implement a state-based reinsurance program, which would be funded almost entirely by federal pass-through (or match) funding; Issuers in the individual market would be eligible for reinsurance payments for high cost enrollees under the reinsurance program; The state-supplied portion of the funding would come from a per member/per month assessment on all covered lives in the state (fully-insured, self-insured, MEWA, etc.) The actuarial projections demonstrate that rates in the individual market could be reduced between 10-20% in the first year of the reinsurance program.
- HB 551 - Adopts recent changes to the NAIC Life and Health Insurance Guaranty Association Model Act relative to long-term care (LTC) insurance; includes HMOs as member insurers; permits LLHIGA to file for actuarially justified rate or premium increases; allocates assessments for LTC equally between the life and health accounts; makes technical and conforming changes throughout the law.
- HB 607 – Provides that appeals of examinations reports go the Nineteenth Judicial District Court; filing an appeal pursuant to this section shall stay the application of any rule, regulation, order or other action of the commissioner unless the court determines that a stay would be detrimental to the interest of policyholders, shareholders, creditors or the public.
- HB 608 - Allows the commissioner to examine or investigate any person regulated, licensed or registered with the department to determine compliance with the code.
- HB 609 - Defines that a “large deductible policy” is \$100,000 or more; establishes the rights of the receiver or the guaranty association to pursue the collateral posted by the insured; limits the defenses available to the insured who is being pursued for the collateral.
- HB 615 – Provides that the commissioner shall provide the division of administrative law judge with a copy of a demand for a hearing by the aggrieved party within five days of receipt of the original.
- HB 641 – Permits an administrative deactivation of a business entity license when the responsible producer ceases to be licensed and permits the reactivation of the business entity license once the non-compliance is remedied.

MEETINGS

- HB 642 - Sets out the requirements for the bail bonds apprenticeship program and the supervising producer to notify the LDI of any changes of information. It requires the apprenticeship program to terminate after six months. The producer would have three (3) days to send the information for the apprenticeship termination program.
- HB 644 – Relates to the licensing of third-party administrators. The purpose of this bill is to ensure that the commissioner can deny a TPA license for the same reasons he would suspend or revoke a license, typically for misleading or false information. The same standards would be used for suspending or revoking a license to determine whether or not a license will be issued or denied.
- SB 35 – Removes the requirement that the commissioner “shall” fine and replaces it with “may” fine for the failure to comply with a consumer complaint directive.
- SB 36 – Relative to the continuing education requirements for a producer, it clarifies that a non-resident licensee is not required to complete CE requirements as long as they meet the requirements of their home state.
- SB 37 – Makes a technical correction by replacing the word “license” with “registration.”
- SB 86 – Provides adjusters a first-time renewal exemption from completing continuing education requirements to insurance producers.
- SB 87 – Clarifies that the commissioner may accept all licenses in the form of electronic filings.
- SB 324 – Prohibits any contract entered into this state between an insurer, a pharmacy benefit manager, or any other entity and a pharmacist or pharmacy from containing a provision prohibiting the pharmacist from disclosing any relevant information to an individual purchasing prescription medication.

Next, the Chief Executive Officer of Louisiana Associated Health Plans presented the following legislation which was not included in the department’s package (for simplicity’s sake, we did not include a bill on this list if it was included in the legislative review above.)

- HB 134 – Deals with an issue from the prior legislative session in working with the Louisiana Dental Association and Louisiana dental plans. The ID cards indicates “non-ERISA” that conflicts with the interpretation of what law enforcement may do. This bill seeks to change that information to “fully insured.”
- HB 194 – Provides a time period after payment of a claim during which an insurer may dispute and recoup the amount paid.
- HB 243 – Prohibits a manufacturer or wholesale distributor from engaging in price gouging in the sale of an essential off-patent or generic drug.

MEETINGS

- HB 282 and 283 – Both bills seek to address price transparency – whether it be with the industry, consumer or elected officials, the goal is trying to get as much transparency as possible.
- HB 334 – Provides for implementation of Medicaid managed long-term care services and support system. This bill would allow LDI to release an RFP dealing with long-term care or in some shape or form have the department direct the discussion and possibly have a pilot program for long-term care.
- HB 339 – Provides relative to the practice of telemedicine insofar as providers and consumers seeking the benefits in telemedicine and telehealth. This is a matter of addressing the regulation from the Board of Medical Examiners and ensuring the same standard of care that would take place both in the doctor’s office and via telemedicine.
- HB 357 – Provides relative to Medicaid Managed Care for individuals receiving long-term services and supports.
- HB 362 – Provides for the state’s system of Medicaid-funded long-term care.
- HB 369 – Provides for mediation of the settlement of out-of-network health benefit claims involving balance billing that occurs whenever going to a hospital and the hospital is in the network but other providers (i.e. radiologist, etc.) may not be in the network. Several other states provide for this measure.
- HB 384 – Creates and provides for a state prescription drug importation program. The waiver is for drug importation from Canada that is a controversial bill in terms of going across the international boundaries to acquire drugs. There are four or five states seeking a waiver from the federal government to establish this program.
- HB 429 – Deals with the denial of dental claims. LAHP is currently working with the Louisiana Dental Association on this bill. This is applicable to a situation whereby a dentist calls in for prior approval and obtains approval from the dental health plan only to discover 30 days later that it is not covered. This bill seeks to improve communications between the dentist’s office and the dental plan.
- HB 460 – Provides that mammography examinations be conducted through digital tom synthesis. There is concern for the rural communities that may not have access to this technology.
- HB 556 – Provides relative to out-of-network balance billing.
- HB 689 – Provides for coverage for fertility preservation for individuals diagnosed with cancer.

MEETINGS

- HB 690 – Provides for coverage for subsequent preventive tests for certain individuals diagnosed with breast cancer. Once a person is diagnosed past that fifth year of being cancer free, this bill seeks to ensure certain preventive tests are included in health plan coverage.
- SB 29 – Provides relative to a single uniform prescription drug prior authorization form.
- SB 130 – Provides for Medicaid pharmacy benefit management services.
- SB 272 – Provides for health insurance policy coverage of incarcerated persons prior to adjudication.
- SB 283 – Provides relative to pharmacy benefit managers.
- SB 285 – Prohibits a health insurance issuer from denying a non-opioid prescription in favor of an opioid prescription.

Next, the senior vice president and chief clinical transformation officer for Health Leaders Network (HLN), a wholly owned subsidiary of the Franciscan Missionaries of Our Lady Health System, presented on Volume to Value Care. HLN includes a small analytics team that works with payors to analyze data to determine where opportunities lie and identify factors that drive quality to improve costs. He stated competition must be in effect in order to deliver a high quality of care that results in a more predictable outcome. When looking at the future of the state of health care, providers and physicians must be willing to share some risks with insurers in order to manage populations across all access points.

CMS Risk Contracts are driven by:

- Risk adjustment
- Quality
- Clinical programs
- Network
- Technology

HLN's goal is to deliver better population health outcomes and better patient experience with lower costs by providers managing risks for a population and forming a clinically integrated network. Clinical integration is defined in 1984 by the Federal Trade Commission as an ongoing and active program to evaluate and modify practice patterns by the network physician participants to create a high degree of interdependence and cooperation which doesn't always work to control costs and ensure quality. To maintain a successful clinically integrated network, an established IT infrastructure is necessary to capture clinical and financial data and track it over time. An entire group must manage different providers - whether it is a PCP - or a home health or skilled nursing facility, the program must be established to manage patients at all access points.

MEETINGS

Finally, the executive director of Southwest Louisiana Area Health Education Center, presented commission members with a CMS/Marketplace enrollment update as follows:

- The biggest change that occurred in 2018 under the ACA was the Open Enrollment date change from November 1 to December 15.
- Consumers could visit new consumer websites other than the healthcare.gov platform to enroll and make changes to their health plan.
- A large number of new web brokers were in the federal marketplace, with many platforms formed by healthcare.gov to allow a more streamlined enrollment process for consumers to compare and select the best plan.
- On October 12, 2017 Cost Sharing Reductions (CSRs) or payment subsidies were extended to health care companies across the nation to compensate for losses that insurance companies may have taken on by covering more people as an incentive to keep health care plans low and available to as many as possible.
- CSRs were paid out by the executive branch on a monthly basis estimated by CMS to be approximately 7 billion dollars in 2017.
- While CSRs ceased after President Trump issued his executive order, it remained legal and in effect for those who were between 138-400% of the Federal Poverty Level.
- While access to cost savings were available, insurance companies would not be reimbursed for providing CSRs, factoring that in when insurance companies filed rates.
- Blue Cross and Blue Shield of Louisiana and Vantage were the only carriers that remained in the individual marketplace in Louisiana.
- The effect on consumers turned out to be much better than was anticipated so the advanced premium tax credit was the subsidy that consumers received by those who were between 138-400% of the Federal Poverty Level (FPL).
- The advanced premium tax credit was based on the second lowest level of the silver level plan, so that when premium rates went into effect on those plans, it raised them higher and simultaneously raised the amount of tax credits those consumers would get so that consumers would come into the 2018 marketplace and see identical plans from years before that were much less due to the subsidy.
- With regard to Outcomes with Enrollment, in 2018 there were 111,373 consumers insured through the Federal Marketplace.
- 50,000 consumers were on the Medicaid roll as a result of Medicaid expansion, resulting in 20,000 uninsured people in the state of Louisiana.

MEETINGS

May 18, 2018

At the second meeting, the chairman of LHCC reported the following bills had passed during the 2018 Legislative Session:

- SB 29 – Provides for a single uniform prescription drug authorization form.
- SB 130 – Provides relative to Medicaid payments for pharmacy benefit manager services; provides relative to managed care contracts and Medicaid managed care subcontracts.
- SB 283 – Provides relative to pharmacy benefit managers; provides for internet publication of formularies; provides for transparency reporting; provides for certain reportable aggregate data.
- SB 285 – Prohibits a health insurance issuer from denying a non-opioid prescription in favor of an opioid prescription.
- SB 272, Act 20 – Provides for health insurance policy coverage of incarcerated persons prior to adjudication; requires insurance coverage for health care provided premiums are paid.
- HB 134, Act 62 – Provides for identification of a health benefit plan insurer and sponsor; requires information regarding the type of insurance be listed on the face of the identification or coverage documentation.
- HB 194, Act 66 – Provides a time period after payment of a claim during which an insurer may dispute and recoup the amount paid.
- HB 429 – Provides relative to denial of claims for dental services; provides for prior authorization requests; provides a time limit for prior authorization approvals; and prohibits a claim denial or recoupment in certain circumstances.

Next, the chairman introduced the Regional Director for Region 6 of the U.S. Department of Health and Human Services who presented on Federal Initiatives on Health Care and what efforts were being made to curb opioid abuse and reduce the cost of prescription drugs.

He reported on the Five-Point Plan:

1. Education – The use of non-addictive, non-narcotic disorders.
2. Prevention – Advocating to the younger population on the ramifications of substance use.
3. Treatment – Considering an “addict” as someone who needs help, not judgment.
4. Reversal Drugs – Availability of Narcan in hospital nurses’ stations, high schools and student clinics in colleges in the state of Louisiana.
5. Research – Who is at risk? Who has the genetics and who has the neurotransmitters in their brain to become an addict? This research will help identify them in advance and offer counsel.

MEETINGS

Lastly, LHCC Chairman reported on the work of the Health Care and Pharmaceutical Costs Work Group and the following discussion items:

- Cost Effect – Medical Treatment
- Cost Effect – Business/Administrative Factors
- Cost Effect – Programs in Place

August 24, 2018

At the third meeting, the deputy commissioner of the Office of Health Life & Annuity gave an update on the division's regulatory activities and a brief overview of the future regulation of Associated Health Plans.

Next, the healthcare economist for Blue Cross and Blue Shield of Louisiana, discussed the future of the individual health insurance market and gave an in depth presentation on the Association Health Plan and Short-Term Health Plan rules:

Individual Health Insurance Market:

- Two-thirds of the state who are Medicare recipients have a supplemental health policy.
- A third of the state's Medicare recipients are disabled, under the age of 65.
- Private entities now interface with Medicare on a consistent basis.
- Ten percent of Louisiana residents are now enrolled in the Medicaid expansion population.
- The federal match for the new Medicaid expansion population is at six percent.
- Provider reimbursement ratios are continuing challenges.
- Effective January 1, 2019, the tax law will change and the Individual Mandate will be eliminated.
- Eighty percent of the state is covered by the biggest third party payors: Medicaid, Blue Cross and Medicare.
- Ninety percent of the population buying health insurance through the marketplace exchange are drawing down some type of tax credit, but half of those enrolled in the marketplace do not qualify for any assistance, making short-term and associated health plans a better option.
- The same structure that applies to the short-term and associated health plans population is applicable to small group plans that are age-rated based on 50 full-time employees, irrespective of how sick or healthy the group may be.

Association Health Plans Rule:

- Cannot be formed for the sole reason of offering health insurance.
- Provides the opportunity for single employers to buy group coverage, while providing the benefit of individual coverage.
- Must have a legitimate purpose to exist if not offering a health plan in order to meet the federal requirement.
- There must be a recognizable, stable structured Board of Directors to establish an AHP, including:
 - Bylaws
 - Identifiable parties responsible for the operations
 - Fiduciary responsibility

MEETINGS

- Not required to provide minimum value, resulting in higher deductibles and co-insurance.
- Mental Parity state laws apply.
- Cannot limit pre-existing conditions.
- Cannot upcharge based on health condition.
- Allowed to set different rates for similarly employed employees.
- An insurance carrier cannot sponsor an association.
- Has the discretion to allow who is a part of the group, though it is clear associations cannot deny coverage based on membership or health status of a group.
- Required to cover the United States Preventative Immunization Task Force screening, based on 46 listed covered items with a zero co-pay notwithstanding how high the deductible may be.

He also stated the reason associations are coming into play is due to the demand by small groups that desire better rates enjoyed by big groups as a result of lower administrative costs on insurance carriers.

Short-Term Medical Plans Rule:

- Cannot be a Qualified Health Plan.
- Not required to cover Essential Health Benefits.
- Not required to meet an actuarial value.
- Healthy populations will likely be attracted to this plan.
- Unhealthy populations will likely remain in the ACA marketplace.
- Pricing must be based on health and gender, unlike the ACA.
- Prices will be significantly lower if the sickest five percent of the population are excluded and the rates go down by half.

He cited the establishment of a Multiple Employer Welfare Arrangement to be a long-term solution for groups, with its own trust and committed membership having the ability to shop for a third-party administrator without offloading risk onto another entity.

For more information on Mike Bertaut's presentation, go to:

<http://www.lidi.la.gov/consumers/boards-commissions/health-care-commission>

Finally, the executive director of LHCC proposed that commission members consider the possible creation of a Community Coalition Subcommittee in working with other state agencies to achieve some common goals such as general awareness of health care changes and increase in preventive health initiatives that play a major part in health care costs, such as chronic diseases like obesity. She requested that commission members email her recommendations.

Lastly, the chairman of LHCC suggested that the commission solicit information from state-wide community assessments in order to identify the most significant needs and problems that need to be addressed with respect to preventive health initiatives that play a major role in health care costs.

MEETINGS

November 30, 2018

The fourth meeting of the calendar year was held on November 30, 2018.

The executive director of the LHCC introduced the new deputy commissioner of the Office of Life, Health & Annuity, who gave an update on the most recent activity of the Office of Health, Life & Annuity. He reported on the new set of federal regulations (the Final Rule) promulgated by the Department of Labor to create different vehicles to be used as alternatives to traditional health insurance.

Associated Health Plans (AHPs):

- Expands the ability for Multiple Employer Welfare Arrangements (MEWAs) to come together and form associations on the basis of common geography or industry.
- There are two self-funded plans in Louisiana licensed for licensing products for fully-insured plans.
- Allows for greater flexibility in terms of how groups may associate with each other.
- Interest has generated from groups that want to self-fund an AHP, although traditional insurers are uncomfortable with the idea of pursuing the pathway under the new rule that has more restrictive rating guidelines.

Short-Term Health Plans:

- Adopted on October 2, 2018.
- Established under the Affordable Care Act.
- Previously, the Obama Administration limited the length of a short-term plan to a maximum of three months.
- Under the Trump Administration, it extends the rule to 364 days and then allows for renewal up to a total of 36 months.
- Interest in short-term plans have been greater than those of association health plans thus far, presumably because they are simpler to set up.
- To date, ten insurers have submitted applications in Louisiana and nine of them have been approved to sell products on the Individual Market.
- Compared to traditional plans, these plans do not have Essential Health Benefit requirements.
- Often these plans are set up by “per occurrence” and “lifetime benefit restrictions,” so they have a tendency to be more restrictive in terms of the services they offer than that of a traditional insurance plan.

Health Reimbursement Arrangement (HRA) Rule:

- Allows an employer to fund the premium of its employees through the individual market rather than purchasing traditional insurance for them.
- HRA Rule restrictions cause concern in precluding the individual market from gaining more risk.
- The rule will not be final until January 2020.

MEETINGS

Other Activity:

- The Centers for Medicare & Medicaid Services released 1332 Waiver Models that have generated great interest in pursuing these models on the federal level.
- The rules are less restrictive in terms of when states can and cannot apply; how much authority states need to pursue a 1332 Waiver; and the level of evidence that is required to demonstrate that it is acceptable.
- The Reinsurance Model is also still available.

The senior vice president of strategy and business development at Blue Cross and Blue Shield of Louisiana commented on the Department's previous pursuit of a 1332 Waiver during the 2018 Regular Legislative Session that approved the authorization waiver but denied attempts to fund it, and questioned whether these new rules would heighten the department's interest in pursuing another 1332 Waiver. The deputy commissioner of the Office of Health, Life & Annuity stated the new rules will not ease the path for a 1332 Waiver in that context due to the fact that the issues that precluded it from moving forward last year have not been addressed by the rule change.

The executive director of LHCC then asked that roll be called, providing a quorum for the record. After roll call, the policy coordinator for Louisiana Cancer Prevention and Control Programs; the director of Southwest Louisiana Area Health Education Center, and the research and policy analyst for the Center for Planning Excellence (CPEX), all gave presentations on Complete Streets Initiative – An "Intervention" to Thwart Obesity and Promote the Health of Louisiana Citizens.

The presentations may be found at: <http://www.lidi.la.gov/consumers/boards-commissions/health-care-commission/lhcc-meetings>

She also requested that members submit any recommendations for the LHCC Annual Report to her, including any future areas of study.

LOUISIANA DEPARTMENT OF INSURANCE

ANNUAL HEALTH CARE CONFERENCE

The Annual Health Care Conference was held on October 23, 2018 at the Crowne Plaza Baton Rouge Hotel.

A diverse audience of more than 400 attendees representing health plan executives and staff, health care providers, insurance producers, government officials, employers, health care attorneys, and government relations professionals, including 17 exhibitors, were in attendance from Louisiana and other states.

The nation's top leaders in the health insurance market presented on the latest federal initiatives including rules on AHPs and short-term health plans, alternative approaches to cost containment and what more can be done to curb prescription drug costs. Marcy Buckner, the National Association of Health Underwriters' vice president of governmental affairs, provided a riveting discussion on how insurance producers are faring throughout all the recent changes to the health market. Special guests also included Dr. Richard Migliori of UnitedHealth Group who discussed how centers of excellence can actually contribute to lower health care costs for carriers; and NAIC's senior health policy advisor, Joe Tuschner, provided NAIC perspective on the effect of the recent federal initiatives on the health insurance market.

From policy and current events to emerging trends, innovative health care thought leaders discussed the future of health care.

LOUISIANA HEALTH CARE CONFERENCE

POWERPOINT PRESENTATIONS

Alternative Approaches to Cost Containment

Part I: Cost Effectiveness of Regenerative Medicine

Dr. Thomas K. Bond

President/CEO

TotalCare Health & Wellness Medical Center

<https://ldi.la.gov/docs/default-source/documents/health/lhcc/2018-lhcc-presentations/thomas-bond.pdf>

Alternative Approaches to Cost Containment

Part II: Innovative Cost Comparison Tools

Christine O'Donnell

Executive Director, Customer Experience

FairHealth

<https://ldi.la.gov/docs/default-source/documents/health/lhcc/2018-lhcc-presentations/odonnell-and-smith.pdf>

CONFERENCE

Donna Smith

Executive Director of Business Development

FairHealth

<https://ldi.la.gov/docs/default-source/documents/health/lhcc/2018-lhcc-presentations/odonnell-and-smith.pdf>

Centers of Excellence in Health Care

How Their Utilization Can Actually Lower Costs for Carriers

Dr. Richard Migliori

UnitedHealth Group

<https://ldi.la.gov/docs/default-source/documents/health/lhcc/2018-lhcc-presentations/richard-migliori.pdf>

Changes on the Hill – NAIC’s Perspective on the Effect of Recent Federal Initiatives on the Health Insurance Market

Joe Touchsner

Senior Health Policy Advisor

National Association of Insurance Commissioners

<https://ldi.la.gov/docs/default-source/documents/health/lhcc/2018-lhcc-presentations/joe-touchsner.pdf>

The Quest to Control Drug Costs – What more can be done?

Milam Ford

Vice President, Pharmacy Services

Blue Cross and Blue Shield of Louisiana

<https://ldi.la.gov/docs/default-source/documents/health/lhcc/2018-lhcc-presentations/milam-ford.pdf>

Randal Johnson

CEO

Southern Strategy Group

<https://ldi.la.gov/docs/default-source/documents/health/lhcc/2018-lhcc-presentations/randal-johnson.pdf>

STATISTICS RELEVANT TO LOUISIANA

Louisiana Census Data

2018 Population Estimates

4,659,978

Source: Vintage 2018 Population Estimates

Median Household Income

\$ 46,710

Source: 2013-2017 American Community Survey 5-Year Estimates

Persons in poverty, percent

19.7 %

Source: 2017 American Community Survey 1-Year Estimates

Educational Attainment: Percent high school graduate or higher

84.3 %

Source: 2013-2017 American Community Survey 5-Year Estimates

Persons without health insurance, percent

12.4 %

Source: 2013-2017 American Community Survey 5-Year Estimates

Median Housing Value

\$ 152,900

Source: 2013-2017 American Community Survey 5-Year Estimates

Total Housing Units

2,031,064

Source: 2013-2017 American Community Survey 5-Year Estimates

Number of Companies

414,291

Source: 2012 Survey of Business Owners: Company Summary

Male Median Income

\$ 32,425

Source: 2013-2017 American Community Survey 5-Year Estimates

Female Median Income

\$ 19,568

Source: 2013-2017 American Community Survey 5-Year Estimates

Veterans

254,920

Source: 2013-2017 American Community Survey 5-Year Estimates

Percent of households with a broadband Internet subscription

70.2 %

Source: 2013-2017 American Community Survey 5-Year Estimates

Source: US Census Bureau www.data.census.gov or <http://tinyurl.com/y3u7nd9s>

STATISTICS RELEVANT TO LOUISIANA



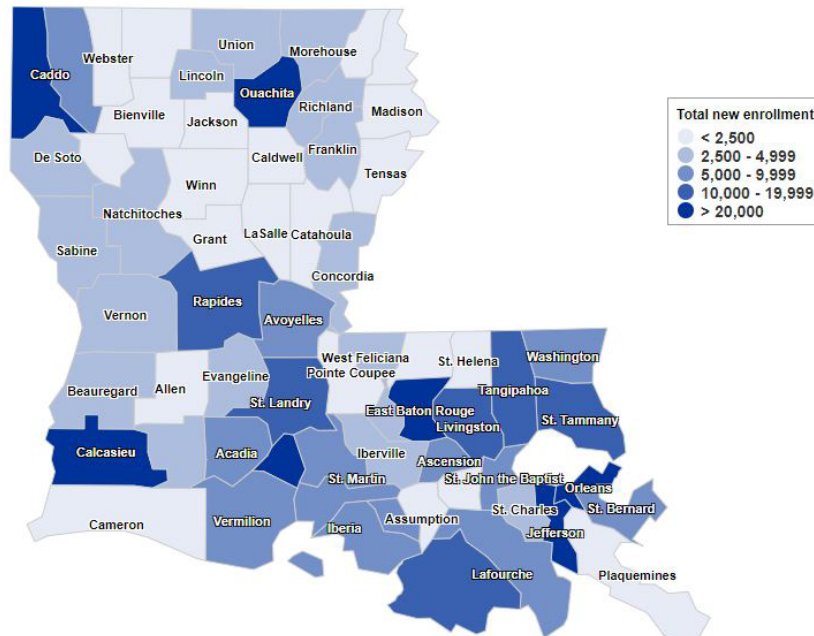
LIVES AFFECTED	OUTCOME	
505,503	Health Insurance Adults enrolled in Medicaid Expansion as of Apr 1, 2019	Details
77% 290,835	Doctor Visits Percentage of adults who had a doctor's office visit during the year** Adults who visited a doctor and received new patient or preventive healthcare services*	Details
64,903 655	Breast Cancer Women who've gotten screening or diagnostic breast imaging* Women diagnosed with breast cancer as a result of this imaging*	Details
35,652 11,497 479	Colon Cancer Adults who received colon cancer screening* Adults with colon polyps removed: colon cancer averted * Adults diagnosed with colon cancer as a result of this screening*	Details
13,154	Newly Diagnosed Diabetes Adults newly diagnosed and now treated for Diabetes*	Details
35,661	Newly Diagnosed Hypertension Adults newly diagnosed and now treated for Hypertension*	Details
79,057 18,935	Mental Health Adults receiving specialized outpatient mental health services* Adults receiving inpatient mental health services at a psychiatric facility*	Details
15,090 16,557	Substance Use Adults receiving specialized substance use outpatient services* Adults receiving specialized substance use residential services*	Details

*Statistics as of March 04, 2019

**Reported as a modified version of the Adults' Access to Ambulatory or Preventive Care (AAP) HEDIS® measure which includes the percentage of Medicaid Expansion eligibles enrolled at least 11 of 12 months of the year ending 4 months prior to report date who had an ambulatory or preventive care visit during the year.

Expansion Enrollment by Parish

As of Apr 1, 2019



Source: <http://www.ldh.la.gov/HealthyLaDashboard/>

STATISTICS RELEVANT TO LOUISIANA

MARKETPLACE ENROLLMENT – NATIONAL AND LOUISIANA

HealthCare.gov Platform Snapshot

HealthCare.gov Platform Snapshot	Cumulative: Nov 1–Dec 22
Plan Selections	8,411,614
<i>New Consumers</i>	2,072,115
<i>Consumers Renewing Coverage</i>	6,339,499
Consumers on Applications Submitted	10,713,051
Call Center Volume	5,781,920
Calls with Spanish Speaking Representative	396,895
HealthCare.gov Users	15,857,282
CuidadoDeSalud.gov Users	588,088
Window Shopping HealthCare.gov Users	1,439,953
Window Shopping CuidadoDeSalud.gov Users	40,157

HealthCare.gov State-by-State Snapshot

The state-by-state Snapshot provides cumulative individual plan selections for the 39 states using the HealthCare.gov platform. Cumulative individual plan selections for the states using the HealthCare.gov platform include:

State	Cumulative Plan Selections Nov 1 – Dec 22
Louisiana	92,948

Source: <https://www.cms.gov/newsroom/fact-sheets/final-weekly-enrollment-snapshot-2019-enrollment-period>

LOOKING AHEAD

STUDY TOPICS SUGGESTED BY LHCC MEMBERS FOR STUDY IN 2019

- High cost of health care in general
- High cost of prescription drugs
- The need to regulate health insurance rates
- Disparity in mental health coverage
- Opioid crisis
- Quality improvement in health care

The Louisiana Health Care Commission (The Commission) will continue to study, monitor and make recommendations related to the availability and affordability of health care and health care coverage to the commissioner of insurance.

The Commission will continue to study the issue of the uninsured and underinsured in order to make recommendations to further expand coverage options.

The Commission will continue to monitor all federal and state legislation and any implementation of health care policies as they develop at both a state and national level.

The Commission will continue to receive information from experts in the health care field and from the members themselves. Through the process of quarterly meetings and the annual conference, we will continue to encourage the members to present to staff the topics they deem worthy of further study.

The Commission will coordinate a conference in the late fall of 2019 together with other divisions of the Louisiana Department of Insurance.

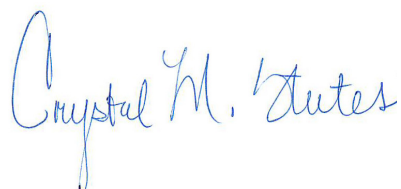
The Commission will hold meetings on February 22, May 31, August 23 and November 22.

CONCLUSION

We trust that this report is both informative and enlightening to our state legislators. The Louisiana Health Care Commission remains committed to addressing the many health policy issues that play a part in ensuring that Louisiana citizens have access to affordable, quality health care. The Commission will continue to educate and encourage discussion of all stakeholders in the debate of the provision of health care for all Louisiana citizens as well as the search for more effective and efficient solutions for the delivery of health care in Louisiana.



John F. Fraiche, MD
President and CEO
St. Elizabeth Hospital Physicians
Chair, Louisiana Health Care Commission



Crystal Marchand Stutes
Executive Director
Louisiana Health Care Commission

For more information about the Louisiana Department of Insurance and the Louisiana Health Care Commission, you may access the department website at www.ldi.la.gov. Lists of Louisiana Health Care Commission members and meeting dates are available on the website.

APPENDIX

The following is a list of Louisiana Health Care Commission members, along with the organizations they represent and contact information, as of December 31, 2018.

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B.I. Moody III College of Business Administration
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a dean from the business schools represented
by the Louisiana Association of Independent
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APPENDIX

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The Honorable Mike Huval

Louisiana State Representative
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(Louisiana House Insurance Committee)

Mr. Randal Johnson

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Mr. Darrell Langlois

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(AARP Louisiana)

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Mr. Frank Opelka

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(Ex-Officio, Designee)

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Ms. Stephanie Phillips

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Mr. Clay Pinson

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APPENDIX

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Patrick Reed, RN, DNP, MSN, MBA, MSHCM

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Ms. Debra Rushing

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(Louisiana's Medicare Peer Review Organization
as designated by the Health Care Financing
Administration)

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The Honorable Rick Ward, III

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Ms. Shondra Williams

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APPENDIX

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Julie M. Freeman, Assistant Director

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Positions Presently Vacant

- Louisiana Council on Human Relations
- Louisiana Health Plan
- Louisiana Insurers' Conference
- National Association for the Advancement of Colored People
- National Medical Association
- (2) At-Large Appointments
- NAIFA Louisiana



**Louisiana Health Care Commission
2018 Report to the Legislature**

www.lidi.la.gov