Louisiana Health Care Commission Meeting Minutes
Meeting Held Via Zoom
Baton Rouge, Louisiana
June 4, 2021

Members present: Josh Alford, Lauren Bailey, Diane Davidson, Jeanie Donovan, Jeff Drozda, Dr. Rachel Durel, Dr. John Fraiche, Lisa Gardner, Arnold Goldberg, Dr. Faye Grimsley, Linda Hawkins, Representative John Illg, Darrell Langlois, Senator Robert Mills, Ronnell Nolan, Frank Opelka, Dr. Butch Sonnier

Members absent: Jeff Albright, Katie Brittain, Derrell Cohoon, Lisa Coletti, Jack Duvernay, Susan Ellender, Dr. William Ferguson, Randal Johnson, Jesse Lambert, Dr. Eva Lamendola, Jennifer McMahon, Barbara Morvant, Andrew Muhl, John Overton, Ed Parker, Dr. Anthony Recasner, Debra Rushing, Elizabeth Sumrall, Judy Wagner, Scott Webre, Dr. Frances Wiggins, LaCosta Wix

Staff present: Crystal M. Stutes

Chairman John Fraiche called the meeting to order at 9:10 a.m. Roll call was taken and a quorum was noted for the record.

Chairman Fraiche asked for a motion to approve the March 2021 minutes. Mr. Arnold Goldberg offered the motion and Mr. Frank Opelka seconded the motion. With no objections, the minutes were approved.

Under new business, Chairman Fraiche introduced and welcomed two new members, Mr. Josh Alford and Senator Robert Mills.

Chairman Fraiche then introduced Theresa Sokol, Acting State Epidemiologist and Program Director for the Infectious Disease Epidemiology Section of the Louisiana Office of Public Health. In this capacity, she oversees surveillance for more than 80 infectious diseases and has led Louisiana's epidemiologic response to outbreaks such as hepatitis A, Zika, Mumps, and most recently, COVID-19.

Ms. Sokol presented a power point that featured statistics relative to COVID-19. (A pdf of the Power Point is included with these minutes.)

Ms. Sokol stated that Louisiana had three distinct waves. The first wave was in March 2020 with the first case occurring on March 9. Over the next two weeks, Louisiana experienced the sharpest increase in the nation. Ms. Sokol mentioned that this is because there were likely many undetected cases which may have been exacerbated during the Mardi Gras holiday. Also, testing capacity was very limited during this time, so many cases were missed.

The second surge was July 2020. This surge was initiated through mostly young adults. The third surge was around December 2020 during the holiday season.

She then reviewed the community risk indicators throughout the parishes of Louisiana. They measured these risks by cumulative 7-day incidence per 100,000 and cumulative 7-day percent positivity (see chart).

Ms. Sokol then reviewed the COVID-19 hospitalization and ventilator use as of May 2021. It indicates that the highest hospitalization rate thus far was both in the initial surge and the January 2021 surge. The highest ventilator usage was in the first surge. These statistics also provide an indication of how many cases were undetected in the beginning.

The next chart indicated the highest peak of COVID-19 deaths was during the initial surge, primarily in April 2020. The number of deaths were higher in the beginning due to the fact that staff were untrained at treating COVID, there was a lack of PPE, and there was inadequate testing. Additionally, nearly 34 percent of the initial deaths were primarily in nursing homes.

Regarding incidence by age group, Ms. Sokol stated that the July 2020 surge was primarily among adults aged 18-29 and the December 2020/January 2021 surge was among adults aged 40-49. The under-18 population has seen the least incidence of COVID-19 to date.

Ms. Sokol stated that although less likely to develop severe illness compared to adults, children are still at risk of developing severe illness and complications from COVID-19. Children can become infected and transmit to others in the community that are at a high risk for severe illness. As such, she is encouraged that now Louisiana can offer Pfizer vaccines for children 12 and above.

She then addressed the public health concern for SARS-CoV-2 variants. She mentioned that the new variants have an ability to spread more quickly in humans; an ability to cause either milder or more severe disease in humans; an ability to evade detection by specific diagnostic tests; decreased susceptibility to therapeutic agents such as monoclonal antibodies and an ability to evade natural or vaccine-induced immunity.

Ms. Sokol reviewed the Severe Adverse Event Surveillance rate which is defined as follows:

- Anaphylaxis requiring hospitalization within 3 hours of vaccination, OR
- Death within 24 hours of vaccination without an alternative cause, OR
- Other serious and life-threatening adverse event requiring hospitalization within 3 days of vaccination with no alternative cause, OR
- Both acute thrombosis **AND** new onset thrombocytopenia (platelet count <150,000/µL) requiring hospitalization with onset within 6 weeks following vaccination;
- Myocarditis/pericarditis requiring hospitalization within 2 weeks of vaccination with no alternative cause.

She stated that the total number of reported events resulting in hospitalization/death investigated is 85 and that to date, there have been six Louisiana severe adverse events meeting case definition, including one anaphylaxis, four “other” and one myocarditis (no deaths).

The entirety of Ms. Sokol's presentation can be reviewed in the power point attachment to these minutes.

Dr. Fraiche then introduced Mr. Frank Opelka, Deputy Commissioner of the Office of Health, Life and Annuity at the LDI, who reviewed the LDI's health legislation of the 2021 Regular Legislative Session.

Mr. Opelka started by reviewing the following:

SB 29 – Emergency Powers; Addresses the LDI's ability to make rules in the event of a declared emergency. In several instances over the last decade, the LDI has been challenged on this rulemaking ability on two grounds. First, to do the rulemaking, the Governor must delegate authority to the Insurance Commissioner out of his emergency powers. The challenges have been whether that delegation is permissible and whether he has the ability to delegate his authority; secondly whether his authority by itself is sufficient to allow the LDI to do rules in emergency situations.

Mr. Opelka states that SB 29 attempts to eliminate the delegation issue altogether and instead defines the Commissioner's authority to act in the event of a declared emergency. The original bill had two core parts: The first part permitted the Commissioner to issue emergency rules governing insurance during an emergency within four categories:

- Reporting of claims data
- Grace period for payment of premiums
- Postponement of cancellation and non-renewals
- Medical coverage to ensure access to care

The second part specified components needed to go into an emergency rule; i.e. how we defined the geographic area the rule would apply to; how long it would last, etc.

Mr. Opelka stated that once in Senate Committee, they amended the bill substantially. First, they removed the reporting of claims data (because they actually already had this authority in general rule making); they also narrowed medical access to three specific categories (telehealth, physician credentialing and access to prescription drugs).

Additionally, three new provisions were added. The first provision defines the process for adopting emergency rule. The second provision requires them to adopt a standing rule, which would define what emergency rules would look like and how the LDI would activate them, etc. The third part requires prior approval by the legislature to make additional changes as necessary.

With those amendments, the bill passed and is on the governor's desk to be signed.

HB 463 – State Based Exchange Bill; Mr. Opelka stated there was a bit more controversy on that bill than was expected so this bill was tabled for this session.

SB 83 – Reinsurance Bill; Mr. Opelka stated that this bill was filed prior to the changes from the Biden administration regarding the way advance premium tax credits work. Therefore, for the next two years, that program will essentially be serving the same purpose that this bill would have; as such they tabled that bill as well.

Next Mr. Jeff Drozda with the Louisiana Association of Health Plans reviewed a handful of health bills, that were not a part of the LDI's legislative package.

SB 137 – **The MLTSS Bill**; This bill would have provided relative to Medicaid managed care for individuals receiving long-term services and supports. This bill did not pass.

HB 190 – Maternity Services of Midwives and Doulas – predicted to be signed by the governor

HB 270 – Telemedicine and Telehealth – Provides for definitions and exemptions relative to telemedicine and telehealth; This bill tweaked the definition of telemedicine/telehealth and addressed consultation by licensed Louisiana physicians that are not actually residing in the state; Mr. Drozda stated that this was in part, to address a shortage of physicians. The bill passed and is expected to be signed by the governor.

HB 468 – Provides relative to extension of Medicaid coverage for an individual experiencing postpartum; Currently the state provides 60 days postpartum coverage. This bill attempted to extend that to 1 year. This bill did not pass but may be readdressed in the next year or so.

SB 150 – Required Office of Group Benefits to cover bariatric surgery for the treatment of severe obesity. This bill did pass and is expected to be signed by the governor.

SB 218 – Provides for Payment of Pharmacy Claims; started out as a "clean up" bill but evolved into other things which caused the bill to become too controversial. The bill did not pass.

Next Mr. Darrell Langlois with Blue Cross Blue Shield of LA gave a brief overview of short-term limited duration health plans, based on the request of a member to learn more about them.

He stated that short term policies have been around for quite a while. UHC offered them for years. Before ACA, they typically were to provide coverage for about 90 days. Under the ACA, President Obama wanted people to have creditable quality coverage. President Trump moved this coverage to 11 months; this coincided with a rise in price increases of individual products. In an effort to provide for an alternative for those who were uninsured and did not want to incur penalties, this policy became more popular. Medical underwriting was permitted and limitations and preexisting conditions could be considered. Premiums for these policies would run at about half the price of an ACA policy. As such, if you felt you were a healthy individual, but you did not want to be at risk, these policies may appeal to you. Blue Cross now offers this type of policy and they have roughly 2,000 subscribers. However, with the passage of the American Rescue Plan and with the expanded subsidies, things may change and if the ACA becomes more affordable, the short-term plans may become less popular.

Ms. Stutes announced that our next meeting is tentatively scheduled for August 13.

With no further business, Mr. Goldberg moved that the meeting be adjourned. Ms. Linda Hawkins seconded the motion. With no objection, the meeting was adjourned at 11:15 am.